

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 4.1 of the Tentative Agenda

SMSD11/3 (Eng.) 15 March 1991 ORIGINAL: Spanish

REPORT OF TECHNICAL COOPERATION ACTIVITIES ON WOMEN, HEALTH, AND DEVELOPMENT CARRIED OUT BY THE SECRETARIAT IN 1990. FUTURE PERSPECTIVES WITHIN THE FRAMEWORK OF THE STRATEGIC ORIENTATIONS AND PROGRAM PRIORITIES 1991-1994

CONTENT S

4

.

•

I.	INTRODUCTION1
11.	GLOBAL STRATEGY OF TECHNICAL COOPERATION ON WOMEN, HEALTH, AND DEVELOPMENT IN 19901
	 Targets for Technical Cooperation on WHD in 19902 Strategic Approaches of Technical Cooperation2
III.	TECHNICAL COOPERATION ACTIVITIES OF THE REGIONAL PROGRAM ON WOMEN, HEALTH, AND DEVELOPMENT3
	 Support for Regional Initiatives
	 4. Support for Other National Initiatives
IV.	ACTIVITIES OF THE REGIONAL PROGRAMS OF THE SECRETARIAT12
	 Regional Program on Maternal and Child Health
ν.	CONCLUSIONS AND EVALUATIVE SUMMARY OF TECHNICAL COOPERATION ON WOMEN, HEALTH, AND DEVELOPMENT16
	 Achievements and Progress in Cooperation by the Regional Program on Women, Health, and Development
VI.	GLOBAL TECHNICAL COOPERATION STRATEGY OF THE REGIONAL PROGRAM ON WOMEN, HEALTH, AND DEVELOPMENT FOR THE BIENNIUM 1992-199320
	 Biennial Targets for WHD Technical Cooperation, 1992-1993



I. INTRODUCTION

In 1990 the WHD Regional Program carried out its technical cooperation activities and provided a general frame of reference for promoting a gender-based approach in women's health and in the different actions relating to policies, programs, and health services. In addition, it was responsible for coordinating and supplementing work with other regional programs that were pursuing the objective of incorporating women into cooperation projects for health development.

In this context, different programs of the Secretariat were channeled towards the promotion, in their different fields of activity, of technical cooperation activities related to women. In addition, work began on the collection and organization of information on all technical cooperation activities being promoted by the Secretariat in this area. As the product of this endeavor, the present report seeks to provide a broader view of the task of technical cooperation on WHD and in particular, of the Regional Programs.

The information has been organized starting with the Global Strategy on Technical Cooperation promoted by the WHD Regional Program in 1990, including its objectives, targets, and strategic approaches to action. Details are provided on the principal activities conducted by the WHD Regional Program in 1990 at the regional, subregional, and national levels, as well as the cooperation activities of those Regional Programs that reported having undertaken work in the area of women during 1990. Finally, an evaluative summary is presented, followed by the Global Technical Cooperation Strategy for the 1992-1993 Biennium, with the corresponding targets and lines of action.

II. GLOBAL STRATEGY OF TECHNICAL COOPERATION ON WOMEN, HEALTH, AND DEVELOPMENT IN 1990

The improvement of the status of women in the Region of the Americas and the overcoming of discriminatory barriers that affect their development as persons and their living and health conditions call for the recognition that 26x-based differences are sources of inequality, which, in addition, have an adverse effect on the health conditions of the population itself as a whole.

Recognition of this problem by the Member States of the Organization and the implementation of measures relating to policies, programs, and health services aimed at reducing social inequality and the gender gap are the principal goals of the technical cooperation carried out by the Secretariat in this area.

In 1990 the Governing Bodies of the Organization agreed to approve the conceptualization of the Regional Program on Women, Health, and Development (WHD) as the "instrument of technical cooperation of the countries of the Region of the Americas for the promotion and development of women through

health." 1/ As such, it contributes to more equitable relations between the sexes and to a broad view of human development.

As central elements of its Global Strategy for Technical Cooperation in 1990, the Regional Program on Women, Health, and Development took into account the work of the Member States and the progress, achievements, and limitations of the health sector in promoting strategies and/or plans of action on WHD and in promoting and supporting the mobilization of national and international resources in order to introduce consideration of gender into public health work, in particular, aspects related to the health of women. In addition, it assumed responsibility, as the Global Strategy for Technical Cooperation, for supplementing and coordinating actions with other programs and for promoting the identification and formulation of projects on WHD in order to obtain financial support resources.

1. Targets for Technical Cooperation on WHD in 1990

Based on the objectives for technical cooperation on WHD, the Regional Program defined the following targets for 1990:

1.1 To have promoted knowledge about the approach, objectives, and strategies of the Program on Women, Health, and Development from a gender-based perspective and to have facilitated the formulation of strategies or plans of action on WHD.

1.2 To have initiated conceptual and methodological development in order to incorporate the gender dimension into analyses of the health situation of women and the formulation and evaluation of policies, programs, and health services. To have facilitated the introduction of the afore-mentioned approach in health development projects in different areas.

1.3 To have encouraged national and subregional initiatives on women, health, and development and to have contributed to the mobilization and management of resources for the execution of projects on women, health, and development.

2. Strategic Approaches to Action

The attainment of annual goals has involved a series of joint activities based on the following strategic approaches:

^{1/} PAHO/WHO, X Meeting of the Subcommittee on WHD of the Executive Committee, "Criteria to Orient Technical Cooperation in Women, Health, and Development," Washington D.C., April 1990, Doc. SMSD10/3 Rev.1.

