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# A REVIEW OF THE PROCEEDINGS OF THE FIRST SEMINAR ON FUTURE TRENDS IN FAMILY PLANNING IN THE DEVELOPING WORLD

(Parts I and II)

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# Part I

## PLANNING ASSISTANCE AND CONSULTATION

Prepared By: Alan James Ellwood, M.D.

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# I. THE SEMINAR

# I. THE SEMINAR

## Introduction and Background

The purpose of the assignment was to act as a consultant to the seminar entitled "The First Seminar on Family Planning in the Developing World." The seminar was held in the Suriwongse Hotel, Chiengmai, Thailand, July 7-11, 1980.

Initially, the consultant was asked to assist in the planning of the seminar and to present a paper, the title of which was "A Look Ahead." A change in the date of the seminar necessitated a rearrangement of summer commitments. This precluded the provision of much assistance with the planning of the seminar; however, at the request of the Director of the Division of Family Health, Thai Ministry of Public Health, the consultant visited several projects after the seminar. These projects, located in Bangkok, Chiengmai, Lampang, Songkla, and Chonburri, either were sponsored by the Division or related to the Division's activities.

## Observations

Thailand was a suitable country for the seminar because it has made tremendous progress in family planning over the last decade. Chiengmai, where the seminar was held, proved to be a delightful location; it is a relatively small city and is removed from the traffic and noise of Bangkok. Perhaps more importantly, it also was away from the offices of most of the Thai participants.

The participants came from Bangladesh, Indonesia, Korea, Maldives, Nepal, Pakistan, the Philippines, Sri Lanka, and Thailand.

While the countries are, more or less, in the same geographical area, they vary in many different ways, and, in each, progress in family planning activities differs.

The representatives of all of the countries presented reports on their own programs. Judging by the comments made both in public and in private conversations, these reports are of interest to all.

Group discussions were held on two occasions, once when resource persons were present and once when they were not. Because there were only two sessions, there was not enough time for good working relations to be established among all of the members or for some participants to overcome their initial shyness.

The seminar was evaluated, but the evaluation concerned only those matters covered in the first four days because answers had to be tabulated before the closing session.

The physical arrangements were excellent, although initially, the principal meeting room was rather warm. (It is the policy of the Government to conserve energy.) Most of the male participants wore sports clothes.

There seemed to be a consensus of opinion that in the next 10 or 20 years, changes in contraceptive technology probably will be the improvement of currently available methods.

It was pointed out that the techniques used should vary from country to country, and even within countries. For example, because of the prevalence of hookworms in the south of Thailand, the use of IUDs might be inadvisable.

The Steering Committee made some useful suggestions for improving the program; for example, an evaluation was recommended.

There appeared to be an awareness that family planning is just one part of a health program and that health programs constitute but one part of comprehensive development programs.

Representatives of donor agencies noted that such agencies prefer to be known as participating or cooperating agencies.

There were many Thai participants, and they provided a great deal of information of interest. For example, it is estimated that by 1981, population growth will be 2.1 percent and that by the start of the next five-year plan (1982), the goal could be 1.5 percent.

There has been a recent growth in the number of regional hospitals (there are now 14), and this expansion has strengthened the entire health system.

One effect of the program has been the reduction in school enrollment. This could result later in a rearrangement of the Government budget.

The advances made in family planning should encourage progress in other health activities.

Several speakers questioned the need for or wisdom of providing free family planning services in Thailand. Dr. Somsak, for example, concluded his paper with this statement:

> In conclusion, the goal of family planning to all could be attainable if the services were provided by less than professional personnel but gradually raised to the quality of services provided by professional-level staff.

The financing of the family planning program is cause for concern. Dr. Vallop offered a very important and feasible solution in his paper:

With the success of N.F.P.P. as mentioned and expected, Department of Health is fully aware of the vulnerable situation of the program since expenditure of the program still depends largely on foreign assistance. So the approach is now focusing on utilization of the existing local organization namely the Subdistrict (Tambon) Development Council to plan and provide family planning services for their own people.

It is one of the steps toward self-reliance which is essential if Thailand wants to reach the growth rate of 1.0% or lower in two more decades. At that time perhaps Thailand could provide her population the "Family Planning for all by the year 2000."

The seminar was successful, its objectives attained. Furthermore, it eemed to be very popular. Information can be shared by other means, but the eminar method permits the participants to make personal contacts, to hold rivate discussions, and to formally present and discuss papers.

It is recommended that additional seminars be held. Thailand is a suitable ocation because of the signal success of its programs. An appropriate subject or the next seminar might be "Family Planning and Comprehensive Development."

There are many successful projects that would have merited visits by the articipants; unfortunately, they are located in widely separate localities.

The consultant's main ideas on the subject of the seminar are contained in ie paper attached as Appendix B.

## II. THE SAMOENG PROJECT

This comprehensive development project started in 1975, with assistance from the Friedrich Naumann Foundation, at the initiative of the Department of Technical and Economic Cooperation (DTEC). It was implemented in cooperation with the Northern Region Agricultural Development Center (NADC).

Samoeng is 40 kilometers northwest of Chiengmai and is one of the least developed districts in the province. The population, approximately 19,000 people, is located in 33 villages. Communications between the villages are poor. Most of the arable land consists of strips in narrow valleys.

The project embraces health, education, agriculture, and community development; however, agricultural development has been emphasized. New crops have been introduced, and farmers' incomes have increased. An effort was made to improve animal husbandry, but this proved to be less popular than agronomy. Agricultural extension officers have been located in all of the subdistricts of the project. In addition to receiving advice, farmers have been able to implement recommendations with financial assistance from self-help organizations (credit unions). Marketing assistance has been given, and funds have been contributed to local charities.

Assistance to retrain village women in weaving techniques also has been provided. Farmers have been taught to do metal work. Kindergarten teachers have been trained and kindergartens have been established.

The project has been a great success, as has been confirmed in an independent evaluation by Frankfurt University. The project is now being replicated in a district in nearby Lampoon Province.

## III. THE LAMPANG PROJECT

The creation of revolving funds in the tambons has resulted in a reduction of certain ministerial budgets. This has meant less money for supervision and for refresher courses. There are now seven district hospitals in the province; the three districts that have no hospitals are close to the districts which do have such medical facilities. The number of patients attending the Provincial Hospital, district hospitals, and health centers has increased to an extraordinary extent. One of the basic objectives of the Lampang Project, namely, to provide health services to two-thirds of the population, has been met and exceeded. Greater progress has been made in certain fields than in others. For example, progress in family planning has been notable, but progress in the field of nutrition has been less noteworthy. The services provided in the Lampang Project are being copied throughout the country. The Provincial Medical Office has been reorganized, but different patterns are being followed in other provinces. Some wechakorn have been given a 45-day course in dentistry and are able to extract teeth, fill teeth, and treat gingivitis.

