11:30 to
12:00 pm 4. Debate

12:30 pm **Lunch: open**

FOURTH WORKING SESSION

Topic: "WOMEN'S HEALTH"

3:00 pm 1. Plan of Action to reduce **"Maternal Mortality and Morbidity in the Americas"**

a. Introduction by Dr. Joao Yunes
Coordinator
Family and Population Health Program
PAHO

b. Presentation by:

. Mrs. Ximena Iturralde de Sánchez de Lozada
First Lady of Bolivia

. Mrs. Aline Chrétien
First Lady of Canada

. Mrs. Liesbeth Venetiaan Vanenburg
First Lady of Suriname

3:30 pm 2. Project on **"Prevention of Adolescent Pregnancy"**

a. Introduction by Mr. Pedro Pablo Villanueva
Director to Chile, Paraguay and Peru
UNFPA

b. Presentation by:

. Mrs. Zalayhar Hassanali
First Lady of Trinidad and Tobago

. Dr. Laura Albertini
Special Envoy of Uruguay ****

3:45 pm 3. Program on **"Latin America in the Struggle against Cancer"**

a. Evaluation of the Program by María Fernanda Méndez Núñez Gómez Acebo. Countess of Elda. President of the Association of Ibero-American Leagues Against Cancer (ALICC)

4:00 pm **Debate**

4:30 pm **Coffee break**

FIFTH WORKING SESSION

Topic: "Violence against Women"

5:00 pm

1. **"Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women"** (Convention of Belém do Pará)

   . Analysis by Mrs. Dilma Quezada Martínez
   President of the Inter-American Commission of Women
   CIM

5:15 pm

2. **Regional Programme on Violence against Women**

   a. Introduction by Mrs. Pamela Hartigan
   Coordinator
   Women, Health and Development Program
   PAHO

   b. Presentation by:

   . Mrs. Josette Altmann de Figueres
   First Lady of Costa Rica

   . Lady Yvy Sylvia Lucille Cooke
   First Lady of Jamaica

   . Ambassador Mireya Regazzoli
   Special Envoy of Argentina

6:00 pm

3. **Debate**

Evening: open

THURSDAY, OCTOBER 19

SIXTH WORKING SESSION
Topic: "FOURTH WORLD CONFERENCE ON WOMEN"

9:00 am

1. Introduction by Mrs. Gertrude Mongella
   Secretary General
   Fourth World Conference on Women

2. Presentation by:

   . Mrs. Ruth Corrêa Leite de Cardoso
   First Lady of Brazil

   . Mrs. Elizabeth A. de Calderón Sol
   First Lady of El Salvador

9:45 am **3. Debate**

10:15 am **Coffee break**

10:45 to 12:30 pm **PANEL OF INTERNATIONAL ORGANIZATIONS**

Topic: **" ACTIONS AND PROGRAMS OF INTERNATIONAL ORGANIZATIONS TO FAVOR WOMEN AND CHILDREN TOWARDS YEAR 2000"**

U N : Mrs. Katiça Cekolovic, United Nations Representative to Paraguay

UNFPA : Mr. Pedro Pablo Villanueva, Director to Chile, Paraguay and Peru

WHO/PAHO : Dr. Irene Klinger, Head of the International Relations Office, PAHO

UNESCO : Dr. Ernesto Schiefelbein, Director of the Regional Office on Education (OREALC)

UNICEF : Mr. Juan Aguilar León, UNICEF Representative to Paraguay and Peru

OAS :

IDB : Marguerite Berger, Head of the Developing Women's Division, Department of Social Programs and Sustainable Development

IICA : Brenda Kleyson, Specialist, Women's Division

ALICC : Dr. Ricardo Alba, Director, "Latin American in the Struggle against Cancer" Program

Debate

Lunch: open

3:00 pm **Revision of the Declaration of Paraguay by Technical Advisers**

8:30 pm **National Gala of Music and Dance**
Site : Paraguayan Central Bank
Cultural Center - Convention Hall

FRIDAY; OCTOBER 20

SEVENTH WORKING SESSION

10:00 am **Closing remarks by the First Lady of the Republic of Bolivia, Mrs. Ximena Iturralde de Sánchez de Lozada**

Signing of the Declaration of Paraguay and Closing of the Conference

10:45 am **Official Photograph**
Paraguayan Yacht and Golf Club Casino Hotel

11:00 am **Press Conference**
(First Ladies)

12:00 pm **Lunch: open**

Departure of Delegations

Site : "Silvio Pettirossi" International Airport
Presidential Pavilion

SATURDAY, OCTOBER 21

Departure of Delegations

Site : "Silvio Pettirossi" International Airport
Presidential Pavilion

PRECEDENCE OF THE 5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

PRO-TEMPORE SECRETARIAT

1. PARAGUAY
2. BOLIVIA
3. UNITED STATES OF AMERICA
4. SAINT LUCIA

FIRST LADIES

5. BRAZIL
6. CANADA
7. COSTA RICA
8. CHILE
9. ECUADOR
10. EL SALVADOR
11. GUATEMALA
12. HONDURAS
13. JAMAICA
14. MEXICO
15. PANAMA
16. SURINAME
17. TRINIDAD AND TOBAGO

SPECIAL ENVOYS

18. ARGENTINA
19. COLOMBIA
20. CUBA
21. NICARAGUA
22. PERU
23. DOMINICAN REPUBLIC
24. URUGUAY
25. VENEZUELA

DRAFT DECLARATION OF PARAGUAY

5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

Asunción, Paraguay
October 16-20, 1995

WE, the Wives of Heads of State and of Government and Representatives of Governments and of First Ladies of the Americas gathered in the City of Asunción, Capital of the Republic of Paraguay, on October 16-20, 1995, to exchange ideas on "The Health and Education of Women and Children" in our Region, as a follow-up to the 4th Conference of Wives of Heads of State and of Government of the Americas held in Saint Lucia on October 11-13, 1994 and to the Symposium on Children of Americas held in Miami last December 10,

Recognize that our countries face common challenges regarding the Health and Education of Women and Children and that by sharing experiences, through this system of Conferences, we can promote the development and the well-being of our nations.

In accordance with this considerations, we DECLARE:

1. To work in favor of the Health and Education of Women and Children, under the principles of: Comprehensive Development, Equality, Democratization of information and awareness, and Family and Social Participation.

2. To improve the Health of Women and Children, promoting the universalization and quality of health services.

3. To encourage and support the implementation, according to the national interest of each country, of the agreements and recommendations reached at the World Summit for Children, the International Conference for Population and Development, the World Summit for Social Development, and the IV World Conference on Women.

4. To urge strategies and activities concerning the Health and Education of Women and Children to give priority to the population of rural and marginalized urban areas with low incomes.

5. To promote the access of Women to literacy and functional and non-formal education Programs, to ensure their full participation and contribution in the development with equality of oportunities.

7. To promote projects that contribute to the increase of education of Girls and Women in the continent and the reduction of female school desertion, since social investment in the education of girls yields a greater benefit in terms of the improvement of health, productivity, social well-being, democratic participation, human development and peace.

8. To reiterate its commitment to the implementation of the International Declaration on the Economic Advancement of Rural Women, adopted by Wives of Heads of State and of Government from Africa, Asia, Europe, America, and Oceania, in Geneva in February of 1992.

IN ADDITION, WE AGREE :

To express our gratitude to International Organizations and other entities for the interest and support manifested at the Conference of Wives of Heads of State and of Government and Representatives of Governments and of First Ladies of the Americas.

Hold the 6th Conference of Wives of Heads of State and of Government of the Americas in the Republic of Bolivia in 1996; agree to hold the 7th Conference in the Republic of Panama, and form the new Pro-Tempore Secretariat composed of the Offices of First Ladies of Bolivia, Paraguay and Panama.

Protocolar paragraph

Signed in Asunción, capital of the Republic of Paraguay on the twentieth day of the month of October of the year nineteen hundred and ninety-five.

RECOMMENDATIONS AND PROGRAMS OF THE 5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

As advocates for the Health and Education of Women and Children within a framework of equality, peace, freedom, solidarity, social progress and sustainable human development, we recommend to consider the following strategies and programs:

A. Concerning Women's Health:

1.a. To congratulate and support the resolution of the XXIII Pan American Sanitary Conference which encourages Governments of the Americas to establish a "policy of comprehensive attention of women's health for the prevention of morbidity and the reduction of maternal mortality by at least 50%, to be achieved by the year 2000."

b. To encourage, according to the above Resolution, the implementation of the National Plans of Action to Accelerate the Reduction of Maternal Mortality in the Americas, as a mechanism to enable the First Ladies to contribute to the comprehensive advancement of women's health.

2. To create mechanisms in those countries which have signed the Project on "Prevention of Adolescent Pregnancy," agreed upon the United Nations Populations Fund (UNFPA), that contribute to a more efficient implementation in response to their needs.

a. To obtain the participation of local UNFPA offices in the elaboration, implementation and follow-up of the local components of the Project, so as to guarantee the coordination of this initiative with similar projects funded by other International Cooperation Agencies, both bilateral and multilateral.

b. To widen the scope of action of the Project, whenever necessary, so as to include activities related to the reduction of maternal mortality.

c. To analize the possibility of redistributing unused financial resources, between those countries which are already implementing the Project and need additional resources.

d. To adjust the project in order to contribute in a national context to the implementation of the recommendations from the International Conference for Population and Development and the Fourth World Conference on Women.

3.a. To support the proposal of the Association of Iberoamerican Leagues Against Cancer (ALICC) to expand the Program "Latin America in the Struggle Against Cancer," to the following countries in the Region: Argentina, Bolivia, Brazil, Chile, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, Uruguay, and Venezuela.

b. To encourage the follow-up of the Second Phase of the Program in the following pilot countries, which have successfully concluded the first phase: Costa Rica (Central America), Colombia (Andean Countries) and Paraguay (Southern Cone).

B. Concerning **Women's Education/Training:**

1. To promote activities for the fulfillment of the suggestions and recommendations of the already concluded Project on "Rural Women in Latin America and the Caribbean," adopted by the First Ladies of the Region during the Second Conference held in Cartagena de Indias, Colombia, on September 23, 1992, summarized as follows:

a. To improve background information on gender issues.

b. To improve the mechanisms that promote and increase women's participation and support women's social equality.

c. To encourage that more projects look at the concerns of women in formulating strategies.

2.a. To consider the Project "Promotion of Women's Participation in Development", conceived and financed by the IDB as a Pilot Project for the entire Region, which is under implementation in Paraguay through the Human Development Program (HDP), under the direction of the First Lady of the Nation, as a model to be implemented in those countries interested in doing so.

b. To request the IDB, through the appropriate channels, the financing of the Project in those countries which are interested in implement it.

C. Concerning **Children's Health:**

1. To promote and follow-up on progress made towards achieving the goals of the World Summit for Children by the year 2000.

2. To work with PAHO on the campaing to eliminate measles transmission in the Region of the Americas by the year 2000 and strengthen the surveillance of preventable diseases by vaccination.

3.a. To request WHO/ PSA to implement the"Program on Substance Abuse and Street Children in the Americas" in the following countries: Bolivia, Ecuador, El Salvador, Guatemala, Honduras and Panama.

b. To urge the Mentor Foundation to continue financing this Program in the above countries.

c. To exchange information on the results achieved in this Program, in order to highlight the principal lessons so that they may serve as examples to others, with the following four pilot countries which have already implemented it: Nicaragua (Central America), Dominican Republic (Caribbean), Colombia (Andean Countries) and Paraguay (Southern Cone).

D. Concerning **Girl's Education:**

1. To encourage activities that contribute to the investment in the education of Girls and Women of the Americas, as well as the reduction of school drop-out , by:

a. Supporting governmental and non-governmental institutions that work in education to increase the enrollment and completion rates.

b. Carrying out seminars, information, awareness and social mobilization to sensitize public and private institutions towards the investment in female education.

E. Concerning the **Fourth World Conference on Women:**

1. To promote the implementation, according to the national interest of each country, of the commitments made at the United Nations Fourth World Conference on Women, held in Beijing, China, during September of this year, and to act as a channel for suggestions and recommendations .

F. Concerning the topic of **Violence against Women :**

1.a. To promote the ratification and/or signing of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, adopted in Belem do Para on June 9, 1994.

b. To support activities which may ensure the strict enforcement of the Convention in the Region.

2. To request the IDB and PAHO to continue implementing the Regional Program on Violence against Women: Establishment of Community Networks" in those countries in the Region interested in doing so.

G. **Concerning the U.N. Convention on the Rights of the Child :**

1.a. To promote the fulfillment of the Agreements of the U.N. Convention on the Rights of the Child.

b. To promote activities by which Children may be informed about their rights focusing on the rights to Health and Education established in the U.N. Convention.

c. To promote the eradication of social and family violence against Children and introduce the topic of violence against Children in the political agenda of countries.

d. To promote the protection of working Children and the abolition of illegal child labor.

THE WHITE HOUSE

WASHINGTON

October 10, 1995

Mrs. Maria Teresa de Wasmosy
Palacio De Los Lopez
Asuncion
Paraguay

Dear Mrs. Wasmosy:

I look forward to participating next week in the Fifth Conference of Wives of Heads of State and Government of the Americas. This Conference in Paraguay presents a special opportunity to continue the important discussions we began in Miami last December.

As you may already know, because of difficult scheduling considerations, I regret I will not be able to attend the entire conference. However, I am very pleased that an important official of the Clinton Administration, Madeleine Kunin, will represent the United States after I take my leave. Madeleine is the Deputy Secretary of Education and was a member of the official United States Delegation to the United Nations Fourth World Conference on Women. Madeleine has a long career working on the issues the conference will address -- the health and education of women and children. She previously served as the Governor of Vermont and has written a book on her own political career and the challenges women confront.

I look forward to our meeting.

With warm regards, I am

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 24, 1995

Mrs. Ruth Cardoso
Brazil

Dear Mrs. Cardoso,

Mrs. Wasmosy joins me in sending this letter.

As you know, this past December many of the Wives of Heads of State and Government met during the Summit of the Americas to discuss some of the most critical challenges facing children on our Hemisphere. We were sorry you could not join us. Through the contibutions of so many present, we identified three areas of critical need which are of common concern and enormous importance for the well being of our children.

The First Ladies' Symposium agreed that investment in the human capital of the Americas is vital to the broader goal of eradicating poverty and discrimination. In order to follow up on the important health and education issues that were raised, we would like to propose that we, as First Ladies of the Hemisphere, engage the citizens of our nations in an active three-point agenda to advance the goals in health and education adopted by the leaders at the Summit of the Americas.

The first initiative we propose for follow-up is the elimination of the transmission of measles in the Americas by the year 2000. To start this effort, I will participate in the launching of the Measles Elimination Campaign at the Pan American Health Organization (PAHO) headquarters in Washington, D.C. on April 7. Mrs. Wasmosy will lead a parallel effort in Asunción. We understand that local PAHO representatives have been in contact with you and the other First Ladies to encourage you to sponsor similar events in your countries. Our participation in this important initiative will provide the campaign with higher visibility, both at the national and the regional level. To attack this problem, PAHO has formulated a regional project for the elimination of the transmission of measles in the Americas for the years 1995-2000. Strong partnerships with all sectors of society can garner the political and financial support needed to eliminate this killer disease.

The second critical initiative is the reduction of maternal mortality in the Americas. Every year, 20,000 women die in the hemisphere and at least 3 million are hospitalized from complications relating to childbirth -- many of which are preventable. We all agree that we need to promote the implementation across the region of comprehensive health care policies focused on women and the prevention of maternal mortality and morbidity.

During the XXIII Pan American Sanitary Conference in 1990, the Hemispheric Ministers of Health of the countries of the region approved a Regional Plan for the Reduction of Maternal Mortality in the Americas. Progress has been slow. Involving ourselves in this initiative can help save lives of countless women in all of our countries. We propose to include the issue of maternal mortality and morbidity as an item for discussion at the meeting of the Association of First Ladies that will be hosted by Mrs. Wasmosy in Paraguay in October 1995. We are convinced that we can generate renewed interest in an issue that concerns the health and lives of women across the Americas. The meeting in Paraguay will give us each an opportunity to review the national plans, to learn what have been the most successful strategies and projects to reduce maternal mortality and to learn from each other.

The third area of interest is girls' and women's education, which is also likely to be underscored at the 4th United Nations World Conference on Women in Beijing. The rate of girls' enrollment varies from country to country. We do know, however, through extensive research in the field, that investments in the education of girls yield a higher return than any other investment in a country's development. As you know, when countries focus their resources on the education of girls, they achieve a wide range of benefits, including significant improvements in health, domestic, agricultural and industrial productivity, democratic participation and family wellbeing. We propose to seek ways as First Ladies to be engaged in this issue and increase the awareness in our nations of the importance of girls' education. I was pleased to announce earlier this month at the UN Summit on Social Development in Copenhagen that the United States has made a commitment to financially support efforts to enhance educational opportunities for hundreds of thousands of poor girls and women around the world.

We hope that the above three areas and the suggested initiatives adequately reflect the consensus reached at the Summit Symposium in Miami and reflect the issues you believe are most important for us in following up on that meeting. Mrs. Wasmosy is also preparing additional items for the agenda to reflect follow up to the First Ladies Meeting in St. Lucia.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Tab B

Divider Title:_____

Q and A: Measles in the Americas

Q. How will measles be eliminated from the Americas by the year 2000?

A: The success of polio eradication gave impetus to the overall vaccination program in Latin America and the Caribbean. We are at the point of taking the last steps of a combined effort to eliminate measles transmission in the Americas. The strategy being used is already proving effective. Since the initial national campaigns to vaccinate and re-vaccinate all children from 9 months to 14 years of age were conducted in the countries of Latin America and the Caribbean, reported cases of measles in the Western Hemisphere have plummeted to an all-time low: less than five thousand cases in 1995, compared with over 300,000 just five or six years ago. Half of the cases for 1995 are reported from Canada alone, which is starting a major drive against measles now. It is believed that transmission may have been already interrupted in several countries, such as those in the English speaking Caribbean, Chile, Cuba, Honduras and El Salvador, for example.

By estimating carefully for each country the number of susceptibles and by using those estimates to determine when to carry out periodic campaigns (approximately every four years on average) to vaccinate all children ages 1-4 years old as a supplement to routine vaccinations, the number of susceptibles can be maintained at a very low level and transmission halted in the hemisphere.

Q: How much will it cost?

A: PAHO estimates that the total cost of the immunization programs for routine vaccinations and special efforts for measles elimination in Latin America and the Caribbean between now and the year 2000 will cost around $700 million. These programs will maintain high immunization level against all childhood diseases (diphtheria, pertussis, tetanus, polio, tuberculosis and measles) and will achieve the elimination of measles. External donor support needed is in the order of $53 million for regional actions, in addition to support for individual country programs.

Q: What will be the U.S. share of that cost?

A: The United States has planned a grant of $8 million to PAHO for regional actions towards that amount and PAHO will allocate $7 million from its regular funds. The Government of Spain has contributed $1 million and the Inter American Development Bank (IDB) has approved a grant to PAHO of approximately $2.2 million for this project. PAHO is actively seeking additional support for regional activities.

USAID missions are also collaborating bilaterally with governments in support of their national immunization program. Between 1992 and 1995, this support was approximately $5 million per year in Latin America and the Caribbean.

Q: What are the national governments contributing?

A: Over 90% of the projected costs would be investments from the countries themselves. It is important that national governments ensure the needed funds for purchase of vaccines and syringes and cold chain needs for vaccination programs.

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

525 TWENTY-THIRD STREET, N.W., WASHINGTON, D.C. 20037-2895, USA

CABLE ADDRESS: OFSANPAN
FAX (202) 223 5971
TELEPHONE (202) 861 3200

REPLY REFER TO:

DRAFT

ELIMINATION OF INDIGENOUS TRANSMISSION OF MEASLES IN THE AMERICAS 1996-2000

PLAN OF ACTION

FEBRUARY 1995

PREFACE

Resolution XVI, approved by the Ministers of Health of the Region of the Americas, during their meeting of the XXIV Pan American Sanitary Conference, that met in Washington, D.C. in September 1994, set the target of measles elimination from the Western Hemisphere by the year 2000.

This decision builds on the remarkable completion of the initiative to eradicate poliomyelitis from the Americas and several successful national or multi-country initiatives to eliminate measles.

In 1987 Cuba launched the first measles elimination initiative in the Hemisphere. This was followed in 1989 by the countries of the English Speaking Caribbean and subsequently by several other Latin American countries. United States and Canada also have national targets for measles elimination. By November 1994, all Latin American countries had implemented strategies to eliminate measles, either individually or in multi-country cooperation and more than 80% of the children (9 months to 15 years of age) in the Region had received a dose of measles vaccine regardless of their previous vaccination status. Measles incidence, therefore, reached an all time low in the Region.

In 1985, the Director of the Pan American Health Organization appointed a Technical Advisory Group (See Appendix V) to advise the Organization on the acceleration of the Expanded Program on Immunization and the eradication of the indigenous transmission of wild poliovirus in the Americas in 1985. This group is presently composed of the following seven members:

-Dr. José Manuel Borgono
Chief, Office of International Affairs
Ministry of Health
Santiago, Chile

-Dr. Donald A. Henderson
Science Advisor
Department of Health and Human Services
Washington, D.C., USA

-Dr. Alan Hinman
Director, Center for Prevention Services
Centers for Disease Control
Atlanta, Georgia

-Dr. Joao Baptista Risi, Jr.
Advisor on Science and Technology
Ministry of Health
Brasilia, Brazil

-Dr. Hilda Alcala
Department of Neurology
Children's Hospital
Mexico City, Mexico

-Dr. Peter Figueroa
Principal Medical Officer
Epidemiology
Ministry of Health
Kingston, Jamaica

In August, 1994, at its XIth meeting held in Washington, D.C., the PAHO/EPI Technical Advisory Group (TAG), recommended that "these national measles elimination initiatives would be greatly enhanced if a regional measles elimination initiative was launched in a coordinated effort".

This recommendation was then endorsed by the XXIV Pan American Sanitary Conference in September, 1994.

The proposed Plan of Action for the coordinated Regional initiative to eliminate indigenous transmission of measles from the Western Hemisphere is contained in the following pages.

1. INTRODUCTION

The Expanded Program on Immunization (EPI) has its basis in resolution WHA 27.57, adopted by the World Health Assembly in May 1974. General program policies, including the EPI goal of providing immunization services for all children of the world by 1990 (resolution WHA 30.53, 1977) were endorsed by resolution CD 25.27 of the Pan American Health Organization (PAHO) Directing Council in September 1977.

The long-term objectives of the EPI are to:

-reduce morbidity and mortality from diphtheria, whooping cough, tetanus, measles, tuberculosis and maintain the eradication of poliomyelitis by providing immunization services against these diseases for every child in the world by 1990 (other selected diseases may be included when and where applicable);

-promote countries' self-reliance in the delivery of immunization services within the context of comprehensive health services; and

-promote regional self-reliance in matters of vaccine production and quality control.

Supporting EPI long term objectives are goals set for in the Plan of Action for implementing the World Declaration on the Survival, Projection, and Development of Children on the 1990s. The EPI in the Americas has met the goals set forth in the World Summit for Children in relation to the goals of the elimination of Neo-natal Tetanus and morbidity/mortality due to measles.

2. EXECUTIVE SUMMARY

On September 29th, 1994 the International Commission for the Certification of Poliomyelitis Eradication declared that the Region of the Americas was certified as being polio-free. The last case of of poliomyelitis caused by the indigenous wild poliovirus was detected in Junin, Peru in August of 1991. The Region now has entered a new era: The maintenance phase, which requires the continuation of surveillance of all cases of Acute Flaccid Paralysis in children under 15 years of age and that vaccine coverage level with OPV(3) be kept at 80% or better.

The Region has already met the goal of the elimination of Neo- Natal Tetanus established by WHO of less than 1 case per 1000 live births.

Because of the measles initiatives undertaken by the different countries in the Region and the dramatic success that the strategy has had on the incidence of measles, the Ministers of Health of the Region voted to eliminate the transmission of measles by the year 2000.

The purpose of the project is to support elimination of the transmission of measles in the Western Hemisphere by the year 2000.

The strategy calls for: the expansion of the current surveillance system, used so successfully for the eradication of polio to include rash and fever surveillance for the detection of possible measles cases; aggressive outbreak response; the achievement and maintenance of 90% measles vaccine coverage; and

intensive social mobilization of NGOs and community groups for supporting the effort and for enhancing the community's responsibility for the prevention of disease in their communties.

Previous research has shown that the polio eradiction effort had many positive outcomes, one of them being the increased awareness of the benfits of immunization and the importance of preventive health care. Therefore, it is expected that the measles elimination effort will build on this by internalizing the value of preventing diseases through immunization.