2.1 Mobilization of national and international resources (institutional, financial, political, and human--including those of lay social organizations), thereby promoting the establishment of exchange and cooperation networks on WHD at the national, subregional, and regional levels.

2.2 Dissemination of information on the subjects of women, gender, health, and development, by means of scientific publications, bibliographies, and preparation and dissemination of educational and informational materials on the subject.

2.3 Support for the review and formulation of policies, plans, and programs for the comprehensive health of women, as well as legal guidelines that favor exercise of the right to health within a framework of more equitable relations between the sexes.

2.4 Human resource training and development for developing and adopting conceptual, methodological, and instrumental frameworks that incorporate the gender dimension into health at the professional, technical, and community levels.

2.5. Promotion of research and the production of knowledge on the social aspects of gender, health, and development, with emphasis on multifocused research and action-based research involving participatory methodologies.

2.6. Provision of direct technical advisory services with funding for consultantships in order to promote specific programs or projects on women, health, and development in the countries of the Region.

III. TECHNICAL COOPERATION ACTIVITIES OF THE REGIONAL PROGRAM ON WOMEN, HEALTH, AND DEVELOPMENT

1. Support for Regional Initiatives

This support embraced all technical cooperation activities, which, as their name indicates, were aimed at having an impact on scientific and technical undertakings in this area throughout the Region. These activities are organized according to the technical cooperation strategies for women, health, and development.

1.1 Resource Mobilization

a. The structure and operation of WHD Focal Points in each of the countries of the Region were reviewed. For this purpose, a study guide was prepared that outlines the objectives, purposes, and methodology. Two questionnaires were prepared and distributed for the gathering of information. A comprehensive report on the current situation was prepared and will be submitted for consideration at the XI Meeting of the WHD Subcommittee of the Executive Committee.

- initiated to identify and prepare a list of b. An effort was international organizations, donor sources, and international agencies that support the execution of programs and projects for the promotion (International computerized data base, COPIN of women. Α Cooperation), was created which provides a directory of these international organizations in the United States, Canada, and Europe.
- c. Based on the COPIN Directory, informational material on the WHD Regional Program was distributed to 40 international cooperation agencies and information was requested from them on their policies, areas of interest, and guidelines for the formulation of projects in this area.
- d. Assistance was provided for the identification of technical resource specialists in the areas of women, gender, and health. Work was started on the arrangement and classification of the personal histories of these specialists. Steps were taken to create a computerized data base, ROSTER, which will aid the countries in identifying and selecting specialized resources in this area.
- e. With the assistance of the Focal Points in the countries, a Regional Directory of Nongovernmental Organizations is being prepared, with focus on women's organizations and teaching and research centers that work in the area of women's health. A computerized data base, ONGFEM, was created and is updated on an ongoing basis. Based on the directory, informational material on the Regional Program has been distributed, and the identification of human resources and program and project initiatives have been encouraged.
- f. The Program participated on the organizing committee of the annual meeting of the National Council for International Health to be held in Washington, D.C, in June 1991, the theme of which is "Women's Health: Agenda for the 90's." Meetings were attended to define the criteria for the selection of abstracts and assistance was provided in the review thereof.
- g. The Program participated in the quadrennial meeting on "Women's Choices" convened by the Network of Academic and Research Organizations involved in the area of women, held at Hunter College in New York in June 1990. Different specialists in the Region and the world were identified, and the meeting provided a good opportunity to present research proposals for submission to the PAHO/WHO Grants Program.
- h. The Program participated in the Latin American Meeting of Officials of the UNICEF Women's Program held in the city of Santa Cruz, Bolivia. On this occasion, information was exchanged and lines of cooperation among agencies were defined.
- i. The Program participated in the Second Latin American Meeting on Women and Health Programs, held in Sao Paulo, Brazil, which was convened by

the Japanese organization JOICEF. The meeting provided a good opportunity to promote the WHD Regional Program and to learn about the experiences of governmental and nongovernmental agencies in the Region.

- j. The Program participated in the XXV Meeting of Delegates of the Inter-American Commission of Women (ICW), during which the 1986-1990 quadrennial summary report was presented on WHD technical cooperation activities. In addition, the objectives and strategies of the WHD Regional Program for the quadrennium 1991-1994 were outlined.
- k. Contacts and exchanges were established with the Women's Health Network of Latin America and the Caribbean of ISIS International, a network that includes some 200 organizations and groups of women working in the field of women's health. With its collaboration and in conjunction with HST/AIDS, the First Latin American and Caribbean Symposium on Women and AIDS was organized and held, bringing together 76 organizations and 120 participants from 19 countries of the The Declaration of the Women in Latin America and Region. the Caribbean in their campaign against AIDS was approved by consensus and disseminated in the international press was widely and via communications channels of the Women's Movement.
- 1.2 Support for the Formulation of Policies, Plans, and Guidelines
- a. The frame of reference for the Regional Program on Women, Health, and Development was prepared and approved at the X Meeting of the WHD Subcommittee of the Executive Committee. It includes the Program's basic concept, its objectives, and its technical cooperation strategy. In addition, The Strategic Orientations and Program Priorities for the Quadrennium 1991-1994 were prepared on Women, Health, and Development. Assistance was also provided for defining the Organization's Strategic Orientation for the next quadrennium on the integration of women in health and development.
- b. The resolutions of the Governing Bodies of PAHO pertaining to women, health, and development were reviewed and analyzed, and the compendium was published and distributed to all the countries of the Region.
- c. As part of a review of the structure and operation of WHD Focal Points in the Region of the Americas, a survey was conducted to identify Strategies and Plans of Action on WHD that have been developed by the countries.
- d. The Program collaborated and participated in a meeting of specialists to discuss "Health Strategies for Women, Children, and Adolescents in the Next Decade" in coordination with the Regional Programs for Maternal and Child Health and Health of Adults. The WHD Regional Program provided assistance in the preparation of the report of the meeting, which is being published for distribution to the countries.

