



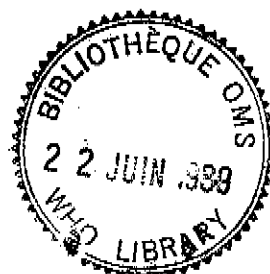
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ADVISORY GROUP ON PRIORITIES AND TRENDS IN SEXUALITY
AND FAMILY PLANNING IN EUROPE AND ROLE AND PLACE OF SFP UNIT

RESUME OF DISCUSSIONS

Copenhagen
17-18 January 1988



1989

EUR/HFA targets 13-17

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TARGET 13

Healthy public policy

By 1990, national policies in all Member States should ensure that legislative, administrative and economic mechanisms provide broad intersectoral support and resources for the promotion of healthy lifestyles and ensure effective participation of the people at all levels of such policy-making.

TARGET 14

Social support systems

By 1990, all Member States should have specific programmes which enhance the major roles of the family and other social groups in developing and supporting healthy lifestyles.

TARGET 15

Knowledge and motivation for healthy behaviour

By 1990, educational programmes in all Member States should enhance the knowledge, motivation and skills of people to acquire and maintain health.

TARGET 16

Promoting positive health behaviour

By 1995, in all Member States, there should be significant increases in positive health behaviour, such as balanced nutrition, nonsmoking, appropriate physical activity and good stress management.

TARGET 17

Decreasing health-damaging behaviour

By 1995, in all Member States, there should be significant decreases in health-damaging behaviour, such as overuse of alcohol and pharmaceutical products; use of illicit drugs and dangerous chemical substances; and dangerous driving and violent social behaviour.

Index:

SEX BEHAVIOR

FAMILY PLANNING - trends

EUR

WORLD HEALTH ORGANIZATION

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The advisory group wishes to express its appreciation to Ms Wadad Haddad for the devoted services she rendered to the European Region of WHO through her long dedication to the improvement of the quality of life of individuals, couples, families and women, in her capacity as Regional Officer for Sexuality and Family Planning. Her many pioneering efforts which created a solid basis for future collaboration within Europe with colleagues and institutions in the developing countries were recognized.

I. INTRODUCTION

An advisory group on priorities and trends in sexuality and family planning in Europe and the role and place of the SFP unit was convened by the WHO Regional Office for Europe and held in Copenhagen from 17 to 18 January 1989.

In 1972, the WHO Regional Office for Europe set up the first intercountry family planning programme. In 1984, the programme was renamed Sexuality and Family Planning, and activities were reoriented in line with the new title.

Following the nomination of a new officer after 14 years of continuous activities under the same leadership, the time was ripe, before starting a new programme, to review past activities, look at recent trends in sexuality and family planning in Europe and the world, and to question our main partners on their priorities for the nineties.

Furthermore, family planning being accepted de jure almost everywhere in Europe, programme objectives have to be more selective, to look at residual pockets of family planning needs, and needs of minorities, mainly regional.

Currently new ideas for worldwide programmes to continue the WHO initiatives "to decrease maternal mortality" are developing. The role and place of the WHO/EURO Sexuality and Family Planning unit has to be examined in this context.

An advisory group was convened to examine all these issues. It brought together three groups of temporary advisers whose professional background included family planning, family health, sexuality, family life education, obstetrics-gynaecology, youth advice:

- national counterparts from selected countries where the SFP unit is developing or executing country projects;
- main agencies either financially and/or technically intervening in projects dealing with sexuality and family planning, like UNFPA and IPPF;
- concerned managers and experts in various aspects of sexuality and family planning.

WHO headquarters was represented by a staff member from the Family Health Division. Moreover, officers from supporting units of the Regional Office took an active part in the discussions.

For two days the participants debated the potential future programme of the unit and considered the main activities to be conducted.

The participants had to take into account: the past activities; the recent trends in Europe; the needs of the countries and demand of the people; the mandate of the main agencies; the coordination between partners; and the potential role of the programme in other regions.

The meeting was opened by Dr P. Owe Petersson, Director, Health Policy Development, Regional Office for Europe, who welcomed the participants on behalf of the Regional Director, Dr J.E. Asvall.

Dr D. Pierotti, Regional Officer for Sexuality and Family Planning, Regional Office for Europe, presented the past and present activities of the Sexuality and Family Planning programme in Europe.

Specifically, he stressed the originality of the programme in WHO/EURO.

The programme had to answer to the needs of the Member States of the Region and also to respect UNFPA's mandate.

The programme was complex and multicentered. It comprised yearly an average of 9 to 12 country projects and 8 to 12 research or survey activities, 2 meetings, advisory groups or workshops. ENTRE NOUS, the bi-annual information bulletin of the programme occupied a special and important place.

The country projects mainly started through requests from individual governments or UNFPA. All the other activities started through initiatives of the Regional Officer.

During recent years, the sexuality component had occupied an important place in the programme. AIDS activities were added in 1987.

The SFP programme was almost exclusively financed by UNFPA (more than 95%).

UNFPA's budget in EURO comprised two components: country projects and intercountry programme. 86% of the intercountry programme corresponded to the salary of the staff, only 3% was earmarked for specific surveys or research projects.

At the end of this presentation, Dr Pierotti stressed the following concluding points:

- The SFP programme should keep its two sectors:
 - country projects,
 - intercountry projects.

- To improve the effectiveness of the unit in country projects, the Unit should be involved at the planning stage; monitoring should be carried out through more delegation to consultants; projects should be related to the SFP mandate and be completed on time.

- The intercountry programme should become visible with a single and clear objective for European countries and not scattered through multiple unrelated activities; financing should be allocated accordingly and not on an ad hoc basis.

- The role of SFP in other regions should be specified.

- SFP should improve all the activities performed in collaboration with developing countries: transferring of experiences, training of health personnel, sharing knowledge and products.

- ENTRE NOUS should become a parallel activity in SFP with an accurate and separate budget.

- Ways and means of developing close relationships with international agencies in Europe should be intensified.

II. STATEMENT

It was the mission of the WHO/EURO Sexuality and Family Planning programme to contribute, through the promotion of maternal and child health, family planning and responsible sexuality, to the improvement of the quality of life of individuals, couples, families, teenagers, and the other groups in the European Region. With the groundwork established, the time was now propitious to develop a more integrated and coordinated programme of activities, reflecting perceived priorities into which specific projects could be incorporated to meet selected country needs, while also strengthening the availability of resources for training, services, and information dissemination for developing countries. Within that context, the following programme was proposed for further consideration.

