

SPECIAL SUBCOMMITTEE ON
WOMEN, HEALTH, AND DEVELOPMENT

15th Meeting
Washington, D.C., 3-5 April 1995

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FINAL REPORT

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The 15th Meeting of the Special Subcommittee on Women, Health, and Development of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 3-5 April.

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PARTICIPANTS

The meeting was attended by representatives of the following Governments elected by the Executive Committee to membership on the Subcommittee: Bolivia, Canada, Saint Kitts and Nevis, the United States of America, and Uruguay. Observers for Argentina, Costa Rica, France, and Venezuela were also present, as was a representative of the Latin American and Caribbean Women's Health Network.

OPENING OF THE MEETING

The meeting was opened by Dr. [Sir?] George Alleyne, Director of PAHO, who briefly reviewed the history of the Regional Program on Women Health and Development (WHD), noting the ways in which the Program's focus and functions have evolved since its establishment. From a special program under the Office of the Assistant Director, the WHD Program has become a regular program of technical cooperation under the Division of Health and Development. This change reflects the broadening of the Program's focus from a strict

concentration on women's health issues to a concern for human development in general and for the impact that the social construct of gender has on health. At the same time, the Program's magnitude and activities have expanded, and its importance has grown at the country and subregional level, as well as the Regional level.

Dr. Alleyne commented briefly on each of the agenda items to be considered and encouraged the participants to give particular attention to the problems of women deriving from their social status and the way in which they have been socialized. He also urged them to regard their participation on the Subcommittee as an opportunity to serve as advocates for the whole issue of women, health, and development, which is considered a central aspect of the Organization's efforts to ensure that health is given its proper place within the agenda for human development.

OFFICERS

The following officers were elected:

- Chair: Hon. Constance Mitcham, Saint Kitts and Nevis
- Vice Chair: Dr. Laura Albertini, Uruguay
- Rapporteur: Ms. Mary Lou Valdez, United States of America

Secretary *ex officio*: Dr. [Sir] George Alleyne, Director, PAHO

Technical Secretary: Dr. Pamela Hartigan, Coordinator of the Regional Program on Women, Health, and Development, PAHO

AGENDA

The Subcommittee approved the following proposed agenda:

1. Opening of the Meeting
2. Election of the Chair, Vice Chair, and Rapporteur
3. Adoption of the Agenda and Program of Sessions
4. Report on the 1994 Activities of the PAHO/WHO Program on Women, Health, and Development and Activities Proposed for 1995
5. Preparatory Activities for the World Conference on Women
6. The Health Situation of Women in Latin America and the Caribbean

7. Update on the Study of the Factors that Limit the Access of Women to Professional and Decision-making Positions in PAHO
8. Incorporating a Gender Perspective in the Work with Indigenous Peoples
9. Training for PAHO Staff in Gender and Health
10. Other Matters

PRESENTATIONS, DISCUSSIONS, AND RECOMMENDATIONS

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

Dr. Pamela Hartigan, Coordinator of the Regional Program on Women, Health, and Development (WHD) presented the report on the Program's technical cooperation activities during 1994 and outlined the work planned for 1995. She first reviewed the purpose of the Program, which is to facilitate the implementation of PAHO's strategic orientation on women, health, and development. She then outlined the areas in which intervention by the WHD Program has been considered necessary and stated the two broad goals that guided the Program's activities during the quadrennium 1991-1994, namely: (1) to strengthen institutional capacity to

mobilize national and international resources for the promotion and development of women and their health, and (2) to facilitate the formulation and evaluation of health policies, programs and services from a gender perspective, as well as the review of legal instruments directly or indirectly affecting the health of women and their access to certain services. She then described some of the activities undertaken at the Regional and country levels with a view to achieving those goals and outlined the Program's major accomplishments during 1994. These included: progress in the design of a conceptual framework for understanding the links between gender, health and development, and operationalization of the conceptual framework so that it can be of use in health planning and programming; design and execution of gender and health training seminars for WHD focal points in the ministries of health of some Caribbean countries; mobilization of external resources from donors other than the Nordic countries; securing a financial commitment from at least three-fourths of the Country Representatives to support gender and health training in their respective offices; design and commitment of funds for a project which seeks to incorporate a gender dimension into the development of a tool to assess quality of care in health service delivery; establishment of close collaborative relationships with other UN agencies and with various NGOs in the area of WHD; and production and dissemination of three important technical documents.

