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

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

This first report of the Director outlines the information gathering, program development, and activities planned and initiated since the Five-Year Plan was adopted by the Directing Council on 29 September 1981.

In compliance with Resolution CD28.R15, the Special Subcommittee on Women on Health and Development met on 22 June 1982 to monitor the progress made toward achieving the goals outlined in the Five-Year Plan. The conclusions of the Subcommittee are included in this report and the resolution on women in health and development proposed by the Executive Committee to the XXI Pan American Sanitary Conference is attached (Annex VII).

INTRODUCTION

There is an urgent need to improve the situation of women in health and development, a need the United Nations General Assembly recognized by declaring 1976-85 the U.N. Decade for Women and PAHO's Directing Council addressed in 1981 by adopting a Five-Year Regional Plan of Action on Women in Health and Development (CD28.R15).

The progress made toward improving the situation of women in the first half of the U.N. Decade was summarized in a report to the Directing Council, which passed a Resolution (CD27.R17) recommending that PAHO use its expertise to improve the health of women, capitalize on their role in self-care and community development, enhance their role in providing health services, increase the number of women in decision-making roles at all levels, and improve the status of women PAHO staff members.

The main goal of the Five-Year Regional Plan of Action, which was written in response to that Resolution, is to help PAHO and Member Governments successfully integrate women into continuing and new health and development activities in the hemisphere. The ideas contained in the Five-Year Plan form an important part of the Plan of Action for the Regional Strategies to achieve Health for All by the Year 2000, in which women are considered a priority group because of their greater vulnerability and exposure to health risks. The two Plans were developed separately but both urge prompt action in the area of women in health and development in the last half of the U.N. Decade. Integrating the two plans, as called for in Resolution CD28.R15, will allow efforts initiated during the Decade to continue indefinitely after it ends.

There is no intent to create new programs focused solely on women, nor to establish a parallel development process. Instead, the aim is to ensure that project plans and designs take women into account from the start and make certain they participate at all levels.

Not only should women be considered as active recipients of health care, but their roles as providers and promoters of health care should be developed and enhanced. Women can hold the key to success in the provision of primary health care not only for themselves but also for their children and families. They largely determine the acceptance of new facilities or services in their communities, and many projects have failed because of inadequate consideration of their knowledge, attitudes and practices.

To improve the health of women, as called for in the Five-Year Regional Plan of Action on Women in Health and Development, PAHO and Member Governments need to promote their involvement in primary health care through health education and community participation, improve their occupational health, and use them as decision-makers and promoters of maternal and child care and family planning, adequate nutrition, disease surveillance and control, water supply and sanitation services and other

health care activities. Especially important is the need to measure the progress made toward achieving these goals and the success achieved in overcoming factors that inhibit equal opportunity for women in health and development activities.

This progress report was prepared in accordance with Resolution CD28.R15 in which the Director is requested to 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.

In compliance with the same resolution, the Special Subcommittee of the Executive Committee on Women in Health and Development met on 22 June 1982 to review the report and monitor the progress made in implementing the Five-Year Plan of Action.

This first report of the Director describes the information gathering, program development, and activities initiated since the Five-Year Plan was adopted by the Directing Council on 29 September 1981. The scarcity of information on women in health and development can only slowly be overcome, and many activities are in the planning or early stages. Progress is being made in such areas as production of publications and educational and promotional materials, improved coordination with other international organizations, initiation of studies, and better compilation and analysis of statistics.

To compile a data base for use in measuring progress, and to improve the monitoring and evaluation system of the Plan of Action for Regional Strategies, information on women in health and development activities was requested from the countries. (See Annex I.) The information which was received from 16 countries shows that in may cases a variety of activities are underway. Because the information is diverse, not standardized among countries, and in may cases not specific, it is difficult to present for comparison. Relevant information will be included, however, in the discussion of each program area (Part IV).

II. STRENGTHENING INSTITUTIONAL CAPABILITIES

To ensure that women in health and development activities are integrated into all appropriate programs, the Five-Year Regional Plan of Action and Resolution CD28.R15 calls for the development of coordinating mechanisms at Headquarters and at the country levels.

Subsequently, an administrative focal point was created by the Director, PASB, in the Office of the Assistant Director to coordinate all activities related to women in health and development and to serve as a central point for all information and correspondence related to this subject. A focal point was also created in each of the technical divisions to coordinate and monitor activities at the technical level. In turn, these representatives formed an interdivisional work group, which meets monthly with the Assistant Director to coordinate and follow-up on technical activities related to women.

This work group, along with the administrative focal point, is coordinating such activities as reporting to the Governing Bodies, establishing working contacts with other organizations involved in women and development, preparing a publication for general audiences based on the Five-Year Regional Plan, submitting for the Director's Annual Report information on progress achieved, and developing proposals for extrabudgetary funds to increase the number and type of women in health and development activities within PAHO's Regional Plan of Action.

As part of the integration of the two Plans, focal points have also been established in each PAHO Country and Area Offices to integrate technical cooperation related to women in health and development into all appropriate programs and projects. The PAHO representatives serve as focal points in most countries. Several countries have set up their own focal groups within their ministries of health to establish national strategies to implement the Five-Year Regional Plan of Action on Women in Health and Development.

These coordinating mechanisms, both at Headquarters and in the countries, are working to establish an information system through which data about existing and planned women in health and development activities are channeled.

The Special Subcommittee of the Executive Committee on Women in Health and Development, met in compliance with Resolution CD28.R15 and after reviewing the progress report presented by the Secretariat, made the following observations and conclusions:

1. The goals and activities outlined in the Five-Year Regional Plan and the mandates of Resolution XVII of the XXVII Meeting of the Directing Council and Resolution XV of the XXVIII Meeting of the Directing Council continue to be effective and valuable instruments for developing integrated strategies and activities for women in health and development.

2. The Subcommittee recognizes that some projects have begun, yet it acknowledges that only eight months have passed since the adoption of the Five-Year Regional Plan, allowing only sufficient time to identify tendencies but not to indicate important changes nor to measure progress.

3. Many countries have still not taken any action related to women in health and development and the Five-Year Regional Plan of Action. The Subcommittee reinforces the need to incorporate the activities outlined in this Plan of Action into national health and development strategies and plans from the beginning stages.

4. Although specific indicators have geen developed and information was requested from Member Governments, many countries responded only partially or not at all, and information received was not standardized among countries and often was extremely general, thereby providing insufficient information to measure change in the national situation of women in health and development.

5. There is a need to standardize the information collected to make it comparable among countries, to incorporate these indicators into national information systems, and to use nontraditional methodologies to collect these data.

6. Although information on the status of women in health and development is not complete, each country should begin to take actions in those areas where needs have already been identified.

7. The Subcommittee recognizes that, although the Pan American Health Organization has made some gains in increasing the number of women appointed and promoted to professional positions, there is still a great imbalance which will only be overcome if special efforts are made to recruit more women and to provide those within PAHO with greater opportunities for promotion to professional levels.

8. It should be recognized that in most countries there are large numbers of women unemployed or self-employed, and there is therefore a need to support the development of legislation to protect women working in unregulated sectors of the economy and their children.

9. There is a need to develop and disseminate guidelines for review and modification of national policies to provide for the integration of self-care and self-promotion into ongoing health care and development programs.

10. Member Governments should cooperate with and support nontraditional and nongovernmental groups, and PAHO should increase its coordination with these as well as other organizations in the Inter-American and United Nations Systems, to avoid duplication of efforts and to reinforce the role of women as providers and users of primary health care services.

11. There is a need to develop and promote at the national level a mechanism to coordinate activities and collect information on women in health and development in an intersectoral manner, with PAHO support and guidance at regional, area and country levels.

12. Further support should be given to the training and continuing education of women, so that they have the professional and managerial skills to advance to the decision-making level.

13. The Subcommittee recognizes the excellent effort made by the Secretariat to prepare the progress report based on limited information, and it wishes to congratulate the Focal Point on Women in Health and Development of the Secretariat on the coordination it is promoting among technical areas related to women in health and development, and to reinforce this coordination.

14. The Subcommittee agreed to meet each year immediately preceeding the Executive Committee a) to monitor and evaluate the progress achieved in the implementation of the Five-Year Regional Plan, and b) to make observations and recommendations to the Executive Committee for its report to the Directing Council or Sanitary Conference; and to meet again immediately following the meeting of the Directing Council or Sanitary Conference to a) follow-up on appropriate decisions taken during that meeting; and b) to review the progress on any new activities completed in the course of the year.

15. To ensure continuity in its activities and that members serve for overlapping periods of three years, the Subcommittee recommends to the Executive Committee that Panama be selected to replace Mexico when its term expires in 1982, as a member of the Subcommittee.

Countries represented on the Executive Committee:

Term expires 1982	Term expires 1983	Term expires 1984
Mexico*	Jamaica*	Dominican Republic
Chile	Nicaragua*	Panama
Guyana	Argentina	Uruguay

*Subcommittee Members

Based on the above observations and conclusions, the Special Subcommittee presented a resolution to the 88th Meeting of the Executive Committee which approved it for recommendation to the XXI Pan American Sanitary Conference. (See Annex VII.)

III. INTEGRATION OF THE FIVE-YEAR REGIONAL PLAN OF ACTION ON WOMEN IN HEALTH AND DEVELOPMENT INTO THE REGIONAL PLAN OF ACTION TO IMPLEMENT STRATEGIES FOR HFA/2000

A major concern of the XXVIII Meeting of the Directing Council, as outlined in Resolution CD28.R15, is that the Five-Year Regional Plan of Action on Women in Health and Development be integrated into the Regional Plan of Action to reach the goal of Health for All by the Year 2000.

This integration, an ongoing process, includes a number of components for which the countries and PAHO are responsible. The process of integrating the two Plans, should form part of orientation, planning, monitoring, and evaluation activities carried out by PAHO and the countries.

Examples of the integration process already underway include the discussion of women's participation in strategies to reach health for all at the PAHO Field Managers Meeting in December 1981, inclusion of the Five-Year Plan highlighting the participation of women in health and development activities in the series of workshop-seminars on the Plan of Action being held in Washington, and the work of the focal points at country and Headquarters levels to incorporate the involvement of women and women's groups in the planning, implementation, and evaluation of health programs. (See Annex II.)

IV. EXISTING AND PLANNED ACTIVITIES ON WOMEN IN HEALTH AND DEVELOPMENT BY PROGRAM AREA

The following review of activities by program area is numbered according to the Five-Year Regional Plan of Action on Women in Health and Development.

1.1 Use of PAHO's Regular Program to Develop Women in Health and Development Activities

Current work plans and activities on women in health and development have been reviewed in PAHO divisions, country offices and centers, and will be identified in greater detail below. Model activities and programs for women in health and development are being developed for countries receptive to testing them. Proposals to address the needs of specific groups of women have been and are being prepared.

Within the past year, funds have been provided for women in health and development activities within PAHO Divisions and in several country offices and centers. However, the amounts have been limited, and proposals have been made to obtain extrabudgetary funds to increase the number of activities as well as the promotion and participation of as many women as possible in health and development activities within the Region.

PAHO's fellowship program, one mechanism to increase the participation of women as health care providers, has succeeded in increasing the proportion of women awarded fellowships. In the period of 1971-1975, 35 per cent (2,166) of PAHO fellows were women; this increased to 38 per cent (2,322) in the five-year period from 1976-1980. In 1981 the percentage of women receiving PAHO fellowships rose to 43 per cent.

1.2 Increase the Focus on and Involvement of Women in Program Areas: Promotion of Orientation and Attitudinal Changes

As part of the activities designed to promote attitude changes in PAHO, a number of seminars and discussions have been held, and others are being planned, to meet the needs of PAHO women and in the training and development area. A component on women's issues was added to managerial and administrative training programs developed by the Personnel Department's Staff Development and Training Office. A follow-up session to a Women in Management seminar was held for nine female professionals, and 85 staff members participated in a series of presentations on women's issues. Overall, a total of 421 female entries are registered in the development and training programs in 1981; 306 were in group training activities and 115 in individual training.

Support was also provided to the Women's Resource and Development Group (WRDG), an interest group formed by PAHO staff members committed to the enhancement of the status of women at PAHO. Presentations on the group's activities were included in briefings for new staff, and two workshops on management and communications were held for WRDG with an attendance of 34 WRDG members.

