



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 4.2 of the Tentative Agenda

SMSD11/8 (Eng.)
15 March 1991
ORIGINAL: Spanish

REPORT ON THE 1990 PAHO/WHO
TECHNICAL COOPERATION
ACTIVITIES ON WOMEN AND AIDS

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TECHNICAL COOPERATION ACTIVITIES
ON WOMEN AND AIDS

AIDS Program (HIV/HST)

During 1990 the Pan American Health Organization's Program on AIDS/STD continued to carry out activities focused specifically on women, in keeping with the PAHO strategies for technical cooperation. Among the main activities were the following:

Epidemiological surveillance and direct technical cooperation. The Program Support Unit (NPS) continued its surveillance function, emphasizing in its analyses the trend toward heterosexual transmission and the growing number of women infected with human immunodeficiency virus (HIV), as well as the increase in perinatal transmission of the infection (Annex A). Special studies were promoted or initiated for sentinel surveillance of women in prenatal consultation and sexual workers (prostitutes), and surveillance and prevention of the infection in women and children were included as a special component of AIDS prevention plans in all the countries (Annex B). In August a meeting on AIDS as a maternal and child health problem was held in Sao Paulo, Brazil, in cooperation the PAHO Maternal and Child Health Program. It was attended by representatives and experts from numerous countries of the Region as well as the Global Program on AIDS in Geneva. On 8-12 October 1990 a meeting convened by the Intervention Development and Support Unit (IDS) was held in Washington, D.C., on the subject of interventions for the prevention of HIV/AIDS and other sexually transmitted diseases in schools. One of the points made in this meeting was that the aspects of sexuality should be approached from a gender-related perspective, with emphasis on strengthening the capacity of women to negotiate and make sexual decisions, the establishment of guidelines for egalitarian and constructive social interaction, and shared responsibilities. One of the task force's explicit recommendations was that women should participate actively in the design, implementation, and evaluation of activities to be undertaken in schools for the prevention and control of AIDS and other sexually transmitted infections.

Research. The AIDS Program's Research Unit (RES) collaborated with national investigators on the design and initial pilot testing of surveys on the prevalence of infection in pregnant women and women in STD consultations in Trinidad and Tobago, Jamaica, and the Dominican Republic. These protocols were included as part of the work that the Organization promotes in connection with its contract with the U.S. National Institute of Allergy and Infectious Diseases to study the characteristics and factors involved in heterosexual and perinatal transmission of the human immunodeficiency virus. Also, information was disseminated about the the International Center for Research on Women, which was widely announced throughout the Region, and a call was issued for specific research proposals on AIDS in women (Annex C).

Information dissemination. The Program prepared an article on AIDS in women for publication in the Boletín de la OPS. On World AIDS Day (1 December 1990), the theme of which was "Women and AIDS," a series of events were held both in the countries and at PAHO Headquarters in Washington, D.C., in commemoration of this important event (Annex D). In addition, numerous interviews were granted to the press and the mass media. The Program also helped to mark World AIDS Day at UN Headquarters in New York with a presentation by the Intervention Development and Support Unit (IDS), which once again emphasized both the significance of the problem for the female population and the role of women in the prevention of AIDS. In collaboration with the U.S. Information Agency, the Colombian Ministry of Health, and the United States Embassy, a televised press conference from Washington interviewed epidemiologists in Bogotá.

Consciousness-raising and resource mobilization. In preparation for World AIDS Day, the first Latin American and Caribbean symposium was held on the subject of women and AIDS on 16-17 November 1990. The Program participated actively in organizing and carrying out this event, providing the resources to bring together representatives of 73 nongovernmental organizations from 19 countries of the Region. One of the outcomes of this meeting was the document "Declaration of Buenos Aires by the Women of Latin America and the Caribbean on AIDS and Women" (Annex E).

In 1991 the Regional Program on AIDS will continue with its work related to "women, health, and development," basically through direct technical cooperation and actions aimed at strengthening medium-term plans in all the countries of the Region. Finally, in terms of program management, pursuant to PAHO/WHO policies on the identification and promotion of qualified women, it should be pointed out that four of the eight professional posts and three of the four executive posts in the Regional Program on AIDS in Washington are occupied by women.

ANNEX A

AIDS CASE RATES PER MILLION POPULATION IN THE AMERICAS, BY COUNTRY AND SUBREGION, 1987-1990.

