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**SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH, AND
DEVELOPMENT**

OF THE EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

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***FUTURE ROLE OF THE SPECIAL SUBCOMMITTEE ON
WOMEN, HEALTH, AND DEVELOPMENT***

This paper provides a framework within which to consider the purpose and function of the Subcommittee on Women, Health, and Development in the context of recent changes within Member States and within the Secretariat. It begins with an overview of the history of the Subcommittee in relation to the Governing Bodies of the Organization, outlining the initial role of the Subcommittee that was envisaged by them. It then presents a summary of recent developments that have emerged to question the continuation of this body, including a review of other entities within the Secretariat that since have been constituted to address issues of women, gender, and health, and women's position within PAHO. It also presents the issues and recommendations pertaining to the last three meetings of the Subcommittee. The document moves on to comment on the present characteristics of the Subcommittee, reviewing its pros and cons, and concludes by presenting four alternatives for the Subcommittee to consider with respect to its future purpose and function. The Subcommittee is requested to reflect on the issues put forth in this document, the content of which will be discussed fully in its 17th Meeting, and to formulate a recommendation to the Executive Committee.

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1. An Overview of the History of the Subcommittee

Since the XIX Pan American Sanitary Conference in 1974, the Member States, through the Governing Bodies, recognized the importance of improving the health situation of women in the context of health and human development. With the declaration of the International Year of Women in 1975, the Member States introduced to the Organization and particularly to the sessions of the Directing Council of that same year, the topic of women's health, defining it more broadly than women's reproductive functions. Also, emphasis was placed on increased participation of women in the health sector and at decision-making levels of the Secretariat as well as in the Governing Bodies of the Organization (Resolution CD23.R10, Sept. 1975).

In 1976, with the declaration of the International Decade of Women and taking into account resolution 3490 adopted by the General Assembly of the United Nations in its XXX Session, the Directing Council of PAHO approved a resolution that had operational implications. The responsibilities that the Member States would assume were defined with respect to the development and evaluation of women's health programs which emphasized family life, education, nutrition and reproductive health. In addition, the Directing Council recommended that technical cooperation prioritize its support for the formulation, follow-up, and evaluation of women's health programs. In terms of procedures, the Director was requested (Resolution CD24.R25, Sept. 1976) to present a progress report to the XXVI Meeting of the Directing Council in 1979.

Not until the 1980 meeting of the Directing Council did a resolution relating to Women, Health, and Development reappear (Resolution CD27.R17, Sept. 1980). It was documented in the context of the evaluation carried out in the first half of the Decade at the United Nations World Conference on Women held the same year in Copenhagen. This resolution had important policy, operational resource and procedural implications with regard to women, as discussed below.

1.1 Policy Implications

The Member States were requested to renew their commitment to the objectives of the World Plan of Action on Women in the framework of the Decade; in addition, they were urged to introduce the concept of "equality between the sexes" and to eliminate all forms of discrimination and biases against women.

The Director was requested to collaborate with the Member States in order to review the objectives of the World Plan of Action and to formulate a Regional Plan of Action 1981-1985 on Women, Health, and Development.

1.2 Operational Implications

The Governments were urged to promote the participation of women in planning and decision-making, to formulate projects with the active participation of women, and to carry out programs for the promotion and development of appropriate technologies (water, nutrition, and food production) in order to diminish the burden of domestic activities.

1.3 Resource Implications

The Director was requested to designate a Focal Point on Women, Health, and Development at the highest level of the Secretariat, as well as to form closer ties with the agencies of the inter-American system and the United Nations system.

