NINTH CONFERENCE
OF SPOUSES OF
HEADS OF STATE
AND GOVERNMENT
OF THE AMERICAS

NEUVIÈME CONFÉRENCE
DES ÉPOUSES DES
CHEFS D'ÉTAT ET
DE GOUVERNEMENT
DES AMÉRIQUES

NOVENA CONFERENCIA
DE ESPOSAS DE JEFES
DE ESTADO Y DE
GOBIERNO DE
LAS AMÉRICAS

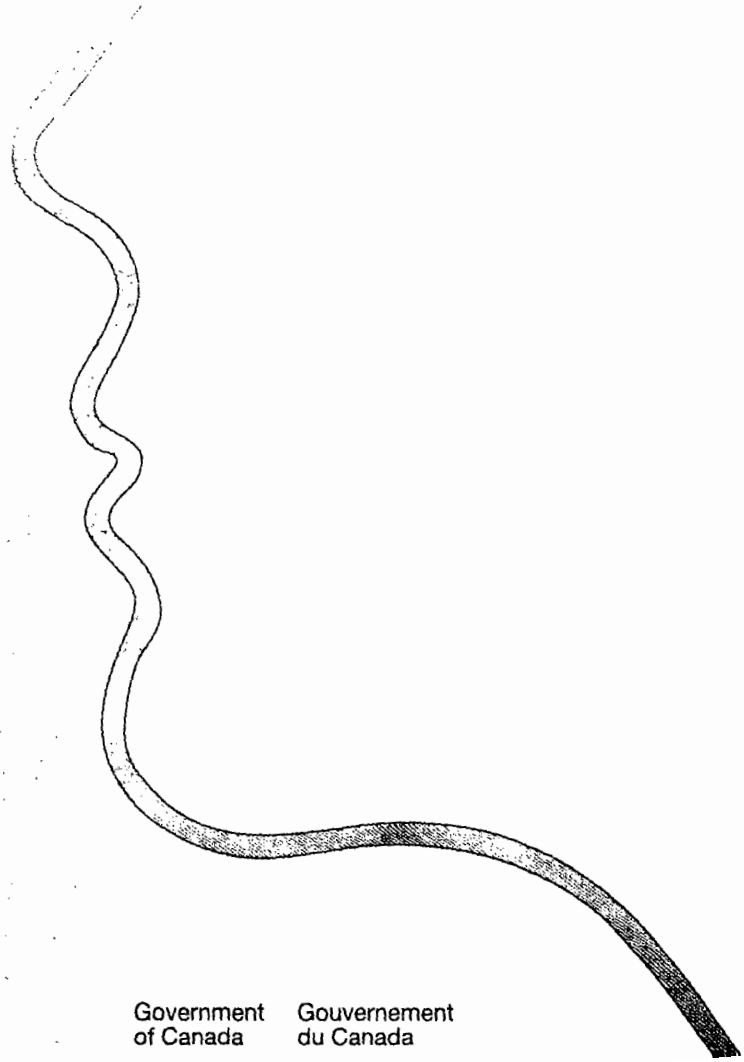
CANADA 1999

FINAL REPORT OF THE TECHNICAL MEETING

July 6 to 9

1999

Ottawa, Canada



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FINAL REPORT OF THE TECHNICAL MEETING IN PREPARATION FOR THE NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

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Technical Meeting of the Ninth Conference of Spouses of Heads of State and Government of the Americas

Ottawa, Canada

July 6 - 9, 1999

Final Agenda

Monday July 5

- Delegations arrive at Macdonald-Cartier Airport
- Hemisphere Summit Office officials will meet delegates at the airport and provide transportation to the Sheraton Hotel, 150 Albert Street, Ottawa
- Check in, accreditation and delivery of folders with working documents
- Free evening

Tuesday, July 6

Morning	Delegations arrive at Macdonald-Cartier Airport
	Hemisphere Summit Office officials will meet delegates at the airport and provide transportation to the Sheraton Hotel, 150 Albert Street, Ottawa
	Check in, accreditation and delivery of folders with working documents
11:45 am	Delegations and international co-operation agency representatives depart the Sheraton Hotel by motorcoach
12:15 pm	Arrival of delegations at the Lester B. Pearson Building, 125 Sussex Drive, Ottawa

12:30 - 2:00 pm	**Inaugural Luncheon hosted by Mrs. Aline Chrétien** **9th Floor, Tower A, Lester B. Pearson Building** **125 Sussex Drive, Ottawa**
2:00 pm	Delegates depart the Lester B. Pearson Building by motorcoach for Parliament Hill
2:15 - 2:30 pm	**Inauguration of the Technical Meeting** **Room 200, West Block, Parliament Hill** **Chair: Dr. Chaviva Hosek, Director,** **Policy and Research, Office of the Prime Minister**
2:30 - 3:00 pm	**Methodology for the Technical Meeting**
3:00 - 3:30 pm	**Review of Draft Follow-up Report from the 8th Conference** Ms. Louise Léger, Executive Director, Hemisphere Summit Office, Department of Foreign Affairs and International Trade (See Tab 4)
3:30 - 4:00 pm	**Coffee Break**
4:00 - 5:45 pm	**Agency Follow-up Reports on projects endorsed at previous Conferences**
(4:00 - 4:20 pm)	*Measles Eradication, Violence Against Women, Maternal Mortality, Healthy Schools and, Global Health Challenges (report on current activity Tab 10)* Ms. Julia Wayand, Office of External Relations Pan American Health Organization (PAHO) (See Tab 5)
(4:20 - 4:30 pm)	Questions and answers
(4:30 - 4:50 pm)	*Business Development Program for Rural Women (PADEMUR)* Ms. Clara Solís-Araya, Director, Sustainable Development Inter-American Institute for Co-operation on Agriculture (IICA) (See Tab 6)
(4:50 - 5:00 pm)	Questions and answers
(5:00 - 5:10 pm)	*Horizontal Co-operation Project to Promote Child Development* Ms. Verónica Baraona, Office of the First Lady of Chile Fundación Integra (See Tab 7)
(5:10 - 5:15 pm)	Questions and answers

(5:15 - 5:25 pm) *Rural Women and Social Development*
Dr. Gaby Fujimoto, Senior Specialist in Education
Unit for Social Development and Education (USDE)
Organization of American States (OAS)
(See Tab 8)

(5:25 - 5:30 pm Questions and answers

(5:30 - 5:40 pm) *Maternal Mortality Initiative*
Ms. Carol Dabbs, Team Leader, Population, Health and Nutrition, Bureau for Latin America and the Caribbean, United States Agency for International Development (USAID)
(See Tab 9)

(5:40 - 5:45 pm) Questions and answers

5:45 pm Delegates and international co-operation agency representatives depart Parliament Hill by motorcoach for the Sheraton Hotel

7:00 pm All delegates and international co-operation agency representatives depart the Sheraton Hotel by motorcoach for the docks

7:30 - 10:00 pm **Boat tour on the Ottawa River (includes dinner)**

10:15 pm All delegates and international co-operation agency representatives return to the Sheraton Hotel by motorcoach

Wednesday, July 7

8:00 am Delegates and international co-operation agency representatives depart by motorcoach from the Sheraton Hotel to Room 200, West Block, Parliament Hill

8:30 - 10:15 am **Presentations by international co-operation agencies on current and proposed initiatives**

(8:30 - 8:50 am) *Violence Against Women, Eradication of Poverty/Economic Empowerment, Education/Information Network, Participation of Women in Power and Decision-Making Structures*
Ms. Carmen Lomellin, Director
Inter-American Women's Commission (CIM)
(See Tab 11)

(8:50 - 9:00 am) Questions and answers

(9:00 -9:20 am) *Investing in Early Childhood and Poverty Reduction in Latin America*
Mr. Ricardo Moran, Social Development Division
Inter-American Development Bank (IDB)
(See Tab 12)

(9:20 - 9:30 am) Questions and answers

(9:30-10:05 am) *Reproductive Health*
Mr. Ricardo Moran, Social Development Division
Inter-American Development Bank (IDB)
(See Tab 13)

(10:05-10:15 am) Questions and answers

10:15 - 10:45 am **Coffee Break**

10:45 - 12:15 pm **Presentation of projects for possible inclusion in the Conference agenda on the theme "*A Healthy Start: Investing in Children 0 to 6* "**

(10:45-11:05 am) *International Symposia on Early Childhood Education*
Dr. Gaby Fujimoto, Senior Specialist in Education
Unit for Social Development and Education (USDE)
Organization of American States (OAS)
(See Tab 14)

(11:05-11:15 am) Questions and answers

(11:15-11:35 am) *Registration of Children Across the Americas*
Dr. Gladys Acosta, Regional Education on Gender
Regional Office, Bogota
United Nations Children's Fund (UNICEF)
(See Tab 15)

(11:35-11:45 am) Questions and answers

(11:45-12:05 pm) *Early Childhood Development in Latin America and the Caribbean Region*
Dr. Gladys Acosta, Regional Education on Gender
Regional Office - Bogota
United Nations Children's Fund (UNICEF)
(See Tab 16)

(12:05-12:15 pm) Questions and answers

12:15 - 2:00 pm **Lunch (open)**

2:00 - 3:00 pm **Presentation of projects for possible inclusion in the Conference agenda on the theme *"A Healthy Start: Investing in Children 0 to 6 " (continued)***

(2:00 - 2:20 pm) *Co-operation between Health and Education Sectors in Support of a Comprehensive Approach to Child Development*
Dr. Gaby Fujimoto, Senior Specialist in Education
Unit for Social Development and Education (USDE)
Organization of American States (OAS)
(See Tab 17)

(2:20 - 2:30 pm) Questions and answers

(2:30 - 2:50 pm) *Integrated Management of Childhood Illness*
Ms. Julia Wayand, Office of External Relations
Pan American Health Organization (PAHO)
(See Tab 18)

(2:50 - 3:00 pm) Questions and answers

3:00 - 4:00 pm **Discussion of projects presented on the theme of *"A Healthy Start: Investing in Children 0-6 "***

4:00 - 4:30 pm **Coffee Break**

4:30 - 5:00 pm **Presentation of projects for possible inclusion in the Conference agenda on the theme *"Women's Health"***

