

24 SWEDEN: HELP FROM A SMALL DEVELOPED NATION

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The official contribution of Sweden to the development efforts of the economically less-developed countries is not large. Financial appropriations during the fiscal year 1967-1968 were of the order of \$80 million. This equals little more than one-third of 1 per cent of the Swedish GNP (gross national product). At the same time, however, it represents about eight times more than was appropriated only six years ago. Moreover, in pursuance of resolutions passed by the United Nations, the Swedish development-assistance program will have reached a level of at least 1 per cent of the GNP before the mid-1970's. There has indeed been some opposition to the so-called 1 per cent plan, but, by and large, it has come from those who feel the contribution should be greater. Thus, since its initiation, Sweden's rapidly increasing foreign-aid program has been in the lucky position of being able to count upon full support of informed public opinion.

GUIDING PRINCIPLES

The Swedish government strongly supports the United Nations and the various multi-lateral assistance programs administered by the United Nations and its specialized agencies. At present Sweden allocates roughly 50 per cent of its development-assistance budget to multi-lateral aid. In comparison with most other countries, this is a very high proportion, as multi-lateral global contributions usually average about 10 per cent only. It serves to demonstrate the Swedish preference for truly interna-

tional co-operation, a give-and-take in which the recipient countries have a say and where no political ties are attached. Besides, it is felt that the strengthening of the United Nations family and its functions has a merit in itself.

By substantially supporting multi-lateral assistance efforts, Sweden also seeks to promote a concept of universality and anonymity in the international development. This endeavor follows the basic assistance philosophy as drawn up in the official document commonly referred to as "the Swedish development assistance Bible." This document states:

[Sweden finds it] difficult to link assistance with any particular social or political aims. We must not assume that the social and political principles to which we subscribe are either practicable or desirable in all countries. In spite of this we can reasonably try so to direct our assistance programs that they tend, to the best of our judgement, to promote political democracy and social equality.

As for the motives behind development assistance, the same document ascribes the Swedish efforts "to a large degree to feelings of moral duty and international solidarity. The concept of human dignity and the claims to social equality that have marked development in the majority of Western countries during the past century no longer halt at the frontiers of nationality or race. Peace, freedom and welfare," it is said, "are not an exclusively national concern, but something increasingly universal and indivisible. The idealistic motives behind assistance are thus at the same time highly realistic."

No doubt, one can detect a strong positive correlation between this assistance philosophy and the ideology underlying Sweden's domestic welfare policy. In both cases the goal is defined in terms of social justice; constructive compromise through negotiation is thought of as a major road to progress. There is also a strong demand on those who have to show solidarity toward those who have not.

WHY FAMILY PLANNING?

If roughly one-half of the Swedish development-assistance program is channeled through multi-lateral agencies, the second

half is of a bi-lateral character. The bi-lateral aid program is administered by the Swedish International Development Authority (SIDA).

In order to achieve a concentration of scarce resources, particularly as regards personnel, the major part of Sweden's bi-lateral activities is concentrated in a few countries: Ethiopia, Kenya, Tanzania, Tunisia in Africa, and India and Pakistan in Asia.

A great deal of thought and effort has gone into the process of establishing criteria for the selection of fields of bi-lateral technical and financial assistance. Sweden plays its modest part in the international endeavor to increase supplies of all kinds in the less developed countries. There is a great belief in the needs for and possibilities of increasing the agricultural production per acre. Sweden tries to promote education and is well aware of the necessity of supporting industrialization, better housing, and health. Research is sponsored in these vital areas. However, in the words of Ernst Michanek, Director General of SIDA:

We who plan for a larger food production know that the next billion of people will add to the starving majority of mankind. We who finance educational activities know that the growth of training facilities will be surpassed by the growth of the number of children, so that illiteracy will actually increase. We who support industrial undertakings know quite well that the rate of unemployment in the developing countries is bound to increase, as the school-leavers of tomorrow are flooding the labour market. We who earmark funds for housing and sewage projects know that the influx of people will increase the slum areas, increase the poverty, the overcrowding, the promiscuity and delinquency in many areas, primarily in the less developed countries. We know that this will be so, unless at the same time Governments undertake to tackle decisively the population problem.¹

