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MATERNAL AND CHILD HEALTH AND FAMILY PLANNING PROGRAMS

The report of the Director sums up the operations of the Pan American Health Organization in compliance with Resolution VIII on the "Organization's Action Policy with Respect to Population Matters."

The document serves two purposes: the first being to describe the work done in connection with population and health, and the use of revised demographic information in the planning, monitoring and evaluation of programs, and the second to inform on the projects of countries in the Region in which the Organization is supporting the integration of family planning services into maternal and child health care.

The report highlights efforts to improve coordination with other agencies of the United Nations System, and governmental, private nongovernmental and bilateral aid agencies to strengthen maternal and child health care and family planning programs in the countries, the support being given to national programs of research and education in demography and human health and reproduction, and the cooperation rendered to the administrative units responsible for the programs.

It also provides a brief review of the present status of those programs and the principal impediments to faster progress toward the goals set in the Regional Program.

Finally, a few considerations are offered on the strategies that will be further pursued in support of the Governments for the surmounting of obstacles and the attainment of the regional goals in maternal and child health.

Since this is the first such report, it is proposed not that any substantive changes be made in the resolution approved by the Governing Bodies, but rather that the existing commitment be reaffirmed so that the slight initial gains made during the period can be consolidated in the future.

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MATERNAL AND CHILD HEALTH AND FAMILY PLANNING PROGRAMS

1. Background

In compliance with Resolution VIII on "The Organization's Action Policy With Respect to Population Matters," approved by the Directing Council of PAHO in its XXX Meeting, and in which paragraph 3 requests the Director to present a first report on the progress made in this area, the Secretariat has drawn up the present document, which is presented for consideration by the 95th Meeting of the Executive Committee and the XXXI Meeting of the Directing Council of PAHO in 1985.

The document is based on the substantive topics referred to in the Resolution, and whenever there has been some related activity, it is described as such.

The document sets out to accomplish two main purposes:

a) to present a general picture of the Organization's activities this year in connection with population and health, and of the current demographic information needed for use in the planning, monitoring and evaluation of the programs, and

b) to report on the projects in progress in the Region in which activities are supported for improving the coverage and quality of family planning services integrated into maternal and child care, and research and education in the area of demography and human reproduction.

The intention of the document is to give the Executive Committee and the Directing Council a current view of the situation and a fund of baseline data from which to view progress as it is made in the future.

2. Introduction

Picking up the thread of Document CD30/12 "Basis for the Definition of the Organization's Action Policy With Respect to Population Matters," it can be noted that since 1965 momentous changes have taken place in the position of the governments of Latin America and the Caribbean. Whereas in that year only one country offered any family planning services in its health programs, in 1975, one year after the World Population Conference in Bucharest, 17 countries in the Region were providing these services through their government structures. In 1985 family planning services are part of the health measures offered in all but three of the countries. It is of interest to consider three different aspects of this change: the position of the governments in relation to fertility levels, the existence of policies for changing them, and the official position on family planning services.

From an examination of the information available on 27 countries in the Region with populations of 250,000 inhabitants or more,[1] 24 of those 27 countries are aware of their fertility levels as a factor to be taken into account in their development and health plans. However, in comparing this figure with the number of countries that have translated that perception into some official policy, the data show that up to April 1984 fewer than half had explicit population policies, and 15 countries had no known position. At this writing a total of 14 Latin American Countries have set up population units (either as departments, directorates, commissions or councils): Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay and Peru. It is striking that in 17 of the 27 countries firm support is given to family planning services, which are offered through the governments structures; in 7 family planning services are offered with some government support or are integrated maternal and child care, and in 3 others services are provided, but by private physicians or family planning associations. This shows that in the 27 countries considered the services were available but their coverage and accessibility to the population (particularly to certain groups) varied widely from one country to another.

Very important factors in this changed perception of problems and the emergence of firm support for the conduct of family planning activities were the joint efforts of the United Nations Fund for Population Activities (UNFPA) and the Pan America Health Organization, and the direct inputs in the population area received by the countries from other international and bilateral aid agencies such as the Agency for International Development (AID), the International Development Research Council (IDRC), and the Swedish International Development Agency (SIDA), and nongovernmental organizations and private foundations such as the Pathfinder Fund and the International Planned Parenthood Federation (IPPF).

Despite the implicit--or even explicit--support that governments give to family planning and their statements and commitments on population policy, surveys in Latin American continue to show high rates of unwanted pregnancy. In addition, the unsatisfied need in many areas for family planning services for sexually active women of child-bearing age who do not want pregnancy and are not using contraception is greater than 10% for all women between the ages of 15 and 44, and ranges between 15% and 30% for women in consensual union cohabiting women.[2]

1/ United Nations Population Division, Population Trends and Policies. Supervisory Report 1983, Parts II and III (IESA/P/EP.83/add.1) December 1983.

2/ Morris, Leo, An overview of use and source of contraception in Latin America, 1984, II Inter-American Symposium on Health Education, Mexico.

The unmet needs for family planning services are heavily concentrated among women of low income and education levels in urban-fringe and rural areas. Because of this, if the goals of family planning activities are set both to meet the needs of women who want to plan their families and on considerations of maternal and child health, and to reduce population growth, these programs will have to be extended beyond the major urban centers and aim for a total population coverage so that couples of any socioeconomic level and geographic location may be free to decide the number and spacing of the children they want to have.

The findings of the World Fertility Survey (WFS)[3] bear out these facts and support the conclusion that, if all births recorded as unwanted had been avoided, the population growth rate would have been reduced from 2.2% to 1.3%, thereby extending the time it would take to double the world population from 32 to 53 years. Another important conclusion is that the use of contraception rises with education and that, although increasing accessibility of family planning services is usually accompanied by an increase in the use of those services, particularly in rural areas, in several countries motivation is more decisive than the availability of services. These conclusions are of fundamental importance for the future of maternal and child care, including family planning, in the Region. Family planning education and the availability of services are decisive influences on the level of health of the mother and her child, and change the risk levels of the reproduction process. It has been demonstrated that health indicators such as infant mortality, low birthweight, maternal malnutrition and poorly tolerated pregnancies improve definitely when pregnancies begin after the 20th year of life, are more than two years apart, and end at about age 35. It has to be noted once again that failure to provide information, education and services in family planning deprives human beings of the benefits of a powerful health measure.

The activities described in what follows are the outcome of joint efforts by the countries and the Organization to change the described situation and make available to the population that still lacks them the means to an informed decision on the number and spacing of children.

3. Activities during 1984-1985

3.1 Internal and External Coordination

In view of the close connection between health, development and population dynamics and, moreover, of the great differences among the countries in the Region and the urgent need to improve the health status of the less-favored groups, the Pan American Health Organization has launched a series of activities for supporting the countries in their

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[3] World Fertility Survey. Major Findings and Implications. Voorburg, Netherlands, International Statistical Institute, 1984.

quest for proper solutions. By dint of improved internal coordination, efforts have been organized for the promotion of population and health programs, and for support to the countries in their development.