(4:30 - 4:50 pm) *Prevention of Domestic Violence through Children's Education*
Mr. Brian Ward, Canadian Representative
Inter-American Children's Institute (IACI)
(See Tab 19)

(4:50 - 5:00 pm) Questions and answers

5:00 - 6:00 pm **Conference Regulations** (See Tab 23)

6:00 pm Delegates and international co-operation agency representatives depart Parliament Hill by motorcoach for the Sheraton Hotel

Free Evening

Thursday, July 8

8:00 am	Delegates and international co-operation agency representatives depart by motorcoach from the Sheraton Hotel to Room 200, West Block, Parliament Hill
8:30 - 9:30 am	**Presentation of projects for possible inclusion in the Conference agenda on the theme *"Women's Health"* (continued)**
(8:30 - 8:50 am)	*The DESAPER Project* Ms. Julia Wayand, Office of External Relations Pan American Health Organization (PAHO) (See Tab 20)
(8:50 - 9:00 am)	Questions and answers
(9:00 - 9:20 am)	*Prevention of AIDS in Mothers and Children* Dr. Mercedes Weissenbacher United Nations AIDS Program (UNAIDS) (See Tab 21)
(9:20 - 9:30 am)	Questions and answers
9:30 - 10:30 am	**Discussion of projects presented on theme of *"Women's Health"***
10:30 - 11:00 am	**Coffee Break**
11:00 - 12:30 pm	**Review of the Draft Ottawa Declaration** (See Tab 24)
12:30 - 2:00 pm	**Lunch (open)**
2:00 - 3:00 pm	**Review of the Draft Ottawa Declaration (continued)**
3:00 - 4:35 pm	**Presentation on Telehealth** (See Tab 22)
(3:00 - 3:05 pm)	Introduction Ms. Elizabeth Mulholland, Senior Advisor, Social Development, Office of the Prime Minister
(3:05 - 3:35 pm)	*The Nature and Functions of Telehealth* Dr. Mo Watanabe, Professor Emeritus of Medicine University of Calgary
(3:35 - 4:05 pm)	*The Canadian Women's Health Network* Ms. Diane Ponée, Director Women's Health Bureau Health Canada

(4:05 - 4:35 pm)	*The First Nations Health Information System* Mrs. Lucy Papineau, Acting Director, Department of Social Development and Health, Mohawk Akwesasne Reserve
4:35 pm	Delegates and international co-operation agency representatives depart Parliament Hill by motorcoach for the Sheraton Hotel
5:30 pm	All delegates and international co-operation agency representatives depart the Sheraton Hotel by motorcoach for Gatineau Park
6:30 pm	**Barbecue followed by entertainment** **Willson House, Gatineau Park**
9:30 pm - midnight	Delegates and international co-operation agency representatives return to the Sheraton Hotel by motorcoach

Friday, July 9

8:00 am	Delegates and international co-operation agency representatives depart by motorcoach from the Sheraton Hotel to Room 200, West Block, Parliament Hill
8:30 - 9:30 am	**Review of the Draft Ottawa Declaration (continued)**
9:30 - 10:30 am	**Review of the Draft Summary of Ongoing and Newly Initiated Activities to be Undertaken by the First Spouses** (See Tab 25)
10:30 - 11:00 am	**Coffee Break**
11:00 - 12:00 am	**Presentation on the Parallel NGO Fair** (See Tab 26) Ms. Elizabeth Mulholland, Senior Advisor, Social Development, Office of the Prime Minister
12:00 am - 12:30	Questions and answers
12:30	Delegates depart by motorcoach for the Westin Hotel (site of the 9th Conference of Spouses of Heads of State and Government of the Americas)
1:00 - 2:30 pm	**Working Lunch** **Westin Hotel (Confederation III)** **Chair: Ms. Louise Léger, Executive Director, Hemisphere Summit Office, Department of Foreign Affairs and International Trade** Discussion of the Draft Agenda of the 9th Conference of Spouses of Heads of State and Government of the Americas (See Tab 27)

2:30 - 4:00 pm	**Logistical information for the 9th Conference** Accreditation, press, security, protocol, distribution of forms, folders, etc.
4:00 - 4:30 pm	**Coffee Break**
4:30 - 6:00 pm	**Logistical information for the 9th Conference (continued)**
6:00 - 6:30 pm	**Closing Remarks** **Dr. Chaviva Hosek, Director,** **Policy and Research,** **Office of the Prime Minister**
6:30 pm	Delegates depart the Westin Hotel for the Sheraton Hotel by motorcoach
7:00 pm	**Farewell Cocktail Reception, Penthouse, Sheraton Hotel**

Saturday, July 10

Departure of delegates

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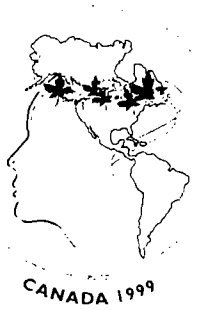

Proceedings

Technical Meeting

Inaugural Luncheon
Lester B. Pearson Building, Tower A, 9th Floor
Tuesday, July 6, 1999 12:30 p.m. - 2:00 p.m.

Remarks by Mrs. Aline Chrétien

Estimadas amigas, honoured guests, it gives me great pleasure today to welcome all of you to Ottawa, our nation's capital.

Since I last saw those of you who were with us at the 8th Conference in Santiago, I know that you have been hard at work in preparing for this year's Conference.

I thank you for your continuing support and co-operation.

For newer participants, welcome. You are joining a team of dedicated professionals, and I know that you will find this meeting to be both dynamic and productive.

"Femmes des Amériques: Agents de changement" est la devise que nous avons choisie pour la conférence de cette année. Elle symbolise la tâche que vous avez devant vous ici.

Tous nos pays font face à de véritables défis dans leurs efforts pour assurer un développement social durable et équitable pour nos peuples. La tâche peut paraître grande par moments, mais nous savons que nous pouvons faire une différence en travaillant ensemble.

The themes of this year's conference are: *"A Healthy Start: Investing in Children 0 to 6"* and *"Women's Health."*

Both themes are deeply relevant to all of our countries. At this meeting, you will be discussing specific projects and programs in relation to each theme.

In fact, 10 international co-operation agencies are here with us to present a wide range of important initiatives worthy of our attention and support.

You will also follow up on the activities endorsed at the last conference, and lay the groundwork for initiatives coming out of this year's Conference.

Para la Conferencia de este año, Canadá introducirá una innovación - una concurrencia paralela a la Conferencia de organizaciones no-gubernamentales de todo el hemisferio.

El proposito es de reunir a organizaciones comunitarias de todos nuestros países para compartir nuevas ideas y programas, para desarrollar lazos con agencias de co-operación internacional y entre si, y también para realzar oportunidades entre nuestros países para colaboraciones futuras, no solo entre gobiernos, sino al igual entre la sociedad civil.

This meeting and the conference that will follow are critical opportunities to forge new alliances and partnerships, and to engage all sectors — private, public and voluntary — in advancing the social and economic well-being of our peoples.

This includes continuing to advocate for the right of every child to a safe, healthy and nurturing environment, and for the active inclusion of women, senior citizens, the disabled, and indigenous peoples in the full sphere of social, economic and democratic activity in our countries.

All of you have been asked by your respective First Spouses to attend this Technical Meeting and to convey their concerns and commitments on the themes selected for this 9th Conference of Spouses of Heads of State and Government of the Americas.

I am here to invite you to openly discuss and share your views, in the knowledge that your deliberations are supporting the active participation of First Spouses in identifying and promoting solutions to the economic and social development challenges of our hemisphere.

Thank you very much for joining us here today, and for contributing so significantly to the achievement of our common goals.

It is my great pleasure to introduce to you Dr. Chaviva Hosek, who will be chairing the Technical Meeting.

Chaviva is the Prime Minister's Director of Policy and Research. She is very familiar with the challenges that lie before you, and has attended a number of Spouses Conferences with me. I know, therefore, that I leave you in good hands.

And, although you will be very busy working through a very rich agenda, I hope that you will also take the time to enjoy Ottawa and the numerous cultural sites and events that our city is pleased to offer you.

Bon succès, chères amies, et merci encore de votre apport.

Inauguration of the Technical Meeting
Room 200, West Block, Parliament Hill
Tuesday, July 6, 1999 2:15 p.m. - 2:30 p.m.

Chair: Dr. Chaviva Hosek, Director of Policy and Research, Office of the Prime Minister

Dr. Chaviva Hosek, Chair of the Technical Meeting, greeted delegates, international co-operation agencies and observers and introduced the title for this year's Conference of Spouses of Heads of State and Government of the Americas: "Women of the Americas: Agents of Change." This title was chosen in keeping with the Conference's tradition of enhancing women's leadership and recognizing the often silent contribution of women in building strong and sustainable societies. This expression symbolizes both the unique contribution of the First Spouses and that of all women who are working to improve the well-being and quality of life of the people of the Americas.

Building on this foundation, Dr. Hosek introduced the themes for this year's Conference: "A Healthy Start: Investing in Children 0 to 6 " and "Women's Health." These themes were designed to reflect and build on the interests that the First Spouses have demonstrated in previous conferences.

Dr. Hosek indicated that the Secretariat of the Conference tried to include presentations that reflected the priorities of international co-operation agencies, as these relate to the themes of the Conference. The synergy of actions between international co-operation agencies and the Offices of the First Spouses is critical to the success of these endeavours.

In her remarks, Dr. Hosek mentioned the commitments undertaken by the countries of the hemisphere at the last Summit of the Americas in Santiago, Chile, which encourage a more active participation by civil society in efforts to achieve social and economic progress. In keeping with this commitment, this year's Conference of Spouses incorporated a new civil society component, a parallel gathering of non-governmental organizations (NGOs) from across the hemisphere that are leaders in the two theme areas selected for the conference.

Dr. Hosek then introduced Mrs. Huguette Labelle, President of the Canadian International Development Agency (CIDA) and moderator for the 9th Conference of Spouses of Heads of State and Government of the Americas. Mrs. Labelle will attend some of the sessions of the Technical Meeting to familiarize herself with the issues to be covered at the conference.

After her welcoming remarks, Dr. Hosek formally began the first working session with an overview of the agenda and the methodology for the Technical Meeting.