- e. The Regional Program contributed the collaboration of two specialists in the Working Group responsible for preparing "Guidelines for a Comprehensive Women's Health Program"--an activity that was coordinated with Maternal and Child Health and Health of Adults Programs. This document is being reviewed and improved for future distribution and discussion in the countries.
- f. In coordination with the Maternal and Child Health Program, arrangements were made for a specialist from the Women's Health Network of Latin America and the Caribbean to collaborate in the formulation of the Regional Plan of Action for the Reduction of Maternal Mortality.
- g. The Program participated in the I Inter-American consultation convened by the Inter-American Commission of Women (ICW) on the subject of Women and Violence, and by contributing in the discussion on aspects of health legislation that need to be reviewed and on the need to recognize violence against women and minors as a public health problem in the Region.

1.3 Dissemination of Information

- a. A working document entitled "Perfil Epidemiológico de la Salud de la Mujer en la Región de las Américas" (Epidemiological Profile of Women's Health in the Americas) was prepared in Spanish and approximately 600 copies were distributed to different national and international institutions in the Region. An English version (translation) was prepared for future distribution to English-speaking countries and international institutions and agencies.
- b. The chapter "Health of Women" in the PAHO/WHO quadrennial Scientific Publication Health Conditions in the Americas was prepared, and 1,800 copies of the separata "Health of Women in the Americas" were distributed.
- c. Distribution was made of 1000 copies (English and Spanish) of the frame of reference for the Program on Women, Health, and Development contained in the document "Criteria to Orient Technical Cooperation in Women, Health, and Development: Orientations and Priorities, 1991-1994."
- d. The Scientific Publication La Salud de la Mujer y el Desarrollo en la <u>Region de las Américas</u> (Women's Health and Development in the Region of the Americas) is being prepared and is expected to be published and distributed at the end of 1991.
- e. A Referral and Information System on Women, Health, and Development (SIMUS) is being organized based on documentary information compiled by the WHD Regional Program, and 300 documents have been classified and processed (in English and Spanish). The computer data base was

created with technical assistance from CELADE using the system designed for the data bases in the IPALCA network. Bibliographic information is being entered in that data base on the subjects of women, gender, and health for the future preparation and publication of a bibliography on women in health and development in the Region of the Americas.

1.4 Training and Human Resource Development

- a. An initial survey was made of the institutions of higher learning that currently offer courses or graduate programs in women's studies or social studies of gender in Latin America and the Caribbean. It is intended to expand awareness of these initiatives in 1991 and to design a strategy of cooperation between countries to support training and manpower development in this area.
- b. Contacts were made and relations established with the National Women's Studies Association of the United States, which brings together a national network of women's studies in universities in that country. Future areas of cooperation were explored for supporting the countries of Latin America and the Caribbean.
- c. To support continuing education in health, methodological bases were established and pedagogical units created for holding workshops on sex, gender, and health. The program calls for the preparation of a methodological manual and five thematic modules together with the corresponding instructional materials. It is planned to have this material ready by May 1991 for trial and testing in selected countries of the Region.

1.5 Research Promotion and Development

- a. The Guidelines for PAHO/WHO Research and Grants Programs were distributed and circulated in Centers for Education and Research, in the Ministries of Health, and in nongovernmental women's organizations, thereby promoting the formulation and presentation of projects in the priority area of women, health, and development.
- b. The WHD Regional Program received and evaluated a total of 18 research proposals in different subject areas relating to women's health. Contacts were established with the investigators, and evaluation and assistance was provided in refining the protocols for presentation to the Advisory Committee on Research.
- c. The Program collaborated with the Chagas Foundation in Brazil on the evaluation of 12 research studies carried out under the PRODIRE Grant for the "Promotion of Research on Reproductive Rights" in Latin America and the Caribbean.

- d. An evaluative report was prepared on research on women, health, and development based on the research proposals received and evaluated by the WHD Regional Program in 1989-1990. This evaluation will be used in preparing guidelines for the promotion and development of research on women, health, and development in coordination with the PAHO/WHO Research Program.
- e. A review of research was conducted on the subject of Women and Violence, and the Program participated in a meeting of the Working Group on Violence and Health in conjunction with the Research, Human Resources, and Health of Adults Programs.

2. <u>Support for the Subregional Initiative of the English-Speaking</u> Caribbean

The initiative on women, health, and development in the English-speaking Caribbean was identified as one of the areas in the Priority Plan for the Subregion. It is being developed, and currently there is a Subregional Plan of Action which has been approved by the Ministers of Health within the CARICOM framework. This plan has served as a means of promoting cooperation among countries and is part of the frame of reference for the mobilization of national and international resources. The following are the principal technical cooperation activities of the WHD Regional Program:

2.1 Resource Mobilization

- a. Assistance was provided for a meeting of nursing associations of the countries of the English-speaking Caribbean held in Saint Lucia. The main topic of discussion was lines of action for professional unions and associations in the area of women in health and development.
- b. The Program participated in a meeting of WHD Focal Points from the countries of the English-speaking Caribbean held in Barbados, and advice was provided in the discussion of the contents of the plan of action.
- 2.2 Plans, Policies, and Guidelines
- a. The Program collaborated in the formulation and dissemination of the Plan of Action for Women, Health, and Development in the Caribbean Subregion.

