



PAN AMERICAN HEALTH ORGANIZATION
EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

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**REPORT ON IMPLEMENTATION OF THE RECOMMENDATIONS
MADE BY THE SUBCOMMITTEE IN 1995**

At the 15th Meeting of the Special Subcommittee on Women, Health, and Development held in April 1995, Member States requested that the Secretariat submit a report at the 16th Meeting on the extent to which recommendations made by the Subcommittee had been implemented. In keeping with that request, the present document presents an update on the level of accomplishment of each of the 20 recommendations made, noting, where necessary, any modifications that had to be made and why. The Subcommittee is asked to take note of these advances.

Background

At the 15th Meeting of the Special Subcommittee on Women, Health, and Development held in April 1995, Member States requested that the Secretariat submit a report to the 16th Meeting on the extent to which recommendations made by the Subcommittee had been implemented. In keeping with this request, the Program on Women, Health, and Development (HDW) has prepared an update on the level of accomplishment of each recommendation, noting, where necessary, any modifications that had to be made and why.

The present report is structured according to items presented at the 15th Subcommittee Meeting with their respective recommendations. For each recommendation, the Secretariat notes the advances made to date.

Item 4: Report on the 1994 Activities of the PAHO/WHO Program on Women, Health, and Development and Activities Proposed for 1995

The Subcommittee recommended:

1. That future reports on the activities of the Women, Health, and Development Program be expanded to include more information about country-level accomplishments.

Level of Accomplishment: HDW is responding to this request by making available to the Subcommittee, in full, the reports submitted by countries which responded by 15 January to HDW's request for information.

2. That the Executive Committee consider the inclusion of the term "gender" in the title of the Women, Health, and Development Program, to reflect the nature of the technical cooperation provided by this Program, that is, one which highlights the relational nature of the interaction of biology and social factors that lead to women's advantage/disadvantage with respect to access to and control of resources needed to protect women's health.

Level of Accomplishment: The Executive Committee considered this recommendation and discussed the implications of inserting the word "gender" in the title of the Program. The majority of the opinions expressed by the Members indicated that this addition was not advisable at this time, given the fact that gender equity in health was still not a reality and that particular attention was still needed to the health of women and to women as health workers. In addition, at the time when this recommendation was discussed in the Executive Committee, the term "gender" was undergoing scrutiny by many governments worldwide. Subsequently, at the last PrepCon prior to the Fourth

World Conference on Women, "gender" was accepted fully and incorporated without restrictions into the draft platform of action.

3. *That the Executive Committee consider the elaboration of curricula that are designed to raise awareness among future health professionals of gender disparities in the health/illness process.*

Level of Accomplishment: The Secretariat presented this recommendation to the Executive Committee, but the Committee did not comment on this recommendation. Nevertheless, it is important to point out that, in this regard, numerous activities have been undertaken by HDW through its focal points in the Member States who are working closely with schools of public health, medicine, and nursing. In several Central American countries, for example, focal points have provided technical cooperation to faculty in these respective schools to assist them in incorporating a gender perspective into their curricula. Moreover, several activities undertaken with the nursing profession in Member States have generated an overwhelming demand for HDW to provide direct technical assistance in gender-sensitizing nursing curricula.

Item 5: Preparatory Activities for the World Conference on Women

The Subcommittee recommended:

1. *That the Secretariat include the concept of "sexual and reproductive health" where relevant in the documents prepared by the Organization.*

Level of Accomplishment: The concept of sexual and reproductive health was disseminated through several written documents and oral presentations prepared by HDW:

- At a regional meeting held in El Salvador in 1995, the title of which was *Gender and Quality of Care in Reproductive Health Services*, these concepts were at the core of the discussions.
- HDW prepared a paper which was presented at the Conference on Children and Youth: Promoting Health Futures hosted by PAHO and INMED. This paper, *A Gender Perspective on the Sexual and Reproductive Health of Children, Adolescents and Youth*, is available from HDW.
- The concepts of sexual and reproductive health are amply discussed in the gender and health training that HDW is currently undertaking in the Region.

- HDW has provided input for the proposals designed by the Program on Family Health and Population, emphasizing the relationship between gender and sexual and reproductive health issues.
- HDW participated in the organization and execution of WHO's regional meeting on Women's Perspectives on Reproductive Health, held in the Dominican Republic, 4-6 June 1995.

