



PAN AMERICAN
HEALTH
ORGANIZATION

XXXV Meeting

Washington, D.C.
September 1991

WORLD
HEALTH
ORGANIZATION



XLIII Meeting

Provisional Agenda Item 4.3

CD35/12 (Eng.)

16 August 1991

ORIGINAL: SPANISH

REPORT OF THE SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT

In the absence of the President and the Rapporteur of the XI Meeting of the Special Subcommittee on Women, Health and Development, the Coordinator of the Regional Program made the presentation of the Final Report of the Subcommittee to the 107th Meeting of the Executive Committee (Document CE107/6, annexed). In its discussion of the report, the Committee took note of the points relating to the situation of women in the Organization and emphasized the need to continue efforts to ensure a greater participation of women in decision-making positions within the Bureau. However, this was an aspect of the Bureau's policy of recruitment and selection of professional staff for the Secretariat and should be kept separate from the problems of health and the role of women in the development process in the Region, which were the central objectives of the Women, Health and Development Program.

The Committee considered the situation of poor women, as well as women at different stages of life, and the discriminatory factors that impede their full development and affect their health and living conditions. There was a need to give emphasis to the development of strategies and plans of action to improve the sociocultural, economic, legal and health conditions of women, utilizing a holistic approach that addresses women's social and health needs, as well as adopting mechanisms for documenting the progress achieved.

The importance of the Focal Points in implementing the policy and strategies of the various national plans of action was recognized.

Finally, the Committee discussed and adopted the following Resolution IX, which proposes a draft resolution for the consideration of the Directing Council:

THE 107th MEETING OF THE EXECUTIVE COMMITTEE,

Having noted the Final Report of the Special Subcommittee on Women, Health and Development (Document CE107/6);

Considering the limited and dissimilar results of initiatives to improve the health status of women and the social, economic and cultural conditions that influence their development, and of efforts that affect their condition in the countries of the Region, as indicated by the Report of the Special Subcommittee on Women, Health and Development on the Structure and Functions of the Focal Points (Document SMSD11/4);

Aware of the importance of fully involving professional women in the Secretariat in attaining the goals of the Organization and in decision-making within the Organization, and in view of the inadequate progress made in these areas, as indicated in part in the Report on the Situation of Women in the Secretariat (Document SMSD11/9);

Bearing in mind that there are provisions in the legislation of some Member Governments that often impede the full admission to the labor market of the spouses of international civil servants;

Recognizing the important contribution which relevant international and nongovernmental organizations can make to improve the health and social status of women; and

Considering that the Technical Discussions at the next World Health Assembly, to be held in May 1992, will be on Women, Health and Development,

RESOLVES:

To recommend to the XXXV Meeting of the Directing Council the adoption of a resolution along the following lines:

THE XXXV MEETING OF THE DIRECTING COUNCIL,

Having considered the Final Report of the Special Subcommittee on Women, Health and Development (Document CD35/12);

Aware of the importance of fully involving professional women in the Secretariat in attaining the goals of the Organization and in decision-making within the Organization, and in view of the inadequate progress made in these areas, as indicated in part in the Report on the Situation of Women in the Secretariat (Document SMSD11/9); and

Having regard to the resolutions adopted previously by the Governing Bodies on Women, Health and Development, and particularly Resolutions CSP22.R12 of the XXII Pan American Sanitary Conference and CD32.R9, CD33.R6 and CD34.R5 of the XXXII, XXXIII and XXXIV Meetings of the Directing Council, respectively,

RESOLVES:

1. To request the Member Governments to:
 - a) Strengthen their strategies and plans of action for improving the sociocultural, economic and legal situation and the living and health conditions of women by taking a comprehensive, decentralized approach which addresses the health and social needs of all women;
 - b) Devise and adopt monitoring and evaluation methods that will document the progress made in implementation of the strategies and plans of action referred to in the foregoing paragraph;
 - c) Designate Focal Points on Women, Health and Development if they have not yet done so, and make sure that the Focal Points in all the countries of the Region are invested with the authority and resources needed for the performance of their functions;
 - d) Establish and tighten bonds of collaboration between the agencies responsible for health and those responsible for women's affairs, so that their programs will use resources efficiently and avoid duplication of efforts;
 - e) Establish and tighten bonds of collaboration between the agencies responsible for health and women and non-governmental organizations, universities and research centers working for the benefit and health of women, in the formulation and implementation of joint projects;
 - f) Facilitate the admission of the spouses of international civil servants to their labor markets;
 - g) Participate actively in the Technical Discussions on Women, Health and Development to be conducted at the next World Health Assembly in May 1992.
2. To congratulate the Director for the accomplishments, to date, of the Program on Women, Health and Development, and particularly for its technical cooperation with the countries in the Region, and for his support of the development of that program as an integral activity of the Organization.
3. To recommend to the Director that he continue to strengthen the Organization's program on Women, Health, and Development, in particular that he:

- a) Promote the establishment of mechanisms for coordination and collaboration between the Program on Women, Health and Development and the Organization's other programs so that program activities address, as a priority, the needs and concerns of women in the Region; and
- b) Intensify the actions of the Program on Women, Health and Development, and the identification and development of projects for technical cooperation at the national level and among countries (TCAC).

In addition, to recommend to the Director that he:

- c) Pursue vigorously increased recruitment, hiring and promotion of women into positions of authority in the Organization and in the health and social agencies within the Member States, and that he review the Organization's recruitment and hiring criteria, rules and guidelines to assure there are no discriminatory practices; and
- d) Take a leadership role, in consultation with other international agencies and organizations and with Member States, to find solutions to the employment problems of spouses of international civil servants.

*executive committee of
the directing council*



**PAN AMERICAN
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*working party of
the regional committee*

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107th Meeting
Washington, D.C.
June 1991

CD35/12 (Eng.)
ANNEX

Provisional Agenda Item 3.2

CE107/6 (Eng.)
22 May 1991
ORIGINAL: SPANISH

FINAL REPORT OF THE SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT

The XI Meeting of the Special Subcommittee on Women, Health, and Development of the Executive Committee was held at the Headquarters of the Pan American Health Organization from 3 to 5 April 1991 and attended by delegates from Brazil, Canada, Cuba, Trinidad and Tobago, and Venezuela.

The Subcommittee considered the annual report of technical cooperation activities on the subject of women carried out by the Regional Program on Women, Health, and Development (WHD) and other Regional Programs of the Secretariat, and it reviewed and approved the lines of action of the Regional Program on Women, Health, and Development for the biennium 1992-1993. Special attention was given to the report on the evolution and current status of the participation of professional women in the Secretariat of the Organization, with emphasis on positions at decision-making levels. Also, the results of the study on the structure and functions of the Focal Points for WHD in the Region of the Americas were reviewed. There were also presentations on the Plan of Action on WHD in the English-speaking Caribbean and on concrete experiences and progress under the WHD Program in Trinidad and Tobago.

With regard to the participation of women in the Secretariat, the Subcommittee emphasized the need to work on the PAHO "organizational culture" and to promote a positive change in attitude so that professional women will have the opportunity to compete with professional men on a more equitable basis. It recommended the implementation of mechanisms to facilitate options for professional women to be promoted to

high-level decision-making positions within the Organization. This effort needs to be supplemented by initiatives on the part of the Member States to implement policies and measures that will favor the participation of women at decision-making levels in health-sector and related institutions.

The Subcommittee recognized the progress achieved by the Regional Program and the Secretariat itself and considered that it was a significant achievement to have promoted and facilitated introduction of the gender-based approach as a conceptual and methodological frame of reference for orienting work in this area. It emphasized that the new ideas and attitudes that come from this perspective need to be disseminated both in the countries and in the Secretariat itself. Accordingly, it recommended that a plan for training and information dissemination be developed and implemented, and that printed and audiovisual materials be prepared. It suggested the preparation of a videotape as an effective means of conveying the Program's most important messages.

The Subcommittee emphasized the need to mobilize resources in order to expand the support being given by the WHD Program to the countries of the Region. It called on the Program to step up its efforts to interest "partners" in participating in joint actions. It also recommended that ties be strengthened with non-governmental organizations and international networks that share objectives and interests in common with the Program, and that they be invited to future meetings.

Based on its review of the structure and functions of the Focal Points on WHD in the countries of the Region, the Subcommittee concluded that the Member States should double their efforts to get all the countries to designate a National Focal Point for WHD and recommended that those that had not done so endeavor to establish the position prior to the Technical Discussions on Women, Health, and Development to be held at WHO Headquarters in Geneva in May 1992. With regard to the rank and functional profile of the Focal Points for WHD, the Subcommittee indicated that they should have access, and be able to give advice directly, to those at decision-making levels. In addition, the Subcommittee indicated that the Focal Points should have sufficient authority to convene meetings in order to infuse dynamism into collaboration and exchange activities at national and local levels. It reiterated the importance of regarding the Focal Points as catalysts and facilitators in the process of ensuring that the subject of women and the gender-based perspective are included in public and health policies. It was again recommended that the necessary support be provided for the Focal Points in terms of training, information, and resources.