Many of the activities mentioned in this report have not yet been carried out directly by the Maternal and Child Program or by the Growth, Development and Human Reproduction unit, but through collaboration with other programs of the Organization such as those of Health Services Development, Health Education, Health Statistics, Analysis and Strategic Planning, and Women in Health and Development, among others. Thus, the Organization, in keeping with the principles and lines of action laid down in the document "Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries" (CD29/13), and the recommendations made by the Governments in Resolution VIII of the XXX Meeting of the Directing Council, brings a global approach to the subject of population and health, and is supporting the programs through all its units. This time also saw an improvement of communication and coordination among the Family Health Program (FH), the Special Program of Research, Development and Research Training in Human Reproduction (HRP) of WHO/Geneva, and PAHO's Maternal and Child Program not only in order to unify efforts, but also so that the countries in the Region will be the principal beneficiaries of the collaborative activities and research engaged in with them.

External coordination has also improved with other United Nations agencies, and particularly with the United Nations Educational, Scientific and Cultural Organization (UNESCO). Relations with the Inter-American Development Bank (IDB), the World Bank (WB) and other bilateral aid agencies such as the United States Agency for International Development (USAID), are smoother and permit coordinated support to the integration of the family planning component into maternal and child care programs in the countries. This area offers a high potential for collaboration in the future.

Since 1973 the Organization has been collaborating closely with the United Nations Fund for Population Activities (UNFPA), and the Organization is the executing agency for almost all the projects in the health area financed by that Fund in 27 countries of the Region. In those that PAHO does not execute, it is always a participant in their technical review.

Collaboration between the W. K. Kellogg Foundation is an established tradition. Since 1974 the Foundation has been supporting the countries and PAHO in the implementation of a Regional Maternal and Child Health Development Program to which the Organization provides technical support and for which it coordinates the activities of the participating projects. To date 18 proposals have been formulated of which 16 have given rise to activities in 11 countries of the Region. They incorporate two components of decisive importance for improving maternal and child

health care: the regionalization of health services and articulation between teaching and service. In these projects family planning activities are carried on in accordance with the health policies of the countries.

Also, coordination has begun with the United States Public Health Service through the Department of Health and Human Resources and with the Centers for Disease Control in Atlanta, Georgia, USA, Division of Reproductive Health, to study the possibilities of sharing resources, experiences and the findings of surveys done in some countries on maternal and child health and the prevalence of contraception. This information will serve as a data base for programming activities in the countries in the field of population and health and for adjusting PAHO's technical cooperation to the needs of its countries.

Moreover, our connections with nongovernmental agencies and institutions active in the population field with which we have working relations and are in communication enable us to encourage the ministries to participate in coordinating the external aid that comes into the countries for programs in this area without duplications of effort or the wasting of resources. Exchanges of information have been begun with Development Associates, the Population Crisis Committee, Population Options, Family Health International, The Population Council, the IPPF, and the International Federation for Family Life Promotion.

WHO and PAHO participated in the Advisory Group convened by the Westinghouse Health System to review the instruments to be used in the second round of the Population and Health Survey to be conducted in the future and in which 10 to 15 countries in the Region are expected to participate.

The Organization considers that coordination and cooperation with nongovernmental agencies offer governments an enormous potential for obtaining resources and apportioning them better in order to improve their efficiency and the quality and quantity of services offered to the entire population.

3.2 Promotion of and Support to the Development of Policies

In keeping with the recommendations made to the Member Governments, and in support of their encouragement to full participation of all sectors of society in the formulation and application of population policies, the Pan American Health Organization (PAHO) and the World Health Organization (WHO) participated actively in the International Population Conference held in Mexico in August 1984, and in the preparatory meetings at Lima and New York and in Cuba. Prior to those events, PAHO, in conjunction with other agencies, had promoted among the governments of the Region the inclusion of representatives of the health sector in the national delegations, and support from the countries to the adoption of resolutions on health, fertility, family planning, and the collection, analysis and use of related statistical and population data.

It was gratifying to note that the delegations of 26 of the 37 countries in the Region included representatives of the health sector, who participated actively in the discussions. Some of the presentations emphasized the strong correlation between health, population and family planning, and more than 50 of the 88 resolutions approved by the Conference were closely connected with health, which subject is also heavily emphasized in the "Declaration of Mexico."

The Organization is continuing its promotion of programs for the integration of women and their participation in health and development. To this end, three regional seminars were held on the subject of Women, Health and Development, to which 19 countries in the Region sent representatives. Focal points have been identified for this area in most of the countries of Latin America and the Caribbean. These programs are expected to improve significantly the understanding and recognition of the fundamental part that women must play in modern society, and at the same time increase their influence not only on the formulation and application of population policies in the countries of the Region, but also through their active participation in the taking of decisions on health and in making informed choices on the number and spacing of their children.

It is important to mention the growing coordination between the Program on Women, Health and Development and the Maternal and Child Program, which is doing much to promote the inclusion of some country-level activities in connection with women and development in projects to promote and support the extension of maternal and child health and family planning programs. Experience so far has shown that this type of operational integration offers, as in the case of Honduras, an enormous potential, and we consider that this strategy could be successfully applied in other countries.

The Organization has particularly promoted and encouraged studies on mortality, fertility and other population variables in the countries by the Organization. Some of those studies have been presented and discussed in international events such as the Regional Workshop on Primary Care Strategies and Infant Mortality, held in Mexico in May 1984 under joint PAHO/WHO and UNICEF sponsorship. In this meeting valuable data were presented on the assessment of the status of children in the Americas and the Caribbean, and models were presented to explain the changes that have taken place in infant mortality and the relationship of this variable with population and socioeconomic variables. These models can serve as guides to decisions that affect modifiable and dependent variables and are intended to improve the strategies employed and the services offered to the groups covered by the program. In this workshop studies and methodologies were presented which demonstrated the impact of family planning on infant mortality and its improvement of the possibilities for survival of that group.

It is now several years that the Organization has been working with the countries in using the risk approach for the design of maternal and child care programs so as to make efficient use of resources and give the population access to services suited to their state of health or disease.

Important support has been given to training in this field in the countries. Down to 1984 the Organization and WHO organized a series of seminars to disseminate the "Risk Approach in Health Care." The experience acquired in those seminars brought out a need to review the instructional material and adapt it to conditions in the Region of the Americas. In response to this concern, the "Manual on the Risk Approach in Health Care" has been revised and translated into Spanish (Manual sobre el Enfoque de Riesgo en la Atención de Salud), and printed and distributed to the countries of the Region. In addition, the Government of Brazil has had the manual translated into Portuguese and printed, and it has been used not only for training in that country, but also in courses on the subject conducted in Portuguese-speaking African countries.

In view of the interests aroused by these courses and the accumulation of requests in the countries for the holding of events of this type, it was decided to transfer the training process and methodological instruments to the schools of public health in the Region. The School of Public Health of Medellin, Colombia, conducted a course on the risk approach for teachers in 1984, and the School of Public Health of Mexico conducted another in 1985. Short seminars on the risk approach have been conducted in several countries of the Region in cooperation with the Inter-American Children's Institute (IIN) and with the participation of the Latin American Center for Perinatology and Human Development (CLAP). It is hoped that in the near future the staff trained in these courses will have the capability and opportunity to use what they have learned to improve the quality and equitability of the health services in their respective countries.

