

FOREMOST ACHIEVEMENTS OF USAID'S POPULATION PROGRAM, 1966-1979.

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AFTER SEVERAL DIFFICULT START-UP YEARS, 1966-68, the U.S. Congress earmarked substantial, increasing funds for USAID's population program; which were applied by a talented and tenacious USAID population staff to build a powerful, multifaceted population/family planning assistance program, including the elements listed below. Although religious adversaries of family planning succeeded in decapitating USAID's population program during the Carter administration, residual dedicated staff have continued implementing many elements of the program. Convincing evidence, accumulated during recent decades, indicates that this nation's two most outstandingly successful foreign assistance programs in this century have been the Marshall Plan For The Economic Reconstruction Of Europe; and USAID's Population/Family Planning Assistance Program, which provided outstanding leadership and foremost financial support and contraceptive supplies to meet the challenge of excessive population growth in the less developed world.

CREATIVE AND CONSISTENT PROGRAMMING and monitoring of \$1.3 billion of population funds provided by the U. S. Congress, for thousands of projects and country programs aimed especially at enabling hundreds of millions of poor people to enjoy their fundamental human right of having the knowledge and means for controlling their fertility.

Applied research, development, testing and dissemination of improved means of fertility control. The most important technological accomplishments of USAID's Office of Population during the last decade have been:

- Development of the 28 tablet oral contraceptive package, including 21 hormone tablets and seven iron (ferrous fumarate) tablets, which facilitates use of this method by illiterate women without calendars. These oral contraceptives are packaged in standardized non-proprietary packages which have been indispensable for maintaining maximum commercial competition and lowest prices for A.I.D. purchases.
- Development of the Menstrual Regulation Kit in 1973, a safe, simple and inexpensive means of uterine aspiration, through research contract with the Battelle Memorial Institute. Eleven thousand M.R. Kits were purchased and rapidly disseminated in

1973, mainly by the mechanism of the International Conference on Menstrual Regulation held at Hawaii that December. But action to purchase 100,000 M.R. Kits was blocked by passage of the Helms Amendment to the Foreign Assistance Act. Nevertheless, since then private and multilateral organizations have distributed more than 3,000,000 M.R. Kits to requesting family planning organizations and the M.R. Kit has abundantly proved its unique utility.

- Support for and assistance in the development of the Yoon Band (Falope Ring) and Hulka Clip for non-thermal laparoscopic tubal occlusion; and development of simplified and much less expensive laparoscopes based upon the Falope Ring technique rather than electrocautery.
- Wide dissemination of laparoscopic equipment to specially trained surgeons in more than 70 developing countries including Brazil, Korea, Indonesia, India, Pakistan, Bangladesh, Nepal, Tunisia, Colombia and Mexico has greatly motivated and enabled surgeons there to provide high quality voluntary sterilization services, usually on an outpatient basis.

Because of these developments laparoscopic sterilization is now simpler, safer less costly and much more generally available.

- Support for and assistance in development of Mini-laparotomy equipment and techniques, now also extensively used by gynecologic and general surgeons to provide voluntary sterilization services as an outpatient procedure in developing countries.
- Strong support for research and development of "a non-toxic and completely effective substance which when self-administered on a single occasion would ensure the non-pregnant state at the completion of a monthly cycle": From 1970 to 1979 the Office of Population applied \$7 million for support of research and development of prostaglandins, which are increasingly becoming used and accepted as an important new means of fertility control. And from 1970 to 1979 the Office of Population applied \$4.5 million toward the identification, synthesis and testing of Leutenizing Hormone-Releasing Hormone and analogs and antagonists thereto. Dr. Roger Guillemin of the Salk Biological Institute, Project Director for most of this research supported by USAID, received the Nobel Prize in 1977 for discoveries largely achieved under this contract; and LH-RH synthetic analogs are currently very promising new means of fertility control.

Purchase and delivery of huge quantities of contraceptives and surgical equipment to family planning programs in distant lands, so that these programs could have adequate contraceptive supplies. Through fiscal 1979 USAID applied approximately \$215 million for:

-- 780 million monthly cycles of oral contraceptives, purchased at the world's lowest prices of about 15 cents per cycle and delivered throughout the developing world to become the leading means of fertility control in many countries.