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Methodology for the Technical Meeting
Room 200, West Block, Parliament Hill
Tuesday, July 6, 1999 2:30 p.m. - 3:00 p.m.

Presenter: Dr. Chaviva Hosek

This first working session consisted of a broad overview of the Technical Meeting agenda, highlighting each item and providing a brief explanation of its purpose. It also provided key logistical and procedural information.

Dr. Hosek informed delegates that for the most part, the working sessions of the Technical Meeting would be held in Room 200 of the West Block on Parliament Hill. On Friday, July 9, delegates were to move to the Westin Hotel for a working lunch and an afternoon session on logistics. As the Westin Hotel will be the site of the 9th Conference of Spouses, this would enable delegates to examine the premises and collect any information they needed to ensure the comfort of the First Spouses during their stay.

Two off-site hospitality events were planned, the first being a boat ride on the Ottawa River (on Tuesday evening, July 6) and a barbecue dinner and entertainment at Willson House in Gatineau Park (on Thursday evening, July 8). The closing event of the Technical Meeting consisted of a farewell cocktail reception at the Sheraton Hotel on Friday evening.

On the meeting format, Dr. Hosek highlighted that while the Prime Minister does indeed have a spouse, Mrs. Aline Chrétien, Canada does not have a First Lady in the sense that many other countries do. In fact, Canada's constitution clearly stipulates that the spouse of the Prime Minister is a private individual without official standing. That being said, Dr. Hosek mentioned that Canada has nonetheless done its utmost to uphold the established traditions of the Conference of Spouses.

Simultaneous interpretation would be provided for the Technical Meeting working sessions in English, Spanish and French to respect the official languages of the Conference and Canada. Because of the linguistic abilities of the interpreters, members of the Brazilian delegation were invited to make their interventions in Portuguese, if they so wished. The use of audio-visual aids, whenever possible, would be facilitated.

Dr. Hosek introduced her advisor, Elizabeth Mulholland, and proceeded to introduce the members of the Hemisphere Summit Office of the Department of Foreign Affairs and International Trade, present to assist delegates during the Technical Meeting:

Louise Léger, Executive Director, Hemisphere Summit Office

Danielle Vinette, Policy Advisor

Paola Monk, Researcher/Writer

Minerva Hernandez-Iraheta, Researcher/Writer

Mercedes Jorge, Administrative Assistant

Dominique Fink, Administrative Assistant

Dr. Hosek explained that, as in the past, the Technical Meeting would begin by reviewing a draft Follow-up Report on actions taken by the First Spouses since the last Conference. Following this first presentation, and after a brief question and answer period, international co-operation agencies would present follow-up reports on initiatives that were endorsed at previous conferences, followed also by some time for questions and answers.

The second day of the Technical Meeting — Wednesday, July 7 — would begin with a series of presentations from the international co-operation agencies on current and proposed initiatives relevant to the conference themes. The next portion of the meeting would consist of presentations on initiatives proposed for inclusion in the agenda of the Conference of Spouses under the theme of "A Healthy Start: Investing in Children 0 to 6," followed by some time for questions and answers. At the end of these presentations, a period of one hour would be designated for discussing the projects presented for endorsement on this theme.

Later in the afternoon, presentations were made on projects proposed for inclusion in the agenda of the Conference of Spouses under the theme of "Women's Health." The last session of the second day would be reserved to review Conference Regulations.

Thursday morning would continue with presentations under the theme of "Women's Health." The format planned was identical to that used for the previous day, with a discussion period to follow the presentations. In the late morning and early afternoon, the Draft Ottawa Declaration, which the First Spouses will sign at the end of the conference, would be reviewed for two and a half hours.

A Telehealth session was scheduled for Thursday afternoon. This presentation was dedicated to looking at how telecommunications technologies can help to overcome many of the traditional barriers that prevent people from accessing health information and health care, particularly when resources in a country are scarce.

Friday morning was scheduled to continue with the review of the Draft Ottawa Declaration, then to begin the review of the draft document on existing and proposed activities to be undertaken by First Spouses. This report will incorporate the commitments that will arise from the 9th Conference.

Finally, following the presentation and discussion of the parallel NGO event, the remainder of Friday would be spent at the Westin Hotel reviewing both the draft agenda for the Conference and the accompanying logistical arrangements, including protocol, security, media and communications.

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Draft Follow-up Report from the 8th Conference
Room 200, West Block, Parliament Hill
Tuesday, July 6, 1999 3:00 p.m. - 3:30 p.m.
(See Tab 4)

Presenter: **Ms. Louise Léger, Executive Director, Hemisphere Summit Office, Department of Foreign Affairs and International Trade**

Louise Léger presented the Draft Follow-up Report from the 8th Conference. The purpose of this session was to review and comment on the draft report that summarizes the follow-up actions of each First Spouse to the commitments adopted at the last conference.

Ms. Léger clarified that the report presented was only a preliminary draft, as some countries had not yet submitted their account. Those countries that were already included in the summary were asked to review it and suggest any modifications to the section they had submitted. Ms. Léger encouraged those who had not yet submitted a report to do so as soon as possible. Delegates agreed to send their revisions in writing. It was resolved that a revised and complete version will be available for all delegations after the remaining reports are received.

The Draft Follow-up Report presented at the Technical Meeting included information received from Argentina, Brazil, Canada, Chile, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Peru, Trinidad and Tobago, and Uruguay.

During the Technical Meeting, reports were received from Bolivia, Costa Rica, Mexico, and St. Kitts & Nevis.

The Draft Follow-up Report contained information on the actions taken by countries on the initiatives and projects endorsed by the First Spouses at the 8th Conference. These included the following themes:

1. Healthy Schools
2. Sex Education for Girls
3. HIV/AIDS Prevention for Adolescents
4. Hemisphere Program to Strengthen the Inclusion of Rural Women in Entrepreneurial Chains and Socio-economic Democratization

5. Multilateral Horizontal Co-operation Project-Integra
6. Domestic Violence
7. Senior Citizens
8. Women's Leadership
9. Education for Rights and a Culture of Peace
10. 21st Century Schools: Training for Life

The deadline established for receiving the remaining reports is August 12, 1999.

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Follow-up Reports by international co-operation agencies on projects endorsed at previous Conferences
Room 200, West Block, Parliament Hill
Tuesday, July 6, 1999 4:00 p.m. - 5:45 p.m.

Five international co-operation agencies made presentations following up on projects endorsed at previous Conferences of Spouses:

Presenter: **Ms. Julia Wayand, Office of External Relations, Pan American Health Organization** (See Tab 5)

The Pan American Health Organization (PAHO) reported on progress achieved in four topics of great importance for the region:

1. On the Regional Plan for the Reduction of Maternal Mortality, the most significant advances since September 1998 were reported as:

   a) the review of regulatory frameworks in different countries applicable to family health, maternity, women and indigenous populations;

   b) the formation of a Regional Task Force with the responsibility of facilitating inter-agency co-ordination and implementation of mechanisms to improve maternal mortality indicators;

   c) the publication of several reproductive health documents;

   d) a global meeting, jointly sponsored by UNICEF/WHO/UNFPA to discuss systematizing experiences in implementing women-friendly health services; and

e) the International Women's Health Day celebrations in many countries calling public attention to unacceptable levels of access and cost to women's health services.

2. With regard to the eradication of domestic violence, PAHO reported progress in the hemisphere, particularly concerning the penalization with respect to physical and sexual abuse. In general, Ms. Wayand explained, countries are working on this issue at three levels:

a) at the local or micro level: networks of community organization representatives of the public and private sectors and community leaders have been created in an effort to prevent violence against women;

b) at the intermediate or sectorial level: includes the health sector's activities concerning policy development, monitoring of domestic violence, registration, and implementation of protocols and training plans;

c) at the national or macro level: includes a legal framework for strengthening the institutional capacity to address violence and to empower its victims. PAHO and the World Health Organization (WHO), jointly with member countries, have played a fundamental role by providing technical evaluations of the countries' experiences and annual plans of action that include expected results and progress indicators. In addition, PAHO continues to mobilize resources for the region on this subject.

3. On the efforts to eradicate measles in the Americas, PAHO reported great progress toward achieving this goal, with a marked reduction in the annual number of confirmed cases. Ms. Wayand illustrated these achievements by pointing out that from 1997 to 1998, the number of confirmed cases was reduced by 76%. The key role of the First Spouses of the Americas to fulfil the hemispheric goal of measles eradication was stressed and applauded.

4. On the activities planned between PAHO's Health Promoting Schools Initiative and the World Bank's School Health Nutrition Program within the project "21st Century Schools, Educating for Life," Ms. Wayand reported that due to limited resources, the initiative continued during 1998 and into the current year with many difficulties.

5. PAHO's final report was on a symposium addressing Global Health Challenges, where an international group of experts met in Vancouver on March 5, 1999 to discuss the health challenges faced by the world, disregarding political frontiers, such as the impact of new DNA/RNA structures on global health.
(See Tab 10)

Presenter: **Ms. Clara Solís-Araya, Director, Sustainable Development, Inter-American Institute for Co-operation on Agriculture**
(See Tab 6)

The Inter-American Institute for Co-operation on Agriculture (IICA) reported on progress made under the Hemispheric Program for the Entrepreneurial Development of Rural Women (PADEMUR). For this year in particular, Ms. Solís-Araya reported on the implementation of a project to promote capacity in the gender approach within IICA's policies and projects linked to sustainable rural development.

The achievements reported by IICA include the constitution of National Committees in Central America and Argentina; the formation and constitution of a Central American Regional Council, a Caribbean Network of Rural Women Producers, the Inter-American Rural/Peasant Farming Business Organization, as well as the articulation of horizontal co-operation networks on gender issues. Participation of IICA at diverse conferences and forums was also reported, including the Inter-Agency Group for the Alleviation of Poverty (1998); the Second International Conference on Women in Agriculture, organized by IICA in co-ordination with the United States Department of Agriculture (Washington, 1998); the Panel on Access of Women to Land (San José, 1999); and the 27th Meeting of the Governing Board of the Regional Conference on the Integration of Women in the Economic and Social Development of Latin America and the Caribbean (San Salvador, 1999), among others.

Delegates concurred on the importance of keeping the theme Rural Women in the working agenda of the First Spouses, due to its critical importance for the social and economic development of the region.