Following his discussion with staff of the Provincial Medical Office, the consultant visited Ban Pao Health Center. Some deliveries are done at this facility, but most are performed in the home. Ten years ago, there were several traditional birth attendants in the tambon, but these persons have since retired or died. The midwife attends most deliveries, but not the deliveries of those who live near the Provincial Hospital.

The Health Center serves a population of 5,654. Nine health post volunteers and 79 health communicators work with Center staff. According to the wechakorn, these persons have been very successful in handing out information on the prevention of communicable diseases and in referring cases to the volunteers and the centers. Most of the volunteers are farmers; people come to them for advice in the evenings.

The wechakorn was a member of the second class of trainees. Since his assignment to the Center, the number of patients has doubled. Most of the wechakorn's time is spent on curative work. For every five days, the wechakorn spends one day at the Center.

A great deal of family planning work, in particular, distribution of pills, is done.

There is almost 100 percent immunization of children. All school children have been immunized. The most common health problems of children are lice and dental defects. A year has passed since smallpox vaccinations were given; now only DPT and BCG are used.

Out of 1,103 households, 900 now have latrines. Most households have their own wells with satisfactory standards.

The consultant visited the new district hospital at Sob Praab. The building was delightfully designed for easy working and is well ventilated. There are approximately 12 beds in the facility. Although the consultant visited the hospital on a Saturday afternoon, there were three patients and some visitors. The staff consists of one physician, two nurses, four nurse-aides, one midwife, one family planning worker, three janitors, one driver, and a junior health worker. Since the hospital opened a year ago, the number of patients has increased enormously. There used to be about six outpatients a day; now there are between 30 and 40. The hospital serves a population of 23,460.

A visit was made to a health post volunteer in Ban Jum village. The volunteer enjoyed her work very much and was pleased to show her records and supplies, which included packets for oral rehydration. Outside her door was a sanitary well constructed from PCV pipes and equipped with a wooden handle instead of the usual iron handles which frequently are in disrepair.

## IV. THE JANA PROJECT

Initial discussions on the Jana Project were held in Bangkok; they were continued in Jana District, where a wealth of information was obtained from the many people the consultant met.

Enormous progress has been made over the last three years. Beef cattle are being raised, and there is enough pasture for 700 cows. More pigs and chickens are being raised and fish are cultivated. Handicrafts such as mat making and dressmaking have been started. Progress has been made in adult education in the cultivation of school gardens. There is an agricultural extension officer in every tambon. The Governor has put all available money into the project. This funding has been a great help. Both in Jana and in Lampang information was obtained which suggests that more medical care courses should be added to the training curriculum for junior health workers. This impression is supported by the test results of wechakorn entrants at Lampang. It was found that the size of school classes was decreasing because of the success of the family planning program.

In the first year of the project, suggestions for all activities came from above; in the second and third years, the villagers themselves were suggesting the activities that should be undertaken. This is an excellent indicator of village acceptance of the project.

A number of foreign visitors have seen the project. The project also should be visited by many Thais so that it can be replicated in other parts of the country.

## V. NUTRITION AND PRIMARY HEALTH CARE

### Nutrition

Concern about malnutrition in Thailand was expressed in a number of quarters. According to one study, 57 percent of preschool children in Thailand are malnourished. This is a curious finding in a country that is exporting large quantities of food. It would seem wise to request that the various units of the Ministry most concerned with the problem seriously study it.

Dr. Sarkorn of the Nutrition Institute described the Nong Hai Integrated Rural Development Program. As its name indicates, this project was concerned not only with health and nutrition, but also with community development. Most gratifying results were obtained when locally grown foods, such as rice, soybeans, peanuts, mung beans, sesame, and fish meal, were used.

After reviewing the oral and written information he received, the consultant concluded that the project seems to have been a great success and that it provided information which could be used in other parts of the country.

### Primary Health Care

The consultant held discussions with Dr. Pricha Desawadi on the primary health care program which he directs. Given the work that has been completed and the work planned for the future, it would appear that there will be "health services for all by the year 2,000." It might be more appropriate to set 1990 as the target date.

Appendix A

LIST OF PERSONS CONTACTED

## Appendix A

## LIST OF PERSONS CONTACTED

### Ministry of Public Health

| | |
|---|---|
| Dr. Vimol Notananda | Director - General, Health Dept. and Director of National Family Planning Programme |
| Dr. Samboon Vachrotai | Director - General, Communicable Disease Control Department |
| Dr. Chana Kamboonrat | Deputy Director, N.F.P.P. |
| Dr. Somsak Varakamin | Director, Family Health Division, Department of Health and Assistant Director, N.F.P.P. |
| Dr. Prayoon Klinchom | Assistant Director, N.F.P.P. |
| Dr. Samlee Plianbangchang | Director, Technical Division, Department of Medical Sciences |
| Dr. Chalor Kupatawintu | Director, Medical Registration Division |
| Dr. Yuthana Suksamiti | Director, Health Planning Division |

### Seminar Participants

| | |
|---|---|
| Mr. M.M.S. Abdus Shoid | Bangladesh |
| Mr. H. Achmad Azof | Indonesia |
| Dr. Jaka Handaya | Indonesia |
| Dr. Andi Mugni | Indonesia |
| Dr. Poerboyo Poedjio | Indonesia |
| Dr. Giarto Sudarno | Indonesia |
| Mr. Yong-Man Kim | Korea |
| Mr. Yoosuf Abdul Sattar | Maldives |
| Mrs. Aneesa Abdul Sattar | Maldives |
| Dr. Bimala Joshi (Mrs) | Nepal |
| Dr. Abdul Latif | Pakistan |
| Mrs. Edgar P. Callanta | The Philippines |
| Mr. Douglas B. Cantiller | The Philippines |
| Mr. Vincente Chavez | The Philippines |

Seminar Participants (Continued)

| | |
|---|---|
| Miss Rocela D. Rada | The Philippines |
| Mr. Kalupage Austin Fernanao | Sri Lanka |
| Mrs. Lalani Manohari Peiris | Sri Lanka |
| Dr. Pramook Chantavimol | Thailand |
| Miss Kunya Kanjanaburanon | Thailand |
| Dr. Vallop Thaineua | Thailand |

Guest Speakers/Lecturers

| | |
|---|---|
| Dr. Minoru Muramatsu | Japan |
| Dr. Athol J. Patterson | United States of America |
| Dr. Allan G. Rosenfield | United States of America |
| Dr. Susumu Yamashita | United States of America |
| Dr. Banpot Boonsiri | Thailand |
| Dr. Nikorn Dusitsin | Thailand |
| Dr. Aree Somboonsuk | Thailand |
| Dr. Damrong Reinprayoon | Thailand |
| Dr. Suporn Koetsawang | Thailand |
| Dr. Thawatchai Tunsathit | Thailand |
| Dr. Pramuan Virutamasen | Thailand |
| Dr. Kobchitt Limpaphayom | Thailand |
| Dr. Debhanom Muangman | Thailand |
| Dr. Kowit Vorapitatana | Thailand |
| Dr. E. McDaniel | Thailand |
| Mr. Mechai Viravaidya | Thailand |
| Dr. Arunee Fongsri | Thailand |
| Dr. Prathan Nimmanhemintr | Thailand |
| Dr. Muangtong Knaemmani | Thailand |