Country	MALE RATES (per million)				FEMALE RATES (per million)			
	1987	1988	1989	1990*	1987	1988	1989	1990*
LATIN AMERICA a)	17.83	26.10	31.51	15.39	2.42	4.92	5.83	4.05
ANDEAN AREA	8.70	10.83	11.36	12.94	0.38	1.15	1.14	1.18
Bolivia	0.00	0.88	0.00	0.00	0.00	0.00	0.00	0.00
Colombia	11.58	15.06	19.22	25.91	0.47	2.10	1.86	2.27
Ecuador	3.81	4.87	2.48	5.72	0.00	0.00	0.38	0.56
Peru	5.36	5.70	9.38	8.00	0.39	0.57	1.20	0.72
Venezuela	13.33	16.57	9.87	7.13	0.55	1.29	0.74	0.72
SOUTHERN CONE	5.05	9.53	11.37	10.64	0.00	0.73	1.22	0.41
Argentina	4.85	10.35	12.62	10.00	0.00	0.44	1.24	0.00
Chile	6.45	8.72	8.88	8.15	0.00	1.24	1.22	0.15
Paraguay	3.06	0.99	1.93	...	0.00	0.00	0.00	...
Uruguay	5.99	15.84	21.62	42.91	0.00	2.55	2.54	0.29
BRAZIL	27.56	42.70	52.37	...	2.76	5.91	6.01	...
CENTRAL AMERICAN ISTHMUS	7.12	11.97	20.35	36.24	1.81	4.10	9.62	15.81
Belize	23.54	23.00	...	...	11.75	11.49	...	...
Costa Rica	16.31	33.15	32.98	47.90	0.00	2.82	4.81	5.37
El Salvador	...	...	...	...	...	...	...	...
Guatemala	2.34	2.73	...	9.47	0.24	0.23	...	1.54
Honduras	18.32	33.03	72.04	145.83	9.43	20.76	48.32	81.70
Nicaragua	0.00	1.10	1.07	3.09	0.00	0.00	0.00	0.52
Panama	15.53	18.59	48.83	16.26	0.00	0.00	6.88	1.68
MEXICO	17.12	18.96	27.79	41.01	1.81	3.26	5.24	797.41
LATIN CARIBBEAN b)	35.26	60.09	49.87	11.59	16.23	29.39	30.48	5.71
Cuba	4.09	3.87	0.19	0.76	1.21	0.80	0.20	0.00
Dominican Republic	31.06	59.90	90.04	37.32	16.49	24.04	51.06	14.46
Haiti	92.69	154.40	87.06	...	39.81	80.04	55.36	...
CARIBBEAN	79.37	94.95	126.25	79.69	29.45	39.56	60.29	40.41
Anguilla	0.00	0.00	0.00	0.00	0.00	281.69	0.00	284.09
Antigua	24.56	0.00	0.00	...	0.00	0.00	...	0.00
Bahamas	430.02	448.04	701.34	269.23	294.21	288.97	607.23	357.09
Barbados	173.27	73.89	244.50	408.00	22.27	44.38	73.48	73.53
Cayman Islands	96.25	0.00	96.15	96.15	0.00	93.90	0.00	0.00
Dominica	101.27	49.89	49.26	48.65	25.97	0.00	25.38	0.00
French Guiana	395.17	544.96	734.97	0.00	188.05	204.64	466.67	0.00
Grenada	61.97	20.24	100.26	78.65	20.18	39.50	0.00	19.18
Guadeloupe	187.91	217.58	210.91	...	58.12	63.75	69.34	0.00
Guyana	28.22	61.43	42.88	30.65	0.00	9.97	9.81	154.44
Jamaica	16.77	18.17	38.24	23.14	10.69	6.48	15.15	11.04
Martinique	93.61	130.92	223.88	43.48	41.49	41.30	82.45	17.65
Montserrat	...	...	...	...	...	...	...	...
Netherlands Antilles	231.33	10.90	...	...	21.00	20.78	...	...
Saint Lucia	63.02	15.52	30.67	0.00	29.61	14.58	28.66	0.00
St. Christopher-Nevis	0.00	338.70	...	...	0.00	205.09	...	...
St. Vincent and the Grenadines	77.64	57.15	37.74	55.58	18.35	72.05	89.29	17.54
Suriname	15.75	20.68	137.47	125.00	10.22	0.00	39.68	49.02
Trinidad and Tobago	103.26	187.13	193.85	143.75	26.09	70.64	71.10	54.43
Turks and Caicos Islands	506.33	253.16	...	...	495.05	0.00	...	...
Virgin Islands (UK)	0.00	0.00	0.00	143.97	0.00	0.00	0.00	141.76
NORTH AMERICA	0.00	222.97	240.57	264.54	0.00	25.82	28.55	37.31
Bermuda	638.30	850.16	975.61	69.93	104.20	138.79	237.29	136.06
Canada	62.40	69.37	69.34	19.11	3.68	3.87	4.45	0.22
United States of America b)	158.91	239.42	258.87	313.26	14.26	28.09	31.01	41.18

* Incomplete.

a) French Guiana, Guyana, and Suriname included in the Caribbean.

b) Puerto Rico and the US Virgin Islands included in USA.