Consequently, for a number of years Sweden has devoted ever-growing attention to the field of population. Until recently it has been felt that international attention has been almost exclusively devoted to the supply angle of the eternal problem of supply and demand. As a result, supply has increased, but de-

mand has increased faster. Thus, the concerted international development effort has been fighting a losing battle. At best, one could hope for status quo in the large poverty-stricken parts of the world, while the rich minority continued to become ever richer.

DOMESTIC EXPERIENCE

Sweden did not have to go very far to find ample evidence of the importance of adjusting population increase to economic facts. In the second half of the nineteenth century, and even in the beginning of the twentieth century Sweden had a real problem of over-population. People even starved to death in years of crop failure. Still the country was very thinly populated; it had a comparatively high level of education and was rich in natural resources. Altogether more than one million Swedes emigrated to America for economic reasons. The significance of this figure is obvious, considering that the total population was around five million toward the turn of the century.

Today, the Swedish economy can use more manpower than the domestic production can supply! Sweden has become an immigration country. However, history has taught us the necessity of having a balanced population increase. This balance is equally important to the individual, the family, and the nation.

Thus, Swedish people consider it a human right for parents, wherever they live, to plan the sizes of their families. However, stating this, it is worth underlining that the basis of the Swedish approach is to promote the concept of family planning and not merely to suppress births. Family-planning assistance implies support for voluntary birth control, as well as advice and treatment to couples who suffer from sub-fertility. It is obvious, though, that today the birth-control aspect is the number one priority for an overwhelming majority of mankind. Therefore, Sweden wants to disseminate knowledge about and material support for birth planning, thus making it possible for those parents who want to plan the sizes of their families to do so.

In the Western world, and among more advanced groups of many cultures, birth control has obviously been practiced for

generations. Surveys indicate that most mothers in the developing countries indeed also would like to have fewer and better-cared-for children. However, because of lack of knowledge about and facilities for family planning, these same mothers are forced to resort to induced abortions. In his report to the Executive Board in 1966 the director of UNICEF stated that "induced abortion is possibly the most widely used single method of family limitation in the world today." This unfortunate situation must be changed. We have a moral obligation to offer an alternative solution in this desperate situation, and let us not forget the social and economic reasons.

SWEDISH FAMILY-PLANNING ASSISTANCE: BASIC DATA

Family planning is no panacea. We cannot solve the problem of under-development with family planning alone, but neither can we solve it without family planning. It is in this belief that the Swedish government has made family planning an increasingly important part of its bi-lateral aid program.

The family-planning assistance program is planned and executed by SIDA. In the fiscal year 1962-1963, only about \$250,000 went into family planning. During the fiscal year 1967-1968, disbursements were of the order of some \$5 million. Allocations for fiscal 1968-1969 amount to about \$8 or \$9 million. This also implies that the relative share spent on family planning in the bi-lateral aid program has increased from a few per cent in the beginning of this decade to about 12 per cent. The prospects are that this trend will continue.

For a number of years, the Swedish government was alone in actively speaking for and engaging in official family-planning assistance. Since the Swedish population policy became known, SIDA has received proposals for co-operation from so many countries that economic and administrative difficulties are encountered in dealing with them as fast and efficiently as is desirable.