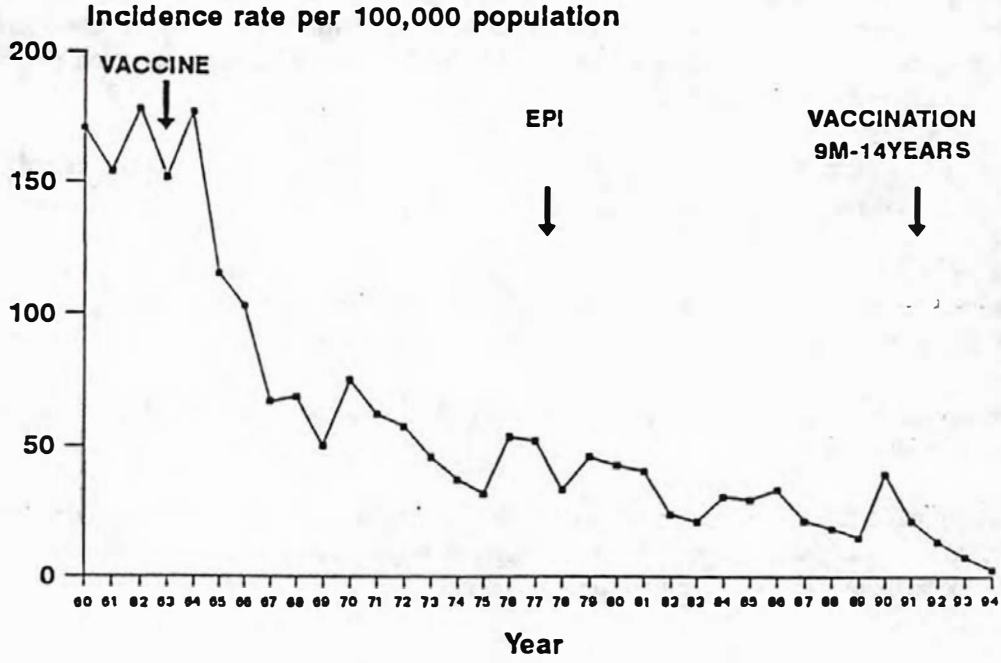
The project has a duration of five years and will cost an estimated $45.8 million dollars, with PAHO/WHO providing an additional $6,500,000 above the requirement amount from its regular budget.

3. PROJECT DATA

Since the EPI was launched in the Region of the Americas in 1977, immunization coverages have improved considerably. In 1978, less than 10% of the children under one year of age lived in countries where coverage with the EPI vaccines was at least 50%; by 1993, nearly 80% of the children in this age group lived in countries with coverage of at least 75% for DPT and BCG vaccines, and of over 80% for polio and measles vaccines.

The impact of the high coverage with measles vaccine and the national measles elimination campaigns can be seen in Figure 1, which shows the annual reported incidence of measles in the Region of the Americas during the period 1977-1993, and in Figure 2, which shows the absolute number of cases reported each year during the same period.

Figure 1. Annual reported incidence of measles
(per 100,000 population), Region of the Americas, 1960-1994*



Source: PAHO
*1994 data provisional as of 27 Jan 1995

Figure 2. Annual number of reported cases of measles, Region of the Americas, 1960-1994

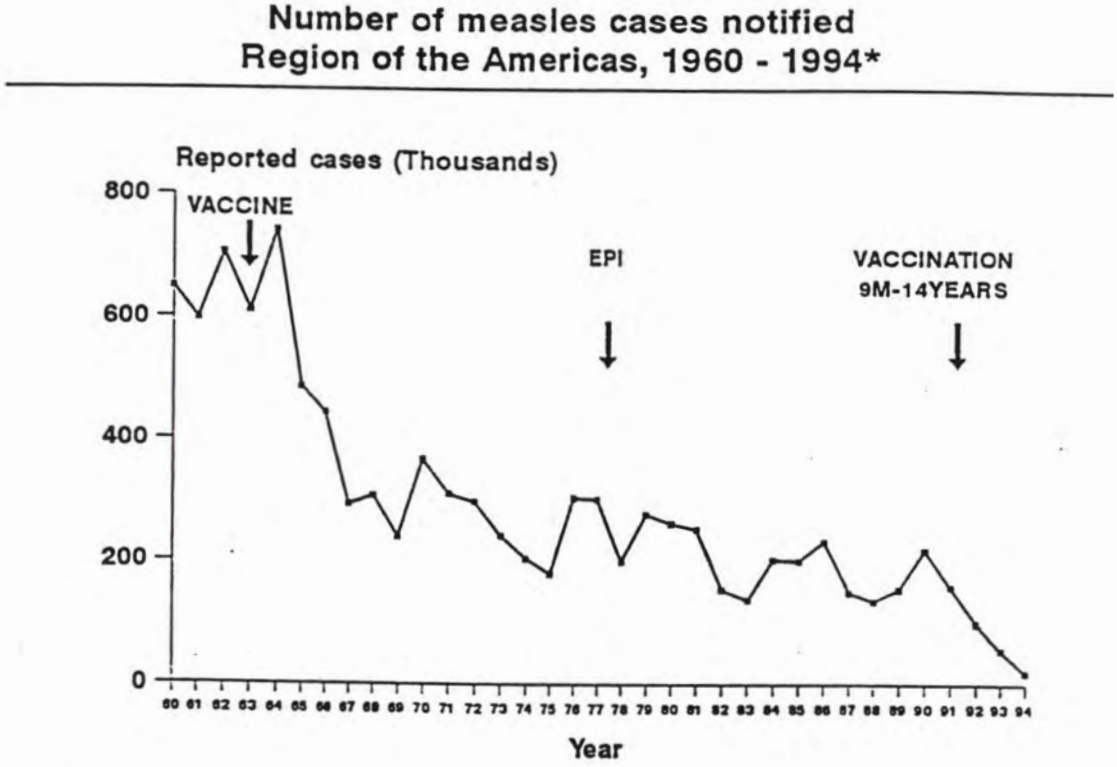


Table 1 gives a breakdown of the annual number of reported cases by country between 1977 and 1993. By November 1994, three years had elapsed without measles cases in Cuba and the English speaking Caribbean and two years with no confirmed cases in Chile. During 1994, no importation of

Table 1. Annual number of measles cases, by country.
Region of the Americas, 1983-1994

Country	1983 Cases	1984 Cases	1985 Cases	1986 Cases	1987 Cases	1988 Cases	1989 Cases	1990 Cases	1991 Cases	1992 Cases	1993 Cases	1994 Cases	Total
Bolivia	2,014	1,270	217	346	987	1,793	669	820	2,108	4,337	3,391	0	[illegible]
Colombia	13,099	11,849	5,572	5,180	20,620	14,801	12,598	13,520	10,391	7,374	9,105	525	124,236
Ecuador	2,556	6,979	1,183	839	1,537	8,004	3,649	1,681	1,811	4,356	3,627	0	36,222
Peru	7,619	13,039	9,393	6,099	6,240	5,785	1,165	418	1,401	22,252	855	0	74,266
Venezuela	11,263	11,833	21,974	14,026	19,261	12,339	10,160	9,881	15,273	11,949	20,244	0	158,203
Brazil	58,259	80,875	75,993	129,126	66,072	26,179	22,853	61,425	42,537	7,934	5,830	35	577,128
Belize	11	4	7	124	224	74	2	25	7	11	0	0	489
Costa Rica	39	11	1	4,534	4,004	358	33	76	6,296	2,261	273	7	17,793
El Salvador	3,407	4,775	1,413	278	405	787	0	0	0	599	37	0	11,611
Guatemala	2,762	3,072	2,272	1,650	400	182	2,413	8,819	209	97	17	204	22,397
Honduras	1,168	5,028	6,476	603	977	619	5,353	6,260	95	58	13	1	26,751
Nicaragua	112	153	956	2,550	732	314	0	0	0	2,333	339	3	7,751
Panama	595	358	4,295	4,199	1,885	378	301	1,851	2,410	845	90	3	17,270
Anguilla	0	0	0	0	0	2	7	15	1	9	0	0	25
Antigua	10	1	1	0	0	0	0	0	0	0	0	0	12
Bahamas	2,868	36	26	85	42	22	59	72	0	9	0	0	3,210
Barbados	6	5	7	2	2	1	2	51	2	0	0	0	78
Cayman Islands	9	5	4	3	3	1	5	0	0	0	0	0	29
Dominica	1	188	64	45	82	10	9	13	6	0	0	0	418
French Guiana	0	0	0	0	0	0	0	0	0	0	0	0	0
Grenada	268	11	7	20	6	4	2	6	2	0	0	0	326
Guadeloupe	0	0	0	0	0	0	0	0	0	0	0	0	0
Guyana	20	294	87	15	22	917	11	1	12	9	0	0	1,379
Jamaica	1,164	236	67	30	37	10	5,726	3,651	308	0	0	0	11,249
Martinique	0	0	0	0	0	0	0	0	0	0	0	0	0
Montserrat	0	0	0	0	0	1	1	0	0	0	0	0	2
Netherland Antilles	0	0	0	0	0	0	0	0	0	0	0	0	0
Saint Kitts and Nevis	556	2	27	22	21	12	12	80	0	0	0	0	732
Saint Lucia	71	12	9	32	4	4	10	30	2	0	0	0	175
Saint Vincent	63	15	5	2	1	10	1	1	0	0	0	0	98
Suriname	17	40	110	37	5	60	0	35	10	0	0	0	322
Trinidad and Tobago	2,392	3,556	3,549	2,660	441	386	2,170	511	141	9	0	0	15,804
Turks and Caicos	100	6	2	0	0	0	0	2	8	0	0	0	116
British Virgin Islands	6	0	0	0	0	0	168	90	0	9	0	0	264
U.S. Virgin Islands	0	0	0	0	0	0	0	21	0	0	0	0	21
Cuba	3,287	3,315	2,674	3,312	858	121	12	12	17	12	2	0	13,123
Dominican Republic	2,960	4,429	4,417	501	499	692	1,505	3,477	7,512	7,650	4,637	3	36,282
Haiti	869	1,681	2,111	269	3,120	235	580	1,414	0	0	0	0	10,289
Puerto Rico	0	0	0	0	0	0	0	0	0	0	0	12	12
Mexico	3,368	5,158	23,926	9,824	2,776	3,915	20,381	68,782	5,077	533	169	101	143,910
Bermuda	0	0	0	0	0	0	0	1	2	0	0	0	3
Canada	934	4,078	2,816	15,136	2,385	611	11,145	1,033	6,364	2,901	187	503	48,293
United States of America	0	0	0	0	0	0	0	27,672	9,461	2,231	312	895	43,571
Argentina	7,106	32,751	9,240	6,448	6,890	4,836	4,009	1,967	62,093	20,551	5,040	65	160,304
Chile	6,752	4,785	17,101	12,563	2,623	45,879	13,088	1,950	2,898	397	1	0	106,265
Paraguay	1,259	979	666	610	1,762	755	350	1,396	471	864	2,066	122	11,280
Uruguay	18	353	160	198	1,198	76	20	110	2,048	187	16	0	4,367
Total	136,928	209,182	196,928	221,367	166,163	139,483	138,369	218,327	158,185	100,043	96,259	2,600	1,683,934

This impressive, rapid reduction in the disease burden resulting from increased coverage with the measles vaccine and its massive utilization has paved the way for the decision to eliminate indigenous transmission of measles the American Hemisphere by the year 2000.

In keeping with this, on 29 September 1994 the XXIV Meeting of the Pan American Sanitary Conference approved Resolution XVI setting the target of elimination of indigenous transmission of measles in the Americas by the year 2000.

PAHO has emphasized that activities related to the eradication of diseases preventable by immunization must be considered within the context of the national immunization programs.

immunization must be considered within the context of the national immunization programs.

4. PROJECT GOAL

Therefore, the proposed Plan of Action has as it goal:

a) To promote the overall development of the Expanded Program on Immunization in the Region, to speed up the attainment of its objectives.

5. PROJECT PURPOSE

a) To eliminate indigenous transmission of measles in the American Region by the year 2000.

6. PROJECT OUTPUTS

The expected outputs for the project are:

6.1 Elimination of the indigenous transmission of measles by the year 2000.

6.2 Increase EPI vaccine coverage (DPT/Measles/OPV/BCG) to 95% in children < 1 year of age.

6.3 Catch-up campaign carried out in selected countries which have built up a large group of susceptible capable of sustaining measles transmission.

6.4 80% of women, in child bearing age living in high risks areas, will have been vaccinated with 2 doses of T.T. vaccine.

6.5 All countries will incorporate the weekly routine surveillance of fever and rash illnesses from at least 50% of all health establishments into their disease surveillance system.

6.6 Computerized Rash and Fever Illness surveillance software installed all countries for collecting, and analyzing suspect measles cases.

6.7 All countries will develop annual country work plans which show the cost of the different EPI activities by type of cost and source of funding.

6.8 Updated norms and manuals which reflect the development of new vaccine technologies and improved methods for disease control.

6.9 Regional laboratory network for supporting the processing of samples for measles diagnosis.

6.10 Laboratory training manual and trained staff at Regional laboratory network in the latest techniques for measles diagnostics.

6.11 Information exchange meetings of EPI managers: a minimum of 24 sub-Regional meetings and 6 Regional Meetings during the life of the project.

7. STRATEGIES AND TECHNICAL COMPONENTS

The primary prerequisite to achieve the stated objectives will be the level of national political commitment, as expressed by:

*Approval of the Plan of Action by the Directing Council of PAHO;

*Availability and allocation of national resources for the effort.

*Legislative action by member countries, whenever necessary; and,

*Availability of international resources to support the regional and national initiatives.

In order to meet the goal of elimination of indigenous transmission of measles in the Americas by the year 2000, it will be necessary to intensify all components of the EPI strategies presently being implemented and to adapt many of the EPI approaches. Other essential elements are coordination of international agencies at the Regional and country levels, and availability of sufficient funds from both national and international sources to cover all activities related to this goal.

The key strategies to be adopted in this effort are:

1. Mobilization of national resources supported by international resources where necessary;

2. Achievement and maintenance of vaccine coverage of greater than 95% of the target population in every district of each country and catch-up of older age groups of susceptible in countries that build up a cohort of susceptible;

3. Catch-up campaign carried out in selected countries which have built up a large group of susceptible, since 1994, capable of sustaining measles transmission.

4. To expand the Regional surveillance system that was put in place for polio eradication, to include surveillance of fever and rash illnesses at regional and national levels, so that all suspected cases of measles are immediately investigated and appropriate control measures to stop transmission are rapidly implemented.

5. Laboratory diagnostic services available to all countries, to permit laboratory studies of all reported cases of febrile rash illness that are suspected of being measles;

6. Information dissemination within countries and throughout the Region;

7. Identification of research needs with subsequent funding for execution;

8. Development of a certification protocol to declare the countries and the Region free of indigenous transmission of measles ; and

9. Reduce missed opportunities in all countries that can provide DPT(1) to 90% of the target population but experience drop-out factor of 15% or more.

10. Evaluation of all on going program activities.

For each of the key strategies, a series of technical components/activities are recommended to ensure their success.

8. PROJECT ACTIVITIES

8.1 Mobilization of Country Resources

Recognizing the limited resources available within the Ministries of Health in many of the countries, it will be crucial to concentrate efforts on the mobilization of all country resources to complement those available.

To this end, inter-sectorial coordination and NGO collaboration will be essential to estimate the potential of existing resources and to mobilize the necessary additional resources. The education and agriculture sectors, social security and other organizations will be essential elements in this endeavor.

Finally, communities and community groups will be called on to collaborate and add their resources and talents towards the achievement of the objective. Private voluntary organizations, NGOs, religious groups, and mass media organizations will also be tapped to assist in promotional activities, distribution of supplies and personnel and participation in vaccination activities. Cooperative strategies will be developed for combined actions of several countries and technical cooperation between countries for purposes of planning, implementation and evaluation of programs, particularly in the areas of outbreak investigation and control, as well as laboratory support.

8.2 Immunization Activities

The first essential requirement of the strategy will be to achieve and maintain an immunization coverage among children of at least 95% with potent measles vaccine in every district of every country. Given that all countries have already implemented the mass vaccination with measles vaccine of all children between 9 months and 14 years of age, it is recommended that the age for primary vaccination be at 12 months of age, therefore the primary target age group will be children 12-15 months of age.

The second essential requirement of the strategy will be the identification of all districts with immunization coverage of less than 60% with the EPI antigens. These districts will be labeled as "high risk" districts and will be targeted in the National Work Plan for receiving additional resources.

The third essential requirement is to reduce missed opportunities to vaccinate children when they visit a health establishment for other health care purposes. Countries which can not achieve 90% percent coverage in the target population by 1998, will be ask to evaluate the districts which account for large proportion of the missed opportunities and develop the necessary interventions to correct the problems.

Because many of the cases are now occurring in school age children, countries will be urged to pass legislation making complete vaccination with DPT, Polio and Measles vaccines mandatory vaccination for school entry.

In addition, to the routine vaccination of children, there will be special activities directed at interruption of transmission of measles virus through the achievement of vaccination of 95% of the susceptible population. Therefore, "Catch Up " campaigns may be necessary in selected countries in order to not only prevent an explosive outbreak but also to prevent measles transmission from continuing.

During 1991- 1994, the catchup stage of vaccination activities (vaccination of identified susceptible) all individuals less than fifteen years old were vaccinated. Recognizing that in the early years of EPI activities there may have been deficiencies in the cold chain and also recognizing that there may have been diagnostic errors, all individuals in this age group were vaccinated, irrespective of their vaccination history or reported history of measles infection in prior years.

The success of this strategy required intensive planning of the logistics of both supply and demand. The use of the mass media and professional advertising firms to sell the concept of "measles elimination" and vaccination of older individuals was encouraged. Mobilization of all resources, both intra- and extra-sectorial, and participation of non-governmental sectors in these efforts were essential for success. It is expected that these innovations will be continued with immediate concentration of efforts on the routine vaccination of the childhood population.

8.2.1 Vaccination Tactics

The vaccination tactics recommended to maintain high level of vaccination coverage in all children that complete 12 months of age in every district of every country will vary depending upon each country's level of existing vaccination coverage and health infrastructure.

National immunization days, to be held at least twice a year, will be recommended for countries in which their established health system does not reach all its population. Their success will require intensive planning of the logistics of both supply and demand. The use of the mass media and professional advertising firms to sell the concept of vaccination will be encouraged. Mobilization of all resources, both intra- and extra-sectorial, and participation of non-governmental sectors in these efforts will be essential for success. This tactic should be viewed as an ad hoc measure, to be gradually replaced by regular immunization services performed routinely by health services.

Advantage should be taken of the national immunization days to administer DPT and polio vaccines, as well as Tetanus Toxoid for women of childbearing age in the areas at risk for neonatal tetanus.

As the measles vaccine is not 100% efficacious, even with a very high level of coverage there will be a build up of susceptible in the new cohorts of children, which could fuel an outbreak should the measles virus be introduced. It will be therefore necessary to implement periodic campaigns targeted at eliminating this pool of susceptible. The periodicity and target age group for these periodic "catch-up" campaigns will be determined by epidemiological and coverage data.

8.3 Logistical support

All countries should ensure that the vaccines used in the program meet WHO requirements. Vaccine distribution will be a key component of immunization activities. Efficient distribution systems will be essential to ensure that vaccines are available at the delivery points on the scheduled days. To assist countries in the management of their stocks of vaccines and cold chain equipment, PAHO will introduce warehouse management software to those countries that have problems in managing their stocks of vaccine, supplies, and cold chain equipment and will have requested PAHO's assistance in this matter.

To guarantee that immunization activities will not be interrupted, a stockpile of vaccines will be maintained at the Regional level for use in case of emergency. Manufacturers will be requested to have 10 million doses on hand for emergency use t all times. PAHO will oversee the inventory of these emergency stocks and allocate distribution when needed. Countries are expected to order vaccine supplies as needed on a routine basis, either through the PAHO Revolving Fund for Vaccine Procurement or their own purchasing mechanisms.

PAHO will provide technical cooperation and will also use project funds to provide temporary consultants for assisting countries in identifying equipment needs for solving cold chain deficiencies. As each country prepares its National Work Plan, these cold chain deficiencies and needs will be identified in them. Cooperation from donor agencies should include the procurement and maintenance of necessary cold chain equipment. To address the recognized problems with cold chain equipment maintenance, countries will be encouraged to design cold chain systems that rely upon low-maintenance equipment.

8.4 Training

There will be a major emphasis on training personnel in the additional components of program operations critical for success. To assist in this endeavor, PAHO will ensure that the field guide on the technical basis of measles elimination is broadly available in all member countries. This field guide will serve as a prototype for countries to produce country-specific field guides adapted to local circumstances. PAHO will use project funds to provide temporary technical assistance to the countries for the adaptation of the field guide and for its production and distribution, as well as for the planning and execution of training courses as needed.

As new cold chain technologies become available, such as vaccine heat indicators that will permit that vaccines are taken out of the cold chain and transported without ice until used, PAHO will project funds to prepare materials for training health care workers in the use of these technologies in order to assure that vaccines remain potent.

8.5 Social Mobilization

In many of the countries, measles is still considered to be a normal childhood occurrence and when the diagnosis is suspected by the mother, the child is kept at home, without seeking the assistance of the health sector. In order to stimulate reporting of the disease, education of the population with respect to the importance of the health sector knowing the existence of measles as soon as possible will be a primary goal. The mass media will be used for this purpose. Families, neighbors and school teachers will be encouraged to report suspected cases to the health sector as early as possible. PAHO, therefore, will use project funds to develop prototype public service announcements, as well as written materials for distribution to the countries for them to adapt or use.

PAHO will also collaborate with all institution in the health sector and with NGOs in all countries to prepare local health education materials and to involve NGOs in social mobilization activities. PAHO will also work with local NGOs in each country to determine the different methods that the community can be mobilized to support disease surveillance and improve preventative health education messages regarding childhood immunizations.

8.6 Epidemiological Surveillance and Outbreak Control

In view of the relatively small number of cases being reported annually in the Region, it is urged that every suspected case be investigated. This is one of the most critical components of the elimination effort. Case and outbreak investigation should be carried out according to the definitions set out in the field guide referred to in section 2.2.4. For operational purposes, the following provisional definitions are proposed:

-Suspected measles case: Any illness with a rash and fever.

-Probable measles case:

a) Generalized macular-papular rash of 2-3 days duration.
b) Fever (101°F).
c) One of the following: cough, coryza or conjunctivitis.

-Confirmed measles case:

Meets the case definition and is epidemiologically linked to another confirmed or probable case or is serologically confirmed.

Confirmed cases will also be classified as indigenous or imported. In the situation of imported cases, cases will be further identified by generation following importation.

8.6.1 Case identification and reporting

Surveillance will be both active and passive. All potential sources of notification of suspected cases of measles in the countries will be contacted and incorporated in the surveillance activities. Weekly calls to all outpatient facilities that might see acute cases should be considered as part of the surveillance mechanism. The types of facilities to be called include: all acute care hospitals (public and private, general and specialized) and outpatient units at the facilities. Once suspected cases are identified, thorough community investigations for additional cases and routes of transmission will be conducted. Each country will telex/fax to PAHO weekly reports of probable and confirmed cases of measles.

Proper containment actions should be taken to prevent spread of measles in the event of a probable case or cases occurring. This will require the immunization or contacts within the population. In addition, a geographical area around the case or cases should be demarcated and containment vaccination performed among the identified target age group. Even those with documentary proof of immunization or history of measles in the past should not be excluded from containment vaccination. The area for containment activities should be determined by an experienced epidemiologist or health worker with a view of preventing the disease from further spread to other communities. It must be borne in mind that some children in the containment area could be incubating the disease during the containment vaccination. A health education message will have to be built into the containment action to make it clear that children immunized during the incubation period will not be protected from measles so that the health workers do not lose credibility.

In the event of an outbreak, defined as one or more probable or confirmed cases, all countries in the subregion will be notified immediately through telex from PAHO/Washington, so that traveller's advisories

can be issued.

PAHO will use project funds to contract international expert personnel are available to help strengthen epidemiological surveillance in the subregion. These personnel will be made available to assist countries in developing or improving surveillance activities in all countries, and to review case records of other diseases included in the differential diagnosis of measles, such as dengue, rubella and roseola.

Another key element in the reinforcement of measles surveillance will be to include key private sector medical doctors. They are often one of the first health related authorities to see a possible case of measles. This is important, as the private sector is a significant provider of health care in many countries of the Region. Therefore, obtaining their participation will be essential. The project will use meeting and direct mailing for contacting and informing them. To determine the best methods for incorporating the private medical doctors, PAHO will use project funds to conduct operational research on incorporating the private sector in public surveillance activities.