Presenter: **Mrs. Verónica Baraona, Office of the First Lady of Chile, *Fundación Integra***
(See Tab 7)

Fundación Integra followed-up on the Horizontal Co-operation Project to Promote Child Development, organized by the OAS's Research Centre for Comprehensive Development (CIDI) and Chile's *Fundación Integra*. Mrs. Baraona explained that the project's main objective is to facilitate the participation of the hemisphere's institutions in those forums organized to exchange ideas related to child development, for the purposes of enhancing and modernizing the management of such programs, and ensuring that they are familiar with the experiences of Chile. The activities reported by *Integra* for 1999 consist of:

a) two regional seminars to share experiences (in Chile and Costa Rica);

b) the design of a Web page entitled "Childhood and Women in the Americas";

c) the participation of management and technical teams in study tours within institutions that carry out child development and early childhood education programs that are protecting the children of working women in Argentina, Costa Rica and Peru;

d) *Integra's* offer of technical-advice and a management program in four countries of the region: Ecuador, Honduras, Panama and Bolivia; and

e) The adaptation and transfer of educational material and other technical/methodological products to countries within the region.

Delegates from Argentina, Bolivia, Ecuador and Uruguay, among others, expressed their support for the continuation of this initiative, and gave testimony of the successful results that the project has had in their countries.

Presenter: **Dr. Gaby Fujimoto, Senior Specialist in Education, Unit for Social Development and Education, Organization of American States**
(See Tab 8)

The Unit for Social Development and Education, Organization of American States (USDE/OAS) presented a status report on the theme of Rural Women and Social Development, highlighting the seminar-workshop "Rural Women in Social Investment Projects," carried out in Lima, Peru on June 24 and 25, 1999. With the technical support from IICA, IDB and the World Bank, participants at this seminar exchanged ideas and experiences, engaged in discussions, and recommended the creation, within the Social Network of the OAS, of a subcommission responsible for incorporating a gender approach in investment funds.

Delegates expressed their concern on the funding of initiatives regarding this subject. Dr. Fujimoto explained that funding from the OAS is the result of a process that starts when a country or group of countries, through the appropriate governmental organizations, presents a proposal to the OAS that may result in funding for a period of one year. Other resources available from the OAS are the technical support that its specialists can provide to countries interested in developing a proposal.

Presenter: **Ms. Carol Dabbs, Team Leader, Population, Health and Nutrition, Bureau for Latin America and the Caribbean, United States Agency for International Development**
(See Tab 9)

The United States Agency for International Development (USAID) reported on the agency's current activities, focussing on reducing maternal mortality in the Americas. The "Quality Assurance" and "Mother Care" projects both aim to reduce maternal mortality through the prevention of unintended pregnancies, the use of skilled birth attendants, and essential obstetric care. As result of these projects, Ms. Dabbs reported an increased capacity of communities to recognize and respond to pregnancy-related complications by accessing health services, as well as the development, testing, evaluation and dissemination of approaches to enhance the use of standards at the first level of referral.

Presentations by International Agencies on Current Activities
Room 200,West Block, Parliament Hill
Wednesday, July 7, 1999 8:30 a.m. - 10:15 a.m.

Presenter: **Ms. Carmen Lomellin, Director, Inter-American Commission on Women**
(See Tab 11)

The Inter-American Commission on Women (CIM) presented on the topics of violence against women, eradication of poverty, education networks, and the participation of women in decision-making structures. The topic of violence against women and the follow-up to the Convention of *Belém do Para* was well-received by the delegates. To date, 29 of the 34 OAS member countries have ratified the Convention.

Presenter: **Mr. Ricardo Moran, Social Development Division, Inter-American Development Bank**
(See Tabs 12 and 13)

The Inter-American Development Bank (IDB) presented on two topics: "Investing in Early Childhood and Poverty Reduction in Latin America" and "Reproductive Health."

1. On the first topic, Early Childhood and Poverty Reduction, the IDB presented a video entitled: "Breaking the Poverty Cycle," which highlighted the reality of poverty in Latin America and the Caribbean. The statistics speak for themselves: the problem of child poverty is critical. Child poverty and inequality are part of a vicious circle that is passed from parents to children. Some suggestions were given in order to break this cycle, such as establishing programs for quality reproductive health services, community training, and workshops on nutrition and child-care services.

2. Mr. Moran described the issue of reproductive health as a priority within the IDB. Since 1994, the Bank has recognized the need to expand its operations in the social areas to reduce poverty and ensure a more equitable development. Being closely related to poverty, poor reproductive health and lack of access to health care affects the poorest women, particularly rural and indigenous women.

Both topics raised a number of questions regarding funding by the Bank, which Mr. Moran addressed. Delegates were interested in hearing about current IDB projects in Latin America and the Caribbean, and how governments can apply to participate in such programs.

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Presentations of Projects for possible inclusion in the Conference Agenda
Room 200, West Block, Parliament Hill
Wednesday, July 7, 1999 10:45 a.m. - 5:00 p.m.
Thursday, July 8, 1999 8:30 a.m. - 10:30 a.m.

First theme: A Healthy Start: Investing in Children 0 to 6

Presenter: Dr. Gaby Fujimoto, Senior Specialist in Education, Unit for Social Development and Education, Organization of American States
(See Tabs 14 and 17)

USDE/OAS presented two projects for endorsement:

1. The International Symposia on Early Childhood Education is an initiative that promotes formal discussions on the issue of early childhood education among experts in order to develop a comprehensive approach in the hemisphere.

2. In the presentation entitled "Co-operation between the Health and Education Sectors in Order to Achieve a Comprehensive Approach to Child Development," Dr. Fujimoto explained how this initiative intends to foster the co-operation of health and education ministries in order to create a healthy and educational environment for children in Latin America and the Caribbean.

Questions were raised about funding for both projects, as well as the inclusion of the Caribbean in such programs. Dr. Fujimoto stated that no input had been received from Caribbean countries at the time the projects were formulated, but they are welcome to participate in these programs if they considered them priorities for their region. With regard to funding, the Unit of Social Development and Education is in the process of allocating funding partners for these initiatives.

Presenter: Dr. Gladys Acosta, Regional Education on Gender, Regional Office - Bogota, United Nations Children's Fund
(See Tabs 15 and 16)

1. The United Nations Children's Fund (UNICEF) presentation on the Registration of Children across the Americas revealed the fact that, each year, at least 1 million children are born in Latin America and the Caribbean who are not registered. A birth certificate is necessary in order to have access to health-care services and schooling. There is an urgent need to reform and/or adopt laws to improve registration mechanisms.

Many delegates agreed that this is an excellent initiative. There was an acknowledgement, however, that this program is not necessary in some countries where 90% of the population has been registered.

2. The presentation on Early Childhood Development in Latin America and the Caribbean Region stressed the importance of formulating policies, strategies and programs to promote public awareness of the development of an early childhood education system.

Both projects were presented in order to have the support required from the First Spouses' offices to raise public awareness on these issues. Questions were raised regarding funding for the projects, and regarding technical assistance for the First Spouses' offices that wish to participate.

Ms. Acosta stated that UNICEF is in the process of negotiating with interested co-operation agencies in order to prepare the budget for the projects. Technical assistance to those First Spouses' offices that are interested in participating in the projects would be taken into consideration.

Presenter: **Ms. Julia Wayand, Office of External Relations, Pan American Health Organization**
(See Tab 18)

The PAHO project on Integrated Management of Childhood Illness concentrates on reducing high mortality from preventable causes in children under five years of age. The presentation included a video that described the health situation of children in Latin America and the Caribbean. It also illustrated the main characteristics and benefits that this project brings to the health-care system.

Discussion on projects presented on the first theme: "A Healthy Start: Investing in Children 0 to 6"

The main concern expressed by the delegates related to the financial support required to conduct existing and future programs. It was stated that only those activities that had secured funding would be endorsed by the First Spouses. The international co-operation agencies that presented projects to the Delegates of the Offices of First Spouses recognized that all efforts are made to secure the funds necessary to carry out these critical initiatives, which would then result in finding concrete means by which the First Spouses could contribute to these worthwhile endeavours.

Questions were also raised regarding the different regional priorities and concerns, highlighting that some projects do not pertain to certain areas in the Hemisphere. Every one acknowledged this principle, and agreed that it would be the responsibility of each country to collaborate with the international co-operation agency to design an effective framework for advancing the program.

Second theme: Women's Health

Presenter: **Mr. Brian Ward, Canadian representative, Inter-American Children's Institute**
(See Tab 19)

The Inter-American Children's Institute (IACI) presented on the prevention of domestic violence through children's education. This project was presented as an initiative to be followed by countries in Latin America and the Caribbean in order to change attitudes toward domestic violence and to implement policies to prevent it. The project would include training of justice departments, social workers and educators. Funding for the project would be provided by the Institute.

Delegates praised this initiative and suggested that it be implemented in the countries of the hemisphere. They agreed that it should also promote horizontal co-operation between countries and organizations. It was recommended that a follow-up mechanism be incorporated into the program to gather experiences from the various participants.

Presenter: **Ms. Julia Wayand, Office of External Relations, Pan American Health Organization**
(See Tab 20)

The DESAPER project aims to improve prenatal and maternal care through the training of health-care providers and community participation strategies. In areas in which the program is in place, a significant improvement has been noted as a result of joint interventions by health-care providers and community participation.

The delegates were interested to know whether the project would continue. They were assured that the Canadian International Development Agency (CIDA) would maintain a maternal mortality initiative, even though the DESAPER project is coming to an end.

Presenter: **Dr. Mercedes Weissenbacher, United Nations AIDS Program**
(See Tab 21)

The United Nations AIDS Program (UNAIDS) presented on the prevention of HIV/AIDS from mother to child. The goal of this project is to mobilize political and public support for the reduction of the transmission of HIV/AIDS from mothers to children in Latin America and the Caribbean.

UNAIDS hopes to achieve the support of the Spouses in order to raise public awareness on this topic.

This presentation was praised as a timely initiative for the region, with some delegates stating that their First Spouse would endorse this project. The presentation also raised many questions about funding. Initial funding has been allocated for the project, however, many delegates were interested to know whether UNAIDS had allocated funds to continue the project and other programs that may arise from this initiative.