At present, SIDA is supporting the national family-planning programs in Ceylon, India, Malaysia, Mauritius, Morocco,

Pakistan, South Korea, Tunisia, and Turkey. Using the International Planned Parenthood Federation (IPPF) as an intermediary, SIDA has assisted the programs in Kenya and Nepal. Collaboration with the IPPF also includes substantial Swedish financial support to the various pioneering family-planning activities carried out by member associations in a number of countries, such as Algeria, Ghana, Hong Kong, Liberia, Nigeria, the United Arab Republic, Uganda, and Tanzania. Sweden and the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) have concluded an agreement regarding assistance in the field of education and health care, including family planning, in the Gaza Strip. SIDA also supports various international conferences and seminars which deal with population problems, and provides funds for research and training purposes.

Apart from the countries mentioned earlier, several others have recently submitted proposals for Swedish aid. In 1969 SIDA will extend its family-planning assistance to a number of other countries in Africa, Asia, and Latin America. SIDA only acts upon requests from foreign governments.

In 1968 an average of twenty experts were engaged in the field. Most of them were Swedish, but a few came from Denmark and Norway. So far they were concentrated in Ceylon, Pakistan, and Tunisia. The Swedish projects in those countries also employed some 260 local staff of various categories. Support to the other countries, mentioned earlier, consisted exclusively of financial or commodity assistance.

Out of SIDA's total staff of about 220 people at headquarters in Stockholm, 6 were dealing full time with population matters. They were assisted by an advisory group, representing disciplines such as obstetrics and gynecology, demography, education, public health, and social sciences.

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SHORTAGE OF PERSONNEL

Confronted with this increasing number of requests for family-planning assistance, Sweden, with its population of less than eight million, has come to realize that probably the most im-

portant restraint on the rapid expansion of the program is the limited supply of personnel who have the required qualifications. However, even if in 1968 more experts had been available than was the case, it must be remembered that family planning is a comparatively new item in the field of technical assistance. This implies that many highly specific, but still basic, problems must be solved before a faster rate of expansion is to be expected. Moreover, even strictly financial aid or commodity assistance requires the existence of a functioning local infra-structure in the receiving end. Thus, a number of factors, representing bottlenecks both on the donor and the recipient sides, have initially tended to modify the rate of increase in family-planning assistance.

However, this aspect needs some modification as well as further comments. A recent shift in the Swedish approach in this field has already had repercussions on expert requirements: the stress on pilot schemes for demonstration and experimental purposes has been reduced, whereas emphasis is now being placed on providing expert personnel as *advisors* in high-level planning and organizational functions. The rationale behind this shift is owing to the fact that lately experience of family-planning action programs has grown considerably. Thus, it would seem that the need for pilot activities for other than strictly scientific purposes is decreasing. At the same time, the growing number of national population programs requires ever-increasing external assistance in cash and kind. In addition, once governments have decided to embark upon national population policies it is crucial that local personnel be trained to fulfill all vital functions in the program. Therefore, the emphasis must be to provide necessary training for natives of the countries concerned, rather than provide foreign experts for executive positions. Consequently, top-ranking individual advisors, working in close collaboration with the administrators of the population programs in fields such as training and evaluation, will be recruited, rather than experts, to staff what could be called Swedish projects, involving considerable local administration. This would seem to imply that the increase in the number of experts needed will be considerably smaller than was earlier assumed, without necessarily hampering the continued expansion of Swedish family-planning assistance.

THE NEED FOR MULTI-LATERAL ACTION AND INTERNATIONAL CO-ORDINATION

At this point I think it is necessary to emphasize that Sweden has no particular aptness to assist in family planning. It has been said that our main comparative advantage lies in a certain lack of inhibitions. Although the country is rich, its resources are modest in an absolute sense. I have already mentioned the shortage of qualified personnel who are willing to work in the developing regions for extended periods of time. Lack of ~~any~~ internationally useful language and differences in climatic conditions contribute to these difficulties. Having no colonial past, Sweden also lacks sufficient experience as to the local conditions in countries to which family-planning co-operation might be extended. From a geographical standpoint, Sweden is situated "way off the cross-roads." Consequently, it may be correct to state that Swedish people attach greater importance to the function of an international alarm clock than that of a bi-lateral donor. Since the 1950's Sweden has striven to mobilize international public opinion, the United Nations and its specialized agencies, and the individual potential donor countries. The goal has been to obtain a concerted action in which man, science, and technology join efforts in an attempt to stem the uncontrolled population increase. From a universal standpoint, it has been felt that only modest additional gains are to be made through Swedish bi-lateral efforts. Global problems require global exertions if they are to be solved.