Representatives from International Organizations

| | |
|---|---|
| Dr. Vitura Sangsingkeo | ICARP |
| Dr. Margaret McEvoy | The Population Council |
| Ms. Jean Baker | The Population Council |
| Mr. M.A. Piracha | UNICEF |
| Mr. David Oot | USAID |
| Mr. Verenda Chobra | USAID |
| Miss Melinda MacDonald | USAID |
| Dr. M. Sathianathan | WHO |
| Dr. Rosa F. Cosico | WHO |

Observers

| | |
|---|---|
| H.E. Mohamed Musthafa Hussain | Maldives |
| Mr. Apilas Osathanonda | Thailand |
| Mr. Vimol Notananda | Thailand |
| Dr. Chana Kumboonrat | Thailand |
| Dr. Wannee Kolasartsenee | Thailand |
| Dr. Permchitt Prukesachiwa | Thailand |
| Dr. Dilok Tewthong | Thailand |
| Dr. Prayoth Boonmongkol | Thailand |
| Dr. Pirote Ratanaubol | Thailand |
| Dr. Manoo Siriyutha | Thailand |
| Dr. Tawat Sukontapatipark | Thailand |
| Dr. Nongluk Bunnak | Thailand |
| Dr. Nanta Auamkul | Thailand |
| Dr. Sirikul Thanyawongse | Thailand |
| Miss Patama Bhiromratana | Thailand |
| Dr. Ong-arj Viputsiri | Thailand |

Steering Committee

| | |
|---|---|
| Dr. Athol J. Patterson | Chairman |
| Dr. Vallop Thaineua | Secretary |
| Dr. Giarto Sudarno | |
| Miss Rocela Rada | |
| Dr. Dehanom Muangman | |
| Dr. Prayoon Klinchom | |

DEIDS Project

| | |
|---|---|
| Dr. Somboon Vachrotai | Project Director |
| Dr. Sutham Hiranniramol | Assistant Director |
| Dr. Jamroon Mekanorn | Field Director |

Songkhla Project

| | |
|---|---|
| Dr. Somboon Vachrotai | Project Director |
| Dr. Pirote Ningsanonda | Deputy Director |
| Dr. Somsak Varakamin | Deputy Director |
| Mr. Pin Ratana | Field Director |
| Dr. Nanta Auamkul | Liaison Officer |
| Mr. Pin Ratana | Songkla Provincial Health Office and Jana Project |
| Mr. Sangwan Sirinam | Songkla Provincial Health Office and Jana Project |
| Mr. Vijarn Leehapong | Songkla Provincial Health Office and Jana Project |
| Mr. Chareenjit Na Songkhla | Governor of Songkla |
| Mr. Thawatchai Somsamarn | Deputy Governor of Songkla |
| Mr. Samam Klinkasorn | District Officer, Jana |

Others

| | |
|---|---|
| Mrs. Achara Chaikuna | Friedrich Naumann Foundation |
| Dr. Titirat Visalvethaya | Acting Director of Planning Chulalongkorn University |
| Dr. Damrong Boonyoen | Planning Office |
| Miss Sarnsiri Visalvethaya | Planning Office |
| Dr. Somporn Koosalertjariya | Division of Family Health |
| Dr. Somboon Vachrotai | Director General of Department of Communicable Diseases |
| Dr. Jamroon Meekanorn | Deputy P.C.M.O. Lampang and Field Director of Lampang Project |
| Mr. Sutin Niworanusit | Lampang Muang Health Officer |
| Miss Kanchana | Director Northern Regional Training Center |
| Dr. Pricha Desawadi | Director of Primary Health Care Program |
| Dr. Suksa Bhamornsathit | Chairman of Department of Preventive and Social Medicine, Chulalongkorn University |
| Dr. Piraj Deesudjit | Department of Preventive and Social Medicine, Chulalongkorn University |
| Dr. Piboon Lohsoonthorn | Department of Preventive and Social Medicine, Chulalongkorn University |
| Dr. Worawit Thataworn | Department of Preventive and Social Medicine, Chulalongkorn University |
| Dr. Munee Sethaboot | Department of Preventive and Social Medicine, Chulalongkorn University |
| Dr. Tassanee Nuchprayoon | Department of Preventive and Social Medicine, Chulalongkorn University |
| Dr. Ong-arj Viputsiri | Department of Preventive and Social Medicine, Chulalongkorn University |
| Dr. Anond Prathatsoonthornsarn | Chairman Emeritus of the Department of Parasitology, Chulalongkorn University |

Others (continued)

| | |
|---|---|
| Dr. Sakorn Dhanamitta | Nutrition Institute |
| Miss Uthai Sirivathanant | Family Planning Division |
| Miss Chitra Pasuk | Family Planning Division |
| Miss Piyathida Tridich | Mahidol School of Public Health |
| Dr. Laksami Yisunsri | Deputy Director, Malaria Program |
| Mr. Thawatchai Niennoitoon | Department of Health, Bangkok |
| Miss Porsinee Amornwichet | Family Planning Division |

Appendix B

A LOOK AHEAD
(A Paper Presented at the Seminar on Future Trends in Family Planning in the Developing World)

No. 9

# A LOOK AHEAD

by

Dr. Athol J. Patterson
Professor of International Health
School of Public Health
Tulane University

PRESENTED AT

The Seminar on Future Trends in
Family Planning in the Developing World
July 7 - 11, 1980.

CHIENGMAI, THAILAND

# A Look Ahead

I would like to explain that unlike most of you here, I am not an expert on family planning per se. I am interested in the development of health serves with concomitant development of all the other sectors of concern to general development.

Historians have often said that a study of history enables us to understand the present and to foretell the future. I would have liked to start today first of all by looking at the recent past, then the present and then try to foretell the future, or at least the immediate future. Unfortunately all that I wish to say can not be neatly divided into these three categories but I will try to do so as much as possible but there will necessarily be a little repetition. Furthermore in predicting the future I must be biased by my personal views and interests.

There have been tremendous changes in the world since the end of World War II. The process of development has quickened whereas prior to the War it had been progressing very slowly. Since I first came to Thailand almost 30 years ago there have been enormous changes. The roads have been improved and extended and there are many airports. The trains are now deisel. In respect to health five new medical schools have been constructed. There is a network of health centers. Smallpox and yaws have been eradicated and I could continue with progress in regionalization and many other health activities.