III. SUMMARY OF THE DISCUSSIONS

1. Two priority areas were identified in the discussions on day 1, namely adolescent sexuality and the prevention of abortion

1.1 The programme of Sexuality and Family Planning needed to have an identity within WHO/EURO.

1.2 The programme for Europe should be capable of adaptation for the developing world and not duplicate WHO/HQ programmes.

1.3 The programme should be seen as a priority by European Member States with changes taking place as current activities are concluded. New activities should be planned within the context of the programme rather than as responses to ad hoc initiatives and should be systematically incorporated into the long-term planning. Management of this new programme would involve the monitoring of country projects by WHO consultants; institutional networks for exchange of information, the organization of seminars and teaching activities in association with appropriate organizations from developing countries; the participation of leaders from the developing countries in the activities of European Member States; and closer relationships with partners through regular visits by the Regional officer to European Member States and cooperation with related organizations such as IPPF.

2. Group members discussed the programme focus and felt it should concentrate on the following targets:

2.1 The training of health personnel in sexuality and family planning.

2.2 Adolescent health.

2.3 Prevention of unwanted pregnancies.

2.4 Reducing abortion.

2.5 The access to family planning services in some countries.

2.6 The improvement of family health through research on lifestyles-decision-making process, third child policy, sexuality.

Although the sexuality component was secondary to the UNFPA mandate, the group felt that the Unit having been named Sexuality and Family Planning should stand up for its beliefs. The group members were set the task of identifying their priorities for the Sexuality and Family Planning programme.

3. Priority areas for future work:

Members of the group identified various priorities within the following fields: policy; information; education and training; services delivery, and research and evaluation.

3.1 Policy

- A WHO policy on family planning was needed. It was a component in the appropriate targets for Health for All by the Year 2000. Account should be taken of other WHO activities such as adolescent health programme and the activities to be undertaken within that programme.
- Family planning should be integrated into primary health care.
- The need for intercountry and organizational links to improve data collection and information exchange should be stressed.
- The Regional Office should work to reduce the inequalities in the availability of provision of services and contraceptives throughout Europe and to highlight the differences in service provision.
- The programme needed to be presented in a positive way linked with lifestyles education and should include sexuality.
- Male responsibility for family planning and responsible parenthood should be addressed..

3.2 Information, education and training

- Europe needed an audiovisual network of resources on family planning; the possibility of Europe-wide TV programmes on sexuality and family planning should be explored (i.e. in the 1992 prospective).
- The members of the media should be made aware of the impact of their work on the public and on population services.
- Exchange of information about Family Planning and Sexuality between countries of the European Region and between Europe and developing countries should be strengthened.
- The training of health professionals should be addressed in order to overcome the lack of consensus in the information given about family planning methods, to modify possible negative attitudes towards family planning and sexuality and to promote communication skills between practitioners and clients.
- For example, models for training teachers about sexual behaviour among adolescents were required.

3.3 Services delivery

- There was a need for exchange of views and resources between countries and health personnel.
- Progress in Member States should be monitored; some countries were undergoing drastic cuts in services.
- The family planning programme in Southern Europe needed strengthening.
- Opposition of some health service practitioners to family planning should be addressed and studies on the attitudes of health professionals should continue in order to clarify the issue.
- The medical and psychological aspects of sterilization should be addressed.

3.4 Research and Evaluation

- The need to develop indicators and their standardization should be looked into in order to monitor and evaluate the family planning situation and specially the prevention of unwanted pregnancy, the reduction in abortions and the needs of adolescents.
- Research into the decision-making process concerning sexual behaviour and fertility patterns was required. An investigation of why family planning failed in countries where facilities were good would be invaluable.
- The on-going research into sexual health and reproductive behaviours should receive attention to provide European trends for all age groups.
- A study of withdrawal as a method of contraception should be undertaken.

Before considering these priorities further and reducing them to a manageable number, the group unanimously endorsed priorities 3.1 (i.e: adolescent sexuality and prevention of unwanted pregnancy) and supported the introduction of appropriate targets to which Member States could turn for use within their own countries.

4. Potential areas for the SFP programme

4.1 The SFP Unit should develop two programme strategies:

- the first concerned technical assistance to country or intercountry programmes, with special emphasis on data collection, standardization of indicators and evaluation procedures;
- the second strategy was topic-oriented and concerned promoting selected studies and evaluation, with respect to the prevention of abortions.

Several aspects of this important issue should be studied such as:

- the medical and psychological risks of abortion;
- the relationship between abortion and infertility;
- the decision-making process in requesting an abortion;
- the evaluation of health personnel's attitudes and the inclusion of family planning and sexuality in their training;
- the positive ways of decreasing abortion among teenagers.

4.2 The following projects, which may be financed by UNFPA, if considered of interest and accepted, could be conducted within European countries:

- the availability of contraceptives;
- the accessibility of family planning services;
- the decision-making process concerning reproductive behaviour;
- withdrawal as a method of contraception;
- the use of post-coital contraception;
- the representation of family planning methods and of abortion in the media.

IV. CONCLUSIONS AND RECOMMENDATIONS

1. The main goal of the programme could be:

Promoting maternal and child health, family planning and responsible sexuality; preventing unwanted pregnancies and reducing abortion in the Region.

2. Potential cooperative research projects in the Region:

2.1 The prevention of unwanted pregnancies

- medical and psychological risks of abortion - impact on fertility
- psychosocial factors in the motivation and decision-making process regarding pregnancy resolution, among women and couples;
- reproductive and sexual behaviour at different life stages and various transitions from puberty to menopause in diverse cultures;
- national survey on health and sexual behaviour

2.2 Activities in cooperation with developing countries, in order to improve maternal health: training of health personnel, research, exchange of data and resources.

2.3 Attitudes and training of health professionals towards fertility regulation.

2.4 Accessibility of family planning services: reducing inequalities of access to family planning programmes and services within and between countries.

2.5 Sterilization: legal, medical and psychological aspects.

2.6 Promotion of relations with the media in a European perspective.



Advisory Group on Priorities and Trends
in Sexuality and Family Planning in Europe
and Role and Place of the Sexuality and
Family Planning Unit

ICP/MCH 599g01/5
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SFP ACTIVITIES - PAST, PRESENT AND FUTURE TRENDS

by
Dr Daniel Pierotti
WHO Regional Officer for Sexuality and Family Planning Unit

"We can always erase the past,
but the future cannot be avoided"
(Oscar Wilde)

1. Introduction

After 14 years with the same ^{outstanding} professional officer in charge of the unit, it seems important to gather together our main partners, national counterparts in charge of family planning, experts in the field of family planning and sexuality and representatives of concerned international agencies.

