include the Brazilian Movimento Nacional de Meninos e Meninas de Rua, Childhope International, the State University of Rio de Janeiro, Street Kids International, UNICEF, and a variety of other national and international organizations.

The meeting will provide a forum to exchange and synthesize information regarding current data and programs being implemented for street youth; identify successful strategies and techniques for addressing the problems of these youths; establish work groups for future coordinated efforts; increase awareness in physicians and other care providers of the primary health needs of street youth and their right to protection from violence and abuse; provide necessary information about STD and HIV risk behaviors, enabling health professionals to educate youth in their countries on prevention techniques; and increase international awareness of and attention to the day-to-day reality of street youths and the financial, social, and institutional hurdles that must be overcome to help them.

The meeting will also seek to underscore some unsettling issues that must be faced immediately by health professionals and others concerned about children. Street youths are increasingly the targets of physical violence. "Street cleaning" campaigns are common in some countries, and youths must be safeguarded from neglect, exploitation, and cruelty. Discrimination against HIV-infected street youth has led to further abuse and oppression, and protection must be guaranteed and enforced. And, throughout this Region, the human potential of these young people must be respected and nurtured, intolerance examined and overcome, and health education and services made available and accessible.

Those interested in attending or giving formal presentations at the meeting in 1992 should contact Dr. Lydia Bond, Health Situation and Trend Assessment Program, PAHO,[1] for more information.

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Second Phase of Central American Health Initiative Launched

The Central American nations and the Pan American Health Organization have joined together to embark on the second phase of the Central American Health Initiative. Known as "Health and Peace for Development and Democracy," this new phase was requested by the Presidents of the Central American countries at their summit meetings in Montelimar, Nicaragua, in April 1990 and Antigua, Guatemala, in June 1990, and was proposed by the Ministers of Health and Directors of social security institutions at the VI Meeting of the Health Sector of Central America (VI RESSCA), held in Belize City in September 1990.

Sources: Pan American Health Organization, "Health and Peace for Development and Democracy: Central American Health Initiative (PPSCAP), 1991-1995, Third Madrid Conference, May 2-4, 1991," Washington, D.C., 1991; PAHO, Office of Analysis and Strategic Planning Coordination, "Resultados de la III Conferencia de Madrid y seguimiento global de la Iniciativa, "Salud y Paz hacia Desarrollo y la Democracia," Washington, D.C., 1991 (mimeographed document).

BACKGROUND

The Central American Health Initiative started with the Plan for Priority Health Needs in Central America and Panama (PPSCAP), a five-year project presented to the international community at the I Madrid Conference in 1985. Born of the peace process that began with the Contadora Agreement of 1983, the Plan covered seven priority areas of common concern, as agreed upon by the Ministers of Health. The slogan that described the first phase of the initiative, "Health, a Bridge for Peace," reflected the cooperation achieved in spite of the political and ideological conflicts that affected the countries of the subregion in the 1980s. The worldwide collaboration and interest inspired by the PPSCAP permitted numerous achievements in the field of health. Progress was reviewed at the midpoint of the initiative at the II Madrid Conference, held in April 1988.

The second phase of the health initiative is linked to the new forces for socioeconomic development, peace, and democracy evolving in the subregion. Central America saw a major conflict come to an end in 1990 through agreements negotiated in a series of presidential summit conferences as part of the world-acclaimed Esquipulas Peace Process. With the end of the armed conflict in Nicaragua, the Central American Presidents turned to the exploration of ways to spur recovery and development and to fortify and consolidate democratic values. They applauded the work of the Ministers of Health in the first phase of PPSCAP and, at their Montelimar summit, adopted the following mandate as part of their final declaration:

"To reaffirm that the health of the Central American peoples is a political priority, which means that joint actions aimed at improving health conditions must be preserved and intensified. These actions are intended to be a bridge for peace and understanding in the area. To accomplish this, the Ministers of Health have been asked to immediately evaluate the achievements of the last five years of the Plan for Priority Health Needs in Central America and Panama (PPSCAP) and to draft a new health initiative for Central America. To achieve this, the cooperation of the Pan American Health Organization/World Health Organization, among others, is requested."

The Ministers of Health already had initiated an evaluation together with PAHO/WHO. The results of that evaluation were presented at the VI RESSCA, where the Ministers ratified the evaluation of the first stage and approved general guidelines for the second stage, which was launched with the following words from the Declaration of Belize:

"We declare that health, during this second phase, can and must be, even more than in the past, a contribution to peace, an axis for development, and an example for Central American integration, bringing to life the dreams of our forebears. . . . We declare that this initiative, 'Health and Peace for Development and Democracy,' reflects our commitment to contribute to a new and more equitable development, to the strengthening of democracy and to the consolidation of peace."