2.3 Dissemination of Information

a. Assistance was provided in the collection of information and review of the literature for preparation of an evaluation of the health situation of women in the countries of the Caribbean. Resources were assigned to contract a consultant, who visited the countries and organized and analyzed the information available. The findings are being compiled for publication and dissemination.

Support for the Subregional Initiative of Central America

In 1988 and 1989 the Regional Program on WHD and the PAHO/WHO Program of External Relations Coordination (DEC) carried out an intense process of mobilization of financial resources to support the Program on Women, Health, and Development for Central America, Panama, and Belize. In mid-July 1989 a Subregional Advisor was appointed, PAHO/WHO Focal Points on WHD were designated in each of the field offices, and an Office of the WHD Program was created and organized in San José, Costa Rica. In 1990 the Program carried out technical cooperation activities in the countries of the area with funding from the Nordic countries, in particular Norway and Sweden. The principal activities carried out by the Subregional Program on WHD are described below:2/

3.1 Resource Mobilization

3.

- a. The Subregional Coordination implemented a plan for promoting the Program on WHD in each of the countries and provided information on the objectives and approach of the WHD Program to all the Ministers of Health of the area, the Vice Ministers, the First Ladies, the heads of women's offices, the Central American national universities, and nongovernmental organizations.
- b. With the coordination of the Regional Program on Health Policies, the Program participated in the Central American Meeting on Democracy and Health. Policy support was obtained from government officials of the area for promotion of the WHD Program in the subregion.
- c. The Program assisted and participated in the IV Central American Meeting of First Ladies on the subject of Women and the Family.
- d. Within the framework of Phase II of the Central American initiative on "Health, Peace, and Development," assistance was provided in the identification and formulation of subregional proposals on WHD having to do with "Self-Care and Self-Management of Women's Health;" "Health of Indigenous Women;" and "Women, Health, and Legislation." In this connection, the Program participated in subregional consultative meetings.
- e. The WHD Program collaborated with the Environmental Health Program in incorporating the dimensions of gender and women in the Program on Health and Environment for Central America (MASICA).

^{2/} Details of the activities carried out in each of the countries of the subregion are provided in the 1990 Annual Report of the Activities of the Subregional Program on WHD in Central America, Panama, and Belize.

3.2 Support for Policies, Plans, and Guidelines

- a. Direct technical advisory services were provided for the formulation of WHD national strategies and plans of action for the countries. To date three countries (Guatemala, El Salvador, and Belize) have completed the formulation of their national strategies, and the others are in the process of developing them.
- b. In Honduras, El Salvador, and Guatemala, national seminars were conducted with a view to shaping a gender-based conceptual framework for "Comprehensive Women's Health" and reviewing actions of programs and services for women's care.
- c. Studies were carried out on <u>de jure</u> discrimination against women in El Salvador, Guatemala, Nicaragua, Costa Rica, and Panama, and the results are being disseminated.
- d. Within the framework of "Latin American Nonviolent Days for Women" held in the Dominican Republic, the Program provided support for the participation of representatives from the Ministries of Health, women's offices, and nongovernmental organizations of Central America. A Workshop on Violence against Women and Health was conducted in preparation for a subregional seminar to be held in 1991.
- 3.3 Dissemination of Information
- a. Assistance was provided in all the countries for the collection and analysis of background information on the health situation of women--in some cases for purposes of updating it and in others for assessing it.
- b. The Program collaborated in developing the contents of the document on the Subregional Program on Women, Health, and Development in Central America, to be published and disseminated in 1991.
- c. As part of the effort to gather information produced in the subregion on the subject of women, the document "Selección de Textos sobre Mujer y Salud en Centroamérica" (A Selection of Texts on Women and Health in Central America) is being prepared.
- d. Under a technical services agreement between ECLA and the Regional Program on Women, Health, and Development, a proposal was prepared for implementing the Central American Information Network on Women, Health, and Development based on a feasibility study carried out in 1989.
- e. A Subregional Seminar-Workshop on the Information System on Women, Health, and Development (SIMUS) was held in Guatemala City with the participation of representatives from the Central American Governments, universities, and nongovernmental organizations.

3.4 Training and Manpower Development

- a. As a part of the strategy of awareness-raising and continuing education, workshops on sex/gender and health for health personnel were held in all the countries of the subregion, both for the ministries and for personnel in the local health systems. For this purpose, resources were mobilized nationally from the universities (professorships and programs on gender studies), which provided assistance for the workshops by contributing their faculty.
- b. The workshops were extended to include nongovernmental organizations and women's organizations working in the field of women's health.
- c. Courses-workshops on sex-gender and health were conducted in Honduras, El Salvador, and Guatemala for personnel involved in the collection and processing of statistical data in the National Statistics and Census Offices.

3.5 Research Promotion and Development

- a. Assistance was provided to the University of Costa Rica to conduct the Central American mini-course on the "Theory of Knowledge and Methodology for Research on Women and Gender."
- b. The Program collaborated with the national universities of Honduras, Nicaragua, and Costa Rica on convening conferences on progress in research on gender. An American specialist, Sandra Harding, from the University of Delaware, attended.
- c. As part of the Technical Services Agreement between PAHO/WHO and the University of Iowa for the promotion and development of research on Women, Work, and Health, the Program assisted in the preparation of three research proposals for which funding will ultimately be requested. The University of Iowa designated an Associate Professor from the Department of Preventive and Social Medicine based in the Subregional Office to coordinate the promotion and development of research on this subject in the countries of Central America.
- d. Contacts were established, in collaboration with the Confederation of Central American Universities (CSUCA), with academic and research centers conducting research on the subject of women.