Dr. Hartigan also noted that changes and increases in the Program's staff during 1994 had enabled it to respond more effectively to the needs of Member Countries and PAHO technical staff at Headquarters and in the field, and had made it possible to engage in

collaborative activities with other technical units of the Organization as well as outside agencies. She pointed out that one indicator of the increase in the Program's level of activity was that the volume of information that had been submitted by the WHD focal points in the countries for the 1994 report on WHD activities was so great that it could not all be included in Document MSD15/4, and it had therefore been necessary to prepare a supplementary report.

In 1995 the Program will seek, inter alia, to promote research on gender differentials in health situation profiles and health care delivery; update and expand access to its information system; strengthen collaborative links with other agencies and organizations at the international, national, and local levels; and strengthen the role of WHD focal points within ministries of health. The Program will also be engaged in implementing a program of gender training for PAHO staff at Headquarters and in the PAHO/WHO Representative Offices.

Discussion

The delegates commended the Program for its success in drawing attention to women's health problems and to the relationship of those problems to the construct of gender and the socialization of women. It was suggested that the name of the Program should perhaps include the word "gender" to reflect the increased emphasis on the gender approach and that its focus should be expanded to include the gender-related health concerns of men as well as those of women. It was also suggested that future reports on activities of WHD Program might include

information by country or subregion in order to provide a more complete idea of the activities and developments that had taken place.

Several participants stressed that WHD programs need to be institutionalized in the countries, as this will ensure at least minimal funding in national budgets for WHD efforts and it will give WHD programs greater political visibility and technical legitimacy. In regard to research, it was emphasized that efforts should be made to rectify gender-related inequities, including the shortage of female investigators and the failure to incorporate a gender perspective and include female participants in studies. Physician training was considered a key determinant of the type of health care offered to women, and the need for curricula designed to make physicians more sensitive to gender issues and the particular needs of women was underscored, as was the need to increase the recruitment, promotion, and retention of female health care practitioners.

Recommendations

In regard to Item 4, the 15th Meeting of the Special Subcommittee on Women, Health, and Development:

1. Recommends to the Secretariat that future reports on the activities of the WHD Program be expanded so as to be able to include more information about country level accomplishments.

2. Recommends 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 over resources needed to protect women's health.

3. Recommends 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.

Item 5: Preparatory Activities for the World Conference on Women

Dr. Hartigan updated the Subcommittee on the activities that had been undertaken by the Secretariat in 1994 in preparation for the Fourth World Conference on Women, to be held in September 1995 in Beijing, China. She also reported on the activities carried out to implement the strategies approved by the 13th Meeting of the Subcommittee with regard to the preparatory activities for the conference. Dr. Hartigan noted that PAHO has been involved at the country, Regional, and global levels. It has participated in preparing the country documents and the Regional program of action that reflect the priorities of the Region over the next five years and will constitute the Region's input to the Beijing conference. The Program's activities have been oriented especially toward advocating and promoting the inclusion of women's health issues on

the agenda for the conference, and partly as a result of the Program's effort and the work of the Global Commission on Women's Health of WHO, a one-day session devoted to health will be held during the Beijing conference. The Regional WHD Program will provide technical support for this one-day session and will participate in its execution.

She highlighted two points that have been systematically emphasized by the WHD Program in carrying out health-related efforts to support the World Conference. The first is that it is necessary to move beyond the concentration on women's reproductive roles and consider the impact of women's productive roles on their health, especially as regards conditions frequently associated with morbidity and mortality in women and exacerbated by gender factors. In addition, it should be made clear that "women's rights," rather than being antithetical to family cohesion, are essential, inasmuch as it is women who are taking care of children and holding families and communities together in a period of shrinking family budgets and widespread social breakdown. Nevertheless, a woman's health should not only matter because she must be healthy to care for her children and for others, but because, as an individual, she has the right to have access to and control over the resources that protect her own health. The second point is the need for gender equity in health. Social and gender factors significantly influence the way in which the health sector, and society in general, respond to women, not only in attending to their specific health needs but also to other health needs they share with men. A step towards gender equity in health will be made when particular attention is given to shedding

light on the interaction between biological and gender factors that influence the degree to which men and women can access and control critical resources for protecting their health.

Discussion

Various participants noted that one of the major conquests of the women's movement has been the emergence and recognition of the concepts of reproductive health and reproductive rights. They underscored the need to promote these concepts in the documents prepared by the Region for the Beijing conference and at the conference itself. They also emphasized the need to uphold the principles relating to women's reproductive health and rights set forth in the document approved at the World Conference on Population and Development, held in Cairo in September 1994, particularly in view of the vigorous opposition to discussion of these subjects being mounted by some religious groups.