The same has occurred in most other countries although not to the same extent. In yet other countries I believe that there has been no progress and that government services have decreased because of the population increases.

Concern over population problems has become of public interest only in recent decades although certain scholars long ago predicted that they would occur.

Voluntary societies concerned with the problem were formed in many countries and as has often happened in public health, governments have then taken over the work either partly or entirely which has been successfully undertaken by these societies.

I remember that when India first requested WHO assistance in family planning there was a heated debate in the Executive Board and strong opposition from representatives of countries which were predominately

Roman Catholic. The astute Director General of that time, the late Dr. Brock Chisholm had anticipated the debate and informed the members that he had consulted His Holiness the Pope on the subject. The Pope said in his reply something as follows "I am aware of the problem and am glad that WHO is interesting itself in it". That ended the protest. What a change there has been since that time which was I think 1950. Since then WHO has been very active in the field as has the United Nations and other Specialized Agencies. One of them is the World Bank (IBRD).

When the Bank was founded its policy for at least two decades was to concentrate on subjects such as the construction of hydro-electric dams and the building of roads etc. Recently however the policy has been to try and concentrate on projects which benefit the poorer people of the world and one of the subjects of current concern is family planning. This has been a radical change in policy.

In respect to bilateral agencies I remember when the predecessor of the Agency for International Development was first asked to assist with family planning. General Eisenhower who was President of the USA at that time said that it would be improper for the USA to interfere with the population growths of other countries. That has all changed. Bilateral agencies today as are interested and active in the field as are the multilateral agencies. In summary there has been a growing public awareness that we are faced with an enormous problem and one which will become greater if we do not do something about it quickly.

If we look at the history of the development of health services we find that almost always they have started in urban areas and then with the passage of time services have been initiated in rural areas. In most countries there has been a big improvement of the health services and attention to the people of the rural areas has been a feature of the development of health services over the last thirty years. More recently large numbers of people from rural areas, usually male agricultural workers unqualified to do urban work have swarmed into large cities living in shanty towns and exposed to many health hazards. This has forced governments to pay attention to them.

Another event in the post-war period was the support given, mainly by WHO and AID to huge programs for the control or eradication of certain diseases. Often the administrators of the campaigns had large degrees of independence if not actual autonomy. The campaigns were concerned with diseases such as malaria, tuberculosis and venereal diseases. Perhaps the biggest in this part of the world were the yaws campaigns in Indonesia and Thailand. Another reason for that situation was that so many foreign advisors appeared on the world scene who were usually experts in one subject and they gave advice on those single subjects without paying attention to the health services as a whole. It is now realized that it was a mistake and that it would have been more efficient to have spent the money in building up the health infrastructure so that a multi-purpose staff could have undertaken all of the control measures simultaneously. Malaria eradication is an exception to that generality. Today we are concerned with integration. The reason is partly due to the fact that some of our predecessors engaged in disintegration and partly because many of the control or eradication campaigns were given so much independence.

Turning to the present I think that I discern a change of policy in certain countries from preoccupation with family planning to concern with the health of whole families. At the same time I have observed in other countries family planning activities which are separate from the general health services and are actually rendered from buildings which are often well away from public health centers.

In certain countries of the world there are racial problems. They occur usually when there is a minority group which is large. If there is only a tiny minority there are usually no problems. Sometimes the distributions of the ethnic groups are such that health services benefit certain groups and not others as for example when there are ethnic differences between the urban and rural populations. As previously stated health services have usually started in urban areas and rural areas have been neglected. Thus in many countries the need for family planning is a rural problem.

The high price of gasoline has taken its toll in many countries. I recently read that many tractors in the Sudan are not being used because the owners can not afford to pay for the benzene. I have also read that the total

exports of Turkey are insufficient to pay for the oil imports.[1] Over a year ago two of my students told me that field visits in Belize and Nepal had been reduced by the Ministries of Health in both countries. I am sure that the same sort of thing could be said of many other countries. I suspect that in many countries there has been a decline in the amount of field work and a reduction in the amount of supervision. It would appear that there will be further increases in the price of oil. ~~I am sure that this will interfere increases in the price of oil.~~ I am sure that this will interfere with family planning work if it has not already done so. And of course rural areas will be affected more than the urban.

As previously mentioned I regret to observe that in a number of countries family planning is carried out independently of general health services. I think this is both an inefficient and undesirable way in which to undertake the work. It is inconvenient to the parents who often have a number of children in need of medical care which they cannot obtain in clinics organized for the provision of family planning only. This medical care & family planning service could be provided in health centers. Also it seems to indicate to the public that family planning is something apart from general health services. It is my firm conviction that family planning activities should not be carried out independently of other health activities. I regard them as being an important part of maternal and child health activities which are a part of general health services.

At least one speaker said that he had had unsatisfactory results when combining family planning with another health activity. I was not surprised. There are at least nine basic services which must be offered by health centers which are the key units in health services today. Family planning constitutes

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(1) Europe. May-June 1980 No. 209 page

a part of only one of them, maternal and child health. The other components are antenatal care, midwifery, post partum care, neonatal care and clinics for preschool children, any one who offers fragmentary instead of complete services courts trouble.

While many countries in the world today have population policies it must be recognized that not all of them are concerned with large populations. I can think of some countries which either for political or strategic reasons are fostering an increase in their populations.

I do not know, but I hope that in the future family planning in developing countries will be less dependent on grants from abroad in order to reduce the criticism that for political reasons bilateral agencies are deliberately endeavouring to reduce the populations of certain countries. I believe that the criticism is ill founded but it is sometimes heard.

Another reason for expressing this hope is that most of the donor countries are now experiencing economic difficulties. In the opinion of many these circumstances have been precipitated by the escalating prices of oil. Be that as it may, many donor governments are trying to reduce governmental expenditures and if these policies are continued foreign aid will inevitably be reduced if that has not already occurred.

In respect to community development I think is now widely appreciated that it can not only be brought about more successfully when at least the initial activities are those which the people want but also the people have a right to guide their own destinies. I therefore think that in the development activities of the future there will be more participation by the beneficiaries with government officials acting mainly as catalysts or guides.

As previously indicated I am not in favour of isolated family planning activities. I therefore hope that in the future they will all be integrated with general health services. I think that it would be efficient, it would be popular and it would be economical. It would solve the financial problems that some family planning organizations experience.

I have heard family planners complain that there is often lack of support by the policy makers, that is the politicians, who all too often are principally interested in the next elections. I would suggest that in the

future family planners would be prudent to recognize that they are concerned with only one part of general development and that if they widened their interests and worked for total development they might receive more official support.

I hope that there will be a big campaign in order to encourage breast feeding and to halt the dangerous and iniquitous practice of advising mothers that they should feed their babies on powdered milk. This not only results in infections; it is a waste of money which is ill afforded; it impairs the relationship between mothers and their children and it increases fertility. Certain governments have become aware of this problem and I have heard that there have been court cases concerning it.