1.4 Procedural Implications

The Directing Council established the Special Subcommittee on Women, Health, and Development (CD27.R17), resolving:

To recommend that a special subcommittee of the Executive Committee be established to examine, with the cooperation of the PASB, the World Plan of Action proposed by the Copenhagen Conference [1980 World Conference to Review and Appraise the Achievements of the UN Decade for Women] and develop a plan of implementation specifically oriented toward meeting the health needs of the Region and seeking solutions to the obstacles which interfered with the progress in the first half of the Decade, and that this plan, after review by the Member Governments, be presented to the 86th Meeting of the Executive Committee in June 1981. [Paragraph 5]

The Directing Council further recommended:

That the special subcommittee of the Executive Committee mentioned in paragraph 5 continue to monitor the progress made in the implementation of this Plan of Action and the achievement of the goals of the Decade. [Paragraph 6]

The draft Five-Year Regional Plan of Action on Women, Health, and Development was prepared by PAHO technical staff and the Special Subcommittee and circulated to Member Governments and PAHO Country Offices. Comments received were incorporated into the revised version presented to the Executive Committee in June 1981. Based upon observations made by the delegates and observers at that meeting, another draft was prepared and presented to the XXVIII Meeting of the Directing Council in September 1981.

The Five-Year Plan recommended that the Special Subcommittee on Women in Health, and Development of the Executive Committee meet at least once a year to review the progress and implementation of activities specified in the Five-Year Plan. An annual progress report was to be presented to the Directing Council.

The XXVIII Meeting of the Directing Council (September 1981) approved the Five-Year Plan of Action and resolved:

To increase the composition of the Special Subcommittee on Women in Health and Development [established by Resolution XVII of the XXVII Meeting of the Directing Council] to three members appointed for overlapping periods of three years, [and to] convene the Special Subcommittee of the Executive Committee on Women in Health and Development at least twice a year to monitor the progress made in implementing the Plan of Action and achieving its goals. [CD28.R15]

In 1982, the XXI Pan American Sanitary Conference approved a resolution which designated Focal Points on Women, Health, and Development at the country level.

Four years later, in September 1985, the XXXI Meeting of the Directing Council (CD31.R14) resolved to:

Convene the Special Subcommittee on Women, Health, and Development once a year to monitor progress, to propose solutions to problems identified and to promote concerted action on women, health, and development (Paragraph 2.b). [Furthermore, it resolved] to recommend to the Executive Committee that it expand the membership of its Special Subcommittee on Women, Health, and Development from three to five members for the purpose of broadening representation from the subregions of the Region of the Americas. [Paragraph 3]

2. New Developments in Relation to the Subcommittee

The above cited paragraphs were, for more than a decade, the only terms of reference guiding the mandate and work of the Subcommittee. Therefore, at the 16th Meeting of the Subcommittee on Women, Health, and Development held last year (March 1996), the Secretariat submitted a draft document for the consideration of the Subcommittee containing more clearly delineated terms of reference (see Annex) to be reviewed by the Subcommittee and submitted as a proposal to the Executive Committee for its consideration and approval. In addition, since the Subcommittee had not had rules of procedure for its meetings, the Secretariat also prepared a draft of these rules to be reviewed, commented upon, and adopted by the Subcommittee.

At the Executive Committee meeting held in June 1996, upon presentation of these terms of reference and rules of procedure for the approval of the Executive Committee, the Director of the Bureau proposed that the Executive Committee consider phasing out the Subcommittee. To this end, he suggested that the Subcommittee meet again in 1998 to review the nature of its future role, if any.

He gave various reasons for this proposal, among the most significant the fact that the regional Program on Women, Health, and Development (HDW) had grown and strengthened in

the past few years and was now a full-fledged program of technical cooperation of the Secretariat. The purpose of the Subcommittee, “to monitor progress, to propose solutions to problems identified and to promote concerted action on women, health, and development” (CD31.R14), had been absorbed by the Secretariat and could be considered by the Governing Bodies as are other PAHO programs.

The suggestion of the Director was debated by the members of the Executive Committee, and their recommendation was to convene a meeting of the Subcommittee members to review the Director’s suggestion and to decide on a course of action. This meeting took place in September 1996, and there it was decided that the Subcommittee should convene at its regular time in 1997 and review, among other topics, its future role, including the consideration of whether it should continue.

