ANNEX 4

REPORT OF THE TECHNICAL DISCUSSIONS ON THE INTEGRATION OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING ACTIVITIES IN THE GENERAL HEALTH SERVICES

1 SUBJECT

"The Integration of Maternal and Child Health and Family Planning Activities in the General Health Services" was the subject selected for the technical discussions in accordance with resolution WPR/RC17.R8, adopted during the seventeenth session of the Regional Committee, Western Pacific Region.

2 PLANNING AND PREPARATION FOR THE DISCUSSIONS

Advanced planning included preliminary correspondence between the Chairman of the Technical Discussions and the Secretariat. Representatives were invited to prepare short statements on the extent to which maternal and child health and family planning activities had been integrated in the general health services in their own countries. A list of the working documents and background material prepared is given on page 67.

3 ORGANIZATION OF DISCUSSIONS

The technical discussions opened with a plenary session followed by meetings in three discussion groups and concluded with a closing plenary session. The Chairman of the Technical Discussions was Dr L.P. Chow (China), the English language Rapporteur was Dr C.H. Gurd (United Kingdom), the French language Rapporteur was Dr G. Loison (South Pacific Commission) and Dr H.M.C. Poortman, WHO Regional Adviser in Maternal and Child Health, served as the Secretary. A list of the group discussion officers and members is given on page 60.

4 FIRST PLENARY SESSION

In his opening speech, the Chairman of the Technical Discussions stated that, for the first time, efforts were being made at the regional level to organize family planning activities. The topic of the discussions was significant since the interaction between health and population dynamics had become a universal concern.

Motivations vary according to the religious, political, social and economic conditions, of the different countries and territories; these include, raising the living standard of the people, economic and social difficulties caused by a too rapid population growth, increasing interest of the health workers in family planning, etc.

Along the same lines, there are variations in the ways by which maternal and child health and family planning services may be integrated into the general health activities.

The urgency of the problem in several countries of the Region requires the use of "crash" programmes. It was generally agreed that governments could utilize existing health facilities and personnel to achieve an easier and less expensive physical integration of services but the necessity of a functional integration should not be overlooked (education and motivation of the women concerned, and of any opposing public factions).

The WHO Regional Adviser in Maternal and Child Health reminded the participants that since mothers and children, who are the most vulnerable group in the community (specially the pre-school children group), amount to more than 50% of the population, maternal and child health activities could not continue to be considered as a specialty, but that they required special training, special care and a special attitude. The combination of maternal and child health and family planning would add a new impetus to the organization and/or expansion of these activities.

5 MEETINGS OF THE THREE DISCUSSION GROUPS

5.1 Country reports

From the introductory statements given by the participants about conditions in their respective countries, it became clear that maternal and child health had everywhere been integrated into the general health services. It was suggested that dental health should be a part of every maternal and child health programme. As far as family planning was concerned, there were great differences in the various countries, which could be classified as follows:

(a) countries where family planning is completely under the responsibility of the government: Fiji, Japan, Republic of Korea, Singapore, Tonga, West Malaysia;

(b) countries where family planning is done by non-governmental agencies, but with the moral and financial support of the government: China (Taiwan), Hong Kong, East Malaysia (Sarawak), United States territories;

(c) countries where family planning is done by non-governmental agencies, but without support from the government: Philippines and Viet-Nam;

(d) countries where family planning is allowed, but without a special family planning programme: Australia, New Zealand, East Malaysia (Sabah) and Western Samoa.

While in some of these countries family planning had already existed for over fifteen years, there were others where the development of family planning was fairly recent.

Administratively, in the countries under (a), family planning had been made a part of the existing maternal and child health department in Fiji,

Japan and Tonga. In China (Taiwan), Republic of Korea, Singapore and West Malaysia, special family planning boards or committees had been established, of which the Chief, Maternal and Child Health was one of the members among other important health and other officials.

Technically, family planning services were provided everywhere through the maternal and child health services, mostly with the addition of specially trained family planning workers to the maternal and child health and general public health functionaries. In many countries, however, such family planning workers will eventually be trained to become "multi-purpose" health workers.

The methods used for birth control were mostly the intra-uterine devices (IUD's) and the oral contraceptives, although in some countries the "traditional" contraceptives were still widely used. Sterilization, however, was comparatively rare.

5.2 Priority of family planning programmes and the location of the executive unit in the government structure

The priority given by individual governments to family planning clearly depends upon a country's demographic, economic, social and cultural circumstances and the range varies from a low priority in economically advanced countries with low population densities, such as Australia and New Zealand, to a very high priority in densely populated and economically developing countries such as China (Taiwan), Hong Kong and Singapore. It was also noted that there are considerable differences between the health structures of Member countries; and whereas the private section provides a large part of the general health, maternal and child health, and family planning services of economically advanced countries, this does not hold true for those countries with less favourable economies.

In general, however, it was agreed that the unit with the executive responsibility for family planning should be located within the ministry of health although some participants stressed that it was important for the highest levels of government to take a direct interest in the programmes and in the progress made; perhaps by means of an inter-ministerial arrangement which in turn would provide a higher status for the whole programme.