For 1982, PAHO's Staff Development and Training Program encompasses a speaker series, as well as workshops on communication and managerial skills.

WRDG on its own conducted a panel discussion on "Career Women in International Development Institutions," with panelists from the Center for Population Activities, the Inter-American Commission for Women, and the Inter-American Foundation. The group conducted two other seminars, one on Women in Development with panelists from AID, UNDP, and the World Bank, and another called: "Women Moving up: Threat or Opportunity." WRDG also co-sponsored with the Administration a session on women's participation in the strategies to reach health for all by the year 2000, as part of the official program of the meeting of Area and Country Representatives in December 1981. Speakers from Save the Children and the Center for Population Activities discussed with WRDG members various activities related to women in health and development underway in Latin America. A working group on the needs of women in PAHO, which consists of four professional staff members (two male and two female) is laboring in this area to identify possible paths of action.

For 1982, plans are being developed for additional seminars for all PAHO staff as well as films and other activities for WRDG members, and information exchange and cooperation with the women in health and development program.

Recruitment Policies and Practices

The Department of Personnel has made efforts to increase the number of women employed by PAHO in technical, professional and senior management posts. Women are now represented in most selection committees, and all vacancy notices state that women are encouraged to apply. Contacts are being sought with women's professional organizations throughout the Region to gain their cooperation and that of universities in finding qualified women for PAHO positions. Member Governments have been urged to aid in achieving the goal of more equitable representation of women by nominating more female candidates.

Women made up 44 per cent of PAHO staff Regionwide at the end of 1981, and 22 per cent of the women staff members were in professional level posts. Of the male staff members throughout the Region, 65 per cent were in professional level posts. While from 1980 to 1981 the number of women professionals in the Region remained at 120, there was a slight increase in the number of women professionals at Headquarters from 57 to 63, and a slight decrease in the field, from 63 to 57. Within the professional categories, 362 of the 462 male professionals, or 78 per cent, were "senior staff" at levels P.4 and above; 39 of the 120 women professionals Regionwide, or 33 per cent, were "senior staff." (See Annex III.)

The Department continues to recognize the importance of providing direction and establishing procedures for increasing the participation of women on equal terms with men in the work of the Secretariat. Although progress has not perhaps been as rapid as might have been desired, the statistical report contained in Annex III indicates that the Organization is making continuing efforts to achieve it, particularly at P.5 and P.6/D.1 levels. PAHO, like other international organizations relies to some extent on national administrations for presentation of suitable candidates. If among those candidates there are not a sufficient number of qualified women, then the situation with respect to their recruitment cannot be expected to improve significantly. The adoption by PAHO of policy statements and recruitment procedures designed to increase the number of women in the Secretariat will be effective inasmuch as the Member States assist by putting forward the necessary candidates.

To get a good idea of the status of women in country Ministries of Health, it is necessary to have figures showing the number and percentage of women in high-level positions compared with previous years. Currently, information reported by the countries is spotty, and only shows a relatively low number or percentage of women reaching high-level positions in Ministries of Health in most countries, although in a few countries the Minister of Health is a woman.

2.1 Identification of the Main Health Problems and Changes in the Region which Particularly Relate to Women

Statistical information on health conditions in the Americas has improved considerably over the last three decades, yet it is still difficult to make international comparisons due to differences in the countries' health systems, coverage of data, and the inconsistent use of definitions.

Collection of information on women's health is still narrowly based and focuses primarily on causes of death, and, to a limited extent, maternal health. Because most countries do not yet make data on disease incidence and prevalence available by sex, it is even more difficult to make detailed analyses on the health status of women. Little information exists on the specific problems of women, especially outside their reproductive roles. More information is needed on women's nutritional status, their occupational health, the physical and mental problems related to their longer life expectancy, and their participation in the health care professions.

As a first step toward creating and disseminating simple and reliable statistical measures of women's health status, a section specifically on women will, for the first time, be included in the next edition of the quadrennial publication Health Conditions in the Americas, to be published in September 1982. In this section, maternal mortality trends, hospital discharge by diagnosis, abortion, cancer morbidity and mortality, and malnutrition will be discussed.

In addition, available material on the health status of women in Latin America and the Caribbean will be compiled for a new publication, Health Conditions of Women in the Americas, which is being prepared for publication in 1983. It will also point out inadequacies in existing information. The information used for this publication will become part of the system to evaluate and monitor the Plan of Action for implementation of the regional strategies.

The Statistical Services Office is reviewing all data collection instruments to determine whether they should be modified to obtain data by sex. Alternatively, single-use special purpose questionnaires will be considered as a method for collecting information specifically relating to women. Hopefully these instruments will be included in the information systems of each Member Country.

2.2 Exploring new areas related to women's health to better understand morbidity patterns

Current biomedical and health services research and technologies are being reviewed to identify those relevant to women's primary health care needs. An annotated bibliography based on this review will be

prepared, along with recommendations to the countries in the Region. In addition, research projects will be formulated in two countries to test out new approaches and strategies to meet the special needs of women.

Countries have reported research projects directly related to women's health needs in many areas including: mental health, nutrition, breastfeeding, high-risk pregnancies and risks of contraceptive use, female-specific cancers, new patterns of health care delivery including community participation, paternal responsibility, and improvement of maternal and child health care through extension of coverage.

3.1 Develop Mechanisms to Exchange Information on Women in Health and Development

To obtain information, avoid duplication of efforts, and in some cases to develop joint programming, contacts have been established and will be further developed with a number of other agencies, including: the Inter-American Development Bank, the Organization of American States' Inter-American Commission for Women, and the World Bank; United Nations agencies such as UNICEF, ECLA, UNFPA, UNESCO, UNDP, ILO and FAO. Contacts are also being developed with national and international nongovernmental agencies such as the Leagues Against Cancer, International Women's Tribune Center, Rockefeller Foundation, Carnegie Corporation, Save the Children, Center for Population Activities, International Center for Research on Women, the New Transcentury Fund, the Inter-American Foundation, and the Johns Hopkins University, and, through country focal points, with offices in other sectors of Member Country governments, including the United States Agency for International Development (AID).

PAHO has participated in seminars and workshops including a seminar on women's participation in development cooperation held by the Inter-American Commission of Women of the OAS in Uruguay in October 1981; an ECLA Workshop on Design of Projects and Programs for Women, held in Panama in January 1982; a meeting of the International Institute on Training and Research for the Advancement of Women (INSTRAW), held in New York in January 1982; a seminar at the International Center for Research on Women (ICRW), held in Washington, D.C. in December 1981, for which PAHO provided funding; and a meeting of the U.N. Steering Committee for the International Drinking Water and Sanitation Decade, held at the World Bank in April 1982.

Efforts are being made to use established PAHO information channels to enhance the exchange of information on activities related to women in health and development. Articles on this topic have appeared in PAHO publications including; the Boletín de la Oficina Sanitaria Panamericana; Health Conditions in the Americas; the Bulletin of PAHO; PAHO Reports; OPS Sucesos; and the CAREC Surveillance Report. Information is also scheduled for publication in Educación Médica y Salud.

Information on activities related to women has also been discussed at regional and subregional meetings, including the meeting of Area and Country Representatives held in Washington in December 1981; the seminar-workshops on the Plan of Action for HFA-2000, held in Washington, D.C., in February, March, April, May, June, July, and August 1982; the PAHO Field Managers Programming Meeting, held in Barbados in January 1982; and at the Regional Symposium on Human Resources for the International Drinking Water and Sanitation Decade held in Panama in July 1982. The topic will also be discussed at the remaining three seminar-workshops on the Plan of Action for HFA/2000.

Some countries have established contacts with women's organizations at various levels, and working relationships have been developed with international groups and organizations to develop projects and exchange information related to women. A program to support a local women's group has been instituted in one country to develop a newsletter which will include information on women in health. Another project brings together on an intersectoral basis representatives of international organizations working in the area of women in development. This included a study of specific activities conducted by United Nations agencies in that country on women in development. One country has developed the Five-Year Regional Plan of Action on Women in Health and Development into a national plan submitted to other ministries for implementation.

4.1 Primary Health Care

A. Health Education and Community Participation Activities

To promote the involvement of women and the consideration of women's health care and disease prevention programs, a number of health education and community participation activities have been programmed for 1982-83. Adult learning packages, which emphasize the role of women in the community, will be prepared, reviewed and tested at country level to maximize the effectiveness of women's involvement in self-care and appropriate use of health services. Currently under development are a series of educational materials which include data that explain the particular nature of women's health problems, discussion guides, guidelines for community participation and audiovisual supplements such as educational pamphlets and a slide-tape show. The materials are for use by women's organizations and community groups to increase the community awareness of women's health problems, to promote changes in traditional images of male and female roles in the community and in health activities, and to encourage the participation in primary health care and disease prevention activities.

Guidelines for assisting countries in the review and modification of national policies and legislation will be developed and disseminated to ensure that countries provide for the integration of family health care and promotion of self-care.

PAHO and WHO are developing support for activities in primary health care carried out by community groups at the local level, especially women's groups. A technical work group will examine the roles these groups can play and subsequent implications for their being carried out, including the identification of local needs and defining and implementing specific actions that can be taken to meet them. Additionally, guidelines will be written and disseminated to orient women's groups in the development of these primary health care activities in their respective countries.

PAHO has developed a new experimental training manual, to be field-tested soon, which describes community level activities to assist persons with disabilities, calling particular attention to the needs of disabled women and to the role women can play in helping the disabled in their families or neighborhoods.

Health education and community participation activities form integral parts of the training programs in many countries. One program involves a federation of women which trains volunteers to go out and talk with women in the communities about health, encouraging them to learn self-care and seek assistance when needed. Other health education activities comprise design, reproduction and distribution of audiovisual materials related to the reproductive roles of women, and involvement of community groups in programming, supervising and evaluating rural health services, especially maternal and child health and family planning activities.

B. Maternal and Child Health and Family Planning Activities

Maternal and child health and family planning programs have existed for years and obviously involved women, but not until the last couple of years, have women and mothers participated actively in many of the activities of these programs. PAHO is working with Member Governments to expand maternal and child health programs to include activities emphasizing the important roles of women as providers, promoters, and users of health care and preventive services. The focus of traditional programs is being changed by introducing the concepts of primary health care, community participation, the use of appropriate technology, and the importance of continuous care, education, and counseling of the mother during the pregnancy, delivery, and postnatal periods.

In 1981, for the first time this new focus was included in a number of courses for physicians, including the Regional Course on Maternal Child Health in Medellín, Colombia in March and April; the Regional Course on Perinatal Public Health, held in Montevideo, Uruguay in September; and the Latin American Seminar on Maternal and Child Health held in Santiago, Chile in October.

Under the Regional Program on Maternal and Child Health and Perinatal Care a series of activities were developed in 1981 which emphasized the participation of women and improvements in health care delivery for them. Fifteen proposals were developed while eight projects were underway. Through these projects, more than two million women benefited from the application of appropriate technology for perinatal care, reproduction, and human growth and development.

In almost all the countries of the Region, national maternal and child health and family care programs in which PAHO acts as executing agency, have been growing. Most of these emphasize primary care of vulnerable groups such as dispersed rural populations and marginal urban groups, attempting to reach the maximum number of women of childbearing age with the benefits of gynecological and obstetrical care and family planning. Special mention should be made of activities for adolescents and young persons, since it is recognized that early pregnancy and lack of family life education present great risks for the young women of Latin America and the Caribbean. PAHO has developed a series of activities oriented toward prevention of pregnancy in adolescents and family life education. Apart from seminars, courses, and advisory services on the subject, numerous specific activities of national programs have received technical cooperation from PAHO.

PAHO's program for 1982 in maternal and child health and family planning includes a number of activities related to the new focus on the important and active role of women. Guidelines are being developed to assist the countries in preparing norms for primary health care for women, including family planning and detection of female-specific cancers. The countries will also receive support in carrying out studies on health conditions of women and in obtaining extrabudgetary funds for related projects.