It was also pointed out that the issue of violence, especially violence against women, should be included among the items to be discussed at the one-day session on health at the Beijing conference, and the conclusions of the conference on violence, health, and society, held in November 1994 under the joint sponsorship of PAHO and several other organizations, should be disseminated. In addition, it was noted that in order to make that one-day session as productive as possible, all national delegations should include members capable of speaking to

health issues, and that PAHO should seek ways of ensuring that health personnel attend the conference.

The participants were urged to communicate to Dr. Hartigan their opinions regarding the health issues that should be addressed at the Beijing conference so that she can better express the views of the Region of the Americas at pre-conference planning meetings.

Recommendations

In regard to item 5, the Subcommittee:

1. Recommends that the Secretariat include the concept of "reproductive health," where relevant, in the documents prepared by the Organization.
2. Recommends that every effort be made by the Secretariat to uphold the principles put forth in the document approved by the Member Governments at the World Conference on Population and Development (WCPD) in Cairo in 1994.
3. Recommends that the Secretariat extol the importance to ministers of health of supporting delegates from the health sector to attend the World Conference on Women in Beijing, in September 1995, and explore, together with PWRs, the possibility of identifying technical and

financial support for this effort. This representation becomes all the more imperative in view of the fact that the Secretary General of the aforementioned conference has agreed to dedicate an entire day's discussion to the issue of women's health.

4. Recommends that the Secretariat request ministries 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.

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

Dr. Elsa Gómez of the Regional Program on Women, Health, and Development presented the document on this item, which summarized the work undertaken by the Program in 1994 in compliance with a request by the 14th Meeting of the Subcommittee for an updated report on the health situation of women in the Americas. She described the conceptual framework within which the analysis had been carried out, explaining that it had sought not only to describe the health situation of women but also to explore the ways in which the social understanding of gender leads to important differences in health conditions between the sexes. For example, while women live longer and generally have lower mortality than men, they have higher morbidity. Generally speaking, they also have less access to basic resources for the protection of their health.

Dr. Gómez noted that, in the public health sector, traditionally women's health activities have been regarded as a means of achieving other goals, such as improved child and community health. This view has tended to concentrate narrowly on women's biological and reproductive functions, to the exclusion of other health needs—including mental health needs—of women throughout their lives. The gender approach seeks to go beyond this traditional view and to rectify the gender differentials in health profiles and access to health care resources.

She outlined the major findings of the study regarding women's health at the various stages of life, noting that one of the major impediments to data collection had been the lack of information disaggregated by sex. She also observed that although considerable information exists in the countries, it is not being used appropriately to assess women's health conditions and analyze gender differentials. Accordingly, the report contained several recommendations for increasing the volume of information disaggregated by sex and developing appropriate indicators and methodologies for making the best use of the information.

Discussion

The participants agreed on the need to continue to promote disaggregation of health data by sex. Several comments were made regarding issues on which more in-depth study and information is needed, including the health problems posed by prostitution among adolescent girls, the health problems of elderly women, the health risks associated with the household work

performed by women, and the impact on women of the double workday and the resulting lack of time for recreation and leisure.

It was suggested that a recommendation should be added to those contained in the document concerning the need to reform health codes and laws in order to better address the health needs of women and protect their health and reproductive rights. It was also pointed out that it is important to introduce a gender perspective into health programs for children and adolescents, since many of the health problems of adult women can be traced to differential treatment received in earlier years.

Recommendations

In regard to Item 6, the Subcommittee:

1. Recommends that the Secretariat promote the incorporation of a gender perspective not only in discussing aspects related to women's health, but also in discussions of child and adolescent development.
2. Recommends that the Secretariat promote the analysis of health codes and legal reforms that exist in Member Countries which are aimed at protecting women's reproductive and health rights.

3. Recommends that the Secretariat continue to advocate with Member Countries for the disaggregation of health data by sex, so as to be able to more equitably and efficiently respond to different needs for men and women.

4. Recommends that the Secretariat advocate for the incorporation of a gender perspective in the elaboration of health indicators at the country level.