Dr. Weissenbacher stated that UNAIDS plans to raise funds among the other participating agencies (UNICEF, UNFPA and the WHO) for this project.

Discussion on projects presented on the second theme: "Women's Health"

This discussion focussed mainly on the subthemes that could be derived from the projects presented. It was evident that even though the offices of the First Spouses have common goals, they have different priorities according to the needs of their countries.

The inclusion in the Conference agenda of subthemes such as cervical cancer, maternal mortality and rural women was discussed as a possibility, but was not retained.

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Discussion on Conference Regulations
Room 200, West Block, Parliament Hill
Wednesday, July 7, 1999 5:00 - 6:00 p.m.
(See Tab 23)

Delegates agreed that as the conference regulations had been endorsed by the First Spouses at the 8th Conference, it was not necessary to discuss the document again. If a First Spouse wants to further discuss or propose any modification to the regulations, she will have to put it forward to the plenary during the 9th Conference.

It was highlighted, however, that the official languages of the Conferences of Spouses are Spanish and English. The inclusion of French in the Regulations was meant for this Conference only, and will be deleted from the Official Regulations for the Conference.

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Review of Draft Ottawa Declaration
Room 200, West Block, Parliament Hill
Thursday, July 8, 1999 11:00 a.m. - 3:00 p.m.
(See Tab 24)

The discussion of the Draft Ottawa Declaration began with a paragraph-by-paragraph revision of the document. As in previous sessions, delegates were asked by the Chair to focus their attention on the content of the Declaration more than in its wording. A working group, formed by those delegates who wanted to, would later review the draft for language and style. It was agreed, however, that the English version would be the base working document.

Delegates proposed changes, additions and/or modifications to the draft. A consensus had to be reached before including each proposal in the document. That evening, the Secretariat prepared a new draft of the declaration. This new draft was reviewed on the morning of July 9 by two working groups, one formed by delegates from Latin American countries (who revised the draft in Spanish) and the other by delegates from the Caribbean (who revised the draft in English). It was agreed that the Secretariat would incorporate revisions in both languages in a new draft, which will be sent to all delegates after the meeting.

Delegates were mainly concerned about giving a sense of continuity to the declaration, reflecting the fact that this is the ninth time the First Spouses of the Americas have gathered to launch initiatives on social themes. Also, some controversy arose with regard to including in the declaration a mention of an enhanced role of civil society in the planning and implementation of policy. It was agreed that the new draft declaration would make mention of the commitments reached at the Santiago Summit of the Americas, and that First Spouses would only declare that they recognize the need for an enhanced participation of civil society with regard to measures needed to advance the development of our countries.

Argentina and Guatemala requested the inclusion in the declaration of a paragraph that had been left pending from last year's conference, regarding the rights of children to receive love and protection from their parents. Delegates agreed to this addition.

The new Draft Ottawa Declaration will be sent to delegates for their review. The deadline established for receiving comments and suggestions is **August 12, 1999.**

Presentation on Telehealth
Room 200, West Block, Parliament Hill
Thursday, July 8, 1999 3:00 - 4:35 p.m.
(See Tab 22)

The purpose of this session was to introduce delegates to the concept of telehealth and its potential to assist countries in responding to health-information and health-care challenges, regardless of the level of their technological infrastructure. The use of information and telecommunications technology to deliver health information, services and expertise across short or long distances was considered an effective mechanism for the provision of health care to remote and rural areas of the region. It was also presented as a way of linking the Americas together to work collaboratively to improve the health of their citizens.

Presentations were designed to show how telehealth has improved health-care services in remote areas of Canada, and to engage the participants in discussions on the practical use of telehealth in Latin America and the Caribbean.

Presenter: Dr. Mo Watanabe, Professor Emeritus of Medicine, University of Calgary

Dr. Watanabe presented on "The Nature and Functions of Telehealth," highlighting the history of use of telehealth in Canada, the range of telehealth options and their costs, and the importance and benefits of the use of telehealth in the Americas, as a means to enable remote areas to benefit from the expertise and skills located in urban centres. This results in significant improvements in the quality, cost-effectiveness and accessibility of health services.

Presenter: Ms. Diane Ponée, Director of Women's Health Bureau, Health Canada

This presentation was supposed to be delivered by Ms. Madeline Boscoe, Executive Co-ordinator of the Canadian Women's Health Network, who was unable to attend. Ms. Diane Ponée kindly agreed to present the topic on her behalf. She focussed on the use of electronic telecommunications on women's health, the usefulness of databases for storing and using information on women's health and the relevance of electronic networking on women's health to countries in the hemisphere. This presentation also stressed the important role that women play in telehealth as users of health systems, guardians of their family's health, care givers (paid and unpaid), and advocates, educators and researchers.

Presenter: Ms. Lucy Papineau, Acting Director, Social Development and Health, Mohawk Akwesasne Reserve

Ms. Papineau presented on "The First Nations Health Information System," and explained the benefits of the Information System in providing health services for First Nations and in building the capacity of health-care providers. It was highlighted how telehealth is one way to help make health services more equitable and accessible for First Nations communities.

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Review of the Draft Summary of Ongoing and Newly Initiated Activities to be Undertaken by the First Spouses
Room 200, West Block, Parliament Hill
Friday, July 9, 1999 9:30 - 10:30 a.m.
(See Tab 25)

Presenter: Dr. Chaviva Hosek

The Draft Summary of Current and Future Actions was presented to delegates for their review. It was agreed to change the name of this document to "Summary of Ongoing and Newly Initiated Activities to be Undertaken by the First Spouses" and to reorganize its content.

The first part of the summary includes those initiatives endorsed at previous Conferences of Spouses that are currently being carried out by the offices of the First Spouses. The second part presents the initiatives that First Spouses intend to act upon, according to their priorities and in keeping with the themes selected for this year's Conference. The appendix contains the projects undertaken by international co-operation agencies submitted for the review of the First Spouses at the 9th Conference.

The purpose of reorganizing the document this way was to provide a succinct yet comprehensive overview of the specific projects supported by the First Spouses, both ongoing and those proposed for the future, with the responsible agency indicated.

There was a consensus among all delegates to focus on the content of the document rather than on the choice of words and style. However, it was stressed that a careful revision of the wording would be done by the Secretariat when incorporating into the document the changes and modifications agreed at the Technical Meeting.

Delegates requested to include under "Ongoing Initiatives" the themes of Eradication of Child Labour, Human Rights Education and a Culture of Peace, and Senior Citizens. It was also agreed to add in the appendix the project presented by UNICEF on Early Childhood Development. Also, information regarding the availability of funds for each project will be included in the appendix.

Delegates having further suggestions were encouraged to send them in writing to the Secretariat for consideration. A revised draft of the document will be sent to all delegates during the first week of August.

The deadline established for receiving comments on this document is August 27, 1999.

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Presentation on the Parallel NGO Fair
Room 200, West Block, Parliament Hill
Friday, July 9, 1999 11:00 a.m. - 12:00 p.m.
(See Tab 26)

Presenter: Ms. Elizabeth Mulholland

Ms. Mulholland, Senior Advisor, Social Development, Prime Minister's Office explained in this session that Canada is proposing a modest innovation to the existing conference format: a parallel civil society, or non-governmental organizations (NGO) fair. This innovation, Ms. Mulholland explained, arises from the 8th Conference of Spouses, where reference was made to co-ordinating the commitments of the First Spouses with those made by their respective countries at the last Summit of the Americas. One of those commitments was to engage civil society more actively in the efforts of governments to achieve hemispheric social and economic sustainable development.

The initiative proposed consists of holding two NGO fairs parallel to the conference, one on each day, that would bring together leading NGOs from across the Americas in the theme area being addressed that day. First Spouses are invited to select two NGOs from their country, one active in early childhood development, the other in women's health, to participate in this event. Canada would invite the participation of an equal number of Canadian NGOs active in the same field.

Each morning, NGOs will exhibit information and materials on their programs and exchange information and ideas with each other, the international agencies, and interested technical advisors. First Spouses would tour the exhibits themselves for one hour before lunch as part of their agenda. This would enable them to collect information on programs of interest to them and to speak to NGO representatives directly about these programs. In the afternoon, Canada would facilitate discussions between groups of NGOs, international agencies, and Canadian government departments with similar interests.

Regarding financial support, Ms. Mulholland explained that in order to ensure that cost is not a barrier to participation, Canada would be pleased to offer assistance with NGO travel and accommodation costs for countries requesting it. Due to budget limitations, financing will be available for one representative per NGO.

Delegates raised concerns as to the kind and number of NGOs that would be invited. Some delegates considered two NGOs per country to be a limiting number for those countries that have many organizations active in both themes of the conference. The number of Canadian NGOs invited in comparison to the rest of the countries in the region was questioned. Canada stated that it was taking the opportunity to permit Canadian NGOs to seek a more active and concrete way of seeking potential areas of collaboration with their partners in the hemisphere.

It was decided that delegates would consult with their First Spouse before coming to a final agreement on the structure of the Fair. It was also agreed that rules of conduct for participating NGOs will need to be established.

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Review of Draft Agenda for the Conference
Westin Hotel, Confederation III
Working lunch
Friday, July 9, 1999 1:00 p.m. - 2:30 pm
(See Tab 27)

Presenter: Ms. Elizabeth Mulholland

Ms. Mulholland invited delegates to follow the Draft Program for the Conference and to comment on the proposed agenda items. Delegates agreed that First Spouses should be given priority in the amount of time provided for discussion of their countries' social priorities, and the actions taken to alleviate poverty and improve the quality of life of their populations. As a result, it was agreed that international co-operation agencies did not need to repeat the presentations they made to the delegates during the Technical Meeting, and that the written reports will suffice. They will be invited to have a tabletop display of documentation adjacent to the NGO Fair, if they so wish.

Delegates requested that the presentation by Dr. Paul Steinhauer be reduced to 15 minutes, and that it provide an overview of the reasons why the ages 0 to 6 are critical in the development of a child's brain and future mental and physical well-being.