A publication on Primary Health Care and Maternal and Child Health is being prepared, as is a set of annotated bibliographies on perinatal health, social factors affecting infant and maternal mortality, breastfeeding practices, and hypertensive disorders of pregnancy (HDP). Audiovisual material on appropriate technology for perinatal care is being prepared to promote breastfeeding and humanization of health care of women, and stimulate self-confidence among women with respect to child care.

Technical cooperation will be provided in the evaluation of needs and reorientation of maternal and child health and family planning programs. A special working group will be convened in December on family and community participation in stimulating psychosocial development of children.

The development of indicators in evaluation and monitoring systems for maternal and child health and family planning activities will be promoted, and health indicators included in the Plan of Action for health for all will be improved through the addition of studies of early mortality and a registry of maternal deaths.

Indicators need to be developed to show the extent of continuous care and education received by mothers during pregnancy, delivery and postnatal periods. Currently, few countries can report exactly what percentages of women receive pre- and postnatal care, give birth in hospitals, in other institutions attended by health workers, or in the home with help from midwives. Furthermore, there are no standard definitions for adequate pre- and postnatal care, though it includes such things as vaccination for tetanus toxoid in areas where control is needed.

C. Improving the Nutritional Status of Women and Children

To ensure nutrition essential to female health and normal fetal growth and development, including supplementation with iron, iodine, vitamins, and food aids, PAHO is working closely with the World Food Program. Programs for supplementary feeding of mothers and children are being formulated, executed, and evaluated in 14 countries. PAHO is also cooperating with community development programs in 11 countries. The participation of women in these programs involves betterment of their social, health and nutrition conditions and their active participation in development of the program.

At the regional level, a PAHO/WHO Task Force on Breastfeeding and Infant-Maternal Nutrition met in Lima, Peru in November 1981, and outlined a program proposal for 1982-83 which is now being considered by WHO/Geneva for possible funding and support.

PAHO has been working with the countries to develop educational and information activities on nutrition during pregnancy, breastfeeding, and appropriate infant and child feeding practices. Efforts include promotion and education, training, and regulating the marketing and distribution of infant foods and breast milk substitutes. Institution of policies or decrees for fostering breastfeeding have been reported by government offices in 18 countries. These policies are being presented to the people through public information and education, national workshops, the mass media, and meetings. Educational materials such as pamphlets and resources booklets are being distributed.

Nutrition guidelines, including breastfeeding and infant and young child feeding are being developed for community health personnel, along with materials on complementary feeding and weaning. Education on breastfeeding and on mother and infant nutrition is being included in the curriculum of primary and secondary schools in a few countries.

Several countries have undertaken or are engaged in studies to determine the effect of various factors on breastfeeding. Some countries have legislation permitting working mothers to breastfeed during their working hours. In many countries, working mothers now profit from legislation supporting maternity leave and providing for benefits and protection against job loss due to pregnancy and maternity. (See Annex IV.)

4.2 Acute and Chronic Disease Control and Surveillance

A number of activities have been programmed to prevent acute and chronic diseases through provision of essential information, especially to mothers and women's groups working in the community, about the need for and access to childhood immunizations for prevalent diseases, and on the control of communicable and female-related diseases, including those with discrete manifestations such as sexually transmitted and pelvic inflammatory disease (PID).

a. Pelvic inflammatory disease, the subject of recent research, has been shown to have staggering economic and medical consequences such as sterility, ectopic pregnancy, and chronic abdominal pain. In the United States of America more than 850,000 episodes of PID occur annually, requiring more than 212,000 hospital admissions; 115,000 surgical procedures, and 2,500,000 physician visits at a total cost estimated at $1.25 billion in 1979. Each year, some 80,000 women in the United States become infertile due to pelvic infections.

   Outside the United States and Canada, however, the magnitude of this problem is largely unknown and unrecognized. To remedy this, PAHO is planning a study to gather information on the prevalence of the disease. Information will be collected for one year among women seeking medical care in the emergency room of a major metropolitan city hospital. Women who receive a pelvic examination for whatever reason will be evaluated for the presence of PID using a standard protocol, standard international case definitions and laparoscopic techniques. The proportion of the health care burden in this clinical setting due to PID will be analyzed in an ongoing fashion. Based on the data collected, a two-part case-control study of the relationship between PID and fertility will be carried out.

b. In the majority of the countries of the Americas, vaccination coverage of pregnant women with tetanus toxoid is extremely low, and most countries have not defined the areas where the disease is most endemic in order to organize measures for preventing neonatal tetanus. To help countries define these high-risk areas, PAHO, through its Expanded Program on Immunization, will promote surveys of morbidity and mortality from neonatal tetanus, particularly in the Andean countries. The first field trial is scheduled for Colombia in June 1982.

In addition, more active participation of mothers in immunization programs is being encouraged to help minimize the problem of high dropout rates from first to third dose of multiple dose vaccines such as DPT and polio, which in some countries reach 70 per cent.

c. The participation of women is also crucial in the control of diarrheal diseases, a leading cause of death in children under five. The control program depends on women not only as mothers, but as promoters and providers of primary health care services. Its major strategies are to improve child care practices, promote breastfeeding, proper weaning and personal hygiene, promote health education, improve food hygiene, and treat acute diarrheal episodes through oral rehydration therapy and suitable diet.

d. Cancer, which in Latin America is often not detected until the disease is in advanced stages, is very costly to society. Screening programs for the detection of certain cancers, particularly those cancers which could be impacted by early detection and treatment, benefit individuals, families, and the socioeconomic conditions in many countries.

In 1980 the total population of Latin America was estimated at 372,000,000 and is expected to reach 520,000,000 by the year 2000. The female population (aged 15 to 44 years) was 86,500,000 in 1980 and by the year 2000 will practically double to total 153,400,000. In 37 countries in the Region of the Americas (including Canada and USA) at all ages cancer was the second cause of death. In the total populations of 27 countries, cancer was the third cause of death in the age group 15 to 44, preceded only by accidents and cardiovascular diseases. Studies made in 18 Latin American countries indicated that cancer of the uterus is the first cause of death among all tumors in women in 10 countries, the second cause of death in 5 countries, the third in 2 countries and the fourth in one country.

One potential resource in the fight against cancer is the volunteer organizations, such as leagues against cancer, which exist in practically all Latin American countries. These groups, composed primarily of non-professional women, provide services and support to cancer patients, families, and to cancer treatment facilities. They also promote and provide public education on cancer diagnoses, and engage in fund raising activities. To help in the interchange of information among the various leagues, and to allow national health authorities to better understand the contributions the leagues make

to national health programs, PAHO, in collaboration with the American Cancer Society, plans to sponsor a conference of league representatives from throughout Latin America.

Information collected from the countries shows that although three countries have not yet established national programs for early detection of female-specific cancers, most other countries have programs which are increasing the coverage, especially of pregnant women, through national campaigns, work with the leagues against cancer, and testing as part of prenatal care programs or in family planning clinics. In two years, one country increased its cervical cancer detection program from 33 per cent coverage to 49 per cent of the women aged 15-44.

4.3 Participation of Women in Water Supply and Sanitation Projects

Environmental health education activities dealing with safe water supply, sewage disposal, and food sanitation are being prepared and tested. A series of video cassettes entitled "Latin American and Caribbean Women in Environmental Health" are being produced for community education and school audiences. They will feature the role of women in home, work, community environments, and in the International Drinking Water and Sanitation Decade. Additionally, they will encourage women to follow environmental health careers. Included will be information on the role of women in food hygiene, accident prevention, environmental health education of children, occupational safety and health, environmental health aspects of community management and organization, and women as environmental health officers. PAHO is also distributing documents explaining the role of women in community participation and water supply and sanitation projects to personnel in the field.

Proposals to involve women in water and sanitation projects and cooperative action among agencies were discussed at the IX Meeting of the Steering Committee for the Water Decade, held in Washington in April 1982. A session on education and training of women for community participation, and a paper stressing the importance of women in water and sanitation programs will be included in the Regional Symposium on Human Resources for the International Drinking Water and Sanitation Decade in Panama in July 1982.

Women and Occupational Health

In many countries, women are exposed to a variety of environmental toxic chemicals as workers in dry cleaning, shoe, leather, cork, plastic, toy, and textile industries. In many cases, small or medium-size industries lack knowledge or resources to determine exposure of their employees. Possible effects of exposure to toxins and solvents can injure organs and cells, cause cancer, and damage the nervous system. In some countries, women take potentially harmful work home, thus exposing not only themselves but their children and families.

To improve the occupational health of women, project proposals were prepared with the assistance of the Pan American Center for Human Ecology and Health (ECO) and the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) to evaluate the exposure of working women to organic solvents, and to prepare a manual on prevention and control techniques appropriate for use by small and medium-size industries. Attempts are being made to secure extrabudgetary funding from international and bilateral agencies for support of the project.

PAHO plans to emphasize development of safety codes and norms for other industries, such as textiles, where workers can develop brown lung disease. (See Annex V.)

Countries have reported an increasing percentage of women in the formal labor force, ranging from 15 to 32 per cent in 1981. Yet only one country, out of 16 reporting information, reported doing research on occupational risks for women workers. Only three countries reported information on occupational related morbidity patterns, and one of these differentiates by age, salary and occupation but not sex.

4.4 Human Resources Development

As a first step toward increasing opportunities for women to participate in the formal health care system through fellowships and increased access to training, PAHO has undertaken a study on fellowships for women. (See Annex VI.) Preliminary analysis of data shows that PAHO/WHO fellowships for female physicians have increased steadily, but in 1981 still only made up 21 per cent of the Region's total. Of the total fellowships awarded in 1981, 43 per cent went to women, an increase over the 38 per cent average for the period 1976-1980. The final analysis will be presented in a report to be submitted to the Directing Council.

Other plans for 1982-83 include a study of women's participation in regional meetings, production of an annotated bibliography on women as health care providers, and sponsorship of research on themes related to women in health and development. PAHO is also participating in a regional study on the role of women as health care providers, as part of a universal study developed by WHO on this subject.

PAHO, through its Latin American Center for Educational Technology in Health (CLATES), is seeking extrabudgetary support for a project entitled "Women: Principal health agents in rural communities." The main objective of the project is to study the organizations, groups, and practices that support activities of women in the health field, as well as to investigate women's non-traditional roles in family and community health care. Predicted outcomes of the study include production of educational materials for use in communities, concrete mechanisms for registering how socioeconomic conditions determine the health of the population, lists of women's organizations in the community, and development of a work plan for community participation in primary health care programs.

4.5 Support services for women

Development and provision of appropriate support services for women is the responsibility of the countries, which must implement national policies to integrate women in health and development into their emerging socioeconomic development policies. Many countries have established special offices on women to help ensure this.

In many cases, however, social and administrative changes are still needed in the work place to provide for the needs of working women, especially mothers and heads of households, such as changes in policies affecting maternity leave, accommodations for breastfeeding, and social security eligibilty.

Many countries have legislation providing maternity leave and day care centers to accommodate working mothers, but many still need to establish continuous availability of health services for the mothers and children at these centers.

Furthermore, health services must be made available to women working in unregulated sectors of the economy, such as domestics and prostitutes, and to widowed, disabled and elderly women.

In addition, health services should be adjusted to respond to the needs of working women and to consider their logistical availability and that of infants and preschool children, so that women and children do not lose access to health care because of scheduling conflicts.

The provision of health services at work places should be expanded to include attention to the special needs of women, particularly female-specific health disorders.

V. CONCLUSION

Since adoption of the Five-Year Regional Plan of Action on Women in Health and Development by PAHO's Directing Council in September 1981, a number of activities have been planned and initiated with the aim of improving the situation of women in health and development.

Many countries have recognized the urgent need to improve that situation and are beginning to take steps to integrate women into new and continuing health and development activities in the Hemisphere.

In accordance with the Five-Year Plan, PAHO and the countries are beginning to incorporate the special needs and requirements of women into ongoing activities without creating new programs focused solely on women.

Frequently, a change in the focus of an existing program can be beneficial, as in the case of maternal and child health, where in many countries women are now being encouraged to participate as providers and promoters as well as active recipients of care.

Analyses of data and activities reported reveal not only the progress made, but also the major problem of a lack of reliable statistics and information on programs. There is a clear need for information on women's involvement in all areas, but data are especially scarce on women's nutritional status, their participation in health professions, their occupational health, the role of women's organizations in primary health care, prevalence and control of sexually transmitted diseases in women, and mental health problems of women.

