



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT

18th Session, 8-9 February 1999

Provisional Agenda Item 4

MSD18/3 (Eng.)
24 December 1998
ORIGINAL: ENGLISH

REPORT ON THE ACTIVITIES OF THE PROGRAM ON WOMEN, HEALTH, AND DEVELOPMENT AT THE REGIONAL AND COUNTRY LEVELS

The mission of PAHO's Women, Health and Development Program (HDW) is to promote and support gender equity in health and human development. Equity in health applies to the analysis of the health situation, to access and control of health services and resources, and to the role of health care providers.

HDW has mobilized funds and sought alliances with national and international agencies to carry out its work in four areas: gender-based violence, quality of care, gender sensitive reproductive health and health sector reform.

This report is intended to bring the Members of the Subcommittee up to date with the activities of the Program since the last meeting of the Subcommittee in 1997, and to request Members' comments and guidance on future directions for the Program.

CONTENTS

	<i>Page</i>
1. Introduction	3
2. Women's Health in the Americas	4
3. PAHO's Women, Health and Development Program	5
4. Programmatic Component.....	6
4.1 Training for a Gender Perspective.....	6
4.2 Addressing Gender Violence in Central America and in the Andean Subregion.....	7
4.3 Advocating for Gender Equity in Health.....	8
4.4 Promoting Research on Gender Equity	9
4.5 Incorporating a Gender Perspective in Reproductive Health.....	9
4.6 Assuring Gender Equity in Health Sector Reform.....	10
4.7 Expanding Access to Information on Gender and Health	11
4.8 Strengthening Technical Exchange throughout the Region.....	11
5. Perspectives	12

1. Introduction

Since the Beijing and Cairo conferences, women's health, gender and development have been established as legitimate areas of interest and action in the Region of the Americas. Governments, civil society and funding agencies have acknowledged the existence of gender inequities in health and human development and are searching for concepts, methods and means to address these imbalances.

There has been a marked and general shift away from a focus on women as "vulnerable" and passive recipients of programs and projects "for women" to an empowerment approach to women's health. Such an approach combines a response to women's specific health needs, with strategies whereby gender roles, responsibilities and power can be redistributed, thus increasing women's control over internal and external factors that affect their ability to maintain their health.

To a great extent, women themselves have spearheaded the move to attain gender equity in health and the emphasis on empowerment in achieving their equal participation in development. Working in grassroots, governmental and nongovernmental organizations (NGOs), development institutions and academic centers, women in both developed and developing countries are generating a force that is transforming society and that many consider the largest social movement in human history.

The economic and social situation in the Region has accelerated women's changing status and health situation. In Latin America and the Caribbean, the withdrawal of indebted governments from a dominant role in health care delivery was a pervasive consequence of the economic crisis of the 80s. Subsequent austerity programs have forced governments to cut health expenditures and countries have been under pressure to reduce government payrolls and employment and to privatize health care delivery. As a result, women in Latin America and the Caribbean, particularly poor women, have taken up a larger share of the burden of health care, at the same time that they have had to enter the remunerated work force to contribute to household incomes.

Women's entrance into the public sphere to support their families and their increasing activism has awakened their own consciousness of gender inequity. Their needs and gender-awareness, coupled with their reduced isolation, have galvanized even those who have little or no leisure time to come together and create new organizations. While women have long united out of need, there is something unique about their present activities, a universality and intensity spurred by the UN conferences and other international events that have brought them closer together.

In summary, there is reason for optimism for those who have striven to mainstream gender concerns into health and human development and to improve

women's health. Women are living longer and have more opportunities for exercising a broader range of choices than ever. This improved status and the interest of policy makers to address gender inequities in health provides an excellent environment for PAHO's Women, Health and Development Program (HDW) to form the partnerships that can strengthen community, national and international efforts towards health for all in the Americas.

