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**REPORT OF THE SECOND PASB CONFERENCE  
ON POPULATION DYNAMICS**

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**PAN AMERICAN HEALTH ORGANIZATION**  
Pan American Sanitary Bureau, Regional Office of the  
**WORLD HEALTH ORGANIZATION**

**WASHINGTON, D.C.**

REPORT OF THE SECOND PASB CONFERENCE  
ON POPULATION DYNAMICS \*

In response to the interest of participants in the First PAHO/WHO Conference (7 January 1965), and at their request, the PASB convened the Second Conference (3 January 1966). Representatives of additional universities and organizations were invited. In all 38 foundations, universities, U.S. government and international agencies and other organizations were represented by 77 persons. (See attachment).

Dr. Abraham Horwitz, Director of the Pan American Sanitary Bureau, in opening the meeting, welcomed the group to the New Headquarters Building of PAHO and the Regional Office of the WHO, and expressed his pleasure at the attendance of "so many distinguished scientists coming from leading institutions in the United States". He emphasized the paramount importance of the pronouncement of the Eighteenth Meeting of the World Health Assembly in May 1965 (Resolution 49) entitled "Program Activities in the Health Aspects of World Population which might be Developed by WHO", which established guidelines to expand the program already initiated and clearly expressed in the Report of the Director General. He noted that the Assembly stated that "it is not the responsibility of WHO to endorse or promote any particular population policy", and that, "it is a matter for national administrations to decide whether and to what extent they should support the provision of information and services to their people on the health

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\* Prepared for the Fifth Meeting of the PAHO Advisory Committee on Medical Research, 13-17 June 1966. The Conference was held on 3 January 1966 at the PAHO New Headquarters Building in Washington, D.C.

aspects of human reproduction". He pointed out specifically that the Assembly decided that the services to be provided by WHO as an advisory agency, should be related to "technical advice on the health aspects of human reproduction and should not involve operational activities". It was reported that the problem was considered during the XVI Meeting of the Directing Council of PAHO, XVII Meeting of the Regional Office of WHO in Washington, in September-October 1965. After extended discussion Resolution IX was passed, based on the pronouncement of the World Health Assembly, emphasizing the need in this Region of cooperation among Organizations of the Inter-American System.

Quoting Dr. Candau's address to the White House Conference on Health last November, "The role of WHO is to assist Governments in analyzing all the relevant factors on which the Governments themselves can establish their own health policies regarding population growth", Dr. Horwitz said that "these factors are of an economic, social, cultural, psychological, and health nature, and all should be considered in their proper perspective", and that "Governments should decide whether the growth of the population should follow its natural course, therefore evolving spontaneously, or whether to influence the timing and nature of these changes in size and structure by any procedures they select. For the basic issue is not the method to be used for the regulation of fertility but the consequences that its extended use may have on the health of the people, the growth of the economy, and the development of societies".

Toward the end of assisting Governments, "an active program of education of professionals coming from different disciplines and of research is long overdue", and that "The priorities in research are moving

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toward an area of population dynamics and health concern where institutions and values of the societies are involved".

Dr. Horwitz concluded that "Based on these considerations, the program of the PASB, Regional Office of WHO, in health and population dynamics has been shaped and we will report on its contents during the course of this meeting today - dealing with three major areas: education and training with a multidisciplinary approach, research, and advisory services. We welcome this forum for the exchange of information on the activities of the institutions interested in the problems of population dynamics as they related to health, and to learn what is being done and what are future trends so as to see how best the WHO and PAHO can contribute to progress". Finally, "we would like to hear your views as to how you foresee our role as a 'focal point' in the field of population dynamics - performing a 'clearing house' function as a Center for Exchange of Information on Population Dynamics".

Dr. Anthony M.-M. Payne served as Chairman and Dr. Myron Wegman as Rapporteur.

A.- Activities of Participating Agencies.