3. Bodies within the Secretariat that Address Women, Gender, and Health and the Situation of Women at PAHO

There are various bodies within the Secretariat that are charged with monitoring the progress of women within the Bureau at all levels as well as with stimulating initiatives to incorporate a gender perspective into the technical cooperation provided by PAHO’s various technical programs. These include the Director’s Advisory Committee on Women (CAM) and the Interprogrammatic Working Group on Gender and Health. The Women’s Committee of the Staff Association, which is in the process of defining its terms of reference, provides another forum where women at PAHO can gather to discuss issues of interest to them and to their work within the Organization.

The purpose of this review is to provide Subcommittee members with an overview of the mechanisms in place that oversee aspects related to the topic of women, health, and development.

3.1 Director’s Advisory Committee on Women

Established in 1988, the mission of the Director’s Advisory Committee on Women (CAM) is “to expand the role of women in the Pan American Health Organization through the promotion of measures to achieve gender equity and quality of the work environment through the formulation and monitoring of appropriate organizational goals, policies and activities.” The functions of the CAM are listed below:

1. The CAM will advise the Director on:
 - (a) Achieving a staffing profile at all levels, especially at the decision-making level, that reflects an equitable representation of women.
 - (b) Changing practices and attitudes to create an institutional culture that values women’s contributions.
 - (c) Improving working conditions that support women and women’s careers.

2. The CAM will propose new ideas and strategies to achieve its recommendations, which may include the formulation of specific targets and time frames for achieving them.
3. The CAM will advise on the formulation of appropriate indicators for monitoring, evaluation, and accountability with respect to the goals set.
4. The CAM will liaise with counterparts in organizations of a similar nature, sharing experiences, statistics, progress reports, and other information of mutual interest.
5. The CAM will act as a sounding consultative board for initiatives of HDW when requested by that Program.
6. The CAM will liaise with the Subcommittee on Women, Health, and Development of the PAHO Executive Committee and with the Women's Subcommittee of the PAHOWHO Staff Association.

The rules of procedure include the designation of CAM members by the Director for a period of two years, the minimum times a year it will meet (four), and its reporting mechanism to the Director.

It is important to note that the CAM has recently revised its mission and terms of reference, in the light of the changes that have occurred within the Secretariat. For example, whereas previously the CAM was also an advisory body to the Director on matters concerning HDW, this role has been eliminated with the strengthening of the unit and its incorporation as a program of technical cooperation of the Organization.

3.2 *Interprogrammatic Working Group on Women, Gender, and Health*

Approved by the Director in August 1996, this interprogrammatic working group was established at Headquarters to collaborate with HDW in the preparation of recommendations for the Director concerning:

- (1) The definition of indicators that, by identifying sex differences in the healthiness process, can lead to the identification of gender inequities measured by the likelihood of becoming ill and dying from preventable causes, or in the distribution of the resources, responsibilities, and rewards in the health production process;
- (2) The mechanisms for the promotion of thinking within the technical programs about how biological factors and sociocultural and economic contexts differently shape the health profiles of men and women within specific populations.

The group consists of 10 technical staff from the following program areas: environmental health, health situation analysis, research, communicable diseases, adolescent health, health services, strategic planning, mental health, STDAIDS, and noncommunicable diseases. The group is coordinated by HDW, which convenes the group around specific tasks

approximately four times a year.

4. Review of the Last Three Subcommittee Meetings: Topics Presented and Recommendations Made

This section will present the composition of the last three Subcommittee meetings (1994-96), the topics presented, and the recommendations made. It will also review the nature of these recommendations and the extent to which these were accomplished. The purpose of this review is to stimulate reflection as to the topics that have been presented at the last Subcommittee meetings, the nature of the recommendations emanating from these, and the usefulness of this exercise for the Member States and for the Secretariat, in particular, for HDW, which is the coordinator of this body within the Secretariat.