Laboratory surveillance of febrile rash illnesses will be a critical activity. PAHO personnel will be available to assist in confirming the validity of the reports. These personnel will also be available to assist in performing evaluations of facilities that are likely to see measles cases, following up reported febrile rash illnesses to ensure the appropriate collection of specimens for laboratory studies, and instituting the reward mechanism for cases found.

In countries where transmission appears to have been interrupted, monetary rewards may be offered to individuals finding a case of measles. PAHO personnel will be available to assist in confirming the validity of the reports. These personnel will also be available to assist in performing evaluations of facilities that are likely to see measles cases, following up diagnosed cases of measles and instituting the reward mechanism for cases found.

8.6.2 Outbreak investigation and control;

The good foundation of a proper surveillance system is the immediate investigation of suspect measles cases. This is one of the most critical components of the elimination effort, and for this purpose adequate means of communication and transport facilities will be provided for logistical support as subsistence allowance. Detailed standardized case investigation forms will be designed and implemented. For operational purposes, the definition of an outbreak is the occurrence of one probable or confirmed case of measles. Upon identification of a probable or confirmed case, the Ministry of Health should make an official announcement alerting all health personnel and the general population to the situation in order to increase public awareness of the need for immunization, and the need to report all suspected cases promptly. PAHO should also be notified immediately.

Once a case is identified prompt control action is needed which requires administrative decentralization of the decision-making process and of the monies. The project will provide at country level the funding necessary to carry out those activities in the most timely manner.

PAHO will offer technical assistance and when necessary use project funds to offer assistance in case investigation and outbreak control by providing investigation teams which will be mobilized within 24 to 48 hours of notification or a case to participate in the investigation of the outbreak, the search for additional (secondary) cases, and implementation of control measures. Thorough investigations into the source of the cases will be conducted.

Adequate stocks of Measles vaccine must be available to the countries to mount control measures immediately. The control measures will aim to provide Measles vaccine to all persons defined as at risk. Due to the rapid and extensive transmission of the measles virus, immunization is recommended not just of the surrounding neighborhood, but also of a wider area. In some of the smaller island countries, country-wide vaccination efforts may be indicated.

Part of outbreak investigation and control will be the rapid identification of measles virus in the community. Upon identification of a probable case, specimens will immediately be collected and sent to the nearest laboratory for serologic studies. In addition, the probable epidemiological classification of the case (indigenous vs. imported) will be determined within 24-48 hours of notification. Measles elimination related surveillance activities will be tagged onto the ongoing acute flaccid paralysis surveillance activities in each of the countries in the Region.

Reports on all outbreaks and case importations will be published and disseminated. When intra-regional importation has occurred, the country of origin of the case will be notified and an investigation team will be available to assist in the investigation.

8.7 Laboratory Support

8.7.1 Support to surveillance activities

A major component of surveillance activities will be laboratory confirmation of probable cases of measles. All probable cases will have specimens collected for serological studies. A Regional network of 7 to 8 laboratories will be created to work in close collaboration and participation with the national laboratories in the serological studies and testing of suspected measles cases. The Regional network of labs will monitor the quality of the work performed by the national laboratory in each country through proficiency testing. The close involvement of the laboratories in the epidemiological evaluation process is imperative. If clinically and epidemiologically compatible cases of measles are identified but serologic studies are either negative or inconclusive, original specimens will be sent to reference laboratories for further study.

8.7.2 Laboratory evaluations;

All countries should have access to laboratory facilities for measles serology studies. PAHO will use project funds to provide laboratory access to all countries for processing of specimens. The project will support a team of internationally recognized virologists who will work under the auspices of PAHO, with the identified laboratories in the Region to ensure standardization of the serological work conducted. Studies on the best serologic tests to be used for confirmation of the acute infection will be conducted by PAHO with project funds. Ideally, Elisa IgM studies will be the most cost effective studies for use as they may permit confirmation of recent measles infection with a single serum specimen taken two weeks following onset of the rash. This process is now being implemented in several of the laboratories of the network.

However, it is critical that a simplified serological test that can be used in the field be developed immediately to facilitate surveillance activities. PAHO will use project funds to support research institutions that are working towards the development of such simplified test.

8.7.3 Development of Regional Laboratory Network:

In keeping with the general PAHO policy of developing networks of national institutions for technical cooperation among developing countries, the Regional laboratory network created for the polio eradication effort will be strengthened to address the issues related to measles diagnosis. This will involve strengthening the necessary logistics system for both the transport of specimens and the distribution of necessary supplies such as reagents.

Therefore, PAHO will use project funds to provide a continual supply of standardized reagents for the serologic studies. The CDC in Atlanta and LCDC in Ottawa will be requested to assist in the strengthening of the laboratory network and to certify laboratories as reference centers.

For countries without laboratories, reference laboratories will be identified for their assistance. The reference laboratories will assist countries to develop in-country virology support. The reference laboratories will confirm the results of the country laboratories. A regional laboratory supervisory system, using project funds, will guarantee consistent, high quality testing and reliability of results.

As part of the development of the laboratory network, a manual will be produced covering: tests to be performed on all suspected cases, testing procedures, appropriate specimens, methods of collection of specimens, shipping procedures, handling of specimens, quality control procedures, data collection and data processing. This manual will be ready by July 1995 and will be distributed to all participating laboratories.

Almost all countries will require that their national staff in their laboratories be trained in measles diagnostic testing. With project funds, PAHO will address these training needs at the various levels through the development of a workshop for participating laboratory personnel in the network. The first course will be held by August 1995.

In addition, to the laboratory studies related to surveillance, there is a need to develop further laboratory support for potency testing of vaccines. This activity will be designated to the Vaccine Quality Control network laboratories designated by the Regional System for Vaccines (SIREVA), which will be used as reference centers for testing of vaccine potency.

8.8 Information Dissemination

8.8.1 Publications

At the Regional and sub-Regional levels, the PAHO EPI Newsletter and the CAREC Surveillance Report will contain a section on measles in all issues. This section will include information on the current epidemiology of measles in the Region; the number of cases reported in the interval since the previous issue, by week of reporting and by country; individual case studies of outbreaks and investigations; issues related to the elimination effort; and topics of interest in measles research. The section on measles activities in the CAREC Surveillance Report will be distributed monthly. It is expected that EPI Newsletter circulation will increase so that all health facilities in the sub-Region will receive copies. Information should also be disseminated through other PAHO publications.

In addition, to the reports on measles activity contained in the EPI Newsletter and CAREC Surveillance Report, the weekly measles report bulletin prepared by PAHO Washington will be widely distributed to all countries in the Region.

Countries will be encouraged to include a section on measles in their national epidemiological bulletin, with distribution to all health care workers in the network.

Both Periodic reviews of the literature on measles and advancements in the field of vaccinology, including the introduction of new vaccines, will be collected, and classified for distribution by PAHO the Region, including NGOs that are collaborating with the EPI.

PAHO will use project funds for implementing a Regional computerized information system regarding the tracking of rash and fever cases in each country. This information system will permit both PAHO and each country collects standardized case information for determining not only the existence of measles but also for evaluating the quality of the surveillance in each country. PAHO will evaluate on a county by country basis the training and hardware requirements.

8.8.2 Information exchange meetings

An essential ingredient in the polio eradication effort from the Western Hemisphere, were the meetings of the EPI program managers. These meetings, sub-Regional and Regional, served as a forum for mutual assistance and information dissemination. As is in the polio eradication effort, these meetings will be decisive in maintaining momentum and facilitating communication in the Region, as well as served as a forum for inter-agency coordination within the Region.

Therefore, the project will continue these meetings of EPI managers for Latin American and English speaking Caribbean countries and will be held as often as necessary to discuss progress made and problems encountered. The meetings will consist of country presentations, discussions related to issues raised during the country presentations, and presentations of updates in the field of immunizations. Attending the meetings will be technical experts to aid in the resolution of problems encountered. NGOs will also be invited to participate at these meetings. Outputs of the meetings will include recommendations of the working groups to the countries on strategies to resolve the problems encountered. Findings and recommendations of the meetings will be published and disseminated in the Region.

8.9 Identification of Research Needs

8.9.1 Advisory group review

Recognizing that questions remain to be addressed in the field of measles elimination, both in technical and operational areas, support for research will be provided. Research needs identified by the EPI Technical Advisory Group (TAG) will be implemented within the first two years of the project. It is also recognized that questions will continue to arise as some problems are solved ant others appear in their place. Participation in addressing research needs will be encouraged by all member nations.

The Technical Advisory Group (See section 3.2) will review ongoing activities and identify areas for research. This will include identification of funding sources for grants, review of protocols and review of research results. The mechanism to initiate research once areas have been identified will be facilitated by PAHO.

8.9.2 Possible areas for research

Some of the issues to be addressed immediately include:

-identification of additional target populations for catchup vaccination after the "measles mass elimination campaigns";

-strategies and tactics to achieve optimal coverage during routine vaccination activities;

-reasons for dropouts from vaccination programs and strategies to reduce dropouts (dropouts defined as those children who have had contact with the health sector for one or more doses of vaccine but have not completed the full recommended series);

-optimal surveillance techniques to detect all potential cases;

-reasons for non-reporting among private sector physicians;

-strategies to get the population to report suspected cases to the health sector when medical care is not sought;

-simpler diagnostic methods (such as the IgM Elisa allowing confirmation from a single rather than paired specimen); and

-improved inoculation procedures and equipment for injectable vaccine.

8.10 Evaluation and Certification Procedures

8.10.1 Evaluation

Recognizing the critical nature of evaluation for monitoring success and detecting and resolving problems, there will be a continued emphasis on the EPI evaluation component. The project will carry out a mid-term evaluation in at least one country in each of the sub-Regions in the Western Hemisphere (Andean, Southern Cone, Central America and either Mexico and/or Brazil. International observers will participate in all country evaluations and reports of findings will be widely distributed.

Because of the difficulties inherent in routine information systems, coverage surveys may be performed in some of the countries. Included in the coverage surveys will be questions on reasons for compliance and non-compliance. Knowledge, attitude and practice (KAP) studies related to measles disease and prevention will be part of these studies. Results of these surveys will be used as a basis for modifications of strategies to optimize the efficacy of interventions.

The project will evaluate the laboratory network in each country periodically, at a minimum of every 24 months, to guarantee that the high level of support needed is met. Part of the laboratory evaluation process will include a retesting of original specimens by the reference laboratories, as well as reference specimens sent by the reference laboratories to the country laboratories for testing. The project will send experts to visit both reference and country laboratories as needed or when a certain problem has been identified.

8.10.2 Certification Criteria

The certification of elimination of indigenous transmission of measles from the Americas will be accomplished when the following conditions have been met: (1) Three years have elapsed without identification of any indigenous cases of measles in the Region, in the presence of adequate surveillance; (2) Extensive case search by international investigation team does not identify any indigenous cases having onset in the three years preceding the visit; and (3) In the case of an importation, there are no secondary cases identified within one month of the date of onset of the illness in the imported case.

Using project funds, an international certification commission will review criteria for certification based on findings of studies conducted and the need to include other criteria to detect the measles virus. PAHO will begin planning for the Certification Commission in 1997 and will begin holding meetings in 1998. Vaccination activities should continue until such time as global eradication is achieved.

9. PROJECT LOG FRAME AND INDICATORS.

Appendix VI presents the objectively verifiable indicators and their means of verification.

10. ORGANIZATION AND ADMINISTRATION

10.1 Country Level

10.1.2 National Work Plans and ICC

Each country is strongly urged to include activities related to measles elimination in their overall National Work Plan for the EPI and to sign a letter of agreement with PAHO and other collaborating agencies. As part of this process, all countries will continue to use the Inter-Agency Coordinating Committee (ICC) as the mechanism for coordination of in-puts and program activities.

As each donor agency has its own mandate, the presence of their representatives will ensure that the individual mandates are met and thereby avoid the all too common duplication of efforts that have occurred when there are independent project designs.

The National Work Plans will identify the roles of all of the participating agencies in the country's effort. In the agreement, the National Work Plans should identify additional cooperation needed from PAHO and other participating agencies. All participating agencies in a given country should sign the agreement.

At the time of preparation of the national work plans, participation of other international agencies will be encouraged to ensure the necessary level of donor coordination. In addition, technical cooperation will be provided for the drafting of country work plans. Full inventories of existing resources will be made, with identification of needs to be complemented in order to maximize inputs into the program activities.

All resources necessary to achieve the goal of elimination will be identified in the National Work Plans, with high priority given to the acquisition of these resources.

Those countries that will require long-term technical advisors should approve their placement in the agreement and commit to a prioritization of the effort in terms of resource allocation for supporting the

National Work Plan. The long-term technical advisors (previously deployed for the polio eradication effort) will continue to support the counties in the preparation of the National Work Plans.

It is critical that seed funding be available at the time of design of the plans of action and signing of agreements.

10.1.3 Organization of National EPI

The National EPI unit will: oversee the elimination activities at all levels; ensure that coordination with laboratories is a high priority, that training needs are identified, and that courses addressing these needs are organized. This office will serve as the focal point for identification of all external cooperation and coordination of extra-sectorial assistance.

A member of the central level National EPI unit will be appointed responsible for the national measles elimination activity. This individual, supervised by the EPI country program manager (or may be the same individual), will have full responsibility for all components of the measles elimination efforts, drawing upon resources made available to the EPI unit.

Within each country, all activities in the elimination effort should be under the guidance of the national EPI office to strengthen implementation of the activities and facilitate achievement of the overall EPI objectives. This office will oversee the elimination activities at all levels; ensure that coordination with laboratories is a high priority, that training needs are identified, ant that courses addressing these needs are organized. This office will serve as the focal point for identification of all external cooperation and coordination of extra-sectorial assistance.

10.2 External - International Participation

To assist in the guidance of the activities of the elimination effort the EPI Technical Advisory Group (TAG) originally formed with the initiation of polio eradication activities in the Region of the Americas, composed of experts in the field of immunizations, will assume the role of guidance of activities in the sub-Region. The TAG is presently composed of a core of six individuals, and will call on additional experts as needed to address special problem areas. The recommendations for vaccination activities will be reviewed on an annual basis. The TAG will assist in the identification of research needs and oversee the progress of the studies under way, review protocols and results. The TAG will review progress and problems encountered in the measles elimination effort at its regular meetings. Recommendations of the TAG will be published and distributed throughout the Region.

To ensure the Regional coordination of all international agency inputs, EPI Interagency Coordinating Committee (ICC) with representation from all of the international agencies collaborating with the effort(e.g. Spain, CARICOM, UNICEF, Rotary, USAID, IDB, World Bank, CIDA and the Task Force for Child Survival and Development) will follow up the elimination effort. Any additional agencies (such as the French, Swedish, Danish and Dutch cooperation agencies as well as the European Economic Community [EEC], JICA, and the Office for Development Assistance [ODA] of Great Britain), may provide assistance to the effort and will be included in the ICC.

The ICC will secure interagency participation in each country for the planning stage in order to guarantee the coordination of donor inputs into the countries. This Coordinating Committee was created for polio eradication activities and was instrumental in coordinating previous TAG recommended activities in each country. The ICC will assume the additional task of coordinating efforts towards the achievement of the goal of measles elimination.

The Regional ICC will meet as frequently as necessary (quarterly or semi-annually or annually) to review progress and the needs for additional assistance. The first meeting of the ICC that will address issues related to measles elimination will be held by May 1995 to review the Regional Plan of Action and identify the types of assistance each of the agencies can provide in the effort. The PAHO EPI program office serves as the Secretary to both the TAG and the ICC.

As a further step to ensure the coordination of interagency assistance, a letter of agreement between the international agencies and PAHO should be signed after discussion of the Plan of Action. This agreement will define the roles of each participating agency. This pre-identification of each agency's role will greatly facilitate the necessary response when additional needs are required for a country.

10.3 Internal - PAHO

The Regional EPI office will coordinate all activities related to the measles elimination effort. All reports and requests from the field for assistance will go through the EPI office, which will in turn coordinate assistance as needed from other units within PAHO. This is critical to ensure a consistent, coordinated effort in the Regional activities.

Technical cooperation in all areas of program operations will be available through PAHO and its member countries. The project will provide assistance of expert consultants from outside the organization, as needs arise. The assistance required may include epidemiologists, virologists, laboratory technicians, cold chain specialists, mass media experts in health education and economists.

10.3.1 Personnel for Technical Assistance

At the sub-regional level (inter-country), seven epidemiologist post are available (of which five are already available and funded by PAHO, and two to be funded by this ptoject. They serve as technical advisors on an international basis and provide support and supervisory assistance to national country personnel. They assist and cooperate in assessing needs for special intervention in the countries under their jurisdiction; train personnel at all levels; procure vaccines; in design of cold chain systems; preparation of manual for improving supervisory and surveillance system; and in general provide direct technical cooperation when needed. It is planned that the EPI epidemiologists/technical advisors presently posted at inter-country level will also be responsible for several countries from their "base" country and serve as technical advisors on an international basis. They will assist and cooperate in assessing needs for special interventions in the countries under their jurisdiction, and provide direct technical cooperation when needed.

The inter-country level personnel will work closely with counterparts in the MOH in the planning and implementation of the elimination effort activities. A major objective of the advisors will be the strengthening of the surveillance activities in the countries.

In addition, to the inter-country level personnel, there is a need for additional support personnel available to the EPI program office at the central level. This will include support of virologists (with extensive laboratory skills) to assist in the development of the laboratory network in the Region (including training, supervision, supplies and quality control). One additional epidemiologists is also needed to assist in the coordination of activities related to epidemiological surveillance, outbreak investigation, immunization strategy design, and provision of supervisory assistance to the inter-country advisors. They will be based in the EPI Unit in Washington D.C.

The anticipated increase in data collection and processing and the development of a comperturized surveillance system will require a computer programmer.

Complementing the country and sub-regional level personnel, additional support personnel will be available to the EPI program office at the Regional level supported by PAHO/WHO.

The project financed administrative officer will assist in the planning, management and implementation of the project, including its budgetary and financial aspects.

The project will also fund the placement of 11 country epidemiologists/technical advisors (generally a host country national) in selected countries to assist the national program manager with planning and implementation of the country Work Plan and activities. These full time persons are responsible for all surveillance activities of the program, case investigation and outbreak control activities, training of national staff in all aspects of EPI, and "mop-up" activities in those districts where measles transmission is detected. Figure 1 (page 24) and Annex I provide the details on personnel assignments and requirements.

11 PROJECT IMPLEMENTATION

11.1 Management Structure

The overall Regional implementation, monitoring, and logistical support to the project will be managed and provided by PAHO/EPI staff, both central level and inter-country staff. For this purpose the project will enable the continuation of two inter-country technical advisors, as well as the continued two administrative/epidemiological posts at the central level for meeting the increased administrative demands expected from this country. PAHO will also provide increased technical support for developing the regional network of laboratory and another epidemiologist for supporting field activities in the countries.

To guide the implementation of the project and assist PAHO in the management of the project, PAHO will convene meetings of national immunization program managers for reviewing progress being made and to ensure that critical activities which necessary for assuring that the goal is met are included in their yearly National Work Plans. At these meetings PAHO will provide technical assistance to countries which request it.

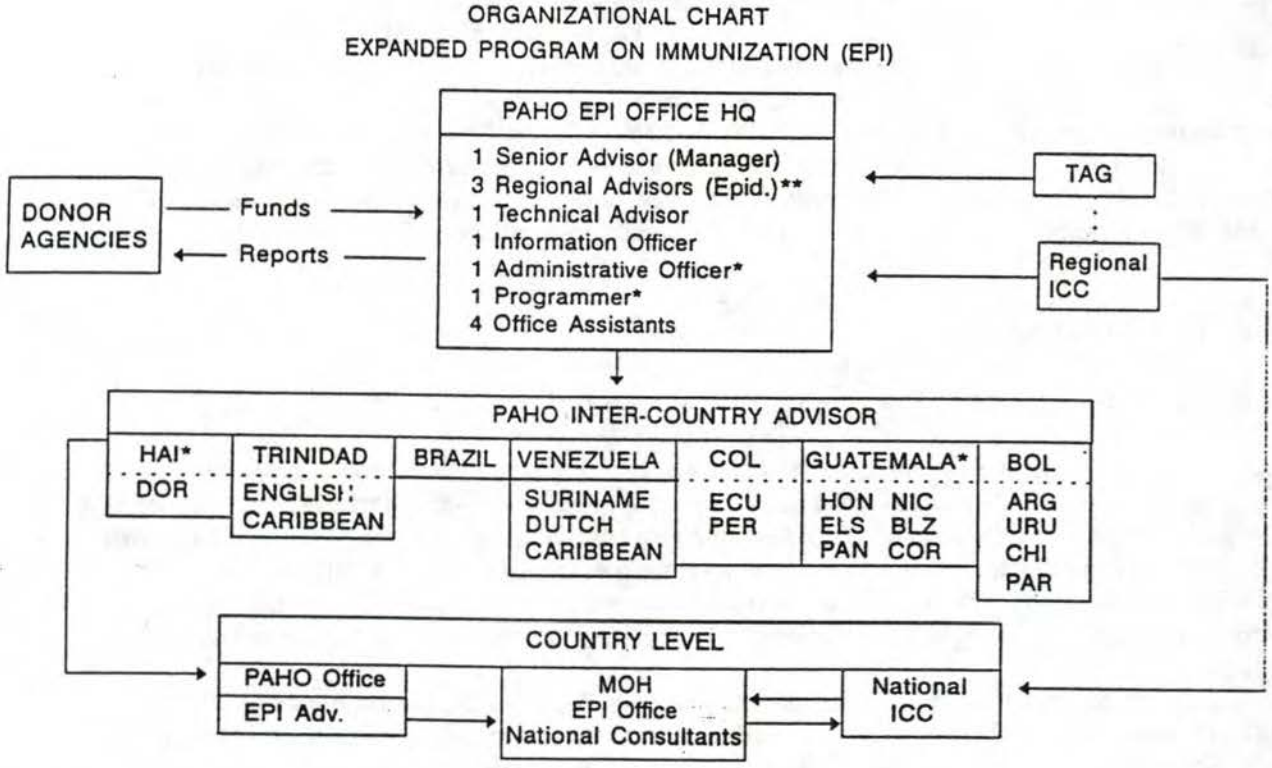
Figure 1 contains an overview of the relationships among PAHO, potential donor(s) and organizational elements of the project. The elements are:

- PAHO's EPI Office in Washington, D.C., to coordinate and manage the program region-wide.
- A Technical Advisory Group.
- An Inter-Agency Coordinating Committee representing donors.
- National EPI offices in the Ministries of Health.
- Donor-Washington Office
- Country Offices
- PAHO Inter-Country Advisors
- PAHO Country Advisors
- Other Donors - Country level

PAHO serves as the Secretariat for both ICC and TAG Committees.

PAHO serves as the Secretariat for both ICC and TAG Committees.

Figure 1



* Project Funded
** 2 Project funded

11.2 Coordination

Success of this effort depends upon the participation of every country in the Region and coordination is a key element of the project. Activities at the international, national, and regional levels will be undertaken throughout the life of the project as follows:

PAHO/Washington, D.C.

The regional PAHO/EPI office will coordinate all activities related to the eradication effort. All reports and requests for assistance from the field will go through the EPI office, which will in turn coordinate assistance as needed from other units within PAHO. This is critical to ensure a consistent, coordinated effort in the regional activities.

Technical cooperation in all areas of program operations will be available through PAHO to its Member Countries.

Assistance of expert consultants from outside the Organization will be coordinated by PAHO and provided as needs arise.

12. FUNDING AND FINANCIAL COMPONENTS

12.1 Levels of Funding

In order to meet the objective of measles elimination by the year 2000, it is expected that approximately US$46,000,000 million of extra-budgetary resources will be needed to support national programs. These resources should be managed by PAHO for the regional coordination of the initiative. Approximately US$9,500,000 is the cost of extra vaccine and syringes and needles needed for implementation of catch-up vaccination campaigns. This component is expected to be made available either by the countries themselves of by UNICEF.

Another US$7,000,000 will be made available by PAHO/WHO from regular sources for supporting personnel and other program activities. Therefore, the total cost of the project is estimated to be US$53,000,000. (See Appendix IV).

PROJECTED PLAN OF ACTION REQUIREMENTS
TO BE FULFILLED THROUGH INTERNATIONAL COOPERATION, 1996-2000
(Not including US$7,000,000 from PAHO)

Component	Total US$
Personnel	7,750,000
Documentation and Information	1,500,000
Vaccine and syringes	9,500,000
Meetings	1,650,000
Laboratories	2,500,000
Surveillance/Supervision	6,000,000
Social Mobilization/Promotion	4,000,000
Training	2,000,000
Cold Chain/Logistics	2,500,000
Evaluations	1,600,000
Research	2,000,000
Contingency Funds	5,000,000
Total	$46,000,000

A more detailed cost breakdown and preliminary financial analysis are presented in Appendices II, III AND IV.

