



Technical

Discussions



Buenos Aires, Argentina
October 1968

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FINAL REPORT OF THE TECHNICAL DISCUSSIONS

The Technical Discussions at the XVIII Meeting of the Directing Council of the Pan American Health Organization (Buenos Aires, Argentina) were held on 24 October 1968 and dealt with the subject "Participation of the Health Sector in Population Policy."

The number of participants was 64, including 7 representatives of international, governmental, and non-governmental organizations.

In accordance with the Rules for Technical Discussions, Dr. P. D. Martinez was elected Moderator and Dr. Daniel Orellana Rapporteur. Dr. Ruth Camacho (PASB), acted as Technical Secretary.

At the inaugural meeting the following presentations were made by panel members:

1. Introduction to the subject - Dr. R. Camacho (PASB)
2. Content of the program - Dr. Pablo Liendo Coll
3. Some education and health aspects - Dr. Hector García Manzanedo
4. Administration and organization of the program - Dr. Samuel Wishik
5. Human resources, education and research Dr. R. Villarreal (PASB)

The Working Parties were then set up and elected the following officers:

Working Party I: Moderator Dr. Bogoslav Juricic
Rapporteur Dr. Simon Frazer

Working Party II: Moderator Dr. David Bersh
 Rapporteur Dr. Carlos A. Pineda

Each Working Party considered and analyzed the subject of the Technical Discussions during the morning and afternoon of 24 October. A summary of the views of both Working Parties follows:

1. It was agreed that the policy established by the Conference on Population and Development, which was held in Caracas, Venezuela, in 1967, and reads as follows, was an appropriate definition of a population policy:

"By a population policy we understand the coherent aggregate of decisions constituting a rational strategy adopted by the public sector, in the light of the needs and desires of the family unit and the community, for the purpose of directly influencing the probable size of the population, its age composition, family size, regional distribution, whether urban or rural, of the population, to the end of promoting the achievement of the goals of development."

2. Demographic problems are basically caused by economic, social, and cultural factors, and it is primarily through the modification of these factors that they can be solved.

3. It is a responsibility of Governments to establish a population policy in the light of their national circumstances.

4. The health sector should participate in population policy in two ways:

- (a) As part of the Government, in the definition of that policy, and
- (b) In the implementation of the defined policy in its own professional field.

5. It was held that family planning should be understood to mean the process whereby human reproduction in families is harmonized with the welfare and health needs of the families concerned.

6. The ideology of family planning is independent of the population policy established by the Governments.

7. It is an inalienable right of parents to decide, with a full knowledge of the facts, on the number and spacing of their children.

8. It is essential for physicians and other health workers to be properly trained to organize family planning programs and make them widely known so that they can be used in conjunction with other measures to promote and foster the health and wellbeing of families.

9. There can be no family planning unless families acquire a mental attitude as a result of being properly informed and thus enabled to take responsible decisions.

10. For their conduct, and large-scale application, family planning programs, promoted by professional health workers, require the support of Governments.

11. Although considerable research and study is still needed for the organization of long-term family planning programs geared to needs, it was recognized that in some areas it is urgently necessary to deal with existing problems.

12. Family planning activities should be part of maternal and child health services or be closely coordinated with them.

13. The advantage of integrating these programs into the activities of maternity hospitals and their out patient departments, is that cytological examinations, the referral of surgical cases, and the provision of other necessary services are facilitated.

14. The best way of covering deliveries at home might be to use health visitors to encourage pregnant women to attend maternal and child health services.

15. Even though well developed maternal and child health services may be available, the motivation of the public cannot be left solely up to the health sector. Health education is vitally important, particularly for adolescents and young persons, and secondary education institutions could collaborate in it, as could the Armed Services, in which the male population could be interested and educated in the objectives of the program.

16. The other most important sector with which coordination should be achieved in motivating the public, is the educational sector, since a raising of the educational level leads to positive change in the thinking of a society.

17. Influential people could be used to motivate individuals or small groups by explaining the problem to them and gaining their interest in it and in solutions to it, and thus enable them to take responsible decisions.

18. The training of the personnel needed is a responsibility that should be shared by universities and health agencies. The levels and duties of this personnel should be carefully defined.

19. Although there are many fields in which research on this matter is highly necessary, it was held that first priority should be given to biological, socio-cultural, and operational problems.