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OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

Report of the Executive Director

on the future role of the United Nations system in family planning research,
including contraceptive research and development

Summary

This report is submitted to the Governing Council in response to decision 82/20, I, paragraph 6 (e) in which the Governing Council requested the Executive Director to prepare jointly with the Director-General of the World Health Organization, in consultation with the International Planned Parenthood Federation, a report on the future role of the United Nations system in family planning research, including contraceptive development, taking into account the research under way in public, private and commercial organizations, the likely future funding of such research and its prospects for success, bearing in mind the particular needs of the developing countries. This report describes the status and needs for family planning research and the future role of the United Nations system in this area. It presents for policy decisions a proposal for priorities to be given to three areas of family planning research and a proposal for future UNFPA funding to the WHO Special Programme of Research, Development and Research Training in Human Reproduction for the period 1984-1987. Background information in support of this report is given in document DP/1983/21/Add.1.

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I. FAMILY PLANNING RESEARCH: DEFINITIONS, STATUS AND NEEDS

1. This policy paper is submitted in response to decision 82/20, I, paragraph 6 (e) of the Governing Council at its twenty-ninth session and has been prepared by UNFPA jointly with the World Health Organization (WHO), and in consultation with the International Planned Parenthood Federation (IPPF). The principal areas of family planning research considered in this paper are: (a) social research, (b) programme research, and (c) biomedical research.
2. Social research includes the collection and analysis of data regarding socio-economic, cultural, legal or political factors and health conditions that influence fertility behaviour. It is essential that family planning programmes be grounded in a better understanding of the social factors that directly or indirectly influence fertility and the interactions among these. Many of these factors have been described both as "determinants of fertility" and "determinants of the acceptance of family planning". Social research findings have thus far been somewhat inconclusive and fragmentary and without general validity in cross-cultural settings. When considering policies and programmes each government prefers to base its decisions upon research conducted in its own country. Many developing countries require additional social research on such topics as status of women, adolescent fertility, the role of socio-economic development in fertility patterns and maternal and infant mortality. While social research must ultimately be conducted at the country level, research at the intercountry level, such as consideration of methodological questions, is required to provide an acceptable framework for the analysis of fertility change. See paragraphs 5 through 18 of DP/1983/21/Add.1.
3. National capacities to conduct social research differ. A number of countries, especially in South and East Asia and Latin America, have the institutions and human resources to allow them to carry out their own social research with only a minimal level of outside technical assistance. In many countries, there is a need for strengthening institutional capacities of universities, independent research institutes and population planning units and for increasing the number of appropriately trained persons.
4. Programme research includes study of acceptability of, and access to, family planning programme services and fertility regulating methods, study of various programme designs and delivery strategies and management research. Additional description of issues covered by programme research is found in paragraphs 19 through 26 of DP/1983/21/Add.1.
5. Without a discovery of a better contraceptive method in the near future, the greatest benefit from investment of scarce funds for family planning is likely to come from improved management of existing family planning programmes. The present methodology for programme research should be adapted and applied at the country level and new methodology developed where gaps exist. Institution-building is important, and there is a need to establish or strengthen research nuclei in institutional settings, such as research and evaluation units of national family planning programmes, in management institutes and in schools of public health and other academic centres. Improvement of training capabilities for programme research in developing countries is essential. Until expertise for programme research is widely available in developing countries, considerable technical assistance will be required.
6. Biomedical research concerns research into and development of contraceptives and other fertility regulating methods, research on infertility, research on the physiological aspects of reproduction affecting fertility and research in reproductive biology relevant to fertility regulation. See paragraphs 32 through 74 of DP/1983/21/Add.1 for a fuller description of this area of research and for estimates of funding available to it.

7. Government authorities and scientists in developed and developing countries agree that continuing sustained research and development of fertility-regulating methods are important priorities. Discovery of a new contraceptive method or improvements in existing methods would have far-reaching and beneficial effects world-wide. While most of the research in contraceptive development has been done in developed countries, the expansion of national family planning programmes in many developing countries in the past fifteen years has led to increased interest on their part in developing their own capabilities to conduct some aspects of biomedical research. Currently, only about twenty developing countries have the capability to carry on biomedical research in family planning, and about ten more are developing these resources. In many instances, the capability may consist of only a single research group, with expertise in clinical but not epidemiological research. To meet these demands, a large effort is needed over the next twenty years. A five-to-ten-year build up is necessary for a single institution to achieve self-reliance, depending upon the initial level of expertise and facilities and the national commitment and level of investment.

II. FUNDING TO FAMILY PLANNING RESEARCH

8. Global funding to family planning research of relevance to developing countries was about \$75 million in 1982. This is the equivalent of about 15 per cent of all global funding to the population field in developing countries, which is estimated at a total of \$500 million dollars, and includes financial commitments of both developed and developing countries. Subtracting from the \$75 million the \$20 million invested by industry and \$10 million spent by medical research councils on contraceptive technology for developed countries' populations which might be of use to developing countries as well, the percentage of funds for family planning research drops to 9 per cent of total funding available to the developing countries in the population sector.