In many countries of the world, particularly African countries, there is a high mortality resulting from malaria. For several years, it has been possible to culture the malaria parasite in vitro and progress is being made on the development of a vaccine. If this research work should be successful, we could look forward to a greatly reduced mortality among the children of the world particularly in Africa.

To have effective family planning services I think that in the future there should be more surveys. For example a recent study in Colombia showed that a decrease in infantile mortality was associated with education while in Indonesia it has been found that the use of contraceptive measures is related to access to effective family planning campaigns in rural areas.* Probably it would be advisable to repeat the current World Fertility Study. It seems to me that family planning programs like other health programs should be tailored to meet the varying needs of individual countries.

Of tremendous importance is the status of women throughout the world. For many centuries it has been considered that their work was to raise families, look after their husbands, do housework, and in some countries agricultural work also. Happily, however, there has been some change and many women realize that if they could earn their own money life would be more agreeable to them in many different ways.

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* John Rowley, Development Forum May 1980, page three.

It follows that they would welcome fertility control measures. The World Bank and some of its affiliated agencies could help in this respect by supporting income generating projects so that women in rural areas could obtain additional money.

I think that in the future the price of oil may affect health services more than it does today. If there should be an increase in the price of oil governments will be forced to consider how they can effect transportation economies. One simple practical way would be for health workers to share vehicles when they supervise village work. This is yet another reason for which there must be cooperation between those who work in family planning and those who are engaged in other health work.

I think that the decision made by the World Health Assembly to provide health services for all by the year 2000 is going to have a tremendous repercussion on family planning services. Because of this program, in the next two decades, a very large number of people will have to be trained to provide health services. This will give an impetus to the development of health services such as the world has never before seen. Family planning can be part of the activities undertaken by these new health workers. Furthermore if the services are successful there should be a huge decrease in world mortality and more reason than ever before to have efficient and effective fertility control programs.

However to achieve the goal of health services for all by the year 2000 there must be greater economic development. If there is not general economic development the mortality rates can increase not decrease. Argentina is an illustration of this. In initiating health services there are certain things which it is easy to do at low cost such as immunizing children. But for a permanent development of health service it is necessary to carry out more expensive tasks such as training a large number of health workers of different kinds and then to have a network of health centers where they can be based. Of course there must also be associated hospitals. Accinelli and Muller* stated

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* Ref. Accinelli M. Martha and Muller, Maria S. "Why Argentina's Mortality is Rising: An Analysis" Intercom Vol. 8 No. 3 March 1980, pp. 8-9.

that "there seems to be a threshold of lower mortality rates which a country can cross only in conjunction with a substantial rise in economic development and standard of living". To carry out these more expensive measures there must be a general economic development which will provide the governments wi the necessary revenues to support them.

In respect to family planning, I think that there should be and I hope that there will be a world policy. At the moment, individual countries have individual targets set by their own governments. If we look at the map of the world today we find a greatly varying population density. What we need is a UN declaration with more teeth in it. I am reminded of the Declaration concerning the Rights of the Child. It is flagrantly abused every day. We need something better.

There are certain countries with small geographical areas and high populations e.g. El Salvador. There are bigger countries with literally teeming hundreds of millions of people such as India. There are other large and sometimes rich countries with relatively sparse populations e.g. Argentina and Australia. Some countries have to import food e.g. the United Kingdom, other countries can export it, and in large amounts e.g. New Zealand and Australia. Happily, since World War II, there has been a growing awareness among the more developed countries of the world that they have a moral responsibility to help the less fortunate. Others realize that it is in their economic interest to provide such aid. There will, however, be political difficulties in the future if we do not adopt a world policy in respect to population planning. Quite apart from the inequities in the world, there will be social instability if large numbers of malnourished people are confined in over-crowded countries without the means of settling in less crowded parts of the world. Let us hope that the United Nations conference on development to be held in New York in August will make some useful recommendations because a world population policy by itself would be ineffective unless it were a part of a more comprehensive plan for world social progress. At the moment there are only piece meal plans concern with certain sectors. I have the impression that in respect to health services throughout the world the various countries are working together with a degree of cooperation and harmony that is not seen in

other sectors. Perhaps the reason is, as stated in the World Health Organization constitution, namely that an improvement of health in any part of the world is of benefit to all countries of the world.

I would like to emphasize that I think that in future, factors outside the field of family planning will have a far greater influence on family planning than they do today and that is probably how it should be.

I would like to conclude by quoting from a three hundred year old sermon delivered in London.

> "No man is an island, entire of itself; every man is a piece of the continent, a part of the main: if a clod be washed away by the sea, Europe is the less, as well as if a promontary were, as well as if a manor of the friends or of thine own were; any man's death diminishes me, because I am involved in mankind; therefore never send to know for whom the bell tolls; it tolls for thee."*

Lest this has not been understood let me explain it in simple modern English. No individual is apart from the rest of mankind. An injury or misfortune to anyone should be of concern to all.

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* John Bartlett, "Bartletts Familiar Quotations," 15th edition Little, Brown and Company, Boston Toronto, p. 215.

Appendix C

1980 ITINERARY

Appendix C

1980 ITINERARY

| | |
|---|---|
| Friday, 4 July, 6:00 a.m. | Arrived Bangkok - Various meetings |
| Saturday, 5 July | Bangkok - Meetings, evening dinner with officials |
| Sunday, 6 July | Bangkok to Chiengmai |
| Monday, 7 July | Seminar started |
| Wednesday, 9 July | Samoeng Project in afternoon |
| Friday, 11 July | Presented paper at seminar<br>Seminar ended at noon - Visited Friedrich Naumann Foundation Office in afternoon |
| Saturday, 12 July | Departed Chiengmai for Lampang - Morning discussions in Office of Lampang Project, field visits in afternoon |
| Sunday, 13 July | Lampang to Chiengmai - Meeting with Dr. Pricha on primary health care, departure from Chiengmai for Bangkok |
| Monday, 14 July | Meetings in Ministry and visit to AID |
| Tuesday, 15 July | Meetings in Ministry - Luncheon meeting with faculty of Department of Prevention Medicine; afternoon visit to Nutrition Institute; departure from Bangkok for Songkla |
| Wednesday, 16 July | Visited Governor and Deputy Governor - Visit to District Officer of Jana; afternoon field visits, evening dinner meeting with Dr. Pricha |
| Thursday, 17 July | Visit to Hatyai - Departure for Bangkok; visit from Mrs. Pantyp and Dr. Ramasoota |
| Friday, 18 July | Ministry - Visit to Dr. Somboon at Ramathibodi; visit to Dr. Arnuwatra at Ramathibodi; and visit to School of Public Health |
| | Departure to Chonburri |
| Saturday, 19 July | Visit to CRS refugee camp |
| Sunday, 20 July | Travel to Bangkok - Farewell luncheon, departure from Bangkok to Manila |

Part II

A REVIEW OF THE SEMINAR

PREPARED BY ALLAN ROSENFIELD, M.D.