The countries along with PAHO, will begin to meet the many needs to be addressed in the area of women in health and development by giving priority to the following actions:

1) Improved Information System

- Develop an improved information system through which to channel data about existing and planned women in health and development activities, as part of the system to monitor and evaluate the Plan of Action for implementation of the regional strategies.

2) Identify Problems and Promote Awareness

- Continue to identify the main health problems and needs in the Region which particularly relate to women; and promote awareness of these problems as well as the changes needed to address them.

3) Involve Women in Health Care Activities

- Develop health education and community participation activities with special emphasis on involving women and women's groups as providers and recipients of primary health care as well as decision-makers.

4) Adjust National Legislation and Policies

- Expand and develop national policies and legislation to increase the participation of women in health and development activities giving special attention to working mothers and their needs.

5) Intensify Training and Recruitment of Women

- Increase training opportunities for women, especially in professions in which they are underrepresented and intensify selection and recruitment of women for professional posts, particularly those at the highest levels.

- Promote leadership abilities of women, particularly in policy-making positions.

6) Provide Support Services for Women

- Support women's participation, equally with that of men, in the social, economic, and political development processes, and ensure equal access for women and men to the benefits of this development.

As called for in Resolution CD28.R15 of the Directing Council, Member Governments, with the cooperation of PAHO, must integrate the activities of the Five-Year Regional Plan of Action into their national plans of action and activities being developed to attain Health for All by the Year 2000.

Annexes

INFORMATION REQUESTED BY FOCAL GROUP FROM AREA AND COUNTRY REPRESENTATIVES

Please refer to the "Five-Year Plan of Action on Women in Health and Development" while reading list. You are encouraged to annex documents and other information in response to any or all of the questions.

Point in Five-Year Plan related to questions	Question
1.1.1 and 1.1.2	From the projects in your country, the women in health and development components and describe what is being done in relation to each.
1.1.3	List the project protocols and proposals, requested by the country, that exist or are being developed for each group listed in Annex 4 of the Five-Year Regional Plan of Action on Women in Health and Development, as well as any additional groups. Please indicate the status of each one.
	In the country
1.2.2	What number and percentage of women are occupying high-level administrative posts in the area of health in the government? Please provide, if possible, a listing by name and title of each of these professionals.
2.2.2	Identify the component(s) of current biomedical and health services research relevant to women's health needs.
2.2.4	What has been and is being published in the area of women in health and development? Please send us, if available, a copy of each publication listed.
4.1.4	List those training programs for personnel working in health and development programs that include techniques of health education and community participation, and that promote positive traditional health practices and appropriate technologies that will increase women's participation in self-care.

4.1.1	How many and what percentage of all known deliveries take place in hospitals? How many and what percentage of deliveries outside of hospitals are attended by health workers? How many and what percentage of women receive adequate prenatal and postnatal services within and outside institutions? How many and what percentage of pregnant women are receiving tetanus toxoid vaccines?
4.1.2	Does the country have specific screening programs for early detection of female-specific cancers? If yes, what is coverage of program?
4.3.1	What is the known percentage of women in the work force? Is the country conducting research on risks for women workers? If yes, please list research projects. How have resulting data been used for the development of occupational health programs particularly related to women? What data are available on occupational related morbidity patterns?
4.3.2	What preventive occupational health programs particularly related to women have been developed in the country?
4.4.1 (B)	How many and what percentage of women in the country are entering each of the various health professions? Please list number and percentage by profession for last available year.
4.4.4	Is basic health information, as well as information about health careers, introduced to young and preschool children as part of standard education?
4.5.5	What legislation exists that supports child care centers and breastfeeding facilities? How many facilities of this kind exist?

4.5.6 Where nurseries and child care centers exist, particularly those related to the work place, what health services are made available?

What written policies exist to promote women in health and development activities?

COUNTRIES RESPONDING TO QUESTIONS

BOLIVIA
BRAZIL
CHILE
COLOMBIA
COSTA RICA
CUBA
ECUADOR
GUATEMALA
GUYANA
HAITI
HONDURAS
MEXICO
PANAMA
PARAGUAY
PERU
URUGUAY

19 May 1982

1982 CALENDAR OF TECHNICAL COOPERATION ACTIVITIES
LIST OF REFERENCES TO WOMEN AND WOMEN'S DEVELOPMENT

Country	Project Component	Date
1. Anguilla	Strengthening youth health and family life education with focus on women in health and development.	October
2. Antigua	Self-help income generating projects with focus on women in health and development.	February
3. Barbados	Strengthen education on high-risk factors for women in health and development. Cooperate in education for cancer prevention and PAP smear testing for women.	January/ September
4. Cuba	Program on integral health care for mother and child.	June/ November
5. Mexico	In accordance with the Plan of Action for Women in Mexico of the National Council on Population, participate in the development of programs related to women in health, family planning, education and information and coordinate women in health and development activities with other United Nations agencies with offices in Mexico.	Continuous
6. Nicaragua	Prepare a "Manual for Midwives" and a strategy for incorporating midwifery as a component of women's health care. Study the participation of women's groups in maternal and child health activities.	Continuous

PAHO/WHO HEADQUARTERS AND FIELD PROFESSIONAL STAFF
BY GRADE AND SEX
1980-1981

MALE			FEMALE	
1980	1981	Grade	1980	1981
3	3	UG	0	0
2	2	D-2	0	0
18	18	P-6/D-1	1	2
147	139	P-5	2	5
185	189	P-4	36	32
39	38	P-3	31	35
45	44	P-2	30	27
16	17	P-1	20	19
455	450	TOTAL	120	120
(79.13%)	(78.95%)		(20.87%)	(21.05%)

PAHO/WHO HEADQUARTERS PROFESSIONAL STAFF
BY GRADE AND SEX
1980-1981

M A L E			F E M A L E	
1980	1981	Grade	1980	1981
3	3	UG	0	0
2	2	D-2	0	0
10	12	P-6/ D-1	1	1
58	59	P-5	1	3
25	26	P-4	11	11
17	18	P-3	11	17
17	18	P-2	16	14
7	8	P-1	17	17
139	146	TOTAL	57	63
(70.92%)	(69.86%)		(29.08%)	(30.14%)

PAHO/WHO FIELD PROFESSIONAL STAFF BY GRADE AND SEX

1980-1981

M A L E			F E M A L E	
1980	1981	Grade	1980	1981
0	0	UG	0	0
0	0	D-2	0	0
8	6	P-6/D-1	0	1
89	80	P-5	1	2
160	163	P-4	25	21
22	20	P-3	20	18
28	26	P-2	14	13
9	9	P-1	3	2
316	304	TOTAL	63	57
(83.38%)	(84.21%)		(16.62%)	(15.79%)

APPOINTMENT

May 1981 - May 1982

	HEADQUARTERS		FIELD	
GRADE	WOMEN	MEN	WOMEN	MEN
P.1	0	1	0	2
P.2	3	0	0	1
P.3	4	1	1	0
P.4	4	1	1	14
P.5	1	5	1	4
P.6	0	1	0	0
D.1	0	0	0	0
D.2	0	0	0	0
Total	12	9	3	21

PROMOTION BY REASSIGNMENT

May 1981 - May 1982

	HEADQUARTERS		FIELD	
GRADE	WOMEN	MEN	WOMEN	MEN
G.6-P.1	0	1	0	0
G.7-P.2	0	1	0	0
G.8-P.2	0	1	0	0
P.1-P.2	0	0	1*	2*
P.3-P.4	1	2*	3	0
P.4-P.5	2*	0	0	2
P.4-D.1	0	0	0	0
P.5-D.1	0	0	0	0
D.1-D.2	0	0	0	0
Total	3	5	4	4

*Includes reassignment with promotion, involving the movement of the staff member to or from the Headquarters.

ACTIVITIES OF MEMBER STATES IN SUPPORT OF INFANT AND YOUNG CHILD FEEDING

REGION OF THE AMERICAS

INTRODUCTION

This summary report on the feeding of infants and young children in the Americas is based on information from nineteen (19) countries: Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Surinam, Trinidad and Tobago, Venezuela and intercountry activities with CFNI cooperation.

The majority of the countries have been implementing a variety of activities and strategies to encourage breastfeeding and to improve weaning practices. Efforts include promotion and education, supplementary feeding, training, educating mothers on nutrition, feeding of young children, and regulating the marketing and distribution of milk formulas and foods for infants. The efforts in each of these areas are summarized below.

A. Encouragement and Support of Breastfeeding

Eighteen of the nineteen countries are engaged in substantial promotional and educational efforts to encourage breastfeeding. Government offices, such as Ministries of Health, national institutes of nutrition, and social security agencies, have articulated policies or decrees for fostering breastfeeding. These policies are being presented to the people through public information and education, national workshops, the mass media, and meetings. Educational material, such as pamphlets and resource booklets, are being distributed. Argentina, Colombia, the Dominican Republic, and Peru have developed norms for promoting breastfeeding at all levels of the health system, from health posts to hospitals.

The Ministry of Health of Chile, in concert with national universities, UNICEF, and USAID developed a national program to update the training of health teams and to improve the nutritional conditions of women during pregnancy and breastfeeding. The English-speaking Caribbean in collaboration with WHO/PAHO/CFNI developed guidelines for promoting breastfeeding and obstetric management.

A few countries have undertaken or are currently engaged in studies to determine the extent to which different factors affect breastfeeding. Barbados and Costa Rica are promoting breastfeeding during the postpartum period which is critical to the maintenance of breastfeeding. Other

measures approved by Governments are provisions in the Constitution of Honduras for working mothers to have periods for breastfeeding and legislation in Bolivia, Guatemala, Panama, and Paraguay permitting nursing mothers one hour each day for breastfeeding.

B. Promotion and Support of Appropriate and Timely Complementary Feeding Practices with Use of Local Food Resources

Only seven countries reported on the promotion of complementary feeding with local foods--perhaps an unintentional omission and thus not fully reflecting the existing situation. Promotional and support activities for appropriate weaning practices include the preparation of norms in Peru and Chile and the introduction of weaning foods in Colombia. Colombia has also established regulations for promoting and packaging complementary infant foods and breast milk substitutes. Efforts have been and are being made in Brazil and Guatemala to collect information on breastfeeding and weaning practices to support program implementation. Brazil is using a simplified version of the WHO methodology in its present study, and is currently engaged in a study to adapt PAHO/WHO guides on the feeding of infants and young children to local food patterns, and in developing a program for monitoring and evaluating the use of the guides.

Chile is distributing a dried iron-enriched soup for undernourished nursing infants; Trinidad and Tobago with the Caribbean Industrial Research Institute, has formulated a rice/soya bean mix to satisfy the energy and protein requirements of a six-month old child, also used in the English-speaking Caribbean.

C. Strengthening of Education, Training, and Information of Infant and Young Child Feeding

Education and training are an important activity of the majority of countries under review. These activities include the development of nutritional feeding guides with and for community health personnel in Bolivia, Cuba, the Dominican Republic, Peru and the English-speaking Caribbean; multidisciplinary and interagency seminars in Costa Rica and Nicaragua, and national workshops in Cuba and Surinam. Bolivia, Brazil, Colombia, Cuba, Guatemala, Honduras, Nicaragua, Panama and Trinidad and Tobago have incorporated maternal and infant nutrition into the training programs for medical and paramedical personnel as well as continuing education programs. Attention is also being given to developing materials of complementary feeding. Brazil has included education on breastfeeding and on mother and infant nutrition in the curriculum of primary and secondary schools, and Guatemala and Trinidad and Tobago have proposed to the Ministry of Education that these topics be included in the schools.

D. Development of Support for Improved Health and Social Status of Women in Relation to Infant and Young Child Feeding

Considerable and various actions have been undertaken by the countries to support the health and social status of women. Working mothers now profit from legislation supporting maternity leave and providing for benefits and protection against job loss due to pregnancy and maternity. Guatemala is currently lobbying for an amendment to the Labor Code to extend postpartum leave from 45 days to three (3) months. Bolivia provides for 45 days prenatal and 45 days postnatal maternity leave; Chile and Cuba provide for 6 and 12 weeks each respectively. Chile permits a mother to stop working, without loss of income, should a physician recommend that she takes care of her seriously ill child; Cuba permits nine (9) months of unpaid leave, without loss of her position, to care for children less than one (1) year of age. In Canada the rights of women will be protected in the new Constitution.