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

Dr. Diana Serrano LaVertu, Chief of Personnel, reviewed the background and preliminary findings of the study on recruitment of women, begun in November 1993, which had been discussed during to the 14th Meeting of the Subcommittee. She then reported the latest statistics on women in professional and decision-making posts, which indicate that the greatest growth in numbers of women in professional posts has taken place at the P4 level. Nevertheless, women continue to be clustered mainly at the P1, P2, and P3 levels and are still very underrepresented at the P5, P6, and D1 levels. Until 1995 there had never been any women in ungraded and D2 posts, but that situation changed with the appointment of Dr. Mirta Roses as Assistant Director of the Organization.

As for the current status of the study, Dr. La Vertu told the Subcommittee that the preliminary findings had been extensively reviewed by the Director's Advisory Committee on Women (CAM), which had made a number of recommendations regarding ways in which the study should be modified and enriched. She indicated that the Bureau was seeking ways to respond to the Advisory Committee's suggestions. She concluded by assuring the Subcommittee that the Organization remains firmly committed to recruiting more women to upper-level posts and she described some of the actions it has taken with a view to achieving that objective. These include wider dissemination of vacancy notices, provision of feedback on the results of the competitive selection process, identification of new sources for recruitment of women in the countries, workshops on gender awareness and gender equality, and a review of the current rules concerning spousal employment within the Organization. She also noted that, while there is still room for improvement, PAHO has met and exceeded the goal set in 1986 by the XXII Pan American Sanitary Conference of having 30% of all professional posts filled by women, and its record on recruitment of women to high-level posts is substantially better than that of WHO and other agencies of the United Nations system.

Discussion

The participants welcomed the appointment of Dr. Roses as Assistant Director, which they considered an important stride. They also expressed satisfaction at the promotion of more women within the Bureau, although it was pointed out that those promotions had been internal

and that a greater effort should be made to recruit qualified women from outside the Organization. In order for that to occur, however, vacancy notices need to be more widely circulated and information on the requirements and procedures for applying for posts must be made more readily available. Several participants emphasized the need to remove the obstacles that deter women from seeking or accepting posts within the Organization. One such obstacle is spousal employment, which often prevents women from taking posts in international organizations, since their husbands may have difficulty securing gainful employment. Another obstacle is the barriers women face in pursuing the advanced academic degrees generally required for high-level posts, which frequently implies leaving their homes and families to study abroad. The need to explore alternative working arrangements—such as time-sharing and allowing staff to sometimes work from their homes—was also noted.

In response to a question regarding the existence of a policy on sexual harassment, Dr. LaVertu informed the Subcommittee that a policy was being finalized and would soon be put into effect.

Recommendations

In regard to item 7, the Subcommittee:

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

2. Recommends 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 career 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.

3. Recommends that Member Governments foster selection and promotion of women to decision-making positions within Ministries of Health.

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

This item was presented by Ms. Martine de Schutter of the Regional Program on WHD. She explained that the effort to incorporate a gender approach in work with indigenous peoples is intended to complement and enhance the Initiative on the Health of the Indigenous Peoples of the Americas (SAPIA), adopted by the XXXVII Meeting of the Directing Council. She then outlined the background of the Initiative and reviewed the five basic principles that guide PAHO technical cooperation under it, namely: the need for a holistic approach to health, the right to self-determination of indigenous peoples, the right to systematic participation, respect for and revitalization of indigenous cultures, and reciprocity in relations. She stressed that the fourth principle—respect for indigenous cultures and practices—is considered of utmost importance in efforts to incorporate a gender perspective into the PAHO programs and projects aimed at

promoting the health of indigenous peoples. The perception of gender relations in indigenous cultures is different from the Western perception and may also differ substantially from one indigenous culture to the next, and it is essential to recognize and respect these differences. Nevertheless, inequity in gender relations does exist, a fact which has been acknowledged by indigenous women themselves.

She described the various elements of the process of incorporating a gender approach in order to analyze and rectify the inequities in the health status of indigenous women which result from inequitable gender relations. The first of these elements is gender analysis, which involves identifying gender roles and determining how resources, in particular those necessary for the protection of health, are distributed. Consultation with and participation of indigenous women are also crucial in order to accurately identify their practical needs and strategic interests and then plan appropriate responses. Once the gender analysis has been carried out with input and participation by indigenous women, a strategy is defined for meeting the health needs of the women and addressing the inequities they face. Ms. Schutter concluded by mentioning several of the Regional WHD Program's recommendations for facilitating the incorporation of a gender approach in work with indigenous communities. These include promoting the use of gender analysis in all programs and projects carried out by PAHO staff and health workers, endeavoring to ensure that data are disaggregated by sex and ethnicity, incorporating the gender approach in decentralization and local health system development, coordinating the work of the focal points for the SAPIA initiative with that of the WHD focal points, and strengthening indigenous

women's organizations and ensuring their participation in the design and implementation of the General Plan on the Health of Indigenous Peoples of the Americas, among others.