During recent years quite an important change has taken place internationally. In the United Nations family, steps have been taken that allow for a more action-minded attitude in matters pertaining to population. A number of countries have integrated family-planning assistance in their bi-lateral aid programs. The non-governmental institutions and organizations, notably the Population Council of New York, the Ford and Rockefeller foundations, and the International Planned Parenthood Federation, have continued to perfect their excellent and truly pioneering work in population. Most important of all,

however, many developing countries, comprising a large part of mankind, have embarked upon bold national family-planning programs. Thus, it would seem as if, at long last, substantial co-operative international efforts can be expected in a field which has too long been overlooked.

It is felt that these endeavors should be co-ordinated for the advantage of everyone. Experiences ought to be exchanged, a distribution of research work arranged, and resources should be pooled for optimum returns.

Sweden has welcomed the opportunity to support the United Nations Trust Fund for Population. Sweden has also indicated its interest in earmarking funds for family-planning purposes, should the specialized agencies take on action-oriented activities in the field of population. Sweden has actively promoted or supported every initiative aiming at creating greater international awareness of the problems at stake. Particular importance is attached to the recently established population unit within the Development Center of the Organization for Economic Co-operation and Development (OECD). Sweden is co-financing this unit. There is a definite need for international co-ordination in the field of population and the creation of what could develop into a kind of clearing-house in this field would be welcomed. Sweden also has high hopes about the United Nations in this particular respect.

THE PROJECTS IN CEYLON AND PAKISTAN: TWO CASE STUDIES

Having described briefly the philosophy and some of the principles behind the Swedish family-planning assistance, it may be worth-while to investigate two of Sweden's field projects in some detail. As case studies, the Sweden Ceylon Family Planning Project and the Sweden Pakistan Family Welfare Project have been selected. These two projects are the most complex undertakings so far. They employ the majority of Swedish population experts working in the field, and they represent also the longest accumulated family-planning experience in the Swedish foreign-aid program.

THE SWEDEN-CEYLON FAMILY-PLANNING PROJECT

In 1958 Sweden and Ceylon signed a bi-lateral agreement concerning technical collaboration in the field of family planning. The two governments agreed "to co-operate in order to promote and facilitate a pilot project in Community Family Planning to take place in two or more rural areas in Ceylon with the aim of extending such activities, on the basis of the experience found, on a nationwide scale." In other words, when the project was started, there was no national population policy in Ceylon or in any other country in the developing regions, except India. The whole matter was still in a rather touchy stage, and family planning could not be talked about too openly.

The purpose of the project was to make a scientific assessment of the attitudes toward family planning, to investigate the possibilities of family planning in the areas concerned, to give instruction in family-planning methods to the people in the pilot areas, and to assist in training Ceylonese health personnel in family-planning work.

The activities started in late 1958. A Swedish gynecologist, who was also a specialist in obstetrics and family planning, began a pilot project in two rural areas, selected in collaboration with the Ministry of Health and the Family Planning Association of Ceylon. One area was a village area about twenty-five miles south of Colombo. The population consisted entirely of Sinhalese Buddhists, earning their living mostly as cultivators of rice, coconut, and rubber. The population numbered 7,000 people, of whom roughly 20 per cent were illiterate. The other area was a large tea estate in the mountains. The population consisted of 7,000 Indian Tamils, most of whom were Hindus. About 75 per cent of the population were illiterate.

These two areas have since constituted the main testing grounds. Most activities, however, have been concentrated in the village area. This district is a so-called subdivision. As such, it represents the smallest administrative unit in the national public health service, which made this particular area very appropriate for testing different ways of action, which could then be tried in administrative units of larger sizes.