When individual country plans are designed, an economist should participate in costing the program. Cost figures will be identified and will include salaries for additional personnel, transportation costs (including airfares), per diem costs, expected expenditures for investigation of identified suspected cases, vehicles, gasoline, vaccine, cold chain equipment, and laboratory development costs (including costs for reagents, transportation and shipping of specimens). All recurrent and capital expenditures should be taken into account in the program design. Budgets will also include the cost of media time and production of educational materials.

PAHO will coordinate with all participating agencies to procure the necessary funding to guarantee the achievement of this goal, and could serve as the coordinating agency for all of the financial assistance provided to the effort. It is expected that by the time of the Directing Council Meeting in September 1995, commitments to cover estimated needs for at least the first three years of the program will already be identified.

It is important to assure that funds which are committed are allocated and available in a short time to permit rapid implementation of the targeted activities.

APPENDIX I

PROPOSED SUB-REGIONALIZATION FOR MEASLES
ELIMINATION EFFORT AND LOCATION OF SUBREGIONAL ADVISORS

Location of Advisor	Countries in Subregion
Guatemala	Guatemala El Salvador Nicaragua Panama Honduras Costa Rica
Venezuela	Dutch Caribbean Suriname
Haiti	Haiti Dominican Republic
Colombia	Colombia Ecuador Peru
Bolivia	Bolivia Argentina Chile
Brazil	Brazil Uruguay Paraguay
Trinidad and Tobago	English-speaking Caribbean

Appendix II

COST COMPONENTS, 1996-2000 (Not including US$7,000,000 from PAHO)

Additional Personnel to be hired by PAHO		$7,750,000
11 National Consultants, local contracts ($30,000/year x 5 years) =	$1,650,000	
4 Inter-country Epidemiologists x 5 years =	$3,100,000	
1 Project Administrator and 1 Programmer =	$ 875,000	
Short term consultants ($8,500/month x 250 months) =	$2,125,000	
Documentation and Information		1,500,000
Vaccine and Syringes		$9,500,000
Meetings		$1,650,000
SUB-REGIONAL – 4/Year x 5 years =	$1,000,000	
TAG -- 1 meeting/year x 5 years =	$ 600,000	
ICC -- (Interagency Coordinating Committee)=	$ 50,000	
Laboratories		$2,500,000
Viral diagnostic labs (9 x $50,000 x 5)	$2,250,000	
Diagnostic kits (10,000 kits x $5 x 5)	$ 250,000	
Surveillance/Supervision (travel and per diem)		$6,000,000
Social Mobilization/Promotion (media time. radio, TV, press)	$4,000,000	
Training		$2,000,000
Cold Chain/Logistics		$2,500,000
Evaluations		$1,600,000
Research		$2,000,000
Contingency Funds		$5,000,000
GRAND TOTAL		$46,000,000

Appendix III External Costs by components and by year, 1996-2000. (In thousands)

BUDGET ITEM	YEAR					
PERSONNEL	1996	1997	1998	1999	2000	TOTAL
EPIDEMIOLOGIST- WASHINGTON D.C. (2)	291.8	302.0	313.0	327.2	346.0	1,580.0
EPIDEMIOLOGIST- BOLIVIA (1)	138.2	137.5	142.5	149.0	157.8	725.0
EPIDEMIOLOGIST- HAITI (1)	151.3	150.5	156.4	163.0	173.0	795.0
PROJECT ADMINISTRATOR- WASHINGTON D.C.	91.5	93.4	96.8	101.2	107.1	490.0
PROGRAMMER- Washington D.C.,	71.5	73.5	76.3	79.5	84.2	385.0
11 NATIONAL CONSULTANTS	330.0	330.0	330.0	330.0	330.0	1,650.0
SHORT TERM CONSULTANTS	425.0	425.0	425.0	425.0	425.0	2,125.0
SUB-TOTAL	1,499.3	1,512.2	1,540.0	1,575.4	1,623.1	7,750.0
Documentation/Information	300.0	300.0	300.0	300.0	300.0	1,500.0
Meetings:						1.650.0
TAG (1 x $120.0 x 5)	120.0	120.0	120.0	120.0	120.0	600.0
Sub-Regional (4 x $50.0 x 5)	200.0	200.0	200.0	200.0	200.0	1,000.0
ICC (1 x $10.0 x 5)	10.0	10.0	10.0	10.0	10.0	50.0
Laboratories/Diagnostics						2,500.0
Virology Labs (9 x $50.0 x 5)	450.0	450.0	450.0	450.0	450.0	2,250.0
Diagnostics (10.0 KITS)	50.0	50.0	50.0	50.0	50.0	250.0
Social Mobilization/Promotion	800.0	800.0	800.0	800.0	800.0	4,000.0
Surveillance/Supervision	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	6,000.0
Training	400.0	400.0	400.0	400.0	400.0	2,000.0
Cold Chain/Logistics	500.0	500.0	500.0	500.0	500.0	2,500.0
Evaluations	320.0	320.0	320.0	320.0	320.0	1,600.0
Research	400.0	400.0	400.0	400.0	400.0	2,000.0
Vaccines	2,000.0		2,000.0		2,0000	6,000.0
Syringes/Needles	1,170.0		1,170.0		1,160.0	3,500.0
Contingency	1000.0	1000.0	1000..0	1000 .0	1000.0	5,000.0
GRAND TOTAL	10,419.3	7,262.2	10,460.0	7,325.4	10,533.1	46,000.0

Appendix IV

Total external required contributions which would be needed to implement the Plan of Action. 1996 - 2000. (In thousands)

(Including PAHO and OTHER Potential Sources)

YEAR	PAHO	OTHER SOURCES	TOTAL
1996	$1,200.0	$10,419.3	$11,619.3
1997	$1,300.0	$ 7,262.2	$ 8,562.2
1998	$1,400.0	$10,460.0	$11,860.0
1999	$1,500.0	$ 7,325.4	$ 8,825.4
2000	$1,600.0	$10,533.1	$12,133.1
TOTAL	$7,000.0*	$46,000.0	$53,000.0

* Includes funding of permanent posts and other operational costs.

APPENDIX V

TERMS OF REFERENCE OF PAHO EPI TECHNICAL ADVISORY GROUP (TAG)

1. According to the Plan of Action for the eradication of indigenous transmission of wild poliovirus from the Americas by 1990, a Technical Advisory Group (TAG) should be formed in 1985 to help the PAHO Secretariat with its implementation.

2. To accomplish the above, an outstanding group of consultants was be appointed by the Director in 1985, to advise PAHO on the acceleration of the Expanded Program on Immunization in the Americas and on the efforts to eradicate the indigenous transmission of wild poliovirus from the Region by 1990.

   The Technical Advisory Group is composed of six individuals and are assisted by additional consultants and/or study panels for any specific purposes they may require.

3. The Technical Advisory Group:

   a) Advise the PAHO Secretariat with respect to program priorities of the program;

   b) Advise and guide the PAHO Secretariat concerning the optimal strategies and tactics to reach the overall goals of the EPI and the maintenance of polio free status in the Americas;

   c) Monitor the implementation of the Regional Plan of Action to accomplish the above-stated goals;

   d) Promote understanding and support for the program goals among technical institutions and bilateral, multilateral and private agencies, as well as political leaders; and

   e) Participate in missions at country level for program reviews and meetings

4. Members of the Technical Advisory Group are appointed by the Director for a period of one year, with extensions to be arranged at his discretion.

5. At least one member of the TAG should also be a member of the GPV Scientific Advisory Group of Experts (SAGE). At least one member of the TAG should also participate in meetings with other agencies and organizations to assure proper coordination and exchange of information.

6. TAG meetings will be convened as required, usually once a year, and a report on each meeting will be prepared and circulated as appropriate.

APPENDIX VI

PROJECT LOGFRAME AND INDICATORS

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Project Title: Accelerated Immunization Project, Phase III

Life of Project:
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1/30/95

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The Broader objective to which this project contributes To reduce morbidity and mortality among children and women of childbearing ages from immunopreventable diseases and eliminate indigenous transmission of measles by the year 2000.	Measures of Goal Achievement: Mortality Reduction 1990 / 2000 Measles 1.0 / 0.0 Neonatal tetanus 0.5 / 0 Pertussis 1.0 / 0.5 Polio 0 / 0 Morbidity Reduction Measles 60.0 / 0.0 Neonatal 0.5 / 0 Pertussis 50.0 / 20.0 Polio 0 / 0	Country MOH reports to PAHO Country MOH reports to PAHO	Assumptions for achieving goal targets: 1. There are an estimated 5,000 deaths due to Measles, 5,000 due to Pertussis and 5,000 due to Neonatal Tetanus per year in Latin America. 2. CFR for Measles 4% and Pertussis 3%. 3. There are an estimated 100,000 cases of Measles, 200,000 cases of Pertussis 5,000 cases of Neonatal Tetanus occurring every year in Latin America.

Note: Mortality:
Measles, Pertussis and Polio: Deaths per 100,000 population
Neonatal Tetanus: Deaths per 1,000 live births
Morbidity:
Measles, Pertussis and Polio: Cases per 100,000 population
Neonatal Tetanus: Cases per 1,000 live births.
No measles cases in the English-speaking Caribbean by 1995.

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Project Title: Accelerated Immunization Project, Phase III

Life of Project:
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1/30/95

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The Broader objective to which this project contributes	**Measures of Goal Achievement:**		**Assumptions for achieving goal targets:**
<u>Sub-Goal</u> To increase coverage with all EPI antigens.	**Coverage of each EPI antigen (DPT, Polio, Measles, BCG) increase from 80% in 1995 to 95% in 2000, among children under one year of age in all LAC countries.**	Country MOH reports to PAHO Coverage surveys (if undertaken)	1993 Coverage (children < 1 year old) DPT(3) 80% Polio(3) 87% Measles(1) 85% BCG(1) 93%
	Women in childbearing years in high risk areas with 2 dose of TT increases from 50% in 1990 to 80% in 1995,	ditto	

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Project Title: Accelerated Immunization Project, Phase III

Life of Project:
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1/30/95

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS Conditions that will indicate purpose has been achieved: End-of-Project status.	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Purpose:			Assumptions for achieving purpose:
- improving geographic access to immunization services	In 75% or more "municipios" DPT1 or OPV1 will increase to 95% by 2000.	Country MOH reports to PAHO Coverage surveys where conducted	1. Vaccinations will be reported by dose and district in children under one year of age and women of childbearing age.
Expand rash/fever surveillance system to include 50% of all health establishments in the Region.	Number of health units reporting cases of rash/fever including negative notification.	Weekly reports from MOH to PAHO.	2. Currently PAHO receives 21,500 reports weekly on the occurrence of AFP.

NOTE: The following is the level of missed opportunities for those countries that have conducted studies: Bolivia 32%, Colombia 73%, Ecuador 34%, El Salvador 45%, Guatemala 51%, Honduras 45%, Mexico 40%, Nicaragua 66%, Peru 48%, Paraguay 67% and Venezuela 52%.

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Life of Project::
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1.30.95

Project Title: Accelerated Immunization Project, Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs:	Magnitude of Outputs:		Assumptions for achieving outputs:
Improved norms, training, and supervision of measles and neonatal tetanus immunizations, and for avoiding missed opportunities.	All countries have updated field guides or manuals with improved norms on measles and neonatal tetanus elimination and control and for avoiding missed opportunities.	F.eld guides or manuals updated as needed.	ICC will meet regularly and monitor country work plans.
	All annual country plans show use of new manuals for training and supervision.	Country Annual Work Plans.	
	All ICCs monitor implementation of training and supervision with new manuals as planned.	ICC minutes.	

PROJECT LOG FRAME:
VERIFIABLE INDICATORS

Life of Project:
From FY 1995 to 2000
Total U.S. Funding $20.000.000
Date Prepared: 1/30/95

Project Title: Accelerated Immunization Project, Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Outputs:	Magnitude of Outputs:		Assumptions for achieving outputs:
Improved targeting of immunization program resources.	All country Annual Work Plans show that districts which have lower than average Coverage or higher disease incidence will receive a proper and fair share of the resources, not necessarily proportional to the size of their population but proportional to the size of the problem.	Country Annual Work Plans and ICC monitoring of expenditures.	1. Countries will report vaccinations by age group, dose and district. 2. Surveillance will be decentralized to district level. 3. MOHs and ICC members will release periodic reports on disbursements.
Immunization Program is sustained.	National funds cover an increased proportion of recurrent costs of immunization programs in all countries in 1995 compared to 1990.	Country Annual Work Plans and ICC monitoring of expenditures	
	The number and variety of national organizations participating in ICCs meetings increases.	ICC minutes	
	The number of ICCs adopting and maintaining financial monitoring of Annual Plans increases.	ICC minutes	
	The number of ICCs increases with: - published schedules - open agendas - consultation on new actions - minutes published	ICC records	

Reported Cases of Selected Diseases

Number of reported cases of measles, poliomyelitis, tetanus, diphtheria, and whooping cough, from 1 January 1995 to date of last report, and the same epidemiological period in 1994, by country.

Subregion and country	Date of last Report	Measles				Poliomyelitis		Tetanus				Diphtheria		Whooping Cough	
		Reported		Confirmed				Non Neonatal		Neonatal					
		1995	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995	1994
LATIN AMERICA															
Bolivia	22 Jul.	23	577	0	577	0	0	...	...	11	...	4	...	30	...
Colombia	15 Jul.	2 358	538	148	68	0	0	...	...	...	...	...	...	...	...
Ecuador	08 Jul.	679	830	...	380	0	0	...	..	28	13	124	165	133	148
Peru	22 Jul.	145	272	...	272	0	0	27	13	25	10	1	1	340	118
Venezuela	08 Jul.	398	10 812	28	10 812	0	0	...	...	8	3	0	0	128	346
Southern Cone															
Argentina	01 Apr.	57	88	8	88	0	0	16	6	5	9	3	3	702	439
Chile	22 Jul.	152	83	0	0	0	0	...	1	...	0	...	0	...	20
Paraguay	22 Jul.	31	52	3	52	0	0	...	19	...	8	...	1	...	26
Uruguay	07 Jan.	...	...	...	...	0	0	...	2	...	0	...	0	...	3
Brazil	22 Jul.	1 209	428	1	428	0	0	...	180	...	28	...	47	...	431
Central America															
Belize	22 Jul.	6	27	0	0	0	0	...	...	...	...	...	...	...	...
Costa Rica	22 Jul.	249	171	18	0	0	0	...	...	...	...	...	...	...	...
El Salvador	22 Jul.	200	7 913	0	0	0	0	3	...	3	...	0	...	4	...
Guatemala	08 Jul.	35	227	25	204	0	0	...	...	...	6	...	...	...	33
Honduras	22 Jul.	17	15	1	1	0	0	7	8	2	5	0	0	0	2
Nicaragua	22 Jul.	119	638	7	1	0	0	2	...	2	...	0	...	3	...
Panama	22 Jul.	73	21	3	2	0	0	0	1	0	2	0	0	3	48
Mexico	22 Jul.	629	758	17	103	0	0	0	64	0	39	0	0	0	115
Latin Caribbean															
Cuba	22 Jul.	42	0	0	0	0	0	...	2	...	0	...	0	...	0
Haiti	07 Jan.	...	...	...	...	0	0	...	...	...	...	...	...	...	...
Dominican Republic	22 Jul.	30	296	0	296	0	0	...	...	...	4	...	1	...	8
CARIBBEAN															
Antigua & Barbuda	22 Jul.	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Bahamas	22 Jul.	5	6	0	0	0	0	0	0	0	0	0	0	0	0
Barbados	22 Jul.	11	28	0	0	0	0	0	0	0	0	0	0	0	0
Dominica	22 Jul.	20	5	0	0	0	0	...	...	...	...	...	...	...	...
Grenada	22 Jul.	3	16	0	0	0	0	...	...	...	...	...	...	...	...
Guyana	22 Jul.	15	5	0	0	0	0	...	...	...	...	...	...	...	...
Jamaica	22 Jul.	116	49	0	0	0	0	...	...	...	...	...	...	...	...
St. Kitts/Nevis	22 Jul.	1	3	0	0	0	0	...	...	...	...	...	...	...	...
St. Vincent	22 Jul.	0	2	0	0	0	0	...	...	...	...	...	...	...	...
Saint Lucia	22 Jul.	7	16	0	0	0	0	...	...	...	...	...	...	...	...
Suriname	22 Jul.	5	11	0	0	0	0	...	...	...	...	...	...	...	...
Trinidad & Tobago	22 Jul.	36	16	0	0	0	0	0	0	0	0	0	0	0	1
NORTH AMERICA															
Canada	22 Jul.	1708	185	1 708	185	0	0	...	1	...	...	1	0	459	1 878
United States	22 Jul.	215	701	215	701	0	0	4	21	...	...	0	0	625	1 703

... Data not available.

Q and A: Maternal Mortality Reduction in the Americas

Q: What is the maternal mortality situation in the Americas?

A: Maternal mortality continues to be a critical problem in the Americas. Data from 24 countries in a 1995 survey conducted by PAHO, indicates that five countries in the Americas (Bolivia, Guatemala, Haiti, Honduras and Peru) have very high maternal mortality rates (above 150 maternal deaths per 100,000 live births). In addition, the majority of the countries in the region (Brazil, Colombia Ecuador, El Salvador, Jamaica, Nicaragua, Panama, Paraguay Dominican Republic, Trinidad and Tobago and Venezuela) reported high maternal mortality rates (between 50 and 149 maternal deaths per 100,000 live births). Argentina, Costa Rica, Cuba, Chile, Mexico and Uruguay have medium level mortality rates (between 20 and 49 maternal deaths per 100,000 live births). Only two countries (Canada and the United States) reported levels qualified as low (below 20 maternal deaths per 100,000 live births). Indigenous women, women in rural areas, and young women and adolescents are particularly at risk.

Q: What are the main causes of maternal mortality?

A: Routine surveillance of maternal mortality and its causes are poor and need strengthening throughout Latin America and the Caribbean (LAC). Analysis of survey data shows that abortion, hemorrhage and hypertension continue to be the principal causes of maternal deaths. Abortion was the primary cause of maternal death in Argentina, Cuba, Chile, Panama, Paraguay and Trinidad and Tobago. Available data show 30% of the motality from abortion in LAC ocurs in women 24 years old and younger. Hemorrhage was the main cause of maternal death in Bolivia, Costa Rica, El Salvador, United States, Guatemala, Honduras, Mexico, Nicaragua and Peru. Hypertension was the main cause in Brazil, Colombia, Ecuador, Haiti, Dominican Republic and Venezuela. The real number of abortions is unknown because of its illegal character and accompanying penalties.

Q: What is being done to address this serious health problem?

A: The Ministers of Health of the Americas approved a Regional Plan for Maternal Mortality Reduction in the Americas in 1990. There has been some progress, but no significant improvement. At the Miami Symposium, there was an agreement to draw attention to the problems of maternal mortality because of its strong linkage to the wellbeing of women and children. In April 1995, a Scientific and Technical Committee met to review the preliminary report on the evaluation of the regional Plan of Action, to review the progress made in 22 countries of the hemisphere and to make

recommendations to improve attainment of the targets and objectives of the Plan. The results of this review will be presented in Paraguay in October.

USAID intends to provide $2.5 million over the next five years to work with PAHO on establishing and implementing high standards of quality care for obstetrical emergencies in the hemisphere. In addition, USAID supports country-specific efforts to expand maternal health coverage including family planning and STD services, strengthen early detection of obstetrical problems, and strengthen referral systems.

Q and A: Partnership for Education Revitalization in the Americas (PERA)

Q: What is the PERA Project?

A: PERA stands for the Partnership for Education Revitalization in the Americas. The purpose of the PERA Project is to establish a sustainable hemispheric partnership to promote the adoption and implementation of more effective education policies.

Q: Why is the PERA Project being developed at this time?

A: The PERA project is a direct result of the Summit of the Americas initiative and it is a waxing issue on the hemispheric agenda. The education goal of the Summit of the Americas agreed to by all the Heads of State in the hemisphere was "universal access to education at all levels, without discrimination by race, national origin or gender." The Declaration of Principles (plan of action) of the Summit of the Americas further committed the nations of the region to "create a hemispheric partnership...to provide a consultative forum for governments, non-governmental actors, the business community, donors and international organizations to reform educational policies and focus resources more efficiently." Moreover, education reform is an important and timely issue on the hemispheric agenda with several countries, including Colombia, Chile, Mexico, Brazil, and Costa Rica, experimenting with various policy options.

Q: How will PERA work?

A: As a consultative forum led by an advisory committee made up of regional education leaders from governments, NGOs, the business sector and international donors and organizations, PERA will showcase current educational efforts and innovations in the hemisphere and will focus its efforts on improving the quality, efficiency, and equity of basic education. The project will focus on identifying, showcasing, sharing and replicating exemplary education practices and innovations from the hemisphere. Probable areas the project will address, at least at first, include: improving school quality, educational finance, girls' and women's education, decentralizing the management of schools and evaluating school performance.

Q: **What is the U.S. role in the PERA Project?**

A: USAID is providing $ 3.75 million over five years to establish the consultative forum. This is a portion of the estimated costs of the project and other donors and LAC countries have shown interest in, and are expected to contribute resources to the effort.

Q: **Who will manage the project?**

A: The project will be managed by an advisory committee made up of key education leaders and organizations (IDB, World Bank, OAS) in the hemisphere and it will emphasize participatory implementation of the project with other LAC countries.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

PRESS RELEASE

WASHINGTON, DC 20523

THE NEW USAID PRESS OFFICE

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For Immediate Release:
Tuesday, October 17, 1995

Contact: Russell Porter or Jay Byrne
(202) 647-4274

Hemispheric Partnership Aimed at Educational Reform Announced by Hillary Clinton

First Lady Hillary Rodham Clinton, in an address at the Fifth Conference of Spouses of Heads of State and Governments of the Americas, today unveiled the Partnership for Education Revitalization in the Americas (PERA) establishing a regional partnership to promote effective education policies in the Western Hemisphere. The conference being held in Ascuncion, Paraguay, is a follow-up to the Symposium on Children held during the Summit of the Americas.

The national leaders at the Summit of the Americas last December agreed that solving the region's educational problems requires Latin American and Caribbean governments to place education at the top of their policy agendas. The project launched today will create a network for nongovernmental organizations, the business community, governments, the World Bank, the OAS, and the Inter-American Development Bank (IDB) to work in concert to reform overall education policies and best utilize scarce education resources. The goal is to transform educational systems so that they provide universal access for children to develop the skills required by modern labor markets to foster social mobility, promote equity, and reinforce democratic governments.

USAID will provide $3.75 million over the next five years to establish this ongoing forum so countries can continue to share the best practical initiatives started in other countries. Some of the priority areas to be first addressed, include:

- **Improve school quality** -- Attract a better-trained teaching core, provide more textbooks and teaching materials, and educational technology.

- **Strengthen Girls' and women's education** -- Although girls in most LAC countries have access to education at the primary school level, girls tend to be treated inequitably in the classroom. Textbooks and materials need to be more gender-neutral, and teachers need to develop a classroom atmosphere more supportive of girls.

- **Decentralize school management** -- Several countries, including Argentina, Mexico, Colombia and Chile, are experimenting with plans to decentralize school management and shift responsibility to the municipal level. Typically these efforts include establishing advisory boards and incorporating key groups like parents and employers in policy decisions.

(MORE)

- **Establish school performance systems** -- Governments will need to establish information systems to monitor school inputs, output, and the quality of teaching so that students, teachers, administrators, parents, and employers can identify effective reforms.

- **Set minimum levels of achievement.** Governments need to track educational progress by measuring what students learn in school rather than enrollment or graduation rates. Several LAC countries, including Mexico, Chile and Costa Rica are already experimenting with such examinations at the primary level.

By creating a system in which governments can learn from the successes and failures of others, each country and the region as a whole will achieve a better overall education structure.

PERA will function to pool the resources of each country to help identify, showcase and replicate the educational successes. Other international donors will also assist in providing the tools and necessary resources so other education systems can duplicate those programs.

-- 30 --

INTER-AMERICAN DIALOGUE
POLICY BRIEF

August 1994

AN AGENDA FOR EDUCATIONAL REFORM IN LATIN AMERICA AND THE CARIBBEAN

by Jeffrey M. Puryear and José Joaquín Brunner

The authors point out the disparity between the new economic and political models being applied in Latin America and the Caribbean and prevailing systems of education, which have remained fundamentally unchanged since the 1960s. They outline the principal failings of the education sector in most countries of the region, stress the need for fundamental, systemic reform, and present a series of policy options.