Finally, the Subcommittee recommended to the Director of the Bureau that he convey to the Executive Committee the results and conclusions of the studies mentioned so that it will be apprised of the contents and be in a position to comment on it.

Annexed hereto are the Final Report of the XI Meeting of the Subcommittee on Women, Health, and Development and the Review of the Structure and Functions of the Focal Points for Women, Health, and Development in the Region of the Americas.

Annexes



PAN AMERICAN HEALTH ORGANIZATION
EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL
SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT



XI Meeting
Washington, D.C., 3-5 April 1991

SMD11/FR (Eng.)
19 April 1991
ORIGINAL: ENGLISH-SPANISH

FINAL REPORT

FINAL REPORT

The XI Meeting of the Special Subcommittee on Women, Health, and Development of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., from 3 to 5 April 1991.

The following members of the Subcommittee, elected by the Executive Committee, were present: Brazil, Canada, Cuba, Trinidad and Tobago, and Venezuela.

OPENING OF THE MEETING

The incumbent Chairman, Dr. Glenda Maynard of Trinidad and Tobago, opened the Meeting and thanked the delegates for their attendance. The Assistant Director of PASB, Dr. George A.O. Alleyne, then officially inaugurated the XI Meeting of the Subcommittee and expressed the Director's regret that he would not be able to participate in the deliberations but indicated that he would be present for the final closing session.

The Assistant Director emphasized the importance of the results of the Subcommittee's discussions and recommendations for the work of the Organization in this area. He cited its achievements to date, mentioning in particular the development of an explicit frame of reference for orienting the technical cooperation to be undertaken by the Regional Program on Women, Health, and Development (WHD) in the coming quadrennium. He pointed out, however, that it was essential to continue working within a broad perspective that takes into account not only the health of women but also the dimension of development.

He then referred to the financial situation facing the Organization in the next biennium and the restrictions on the expansion of cooperation offered by the Regional Program on WHD within the framework of the regular budget. Given the situation that he described, he emphasized the need for increased efforts to mobilize international financial resources as an indispensable means of extending the actions of the Regional Program on WHD to the countries in the Region. In this effort, the countries, and especially their representatives who serve on the Subcommittee, have a key role to play in speaking for the Program, multiplying its effects, and mobilizing resources.

He pointed out that the Regional Program on WHD will be appearing in the classified list of programs in the Organization's budget for 1992, a category that provides it with specific identity and clearly defined objectives and strategies.

Finally, he suggested setting a deadline for the Subcommittee to make its contributions and observations based on the document prepared by the Secretariat on execution of the Strategic Orientations and Program Priorities, particularly the section on the integration of women and health in development, which will be dealt with by the Subcommittee on Planning and Programming. He also suggested that it would be useful to have a summary of the Subcommittee's principal conclusions and recommendations available for presentation in the final plenary session, and that these be conveyed to the Director. It was agreed to deliver the final written report within two weeks after the meeting in order to have the benefit of his observations in this regard. The Assistant Director then turned the meeting over to Dr. Glenda Maynard.

Pursuant to Article 12 of the Subcommittee's Rules of Procedure, the incumbent Chairman presented candidates for the positions of Chairman and Rapporteur of the XI Meeting for consideration by the delegates.

The following Officers were elected:

OFFICERS OF THE MEETING

<u>Chairman:</u>	Ms. Olga Ruiz	Venezuela
<u>Rapporteur:</u>	Ms. Maritza Tamayo	Cuba
<u>Technical Secretary:</u>	Dr. Rebecca de los Ríos	Coordinator, PWD

AGENDA

The Chairman then presented the Provisional Agenda for consideration by the Subcommittee, which was finally approved as follows:

1. Opening of the Meeting
2. Election of Officers
3. Adoption of the Agenda
4. Reports of the Secretariat (PASB)
 - 4.1 Report of Technical Cooperation Activities on Women, Health, and Development Carried Out by the Secretariat in 1990. Future Perspectives within the Framework of the Strategic Orientations and Program Priorities for 1991-1994
 - 4.2 Report on Activities Relating to Women and AIDS
 - 4.3 Progress Report on the Scientific Publication "Women in Health and Development in the Region of the Americas"

- 4.4 Report on the Situation of Women in the Pan American Sanitary Bureau (PASB)
5. Review of the Structure and Functions of the Focal Points for Women, Health, and Development in the Region of the Americas
6. Plan of Action on Women, Health, and Development for the English-Speaking Caribbean Subregion
7. Women, Health, and Development Activities in Trinidad and Tobago
8. Other Matters
 - 8.1 Project Proposal on Women, Work, and Occupational Health
 - 8.2 Discussion of implementation of the Strategic Orientation on "Integration of Women and Health into Development"
9. Proposed Agenda for the XII Meeting of the Subcommittee in 1992
10. Closing Session and Address by the Director, Dr. Carlyle Guerra de Macedo

SUMMARY OF PRESENTATIONS, DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

A summary of the presentations and discussions on each item follows below, together with the respective conclusions and recommendations.

ITEM 4: REPORTS OF THE SECRETARIAT (PASB)

Item 4.1: Report of Technical Cooperation Activities on Women, Health, and Development Carried Out by the Secretariat in 1990. Future Perspectives within the Framework of the Strategic Orientations and Program Priorities for 1991-1994

1. Summary of the Presentation

The Coordinator of the PAHO Regional Program on WHD, Dr. Rebecca de los Ríos, presented highlights from the report of the Secretariat on this subject. She indicated that the document contained a summary of technical cooperation activities undertaken by the Regional Program on WHD and also the Bureau's other regional programs that have lines of work relating to women. She cited activities carried out in support of the subregional initiatives in Central America and the Caribbean and called attention to the need for further work in connection with other subregional initiatives.

She pointed out that during 1990 the Program on WHD concentrated its Regional-level efforts on strategies for mobilizing resources, supplementing its actions through coordination with other programs (particularly Maternal and Child Health, Health of Adults, and AIDS), and disseminating information. She acknowledged that the promotion and development of research on WHD has not

yet fully evolved as a line of work within the Program. With regard to training, materials and methodologies were being prepared for workshops on sex/gender and health. She pointed out that the Program, as one of its prime achievements, has promoted and facilitated introduction of the gender approach as a conceptual frame of reference for work in the area of Women, Health, and Development.

The second part of her presentation focused on the global technical cooperation strategy of the Regional Program on WHD for the biennium 1992-1993, including its targets, lines of action, and expected results. She noted that the feasibility of meeting the targets is closely linked to the Program's ability to mobilize financial resources.

2. Summary of the Discussion

Mrs. Freda Paltiel, Delegate from Canada, thanked the Coordinator for her report and had praise for the progress and maturity being attained both by the Regional Program on WHD and by the other regional programs of the Secretariat in which women's issues are being addressed. She pointed out the importance of identifying the Program's "partners," establishing cooperative ties between institutions, and continuing to create networks.

The delegates expressed concern regarding the mechanisms used by the Program on WHD for relating and communicating with the countries. They pointed out the importance of having effective channels for the dissemination of information, since the parties concerned did not always receive the material they need. The WHD Program Coordinator provided further details in this regard, indicating that the Regional Program was in the process of setting up a computerized mailing list in order to ensure that information reaches the documentation centers in the various institutions, offices on women's affairs, universities, Ministries of Health, nongovernmental organizations, and international agencies. She indicated that the national organizations need to establish closer relations with the PAHO/WHO Country Representative Offices in the countries.

The delegates discussed at length the need to devise strategies for adopting a comprehensive approach in the area of women in which the dissemination and analysis of information, the preparation of printed and audiovisual materials, and the training of national and PAHO/WHO focal points for WHD receives special attention for technical cooperation.

They recognized that an approach that integrates women's health into development processes is complex and will only see gradual progress. They agreed that the Regional Program on WHD would need to assume a leadership role in this regard.

3. Conclusions and Recommendations

3.1 The Subcommittee concluded that expansion of the Program on WHD would depend on the establishment of exchanges and cooperation with the various nongovernmental agencies and organizations at the

international level. It was recommended that there be greater promotion of the Program and that the members be encouraged to participate in joint actions to support the countries on the basis of concrete cooperation and exchange projects.

3.2 It recommended that nongovernmental organizations and international networks that share objectives and interests in common with the Program be invited to its future meetings.

3.3 It suggested that the contributions to the Technical Discussions on Women, Health, and Development of the World Health Organization (WHO) be prepared from a regional perspective.

3.4 It concluded that in order to make an impact in the countries it was necessary to improve mechanisms and contacts to promote communication and disseminate information.

3.5 It recommended that training be promoted in the countries and that more intensive efforts be made to prepare the materials and means necessary for disseminating information about the Program's new approaches. It was suggested that a videotape on Women in Health and Development be prepared as an effective means of conveying the Program's most important messages.