The 14th Meeting of the Subcommittee was held in 1994 and was attended by representatives of the following Governments elected by the Executive Committee to its membership: Canada, Honduras, Peru, Saint Vincent and the Grenadines, and Uruguay. Three countries were represented by observers: Argentina, Mexico, and Puerto Rico. Also attending in the capacity of observer were representatives of the Inter-American Commission on Women (Organization of American States) and of the Centro de Estudios de la Mujer, a Chilean NGO.

The following topics were presented: (1) Quadrennial Report on Technical Cooperation in Women, Health, and Development during 1991-1994; (2) Interagency Preparatory Activities for the World Conference on Women; (3) Chile: NGO-Government Collaboration in Women, Health, and Development; (4) Promotion and Development of Research on Women, Gender, and Communicable Diseases; (5) Development of Basic Indicators to Monitor and Evaluate the Health Status of Women; and (6) Study of the Barriers that Limit the Recruitment of Women to Professional Posts in the Pan American Health Organization.

The 14th Subcommittee directed 10 recommendations toward the technical cooperation provided by the Bureau in the area of gender, women and health in the context of human development. Five additional recommendations were made with respect to the situation of women at PAHO. Eight of the ten recommendations have been incorporated into the ongoing collaboration provided by the Bureau. The others cannot be accomplished by HDW alone and require that countries disaggregate their data by sex. This is still not done in the majority of the Member States.

The 15th Subcommittee, held in 1995, was attended by the following countries: Bolivia, Canada, Saint Kitts and Nevis, United States of America, and Uruguay. Observers for Costa Rica, France, and Venezuela were also present. One governmental agency (the Ministry of Women's Affairs of Chile) and two nongovernmental organizations (First Works International and the Latin American and Caribbean Women's Health Network) were also represented at the meeting.

The following topics were presented: (1) Report on the 1994 Activities of the PAHOWHO Program on Women, Health, and Development and Activities Proposed for 1995; (2) Preparatory Activities for the World Conference on Women; (3) Health Situation of Women in Latin America and the Caribbean; (4) Update on the Study of the Factors that Limit the Access of Women to Professional and Decision-Making Positions in PAHO; (5) Incorporating a Gender Perspective in the Work with Indigenous Peoples; and (6) Training for PAHO Staff in Gender and Health.

The 15th Subcommittee directed 17 recommendations, almost twice as many as at the previous Subcommittee, toward the technical cooperation provided by the Bureau in the area of gender, women, and health in the context of human development. Three additional recommendations were made with respect to women at PAHO and in the ministries.

During the 16th Meeting of the Subcommittee in 1996, the Regional Program Coordinator emphasized the importance attached to the recommendations approved each year by the Subcommittee. For this reason, the Members were asked to give careful consideration to the type and number of recommendations they made because the implementation of some of them fell outside the Organization's sphere of competence.

The 16th Meeting was attended by the following countries: Bolivia, Canada, Saint Kitts and Nevis, United States of America, and Uruguay. Observers for Bahamas, Brazil, France, Mexico, and Nicaragua were also present, as was a representative of the Latin American and Caribbean Women's Health Network.

The following topics were presented: (1) Report on Implementation of the Recommendations made by the Subcommittee in 1995; (2) Report on the 1995 Activities of the PAHOWHO Program on Women, Health, and Development and Activities Proposed for 1996; (3) Follow-up Report on the Gender Training carried out at PAHO Headquarters and in the PAHOWHO Representative Offices; (4) Review of the Terms of Reference and Proposals for Rules of Procedure for Meetings of the Subcommittee; (5) Report on PAHOWHO's Role at the World Conference on Women in Beijing; and (6) Quality of Care from a Gender Perspective: An Update on PAHO's Efforts in this Area.