It was further agreed that the first day will be dedicated to the theme "A Healthy Start: Investing in Children 0-6," and the second day to "Women's Health." The first day will start with a 15-minute

status report by UNICEF on the conditions of early childhood development. The following day, PAHO would provide an overview of the condition of women's health in the Americas. Delegates asked that the presentations be delivered by senior officials within these two organizations.

If possible, First Spouses should inform the Secretariat of the main thrust of their remarks, in order to schedule their intervention according to the themes (keeping in mind, of course, that some will overlap).

Each First Spouse will have time for a 10-minute address. The deadline established for the submission of themes is August 12.

Delegates were overwhelmingly in favour of keeping the presentation on telehealth, but requested that the session be limited to one hour. This will include a 10-minute introduction, followed by a live demonstration of a telehealth intervention and a 15-minute video.

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Discussion on Logistics for the 9th Conference
Westin Hotel, Confederation III
Friday, July 9, 1999 2:30 p.m. - 4:00 p.m.

Presenter: Ms. Louise Léger, Executive Director, Hemisphere Summit Office, Department of Foreign Affairs and International Trade

Louise Léger chaired this working session, which focussed on the logistical aspects of the upcoming Conference. She informed the delegations that the Secretariat would send documents for registration and accreditation, which would have to be completed and returned by **August 12**. Upon receipt of that information, further details are to be sent to the participating countries.

It was established that, upon their arrival in Ottawa, the First Spouses will be greeted by the Chief of Protocol of the Department of Foreign Affairs and International Trade. This will take place at the Airport's Canada Reception Centre, or Hangar 11. To ease the process, one member of the delegation should carry all of the passports upon arrival.

If the first port of entry is not Ottawa, personnel from the Department of Foreign Affairs and International Trade will be on location to help the First Spouses and delegates through customs.

For those countries that require visas to enter Canada, a Diplomatic Note from their respective Foreign Affairs Ministry must be sent to the nearest Canadian Embassy or Consulate for processing, well in advance of the planned departure date for Canada.

Local embassies will provide liaison officers for each First Spouse. The Secretariat will ensure that all luggage arrives at the hotel without any problems.

The Secretariat has booked 300 rooms for the Conference. A suite has been booked for each First Spouse, as well as two rooms for delegates. The First Spouses will decide where their delegates will stay, and the Secretariat will need to know the number of rooms required for each delegation. The Secretariat has also made additional bookings for NGOs and the media (extra rooms in an adjacent hotel).

The floor plan of the Conference was the next topic on the logistical agenda. A discussion room will be provided for the First Spouses only. Another room will be used as a common delegate room, and will be equipped with fax machines, computers, phones, etc. The Secretariat has also booked space in another government building directly across the street from the hotel in case anyone needs to set up offices or meeting rooms. One salon will also be available to those who wish to hold bilateral meetings, but it must be booked in advance.

With regard to transportation, two vehicles will be provided for each delegation: one for the First Spouse and one for the rest of the delegation.

The only transportation by car will be to and from the airport. The rest of the commuting will be done by (deluxe) bus. If the delegation is large, the diplomatic missions in Ottawa will be responsible for providing additional transportation, or the Secretariat staff can provide information on renting vehicles.

Security officials will be present at every event, and at the hotel 24 hours a day. Security will not be provided for individuals, but only for the group as a whole. Sites will be secured before and during the sessions. Delegates were informed that the final scenarios for security will be included in the Operating Manual, which will be sent out by the end of August.

The media centre will be well-equipped, and the proceedings will be taped so that they are visible and available to the media centre. A briefing theatre and a press conference theatre will also be available. The Chair asked that one member of each delegation be designated as the "press attaché" and that this person be the point of contact with the Secretariat so that presentations can be arranged. The NGO Fair will be situated next to the Media Centre to better showcase the roles and contributions of the NGOs.

The next series of discussions focussed on the Conference itself: On September 29, registration will take place all day. The forms that each First Spouse and delegate must fill out will be sent in the mail-out. The badges for the Conference will be similar to those used at the Technical Meeting, but will have photos on them.

The inauguration ceremony will take place in the Amphitheatre of the National Art Gallery, and will be followed by a brief, one-hour reception. The draft scenario was described as follows: the First

Spouses will be on stage and will be introduced one-by-one. The Prime Minister and his wife will then deliver their welcoming remarks, and a performance by a children's choir will follow.

The next social event will take place in the evening, on the first day of the Conference (Thursday, September 30). It includes a group photo, reception, dinner and cultural event, all of which will be held at the Museum of Civilization. Details of the cultural event are being finalized, but it will have a typically Canadian flavour. The Secretariat is currently working on the reception invitation lists; all First Spouses will be invited, as will all heads of diplomatic missions. Certain government officials and embassy personnel will also be invited.

The program includes an informal lunch (no seating plan) for First Spouses. As tradition dictates, First Spouses will have lunch together, while the rest of the delegations will be offered a buffet luncheon in a separate dining room.

On the second day of the Conference (Friday October 1), the First Spouses will sign the Ottawa Declaration on Parliament Hill, in Room 200, West Block.

A farewell cocktail party will follow, in Centre Block, near the old library (so that the delegations may visit it if they wish). This will last for only two hours, so that anyone who wishes to plan a departure that night can do so.

Information concerning temperatures, weather and proper attire will be sent to each participating country before the Conference.

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Divider Title: _____

DRAFT FOLLOW-UP REPORT
ON THE COMMITMENTS ADOPTED AT THE
8TH CONFERENCE OF SPOUSES OF HEADS OF STATE
AND GOVERNMENT OF THE AMERICAS (SANTIAGO 1998)

1. Healthy Schools

In **Argentina**, four programs have been implemented to improve the living conditions of children in schools, by providing adequate nutrition, good hygiene and health care, in a co-ordinated fashion by different Ministries and Provincial Governments. Two of the programs are national (National Child Nutrition Program or PRANI and the Children's Assistance Program or PROAME) and the other two are being carried out in the Province of Buenos Aires only (Child Development Units Program and School Meal Service). Although no final evaluation has been made, strong support has been expressed by civil society and by provincial and municipal agencies.

Canada has offered health services for children under six living at risk through two programs: the Community Children's Action Program intended to integrate parental involvement into the educational needs of their children. Program officials pay visits to households, to provide individualized assistance for child development, nutritional therapy, collective kitchens and traditional native medicine programs. The second is the Aboriginal Head Start Early Intervention Program, which focusses on native children up to the age of six who live in urban centres and communities in northern Canada. Some 56,000 children and parents are covered by these programs.

The healthy schools program is fully operative in **Chile** as reported in the follow-up program in 1998, and progress is being made to improve the quality of education through the Ministry of Education, which is training teachers and changing the school curriculum for all primary and intermediate schools. The school day has been extended to eight hours.

A healthy school strategy has been established in **Colombia** through a seminar/workshop for 27 coordinators in different Departments and districts. Subsequently, two documents containing the general guidelines and strategic vision were prepared, published and widely distributed. With support from the Pan American Health Organization (PAHO), financing was provided to prepare a video on healthy schools, which was distributed to all the Departmental health directorates.

In the **Dominican Republic**, the program is in an experimental stage. The subject was included in the school curriculum with activities to promote health and foster good hygiene habits.

The healthy schools project in **El Salvador** continues to benefit 600,000 children in rural and marginalized urban zones. The objective is to provide all schools with health and nutrition services, school lunches, infrastructure and curriculum support. It is also hoped that 100% of school councils will participate in the program, to provide teachers with the methodologies they require to detect certain disabilities, particularly visual and auditory, and to promote health practices.

With participation of the health and education sectors and the support of PAHO, the European Union and UNICEF, **Guatemala** established a national healthy schools program whose objectives are to vaccinate 100% of school children and to support all the institutions that serve the school-age population. The goals are to encourage closer coordination between the Ministries of Health and Education in preparing educational materials, in promoting the program at the national level, and in promoting vaccinations for children.

Guyana has stressed vaccination programs and better nutrition in schools. The Ministry of Health, PAHO and the United Nations Development Program (UNDP) participate in these programs.

With assistance from the Inter-American Development Bank, the World Bank and different NGOs, the **Haitian** government has implemented a program for health and nutrition in schools. It also hopes to improve the sanitary conditions in schools and other community facilities where shortcomings currently exist.

Honduras organized a pilot project in four schools, with the participation of a consultative committee, an inter-institutional technical committee, a private consultant and the First Lady. As part of the project, school lunches were introduced, water was fluorinated, training was provided to cope with family violence, and oral health was promoted. In addition, vegetable gardens were developed, support for a water desalinization plant was arranged with the Spanish government, and anti-parasite monitors were established. Sports facilities and sanitary installations were improved in one of the schools. A project document was prepared by the Office of the President of the Republic, in search of financing from Stockholm. Because the results of the pilot project were positive, it was then applied to approximately 3,000 formal and informal schools as well as to education centres.

Different activities were carried out in **Panama**, such as school meals, workshops to prevent drug use by children and adolescents, oral health, environmental education workshops, poultry farms and vegetable gardens on school grounds. All children between the ages of five and eleven are covered by the school lunch program. Coordination has been established between the education and health sectors to form school monitors to treat and prevent diseases in school children, mainly dengue and smoking.

Peru prepared a Healthy School project, involving 2280 school monitors, 500 teachers and 500 school coordinators. The project was supplemented by providing chlorinated water in each classroom in each school.

Trinidad and Tobago implemented a project to establish a vaccination program, child development clinics, dental clinics and educational programs.

Uruguay established eye health programs, the supply prescription of glasses for those in need, oral health, anti-parasite programs and medical check-ups in schools in socio-economically depressed areas.

2. Sex Education for Girls

Argentina has implemented different programs targeted to different groups, including a sex education program for the staff of residential schools, programs for teenagers on prevention and sexual health care; a nation-wide educational program for responsible parenthood, a national comprehensive health plan for adolescents, and a workshop on teenage pregnancies.

Canada has established Centres of Excellence under its women's health program, which carries out different projects on sexual health for girls and women. Also, Health Canada presented a national health strategy for women, whose main objectives are to ensure that policies and programs are tailored to the different health needs of women. The program also facilities research on women's health and better health services for women, including preventive measures.

The Ministry of Education in **Chile** has organized sex education campaigns in all schools supported by the First Lady, and orientation sessions for young people at the Family Foundation, which

is chaired by the First Lady. Financing comes from the national budget, and the program is continuing during 1999.