3.6 Direct Technical Advisory Services

a. In all the countries of the subregion the WHD Program provides direct technical advisory services of consultants who are responsible for coordinating technical cooperation at the national level. The Program financed the appointment of full-time national consultants in Guatemala, Nicaragua, Honduras, and El Salvador and part-time consultants in Belize and Costa Rica (this latter work being done by the Subregional Advisor of the Program).

4. Support for Other National Initiatives

In 1990 the Regional Program provided support for national initiatives on women, health, and development through the following activities:

4.1 Direct technical advisory services in the development of strategies and plans of action on WHD in the Dominican Republic, Cuba, and Venezuela. The national initiatives in El Salvador and Costa Rica were reviewed and followed up on.

4.2 Assistance was provided for the "Day Care Program" of the Children's Foundation of Venezuela through the development of a program for training mothers to serve as care providers.

4.3 Assistance was provided, under a grant, for convening National Workshops on Women and Health in Argentina. (This matter is still under review because of the frequent turnover among local officials working in the WHD program in Argentina.)

IV. ACTIVITIES OF THE REGIONAL PROGRAMS OF THE SECRETARIAT

1. Regional Program on Maternal and Child Health

Within its sphere of activity, the Program conducted a number of technical cooperation activities in support of the development of national comprehensive care programs for women and mothers, together with programs for sex education and family planning. The following are the principal activities:

1.1 Participation in the International Congress on the Family in the Year 2000 in Manizales, Colombia. A presentation was given on the "Prevention Chain in the Health of Women and the Family."

1.2 Follow-up and monitoring of the use of regulatory guidelines on oral contraceptives and community distribution of contraceptives. All the countries of the Region have updated their regulatory guidelines, in which emphasis is placed on counseling and the management of family planning programs.

1.3 Compilation of educational material on sex education and family planning in health services at the regional level.

1.4 Development of a strategy for the promotion of breast-feeding within the framework of maternal and child health programs.

1.5 Preparation of a plan of action for the reduction of maternal mortality, which was recently approved by the Ministers of Health at the Pan American Sanitary Conference in 1990.

1.6 Design and updating of a data base on maternal and child health indicators of the countries of the Region.

1.7 Creation of audiovisual collections to assist sex education programs, with special emphasis on adolescents.

1.8 Publication of the pamphlet "Salud Sexual y Reproductiva en la Región de las Américas y Estrategias de Intervención" (Sexual and Reproductive Health in the Region of the Americas and Strategies for Intervention).

1.9 Meeting to analyze and review training and evaluation proposals for traditional midwives.

1.10 Publication of the technical report "El Estudio de la Mortalidad Materna por el Método de las Hermanas Sobrevivientes" (The Study of Maternal Mortality by the Method of the Surviving Sisters) (in preparation).

1.11 Editing and production of the publication "La Salud Materna: Un Perenne Desafío" Maternal Health: A Perennial Challenge.

1.12 Publication of the case study "Guía para Diagnóstico y Tratamiento de Problemas Ginecológicos en Niñas, Adolescentes y Jóvenes" (Guide for the Diagnosis and Treatment of Gynecological Problems in Girls, Adolescents, and Young Women), written by the Society for Infant and Adolescent Gynecology, Dr. J.M. Méndez Rivas, editor.

1.13 Preparation of a proposal for the development of training material on home delivery care.

1.14 Research on the incidence of Cesarean sections in the countries of the Region through the Latin American Center of Perinatology (CLAP). Reports on this research have been published.

2. Regional Program on Health of Adults

The Program continued to organize specific health activities for women, giving priority the following areas: chronic diseases and risk factors, in particular tobacco; gynecological cancer, with emphasis on cancer of the uterine cervix; mental health; and the problems of middle-aged and older women. Also, work was begun on promoting care for disabled women.

A list of the main technical cooperation activities in 1990 is provided below:

2.1 Co-publication, under a cooperative arrangement between PAHO/WHO and the American Association of Retired Persons (AARP), of the book <u>Middle-Aged</u> and <u>Older Women</u> (in English) and <u>Las Mujeres de Edad Mediana y Avanzada</u> (in Spanish). 2.2 Presentation of a pre-proposal for the development of a joint project with the Inter-American Development Bank (IDB) on the "Health of Adult and Elderly Women."

2.3 A workshop on middle-aged and elderly women in Guayaquil, Ecuador, sponsored by PAHO, AARP, the Ecuadorian Association of Geriatrics and Gerontology, the Ministry of Health of Ecuador, and the Association for the Coordination of Volunteer Activities.

2.4 A workshop on middle-aged and elderly women in Kingston, Jamaica, under the auspices of PAHO, AARP, the National Council for the Elderly, and the University of the West Indies.

2.5 Meeting of a consultative group to discuss the characteristics of a transcultural study of "Emotional Problems of Middle-Aged Women in Latin America and the Caribbean." The research protocol is currently being prepared.

2.6 Meeting of the II Working Group to study programs for the control of cancer of the uterine cervix, with the participation of Chile, Colombia, Ecuador, the Dominican Republic, Guatemala, Nicaragua, and Peru--a joint project with the Maternal and Child Health Program.

2.7 Assistance to the International Network of Women against Tobacco, coordinated by the American Public Health Association.

2.8 Assistance in the creation of the Association of Latin American Women against Tobacco, in Mexico City.

2.9 Assistance in the development of mental health diagnoses for women in the Andean countries and a Plan of Action for Mental Health.

2.10 Contributions on cancer of the uterine cervix, smoking, and alcohol and drugs, are being prepared for the Scientific Publication on Women's Health in the Americas.

2.11 Preliminary research on the situation of disabled women in Latin America and the Caribbean. The study began in Argentina and will be extended to other countries of the Region.

