



*directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

XXIX Meeting

Washington, D.C.  
September-October 1983

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

XXXV Meeting



INDEXED

0015856

Provisional Agenda Item 30

CD29/10 (Eng.)  
18 July 1983  
ORIGINAL: ENGLISH

WOMEN, HEALTH AND DEVELOPMENT

The XXVIII Meeting of the Directing Council (1981), in Resolution XV, adopted the Five-Year Regional Plan of Action on Women, Health and Development and requested that the Director present an annual report to the Directing Council on the progress achieved in implementing the Five-Year Plan.

This report of the Director outlines the information gathering, program development, and activities underway during the past year.

In compliance with Resolution XXVII of the XXI Pan American Sanitary Conference (1982), the Special Subcommittee on Women, Health and Development met on 20-21 June 1983 to monitor progress made toward achieving the goals outlined in the Five-Year Plan. The Subcommittee's conclusions and recommendations, as well as the resolution on women, health and development proposed by the Executive Committee to the XXIX Meeting of the Directing Council, are included in Section IX of this report.

## Introduction

This is the second progress report on Women, Health and Development presented by the Secretariat to the Directing Council. It describes the actions taken by Member Governments and the Secretariat to implement the Five-Year Regional Plan of Action on Women, Health and Development (WHD) and focuses on progress made since the Special Subcommittee of the Executive Committee on WHD last met in June 1982.

As one measure of progress, information was obtained from 18 Member Governments which responded to a survey questionnaire. This information is analyzed in Section I of this report. Sections II-VIII include information on PAHO's institutional capabilities related to WHD, activities conducted by PAHO at the regional and subregional levels, recent PAHO publications on women, health and development, the findings of a study of PAHO fellowships for women, recruitment policies and practices, and staff training and development activities. The conclusions and recommendations of the Special Subcommittee on Women, Health and Development are listed in Section IX.

### I. NATIONAL INFORMATION ON PROGRESS ACHIEVED

To collect and compile information that reflects progress being made at the national level, the Secretariat developed and distributed to all Member Governments a survey questionnaire. Information was requested from each country concerning the national focal point designated to coordinate intersectoral activities on women, health and development. (Resolution CSP21.R27 recommends that each Member Government establish a focal point.)

Of the 34 PAHO Member Countries, all but two have designated focal points as called for in the resolution. The name and title of the person designated by each Member Government appears in Annex I.

The survey also requested information on specific activities being developed at the national level, as called for in the Five-Year Plan. Countries were asked to describe activities included in national health programs; special studies conducted on the health status of women; statistical data collected, tabulated and published by sex; policies that support working women, and activities that aim to increase the number of women in high-level positions within the health ministries.

Eighteen countries of the Region completed the survey questionnaire. The information contributed by these countries is summarized briefly, by country, in Annex II. The following general observations can be made, based on the information received:

The focal points named by the countries generally fall into two categories. They are either located in the Ministry of Health or in the national office, bureau or commission on women's issues.

Nine countries have focal points within the Ministries of Health. In each case, because of her other full-time job responsibilities, the person designated as focal point reported spending from 5-45 per cent of her time working on women's health issues. Six of the nine focal points coordinate focal groups, consisting of 4-12 technical staff members from the Ministries. The members of these groups devote from 9-25 per cent of their time to the group's activities. The groups in all but two cases have part-time clerical support, but no budget or full-time support staff.

In the other countries, the focal point is the director of the national women's office or bureau. The percentage of time reported as devoted to women and health issues ranges from 10-100 per cent. Each of these offices, although limited in financial resources, has full-time clerical staff, a specific budget and, in four cases, financial support from international agencies.

Of the 14 countries that did not answer the questionnaire but did provide names of their focal points, five are located within the Ministries of Health and nine are located within national women's bureaus. Two countries have not yet designated focal points.

The responsibilities of all the focal points are very similar. They include:

- . Information collection and dissemination;
- . participation in national intersectoral groups and committees on women's issues;
- . coordination of specific activities;
- . collaboration with international organizations; and
- . collaboration with nongovernmental organizations.

Eleven countries reported that their focal points have work plans for 1983. Those located in the Ministries of Health indicated plans for developing health-specific activities, while the focal points in the national women's bureaus usually develop integrated projects related to women in development with varying degrees of coordination with the Ministries of Health.

For example, Mexico's National Program for Women, initiated in 1980, has since then conducted a comprehensive, nationwide study on the status of women. The study was based on research and national seminars with experts in labor, education, health, nutrition and social services. Needs were identified, which served as a basis for developing Mexico's National Plan of Action for the Integration of Women in Development. The

plan, designed to complement the numerous sectoral plans of the country, includes a framework for planning, programming and implementing activities in the various sectors including health. Since the plan was adopted, numerous field projects have been conducted, audiovisual materials developed and a documentation and information center established.

In Argentina, an inter-ministerial group made recommendations to the Health Ministry for improving public health care services to more effectively meet women's needs.

National women's bureaus, desks, and departments exist in all the countries of the English-speaking Caribbean. Special mechanisms and units on women and development have been established for the Caribbean Region within the CARICOM Secretariat, the University of the West Indies, PAHO, and other international agencies operating in the Region. These provide a network of agencies and organizations which collaborate on the full range of women's issues at various levels.

Sixteen of the countries answering the survey indicated plans to incorporate the areas of action of the Five-Year Plan into the development of national strategies, plans and health programs. Most of the countries are concentrating on one or more of the following types of activities: improved health coverage of pregnant and breastfeeding women, nutrition programs, prevention and control of specific diseases, health education for women, family planning, and training of midwives and other health personnel. Most of these activities are conducted with funds from the Health Ministries and, in six cases, with additional funding from UNFPA, UNICEF, or PAHO.

Five countries with Ministry of Health focal points indicated plans to coordinate primary health care programs more closely with nongovernmental organizations that work primarily with women. They have started by compiling lists of those organizations with which they could develop further coordination.

In Peru, the Ministry of Health's focal group, established in November 1982, conducted a national study on the status of women's health and developed a comprehensive work plan for 1983. The group, recognizing the key role that nongovernmental organizations can play in increasing the participation of women in primary health care activities, is working to support the efforts of these local groups. During 1983 the focal group plans to invite representatives from 40 private institutions to a workshop for determining areas of future collaboration with the Health Ministry.

Canada's focal point, the Office of the Senior Advisor, Status of Women, in the Department of National Health and Welfare, organized a one-day seminar to promote the Five-Year Plan of Action on Women, Health

and Development. The seminar, held in April 1983, was attended by 100 participants from the country's various governmental ministries and nongovernmental agencies. A PAHO representative presented the Five-Year Plan of Action to the participants.

Six countries included a special section on women's health in their national survey questionnaires. Only 3 of the 18 indicated that they have incorporated an evaluation of the activities of the Five-Year Plan into the evaluation of the national health system. Five countries recently produced national status reports on women's health conditions. In two cases this was done as part of a larger study on women's overall status in the country.

National health information systems in three countries disaggregate by sex all health statistics listed in the survey questionnaire while four do not disaggregate any (Table 1). One country did not answer the question. The remaining 10 countries disaggregate only certain types of data. Among the latter group of countries, disaggregation practices vary widely, ranging from very limited data collection, tabulation and publication by sex, to fairly extensive data collection with subsequent tabulation and publication by sex although limited to selected types of data.

In general, the responses to this question indicate that disaggregation by sex is not the rule, even in subject areas where sex-specific data collection and processing would appear to be desirable--such as prevalence of chronic diseases. Publication of data by sex is even more infrequent. Looking towards the future, it seems necessary for countries to increase collection and analysis of health data by sex to be able to identify women's health problems and to assess progress made in women's health status and care.