The overall objective of this meeting is to have a fresh look at our ongoing activities, to examine the issues and recent trends in Europe and to make recommendations to improve the sexuality and family planning (SFP) programme in order to adapt it better to the needs of the countries that we serve.

We will examine past activities, not in a critical way but to measure all the work accomplished since 1972 and to set up a new starting point for the coming years.

2. SFP programme background

2.1 WHO and Family Planning, the first steps

The first international discussions on family planning date back to the Fifth World Assembly in 1952. Until 1960, however, the organizations of the United Nations took only an academic interest in the subject. At that time, WHO initiated a series of scientific group meetings, but for several years the question remained in abeyance in World Health Assemblies. It was not until 1965 that the outlines for the development of a programme in the field of human reproduction, family planning and population dynamics were laid down. Family planning was defined by a WHO expert committee in 1970 as follows:

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"Family planning refers to practices that help individuals or couples to attain certain objectives: to avoid unwanted births; to bring about wanted births; to regulate the intervals between pregnancies; to control the time at which births occur in relation to the ages of the parents, and to determine the number of children in the family. Services that make these practices possible include education and counselling on family planning; the provision of contraceptives; the management of infertility; education about sex and parenthood; and organizationally related activities, such as genetic and marriage counselling, screening for malignancy, and adoption services."
(WHO Technical Report series, No. 476, 1971)

2.2 Creation of SFP in EURO: main events

In 1972, the Regional Office took an important step by setting up the first intercountry family planning projects totally funded by UNFPA and by organizing a conference on the role of maternal and child health services in family planning.

Because of the almost total dependence on UNFPA for financing the programme, the Office's earlier activities were mainly concentrated on the developing countries of the Region. However, in recent years, activities have increased and now include the more industrialized countries. Although not having high fertility as a problem, industrialized countries have other problems and concerns in common with Southern countries and can contribute to and benefit from sharing of information, training and resources.

In 1985, Algeria, and in 1987, Morocco left the European Region. Since that time, only Turkey has developed a national family planning programme with important financial assistance from UNFPA and WHO EURO execution. All other country projects receive limited financial assistance.

Since 1984, the programme has been renamed Sexuality and Family Planning, thus stressing the importance of sexual health and the recognition of the close link between family planning practice, partnership and sexuality and the need for family planning programmes to take account of the sexual health and sexual relations of their clients.

3. SFP programme structure in WHO EURO

Since 1980, the work of the European Region has been concentrated on the formulation of a Pan-European health policy including 38 European targets for Health for All and 65 major indicators to measure progress in countries towards those targets. All Member States of the Region have adopted these targets and are now in the process of integrating the principle of the Target Document in their national health policy. This is then the contribution of the European Region to the global objective of Health for All.

The results of the regional evaluation (Evaluation of the Strategies of Health For All by the Year 2000, Seventh Report on the World Health Situation, Vol. 5, European Region) were used to assess the gaps between the actual situation in the Region and the regional targets. This evaluation clearly indicates the need to concentrate on, among other things, the development of lifestyles conducive to health and the active involvement of communities and non-health sectors in health and health related matters.

In the European Target Document an objective is the desired direction of development which the Regional Health For All Strategy encourages Member States to take in order to reach the target in question.

Outputs are the product which the Regional Office proposes to generate through its activities in order to help Member States attain the regional targets. The outputs are therefore tools for the countries to use.

Activities are the main actions planned by respective programmes, in order to produce a given output.

Examples of relevant targets and outputs for the European Sexuality and Family Planning programme:

TARGET 4: By the Year 2000, the average number of years that people live free from major disease and disability should be increased by at least 10%.

- Objective 4.8: To strengthen efforts to prevent HIV transmission.

TARGET 13: By 1990, national policies in all Member States should ensure that legislative, administrative and economic mechanisms provide broad intersectoral support and resources for the promotion of healthy lifestyles and ensure effective participation of the people at all levels of such policy-making.

- Objective 13.2: To strengthen intersectoral coordination and increase resources in respect of specific health promotion policies.

TARGET 14: By 1990, all Member States should have specific programmes which enhance the major roles of the family and other social groups in developing and supporting healthier lifestyles.

- Objective 14.1: To introduce programmes which increase the health-promotive capacity of the family and other social groups.
- Objective 14.3: To acquire a broader understanding of trends and patterns in the development of healthier lifestyles.

TARGET 15: By 1990, educational programmes in all Member States should enhance the knowledge, motivation and skills of people to acquire and maintain health.

- Objective 15.1: To establish an organizational infrastructure for coordinated health education
- Objective 15.3: To update education, training and research in education for health and health promotion for health professionals and others in a position to convey health messages.

TARGET 16: By 1995, in all Member States, there should be significant increases in positive health behaviour, such as balanced nutrition, nonsmoking, appropriate physical activity and good stress management.

- Objective 16.3: To draw up policies and programmes which will help people to use family planning effectively and safely and to lead a healthier sexual life.

TARGET 17: By 1995, in all Member States, there should be significant decreases in health-damaging behaviour, such as overuse of alcohol and pharmaceutical products; use of illicit drugs and dangerous chemical substances; and dangerous driving and violent social behaviour.

- Objective 17.4: To develop programmes aimed at preventing and alleviating the health consequences of social violence.

Family planning and sexuality activities do not appear as a high priority for European countries.

Only six of the available eleven national Health for All documents mention sexuality and family planning (Finland, DDR, Hungary, Malta, Poland and Yugoslavia). Even in these documents there is very little information. Two countries (Finland and Yugoslavia) mention the need for a better understanding of contraceptive methods. Two documents (Malta and Yugoslavia) indicate an emphasis for more extensive sex education. Half of those six (Finland, DDR and Yugoslavia) emphasize the need to reduce the incidence of abortion.

Clearly, few countries are willing to include sexuality and family planning in their national HFA documents. Furthermore, the six that do, mention this area only briefly (only Yugoslavia has a specific policy).

Finland

Family planning needs to increase as does the more effective use of contraceptives which should reduce the number of abortions.

DDR

Infant mortality should be reduced by avoiding unwanted pregnancies, reducing illegal and legally terminated pregnancies.

hungary

Public health care is responsible for covering family planning. The family holds an important role in developing "patterns of moderate sexual behaviour" and genuine respect.