3. Regional Program on Disaster Preparedness

A gender-based approach has been adopted in the area of disaster preparedness. Women were recognized to be not only the victims who bear the brunt of suffering in times of disaster but important players who can make a contribution at the community level and have an impact at the national level as well. The principal activities carried out were:

3.1 Subregional meeting on the role of women in disasters, Saint Lucia (50 participants).

3.2 Subregional meeting on the role of women in disaster preparedness, Costa Rica (20 participants). This activity was coordinated and conducted jointly with the Subregional Program on WHD for Central America.

3.3 Meeting of an expert committee to establish guidelines and orientations to strengthen the role of women in administrative processes in times of disaster.

3.4 Preparation of a proposal on "Women's Organizations and Community Groups on Health Preparedness and Response Training in Central America." Funds are being sought for this purpose.

4. Regional Program on Environmental Health

4.1 In 1990 the Regional Program evaluated the International Drinking Water Supply and Sanitation Decade, which incorporated the views of women at the community level into programs and projects in this area. Within this context, interagency coordination was established with INSTRAW for the exchange of information and training methodologies and for assistance to organized women at the community level.

4.2 In the field of Workers' Health, a pre-proposal for a review and preparation of guidelines on the occupational health of working women was prepared which attempts to determine the health situation of working women and promote comprehensive care as a part of health programs. Funds for this project have not yet been identified.

5. Regional Program on Food and Nutrition

5.1 An international meeting on "Maternal Anthropometry for Prediction of Pregnancy Outcome" was held under the auspices of PAHO and USAID. The purpose of the meeting was to discuss maternal anthropometric indicators in the context of developing countries, how they can be better utilized to evaluate the nutritional status of women in different periods of their reproductive lives, and the predictive value of these indicators in identifying the risks or benefits regarding the outcome of a pregnancy in terms of nutrition and health.

6. Regional Program on AIDS 3/

6.1 The epidemiological surveillance of AIDS continued, with emphasis in

^{3/} For further details, see the report on the technical cooperation activities in areas relating to women and AIDS presented at the XI Meeting of the Subcommittee on Women in Health and Development of the Executive Committee, Washington, D.C., April 1991.

its reports and analysis, on the trend towards heterosexual transmission, and the growing number of HIV-infected women, together with the increase in perinatal infection.

6.2 Special surveillance studies were sponsored and undertaken that were geared toward the female population in prenatal consultation and workers in sex.

6.3 Surveillance and the prevention of infection in women and children were included as a special component of all the AIDS prevention plans in the countries.

6.4 In cooperation with the Regional Program on Maternal and Child Health, assistance was provided for the I Latin American Meeting on AIDS in Women and Perinatal AIDS, which was attended by representatives and experts of the Region and from the Global Program on AIDS.

6.5 A working group meeting was held to set basic guidelines for the prevention of AIDS in schools. Its recommendations included the incorporation of gender roles into preventive programs.

6.6 The grant for research on women and AIDS sponsored by USAID and the ICRW was promoted and distributed.

6.7 The WHD Program in coordination with the Program on AIDS and with the collaboration of the Women's Health Network of Latin America and the Caribbean conducted the First Symposium on Women and AIDS with the participation of women's nongovernmental organizations in the Region.

V. CONCLUSIONS AND EVALUATIVE SUMMARY OF TECHNICAL COOPERATION ON WOMEN, HEALTH, AND DEVELOPMENT

1. Achievements and Progress in Cooperation by the Regional Program on Women, Health, and Development

1.1 The fundamental achievement of the Regional Program on WHD has been the development, based on its experience over time, of an explicit frame of reference regarding its approach, orientation, objectives, and strategies of action in order to provide technical cooperation to the Member States. This achievement has enabled it to lay the groundwork for the institutionalization of the Regional Program on Women, Health, and Development and to provide the criteria for orienting the preparation of proposals for technical cooperation and mobilization of resources.

1.2 The balance sheet on the technical cooperation carried out by the Regional Program on WHD during 1999 is considered satisfactory, although this does not mean that the Program has achieved the desired impact on the - 17 -

Secretariat and Member States of the Organization. Between what is desirable and what has actually been achieved are aspects that form part of the dynamics of scientific and technical development in the countries and the Secretariat itself that must be resolved in order to ensure a process of management of knowledge on the subject. Naturally, this also affects the mobilization of national and international resources for the promotion of women's health as part of a more equitable development of society as a whole.

1.3 In addition to the foregoing is the fact that the subject of women is imbued with "ideological evaluations" according to which "subjective" aspects take on importance in the encouragement or restriction of scientific and technical development. The subject of women in health and development is still regarded as an issue "of women and for women," and this detracts from its scientific rigor and tends to segregate it from the public health task at both the political and the technical level.

1.4 The subject of women in health and development, when viewed from the perspective of gender (being a man or woman in its relationship to health in sociocultural, ethnic, and class contexts), addresses one of the central aspects of health in development based on a philosophy of equity, i.e. more equitable relations between human beings who are biologically and socially different. As a result, the Regional Program on Women, Health, and Development, viewed from this angle, studies and addresses one of the concrete expressions of social inequity, which is based on sex--one that impacts on the living conditions and health of the entire population.

1.5 This approach has emphasized different points of view and conceptions of the subject, which have implications in terms of the content and forms of technical cooperation provided. They belong to a debate which has yet to be systematized; they are still "floating in the air," adversely affecting the tasks involved in our work and the messages that we convey to the countries.

1.6 The consideration of gender and its relationship to health call for a theoretical approach that is useful and practical (the function of all good theory). Very little has been developed on the subject, and this has been an objective limitation on the provision of technical cooperation.