Written reports of activities of the several institutions and agencies having been distributed in advance of, or at the meeting, there was limited discussion of them, consisting chiefly of clarifications and elaborations. A few verbal reports were heard with interest, from participants who received late invitations. It was announced that all reports would be collated in a loose-leafed indexed volume for participants. In

consequence, no descriptive summary of these activities will be set down here, except for specific research and training programs and other activities which are taking place in Latin America, as a result of local and of international initiatives.\*

Progress was reported in the establishment of a Program of Research and Teaching in Health and Population Dynamics by the School of Public Health of the University of Chile, beginning in 1966, with the cooperation of PASB and the Latin American Center of Demography. Planning along somewhat similar lines for a second center of a multidisciplinary teaching nature was well advanced at the University of São Paulo, under the leadership of the Department of Biostatistics of the Faculty of Hygiene and Public Health. Courses begin in 1967.

It was emphasized that these two university programs represented a permanent commitment by the respective schools to studies and teaching in population dynamics in all its aspects. Graduate physicians from faculties of medicine and public health in Latin America, as well as from Ministries of Health, were eligible for fellowships. Graduates of the Santiago and São Paulo courses will expand teaching curricula of their schools to embrace population dynamics, thus adding an important new dimension to the pedagogy of the schools' programs. These centers were part of a comprehensive PAHO program of faculty research training and teaching centers in Latin America in the medical sciences.

It was pointed out by one participant that physicians of the schools and clinicians were generally not receiving adequate contemporary information on

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\* In response to a question it was explained that Latin American organizations were not represented at this meeting because the purpose of the First and Second Conferences was to exchange information among U.S.-based institutions and agencies (following the pattern and experience (14 years) of the Medical Education Information Center of PAHO (MEIC), the better to be able to shape programs to effect the maximum possible assistance on a rational basis, to Latin American countries, as required. Meetings in Latin American countries of various groups were multiplying and interest in research and training was accelerating, without untoward effects because of any participation of U.S. nationals.

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the problems of population, health and fertility control, something which should be corrected as soon as possible.

The program of population studies and training of the Colombian Association of Faculties of Medicine (having close official working relationships with the Ministries of Health and Education), in which several participants had been involved, was described as a model of its kind. It was cited as an example of what can be accomplished by energetic, imaginative local leadership and the cooperation of relevant disciplines within the universities and medical schools. Substantial financial assistance from U.S. foundations was an essential element - the Association being responsible for decisions on grants to local research committees and for training projects and fellowships. The success of the program was indicated by the fact that other countries were seeking advice and assistance from Colombians in organizing similar programs. Thus, a distinctly Latin American intercountry intellectual communications market of ideas and program development concepts had come into being (in less than two years). Likewise, Chile was looked to for leadership and similar international assistance.

In Peru, a promising beginning had been made with the promulgation of a comprehensive Presidential Decree on Population (1964), the organization of planning and research committees and a National Seminar on Population, under the auspices of and with the attendance of the President and the Ministers of Health and Education (1965). A Center of Studies on population problems was being staffed and a program of research and training defined, according to the countries' needs. Comment was made that no two countries would necessarily make the same approach to population problems or organize identical programs, for the nature of the problems to be solved will vary by

countries, and priorities on research, training and service programs will be determined accordingly.

Developments in Brazil were described by a recent visitor emphasizing the fact that the National Association of Obstetricians and Gynecologists after a survey of 55 hospitals, had adopted a resolution calling for research in the physiological aspects of fertility control.

The availability of unanalyzed raw statistics of great value in research and teaching was mentioned as a source of strength for the University of São Paulo. The acute shortage of demographers in Brazil was stressed, but a demographer in São Paulo had just finished a basic textbook on demography in Portuguese (utilizing data from the Instituto Brasileiro de Geografia e Estatística and other materials from Brazil), suitable as an introductory text-book for other universities. Efforts to improve vital statistics in Latin America had been going on for many years, involving the U.S. Bureau of the Census, the U.S. Public Health Service, and PAHO.

In Venezuela a population unit was established in the Ministry of Health in 1965. The University of Chile offered a two-week course (November 1965) in reproduction physiology and in family planning, which was attended by 100 physicians, including some from other countries. Honduras was launching a national program of research and service in family planning which, it was stated, might become a model for other countries.