# C O N T E N T S


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APPENDICES

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Appendix B: Schedule For the First Seminar on Future Trends in Family Planning in the Developing World

Appendix C: Daily Agenda: The First Seminar on Future Trends in Family Planning in the Developing World

Appendix D: Conclusions of the First Seminar on Future Trends in Family Planning in the Developing World

# I. INTRODUCTION

# I. INTRODUCTION

The primary purpose of this assignment was to present a paper at an international seminar organized by the Thai Ministry of Public Health (MOPH) and the Department of Technical and Economic Cooperation (DTEC). The First Seminar on Future Trends in Family Planning in the Developing World was held in Chiengmai, Thailand, July 7-11, 1980. The meeting was funded by the Thai Government. Most of the speakers were Thai officials from the MOPH and several universities. There was also a small number of invited guest speakers. The 18 participants came from nine Asian countries: Bangladesh, Indonesia, Korea, Maldives, Nepal, Pakistan, the Philippines, Sri Lanka, and Thailand. In addition, a number of observers from various donor agencies attended the seminar.

A second purpose of the visit was to hold discussions with the director of the Family Health Division at the MOPH, and with the staff of the Population Health Office, USAID on USAID's future assistance in the area of family planning. More generally discussions on the future of family planning program strategies were also planned. The consultant met with various officials of the Family Health Division, Mahidol University School of Public Health, the Community-Based Family Planning Services Program (CBFPS), and USAID. (See Appendix A.) In addition, the consultant visited two refugee camps (Sa-Keow and Kaow-I-Dong) near the Cambodian border, where the CBFPS has an active family planning, sanitation, and food assistance program.

# II. OBSERVATIONS AND FINDINGS

## II. OBSERVATIONS AND FINDINGS

### The First Seminar on Future Trends in Family Planning In the Developing World

Appendix D contains the conclusions of the seminar. The daily agenda is attached as Appendix C. The seminar was the first such international seminar to be held in Thailand, and was funded entirely by the Thai Government. USAID, through the American Public Health Association (APHA), provided funding only for a small number of guest speakers. The objectives of the seminar were to exchange views in the interest of improving the management performance of family planning programs; to revise strategies for program development; to exchange pledges of mutual support; and to review and exchange ideas with representatives of the donor community.

The first two days of the seminar were devoted to discussions on a variety of issues relating to contraceptive methods. Separate sessions were held on the IUD, oral contraception, long-acting contraception, sterilization, and injectable contraception. Future trends and concepts in family planning, in particular, contraceptive alternatives, were examined. In addition, each representative made a brief presentation on family planning activities in this country. A moderate amount of time was spent on a description of the roles of the various categories of personnel in family planning programs, with the emphasis on the roles of personnel other than physicians.

On the third day, the participants visited various programs in the Chiengmai area. On the fourth day, various donor agencies made presentations on the trends in funding of family planning-related activities for the future. A panel discussion on self-sufficiency in the field of family planning followed these presentations. Among the special guest speakers were Dr. Muramatsu, who spoke on abortion in Japan, and Dr. Yamashita, of the Future's Group (U.S.A.), who discussed the consequences of population growth. Drs. Athol J. Paterson of Tulane University and Allan Rosenfield of Columbia University presented talks on "A Look Ahead" on the last day. Generally, comments about the meeting were positive; the consultant was not privy to the final evaluation.

During his presentation, Dr. Rosenfield attempted to give an overview of family planning developments between 1965 and 1980. He summarized major programs, initiatives, and the probable impact of these programs as documented in the World Fertility Survey and other reports. Recent advances in the health field were reviewed as well. Some time was spent looking ahead to the decade of the 1980s; urgent problems secondary to rapid urban growth were examined. The discussion then turned to contraception. The consultant gave an overview of risk-benefit assessment, particularly in relation to the pill and the IUD. The role of a wide range of paramedical and lay personnel was discussed, and some observations on program directions at various levels for the future were made. Informal discussions continued after Dr. Rosenfield completed his presentation.

Consultations with MOPH and USAID Officials

Dr. Somsak and Mr. David Oot of USAID requested that Dr. Rosenfield spend time discussing future directions for the national family planning program in general and the next several years of USAID assistance in particular. Mr. Oot requested that the consultant consider returning to Thailand later this year to help prepare the new population project paper for assistance beginning in 1982. Dr. Rosenfield held discussions with Mr. Oot and Mr. Merrill of USAID, Dr. Somsak and his staff, Dr. Debhanom, the Dean of the School of Public Health, and Mr. Mechai of CBFPS.

A particular problem for AID is that a sizable percentage of its assistance at this time is tied to the supply of oral contraceptives and to the provision of institutional subsidies for sterilizations. AID would like to decrease the amounts and percentages of assistance in these areas. Dr. Somsak understands the need for this change, but is hopeful that a significant portion of funding for oral contraceptives and sterilizations will continue. The institutional sterilization subsidies appear to be quite important in Thailand; there have been significant increases in the number of both female and male sterilizations in recent years. The government is now committing significant resources to cover a large portion of the costs for sterilizations. The number of annual sterilization acceptors is approaching 200,000, a figure well beyond any figure previously anticipated. This program is, therefore, increasingly successful.

AID at this time provides roughly 35 percent of the oral contraceptives used in the program; the rest come from the World Bank loan and the Thai Government. By next year, the USAID contribution will have been decreased to approximately 25 percent, although the Thai Government funds will not be increased. Dr. Somsak hopes that AID's support of oral contraceptives will continue at least to its present level, and that the Thai Government will then provide additional foreign currency for the purchase of DMPA, which they are obtaining with increasing difficulty. This approach seems to be reasonable and is supported by the consultant.

The need to increase the links between the MOPH and CBFPS was discussed as a possible initiative to be described in the next project paper. Although the MOPH is extending rapidly the training of village volunteers as a part of its primary health care program, Dr. Somsak and others are concerned about the performance of these workers and the capacity to effectively supervise them. An alternative approach, which Dr. Somsak is interested in exploring further, would be to expand the relationships between the MOPH and CBFPS, with the CBFPS taking the responsibility for village-level activities and the Ministry continuing to expand its role in health center and hospital-based services. The CBFPS appears to have been effective in recruiting and supervising effectively village workers. Its efforts should be encouraged. The objectives are to focus attention on the northeast and south--two regions where progress has been slower than elsewhere in the country--and to select a small number of provinces that would be developed in this collaborative relationship. Effective evaluation would be a key component, and one goal would be national replication.