Malta

Health education programmes should be developed in schools, press, radio and television and will be intensified with an emphasis on sex education.

Poland

Primary health care should ensure the extension of services according to the needs of family planning.

Yugoslavia

Through health education, improved contraceptive methods and the implementation of family planning policy should prevent an increase in abortion rates.

5. Role of UNFPA in the SFP/WHO/EURO programme

UNFPA is the main financing agency of the unit with more than 95% of the budget.

Every four years an intercountry project request is submitted to UNFPA for approval. The 1988-1991 request has the following objectives:

- strengthen FP programmes within the strategy of Health for All;
- enable FP programme and policies to be closely related to the needs;

- strengthen national capacity to train various categories of health personnel;
- promote public health education programmes directed towards FP and family life programmes.

The intercountry project was approved for 1988-1989 for a total amount of US\$436 600 broken down as follows:

-salaries and travels	\$374 000
-one workshop	\$ 28 000
-ENTRE NOUS consultant	\$ 12 000
-Equipment, miscellaneous	\$ 6 000
-Sub-contracts	\$ 13 600

It should be noted that 3 sub-contracts are earmarked for 3 research projects which correspond to 3% of the total allocation and approximately to \$4 400 per research project.

UNFPA also plays an important role through financing country projects monitored by SFP. Country projects accounts for 60% of the total amount allocated by UNFPA for 1987.

6. Main activities of SFP unit

"I am a poor lonesome EURO FP officer"
(adapted from Morris)

The main characteristics of the SFP programme up to the present is the huge number of activities, the plasticity of the programme, the variety of realizations and the chameleon profile adapting itself successfully to needs and demands.

Within the framework of the Health For All strategy progress has been achieved by the sexuality and family planning programme through:

- monitoring of 8 to 12 European country projects on family planning in the framework of primary health care in Turkey, Poland, Hungary, Albania, Portugal and Bulgaria;
- follow-up on sexuality and family planning activities in 10 approved European countries Medium Term Programme (Albania, Bulgaria, Greece, Hungary, Israel, Malta, Morocco, Portugal, Spain and Turkey);
- developing training tools for health professionals in family planning and sexuality through modular approach and creating audiovisual support on specific issues;
- facilitating exchanges on views, ideas and facts on sexuality and family planning through numerous reports, documents and ENTRE NOUS bulletin;
- actualizing definitions and concepts on sexuality and family planning, proposing adapted ones to the new changing roles of men and women; seeing sexuality as a positive health behaviour; taking care of minority groups such as the disabled, youth, the elderly, homosexuals, women;
- initiating intercountry research on legal aspects, policy and programmes on sexuality and family planning issues.

All this programme is monitored by one programme officer only, assisted by 2 secretaries.

MAIN MENU FOR 1989

- 9 projects in 6 countries: Albania, Bulgaria, Hungary, Poland, Portugal and Turkey
 - 9 research studies: 3 on AIDS, 2 on FP, 3 on sexuality, 1 on others
 - 7 meetings, workshops, advisory groups (2 with others units)
 - 3 modules (1 being finalized, two to be initiated)
 - 2 issues of ENTRE NOUS
 - finalization of pending publications
-

7. Details of SPF programme

7.1 Characteristics of country projects and role of SFP/EURO

Every year, 9 to 11 country projects are monitored by the SFP unit, nearly all covering family planning or related activities such as setting up an establishment for infertile couples with a sperm bank (Bulgaria) or equipping a national institute of paediatrics (Albania).

The financial scope of the allocation is very low compared to similar projects in other regions, mainly since the departure of Algeria and Morocco. The Turkish projects, "Integrated MCH/FP services in 17 provinces" and the second phase in 11 provinces are the only projects with substantial allocation (TUR/88/PO1 UNFPA allocation \$1 094 905). These projects are executed on a joint venture, WHO EURO dealing with 7% of the total amount (\$138 300).

Due partly to the financial limited allocation, most of these projects are also limited in terms of population reached or geographic size. The role of WHO EURO is to monitor the project activities mainly placing fellows in training institutions, buying equipment, identifying consultants, monitoring and following up through regular visits.

The countries where projects are developed are privileged compared to the others in terms of attention given to them. 73% of the visits of RO/SFP during the past six years were to these countries; thus these projects are not easily terminated, either because of a second phase or because activities are delayed. One 2-year country project, started in 1984 with an allocation of \$75 000, will hopefully terminate in 1989. A spermokinometer bought in 1979 (\$30 000) has never been in order; hopefully it will be repaired in 1989.

Many of the delays and difficulties faced by WHO EURO in the implementation of the activities are linked to the Regional Officer's absence during the initial writing of the project documents.

Too often, WHO EURO does not initiate the project identification. Sometimes the Regional Officer is invited to collaborate in assisting the national authorities in writing the document but in most cases the document is finalized before WHO EURO intervenes.

Country projects represent the bulk of SFP activities. During the past 10 years it represented 58.4% of the UNFPA budget allocated to EURO and spent. This percentage depending on the years, oscillates between 28.8% in 1977 to 78.2% in 1984. It will and should continue that way mainly if UNFPA intends to develop more projects in Eastern European countries.

Eleven country projects represent quite a substantial workload even if it varies from country to country. Administrative procedure is the same whether for a \$500 order or for a \$25 000 order.

To identify ways and means of improving the effectiveness of the unit, the following suggestions could be made:

- trim old projects with low impact and low implementation;
- include the Regional Officer as part of the team writing project documents;
- use more consultants for routine monitoring;
- execute projects only related to the SFP mandate;
- establish a 3-year plan of visits to identified countries to initiate new activities.

7.2 The research studies

Studies, surveys and research are part of the regular work of the SFP unit. Research studies are numerous and gather information of reproductive health, sexuality and other related issues. The number of studies a year varies from 8 (1983) to 12 (1988). The type of studies is changing, but sexuality seems to take up the largest portion. In 1983 out of 8 studies, 5 were FP-related, 1 sexuality-related and 2 related to "other issues". In 1988 there were 10 studies, 2 on FP, 6 on sexuality and 2 on other subjects.

Infertility and AIDS are part of the group classified "others".

Characteristics of the studies

The studies are limited in scope and impact. Due to a limited budget, in most cases only one investigator works on a study. For the same reason, only 2 or 3 countries are part of the study. The studies take substantial time to be accomplished: 7 studies (out of 8) which were part of the 1983 programme were still continuing in 1985 and three from 1985 to 1988. There is no backbone, no drive in research studies, but a multiplicity of small projects which try to answer to actual needs or demands as they arise. These studies are implemented when funds are available.