FOREWORD

EDUCATION REFORM IS A WAXING ISSUE on the hemispheric agenda. With the dramatic shift in most of the region toward open economies and democratic governance, countries are increasingly concluding that success in world trade and political stability depends more on human resources than on natural resources. Less widely understood, however, are the failings of existing school systems, and the policy options that countries face as they attempt to devise a new approach to educational development. In an effort to address the need for change, the Inter-American Dialogue is establishing, in collaboration with the Corporation for Development Research (CINDE) in Santiago, Chile, a special Task Force on Education, Equity and Economic Competitiveness in the Americas, charged with developing a broader and more active constituency for education reform regionwide.

This policy brief provides an overview of the growing debate on educational reform in Latin America and the Caribbean. It seeks to identify some of the principle problems and most promising avenues for reform emerging from the efforts of researchers, policymakers and practitioners. Two volumes exploring some of these issues in greater detail and presenting eight country-specific case studies have just been published by the Organization of American States. Over the next two years, the Dialogue's Task Force hopes to work with teams of opinion leaders in at least six countries to develop a broad, national debate on educational reform and make policy recommendations.

Inter-American Dialogue
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We are grateful to the Canadian International Development Research Centre, the United States Agency for International Development, and the Swedish International Development Agency for their support for our project on educational reform. We hope this policy brief will contribute usefully to policy discussions, and look forward to your comments.

PETER HAKIM
PRESIDENT, INTER-AMERICAN DIALOGUE

An Agenda for Educational Reform in Latin America and the Caribbean

by Jeffrey M. Puryear and José Joaquín Brunner

Nothing is more important to Latin America and the Caribbean's future economic and social development than the education of its youth.

The countries of Latin America and the Caribbean reached the limits of one model of economic development in the early 1980s, and are shifting rapidly to another. The old model, in place for over three decades, was based on industrial protectionism, foreign borrowing, the exploitation of natural resources, and domestic budget deficits. The new model is based on opening national economies to international competition, foreign investment, technological innovation, and macroeconomic equilibria. Democratic governance has spread throughout much of the region, and public administration is rapidly being decentralized. Overall, Latin America and the Caribbean is steadily integrating itself into a new world economic and political order, while it builds closer ties with the United States.

The emerging model of development has brought with it new demands on citizen and state alike. Open economies integrated into the global system require an internationally competitive labor force with an emphasis on science and technology. The return of democratic governance has caused citizens to pressure governments for new services, and governments to require that citizens be more informed and responsible. The decentralization of public administration is placing a new emphasis on citizen participation, autonomy and responsibility in provincial and municipal settings.

These changes have required that Latin American and Caribbean educational systems train students for jobs in an internationally competitive economy, foster technological change, expand social opportunities and prepare people for democratic citizenship. Nowhere in Latin America and the Caribbean are these demands being met. While more children than ever attend school, the quality and value of the education they receive is inadequate in most countries of the region. Only half the students who begin primary schooling complete it. Secondary schools fail to provide the skills necessary for economic competition or modern citizenship. Education systems are unresponsive to those they should serve and are resistant to change. New strategies for educational development and transformation are needed.

Key Problems

Finance.

The financial crisis that gripped Latin America throughout the 1980s caused public spending on education to decline by 30 percent in real terms between 1980 and 1985. Although spending has recovered somewhat since, per capita expenditures in 1989 were still below 1980 levels and represented just one-tenth those of industrialized countries. Economic downturn also diminished the ability of parents to provide the material conditions necessary for children to take advantage of the public education available. These declines have generated rising rates of failure, repetition and dropout at the primary level (chiefly among the rural and urban poor), and a decrease overall in the quality of public education.

Insufficient quality.

The emphasis placed on expanding enrollments has meant less attention to the processes and results of schooling, and has failed to produce adequate levels of quality. Funds that could have been used to improve education for those already enrolled, by providing laboratories, textbooks or teacher training, have been spent instead on additional classrooms, administrators and poorly paid teachers. Latin America and the Caribbean has higher repetition rates than any other region of the world. Nearly a third of all primary students repeats a grade each year. The cost of teaching these repeaters has been estimated at US$4.2 billion annually. Only half the students who begin primary schooling will complete the cycle. Students tend to score significantly below their peers in industrialized countries on standardized achievement tests in reading, math, and science. Many children do not achieve basic mastery of language and mathematics, secondary schools do not equip students to function effectively in modern economies, and many of the new universities are hardly more than secondary schools.

Inequity.

Although the poor are heavily concentrated in public, primary schools, public funds have been used disproportionately to expand secondary and higher education instead of reducing quality differentials at the primary level. (See box, below). Most primary school repeaters are poor. Research consistently indicates that achievement levels among primary school students from the poorest families are dramatically lower than those of middle- and upper-class children. For much of the region, good education is today still concentrated among the wealthy and upper-middle classes, and imparted through private, relatively expensive schools. The substantial public subsidies to higher education provide a particularly dramatic contrast. More than a quarter of all money spent by Latin American and Caribbean governments on education in 1989 went to higher education, up from 16 percent in 1970 and 23 percent in 1985. Yet research indicates that the wealthiest quintile of the population receives nearly half of those subsidies, while the poorest quintile receives just five percent.

Economic growth.

Schools are not providing students with the skills required by a modern, internationally competitive economy. Traditional models of educational development have been keyed more to political demands for expansion and to promoting national integration than to the demands of modern labor markets. Emphasis has been placed on expanding enrollments and on the humanistic content of education rather than on its contribution to economic growth. The model's lack of ties to the labor market—barely adequate for countries whose economies were relatively insulated from the world economic system—is inappropriate for economies

INVESTMENT CHOICES: PRIMARY SCHOOLS VS. UNIVERSITIES

Latin American and Caribbean governments have been criticized for spending disproportionately on higher education. Approximately 25 percent of public education funds go to higher education in the region, even though only 6 percent of enrollments are at that level. By way of comparison, the successful economies of East Asia have concentrated public resources on primary and secondary schools, limiting their spending on higher education to about 15 percent of the education budget, and focusing on scientific and technological subjects. Because the majority of Latin American and Caribbean students—particularly the poor—never complete primary school, and most university students come from middle- and upper-income families, large public subsidies to higher education are inherently inequitable. Moreover, most research suggests that primary and pre-school education yield higher returns per dollar than does higher education.

On the other hand, some defend disproportionate spending on higher education as essential to economic and political development. Increased investment in science and technology is necessary, they argue, for competing successfully in the global economy. Universities produce the cadres of leaders and teachers that are crucial in times of major social and political change. And some aspects of higher education, such as research, produce important social benefits that are not easily measured. The challenge, therefore, is not to reduce allocations to higher education but to target them more effectively.

This debate will not easily be resolved. Political pressure in favor of free higher education is strong, and demand for improving the quality of public primary schools is growing. Representatives from all sectors of society—business, parents, churches, political parties, and labor unions—will need to examine carefully the tradeoffs involved and explore new mechanisms for financing each level of education.

moving toward free markets and competition in the global economy.

Lack of accountability.

Education systems in Latin America and the Caribbean are characterized by centralized bureaucracies, rigid procedures, and isolation from other sectors of society. Administration has been monopolized over the past 40 years by what many call a bureaucratic machine, often too concerned with its own interests, resistant to change, and accountable to almost no one except itself. Schools do not respond sufficiently to the needs of students, parents or employers. They have failed to keep up with the changing demand for skills, and have lost their role as society's key agent of change.

Neglect of the teaching profession.

Throughout the region, teachers have low status and earn relatively low salaries. Teachers at all educational levels tend to be poorly trained (one-third lack professional certificates or degrees), and offered few incentives for professional excellence or advancement. These conditions are due in part to financial limitations. But they owe as well to an educational system that places central emphasis on expanding enrollments, with little concern for quality. The massive expansion of teaching positions over the past 40 years took place without the resources necessary to establish and maintain teaching quality. As a result, the teaching profession has steadily deteriorated. Low salaries and poor conditions have also impaired the recruitment of new teachers. Recent research suggests that those entering teacher training programs have disproportionately low levels of academic achievement.

Policy Options

Addressing these problems requires that Latin American and Caribbean governments place education at the top of their policy agendas, as crucial to success in economic development, social advance, and democracy. The goal

should be to transform educational systems so that they provide children with the skills required by modern labor markets, foster social mobility, promote equity and reinforce democratic government. Among reforms being discussed—and in some cases tested—by experts and governments throughout the region, priority should go to the following:

1. *Improving school quality.*

Governments should make improving quality their top education priority. That means attracting a better-trained teaching force, and providing more textbooks, teaching materials, and educational technology. It means as well working with teachers and school directors to introduce new teaching methods. No single combination of curriculum, materials and method is right for all groups. Rather, schools must be encouraged—and provided the funds—to experiment with new approaches and to tailor them to local needs. Mechanisms should also be developed to monitor educational quality and determine which approaches work best under different conditions.

2. *Allocating a greater proportion of education resources to primary and secondary education.*

Most of the poor, and much of tomorrow's labor force, are concentrated in public primary schools and will not advance further. A majority of those who manage to begin secondary school will not complete it. Thus the argument—on grounds of equity and of economic efficiency—in favor of concentrating public resources on primary and secondary education is strong. Yet government subsidies in most Latin American and Caribbean countries tend to favor higher education. Unit costs for higher education as a whole in 1989 were subsidized at a rate seven times higher than those for primary education. Latin America and the Caribbean's level of higher education exceeds that of all other developing regions of the world, but its level of secondary education is low when compared to developing countries more generally, and particularly when compared to Asia. Increasing the share of public funds going to primary and secondary schools will be difficult, because of the greater political clout of middle and upper income groups who benefit from the current emphasis on subsidizing higher education.

3. *Strengthening the teaching profession.*

Good teachers are fundamental to good education, and cannot develop without a strong professional framework. Governments can help most by making sure that framework is in place. They should work with teachers' unions to establish high professional standards and devise mechanisms for evaluating teacher performance. They should provide more and better in-service training. They should establish incentives for professional excellence and offer greater prestige. Finally, they should stand ready to increase salaries. Only a combination of measures aimed at fundamentally rehabilitating the profession of teacher will succeed in recruiting more talented teachers and improving the quality of teaching.

4. *Decentralizing the management of schools and involving parents, employers, and other social groups in setting policy.*

The highly centralized, bureaucratic administration of Latin American and Caribbean education systems has failed to deliver acceptable levels of quality, equity and economic efficiency. Several countries, including Colombia, Argentina, Chile and Mexico, are experimenting with schemes to decentralize school management and open it to outside influences. Typically these efforts include shifting responsibility for management to the municipal level and establishing advisory boards that incorporate important social groups such as parents and employers in policy decisions. As yet, no clear

formula for successfully doing so exists. Countries will need to work systematically to decentralize and open up the management of schools while monitoring carefully the results.

5. *Enhancing the leadership and management capabilities of school principals.*

Decentralizing the management of schools can only succeed if school principals are provided with the skills necessary to assume additional responsibility. Governments not only will have to provide appropriate training, they also will have to alter mechanisms for selecting school directors so that those chosen will possess the necessary levels of leadership and motivation. They will in addition have to establish a new structure that promotes professional excellence through appropriate incentives and standards.

6. *Setting minimum acceptable levels of competency and establishing national achievement tests to measure them.*

Governments should begin to gauge educational progress by measuring what students learn in school, rather than emphasizing how many enroll or graduate. That implies setting minimum standards of learning in such core subjects as language, mathematics, science, history, and geography, and establishing a national system of performance examinations to determine progress in meeting those goals. Several Latin American and Caribbean countries, including Mexico, Costa Rica, and Chile, are already experimenting with such examinations at the primary level.

7. *Establishing nationwide systems for evaluating the performance of schools.*

Governments should establish information systems that monitor school input and output, and the quality of teaching. The goal should be to provide students, teachers, administrators, parents, and employers with information they can use to compare the performance of institutions, and to identify effective reforms.

8. *Aligning secondary education more closely with modern labor markets and the demand for skills.*

Governments should reorganize the curriculum of secondary schools to reflect the fact that most secondary students will enter the labor market rather than go on to the university. This implies greater emphasis on the mathematics and science that are common in industrialized societies, introducing job training, providing more information about the workplace and encouraging participation by employers in devising programs. Initiatives that bring students closer to the demands of contemporary society, such as internships and reorganizing the school to give students experience with real-life activities, should be actively pursued.

9. *Establishing conditions on public support for higher education.*

If governments are to improve the quality of higher education, they will have to condition their subsidies on fundamental reforms and on progress toward reaching specific goals. They should require universities to take clear steps to improve quality by raising academic standards, attracting more qualified faculty, and strengthening libraries. They should also require more efficient administrative structures and greater private sector collaboration. Governments should particularly emphasize the establishment of national programs of accreditation that establish a basis for comparing the quality of institutions of higher education. They should also require universities to promote greater equity by charging fees to students from families who can afford them, and by establishing loan programs for students from less advantaged backgrounds.

10. *Raising expenditures on education.*

As reforms are instituted and educational quality improves, governments should increase the proportion of their GDP they spend on education. Additional government monies will be most helpful if offered as incentives for improving quality—to encourage reforms within the teaching profession, for example, or to allow schools to experiment with new kinds of organization and teaching materials. Governments should also experiment with measures that encourage greater spending by private sources. Tax codes, for example, might be altered to encourage contributions to schools by individuals and businesses.

Jeffrey M. Puryear is Project Director at the Inter-American Dialogue and served as director of the Ford Foundation's regional office for the Andean and Southern Cone Region. He received his Ph.D. in Comparative Education from the University of Chicago. José Joaquín Brunner is Senior Researcher at the Latin American Faculty of the Social Sciences (FLACSO) in Chile, and President of Chile's National Television Council. They are co-directors of the Dialogue's project on educational reform in Latin America.

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About the Inter-American Dialogue

The Inter-American Dialogue is a forum for sustained exchange among leaders of the Western Hemisphere and an independent, nonpartisan center focusing on U.S.-Latin American economic and political relations. The Dialogue is Washington's only center for policy analysis dedicated primarily to U.S.-Latin American relations, and to convening policymakers, business and financial leaders, heads of non-governmental organizations and intellectuals seeking practical responses to hemispheric problems. Founded in 1982, the Dialogue is currently co-chaired by Peter D. Bell and Javier Pérez de Cuéllar. Its president is Peter Hakim.

The Dialogue's 100 members—from the United States, Canada and twenty Latin American and Caribbean countries—include five former presidents, prominent political, business, labor, academic, media, military, and religious leaders. At periodic plenary sessions, members analyze key hemispheric issues and formulate recommendations for policy and action. The Dialogue presents its findings in comprehensive reports that are circulated throughout the hemisphere and widely regarded as balanced and authoritative. The Inter-American Dialogue's research and publications are designed to improve the quality of public debate and decision on key issues in Western Hemisphere affairs. The Dialogue emphasizes four broad themes—democratic governance, inter-American institutions, economic integration, and social equity.

The Inter-American Dialogue is funded by private foundations, international organizations, corporations, Latin American and European governments and individuals, and the sale of publications.

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Tab C

Divider Title:_____

SYMPOSIUM ON CHILDREN OF THE AMERICAS

Hosted by First Lady Hillary Rodham Clinton

Saturday, December 10, 1994

Miami, Florida

PLENARY SESSION

- Welcoming remarks by Mrs. Hillary Rodham Clinton of the United States
- Screening of a UNICEF video presentation
- Remarks by Dr. George Alleyne, Director-designate, Pan American Health Organization
- Remarks by Mrs. Hazel Manning of Trinidad and Tobago
- Remarks by Mrs. Ximena Iturralde Sanchez de Lozada of Bolivia
- Remarks by Mrs. Josette Altmann de Figueres of Costa Rica
- Closing Remarks by Mrs. Hillary Rodham Clinton of the United States
- Open Discussion
- Brief Intermission

WORKING GROUP SESSION

- The First Ladies will break into three working groups:

  1. Children's Health Issues, chaired by Mrs. Janet Jagan of Guyana

2. Children's Education Issues, chaired by Mrs. Nilda Patricia Velasco de Zedillo of Mexico

3. Challenges in Health and Education Facing Today's Adolescents, chaired by Mrs. Marta Larraechea de Frei of Chile

WORKING LUNCHEON

- Reports from the Working Group Chairs:

  --Mrs. Janet Jagan of Guyana on Children's Health Issues

  --Mrs. Nilda Patricia Velasco de Zedillo of Mexico on Children's Education

  --Mrs. Marta Larraechea de Frei of Chile on Challenges in Health and Education Facing Today's Adolescents

- Remarks by Mrs. Maria Teresa de Wasmosy of Paraguay on the next convening of the Wives of Heads of State and Governments of the Americas

- Closing remarks by Mrs. Hillary Rodham Clinton

SYMPOSIUM ON CHILDREN OF THE AMERICAS
Working Group Assignments as of 12/7/94

CHILDREN'S EDUCATION
Anastasia Room

Chair: Mrs. Zedillo of Mexico
Ms. Menem of Argentina
Mrs. Ingraham of The Bahamas
Mrs. Esquivel of Belize
Mrs. Sánchez de Lozada of Bolivia
Mrs. Figueres of Costa Rica
Ms. Chamorro of Nicaragua
Ms. Fujimori of Peru

CHILDREN'S HEALTH
Majorca Room

Chair: Mrs. Jagan of Guyana
Mrs. Flecha de Lima of Brazil
Mrs. Chrétien of Canada
Mrs. Morales of Dominican Republic
Mrs. Durán Ballén of Ecuador
Mrs. Calderón Sol of El Salvador
Mrs. De Léon of Guatemala
Mrs. Wasmosy of Paraguay

ADOLESCENT HEALTH AND EDUCATION
Marbella Room

Chair: Mrs. Frei of Chile
Mrs. Arthur of Barbados
Mrs. Samper of Colombia
Mrs. Reina of Honduras
Mrs. Pérez Balladares of Panama
Mrs. Compton of St. Lucia
Mrs. Manning of Trinidad and Tobago
Mrs. Lacalle of Uruguay

Mrs. Clinton will participate in each of the working groups.

Declaration of Principles

Summit of the Americas
Declaration of Principles

Partnership for Development and Prosperity: Democracy, Free Trade and Sustainable Development in the Americas

The elected Heads of State and Government of the Americas are committed to advance the prosperity, democratic values and institutions, and security of our Hemisphere. For the first time in history, the Americas are a community of democratic societies. Although faced with differing development challenges, the Americas are united in pursuing prosperity through open markets, hemispheric integration, and sustainable development. We are determined to consolidate and advance closer bonds of cooperation and to transform our aspirations into concrete realities.

We reiterate our firm adherence to the principles of international law and the purposes and principles enshrined in the United Nations Charter and in the Charter of the Organization of American States (OAS), including the principles of the sovereign equality of states, non-intervention, self-determination, and the peaceful resolution of disputes. We recognize the heterogeneity and diversity of our resources and cultures, just as we are convinced that we can advance our shared interests and values by building strong partnerships.

To Preserve and Strengthen the Community of Democracies of the Americas

The Charter of the OAS establishes that representative democracy is indispensable for the stability, peace and development of the region. It is the sole political system which guarantees respect for human rights and the rule of law; it safeguards cultural diversity, pluralism, respect for the rights of minorities, and peace within and among nations. Democracy is based, among other fundamentals, on free and transparent elections and includes the right of all citizens to participate in government. Democracy and development reinforce one another.

We reaffirm our commitment to preserve and strengthen our democratic systems for the benefit of all people of the Hemisphere. We will work through the appropriate bodies of the OAS to strengthen democratic institutions and promote and defend constitutional democratic rule, in accordance with the OAS Charter. We endorse OAS efforts to enhance peace and the democratic, social, and economic stability of the region.

We recognize that our people earnestly seek greater responsiveness and efficiency from our respective governments. Democracy is strengthened by the modernization of the state, including reforms that streamline operations, reduce and simplify government rules and procedures, and

undertakings of each of our nations and the subregional trade arrangements in our Hemisphere. We will build on existing subregional and bilateral arrangements in order to broaden and deepen hemispheric economic integration and to bring the agreements together.

Aware that investment is the main engine for growth in the Hemisphere, we will encourage such investment by cooperating to build more open, transparent and integrated markets. In this regard, we are committed to create strengthened mechanisms that promote and protect the flow of productive investment in the Hemisphere, and to promote the development and progressive integration of capital markets.

To advance economic integration and free trade, we will work, with cooperation and financing from the private sector and international financial institutions, to create a hemispheric infrastructure. This process requires a cooperative effort in fields such as telecommunications, energy and transportation, which will permit the efficient movement of the goods, services, capital, information and technology that are the foundations of prosperity.

We recognize that despite the substantial progress in dealing with debt problems in the Hemisphere, high foreign debt burdens still hinder the development of some of our countries.

We recognize that economic integration and the creation of a free trade area will be complex endeavors, particularly in view of the wide differences in the levels of development and size of economies existing in our Hemisphere. We will remain cognizant of these differences as we work toward economic integration in the Hemisphere. We look to our own resources, ingenuity, and individual capacities as well as to the international community to help us achieve our goals.

To Eradicate Poverty And Discrimination In Our Hemisphere

It is politically intolerable and morally unacceptable that some segments of our populations are marginalized and do not share fully in the benefits of growth. With an aim of attaining greater social justice for all our people, we pledge to work individually and collectively to improve access to quality education and primary health care and to eradicate extreme poverty and illiteracy. The fruits of democratic stability and economic growth must be accessible to all, without discrimination by race, gender, national origin or religious affiliation.

In observance of the International Decade of the World's Indigenous People, we will focus our energies on improving the exercise of democratic rights and the access to social services by indigenous people and their communities.

Aware that widely shared prosperity contributes to hemispheric stability, lasting peace and democracy, we acknowledge our common interest in creating employment opportunities that improve the incomes, wages and working conditions of all our people. We will invest in people so that individuals throughout the Hemisphere have the opportunity to realize their full potential.

and organizations in both our national and regional efforts, thus strengthening the partnership between governments and society.

* * * * *

Our thirty-four nations share a fervent commitment to democratic practices, economic integration, and social justice. Our people are better able than ever to express their aspirations and to learn from one another. The conditions for hemispheric cooperation are propitious. Therefore, on behalf of all our people, in whose name we affix our signatures to this Declaration, we seize this historic opportunity to create a Partnership for Development and Prosperity in the Americas.

Plan of Action

- Undertake initiatives to stimulate tourism in the Hemisphere.

III. ERADICATING POVERTY AND DISCRIMINATION IN OUR HEMISPHERE

Large segments of society in our Hemisphere, particularly women, minorities, the disabled, indigenous groups, refugees and displaced persons, have not been equipped to participate fully in economic life. Nearly one-half of the Hemisphere's population still lives in poverty. Expanded participation of the poor in the region's economies, access to productive resources, appropriate support for social safety nets and increased human capital investments are important mechanisms to help eradicate poverty. In pursuit of these objectives, we reaffirm our support for the strategies contained within the "Commitment on a Partnership for Development and Struggle to Overcome Extreme Poverty" adopted by the OAS General Assembly.

The World Summit for Social Development to be held in Copenhagen in March 1995, as well as the United Nations World Conference on Women in Beijing in September 1995, will provide unique opportunities to define strategies to promote social integration, productive employment and the eradication of poverty.

16. Universal Access to Education

Universal literacy and access to education at all levels, without distinction by race, national origin or gender, are an indispensable basis for sustainable social and cultural development, economic growth and democratic stability.

Governments will:

- Guarantee universal access to quality primary education, working with public and private sectors and non-governmental actors, and with the support of multinational institutions. In particular, governments will seek to attain by the year 2010 a primary completion rate of 100 per cent and a secondary enrollment rate of at least 75 per cent, and to prepare programs to eradicate illiteracy, prevent truancy and improve human resources training.

- Promote, with the support of international financial institutions and the private sector, worker professional training as well as adult education, incorporating efforts to make such education more relevant to the needs of the market and employers.

- Improve human resources training, and technical, professional and teacher training, which are vital for the enhancement of quality and equity of education within the Hemisphere.

- Increase access to and strengthen the quality of higher education and promote cooperation among such institutions in producing the scientific and technological knowledge that is necessary for sustainable development.

- Support strategies to overcome nutritional deficiencies of primary school children in order to enhance their learning ability.

- Support decentralization including assurance of adequate financing and broad participation by parents, educators, community leaders and government officials in education decision-making.

- Review existing regional and hemispheric training programs and make them more responsive to current needs.

- Create a hemispheric partnership, working through existing organizations, to provide a consultative forum for governments, non-governmental actors, the business community, donors, and international organizations to reform educational policies and focus resources more efficiently.

- Urge the March 1995 World Summit for Social Development and the September 1995 Fourth World Conference on Women to address the issue of universal access to education.

17. Equitable Access to Basic Health Services

Despite impressive gains in the Hemisphere, limitations on health services access and quality have resulted in persistently high child and maternal mortality, particularly among the rural poor and indigenous groups.