2. Women's Health in the Americas

Yet women continue to suffer greater morbidity across the life span than men, despite the advances in modern medicine and in women's status. Women continue to suffer and die from preventable causes that have much less to do with biology than with the interaction of gender, social class and ethnic background. Moreover, the majority of women in the Region are stretched to the limit as they juggle multiple productive and reproductive tasks. The population shifts to pursue new economic opportunities have eroded family networks and their support in providing childcare and household management tasks that are described collectively as reproductive roles.

The most detrimental factor affecting health and empowerment of women is poverty. A growing number of Latin American and Caribbean women live in poverty. In fact, the majority of the poor in the Americas are women. Women work longer hours than men, receive lower wages and have less access to and control over resources than men. Moreover, the socioeconomic situation of women relative to their male counterparts has deteriorated significantly in rich and poor countries alike, giving rise to the phenomenon known as the "feminization of poverty."

Against this backdrop, and through a gender lens, the major health issues for women in the Americas are the following:

- difficulties that arise from nutritional imbalances that affect women across the life span, including nutritional deficits due to scarcity of resources, as well as to obesity;
- limited access to fertility regulation methods that permit women and men to make decisions related to their reproductive health and sexuality;
- early pregnancy which curtails girls' educational possibilities and life choices. Half of the female population between 15 and 19 years of age in the Region has a child;
- maternal mortality, deaths that are mostly influenced by an interaction of gender, ethnicity and social class and are therefore largely preventable;

- unsafe abortion, which is estimated to be at 65 abortions for every 1,000 women, a ratio of one abortion for every two to three births;
- reproductive tract infections and sexually transmitted diseases, which constitute the highest morbidity for women in the Region. The most deadly, HIV/AIDS, has spread exponentially in women, and is a graphic example of how biology and gender interact to place women at a fourfold risk of HIV transmission in comparison to men;
- unwaveringly high rates of cervical cancer, which in Latin America are responsible for an average of three deaths a day;
- rising rates of breast cancer with limited access in most areas to technological resources for prevention and intervention;
- circulatory problems, particularly hypertension and cerebrovascular illnesses;
- depression, with alarming increases of reported rates for women in the Region;
- sexual abuse and gender-based violence, with prevalence rates of 30% to 50% of women having been abused by an intimate male partner;
- poverty, loneliness and alienation as women age. Women's "advantage" in life expectancy is offset by troubling disadvantages, such as disabling conditions and less financial protection than their male counterparts during their advanced years.

3. PAHO's Women, Health and Development Program

The HDW Program addresses these women's health issues within the context of promoting and supporting gender equity in health and human development—the mission of HDW. Equity in health applies to the analysis of the health situation, to access and control of health services and resources, and to the role of health service providers.

In keeping with its mission, HDW provides technical support to promote initiatives and to strengthen the capacity of PAHO and its Member States to:

- design, implement and evaluate policies programs and projects that achieve gender equity in health;
- generate information on health conditions of women, that includes an analysis of the differential impact on each sex and the role of men and women in health work;

- establish collaboration between public, private and civil sectors to advocate for gender equity in health.

The HDW Program consists of the Regional Office at Headquarters, a subregional office for Central America and a network of country-based focal points that carry out the Program's mandate. Both at the regional and country level, HDW promotes research, trains health policymakers and workers, provides technical assistance and mobilizes political, technical and funding resources. The Program coordinates with other technical divisions within PAHO and collaborates with United Nations, inter-American, multilateral and bilateral organizations and NGOs. At the country level HDW works with health, education, labor, justice, and the civil sectors. Important HDW counterparts are women's organizations that are involved at all levels in the planning and implementation of initiatives directed to improve women's health and social position.

During the last two years, HDW has mobilized funds to support activities in gender, women, health and development from the following sources: the Governments of Sweden, Norway, the Netherlands and Germany, and from the United Nations Population Fund, the International Development Research Center (Canada), and the Inter-American Commission of Women of the Organization of American States.