3.6 It agreed that awareness needs to be created on the subject of women within PAHO itself and that there should be an ongoing in-depth examination of working relations with other programs, as well as promotion of the subject as an integral part of activities carried out by these programs.

Item 4.2: Report on Activities Relating to Women and AIDS

1. Summary of the Presentation

Dr. Fernando Zacarías, Regional Advisor in the Program on Sexually Transmitted Diseases (STD) and AIDS, provided the participants with the most recent information on the AIDS pandemic in the world and in the Region. He emphasized the changes that have taken place in the patterns of transmission, especially the increase in cases transmitted heterosexually. This phenomenon implies a greater risk of infection for women and a rise in pediatric cases of AIDS due to the infection of mothers.

In light of this situation, the Regional Advisor stressed the importance of strengthening epidemiological surveillance and fostering promotion, prevention, and education programs in which the component of women is included as a priority line of action. He pointed out that the STD/AIDS Program has established working relations with the WHD and Maternal and Child Health programs. In addition, an important network has been established with nongovernmental organizations.

He recognized that further research is needed on AIDS in women, with special emphasis on sociocultural aspects in the various Latin American and Caribbean contexts.

2. Summary of the Discussion

The delegates expressed their concern regarding the limited country level support being given to the Regional Program for its activities to promote and disseminate information on women and AIDS in connection with World AIDS Day. The Regional Advisor cited the financial problems encountered in carrying out activities to support the countries. The WHD Program Coordinator referred to the joint activity undertaken in connection with the I Latin American and Caribbean Symposium on Women and AIDS and the dissemination of its results.

Ms. Olga Ruiz, Delegate from Venezuela, referred to the important role that Governments can assume through programs to disseminate information for prevention of the disease and noted the leadership of the Ministries of Health in mobilizing society as a whole, as well as women's organizations.

The delegates commented on the news that the disease is spreading more rapidly in women, on its more serious complications, on its socio-cultural aspects, and on the various sex-based risks.

3. Conclusions and Recommendations

3.1 The Subcommittee acknowledged that efforts to disseminate information on the disease have been stepped up, but it also stressed the importance of moving on from dissemination to a more intensive educational process. In this connection, gender differences need to be considered, and it is important for education campaigns to take them into account. It also called for greater support to the countries for the development of education strategies for men and women, with special emphasis on schoolchildren and adolescents.

3.2 It recommended that an effort be made to promote research on AIDS in women, and that the participation of different specialists be promoted.

3.3 It suggested that AIDS, WHD, and Maternal and Child Health programs should continue with their coordination efforts and their joint work on the subject of AIDS in women.

Item 4.3: Progress Report on the Scientific Publication "Women in Health and Development in the Region of the Americas"

1. Summary of the Presentation

Dr. Elsa Gómez, Consultant to the Regional Program on WHD for the coordination of publication activities, reported on the Plan of Work that has been prepared for this purpose, as well as on progress to date. She gave an outline of the book and its chapters and listed the authors (internal and external) that are being asked to contribute.

She emphasized the limitations inherent in such publications, which rely on authors to offer their contributions voluntarily, depending on the time they have available. She noted, however, that the publication has become a significant mechanism for identifying and mobilizing resources in the Region, since it has served to bring together a major forum of specialists in this area, particularly women. The publication has also encouraged discussion and reflection on the subject of women from a gender-based perspective within the various technical units of PAHO that are collaborating in the effort.

2. Summary of the Discussion

The delegates thanked the consultant for her report and commended the Secretariat on the effort it is making to prepare the publication. Some of the delegates expressed concern that the project might be too ambitious to be completed within the scheduled time. They also pointed out the need for activities and resources to be planned well in advance in the case of a publication that is to appear every four years.

The WHD Program Coordinator clarified that resources for printing and distribution in two languages were guaranteed and that the basic problem was timely delivery of the contributions within the time allotted for that phase of preparing the publication.

3. Conclusions and Recommendations

3.1 The Subcommittee recommended that the Secretariat make every effort to ensure that the book in its final form adheres to the chapter and content outline presented in the proposal. It also asked for assurance that printing and distribution of the publication in the countries will be completed within the original schedule.

Item 4.4: Report on the Situation of Women in the Pan American Sanitary Bureau (PASB)

Two reports were presented on the subject, one by Mr. Jean Gauthier, Chief of Personnel of the Bureau, and the other by Dr. Gloria Coe, Coordinator of the Subcommittee on Women of the Staff Association.

1. Summary of the Presentations

Mr. Gauthier emphasized that the statistics should be supplemented with a qualitative analysis of the efforts that men and women alike were making both within and outside the Organization to overcome the cultural biases and taboos that exist in human nature itself. He pointed out that the incorporation of women into the Bureau is a complex problem in which some progress has been made, but that there are still obstacles and limitations in the identification, recruitment, and selection of women. He reaffirmed his willingness to continue working closely with the Subcommittee on Women of the Staff Association and with the Regional Program on WHD.

Dr. Gloria Coe presented the views of the Staff Association Subcommittee on Women. She called for a concentrated effort to increase the number of women in high-level decision-making positions, pointing out that the Subcommittee on Women was concerned in 1989, and even more so in 1990, that appointments to decision-making positions were largely given to men. She noted that as of February 1991 only one of the 27 Country Representatives was a woman; only two of the nine Center Directors were women, and only two of the 11 Technical Program Coordinators were women. Moreover, she added, of the 18 high-level positions in management and administration, none was occupied by a woman, and of the 65 posts of Grade P.5 or higher, only four were occupied by women.

She recalled that Resolution 45/239 of the United Nations General Assembly set the proportions of 35% for women in professional posts and 25% of the posts of Grade P.6 and higher as targets to be achieved by 1995. The Staff Association Subcommittee on Women recommended in its report a minimum proportion of 25% women at each professional level by 1995 and expressed an interest in working with the Administration toward meeting this target.

2. Summary of the Discussion

The Delegate from Canada raised the idea that "organizational culture" might be an element to take into account as either hindering or favoring the incorporation of women. She suggested that this be examined in the Bureau and that efforts should focus on bringing about a positive change in the PAHO "culture" that will favor the participation of women at the professional level and in executive positions.

The delegates expressed concern about the mechanisms for disseminating vacancy notices, searching for women candidates, and selecting personnel. They also felt that mechanisms should be implemented to encourage the promotion and preparation of women, thereby increasing their options for working as consultants, competing for fellowships, participating in technical meetings, etc.

The WHD Program Coordinator stressed the need to supplement actions for the advancement of women within the Secretariat with policies and actions to promote and facilitate the participation of women in executive positions in the health institutions of the countries. She noted the importance of making efforts in both directions and getting the Member States of the Organization involved in promoting and appointing women in the institutions of the health sector and related areas.

3. Conclusions and Recommendations

3.1 The Subcommittee agreed on the importance of working on the PAHO "organizational culture" and promoting a positive change in attitude so that women will have an opportunity to compete on a more equitable basis.

3.2 In this regard, the Subcommittee suggested that the Bureau become more fully aware of the aspirations of the women who are working in PAHO at the present time in terms of occupying high-level decision-making positions.

3.3 Finally, the Subcommittee recommended that the Bureau continue to improve its mechanisms for identifying, selecting, and recruiting women and that it allow sufficient time for the dissemination of vacancy notices.

ITEM 5: REVIEW OF THE STRUCTURE AND FUNCTIONS OF THE FOCAL POINTS FOR WOMEN, HEALTH, AND DEVELOPMENT IN THE REGION OF THE AMERICAS

1. Summary of the Presentation

The WHD Program Coordinator presented the subject and reported on the results of the study carried out in response to recommendations of the Subcommittee at its tenth session.

She described the methodology used for gathering the information and noted that replies were received from a total of 24 countries. Most of them identified the Ministry of Health as the agency responsible for coordinating actions on WHD at the national level. In 19 of the 24 countries an official has been designated as National Focal Point for WHD. No consistent pattern has been identified in terms of rank or professional profile. In 13 of the 24 countries, national commissions on WHD have been set up, and in eight of the 24 there are national strategies or plans of action on WHD.

2. Summary of the Discussion

Ms. Lea Guido, Subregional Adviser on WHD for Central America, gave a brief explanation of how the countries in the subregion were working in this area and pointed to the coordination that has been established with NGOs, universities, and research centers. She emphasized the importance of the leadership role played by the Ministries of Health as agents for promoting actions in the countries in behalf of WHD.

The Delegate from Trinidad and Tobago expressed concern regarding the methodology used to collect the information, since the questionnaires were answered only by PAHO/WHO staff in the countries. She emphasized the importance of sharing the information with national personnel so that the latter can express their views on the subject.