-- 2.3 billion condoms, improved by coloring and lubrication, and promoted through advertising to become an important means of family planning in developing countries as they long have been in developed countries; plus large quantities of other barrier contraceptives which individuals can use without medical supervision.

-- 10 million intrauterine devices which are an important means of fertility control in most countries.

-- 2000 improved laparoscopes and 36,000 minilap and vasectomy kits, now used in more than 75 developing countries; which have helped to make voluntary sterilization the world's most popular means of fertility control -- both in developed and less developed countries.

- Initiating and continued strong support for the United Nations Fund for Population Activities. In 1969, the initial year of the UNFPA, the \$2.5 million provided from USAID's Office of Population account constituted 85 percent of UNFPA resources; and through fiscal 1979, USAID contributions to the UNFPA totaled \$204 million or 35 percent of UNFPA income.
- Strong support for the International Planned Parenthood Federation (IPPF). Beginning with grants of \$3.5 million in fiscal 1968, USAID provided 40 percent of IPPF funds for a number of years; and through fiscal 1979, USAID support to IPPF totaled \$126 million.
- Origination, development and major support of Family Planning International Assistance/PPFA (\$69 million from USAID), and of the International Project of the Association for Voluntary Sterilization (\$29 million from USAID); and extensive support to the Pathfinder Fund (\$50 million through fiscal 1979). Through hundreds of innovative projects, these three organizations have provided support for incipient and burgeoning family planning activities in more than 100 developing countries. USAID support for these three family planning organizations through fiscal 1979 totals \$148 million.
- Creative and coordinated support for a broad set of initiatives, including research, training, equipment, surgical services, and development of national associations for

voluntary sterilization which has helped voluntary sterilization surge ahead-during the seventies to become the world's most popular means of fertility control, with more than 90 million couples now using this method. During the last decade USAID has provided \$100 million in support of voluntary sterilization.

- Origination, design, development and support of the World Fertility Survey (WFS), in partnership with the United Nations Fund for Population Activities (UNFPA), the International Statistical Institute (ISI), and the International Union for the Scientific Study of Population (IUSSP). The WFS has rapidly become "the world's largest international social science research project ever undertaken," and is providing large quantities of high quality data on fertility and many related developmental variables from more than 40 developing countries by means of nationally representative sample surveys of households using standardized data collection methods. Through fiscal 1979 WFS received \$17 million from A.I.D. and \$13 million from the UNFPA.
- Development and major support for training programs in the United States and numerous developing countries. More than 12,000 population and family planning personnel, including program managers, surgeons, nurses and other paramedical personnel, specialists in information, education, and communication, demographers, economists, and sociologists have been trained in the United States in appropriate skills, including the most advanced techniques of fertility management. In addition many tens of thousands of family planning personnel have been trained in the developing countries with A.I.D. support. For population and family planning training A.I.D. has provided \$153 million.
- Origination (with Dr. Phyllis Piotrow), development and strong support of the Population Information Program, first at George Washington University, and now at Johns Hopkins University, which has published and widely distributed comprehensive and authoritative Population Reports on many priority issues relative to population and family planning programs. PIP Reports, published in five languages, are among the ten most widely read medical publications in the developing world (\$11 million from USAID).
- Origination (with Dr. Elton Kessel), development and major support of the International Fertility Research Program (IFRP) for comparative testing and rapid dissemination of improved technologies. With USAID support the IFRP has measured the comparative performances of each means of fertility control in many developing countries. By this action latest technologies

have been widely introduced in the developing world, with careful measurement of results by indigenous investigators. IFRP, now operating in more than 50 countries, has developed a Maternity Care Monitoring Program which collects salient facts on reproductive health, delivery, and contraceptive use before and after each pregnancy from hundreds of thousands of women delivering in selected hospitals in many developing countries (\$18 million to IFRP from USAID through fiscal 1979).