Eleven countries reported having legislation granting some maternity leave to working mothers. The number of weeks granted varies, as do the accompanying benefits, such as breastfeeding accommodations at the work place and time given before and after maternity leave for doctor's visits.

Eleven countries indicated that women are increasingly holding high-level decision-making positions in the Ministries of Health. Four countries, however, stated that little progress has been made in this area.

Table 1

NUMBER OF COUNTRIES THAT COLLECT, TABULATE AND PUBLISH  
SPECIFIC TYPES OF HEALTH DATA, BY SEX

Type of Data	Collection by sex (1)	Tabulation by sex	Publication by sex (2)
Morbidity from notifiable diseases	10	8	6
Prevalence of chronic diseases	9	8	4
Hospital discharges	12	10	9
Outpatient services	9	6	4
Immunizations	5	2	1
Health human resources	7	3	2
Human resources development	9	6	4
Occupational health problems	8	5	3
Malnutrition	7	5	2
Traffic accidents	10	8	6

Note: Information provided by a total of 16 countries.

- (1) One country replied that all data are disaggregated by sex, but did not specify whether the data are actually tabulated or published. Therefore, all figures in the other two columns (tabulation and publication by sex) exclude that country.
- (2) Another country replied that it collects and tabulates all of these data by sex, but did not indicate whether any of these data are published. The figures for this country are not included in this column.

## II. STRENGTHENING INSTITUTIONAL CAPABILITIES

In response to Resolution CSP21.R27, the Director appointed an internal working group to review the mechanisms and human resources needed for the effective coordination and implementation of activities related to the Five-Year Plan. The work group identified the need for PAHO staff to increase their understanding of the approach called for in the Five-Year Plan. In addition, the group indicated that further efforts were needed to integrate the Five-Year Plan of Action into the Plan of Action to implement the Regional Strategies of Health for All by the Year 2000. Based on the group's findings and recommendations, the Director decided to take the following actions:

- 1) The Focal Point for the Program on Women, Health and Development will be maintained under the Office of the Assistant Director, with the full-time support of an administrative officer, for whom a permanent post has been included in the 1984-1985 budget.

As Focal Point, the Assistant Director will chair a Coordinating Committee to promote and coordinate activities related to women in health and development within PAHO technical programs. The Group will also provide technical leadership in the promotion and execution of activities related to women, health and development, respond to requests from countries for technical cooperation, and coordinate activities developed in response to Governing Body resolutions. The committee includes staff from the maternal and child health, environmental health, health manpower and health services delivery programs.

- 2) The focal points established in each PAHO Country Office will continue to integrate technical cooperation related to women, health and development into appropriate country programs and projects.
- 3) A document is being prepared which will structurally integrate the Five-Year Plan into relevant sections of the Plan of Action to implement the Regional Strategies.
- 4) A series of orientation workshops will be held for PAHO staff members, including Country Representatives and senior staff in relevant program units. The workshops will be aimed at increasing awareness and knowledge of the issues involved in the Five-Year Plan of Action on Women, Health and Development and exploring ways to increase related activities in the field.

### III. PAHO PARTICIPATION IN REGIONAL AND INTERREGIONAL ACTIVITIES

WHO focal points from each region met in Geneva in August of 1982 to exchange information and views on regional and global program objectives, approaches, and activities for the remaining years of the United Nations Decade for Women (1976-1985). They also reviewed activities concerning collaboration with nongovernmental organizations in the area of women, health and development; made plans for WHO's contribution to the 1985 World Conference to review and appraise achievements of the U.N. Decade for Women; discussed the WHO/UNICEF joint plan of action concerning women and infant and young child feeding; and explored other support activities for WHD, including interregional collaboration.

A consultation on women as providers of health care was held in Geneva in August 1982 with representation from PAHO. Policy papers were presented by three countries of the Americas--Brazil, Colombia and Jamaica.

The issues addressed included:

- 1) Training for lay-women to provide certain health services to preschool children in informal day-care units in poor areas of metropolitan regions;
- 2) aspects of educational systems which prevent women from capitalizing on the positions available in the country's health system; and
- 3) the degree to which women participate at all decision-making levels regarding health services policies.

An international conference of community groups supporting breast-feeding mothers was held with the collaboration of PAHO/WHO and CFNI in Jamaica in December 1982. Participants from 13 countries of the Region reviewed the role and involvement of women's organizations in the support of maternal and child nutrition. Recommendations were made to countries to support increased involvement of women in policy formulation and decision-making at all stages of program planning and implementation.

A workshop is being planned to discuss a collaborative protocol on cervical cancer epidemiology research to be held in Panama in July 1983, with the participation of Colombia, Chile and Peru. Preparatory work is also being undertaken for a regional seminar to discuss alternative strategies for an effective control program of cancer of the cervix, to be held by PAHO in Washington, D.C., in January 1984, with the co-sponsorship of the American Cancer Society.



## IV. PUBLICATIONS

PAHO has produced a variety of articles and publications on women, health and development during the past year. PAHO's Five-Year Plan of Action and its suggested activities have been summarized in a 16-page brochure available in both English and Spanish. The brochure is currently being disseminated to National WHD Focal Points, international organizations, women's groups and others in the Region.

The Five-Year Plan, along with an introduction describing the problems the Plan aims to address, is currently being published as part of PAHO's Scientific Publications series.

A three-part series on the health of poor women in developing countries was featured in the Boletín de la OSP. Information is included on the nutritional status of working mothers, problems of sexually transmitted diseases, women's roles in health promotion and sanitation programs, and difficulties confronted by women as providers of health care (Vol. 93, Nos. 4, 5 and 6).

The PAHO Scientific Publication, Health Status of Women in the Americas, will be published in late 1983. An epidemiologist, a biostatistician, and an anthropologist are preparing chapters for the book and seven countries of the Region have contributed data to be used in the chapter on socioeconomic conditions of women in the Americas.

An annotated bibliography with abstracts from over 200 documents on women, health and development will be published in October 1983. The topics related to women's concerns and issues include: nutrition, fertility, pregnancy and child-bearing, breast-feeding, water supply and sanitation, employment and education.

PAHO presented a paper entitled "Women: The Underused human Resource" at the Regional Symposium on Human Resources for the International Drinking Water Supply and Sanitation Decade (IDSSWD) in Panama in July 1982. The paper suggests ways in which training and education can make women's participation--especially at the community level--a reality in achieving the goals of the Water Decade. This paper was published in the final report of the Symposium (PAHO Scientific Publication No. 437) as well as in Educación Médica y Salud (Vol. 16, No. 4). PAHO's recent publication entitled Environmental Health: Country and Regional Activities in the Americas includes a special feature on women and the environment.

An abstract entitled "Women's Role in the Caribbean" was featured in the PAHO Bulletin (Vol. 16, No. 2). It included a description of the prevailing situation of women in the Caribbean and strategies to enhance women's contributions to development and to assure them an equitable share in its benefits.

## V. CONTACTS WITH OTHER ORGANIZATIONS

Contacts have been established with representatives of UNDP, UNFPA, UNICEF, INSTRAW, the Inter-American Commission of Women (CIM/OAS), nongovernmental organizations and private foundations to exchange information and explore possibilities of collaboration and funding of activities related to women, health and development.

PAHO is collaborating with CIM at both the regional and national levels to develop activities in celebration of the Inter-American Year of the Family (1983). PAHO will participate in CIM's Regional Seminar for the Year of the Family to be held in Santiago, Chile, in September 1983. CIM and PAHO are also collaborating in the preparation of regional contributions to the 1985 World Conference to review and appraise achievements of the U.N. Decade for Women.

