

*executive committee of
the directing council*



PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



90th Meeting
Washington, D.C.
June-July 1983

Provisional Agenda Item 19

CE90/5 (Eng.)
18 April 1983
ORIGINAL: ENGLISH

REPORT OF THE SPECIAL SUBCOMMITTEE ON WOMEN IN HEALTH AND DEVELOPMENT

Resolution XXVII of the XXI Pan American Sanitary Conference (1982) requests the Executive Committee to convene its Subcommittee on Women in Health and Development at least twice a year in the remaining years of the Five-Year Regional Plan of Action to monitor the Program and review achievements. The Subcommittee members--Jamaica, Nicaragua and Panama--will hold their first 1983 meeting on June 20 when they will prepare and submit their report to the 90th Meeting of the Executive Committee.

In Resolution XXVII (Annex I), the XXI Pan American Sanitary Conference (1982) recommended that each Member Government establish a focal point to coordinate intersectoral activities on women in health and development; incorporate activities of the Five-Year Regional Plan into national health plans; promote intercountry sharing of results of activities carried out in connection with the Five-Year Plan; establish mechanisms for regular collection of the information required to monitor and evaluate progress made; enhance training opportunities for women; and ensure equal opportunities for recruitment and selection of women to professional and senior management positions.

The Conference also requested that the Director of the Pan American Sanitary Bureau encourage and support activities for the implementation of the Five-Year Plan; intensify efforts to obtain and channel funds in support of these activities; review the mechanisms and human resources needed for the effective coordination and implementation of the Plan; develop a simplified methodology for compiling information on progress achieved; and strengthen efforts for the recruitment and selection of women for senior professional posts within PAHO.

In Resolution XV (Annex II), the XXVIII Meeting of the Directing Council (1981) adopted the Five-Year Regional Plan of Action, calling for its integration into the Plan of Action for Implementation of the Regional Strategies for Health for All by the Year 2000. The two plans were developed separately to ensure prompt action in the area of women in health and development during the last half of the UN Decade for Women. The goals of the Five-Year Plan form an important part of the Regional Strategies, in which women, especially those of childbearing age, are considered a priority group because of their greater vulnerability and exposure to health risks.

The Executive Committee may wish to review the annexed resolutions (CSP21.R27 and CD28.R15) in preparation for the Subcommittee's report and the ensuing discussions.

Annexes



XXI PAN AMERICAN SANITARY CONFERENCE

XXXIV REGIONAL COMMITTEE MEETING

WASHINGTON, D.C.

SEPTEMBER 1982

RESOLUTION XXVII

CE90/5 (ENG.)
Annex I

WOMEN IN HEALTH AND DEVELOPMENT

THE XXI PAN AMERICAN SANITARY CONFERENCE,

Recognizing the importance of integrating the Five-Year Regional Plan of Action on Women in Health and Development into the Regional Plan of Action to implement the strategies to achieve the goal of health for all by the year 2000;

Acknowledging the progress which has been made in some countries but that information is still scarce and that many activities are in the planning stages;

Mindful of the need for each country to establish a mechanism to coordinate the implementation of activities and collect information on women in health and development on an intersectoral level;

Bearing in mind the urgent need to improve the situation of women in health and development;

Recognizing the value of fellowships as a tool for professional development, and the underrepresentation of women as recipients;

Noting that some progress has been made by the Secretariat in institutional strengthening, training, and recruitment of women to professional posts within the Organization; and

Renewing its commitment to the implementation of the Five-Year Regional Plan of Action on Women in Health and Development,

RESOLVES:

1. To thank the Special Subcommittee of the Executive Committee on Women in Health and Development for its work in monitoring and reporting on the progress made, and for the cooperation of the PASB.

2. To recommend that Member Governments:

- a) Establish, in each country, a focal point for women in health and development to coordinate related intersectoral activities;
- b) Establish mechanisms for the regular collection of information required to monitor and evaluate the progress made and to submit this information to the Secretariat as requested;

./...