3. Conclusions and Recommendations

3.1 The Subcommittee agreed on the importance of a concentrated effort to get all the countries to designate a National Focal Point for WHD and recommended that those that had not done so designate one and establish the position prior to the Technical Discussions on WHD to be held at WHO in May 1992.

3.2 It suggested supporting the Regional Program on WHD so that the countries can formulate their respective plans of action on WHD, thereby guaranteeing mobilization of resources and coordination of the activities through the use of an interdisciplinary and interinstitutional approach.

3.3 It recommended that the report be transmitted to the countries for any appropriate comments, contributions, or suggestions.

3.4 With regard to the rank and functional profile of the Focal Points for WHD, the Subcommittee recommended that this person have access, and be able to give advice directly, to those at decision-making levels. In addition, the Subcommittee indicated that the Focal Points should have sufficient authority to convene meetings that will infuse dynamism into collaboration and exchange activities at national and local levels. It reiterated the importance of regarding the Focal Points as catalysts and facilitators in the process of ensuring that the subject of women is included in public and health policies. It was again recommended that the necessary support be provided for the Focal Points in terms of training, information, and resources.

3.5 It recommended that the Director transmit the report "Review of the Structure and Functions of the Focal Points for Women, Health, and Development in the Region of the Americas" to the Executive Committee so that it will be apprised of the contents and be in a position to comment on it.

3.6 Finally, the Subcommittee asked the Chairman to move on to the agenda items on the Plan of Action for the English-Speaking Caribbean and the experience of Trinidad and Tobago in order to have more elements for formulating a set of suggestions and recommendations on the Focal Points and Technical Cooperation on WHD.

ITEM 6: PLAN OF ACTION ON WOMEN, HEALTH, AND DEVELOPMENT FOR THE ENGLISH-SPEAKING CARIBBEAN SUBREGION

1. Summary of the Presentation

Mrs. Rosalind Saint-Victor, Focal Point for WHD in the Caribbean Coordination Program (CPC) in Barbados, reported to the delegates on the background, objectives, and activities envisaged under the Plan of Action. She described the methodology used in its preparation and acknowledged the active participation of the National Focal Points in the countries. She reported on the formation of an Advisory Committee on WHD consisting of specialists from international organizations operating in the subregion, educators and researchers from the Women and Development Unit of the University of the West Indies, nongovernmental organizations, and the Office on Women's Affairs in Barbados.

She described the working relationships and the networks between CPC/Barbados and the Advisory Committee on WHD for coordinating, formulating, implementing, and following up on the Plan of Action. She also acknowledged the support received from the Regional Program on WHD.

She reported to the participants on the principal results from a study being carried out in the subregion on the health situation of women. The study underscores the seriousness of the women's problems, which are associated with the subordinate position to which they have been relegated and such factors as stress, lifestyle-related chronic diseases, and self-image.

2. Summary of the Discussion

The delegates thanked Mrs. Saint-Victor for her report, made some comments, and asked questions about the mechanisms that had been implemented for following up and evaluating the Plan of Action. In response, she provided additional details.

3. Conclusions and Recommendations

3.1 The Subcommittee recognized that the Plan of Action emphasized a range of aspects relating to the health of women, thereby moving beyond the traditional approach that focuses on the reproductive health of women. Consequently, attention was called to the need to integrate the "development dimension" in terms of opening up more options and increasing the capacity of women to achieve more equitable conditions.

3.2 It noted that the Plan of Action for the Caribbean constituted in fact an experiment in development and that it could be enhanced by contributions from the countries, PAHO, and the other agencies involved.

3.3 Finally, the Subcommittee recommended information about implementation of the Plan of Action be disseminated through presentation of the concrete experience of Trinidad and Tobago.

ITEM 7: WOMEN, HEALTH, AND DEVELOPMENT ACTIVITIES IN TRINIDAD AND TOBAGO

1. Summary of the Presentation

Dr. Jonne Warner of Trinidad and Tobago presented this item, starting with an overview of her country's geographical, economic, and social situation. She provided data on the health situation of women, together with a comparative profile of the situation of women relative to that of men in terms of morbidity and mortality from different causes. She emphasized that the health problems of women were related not only to their reproductive functions but also to the risks and damages to health associated with lifestyles (chronic diseases, occupational hazards, violence, etc.), which were of great importance.

She then went on to report on the organization and operation of the National Focal Point for WHD in her country and on the principal activities carried out within the framework of the objectives contained in the Plan of Action for the English-speaking Caribbean Subregion. These activities have been concentrated on the elements that most affect the health of women and also their development at the level of the

individual, the family, and society in general, including those areas of interest for adolescent health, maternal health, sexually transmitted diseases, occupational health, and chronic diseases.

She pointed out that the functions of Focal Point for WHD were being carried out by the Medical Officer, in combination with other relevant duties. Support is provided through ties established with other programs under the Ministry of Health and other governmental and nongovernmental agencies. However, she indicated that the Focal Point lacked the necessary infrastructure and resources to perform the duties of this assignment. She noted that the Focal Point for WHD was a member of an Interministerial Committee for the Integration of Women in Development.

2. Summary of the Discussion

The Subcommittee thanked Dr. Warner for her excellent paper, which showed the value of the work done by the National Focal Point and supporting team.

The Delegate from Trinidad and Tobago pointed out that the Program on WHD in her country is new and that in its preliminary stage it had sought to raise consciousness in this area. In this connection, efforts have focused on the health problems of women and on better understanding and management of their problems by women themselves.

3. Conclusions and Recommendations

3.1 On the basis of the presentations under Items 5, 6, and 7, the Subcommittee concluded that considerable progress has been made in addressing the subject of Women, Health, and Development. The picture of this process that has been presented shows that it has been possible to go beyond the biological and reproductive view of women's health. She went on to say that the conceptual framework dealing with health and women has been expanded by the gender-based approach, and that this approach still requires further refinement.

3.2 The Subcommittee cited the maturity that has been attained by some of the subregions and the need to ensure greater exchange and cooperation among the countries of the Region. Accordingly, she recommended the implementation of technical cooperation among the countries (TCAC) and suggested that support be given to the Regional Program on WHD to identify countries that share areas of interest in common.

3.3 It stated that there is a definite need to strengthen the leadership of the Focal Points for WHD and to promote training for this purpose. In addition, it recommended that a training plan be developed and implemented, suggesting that the Regional Program on WHD support the preparation of printed and audiovisual materials as well as the methodologies needed in order to carry out such a process in the countries. The Delegate from Canada expressed the willingness of the Focal Point Office in her country to support this plan.

3.4 It recommended that the experiences of other agencies in this area be investigated and that exchanges and interagency cooperation be established as a means of achieving these objectives. In addition, it recommended that support be provided to other regional programs of the Secretariat to assist the Program on WHD in formulating and executing the plan.

ITEM 8: OTHER MATTERS

Item 8.1: Project Proposal on Women, Work, and Occupational Health

The Regional Advisor in Occupational Health, Dr. Alvaro Durao, reported to the delegates on the objectives and activities of the Program and presented a proposal that has been developed on the subject of Women, Work, and Occupational Health. He requested that it be evaluated by the countries and that they provide comments to the Organization. The First Lady of Colombia had shown special interest and had suggested her country as the venue for a regional meeting. He stressed the need for collaboration in the management of resources in support of this initiative.

The delegates thanked Dr. Durao for his report and recommended that the countries be informed of the proposal through the Focal Points. They suggested that efforts be made to mobilize financial resources to support the proposal.

Item 8.2: Discussion of Implementation of the Strategic Orientation on "Integration of Women and Health into Development"

The Assistant Director reported on the contents of the document prepared by the Secretariat for discussion in the Subcommittee on Planning and Programming. He asked for comments and contributions from the delegates.

The delegates agreed that the proposal was very general in nature and that it needed to be made more specific. They requested that more specific targets be set in terms of expected results during the quadrennium. The Delegate from Canada suggested that certain aspects be emphasized with regard to the legal rights of women.

The proposal needs to be more specific in identifying the responsibilities and actions corresponding to the Member States and the technical cooperation activities that the Secretariat will have to provide--that is, who will be responsible for what. In addition, it is necessary to specify the means of achieving the goals--that is, the action strategies to be contained in the proposal and the organizational mechanisms for their execution.

ITEM 9: PROPOSED AGENDA FOR THE XII MEETING OF THE SUBCOMMITTEE IN 1992

The delegates of the Subcommittee suggested the following topics for inclusion on the agenda of the XII Meeting:

1. Proposed training plan for the Focal Points of WHD, health workers, and PAHO/WHO personnel, which will assist in broadening knowledge about the new approaches and attitudes promoted by the Program on Women, Health, and Development
2. Women, work, and occupational health
3. Women and communicable diseases
4. Women and the development of local health systems
5. Conceptual framework for women and health in development
6. Research on women, health, and development
7. Experience in WHD in a country of the Region

ITEM 10: CLOSING SESSION AND ADDRESS BY THE DIRECTOR

The closing session featured the presence of the Director of PASB, Dr. Carlyle Guerra de Macedo. It began with an address by the Chairman, Ms. Olga Ruiz, who stressed the importance of sharing the conclusions from the deliberations with the Director, following which she introduced him to the delegates and observers. She then gave the floor to the Rapporteur, Ms. Maritza Tamayo, who summarized both the matters discussed and the principal conclusions and recommendations of the Subcommittee.