The perinatal clinical history developed by CLAP in its two versions will appreciably improve the understanding not only of the perinatal situation, but also of the socioeconomic and medical factors associated with fertility and the health status of mothers and children. It will also permit an improvement of systems for the referral of women and children at risk.

3.3 Promotion of and Support to Research

In response to the Organization's advocacy in the countries of the need for current and reliable information for streamlining the decision-making and resource-allocation processes, several countries have expressed interest in the conduct of research to improve the diagnosis of the health status of mother and child and in adjusting their action programs.

Thus, two closely interrelated research projects are in progress in Paraguay with technical support from PAHO. Analysis of the findings of one of them, the "Study of Morbidity and Mortality among Children in Paraguay," will permit the fashioning of an instrument for the prediction of childhood morbidity and mortality and the incorporation, on the basis of this information, of the risk approach into the management of maternal and child health programs. The concern for and recognition by the health authorities of this country of the gravity of the problem of maternal deaths, which strike grievously at the Paraguayan family, has prompted a "Study of Fetal and Maternal Deaths and Morbidity from Abortion in Paraguay." These studies are part of a project for extending the coverage of maternal and child health. They are being conducted jointly by the Ministry of Public Health and Social Welfare, Asuncion National University, the General Directorate for Statistics and Censuses, and the Health Sciences Research Institute, and are being financed by the UNFPA through PAHO.

WHO and PAHO are making a noteworthy joint effort for the design and implementation of an interregional research project on the magnitude and causes of maternal mortality. The conclusions of this research will provide a basis for the formulation of an action plan for the reduction of maternal morbidity and mortality in the framework of the Strategy of Health for All by the Year 2000. Mexico and Peru are the countries in the Region that have launched activities in this field in 1985.

In Bolivia the Organization and the IDB have supported a research project on childhood mortality. The conclusions brought out for the Ministry of Public Health the magnitude and causes of the high mortalities in this population group. As a result, effective measures have been implemented for making a real impact and reducing the magnitude of the problem (Integral Program of Health Areas-PIASS).

The research project on infant morbidity and mortality, population and health services done recently in Uruguay with PAHO support is a response to the concern of the countries about the need for current information to provide a baseline for the programming of services.

In Bogota, Colombia, as in other cities of the Region, the magnitude and significance of the problem of pregnancy in adolescents and unwed mothers has prompted the design and conduct of a research project on the subject.

With the support of the Ministry of Health, the Xaverian Pontifical University through its Department of Interdisciplinary Studies and its Population Studies Program, and with joint PAHO/UNFPA financing, a research project was designed and carried out on "Características Sociodemográficas y Problemática de las Madres Adolescentes Solteras: Un Diagnóstico para Bogotá, Colombia" (Sociodemographic Characteristics and

Problems of Unwed Adolescent Mothers: A Diagnosis for Bogota, Colombia). The findings of this study were used to assess the sociodemographic conditions and health status of adolescent unwed mothers and to propose ways of improving both their situation in their social setting and the effects of pregnancy on their health and on that of the conceptus. The methodology used will be diseminated to the countries of the Region, and it is hoped that studies of this type can be conducted elsewhere in the Americas.

In response to the concern about and interest in shedding light on and defining the knowledge, attitudes and behaviors of adolescents in regard to sexuality, during this period the Organization supported research on the subject in Cuba, Mexico and Panama. In the Caribbean area, where instruction on sex and family life is a priority, the Organization, in conjunction with the University of the West Indies, is studying a model of education on contraception for adolescents. Articulation between the health and education sectors is one of the most important aims of the effort in this area, as an essential requirement for solution of the health problems associated with sexual behavior in this group.

The subject is particularly important in the English-speaking Caribbean, where programs of "health and education for family life" are being implemented in 11 countries in close coordination with the education sector. These programs have been evaluated by the UNFPA in 1985, and the results will be of use in adjusting the programs in progress in this subregion. One purpose of this research is to devise a methodology for obtaining the information needed to determine the personal, socioeconomic and environmental characteristics of groups of adolescents with different patterns of reproductive behavior and attitudes. Another purpose is to determine the extent to which contraceptive methods and abortion are understood and used, understanding and use of contraceptive methods and abortion and to chart lines of action for the modification of inappropriate behavior. The results will be helpful in arriving at a more reliable assessment of the situation in this group which, in addition to being proportionally very large (30% of the total population in the Region) is the group that will very soon have to shoulder the responsibility for the future of our countries.

Most research in the area of health and population is going forward with the participation of teaching institutions. This important fact suggests that that research will help encourage an increase of coordination between the teaching of the manpower training institutions and the service of the health ministries, with teaching adjusting to the needs of the national health services.

To improve the use of population data and vital statistics in the identification of health problems and their trends, in late 1984 the Organization promoted a revision and expansion of the country profiles in

keeping with recommendations of the working group established by the Director to examine and improve the data base in use by the Organization and the countries. This adjustment and revision were done by the health ministries with the support of the PAHO Country Offices. For the demographic part of the Country Profiles the Organization encouraged the use of data from censuses conducted around 1980 in 32 countries of the Region. It provided short-term consultants and visits by regional professional staff, who cooperated in the analysis of the information systems in the countries, detected information gaps and promoted local interest in searching for data with which to define the types of service and identify priority groups, and to adjust the programming to local needs. The improved knowledge of health conditions and their determinants has also been useful in programming technical cooperation.

3.4 Dissemination of Technical and Scientific Knowledge

In compliance with a mandate of the Governing Bodies and in view of the vital importance of disseminating information and scientific knowledge for the development of projects in the countries, in 1985 the Organization has published a document entitled "Fertility and Health, a Latin American Experience," containing the available information for the world, and particularly for the Region of the Americas, on epidemiology and interrelations between fertility and maternal and child health. In this same direction, a compilation of the information on "Use and Prevalence in Some Countries of the Region of the Americas Region" is about to be published and distributed in the Region.

In the series of Annotated Bibliographies in Maternal and Child Health, the bibliographies on "Mortality Maternoinfantil and "Salud del Escolar y Adolescente" Maternal and Child Mortality" and "Health of School Children and Adolescents" have been published to make information available for use by each national government in accordance with its needs and priorities.

The Organization was an active participant in the meeting of the Economic Council for Latin America (ECLA) at Lima, where the activities of the international agencies for the "Year of Youth 1985" were coordinated; the Organization of American States (OAS) was given the responsibility for coordinating activities in the Region of the Americas. PAHO's contribution consists, among other measures, in publication of the booklet of "Adolescents and Youth in the Americas, A Commitment to the Future," which was distributed throughout the Region on the occasion of World Health Day on 7 April, and publication of the book "La Salud del Adolescente y el Jóven en las Américas." In addition, the technical seminars being held at headquarters have included the subject "Reproductive Health of Adolescents." The aspects relating to fertility have been included in the aforementioned publications, which offer a frame of reference and the information needed for programming future action.