It is important to note here that all Subcommittee meetings, including those prior to 1994, have made reference to the situation of women at PAHO. The meetings held in 1994 and 1995 included specific items on that subject, and at the meeting in 1996 there was considerable discussion as to whether it should be a function of the Subcommittee to monitor the situation of women within the Secretariat. HDW, as the focal point within the Secretariat for preparing the meeting, felt that the situation of women as employees of the Bureau is an issue that belongs with the CAM. The consensus among the representatives was that the Subcommittee should continue to receive reports every year on the status of women in PAHO and on progress toward the achievement of gender equity within the Bureau.

The 16th Subcommittee made recommendations to the Executive Committee, one of which was to "update the terms of reference of the Subcommittee, taking into consideration the proposal submitted by the Subcommittee."

5. The Subcommittee on Women, Health, and Development: Its Current Characteristics, Pros, and Cons

This section will review the particular characteristics of the Subcommittee on Women, Health, and Development to date in the light of the changes that are occurring within the Secretariat in relation to women, gender, and health and the growing demand by the Member States to provide technical cooperation in this area. This review, although not exhaustive, is meant to foster reflection about the role of the Subcommittee and how it does not respond to the changes highlighted. Moreover, it is very important to note that this section does not reflect the comments of Subcommittee members themselves, and thus it is hoped that a discussion can be generated during the 17th Subcommittee Meeting that will modify or reinforce what follows.

5.1 *Changes that have Occurred in the Secretariat over the Past Three Years*

1. Over the past three years, HDW has expanded its staff, its financial resources, and its technical capacity in a significant way. In that period, it went from one full-time staff member and one consultant to four full-time professionals and one part-time professional. Moreover, it has expanded its field staff from seven to twelve (assigned to particular projects currently being executed by HDW). Additionally, in every PAHOWHO Representation, a specific focal point has been assigned to the Program and has participated over the past three years in the annual meeting of HDW focal points and consultants (a total of 28 professional staff). In terms of financial resources, HDW has expanded its extrabudgetary resource mobilization from \$1.6 million between 1990 and 1993 to \$10 million from 1994 to the present.
2. HDW has produced a training package for PAHO and other public health professionals to assist in the incorporation of a gender perspective in the area of gender and health. This has increased the capacity of the Secretariat to make operational the gender perspective in its technical cooperation at the country level.
3. HDW has been incorporated as a full program of technical cooperation within the Division of Health and Human Development (HDP), moving away from its status as a “special initiative” within the office of the Assistant Director.
4. HDW coordinates an interprogrammatic committee at Headquarters, the terms of reference of which were presented earlier in this document. This committee is comprised of professional staff from other technical programs which provide technical input to HDW on aspects related to gender and mental health, environmental health, health services, health financing, epidemiology, reproductive and sexual health, strategic planning, and communicable and noncommunicable diseases. This interprogrammatic committee is an important mechanism of advancing the incorporation of a gender perspective in the technical cooperation at Headquarters.

5. HDW has expanded its Regional Information System on Women, Health, and Development (SIMUS) to include 3,500 bibliographical entries that are continuously updated. SIMUS can be accessed via electronic communications (web or E-mail) and constitutes an important source of information for the countries and one which is systematically used and acknowledged.

5.2 Demands for Technical Cooperation from Member States

1. The subject of women, gender, health, and human development is increasingly one which interests a broad range of development practitioners. There is a growing interest on the part of governments, nongovernmental organizations, and other development agencies to learn more about how the biological differences between the sexes interact with gender constructions¹¹ to give rise to specific needs which must be identified and addressed so as to respond in an equitable manner. What are those biological differences (chemical, immunological, genetic)? What is the nature of the gender constructions, and how do these differ by geographical space, culture, ethnicity, income group, age, etc.? How does the interaction of the biological and the social protect men's health or place it at risk? How do gender constructions facilitate or limit access to and control over resources necessary to protect health? How can governments incorporate gender concerns to ensure health equity? All these are questions to which countries are seeking responses.