4. Programmatic Component

The demand for technical cooperation from Member States as well as from PAHO technical units steadily increased during the biennium largely due to two factors. First, in 1997 HDW produced a manual and training strategy for integrating a gender perspective into health and human development work. Second, the Program mobilized resources that provided the leverage to conduct groundbreaking work in four important areas: gender-based violence, quality of care, gender sensitive reproductive health, and health sector reform.

4.1 *Training for a Gender Perspective*

During 1997 HDW staff completed the manual for incorporating a gender perspective into health and set out to provide training seminars to participants from PAHO regional and country offices, ministries of health and other government ministries, international organizations and NGOs of 20 countries. During 1998, participants replicated the seminars throughout the Region. Evaluations of participants indicated that the training seminars are an important first step for sensitizing health, and development practitioners to gender concerns.

4.2 *Addressing Gender Violence in Central America and in the Andean Subregion*

The HDW Program's work in violence against women has received global recognition. This effort has created success stories in 10 countries of the region where 25 networks of community-based organizations, both public and private, have been formed to prevent domestic violence and support women living in violent situations. In so doing, it has engaged the health sector at the central and municipal level to take the lead in addressing the situation.

This model approach to addressing domestic violence against women (DVAW) was developed by HDW in coordination with multisector counterparts of the 10 countries. The two subregional projects include all seven Central American countries and Peru, Bolivia and Ecuador in the Andean subregion. The model consists of the following components:

- Health services serve as initial detection point for women living in violent situations; providers are trained to screen women during routine primary and reproductive health care visits and to apply a protocol to assure quality service and data collection.
- A task force assesses the prevalence of DVAW and applies “The Critical Route that Women take to Deal with Domestic Violence” instrument to identify organizations and people who help women address their situation.
- Based on this information, health sector workers mobilize community organizations and leaders to form support and service networks. These networks may consist of the police, judicial systems, community leaders, NGOs, women’s organizations, schools, churches, hospitals, etc. The mix varies according to the specific community needs detected.
- Each network plans, implements, monitors and coordinates activities that address the needs of abused women and their families. Intersectoral referral and information networks, training programs and support groups are set up to assure that women get quality care within their communities.
- Networks are replicated at national levels with representatives of local networks, and of national public and civil sectors to advocate for policies, legislation and resources that address domestic violence at the national, regional and local level.

This project has developed and incorporated the following products: community level assessment instruments, including the “Critical Route” protocol; prototype training modules and materials for community, health, judicial and police personnel; detection

protocols, standards for care and registration forms with instruction manuals for each. These tools were developed during regional workshops and are applied and adapted in all Central American and Andean countries . At the national level the project has contributed to efforts that have resulted in legislation against DVAW in all countries and its incorporation in the national information system of three countries.

During 1998 most countries also started working with men's groups in addressing the role of male perpetrators in DVAW and in advocating for the incorporation of gender equity and addressing domestic violence in their health sector reform processes. The project also strengthened national and multisectoral efforts to launch media campaigns to promote non-violent relations and to educate women about their legal rights to a violence-free life.

4.3 *Advocating for Gender Equity in Health*

Advocating for gender equity is a priority mandate of HDW. During the last two years the regional and country staff have made numerous presentations and had meetings with international, regional and country policy makers and donors to advocate for incorporating gender, and specifically addressing domestic violence, as a priority issue.

Preventing DVAW is now recognized as an important issue in all 10 countries where the DVAW projects are implemented and all have passed legislation that penalize its perpetrators. Project staff continue to advocate with ministries of health and other organizations for the recognition of gender violence as a priority public health issue and for implementing the model community-based model approach in addressing it. In 1998 the model was presented to the Subcommittee on Programming and Planning of the Executive Committee of PAHO.

The HDW Program also advocates for gender violence prevention in the recently formed Inter-American Coalition on the Prevention of Violence, which is made up of representatives of the Inter-American Development Bank, Centers for Disease Control, Organization of American States, PAHO UNESCO, and the World Bank. The President of the Health Committee of the PARLATINO (Regional Parliamentary Organization) plans to present domestic violence prevention legislation as a priority issue during a joint health and women's committee meeting in May 1999.