Governments will:

- Endorse the maternal and child health objectives of the 1990 World Summit for Children, the 1994 Nariño Accord and the 1994 International Conference on Population and Development, and reaffirm their commitment to reduce child mortality by one-third and maternal mortality by one-half from 1990 levels by the year 2000.

- Endorse a basic package of clinical, preventive and public health services consistent with World Health Organization, Pan American Health Organization (PAHO) and World Bank recommendations and with the Program of Action agreed to at the 1994 International Conference on Population and Development. The package will address child, maternal and reproductive health interventions, including prenatal, delivery and postnatal care, family planning information and services, and HIV/AIDS prevention, as well as immunizations and programs combating the other major causes of infant mortality. The plans and programs will be developed according to a mechanism to be decided upon by each country.

- Develop or update country action plans or programs for reforms to achieve child, maternal and reproductive health goals and ensure universal, non-discriminatory access to basic services, including health education and preventive health care programs. The plans and programs will be developed according to a mechanism to be decided upon by each country.

Reforms would encompass essential community-based services for the poor, the disabled, and indigenous groups; stronger public health infrastructure; alternative means of financing, managing and providing services; quality assurance; and greater use of non-governmental actors and organizations.

- Strengthen the existing Inter-American Network on Health Economics and Financing, which serves as an international forum for sharing technical expertise, information and experience, to focus on health reform efforts. The network gathers government officials, representatives of the private sector, non-governmental institutions and actors, donors and scholars for policy discussions, analysis, training and other activities to advance reform; strengthens national capabilities in this critical area; and fosters Hemisphere-wide cooperation.

- Convene a special meeting of hemispheric governments with interested donors and international technical agencies to be hosted by the IDB, the World Bank and PAHO to establish the framework for health reform mechanisms, to define PAHO's role in monitoring the regional implementation of country plans and programs, and to plan strengthening of the network, including the cosponsors' contributions to it.

- Take the opportunity of the annual PAHO Directing Council Meeting of Western Hemisphere Ministers of Health, with participation of the IDB and donors, to develop a program to combat endemic and communicable diseases as well as a program to prevent the spread of HIV/AIDS, and to identify sources of funding.

- Urge the March 1995 World Summit for Social Development and the September 1995 Fourth World Conference on Women to address the issue of access to health services.

18. Strengthening the Role of Women in Society

The strengthening of the role of women in society is of fundamental importance not only for their own complete fulfillment within a framework of equality and fairness, but to achieve true sustainable development. It is essential to strengthen policies and programs that improve and broaden the participation of women in all spheres of political, social, and economic life and that improve their access to the basic resources needed for the full exercise of their fundamental rights. Attending to the needs of women means, to a great extent, contributing to the reduction of poverty and social inequalities.

Governments will:

- Recognize and give full respect for all rights of women as an essential condition for their development as individuals and for the creation of a more just, united and peaceful society. For that purpose, policies to ensure that women enjoy full legal and civil rights protection will be promoted.

- Include a gender focus in development planning and cooperation projects and promote the fulfillment of women's potential, enhancing their productivity through education, training, skill development and employment.

- Promote the participation of women in the decision-making process in all spheres of political, social and economic life.

- Undertake appropriate measures to address and reduce violence against women.

- Adopt appropriate measures to improve women's ability to earn income beyond traditional occupations, achieve economic self-reliance, and ensure women's equal access to the labor market at all employment levels, the social security systems, the credit system, and the acquisition of goods and land.

- Cooperate fully with the recently-appointed Special Rapporteur on Violence Against Women, its Causes and Consequences, of the United Nations Commission on Human Rights.

- Support and actively work to secure the success of the United Nations World Conference on Women that will take place in Beijing in September 1995.

- Encourage, as appropriate, ratification and compliance with the International Convention on the Elimination of all Forms of Discrimination Against Women and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women.

- Further strengthen the Inter-American Commission on Women.

- Call upon regional and international financial and technical organizations to intensify their programs in favor of women. Encourage the adoption of follow-up procedures on the national and international measures included in this Plan of Action.

19. Encouraging Microenterprises and Small Businesses

Microenterprises and small businesses account for a large percentage of the employment of the poor, particularly women, and contribute a considerable percentage of the gross domestic product of our countries. Strengthened support for microenterprises and small businesses is a key component of sustainable and equitable development.

Governments will:

- Further pursue or initiate programs of deregulation and administrative simplification.

- Increase efforts to enable enterprises to obtain information on appropriate technologies (especially those that are environmentally sound), markets, processes, raw materials and management systems that will permit them to be more competitive in the global economy.

- Develop programs of financial deregulation to reduce costs in credit transactions and strengthen the institutional capacity of the financial sector servicing microenterprises and small businesses, and encourage the active participation by multilateral and bilateral agencies, development banks, commercial banks and other intermediary credit organizations, consistent with strict performance standards.

- Strengthen the institutions and programs that supply services and facilitate access to training and technical assistance to make possible this sector's participation in the global economy through export of its products and services.

- Encourage cooperation among businesses in this sector to enable them to benefit from the advantages of economies of scale without losing their distinctive characteristics.

- Promote the strengthening of relations among the public, private and mixed (public/private) institutions that support the microenterprise and small business sector through programs of information, training, technical assistance, financing and association-building, enabling this sector to thrive over the long term.

- Recommend to the multilateral development organizations, especially the World Bank and the IDB, the establishment or fortification of funds and other mechanisms to support microenterprises and small businesses.

20. White Helmets--Emergency and Development Corps

The "White Helmets Initiative" is based on the conviction that a concerted international effort of developing and developed countries can facilitate the eradication of poverty and strengthen the humanitarian rapid response capability of the international community to emergency humanitarian, social and developmental needs.

The countries of the Americas could pioneer this initiative through the creation of national corps of volunteers that could respond to calls from other countries in the region. These national corps could eventually be put at the disposal of the United Nations.

Governments will on a voluntary basis:

- Establish, organize and finance a corps of volunteers to work at the national level and, at the same time, be at the disposal of other countries of the Hemisphere and, eventually, the United Nations system, on a stand-by basis, for prevention, relief, rehabilitation, technical, social and development cooperation, with the aim to reduce the effects of natural disasters, social and developmental needs and emergencies.

- Through the creation of a national corps of volunteers, be responsible for the following:

- ◊ Selection and training of its national volunteer corps;

- ◊ Financing of its national corps of volunteers, encouraging the involvement of the private sector;

- ◊ Preparedness to send specialized volunteers, on short notice and at the request of the United Nations, to cope with situations generated by or to prevent the effects of natural disasters and humanitarian emergencies.

- Contribute to the formation of this corps and invite private enterprises, foundations and regional financial institutions to do so.

- Contribute to the development of an international roster of volunteers to be maintained in a master plan in the United Nations to be drawn upon to complement the activities of existing UN mechanisms. The IDB, OAS, and PAHO should be invited to participate and assist in developing this corps.

IV. GUARANTEEING SUSTAINABLE DEVELOPMENT AND CONSERVING OUR NATURAL ENVIRONMENT FOR FUTURE GENERATIONS

21. Partnership for Sustainable Energy Use*

Consistent with Agenda 21 and the Framework Convention on Climate Change, sustainable energy development and use promote economic development and address environmental concerns. Governments and the private sector should promote increased access to reliable, clean, and least cost energy services through activities and projects that meet economic, social, and environmental requirements within the context of national sustainable development goals and national legal frameworks.

Governments will:

- Pursue, in accordance with national legislation, least cost national energy strategies that consider all options, including energy efficiency, non-conventional renewable energy (i.e., solar, wind, geothermal, small hydro, and biomass), and conventional energy resources.

- Emphasize market-oriented pricing, which discourages wasteful energy use.

- Identify for priority financing and development at least one economically viable project in each of the following areas: non-conventional renewable energy, energy efficiency, and clean conventional energy.

unicef

Text of the Video prepared for
The Summit of the Americas

THE PROMISE

The Western Hemisphere is rich in its diversity, and young people are its greatest treasure. Half the population is less than 25 years old.

The Hemisphere's leaders are gathered today in Miami to forge agreements intended to make the entire region more prosperous and more democratic.

Democracy and prosperity require healthy, educated children.

So today the Hemisphere's leaders will commit their countries to action that will guarantee quality education for every child, and basic health services that will save the lives of millions of children and mothers.

This commitment reinforces a promise made at the 1990 World Summit for Children, a promise enshrined in the Convention on the Rights of the Child, a promise repeated in the 1994 Nariño Accord, when a set of goals to be reached by the middle of the decade were agreed upon.

One of those goals has already been achieved: the elimination of Polio from this hemisphere.

With sustained effort, several other goals will be reached by the end of 1995.

Most countries now regularly immunize eighty per cent or more of their children.

And measles, one of the worst child killers, is on the run. The elimination of measles from this hemisphere is now a real possibility, thanks to earlier promises that have been kept.

The Andean countries are also close to the goal of iodizing salt -- thus eliminating the greatest preventable cause of mental retardation.

Deaths from diarrhoea are plummeting. In Mexico, for example, they have been reduced by half in just four years.

Hospitals all over the hemisphere are encouraging mothers to breast feed.

Today's promises are genuine because the hemisphere is now reaching the goals it agreed upon.

Much has been done, but democracy and prosperity require more.

Too many children in the Americas go to sleep hungry, grow up in poverty, lack adequate nutrition, live on the street, homeless, and are victims of violence. Too many still die or are disabled from entirely preventable diseases. Too many still lack access to life-saving health services.

Although the Americas have high rates of school enrollment, they still lead the world in school dropouts.

Countries need to invest more in basic education, make schools more challenging, more appealing and more affordable, eliminate child labor and train young people for employment in a modem economy.

The 130 million young people of the Western Hemisphere are its future; but they are confronted with problems: the erosion of family life, child abuse and exploitation, teen pregnancy -- children having children --, sexually transmitted diseases, illegal and legal drugs, including alcohol and tobacco, and guns and violence -- now the second leading cause of death among children aged 10 to 14 in the United States.

Children throughout the hemisphere face remarkably similar problems; and every country has something to teach about how to deal with them.

Most countries of the Caribbean, just as those of the `Southern Cone,' are showing the way to basic education for all, with equal access for girls. The Andean countries can teach a great deal about bilingual education. From Canada to Chile there are rich experience to share in child care and early education.

.Using the simple remedy of oral rehydration therapy, Peru and Nicaragua have shown how communities can prevent cholera from killing children.

Colombia has developed the `kangaroo mother method', an effective, low cost way of caring for low birth weight babies.

By training seven thousand community health workers, the State of Ceará in Brazil has reduced infant mortality and malnutrition by one third in just four years.

Other countries have much to learn from Uruguay and El Salvador about child rights legislation; from the Caribbean about teen-age pregnancy; from the United States and Haiti about dealing with the AIDS epidemic; from Ecuador and Costa Rica about how young people can design programs to protect their rights.

As closer links are forged, learning and sharing -- Government to Government and people to people -- must intensify.

This Summit of the Americas shares a collective commitment which requires shared solutions.

But it also requires a personal commitment by everyone who cares for this hemisphere's children to ensure that the promise to children given today in Miami Is fulfilled.

THE DEVELOPMENT OF OUR CHILDREN
The Health and Education Dimension[1]

Sir George Alleyne[2]

Madam Chairperson, Mrs. Clinton, First Ladies of the Americas, ladies and gentlemen. First let me congratulate Mrs. Clinton, First Lady of the United States for having selected this critical issue as the topic of this special symposium and express thanks on behalf of the Pan American Health Organization for having been given the opportunity to participate in this unique event.

The expectations of this summit have been very high and the world is watching as the heads of state establish the basic principles that should forge a new future for the people of the Americas. The essence of this new future is that the social conditions should so change that our people can look forward to that security which is at the heart of human development. One of the best indicators of the brightness of that future is the well-being of our children - a well-being that allows them to exercise fully their life options. For many of our children the social conditions that surround them are issues of life or death, or even worse, they may be condemned to a something akin to a living death as they eke out an existence in circumstances that do not kill but will not support life as it should be lived.

The increasing number of high level meetings and agreements that fix the attention of our leaders on the well-being of children is a testimony to the general concern that exists. A very recent accord that invokes the name of the great Colombian patriot Antonio Nariño is a stirring call for the commitment of governments to address the health, education and civic rights of our children and provide a healthy environment - not tomorrow, but now. As a result of action on many fronts and concern by many persons, governments and agencies we have advanced, but even as we advance, the magnitude of the remaining task becomes even clearer.

I will attempt in this brief presentation to show where we are, some of the impediments to more rapid progress and what in my judgement a group like this might do to advance the cause of children.

It is one of the peculiar deficiencies of our systems that the health of our children is measured most often by the rate at which they die. In Latin America and the Caribbean 600,000 infants die each year, there are 47 infant deaths for every 1,000 live births, and for the 34 countries attending this Summit the infant-mortality rate is 33 per 1,000 live births. We often dissemble and congratulate ourselves because these rates are falling steadily - 30 years ago the rate was three times as high. But any complacency should be wiped away by the knowledge that most of these deaths are preventable. Latin American and Caribbean countries have infant death

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[1] Remarks to be given at the Summit of the Americas, Miami, Florida, 10 December 1994.

[2] Assistant Director, Director Elect of the Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization

rates that compare favorably with those of other developing countries, but perhaps this is not a good comparison. A recent publication from my Organization shows that if the current downward trends are maintained, the infant mortality rate in Latin America and the Caribbean 30 years from now will be what it was in North America in the 1950s. This is a lag time of over half a century, and the tragedy is that most of these deaths are due to lack of simple technologies that are available now but are inaccessible because of social conditions, lack of basic services and infections that can be prevented or treated.

The commonest of these infections are pneumonia and diarrhoea. In some countries as many as one quarter of the deaths of children are due to pneumonia. We estimate that last year there were some 200 million episodes of diarrhea in children and 200,000 of these children died. Acute respiratory infections and diarrhea are not peculiar to children of developing countries but they are more likely to die than their brothers and sisters in the developed world.

One of the reasons why they die is that their infections are often complicated by malnutrition. The data, imperfect as they are, show that in some countries up to one third of children below the age of 5 years are malnourished. In the majority of 14 countries surveyed recently over 20% of children were stunted and the figure was as high as 55% in one case. At least one in every five children had not reached his or her growth potential. Again we may point out improvements, and in almost every country surveyed the nutritional status of children has got better over the years. But the poorest countries have rates of childhood malnutrition that are more than ten times those for the USA and countries like Chile and Costa Rica.

Immunizations are among the most cost effective health technologies available and this hemisphere has shown some remarkable achievements in vaccinating its children. At least 80% of children are immunized against the common infections and BCG, or the vaccine against tuberculosis, is given to 93% of the children under 1 year of age. As evidence of the success of immunization, this hemisphere was the first in the world to certify that transmission of the polio virus has been interrupted, and it is a source of pride to all health workers that in the last three years no child has been afflicted with paralytic poliomyelitis. The incidence of measles is declining dramatically, and diphtheria and whooping cough are receding.

The successes against the vaccine preventable diseases lead us to ask why so many children still die. Part of the answer lies in the inadequacy of health services. A recent survey of just over 1,600 maternal and child health services in Latin America and the Caribbean showed that 80% were unsatisfactory and close to 14% were in a critically poor condition.

Inadequate services do not contribute only to the deaths of children; their mothers also die. It is nothing short of a scandal that in some of the poorest countries of our region, for every 100,000 babies born, over 300 women die of complications related to that birth. They die from the complications of abortion, from hemorrhage or from infections - all of which are eminently preventable or treatable if only the services existed. The differences between the rich and the poor are dramatized here as the maternal mortality reported for Haiti for example is some 80 times higher than that for Canada.

potential. Health and education are two of the essential contributors to, and indicators of, genuine human development. We must appreciate that these interact between themselves and power economic growth which is but another component of that human development; and the three, when linked together contribute to one of the basic principles of this summit - that of preserving and strengthening the community of democracies of the Americas.

You might usefully insist that all countries dedicate more attention to monitoring the human condition. Problems not brought to light never get addressed. Unless our countries establish systems for adequate collection and analysis of some of the basic social indicators such as those relating to health and nutrition and educational attainment, we will not make the correct diagnoses or suggest the appropriate therapies. These data must be collected and analyzed with the same zeal and enthusiasm that is dedicated to measuring the status of our nations' financial health.

You might arm yourselves to make the proper arguments both in the corridors and at the tables of power. There are very strong moral and ethical reasons for investing in health and education. Healthy well educated youth have better opportunities to exercise their life options and this is the essence of human development. Health in and of itself is a resource for our living. But be not afraid to buttress your reasoning with the arguments that show how investment in health and education can spur economic growth and equally importantly, yields social benefits by contributing to the correction of the unequal distribution of wealth in a nation. Investing in education raises the productivity and enhances the flexibility of our people in the face of changing labor market conditions, and you should also note that the returns of education investment are higher for females than for males.

You might wish to make a firm commitment to mobilize actively the key social partners in your efforts to redress the situation of children. These partners include the public sector, the private sector, the nongovernmental organizations, organized labor and the media. All can be induced to see that sheer self-interest dictates that they should join in the efforts to ensure the health and education of our children.

Finally, you must keep insisting that we must not be complacent with our rate of improvement. Edward Jenner first vaccinated a little boy against small pox in 1796 and it took nearly 200 years before this Region's children were free of that scourge. Thomas Francis first undertook massive vaccination of children against poliomyelitis in this country in 1954; 40 years later this hemisphere is free of that disease. Let us continue shortening the time between the discovery and application of the simple measures that can make our children healthy, wise and wealthy in the true sense of the word. Let us for example decide that no child should be infected with measles, and undertake to make measles vaccine available in every corner of our hemisphere. This can be a concrete contribution to the goals of this summit for reducing child mortality.

I hope your discussions go well and I know that I speak for numerous agencies and organizations that are ready willing and able to help you to make a real difference to the quality of life of the children of this hemisphere and of those who bear them.

ID: SPEECH.MIA
8 December 1994

PRESENTATION OF DR. IRENE KLINGER FROM THE PAN AMERICAN HEALTH ORGANIZATION TO THE FOURTH SUMMIT IMPLEMENTATION REVIEW GROUP (SIRG) MEETING.

(September 19, 1995)

Responding to a request from the Summit Coordination Office, and on behalf of the Director of the Pan American Health Organization, Sir George Alleyne, I am pleased to inform the members of the SIRG about the very concrete activities that PAHO has undertaken together with the countries in follow up to the Summit of the Americas with regard to the specific mandates to PAHO in implementing Iniciative 17 "Equity Access to Health Services", and Iniciative 23 "Partnership for Pollution Prevention."

PAHO as the specialized intergovernmental agency for health of the Inter-American system, and as the Regional Office for the Americas of the World Health Organization, has been honored to play an active role in supporting the countries in implementing the calls to action that came from the Summit of the Americas in December 1994.

Last June, during our Executive Committee Meeting, the Ministers of Health of the countries of the region engaged in a lengthy discussion of the Summit of the Americas (SOA) Declaration and Plan of Action, its implications for PAHO's programming and the role the governments, civil society and private sector should play to implement the agreements relating to health and environment that were made at the Summit. Thus signifying the important impact that the SOA has had in the region, having brought topics such as health sector reform, the partnership for pollution prevention, the control of diseases such as AIDS, and children's health to the forefront of policy-making agendas in the Western Hemisphere.

PAHO, following on the specific mandates of the 34 heads of states and governments of the Hemisphere, is hosting two Ministerial Level Conferences at the end of September and in early October. Similarly, we also will participate actively in the First Ladies Meeting to take place in Paraguay mid October of this year.

The **Conference on Health Sector Reform**, will be cosponsored by the Inter-American Development Bank (IDB) and the World Bank (IBRD), ECLAC, OAS, UNFPA, UNICEF, USAID ,and the Canadian Government. It will be held at PAHO Headquarters in Washington, D.C., on 29 - 30 September 1995. This Conference will focus primarily on health care financing and organization of health services.

The Conference will offer a forum to national authorities and international agencies involved in the reform processes to share their experiences. The purpose of the meeting is to establish a framework for the health sector reform processes, to define PAHO's role in monitoring them, improve interagency coordination to support these processes, and foster the strengthening of the Inter-American Health Sector Reform Network.

The Pan American Conference on Health and Environment in Sustainable Human Development cosponsored by the IDB, IBRD, OAS, UNDP, and UNEP, will take place in Washington D.C., on 1 - 3 October 1995 and constitutes another step in the continuous effort to promote the health-environment agenda in the Americas.

This Conference will be pivotal to incorporating health and environment into country development plans and policies in the hemisphere. It is expected that the Conference will result in a Pan American Charter on Health and Environment passed by consensus by all of the participating countries.

At the **First Ladies Meeting** next October, PAHO will introduce the health related agenda items, including measles elimination, reduction of maternal mortality and violence against women. PAHO is providing support in the process and will continue supporting the countries in the follow-up of these initiatives.

All these activities are a reflection of PAHO's leadership role in implementing the Summit accords while setting an international agenda and providing invaluable input towards the preparation for the Bolivia Summit in December, 1996.

We have made available for your information background material on the activities described above. I invite everyone to take a copy since it presents a more comprehensive review than time now permits me to take.

The following are some highlights of PAHO-sponsored activities that we are implementing at international and national level as part of our mandate which contributes to the achievement of the Summit's initiatives, in the various health areas.

Health Sector Reform

PAHO responding to the mandate has cooperated with over 25 countries of the Americas in the formulation and implementation of health sector reform initiatives. Some of them are also being supported by loans from the IDB and the World Bank.

PAHO's cooperation with these efforts usually concentrates on alternative mechanisms for improving the organization and financing of the health sector, in order to make them more equitable and efficient in meeting the health needs of the populations concerned.

In addition to direct cooperation with individual countries, PAHO has also promoted and supported several inter-country seminars and workshops dealing with health sector reform in general, as well as with the most relevant topics involved in the reform process. One of these seminars was held jointly with the IDB and World Bank in Costa Rica, and counted with the participation of health authorities from all Central America. Another is being planned for next November in Antigua, with the participation of Caribbean health authorities.

Also closely related with reform is the work that PAHO has done together with the Economic Development Institute of the World Bank, for the strengthening of the Inter American Network of Health Economics and Finance. This network, that involves national associations or groups of health economists from a dozen countries, is playing an important role in the dissemination of information and technical expertise in a field that is rather underdeveloped throughout Latin America and the Caribbean.

The theme of the reform has also been the focus for PAHO's collaboration with national Social Security Institutions in the Region, and their sub-regional associations. Cooperation has been very active with the Central American Council of Social Security Institutions, the Andean Social Security Agreement, the Inter American Social Security Conference and the Inter American Center for Social Security Studies. Other counterparts involved in PAHO's cooperation for health sector reform are the national parliaments of 25 Latin American and Caribbean countries, as well as the Latin, Central American and Andean Parliaments.

Environment and Health

At the Summit of the Americas, PAHO signed a Memorandum of Understanding with the U.S. Environmental Protection Agency (EPA), which called for increased inter-agency cooperation and the development of joint projects. This has resulted in the collaborative efforts between PAHO and EPA to sponsor several workshops and conferences and to develop a strategy for the development and implementation of joint projects to promote environmental health in the region.

PAHO was a co-sponsor of two lead conferences this year, the International Workshop on Phasing Lead Out of Gasoline, March, 1995 and a subsequent workshop

on the health effects of lead in Mexico, May, 1995, organized by the U.S. National Academy of Medicine. These workshops facilitated important discussion and information exchange on lead phase-out from gasoline, a necessary first step towards achieving the Partnership for Pollution Prevention goal of elimination of lead from gasoline in the Western Hemisphere.

With initial guidance and input from the Inter-American Development Bank (IDB) and its Multi-Lateral Investment Fund (MIF), PAHO has developed two prototype funding proposals for the MIF, to be used by countries or regions of the Western Hemisphere in their formulation of project proposals. The project proposals cover the topics of pesticides and lead We are sharing these project prototypes with representatives of countries, to provide assistance in seeking financing for implementing portions of the Pollution Prevention Partnership (PPP).

PAHO has actively participated in the International Program for Chemical Safety (IPCS) and was a key player in a decision made this year to develop regional plans for chemical safety. We have worked closely with IPCS and EPA to develop a three-day hemisphere-wide meeting on chemical safety in the Americas, to take place in November, 1995, in Puerto Rico.

PAHO will co-sponsor the first meeting of the PPP, to take place in November, 1995 and is working with countries and regions to develop project proposals for discussion at the PPP meeting.

We have coordinated four regional training courses on risk assessment and risk management for environmental decision-making. These have taken place in Central America, the Southern Cone and the Andean Region and the fourth course is schedule for presentation in Mexico in early 1996. Follow-up activities to these courses are currently under way to ensure long-term utilization of the skill and techniques learned.