1.7 With regard to the foregoing, the definition and description of the problem to be tackled and for which the countries would require technical cooperation in WHD is still very imprecise. As a result, cooperation activities are very broad and varied and tend towards dispersion. This could be a reflection of certain gaps in the knowledge and in the definition of lines of action, which are a basic requirement for defining expected results that are measurable through qualitative and procedural indicators.

1.8 The production of knowledge regarding gender and health, together with the dissemination and use thereof, is a process that still lacks scientific rigor and systematization. Available information and traditional health indicators measured through disease and death describe differences from a biological perspective, which are often explained by sex-inherent differences or socioeconomic conditions. This tendency or "bias" has limited the examination of the ideological, psychosocial, socioanthropological, and even policy dimensions in terms of their relation to the health of men and women. However, it is recognized that the contributions of the social theory of gender are beginning to penetrate the field of health and to have a greater impact on studies related to sexuality and reproductive health and on the behavioral and mental health sciences.

1.9 Nevertheless, based on available information and indicators, a process of analysis has been initiated with a different focus, which seeks to describe epidemiological behavior, thereby including the analysis of gender as one of the factors that accounts for certain differences that are expressed in the form of inequity. The "Epidemiological Profile of Women's Health in the Americas," as well as the chapter on women's health in <u>Health Conditions in</u> the Americas, prepared this year, are a contribution in this direction. The Scientific Publication on <u>Women in Health and Development</u> being prepared in 1991 will proceed according to this orientation.

1.10 In some of the countries, particularly in Central America, a whole movement of promotion and awareness-raising has been generated based on the consideration of gender in health. Different strategies have been used for this purpose, in particular training in the form of workshops on sex-gender and health at different levels. This process, geared primarily toward creativity and innovation, requires organization and publicity to generate a series of "multiplier" effects in order to create an impact and produce results. The pedagogical and didactic bases for assistance in the training and continuing education of health personnel in these areas need to be more fully developed, and efforts need to be focused on production and dissemination.

1.11 In the area of "advocacy," progress has made in the legal and juridical area and on sensitive subjects that are leading to a consensus on the need to intervene in the area of public health, for example, with respect to violence against women and children. In order for advocacy to produce effective results, it must be based on evidence (research) and use must be made of modern, innovative methods and technology (communication, cultural expression, visual methods, lobbying, negotiation, persuasion, etc). These are areas that in the field of WHD have been little developed and in which other agencies working therein have us at a disadvantage.

1.12 With regard to the development of leadership capacity and the empowerment of women at the grassroots community level, the impact and contribution of technical cooperation in the area of WHD has been very limited if not minimal. It is recognized that our actions have not yet reached target groups and that our interventions need to be built up as part of the development of local health systems. The innovative experiences of different groups of women need to be taken into account (for example, Houses for Women) in order to transfer and generalize them to the task of institutional health development at the local and community levels. The countries feel a strong

g

need for the contribution of work methodologies at the grassroots level based on creative approaches that will have an impact on men and women of different ages from both a sociocultural and an ideological perspective.

1.13 In the area of information dissemination, the work is beginning to be organized, but the publication effort is still limited. There is a need to move toward written information that can be "digested" and will make an impact at political and technical levels. In addition, the effort should be broad-based and open to discussion and reflection. The search for innovative ways to convey the message of social equality between the sexes calls for work based on a positive image of health in development. Again, communication and information are needed in this area as key tools for making technical cooperation on WHD viable. In this vein, an attempt is being made to begin a Scientific Publication on Women, Health, and Development, which is being prepared for dissemination the next year.

1.14 Finally, with regard to research promotion and development in areas relating to women's health from a gender perspective, it is recognized that technical cooperation has not produced the desired effect. The process of developing and presenting proposals is still quite ad hoc, and demonstrates conceptual and methodological problems. There is a clear need for a more elaborate frame of reference for research on the subject, as well as for guidelines and the identification of priority areas.

2. Cooperation with Regional Programs

2.1 Based on the information reported by the Regional Programs, there is growing interest in promoting activities that incorporate the subject of women. However, different levels of concentration of activities have been observed depending on the programs, and in some cases there has been a failure to identify activities in key areas, such as manpower development and the health services development.

In the process of collecting information and consultation with the 2.2 regional programs of the Secretariat, the Regional Program on WHD noted the need for assistance in areas such as the incorporation of gender consideration and the participation of women in the different projects that they promote. There is a clear interest in working on the subject and a need to contribute to the conceptual clarification, approaches, and theoretical and methodological tools that will facilitate this process within the Secretariat itself.

VI. GLOBAL TECHNICAL COOPERATION STRATEGY OF THE REGIONAL PROGRAM ON WOMEN, HEALTH, AND DEVELOPMENT FOR THE BIENNIUM 1992-1993

Maintenance of the current level of regional activities and the expansion of technical cooperation on women, health, and development will call for a major effort to mobilize international financial resources in 1991 and 1992. This means that scarce resources in the regular funds of the Regional Program on WHD will need to be concentrated on the process of identifying and formulating proposals for interventions and research on the subject. In addition, on the basis of the proposals, management and consultation with donor sources will be intensified. This strategy also will be useful in maintaining and expanding the level of activities under the subregional and national initiatives.

In the identification and formulation of proposals for intervention on women, health, and development, the biennial targets for technical cooperation and the corresponding lines of action for the biennium will be used as a frame of reference. These were defined for the purpose of assisting the Member States in implementing the Strategic Orientation on Women in Health and Development for the Quadrennium 1991-1994.