Key components for achieving gender equity are the disaggregation of data and mainstreaming gender in health policies and programs. The HDW Program continued to advocate with PAHO technical divisions and country ministries of health for disaggregating data collection and applying gender analysis, which is also a main component of HDW's work on including gender equity in health sector reform processes. Participation in the Interagency United Nations Working Group on Mainstreaming

Gender in Health in Tunisia gave the program an opportunity to incorporate its experiences in a document that will be presented to the UN Commission on the Status of Women in March 1999.

4.4 *Promoting Research on Gender Equity*

The HDW Program collaborates in carrying out practical research for improving policy and programs. With the support of the Inter-American Commission of Women of the Organization of American States, HDW is analyzing the differences in maternal and female mortality among the border states of Mexico and the United States. Results will inform policy makers and NGOs about gender health concerns in the border populations of women.

The HDW Program's work on quality of care has taken a traditional area of health work and demonstrated that gender is a significant factor for two supposedly "genderless" conditions, diabetes and hypertension. In 1998, HDW extended the research model to four countries in Central America. The purpose of this research has been to sensitize health workers to gender issues at the primary health care level.

Earlier research was carried out in Argentina and Peru. Results showed that gender exercises a powerful influence on clients. Men and women had different perceptions of their health needs and of their conditions, their satisfaction with providers' responses, their compliance with instructions, the preferred vehicle for receiving health information, and the reasons for returning to the health service. Likewise, gender stereotypes were found to guide health care providers' interactions with men and women clients with the same condition, and color the health workers' beliefs as to why men and women become ill and get better.

4.5 *Incorporating a Gender Perspective in Reproductive Health*

During 1997-1998 HDW spearheaded opportunities for joint dialogue and collaboration between women's NGOs, their national and local governments, UNFPA and PAHO, as well as for promoting the participation of men in reproductive health decisions. The Platforms of Action of the International Conference on Population and Development in Cairo (1994) and the Fourth World Conference on Women celebrated in Beijing (1995) called for gender-sensitive reproductive health programs. Such programs differ from traditional family planning initiatives in that they take into consideration women as subjects and active participants in reproductive and sexual health decisions. They emphasize the importance of drawing male partners into reproductive health programs so as to promote their role as responsible fathers and partners. Moreover, both these conferences emphasized the role of nongovernmental women's organizations as key associates with governments in planning and implementing reproductive health programs.

In close collaboration with the United Nations Population Fund (UNFPA), HDW documented lessons learned in promoting and carrying out activities related to reproductive health and gender equity with 23 NGOs in 13 countries. This report was the result of joint deliberations with these NGOs, UNFPA and PAHO, and led to a regional meeting on NGO collaboration in sexual and reproductive health and rights in Quito, Ecuador, in 1997. The HDW Program initiated follow-up in seven countries to bring NGOs working in reproductive health together with ministries of health to design collaborative work plans to further reproductive health and gender equity.

During 1998 HDW developed a proposal and obtained funding to promote men's participation in reproductive health programs in seven Central American countries. In collaboration with PAHO's Division of Health Promotion and local men's organizations, HDW will implement pilot programs and operations research on involving men in tending to their own and their families' reproductive health needs. This project will start in early 1999.

4.6 *Assuring Gender Equity in Health Sector Reform*

The HDW Program, in collaboration with PAHO's Division of Health Services, has developed an initiative to incorporate gender equity in the health sector reform (HSR) processes currently underway in the majority of the countries of the Region. The HDW Program's main focus is on improving access to health services, resources and information, on assuring the quality of care, and on involving stakeholders in decision-making.

This work was initiated in 1997 with an internal meeting for its Central American country coordinators to analyze, discuss and plan how to incorporate a gender perspective in the health sector reform processes. In 1998 HDW set up an electronic discussion group on gender and health sector reform, in preparation for an expert meeting on the issue. During the October 1998 expert meeting, experts and policy makers from the Region identified monitoring indicators and strategies for incorporating gender equity in the HSR processes and policies in the Americas. As an outcome of the meeting HDW has drafted a proposal to improve data analysis and civil society involvement in defining gender-sensitive reform policies and packages in three countries.