- c) Incorporate the special health needs and requirements of women into ongoing activities without creating new programs focused solely on women, and to incorporate activities of the Five-Year Regional Plan of Action into national health and development strategies and plans;
 - d) Develop and implement national policies to provide for the health and well-being of working women and their dependents, especially for those women employed in unregulated sectors of the economy;
 - e) Enhance training opportunities for women, especially in professions in which they are underrepresented, with particular reference to the PAHO fellowship program;
 - f) Ensure equal opportunities for women in recruitment and selection to professional and senior management positions;
 - g) Encourage and promote intercountry sharing of results of activities carried out in connection with the Five-Year Regional Plan of Action.
3. To request that the Director:
- a) Encourage and support activities at regional, Area and national levels for the implementation of the Five-Year Regional Plan of Action;
 - b) Intensify efforts to obtain and channel funds in support of activities related to women in health and development;
 - c) Review the mechanisms and human resources needed for the effective coordination and implementation of activities related to the Five-Year Plan of Action and strengthen these where indicated to ensure successful achievement of the goals;
 - d) Develop a simplified, uniform methodology for compiling national and regional information on progress achieved towards reaching the goals of the Five-Year Plan;
 - e) Support the continued coordination of activities with other organizations in the Inter-American and United Nations Systems, and other women's organizations;
 - f) Strengthen efforts for the recruitment and selection of women for senior professional and managerial posts and further develop the technical skills and leadership potential of women within the Organization;

- g) Promote the greater use of fellowships by Member Governments for the development and training of women.

4. To request the Executive Committee to convene its Subcommittee on Women in Health and Development at least twice a year in the remaining years of the Plan of Action to monitor the program and review achievements.

(Approved at the eleventh plenary session,
28 September 1982)



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XXVIII Meeting

XXXIII Meeting

CE90/5 (Eng.)
ANNEX II

RESOLUTION XV

FIVE-YEAR REGIONAL PLAN OF ACTION ON WOMEN
IN HEALTH AND DEVELOPMENT

THE DIRECTING COUNCIL,

Endorsing the decision of the Executive Committee to increase the composition of the Special Subcommittee to three members appointed for overlapping periods of three years;

Recognizing the importance of actively involving women in all levels of development, particularly in light of the health goals and priorities of the second half of the United Nations Decade for Women;

Acknowledging the need to make equal opportunities available to women in policy making, professional, managerial and technical positions in the health sector so that they may participate fully in decision-making relating to the pursuit of health for all by the year 2000 at the national, sub-regional and regional levels;

Noting the importance of women in all activities developed to achieve the goal of health for all by the year 2000;

Complying with Resolution XVII of the XXVII Meeting of the Directing Council, which called for the development of an implementation plan based on the World Plan of Action but specifically oriented to the health needs of this Region;

Having reviewed the draft Five-Year Regional Plan of Action on Women in Health and Development prepared by the Special Subcommittee of the Executive Committee on Women in Health and Development and revised and approved by the Executive Committee;

Mindful of the importance of the integration of the Five-Year Regional Plan of Action on Women in Health and Development into the Plan of Action to achieve health for all by the year 2000; and

Noting that the objectives of the draft Five-Year Regional Plan of Action on Women in Health and Development are in accordance with the focus on health as part of overall development,

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RESOLVES:

1. To thank the Special Subcommittee of the Executive Committee on Women in Health and Development for preparing, in cooperation with PASB, the draft Five-Year Regional Plan of Action on Women in Health and Development.

2. To adopt this Plan as revised by the 86th Meeting of the Executive Committee as the Five-Year Regional Plan of Action on Women in Health and Development.

3. To recommend that Member Governments:

- a) Adopt the Five-Year Regional Plan of Action on Women in Health and Development and establish appropriate mechanisms for its successful implementation during the second half of the United Nations Decade for Women;
- b) Integrate the activities of the Five-Year Regional Plan of Action on Women in Health and Development into the national plans of action and activities being developed to attain health for all by the year 2000, and into emerging socioeconomic development policies, to ensure that the particular needs and requirements of women are incorporated in an ongoing manner and that the health levels of women are substantially improved;
- c) Establish appropriate means to measure success in overcoming factors that inhibit equal opportunity for women in health and development activities.

4. To request that the Director:

- a) Ensure the integration of the Five-Year Regional Plan of Action on Women in Health and Development into the Regional Plan of Action already approved to reach the goal of health for all by the year 2000;
- b) Provide cooperation and support at regional, subregional and national levels for the implementation of the Five-Year Regional Plan of Action on Women in Health and Development;
- c) Take responsibility within his Office to implement those actions addressed to the Secretariat in the Five-Year Regional Plan of Action on Women in Health and Development;

- d) Convene the Special Subcommittee of the Executive Committee on Women in Health and Development at least twice a year to monitor the progress in implementation of the Plan of Action and the achievement of its goals;
- e) Continue to intensify the selection and recruitment of women for professional posts, including those at the highest levels, and to promote leadership abilities of women within PASB, particularly in policy making positions;
- f) Present an annual report to the Directing Council on the progress achieved in conducting the activities proposed in the Five-Year Regional Plan of Action on Women in Health and Development and present a report to the XXX Meeting of the Directing Council on the progress made toward reaching the goals of the Decade.