- Origination, development and support of Contraceptive Prevalence Surveys (by Westinghouse, Inc.), which also use standard data collection methods to survey nationally representative samples of households in many developing countries. (Colombia, Mexico, Costa Rica, Korea, Thailand, Bangladesh, Tunisia and Egypt). These are being done in record time to provide the reliable information on current contraceptive availability and use needed for management of family planning programs. (\$2.5 million for Contraceptive Prevalence Surveys from USAID)
- Origination, design, development, and support of Operations Research Projects (Intensive Service Projects) in 19 countries, testing the practicality and measuring the efficiency of various family planning program configurations, including household distribution of contraceptives. The findings of these projects contribute directly to improvement of national programs (\$14 million for these action research projects from USAID through fiscal 1979).
- Origination, development and support of Contraceptive Retail Sales (CRS) Projects (with contraceptive advertising campaigns) in six countries Jamaica, Bangladesh, Nepal, Ghana, Mexico and El Salvador. These projects have achieved greatly increased availability of non-surgical contraceptives by sales at low prices through many thousands of neighborhood shops. In Bangladesh the Contraceptive Retail Sales program currently accounts for one-third of all contraceptives distributed in that country. (USAID support of CRS projects, including contraceptives, totals \$15 million through fiscal 1979).
- Support for University Population Centers and diverse research, training, technical assistance and evaluation activities by universities, e.g. Johns Hopkins University, University of Hawaii and the East-West Center, University of North Carolina, Columbia University, George Washington University, University of Michigan, University of California, University of Chicago, State University of New York, Meharry Medical College University of Minnesota, Washington University, Harvard University, California Institute of Technology. (\$156 million support from USAID).

- Support for collaborative activities by non-university educational and professional associations, including the Population Council, the National Academy of Sciences, Salk Institute, Smithsonian Institution, American Public Health Association, Battelle Memorial Institute, American Home Economics Association, Airlie Foundation, and the International Confederation of Midwives. (\$88 million support from USAID through fiscal 1979).
- Support for allied U.S. Government agencies: The international activities of the Family Planning Evaluation Division of the National Center for Disease Control; the International Demographic Statistics Center, U.S. Bureau of the Census; and the National Center for Health Statistics (\$33 million support from USAID).
- Major support for national family planning programs on a bilateral basis in 46 countries including: Indonesia (\$72 million), Philippines (\$63 million), Pakistan (\$38 million), India (\$30 million), Bangladesh (\$30 million), Thailand (\$24 million), Tunisia (\$14 million), Nepal (\$13 million), Tanzania (\$10 million), Ghana (\$9 million). (\$415 million bilateral support for population and family planning programs from USAID through fiscal 1979).

Country Program Progress

The efficiency with which developing countries have applied international population program assistance, along with indigenous resources, varies greatly. Most successful have been South Korea, Taiwan, Thailand, Indonesia, Columbia, Costa Rica, Chile, Dominican Republic, Panama and Mexico.

Countries which have made substantial headway by 1979 toward reducing birth and growth rates, but whose family planning programs have been seriously flawed and less effective than they might have been, include India, the Philippines, Egypt, Tunisia, Brazil and Jamaica.

Countries which have received considerable international population program assistance but have not yet made substantial progress toward controlling birth and growth rates, include: Pakistan, Bangladesh, Nepal, Ecuador, Guatemala, Honduras, Nicaragua, Kenya, Ghana and Tanzania. Due to political and bureaucratic disabilities these countries have not yet achieved general availability of effective means of fertility control.

Countries which have received little international population program assistance and made little if any progress toward control of excessive

fertility include Burma, and most countries in Africa, and the Middle East.

International population program assistance is a high risk enterprise. For successful results, all essential links in the action chain must be of adequate strength: international assistance must be timely, appropriate in nature, of adequate magnitude, be made readily available, and be well used by indigenous program personnel operating under strong leadership. If one or more of these links is weak or missing the entire enterprise may fail.

In Summary, a small band of "true believers" in the urgent need for resolution of the world population crisis, worked creatively and tenaciously in USAID during the 1960s and 1970s to create an effective population/family planning program, applying \$1.3 billion of the Title X monies earmarked by the U.S. Congress for the purposes detailed above.