2. *That every effort be made by the Secretariat to uphold the principles put forth in the document approved at the International Conference on Population and Development (ICPD) in Cairo in 1994.*

Level of Accomplishment: As stated above for Recommendation 1. In addition, HDW has established close working linkages with the United Nations Population Fund (UNFPA) and has elaborated a two-year initiative to strengthen women's organizations in their work on reproductive health issues.

3. *That the Secretariat stress to ministers of health the importance of supporting delegates from the health sector to attend the Fourth World Conference on Women (FWCW) in Beijing and to explore, together with the PWRs, the possibility of identifying technical and financial support for this effort.*

Level of Accomplishment: Subsequent to the recommendation of the Subcommittee and its approval by the Executive Committee in June, the Director of PAHO wrote a letter to every minister of health in the Region requesting that they consider supporting the participation of a representative from the health sector to the FWCW.

4. *That the Secretariat request ministers of health to demonstrate their support for women's health, not merely through existing rhetoric, but also by allocating financial resources from regular funds to the respective offices of women's health.*

Level of Accomplishment: During the year, HDW visited approximately 18 countries, at which time visits to the ministries of health were made and discussions were held concerning the situation of the offices of women's health in those institutions. Moreover, visits were also made to the national offices for the advancement of women in those countries, many of which do not have a health focus and know little about the issues specific to women's health or what a gender perspective in health entails. They are, however, conscious of the importance of health for women, as well as the need to view health through a gender lens, and all are interested in strengthening their capacity in these areas. As a result, HDW has been directly involved with fostering linkages between the offices of women's health in the respective ministries of health and the national offices for women. Moreover, HDW is working with the Inter-American

Commission of Women of the OAS to include their delegates at the country level in the gender and health training. In several countries PAHO has played a role in bringing together both entities to form tripartite committees that exercise complementary roles in expanding the reach of the health sector, and in strengthening the capacity of women's national organizations to incorporate health issues into their agendas.

Item 6: Health Situation of Women in Latin America and the Caribbean

The Subcommittee recommended:

1. *That the Secretariat promote the incorporation of a gender perspective, not only in discussing aspects related to the health of adult women, but also in discussing child and adolescent development.*

Level of Accomplishment: HDW has continued to work systematically with the Program on Family Health and Population to ensure that a gender perspective is incorporated in considering the health and development issues of children and adolescents. To date, both Programs have jointly elaborated several project proposals that include gender considerations, but more work needs to be done in this area to ensure that gender considerations are mainstreamed into child and adolescent development. Both these life cycle stages are too often considered as homogenous for both sexes, and interventions continue to be fashioned without making any distinction between the particular and different needs, both biological and psychosocial, which the sexes have in childhood and adolescence.

2. *That the Secretariat promote the analysis of health codes and legal reforms that exist in Member States which are aimed at protecting women's reproductive and health rights.*

Level of Accomplishment: Work is currently under way in this area, focusing particularly on those legal constraints that inhibit an effective response to violence against women—a growing health and human rights concern. These efforts are being supported by the regional project on violence against women, where there has been a particular focus on reviewing the role of medical forensics as gatekeepers of the law enforcement system with respect to violence. In most Latin American countries, it is the law that any victim of a violent act must be examined by a medical forensic doctor, the only professional who can issue a report acceptable in a court of law certifying that a violent act has been committed against another. Not only are medical forensic doctors not trained to deal with violence against women, but they are also few in number in Member States of Latin America. Until legal modifications are made, the examination made by the attending physician in a health clinic will not suffice to prove that a woman has been a victim of violence. HDW, together with the Inter-American Commission for Human

Rights and the Inter-American Commission of Women of the OAS, is currently reviewing ways of addressing this particular obstacle to ensure women's reproductive and human rights.

3. *That the Secretariat continue to advocate that Member States disaggregate health data by sex, so as to be able to more equitably and efficiently respond to different needs for men and women.*

4. *That the Secretariat advocate that Member States incorporate a gender perspective in the elaboration of health indicators at the country level.*

Level of Accomplishment: Both these recommendations reflect an ongoing concern of the Secretariat but must be taken up by Member States. Sex-disaggregated data is the single most important requirement to any gender analysis and is the basis of equitable and efficient responses to health conditions. Unfortunately, there is still much to be accomplished in this regard. HDW is working with the Program on Health Situation Analysis to devise indicators that will be recommended to the countries, a package which will provide core data to enable ministries to design sound and equitable health policies and programs.

Item 7: Update on the Study of the Factors that Limit the Access of Women to Professional and Decision-Making Positions in PAHO

The Subcommittee recommended:

1. *That the Secretariat circulate to the countries and relevant health organizations the positions that are available within the Organization.*

Level of Accomplishment: On a systematic basis, the Department of Personnel circulates notices of all available vacancies to the countries, specifically to the PWRs, and through them to the ministries of health, schools of public health, and other relevant organizations.