(Approved at the eleventh plenary session,
29 September 1981)



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90th Meeting
Washington, D.C.
June-July 1983

Agenda Item 19

CE90/5, ADD. I (Eng.)
23 June 1983
ORIGINAL: ENGLISH

REPORT OF THE SPECIAL SUBCOMITTEE ON WOMEN, HEALTH AND DEVELOPMENT

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

Representatives from Jamaica, Nicaragua and Panama formed the Subcommittee. A list of the Subcommittee members and observers is attached (Annex A).

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

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

National Information on Progresss Achieved

All but two PAHO Member Countries have now designated focal points for WHD, as called for in the resolution.

To date, 13 countries have completed and delivered the survey questionnaire submitted by PAHO; further replies are expected, however, and will be included in the report to be presented to the XXIX Meeting of the Directing Council. On the basis of this information, the following general points can be made:

- 1) The focal points are located either in the Ministries of Health or bureaus for national women's affairs.
- 2) The functions of focal points can be generally summarized as follows:
 - Collecting and distributing information;
 - Participating in national and intersectoral groups;
 - Coordinating activities specific to women's issues;
 - Collaborating with international organizations;
 - Collaborating with nongovernmental organizations.
- 3) Seven countries responding to the questionnaire have developed work plans for 1983.
- 4) Twelve countries indicate that they plan to incorporate areas of action from the Five-Year Plan on WHD into their national strategies, plans and programs.
- 5) Only two countries have plans for evaluating activities of the Five-Year Plan as part of their general evaluations of the national health systems.
- 6) There is no commonality in the manner in which Member Countries compile and disaggregate health statistics by sex, marital status, etc.

The Secretariat's report notes other aspects of progress being made by Member Countries and provides summaries of the 13 responses received to date (Annex B).

Strengthening Institutional Capabilities

The Secretariat's report on the strengthening of activities within the Organization noted the establishment by the Director of an internal working group to review the mechanisms and human resources needed for the effective coordination and implementation of activities related to the Five-Year Plan.

The Subcommittee reviewed the report of the internal working group on WHD convened by the Director and noted the following points:

- 1) Commitment to WHD activities appears to be low in all the technical areas of the Organization.
- 2) No specific internal policy guidelines have been developed to orient and strengthen PAHO's technical cooperation in this area.

- 3) Promotional activities within PAHO have been carried out mainly by voluntary groups; there has been no technical activity organized by PASB since 1980 and the subject of WHD was not included in the 1982 Regional Seminars on HFA/2000.
- 4) The Five-Year Plan of Action for WHD has not been formally integrated into the Regional Plan of Action for HFA/2000.
- 5) The Plan of Action has not been translated into a coordinated program of implementation with estimation of resources.
- 6) The Organization's technical expertise in WHD is limited, and the Program has not received strong technical leadership in its development.
- 7) Neither the Focal Point nor the Focal Group have had clear terms of reference for their work.
- 8) There have been no orientation or training activities organized by PAHO to increase the awareness and technical ability of field staff.
- 9) Progress in recruitment of women staff members in higher level positions has been slow.
- 10) There has been no notable progress in mobilizing financial resources for WHD activities, and financial resources in the PAHO regular budget are very limited and not adequate for any serious promotional or developmental activities.

The Report of the Internal Working Group includes 15 recommendations to strengthen the WHD Program. The Subcommittee supports these recommendations and appends them to its report for reference (Annex C).

In response to the findings of the internal working group, the Secretariat reported that:

- 1) The Focal Point for the Program on Women, Health and Development will be maintained under the Office of the Assistant Director, with the full-time support of an administrative officer, for whom a permanent post has been included in the 1984-1985 budget.
- 2) Country Representatives will continue to serve as Focal Points to integrate technical cooperation related to women into appropriate country programs and projects.