The VI RESSCA also concluded with an invitation from the Government of Spain for a III Madrid Conference, at which the international community would consider the new projects constituting the second stage of the health initiative.

THE SECOND PHASE

Programmed for the period 1991–1995, the second phase of the health initiative is designed to maintain existing projects in the priority areas, to add others that

will strengthen cooperation between countries, and to improve coordination of programs where necessary. The primary purpose of the second phase is to support economic and social development and the integration of the subregion through the activities of the health sector, in an effort to contribute to the consolidation of peace and economic and social reconstruction. The main lines of strategy continue to be identification of priorities, cooperation between countries, mobilization of both national and international resources, coordination of sectoral actions, and promotion of intersectoral policies that recognize the health consequences of other sectors' activities.

Ongoing projects retain priority status and thus will form an important part of the second phase. Taking into account the accomplishments of the first phase as well as current health conditions, the Ministers of Health defined priorities for the second phase, which are organized into four thematic areas:

- Health Infrastructure—health services development, human resources development, strengthening of social security, provision of essential drugs, disaster preparedness and coordination, dissemination of technical and scientific information, and maintenance of equipment and physical resources;
- Health Promotion and Disease Control—activities related to health promotion, food and nutrition, control of vector-borne diseases, AIDS prevention and control, urban rabies control, and immunization;
- Health of Special Groups—health care for refugees and displaced persons, mothers and children, women, and workers;
- Environment and Health—environmental protection, and water supply and sanitation services.

The coordination of health programming is a prime concern of the second phase of the initiative. Coordination is essential both within the health sector and between sectors, as well as with external agencies engaged in projects directed at or affecting the health sector. Isolated projects are to be avoided in favor of coordinated support for the operation of health programs in each country and in the subregion as a whole.

III MADRID CONFERENCE

The III Madrid Conference provided an opportunity for representatives from different continents and countries, as well as international and nongovernmental organizations, to gain a better understanding of the challenges now facing the countries of Central America in strengthening health and democracy and to give collective support to those countries in launching the new phase of their health initiative.

The conference was hosted by the Government of Spain in collaboration with PAHO/WHO in May 1991. It was attended by representatives of the countries participating in the initiative (Belize, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama), seven other Latin American countries, 14 donor governments, and 15 intergovernmental and nongovernmental organizations, including specialized agencies of the United Nations, inter-American institutions, and international financial and technical cooperation agencies.

A central aspect of this Conference, as in the two previous Madrid conferences, was the presentations by the Ministers of Health of the countries involved in the

initiative. They described the socioeconomic and health conditions of their peoples, including the continuing gaps in health coverage and the repercussions of the prolonged political and economic crises of the 1980s. They also presented the four priority areas of the second phase, reviewed their strategies and components as well as the national and subregional projects within each area, and reiterated the need for international support as a necessary complement to national efforts. The backing of the Central American governments was evidenced by the presence of the Minister of Foreign Relations of Costa Rica, who spoke on behalf of all the countries in support of the initiative.

Bilateral discussions were held between the delegations of donor countries and agencies and those of the Central American countries and the Dominican Republic. The representatives of the international community expressed their continuing commitment to support the initiative through technical and financial cooperation for both ongoing and proposed projects. Some countries declared their intention to increase their level of financial support; others promised to maintain previous levels. Ten donors expressed interest in 15 subregional projects presented at the Conference, some in more than one project. Likewise, 19 donor agencies—governmental, nongovernmental, and international organizations—communicated their interest in national projects proposed by the countries. In addition, several donors made a commitment to discuss support for cholera prevention and control activities in Central America.

The conference culminated in the Declaration of Madrid, reprinted below, which reiterates the conviction—confirmed by the success of the first phase of the initiative—that health is a common denominator and support for its improvement provides a way to strengthen peace and democracy in Central America.

DECLARATION OF MADRID

The Ministers of Health and other governmental authorities of the Central American Isthmus and of Latin America, representatives of governments and bilateral and multilateral cooperating agencies and organizations of the international community,

Considering the evolution of the Plan of Priority Health Needs in Central America, "Health, a Bridge for Peace," during its initial phase (1984–1990) and its presentation to the international community at the I and II Madrid Conferences in 1985 and 1988, respectively, and its incorporation as the health sector component in the Special Plan of Economic Cooperation for Central America (PEC);

Considering the request from the Presidents of the countries of the Isthmus at the Summit Meetings at Montelimar and Antigua for the elaboration of a new Central American Health Initiative and the response of the VI RESSCA (Meeting of the Health Sector of Central America) in the Declaration of Belize and the launching of the Second Phase of the Health Initiative in Central America (1990–1995), "Health and Peace for Development and Democracy";