A new training program for traditional birth attendants (TBAs) has begun. These TBAs are receiving training in both maternal and child health and family planning. Some portion of AID assistance should be directed to an evaluation of this training effort. This is felt to be important because a great deal of TBA training has taken place in Thailand but it has, at best, been ineffectively evaluated. Another proposed project is the training of nurses to carry out mini-lap sterilizations at district hospitals. One goal is to make such personnel available at 300 to 400 district hospitals over the next several years. It was suggested that two such personnel be trained in each institution to provide support and coverage. In all cases one can expect that a doctor will be on the premises to treat complications. The training of auxiliary midwives for IUD insertion also might be expanded under the new project. These activities, the continued purchase of oral contraceptives, and the provision of a sterilization subsidy would make up the bulk of the future population assistance program. It is possible that USAID also will be able to make available small sums of money for new project development and implementation. This will allow for more flexibility than has been possible in the past.

## Refugee Camps

Two refugee camps, Sa-Keow and Kaow-I-Dong, near the Cambodian border, were visited. The Community-Based Emergency Relief Services Program (CBERS), under Mr. Mechai Viravaidya, is active in these camps. The largest of these camps, Kaow-I-Dong, has approximately 130,000 people, making it, in effect, the second largest city in Thailand. In Kaow-I-Dong, CBERS is responsible not only for the provision of family planning services but also for food distribution, general sanitation, and a number of small-scale occupational therapy activities. The camps are clean, though crowded; sanitation appears to be good; with encouragement from CBERS, many of the refugees have been planting small home gardens. While the fate of these refugees is unclear, the conditions in the camps are far better than one might expect. The hospital was crowded; a number of casualties of the recent fighting are being cared for there. The organization of care within the hospital is somewhat unusual in that different organizations and countries are responsible for different wards; however, efforts seem to be coordinated, and under rather primitive and difficult circumstances, the refugees appear to be receiving reasonably high quality care. There are a large number of foreign doctors and other medical personnel in the camps.*

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*The consultant was unable to review activities in depth because much of his time was devoted to an examination of CBERS activities.

# III. RECOMMENDATIONS

## III. RECOMMENDATIONS

Preliminary discussions on future USAID assistance should be held. No other specific recommendations are offered at this time.

Appendix A

PERSONS CONTACTED

## Appendix A

## PERSONS CONTACTED

### Ministry of Public Health

Somsak Varakamin, M.D., Dr. P.H.
Director, Family Health Division

Kanchana Kanchanasith, Dr. P.H.
Family Health Division

Prayoon Klinchom, M.D.
Family Health Division

### School of Public Health

Debhanon Muangman, M.D., Dr. P.H.
Dean

### Community-Based Family Planning Services

Mechai Viravaidya
Executive Director

Malee Sundhagul, Ph.D.
Director
Asian Training Center and CBERS

### USAID

Henry Merrill
David Oot

### Columbia University

Tony Bennett

Appendix B

SCHEDULE FOR THE FIRST
SEMINAR ON FUTURE TRENDS IN FAMILY PLANNING
IN THE DEVELOPING WORLD

Appendix B

SCHEDULE FOR THE FIRST SEMINAR ON FUTURE TRENDS IN FAMILY PLANNING

IN THE DEVELOPING WORLD

JULY 7 - 11, 1980

SURIWONGSE HOTEL, CHIENGMAI, THAILAND

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Monday July 7, 1980

| | |
|---|---|
| 08:30 - 09:30 a.m. | Registration |
| 09:30 - 10:00 a.m. | Opening Address<br>- Dr. Virol Notananda<br>Director General, Department of Health<br>Ministry of Public Health |
| 10:00 - 10:15 a.m. | COFFEE BREAK |
| | Moderator Dr. Banpot Boonsiri<br>Professor<br>Chief of OB-Gyn. Department<br>Chulalongkorn University |
| 10:15 - 10:45 a.m. | Overview of Technology in Family Planning<br>- Dr. Nikorn Dusitsin<br>Associate Professor<br>Faculty of Medicine<br>Chulalongkorn University |
| 10:45 - 11:00 a.m. | IUD<br>- Dr. Arge Somboonsuk<br>Associate Professor<br>Faculty of Medicine<br>Chulalongkorn University<br>- Dr. Damrong Reinprayoon<br>Faculty of Medicine<br>Chulalongkorn University |

| | |
|---|---|
| 11:00 - 11:25 a.m. | Oral Contraceptives: Recent Developments<br>- Dr. Suporn Koetsawang<br>Professor<br>Siriraj Hospital, Mahidol University |
| 11:25 - 11:45 a.m. | Long Acting Contraceptives<br>- Dr. Thawatchai Tansathit<br>OB-Gyn. Department, Faculty of Medicine<br>Chiengmai University<br>- Dr. Pramuan Virutamasen<br>Associate Professor<br>Faculty of Medicine<br>Chulalongkorn University |
| 11:45 - 12:10 p.m. | Sterilization<br>- Dr. Kobchitt Limpaphayom<br>Assistant Professor<br>Family Planning Unit<br>Chulalongkorn University |
| 12:10 p.m. - 01:30 p.m. | - L U N C H |
| 01:30 - 03:00 p.m. | Moderator Dr. Suporn Koetsawang<br>Professor<br>Siriraj Hospital, Mahidol University<br>Training & Research in F.P.<br>- Dr. Nikorn Dusitsin<br>Associate Professor<br>Faculty of Medicine<br>Chulalongkorn University<br>- Dr. Pramuan Virutamasen<br>Associate Professor<br>Faculty of Medicine<br>Chulalongkorn University |
| 03:00 - 03:15 p.m. | COFFEE BREAK |
| 03:15 - 04:30 p.m. | Open Discussion |

| | |
|---|---|
| Tuesday July 8, 1980 | Moderator Dr. Debhanom Muangman<br>Dean, Faculty of Public Health<br>Mahidol University |
| 08:30 - 09:45 a.m. | Panel Discussion<br>New Concept in Family Planning<br>- Dr. Somsak Varakamin<br>Director, Family Health Division<br>Department of Health<br>Ministry of Public Health<br>- Dr. Kowit Vorapipatana<br>Deputy Director General<br>Department of Educational Technique<br>Ministry of Education<br>- Dr. E. McDaniel<br>Director, Chiengmai Christian Clinic<br>McCormick Hospital, Chiangmai<br>- Mr. Nechai Viravaidya<br>Director<br>Population Community Development Association |
| 09:45 - 12:00 a.m. | Country Presentation<br>- India<br>- Indonesia<br>- Korea<br>- Malaysia<br>- Maldives<br>- Pakistan<br>- Philippines<br>- Sri Lanka<br>- Thailand |
| 12:00 a.m. - 01:30 p.m. | L U N C H |
| 01:30 - 02:30 p.m. | Presentation on the Consequences of Rapid Population Growth<br>- Dr. Susuma Yamashita<br>Futures, Group U.S.A. |