The Director greeted the members, delegates, and observers and pointed out that for the first time the Subcommittee was attended by a male delegate. This, he said, is a sign of progress, because it shows that the subject of women is of concern to all professionals, men and women alike, who are involved in public health in the countries in the Region. He also expressed his satisfaction at the attendance of observers. He stressed the importance of involving United Nations specialized agencies (e.g. the Economic Commission for Latin America and the Caribbean--ECLAC) as partners in the debate and enlisting their support in introducing the subject of women and health into the development processes.

He pointed to the priority that continues to be given to the subject of women in the Organization and the efforts of the Secretariat to mobilize international resources in order to expand technical cooperation to the countries of the Region. He reiterated PAHO's interest in strengthening working relations with the agencies of the Inter-American System and carrying out joint actions to promote the best use of specialized resources and better coordination with the countries in order to achieve the greatest impact.

Finally, he referred to the work being done by the Bureau, as well as the difficulties and obstacles it has faced in increasing the participation of professional women within the Secretariat, both at Headquarters and in the field. He recognized the existence of

discrimination--in which cultural factors and family and conjugal relations continue to affect the ability to mobilize women to fill international positions, especially at high decision-making levels--which makes it difficult to recruit and select women.

Finally, the Director indicated that the efforts of the Bureau have to be accompanied by concrete measures and actions to promote women so that they will occupy executive positions in health sector institutions and related agencies in the countries. He noted that the level of participation of women in the Secretariat might, among other causes, be reflecting the limited participation of women in executive and high decision-making levels in the health institutions in the Region.



PAN AMERICAN HEALTH ORGANIZATION
EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL
SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT



Eleventh Meeting
Washington, D.C., 3-5 April 1991

Item 5 of the Tentative Agenda

SMSD11/4 (Eng.)
15 March 1991
ORIGINAL: Spanish

REVIEW OF THE STRUCTURE AND FUNCTIONS
OF THE FOCAL POINTS FOR WOMEN, HEALTH, AND DEVELOPMENT
IN THE REGION OF THE AMERICAS

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I. INTRODUCTION

In compliance with the recommendations of the Executive Committee's X Special Subcommittee on Women in Health and Development, the Secretariat, working through the Regional WHD Program, conducted a "Review of the Structure and Operation of the Focal Points on Women, Health, and Development in the Region of the Americas."

The targets of the study were defined as follows:

1. To obtain information for use in preparing a comprehensive document on the current situation of the WHD Focal Points, both at the national level and within PAHO/WHO, which would make it possible to exchange the experience gained in the Region, as well as to orient future activities toward the promotion of technical cooperation among countries.
2. To facilitate an analysis of the ways and means for PAHO/WHO to provide technical cooperation for WHD, and to help identify the areas and targeted activities that need to be strengthened in order to achieve greater impact and support for the Organization's Member Governments.

The information objectives that were established were as follows:

1. To examine the organizational and operational dynamics that have been adopted by the countries of the Region in order to promote WHD activities, and to identify the part played by health sector leadership in the mobilization of national resources for the promotion and development of women and women's health.
2. To identify the level of formulation and execution of the national WHD strategies and plans of action, and to find out how the technical cooperation at the country level is working in support of the national initiatives.
3. To update the knowledge of the PAHO/WHO staff members who are performing the duties of WHD Focal Point in the Country Representative Offices, with responsibility for delivering WHD technical cooperation.

The present document is divided into five chapters, including an introduction. Chapter II lists the methodological concerns which oriented the research, and gives the scope of the methodology used for the collection, systematization, and analysis of the information.

Chapter III describes the main findings, and comments upon the central aspects of the countries' level of activity, as well as their limitations and principal problems. The information and the analysis of the results were systematized by grouping the countries according to subregions.

Next, Chapter IV analyzes the situation of the WHD Focal Points in the PAHO/WHO Country Representative Offices, and reviews the areas and targeted activities of technical cooperation which, in the judgement of the PAHO/WHO Focal Points, need to be strengthened. The dynamics of interprogram coordination in the execution of WHD technical cooperation activities are described, together with the mechanisms and relationships of interagency coordination.

Finally, in a presentation of conclusions and recommendations, Chapter V synthesizes the results and identifies common features that suggest lines of action for WHD technical cooperation.

II. METHODOLOGY

1. Information Collection

In order to fulfill the objectives and targets of the study, two questionnaires were designed: Questionnaire "A," which was oriented toward collecting information on the National Focal Points, and questionnaire "B," oriented toward gathering information on the PAHO/WHO Focal Points within the Country Representative Offices.

For the countries of Latin America and the Caribbean, it was requested that both questionnaires be answered by the PAHO/WHO Focal Point, and reviewed by the respective Representatives. As a result, the information collected reveals the criteria and points of view of the Secretariat regarding the development of national dynamics for carrying out the policies, plans, and programs on WHD. In addition, the criteria of the PAHO/WHO Focal Points at the country level are stated in relation to the performance of their own technical cooperation for WHD. The United States and Canada were requested to respond to questionnaire "A" only, since these countries do not have PAHO/WHO Focal Points on WHD.

The questionnaires were sent to the countries through the Representatives at the end of September 1990, and it was asked that they be completed and returned to Headquarters by the end of November of that same year.

2. Nature of the Study and the Units of Analysis

The nature of the study was defined as encompassing all the countries in the Region of the Americas, including the United States and Canada, and the units of analysis were to be as follows:

- 2.1 The Ministries of Health, or, in their absence, the government institution identified by the PAHO/WHO Focal Point as the national counterpart for establishing a working relationship and making WHD technical cooperation viable.

2.2 The PAHO/WHO Country Representative Offices at the country level, and the designated staff members in charge of performing the duties of WHD Focal Point in order to coordinate technical cooperation activities in the field.

2.3 The technical cooperation programs and/or activities promoted by the PAHO/WHO Country Representative Offices on behalf of WHD in 1990.

3. Study Dimensions and Principal Variables

3.1 Review of the structure and functions of the National Focal Points on women, health, and development.

Three key dimensions of the structure and functions of the National Focal Points on WHD were identified, namely:

- a. The national body identified as the unit to perform the function of coordinating WHD activities. Whether or not a national staff member is designated (officially or unofficially) to be in charge of coordinating the formulation, execution, and evaluation of the strategy or plan of action on WHD. The hierarchical position and level assigned to the WHD functions and targeted activities within the identified institution.
- b. The mechanism adopted by each country in order to coordinate WHD activities, at the interprogram level (within the actual regulatory institution) and at the intersectoral level. Articulating capacity and operation. Incorporation of nongovernmental organizations, universities, and specialized centers for research in this field.
- c. Whether or not there is a strategy or plan of action that defines the objectives, activities, and institutions or agencies responsible for the execution of activities under the plan. The formalization and approval of that plan, as well as its execution, monitoring, and evaluation.

3.2 Technical cooperation on WHD and characteristics of the PAHO/WHO Focal Points on WHD at the country level.

Three essential dimensions were identified for reviewing the delivery of technical cooperation on WHD.

- a. The staff member designated to be in charge of coordinating technical cooperation activities for WHD. Professional status, technical cooperation program to which they are assigned (principal function), amount of time they devote to WHD, source of financing.

- b. Programming and execution of WHD activities within the national program of PAHO/WHO technical cooperation. Interprogram coordination and interagency coordination.
- c. Problems identified in the channeling of technical cooperation. Priority needs and areas requiring support from the Regional WHD Program.

4. Countries Providing Information

The countries returned their forms anywhere from 30 November 1990 through 15 February 1991. The analysis was based on the information provided by the 24 countries who submitted it to Headquarters by the closing date. The following is a list of the countries covered by the study.

Table 1

COUNTRIES IN THE REGION OF THE AMERICAS REPRESENTED IN THE STUDY

SUBREGIONS	COUNTRIES
North America	Canada Mexico
Central America	Belize Guatemala El Salvador Honduras Nicaragua Costa Rica Dominican Republic Cuba
English-Speaking Caribbean	Trinidad and Tobago Jamaica Guyana Suriname Barbados
Andean Area	Colombia Ecuador Venezuela Peru Bolivia
Southern Cone	Argentina Uruguay Paraguay Brazil

It can be seen that the Region of the Americas is represented by the majority of its component countries. The subregion of the English-speaking Caribbean is represented by 5 countries, with the Bahamas and the Lesser Antilles missing. Information was also not received from Haiti, Chile, and the United States, including Puerto Rico.