PAHO is a member of the Inter-Agency Task Force on women's roles in the International Drinking Water Supply and Sanitation Decade (IDWSSD), which advises the IDWSSD Committee on ways to enhance the participation of women in the Water Decade. PAHO collaborates as a member of the Task Force with UNDP, UNICEF, UNESCO and FAO.

A technical work group met in Washington, D.C., in April to examine the roles community women's groups can play in developing primary health care activities at the local level. The meeting included participants representing nongovernmental organizations and Ministries of Health from Peru, Colombia and Honduras, as well as PAHO and WHO staff.

The participants identified key problems and constraints, as well as their potential solutions for increased involvement of nongovernmental organizations in primary health care activities at the national and local levels. Information was presented on the types and roles of community groups that work with women in public health activities.

## VI. FELLOWSHIPS FOR WOMEN

In an effort to promote a greater use of fellowships by Member Governments for the development and training of women, PAHO conducted a study on fellowships for women. A summary of its findings and recommendations was sent to each Member Government in April. The report, available in English and Spanish, presents and compares data on fellowship recipients for 1971-1975 and 1976-1980 to demonstrate the characteristics of the program as applied to women, to develop and promulgate policies for improvement, and to provide indicators by which to measure improvement.

The changes recommended in the report include:

- 1) Increase in the percentage of fellowships awarded to women;
- 2) increase in the number of long-term and academic fellowships for women;
- 3) equalization of cost and duration of fellowships for women with those for men;
- 4) increase in fellowships for women in the education and administration fields;
- 5) increase in fellowships for both men and women in children's and women's health fields; and
- 6) increase in women physicians, administrators, dentists, veterinarians, engineers, and educators among fellowship recipients.

PAHO is currently evaluating the fellowship program for women, based on a field survey of fellowship recipients from 1976-1980. The survey will be repeated in 1986 to cover 1981-1985 recipients.

#### VII. RECRUITMENT POLICIES AND PRACTICES

PAHO has continued efforts to increase the number of women it employs in technical and management posts at the senior level. The information presented in Annex III indicates that some improvement has been made in this respect. All written vacancy notices encourage applications from women and an effort continues to be made to ensure that at least one female staff member is included in each selection committee.

At both Headquarters and in the field, the proportion of female staff members occupying professional posts has risen from 21.1 per cent, at the end of 1981, to 22.5 per cent one year later. In 1982, 31.8 per cent of all female staff members held professional positions at headquarters and 16.8 per cent held professional posts in the field. The percentage of women in senior posts (grades P.4 and above) increased from 32.5 per cent of all female professional staff in 1981 to 37.6 per cent in 1982. Of the 35 staff members appointed to professional posts in 1982, nine were women, or 25.7 per cent.

#### VIII. STAFF TRAINING AND DEVELOPMENT

Speakers series were presented to 43 staff members in 1982 as part of PAHO's ongoing training program designed to enhance the status of its female staff. Communication skills workshops were provided to 15 female

professionals. Twenty-two senior staff members attended a special one-day seminar developed in collaboration with PAHO's Women's Resource and Development Group (WRDG) to identify strategies for enhancing the roles of women in PAHO. Overall, a total of 576 female and 308 male entries were registered in the staff development and training programs in 1982.

#### IX. MEETING OF THE SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH AND DEVELOPMENT

The Subcommittee on Women, Health and Development, in accordance with operative paragraph 4 of Resolution XXVII of the XXI Pan American Sanitary Conference, met in Washington, D.C., on 20 and 21 June 1983 to review the progress made by the Organization and its Member Governments in implementing the Five-Year Regional Plan of Action on Women, Health and Development.

Representatives from Jamaica, Nicaragua and Panama formed the Subcommittee. Observers from Canada and the Inter-American Commission of Women (CIM/OAS) also attended.

The Subcommittee reviewed the progress report presented by the Secretariat, describing the actions taken by Member Governments and the Secretariat to implement the Five-Year Plan and focusing on progress made in the past year.

The Subcommittee also requested the Secretariat to table the report of the internal working group on WHD that was convened by the Director in response to Resolution CSP21.R27, and incorporate the findings of this study in its report to the Executive Committee.

The Subcommittee arrived at the following conclusions:

#### Conclusions

- 1) The Subcommittee congratulated the Director for the concern he has shown by establishing an internal working group to review the coordination of WHD activities and concluded, on the basis of the group's findings, that PAHO will play a more active role in developing WHD activities in the future.
- 2) Although some progress has been made in WHD as reported by the Secretariat, the report of the internal working group established by the Director indicates that the Organization needs to intensify its efforts to implement WHD activities in a meaningful way.

- 3) The Subcommittee recognized that not all countries have taken an active role in developing and promoting WHD activities. Of the 34 PAHO Member Governments, only 13 had responded to its survey questionnaire when the Subcommittee met. Furthermore, from the responses that were received, it is clear that only minimal progress has been made.
- 4) The findings in the Fellowship Study demonstrate that special efforts must be made to bring the availability of PAHO fellowships to the attention of qualified women in Member Countries. The Subcommittee endorsed the recommendations included in the Fellowship Study.
- 5) The Subcommittee recognized that efforts have been made to offset the imbalance between the number of men and the number of women in senior staff positions. However, progress in recruiting women to positions of authority in PAHO continues to be slow in comparison to recruitment and selection of men.

#### Recommendations

The Subcommittee recommended the following to the Executive Committee:

- 1) The recommendations of the internal working group (Annex IV) should be taken into account in formulating a draft resolution for consideration by the Directing Council.
- 2) The resolution should make specific recommendations for the provision of adequate human and financial resources for WHD activities.
- 3) The post in the Office of the Assistant Director for the Focal Point should be established at a level sufficient to allow WHD activities to receive the prominence they deserve and to allow the incumbent to participate actively in the decision-making process of the Organization.
- 4) Guidelines should be developed to provide direction to the Organization and its Member Countries in developing and implementing the Five-Year Plan of Action on Women, Health and Development. These guidelines should be reviewed and approved by the Directing Council prior to their implementation.
- 5) The development of orientation workshops for PAHO staff members, especially Country Representatives and senior staff in relevant program units, should be accelerated.

- 6) PAHO should provide technical assistance to Member Governments so they can initiate new activities, improve existing projects and accelerate overall progress in WHD. PAHO's assistance should include mobilization of external resources for specific country projects.
- 7) To ensure continuity in its activities and that members serve for overlapping periods of three years, the Subcommittee recommended to the Executive Committee that Cuba and Ecuador be selected to replace Jamaica and Nicaragua when their terms expire in 1983, as members of the Subcommittee.
- 8) The Subcommittee recommended that its next meeting be held directly after the XXIX Meeting of the Directing Council.
- 9) Based on the above conclusions and recommendations, the Subcommittee of the Executive Committee on Women, Health and Development recommended the following resolution, which was later adopted by the Executive Committee:

"THE 90th MEETING OF THE EXECUTIVE COMMITTEE,

Noting that the Special Subcommittee on Women, Health and Development, in compliance with Resolution XXVII of the XXI Pan American Sanitary Conference, met to monitor the program and review achievements; and

Having reviewed the report of the Special Subcommittee on Women, Health and Development,

RESOLVES:

To recommend to the XXIX Meeting of the Directing Council that it approve the following resolution:

THE XXIX MEETING OF THE DIRECTING COUNCIL,

Recognizing the important roles played by women both in the home and at the work place;

Considering that the Organization has the capability to provide greater leadership and guidance in the design and implementation of activities related to women, health and development;

Concerned with the slow rate of progress achieved in the implementation of the Plan of Action on Women, Health and Development; and

Recognizing that success in attaining the goals of the Five-Year Plan of Action on Women, Health and Development is largely dependent on the full participation of the Member Countries,

RESOLVES:

1. To urge the Member Governments to:

- a) Establish more effective mechanisms for the promotion and recognition of women's roles in health and development;
- b) Strengthen national policies and programs for the protection and improvement of women's health both in the regulated and unregulated sectors of the economy, and particularly with regard to the health and safety of women in the work place;
- c) Strengthen programs for the prevention, early detection and treatment of diseases such as breast and cervical cancer, peculiar to women in their reproductive role;
- d) Increase the participation of nongovernmental and charitable organizations, as well as community groups that are concerned with women's issues in the formulation of national health care goals, priorities and programs;
- e) Create more opportunities for women to acquire the skills necessary for professional development, career advancement, and accession to posts of authority, especially in the health and social sectors;
- f) Establish mechanisms to identify and nominate more women for professional posts in the Organization.