2. As stated previously, the subject of women, gender, and health is receiving increasing priority in the area of research and action, but there still is confusion as to what it means to "incorporate a gender perspective" in health. The importance of women's health and women in the development process is recognized as an essential component of sustainable development by an increasing number of countries. This advance is evident in the policies and programs that are directed towards women, but there is still a strong tendency to consider gender as synonymous with women, and to direct programs "at" women as an isolated population group. Member States, recognizing that there is a difference between women and health and gender and health, look to HDW for guidance in this area.

3. Many of the issues identified by Member States as areas of concern are being addressed by HDW concretely: violence against women, quality of care, mental health, adolescent health, indigenous health, environmental impact on health, health sector reform, and strengthening the capacity to conduct epidemiological surveillance that sheds light on gender considerations. Much of this activity is done in close collaboration with other PAHO technical programs and other organizations, both governmental and nongovernmental.

In conclusion, the areas of technical cooperation identified above are those for which HDW is receiving increasing requests from Member States.

5.3 The Current Nature of the Subcommittee and its Relation to HDW and the Secretariat: Pros and Cons

5.3.1 Pros

The Subcommittee answers to one of the three Governing Bodies of the Organization, the Executive Committee. In that role, the Subcommittee is a vehicle for highlighting critical areas of concern for the consideration of the Executive Committee. For example, the issue of violence as a public health issue, and in particular, violence against women, was first discussed by a formal body within the Secretariat at the Subcommittee in April 1993. At the recommendation of the Subcommittee, the Executive Committee considered this subject as an area in which the Member States needed PAHO's technical cooperation, and today the regional Program on Violence and Health is a manifestation of the recommendation of the Subcommittee.

The Subcommittee provides HDW in particular, and the Secretariat in general, with an opportunity to systematize and reflect on the nature of its technical cooperation in the area of women, gender, and health.

The Subcommittee provides a mechanism for disseminating to the Member States information on what the Secretariat and the Member States are doing in gender, women, and health.

5.3.2 Cons

The sense of purpose for the existence of the Subcommittee seems to have dissipated over the last few years. Originally constituted to "promote concerted action on women, health, and development" (CD31.R14), there appears to have been a dwindling of "concerted action" and an increase in the role of the Subcommittee as a "listen to and react" group. Every year, HDW presents documents, and the Subcommittee comments. It has been more and more difficult to detect to what degree the participation of Member States on the Subcommittee has an influence on the policies and programs related to gender and health in their own countries.

HDW is the only technical program which must respond to a Subcommittee. In the light of its expansion and strengthening, this requirement seems unwarranted at this time.

The Subcommittee seems to be particularly interested in the situation of women within the Secretariat but, as has been pointed out, there are efficient internal committees to deal with this issue and the record shows that PAHO has made and continues to make significant progress in this area. PAHO's performance is the best in WHO.

6. Possible Alternatives to Consider with Regard to the Nature and Function of the Subcommittee on Women, Health, and Development

It is clear to the Secretariat, particularly to HDW, that the vision and purpose of the Subcommittee would benefit from review, given the changing role of HDW within the Secretariat, the demands it increasingly receives from the Member States, and the financial constraints of the Organization. Thus, the recommendation of the Director that the Subcommittee either be phased out or modified in an important way should be considered in this light. In the following section, several alternatives are presented for the consideration of the Subcommittee.

6.1 *Alternative 1*

Following the recommendation of the Director to the Executive Committee in June 1996 and in light of the points made above: incorporate the work of the Subcommittee into that of the SPP, doing away with the Subcommittee.

6.1.1 *Benefits of Alternative 1*

HDW could focus its efforts totally on technical cooperation and resource mobilization.

Issues related to women, gender, and health could be fully incorporated into the discussion of the SPP and no longer be relegated to discussions that are isolated from the mainstream of PAHO's policy deliberations.