2. *That the Secretariat explore new mechanisms of labor force participation so as to respond to the changing needs of men and women who are struggling to balance their careers and family responsibilities. Such mechanisms include maternal and paternal leave, arrangements to fulfill job requirements from home, time-sharing among staff, and other innovative work arrangements.*

Level of Accomplishment: The Department of Personnel is exploring, together with the UN system, how to accommodate the changing needs of the work force so as to include flexible arrangements that facilitate women's and men's responsibilities in the work force and the home.

3. *That Member States foster selection and promotion of women to decision-making positions within ministries of health.*

Level of Accomplishment: Although PAHO does not have data with respect to the strides made by individual ministries of health in promoting women to decision-making positions, it is important to note that at the last meeting of the PAHO Directing Council, held in September 1995, the letter of invitation sent out by the Secretariat and signed by the Director urged the Ministers of Health to have women form part of the delegation they sent to the meeting. Whether or not a result of this request, many delegations did include women, and the delegation from Jamaica, led by the Minister of Health, comprised only women.

Item 8: Incorporating a Gender Perspective in the Work with Indigenous Peoples

The Subcommittee recommended:

1. *That the Secretariat continue to promote the work outlined in the SAPIA (Health of Indigenous Peoples in the Americas) initiative with emphasis on the incorporation of a gender perspective and the systematic inclusion of indigenous women as co-participants with men in the elaboration, implementation and evaluation of programs and projects emanating from SAPIA.*

Level of Accomplishment: The document presented to the 15th Meeting of the Subcommittee on Women, Health, and Development, *Incorporating a Gender Perspective in the Work with Indigenous Peoples*, was distributed to PAHO/WHO Representative Offices, indigenous groups, and indigenous women's organizations. In addition, HDW has maintained close contact and coordination with the focal points for the SAPIA initiative and has participated in the elaboration of the five-year plan, particularly regarding activities designed to raise awareness about issues related to gender and ethnicity. Finally, HDW has provided technical cooperation to a Mapuche women's group which is elaborating a project for extrabudgetary funding.

2. *That the Secretariat make every effort to assist Member States in disaggregating data by sex and, where possible, ethnicity so as to better understand the particular health situation of indigenous men and women in different communities of the Region, and to promote studies that shed light on gender disparities in those populations.*

Level of Accomplishment: HDW, in collaboration with the Health Systems and Services Development Division (HSP), is currently reviewing the possibilities of setting up a data base in specific sites with a high concentration of indigenous peoples, to collect information on health status and quality of life. Extrabudgetary funding is being sought to support this joint initiative.

3. *That the Secretariat act as a bridge between indigenous women and the health sector, ensuring that the practical health needs of the former be met with respect for their beliefs and practices.*

Level of Accomplishment: Beginning in 1992, HDW has spearheaded a project in Guatemala which was initially designed to promote the formation of indigenous women's health councils in selected rural municipalities comprised of Quiché and Cakchiquel groups. Nevertheless, the patriarchal and manipulative attitudes on the part of local health providers towards indigenous populations in general, and towards indigenous women in particular, presented a serious obstacle to the involvement of these groups as co-participants in the identification of health problems that affect them, as well as in the formulation of solutions to those problems. Because of this, the second phase of the project, beginning in 1994, sought the consolidation of a permanent role for, and the autonomy of, the indigenous women's health councils.

Another area of activities has been in Chile, where HDW is facilitating linkages between the health sector, international cooperation agencies, and Mapuche women's organizations. In addition, HDW was able to initiate linkages between those indigenous women's organizations in Chile and their counterparts in Canada, through the Women's College Hospital in Ontario, Canada.

Item 9: Training for PAHO Staff in Gender and Health

The Subcommittee recommended:

1. *That the Secretariat continue to pursue its effort to conduct gender and health training for all of its staff at PAHO Headquarters and at the country level.*
2. *That the Secretariat institutionalize gender training within its program for continued training of staff.*
3. *That the Secretariat advocate that Member States include gender and health for all technical staff within ministries of health, including the highest levels, as well as with NGOs working in women's health and development.*

Level of Accomplishment: The advances made in 1995 towards furthering all three of these recommendations are amply discussed in the document prepared for the 16th Meeting of the Subcommittee entitled *Update on the Process of Gender and Health Training Offered by the Pan American Health Organization.*