Research on human reproduction and the United Nations

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The Special Programme of Research, Development and Research Training in Human Reproduction was established in 1972 by the World Health Organisation to promote, co-ordinate, support, conduct and evaluate research on human reproduction with particular reference to the needs of developing countries. Today, the Programme is the main instrument of reproductive health research in the United Nations System.

In addition to advising member state governments, the Programme supports research and development activities in the areas of technology assessment, development, introduction and transfer, epidemiological and social science research on reproductive health and essential national health research. Another important area of activity consists of strengthening the research capability of developing countries to enable them to address reproductive health problems of national relevance.

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'Lorsqu'une ideé correspond à la nécessité de l'époque, elle cesse d'appartenir à ceux qui l'ont inventée et elle est plus forte que ceux qui en ont la charge' (When an idea corresponds to the needs of its time, it ceases to belong to those who invented it and becomes stronger than those who manage it).

Jean Monnet
Mémoires (1978)

'The French connection' of Thomas Robert Malthus

Population historians are in agreement that at the beginning of our modern chronology, around the year 0, the world's population was about 300 million.[1-3] It remained at this level for the next 1 000 years, then began to rise rather slowly, approaching 500 million by the beginning of the 16th century (Table I).

Table I. Estimates of world population

Year	Millions
0	270 - 330
1000	275 - 345
1500	440 - 540

Based on Durand's[2] 'low' and 'high' variant estimates.

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An acceleration followed and by the turn of the 19th century there were close to 1 000 million people in the world (Table II).

Table II. Estimates of world population (to the nearest million)

Year	World	Region	
		Developed	Developing
1750	790	200	590
1800	980	250	730
1850	1 260	360	920
1900	1 650	550	1 100

Based on Durand's[2] 'medium' variant estimates.

When did mankind first observe a possible demographic threat? Probably in 1798, with the anonymous publication by Thomas Robert Malthus.[4] Malthus must have touched some very sensitive nerves, for the essay elicited (and sometimes still elicits) strong, emotionally loaded criticism. The message was complex, but in essence Malthus said that population, when unchecked, increases in a geometric ratio, while subsistence increases in an arithmetical ratio. Contemporary critics point out that the above view has been invalidated by technological advances, such as the 'green revolution'. Maybe . . .. However, according to present projections, by the end of this decade more than half of the developing countries may be unable to feed themselves from their own lands, and nearly half of the world's people will lack sufficient wood for fuel. Furthermore, at present 300 million people are living in regions of water scarcity; by the year 2025, 3 000 million people will be affected.[5] It is therefore increasingly being realised today that the global ecosystem imposes limits on the number of people the world can sustain. A Chinese proverb says: 'Do not think that you are on the wrong path, simply because you have not gone far enough'. Malthus was not wrong . . .

In retrospect, it is clear that Malthus was a brilliant thinker and philosopher. However, he is not the 'father' of family planning; the idea of fertility regulation was simply unacceptable to his conventional Christian philosophy. The intellectual father of family planning was the Marquis de Condorcet.[6]

Bertrand Russell points out that Condorcet originated Malthus's theory of population, which, however, did not have for him the gloomy consequences that it had for Malthus, because he coupled it with the necessity of active birth control. Malthus's father was a disciple of Condorcet, and it was in this way that Malthus came to know the theory.[7,8]

Interestingly, Condorcet, like the somewhat later Charles Fourier,[9] was also a pioneer in advocating equality for women. William Faulkner says that 'the past is never dead; it is not even past . . .'.

If Condorcet is the 'father' of family planning with its demographic rationale, the 'mother' must be Margaret Sanger. She opened her family planning clinic in Brooklyn, New York, on October 16, 1916. It instantly became very popular until, after 11 days, the police department closed it down and Mrs Sanger was sentenced by a New York court and imprisoned for 'obscenity'.[10] Mrs Sanger can therefore be considered the 'mother' of practical family planning with its human rights and reproductive health rationale.

However, the time was not right; the first half of the 20th Century was overshadowed by two world wars and to mention birth control in those days was unpatriotic, if not a cardinal sin.