As a result, the attainment of biennial targets and the implementation of lines of action by the Regional Program on WHD to assist the countries will be directly related to the Program's efficiency and effectiveness in securing and managing extrabudgetary resources. This means that priorities need to be set and that a realistic position needs to be adopted regarding what can be done, given the actual availability of resources.

1. Biennial Targets for WHD Technical Cooperation, 1992-1993

1.1 To have promoted awareness-raising strategies and social mobilization for creating collective and informed awareness of the conditions of subordination and discrimination that are still being experienced by women in the Region and which affect their human development, living conditions, either directly or indirectly, and, by extension, the health conditions of the population as a whole.

1.2 To have facilitated understanding of the gender factors involved in the living conditions and health of women, and to have promoted policy decisions and legal provisions that will make it possible to project a positive image of women and to validate their economic and social role as agents and promoters of the health of the individual, family, and society as a whole.

1.3 To have facilitated changes and reforms in the biological-reproductive approaches of the programs for female care by expanding their scope of action in the psycho-social and health care fields for gender-specific problems, promoting the participation of men with a sense of shared responsibility based on the health of the individual, the couple, and the family. 1.4 To have contributed to strengthening and developing local health systems by supporting the formulation of strategies for the participation and leadership of women, and alternative forms of self-management and self-care with respect to health at the individual, family, and collective levels.

1.5 To have supported the process of incorporation of social studies on gender in the training and development of health manpower and to have facilitated interdisciplinary exchange and articulation in educational and research efforts in this area.

2. Lines of Action and Expected Results

2.1 Promotion and Advocacy for Women and Their Health

Promotion of women and their health by advocating their rights, their status as citizens, and more equitable relations between the sexes as a contribution to health in the development processes. Promotion of a positive image that validates the productive and reproductive roles of women in the different stages of their lives.

Expected Results

- To have used political, social, academic, scientific, and cultural means in the different countries to disseminate and circulate information on the situation of women and health, underscoring the conditions of inequity between the sexes based on social, ethnic, cultural, geographical strata, etc.

- To have facilitated the formulation of proposals for reviewing, analyzing, and reforming the juridical and legal regulations that discriminate against women and affect their development as persons and citizens in health-related matters. To have supported legal literacy initiatives with respect to women's rights and the exercise thereof.

2.2 Conceptual and Methodological Development of the Gender Perspective in Health

Improvement of the collection of information and the capacity to analyze the health situation and its trends by the incorporation of the dimensions of gender, ethnicity, and class in social and geographical contexts. Promotion and support of epidemiological stratification and incorporation of the cultural and socioanthropological dimensions of gender in the criteria for risk analysis.

Expected Results

- To have assisted in the formulation and execution of projects for strengthening the countries' capacity based on the development of conceptual frameworks, methodologies, and mechanisms for improving the collection of quantitative and qualitative information that will permit the incorporation - To have promoted research development using approaches and methodologies that will incorporate the analysis of gender both in the epidemiological stratification of certain harmful effects on health and in research on the evaluation of services.

- To have supported the formulation of a research development plan on women, gender, and health, as well as a proposal for obtaining financial support.

2.3 Strengthening the Institutional Capacity of the Health Sector

Support for the development of health sector institutional capacity and leadership in the formulation and execution of policies and programs for the comprehensive care of women within the framework of local health systems. Incorporation of institutional intervention modalities based on processes of participatory action-oriented research and the maximum mobilization of society's actual and potential resources.

Expected Results

- To have assisted in awareness-raising and reflection on the subject of sex, gender, and health among personnel involved in health programs and services, with special emphasis on the managerial level and on personnel of local systems.

- To have facilitated the review of programs for the care of women based on the concept of comprehensive health care for women in different phases of their lives. To have produced "Guidelines for a Comprehensive Women's Health Program" and basic teaching manuals for auxiliary health personnel.

- To have articulated into the local health systems the initiatives taken by different women's groups, in particular services that provide care in situations of abuse and family violence; services that deal with sexuality and human reproduction and health education for adolescents; support services for psychosocial problems, sex abuse, drug dependency, and alcoholism; legal advisory services, etc.

2.4 Strengthening of Women's Leadership Capacity

Strengthening of the leadership capacity of women and promotion of their participation as well as management shared by the sexes for individual, family, and collective health. Increase in the capacity for resolution of health problems at the household level and promotion of the processes of self-management and self-care for promoting and protecting the health of women and family members. Examination and reevaluation of the myths, beliefs, and values perpetuated by women and men in different cultures with regard to health care.

Expected Results

- To have supported the formulation and execution of projects on self-care and self-management at the household level for promoting and protecting the health of women and the family through a positive examination and reevaluation of their beliefs and practices.

- To have contributed to the revision and analysis of the models of social and community participation in health and the role of women for the purpose of promoting responsibility shared by the sexes for individual, family, and collective health.

- To have supported the formulation and execution of projects for the development and application of working methodologies with and for women and with grassroots organizations at the community level.

- To have generated a process of review and analysis of the materials for health education of the general public, with a view to eliminating biases and sexual stereotypes in the messages being conveyed.

2.5 Manpower Development

Support for the training and development of personnel engaged in public health work based on gender-based knowledge in areas and subjects involved in social studies and their relationship to health. Promotion of a critical mass that will bring about renewal and change in the content of training and continuing education in this area.

Expected Results

- To have supported the formulation and execution of a regional research project for the identification and analysis of academic programs on women's studies or interdisciplinary programs on gender studies at institutes and faculties or schools of social sciences and health in institutions of higher learning in Latin America and the Caribbean.

- To have facilitated the formulation of a strategy for cooperation between countries and, in particular, between universities and other institutions of higher learning for the purpose of training and human resource development on the subject of women, gender, and health.