During the 7th Latin American, 14th Pan American and 21st National Congresses of Pediatrics from 11 to 16 November, PAHO conducted, in conjunction with the Cuban Government, WHO and UNICEF, a "Pre-Congress Workshop on Adolescence and Youth Adults," in which the topics bearing on sexual education of and fertility in the adolescent were covered by Latin American and North American scientists in the overall framework of the health of adolescents and young adults. It is hoped that all these events will also help to enrich the understanding of the health worker and augment his interest and motivation to solve the problems posed by mother and child.

In addition to these scientific publications, PAHO, in its concern for advances in contraception and their dissemination in the countries of the Region, has reported on three noteworthy developments that have been publicized through the Human Growth, Development and Human Reproduction Unit of PAHO's Maternal and Child Health Program. These advances are a) approval of the use of Depoprovera(R) in Japan, Sweden, Finland and England; it is worth noting that this drug has not been approved for use in the United States of America; b) the release and promotion on the market of a new intrauterine device, the Copper T 380Ag developed by the Population Council, which affords longer protection than the intrauterine devices hitherto available, and was approved by the Food and Drug Administration (FDA) of the United States at the end of 1984. Among users of the Copper T 380Ag the annual pregnancy rate is less than one per 100 woman-years of use, that is, about the same as the rate for oral contraceptives. In addition, it is effective for at least four years and easily put in place; and c) the development by the Population Council of Norplant Implant(R), a long-acting subdermal contraceptive implant. This method has been evaluated by WHO, which found it to be effective and reversible, and particularly advantageous for women who want a long period of contraception. It is available over the counter in Finland, and was recently approved in Sweden; it is expected to be approved in the USA by the end of 1985.

The large-scale availability of new, safe methods of contraception with few contraindications if the general rules for their prescription and use are followed, warrants the expectation of an increase in the use of fertility control methods whose convenience, long-lasting protection and minimal side effects will give women and programs new fertility control options.

3.5 Support to the Development of National Maternal and Child Health and Family Planning Programs

In all the countries of the Region health measures are in progress to meet the needs of mothers and children either through national maternal and child health and family planning programs or as activities for mothers and children included in other programs, such as the one for the care of priority groups or primary care programs.

The important thing is that a country's programs or activities for maternal and child care shall function as a basic network in which there is room for both technical cooperation and financing from the international community. It is through this pooling of efforts that it is sought to multiply and catalyze the resources for improving the quality of services and expanding their coverage of the population in the shortest possible time.

In the countries themselves support projects are in progress using different working arrangements and emphasizing different activities:

a) Projects with emphasis on extending the coverage of maternal and child and family planning services, concentrated in countries of Central America and some of the Andean Region. These projects receive a substantial volume of funds amounting to 74.6% of those spent on 13 projects by PAHO for the UNFPA.

b) Projects emphasizing family planning activities, conducted in Mexico and the Caribbean area (6 projects). These projects receive 21.5% of the UNFPA funds administered by PAHO.

c) Projects emphasizing education for family life and sexual education of adolescents, both being in progress in the Caribbean area (7 projects), and absorbing 2.9% of the UNFPA funds administered by PAHO in the Region.

d) Projects emphasizing research and training, concentrated in countries of more advanced development (4 projects). They account for 1% of the funds invested by PAHO on behalf of the UNFPA.

e) Projects for the integration of teaching and service and the regionalization of health services (18 projects), financed by the W. K. Kellogg Foundation in 11 countries of the Region.

As can be seen, PAHO's technical cooperation spans a broad spectrum of technical and administrative measures directed at improving the capabilities of countries. It includes consulting services provided through international and local personnel, temporary administrative support, subcontracts with local institutions; manpower training abroad and within the country for all personnel categories, the provision of basic medical, mobile and audiovisual equipment and of drugs and contraceptives to service units.

The purpose of providing these inputs is to enable maternal and child care services to provide efficient quality care that is ethical and acceptable to the entire population.

In addition to local, PAHO/Country, and regional resources, the number of projects in progress that are financed with extrabudgetary funds and to which technical cooperation is provided has increased since 1974 to 48 projects in 27 countries in 1985. Of these, 31 are financed by the UNFPA through PAHO as executing agency, and 18 are financed by the W. Kellogg Foundation directly in the countries.

Funding, too, has increased steadily, reaching in 1984 a utilization of US$6.5 million financed by the UNFPA, which is 25% more than was spent in 1973, when these joint operations began. It is also important to note that budget utilization has improved steadily to 95% of the total programmed expenditure in 1984 (Tables 1 and 2 and Charts 1 and 2). It can therefore be said that the Region has a capability to absorb more financial cooperation. At the regional level, projects totaling US$413,000 were administered. It must also be considered that the international aid funds that came into the countries for the conduct of activities in population, health and family planning are several times more than those utilized by PAHO both as regular and as extrabudgetary funds. Hence the importance of coordinating, not only at the agency level but, more importantly, in the countries themselves, the flow of funds channeled for development in those areas in order to avoid the duplication of efforts that are frequently observed.

PAHO's cooperation with maternal and child health care activities includes activities that make for a comprehensive approach and are therefore expected to have a distinct effect on health indicators. Thus, efforts are being made to promote mutual support and harmonious progress among activities in growth and development, human reproduction and family planning, the prevention of diarrheas and acute respiratory infections, and the expanded program on immunization, and to ensure that they are always present in services with such emphasis as the national situation dictates.

4. Final Considerations

The present maternal and child health situation in the countries is the outcome as much of positive efforts as of the limitations that are encountered at different levels, which reveal the presence of lingering health problems that must be solved quickly if the regional goals are to be attained.

Enumerating some of the obstacles encountered will enable us to propose possible strategies for surmounting them. For example, it has already been mentioned that in some countries the implicit or explicit pronouncements of governments on development, population and health are not translated into programs and budgets.

Frequently a lack of information prevents the identification of needs so that projects can be generated, designed and submitted to financing agencies. This problem affects the future development of projects and prevents their proper administration, monitoring and evaluation. Moreover, serious administrative restrictions that persist in the health systems of some countries prevent the full utilization of extrabudgetary funds.

This situation, together with a lack of national budgetary support and a degree of financial dependence on the outside world, makes family planning activities easy targets for opponents. In other cases, even though the resources are provided in support of population and health activities, those for family planning are developed the least, and the services are made available and accessible to only a small part of the population, and prevented from reaching the more deprived and needy segments.

The fact that local support to maternal and child care programs are curtailed when external financing is available makes their future development dependent on outside sources in a situation that is difficult to reverse when contributions from the international community recede, which jeopardizes any gains that may have been made and prevents a more rapid advance toward the goals established by the countries in the Regional Maternal and Child Health Plan.

The forms taken by these limitations vary with the demographic, health, and economic and social development characteristics of the countries in the Region. The result is a wide spectrum of situations in which different levels of health are attained and which result from disparities in the quality, quantity and coverage of maternal and child care and family planning services and of their accessibility to the population.

The indicated strategy is apparently to work out clearly-defined measures for surmounting these obstacles and smoothing the path to health for all.