2. Request the Director to:

- a) Accord a higher priority to the program for women, health and development;
- b) Provide the human and financial resources needed to effectively carry out activities to achieve the goals of the Five-Year Plan of Action on Women, Health and Development;
- c) Intensify efforts to identify and recruit suitable women candidates for consideration in the selection process for senior, professional posts in the Organization;

- d) Ensure that Country Representatives are committed to carrying out their functions as focal points for women, health and development in the countries, and so make real efforts to accomplish the purposes of the program;
- e) Provide policy guidelines to the Member Governments and the Organization to assist in the implementation of the Five-Year Plan of Action;
- f) Ensure closer coordination of PAHO's activities on women, health and development with those of other national and international agencies concerned with women's issues."

#### Annexes



WOMEN IN HEALTH AND DEVELOPMENT

<u>Country</u>	<u>Focal Point</u>
<u>Antigua</u>	Ms. Gwendolyn Tonge, Director Women's Desk Ministry of Education St. John's Antigua
<u>Argentina</u>	Dra. Emma Balossi Representante del Ministerio de Salud Pública y Medio Ambiente en el Comité Nacional para el Desarrollo de la Mujer Buenos Aires, Argentina
<u>Bahamas</u>	Ms. Cora Bain Women's Desk Ministry of Youth, Sport, Community Affairs and Culture Nassau, Bahamas
<u>Barbados</u>	Ms. Shelly Carrington, Director Department of Women's Affairs Ministry of Information Culloden Road St. Michael, Barbados
<u>Belize</u>	Ms. Dorla Bowman, Director Women's Bureau Social Development Department Ministry of Labour Belmopan, Belize
<u>Bolivia</u>	Dra. Ana Quiroga de Barrientos Directora, División Nacional de la Mujer Dirección de Solidaridad y Acción Social de la Presidencia de la República La Paz, Bolivia
<u>Brazil</u>	Dra. Maria da Graza Ohana, Dra. Ana Maria Costa y Dra. Maria Dulce Sodre Cardoso Técnicas de la Secretaría Nacional de Programas Especiales de Salud Brasilia, Brazil

<u>Country</u>	<u>Focal Point</u>
<u>Canada</u>	Ms. Freida Paltiel Senior Advisor, Status of Women Department of National Health and Welfare Room 2100, Jeanne Mance Bldg. Tunney's Pasture Ottawa, Ontario KIA OK9 Canada
<u>Chile</u>	Dr. Fernando Symon Jefe del Departamento del Programa de las Personas Ministerio de Salud Santiago, Chile
<u>Colombia</u>	Dra. Georgina Ballestros de Gaitán Consejera Presidencial y Directora del Consejo Colombiano para la Integración de la Mujer al Desarrollo Bogotá, Colombia
<u>Costa Rica</u>	Dra. Rosa María Novygrodt Subdirectora, Departamento de Nutrición Ministerio de Salud San José, Costa Rica
<u>Cuba</u>	Lcda. Vilma Espín de Castro Comisión Permanente de la Asamblea Nacional para la Niñez, la Juventud y la Igualdad de Derechos de la Mujer La Habana, Cuba
<u>Dominica</u>	Ms. Hyacinth Elwin, Director Women's Desk Ministry of Home Affairs Roseau, Dominica
<u>Dominican Republic</u>	Lcda. Marta Olga García Departamento de Promoción de la Mujer Presidencia de la República Santo Domingo, República Dominicana

<u>Country</u>	<u>Focal Point</u>
<u>Ecuador</u>	Dr. Luis Cueva Sotomayor Director, Programas Prioritarios Ministerio de Salud Quito, Ecuador
<u>El Salvador</u>	Dra. Emma Esther Castro de Pinzón, Coordinadora Lic. Clara Luz Mendoza de Osorio, Directora Política "Atención Infancia, Juventud y Familia" Ministerio de Planificación y Coordinación del Desarrollo Económico y Social San Salvador, El Salvador
<u>Grenada</u>	Ms. Phyllis Coard, Deputy Minister Women's Affairs Ministry of Education and Women's Affairs St. George's Grenada
<u>Guatemala</u>	Oficina Nacional de la Mujer (ONAM) Ministerio de Trabajo y Previsión Social Guatemala, Guatemala
<u>Guyana</u>	Ms. Urmia Johnson, Minister of Cooperatives and Director, Women's Affairs Bureau Ministry of Cooperatives 237 Camp Street, Cummingsburg Georgetown, Guyana
<u>Haiti</u>	Ms. Adeline Verly, Assistant Director, Division Hygiene Familiale Dr. Lucie de Vastey, Assistant Director Section d'Assistance Externe Département de la Santé Publique et de la Population Port-au-Prince, Haiti
<u>Honduras</u>	Dra. Anarda Estrada Jefe, Recursos Humanos Ministerio de Salud Tegucigalpa, Honduras

<u>Country</u>	<u>Focal Point</u>
<u>Jamaica</u>	Dr. Carmen Bowen-Wright Principal Medical Officer Ministry of Health Kingston, Jamaica  Ms. Princess Lawes Parliamentary Secretary in Charge of Women's Affairs for the Government Ministry of Youth and Community Development Ocean Boulevard Kingston, Jamaica
<u>Mexico</u>	Programa Nacional de la Mujer (PRONAM) Consejo Nacional de Población (CONAP) Secretaría de Gobernación Circular de Morelia No. 8 México 7, D. F.
<u>Nicaragua</u>	Lcda. Fátima Real Subdirectora, Relaciones Internacionales Ministerio de Salud Managua, Nicaragua
<u>Panamá</u>	Lcda. Gladys Colamarco de Lam Viceministra de Salud Ministerio de Salud Panamá, Panamá
<u>Paraguay</u>	Departamento de Educación Sanitaria Ministerio de Salud Pública y Bienestar Social Asunción, Paraguay
<u>Perú</u>	Dra. Rosa Elvira Jiménez La Rosa Funcionaria Médica del Nivel Central Ministerio de Salud Lima, Perú
<u>Saint Lucia</u>	Ms. Martina Mathurin Senior Community Development Officer Ministry of Social Affairs Castries, Saint Lucia

<u>Country</u>	<u>Focal Point</u>
<u>St. Vincent</u>	The Permanent Secretary Ministry of Foreign Affairs Kingstown, St. Vincent
<u>Trinidad and Tobago</u>	Ms. Cynthia Bishop, Secretary National Commission on Status of Women Riverside Plaza Besson & Picadilly Streets Port-of-Spain, Trinidad
<u>Uruguay</u>	Dr. Roberto Marino Director, División de Planificación Ministerio de Salud Pública Montevideo, Uruguay
<u>Venezuela</u>	Dra. Elsa Tenías de Salazar Médico-Jefe del Departamento de Tuberculosis Ministerio de Sanidad y Asistencia Social Caracas, Venezuela

SUMMARY OF COUNTRY RESPONSES TO SURVEY QUESTIONNAIRE  
ON WOMEN, HEALTH AND DEVELOPMENT (WHD)

Argentina

The focal point, Dr. Emma Balossi of the Ministry of Health, reports directly to the Minister and devotes 10 per cent of her time to this job. As focal point, she participates in an inter-ministerial work group which evaluates the progress being made nationally in relation to the World Programme of Action for the United Nations Decade on Women. The group--which consists of representatives from the Ministries of Labor, Culture and Education, Social Welfare, Economics, Justice, Planning and External Relations--developed recommendations for the Ministry of Public Health for increasing women's participation in the health sector.