In **Colombia**, a strategy was established to strengthen sex education projects in schools, and policies were developed to cope with sexual and reproductive health. The strategies were carried out through awareness training and communication in workshops and meetings with teachers, pupils, community leaders, universities and the directors of associations of private schools. Government ministries, national institutes and NGOs also participated.

The **Dominican Republic** has included sexual health in its school programs, and has provided sex education workshops for teachers and youngsters. The General Education Act was amended to benefit girls and women by promoting gender equity in the family and in society. The achievements include sex education forums and the use of non-sexist language in schools.

The Ministry of Education of **El Salvador** has placed greater attention on sex education and reproductive health in primary and intermediate public and private schools. It has also trained educators to teach sex education and reproductive health.

Guatemala established a training program for teachers and parents, and has offered guidance sessions for teenagers in different schools at the national level. The Ministries of Health and Education, NGOs and PAHO participated in these sessions. Special schools for parents were established in 10 Departments.

Guyana made a contribution to the teaching of responsible sexuality and reproductive health in schools through a series of meetings, a seminar and therapy. It also held workshops for pregnant teenagers who have had to leave school, teaching them skills to enable them to find jobs and become more self-sufficient.

Haiti contributed to sex education by printing relevant information on posters and notices in schools.

Nicaragua held meetings and a national congress to agree upon and institutionalize a policy to promote sex education for young people. The Ministry of Education, political parties, religious institutions, state organizations, international organizations, ethnic communities from the Atlantic coast, the educational community, parents, students, and business associations participated in the meetings.

Panama included the subject of sex education in school curricula at the primary and middle school levels, and established a national interinstitutional commission and 21st century municipal district committees to prevent early pregnancy.

This year, **Peru** trained 9,200 primary and secondary school teachers, and prepared and delivered educational materials, spots and videos on prevention and sex education for students, teachers and parents. The Ministries of Health and Education, the IDB, the World Bank, USAID, the GTZ and UNFPA as well as private entities participated in the funding of these activities.

In **Trinidad and Tobago**, the goal was to teach girls responsibility and self-awareness in the field of human sexuality. Seminars and classes were held to provide information and to discuss the sexual needs of adolescents. Another goal was to reduce the teenage pregnancy rate by including the topic of sex education in the school curriculum, and provide training for teachers. Apart from the Ministry of Health and NGOs, UNICEF, UNESCO, UNAIDS and the German Embassy took part.

In **Uruguay**, presentations, school activities and educational sessions were held for parents on this issue.

3. HIV/AIDS prevention for adolescents

In **Argentina**, the Ministry of Health, the World Bank and NGOs have cooperated in launching campaigns in the mass media, as well as focussed activities to raise national awareness levels of HIV prevention. Training in the educational sector and financing for civil society organizations was also provided.

Brazil has developed educational strategies for the prevention of HIV/AIDS targeted to children and teenagers, teachers and educators. Government Ministries, NGOs, the IDB, UNAIDS, UNICEF, the UNDP, UNESCO and PAHO participated in funding the strategies. Working networks have been established at the national level with educational professionals who are experts in sexuality, AIDS and drug abuse. As a result, 183 979 teachers have been trained, and some four million students have received information on preventing STD/AIDS.

A variety of initiatives are under way in **Canada** in the area of education and information dissemination. Examples include: A media literacy training model is being developed for adolescent programs to help young men and women gain the decision-making skills to develop a healthy approach to sexuality; a sexuality education best practice sources book to provide youth-friendly resource material for educators and public health professionals. In addition, in order to strengthen its surveillance and knowledge base, Health Canada has recently initiated a national, multi-centre cross-sectional surveillance system for street kids to monitor rates of STDs and risk determinants of this population.

Colombia has had an intersectoral plan since 1994, whose general objective is to raise the awareness of individuals, families and society on the different ways in which HIV/AIDS is transmitted and to promote values, attitudes and behaviours that make for responsible sexuality. Government Ministries, PAHO, UNICEF, Colombian agencies and NGOs were the principal participants.

With a national HIV/AIDS prevention plan, sex education programs in schools and the awareness campaign in mass media, the **Dominican Republic** has raised awareness on the transmission and prevention of HIV. The Ministry of Public Health, UNAIDS, the UNDP and NGOs participated in the campaign.

The Ministry of Health of **El Salvador** has designed a national HIV/AIDS prevention and control plan at the intersectoral level, which targets its activities toward different groups, particularly youth. NGOs, organizations that combat AIDS and universities are the main participants. The main achievement of the plan has been the unification of efforts of all sectors involved in the struggle to control and prevent HIV/AIDS. Future activities include following up on the national plan, boosting epidemiological surveillance, and designing specifically-targeted research tools in cooperation with NGOs and universities. As well, advisory services in health centres and hospitals will be strengthened.

Guatemala implemented an information program on AIDS and the means of preventing the disease, and has offered seminars, courses and information sessions in secondary schools on AIDS prevention. Campaigns are also being carried out to prevent drug use. The Ministries of Health and Education, the National Youth Council, NGOs and PAHO are participating in these efforts.

Guyana has a policy to combat HIV/AIDS by promoting informed and responsible behaviour and reducing STD/HIV/AIDS-related deaths and infections among young people. Large-scale campaigns to raise awareness and HIV/AIDS education programs have also been implemented in schools.

Haiti is engaged in a radio, press and television campaign on the prevention of sexual diseases.

Honduras has also carried out several projects in this field, including extensive information and education campaigns for the prevention of HIV/AIDS. With the assistance of Government Ministries and International Cooperation Agencies (PAHO, USAID, GTZ, EU, IDB and others), the impact of the prevention campaigns has been focussed on vulnerable groups. A bill has been tabled for the control and prevention of HIV. The bill is still being debated in Congress.

With the cooperation of civil society, **Panama** prepared a national sexual and reproductive health plan, which includes an HIV/AIDS component. It established a sexual and reproductive health committee by executive decree, and a Public Health Policy Council. NGOs also participated, planning marches for World AIDS Day, specifically with young people. Seminars for youths were also held on this issue in different parts of the country.

Peru prepared a national campaign to prevent STD/HIV/AIDS among young people, which is still awaiting funding. It also prepared a project entitled "Young people working for healthy and safe sexuality" financed by UNAIDS.

Trinidad and Tobago conducted seminars to provide teenagers with the information they need to help them take informed and responsible sexual decisions.

Uruguay has implemented different projects for HIV prevention in schools (children and teenagers) with the support of UNAIDS, UNICEF, the European Union and the GTZ of Germany. Law 1589 was passed in 1997, making it compulsory to offer HIV tests to all pregnant women and to provide antiretrovirus medication for those testing positive. One achievement was that the Ministry of Public Health and NGOs worked together on this issue for the first time.

4. Hemispheric Program to Strengthen the Inclusion of Rural Women in Entrepreneurial Chains and Socio-economic Democratization

In conjunction with different Ministries, Provincial Councils and IICA, **Argentina** introduced a rural women's program that trains women in weaving, gardening, beekeeping, fruit growing and carpentry. The program includes the establishment of libraries and cultural centres. A meeting on the

situation of rural women in Argentina was held in June 1998, attended by 30 rural working women who are leaders in their respective communities. A program on local communications and integration centres in rural areas could not get under way due to a lack of funding.

Canada recognizes women's essential role as economic partners for a prosperous agri-food industry. To promote and support initiatives enabling women to participate to a much greater extent in policy development and the decision-making process, the Federal Minister of Agriculture holds annual business meetings with leaders of agricultural organizations.
Through the Office of Rural Women, Agriculture and Agri-Food Canada conducts regular meetings with rural women leaders to exchange information on priority issues and activities and to obtain their input in Departmental work planning.

In 1998, the Rural Women's Office of **Colombia**'s Ministry of Agriculture and Rural Development implemented the following programs: First, strengthening in the fields of entrepreneurship, organization and community participation for rural women to enable them to achieve representation and the power of participation in National, Regional and local decision-making bodies. The activities involved are: training and advisory services in production; technical and financial support for production projects led by rural women; promotion of rural education with a gender perspective; training for community mothers and representatives of rural organizations in the preparation of soy-based foods. The second strategy was institution-building to encourage organizations in the agricultural sector to incorporate gender perspectives. The third was to strengthen the management and interinstitutional coordination capacity of the Rural Women's Office, and the fourth was a special project on the socioeconomic stabilization and consolidation of women and rural families displaced by guerrilla warfare.

The **Dominican Republic** established a loan portfolio for rural women (with funding from the Government and the IDB), provided training programs for rural women and created the regional rural women's network sponsored by FAO.

El Salvador's national policy on agriculture and livestock seeks to improve the situation of women in rural areas by promoting their property rights, access to resources, employment, markets and trade. National and international banks were encouraged to establish soft lines of credit that women could use to buy land. As well, access by women to the Ministry of Agriculture's commercial information system was promoted.

Guatemala included the topic of rural women in its agricultural development agenda, and established a national committee composed of representatives of public institutions, NGOs and the cooperative movement. The programs for the promotion of rural women run by the Office of the First Lady was also strengthened.

Guyana's policies in this area include the creation of women's groups in rural regions to discuss and share experiences as well as the provision of training for rural women in sewing, knitting and crafts to make them more self-sufficient. The result has been an increase in the number of women with skills they can use to help support their families.

Haiti has promoted social and economic development by guaranteeing loans for women to improve the quality of their products and their living conditions. The UNDP and UNICEF are participating in this program.

In **Honduras**, 14 312 women living in extreme poverty received training in socio-productive areas, for an investment of close to Lps$12.2 million. Some 87 food stores were organized in different communities with participation by the female beneficiaries of the voucher projects. Financial support was provided for 280 female micro-entrepreneurs involved in different production activities, for an investment of some Lps$7 million.

Nicaragua's goals include the design of gender policies in the public agricultural and environmental sectors. The two main strategies were Laws 57 and 97, and the establishment of gender units in the different Ministries. The Nicaraguan Women's Institute acted as coordinators and the First Lady participated as an honorary member of the CIPRES committee. The results include transfer of property titles to women, greater access by women to credit, training and technical assistance, and the creation of a rural women's unit in INIM.