Ways and means are being considered, amendments to legislations are being requested, and pilot projects are being undertaken to provide nurseries in work places with a mininum number of women employees. Legislation for supervision of public and private day care centers is being enforced. Centers in Colombia are required to allocate twenty (20) per cent of their monthly fees to the feeding of the children. The practice of rooming mother and child in hospitals, in support of the health of both, is gaining momentum in many of the countries reviewed. Trinidad and Tobago supply breast milk to mothers whose milk supply has failed but who want to give breast milk to their babies.

E. Appropriate Marketing and Distribution of Breast Milk Substitutes

The majority of countries are at varying stages in developing, marketing, and distributing codes for substitutes of breast milk. Most countries are striving to develop legislation in marketing and distribution of substitutes for breast milk.

Nicaragua passed a law supporting breastfeeding, prohibiting advertising of milk substitutes, and requiring milk substitutes to carry on their label "Breast Milk is Better" (La Leche Materna es Mejor).

Canada supports the International Code, but does not consider regulation or legislation appropriate to its situation since public education can achieve effective results. Brazil, Costa Rica, the Dominican Republic, and Honduras are studying or adapting the international marketing code; Perú has legislation pending approval; Costa Rica and Guatemala area reviewing present legislation; the Ministries responsible for Health of the English-speaking Caribbean endorsed the International Code. Most of the existing or pending legislation or decrees deal with prohibiting distribution of substitutes for breast milk and with the regulation and supervision of the production and packaging of substitutes.

WOMEN IN ENVIRONMENTAL HEALTH - ACTIVITIES IN PAHO AND THE COUNTRIES

The following is a Progress Report of the Environmental Health activities in the context of the Plan of Action for Women in Health and Development. The numbers refer to the timetable of the Five-Year Regional Plan.

4.3.1.A. Arrangements are being made for the production of a series of video cassettes highlighting the potential role of women in environmental health. The series entitled "Latin American and Caribbean Women in Environmental Health" will be suitable for community education and school audience, and will feature the following aspects:

I. The Home Environment including the environmental aspects of healthful housing design and the role of women in food hygiene, accident prevention, and environmental health education of children.

II. The Working Environment promoting environmental health and safety at the workplace and the role of women in the promotion of effective health measures in their specific working environment, e.g., markets, schools, etc.

III. The Community Environment involving the environmental health aspects of community management, industrial operations in the community context, environmental improvements through community education and participation, the role of women in achieving a better quality of life and an improved environment through community organizations.

IV. The Environmental Health Career Work for Women, i.e., women as environmental health officers and women with other primary health care careers (medical health officer, public health nurse, health educators, etc.) and environmental health.

V. The Women and the Water and Sanitation Decade outlining the special roles of women in the achievement of goals of the Water Decade.

4.3.2 and 4.3.3 are being reviewed by the Division of Environmental Health Protection.

4.3.2.B Preliminary project proposals on occupational health of women in industries were prepared with the assistance of ECO and CEPIS for government consideration and submission to the U.N. Voluntary Fund for Women. The objective of the project is to evaluate the exposure of working women to organic solvents including:

1. Determine the magnitude of the problem.

2. Determine the composition of products more commonly used and their effects.

3. Establish appropriate techniques of evaluation, prevention, and control.

4. Prepare a manual on prevention and control techniques appropriate for use by small and medium-size industries.

Subregional project costs are estimated at $205,200, of which the Voluntary Fund is expected to contribute $113,000, the Government $84,000 and PAHO $7,500. The proposal was sent by CEPIS to PAHO Offices in several countries, to ascertain the country's interest in national projects involving the above-mentioned goals.

Since ECO is the focal point for occupational health, this project is being included in its program of work. ECO will be responsible for developing the necessary material to promote and facilitate the preparation of research proposals for utilization by the countries. This may include visits by the ECO consultant in occupational health to countries to assist them in the preparation of documents. Attempts are being made to secure extrabudgetary funding from international and bilateral agencies for support of the project.

The following projects are at various stages of review in this area:

Ecuador: In Ecuador there are a number of industries using a high percentage of women workers and in which they are exposed to environmental toxic chemicals. These include dry cleaning, shoe, leather, cork, plastic, toy and textile industries. Many of these are small or medium-size establishments lacking knowledge or resources to determine on their own the problem of exposure. The possible effects of such work involve the globulin-producing cells, the liver and kidneys; some are proven carcinogens, mutagens, and teratogens. Depending on the type of solvent used, impact may be of the central and peripheral nervous system, the hematopoyetic, cardiovascular, hepatic, skin systems, etc.

A project proposal is being prepared for UNDP support, entitled "Prevention and Control of the Exposure of the Working Women to Organic Solvents." The Government of Ecuador is interested in receiving support from the U.N. Voluntary Contribution Fund for Women, with the Pan American Health Organization acting as executing agency and the Ecuadorian Social

Security Agency as national counterpart. The PAHO Center for Human Ecology and Health (ECO) has been designated to provide advisory services in the realization of this project. It is estimated to cost US$120,600 and to be of 3-year duration beginning in 1982. The project is to contribute to the improvement of the working woman's condition protecting her and her offspring against potential risks involved in exposure to organic solvents, permitting the Ecuadorian Social Security Institute to evaluate and control the damage to health of women who are exposed and contribute with their work to the development of the community and the country. Specific objectives are:

- To attain an understanding and evaluation of the magnitude of the problem of exposure of working women to solvents nationwide;

- To determine the toxic materials and compounds to which they are exposed;

- To apply adequate techniques to the qualitative and quantitative analysis of working environments and their effects on working women's health.

On a long-term basis the goal is to establish a permanent national program for the prevention and control of these environmental risks that can be put into effect once the project is completed by the Division of Work Hazards of the Ecuadorian Social Security Institute.

Brazil: PAHO staff has been collaborating with the Ministry of Public Health of Brazil in the formulation of a research project on the exposure of working women to organic solvents, which likewise would be presented to the U.N. Voluntary Contribution Fund for Women. There is an important sector of the economy that involves working women involved in the industries that use large quantities of organic solvents. This is an important problem not only because it compromises the health of women workers but also their offspring.

It is expected that this project would form part of a more general program destined to the creation of a center for the study of occupational cancer of the University of Campinas, Department of Preventive and Social Medicine. The project should be oriented to the study of a socially important problem and should contribute to its solution. It is considered that the exposure to benzene used in glues and dilutants of the shoe industry would be an appropriate area of study. Such industry employs thousands of women workers and as many of these do their work at home;

not only they but their children are exposed. The project would study the form and intensity of the exposure and would permit the establishment of the necessary preventive measures. PAHO through ECO would act as executing agency. The project is expected to last 18 months and begin in 1982. Specific objectives include:

- Determine the actual magnitude of the problem involving exposure of women workers to benzene in the shoe industry, establishing the number of exposed women and the intensity of the exposure;

- Establish the frequency and gravity of the pathology provoked by benzene in these women;

- Develop appropriate technology for the evaluation and control of the exposure and medical monitoring of the exposed working women groups;

- Propose measures for the improvement of health and safety conditions of women workers in shoe industry;

- Strengthen the national program so that it can conduct permanent action in the field of study on working conditions of women.

Argentina, Chile, Mexico, and Colombia have also indicated their interest in this project and follow-up gestures are in progress.

The Division of Environmental Health Protection also will give emphasis in its work plan to the development of safety codes and norms for other industries, particularly those employing women, such as the occupational risks of injuries from machinery and equipment on which women must work but are unfamiliar with; brown lung disease of women in the textile industry; and women working in animal slaughtering facilities.

WOMEN IN HEALTH AND DEVELOPMENT:

FELLOWSHIPS PRELIMINARY REPORT

The Plan of Action of "Women in Health and Development," prepared in response to Resolution XVII of the XXVIIth Meeting of the Directing Council of the Pan American Health Organization in 1980 has as its principal objective promotion of directives and mechanisms by which the Organization and Member States may increasingly integrate the women into activities of health and development. Five strategies were proposed of which one refers to development of human resources. This is to involve both men and women in efforts to improve opportunities for the woman to receive training and preparation for responsibilities in management and in decision and policy-making roles.

Since its inception in 1946, the PAHO/WHO fellowships program has been a major vehicle for achievement through education and training of the objectives set for the Organization by its Governing Bodies. It has provided the administrative and financial means for more than 24,000 nationals of Member States to obtain training in nearly all fields of study and activities related to human health. A retrospective study of fellowships awarded by sex across these decades will permit demonstration of the trends in preparation of women in the various areas of health. The mechanisms of the study, oriented to analysis of the fellowships program of PAHO/WHO, will also permit reporting of changes which might result from implementation of the Plan of Action.

In accordance with data available on each fellow and the possible utility of the information generated, the following characteristics have been selected to describe and analyze the PAHO/WHO fellowships program:

1. Sex
2. Type of fellowship:
   a. short (less than six months)
   b. long (six months or more)
   c. group (fellowship awarded for course organized or sponsored in whole or in part by PAHO or WHO)
3. Duration
4. Age of the fellow
5. Average cost of the fellowship
6. Country of origin of the fellow
7. Profession
8. Field of study
9. Country of study

Taking into consideration that the Plan of Action covers a period of five years (1981-1985), a preliminary study is proposed to compare, on the

basis of variables selected, the two preceeding periods: (a) 1971 to 1975 and (b) 1976 to 1980.

Figure 1 shows a general view of the total number of fellowships awarded in each of the ten years of this preliminary study and their distribution between men and women. The first year of the Plan of Action, 1981, is included to show the consistency of the upward trend in the percentage awarded to women. The drop in 1975 and again in 1976 reflects the financial difficulties of the period. A relatively high percentage of available funds was utilized to meet commitments in technical development projects in which men predominate. This was particularly true in 1976 under a Canadian International Development Agency (CIDA) grant for the Caribbean Basin Water Management Project. This was also the period in which the Commonwealth Caribbean Project for Education and Training of Allied Health Personnel made its greatest financial impact on the fellowships program. The factors are shown in the following table:

TABLE

Year	Total Number of Fellowships	Total Expenditures* (U.S. $)	Average Cost* (U.S. $)	Average Duration (Months)
1971	1,281	$3,075,793	$2,401	5.1
1972	1,313	$3,278,561	$2,497	5.6
1973	1,121	$2,766,642	$2,468	4.9
1974	1,181	$2,979,738	$2,523	4.4
1975	998	$3,042,557	$3,048	5.3
1976	1,171	$4,118,421	$3,517	5.6
1977	1,118	$3,554,440	$3,179	4.4
1978	1,166	$3,837,645	$3,291	4.5
1979	1,196	$4,197,200	$3,509	4
1980	1,150	$4,406,037	$3,831	3.4
1981	1,315	$4,386,892	$3,341	2.6

(*Actual amounts expended. Not adjusted for inflation.)

The impact if these two projects, particularly in 1976, is also apparent in the high average yearly cost and duration; many long fellowships were awarded in both projects.

It is interesting to note from this table that, except for 1975 and 1976, the general trend in PAHO/WHO fellowships has been to shorter duration. As inflation has reduced the value of available funds, Governments have chosen to reduce the duration of fellowships rather than the number.

For each period of time of the current study, 1971-1975 and 1976-1980, a flow chart or classification tree was constructed, Figure 2, in

order to describe the various characteristics of the fellowships program.

- Block "1" contains the total number of fellows, the average age, the average duration and the average cost;

- Blocks "2" contain the same information broken down by type of fellowship--short, group and long--plus the percentage of the total awarded in each category;

- Blocks "3" contain the above information divided by sex.

For short fellowships as a whole, an increase of 14 percent is shown, i.e., from 37 percent in 1971-75 to 51 percent in 1976-80, while long fellowships decreased from 25 percent to 22 percent and group fellowships decreased by 11 percent.

For women the principal increases were in short fellowships, 7 percent, and in long fellowships, 5 percent. Group fellowships remained essentially the same.