Following the plan of operation a thorough census was undertaken in both areas and followed by subsequent checking-up. Attitude surveys of the fertile groups were performed in order to investigate their knowledge about and interest in family planning. Family welfare centers were opened. They provided ante-natal and post-natal care and also included well-baby clinics. Contraceptives were supplied free of charge to interested families. Local medical and para-medical personnel were trained. To some extent, the project provided advice and services for sub-fertile couples. This seems to have played an important psychological role.

Because of the promising results obtained from the pilot activities and an increasing awareness of the problems at stake, it was decided to extend the activities of the project in 1962-1963. In co-operation with the Department of Health, some new and larger areas were added to the original ones. Thus, the family-planning methodology was first tested in a small administrative unit, then in a unit of medium size, and finally in the largest public health administrative unit, including several hundred thousand people.

When the first agreement expired in 1965, the Ceylon project showed some promising statistical results. It had demonstrated that regular health staff could be trained in, and used for, family-planning services within the regular public health program. Furthermore, it was proved that family planning is not only beneficial to the families but acceptable to many as well. It could properly be argued that family planning should form part of an integrated family welfare scheme.

Thus, it would seem that, during its pilot stage, the project contributed toward the creation of a positive attitude to family planning in most quarters. This, in turn, led to the adoption of a nationwide family-planning program.

In connection with the introduction of a national family-planning program in 1965, a new agreement was signed between Sweden and Ceylon. Sweden undertook to assist in the training of medical and para-medical personnel on all levels needed for the national program. Contraceptive supplies were provided, and a storage and distribution system was worked out. Sweden would supply all equipment requiring foreign currency for setting up

about 350 IUD clinics. A number of vehicles were provided for the program. Finally, the project would continue to give general advice on field work and also would carry out certain relevant research.

Since its start, the project has based as many of its activities as possible upon local staff. The only permanent Swedish advisor has been the project director, who has been assisted by short- or long-term consultants in medicine, sociology, demography, and education. The project has arranged additional training abroad for some counterpart personnel. The local staff employed by the project numbered approximately forty. Total expenditures at the time the agreement expired were of the order of \$1.2 million.

The agreement expired in August 1968, at which time a national administrative infra-structure, including clinical services and supply lines, had been established. By and large, the necessary personnel were trained, all clinics equipped, training manuals and administrative routines worked out, supply lines filled, and the most needed transportation provided. The program has had the undisputed advantage of being integrated in the first-class health scheme. Considering the excellent support from the local Family Planning Association and the fact that the Population Council has provided valuable assistance in matters concerning evaluation and communication, it would seem that the program should stand good chances of reaching its target, that is, to have reduced the crude birth rate from 35 per thousand in 1965 to 25 per thousand by 1976.

THE SWEDEN PAKISTAN FAMILY-WELFARE PROJECT

The growing awareness of the consequences of the population increase led the government of Pakistan to integrate a national family-planning program in the Second Five-Year Plan (1960-1965). In October 1961, Sweden and Pakistan signed an agreement, according to which the two countries would co-operate within the framework of the national family-planning scheme. Thus, as distinguished from the program in Ceylon, the project in Pakistan was integrated from the beginning into an existing

national program. The emphasis was on action rather than on pilot activities.

The objectives of Swedish participation were to establish and operate model clinics, to participate in the training of family-planning personnel, to assist in the educational drive to create general motivation for and information about birth control, to organize certain research, and to supply some equipment. As in Ceylon, the project assisted in cases of sub-fertility. The activities were concentrated in Karachi and Hyderabad, West Pakistan, and in Chittagong, East Pakistan. The personnel involved comprised three Swedish teams, each consisting of one physician and one nurse. These teams were assisted by local health staff and a Swedish administrative assistant.