The activities cited above indicate the growing interest and concern of several countries in Latin America, a trend which is accelerating.

Concerning family planning, however, it was stated that the mistake of regarding birth-control as the total answer to all health problems and to social inadequacies, should be avoided at all costs.

The reasons for the rapid expansion of population studies in Latin America in the past year involved several factors. Most important perhaps was the wide dissemination of scientifically acquired information on the serious health and social problems of the family unit (e.g. incidence of induced abortions, morbidity and resulting mortality, and their economic and social consequences. For example, the Candelaria study provided illuminating information on the seriousness of the problem in Colombia). Such information has influenced voluntary and government agencies to seek medical and social solutions in order to reduce the pressures on mothers of unwanted children. It is clear that the consequences of rapid population growth in relation to socio-economic development (economic security of the family unit, hope of a better life for children, through education, health and well-being generally) arise from the joint impact of poverty and hopelessness.

There was considerable discussion of the Colombia program analyzing the specific reasons for its success. Remarkably, the program had been developed "in a conservative climate, religiously and in other ways". It seemed that the support of the President of the Republic was most important. He said in a public address that "Colombia would have to come to grips with the problem and have a clear policy thereon, and



that the policy should be directed toward affecting population growth and be carried out in collaboration with the Church". The involvement of the Church was shown by the fact the rectors of Bogotá parishes attended a one-week meeting on population problems, under the aegis of the Cardinal Archbishop. This seemed to have been one outcome of the Pan American Assembly on Population Dynamics at Cali.

From an operational point of view several factors were important in the success of the program. These were: (1) the leadership of the Association of Medical Faculties, a voluntary association having certain quasi-governmental responsibilities; (2) the involvement of non-medical disciplines of the universities and the establishment of a center for population studies in each of the seven universities; (3) the importance of information, as shown by the Candelaria project of the Medical School of the University of Valle; (4) a smooth running organization with a full-time secretariat; and (5) an adequate budget. Other divisions of the Association have the function of certification of medical specialists and of hospitals, the improvement of medical education, and the study of health manpower and medical education in the context of socio-economic development and population dynamics. These activities, within a single association, have contributed to the success of the program.\* The study of health manpower and medical education and of population problems was based on a long-range plan, the objective of which was to develop the

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\* External organizations providing consultant services and financial support include the Ford Foundation, Kellogg Foundation, Milbank Fund, Population Council, Rockefeller Foundation, the Pan American Sanitary Bureau, and several expert advisers from universities and U.S. Agencies.

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health care programs and socio-economic development of Colombia in a coordinated fashion, toward a higher standard and level of living for all.

The question was asked how other countries might do the same. The answer was that the Pan American Federation of Associations of Medical Schools, chartered in 1963, is endeavouring to raise funds to assist other interested countries in strengthening their Associations. The success of the Colombian program has given impetus to similar efforts elsewhere. Patterns of organization reflecting local conditions, as in Peru and Brazil, were taking form.

The Pan American Health Organization and the Federation have official working relationships. It was mentioned that together the two Organizations were sponsoring the publication of a quarterly Journal on Medical Education and Health, the first issue to appear in Spanish later this year. This new medium of exchange of information should contribute to the dissemination of experience and new knowledge of population dynamics and related educational programs throughout the Region.

Reports were heard of the interests and plans of the Inter-American Economic and Social Council and the Inter-American Development Bank, as important elements of the interamerican system of the Organization of American States. The Pan American Health Organization was working closely with these and other agencies, such as the Inter-American Committee on the Alliance for Progress (CIAP), and the Committee of Nine of the Alliance for Progress, in providing technical assistance on health aspects of development plans of the countries of the Region.

B. Research Activities.

WHO and PAHO were cooperating financially in developing a research study in Peru which consists of observations on women, over a period of time, to obtain longitudinal data regarding induced abortions, and of natality events which will be analyzed to understand the size and nature of the abortion problem as well as of other problems of human reproduction. Similar studies were being planned for São Paulo, Brazil. These were to be expanded to other interested countries when funds became available.