PAHO has begun developing regional action plans to organize and appropriately target work toward key environmental health issue areas in the Americas. Two regional plans, one for chemical safety and the other for hazardous waste control, are complete, while plans for worker's health, air quality and risk assessment and management are near completion. We are also developing a framework for environmental health data collection and reporting. These plans and projects are available in both English and Spanish, and are organized to facilitate inter-agency and inter-governmental collaboration.

Acquired Immunodeficiency Syndrome

The Pan American Health Organization, in the context of the new Joint United Nations Program on AIDS (UNAIDS), has prepared a regional plan of action for AIDS control, which has been discussed with other regional and U.N. agencies as well as with the multilateral banks and bilateral cooperation agencies. The plan and the promotional efforts that will be carried out in the next few months to support the countries in their efforts to prevent and control AIDS are being presented to PAHO's Directing Council.

The purpose of PAHO's Regional Plan of Action is to provide technical cooperation to Member Countries in all health related activities within the framework of the policies and strategies of UNAIDS in order to sustain a culturally-specific multinational and multisectoral response to HIV/AIDS/STDs in the Region of the Americas. The Regional Program on HIV/STD of the Pan American Health Organization will provide a solid structure and a comprehensive framework to the national AIDS programs in their activities to prevent and control AIDS through the objectives and strategies described in the Regional Plan of Action for the Americas.

Follow up to the Symposium on the Children of the Americas

PAHO, together with AID and the Office of the First Lady of the United States of America and the First Ladies Offices of the hemisphere have devised an agenda of concrete activities leading up to the Paraguay Meeting of First Ladies in October 1995. PAHO is the lead agency of the health task force organized to prepare the plans for the measles elimination and the maternal mortality reduction programs. We will also introduce the agenda item, "Violence Against Women, in the October meeting.

Progress in these areas is as follows:

Measles Elimination. The First Lady of the United States of America declared the support of the United States to this initiative at PAHO on the occasion of World Health Day, 7 April 1995. Local activities were organized with the First Ladies of the PAHO Member States in conjunction with this. A plan of action that outlines the strategies and technical components to achieve elimination has been prepared and funding is been sought to complement U.S. support.

While countries are still awaiting international support, they have already demonstrated their commitment to this effort, this has translated in further control of the disease which achieved its lowest levels of incidence in history in 1994-95. For

example, in the last twelve month there was not a single case of measles imported from Latin America and the Caribbean to the United States. These efforts can only be maintained if additional funds are made available.

Reduction of Maternal Mortality. Based on the reviews of the Regional Plan adopted by PAHO in 1990 and reviewed in 1992, a number of activities are being prepared to be evaluated at the meeting of First Ladies in Asuncion, Paraguay, in October. The scientific and technical advisory committee met in Atlanta at the end of April to review the preliminary report on the evaluation of the regional plan of action and of the progress in 22 countries of the hemisphere and made recommendations to improve and speed up the process. The report of the advisory committee will be distributed in Paraguay. Specific plans for high-risk countries are being developed. A regional project could result from this effort, funding for which might be requested from the international community.

Various guidelines were updated or developed in the areas of the epidemiological surveillance of maternal death, obstetric emergency management, and on post partum/ post abortion. They are being distributed at country level.

In addition, the Ministers of Health of the hemisphere have reviewed the Regional Population and Reproductive Health Policy, which stresses the need for the provision of comprehensive reproductive health services for the population in order to decrease not only mortality but morbidity and to improve the quality of life for women.

Violence against Women

Finally, in the area of Violence Against Women, PAHO has met with grassroots women's organizations in 10 countries that have spearheaded the movement against gender-based violence. The purpose of these meetings has been to exchange information on what these groups are doing, how they interact or do not with the health sector and to determine the areas where PAHO can support their efforts to draw attention to violence as a public health issue.

These activities have been undertaken as part of a large regional project to combat violence against women and girls which today encompasses 13 countries in the Central American and Andean region.

As you can perceive from the brief description presented to you, PAHO has been instrumental in supporting countries in the implementation of the health mandates of

the SOA. We have been able to incorporate these activities as part of our on-going program of technical cooperation in this region, and will continue to give this mandate the priority that it deserves as we work together with the countries in promoting the objectives of the Summit in the area of sustainable development.

We look forward to working together with the Governments of Chile and Argentina in furthering the health and environment objectives of the Summit.

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Tab E

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UNCLASSIFIED

Paraguay: Health of the Child -- Conference of the Spouses of Heads of State of the Americas

Context of Event

After the previous evening's opening ceremony and reception, this will be the first working session of the conference. This session, will focus on children, including three topics: a) your comments on the results of the Miami symposium; b) elimination of measles in the Americas; and c) drug prevention among street children.

For this session you will be seated at the head of the table. Mrs. Wasmosy will be seated to your right and the First Lady from St. Lucia on your left. As past President of the Summit, the First Lady from St. Lucia will briefly introduce the subject. Next Mrs. Wasmosy will welcome the delegates and introduce the session. You will then be asked to speak on the "Results of the Miami Symposium." After your comments PAHO will make a short presentation to introduce the topic of immunizations. The First Ladies from Guatemala, Honduras, and Panama. will follow up with presentations on this topic.

After the first two topics are given, there will be a break. During the break, there will be the launching of Paraguay's elimination of measles campaign, an official photograph will be taken; a visit to the Paraguay Cultural Exposition; and a coffee break--all taking place at the Conference site.

The third topic of the session will then be presented in plenary, after which the floor will be opened for questions and answers from the delegates on all three topics presented during the session. The question/answer period will be approximately one half hour.

It will be important for you to introduce Madeleine Kunin, Deputy Secretary of Education, to the delegates as the person that will represent you after your departure for the remainder of the conference. The Deputy Secreatary will be given the authority to sign the Paraguay Declaration for you at the end of the Summit, if required.

Your Objectives

- Highlight the substantive topics on the Summit agenda and express USG support for the Summit.

- Present Madeleine Kunin to the other delegates as the person who will represent you for the remainder of the Conference.

Talking points

To be provided separately.

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FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR THE FIRST LADIES' SYMPOSIUM ON
CHILDREN OF THE AMERICAS
MIAMI, FLORIDA
DECEMBER 10, 1994

Welcome to all of my colleagues and friends from across the Americas, and to all of our distinguished guests.

It is an honor and privilege for me to host this wonderful symposium here in Miami. Let me begin by expressing my gratitude to the First Ladies of Latin America, the Caribbean, and Canada for your help and guidance in preparing for this session. Your extraordinary efforts in previous First Ladies' meetings in Colombia, Costa Rica, and most recently in St. Lucia, have provided a foundation for all of our work -- today and into the future.

I hope that in the course of our gathering here, and in the weeks and months ahead, we will learn much from each other and find new inspiration to address the needs of children, families, and women across our hemisphere.

Today, we live in an age of great promise -- and great peril -- for the 130 million children of the Americas. Great promise because our children are our lifeline to prosperity and democracy in the decades ahead. And we all take pleasure in knowing that there are millions of happy, healthy children across the Americas whose futures are filled with hope.

But there are perils too, because from the Queen Elizabeth Islands to Tierra del Fuego, our children are shouldering burdens rarely encountered by older generations.

Children suffering from hunger, poverty, homelessness, inadequate health care, disease, illiteracy, violence, and abuse are not confined to a single nation or a single continent. The cries of desperate children are sadly heard in every nation represented here. And it is the plight of those children that brings us together today, not just as the spouses of heads of state or as representatives of our governments, but as mothers, sisters, daughters, grandmothers, aunts, neighbors and friends who believe that every child in every country deserves a fair chance in life.

The political leaders convening at this historic summit have set forth an agenda to promote prosperity and democracy throughout the hemisphere through trade initiatives, sustainable development, and more effective government.

Today, summit leaders are outlining goals to ensure the economic, social and physical well-being of children, which Dr. Alleyne will outline later in greater detail:

The proposed Summit Plan of Action calls for universal access to education so that all children, regardless of economic or social status, racial or ethnic origin, or gender, will receive the basic tools necessary to become full members of society. The goal of requiring children to attend and complete primary school is also under discussion. If this goal is achieved, it will help eradicate child labor and give children a greater hope of acquiring the skills and knowledge needed in a modern global economy.

Beyond the important issue of school attendance, the Summit initiative on education also addresses the nutritional needs of children so they can learn more effectively.

The proposed Summit Plan of Action calls for equitable access to basic health services, which will be particularly beneficial to children, who are most vulnerable to illnesses and unhealthy living conditions.

Specific programs being recommended will address child, infant, and maternal mortality rates, as well as increasing immunization efforts to eradicate childhood diseases, such as measles, that still afflict too many children. We need only look to the disappearance of new polio cases in the Western hemisphere to know the success of these immunization programs.

We all know that the role of caregiver is crucial to the development of healthy and secure children. And we all know that the primary caregivers in society most often are women. The Summit proposal to strengthen the role of women will increase opportunities for women to participate in all spheres of life -- political, social, and economic.

Empowering women with economic self-reliance, access to quality health care and education is not only a valuable step forward in itself. It's an important step forward for children.

While we recognize that our political leaders are responsible for devising policies and programs to meet these important goals, we also know that, as First Ladies, we have a significant role to play.

Just as advocacy organizations, social institutions, and dedicated individuals are critical to progress, we, too, can help push the agenda forward in our respective countries.

When it comes to children's issues, women have a special calling. And that's why we have a duty to raise our voices for

the voiceless -- our children, the youngest and most vulnerable among us.

This week I've had particular reason to think about the difference one woman alone can make on behalf of children, even against extraordinary odds. My friend, Elizabeth Glaeser, died last weekend after losing a long battle with AIDS.

Elizabeth contracted HIV through a blood transfusion while hemorrhaging during the delivery of her first child, Ariel. Unbeknownst to her, her daughter, and then a son born later, also contracted the virus.

When Elizabeth learned that she and her children had been infected with HIV, she dedicated herself to raising awareness about AIDS. From a small office in Los Angeles, she created the Pediatric AIDS Foundation, which has raised over $30 million since its founding in 1988.

Elizabeth often said she was motivated and strengthened by the memory of her daughter, who died four years ago at the age of seven. Her son, now 10, lives with HIV every day.

If Elizabeth could continue to contribute so much on behalf of children throughout her own illness, I know we can make our own contributions too. Of course, we will not all be involved in the same ways, or even on precisely the same issues. I know, for example, that AIDS is not as prevalent in many of your countries as it is in mine. That's why each of us must find a venue appropriate to our own situation as First Lady or government representative. But whatever role we choose represents a rare opportunity to make a difference in the lives of tens of millions of children -- and in the future of all of the Americas.

There is an urgency to our mission. More than half of our population in this hemisphere is under age 23. Ushering children into the world is, of course, the province of families. But building safe and nurturing communities for them to grow up in . . . making sure they have access to schools that teach them to read and write . . . protecting them from avoidable diseases . . . training them for productive adulthoods. . . and honoring their rights in the face of violence and abuse -- these are our collective responsibilities.

This concept was eloquently expressed in a pastoral letter issued in the United States several years ago by the National Conference of Catholic Bishops. In that letter, entitled *Putting Children and Families First*, the bishops said:

"No government can love a child, and no policy can substitute for a family's care. But, government can either support or undermine families. There has been an unfortunate,

unnecessary and unreal polarization in [the] discussion [of] how best to help families. The undeniable fact is that our children's future is shaped both by the values of their parents and the policies of our nation."

As adults, we must take responsibility for our children so that they can learn to take responsibility for themselves. And we must insist that society's most vital institutions -- family, school, and church -- create the conditions necessary for our children to fulfill all their God-given potential.

To be sure, our challenges differ from country to country, and our recipes for progress may require different ingredients. The purpose of this gathering is not to prescribe one solution, but to share ideas and opinions and learn from each other's experiences.

Here in the United States, for example, we are not doing enough to ensure that women receive adequate pre- and post-natal health care, particularly poor women and teenagers. In 1992, 22 percent of pregnant women in this country received no pre-natal care.

As the rest of the world knows all too well, my nation faces significant challenges in stopping an epidemic of gun violence that daily claims the lives of children in our cities and towns. Today, homicide is the leading cause of death for African American youth in the United States and violence is the second leading cause of death for youngsters between the ages of 10 and 14.

Combined with violence is an equally disturbing scourge of narcotics use among our young people. Illegal drugs are readily available in too many communities in the United States, and even in some of our schools. Studies show that as many as seven million children abuse alcohol and drugs to some extent

At the same time, we are making progress on behalf of some of our children -- progress that is visible right here in Miami. Just yesterday I had the opportunity to visit Jackson Memorial Hospital and Drew Elementary School -- two institutions that have achieved remarkable successes in disadvantaged communities.

Jackson Memorial Medical Center, which is affiliated with the University of Miami, has the difficult task of caring for some of the poorest and neediest residents of this city. The newborn intensive care unit that I visited yesterday serves the highest risk population in Dade County -- but the hospital has achieved the lowest infant mortality rates in the state.

The hospital also has devised innovative ways of serving its community. A mobile van brings doctors and nurses to those who

might otherwise go without necessary treatment and care.

Drew Elementary School is located in a predominantly African-American neighborhood. Community leaders devised a cultural exchange program in which students from Drew and a predominantly Hispanic school called Seminole Elementary come together for a variety of activities that promote tolerance and understanding. To enhance communication across cultures, students at Drew take Spanish from the second grade on.

The positive educational climate at Drew is reflected in the student attendance rate: 95 percent of the school's students come to class every day.

Drew has succeeded because parents, teachers, the school principal and community leaders have worked hard to create an environment where children feel safe, secure, and confident that they will thrive. The adults have taken responsibility; and the children are learning to take responsibility as well.

In every one of our nations, dedicated, energetic, and caring people are battling on the front lines to solve some of society's most vexing problems. The purpose of this gathering is to educate each other about our challenges and our successes -- and to make our efforts more cooperative by sharing the knowledge and experience each of us holds within us.

When we return to our capitals, I hope we will not be guided solely by documents, policy papers, and official pronouncements, but also by the desire in our hearts to see that all children have the gift of hope in their lives.

In the words of Gabriela Mistral [Mee-strall], the visionary Chilean educator, poet, and Nobel prize winner for literature: "Let me be more maternal than a mother; able to love and defend with all of a mother's fervor the child that is not flesh of my flesh."

As she once said: "Many things we need can wait. The child cannot . . . To him, we cannot say tomorrow. His name is today."

Thank you for coming to Miami, and for joining together in this important cause.

And now, let us go from words to deeds.

[Introduce UNICEF video]

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April 7, 1995

FOR IMMEDIATE RELEASE

World Health Day 1995
Remarks by Hillary Rodham Clinton
First Lady of the United States

Thank you very much, Dr. Alleyne, and all of you who are gathered here today. I know that you've already had an excellent program. I know some of the speakers who've already addressed you and the work they have done over decades on behalf of children and, in particular, on behalf of immunization.

I am pleased to be here with all of you on World Health Day. This marks a historic opportunity for all nations to come together to work to improve the health of our global family. I also want to thank all of you here at PAHO who are on the frontlines every day promoting better health throughout our hemisphere.

I agree completely with Dr. Alleyne that you are the real champions of children and it is your work every single day, your persistence in many instances– your begging, your challenging, your promoting the idea that every child, every person is entitled to health care, that really makes what we are now celebrating with the eradication of polio in this hemipshere a reality.

Nothing is more important to our shared future than the well-being of children and for that reason I am especially pleased that children are the focus of this year's World Health Day. As you may know, I just returned yesterday from a 10-day trip to South Asia, where I saw firsthand some of the world's greatest health challenges and also some of the most innovative, thoughtful methods of bringing better health care to children and women in poor and remote

areas. For me, that trip was an inspiring reminder of how much progress can be made when the will and commitment are there to help those in need.

Today's world is one of great promise for the 130 million children of our own hemisphere. Great promise, because our children are obviously our lifeline to prosperity and progress in the exciting and unpredictable century that lies ahead.

Great promise because there are millions of healthy children across the Americas, whose future are filled with hope and great promises because of historic commitments born at the the Summit of the Americas las December, commitments that will translate into greater opportunity and justice for all children.

Among other initiatives, government leaders endorsed the goal of making basic health services available to all citizens. That will be extremely beneficial to children, who are the most vulnerable to illnesses and unhealthy living conditions. I also want to commend the first ladies who participated in this symposium on children in Miami and worked with Dr. Alleyne to clarify our common vision and goals.

Today these women across the Americas are turning rhetoric into reality by helping launch PAHO's historic campaign to eliminate measles from our hemisphere by the year 2000. Later this year many of these women will convene in Paraguay to review our efforts and share our experiences in working to meet this goal. The campaign to eliminate measles is vital to all of our futures. It will save the lives of countless children in every country and will bring primary health care to every single village in our hemisphere.

I say this with confidence because we know from past experience that it can be done. The Pan American Health Organization already has led the world in getting rid of the polio virus.

Since the World Health Organization resolved to fight polio in 1988, the number of polio cases around the world has declined by 82%. Today, 145 countries are polio free and last year, as we already heard, the Americas became the first region in the world to be declared formally free of polio and not a single case has been detected in the region since August of 1991.

All of you here should take great pride in that achievement. You succeeded in getting many nations and private and public institutions involved and that is no small achievement.

Now the work must continue in other parts of the world and in our region we must turn our attention to another major health threat to children: measles. My husband often talks about children as the greatest resource of every nation and one of the best ways to build on that resource is to invest in children, especially their health.

And I would add and echo Dr. Alleyne's comments. When we talk about health and education for children, we're not talking about a soft issue, about a marginal issue. We are not talking about an issue that is the province of women. We are talking about a core issue that will determine the future of every one of our nations and this is an urgent mission, that we understand fully how significant the health of our children is to the future of all of us.

Because just as we live in a time of great promise for children, we also live in a time of great peril. More than 1/2 of the population in this hemisphere is under the age of 23 and too many of our young people in every one of our countries suffer from poverty, hunger, illiteracy and inadequate health care.

But the statistics need not be so grim. While ushering children into the world is the province of families, protecting them from avoidable diseases must be viewed as the shared responsibility of our larger human family. We all know that a sick child has much less chance

of learning, growing and fulfilling his or her potential than a child who is healthy.

A sick child has much less reason to be hopeful and optimistic about the future, less likely to develop into a healthy, productive citizen. That is why it is our responsibility as a community of nations to insist that all children receive the health care they need. We have the technology. Vaccinations exist for most of the major childhood diseases and they are far cheaper than long term treatments or the disabilities that result when children become seriously ill.

All we need now is the commitment to make these immunization campaigns succeed. the United States has been a proud partner of past efforts to eliminate major childhood diseases in this hemisphere. Nearly half of all external donor funding for the polio campaign came from the United States Agency for International Development. The United States currently is providing nearly US$7 million as part of our child survival programs in the countries of the Americas.

Today I am pleased to announce that the United States will join in partnership with PAHO in the campaign to eliminate measles across the hemisphere. PAHO has estimated that an additional US$46 million is needed for immunization programs between now and the end of the century. Through USAID, the United States plans to extend a five-year, US$20 million grant to PAHO to advance hemispheric health care priorities.

Although the United States, like many other nations, is operating under budget constraints, our government hopes to allocate US$8 million directly to the Regional Expanded Program on Immunization, which includes support to the measles campaign. At the same time, we have every expectation that just as with the polio effort, USAID programs and technical support across the Americas will help boost the campaign to eliminate measles.

During the polio campaign those programs more than doubled our regional commitment. One

of the most important aspects of PAHO's campaign to eliminate measles is that it will advance all of our immunization efforts.

Perhaps equally important, it does reflect a larger vision of health reform that extends a basic package of integrated health services throughout the region and in that way carries forward the Summit of the Americas plan of action.

It also provides us through this measles campaign continuing opportunities for surveillance throughout the region so that we do remain very much focused on how effective we are in delivering immunization services. We have succeeded with respect to polio, but we must remain vigilant as to that disease and all others. Although our specific health challenges may differ from country to country, and our recipes for progress may require different ingredientes, we share a common future and a common cause: we must not work in isolation to solve our problems, whether we are health organizations, NGOs, government leaders, private citizens we must join together as partners who appreciate the value of sharing our knowledge and experience and we must remember that when it comes to helping our children words alone are not enough, policy papers are not enough, press releases are not enough, documents and studies are not enough. We have had more than our share of each.

Instead, we must translate into action what we can do and then get on with the business of doing it.

Ultimately, we must be guided by a desire in our hearts to see that all children have the gift of hope in their lives. As the wonderful Chilean poet Gabriela Mistral once wrote "Many things we need can wait, the child cannot." And so today, as we celebrate this very important effort, I hope each of us will remember that the child cannot wait and we can do something to

ensure that the child throughout this hemisphere has the opportunity to live up to his or her God-given potential.

Thank you very much.

The White House

Office of the Press Secretary

For Immediate Release March 7, 1995

REMARKS BY FIRST LADY HILLARY RODHAM CLINTON TO THE INTERNATIONAL NGO COMMUNITY AT A FORUM OF THE U.N. WORLD SUMMIT ON SOCIAL DEVELOPMENT COPENHAGEN, DENMARK MARCH 7, 1995

Thank you. Good morning. Thank you Ambassador Teymour, Mr. Desai, Mr. Nielsen.

I am honored to participate in this historic gathering, where civic, religious, and social organizations as well as government leaders from around the world are uniting in the fight to eradicate absolute poverty, create jobs, and empower women and men to become full participants in their societies.

It is a special pleasure to be able to speak to a gathering that includes so many non-governmental organizations. Whether they operate in great cities or in remote villages, NGOs always have played a vital role in strengthening our global community. But particularly today, as all nations face new challenges and choices, the experience and wisdom of NGOs will be critical in guiding us toward a safer, more just, and unified world.

The end of the Cold War has created extraordinary new opportunities for growth and progress. But at the same time, ethnic strife and civil conflict have erupted across the planet, depleting our resources, draining our energies, promoting hatred and intolerance, and imperiling our ideal of a free and open global society.

Today, too many nations waste precious resources on building weapons of mass destruction, staging wars, and doing violence to basic human rights, instead of investing those resources in people. Too often, natural resources are destroyed and human ones exploited through socially irresponsible behavior. Today, too much time is spent in naked pursuit of power instead of working for peace and prosperity.

It has become fashionable in recent years to assign blame for the world's problems to one group of nations or another. I hope this Summit does not succumb to that temptation. In fact, every nation needs to rethink its approach to social development and most nations need to do more for their own people and humanity.

To meet the goals of this Summit, governments will have to go about their business in new ways. They will have to rethink how to protect their most vulnerable populations in a time of shrinking resources and accelerated global competition. They will have to respect basic human rights, and that includes the rights of women and workers to be protected from exploitation and abuse. And they will have to create conditions that encourage individual initiative and a vibrant civic life.

Finally, as my husband said in a speech last week, governments will have to choose engagement over isolationism. With our economies and our societies becoming increasingly interdependent, we must work to create a global community in which economic growth and social progress result in shared prosperity and opportunity.

On a large scale, there is no better place to start than with an indefinite and unconditional extension of the Nuclear Non-Proliferation Treaty. The threat posed by these devastating weapons endangers all the work we do to end poverty, create jobs, and empower people. Moreover, in balancing priorities and resources, all nations will have to realize that investing in people, not the acquisition of nuclear arms, is the way to make their societies stronger. Clean water, safe sanitation, basic education and health care are better investments to strengthen societies in both the short and long term than the acquisition of or increase in nuclear arms.

Two days ago marked the 25th anniversary of the Non-Proliferation Treaty, now joined by 172 nations that realize that opposing the spread of nuclear weapons is in their self-interest. And to further the goals of the Treaty, the United States and Russia have agreed -- through START I and START II -- to reduce our own nuclear arsenals. We must all continue the effort to deal responsibly with this critical issue.

In addressing the world's social problems, we cannot expect governments to act alone, particularly in an era of scattered and, some believe, scarce resources. Governments need NGOs to monitor their actions and mobilize them to find innovative solutions to problems. NGOs also can inspire us to work more effectively with each other -- within the NGO community and within the community of nations. That is why the participation of NGOs at this and other United Nation's Conferences is so invaluable.

The great social movements of my own country during the 19th and 20th centuries -- the abolition of slavery, the right of women to vote, as well as the civil rights movement would not have been achieved without the leadership of civic, religious, and social organizations.

The same is true elsewhere. As Ambassador Somavia knows well, civic organizations committed to human rights and the rule of law were instrumental in assuring Chile's transition to democracy. Through the work of nuns and lay people in the Philippines, civic groups in Bulgaria, grassroots organizations working across Africa and South America, and many others, NGOs have helped improve the lives of tens of millions of men, women, children and families struggling to escape tyranny, poverty, and social dislocation.