We will see from the budget allocation that research requests represent less than 5% of the overall UNFPA budget allocation. Funds allocated through the WHO regular budget are specific to research activities, but very limited. Various projects are funded instead of one activity so that on many occasions the funds allocated by the WHO regular budget are often given to other units or if a shared venture, the research is totally executed by colleagues, SFP only marking its contribution.

SFP should only coordinate studies and monitor them. There is no time or expertise to be directly involved in a study.

Most of the studies answer or try to answer to specific needs and from that point of view are adequate and very useful. However, absence of follow-up, limited funding and the small number of countries being reached does not allow WHO EURO to give a true picture of the situation in Europe on a specific problem.

Can we continue under this direction, or should we try to improve it by:

- limiting ourselves to fewer studies;
- planning in advance research to be accomplished;
- identifying themes of common interest to European countries;
- getting sufficient allocation to implement these studies;
- playing a role of coordinator only;
- identifying partners to work in the same direction with the same spirit.

7.3 Training courses and meetings, 1984-1988

Four FP international courses have been organized in Hungary from 1984 to 1988. Two working groups were conducted, one on FP and migrants at the International Children's Centre (ICC) in Paris, 1984, and one on Concepts of sexual health, Copenhagen, 1988. Two workshops were held, one on Evaluation of FP programmes in Agadir, 1985 and the other on Fertility awareness methods in Jablona, 1986.

Three consultations were held in EURO on:

- Artificial reproduction, March 1985;
- Child sexual abuse, December 1985;
- AIDS and the newborn, April 1987.

On average, two events (either training course and/or consultancy) are organized each year by SFP. The international courses have a 4-year budget and are held approximately every year on a routine basis, other activities are in most cases implemented through savings and are impossible to plan in advance.

The situation has not changed much with the new Regional Officer, which repeats the same non-written rule "there are always activities for savings". Under this rule, in 1989 a preparatory workshop will be held on how to decrease legal abortion and one consultancy group will be realized through 1988 savings.

We should improve our performance in ways:

- plan in advance our training courses and meetings in a systematic way for the four-year budget request to UNFPA;
- advisory groups and workshops should be part of our overall programme. the programme will have a specific theme for 2 to 4 years and activities will exist only if they are part of the theme;
- in order to broaden the scope of workshops and consultancy groups, other financial and technical partners should be approached.

7.4 Training modules

The training modules aim at strengthening the national capacity to train various categories of professionals. They are also a main element of the SFP publication. These modules cover various topics of SFP. Their production is

part of a continuous process by one or more specialists on a specific subject. They examine, analyse and develop issues concerning a problem and propose alternate solutions. The modular form is the rule, using modern and dynamic teaching methods.

Producing a module is a long process. First, choosing the subject and identifying the specialist who then drafts the paper. The draft is then put into modular form and sent out to various institutions or persons for field testing and comments. The comments are then taken into account when the module is updated and finally published. It is then distributed to about 700 addressees, including Ministries of Health of the Region, Schools of Public Health and of Nursing/Midwifery, social workers and the unit counterparts.

Since 1983, 8 modules have been written of which 5 have been published:

- 2 in 1986 (French): "Guide pour la formation aux aspects psychosociaux de la planification familiale" and "Besoins spécifiques des migrants en matière de planification familiale";
- 2 in 1987 (English): "Guidelines on psychosocial problems of family planning" and "Sexology for health professionals"
- 1 in 1988 (English): Guidelines on certain aspects of homosexuality.

2 (English) are in press:

- "Guidelines on problems of STD and AIDS" and "HIV and AIDS: Counselling skills for health professions"

and 1 (English) on "Infertility: the role of the health professional" being finalized.

Other modules are in the pipeline and have received funding from UNFPA:

- one on "Evaluation of FP programmes";
- one, more general on "How to integrate FP and sexuality in the curricula of basic training of health personnel".

So far no study has been made on the use of the modules. Greece and Portugal, have adapted the module on Sexology for Health Professionals to their specific needs and Bulgaria has requested similar assistance in 1989.

Concerning the modules, we are wondering to what extent the modules are used, by whom and on what occasions. If they are used adequately, can we adapt them to other countries or translate them into other languages?

7.5 Publications of SFP unit

During the past 10 years SFP has published more than 40 articles and documents.

1. ENTRE NOUS (adapted from Van Parijs)

The bulletin ENTRE NOUS is published bi-annually. It started in 1983 and it aimed at:

- creating a mechanism of exchange of information between countries;
- bringing news and important ideas to the attention of family planning centres;
- making published resources on FP more widely known;
- making activities of SFP better known.

The bulletin is published in French and English, translated in Spanish, Portuguese and soon in Hungarian and Turkish.

ENTRE NOUS is organized into 6 sub-headings, i.e. editorial, country reports, intercountry news, meetings reviews, educational material and what to write for.

12 issues have been published.

5000 copies are produced:

- 595 in French;
- 1418 in English;
- 2000 in Spanish;
- 1000 in Portuguese.

ENTRE NOUS is financed jointly by UNFPA and WHO, UNFPA taking care of the consulting editor, the salaries for the half time secretary, translations and corrections. WHO finance editing, printing and mailing.

The total cost of ENTRE NOUS in 1988 was of \$36 000 for 10 000 copies, thus of \$3.60 per copy.

A specific advisory group will meet on 19 January 1989 to debate the future content and format of ENTRE NOUS.

2. Teaching modules

- .up to 1988 five modules have been printed
- .3 should be finalized in 1989
- .resources have been allocated in 1989 for two new modules

3. Publications and documents

Since 1973, the unit has published 35 documents.

Most of the publications are printed in one language, mostly English. Some discriminatory mechanism should be designed to scale what should be published in various languages, where emphasis should be put, what should be deleted, to whom publications should be sent.

7.6 Other activities

The unit monitors related activities in three collaborating centres:

- the Institute of Mother and Child in Warsaw (since 1985);
- the Department of Obstetrics and Gynaecology, Medical School, Debrecen, Hungary (since 1987);
- the Department of Methods, health and Population of the National School of Public Health, Rennes, France (1988).

The unit is requested to give specific assistance on ad-hoc basis to other regions (October 1988, project review in Rwanda).

The unit answers to requests for lectures on demand from European countries.

7.7 Country visits (see list in Table 1)

Country visits are an essential element to get acquainted with the application of policies in a country, with ongoing activities and to create and maintain active links with counterparts.