The Conference heard a report of the WHO program, conforming with Resolution 49 of the XVIII World Health Assembly, on the physiology of human reproduction and the establishment of a Unit to be responsible for scientific group studies and publications. In 1965 there were scientific group meetings on the biochemistry and microbiology of the female and male genital tracts, immunologic aspects of human reproduction chemistry and physiology of the gametes, and the clinical aspects of oral progestins. A meeting on the basic and clinical aspects of intrauterine devices is scheduled early in 1966. The WHO was developing reference and advisory services in human reproduction and on the control of fertility. A documentation and information center was being planned including research project activity, and information on clinical applications, side effects, and the acceptability of different methods of contraception. Cooperation was to be extended to public health services of governments on family planning programs within maternal and child health services, as requested by member governments. Other health aspects of population dynamics were under study including population trends and how they were influenced by medical factors, maternal and infant mortality, fetal and infant mortality, and induced abortions.

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A variety of research and service projects in family planning of several countries were mentioned during the course of the meeting - in Argentina, Chile, Panama, Costa Rica, Honduras, and Mexico.

There was a lively discussion of the relationship of population growth and socio-economic development, and the need for multidisciplinary research was emphasized. At least one U.S. university was approaching the problem in this manner, exposing economists to demographic aspects of development programs and viceversa. The distribution of populations and the phenomenon of rural-urban migration were recognized as important variables in relation to development planning, including the variations in birth rates among countries having differing natural resources potentials for development. It was emphasized, however, that the principal justification for programs in population dynamics was to be found in their potentials for improvement in the quality of life for impoverished families.

It was clearly recognized that the nature of the problems under discussion demanded inter-disciplinary research, particularly in relation to the social and behavioral problems of family units and population aggregates. Without such studies it would be impossible to evaluate the effect of any fertility control programs.

Concerning the registration of vital statistics, it was stated that in view of the progress being made in survey techniques and scientific sampling methods, international organizations such as PASB/WHO should establish standards, promote research on more refined methods and content of surveys, and develop patterns and manuals for sampling systems, while continuing to improve existing national reporting and registration of vital statistics.

The need for broad commitments on the part of U.S. universities, schools of medicine and public health, toward universities in Latin America was emphasized, in view of the interdisciplinary nature of the problems of population dynamics, health and development. Specific projects and programs have their immediate values and advantages, but the magnitude and nature of research and training problems were such that a continuing close relationship on an inter-institutional long-term multidisciplinary basis among interested universities of the western hemisphere was desirable and necessary.

The problems of motivation and communication, meaning specifically how to design and deliver useful messages to people, including illiterate people, was recognized as an important area of research. The effective use of mass media was part of the problem. Here again multidisciplinary approaches are called for. It was stated that the Latin America press was becoming increasingly aware of the problems of increasing populations and of family planning, resulting in part from the publications of the Population Reference Bureau. It was reported that the Bureau was expanding its Latin American activities, including the use of radio communications.

A note of urgency was sounded when the Chairman of the Population Crisis Committee brought forward the question of the production and supply of food to meet the needs of growing populations throughout the world. He cited studies by the U.S. Department of Agriculture ("Increasing World Food Output - Problems and Prospects", by Lester Brown) showing that it was going to be very difficult, perhaps impossible, for some developing countries to increase their production of food fast enough to meet the

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needs of their populations, often already undernourished, with population increasing in most of the developing countries at an average rate of 2.5% and food production at the average rate of 1%, man and food were on a collision course. In fact he said that the collision was apparently already here in India.

It was recognized that population and health problems are at least as important as those of the development of natural resources. Therefore all the disciplines of universities and governments need to become involved in the search for practical solutions.

C.- Summary and Conclusions.

Comparing the findings of the First and Second Conferences, it was evident that changes and program developments during 1965 have been rather striking. Among these, from an international point of view, the pronouncement of the Eighteenth World Health Assembly, taking note of earlier extensive activities of WHO, established policies and program guides on population and health, thus bringing to bear the official resources and prestige of the Organization on the problems of population growth. Resolutions of the Directing Council of PAHO and the Regional Committee of WHO for the Americas, assure a coordinated program in the western hemisphere. In general, it appeared that the WHO/Geneva emphasis was on the biology of reproduction and related family planning and reference advisory service aspects of population dynamics, whereas the PASB emphasis is on biosocial, epidemiological/ecological research and training components within the environment of relevant university disciplines, and on the development of institutional resources, the programs to be developed cooperatively and, when feasible and desirable, jointly.