TOTAL CASES, PEDIATRIC CASES, PERCENT OF PEDIATRIC CASES FROM TOTAL PERINATAL CASES,
AND PERCENT OF PERINATAL CASES FROM PEDIATRIC, BY SUBREGION AND COUNTRY(a), THROUGH 1990.

Country	TOTAL CASES	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
LATIN AMERICA	29,185	395	3.1	123	47.3
ANDEAN AREA	2,790	23	0.8	18	65.2
Colombia	1,277	14	1.1	11	78.6
Ecuador	100	1	1.0	1	100.0
Peru	352	6	1.7	1	16.7
Venezuela	1,061	2	0.2	2	100.0
SOUTHERN CONE	988	24	2.4	12	50.0
Argentina	651	20	3.1	9	45.0
Chile	178	2	1.1	1	50.0
Uruguay	159	2	1.3	2	100.0
BRAZIL	13,817	496	3.6	250	50.4
CENTRAL AMERICAN ISTHMUS	1,901	49	2.6	31	63.3
Costa Rica	206	9	4.4	6	66.7
El Salvador	256	4	1.6	2	50.0
Guatemala	121	2	1.7	-	0.0
Honduras	1,098	32	2.9	22	68.8
Panama	220	2	0.9	1	50.0
MEXICO	5,679	207	3.6	75	36.2
LATIN CARIBBEAN	4,010	96	2.4	40	41.7
Cuba	69	1	1.4	1	100.0
Dominican Republic	1,485	33	2.2	23	69.7
Haiti	2,456	62	2.5	16	25.8
CARIBBEAN	2,451	170	6.9	156	91.8
Bahamas	554	52	9.4	52	100.0
Barbados	145	4	2.8	4	100.0
Dominica	12	1	8.3	1	100.0
French Guiana	232	17	7.3	16	94.1
Guadeloupe	182	13	7.1	12	92.3
Guyana	108	1	0.9	1	100.0
Jamaica	186	23	13.9	20	87.0
Marinique	142	8	5.6	7	87.5
Netherlands Antilles	68	1	1.5	1	100.0
Saint Lucia	30	1	3.3	-	0.0
St. Christopher-Nevis	18	1	5.6	-	0.0
St. Vincent & the Grenadines	26	1	3.8	1	100.0
Suriname	75	1	1.3	-	0.0
Trinidad & Tobago	693	46	6.6	41	89.1
NORTH AMERICA	161,962	2,788	1.7	2,323	83.3
Canada	4,427	54	1.2	43	79.6
U.S.A.	157,525	2734	1.7	2,280	83.4

a) Does not include countries which have not reported AIDS cases in children.

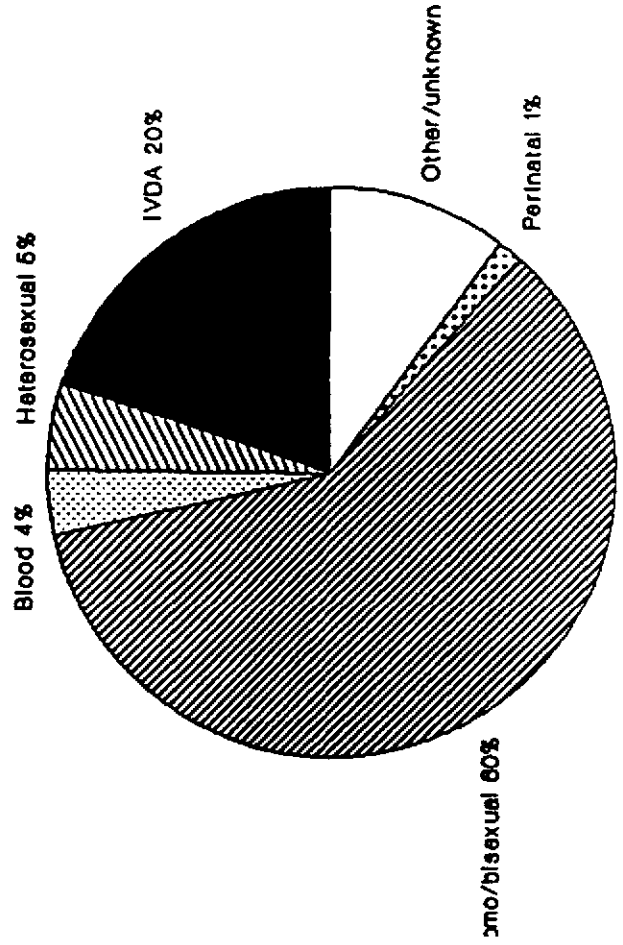
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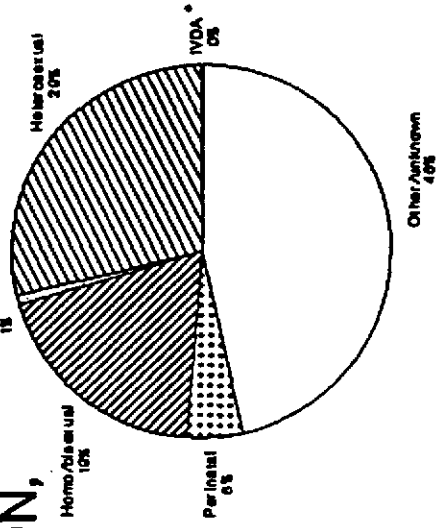
Number of reported cases of AIDS in Children (<15 years of age)
and rate per 1,000,000 population, 1987-1989, selected countries.