Among the interesting points in this tree to be analyzed thoroughly is the fact that long fellowships for women have been of somewhat greater average duration than for men while costs for the same fellowships have been less: in 1971-75, 14.1 months at $5,362 for women to 12.5 months at $6,135 for men in 1976-80, 14.6 months at $7,490 for women and 12.5 months at $8,582 for men. Figure 2A reflects graphically the numbers and percentages of distribution of fellowships in the two periods.

For further study the information contained in this tree and those to be developed for other characteristics mentioned previously--profession, field of study, country of study--can be extended to subregional and country levels. In the English and Dutch-speaking Caribbean, there were increases of 10 percent for both short and long fellowships at the expense of group fellowships which decreased by 20 percent. For women in that subregion the greatest increase was in long fellowships which went from 50 percent in 1971-76 to 60 percent in 1976-80.

The North American subregion used the greatest percentage of short fellowships in both periods, 66.5 percent in 1971-75 and 69.3 percent in 1976-80. The number of women receiving fellowships in that subregion rose from 26.5 percent to 40.6 percent.

Other visual methods of presenting and comparing these characteristics are being designed to permit ease of interpretation for each country and geographic subregion. Examples of these methods are attached as Figures 3 and 4, 1971-75 and 1976-80 respectively. These show the number of women awarded fellowships within each period. Figures 4A, B and C show the evolution of each subregion from period to period. Within the subregions the countries appear with the number of their fellowships awarded to women during the period indicated.

In both periods the highest percentage of women receiving fellowships is in the English and Dutch-speaking Caribbean (48.9 percent in 1971-75 and 47.5 percent in 1976-80). In this subregion three countries surpassed 50 percent in the first period and four in the second. With the exception of the Netherlands Antilles and the French Antilles and Guiana (Figure 4B), the countries of this subregion form a cluster which in the second period varied between 37 and 60 percent.

The countries of the Southern Cone (Figure 4C) had an average of 40 percent women in 1971-75 and 45 percent in 1976-80. This dispersion decreased in the second period to form a "cluster" between 41 percent for Paraguay and 50 percent for Uruguay.

Comments and suggestions from the Subcommittee for further factors to be considered and methodology will be appreciated.

Fig. 1

YEARLY PERCENTAGE OF PAHO/WHO FELLOWSHIPS AWARDED BY SEX.

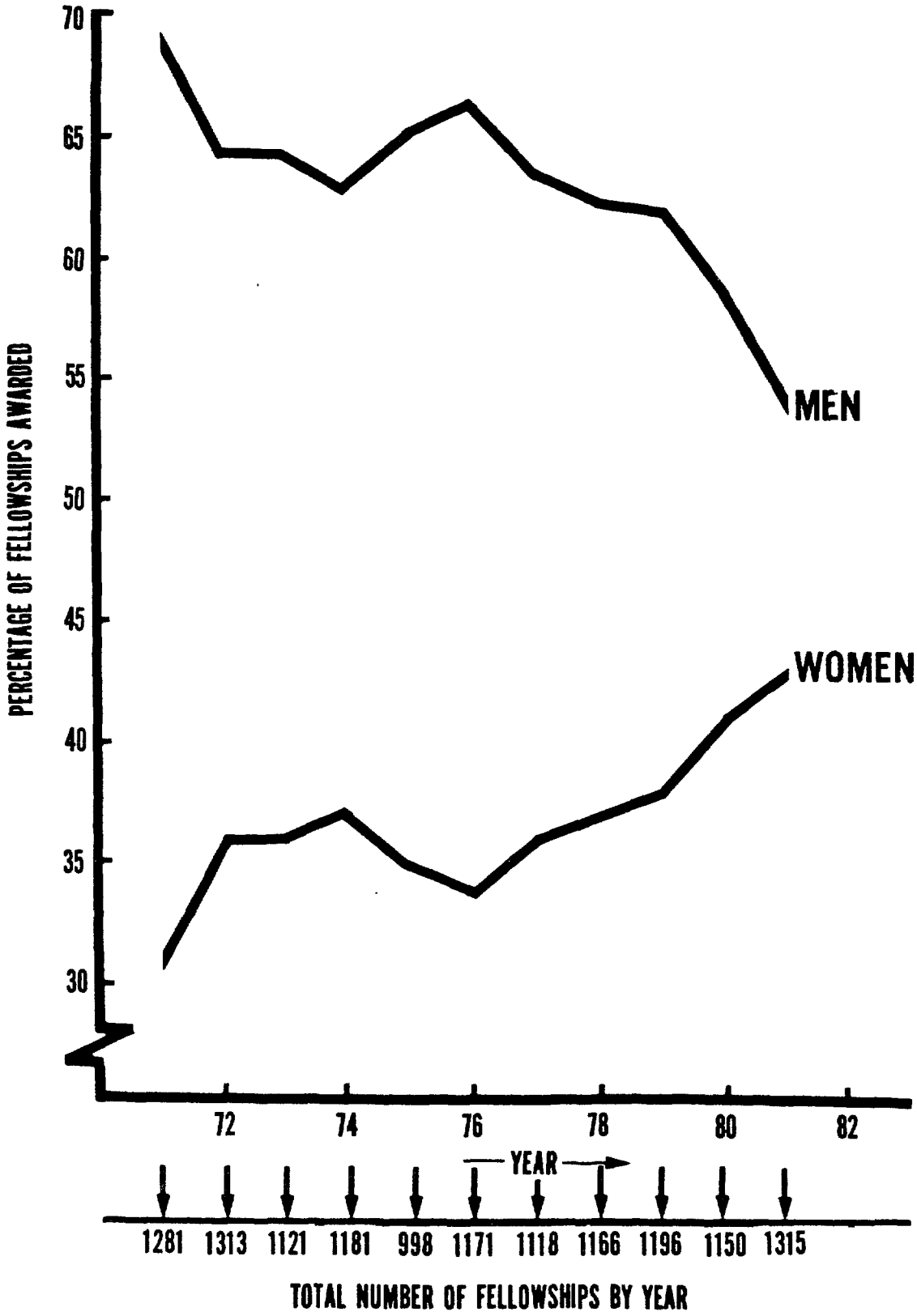


Fig. 2

CLASSIFICATION TREE COMPARING PAHO/WHO FELLOWSHIPS CHARACTERISTICS IN TWO TIME INTERVALS, 1971-75 AND 1976-80.