In this perspective, countries where projects are developed and monitored by the unit are visited more often by SFP regional officer.

From 1983 to 1988, 62 visits have taken place in 19 countries (17 from Europe).

73% of the visits (45) have been done in countries which WHO executed projects.

11 countries have been visited more than twice in 6 years.

17 European countries have not been visited since 1983 (Austria, Belgium, Bulgaria, DDR, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, Romania, San Marino, Sweden, Tchechoslovakia, USSR and Yougoslavia).

European countries should be visited on a regular basis; country projects being a priority, and one officer only being post in EURO, the intricacy of the situation is quite real. One of the solution could consists of sending representatives of the unit as consultants to replace the officer in charge.

Table 1
Country visits by Regional Officer/SFP, 1983-1988

Countries	83	84	85	86	87	88	comments
Algeria	2						country project
Albania		1				1	country project
Bulgaria	1						country project
Finland		1					
France	1	3	2	1	-	1	training projects
FRG					1		
Greece		1					
Hungary	1		2		1	2	country project
Morocco	2	2	3	1			country project and training act.
Mexico		1					outside EURO
Netherlands				1			
Norway	1						
Poland proj.		1		1		1	training & country
Portugal	1	2	1	2	1	1	country projects
Spain		2					
Switzerland	2	1	1		1		WHO Headquarters
Turkey	1	2	1	2	1		country projects
United Kingdom	1	1	1				
United States				1			outside EURO

7.8 Collaboration within and outside the system

SFP is developing projects in EURO with other units either by executing activities financed through other units or the reverse. Actually, 3 research projects are executed by SFP for AIDS global programme and one workshop will be organized in October 1989 on safe sex. Three units are executing activities financed by SFP budget: Health Legislation, Prevention of Alcohol Abuse and Occupational Health.

There is a mutual collaboration between WHO Headquarters and SFP. WHO Headquarters always answers positively and efficiently to any technical request from SFP.

Collaboration with other agencies outside the UN system is open and done on an individual basis on ad-hoc projects and proposals; exchange of information represents most of it.

If projects of European envergure develop, WHO will look for shared expertise and collaboration with other concerned partners.

8. Complementary comments on SFP budget

- In 1988 3 sources were the main components of SFP budget:
 - . UNFPA (intercountry and country projects)
 - . WHO
 - . AIDS Global Program

- The total 1988 budget allocated was in US\$:

. UNFPA	966 236	96%	(ICP: 250 500)
. WHO/RB	11 000	1%	
. AIDS GP	28 500	3%	
	1 005 736		

- UNFPA budget breaks down as follows:
 - .country projects: 715 736 (74%)
 - .intercountry projects: 250 500 (26%)

The amount under country projects is very high because 2 countries have not started activities the preceding year, one country requested 1989 funds to buy heavy equipment in 1988, old projects have accumulated unspent funds, new projects have not started yet.

- Salaries of staff and administrative support accounts for 80% of the total budget allocated under intercountry activities.
- The request for research studies in the intercountry request is marginal:
 - .1988: US\$6000 for sex education for parents
 - .1989: US\$7600 for (i) equal opportunities for teenagers (3000) and (ii) male responsibility in FP (4600)
 - .1990: no research planned
 - .1991: US\$10 000 for (i) improvement of FP audio-visual aids (4000) and (ii) coordination of community activities in sexuality (6000).
- The regular budget is allocated for two years. This budget is exclusively used for studies and surveys, mainly outside UNFPA mandate.

In 1988/1989, the initial budget allocation was \$48 700. After the contingency plan \$11 000 were allocated for two activities share with and executed by other units: \$6000 for a project on legislation concerning reproduction to be realized by the Health Legislation unit and \$5000 for sexual violence through alcohol abuse to be done by the unit for the Prevention of Alcohol Abuse.

In 1988/1989, \$52 000 were allocated from the AIDS Global Programme for 3 studies (\$19 000) and one workshop on safe sex(\$33 000).

Funds allocated for studies or research projects are of very limited amounts. The amount allocated does not correspond to the number of studies initiated by the unit.

A budget was requested and earmarked for only half of the 10 studies.

Half of the projects are created through savings. Savings being limited, this has negative consequences on the content, scope and eventual impact of the studies. Adding 1\$ to 1\$ may be very efficient to answer immediate and specific needs when they arise unexpectedly, but it does not allow the unit to develop an overall project coordinated among more than 2 or 3 European countries.

The questions now are the following:

- Is it possible to change the pattern in use since the seventies?
- Are our main sponsors able and willing to make the necessary efforts?
- Is the WHO Regular Budget ready to support and finance a global European research project?
- Can new financial and technical partners be identified?

9. Conclusions

It is not the objective of this ~~position~~ paper on the role and work of SFP unit to make specific conclusions and recommendations.

It is obvious that WHO/EURO and UNFPA have to be grateful for the enormous task realized by the former SFP Regional Officer for the last 14 years.

It is the role of the advisory group to give answers or clues on the new trends in Europe and how SFP should get organized to improve the programme.

Recommendations should be specific and take into account the daily reality.

As long as the programme is financed almost exclusively by one agency, the requirements and needs of that agency will be the priority.