- 3) A document is being prepared to structurally integrate the Five-Year Plan into relevant sections of the Regional Plan of Action for the Implementation of the Regional Strategies for HFA/2000.
- 4) A series of orientation workshops will be held for PAHO staff members, including Country Representatives and senior staff in relevant program units. The workshops will be aimed at increasing awareness and knowledge of the issues involved in the Five-Year Plan of Action on Women, Health and Development and exploring ways to increase related activities in the field.

PAHO's Participation in Regional and Interregional Activities

The report prepared by the Secretariat notes PAHO's participation in various WHD activities, including those of other international agencies.

Publications and Contacts with Other Organizations

PAHO has issued or has in preparation a number of articles and publications that address women's concerns and issues. Contacts have been established with UNDP, UNFPA, UNICEF, CIM/OAS, as well as with nongovernmental organizations and private foundations.

Fellowships for Women

The report notes that a study of fellowships was conducted and recommendations were made to strengthen the participation of women in the PAHO Fellowship Program. The complete Fellowships Analysis and Policy Report was tabled by the Secretariat.

Conclusions

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

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

Recommendations

The Subcommittee recommends the following to the Executive Committee:

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

- 6) PAHO should provide technical assistance to Member Governments so they can initiate new activities, improve existing projects and accelerate overall progress in WHD. PAHO's assistance should include mobilization of external resources for specific country projects.
- 7) To ensure the continuity in its activities and that members serve for overlapping periods of three years, the Subcommittee recommends to the Executive Committee that Cuba and Ecuador be selected to replace Jamaica and Nicaragua when their terms expire in 1983, as members of the Subcommittee.

COUNTRIES REPRESENTED ON THE EXECUTIVE COMMITTEE

<u>Term expires</u> <u>1983</u>	<u>Term expires</u> <u>1984</u>	<u>Term expires</u> <u>1985</u>
Argentina	Dominican Republic	Cuba
Jamaica*	Panama*	Ecuador
Nicaragua*	Uruguay	United States of America

*Subcommittee Members

- 8) Based on the above conclusions and recommendations, the Subcommittee of the Executive Committee on Women, Health and Development recommends that the following resolution be adopted by the Executive Committee:

THE 90th MEETING OF THE EXECUTIVE COMMITTEE,

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

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

RESOLVES:

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

THE XXIX MEETING OF THE DIRECTING COUNCIL,

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

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

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

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

RESOLVES:

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

2. Request the Director to:

- a) Accord a higher priority to the program for women, health and development;
- b) Provide the human and financial resources needed to effectively carry out activities to achieve the goals of the Five-Year Plan of Action on Women, Health and Development;
- c) Intensify efforts to identify and recruit suitable women candidates for consideration in the selection process for senior, professional posts in the Organization;
- d) Ensure that Country Representatives are committed to carrying out their functions as focal points for women, health and development in the countries, and so make real efforts to accomplish the purposes of the program;
- e) Provide policy guidelines to the Member Governments and the Organization to assist in the implementation of the Five-Year Plan of Action;
- f) Ensure closer coordination of PAHO's activities on women, health and development with those of other national and international agencies concerned with women's issues.

Annexes

SUBCOMMITTEE ON WOMEN, HEALTH AND DEVELOPMENT

List of Participants

<u>Jamaica:</u>	Dr. Carmen Bowen-Wright
<u>Nicaragua:</u>	Dr. Paulino Castellón
<u>Panama:</u>	Ms. Gladys Colamarco de Lam

Observers

<u>Canada:</u>	Mr. Michel Careau
	Mr. Ian Inglis
	Mr. Percy Abols
<u>Inter-American Commission of Women (CIM/OAS):</u>	Ms. Marisol Black Llamozas
	Ms. Elia Guerra

PROGRESS REPORT TO THE SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH AND DEVELOPMENT

This is the second progress report presented by the Secretariat to the Special Subcommittee of the Executive Committee on Women, Health and Development, which the XXI Pan American Sanitary Conference, in Resolution CSP21.R27, requested to meet at least twice yearly to monitor the program and review achievements.

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

As one measure of progress, information was obtained from 13 Member Governments which responded to a survey questionnaire. This information is analyzed in section I of this report. Sections II - VIII include information on PAHO's institutional capabilities related to WHD, activities conducted by PAHO at the regional and sub-regional levels, recent PAHO publications on women, health and development, the findings of a study of PAHO fellowships for women, recruitment policies and practices, and staff training and development activities.