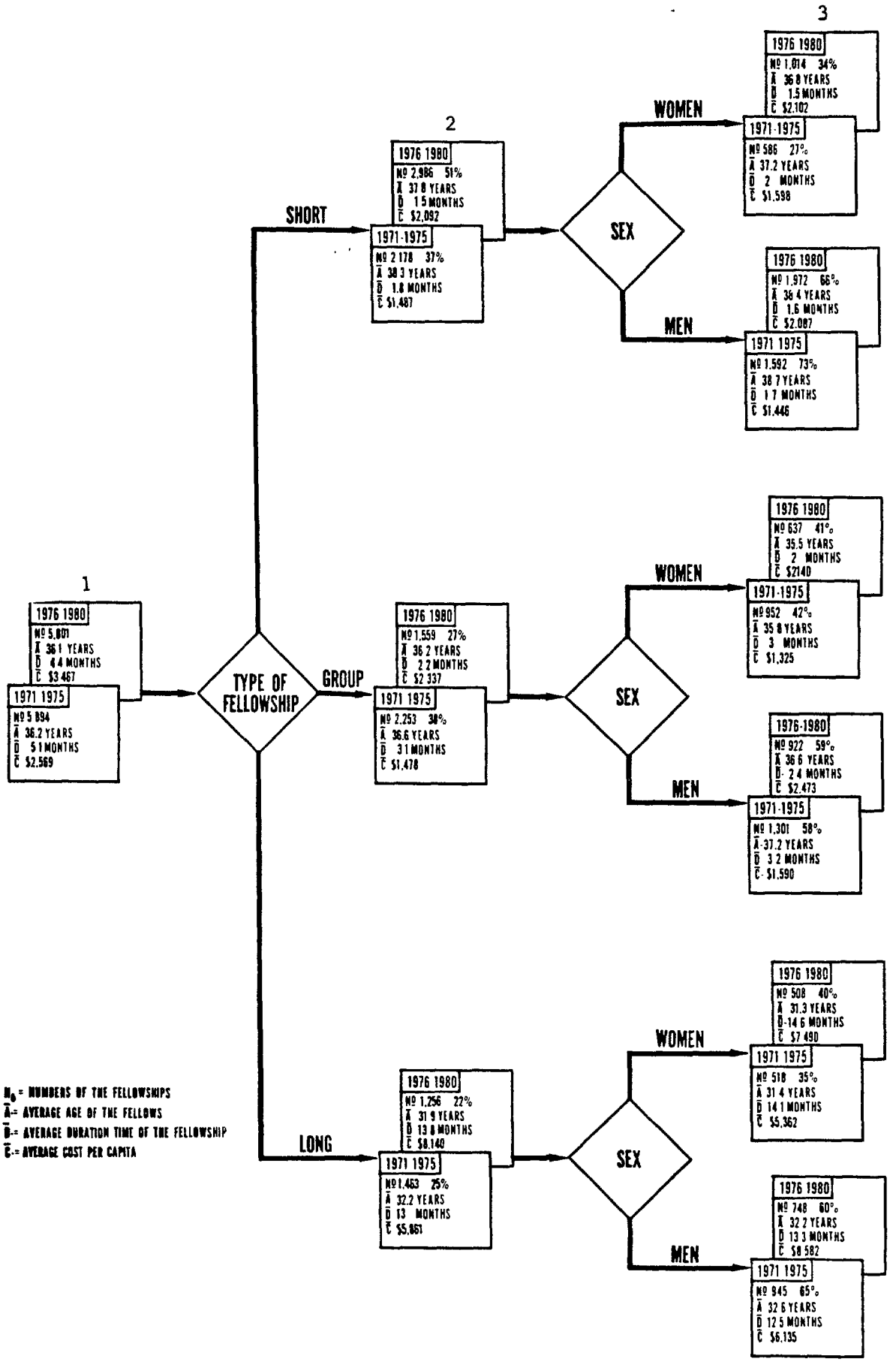


Fig. 2A

DISTRIBUTION OF FELLOWSHIPS BY TYPE OF STUDY

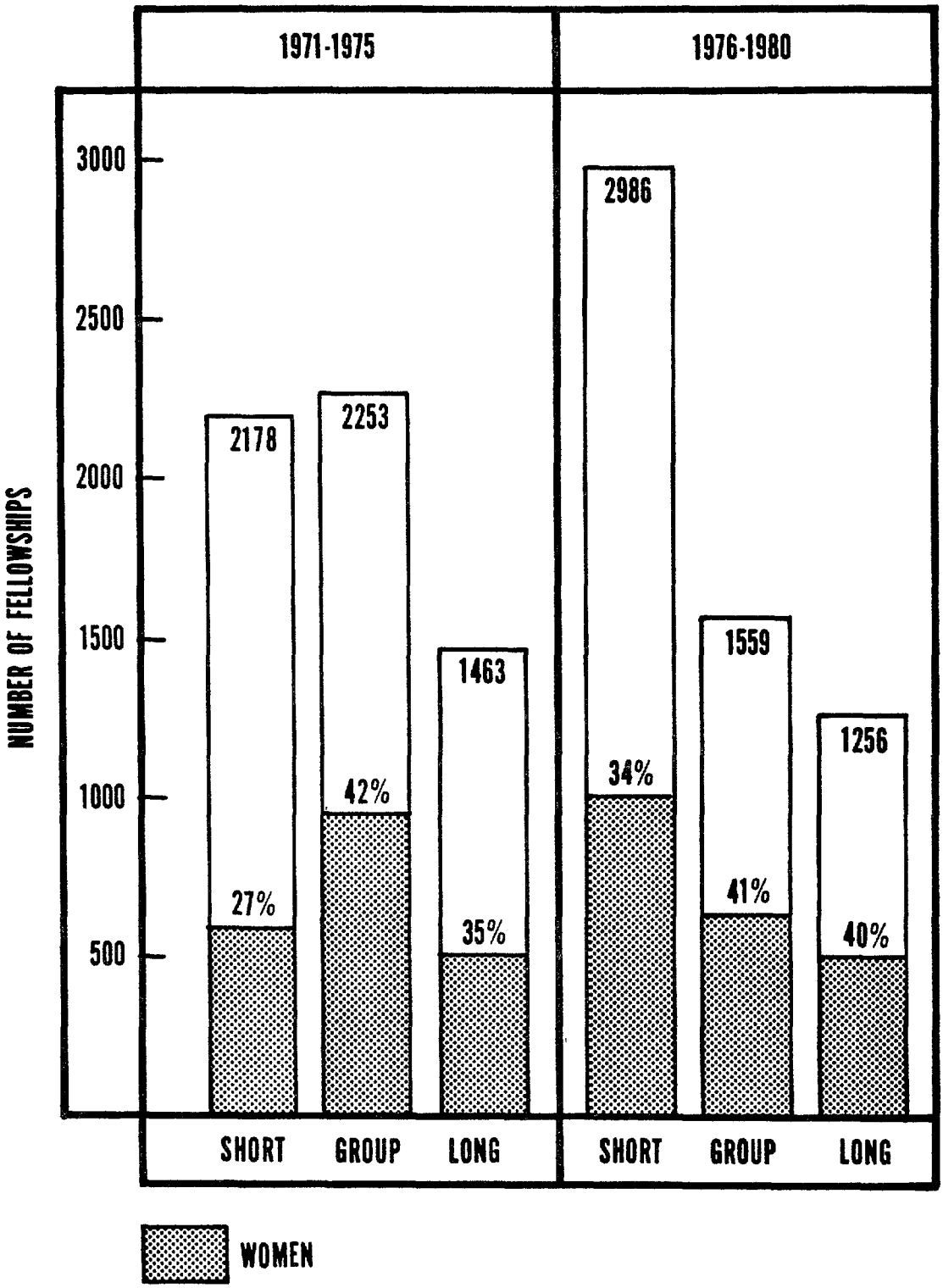
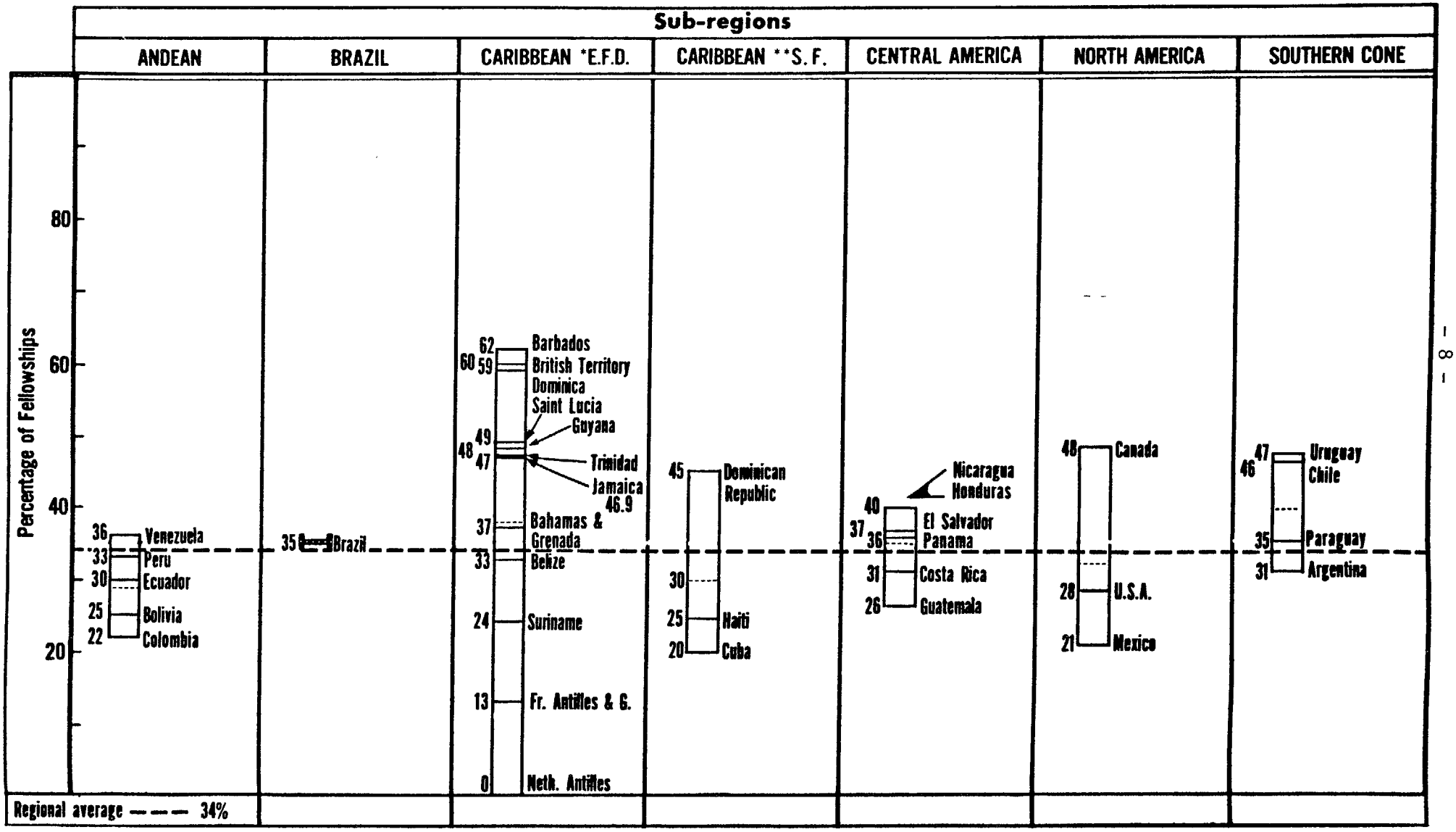