Discussion

The Subcommittee underscored the importance of respecting indigenous cultural values and practices and not trying to impose Western ideas in any work with indigenous peoples, including work aimed at incorporating a gender approach. However, several participants pointed out that, in the area of health care, a misguided sense of respect for the traditional practices of indigenous peoples might result in their being denied access to modern technology and services. A balance should be sought between respect for and preservation of traditional practices and introduction of scientific and technological advances, which may be beneficial and which indigenous peoples may in fact want. It was emphasized that indigenous peoples should have access to the same health care resources as non-indigenous peoples if they need and want them.

The importance of collecting information on the health of indigenous peoples and disaggregating it by sex was stressed, although it was pointed out that there are a number of obstacles to data collection. It was noted, for example, that the document proposed that data collection be carried out by health services, but many indigenous people lack access to health services. Another problem is communication, which is often difficult due to differences in

language and world view on the part of those collecting the information and those from whom it is being collected.

In response to a question regarding PAHO's efforts in the area of information collection, Dr. Sandra Land of the Division of Health Systems and Services, who is the focal point for coordinating the SAPIA initiative, told the Subcommittee that PAHO is endeavoring, in collaboration with the countries and with full participation by indigenous peoples, to ascertain the true health situation of indigenous groups before attempting to develop health programs to serve them. She also observed that the gender training to be conducted by the Program on Women, Health, and Development would enable everyone involved in the indigenous health initiative to better incorporate the gender perspective. She noted that in several country offices there are individuals who serve as focal points for both the SAPIA initiative and the WHD Program and that these individuals will be especially valuable resources in the process.

Recommendations

In regard to Item 8, the Subcommittee:

1. Recommends that the Secretariat continue to promote the work outlined in the SAPIA initiative with emphasis on the incorporation of a gender perspective and the systematic inclusion

of indigenous women as active co-participants with men in the elaboration, implementation and evaluation of programs and projects emanating from SAPIA.

2. Recommends that the Secretariat make every effort to assist Member Governments 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 promote studies to that shed light on gender disparities in those populations.

3. Recommends that the Secretariat act as a bridge between indigenous women and the health sector, ensuring that the practical health needs of the latter be met with respect for their beliefs and practices. This is seen as essential so as to minimize the cultural barriers that impede access to health services by indigenous women and men.

Item 9: Training in Gender and Health for PAHO Staff

Pursuant to a request by the 14th Meeting of the Subcommittee, Dr. Hartigan reported to the Subcommittee on the WHD Program's activities in the area of gender training for PAHO technical staff. She explained that in early 1994 the Regional WHD Program had set out to ascertain how other multilateral and bilateral development agencies were responding to gender concerns, with a view to developing an effective gender training program for PAHO staff. It had determined that in order to be successful any such program must have clear and unambiguous

support from the highest level in an organization and it must be framed within the goals of the organization and draw upon examples from projects and programs specific to it. Otherwise, staff will not see its relevance. Preferably, the introduction of gender should take place in two phases: (1) gender sensitization of staff, and (2) more in-depth sessions that are designed to provide staff with the methods for incorporating a gender perspective systematically into their respective areas of work and for moving towards gender-sensitive planning. Gender training should be developed and executed primarily by in-house staff who can continuously provide support, and there should be periodic follow-up sessions, as well as sessions for all incoming staff members. Dr. Hartigan explained that while the above-mentioned general considerations apply to gender training in PAHO, given the nature of the Organization the training program must also be health-specific and must shed light on gender inequities in health. In addition, it must equip staff to support the countries in developing gender-sensitive health plans and policies, as well as specific projects at the national and local levels. Moreover, it is necessary to find a uniform approach that can be used at Headquarters and in the field offices and that can also be shared with Member Governments and NGOs.

She mentioned two major obstacles that had been identified in the course of the pilot training sessions conducted in 1994. One is the resistance among medical professionals to the idea that women have somehow been "shortchanged" by the health system, since women live longer than men and tend to use the health system more frequently than men. The other is the lack of conceptual frameworks and methodological tools capable of determining how the

interaction between biological and social factors leads to the relative advantage/disadvantage of each of the sexes in terms of health, access to health services, and distribution of health resources. She then outlined the plan of action for gender training through December of 1995, emphasizing that gender training is a long-term process that will extend well beyond the initial time frame for the activities described in the document.