In this line of action the Organization will continue supporting the countries in their efforts to suit their operational programs to the policies enunciated by their governments in matters of population, demography and maternal and child health. It will also continue providing technical cooperation to requesting countries in improving their information systems so that they may better assess the health situation of their communities. Firm support by the Organization in strengthening of the health management and administration of the countries will enable them to improve both the design and the operation and evaluation of programs and projects and to achieve an efficient and equitable distribution and use of resources from both public and private sources in the countries and from the international community.

Health is an object requiring more than action in its sector alone, and the Organization will also continue supporting efforts to step up coordination of the health sector with other national sectors such as education, labor, and social security, for intersectoral measures have a definite place in care of the health of women of child-bearing age, particularly measures that raise their educational level and improve their participation in the development process.

In the period 1985-1986 the Organization will continue its wide dissemination of the report of the International Population Conference of Mexico, 1984, the Declaration of Mexico, the resolutions concerned with health, and the document "Basis for the Definition of the Organization's Action Policy With Respect to Population Matters" and the related resolution. It is considered that these recently approved instruments can be useful in the countries themselves in the framing and implementation of their development and health policies.

The efforts of the countries must be augmented and potentiated by contributions of technical and financial resources from agencies concerned with the field of population, health and development both in the United Nations System and from other nongovernmental and bilateral aid agencies, which must coordinated their efforts so that, in conjunction with the governments of the countries, the current obstacles to the desired coverage and quality of care for adolescents, mothers and children in the Region may be surmounted as quickly as possible.

We hope this conjunction of country and international efforts will contribute to attainment of the goals set for the maternal and child health and family planning programs and thereby to attainment of health for all by the year 2000.

Table 1

MATERNAL AND CHILD HEALTH AND FAMILY PLANNING
UNFPA/PAHO EXECUTED PROJECT[a]
COUNTRY PROJECTS
1973-1984

	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984
ANGUILLA (EVF)[b]	-	-	-	-	-	-	-	56,788	24,949	30,619	13,046	1,282
ANTIGUA (EVF)	-	-	-	-	-	-	57,130	101,795	45,355	22,118	15,888	13,653
BELIZE (EC)[c]	-	-	-	-	-	-	5,150	-	-	-	-	95,305
BOLIVIA	-	21,459	82,450	408,443	55,980	-	36,064	127,374	104,933	231,580	394,990	224,332
BRAZIL (EC)	-	-	-	-	20,000	88,728	-	-	-	-	136,563	309,634
BRIT, VIRG. ISLANDS (EFL)	-	-	-	-	-	-	-	22,833	18,877	37,061	26,796	17,108
CAIMAN ISLAND (FP)[d]	-	-	-	-	-	27,636	21,483	21,447	19,954	-	-	-
CHILE 1302 (R)[e]	41,450	293,364	196,956	96,429	110,168	47,125	59,774	91,959	5,530	-	-	-
CHILE 1304	-	-	-	-	-	-	-	-	-	-	32,937	10,474
COLOMBIA	15,280	1,134,868	1,349,498	1,243,756	1,537,597	521,271	3,701	870,159	313,765	389,217	953,164	451,595
CUBA (R)	-	-	2,770	32,470	71,682	160,803	54,202	87,648	31,079	22,451	55,827	37,191
DOMINICA (FP)	4,233	21,937	37,869	30,347	28,460	41,053	109,476	141,797	41,155	18,033	56,909	78,245
DOMINICAN REPUBLIC (CE)	-	-	-	-	-	-	-	-	-	-	-	73,589
ECUADOR (CE)	30,055	1,611	41,742	294,912	349,252	249,231	468,536	713,490	205,039	-	-	10,000
EL SALVADOR (CE)	-	-	-	-	-	-	-	-	3,524	7,208	13,542	99,851
GUATEMALA (CE)	-	-	-	-	-	-	-	-	63,387	145,110	352,417	481,064
HAITI (CE)	167,167	363,537	874,419	999,341	1,141,077	1,301,185	1,206,386	385,628	381,263	445,514	400,610	549,273
HONDURAS (CE)	-	-	-	-	5,000	430,166	281,098	368,438	411,031	368,092	414,574	440,746
JAMAICA 1303 (FP)	-	-	-	-	-	-	-	29	332,212	279,825	86,137	278,028
JAMAICA 1304	-	-	-	-	-	-	-	-	-	1,200	-	15,280
MEXICO (FP)	-	189,353	2,252,202	1,54,182	952,907	2,499,285	2,070,481	1,646,412	956,718	562,718	688,398	1,007,574
MEXICO 1312	-	9,994	-	-	-	-	-	-	-	-	-	-
MONTSERRAT (EFL)	-	-	-	-	-	-	-	-	-	-	4,800	9,827
NICARAGUA (CE)	-	-	-	-	-	-	151,820	410,770	14,001	113,309	429,954	902,766
PANAMA 1301 (CE)	-	-	-	-	-	-	369,007	755,653	340,299	189,918	240,449	196,811
PANAMA 1302	-	-	-	-	-	-	-	-	16,543	31,338	32,247	45,319
PARAGUAY	-	-	-	-	-	-	-	-	-	14,581	185,357	216,844
PERU (CE)	-	-	-	-	113,629	607,147	668,664	195,950	389,278	223,991	913,708	770,217
ST. KITTS (INC.1972)(FP)	8,887	9,862	24,109	10,326	12,545	37,391	87,981	91,858	53,328	43,775	32,418	24,146
SAINT LUCIA (EFL)	-	-	-	-	-	-	129,133	65,401	63,444	73,499	68,340	90,782
ST. VINCENT (EFL)	-	20,206	23,863	39,379	25,072	49,601	60,640	2,956	66,057	77,676	70,232	50,932
TRINIDAD & TOBAGO (FP)	-	-	-	-	-	4,099	5,077	-	-	-	-	-
TURK & CAICOS (EFL)	-	-	-	-	-	-	-	-	-	-	-	10,872
URUGUAY (R)	-	2,160	-	-	-	-	42,722	30,284	74,736	24,249	21,440	-
VENEZUELA (R)	-	-	-	-	-	-	-	-	-	-	-	11,058
TOTAL	263,602	2,067,391	4,885,878	4,696,585	4,423,369	6,060,622	5,887,546	6,193,746	3,976,225	3,343,082	5,640,923	6,523,798

a Real Costs
b Education for Family Life (EFL)
c Coverage Extension (CE)
d Family Planning (FP)
e Research and Training (R)