Ultimately, this forum and the Social Summit is about supporting and building on that work, not for the sake of governments or ideologies, but for people. It is about putting people first. And putting people first requires realistic, workable solutions to complex problems.

Too often, the assumption is that any solution will inevitably be costly and complicated. In fact, we have proof to the contrary.

We see grassroots efforts around the world that are reducing poverty, improving health and education, and promoting individual freedom.

UNICEF, to take one shining example, has had a decade-long focus on child survival and has pioneered many strategies that are low-cost, including breastfeeding and oral rehydration therapy and immunizations.

Last year polio was eradicated in the Western Hemisphere by a multinational effort. And the U.S. was the lead donor for that.

And around the world, the percentage of children immunized against major preventable diseases rose from 20 percent to 80 percent between 1980 and 1990.

In the United States, I'm frank to admit, we have had to follow the lead of other countries so that finally we are attempting to increase the immunization rates of our own children, and our rates have increased but are not yet where they need to be.

In South America, the involvement of NGOs in teaching pregnant women self-diagnosis of maternal health problems has resulted in a dramatic reduction in the infant mortality rate in rural areas.

I myself saw at the Fabella Hospital in Manila, news mothers staying in the hospital long enough to learn to nurse their babies, which promoted a stronger bond between mother and child and increased the chances of family stability.

And in countries where governments and NGOs have made voluntary, safe and effective family planning available and have provided related health services, we have seen an improvement not only in the lives of individuals but in the economic well-being of their countries.

Now, no one person, as we know so well, can be freed from the bondage of poverty or fully integrated into society without the means to earn a living. And the task of nations, and NGOs, is to promote policies that lift up the poorest in society, and to insist on core labor standards that help stop the exploitation of workers, many of whom are children.

Governments must be responsible for promoting disciplined economic policies. And in the United States the President is working to renew the American economy through fiscal policies that do assist those who are poor in such ways as providing tax credits and attempting to raise the minimum wage.

Investing in education goes hand-in-hand with providing economic opportunity. As capital and technology become more mobile, differences in the quality of labor forces will become that much more apparent.

And again, we can learn from each other as to how we can reduce illiteracy and increase prospects for employment and economic security.

Opportunity should be the reward for taking responsibility in life. That philosophy is a good guide when we consider strategies -- governmental and non-governmental -- to promote greater self-reliance and economic independence among all our citizens, including especially the poor and disenfranchised.

We have an example of that which will be discussed at this summit, when we look at the Grameen Bank in Bangladesh. Dr. Mohammed Yunus, whom many of you in this room know, as I do, believes that if you give people access to credit -- and ask them to take responsibility in return -- they will achieve greater economic and social independence.

Through its small loans to the poorest women in rural areas of Bangladesh, the Grameen bank not only has improved the immediate circumstances of thousands of families, it has also fostered a greater sense of purpose and spirit of community among the people.

I only wish every nation shared Dr. Yunus's and the Grameen Bank's appreciation of the vital role that girls and women play in the economic, social, and political life of our societies.

Although women comprise 52 percent of the world population,

although they are the primary caretakers for children and the aged and are a significant presence in the work force, they continue to be marginalized in many countries.

Worldwide, more than two-thirds of the children who never attended school or have dropped out are girls. Of the one billion people who remain illiterate, two-thirds are women. And a disproportionate number of those we call living in absolute poverty are women.

Investing in the health and education of women and girls is essential to improving global prosperity, and I am glad that this Summit has endorsed the principle of equal rights and opportunities for women.

In parts of Asia and South America we have seen the education of girls help lift whole populations out of poverty. We have seen the education of women enhance their roles as mothers and increase their participation in civic life. So we must do more to ensure equal rights for women, along with equal pay and equal access to health care and education.

Tomorrow, as part of International Women's Day, it will be my pleasure to announce a major new United States commitment to expand educational opportunities for poor girls on three continents.

I'd like to end by saying that we must all take responsibility and do our part. Too often we engage in a false debate that says on the one hand, only governments, or on the other, only individuals, are responsible for solving their own problems and those of the world. In fact, we all know that we need a partnership that is going to bring us all together. Governments can either support or undermine people as they face the moral, social and economic challenges of our time. Individuals can either take initiative and responsibility or fall into hopelessness and despair. Simply put, no government, no NGO, no person can remain idle given the magnitude of the challenges we face and the uncertainties of the world in which we live.

For those who are skeptical about our capacity for progress, I suggest that we all reflect on the life of one extraordinary man, James Grant, who recently passed away. Jim may have been more responsible for saving more lives over the past 15 years than any other person in the world. Millions of children are alive today because Jim Grant challenged us, set goals for us, and devised simple, efficient, and affordable methods of intervening on behalf of children and their families.

His legacy is not only found in the wonderful work that goes on every day at UNICEF, or in the success of his infant formula

campaign, or in the packages labeled "Oral Rehydration Therapy" that he would carry around in his pocket and pull out on any occasion. His legacy is in the jobs that each of us in this room, each of the people around the world and private voluntary organizations and other NGOS and government organizations do day in and day out, throughout the world.

It is our duty to continue to live up to Jim Grant's challenge and to do our part to fulfill the goals of this Summit. In closing, I would ask that as we go about our business in the months and years ahead, whether we are in government or the private sector or just acting on our own, that we draw strength and courage from Jim Grant's example and do justice to his memory. If we do that, then this Summit and all that follows will be a success.

Thank you very much.

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E X E C U T I V E O F F I C E O F T H E P R E S I D E

08-Mar-1995 01:37pm

TO: Nicole R. Rabner
TO: Alison Muscatine
TO: Elizabeth C. Bowyer
TO: Karen L. Barbuschak

FROM: Karen E. Finney
Office of the First Lady

SUBJECT: Mrs. Clinton's Remarks

The White House

Office of the Press Secretary

For Immediate Release March 8, 1995

Remarks by First Lady Hillary Rodham Clinton
At Celebration of International Women's Day
Copenhagen, Denmark

Thank you very much. I am grateful for this opportunity to speak at this forum on International Women's Day. Today, I have the pleasure of announcing a United States initiative to expand girls' and women's education in the developing world.

The issues addressed at this summit are issues that women around the world face every day in their kitchens, at their children's bedsides, in the marketplace, and in the workforce. Women should be active participants in helping their societies meet the great challenges of this and the next century. But that can only be achieved if women are empowered through education, legal rights and protection from violence and are assured access to adequate social services, employment opportunities, political institutions, and decision making. Empowerment and access will enable women to take their rightful place as they work in partnership with men to strengthen their families and contribute to their communities.

No single factor contributes to the long-term health and

prosperity of a developing nation more than investing in education for girls and women. In countries where governments have invested primary and secondary schooling for girls and women, the investment has been repaid many times through higher economic productivity, greater participation of women in the modern labor sector, lower infant and maternal mortality rates, improved child nutrition and family health, longer life expectancy, lower birth rates, and stronger families and communities.

While we have witnessed significant increases in primary school enrollments worldwide in the past two decades, much remains to be done. Today, more than two thirds of the children who have never attended school or dropped out before finishing, are girls. Almost one billion people remain illiterate, and two thirds of them are women.

Recent research has demonstrated that investments in the education of girls and women are investments in the community and in the prosperity of a nation. Moreover, investments in girls and women may yield a higher return than any others in a country's development.

The deliberations, goals and commitments of the International Conference on Population and Development in Cairo last year, this World Summit for Social Development taking place here this next week, and the Fourth World Conference on Women in Beijing later this year, all have clearly stated that education of girls and women throughout their lives is essential to increased global prosperity and social integration.

Recognizing the critical role women must play in their own and their countries' development and the importance of education in enabling them to play that role, I am pleased to announce today that the United States will allocate $100 million over a 10-year period to provide enhanced educational opportunities for hundreds of thousands of girls and women in Africa, Asia and Latin America who currently live in poverty. The goals of the initiative are ambitious: They include a 20 percent increase in girls' primary school completion rates or a 20 percent increase in the number of women who are functionally literate in the project areas in each country within 10 years.

A key element in this initiative is that it will be women, organized in NGO's, who will take the leadership in this effort. This new program will also assist women in developing their own capacities for improving the education of their own children, including their daughters.

I am proud that the United States is taking such an important step in helping poor women reach their full potential in their families, communities, and in their societies. There is no more important task before all of us. I respectfully urge other governments to join us in creating or expanding the opportunities for all women worldwide.

Thank you very much.

END

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First Ladies Reception

Divider Title:_____

Paraguay: First Ladies Reception

Context of Event

Approximately 500 guests, including 20 First Ladies, representatives of international organizations, special international guests, the diplomatic corps and Paraguayan political, business and social luminaries have been invited. The event will take place in the "Libertador" and "Americas" rooms at the Presidential Palace. President and Mrs. Wasmosy view this as the single most important social event of the conference.

There will be a receiving line consisting of President and Mrs. Wasmosy.

Your Objectives

- Show solidarity with host Mrs. Wasmosy by attending and mixing with conference participants and invited guests; and

- Proselytize for U.S. conference agenda.

Talking Points

No remarks.

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Divider Title: **Lunch with Paraguayan Women**

Paraguay: Luncheon at the Presidential Residence

Context of the Event

Paraguayan First Lady Teresa Carrasco de Wasmosy has invited the First Ladies of the Americas to a luncheon at the Presidential residence "Mburuvicha Roga" on October 17 at 1300. This is the only social event hosted by Mrs. Wasmosy exclusively for her fellow First Ladies. Some 80 individuals will be invited to the luncheon,including first ladies, representatives of international organizations and prominent Paraguayans. This may be Mrs. Clinton's last Conference event before her departure.

Your Objectives

- Thank Mrs. Wasmosy for her organizational efforts.
- Express confidence in your replacement in the U.S. chair.
- Urge continuity in the First Ladies of the Americas process.

Talking Points

-- I applaud Mrs. Wasmosy's energy and organizational talent in hosting what has proven for me to be a very valuable conference.

-- Unfortunately I must return to Washington this afternoon and will not be able to participate in the remainder of the busy program.

-- I know that all of you will continue this important work. Together we can help bring to fruition the commitments made in Miami and improve the level of education and health in our Hemisphere, especially for the most vulnerable--children and women in need.

-- Thank you again!

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Embassy Meet & Greet

Divider Title:_____

Paraguay: Visit with the American Community

Context of the Event

Approximately 500 US mission employees and American community members and families will participate in the event. The visit of Mrs. Clinton to Paraguay will be hugely important to the small American community here. No sitting US President or First Lady has ever visited Paraguay. Former President Jimmy Carter visited in 1993, and Vice Presidents Nixon and Quayle visited while in office. The visits of all three are commemorated by plaques, identified with a particular tree or grove. The Embassy plans to dedicate a large "yvyra pyta" tree (Guarani for "redwood") next to the chancery commemorate Mrs. Clinton's visit.

Your Objectives

- To express appreciation of US mission employees and families working for US interests.
- To thank Paraguayan national employees and families for their loyalty to the US and for joining us in strengthening US-Paraguay ties.
- To salute the American community in Paraguay for key role it has played in improving relations between the US and Paraguay.

Talking Points

- I am very pleased to be able to meet with the members of the US Mission in Paraguay and am grateful to Ambassador Service for making this opportunity possible.
- As you know, my program in Paraguay has several facets. I am participating in the meeting of First Ladies of the Hemisphere. In that setting, I am particularly eager to advance the goals set by the Summit of the Americas last December.
- My visit also has an important bilateral component and I am pleased to be able to focus attention on issues of particular concern to women and children involving health, education, and family planning.
- As you can see, this is an ambitious agenda for such a short visit. I know it would not be possible to meet these objectives were it not for the hard work and sacrifices that you have all made on my behalf.
- I also know that this is typical of the dedication with which all of you -- both federal employees and family members -- make every day as you advance US interests in Paraguay.

Draft Statement to Mission/American Community

Good morning, I am delighted to be here with you at the embassy today. It gives me the opportunity personally to thank and to congratulate you. All of you present here -- Paraguayans and Americans -- are on the front lines doing some of the most important work of the U.S. Government. You have been following the political debate that has been taking place in Washington about the federal budget and about the role of the United States abroad. We are living in a time of significant transition, and the vigor of the debate about who we are and what we ought to be about in the world is a sign of the essential health of the American political process.

As you listen to the debate, you might think that, in the wake of the Cold War, the United States is eager to enter a period of relative isolationism, and that our international role will be very much circumscribed in the next few years. I don't believe that is the case. As we approach the twenty-first century, the world is becoming more rather than less interconnected. Our economies, our cultures, and the tremendously powerful communications technology already in place in much of the world guarantee that we will continue to talk to each other, to do business with each other, and to find ourselves obliged, for those reasons, to try and understand each other.

In those circumstances, the work that you and your colleagues around the world do so well will remain an absolutely vital component of American government and society. In a real and consequential way, you are the image of our country abroad.

In the name of the American people and on behalf of the President, let me extend our heartfelt thanks to each and every one of you. Your work is noticed, it is appreciated, and it will continue to merit our respect and admiration.

Thank you.

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REMARKS

Divider Title:_____

Arrival Statement

-- I am pleased to be in Nicaragua, which has one of the few female heads of State in the world, President Violeta Barrios De Chamorro.

-- Since Nicaragua's return to Democracy in 1990, with President Chamorro's election, Nicaragua has demobilized thousand of combatants, moved forward with national reconciliation and the consolidation of democracy, made progress on human rights and begun to revitalize its economy.

-- Democratic government is difficult, but if the leaders and citizens remain committed, there will be progress -- as has taken place in the new Nicaragua.

-- Through their demands for peace and national reconciliation, women have contributed mightily to democracy building.

-- They have sacrificed daily to improve their families' standard of living, their health and the daily lives of their families and communities.

-- At the Summit of the Americas, the nations of the hemisphere agreed that the strengthening of the role of women in society is of fundamental importance.

-- I want to get to know Nicaraguan women and exchange experiences on what women need and need to do to achieve the full exercise of their fundamental rights.

-- Our nations share a commitment to family values. I want to learn about the "contributions (Nicaraguan) women make in every aspect of life: in the home, on the job, in their communities, as mothers, wives, sisters, daughters, learners, workers, citizens and leaders." (source: Hillary Clinton Remarks at Beijing Conference.)

-- I look forward to learning what matters in the lives of women and their families in Nicaragua. I will have the opportunity to see first hand health, education and microenterprise facilities and to speak to women involved in those areas. I also look forward to meeting many of the women leaders -- public and private -- who are shaping the future of Nicaragua.

-- I would like to thank the government of Nicaragua and President Chamorro for their warm welcome. It is a pleasure to be in Nicaragua, the first leg on my journey through the Americas.

Departure Statement

-- Thank Dona Violeta Chamorro for the visit.

-- I have had the opportunity to meet a wide range of distinguished Nicaraguan women who have made such important contributions to strengthening their families and their barrios, to educating children, to running businesses, to caring for the sick and to strengthening the democratic transition. In my discussion with these women - from President Chamorro, to a doctor, to women in the market place - I have learned of their firm commitment to democracy as the key to the future of the country.

-- I have seen first hand some of the hardships and challenges Nicaraguan women must confront: At a health post where women learn to fight preventable diseases, at a market place where their businesses support their families, at a home where women gather to help one another with their micro-enterprises. I have seen that life is not easy but these women have taken the steps to improve their own and their families' lives. (note: examples to be expanded depending on actual events.)

-- At the same time, I am encouraged by the tangible achievements and contributions they have made. Empowered women make a difference to every sector of Nicaraguan society, whether it is a mother raising her children, an educator fighting for the resources she needs, a doctor or nurse making do with less, or a business woman creating jobs for others through successful micro-entrepreneurship.

-- The women of Nicaragua have also helped bring about reconciliation -- such as the widows of army and resistance fighters who jointly built houses for their families in Waslala.

-- I have been impressed by the fact that while women in Nicaragua are able to work hard in the areas of micro-enterprise, health and education, they never stray from their foremost devotion to children and family.

-- The array of women I have met has proved again what I have learned in so many countries: that empowered women become participants and help to shape the future of their nations.

-- In that regard, I have seen the ways in which the principles contained in the Summit of the Americas declaration are being realized in Nicaragua to strengthen the role of women in society within a framework of equality and fairness and how women are achieving true sustainable development.

-- At the same time, let me emphasize that Americans and Nicaraguans alike share the desire to "reinforce the importance of women's role in nurturing and care giving as mother, sisters, wives and daughters." (speech of DAS Melinda Kimble at Beijing Conference.)

-- I appreciate the opportunity provided by my hosts to come away enriched by my experiences today, the visits and discussions with women in government and in neighborhoods, professionals, the private sector and non-governmental organizations.

-- I would like to thank the people and government of Nicaragua for their hospitality and for giving me a glimpse of the important work being done here to empower women and ensure the enjoyment of human rights and fundamental freedoms. We stand united in these goals.

Chile: Arrival Statement

It is a great pleasure for me to be in Santiago. I bring greetings and best wishes to the people in Chile from President Clinton. Chile's record of sustained economic development and its successful transition to democracy are impressive.

Chile is known and respected in my country for its firm commitment to the principles of democracy, its respect for human rights, as well as its deep concern for the economic and social welfare of its people.

The excellent relations that exist between our countries are based on shared values, interests and objectives. Together, Chile and the United States are working to increase prosperity and cooperation among the nations of this hemisphere.

During my all too brief stay in Santiago, I will meet with Mrs. Frei and others in government and private sector organizations who are dedicated to advancing the rights of women, assisting the poor and disadvantaged, and enhancing educational opportunities for children.

I believe there is much we can all learn from the important work Chile is doing in these crucial areas. The future of all nations depends on their investment in and dedication to programs that address the needs and aspirations of their people. I look forward to learning more about Chile's proud history and rich culture during my time here. Thank You.

Chile: Departure Statement

During my short stay in your lovely country, I have been able to experience at first hand the warmth and generosity of the Chilean people for which I am deeply grateful. I also have appreciated Mrs. Frei's gracious hospitality as well as her friendship.

I have been impressed by what I have seen here, especially the efforts of both government and private sector organizaions to alleviate poverty, promote women's rights and provide for the welfare of children and the disadvantaged.

I leave more persuaded than ever that the relationship between our countries is a strong and mutally beneficial one. Together, our governments will continue to work together to promote peace and prosperity in this region.

I have greatly enjoyed my visit and I look forward to returning.

Thank you very much.

UNCLASSIFIED

Brazil: Suggested Arrival Statement

I AM HAPPY TO HAVE THIS OPPORTUNITY TO VISIT BRAZIL TO RENEW MY FRIENDSHIP WITH PRESIDENT AND MRS. CARDOSO AND TO SEE SOME OF YOUR BEAUTIFUL COUNTRY. I LOOK FORWARD TO GETTING TOGETHER AGAIN WITH MRS. CARDOSO SO SOON AFTER THE U.N. WOMEN'S CONFERENCE IN BEIJING. I HOPE TO HAVE THE OPPORTUNITY TO DISCUSS WOMEN'S CONCERNS WITH A CROSS SECTION OF BRAZILIAN WOMEN HERE IN BRASILIA, AS WELL AS WITH LEADERS FROM GOVERNMENT AND THE PRIVATE SECTOR WHO ARE ACTIVELY WORKING ON EDUCATION AND SOCIAL ISSUES.

TOMORROW I TRAVEL TO SALVADOR DA BAHIA, WHICH HOLDS SPECIAL INTEREST FOR ME. I AM ANXIOUS TO SEE FIRST HAND AND LEARN FROM THE GOOD WORK OF GROUPS LIKE "PROJETO AXE" (PHONETIC: PRO-ZHEH-TOO AH-SHEH), WITH DISADVANTAGED YOUTH, AND "PROJETO CIDADE MAE" (PHONETIC PRO-ZHEH-TOO SEE-DAH-JEE MAI) WORKING WITH YOUNG WOMEN, AS WELL AS TO EXPERIENCE THE ATMOSPHERE AND BEAUTY OF THE CITY OF SALVADOR AND ITS PEOPLE.

OUR COUNTRIES SHARE A COMMON HERITAGE AS NATIONS FORMED FROM MANY GROUPS, EUROPEAN IMMIGRANTS, AFRICANS, ASIANS AND NATIVE PEOPLES. WE CAN LEARN MUCH FROM EACH OTHER'S EXPERIENCE IN BUILDING DEMOCRATIC, MULTIRACIAL SOCIETIES. AS THE TWO LARGEST DEMOCRACIES IN THE WESTERN HEMISPHERE WE HAVE MUCH TO CONTRIBUTE TOGETHER TO EXPANDING INTERNATIONAL COOPERATION ON ISSUES OF PARTICULAR INTEREST TO WOMEN, FAMILIES, AND CHILDREN. THANK YOU.

UNCLASSIFIED

Brazil: Suggested Departure Statement

AS I LEAVE BRAZIL THIS MORNING FOR ASUNCION, PARAGUAY, TO ATTEND THE CONFERENCE OF FIRST LADIES OF THE AMERICAS, I LEAVE WITH BOTH SADNESS AND JOY: SAD THAT MY SCHEDULE DID NOT ALLOW ME TO STAY LONGER IN BRAZIL TO SEE MORE OF YOUR DIVERSE, DYNAMIC COUNTRY; BUT THANKFUL FOR THE OPPORTUNITIES I DID HAVE TO MEET AND LEARN FROM BRAZILIANS OF ALL WALKS OF LIFE CONCERNED WITH IMPROVING EDUCATION, HEALTH, AND OPPORTUNITIES THAT ARE SO IMPORTANT FOR THE WELFARE OF WOMEN, CHILDREN, AND FAMILIES IN OUR GLOBAL SOCIETY.

I WANT TO THANK MY HOST, MRS. RUTH CARDOSO, FOR HER WARM HOSPITALITY IN INTRODUCING ME TO BRAZIL, AND I LOOK FORWARD TO OUR CONTINUING EXCHANGES BOTH AT THE ASUNCION CONFERENCE AND INTO THE FUTURE.

I ALSO WANT TO EXPRESS MY APPRECIATION TO ALL THE PEOPLE I MET HERE IN BRAZIL. THEIR DEDICATION, CARING, AND DETERMINATION TO BUILD A BETTER FUTURE FOR BRAZIL AND THE WORLD HAVE BEEN AN INSPIRATION TO ME. I INTEND TO BRING BACK TO THE UNITED STATES THE INSIGHTS I HAVE GAINED HERE TO APPLY TO MANY OF THE SAME CHALLENGES WE FACE IN OUR OWN SOCIETY.

THANK YOU.

Paraguay: Draft Arrival Statement

Good morning. I am delighted to be here.

Paraguay is moving forward, building the democracy that Paraguayans have long desired. The progress you have made since 1989 is truly remarkable. The United States is proud to count Paraguay among the nations committed to the ideal of a Hemisphere of stable and prosperous democratic nations whose peoples, cultures, and economies grow increasingly interconnected as we approach the twenty-first century together.

I am here, as you know, to attend the fifth Conference of First Ladies of the Hemisphere. This year's agenda emphasizes something a vitally important theme: the health of women and children. I congratulate Mrs. Wasmosy for her foresight and courage in taking up an issue as difficult, and as important, as this one.

Healthy mothers raising healthy children: I can think of few things more basic, more essential for the kind of world we want to make happen in our own lifetime. But although we can identify, describe and even, sometimes, quantify, obstacles to this basic goal, the road ahead remains long and still largely uphill.

The recent conference on Women in Beijing brought together a large number of people from around the world, representing extraordinarily diverse cultures, in an attempt to improve the condition of women in all those cultures. It was exhilarating for those of us who attended, and it gave shape and voice to a number of the challenges women confront at home and in the workplace.

The conference here in Asuncion marks another step. I look forward to sharing personal experiences with the other participants, and getting to know Paraguay and Paraguayans. Paraguay has a reputation for offering a warm welcome to foreigners. I certainly appreciate the welcome you have given me. I want to express particularly my thanks to First Lady Teresa de Wasmosy for her hospitality and for her commitment to putting together what I believe will be a first-rate conference; one that will produce tangible results to better the lives of mothers and children in all our countries.

Thank you.

Paraguay: Draft Departure Statement

Good afternoon. I have had a wonderful stay. In government and out of government, in the media and in the streets, Paraguay is full of people looking to the future. Today's Paraguayans seem convinced that their generation will be the one that secures an enduring democracy. And after visiting, I'm convinced that they're right: they will be.

My thanks and congratulations to Mrs. Teresa de Wasmosy for making the Fifth Conference of First Ladies of the Hemisphere such a great success. I was impressed by the energy and the dedication women from around our Hemisphere brought to our discussions. Our exchanges reinforce my belief that, together, we can see to it that mothers and children have access to the essential things they require: adequate food and shelter, access to health care and education, and opportunities to benefit from the challenges of the coming century.

Thank you.