I. NATIONAL INFORMATION ON PROGRESS' ACHIEVED

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

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

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

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

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

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

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

Of the 19 countries that did not answer the questionnaire but did provide names of their focal points, 10 are located within the Ministries of Health and 9 are located within national women's bureaus. Two countries have not yet designated focal points.

The responsibilities of all the Focal Points are very similar. They include:

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

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

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

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

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

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

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

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

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

Canada's focal point, the Office of the Senior Advisor, Status of Women, in the Ministry of Health and Welfare, organized a one-day seminar to promote the Five-Year Plan of Action on Women in Health and Development. The seminar, held in April 1983, was attended by 90 participants from the country's various governmental ministries and non-governmental agencies. A PAHO representative presented the Five-Year Plan of Action to the participants.

Four countries included a special section on women's health in their national survey questionnaires. Only two of the 13 indicated that they have incorporated an evaluation of the activities of the Five-Year Plan into the evaluation of the national health system. Four countries recently produced national status reports on women's health conditions. In two cases this was done as part of a larger study on women's overall status in the country.

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

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

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

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

TABLE 1

Number of Countries that Collect, Tabulate and Publish
Specific Types of Health Data, By Sex.

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

Note: Information provided by a total of 12 countries.

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

II. STRENGTHENING INSTITUTIONAL CAPABILITIES

In response to Resolution CSP21.R27, the Director appointed an internal working group to review the mechanisms and human resources needed for the effective coordination and implementation of activities related to the Five-Year Plan. The work group identified the need for PAHO staff to increase their understanding of the approach called for in the Five-Year Plan.

In addition, the group indicated that further efforts were needed to integrate the Five-Year Plan of Action into the Plan of Action to implement the Regional Strategies of Health for All by the Year 2000. Based on the group's findings and recommendations, the Director decided to take the following actions:

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

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

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

III. PAHO PARTICIPATION IN REGIONAL AND INTERREGIONAL ACTIVITIES

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

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

The issues addressed included:

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

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

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

IV. PUBLICATIONS

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

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

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

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

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

V. CONTACTS WITH OTHER ORGANIZATIONS

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

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

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

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

VI. FELLOWSHIPS FOR WOMEN

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

The changes recommended in the report include:

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

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

VII. RECRUITMENT POLICIES AND PRACTICES

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

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

VIII. STAFF TRAINING AND DEVELOPMENT

Speakers series were presented to 43 staff members in 1982 as part of PAHO's ongoing training program designed to enhance the status of its female staff. Communication skills workshops were provided to 15 female professionals. Twenty-two senior staff members attended a special one-day seminar developed in collaboration with PAHO's Women's Resource and Development Group (WRDG) to identify strategies for enhancing the roles of women in PAHO. Overall, a total of 576 female and 308 male entries were registered in the staff development and training programs in 1982.

WOMEN IN HEALTH AND DEVELOPMENT (WIHD)

1983 SURVEY OF MEMBER GOVERNMENTS ON PROGRESS ACHIEVED IN
IMPLEMENTATION OF FIVE-YEAR REGIONAL PLAN OF ACTION

1. Please provide name and title of person(s) designated as Focal Point to coordinate intra-and intersectoral activities on Women, Health, and Development:

2. Who does this person(s) report to? Please check one:

a. President of the Republic

b. Minister of Health

c. Other Minister (Specify)

d. Other (Please explain)

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 3. Has a work plan been developed for 1983? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1984-1985? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please include a copy.

4. What are the responsibilities of the Focal Point in the area of Women in Health and Development? Please check one or more of the following.

	<u>Yes</u>	<u>No</u>
a. Information, collection and dissemination If yes, please specify type of information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

b. Participation in Special Committees or Groups If yes, please name the committee(s):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

c. Coordination of specific activities If yes, please list activities:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

d. Collaboration with other Ministries If yes, please list Ministries and explain nature of collaboration:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	<u>Yes</u>	<u>No</u>
e. Collaboration with International Organizations Please list organizations and explain nature of collaboration:	<input type="checkbox"/>	<input type="checkbox"/>

f. Collaboration with non-governmental groups If yes, please list groups and explain nature of collaboration:	<input type="checkbox"/>	<input type="checkbox"/>
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g. Other, Please explain:

5. What resources does the Focal Point have for carrying out these activities?

a. Percent of total work time Focal Point will devote to women,
health, and development activities _____%

6. The five year Regional Plan of Action on Women in Health and Development identifies the following areas of action:

A. Identification of the main health problems and changes in the Region which particularly relate to women.

B. Development of mechanisms to exchange information on women, health, and development among PASB Headquarters and country offices, centers and national personnel.