The recommendations include: 1) improving disease prevention and control programs for pathologies prevalent in women, such as cardiovascular diseases, tumors, and diabetes; 2) developing health education programs aimed at women in the work place, school and home; and 3) conducting clinical and epidemiological research on women's health and their participation in the country's health system.

Argentina's national information system publishes all statistics listed in the survey questionnaire by sex, except human resources in health.

Argentina indicates no need for specific legislation to support working women, claiming that men and women are treated equally in all social programs.

The Ministry of Health reports that no significant progress was made during 1982 in contracting and appointing women to high-level positions.

Bahamas

The Bahamas established a Women's Desk in the Ministry of Youth, Sports and Community Affairs in September 1982. Ms. Cora Bain, the Officer in Charge, has begun to establish links with other ministries and international agencies in the areas of health, education and legislation. The Women's Desk is exploring areas for collaboration with the Health Education and Public Health Division of the Ministry of Health.

The Unit is also collecting information (newsletters, seminar reports, etc.) from international organizations for dissemination to local women's groups. A list of 47 interested women's organizations has been compiled.

### Brazil

Brazil's focal point consists of a group of five women professionals in the Ministry of Health. The group members each dedicate 20 per cent of their time to activities which include collecting and disseminating information and statistics on women's health status, developing specific projects on women's health, and collaborating with other ministries and various nongovernmental women's groups.

The group developed a proposal for an integrated health care project for women. The project aims to improve the level of women's health independent of their reproductive status through a network of basic health services and promotion. As a crucial part of the project, educational activities will be included in all medical consultations, from preventive gynecological visits to pre- and postnatal visits, as well as deliveries. This project includes training of health personnel at the central and local levels.

Brazil has included a section on women's health in its National Census. Of the statistics listed in the PAHO survey questionnaire, Brazil publishes, by sex, morbidity from notifiable diseases, prevalence of chronic diseases, hospital discharges, outpatient services and traffic accidents. Statistics on human resources development and malnutrition are collected and tabulated, but not published by sex. The remaining types of data listed in the survey questionnaire are collected, but not tabulated or published by sex.

### Canada

The focal point for WHD in Canada is Ms. Freda L. Paltiel, Senior Advisor, Status of Women, in the Department of National Health and Welfare. The focal point devotes 45 per cent of her time to women, health and development activities, as well as that of her staff of five and, as needed, other resources of the Department.

The Senior Advisor, Status of Women, is the key advisory and coordinating position responsible for the development, continuous assessment, implementation and integration of a wide range of policies and programs to ensure the promotion and preservation of the health, social security and social welfare of Canadian women and their families.

The Senior Advisor is responsible for advising the Deputy Minister on recommended policy options; gaining the acceptance and implementation of policy decisions within the various agencies responsible for national programs directly or indirectly influencing the status of women's welfare

and health; and for ensuring that, at all stages of programming, a Departmental stance on the status of women's welfare and health is developed effectively.

The focal point chairs a standing advisory committee on the status of women to ensure effective cooperation by all branches in the achievement of departmental and federal goals and to encourage branch managers to assume responsibility for matters under their jurisdiction. The focal point also chairs the Department's Women's Health Research Committee and its Task Force on Reproductive Health.

The focal point collaborates closely with over seven international organizations, providing consultations on women's health, publications and briefings. The office also collaborates with hundreds of nongovernmental organizations, including 37 national women's organizations. In addition to a wide range of advisory and informational services, the Department provides substantial financial support to various organizations for their core budgets and special projects.

Canada developed a National Plan of Action in response to the World Plan of Action for the International Women's Decade. The Department of Health and Welfare, bearing the most extensive responsibilities related to the National Plan of Action, developed a Departmental Plan of Action in 1979 which the Senior Advisor, Status of Women, reports on annually.

The Department of Health and Welfare has incorporated relevant areas of action of the Five-Year Plan into its ongoing programs. Since the focal point on WHD was named in 1982, activities in these areas have increased and activities and mechanisms for information exchange have been strengthened.

The Department has developed an impressive list of ongoing and planned activities covering the areas of action of the Five-Year Plan, all of which are integrated into the Department's programs. The Department has produced numerous publications, including information leaflets on a variety of topics; research reports; pamphlets, brochures and a quarterly newsletter on day care; and a great deal of information on family planning.

The Department has provided substantial financial support for the study of health problems related specifically to women, women's health, and health risks.

A very specific activity undertaken to promote and to share information on activities related to the goals of the PAHO Five-Year Plan of Action was a Seminar on Women, Health and Development held in April 1983. Approximately 100 participants attended, representing women's



organizations, health and welfare interest groups, health professionals, university faculty, trade union officials and government officials at several levels. A PAHO representative gave a presentation on the perspective from the developing countries of the Region on women's health risks and concerns.

Canada has given aid and technical advice to Member Governments in the Region as well as in other continents. Although in many cases international technical cooperation may not be required of Canada, identification of issues and concerns by other countries would assist Canada in identifying where technical cooperation and priorities could be placed to address women, health and development needs.

The Canada Labor Code, which applies to federally regulated businesses, includes maternity protection provisions requiring at least 17 weeks of maternity leave and ensuring job security to women absent from work because of pregnancy, if they have worked for their employers for one year.

The Department's Equal Employment Opportunity Office has a program to increase the representation of women in occupational areas where traditionally there have been few women. Yearly targets are set for increasing the representation of women within specific occupational groups and levels.

In addition, 88 per cent of the educational leave granted in 1982-1983 was provided to women. The purpose of this leave is to provide employees with the opportunity to upgrade their education and thus to gain greater access to higher level positions.

Women represented 11.5 per cent of the management category in the Department for the period January-March 1983. In the scientific and professional category, the participation rate of women increased from 53.5 to 55.2 per cent over the previous year; however, when nurses are excluded, the figure falls to 23 per cent. In the administrative and foreign service category, an increase from 44 per cent in December 1981 to 48 per cent in December 1982 occurred.

#### Colombia

Ms. Georgina Ballestros de Gaitán, Advisor to the President of the Republic on Family Issues and President of the Colombian Commission on the Integration of Women in Development, spends 50 per cent of her time as National Focal Point for Women, Health and Development. The Commission has a relatively small clerical staff and budget.

Within the Commission, the Committee on Education and Health of Women and Families has been established. Coordinated by the Ministries of Education and Health, the Committee includes members of 28 national institutions and associations. Members of the Colombian Association of Medical Faculties, the National Red Cross and the Colombian Association of Women Attorneys participate actively in various sub-groups of the Health and Education Committee in the planning and implementation of projects.

The Committee aims to promote the integrated development of the nuclear family through educational and health activities. Through various training programs for volunteer community leaders, the Committee, in close coordination with the Ministries of Health and Education, encourages the active participation of rural women and their families in health and education programs. Community leaders are informed of the availability of health services and trained through these programs in the prevention of diseases and accidents most common to rural areas.

All of the health statistics listed in the survey questionnaire are collected and tabulated by sex as part of Colombia's national information system.

Colombia reports that it has not yet ratified a pending agreement with ILO that would increase the period currently granted for maternity leave.

Within the Health Ministry, women have participated in various graduate training programs and women now hold numerous high-level positions within the Ministry, including the position of Vice Minister.