5.3 Integration with maternal and child health

All groups agreed that it was advantageous for the family planning unit to form a part of a combined family planning, maternal and child health section. Several participants stressed that it was out of the question that family planning be placed under the maternal and child health section and emphasized that the amalgamation should be re-named "The maternal and child health and family planning section". Such an arrangement would allow for the fullest interchange of information between the two components of the new unit.

5.4 Integration of health services

It was agreed that maternal and child health and family planning activities should be an integral part of the general health services. In rural areas, existing general health facilities should be used and if necessary expanded to include maternal and child health and family planning services. In the case of those countries where the urgency of the problem required a "crash" programme, it had been found necessary to set up special maternal and child health-family planning units or specialized programmes solely designed to provide family planning services. It was however strongly held that the latter system had been far from ideal and plans should be made to

add maternal and child health and general health services to these units at the earliest possible moment. It was noted that mobile clinics were being used to advantage in the rural areas of several participating countries.

Larger health units such as polyclinics should provide separate maternal and child health-family planning facilities under the same roof or in the same general area, so that the maximum service to the public can be provided. However in countries where finance and transport are less of a problem, specialized maternal and child health-family planning or private centres are proving satisfactory.

5.5 Training

It is axiomatic that close attention should always be paid to ensure that the best possible training facilities are being provided, both at the initial and in-service levels.

In view of the necessity of crash programmes in some countries, it had not been possible to provide other than very short training programmes for field workers. This deficiency should be remedied as soon as possible by supplementary training and by the upgrading of training programmes for newly engaged personnel and other health workers.

Training in family planning for medical and pramedical staff should be provided at both the undergraduate and post-graduate levels and in the case of undergraduates this should be implemented by including family planning in their school curricula.

Opportunities should be afforded to allow inter-country visits and the exchange of information between professional personnel engaged in family planning programmes.

5.6 Priority

All groups agreed that maternal and child health should be given the highest priority so as to achieve the optimum level of maternal and child health within the economic context of each country and that economic planners are more likely to provide financial allocations when they realize the economic value of a maternal and child health programme combined with family planning. In this regard financial allocations to maternal and child health-family planning should be considered as investments and not merely as expenditure.

5.7 Health education

(a) General

Health education must be regarded as a normal responsibility of all health workers and they should be provided with information and material specially designed to suit local conditions.

All the successful family planning programmes in the Region are using health education methods directed to all sectors of the public, and the importance of including husbands in this regard should not be forgotten. Extensive use in this field can be made of family planning associations.

(b) Secondary schools

Although health education on the subject of family planning techniques cannot be taught in schools, as such, many participants were of the opinion that consideration should be given to the desirability of introducing topics relevant to family planning at appropriate places in the curricula.

These include:

(i) sex education - biology and human reproduction;

(ii) population dynamics - social and current affairs;

(iii) the health relationship between overpopulation and nutrition, housing, home economics and hygiene.

(c) Primary schools

Although it is clearly undesirable to introduce teaching in the above-mentioned subjects at the primary level, some participants were of the opinion that it could be advantageous to familiarize the students in the senior grades (14 - 15 years) with the individual's responsibility towards planned parenthood.

(d) Other educational institutions

Information concerning contraception could be provided to such institutions as teacher-training colleges but this is more generally provided by pre-marriage guidance clinics.

5.8 Recommendations

It is recommended that:

(i) WHO provide, on request, increased technical assistance to the Member countries in the planning, evaluation and implementation of their maternal and child health and family planning programmes possibly with the assistance of UNICEF;

(ii) WHO, render on request, assistance in the preparation of curricula for medical and allied health professions incorporating family planning;

(iii) it is important that Member countries should continue to be advised on the latest information concerning family planning as a whole and on the advantages and disadvantages attending various contraceptive techniques.

6 CLOSING PLENARY SESSION

In opening the final plenary session the Chairman introduced the draft report of the technical discussions. The Secretary suggested that the report should be discussed paragraph by paragraph and requested that any amendments should be of real consequence.

Apart from several amendments aimed at improving the overall accuracy of the report certain topics were discussed at some length.

Several participants stressed the importance of ensuring that family planning programmes be given the necessary high priority and of maintaining a correct balance in the division of financial and other resources between family planning and other maternal and child health services.

The considerable value to be attached to the exchange of information between countries of the Region and of inter-country visits by professional staff engaged in family planning was stressed by several participants and resulted in the addition of a relevant section to the draft report.

Perhaps the subject which provoked most discussion was the possible use of health education in family planning at the primary school level. One of the problems which had to be overcome in reaching a consensus of

opinion was the wide range of meaning given to the term "primary school" in the Region. It was also difficult to find a formula which satisfied the majority, on the extent to which knowledge of family planning should be introduced at this level.

Finally, the recommendations included in the report were given very full consideration and particular stress was placed on the need for WHO to intensify the image of family planning activities in the Region and to make more widely known the range of possibilities for WHO assistance.