C. Promotion of the involvement of women in extending primary health care coverage, especially in the following areas:

- o community participation and health education;
- o maternal and child health and family planning;
- o nutrition
- o acute and chronic disease control and surveillance;
- o environmental health;
- o occupational health;
- o human resource development; and
- o support services, especially for working women

a. What steps have been taken to incorporate these areas of action (please refer to A, B, and C above) into the development of strategies and plans and national health activities?

b. What specific activities are already underway within each area of action?

c. What resources have been allocated for these activities?
(Please specify resources for each activity or area of
action mentioned in part b.).

-Personnel:

-Funds:

\$ _____

-Other resources:

d. Which of these activities will require international
technical cooperation? With what agency or agencies?
What kind of cooperation? Has this cooperation been
requested? If yes, what has been the response?

7. What mechanisms exist or have been established for the regular
collection of information required to monitor and evaluate
progress made in relation to women's participation in health and
development?

Yes

No

a. Has a section on women's health been included
in any National Survey questionnaire?
If yes, which surveys? (Please specify
survey name, and year conducted)

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| b. Has an evaluation of activities of the Five-Year Plan been incorporated into the evaluation of the National Health System? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have special purpose surveys or studies been conducted? | <input type="checkbox"/> | <input type="checkbox"/> |

d. Other, please explain:

8. To what extent does the national health information system disaggregate by sex? (Please indicate yes or no in each instance).

	<u>Collection by sex</u>	<u>Tabulation by sex</u>	<u>Publication by sex</u>
-Morbidity from notifiable diseases	<hr/>	<hr/>	<hr/>
-Prevalence of chronic diseases	<hr/>	<hr/>	<hr/>
-Hospital discharge	<hr/>	<hr/>	<hr/>
-Outpatient services	<hr/>	<hr/>	<hr/>
-Immunizations	<hr/>	<hr/>	<hr/>
-Health human resources	<hr/>	<hr/>	<hr/>
-Human resources development	<hr/>	<hr/>	<hr/>
-Occupational health problems	<hr/>	<hr/>	<hr/>
-Malnutrition	<hr/>	<hr/>	<hr/>
-Accidents (traffic)	<hr/>	<hr/>	<hr/>
-Other health-related (specify)	<hr/>	<hr/>	<hr/>

9. What national policies and legislation exist in relation to the health and well-being of women, especially working women and women employed in unregulated sectors of the economy? Please include a copy of each policy statement or legislative act approved since 1978.

10. What actions have been taken to provide career development opportunities in the Ministry of Health? In what way do these actions particularly benefit women?

11. What progress has been made in recruiting and selecting women for professional and senior management positions in the Ministry of Health and other public health agencies? Please describe actions taken and provide supporting data by sex.

Completed by _____
Date _____

WOMEN IN HEALTH AND DEVELOPMENT
COUNTRY FOCAL POINTS

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

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

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

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

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

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

ARGENTINA

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

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

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

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

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

BAHAMAS

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

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

* Information received after 1 June 1983 not included.

COLOMBIA

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

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

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

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

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

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

COSTA RICA

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

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

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

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

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

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

CUBA

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

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

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

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

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

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

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

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

DOMINICA

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

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

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

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

The country's Social Security Act provides maternity leave.

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

EL SALVADOR

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

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

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

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

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

GUATEMALA

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

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

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

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

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

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

GUYANA

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

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

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

The Bureau collaborates with the Ministries of Health, Education, Agriculture, and Information as well as international organizations and various non-governmental groups that work with women. The Bureau has asked that the Ministry of Health to disaggregate more health information by sex to

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

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

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

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

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

HONDURAS

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

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

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

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

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

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

MEXICO

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

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

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

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

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

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

PERU

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

The Commission has developed a work plan for 1983 and has compiled three reports: "The situation of Peruvian women in relation to health", "The legal status of Peruvian women", and "The segregation of Peruvian women".

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

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

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

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

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

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

TRINIDAD AND TOBAGO

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

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

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

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

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

LETTER TO MINISTERS OF HEALTH OF PAHO/WHO MEMBER GOVERNMENTS

(Sent 21 April 1983)

Sir,

I should like to refer to Resolution XXVII of the XXI Pan American Sanitary Conference, which took place in Washington, D.C., from 20 to 29 September 1982, a copy of which was forwarded to you on 10 November 1982.