Source: PAHO accounting records

Table 2

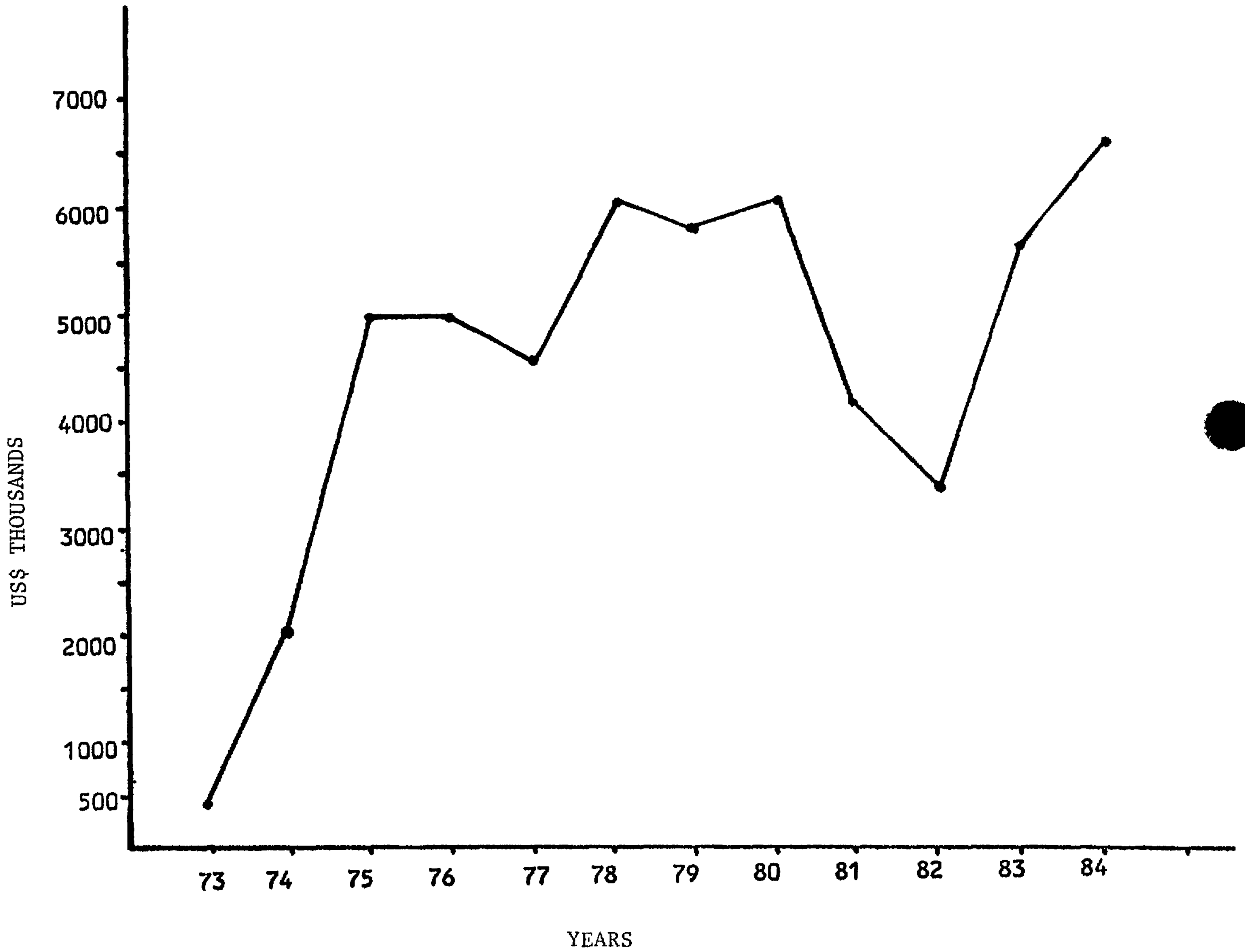
UNFPA-FINANCED MATERNAL AND CHILD HEALTH AND FAMILY PLANNING PROJECTS, BY TYPE
1983-1984

Type of Project and Region[a]	Current Project Budgetary Item[c] 1984[b]	
Coverage Extension		
Belize	95	
Bolivia	224	
Brazil	309	
Colombia	451	
Ecuador	10	
El Salvador	99	
Guatemala	481	
Haiti	549	
Honduras	440	
Nicaragua	902	
Panama	196	
Paraguay	216	
Peru	770	
Dominican Rep.	73	
Subtotal	4,815	74.65%
Family Planning		
Dominica	78	
Jamaica	278	
Mexico	1,007	
St. Kitts/Nevis	24	
Subtotal	1,387	21.5%
Education for Family Life		
Anguilla	1	
Antigua and Barbuda	13	
British Virgin Islands	17	
Saint Lucia	90	
St. Vincent	50	
Montserrat	9	
Turcks and Caicos	10	
Subtotal	190	2.95%
Training, Reseach, etc.		
Chile	10	
Cuba	37	
Venezuela	11	
Subtotal	58	0.90%
TOTAL	6,450	100%