III. RESULTS OF THE REVIEW OF THE STRUCTURE AND FUNCTIONS OF THE FOCAL POINTS ON WOMEN, HEALTH, AND DEVELOPMENT

1. The Structure and Functions of the National WHD Focal Points

Table 2 summarizes the distribution of the countries according to the dimensions and variables defined for the analysis, and Table 3 lists the characteristics of each country.

The more important aspects are as follows:

- 1.1 In most of the countries, the Ministry of Health was identified as the regulatory agency for the coordination of activities on women, health, and development. In fact, the officials designated to be in charge of performing these functions are assigned to the Ministries of Health. There are exceptions in the cases of El Salvador, the Dominican Republic, Ecuador, Venezuela, and Guyana, where WHD activities are coordinated through the National Offices on Women's Affairs.
- 1.2 In 19 of the 24 countries that sent in information, an official was designated to be responsible for coordinating activities on WHD, serving as liaison and counterpart in order to make PAHO/WHO technical cooperation viable at the national level.
- 1.3 Within the Ministries of Health, there is a diversity of hierarchical levels and official profiles among the persons designated to coordinate WHD activities. Except for their sex (they were mainly female), there was no regular pattern to the positions within the hierarchy or the official profiles. In only 5 of the 24 countries (Canada, Mexico, Honduras, Cuba, and Uruguay) did the designated staff members hold a high position within the organizational structure of the Ministry--Director General and/or Vice-Minister--which could facilitate their promotion of intra- and inter-institutional articulation.
- 1.4 By contrast, when the national coordinating body is the Office on Women's Affairs, the staff member in charge holds the highest rank within the institutional hierarchy. In all cases these individuals are Directors General of the Offices, or, as occurs in Venezuela, the actual Minister of State for Women's Affairs. In Panama, the staff member in charge is a Deputy to the National Congress, who in turn presides over the Health Commission of the Parliament.
- 1.5 In 13 of the 24 countries, a unit (Committee or Commission) was identified to coordinate women, health, and development activities for the purpose of ensuring a multidisciplinary and intersectoral approach. Of the 13 countries having such a coordination unit, only 8 (Canada, Mexico, Guatemala,

Honduras, Cuba, Trinidad, Jamaica, and Guyana), have commissions or working groups which are made up of different agencies of their Ministries of Health; and these in turn have branches at the territorial or local level. Some countries mentioned systematic participation by nongovernmental organizations in these coordination units; and particularly those in Central America show involvement by universities or centers for higher education.

- 1.6 In 8 of the 24 countries, there are national strategies or plans of action on women, health, and development. This does not necessarily imply that the countries have not promoted activities in this area, but rather that, in most cases, the activities have not been clearly included and articulated, both within health policies, programs, and development of services, as well as within specific policies and programs for the promotion and development of women at the national level.

Table 2

DISTRIBUTION OF THE COUNTRIES ACCORDING TO THE DIMENSIONS OF THE STUDY

DIMENSIONS	Yes	No
Regulatory Agency		
Ministry of Health	19	5
Office on Women	5	19
Designated Official	19	5
National Commissions	13	11
WHD Plans of Action	8	16

Source: Country questionnaires.

Table 3

STRUCTURE AND OPERATION OF THE FOCAL POINTS ON WOMEN, HEALTH, AND DEVELOPMENT, ACCORDING TO COUNTRIES

SUBREG/COUNTRIES REG. AGENCY	RESPONSIBLE STAFF MEMBER	COORD. MECHANISM	PLAN OF ACTION	
<u>North America</u>				
Canada	National Health and Welfare (NHW)	Yes. Senior Advisor, Status of Women. Official.	Yes. Advisory Committee. Coordinates the Offices of the NHW. Secretariat of the Working Group on Women's Health, Fed/Prov/Terr. Intersectoral coordination goes through the Central Agency of the Federal Government, "Status of Women."	Yes. WHD Plan of Action 1990-1995, with participation by different agencies of the NHW and NGOs. At the federal level: Dimension of Equality.
Mexico	M. of Health	Yes. Director General of Maternal and Child Health. A coordinator for the WHD Program has also been designated. Official.	Yes. Interinstitutional Group on WHD. Coordinates activities within the Ministry and for the institutions of the health sector. In operation.	Yes. National WHD Program. It contains objectives, strategies and clearly defined activities.
<u>Central America</u>				
Belize	M. of Health	Yes. Health Educator for the Maternal and Child Health Program.	No. No clear mechanism for the purpose of coordination.	Yes. Limited execution due to the lack of a mechanism for coordination.
Guatemala	M. of Health	Yes. Nurse, Coordinator of the WHD Program.	Yes. There is an interprogram group and coordination with the National Office on Women, the University and the NGOs that deal with women's issues.	Yes. Comprehensive Women's Health Plan. In execution, with extensive participation by the regions.
El Salvador	National Secretariat on the Family.	Yes. Physician, Coordinator of the Women's Health Care Unit.	Yes. Technical group for coordination and the Council of Ministers on Social Affairs.	Yes. Plan of Action for the Women's Health Care Unit.

Table 3 cont.

SUBREG/COUNTRIES	REG. AGENCY	RESPONSIBLE STAFF MEMBER	COORD. MECHANISM	PLAN OF ACTION
Honduras	M. of Health	Yes. Director Genl. of Health, who delegates the work to a person in charge of WHD.	Working group on WHD at the ministerial level.	In process.
Nicaragua	M. of Health	Yes. Chief of the Legal Dept. of the M. of Health.	Yes. National Forum on WHD; functions partially, with NGO participation.	In process.
Costa Rica	M. of Health	Yes. Chief of the Department of International Relations.	Yes. Sectoral health commission and national commission on WHD. Only government institutions.	In process.
Panama	M. of Health	Yes. Chairman of the Health Commission of the Parliament.	None.	None.
Domin. Rep.	D. Gen. on Women.	Yes. WHD Focal Point.	Yes. Advisory Council and Coordinator of NGO's. Only the latter is in operation.	None.
Cuba	M. of Health and the FMC.	Yes. Vice-Minister of Medical Care and Chairman of the FMC.	Yes. National Commission on WHD, coordinated by MINSAP.	In process.
<u>Eng. Caribb.</u>				
Trinidad	M. of Health	Yes. Designated.	Yes. Inter-ministerial Committee on Woman and Development, which includes WHD.	Yes, in execution.
Jamaica	M. of Health	Yes. Principal Physician for Primary Care.	Yes. Intra-ministerial committee on Women's Health Affairs. With NGO participation.	Yes. Program on Women, Health, and Development.
Barbados	M. of Health	Yes. WHD Focal Point, Maternal and Child Health Program.	No information available.	No information.
Guyana	Office on Women's Affairs.	Yes. Chief of the Office.	Yes. Regional Committees on Women's Affairs.	None.
Suriname	Public Health Office.	None.	Yes. National Council on Women's Affairs.	None.

Table 3 cont.

SUBREG/COUNTRIES	REG. AGENCY	RESPONSIBLE STAFF MEMBER	COORD. MECHANISM	PLAN OF ACTION
<u>Andean Area</u>				
Colombia	M. of Health	Person in charge resigned from her position in the Ministry.	None.	None.
Venezuela	M. of Women's Affairs.	Minister of State for Women's Affairs.	Advisory Committee to the Office of the President of the Rep.	In process.
Ecuador	Nat. Dir. on Women.	Yes. National Director on Women.	None.	None.
Peru	Not identified.	National Working Group for Promotion of Women.	National network in process of being organized.	National P. for Promotion of Women.
Bolivia	M. of Health	Yes. Administrative Director of the Ministry.	Commission on Women of the Bolivian Parliament.	In process.
<u>Southern Cone</u>				
Paraguay	M. of Health	None designated.	None.	None.
Brazil	None at present.	None.	A group did exist, but was made up of institutions which were eliminated by the administrative reform.	None.
Uruguay	M. of Health	Yes. Director Gen. of Health.	None.	None.
Argentina.	M. of Health	None designated.	There was a national group, which is not in operation at the present time.	General bases established for the WHD Program.