	Pediatric cases			Rate per million		
	1987	1988	1989	1987	1988	1989
Argentina	1	1	16	0.10	0.10	1.62
Brazil	75	140	146	1.45	2.66	2.72
Honduras	2	1	7	0.91	0.44	3.00
Dominican Republic	2	7	18	0.73	2.50	6.30
Haiti	16	18	28	5.98	6.60	10.07
Bahamas	17	16	12	206.74	191.96	141.68
Jamaica	4	5	12	4.53	5.58	13.19
Trinidad and Tobago	9	10	11	22.37	24.46	26.48
Latin America (excluding Latin Caribbean)	110	181	238	0.74	1.20	1.54
Caribbean and Latin Caribbean	50	61	116	4.75	5.70	10.68

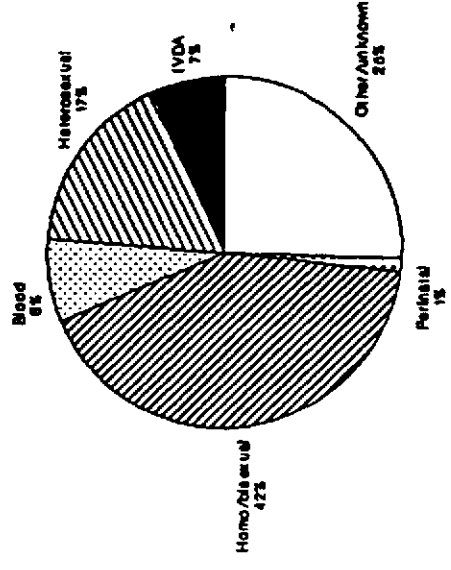
PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, AND MAJOR SUBREGION, CUMULATIVE THROUGH 1989



North America



Caribbean



Latin America

• Hemophilia and IVDA (3 cases each)

ANNEX B
(Index of the MTP of El Salvador)

EL SALVADOR

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International Center for Research on Women

The International Center for Research on Women**announces****A Grants Competition for Research on Women and AIDS**

The World Health Organization estimates that three million women are currently HIV infected, approximately one-third of the total HIV infections worldwide. The risk of HIV infection is no longer restricted to commercial sex workers but affects all groups of women -- urban and rural, married and unmarried, and of different ages and socioeconomic backgrounds. Despite this fact, little is presently known about the behaviors and/or factors that put women at risk of HIV infection and about women's behavioral options for AIDS prevention. There are, for example, limited data available on women's attitudes towards and knowledge about AIDS, the factors that constrain or facilitate their access to AIDS information and prevention programs, their perception of risk, how communities educate young and adolescent girls regarding sexual practices, and the effectiveness of existing indigenous community-based efforts that attempt to reduce women's risk of HIV infection. Such information is critical for the design of appropriate and effective HIV/AIDS prevention strategies for women and must be generated from a variety of social science perspectives.

To support the development of this urgently needed research, the International Center for Research on Women (ICRW) is sponsoring a research grants competition under its recently established Women and AIDS Research Program. Funded through a cooperative agreement with the Office of Health of the U.S. Agency for International Development, the objective of the Women and AIDS Program is to identify ways to reduce women's risk of HIV infection in developing countries.

1717 Massachusetts Avenue, N.W.
Suite 302
Washington, D.C. 20036
Telephone: 202 797-0007
Cable: INTERCENT
Fax: 202 797-0020

Research Grant Awards

ICRW's Women and AIDS program will award grants to research that describes and analyzes the behavioral, social, and cultural factors that determine women's risk of HIV infection and suggests preventive strategies that are of immediate relevance for project interventions. To qualify for a research grant, proposed research must not only describe and present evidence on behaviors and factors that put women at risk of HIV infection (such as women's lack of power in sexual negotiation or the barriers that constrain women's access to AIDS-related information services and prevention programs), but also analyze and recommend ways to intervene to reduce women's risk (such as by testing culturally-appropriate education and behavior change strategies to increase women's control over their sexual behavior). Given the demands of women's productive and reproductive roles and the cultural constraints that they face, research must also take into account the social, cultural, and economic context of women's lives.