### Costa Rica

Dr. Rosa Novygrodt of the Ministry of Health serves as Costa Rica's focal point, reporting directly to the Minister. She officially devotes 5 per cent of her time to the coordination of intersectoral activities on women, health and development. Dr. Novygrodt coordinates a multidisciplinary commission on women in health and development consisting of 11 health professionals from the Ministry. Each member of the commission proposes to devote 9 per cent of her time to its work.

The commission, along with the Health Ministry, is collecting information on women's health status in Costa Rica, reviewing and recommending legislation to support working women, and coordinating activities with nongovernmental groups and international agencies.

The Ministry of Health recently organized a Department of Chronic Diseases which is monitoring women who use oral contraceptives for indications of high risk of diabetes and hypertension.

All of the health statistics listed in the survey questionnaire are tabulated and published by sex.

Since 1980, all women working in the public sector have been entitled to four months maternity leave.

The Ministry of Health reports that women are increasingly being placed in its high-level decision-making positions. On 18 February 1983, the Ministry celebrated the Day of Women of the Americas, featuring special speakers and inviting Ministry staff.

#### Cuba

Ms. Vilma Espín de Castro, the President of the Permanent Commission of the National Assembly for Children, Youth and Equal Rights of Women, serves as Cuba's focal point, reporting directly to the President of the National Assembly. The Commission monitors the work of other governmental agencies regarding their focus on women.

The Commission created a work group on sex education coordinated by the Federation of Cuban Women (FMC), and including representatives from the Ministries of Education and Public Health, and the Infant and Youth Organization.

The Federation of Cuban Women (FMC), a 14-year-old group of 2.5 million members, aims to raise the level of cultural and political awareness of Cuban women and to increase their participation in the economic, political and social activities of the country. The group works closely with the different ministries and other governmental organizations. One of its major projects in the health area is the training of female volunteers to work with women at the local level, encouraging them to learn self-care and to seek assistance when needed. The FMC and its health volunteers also participate in the national program for early detection of cancer of the cervix.

These activities and others aimed at improving and maintaining health, especially of working and pregnant women, are coordinated with the Ministry of Health and other pertinent organizations.

Cuba reported that all health information is disaggregated by sex, but did not specify whether the data are actually tabulated or published by sex.

Cuba's legislation regarding maternity leave includes the following entitlements:

- . All pregnant women workers are obliged to stop working when they reach their 34th week of pregnancy, at which time they are entitled to maternity leave until three months after delivery. During her pregnancy, the worker has six days (or twelve half days) of leave for medical care.
- . To help ensure proper care and treatment of the child during its first year, the working mother is entitled to one day of leave a month to take her child to the pediatric care center.

Cuba reports that due to organizational measures aimed at increasing women's participation in decision-making, the number of women in positions of responsibility in the Health Ministry, as well as those working as directors of health clinics and hospitals, has increased.

#### Dominica

Ms. Hyacinth Elwin, Director of the National Women's Bureau, serves as the WHD focal point for Dominica. The Bureau is part of the Ministry of Home Affairs, Industrial Relations, and Housing. Because the Bureau's resources are very limited, it has not been able to designate an officer with special responsibilities for women's health issues. However, these concerns are incorporated into the total program, which encompasses developmental activities. Sixty per cent of the Bureau's funds come from the Inter-American Commission of Women (CIM).

The Bureau collaborates with the Ministry of Education and Health by lecturing to community health practitioners. The Bureau also collects data for CARICOM on women in health, participates in the National Breastfeeding Campaign Committee, and is currently coordinating activities with CIM for the Inter-American Year of the Family (1983).

The Ministry of Health has integrated the areas of action of the Five-Year Plan into the training of primary health care nurses, the formation of district health teams, its national breastfeeding campaign, its post-partum program, the school health nutrition programs and the health and family life education program. However, the evaluation of activities of the Five-Year Plan has not been incorporated into the evaluation of the national health system.

None of the health statistics listed in the survey questionnaire are collected by sex.

The country's Social Security Act provides maternity leave.

Dominica reports having recently increased training opportunities for women in administration, nursing and dentistry.

#### El Salvador

El Salvador has designated two professionals to serve as the national focal point, Dr. Emma Esther Castro de Pinzón, Coordinator for Child, Youth and Family Care, and Ms. Clara Luz Mendoza de Osorio, Director of the Office on Women of the Ministry of Economic and Social Development Planning and Coordination. Each devotes approximately 30 per cent of her time to women and health matters.

The focal point's responsibilities include collecting information on WHD projects in both the public and private sector and developing indicators to measure their success; organizing seminars and workshops; reviewing legislation, agreements and policies for their impact on women; and collaborating with other ministries, international organizations and nongovernmental organizations in the formulation, implementation and evaluation of activities.

The Ministry of Health plans to incorporate activities from the Five-Year Plan of Action into its ongoing primary health care projects, which are underway in six marginal communities. Evaluation of these activities has not been included in the evaluation of the national health system.

The health statistics listed in the survey questionnaire are not collected by sex.

Some progress has been reported in the number of women appointed to decision-making positions within the health and other ministries.

#### Guatemala

The National Office of Women (ONAM), located in the Ministry of Labor and Social Security, aims to stimulate development of national policies for incorporating women into development. The Office, with a full-time staff of four, plans, coordinates and implements research projects, educational seminars, conferences and panel discussions related to the integration of women into the development process. As the national focal point, the staff of this office devotes 10 per cent of its time to activities related to women, health and development.

A delegate from each of the Ministries collaborates with ONAM to plan and execute projects. The Office is currently developing a family planning education project. ONAM also collaborates with nongovernmental women's organizations. The office receives financial support from USAID and CIM.

Women's health has been included as a major section in the 1983 national project to research the status of women in Guatemala.

Guatemala has not incorporated an evaluation of the activities of the Five-Year Plan into its national health evaluation system.

Of the health statistics listed in the survey questionnaire, Guatemala publishes the following by sex: morbidity from notifiable diseases, hospital discharges, outpatient services, health human resources and human resources development.

Women make up 70 per cent of the Ministry of Health technical staff, but to date none have filled positions at the highest levels.

#### Guyana

An interdisciplinary group of three women has been designated as the focal point in Guyana: Ms. Urmia Johnson, Minister of Cooperatives and Director of the Women's Affairs Bureau; Ms. Yvonne Loncke-Waithe, Administrator, Women's Affairs Bureau; and Ms. Faustina Ward-Osborne, Coordinator, Women's Affairs Bureau. Each member devotes 80 per cent of her time to women, health and development activities.

The Coordinator, Ms. Johnson, reports to the Minister of National and Regional Development, who is head of a cluster of developmental ministries including the Ministry of Cooperatives. The Bureau has its own budget and part-time clerical support. It is currently in the process of formulating regional plans for women's development which will form the bases for a national plan for the integration of women in development.

The Bureau is also in the process of establishing subcommittees, including one on public welfare and social services, which will deal with health matters. This subcommittee will work with the Regional Women's Affairs Commission to collect information required to monitor and evaluate progress made in relation to women's participation in health and development.

The Bureau collaborates with the Ministries of Health, Education, Agriculture, and Information, as well as international organizations and various non-governmental groups that work with women. The Bureau has

asked that the Ministry of Health disaggregate more health information by sex to ensure that the main health problems relating specifically to women are identified. Furthermore, the Bureau is collecting statistics on the number and percentage of women in positions at the senior administrative and planning levels in the health sector; and statistics by sex on occupational accidents and industry-related health problems in Guyana.

An evaluation of activities of the Five-Year Plan of Action has not been incorporated into the evaluation of the national health system.

Of the statistics listed in the survey questionnaire, Guyana only collects and publishes hospital discharge data by sex.