This Resolution on the Five-Year Regional Plan of Action on Women in Health and Development makes reference to the value of fellowships as a tool for professional development and recommends that Member Governments "Enhance training opportunities for women, especially in professions in which they are underrepresented, with particular reference to the PAHO fellowship program." It further recommends that the Director "Promote the greater use of fellowships by Member Governments for the development and training of women."

In the first year of the Plan of Action, 1981, 43 per cent of the Organization's fellowships were awarded to women. In 1982, that figure fell to 39.6 per cent. I am confident that consensus on the importance of ensuring equal opportunities for women in training and in appointment to professional and managerial positions for which advanced training is essential will result in an increase of fellowships to women in subsequent years. However, I take the liberty of writing to you concerning this matter in order to call your attention to possible changes in the use of fellowships for women which might contribute even more to their effectiveness in implementing the Five-Year Plan of Action than an undifferentiated numerical increase.

Several recommendations have grown out of the "Fellowships Study on Women in Health and Development: 1971-1980", which is being prepared for the Executive Committee. I offer them for your consideration in connection with priorities and policies being set for your fellowship program

If women are to assume greater responsibility in administration and in planning and policy-making roles, they must have more formal education and more advanced specialized training. While women should receive an equal share of short and group fellowships for specific learning experiences, much greater importance should be accorded their access to the training opportunities provided by long fellowships.

This same objective of increasing the number of women in influential positions also suggests that the fields of study of fellowships for women should include greater emphasis on administration, management and planning within all spheres of the health sector in order to qualify more women for positions of broader influence. For the same reason, among the professions emphasis should be given to identifying more women administrators and women physicians for fellowships.

Lastly, equal treatment for women should extend to details of placement for studies with particular reference to quality institutions of study. Access to institutions of excellence and prestige should be provided without bias when this will promote the advancement desired.

I should like to suggest that all of the above points be considered when selecting fellowship candidates in order to accomplish the objectives of the Plan of Action on Women in Health and Development by the end of 1985. Improvement will be reflected immediately in the statistics maintained to monitor the fellowship program. I shall take pleasure in reporting progress as it occurs.

Sincerely yours,

Carlyle Guerra de Macedo
Director

PAHO/WHO HEADQUARTERS AND FIELD PROFESSIONAL STAFF
BY GRADE AND SEX

MALE		1981-1982			FEMALE	
<u>1981</u>	<u>1982</u>	<u>Grade</u>	<u>1981</u>	<u>1982</u>		
3	3	UG	0	0		
2	2	D-2	0	0		
18	15	P-6/D-1	2	2		
139	135	P-5	5	5		
189	182	P-4	32	40		
38	37	P-3	35	34		
44	43	P-2	27	26		
17	14	P-1	19	18		
<hr/>			<hr/>			
450	431	TOTAL	120	125		
(79.0%)	(77.5%)		(21.0%)	(22.5%)		

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

MALE		1981-1982			FEMALE	
<u>1981</u>	<u>1982</u>	<u>Grade</u>	<u>1981</u>	<u>1982</u>		
3	3	UG	0	0		
2	2	D-2	0	0		
12	10	P-6/D-1	1	1		
59	64	P-5	3	4		
26	25	P-4	11	14		
18	18	P-3	17	18		
18	17	P-2	14	15		
8	5	P-1	17	15		
<hr/>			<hr/>			
146	144	TOTAL	63	67		
(69.9%)	(68.2%)		(30.1%)	(31.8%)		

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

MALE		Grade	FEMALE	
<u>1981</u>	<u>1982</u>		<u>1981</u>	<u>1982</u>
0	0	UG	0	0
0	0	D-2	0	0
6	5	P-6/D-1	1	1
80	71	P-5	2	1
163	157	P-4	21	26
20	19	P-3	18	16
26	26	P-2	13	11
9	9	P-1	2	3
—	—		—	—
304	287	TOTAL	57	58
(84.2%)	(83.2%)		(15.8%)	(16.8%)

APPOINTMENT
1982

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

PROMOTION BY REASSIGNMENT
1982

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

ANNEX C

RECOMMENDATIONS OF INTERNAL WORKING GROUP ON WHD

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

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

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

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

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

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

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

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