To assure that gender equity is indeed addressed in the reform processes, HDW developed indicators that are being included in the instrument produced by PAHO and the Central American countries for monitoring the health sector reform processes in that region. The HDW Program has also completed a background paper on health sector reform legislation and gender reform.

4.7 *Expanding Access to Information on Gender and Health*

The Regional Information System on Women's Health (SIMUS) continues to grow and gain recognition Region-wide as an information resource for numerous clients, particularly those outside the Secretariat. The bibliographic database may be searched on the HDW web page.

SIMUS is rapidly expanding its electronic capacity to provide and manage information from the Region through webpages and electronic information exchange networks. The program is currently mounting webpages on gender and health sector reform, gender and tobacco, gender and reproductive health, and gender violence. The last mentioned will include all publications and tools generated by HDW's two subregional domestic violence prevention projects. New issues and HDW publications will be included on an ongoing basis. In addition, SIMUS provides daily information on relevant publications, research findings, conferences and web sites to its electronic network, and distributes electronic factsheets on a monthly basis on relevant issues and research findings.

The program produced and disseminated a number of publications throughout the Region. These include the World Health Organization's Violence Prevention Packet that was translated into Spanish, the Spanish version of the research protocol "The Critical Route that Women Take when Dealing with Domestic Violence," which was published at the end of 1998, and the publications of the gender and reproductive health project: *Sexual and Reproductive Health Rights* and *Collaboration Experiences between NGOs and UNFPA in Health and Reproductive and Sexual Rights in Latin America*.

4.8 *Strengthening Technical Exchange throughout the Region*

The HDW Program and its focal points provided direct technical cooperation to Member States in project design, implementation and monitoring, as well as in elaborating donor reports and proposals to new donors.

In 1997 the first WHO Collaborating Center for Women's Health was established under the auspices of the Center for Research on Women's Health of the University of Toronto, Canada. This partnership has expanded HDW's possibilities for facilitating direct technical cooperation in women's health to other Member States of the Region. The HDW Program is working closely with this collaborating center in organizing a Symposium on domestic violence for 1999 and on incorporating gender violence in university curricula.

The two domestic violence prevention projects exchanged materials, tools and achievements during two regional meetings and the Andean team incorporated strategies

developed by the Central America project into the second phase project proposal of the Andean subregion.

The DVAW model was replicated by the Inter-American Development Bank in six countries in Latin America with technical support from the HDW regional and Central America teams at inception, during the first regional planning conference, and with setting and linking of websites and databases.

Networking also provided a forum for technical exchange which included sharing ideas of developing a gender/domestic violence prevention curriculum with a representative of the Commonwealth Medical Association for distance learning on the web, of the University of São Paulo for training health personnel, and of the University of Medellín about violence prevention in primary schools.

Another component which should be highlighted was the initiation in 1997 of a program for the annual hosting of a member of one of the 2,000 grassroots women's organizations that make up the Latin American and Women's Health Network. The purpose of this exchange is to provide an opportunity whereby women's groups can learn about PAHO, how it works in the area of women's health, and for HDW to learn from members' hands-on experiences in their countries, while establishing collaboration bonds that will benefit the effectiveness of both organizations.

5. Perspectives

The HDW Program has focused much of its efforts on assuring that gender equity is addressed throughout the Organization and in its Member States. Accordingly HDW coordinates with divisions within PAHO and with the regional and country offices in incorporating a gender perspective in their work, on providing technical cooperation that does not create, maintain or exacerbate existing gender inequities, and, above all, on implementing actions towards eliminating these inequities. The HDW Program is committed to incorporating this perspective within the programs and projects of the different PAHO divisions, to seeking alliances with UN agencies and other organizations that address these inequities at the international level, as well as to strengthening national efforts that address the different needs of women and men in their countries.