Considering that health constitutes a fundamental and universally accepted right, and that, as stated by the Central American Presidents, "Peace is inseparable from social justice and while hunger and misery exist, there cannot be a full consolidation of democracy in Central America";

Considering that progress, peace, and democracy require the consolidation and

strengthening of sustainable development with social well-being;

Considering that health is a fundamental component for achieving social equity, and that serious health needs remain unsatisfied in the countries of the Central American Isthmus;

On the occasion of this III Madrid Conference, "Health and Peace for Development and Democracy in Central America," 1-3 May 1991,

Declare:

1. Their commitment to support the determination of the countries of Central America to secure a peaceful and lasting resolution of all the conflicts in the region and the improvement in health conditions and well-being of their peoples.
2. Their congratulations to the Governments of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama for their constant effort, despite numerous obstacles, during the First Phase of the Initiative, "Health, a Bridge for Peace," and for defining the Second Phase of the Initiative, "Health and Peace for Development and Democracy," in accord with the new historical situation evolving in Central America.
3. Their conviction that health is a fundamental component of equitable development, which is an indispensable requirement for the consolidation of peace and democracy.
4. Their reaffirmation that the Second Phase of the Health Initiative constitutes a fundamental instrument for the promotion and coordination of international cooperation and serves as an example of the benefits of integration for similar initiatives in other sectors in Central America, Latin America, and in other regions of the world.
5. Their decision, as in the previous two Madrid Conferences, to extend political, technical, material, and financial support for the realization of national and subregional health projects in the countries of Central America.
6. Their understanding of the importance of the newly defined priority areas—Health Infrastructure, Health Promotion and Disease Control, Health of Special Groups, Environment and Health—and of achieving concrete targets defined in the projects comprising those areas; their concern regarding the danger posed by the possible extension of cholera; and their conviction of the need to continue contributing to the solution of serious health problems as part of a process of sustainable development.
7. Their willingness to respond positively to the requests of the countries of Central America, members of RESSCA, and the Dominican Republic, in its capacity as RESSCA observer, to maintain and increase technical and financial cooperation for the proposed national and subregional projects.
8. Their recognition of the responsibility of the national governments for the provision of health services, urging that they augment their efforts to achieve sustainable development within the health sector.
9. Their recognition of the valuable work of nongovernmental organizations in the health sector and their interest in its continuation during the implementation of the Second Phase of the Initiative in accord with national health policies.
10. Their recognition of the work of

the Pan American Health Organization in support of the health of the Central American people and their request that it continue promoting the Initiative, keeping the international community informed of the progress in its execution.

11. Their special appreciation to the Government of Spain for having demonstrated once again its determination to reinforce the ties between Spain and Ibero-America and for its support of the ideals of the Initiative on endorsing the III Madrid Conference, "Health and Peace for Development and Democracy."
12. Their decision to communicate this Declaration to future Central American and Ibero-American Presidential Summit Meetings.

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WHO Reports on HIV and HBV Transmission in the Health Care Setting

Following the reported transmission of human immunodeficiency virus (HIV) from a dentist in the United States of America to three of his patients, the World Health Organization received requests from a number of countries for practical guidance on how to avoid such incidents. Accordingly, the WHO Global Program on AIDS organized a consultation of international experts on HIV and hepatitis B virus (HBV) transmission in the health care setting, which was held in Geneva on 11–12 April 1991.

The consultation report examines the risk of transmission of bloodborne HIV and HBV from patient to patient, from patient to health care worker, and from health care worker to patient. Transmission by any of these pathways is rare, and the third pathway is the rarest of all. For HIV, the U.S. dentist-to-patient case is the only reported instance of its kind.

The risk of bloodborne spread of HIV and HBV from patient to patient is minimal wherever sufficient medical and surgical equipment is available and careful attention is paid to instrument sterilization and other procedures to minimize the risk of contamination with blood. Patient-to-patient spread in the health care setting poses a greater risk in countries with limited supplies and equipment and where techniques to minimize contamination may not be rigorously practiced.

HBV spread from patients to health care workers is proportional to the degree of blood exposure. For highly exposed health care workers such as surgeons and laboratory personnel, the lifetime risk of HBV infection may reach 30–50%. The situation with HIV is quite different. Because HIV circulates in blood at much lower concentrations than HBV, and because it is not able to survive as well outside the human body, occupationally acquired HIV infection is believed to be uncommon.

The report examines and then rejects routine and/or mandatory testing of ei-

Source: World Health Organization, "Global Programme on AIDS: HIV and HBV transmission in the health care setting," *Wkly Epidemiol Rec* 66(26):189–191, 1991.