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Table 1

BIRTH RATES OF COUNTRIES, BY CONTINENT AND LEVEL: 1972

CONTINENT	BIRTHS PER 1,000 POPULATION											
	Less than 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50 or more			
AFRICA				Mauritius 25 St. Helena 28	Gabon * Rauvion 32 Seychelles 32	Cameroon * Cape Verde 36 Egypt 37 Equatorial Guinea * Lesotho *	Comoro Islands 44 Congo, People's Republic of * The Gambia * Mauritania * Mozambique * Portuguese Guinea * South Africa South West Africa 40 Spanish Sahara * Tunisia 40 Zaire *	Botswana * Burundi * Central African Republic * Chad * Ghana * Guinea * Ivory Coast * Kenya * Libya * Madagascar * Malawi * Morocco * Nigeria * Senegal * Sierra Leone * Somalia * Southern Rhodesia * Sudan * Swaziland * Tanzania * Uganda * Upper Volta *	Algeria * Angola * Dahomey * Ethiopia * Liberia * Mali * Niger * Rwanda * Sao Tome and Principe * Togo * Zambia *			
	ASIA		Hong Kong 19 Japan 19	Taiwan (China) 24 Cyprus 22 Ryukyu Islands 22 Singapore 23	China ¹ People's Republic of 25 Israel 26 Korea, Republic of *	Macao * Viet Nam, North * Sri Lanka, Republic of 30	Brunei 38 India * Malaysia * Thailand * Turkey *	Burma, Socialist Republic of the Union of * Khmer Republic * Korea, North * Kuwait 43 Laos * Lebanon * Mongolia 40 Philippines * Portuguese Timor * Vietnam, South *	Bangladesh * Bhutan * Gaza Strip * Indonesia * Iraq * Jordan 43 Maldives * Nepal * Pakistan * Qatar * Sikkim * Syrian Arab Republic *	Afghanistan * Bahrain * Iran * Oman * Saudi Arabia * United Arab Emirates * Yemen (Aden) * Yemen (Soc.) *		
		OCEANIA			Australia 22 New Zealand 23		Fiji 30 Guam 34	American Samoa 36 New Caledonia 36 Tonga *	British Solomon Islands * Cook Islands 41 Gilbert and Ellice Islands * New Hebrides * Papua New Guinea * Trust Territory of the Pacific Islands * Western Samoa *	French Polynesia *		
		LATIN AMERICA		Caral Zone 17 Falkland Islands Islas Malvinas 16	Argentina 21 Barbados 22 Montserrat 22 Netherlands Antilles * Trinidad and Tobago 24 Uruguay 22	Antigua 28 Bahamas 28 British Virgin Islands 29 Cayman Islands 27 Chile 25 Cuba * Grenade, State of 28 Guadeloupe 29 Martinique 25 Puerto Rico 26 St. Christopher- Nevis- Anguilla 25	Costa Rica 32 French Guiana * Jamaica 34 St. Vincent & Carlot Islands 32	Brazil * Dominica 36 Guyana 36 Panama 36	Belize * Bolivia * Colombia * Ecuador * El Salvador 42 Guatemala 42 Haiti * Mexico 43 Paru * Surinam 41 Venezuela *	Dominican Republic * Honduras * Nicaragua * Paraguay * St. Lucia 43 U.S. Virgin Islands 46		
			NORTH AMERICA		Canada 18 United States 16	Bermuda 21 Greenland 24		St. Pierre and Miquelon 30				
			EUROPE	Austria 14 Belgium 14 Finland 13 Germany, East 12 Germany, Federal Republic of 11 Luxembourg 12 Sweden 14 Switzerland 14	Andorra 18 Bulgaria 16 Channel Islands 15 Czechoslovakia 17 Denmark 15 Faeroe Islands 19 France 17 Greece 16 Hungary 15 Isle of Man 15 Italy 17 Malta 17 Monaco 19 Netherlands 18 Norway 17 Poland 17 Romania 19 San Marino 18 Spain 19 U.S.S.R. 18 United Kingdom 15 Yugoslavia 18	Gibraltar 22 Iceland 22 Ireland 23 Liechtenstein 20 Portugal 20			Albania 35			

* Birth registration data relatively incomplete. Levels shown here are estimates based on sample surveys, censuses, and other sources.

¹ Source: Personal communication to R. T. Ravenholt, Director, Office of Population, Bureau for Population and Humanitarian Assistance, Agency for International Development.