The Organization would save approximately \$15,000.

6.1.2 *Drawbacks of Alternative 1*

There is no guarantee that the topics presented within the SPP would include a gender perspective. Abolishing the Subcommittee could be the end to any routine mechanism for gender issues to gain access to the deliberations of the Executive Committee or the Directing Council, but, given developments to date, it is highly unlikely that this access would not continue.

6.2 *Alternative 2*

Keep the Subcommittee as it is now. Circulate the documents beforehand, as usual, but rather than come to Washington to meet, have an electronic discussion group at a given time, where the Subcommittee members participate and give their reactions. Over a set period of time, the members can come "on-line" whenever they have time to participate in the discussion of the specific topics. At the end of this period, the moderator (HDW) closes the discussion, elaborates a summary of the key points and the recommendations, and sends it back to the countries for their feedback. The final report is submitted to the Executive Committee, as usual. This mechanism provides a cost effective way of achieving the same purpose.

6.2.1 *Benefits of Alternative 2*

The Secretariat would not incur the costs of bringing Subcommittee members to Washington and providing translation.

The electronic discussion could be held at any time prior to the Executive Committee.

6.2.2 *Drawbacks of Alternative 2*

HDW would continue to be responsible for coordinating all documentation for the meeting and for putting together the final report. It would also be responsible for coordinating the electronic discussion.

Issues related to gender, women, and health would continue to be treated in isolation from the SPP.

The influence of membership on the Subcommittee on respective countries' policies and programs would remain in question.

6.3 *Alternative 3*

Continue the Subcommittee as a technical forum where countries can exchange information on key topics of interest in the area of gender, women, and health.

- (1) Rather than look at a multiplicity of topics, as has been the case in the past, the Subcommittee might decide to focus on one specific topic a year, for example, one year it might look at the interaction gender and occupational health.
- (2) Subcommittee members would have one year to prepare specific issue papers that relate to its concerns in some particular aspect of this topic area (for example, one country might look at the impact of the new contractual mechanisms currently being used by the textile industry on the degree of access to health care for men and women, and evaluate the situation for both sexes from a gender perspective).
- (3) HDW could coordinate this process. However, it would be the responsibility of the Subcommittee members to present each country's issue.
- (4) Issues related to gender, women, and health could be incorporated into the SPP, and the papers presented at the Subcommittee could be circulated within the Secretariat and all Member States.
- (5) The meeting would be held at a time other than the week of the SPP.
- (6) Subjects relating to women at PAHO could be taken up by the bodies that already exist to address these issues.

6.3.1 *Benefits of Alternative 3*

The Subcommittee becomes a forum for exchanges on matters related to gender, women, health, and development. Rather than being a platform for “listening” and “reacting” to presentations prepared by the Secretariat and perhaps one country, every country is involved and participating on a topic that directly affects it.

Subcommittee members are able to apply the results of these deliberations directly to improving the situation in their own Member States.

The issues of gender, women, and health are incorporated into the SPP, eliminating the current situation where these issues are “left to” the Subcommittee.

6.3.2 *Drawbacks of Alternative 3*

It implies more commitment of time and effort on the part of the Member States.

6.4 *Alternative 4*

Same as Alternative 3, where the Subcommittee continues as a forum for discussion around issues pertaining to women, gender, health, and development. However, rather than countries preparing topics, different technical programs present topics on gender, women, and health that the Subcommittee chooses at its meeting.

- (1) The technical programs of the Secretariat have one year to prepare specific issue papers that relate to work in gender, women and health;
- (2) If necessary, HDW could coordinate this process, offering technical assistance or guidelines to the technical divisions in the preparation of these documents. Each technical unit would present its own document.
- (3) Issues related to gender, women, and health would be incorporated into the SPP, and the papers presented at the Subcommittee would be circulated within the Secretariat and to all Member States.
- (4) This meeting would be held at a time other than the week of the SPP.
- (5) Subjects relating to women at PAHO could be taken up by the bodies that already exist to address these issues.