World population — which today exceeds 5 500 million — reached the 2 000 million mark in 1927 and was 4 000 million by 1974, i.e. it doubled in less than 50 years (Table III).[11]

Table III. The global demographic change during the 19th and 20th centuries*

Population (billions)	Year	Years required
1	1807	?
2	1927	120
3	1960	33
4	1974	14
5	1987	13
6	1998 (?)	11

* United Nations, 1989.

Governments 'rediscovered' family planning and its demographic and reproductive health implications; while in the early 1960s only 7 governments provided family planning programmes, by the early 1980s over 120 governments supported such programmes.[12] Fifty-two developing country governments stated as their policy that they provided support mainly on the basis of the demographic rationale, while 65 supported family planning mainly on the basis of the human rights and reproductive health rationale.[13] Strangely enough, no government said that both rationales were essential.

Thanks to the major breakthroughs in contraceptive technology, such as 'the pill'[14] and greatly improved intra-uterine devices,[15] between the mid-1960s and late 1980s contraceptive prevalence in all developing countries increased from 9% to 51%, in east Asia from 13% to 70%, in Latin America from 14% to 60%, in south Asia from 7% to 40% and in Africa from 5% to 17%[11] as indicated in Fig. 1.

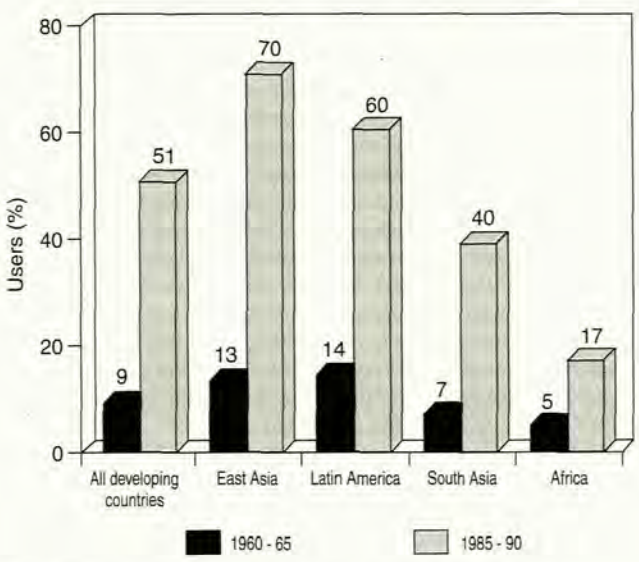

Fig. 1. Prevalence of contraceptive use in the Third World, 1960 - 1965 and 1985 - 1990 (source: United Nations).

The evolution of ideas

The recognition of the demographic and health implications of human reproduction was followed by additional milestones in the historical evolution of ideas, such as: (*i*) the recognition that the demographic perspective of unmet contraceptive need can best be influenced by addressing the user perspective, which is dictated by three significant precepts: human rights, reproductive health and family economy; (*ii*) the general acceptance that family planning, maternal care, infant and child care and the control of sexually transmitted diseases constitute the four fundamental pillars of any reproductive health policy; (*iii*) the recognition that problems related to reproductive health form a major part of the health needs of a population; and (*iv*) the realisation that human reproduction has a wide-ranging impact, not only on the health of women and children, but also on the status of women, socio-economic development and the global environment.

The evolution of institutions

The evolution of modern ideas frequently necessitates the creation of a new institutional framework; for this reason, meeting the challenge of a global problem requires an international approach.

The major milestones in the creation of new institutions in this area were: (*i*) the establishment of the International Planned Parenthood Federation in Bombay (1952); (*ii*) the creation of the Population Council in New York (1952); (*iii*) the initiation of the Ford Foundation's global programme to support research and research training in human reproduction (1958); (*iv*) the call, after protracted debate by the General Assembly of the United Nations in 1962, for the entire United Nations system to develop facilities for training, research, information and advisory services in the population field;[16] (*v*) the establishment by the World Health Organisation of the Human Reproduction Unit within the Family Health Division in 1965, as a response to resolution WHA18.48 passed by the World Health Assembly, in which it was emphasised that demographic problems required that economic, social, cultural, psychological and health factors be considered;[17] (*vi*) the coming into being in 1967 of the United Nations Population Trust Fund, forerunner of the United Nations Fund for Population Activities, which was recently renamed the United Nations Population Fund (UNFPA);[13] (*vii*) the Teheran Proclamation of the United Nations Conference on Human Rights, which affirmed that information on and access to family planning are basic human rights;[18] (*viii*) the creation in 1972 by the WHO of the Special Programme of Research, Development and Research Training in Human Reproduction;[19] (*ix*) the expansion of the support, in 1988, for the Special Programme which became an Inter-Agency Programme of the United Nations and is co-sponsored by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Bank and the WHO, the latter being the executing agency.[20]