Maternity benefits are provided by the National Insurance Act. Pregnant workers with less than one year's service at the Guyana Sugar Corporation are entitled to three months unpaid leave and workers with more than one year's service are granted three months' paid leave. The Corporation provides medical service to its employees by way of fully staffed dispensaries with adequate drugs. Midwives employed by the Corporation conducts regular clinics at the dispensaries for pregnant workers and their families.

There are specific policies on women's career development in the Ministry of Health. However, the Public Service Ministry reports that they have recently trained women in non-traditional fields such as veterinary medicine, mechanical and civil engineering, forestry, computer science and helicopter pilot training.

#### Haiti

Dr. Luce Vastey, Assistant Chief of the External Coordination Division of the Ministry of Health, has recently been designated WHD focal point in Haiti.

The focal point is just beginning to outline its responsibilities and develop its work plan for 1984-1985.

Of the statistics listed in the survey questionnaire, data on morbidity from notifiable diseases, hospital discharges, health human resources, human resources development, malnutrition and traffic accidents are collected by sex.

The Ministry of Social Affairs, in its Division for Women and Children, is involved in the protection and development of norms for women at work.

### Honduras

The Focal Point in Honduras is Dr. Anarda Estrada, Chief of the Division of Human Resources of the Ministry of Health. She officially devotes 25 per cent of her time to this job. Dr. Estrada coordinates a focal group which consists of three other health professionals, each devoting 25 per cent of their time to the group's work.

The group is collecting information on the number and percentages of women working in the health care professions and the names of nongovernmental organizations working with women. It is also focusing on improving midwife and community volunteer training and encouraging community participation in the selection of midwives and volunteer health and development workers. This program is being developed with joint USAID and Ministry of Health funding.

The focal group is also working to increase its coordination with nongovernmental groups in developing community-level projects involving women.

The National Congress is currently considering a new family code which focuses on improving the well-being of working women and their families.

Of the health statistics listed on the survey questionnaire, Honduras only collects and tabulates by sex data on hospital discharges and the prevalence of chronic diseases.

The Ministry of Health is organizing work groups which include female professional staff to increase their participation in the Ministry's decision-making process.

### Mexico

In 1980 the National Program for Women (PRONAM) was established within the National Population Council (CONAPO) to integrate women into the economic, social, and cultural development of the country. The Coordinator of PRONAM serves as WHD Focal Point and reports directly to the President of the Republic.

PRONAM conducted a comprehensive nationwide study on the status of women, including national meetings of experts in labor, education, health, nutrition and social services. Needs were identified which served as the basis for developing the National Plan of Action for the Integration of Women in Development.



The Plan is designed to complement the numerous sectoral plans of the country, including the National Health Plan. Since the Plan was adopted, various field projects have been conducted, audiovisual materials developed and a documentation and information center established. Reports of national and international conferences, specific health and family planning information, magazines, journals and audiovisual materials focusing on women and development are all part of the collection at the information center.

All of PRONAM's activities from 1980-1982 are described in the publication "MEMORIA-PRONAM" recently published by CONAPO. The book includes a summary of Mexico's Plan of Action on Women and Development, national seminars and workshops, projects, and sectoral analyses, including health and nutrition. Since it was established, two and a half years ago, PRONAM has continuously focused on health as one of its major areas of action.

Of the statistics listed in the survey questionnaire, Mexico publishes hospital discharges and traffic deaths by sex. The ten principal causes of first-time medical consultations are also published by sex. Data on morbidity from notifiable diseases, human resources in health fields and human resources development are collected but not tabulated by sex. Data on occupational health problems are collected and tabulated, but not published by sex.

By law, pregnant workers in Mexico are entitled to maternity leave for six weeks before and after delivery. Breastfeeding mothers are entitled to two one-half hour periods each work day for nursing in a suitable area to be provided by the employer. Day care services are provided by the Mexican Social Security Institute.

### Panamá

The Vice Minister of Health, Ms. Gladys de Lam, serves as the focal point for WHD in Panama. She is responsible for collecting and disseminating statistical information on women's health and information on women's status in other sectors such as education and labor.

The focal point collaborates, especially through health promotion activities, with various governmental commissions on women's status, other ministries and nongovernmental groups. Although no funds have been designated specifically for these activities, the focal point is assisted by a technical officer and the Ministry's Office of International Relations.

The Ministry reports that many of the areas of action of the Five-Year Plan are included in its programs. However, an evaluation of the activities of the Five-Year Plan has not been incorporated into the evaluation of the National Health System.

Of the statistics in the survey questionnaire, Panama publishes, by sex, statistics on morbidity from notifiable diseases, hospital discharges, and traffic accidents. Information on prevalence of chronic diseases, outpatient services and malnutrition are collected and tabulated but not published by sex.

The number of women appointed as medical directors of health centers increased during 1982-1983.

### Paraguay

Although Paraguay does not have an official focal point, it reports that Ms. Hortensia Galli de Mersan, President of the National Council of Voluntary Groups, coordinates and regulates promotional activities on women's issues carried out by governmental and nongovernmental organizations.

The Council collaborates with the Health and other Ministries as well as local voluntary groups and international organizations. Funded by various local and international contributions, the Council has a staff of 15.

The Ministry of Health's maternal and child health and health education divisions are beginning to collect and distribute technical information on women's health in collaboration with the PAHO Country Office.

The Paraguayan League on Women's Rights, in collaboration with USAID, is beginning a project to train volunteers to teach women about nutrition, breastfeeding and family planning.

Paraguay does not disaggregate by sex any of the statistics listed in the PAHO survey questionnaire.

### Peru

The Commission on Women of the Ministry of Health, coordinated by Dr. Rosa Elvira Jiménez La Rosa, was formed in November 1982 to serve as focal point to coordinate intersectoral activities on women, health and development. The Commission consists of seven Ministry of Health professionals and reports directly to the Health Minister. Each member officially dedicates 10 per cent of her time to the work of the Commission.

The Commission has developed a work plan for 1983 and has compiled three reports: "The Situation of Peruvian women in Relation to Health," "The Legal Status of Peruvian Women," and "The Segregation of Peruvian Women."

The Commission also completed a list of private organizations working to promote the participation of women in development. During 1983, the Commission plans to further develop its coordination with private institutions by holding a seminar in which representatives from 40 institutions will participate. The 1983 work plan also includes observation visits to be made by Commission members to organizations located outside Lima and further collection of statistics on the health status of women in Peru. The Commission also plans to collaborate with the Ministries of Education, Labor and Justice.

The Ministry of Health is incorporating the activities of the Five-Year Plan into its primary health care programs, especially in health education programs for women and in projects to install water systems and latrines in rural areas. However, an evaluation of the activities of the Five-Year Plan of Action has not been incorporated into the evaluation of the national health system.

Of the statistics listed in the survey questionnaire, the national health information system publishes the following by sex: hospital discharges, outpatient services, occupational health problems and traffic accidents. Information on the prevalence of chronic diseases is tabulated but not published by sex.

All pregnant workers in the public and private sector are entitled to 45 days of leave before and after delivery. In the private sector, pregnant women are entitled to 90 days of pay if they are fired within three months of giving birth. For lactating mothers that work in either the public or private sector, one hour a day is allowed for nursing for up to 10 months.

The law entitles all domestic workers to one day without work each week, eight hours of rest every evening, three national holidays and 15 paid vacation days each year.

In Peru, although women constitute the majority of mid-level health professionals, they make up a small minority of those in decision-making positions.

#### Trinidad and Tobago

Dr. Norma Andrews, Principal Medical Officer for the Ministry of Health and Environment, is the national focal point for WHD. Dr. Andrews devotes 5-10 per cent of her time to this job. Her responsibilities include collecting and disseminating information on women's health, collaborating with the National Commission on the Status of Women (Ministry of Labor), coordinating activities on women and health through the maternal and child health programs, and supporting nongovernmental agencies in their health activities. No specific resources have been allocated for these activities.