6.4.1 *Benefits of Alternative 4*

The Subcommittee becomes a forum for exchanges on matters related to gender, women, and health.

The Subcommittee involves all the technical units of the Secretariat, an involvement which up to now has not been evident. This enhances and facilitates the incorporation of a gender perspective in the work of the Organization.

The issues of gender, women, and health are incorporated into the SPP, eliminating the current situation where these issues are “left to” the Subcommittee.

6.4.2 *Drawbacks of Alternative 4*

The Subcommittee remains a platform for listening and reacting to presentations prepared by the Secretariat.

These four alternatives are not mutually exclusive. The Subcommittee may want to combine, for example, alternatives 2 and 3, that is, have an electronic discussion with papers presented by the countries on subjects of particular interest to them in the area of women, gender, and health.

7. Conclusion

The Subcommittee is requested to consider the contents of this document and be prepared to discuss the option which, in their view, is most relevant in light of the changes within the Secretariat and in the Member States. A recommendation should be made to the Executive Committee that reflects the deliberations of the Subcommittee on this matter.

ANNEX A: Subcommittee on Women, Health, and Development

Terms of Reference

1. Nature

The Subcommittee on Women, Health, and Development is an advisory body of the Executive Committee.

2. Functions

The Subcommittee has the following functions:

- 2.1 To advise the Executive Committee regarding matters referred to it by that body, or on its own initiative, regarding:
 - 2.1.1 the PAHO Women, Health, and Development Program and other programs related to women's health;
 - 2.1.2 the situation of women in health work, in the countries as well as within PAHO;
 - 2.1.3 a gender perspective in health planning and programming;
 - 2.1.4 the empowerment of women and benefits for health;
 - 2.1.5 actions that could be undertaken by the Member States to improve the health and situation of women;
 - 2.1.6 actions that could be undertaken by PAHO to improve the health and situation of women.
- 2.2 To advise the Executive Committee and, through it, the Directing Council and the Pan American Sanitary Conference, and the Director, on the impact on women of policy set at those levels.
- 2.3 To discharge any other function assigned to it by the Executive Committee.
- 2.4 To report annually to the June meeting of the Executive Committee on its deliberations and to present its recommendations for appropriate action.

3. Membership and Attendance

3.1 *Members*

The Subcommittee shall consist of five Member Governments: three to be elected by the Executive Committee for terms of office running concurrently with those of their membership in the Executive Committee and two to be named prior to each meeting of the Subcommittee by the Director in consultation with the Chairman of the Executive Committee, in light of the specific topics to be considered at each meeting. Each of the elected Member Governments shall be entitled to designate one representative to the Subcommittee. Each representative may be accompanied by up to two alternates.

The names of representatives and alternates shall be communicated to the Director of PASB not less than 15 days before the opening of the meeting.

The expenses of representatives to meetings of the Subcommittee shall be paid by PAHO in accordance with the rules and regulations governing such expenses. The expenses of alternates shall be paid by the Member Government concerned.

3.2 *Observers*

Governments not represented on the Subcommittee and invited institutions, especially NGOs working to promote gender equity, may, at their own expense, send observers who may participate in the proceedings of the Subcommittee.

4. Meetings

The Subcommittee shall meet annually before the June meeting of the Executive Committee.

Meetings of the Subcommittee shall be held at the Headquarters of PAHO on dates established by the Director in consultation with the Executive Committee.

Unless the Subcommittee decides otherwise, the sessions shall be public.

5. Changes in the Subcommittee

The nature, composition, functions, and existence of the Subcommittee may be modified or terminated by a resolution of the Executive Committee.

¹ Gender constructions refer to the roles that men and women play in specific social contexts, and the power relations that arise from the value differentially assigned to those roles.