As Dr H. Nakajima, Director-General of the WHO says: 'The Programme has become the main instrument of reproductive health research in the United Nations System. Not only does it conduct, support, co-ordinate and evaluate research, it has helped (and continues to help) many developing countries to acquire the material and human resources needed for research in this area.'[21]

A new departure

How was the Special Programme created? By the end of 1969 the Swedish International Development Authority (SIDA), strongly supported by the Ford and Rockefeller Foundations, had advanced plans for the establishment of the Agency for Contraceptive Research and Development (ACORD) at the Karolinska Institute in Stockholm in order to stimulate and promote international research in the field. In early 1970, however, the plans were abandoned when the government of a former 'superpower' was found to be unsympathetic to the idea. In June 1970, a number of interested agencies met at the WHO in Geneva to consider a global research programme on human reproduction. Before embarking on such a worldwide endeavour, the WHO wished to conduct a 'feasibility study'; the idea appealed very much to the agencies and SIDA provided the necessary financial means. At this point, the genius of Dr A. Kessler, the first Director of the Programme, made its initial impact; within a few months consultants and staff visited 69 institutions in 23 countries and a full-scale report (proposing a 'Five Track Programme') was published.[22] When the agencies met again at the end of 1971, the WHO expressed its willingness to assume responsibility for the five-track approach, and financial support for the first year of operation, amounting to US $4,8 million, was pledged by the Danish International Development Agency, the Ford Foundation, the International Development Research Centre of Canada, the Norwegian Agency for International Development and the Swedish International Development Authority. To put things in their proper perspective, it should be recalled that at that time, the worldwide research budget of the WHO was hardly more than the above sum.

That the idea corresponded with the need of the time is indicated not only in the Programme's 22 years of existence but also by the subsequent establishment of several special programmes within the WHO, *inter alia* the Tropical Diseases and Diarrhoeal Diseases Programmes and the Global Programme on AIDS. It is therefore proper to pay tribute to the 'first contributors' for their foresight and initiative, which resulted in an important new departure in the field of international collaboration in research and development for the benefit of developing countries.

What was the original aim of the 'Five Track Programme'? The establishment of four regional research and training centres; a network of clinical research centres; a dozen or so multinational, multidisciplinary task forces; and a system of support for research resources mainly in developing countries was recommended.[21] These structures were all created and they continue functioning today, although modified with changing needs in accordance with one of the fundamental principles of the Programme — continuity and change. A fifth recommendation, for the founding of a documentation centre, has not been fulfilled because of a shortage of funds.

Initially, considerable emphasis was placed on the development of fertility-regulating technologies. However, the Programme has gradually been broadened and now covers most aspects of reproduction and reproductive health. As indicated by Dr Nakajima,[21] it is designed to promote, co-ordinate, support, conduct and evaluate research on human reproduction, with particular reference to the needs of developing countries.

Charles Fourier said in 1808 that 'The extension of women's prerogatives is the general principle of every social progress'.[9] It took a long time for humanity to understand this; indeed there is room for improvement even today. However, the Special Programme is particularly sensitive to women's perspectives on the selection, introduction and use of fertility regulation technologies and closely collaborates with women's health advocacy groups,[23] particularly in developing countries; one may say that this is done in the best spirit of the original ideas of the Marquis de Condorcet[6] and Charles Fourier.[9]

The governing body of the Programme, responsible for decisions on policies and budgetary allocations, is the Policy and Co-ordination Committee, which consists of five permanent members (the four co-sponsors and the International Planned Parenthood Federation) and representatives of 27 governments, most of which are developing countries. What renders the Programme unique, however, is that it has been conceived and is directed by the international scientific community. Since its inception, 339 scientists from 46 developing countries, 300 scientists from 17 developed countries and 23 scientists from 6 countries in economic transition have participated in the Programme's advisory scientific committees.

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