The Ministry of Health is currently collaborating with PAHO to develop a comprehensive national health plan, which will include activities from the Five-Year Plan of Action.

Statistics on morbidity from notifiable diseases and prevalence of chronic diseases, by sex, are collected and tabulated, but not published.

The country does not have written policy statements in relation to the health and well-being of working women.

Women hold the majority of senior medical and management posts in the Ministry of Health.

PAHO/WHO HEADQUARTERS AND FIELD PROFESSIONAL STAFF  
BY GRADE AND SEX  
1981-1982

MALE				FEMALE				
<u>1981</u>	<u>% of total</u>	<u>1982</u>	<u>% of total</u>	<u>Grade</u>	<u>1981</u>	<u>% of total</u>	<u>1982</u>	<u>% of total</u>
3	100	3	100	UG	0	0	0	0
2	100	2	100	D-2	0	0	0	0
18	90	15	88	P-6/D-1	2	10	2	12
139	96.5	135	96	P-5	5	3.5	5	4
189	85.5	182	82	P-4	32	14.5	40	18
38	52	37	52	P-3	35	48	34	48
44	62	43	62	P-2	27	38	26	38
17	47	14	44	P-1	19	53	18	56
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450		431		Total	120		125	
(79.0%)		(77.5%)			(21.0%)		(22.5%)	

PAHO/WHO HEADQUARTERS PROFESSIONAL STAFF  
BY GRADE AND SEX  
1981-1982

MALE				FEMALE				
<u>1981</u>	<u>% of total</u>	<u>1982</u>	<u>% of total</u>	<u>Grade</u>	<u>1981</u>	<u>% of total</u>	<u>1982</u>	<u>% of total</u>
3	100	3	100	UG	0	0	0	0
2	100	2	100	D-2	0	0	0	0
12	92	10	91	P-6/D-1	1	8	1	9
59	95	64	94	P-5	3	5	4	6
26	70	25	64	P-4	11	30	14	36
18	51	18	50	P-3	17	49	18	50
18	56	17	53	P-2	14	44	15	47
8	32	5	25	P-1	17	48	15	75
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146		144		Total	63		67	
(69.9%)		(68.2%)			(30.1%)		(31.8%)	

PAHO/WHO FIELD PROFESSIONAL STAFF  
BY GRADE AND SEX  
1981-1982

MALE				FEMALE				
<u>1981</u>	<u>% of total</u>	<u>1982</u>	<u>% of total</u>	<u>Grade</u>	<u>1981</u>	<u>% of total</u>	<u>1982</u>	<u>% of total</u>
0	0	0	0	UG	0	0	0	0
0	0	0	0	D-2	0	0	0	0
6	86	5	83	P-6/D-1	1	14	1	17
80	98	71	99	P-5	2	2	1	1
163	89	157	86	P-4	21	11	26	14
20	53	19	54	P-3	18	47	16	46
26	67	26	70	P-2	13	33	11	30
9	82	9	75	P-1	2	18	3	25
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304		287		Total	57		58	
(84.2%)		(83.2%)			(15.8%)		(16.8%)	

APPOINTMENTS  
1982

<u>Grade</u>	<u>HEADQUARTERS</u>		<u>FIELD</u>	
	<u>Women</u>	<u>Men</u>	<u>Women</u>	<u>Men</u>
P-1	-	-	-	2
P-2	2	-	-	-
P-3	1	-	1	1
P-4	2	1	2	13
P-5	1	5	-	4
P-6	-	-	-	-
D-1	-	-	-	-
D-2	-	-	-	-
	—	—	—	—
Total	6	6	3	20

PROMOTIONS BY REASSIGNMENT  
1982

<u>New Grade</u>	<u>HEADQUARTERS</u>		<u>FIELD</u>	
	<u>Women</u>	<u>Men</u>	<u>Women</u>	<u>Men</u>
P-1	-	1	-	-
P-2	-	1	-	-
P-3	-	-	-	-
P-4	1	-	1	-
P-5	-	-	-	1
P-6/D-1	-	1	-	1
D-2	-	-	-	-
	—	—	—	—
Total	1	3	1	2

RECOMMENDATIONS OF INTERNAL WORKING GROUP ON  
WOMEN, HEALTH AND DEVELOPMENT

1. The program needs to be given a high priority in PAHO's Program of Technical Cooperation in the countries and at the regional level. Clear policy guidelines should be issued periodically by the Director's Office to continue to promote and increase commitment in this area.
2. The Plan of Action and the resolutions of PAHO's Governing Bodies should be more widely disseminated. At the country level, particularly, staff should be oriented to the Plan, and promotional activities should be undertaken jointly with each government.
3. The Plan of Action should be reviewed by a small internal technical group and structurally integrated within the relevant sections of the Regional Plan of Action, specifically within the sections of health of women, worker's health, health of the disabled and the elderly, nutrition, environmental health, development of human resources, research and technology development, coordination of international cooperation, and monitoring and evaluation. The revised document as an addendum to the Regional Plan of Action should be submitted to the next meeting of the Special Subcommittee of the Executive Committee in June 1983.
4. The Plan should be translated into a medium-term program; estimation of resources required for its implementation should be made on a biennial basis.
5. The above Plan should clearly indicate priority areas of action, and should be used to formulate annual plans of work, by respective program.
6. Appropriate budgetary provisions should be made within the PAHO regular budget for the next two biennia (1984-1985, 1986-1987), to support the implementation of priority activities.
7. The technical capacity of the Organization in this field needs to be strengthened. It is recommended that a person with technical expertise in development of programs for women in health and development be recruited (at least at P.5 level) to provide technical leadership and to promote the development of this program for the next 4-5-year period.
8. The program should remain within the office of the Assistant Director and strong linkages should be established with the relevant program units for the coordinated development of activities.



9. It is further recommended that adequate support staff (at least a P.1-P.2 level Information Officer and a secretary) be provided to this Program Unit.

10. The main functions of this Program Unit should be to provide technical leadership in the promotion and development of the program; to collect, synthesize and disseminate pertinent information on program progress and other related matters; to provide technical support in development of projects to countries and to assist in mobilizing resources for them; to organize, in coordination with pertinent units training/sensitization activities and to maintain and strengthen contacts with other agencies working in this area.

11. The Program should be supported by a Program Coordination and Advisory Group, consisting of Program Coordinators of MCH, Worker's Health, Environmental Health, Health of Adults, Manpower Development, as well as representatives of the Department of Personnel, the unit of Public Information and Publication, the Women's Resources and Development Group (WRDG), and the PASB Staff Association. The Assistant Director should be the Chairperson of this group. The main functions of the group should be to coordinate and monitor the development of the Program over the next 3-5 years.

12. There is a need to sensitize and increase technical expertise of staff within PAHO, especially those serving as focal points within special programs and in the countries. The Organization should develop two workshops per year over the next three years aimed at increasing awareness and knowledge and developing innovative ideas for increasing activities, especially in the countries.

13. Other promotional activities, such as those being carried out by the WRDG and the Department of Personnel, need to be encouraged and continued at least for 1-2 years. The PASB Staff Association should be encouraged to promote participation of staff in these activities.

14. An in-depth study of the factors impeding recruitment of women, especially at higher professional levels, should be carried out to increase PAHO's and its Governing Bodies understanding of these factors and to promote appropriate actions aimed at increasing the proportion of women at these levels.

15. The information system to collect, analyze and disseminate information on specific and innovative experiences in the countries should be strengthened. Selected information about the work of other agencies in this area should also be disseminated to the field on a regular basis.