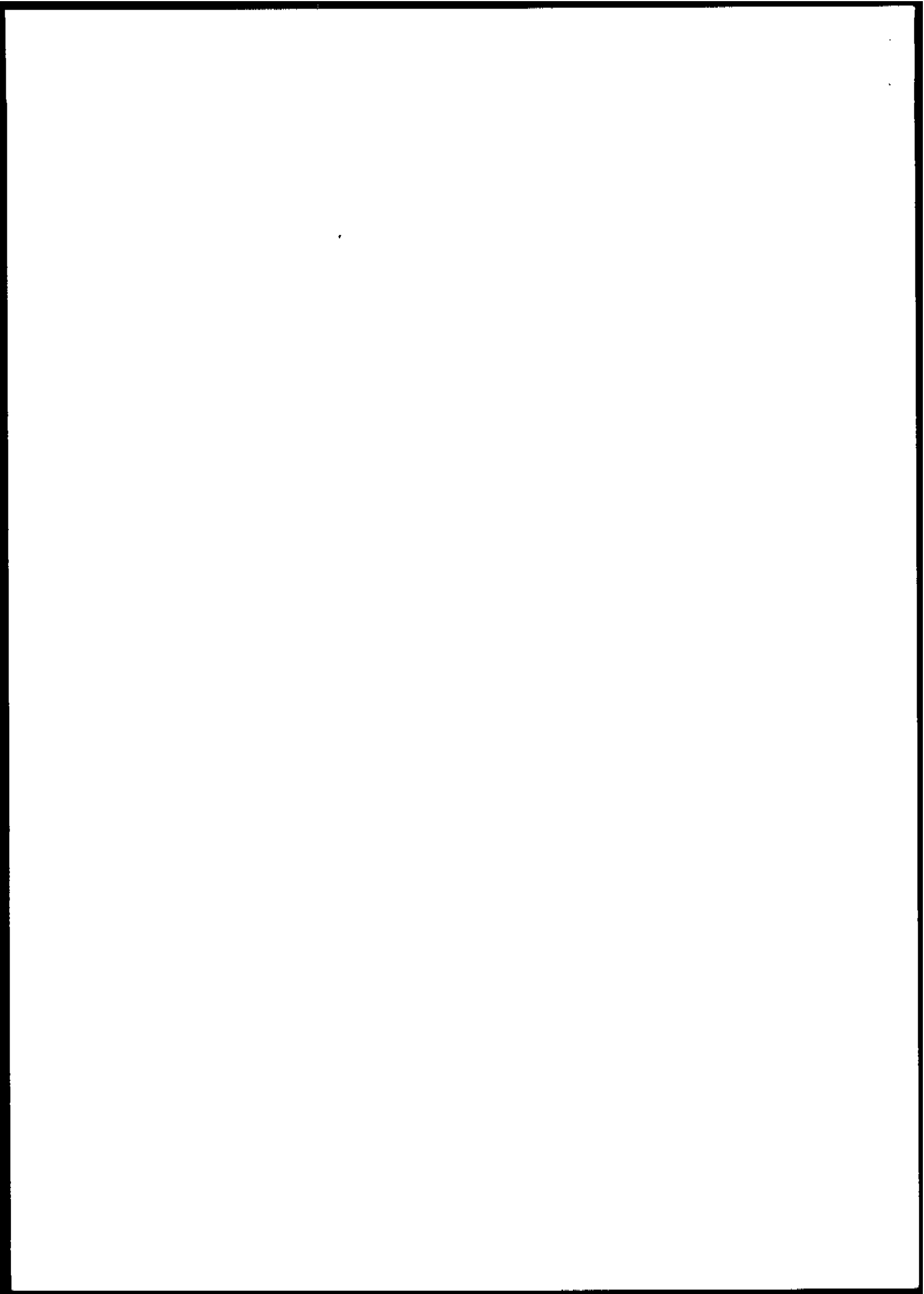
Planning of global European projects will be possible only if financing is secured for the whole duration of the project.

SFP/EURO should play a coordinating role at the European level, one or two issues identified as priorities. It should do only what it may master with its own means.

Country projects corresponding to 2/3 of the resources, solutions have to be found to monitor them in an efficient way. Information should be shared from the onset and SFP should participate in the writing of documents.

Partners from other agencies should be identified and co-participate in any European Global research projects.

These are some of the general considerations which may delineate the framework of the discussions of this Advisory Group.



EUROPEAN REGION

MAIN RECOMMENDATIONS ON FUTURE ACTIVITIES OF THE WHO SEXUALITY AND FAMILY PLANNING UNIT (Joint UNFPA/WHO review meeting, January 30 to February 1, 1989)

It was noted that an Expert Group met from 17-19 January 1989 in Copenhagen to advise SFP (sexuality and family planning) on new activities it should concentrate on in Europe. Special attention is to be placed on: training of health personnel in sexuality and family planning, adolescent fertility, prevention of unwanted pregnancies and reducing abortion.

It was agreed that Eastern European countries could benefit from the increase in the resource projection of UNFPA. There is potential growth of budget in absolute terms, even if the percentage stays the same. Some of the UNFPA-financed WHO activities are outdated and should be dropped. It is therefore requested that EURO initiate consultation with European countries classified by UNDP with LPFs and explore expanding UNFPA collaboration. Such expansion can also benefit African and other countries, especially in the area of training.

It was noted that SFP EURO is operating without WHO Representatives and therefore could receive more support from FHE. This should be formally planned at the beginning of the year to become part of the work programme of FHE.

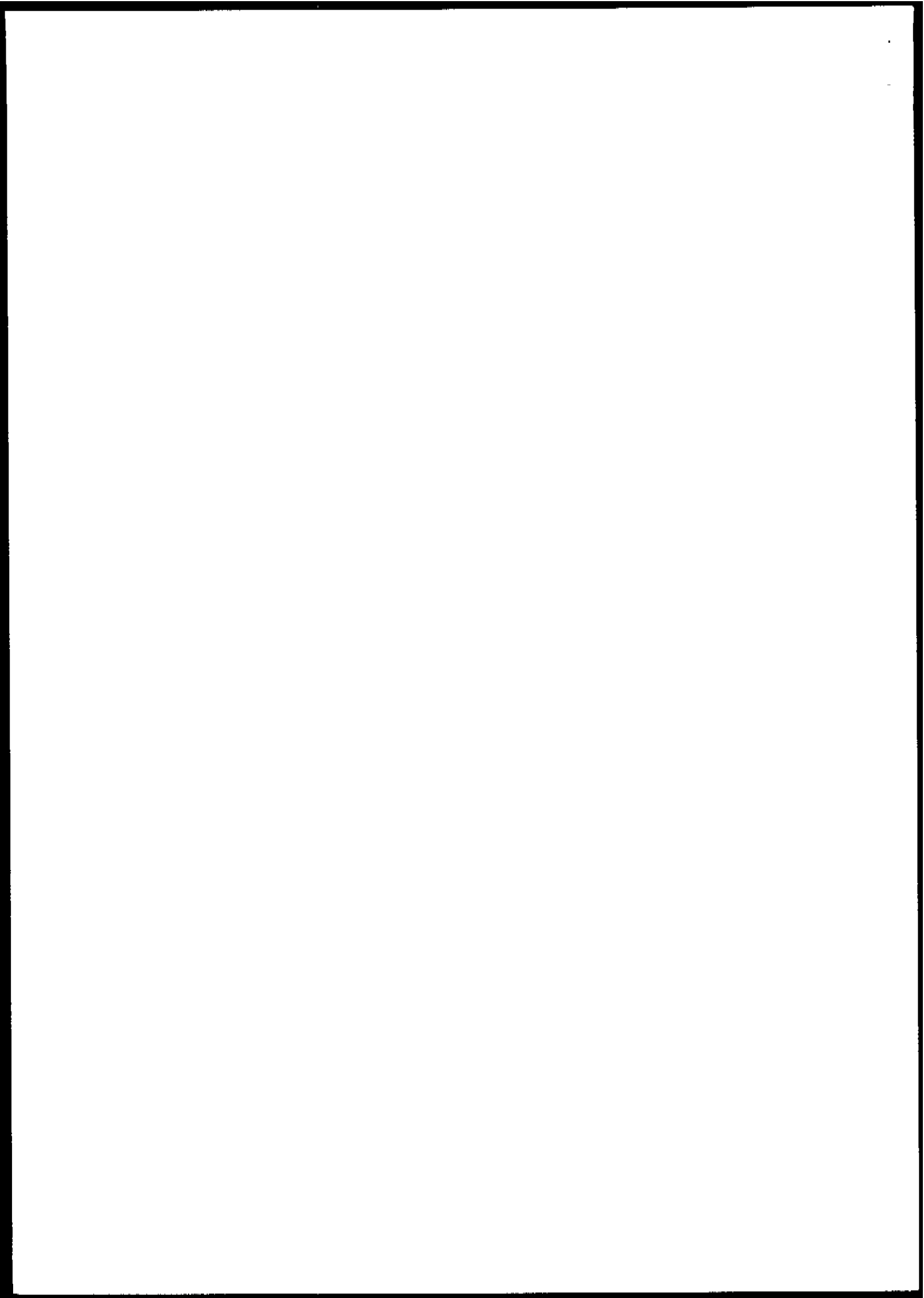
Specifically, it is felt that:

- Poland could use activities in reproductive health in adolescence;
- Turkey could develop a mortality study or survey;
- Portugal could be strengthened by support in management/development, including evaluation.

There were specific discussions about how to continue the SFP EURO Newsletter "Entre Nous". It is felt it requires editorial improvement before being extended into more languages, but it is felt useful. It was suggested that a readership survey be conducted, and that a review group make recommendations on content. Then, Entre Nous could have its own budget with various lines, instead of being scattered all over the intercountry UNFPA European Budget.

SFP EURO will be preparing, in June 1989, a revision of the presently approved regional programme for 1990-1991, taking into account the recommendations of UNFPA and of the Expert Group meeting.

At the end of 1991, a five-year plan along the lines broadly defined in the above could be presented to the UNFPA programme committee.





Advisory Group on Priorities and Trends
in Sexuality and Family Planning in Europe
and Role and Place of the Sexuality and
Family Planning Unit
Copenhagen, 17-18 January 1988

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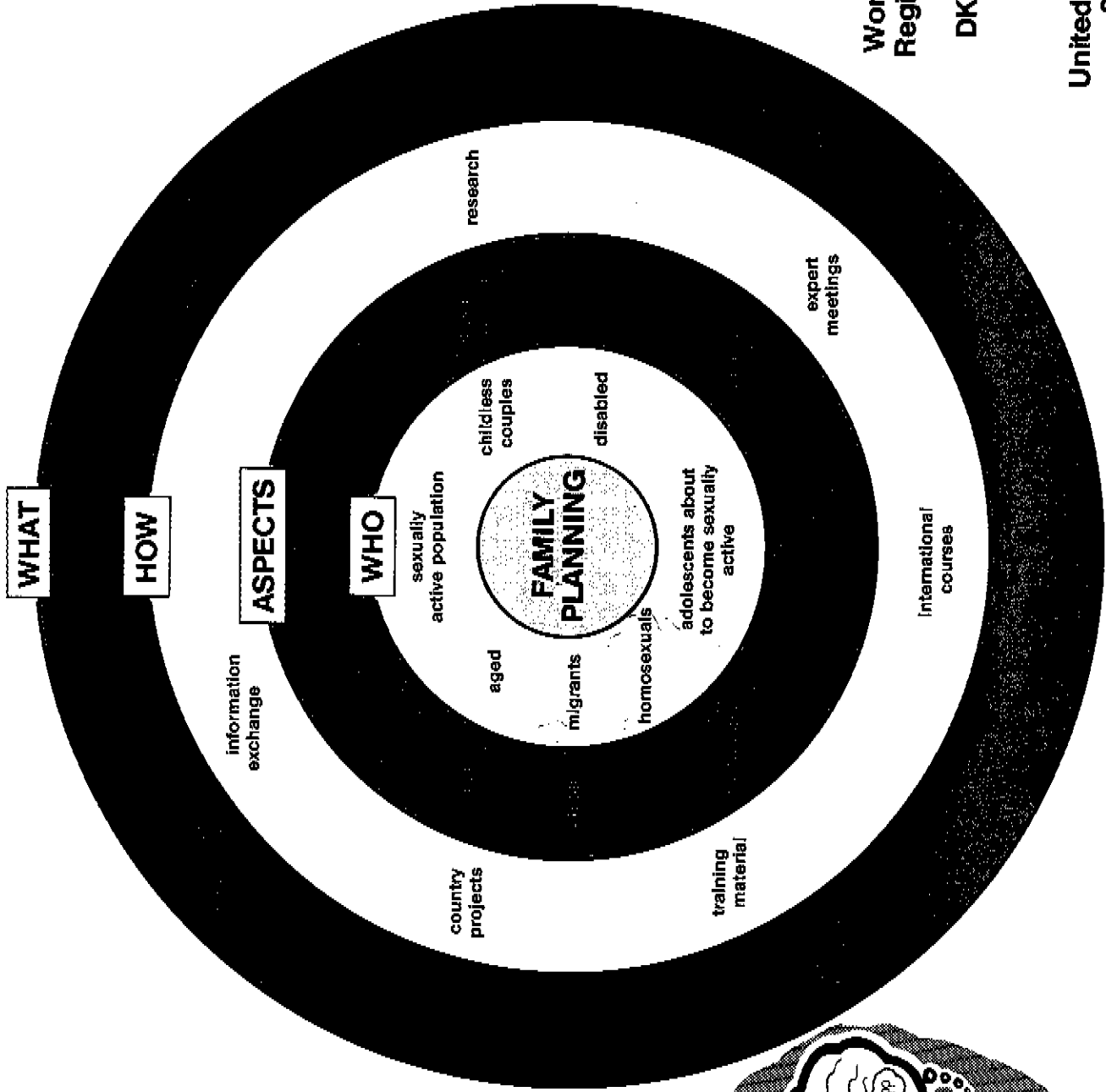
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