| | |
|---|---|
| 02:30 - 02:45 p.m. | COFFEE BREAK |
| 02:45 - 04:30 p.m. | Group Discussion<br>Roles of New Categories of Service Personnel in Family Planning<br>- Participants |
| <u>Wednesday July 9, 1980</u> | Field Trips |
| 08:30 - 10:00 a.m. | Chiengmai Christian Clinic<br>McCormick Hospital<br>- Dr. E. McDaniel<br>- Dr. Arunee Fongsri |
| 10:00 - 12:00 a.m. | Northern Regional MCH Center<br>- Dr. Pracan Nimmanhemin<br>Director, Northern Regional MCH Center<br>Chiengmai |
| 12:00 a.m. - 01:30 p.m. | L U N C H at MCH Center |
| 01:30 - 04:30 p.m. | Sight Seeing, Chiengmai |
| <u>Thursday July 10, 1980</u> | <u>Moderator</u> Dr. Muangtong Khaemmani<br>Associate Professor<br>Vice Rector<br>Chulalongkorn University |
| 09:00 - 10:00 a.m. | Reports From the Donor Agencies on Funding Trends For the Next Decade (1981-1990) and Roles of the Donor Agencies<br>- Representative from the Government of Japan<br>- Representative from WHO<br>- Representative from UNDP<br>- Representative from UNFPA<br>- Representative from USAID<br>- Representative from UNICEF<br>- Representative from UNESCO |

| | |
|---|---|
| 10:00 - 10:15 a.m. | COFFEE BREAK |
| 10:15 - 11:15 a.m. | Group Discussion (5 Groups)<br>Existing vs. Expected Roles/Relationship Between Donor Agencies & Recipient Participants |
| 11:15 - 12:00 a.m. | Group Presentation and Discussion |
| 12:00 a.m. - 01:30 p.m. | L U N C H<br><br>Moderator Dr. Vitura Sangsingkeo<br>Executive Secretary ICARP |
| 01:30 - 03:00 p.m. | Panel Discussion<br>Self Sufficiency and Cost Recovery<br>- Mr. Poonsup Tiya-Anant<br>Chief, Public Health Section<br>Budget Bureau<br>- Mr. Meehai Veravaidya<br>Director<br>Population Community Development Association<br>- Dr. Giarto Sudarno<br>Provincial Director of Community Health Services<br>East Kalimanten Provincial Health Office<br>Indonesia<br>- Dr. Hajjah Azizanbte Aiyub Ghazelli<br>Assistant Director of Health<br>Ministry of Health<br>Malaysia<br>- Mrs. Rocela D. Roda<br>Planning Officer<br>Commission on Population<br>Manila, Philippines<br>- Report of Abortion in Japan<br>Dr. Muramatsu |

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Appendix C

DAILY AGENDA:
THE FIRST SEMINAR ON FUTURE TRENDS IN FAMILY PLANNING
IN THE DEVELOPING WORLD

Appendix C

# THE FIRST SEMINAR ON FUTURE TRENDS IN FAMILY PLANNING IN THE DEVELOPING WORLD

## DAILY AGENDA
Suriwongse Hotel, Chiengmai, Thailand

Friday July 11, 1980.

| | |
|---|---|
| | Moderator Dr. Muangtong Khaemmani |
| 8.30 - 10.00 a.m. | A Look Ahead<br>- Dr. Athol J. Patterson<br>Professor of International Health<br>School of Public Health<br>Tulane University, U.S.A.<br>- Dr. Allan G. Rosenfield<br>~~Assistant~~ Professor and Director<br>Centre for Population and Family Health<br>Columbia University, U.S.A. |
| 10.00 - 10.15 a.m. | COFFEE BREAK |
| 10.15 - 11.30 a.m. | Conclusion and Recommendation<br>- Dr. Muangtong Khaemmani |
| 11.30 - 11.45 a.m. | Evaluation of the Seminar<br>- Dr. Muangtong Khaemmani |
| 11.45 - 12.00 a.m. | Closing Remarks.<br>- Dr. Vimol Notananda<br>Director General<br>Department of Health<br>Ministry of Public Health. |

Appendix D

# CONCLUSIONS OF THE FIRST SEMINAR ON FUTURE TRENDS IN FAMILY PLANNING IN THE DEVELOPING WORLD

Appendix D

# CONCLUSIONS OF THE FIRST SEMINAR ON FUTURE TRENDS IN FAMILY PLANNING IN THE DEVELOPING WORLD

July 11, 1980

Suriwongse Hotel, Chiangmai, Thailand

With the strong intention to promote Technical Cooperation among developing countries, the Royal Thai Government organized a seminar on "Future Trade of Family Planning in the Developing World." The arrangements of this seminar were made by the Department of Technical and Economic Cooperation (DTEC) in collaboration with the Department of Health, Ministry of Public Health.

A total of 18 participants, who are senior family planners and administrators from developing countries namely, Bangladesh, Indonesia, Korea, Maldives, Nepal, Pakistan, Philippines, Sri Lanka and Thailand took part in the seminar. In addition to the participants there were also 20 observers, representatives and guest speakers from cooperating agencies (WHO, UNFPA, USAID, ICARP, UNICEF, Population Council), the Government of Japan, universities and private agencies.

The objective of this seminar is to provide the opportunity for the participants:

(1) to exchange views in the interest of improving management and performance of family planning programmes;

(2) to review and share strategies for efficient programme development as well as exchange pledges of mutual support;

(3) to review and exchange ideas with representatives from donor agencies with regards to future trends of family planning, financial aspects and appropriate contraceptive technology.

The seminar was opened by Dr. Vimol Notananda, Director-General of Department of Health, speeches were made by Mr. Apilas Ostananda, Director-General of the Department of Technical and Economic Cooperation, who welcomed the guests.

The following are the results, recommendations and suggestions from the presentations, group discussions and panel discussions:

1. Family planning methods still consist of the newly developed IUD, DMPA and its modification, female sterilization by sophisticated equipment, such as laprocator and laparoscope.

2. Philosophy of the most is used in the distribution of family planning services. That is, quantity is emphasized first and quality later.

3. The idea of using midwives to perform simple operations is reinforced. Also there is more utilization of paramedical and community personnel at all levels.

4. As regards the shortcoming of the existing approach on family planning, urgent action is important. Family planning activities should take into account all sectors of government and the people.

5. The relationship between donor agencies and recipients would gradually be transformed from one-sided assistance to mutual participation and then to self-financing of each individual country recipient.

6. As regards self-sufficiency and cost recovery, there should be self-sufficient programs available in villages; these should be reinforced by the integration of a family planning program and other fields, such as social welfare.

7. The existing internal resources should be utilized wisely.

8. The sense of awareness in family planning should be created among all levels of the community so that self-reliance will happen voluntarily.

9. The new curricula of health education should incorporate family planning.

10. Other measures besides health have to be taken into consideration for the future national population program, namely, the expansion of basic education of girls, increased earning opportunities of the low-income groups, and improvement of women's economic status.