ICRW seeks proposals that focus on women's own risk of HIV infection through sexual contact rather than proposals focused on women as agents of HIV transmission, through pregnancy, childbirth, or prostitution. While proposals that examine how female commercial sex workers can reduce their risk of HIV infection will be considered, ICRW strongly encourages proposals that focus on other groups of women, adolescents, and pre-pubescent girls.

Research from a variety of health and social science disciplines, using a wide range of qualitative and quantitative methodologies will be funded. Proposals for research that is linked to ongoing research or service delivery projects are welcomed, as are pilot intervention studies that are based on sufficient research evidence to justify the intervention trial.

Eligibility and Review Criteria

Applications are encouraged from developing country researchers as well as joint U.S. and developing country research teams. Because an ancillary objective of the program is to develop research capacity in the developing world, exclusively U.S. research teams are not eligible. Collaborations between researchers and health practitioners working in AIDS programs are also encouraged. Collaborating teams must provide a work plan demonstrating how the collaboration will be implemented. In general, applicants will be expected to have completed their professional training, but high quality proposals from students undertaking research in fulfillment of requirements for a graduate degree will also be considered.

Proposals will be evaluated on clarity of the problem statement, feasibility and quality of the proposed research project, and congruence of the proposed research with the priority areas of the research grants competition.

Grant Terms

It is anticipated that a total of 15 grants will be awarded averaging \$65,000 each for projects to be conducted within an 18 month time frame. Researchers are encouraged to use funds from ICRW to complement funds from other sources. Information about other sources of support should be included in the application.

Funds may be requested to cover salaries, honoraria, consulting fees, travel and per diem, costs associated with gathering data in the field, data analysis, modest communication and document preparation costs, and substantiated overhead or indirect costs. Applicants should, however, limit overhead or indirect costs to 15% of total direct costs.

Application Procedures

All proposals should be submitted in the format described in Attachment A. Proposals may be submitted in English, Spanish, or French. Three copies of the proposal should be mailed to:

Project Manager, Women and AIDS Program
International Center for Research on Women
1717 Massachusetts Avenue, N.W.
Suite 302
Washington, D.C. 20036, U.S.A.

Deadline

Applications must be received by ICRW by April 15, 1991.

ATTACHMENT A

WOMEN AND AIDS PROGRAM

Format for Proposals

Proposals submitted to the Women and AIDS Program should provide sufficient information and detail to allow for evaluation. They should be self-contained, i.e., not dependent on supporting documents such as previous papers by the researcher(s). Proposals may be submitted in English, French, or Spanish. Three typewritten copies should be submitted. Applicants are encouraged to model their submissions on the following outline, which lists in sequence the main elements to be included.

1. **A Title Page** headed "Women and AIDS Program." Below this heading should appear; a) the title of the research project (15 words or less); b) the names, titles, disciplines and institutional mailing addresses of all principle investigators; c) the total amount of funding sought (in U.S. dollars); and d) the duration of the project in months, with beginning and ending dates specified. Duration of the project should not exceed 18 months.
2. **A Summary** (1 page) that presents the research problem and objectives, data, method, and potential relevance of findings for program interventions.
3. **A Table of Contents.**
4. **A Project Description** section that includes the following subsections:
 - a. **Scope** (3-5 pages if single spaced). Describe the substantive scope of the project in detail, including specific objectives, hypotheses, and cite key related research and literature.
 - b. **Methodology** (3-5 pages). Describe the research design, the independent and dependent variables, and proposed methods of analysis. Discuss the adequacy of these methods for testing the research hypotheses.
 - c. **Data** (2-4 pages). If applicants plan to draw on existing data, these data must be described fully (for example, sampling frame, number of cases, variables, etc.), and a copy of the questionnaire (if applicable) and assurances of necessary clearances and access must be provided. If new data are to be gathered, describe plans in the same detail (attaching a copy or detailed outline of the questionnaire if a survey is proposed).
5. **Significance of Expected Findings for Program Intervention** (1-2 pages). Specify how the research findings will contribute to the design of appropriate and effective HIV/AIDS prevention strategies.
6. **Dissemination of the Research Findings** (1 page). Indicate the type of substantive report(s) to be prepared and plans for disseminating the findings in the country of research at the end of the project. Each research project is expected to prepare at least one article for submission to a peer review journal.
7. **Research Facilities** (1-2 pages). Describe the facilities and services available to your institution, including any computer equipment, software and programming support, that will be used on the project. If the research is to be conducted in or focused on a country other than that of your current institutional affiliation, describe any collaborative arrangements you have made with local institutions or researchers, and provide supporting documentation.