III. FUTURE ROLE OF THE UNITED NATIONS SYSTEM

9. The United Nations system has made family planning research an important part of its over-all development programmes. Because of its wide acceptability and access to technical assistance from all countries, the United Nations system has played and can continue to play a leading role internationally in this area. The United Nations agencies or organizations which are best qualified to play a continuing role in family planning research, considering their past involvement and present capacities and their mandates for programmes, are the United Nations Population Division, the Regional Commissions, the International Labour Organisation (ILO), the Food and Agriculture Organization (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO). UNFPA should continue to fund family planning research, taking into account the priorities in this area set by the Governing Council, as set forth in decision 81/7, I, paragraph 3, recognizing the priorities of developing countries as expressed by their requests for programme and project funding and differentiating, according to present policies, as to priorities between funding of intercountry activities and funding of country programmes.

10. Table 1 on page 5 shows how the various United Nations organizations might be involved in the three areas of family planning research and shows whether research funded by UNFPA should be at the intercountry or country level or both. For a full description of the activities of the organizations listed in the Table, see paragraphs 80 through 93 of DP/1983/21/Add.1

IV. UNFPA POLICY IN FUNDING FAMILY PLANNING RESEARCH

11. In decision 81/7, I, paragraph 3, the Governing Council at its twenty-ninth session confirmed that UNFPA should give the highest priority to the area of family planning including, inter alia, (a) delivery of services at the

TABLE 1. FAMILY PLANNING RESEARCH ROLES OF CONCERNED UNITED NATIONS AGENCIES

United Nations Current Activity

Future Role by Research Category and Type of Funding

	<u>Social</u>	<u>Programme</u>	<u>Biomedical</u>
A. <u>United Nations</u>			
1. <u>Population Division</u> Data analysis, dissemination and methodology concerning fertility determinants	Interregional	Country	
2. <u>Department of Technical Cooperation for Development (UNDTCD)</u> Technical backstopping, country projects	Country	Country	
3. <u>Regional Commissions</u> Data analysis, dissemination and methodology concerning fertility determinants plus training and research support in social and programme areas	Country - direct technical support country research projects Regional - activity needed to support country research projects	Regional	
B. <u>ILO</u> - Conducts research and assists country research, concerning labour and fertility	Country Interregional	Country	
C. <u>FAO</u> - Assists country research on family planning in rural programmes		Country	
D. <u>UNESCO</u> - Assists country research on family planning communications		Country	
E. <u>WHO</u> - Biomedical, programme and social research	Country Interregional Regional	Country Interregional Regional	Interregional and selected country projects

community level, including improvements in the logistical systems that provide such services, (b) training of personnel, (c) strengthening of management, and (d) research into traditional and new contraceptive methods and development of improved means of fertility regulation, including natural family planning methods. All of these priority areas of family planning programmes require funding of continuing and new research projects.

12. Within the general area of family planning research, the following substantive areas should have priority in UNFPA's allocations of funds:

Programme research. All major aspects of programme research should have the first priority. These include (a) acceptability of programme and methods, (b) programme design and delivery strategy, and (c) management of programmes including training of personnel, monitoring, logistics and impact evaluation.

Biomedical research. Contraceptive development and safety testing, the improvement and adaptation of current methods to local conditions, and research on infertility should have high priority.

Social research. Research on determinants of fertility affecting the acceptance of family planning should have the next priority.

13. To increase the capacity of developing countries to conduct family planning research at the country level, where findings will be most immediately applicable, UNFPA should give priority to expansion of research training and strengthening national capabilities for research in programme, biomedical and social research.

V. FUTURE UNFPA FUNDING TO THE WHO SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION (WHO/HRP)

14. Research on contraceptive technology is crucial to the Fund's objectives (decision 82/20) and WHO/HRP continues to be the major international programme in research in human reproduction and institution-strengthening for such research in developing countries. Success of the WHO/HRP programme is important to UNFPA's over-all objectives and its financial requirements exceed the resources available to it. As directed by the Governing Council in decision 82/20, UNFPA has allocated \$2 million to the WHO/HRP for 1983. Over-all funding constraints and the 25 per cent limitation set for intercountry programmes preclude UNFPA's providing additional funds in 1983 to the HRP. Assuming that future contributions to UNFPA will remain at the 1983 level or will increase only slightly, a contribution of \$2 million per year to the WHO/HRP for the next four years can be prudently planned.

VI. RECOMMENDATION

15. The Executive Director recommends that the Governing Council:

(a) Approve the priority areas for UNFPA funding in family planning research as outlined in paragraphs 12 and 13 above; and

(b) Approve an annual UNFPA allocation to the WHO Special Programme of Research, Development and Research Training in Human Reproduction of \$2 million for each year of the four-year period 1984-1987, provided that over-all contributions to the Fund remain at approximately the 1983 level.