Discussion

The Subcommittee commended the Organization and the Regional Program on their efforts to implement gender training and expressed the hope that the training would be institutionalized as part of ongoing staff training. The importance of providing gender training for all new staff was stressed. It was noted that in the countries the demand for this type of training is growing and ways therefore need to be found to extend the gender sensitization and training process. Several participants suggested that, given the resistance often encountered at the highest decision-making levels, the most effective approach might be to initiate the process at the local level and work from the bottom up, rather than from the top down. However, it was also pointed out that while it might be easier to begin at the grass-roots level, that level has little real power, so the impact might not be as great. The importance of making allies of the female leaders who have gained access to political power in the last 10 years was underscored. The benefits of forming a partnership between the health and education sectors in gender training efforts were also pointed out.

Recommendations

In regard to Item 9, the Subcommittee:

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

Item 10: Other Matters

Review of the Composition and Terms of Reference of the Subcommittee

Dr. Hartigan suggested that the Subcommittee might consider whether it should recommend that its current membership of five be expanded to include more countries. She also proposed that a review of the Subcommittee's terms of reference be undertaken at the 16th

Meeting, in order to reexamine the Subcommittee's purposes and functions. In this connection, she asked the participants to comment on whether they thought it was appropriate for the Subcommittee to deal with internal personnel matters, such as those discussed under Item 7, or whether it should confine itself to matters relating to technical cooperation with the countries.

Discussion

The participants agreed on the advisability of reviewing the Subcommittee's terms of reference at the 16th Meeting. In regard to expanding the membership, it was felt that it would be beneficial to ensure that all the subregions were represented on the Subcommittee. It was also suggested that it would be valuable to incorporate certain NGOs as formal members, given their vast experience with women's health issues. As for whether the Subcommittee should address personnel issues, the consensus was that, because PAHO is an intergovernmental organization, the Member Governments should have the opportunity to comment on administrative matters, such as hiring practices, as well as technical matters. In addition, it was pointed out that since many of the issues dealt with by the Subcommittee relate to how to increase the participation of women and achieve gender equity in the countries, it follows naturally that the Subcommittee should be concerned with those same issues within the Bureau.

Proposed Agenda for the 16th Meeting of the Subcommittee

The Subcommittee approved the following topics for inclusion on the agenda of its next meeting:

1. Report on the activities of the Regional Program on WHD in 1995 and proposed activities for 1996
2. Report on implementation of the recommendations made by the Subcommittee in 1995
3. Evaluation of the one-day program on women's health held during the World Conference on Women in Beijing
4. Review of the terms of reference for the Subcommittee
5. Follow-up report on the gender training carried out at PAHO Headquarters and in the PAHO/WHO Representative Offices
6. Case study: The influence of health care reform on women's access to health care services

7. Quality of care from a gender perspective: An update on PAHO's efforts in this area

PRESENTATION AND DISCUSSION OF THE RECOMMENDATIONS

The recommendations on each item were presented to the Director of PAHO at the closing session. Dr. Alleyne commended the Subcommittee on having accomplished a very large amount of work in a short period of time. With particular reference to the recommendation made under Item 4 concerning the possibility of modifying the name of the Regional Program to include the word "gender," he said he thought such a change was inadvisable. The focus of the program should continue to be on women until a situation of full equity is achieved. In regard to the proposal to include NGOs as formal members of the Subcommittee, he noted that the members of the Subcommittee must be Member Governments of the Organization who are also members of the Executive Committee; therefore, NGOs are not eligible to be members, although they are welcome to attend as observers. He agreed on the need to revisit the Subcommittee's terms of reference, and he invited the participants to comment on what directions the Subcommittee and the Regional Program should take in the future.

The participants agreed that the Program has been very effective in pointing up the need to incorporate a gender perspective into the Organization's technical cooperation programs. The challenge now is to increase understanding of the concept of gender perspective and then to find effective ways of operationalizing that concept, not just within the Organization but in the

countries as well. Several of the representatives stressed the need for the Program and for PAHO as a whole to express unequivocal support for the principles and commitments relating to reproductive health adopted at the Cairo conference on population.

The Director assured the delegates that PAHO will continue to support reproductive health activities and intends to put a program in place to assist the countries in fulfilling the commitments made at the Cairo conference.