8. **Protection of Human Subjects.** The process that will be followed to protect and guarantee the confidentiality, rights, and welfare of subjects should be fully described.
9. **An Itemized Budget** should be included, showing all costs in U.S. dollars and appropriate national currency annually for each budget item. Key budget items should be fully explained and justified. Any salary support should be modest and appropriate to the particular, institutional and country setting. Details should be provided on the proportion of the researcher(s) time to be spent on the project, even if no salary is requested. Information should also be provided regarding any other pending requests or current financial support (agency, amount, status) for this or related projects. ICRW welcomes and encourages cost sharing. To this end, please indicate how much support will be contributed for the project by your own institution. Please note that ICRW encourages limiting overhead or indirect costs to an amount equivalent to 15% of total direct costs.
10. **A Curriculum Vitae** should be submitted for each principal investigator, giving educational and employment histories, publications, a brief synopsis of previous relevant work and details of research grants received from national or international agencies. Please also submit a copy of the enclosed Grantee Biographical Data Sheet.
11. **References** (as many pages as necessary). Provide a full citation for each of the bibliographic works mentioned in the description of your project.



GRANTEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)		2. Grantee Name	
3. Address (include ZIP Code)		4. Position Under Grant	
		5. Proposed Salary	
6. Telephone Number (include area code)	7. Date of Birth	8. Place of Birth	9. Citizenship (if non-US citizen, give visa status)

10. EDUCATION
(include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Type of Degree	Date of Degree

11. EMPLOYMENT HISTORY

1. Give last three years and relevant related employment
2. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, overtime, etc.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (mo, yr)		Salary	
		From	To	US\$	Per

12. SPECIFIC CONSULTANT SERVICES (give last three years)

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (mo, day, yr)		DAILY RATE
		From	To	

13. Special Qualifications (Honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned)

14. CERTIFICATION: To the best of my knowledge, the aforementioned facts as stated are true and correct.

Signature of Grantee

Date

(Use this space for continuation)

GRANTEE'S CERTIFICATION (To be completed by responsible representative of Grantee)

A. I hereby certify that the salary proposed for this grantee conforms to the customary policy and practice for this organization

B. Justification or Remarks

Signature

Title

Date

WOMEN

and

AIDS



**Frontline Collaboration:
Globally and Locally**

ANNEX D

Printing Courtesy of
MetPath Inc.,
A Corning Clinical Laboratory

Sponsored by:

*Office of AIDS Activities,
Commission of Public Health
Department of Human Services,
Government of the District of Columbia*

*In Cooperation with:
Pan American Health Organization (PAHO)*

Friday, November 30, 1990
1:30 PM to 5:00 PM

site:

Pan American Health Organization
523 Twenty-third Street, NW
Washington, DC

FINAL AGENDA

"Necy's Dilemma": An HIV Prevention
Drama Targeting Women

3:30 PM

1:30 PM

OPENING REMARKS

Georges C. Benjamin, M.D.
Commissioner
D.C. Commission of Public Health

Carlyle Guerra De Macedo, M.D.
Director
Pan American Health Organization

Adora Iris Lee, M.P.H., Chief
Office of AIDS Activities
D.C. Commission of Public Health

2:00 PM

THE GLOBAL VIEW OF THE HIV EPIDEMIC

Fernando Zacarias, M.D., DrPH

THE LOCAL PICTURE OF THE HIV EPIDEMIC

Celia J. Maxewell, M.D.
Howard University Hospital

CLINICAL MANIFESTATIONS OF HIV DISEASE IN WOMEN

Victoria Sharp, M.D.
St. Clair's Hospital and Medical Center
New York Medical College

HEALTH PROMOTION ISSUES CONCERNING WOMEN

Lydia Bond, Ph.D.
Pan American Health Organization

MODERATOR

Lois E. Bradshaw, D.PH
U.S. Agency for International Development

3:00 PM

BREAK

INNOVATIVE WAYS OF REACHING WOMEN INVOLVED IN SUBSTANCE ABUSE & OTHER RISK BEHAVIORS

Denise Rouse, M.P.H.
D.C. Women's Council on AIDS

THE ECONOMIC AND SOCIAL IMPACT OF HIV DISEASE

Vulimiri Jagdish, M.D., DrPH
World Bank

THE IMPACT OF AIDS ON DEVELOPING COUNTRIES

Frances Henry, M.D.
National Institutes of Health
National Institute of Allergy and
Infectious Disease