a To 31 December 1983
b To 1 May 1984
c Thousands of dollars

CHART 1

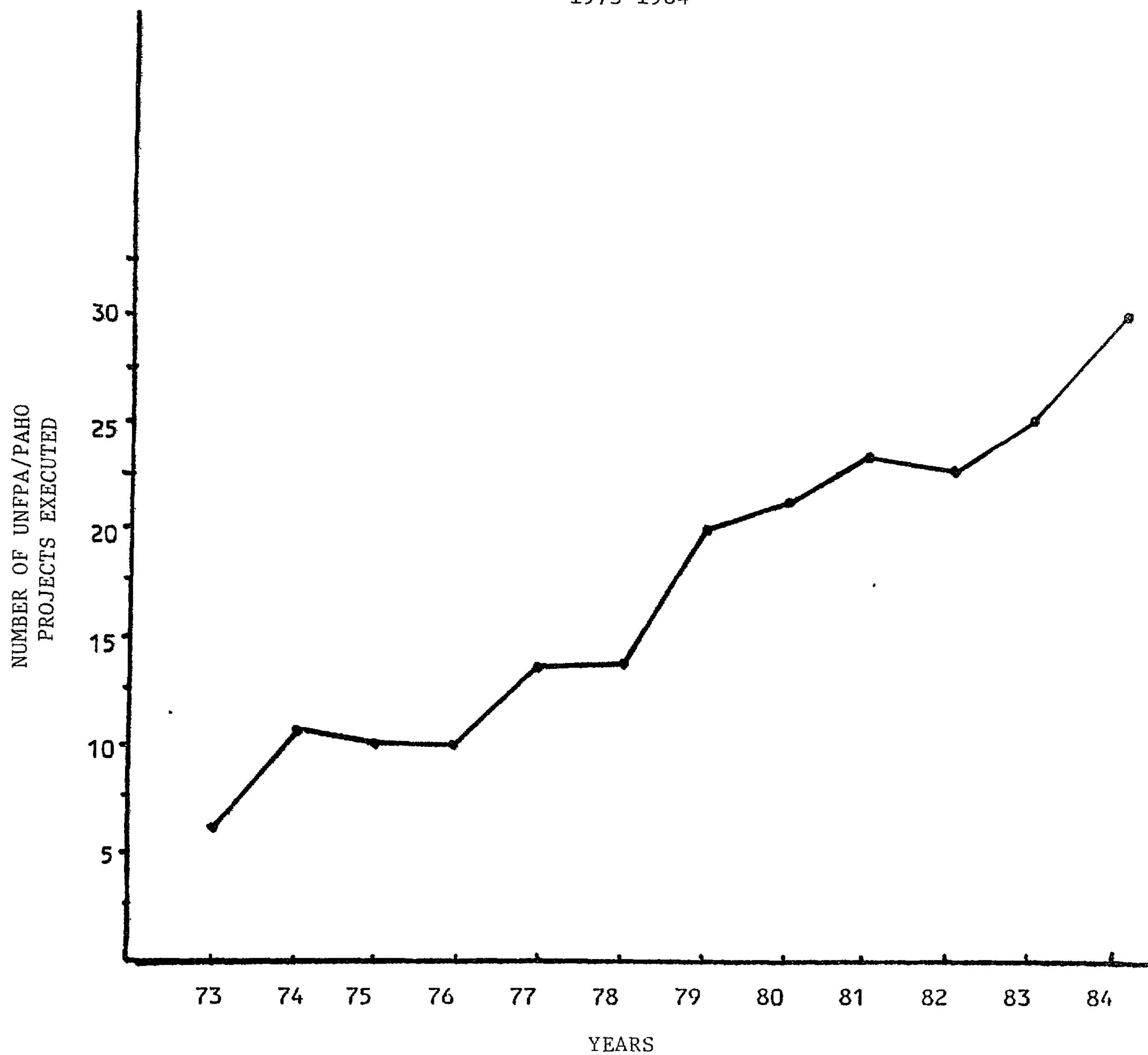
BUDGETARY EXECUTION OF UNFPA/PAHO PROJECTS
REGION OF THE AMERICAS
1973-1984



Source: PAHO accounting records (see Table 1)

CHART 2

NUMBER OF UNFPA/PAHO PROJECTS IN THE REGION
OF THE AMERICAS
1973-1984



Source: PAHO accounting records (see Table 1)

Table 3

Summary measures of demographic characteristics from 41 WFS surveys

Country	Nuptiality			Fertility		
	Mean age at first marriage	% ever married aged 15–19	Time spent in marriage	Crude birth rate	Total fertility rate	Children ever born to women 45–49
	(1)	(2)	(3)	(4)	(5)	(6)
Benin	18.2	43.8	96.6	49*	7.1	6.3
Cameroon	17.5	53.1	92.0	44*	6.4	5.2
Ghana	19.3	30.9	93.6	48*	6.5	6.7
Ivory Coast	17.8	56.0	93.6	47*	7.4	6.9
Kenya	19.9	27.4	94.5	48	8.3	7.9
Lesotho	19.6	31.5	91.5	44	5.8	5.3
Nigeria	18.5	40.3	95.7	50*	6.3	5.8
Senegal	17.7	59.3	94.5	51	7.2	7.2
Egypt	21.3	22.5	94.3	43*	5.3	6.8
Mauritania	19.2	37.1	87.4	50*	6.3	6.0
Morocco	21.3	22.1	92.5	44*	5.9	7.1
Sudan (North)	21.3	21.8	94.3	39	6.0	6.2
Tunisia	23.9	5.2	97.1	35*	5.9	7.0
Jordan	21.6	19.0	97.4	45	7.5	8.6
Syria	22.1	22.7	97.7	45	7.5	7.7
Turkey	20.4	22.4	98.2	31*	4.5	6.3
Yemen A R	16.9	61.7	93.8	48*	8.5	7.2
Bangladesh	16.3	70.7	87.9	43	6.1	7.1
Nepal	17.1	59.0	96.1	47	6.2	5.8
Pakistan	19.8	38.2	98.0	40	6.3	6.9
Sri Lanka	25.1	6.8	95.0	28	3.8	5.9
Fiji	21.8	12.2	96.0	31	4.2	6.5
Indonesia	19.4	37.4	90.7	32	4.7	5.3
Korea, Rep of	23.2	2.6	–	29	4.3	5.8
Malaysia	23.1	11.3	91.2	32	4.7	6.2
Philippines	24.5	6.8	94.4	34	5.2	6.6
Thailand	22.5	16.3	–	31	4.6	6.5
Colombia	22.1	15.1	91.0	34	4.7	6.8
Ecuador	22.1	18.5	92.4	41*	5.3	6.8
Paraguay	22.1	16.9	91.5	35	5.0	6.3
Peru	23.2	14.0	93.0	36	5.6	6.6
Venezuela	21.8	20.1	91.0	34	4.5	6.1
Costa Rica	22.7	14.6	93.2	27	3.3	6.7
Dominican Rep	20.5	27.9	83.6	40	5.7	6.5
Mexico	21.7	19.2	93.4	40	6.2	6.8
Panama	21.2	19.7	89.0	28	3.8	5.8
Guyana	20.0	27.8	91.4	31	5.0	6.4
Haiti	21.8	16.2	87.8	37	5.5	5.9
Jamaica	19.2	27.4	83.8	28	5.0	5.5
Trinidad & Tobago	20.9	20.5	92.1	24	3.3	5.8
Portugal	23.1	6.3	97.1	16*	2.4	2.9

NOTES Of the large countries, Brazil, India and the People's Republic of China did not participate, the first two on the grounds that they had conducted similar surveys in parts of their countries China eventually applied to join, but as the deadline for recruitment of countries to the WFS programme had been passed, ISI made other arrangements to support implementation of WFS type surveys

Three countries have restricted age coverage to less than 15–49 years Costa Rica and Panama 20–49, Venezuela 15–44

Explanations of the indices are as follows **Column 1** Singulate mean age at marriage, at the time of the survey, **Column 2** Per cent ever married among women aged 15–19 at the time of the survey, **Column 3** Per cent of time since first marriage spent in married state, **Column 4** Crude birth rate from

Table 3 (cont.)

Child mortality		Breastfeeding		Fertility preferences			Country
Under age one	Under age five	Full breast-feeding (months)	Breast-feeding (months)	% want no more children	Mean desired family size	Wanted total fertility rate	
(7)	(8)	(9)	(10)	(11)	(12)	(13)	
108	204	2.6	19 3	7 7	7.5	6 9	Benin
105	191	5 1	17.6	3.3	8 0	6 1	Cameroon
73	127	4.5	17.9	11 8	6 1	5 6	Ghana
113	162	5 0	17.5	4 3	8 5	7 0	Ivory Coast
87	142	2 2	15 7	16 6	7 2	6 9	Kenya
126	174	2 5	19 5	14 8	6.0	5 3	Lesotho
90	165	3 8	19 2	5 0	8 4	5 4	Nigeria
112	262	4 9	18.5	8 0	8 4	6 7	Senegal
132	191	7 4	17 4	53 7	4 1	3 1	Egypt
90	196	7 9	15 8	10 9	8.7	6 8	Mauritania
91	142	5 5	14 5	41 8	5 0	3 7	Morocco
79	151	5 6	15.9	16 9	6 4	4 8	Sudan (North)
80	107	6 2	14.1	48 9	4 2	3 6	Tunisia
66	80	–	11.1	41.8	6 3	5 1	Jordan
65	86	5 5	11 6	36 5	6 1	5 6	Syria
133	166	–	14 3	59 3	3 0	2 4	Turkey
162	237	4 5	11 0	19 3	5 4	7 4	Yemen A R
135	222	–	28 9	62 8	4 1	3 1	Bangladesh
142	235	–	25 2	30 3	4 0	4 5	Nepal
139	207	–	19 0	43 0	4 2	3 9	Pakistan
60	86	–	21 0	61 4	3 8	2 2	Sri Lanka
47	59	–	9 9	49 5	4 2	3 6	Fiji
95	159	–	23.6	38 9	4 3	3 6	Indonesia
42	56	–	16 3	71 6	3 2	2 5	Korea, Rep of
36	50	–	5 8	44 9	4 4	3 1	Malaysia
58	93	3 3	13 0	54 3	4 4	3 6	Philippines
65	91	–	18 9	61 0	3 7	2.6	Thailand
70	108	–	9 2	61 5	4 1	2 6	Colombia
76	118	–	12 3	55 9	4 2	3.1	Ecuador
61	85	2 9	11 4	32 3	5 3	4.2	Paraguay
97	149	–	13 1	61 4	3 8	2.6	Peru
53	64	–	7 4	55 0	4 2	2 9	Venezuela
53	61	–	5.0	52 0	4 7	2 6	Costa Rica
89	129	–	8 6	51.9	4 7	3 0	Dominican Rep
72	96	–	9 0	57 1	4 5	3 6	Mexico
33	46	–	7 4	63.0	4 3	2 7	Panama
58	77	–	7 2	55.0	4.6	2 8	Guyana
123	191	–	15 4	45 9	3 6	3 8	Haiti
43	56	–	8 1	50.5	4 1	2 3	Jamaica
41	49	–	8 0	46 5	3 8	2 4	Trinidad & Tobago
33	37	–	3 1	68 5	2 4	1 4	Portugal