In 1963 the collaboration was expanded by the establishment of audio-visual production units in Karachi and Lahore, West Pakistan, and in Dacca, East Pakistan. Apart from producing communications media for motivational work, these sections were to train production personnel. Sweden provided the necessary equipment. Three audio-visual experts were sent to Pakistan to function as advisors, and a number of Pakistani students were trained in information techniques in Sweden.

The new emphasis on motivational work in 1963 was indeed a result of past experience. Between 2,000-3,000 family-planning clinics had been established throughout the country. However, there were hardly any customers. Obviously, a major educational effort, aiming at a maximum dissemination of birth-control information to the general public, was long overdue. In addition, it was felt that particular stress would have to be placed on informing the medical personnel about the motives for family planning. To secure the full collaboration of the health staff was indeed crucial to the success of the program.

In early 1966, a new agreement was signed between the governments of Pakistan and Sweden for the continued Swedish participation in the national family-planning program until 1970. The current activities center around training of family-planning personnel, production of communications media, action-oriented research, model clinics, and provision of equipment and supplies. Sweden has undertaken to supply Pakistan with all the condoms needed for the national program. A Swedish consultant has

assisted the local authorities in arranging storage facilities and distribution lines. The 1967 program required about 115 million condoms.

In the period 1962-1967 Swedish expenditures for family-planning work in Pakistan amounted to roughly \$4 million. In 1967 the foreign staff consisted of one project director, two medical doctors, two clinic supervisors, two communications-media advisors, one printing advisor, one supply advisor, one research advisor, and one administrative assistant. The local staff numbered about 200 persons, all categories included.

The Sweden-Pakistan project is predominantly an action project. After some rather difficult initial years, it is now felt that the project has been well integrated in the Pakistani program. Thus, its aim is to assist the very ambitious national scheme in sectors where Sweden has something to offer and where such assistance seems crucial. Under these circumstances, it is not easy to evaluate the work so far done. However, evaluations are now being made of the results of the training programs, as well as of the audio-visual production and the supply program. Incidentally this is one of the most important tasks of the research section. On the whole, it is hoped that Sweden shall be able to contribute in a modest way to the dedicated work which is now being done by the Pakistanis in order to achieve the national target, that is, to reduce the annual growth rate of population from 3 per cent to about 2.5 per cent by 1970. This hope is supported by the fruitful co-operation as well as the division of labor that Sweden enjoys with American university groups from Berkeley and Johns Hopkins.

CONCLUSION

The world's population problem has qualitative as well as quantitative aspects: qualitative, because so much remains to be done in finding new and better family-planning methods; quantitative, because such large resources in manpower and supplies are needed. Global problems require global efforts if they are to be solved. However, it is necessary to emphasize that from a methodological standpoint, there are no universal solutions. In

trying to solve the population problem, one must adapt the strategy to the economic, social, and cultural conditions of regions, nations, ethnic groups, and individuals.

For a long time Swedish public opinion has urged that more efforts be devoted to family planning. During the last two generations, Sweden has been well aware of the relationship between family planning (as a product, not of government program, but of individual action) and a substantial increase in the standard of living, maternal and child health, and the advancement of women. In determining where the relatively limited resources could be most effective in the developing process, Sweden has decided to give high priority to family planning. The interest in promoting birth control is not accompanied by any comforting illusions about the problems involved in trying to stem the tide of population growth among illiterate, impoverished people. However, it is felt that it would be rather unrealistic and, indeed, illogical to attempt to promote economic development without an accompanying effort to reduce births. After all, at long last, problems concerning supply and demand ought to be treated together. To repeat: There is, indeed, no assurance that the goal will be achieved, but the problem is so urgent that it would be utterly irrational not to make a serious effort.

Note

1. Address by Ernst Michanek, Director General, Swedish International Development Authority, to the Post-Graduate Course in Family Planning (Fifth World Congress on Fertility and Sterility), Stockholm, June, 17, 1966.