ORPHANS RESULTING FROM THE HIV EPIDEMIC

Mark Connolly
Pan American Health Organization

THE HIV-POSITIVE WOMAN'S EXPERIENCE

Janice Jirau

MODERATOR
John W. Diggs, Ph.D.
National Institutes of Health,
National Institute of Allergy and
Infectious Disease

5:00 PM

CLOSING REMARKS

Adora Iris Lee, M.P.H., Chief
Office of AIDS Activities
D.C. Commission of Public Health

AIDS has a profound impact on women in all areas of the world. It has been estimated that of the eight to ten million people worldwide infected with HIV, two million or more are women. During the 1990s alone, an additional three million women and children will die from AIDS.

World AIDS Day is the only international day of coordinated action against AIDS. It is part of the global effort to meet the challenge of AIDS - an epidemic that continues to worsen in all regions of the world. The first World AIDS Day in 1988, began the process by emphasizing communication about AIDS. The second World AIDS Day focused on the needs of youth. The Third World AIDS Day, 1990 will draw attention to the special problems faced by women. In commemoration of this day and the estimated 500,000 women and children who have been affected during the first decade of the HIV/AIDS epidemic, the D.C. Commission of Public Health, in cooperation with the Pan American Health Organization presents this conference to highlight the very special concerns relating to women and AIDS.

ANNEX E

DECLARATION OF BUENOS AIRES
BY THE LATIN AMERICAN AND CARIBBEAN WOMEN
REGARDING AIDS IN WOMEN*

Considering that:

AIDS constitutes a threat to social health and well-being, and conscious that its impact is greater in women because of discrimination and social subordination.

There is a lack of specific studies that focus on the impact and manifestation of the infection in women as persons, regardless of their role as mothers.

The economic, social, and cultural situation in which we Latin American and Caribbean women find ourselves, imposes restrictions on our capacity to effectively respond to this threat and puts decisions regarding our health and our bodies beyond our reach.

The conventional focus of women's health care programs regard us more as objects of interventions rather than as active participants in health management.

Aspiring that

women be considered not only as passive beneficiaries of health care, but also that their capacity to decide for themselves and their community be respected.

Considering that:

The phenomenon of AIDS is also a problem of human rights affecting the right to happiness, life, liberty, and information, society as a whole should at least face this situation and fully confront it as a matter of well-being and right.

* Declaration approved in the I Latin American and Caribbean Symposium on Women and AIDS, held in Buenos Aires from 16 to 17 November 1990. The meeting was sponsored by the Pan American Health Organization (PAHO/WHO) with the collaboration of the Latin American and Caribbean Women's Health Network of ISIS International. Ninety-seven delegates, representing 73 nongovernmental women's organizations from 19 countries of the Region participated in the event. (Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru, Puerto Rico, Uruguay, and Venezuela. Also participating as observers were representatives from Germany, Holland, and Spain).

Unite ourselves

to the efforts of the World Health Organization and the Pan American Health Organization to control this world-wide epidemic.

Declare and recommend:

1. that it is essential that the Governments confronting this world-wide epidemic establish clear and explicit policies that have been jointly elaborated, implemented, and evaluated with community organizations, including women's groups;

2. that it is necessary for women's groups to participate in the study, dissemination, and programming of strategies and interventions to prevent HIV/AIDS infection and diminish its psychological and social impact;

3. that it is necessary that religious institutions exercise their humanitarian role by assuming and promoting diverse approaches towards preventing and controlling HIV/AIDS;

4. that it is necessary that the existing communication networks be reinforced and that specific networks among women's groups themselves be formed in order to strengthen their decision-making capacity;

5. that it is necessary for these networks to ally themselves with private and governmental entities so as to collaborate in decision-making concerning public policies on AIDS and women;

6. that room be made for reflection and action, and methods of analysis and dissemination be developed to permit women to obtain knowledge and access to power so as to be able to effect changes in ideas, attitudes, and behavior concerning human sexuality;

7. that it is necessary that the educational processes which promote the prevention of sexual and perinatal transmission of AIDS be included within the context of a global education which focuses on gender, development of critical awareness, and a positive sexual self-image based on the human right to enjoy full sexuality;

8. that it is necessary to especially avoid the segregation and marginalization of groups due to sexual and/or social patterns, which stigmatize and impede achievement of a comprehensive and consolidated preventive and therapeutic action;

9. that it is necessary that women's groups be taken into account in projects whose aims are to raise the consciousness of all members of society--men and women;

10. that it is necessary that the media and Governments, in their respective roles, assume the responsible management of information and contribute to the formation and mobilization of public opinion, incorporating the perspective of gender;