Fig. 3

Percentage of Fellowships for Women by Country of Origen

1971-75



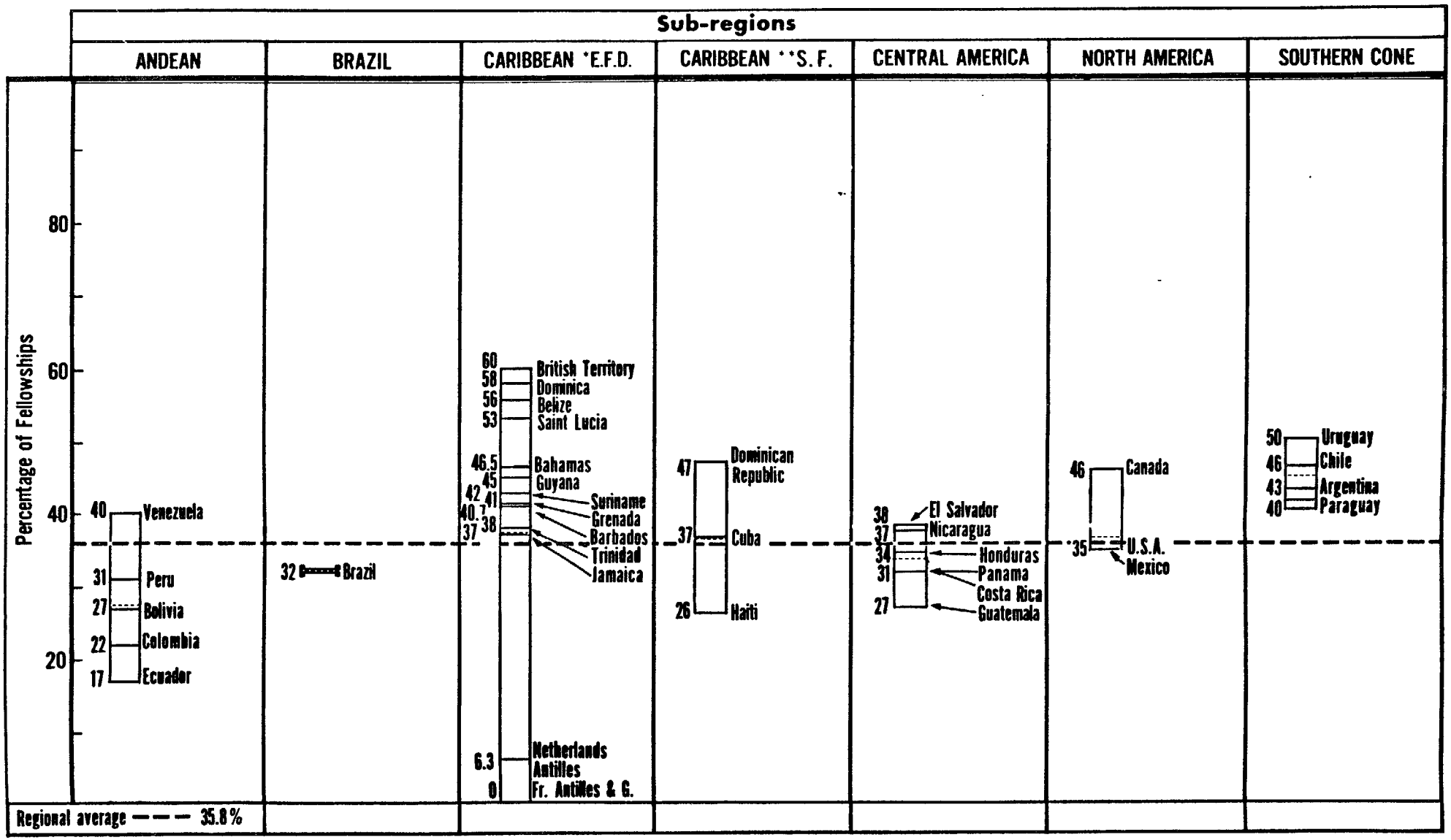
*English, French and Dutch speaking

**Spanish and French speaking

Fig. 4

Percentage of Fellowships for Women by Country of Origen

1976-80



*English, French and Dutch speaking

**Spanish and French speaking

Fig. 4A

COMPARATIVE CHART OF THE PERCENTAGE OF FELLOWSHIPS AWARDED TO WOMEN
BY COUNTRY AND SUBREGION IN RESPECTIVE PERIODS

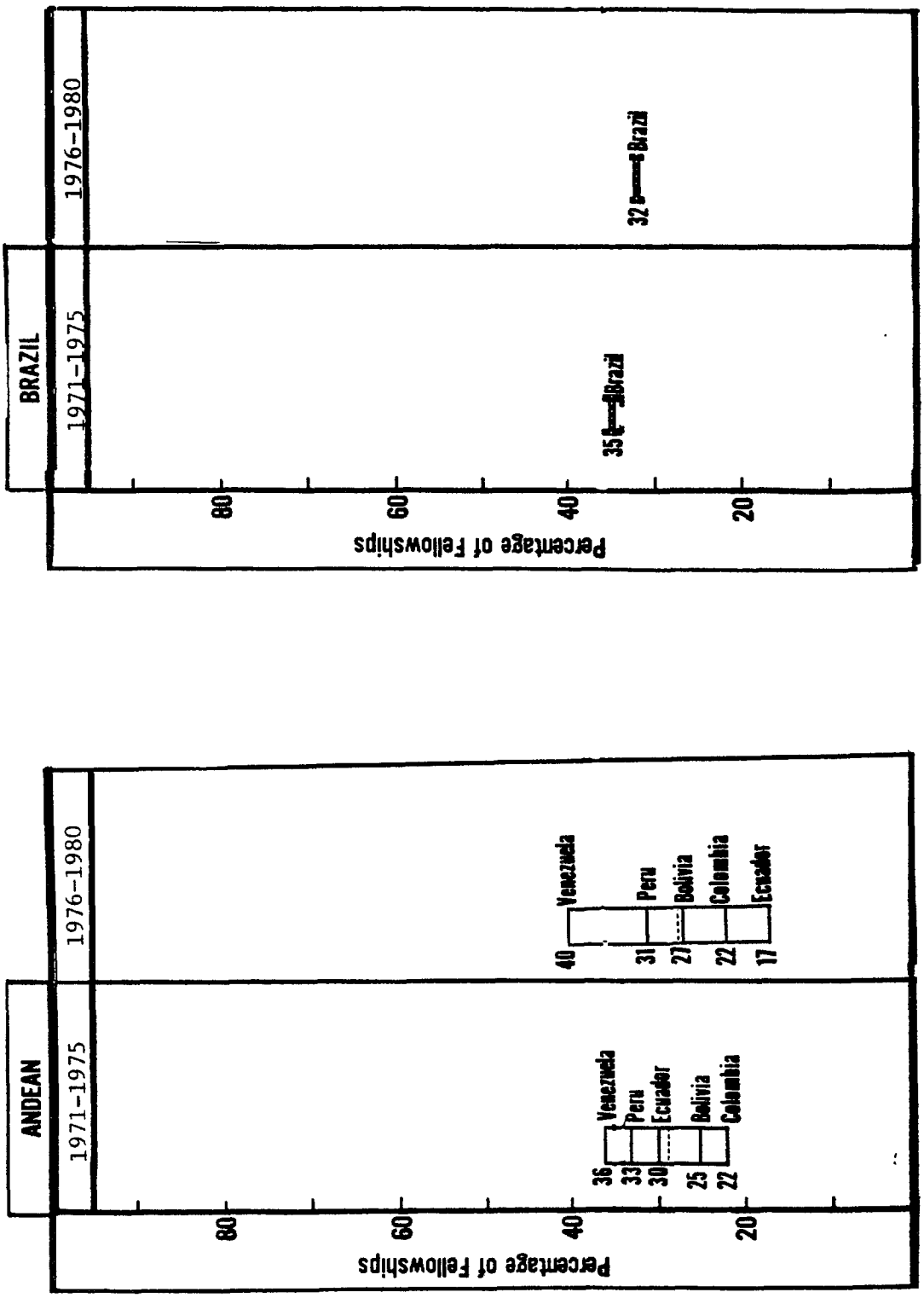
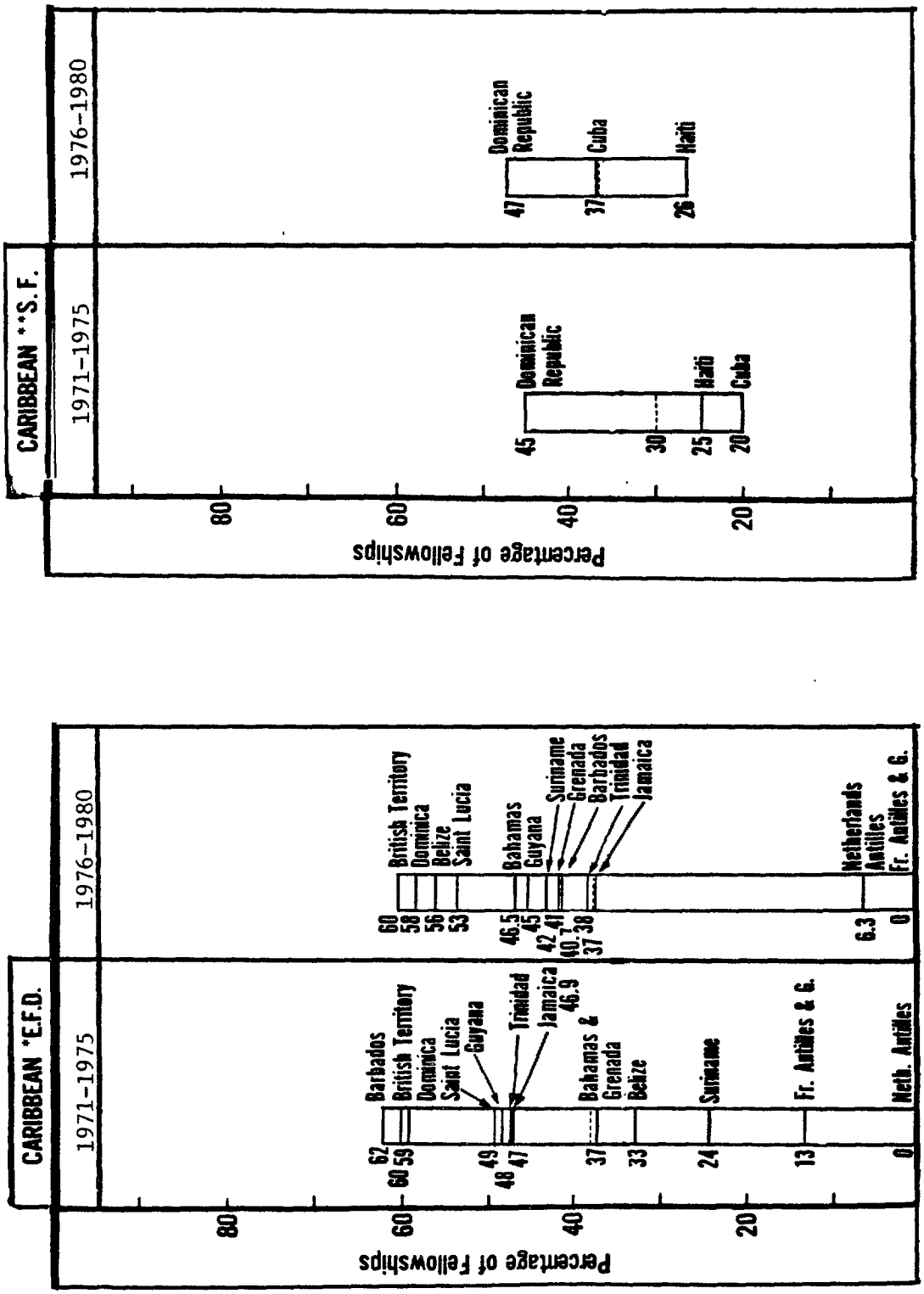


Fig. 4B

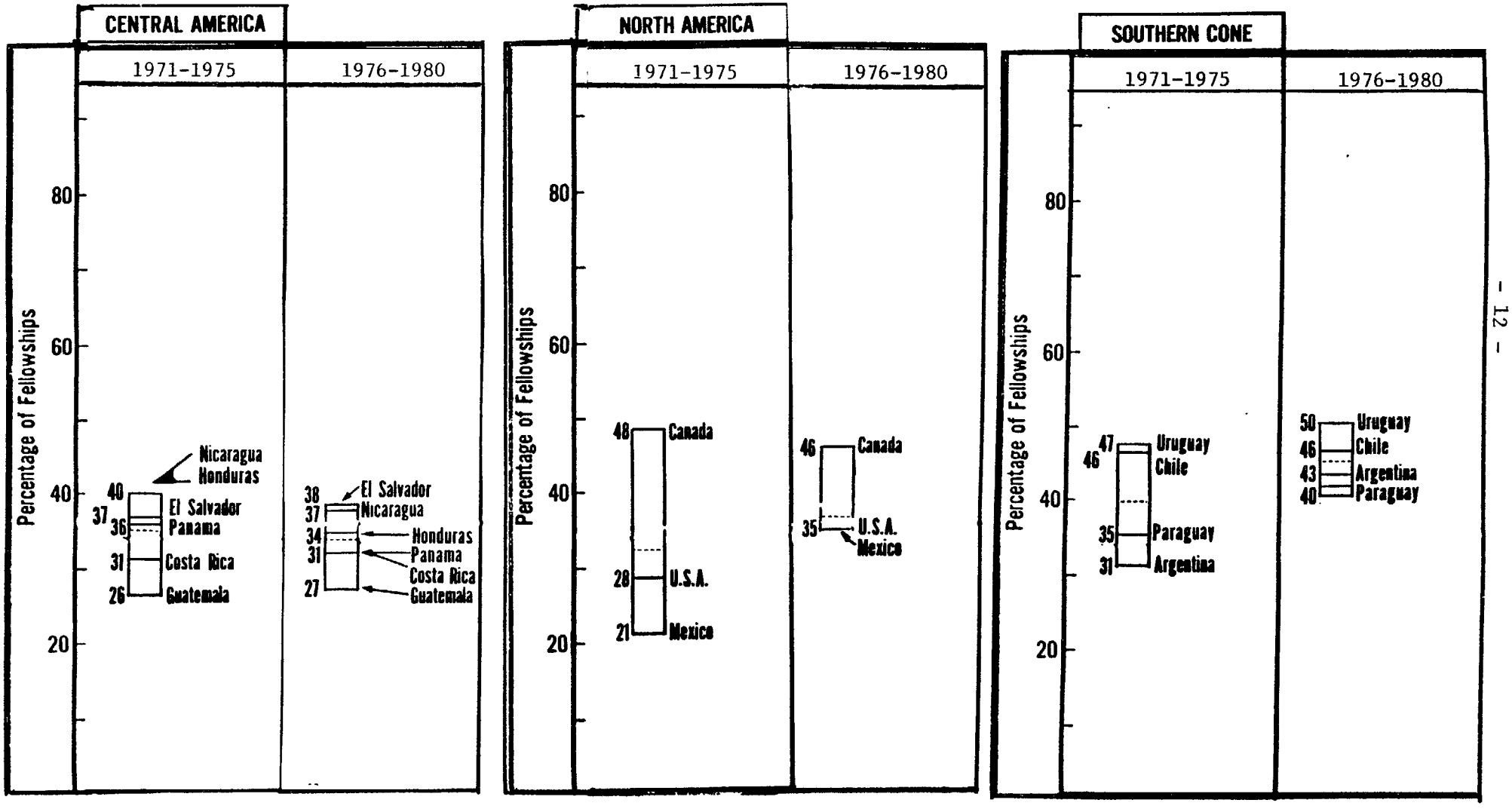
COMPARATIVE CHART OF THE PERCENTAGE OF FELLOWSHIPS AWARDED TO WOMEN
BY COUNTRY AND SUBREGION IN RESPECTIVE PERIODS



*English, French and Dutch speaking
**Spanish and French speaking

Fig. 4C

COMPARATIVE CHART OF THE PERCENTAGE OF FELLOWSHIPS AWARDED TO WOMEN
BY COUNTRY AND SUBREGION IN RESPECTIVE PERIODS



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

PAN AMERICAN HEALTH ORGANIZATION

WORKING PARTY OF THE REGIONAL COMMITTEE

WORLD HEALTH ORGANIZATION

88th Meeting

88th Meeting CSP21/15 (Eng.)
ANNEX VII

RESOLUTION VII

WOMEN IN HEALTH AND DEVELOPMENT

THE EXECUTIVE COMMITTEE,

Noting that the Special Subcommittee of the Executive Committee on Women in Health and Development, in compliance with Resolution XV of the XXVIII Meeting of the Directing Council, met to review and monitor the progress of the implementation of the Five-Year Regional Plan of Action on Women in Health and Development; and

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

RESOLVES:

To recommend to the XXI Pan American Sanitary Conference adoption of the following resolution:

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 that information on women in health and development is scarce and that many activities are in the planning and early 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; 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, in cooperation with PASB, for preparing its progress report (Document CE88/12, ADD. I).

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 and to establish an information system through which to channel data about existing and planned activities on women in health and development;

b) Improve statistical information so that definitions and criteria for measuring change in the situation of women in health and development are comparable among the countries of the Region;

c) Develop and implement national policies to provide for the health needs of working women in institutional and unregulated sectors of the economy, especially mothers and female heads of household and their children;

d) 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;

e) Develop health education and community participation activities with special emphasis on involving women and women's organizations, both governmental and nongovernmental, as providers and users of primary health care services, as well as decision-makers;

f) Increase training opportunities for women, especially in professions in which they are underrepresented, and intensify selection and recruitment of these individuals for professional and policy-making positions.

3. To request that the Director:

a) Intensify coordination with other organizations in the Inter-American and United Nations Systems, including women's organizations, to use available expertise, information and resources, and to avoid duplication of efforts;

b) Continue to identify the main health problems and needs in the Region which particularly relate to women, and promote awareness of these problems as well as changes needed to address them;

c) Continue efforts to obtain and channel regional budgetary and extrabudgetary funds to support activities related to women in health and development.

d) Convene the Special Subcommittee of the Executive Committee on Women in Health and Development immediately preceding the meeting of the Executive Committee to monitor and evaluate the progress achieved in the implementation of the Five-Year Regional Plan, and to make observations and recommendations to the Directing Council or Pan American Sanitary Conference, and to meet again immediately following the meeting of the Directing Council or Sanitary Conference to follow-up on appropriate decisions taken during the meeting and to review any new activities completed in the course of the year.