Review of the current activities showed that substantial expansion of programs has occurred in 1965, as was predicted at the First Conference. U.S. university programs have expanded and those in the planning stage a year ago were in operation today. Foundations and U.S. government agencies have extended their activities, and have generously supported well-planned proposals for research, teaching and service by universities and governments of the hemisphere. The stimulus of advisory services and financial assistance was beginning to produce multiplier effects in some countries, a few of which have made or were planning to make substantial investment of local funds and other resources in population studies and training. The outlook for 1966 was bright. Acceleration of national activities, including the expansion of U.S. resources to be committed to the solution of population dynamics problems was occurring.

Other specific high-light of wide-ranging discussions included:

(1) Emphasis on the development of university resources in all relevant disciplines for research, teaching, and clinical programs throughout the hemisphere, and the promotion of close continuing relationships between U.S. and Latin American institutions, not least for the advantages to U.S. universities.

(2) The announcement and discussion of a program of courses in population and health by the University of Chile, assisted by PASB/WHO and CELADE was noted. Substantial progress in establishing a center for population, health and development studies and teaching at the University of São Paulo, Brazil, was reported.

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(3) Several agencies were responding to the great need for informational and teaching materials and textbooks in the Spanish and Portuguese languages. The programs of the University of Chile and the University of São Paulo, Brazil, included the preparation of teaching manuals for use in schools of medicine and public health of the Region.

(4) The dramatic progress in Colombia was discussed at length as a model of local initiatives of medical educators with outside advisory and financial assistance playing a supporting role. Its success was analyzed to identify forces, principles, and methods which might be applicable in other countries. It became clear that the principal factors were the favourable climate of attitude on population problems, created in large part by the Pan American Assembly on Population, and the promotional and organizing skills of the officers and staff of the Colombian Association of Medical Faculties. The Pan American Federation of Associations of Medical Schools and PASB were collaborating in a variety of ways to strengthen the resources of national associations and medical schools.

(5) There was comment on the need for critical definition and evaluation of the economic interrelationships. There was no universal consensus among economists, however, and it was clear that the principal justification for programs in population and health was to be found in their potentials for improvement in the quality of life for impoverished families.



(6) It was noted that the techniques and methods of scientific sampling surveys provide vital information for decision-making on health programs by governments, official registration of vital statistics being generally unreliable. The need for further research on such techniques and methods was noted. The establishment of standards and norms, on an international basis, was an appropriate responsibility of PASB/WHO while continuing its long-term efforts to improve national reporting and registration of vital statistics.

(7) Local customs, mores and behavior affect population problems and require study, utilizing the interdisciplinary skills of cultural anthropology and social-psychology, especially as applied to problems of attitudes, motivations, education and communications generally.

(8) There being no easy single answer to problems of population, health and well-being of families and of the community, solutions are most likely to emerge from multidisciplinary research, teaching, and action programs in each country, bringing about in due time, favorable conditions for achieving an harmonious balance of human and material resources development toward higher standards and levels of living, rural and urban.

(9) The urgency of the need for satisfactory solutions was underlined by the fact that the populations in most developing countries were growing faster than were their food-producing capabilities.

Finally, there was general agreement that PASB should establish a permanent "clearing house" Center for the Exchange of Information on Population and Health, not only for assisting agencies, but also for reporting on national programs evolving out of local voluntary and

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government initiatives. It was thought that a hemisphere-wide service of this sort might expose opportunities for cooperative inter-institutional and inter-governmental programs. It was suggested further that future meetings might be structured in such a way as to deal with timely substantive topics in a systematic expert manner.

The meeting was closed felicitously with expressions of appreciation.

Second PASB Conference on Population Dynamics

(3 January 1966)

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