11. that the participation of those women in governmental entities with an awareness of gender intervene in policy decisions and campaign for sexual and reproductive health, with special emphasis on AIDS;

12. that it is necessary that the contemplated activities in the medium-term plan to control the epidemic constitute a joint effort on the part of international and governmental organizations and community groups in order that support and corresponding resources be assured, while maintaining their autonomy;

13. that it is necessary to focus research and services on the problem of HIV/AIDS in women and children in order to determine alternative approaches which will ensure health care and other social services for infected women and their children;

14. that the systems of registry and information analysis be improved in order to better determine the social characteristics (race, age, class, sexual preference, and other) necessary for a comprehensive analysis without discrimination and whose confidentiality is safeguarded;

15. that resources be assigned for research on the means and specific methods of prevention for women;

16. that it is necessary for Governments to enforce international conventions on women and on AIDS through effective and concrete mechanisms that enable women to make decisions regarding their health, their sexual and reproductive rights, and the health of their children;

17. that actions be implemented which raise awareness and specific responsibility in males regarding attitudes and sexual practices which until now have limited and obstructed the prevention of sexually transmitted diseases.

Buenos Aires, 17 November 1990

ADDRESS BY THE DIRECTOR OF PAHO
ON THE OCCASION OF WORLD AIDS DAY, 1990

For the third consecutive year the international community is dedicating an entire day to reflection and to expressions of solidarity in the face of its shared problem: AIDS.

This time emphasis has been placed on the impact that AIDS has had, is having, and can have on the lives of women—an expression of deep concern over the rapid growth of this pandemic and its effects on the female population.

This concern goes beyond distress over an insidious disease of inexorably fatal evolution. It is dismay at a process that has deep implications for interpersonal behavior at both the macro and the micro level, with serious consequences for individual development and social development as well.

AIDS is a clear example that disease is not merely a concern of medical and paramedical personnel but rather a phenomenon that affects all areas of existence and impinges on all aspects of society, both in its consequences and in its management.

AIDS imposes yet another problem on top of all the others that currently plague the developing countries. It is yet another burden for community care services that are already overloaded. It is one more penalty to add to the social debt being carried by our peoples.

An estimated 3 million women in the world are already infected with human immunodeficiency virus. Many of them will contract the disease, and a high proportion of the latter will die from AIDS-associated problems in the next five years. The figure would not be so impressive were it not for all the implications of the disease in women, who are the mainstays of social development. The disease will affect their performance both as care-givers and as teachers. The high number of deaths will leave hundreds of thousands of children orphaned.

Moreover, since the great majority of HIV-infected women are of child-bearing age, and since the virus can be transmitted from the mother to the unborn child, AIDS in children is increasing in parallel with the disease in women.

Apart from these implications at the macrosocial and interpersonal levels, AIDS presents a serious threat to the woman as a person: it disrupts her life plans; it reduces her chances to participate in her own development; and it subjects her to even greater marginalization than the gender stereotypes that are traditionally assigned.

This personal dimension makes World AIDS Day an opportunity to stress the role of women as agents of change both in their lives and in their surroundings. Women will contribute to the prevention and control of AIDS by

taking charge of their lives and their own decisions. They will need to take full charge of their lives, their sexuality, and their reproductive capacity, and they will need to be able to make informed decisions freely.

It is essential that women, as the protagonists of change, participate actively in the development, execution, and evaluation of activities for health promotion and education, as well as the care of persons with AIDS and HIV infection.

In coordination with the Women's Health Network of Latin America and the Caribbean under ISIS International, PAHO organized the First Latin American Symposium on Women and AIDS in Buenos Aires, Argentina, attracting more than 70 representatives of nongovernmental organizations concerned with the advancement of women. These delegates, speaking for the women's movement in the Region, discussed strategies for the prevention of AIDS in women and shared experiences on the role of women's organizations and the participation of women as opinion-makers and as resources to provide support for persons with AIDS and HIV infection.

Also, within the framework of the Global Program on AIDS in the Region of the Americas, the Pan American Health Organization has made a commitment to strengthen national programs for the prevention and control of AIDS. A key element in this task are activities aimed at providing the growing numbers of organized women with the skills for providing the care that communities need. Especially important is the effort being made to support the role of women as educators and opinion-makers.

I would like to take this occasion to express my recognition to the thousands of women who are so effectively bringing about transformation through interventions aimed at modifying the behavior of those with whom they interact in their work as educators, communicators, and counselors.

They understand that AIDS is not problem of specific groups but rather of all humankind. As both agents and subjects of change, they are giving much of their lives to this worldwide effort which, hopefully, in few years will enable us to say that we, men and women together, have managed to put an end to AIDS.