2. Characteristics of the WHD Focal Points of PAHO/WHO in the Countries

Tables 4 and 5 display the principal characteristics of technical cooperation on WHD and the Focal Points on WHD of PAHO/WHO at the level of the Country Representative Offices within each of the countries. The following are some of the more outstanding features:

- 2.1 In 18 countries there are technical advisers or consultants (international or national) in charge of handling and coordinating WHD technical cooperation activities. In 4 countries (the Dominican Republic, Trinidad and Tobago, Suriname, and Uruguay), these duties are directly assumed by the PAHO/WHO Representative, and in 2 (Guyana and Jamaica), they are performed by officials who are not directly linked to technical functions.
- 2.2 In most of the countries, with the exception of the 5 Central American countries (Guatemala, El Salvador, Honduras, Nicaragua, and Costa Rica), the advisers or consultants are designated as part-time, since their time is already largely committed to the principal functions and activities of technical cooperation within the program to which they are assigned.
- 2.3 The Program for Health Services Development (HSD) has the largest concentration of professionals who share their activities and time with technical cooperation on WHD, followed in order by the Maternal and Child Health Program, and the Program on Human Resources.
- 2.4 The Central American subregion has a Subregional Advisor (international contract) who is headquartered in San José, Costa Rica, while all of the countries (except Belize and Panama) have national consultants who handle WHD technical cooperation activities on a full-time basis. This particular situation is explained by the existence of the Project on "Comprehensive Health of Women in Central America," which receives financial support from the Nordic countries.
- 2.5 There is a predominance of women among the technical staff members who deal with WHD activities, and in terms of profession, there is a concentration of nurses among the advisory personnel.
- 2.6 With some exceptions, most of the countries programmed and carried out WHD technical cooperation activities with their own resources from the national cooperation programs. There was special emphasis on aspects related to the preparation of diagnostic studies on the health situation of women, seminars for analysis and discussion, information dissemination, and workshops to provide sensitization to the gender approach in health.

- 2.7 For the most part, WHD cooperation activities were articulated with the programs for maternal and child health (maternal mortality, breast-feeding, sex education, family planning), and adult health (mental health, old age, breast cancer, and cervical cancer). In addition, interprogram activities were carried out in conjunction with the Program on AIDS and the Program on Emergency Preparedness and Disaster Relief. Paradoxically, no interprogram activities involving Health Services Development and Human Resource Development were identified.
- 2.8 In the judgement of the WHD Focal Points of PAHO/WHO, technical cooperation support needs to be directed first of all toward the analysis and dissemination of information on the situation of women and women's health, as well as toward the facilitation of a process of intensive sensitization of health personnel themselves, both at the administrative level and within the services. In this sense, activities related to "advocacy of health for women in development" take on special importance. It was indicated that there is a need to intensify the mobilization of national resources, and, in particular, to bring the discussion of this topic up to the political level, with extensive participation by civilian society.
- 2.9 It was recognized that the subject of women in health and development is still somewhat isolated from public health work, and that the greatest interest in and demand for technical cooperation comes mainly from the nongovernmental organizations and centers for teaching and research.
- 2.10 The WHD Focal Points of PAHO/WHO required technical cooperation support from the Regional WHD Program to work toward strengthening their technical and scientific capacity to introduce the gender approach in health. For this purpose they placed special emphasis on their need for training support in the area of sex/gender and health; theoretical and methodological tools for information analysis and the formulation of intervention projects within the framework of local health systems; and contributions to the new participatory methodologies for research and training.

Table 4

DISTRIBUTION OF PAHO WHD FOCAL POINTS, ACCORDING TO PROGRAMS AND PROFESSION

COOPERATION PROGRAMS	MED/DEN.	NURSES	SOCIAL SCI. ¹	TOTAL
Representatives ²	4	-	-	4
Administration (MPN)	-	-	2	2
Epidemiology (HST)	-	-	1	1
Maternal and Child Health (HPM)	-	2	2	4
Human Resources (HMP)	-	1	1	2
Health Services (HSD)	3	3	-	6
Women, Health, and Development	1	1	3	5
TOTAL	8	7	7	24

Source: Questionnaires

Table 5

DISTRIBUTION OF THE COUNTRIES ACCORDING TO COOPERATION NEEDS AND PRIORITIES

COOPERATION NEEDS	PRIORITY I	PRIORITY II	PRIORITY III
Information and Bibliography	10	8	6
Cont. Education and Training	9	10	5
Intervention Projects	9	9	6
Participatory Methodologies	10	8	6
Exchange of Experiences	8	8	8

1 Graduate in Statistics (Mexico), 2 Sociologists (Panama and Costa Rica), 1 Engineer (El Salvador), 2 Psychologists (Venezuela and Nicaragua), 1 Educator (Barbados), and 2 Officials in charge of the programming and administration areas for the Representative Offices (Guyana and Jamaica).

2 In the Dominican Republic, Trinidad and Tobago, Suriname, and Uruguay.

Table 6

TECHNICAL COOPERATION IN WOMEN, HEALTH, AND DEVELOPMENT AND CHARACTERISTICS OF THE FOCAL POINTS				
SUBREG/COUNTRIES PAHO FOCAL P. ³	TIME/ASSIGNMENT ⁴	TECH. COOP. ACTIV. ⁵	NEEDS ⁶	
<u>North America</u>				
Canada	None	-	-	-
Mexico	Statistician	Part-time. <u>Epidemiology</u> , Human resources and other emerging needs.	Yes. Diagnostic Survey of Women's Health and support for preventive programs (Self-care, M.C.H., Cancer).	Bibliography, methodologies, training on gender and health.
<u>Central America</u>				
Belize	Physician	Part-time. <u>Health services</u> and Maternal and Child Health.	Yes. Support for the Office on Women, dissemination of information ("Equality Newsletter"), training for the National Commission on Gender and Health.	Formulation of WHD projects, bibliography, methodologies, training.
Guatemala	Dentist	Full-time. <u>Program on Women, Health, and Development</u> . Ext. funds (Norway).	Yes. Training for health promoters using a gender perspective, legal analysis, dissemination of information, research.	Bibliography, training, methodologies, formulation of WHD projects.
El Salvador	Engineer	Full-time. <u>Program on Women, Health, and Development</u> . Ext. funds (Norway).	Yes. Support for programs for young mothers, rape victims, and healthy communities, and for community development projects. Legal study and dissemination of information.	Training, bibliography, formulation of projects, methodologies.
Honduras	Nurse	Full-time. <u>Program on Women, Health, and Development</u> . Ext. funds (Norway).	Yes. National Workshop on Comprehensive Health of Women, legal study, training, and research.	Training, formulation of projects, bibliography.

3 Indicates the profession of the official in charge of WHD technical cooperation in the PAHO/WHO Representative Offices in the countries.

4 Refers to the time devoted to activities for women, health, and development; technical cooperation program to which these individuals are assigned and for which they perform their principal duties (underlined). Also indicates, where applicable, other technical cooperation programs under the charge of that PAHO/WHO official.

5 Refers to the programming or lack thereof of technical cooperation activities on WHD in the Annual Program Budget (APB) of the country in question.

6 Refers, in order of priority, to the principal technical cooperation activities that need to be supported or strengthened, and for which the support of the Regional Program on Women, Health, and Development is requested.

Table 6 cont.

SUBREG/COUNTRIES PAHO FOCAL P.	TIME/ASSIGNMENT	TECHNICAL COOP. ACT.	NEEDS	
Nicaragua	Psychologist	Full-time. <u>Program on Women, Health, and Development.</u> Ext. funds (Norway).	Yes. National Forum on WHD, dissemination, support for research, training.	Training, methodologies, bibliography, projects.
Costa Rica	Sociologist	Part-time. Duties performed by the <u>Subregional Advisor on WHD for CA.</u>	Yes. Workshops on sex/gender and health, research, dissemination of information.	Bibliography, methodologies, training.
Panama	Sociologist	Part-time. <u>Human Resources.</u>	Yes. Legal study.	Bibliography, training, methodologies.
Domin. Rep.	Physician	Part-time. <u>Duties performed by the PAHO Representative.</u>	Yes. World AIDS Day, Seminar on Women, Violence, and Health.	Methodologies, bibliography, training.
Cuba	Physician	Part-time. <u>Health Services (DHS).</u>	Yes. Regional and national workshops for new health brigade project, dissemination of information (manuals).	Exchange of experiences, bibliography, training.
<u>English Caribbean</u>				
Trinidad	Physician	Part-time. <u>Duties performed by PAHO Representative.</u>	Yes. Support for project formulation, National Plan of Action on WHD.	Bibliography, WHD projects, methodologies.
Jamaica	Not available.	Part-time. <u>Programming Assistant (MPN).</u>	Yes. Programmed but not carried out.	Exchange, bibliography, and methodologies.
Barbados	Counsellor	Part-time. <u>Maternal and Child Health in Fam. Planning.</u> Functions as WHD Focal Point for the entire "Eastern Caribbean" subregion.	Yes. Subregional Meeting of Focal Points, workshops on sensitization to gender and health.	Training, exchange, and bibliography.
Guyana	Administ. assistant	Part-time. <u>Administration of the Representative Office.</u>	Yes. Support for formulation of a project on Women, Health, and Work.	Formulation of projects, methodologies, training.
Suriname	Physician	Part-time. <u>Duties performed by the Representative.</u>	Yes. Workshops with women's organizations.	Not available.
<u>Andean Area</u>				
Colombia	Physician	Part-time. <u>Health Services.</u>	Yes. Activities were programmed but not carried out.	Formulation of projects, methodologies, bibliography.

Table 6 cont.