WFS annual births per 1000 population (figures with an asterisk from the Population Reference Bureau Data Sheet 1983), **Column 5** Total fertility rate number of children a woman would bear if she experiences throughout her lifetime the rates which prevailed during the five-year period prior to the survey; **Column 6** Average number of children ever born by women aged 45–49 at the time of the survey, **Column 7** The number of children who died before the age of one year, per 1000 births, for the five-year period before the survey, **Column 8** The number of children who died before the age of five years, per 1000 births, for the five-year period before the survey, **Column 9** Mean duration of full breastfeeding (ie before introduction of supplementary food): **Column 10** Mean duration of total breastfeeding based on last live birth and penultimate live birth, **Column 11** Per cent of currently

Table 3 (cont.)

Country	Family planning					
	% aware of any contra-ceptive method	% ever used any method	% currently using a method		% willing to use contra-ception	Unmet need for contra-ception
			Efficient methods only	Any method		
	(14)	(15)	(16)	(17)	(18)	(19)
Benin	40	36	1	20	1.1	2.8
Cameroon	34	11	1	3		0.4
Ghana	69	40	6	10	30.4	5.7
Ivory Coast	85	71	0	2	5.1	2.6
Kenya	93	32	4	6	21.7	8.2
Lesotho	65	23	2	5	34.7	6.9
Nigeria	33	14	1	5	2.9	1.9
Senegal	60	11	1	4	1.4	–
Egypt	90	40	23	24	43.1	17.9
Mauritania	8	2	0	1	1.5	6.2
Morocco	84	29	16	19	23.7	10.8
Sudan (North)	51	12	4	5	8.7	7.6
Tunisia	95	45	25	32	27.0	12.5
Jordan	97	46	17	25	36.6	10.6
Syria	78	33	15	20	20.4	10.5
Turkey	88	55	13	38	39.0	12.8
Yemen A.R.	25	3	1	1	4.9	10.7
Bangladesh	82	14	5	8	18.9	.
Nepal	23	4	2	2	10.5	18.0
Pakistan	75	10	4	5	66.1	22.1
Sri Lanka	91	44	19	32	42.9	14.9
Fiji	100	68	35	41	35.8	-
Indonesia	77	34	23	26	26.7	9.3
Korea, Rep. of	94	57	27	35	80.2	21.2
Malaysia	92	47	23	32	39.5	12.2
Philippines	94	58	16	36	40.0	13.3
Thailand	96	46	30	33	53.3	16.4
Colombia	96	59	30	42	30.3	17.5
Ecuador	90	51	26	34	31.6	17.2
Paraguay	96	55	24	37	26.7	9.4
Peru	82	49	11	31	36.9	21.4
Venezuela	98	66	38	50	40.0	12.1
Costa Rica	100	82	54	65	23.6	5.1
Dominican Rep.	98	48	26	32	35.2	13.3
Mexico	90	45	23	30	34.9	18.7
Panama	99	73	46	54	43.0	10.2
Guyana	95	54	28	31	29.6	17.0
Haiti	85	36	5	19	50.5	17.0
Jamaica	98	65	36	38	28.2	13.3
Trinidad & Tobago	99	78	46	52	26.0	7.6
Portugal	98	78	33	66	–	5.9

married, fecund women who want no more children; Column 12 Mean number of desired children among currently married women; Column 13 The number of wanted births the average woman would bear over her lifetime, if the preferences reported at the survey were to remain unchanged; Column 14 Per cent of ever-married women aware of any contraceptive method; Column 15 Per cent of ever-married women who have ever used any contraceptive method; Column 16 Per cent of currently married women who were currently using efficient methods of contraception; Column 17 Per cent of currently married women who were currently using any method of contraception; Column 18 Per cent of ever-married women willing to use contraception among those who are at risk and have never used contraception before; Column 19 Per cent of currently married, fecund, non-pregnant women who want no more children, and who report that they are not using any method of contraception.

Conclusions of the World Fertility Survey (WFS)* (Table 3)

- Latin America has the lowest fertility of all the Regions --about 4.5 children per woman.

- Significant drops of fertility have been seen in all the regions in recent years.

- The WFS identified no aspect of development which alone could be crucial for the reduction of fertility.

- About half of the women interviewed in 31 countries did not want any more children. An analysis in 18 countries shows that, if all births reported as unwanted had been avoided, the growth rate of the population would have been reduced from 2.2 to 1.3%, thereby increasing the time needed to double the world's population from 32 to 53 years.

- The number of wanted children ranges between 3 to 4 in some Asian countries and 7 to 8 in Africa.

- About 25% of the women in consensual union were using contraceptives, but this proportion varied widely between regions and countries within the same region. The highest average was 39% in the Americas.

- The use of contraceptives increases with education.

- The presence of family planning services is usually accompanied by or results in greater use of contraceptives, particularly in rural areas. In some countries, however, motivation is a stronger determinant than the availability of services.

- The marrying age is rising in many regions, but in America and sub-Saharan Africa little or not at all.

- Deferring marriage beyond the 20th year of age results in a reduction of fertility.

- The WFS shows clearly that a brief interval between the birth of two children considerably increases the risk of both of them dying before the first and before the fifth birthday. If all births that occur less than two years after a previous birth were postponed two years, the risk of dying before the fifth birthday would be reduced 50%.

- The average duration of breast-feeding varies widely from region to region, ranging from 18 to 24 months or more in Asia and Africa and 6 to 12 months in the Americas. This average duration drops significantly in women with more than 7 years of schooling.

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* World Fertility Survey, Major Findings and Implications, June 1984. Report presented to the World Population Conference, Mexico, 1984.