Table 2
BIRTH RATES OF COUNTRIES, BY CONTINENT AND LEVEL: 2000

BIRTHS PER 1000 POPULATION										
CONTINENT	Less than 10	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
AFRICA 37.6			Mauritius 16 Seychelles 18 Tunisia 17	Algeria 23	Egypt 27 Libya 28 Morocco 25 So. Africa 25 Zimbabwe 29	Botswana 30 Gabon 32 Ghana 32 Kenya 34 Lesotho 33 Mauritius 34	Cameroun 37 Cape Verde 37 Ceo Afr Rep. 38 Cote Ivore 36 Djibouti 39 Namibia 35 Senegal 38 Sudan 36	Benin 41 Burundi 43 Congo 44 Equa. Guinea 43 Eritrea 43 Ethiopia 40 Guinea 42 Guinea-Bis. 45 Madagascar 43 Mayotte 40 Mozambique 43 Nigeria 41 Rwanda 42 Sao Tome 43 Swaziland 41 Tanzania 40 Togo 40 Zambia 42	Angola 48 Burkina Faso 48 Chad 49 Comoros 47 D.R. Congo 46 Guinea 47 Liberia 49 Malawi 46 Mali 49 Sierra Leone 49 Somalia 48 Uganda 48 W. Sahara 46	Niger 55
ASIA 20.6	Armenia 8 Georgia 9 [Hong Kong] 7 Japan 9	Azerbaijan 14 China 13 Cyprus 12 Singapore 12 South Korea 13 Taiwan 11 Thailand 14	Iran 18 Kazakhstan 15 North Korea 18 Sri Lanka 18 Tajikistan 19 Turkmenistan 18 Ust. Emirates 18 Viet Nam 19 Ust. Emirates 18	Bahrain 22 Brunei 22 Indonesia 23 Israel 21 Kyrgyzstan 20 Lebanon 23 Malaysia 24 Mongolia 20 Turkey 22 Uzbekistan 22	Bangladesh 28 Cambodia 28 India 26 Jordan 28 Myanmar 28 Philippines 28	Bhutan 34 East Timor 32 Kuwait 32 Oman 33 Pakistan 33 Qatar 31 Syria 31	Iraq 37 Laos 39 Nepal 35 Saudi Arabia 35	Afghanistan 42 Maldives 40 Palestina, Terr. 42 Yemen 44		
OCEANIA 17.9		Australia 13 N. Zealand 14 Norfolk 11	Niue 18 Pitcairn Is. 15 Xmas Island 16	Cocos 20 Cook Island 23 Fr Polynesia 21 Guam 24 Nauru 23 N. Caledonia 21 N. Marianas 20 Palau 21 Tuvalu 21 Wallis & Fut. 22	Am. Samoa 26 Fiji 25 Marshall Is. 26 Tonga 27	Fed. St. Micro. 36 Kiribati 32 Papua-N. Guin. 34 Tokelau 33 W. Samoa 30	Vanatu 36	Solomon Is. 41		
LATIN AMERICA 23.1		Anguilla 14 Cuba 14 Martinique 14 Trinidad 14 US Virgin Is. 13	Argentina 19 Aruba 17 Bahamas 18 Barbados 15 Br. Virgin Is. 16 Cayman Is. 15 Chile 18 Dominia 16 Grenada 19 Guadalupe 17 Montserrat 17 Neth. Antilles 17 Puerto Rico 15 St Lucia 18 St Vincent 19 Uruguay 16	Antigua 22 Brazil 20 Costa Rica 21 Colombia 24 Guiana 21 Jamaica 20 Panama 21 St Kitts 20	Belize 29 Dominican R 26 Ecuador 28 Fr. Guiana 27 Mexico 26 Peru 26 Suriname 26 Turks/Caicos 27 Venezuela 25	Bolivia 32 El Salvador 30 Haiti 33 Honduras 33 Nicaragua 34 Paraguay 32	Guatemala 36			
NORTHERN AMERICA 14.2		Bermuda 13 Canada 11 St. P S M 14	USA 15 Greenland 17							
EUROPE 10.1	Austria 9 Belarus 9 Bulgaria 9 Czech 9 Estonia 9 Germany 9 Italy 9 Latvia 8 Lithuania 9 Moldova 9 Russia 9 Slovenia 9 Ukraine 8	Andorra 11 Belgium 11 Bosnia 12 Channel Is. 12 Croatia 10 Denmark 12 Faroe Is. 11 Finland 11 France 13 Greece 10 Hungary 10 Ireland 14 Isles of Mann 11 Lichtenstein 12 Luxembourg 13 Macedonia 14 Netherlands 13 Norway 13 Poland 10 Romania 10 Slovakia 10 Sweden 10 Switzerland 10 United Kingdom 11	Albania 17 Faros 15 Gibraltar 16 Iceland 15	Monaco 20						

By R.T. Ravenholt, using latest data from the Population Reference Bureau, May 2002; and with help from John Chao and Scott Radloff.