SUBREG/COUNTRIES PAHO FOCAL P.		TIME/ASSIGNMENT	TECHNICAL COOP. ACT.	NEEDS
Venezuela	Psychologist	Part-time. <u>Maternal and Child Health</u> and Adult Health.	Yes. Assessment of the situation of women, workshop on WHD, training for mothers as caretakers.	Bibliography, methodology, projects, training.
Ecuador	Nurse	Part-time. <u>Health Services</u> and Maternal and Child Health.	Yes. National Seminar on Women, Health, and Development.	Formulation of projects, methodologies, bibliography.
Peru	Nurse	Part-time. <u>Health Services.</u>	Yes. Mental health assessment, training, support for formulation of national plan.	Training, formulation of projects, bibliography.
Bolivia	Nurse	Part-time. Maternal and Child Health.	Yes. Support for National Development Plan, Women and Violence.	Formulation of projects, methodologies, bibliography.
<u>Southern Cone</u>				
Paraguay	Nurse	Part-time. Development of Services.	Yes. Not carried out due to change of authorities.	Bibliography, projects, and training.
Brazil	Nurse	Part-time. <u>Maternal and Child Health</u> and Human Resources.	Yes. Training for 722 women leaders.	Bibliography, methodologies.
Uruguay	Physician	Part-time. Duties performed by the Representative.	No.	Bibliography.
Argentina	Nurse	Part-time. <u>Human Resources.</u>	Yes. Workshops with women politicians, parliamentarians, and NGO's.	Projects, methodologies, bibliography.

IV. PRINCIPAL CONCLUSIONS

1. Aspects Related to the Level of Functions in the Countries

- 1.1 The basic organizational requirements that could be said to ensure the incorporation of women in health and development into both public and health sector policies would be:
 - a. Designating a staff member in charge of coordinating WHD activities who has a high position within the hierarchy and decision-making power within the ministerial or governmental structure.
 - b. Having a commission, working group, or any other unit in operation for intraministerial or intersectoral coordination on WHD.
 - c. Having a WHD strategy or plan of action in execution, together with the institutional mechanisms for its monitoring and evaluation.
- 1.2 Using the above criteria, the countries in the study could be divided into two categories according to their level of implementation of the basic requirements:
 - a. Adequate implementation level: Canada and Mexico.
 - b. Intermediate instrumental level: El Salvador, Guatemala, Honduras, Nicaragua, Costa Rica, Belize, Cuba, Jamaica, Trinidad, Guyana, Barbados, Venezuela.
 - c. Limited instrumental level: Panama, Colombia, Ecuador, Bolivia, Peru, Paraguay, Brazil, Uruguay, Argentina.
- 1.3 Although the majority of the countries rely on a government official who is designated to handle matters relating to the promotion and development of women and women's health, the coordination units within the actual Ministries of Health operate on a notably limited basis, and there is thus scant participation by the various technical programs that would have to implement the pertinent actions.
- 1.4 In relation to the above point, very few countries have a national strategy or plan of action on women, health, and development which is articulated with public policies and health development plans. In that sense the leadership in the public sector, particularly in the Ministries of Health, show signs of limited development.

- 1.5 The subject of women in health and development is somewhat isolated from public health work as a whole, with the greatest interest in and demands for technical cooperation being concentrated in nongovernmental organizations and centers for teaching and research.

2. Orientation and Approach of Technical Cooperation

- 2.1 Within the countries technical cooperation has facilitated various activities aimed at mobilizing national resources to promote women's health in different fields. However, gaps in the institutional leadership of the Ministries of Health and the absence of national strategies or plans of action can limit the possibilities for making technical cooperation viable on a more systematic basis, in articulation with the specific development plans.
- 2.2 It must be noted that the priorities for technical cooperation in the countries revolved around resolving the emerging crisis situations in the public sector and the services themselves, which meant that the efforts were focused on certain priority programs, such as those for maternal and child health care. This helps to explain the concentration of WHD technical cooperation activities in those areas.
- 2.3 Recently, the Regional Program on Women, Health, and Development has been directing its efforts toward introducing the gender approach to public health work and articulating the target activities of technical cooperation with an explicit frame of reference as well as a specific direction and clearly defined objectives. Logically, this is seen as a process that the countries participate in based on their own priorities and resources.
- 2.4 There are objective limitations on the technical and financial resources needed to make technical cooperation on WHD viable in most of the countries. With the exception of the Central American subregion, the subregions essentially depend on their regular technical cooperation resources, which are becoming more and more limited. Even the actual capacity of government units, and particularly of the Ministries of Health, to identify and generate proposals and intervention projects to promote women and women's health still appears to be very limited.
- 2.5 Given the above situation, the possibilities for maintaining and expanding technical cooperation on WHD in the future will be closely related to the capacity of the Regional WHD Program and the specific countries to direct an intensive mobilization of national and international resources.

V. FINAL RECOMMENDATIONS

Based on the description of the situation of the countries and the conclusions of the study, combined with the experience and knowledge accumulated in recent years, it is possible to make the following systematic recommendations:

1. Recommendations for the Member Governments

- 1.1 The leadership in the health sector needs to be strengthened so that women and women's health are promoted as an integral part of the policies and strategies of health development. Towards this end it is suggested that the Member Governments promote the following activities:
 - a. The incorporation of the subject of women in health and development into their substantive functions at the political and technical level. For that purpose these functions should be hierarchically arranged by a higher authority who has the necessary articulatory and decision-making capacity within the ministerial and governmental structures.
 - b. The formation of standing commissions or working groups which above all guarantee technical coordination of the different programs at the ministerial level that have a direct relationship to activities aimed at promoting women and women's health at different levels. To the extent possible, such working groups should have a territorial or local branch which will make it possible to link the activities for women, health, and development to the specific strategies for the development of local health systems.
 - c. The articulation of strategies or plans of action on women, health, and development within the framework of national health sector strategies, encouraging their formulation and execution, as well as participation by nongovernmental organizations, universities, and centers for teaching and research.
 - d. The promotion and facilitation of local initiatives and the development of research and intervention projects on women, health, and development, as tools for the mobilization of national and international technical and financial resources.
- 1.2 Tighter links of coordination and joint activity should be forged with the governmental and parliamentary units in

charge of promoting and directing policies for the promotion and development of women at the national level; e.g., National Offices on Women, Parliamentary Commissions on Women's Affairs, etc.

2. Recommendations for Technical Cooperation on WHD

2.1 It is suggested that technical cooperation on women, health, and development be used to help implement the Strategic Orientation on Women in Health and Development for the coming quadrennium, 1991-1994. Toward this end it is recommended that the Member Governments be supported in their implementation of the following lines of action:

a. Promotion and advocacy of women and women's health

This entails supporting the Member Governments in order to facilitate their promotion of women and women's health, advocating women's rights, women's citizenship, and more equitable relations between the sexes as a contribution to health in the development processes. A positive image should be fostered which reevaluates the productive and reproductive functions of women at the different stages of their lives.

b. Conceptual and methodological development of the gender perspective in health

This means supporting the countries so that they can improve their information collection as well as their capacity for health situation and trend assessment, incorporating the dimensions of gender, ethnicity, and class in social and geographical areas. This process will promote and support epidemiological stratification and utilization of the cultural and socio-anthropological dimensions of gender in the criteria for a risk approach.

c. Strengthening of the health sector's institutional capacity for the promotion and development of women

This involves supporting development of the health sector's institutional capacity for the formulation and execution of policies and programs on comprehensive women's health care within the framework of local health systems. The modalities for incorporating institutional intervention will be based on participatory, action-oriented research and full mobilization of the actual resources and potential of civilian society.

d. Strengthening of women's leadership in health

This means strengthening women's leadership capacity and promoting shared participation in and management of individual, family, and collective health by the two sexes. This will help to increase the capacity to resolve health problems at home, while promoting self-management and self-care for the promotion and protection of the health of women and their family members. There needs to be a liberation from and reevaluation of the myths, beliefs, and values regarding health care that are perpetuated by women and men in the different cultures.

e. Manpower development and continuing education

This will involve support for training and continuing education of the human resources who work in public health and the services, in order to increase their knowledge of the areas and subjects linked to social assessments of gender and its relationship to health. The goal is to encourage sensitization and the formation of a "critical mass" of health professionals who will have an impact on the processes of renewal and change that are required by policies and models on women's health care.

- 2.2 In order to implement the above lines of action, it is suggested that the Regional Program on Women, Health, and Development step up its efforts to mobilize international financial resources. It is recommended that pre-investment resources or seed money be managed in order to facilitate the identification and formulation of technical cooperation projects in support of the countries in the Region.
- 2.3 Finally, in order to facilitate the delivery of technical cooperation on WHD, it is suggested that the scientific and technical capacity of the Focal Points on WHD in the countries be strengthened, and that priority be given to providing training on the topic of sex/gender and health; developing theoretical and methodological tools for information analysis and the formulation of intervention projects within the framework of local health systems; and contributing to the new participatory methodologies for research and training.