Panama's strategies in this area were the establishment of provincial coordination teams; classification and preparation of profiles for self-managed projects in all the Provinces and the three indigenous districts; preparation and dissemination of work guidelines for forums; organization of a national rural and indigenous women's network; and creation of a national rural and indigenous women's commission. Twenty-four Provincial and district forums were held to train 1,500 rural facilitators, who were also provided with medical, dental and gynecological treatment.

The Ministry of Agriculture of **Peru** supported various programs for rural development and poverty reduction with a gender perspective. Activities in Peru to consolidate economic units headed by women are based on two strategies: (1) linkage of government demand for goods and services to be supplied by micro-enterprises promoted under the infrastructure and social support program (PAR); and (2) identification of market opportunities. These activities are promoted through marketing, economic management, internal organization and personal development. Micro-enterprises have been encouraged in different areas such as sewing, food, crafts, footwear, business and services.

Trinidad and Tobago established working networks for rural women to help them become financially viable. Seminars and presentations were made on skills and production, market identification, technology transfers and food management. A Conference of Spouses of Heads of State of the Caribbean was scheduled for July 1999 for the purpose of establishing a network for rural Caribbean women. The First Lady has been extremely active in this area, working with Ministries, NGOs and IICA.

In **Uruguay**, an agreement to support rural women in fabric design was reached with the National Settlement Institute.

5. Multilateral Horizontal Cooperation Project – INTEGRA

Argentina, Chile, Honduras, Panama and **Peru** appointed national project coordinators to participate in the first meeting of the CIDI/OAS-Integra Foundation horizontal cooperation project, a project developed to promote childhood development (April 1999 in Quito, Ecuador). They also participated in a seminar held in Santiago, Chile, to exchange ideas on past experiences and ongoing projects.

Under this project, five-day study trips have been organized to enable the directors and technical teams in the region to visit institutions with good organizational management.

6. Domestic Violence

With assistance from UNICEF, an instrument for reporting cases of violence against women was established in **Argentina** (Buenos Aires). A program to provide assistance for abused children and a safe house for abused women and their children was also created. A telephone hotline was set up to provide technical, legal and psychological counselling, assistance and guidance in cases of family violence. A

provincial program to prevent family violence was also established in the province of Buenos Aires. This program includes four elements: community prevention; guidance for assistance units; professional development days; and training for the police. There has been an increase in the number of complaints laid since the telephone hot lines were set up and publicized. Training for court and police staff who receive complaints has led to greater effectiveness in investigating and resolving cases.

The Federal Government has renewed its commitment to reduce family violence in **Canada**. Since this is a long-term problem, the commitment is also long-term. Health Canada coordinates the Family Violence Initiative, and in collaboration with health care professionals and NGOs, it works in identifying best practices to prevent and respond to the abuse of women.

In 1998, Federal-Provincial/Territorial Ministers Responsible for the Status of Women developed a Declaration of Violence Prevention. The Declaration outlines common goals and principles shared across jurisdictions in Canada, and a common commitment to address and prevent violence against women.

Chile is continuing with last year's program, and is examining the law against domestic violence that has been in effect for four years. Parliament is studying the possibility of filling in gaps in that law to make its enforcement easy and effective.

The presidential program "Make Peace" in **Colombia** is a key tool in the policy for national reconciliation and peace, consolidating democratic relations in the family, school and community. It is a national program in which all the institutions in the health, education, protection and justice sectors on the National and Regional levels will participate. It will establish institutional and community mechanisms for early detection of domestic violence, providing comprehensive assistance for its victims, and reducing the levels of domestic violence, child abuse and sexual abuse throughout the country. Although the program has not been officially launched, a national policy has been established, and joint projects have been designed that will allow for a sustainable impact. Legislation on domestic violence will be re-formulated and the different representatives of civil society, local governments and NGOs will be asked to introduce strategies for prevention and assistance.

In the **Dominican Republic**, the campaign to prevent domestic violence has been stepped up, with the cooperation of various Government Ministries, NGOs, the IDB, the UNFPA and PAHO. The policies include a program contained in the Law to Prevent Domestic Violence; an education campaign; a pilot violence prevention program in two communities; participation in the Inter-American Convention to Prevent and Eradicate Violence Against Women; the establishment of police detachments to assist

women; the creation of social services for the victims of domestic violence; and programs for psychological treatment and emotional support provided by the Ministry of Public Health.

El Salvador seeks to prevent and detect domestic violence through a program to improve family relations. It has also created temporary shelters for abused women. The Ministry of Education, the Human Rights Commission, health care units, hospitals, the national police force and the Office of the Attorney General, among others are partners in this initiative. As a result, action has been taken in 10,153 cases and another 87,655 cases have been assisted.

Guatemala passed a Domestic Violence Prevention and Eradication Law, and a program to prevent and eradicate domestic violence was established in the Office of the First Lady, in cooperation with the Ministries in social areas. A program was launched to sensitize employees of different public sector institutions and NGOs.

Guyana passed legislation on domestic violence, and began training programs for police officers. Training for judges, magistrates and legal professionals will begin shortly. As a result, the public is more aware of this issue, and in future, the country plans to establish shelters and treatment centres for families and individuals affected by the problem.

Haiti has begun a public awareness campaign on this issue. It has also tabled legislation to prevent domestic violence.

To date, **Honduras** has no national plan to prevent domestic violence, although a law establishing the National Women's Institute was passed in August 1998, giving it the status of a Ministry. A Special Women's Prosecutor was also created, and a law on the prevention of domestic violence was passed. The results include a positive change in society's approach to the problem of domestic violence, which is partly because women have broken their silence and are laying public charges.

Nicaragua has created Women and Children's Commissions and a National Committee to prevent the abuse of women, children and teenagers. With participation of INIM, the National Police Force, the Supreme Court, the National Assembly, the National Committee to Protect the Rights of Children and Adolescents, the Ministry of Family Affairs, the Network of Women Against Violence and NGOs, a higher profile has been given to the abuse of women, children and teenagers. The Ministry of Health now considers violence to be a public health issue.

Panama established the following goals: to establish an institutional system to address domestic violence; to define a national policy to deal with the problem; to create the first centres to assist abused women; to include the subject of non-violence in the primary and middle school curricula; and to implement a protocol for dealing with complaints about domestic violence. Progress includes the National Report on Violence against Women, which will be presented to the United Nations Human Rights Commission; the opening of the first shelter for abused women; inclusion of the issue in 27 mini-summits for boys and girls; a program of 27 forums for rural and indigenous women; support for the campaign "A Life Without Violence is Our Right"; and last, by the mass distribution of 10 500 copies of the Law against Violence (Law 27).

Peru reported intensive activity to legislate against domestic violence, including criminal legislation. Different programs, projects and activities have been implemented in 1998-1999 to reduce domestic violence. The Ministry for the Promotion of Women and Human Development (PROMUDEH) has been creating and strengthening multi-sectoral channels to prevent and address domestic violence, nation-wide, and has already established 22 networks in different Departments. The Ministry of Education has implemented prevention programs to sensitize the educational community and the public to violence prevention, and has provided training for teachers in order to create social structures that can provide assistance for children needing guidance.

Trinidad and Tobago has implemented public education programs for non-violence, conflict resolution and anger management. Treatment and rehabilitation services have been established for the victims of domestic violence. Legislation on this issue has also been revised. Shelters for victims and support groups for both victims and perpetrators have been established.

7. Senior Citizens

Argentina has established a seniors program to address the basic needs of people over the age of 60. To date the program has 10 164 beneficiaries in the province of Buenos Aires. A study was also conducted in the city of Buenos Aires to learn about the aging population.

Brazil developed a National Policy for Seniors and an Action Plan for implementing it, as well as a National Program of assistance for Homes for the Aged. Assistance was provided to 302 361 elderly persons and more than seven million seniors received flu, pneumonia and tetanus vaccinations.

Canada has been very active in developing and supporting a host of activities associated with the International Year of Seniors (1999). Among them are the promotion of participation in society of seniors; the training of social/home care workers to look after seniors; and a project to foster the use of leisure and recreation. In addition, the National Strategy on Aging, developed in 1994, to meet the needs of seniors in the country, remains as relevant today as it was five years ago.

Colombia has provided subsidies for 100,000 seniors through its Social Solidarity Network and nutritional and leisure support for 50,000 seniors living in extreme poverty. Municipal policies for assistance to this age group were strengthened in 800 cities. In short, 150,000 elderly people have received support. Finally, programs for assistance to seniors have been included in the public policies of 32 departments and 1068 municipalities.

The **Dominican Republic** has begun an analysis to prepare legislation on assistance to seniors. It has also established a National Senior Citizens' Council.

Through different programs and policies (public dormitories, meals, assistance in purchasing basic staples, health policy for seniors, the National Policy on Assistance to Seniors, among others), **El Salvador** has increased the social participation of seniors thanks to the extension of health coverage services, an increase in the interest of this age group in establishing associations, and a better understanding of their rights. Sixty-five percent of the proposed goals were achieved. Future plans are to implement fully the National Policy on Assistance to Seniors to increase the participation of seniors in society, to strengthen organization and to encourage families to keep their aging relatives at home.

Guatemala passed a Seniors Protection Act. It is also preparing a national policy for seniors, with the participation of the Ministries of Public Health, Education and the Attorney General. A National Directory has been prepared that includes public and private institutions working with seniors. This directory will be used to co-ordinate actions at the national level.

With assistance from PAHO/WHO, **Guyana** will declare a Year of Seniors. It has implemented a program entitled "Active Aging Makes the Difference" which consists of walks for seniors. Finally, it has launched a gerontology program with PAHO/WHO.

Honduras passed a law on special treatment for seniors, retirees and pensioners with disabilities, and launched a project to create a Senior Citizens' Institute. The Family Allowance Program has issued

vouchers to seniors; a Seniors Commission has been established, and discounts are provided on the cost of private medical services and medications for seniors.

Panama's National Policy takes the form of public promotion programs and services. Both the central and provincial governments maintain networks of programs and services for seniors that includes: a comprehensive human and social development program (comprehensive care for seniors; a program to protect seniors; programs to promote their civic involvement; and a project of the National Senior Citizens' Council that provides temporary subsidies for seniors from very poor families. Different government ministries, the Panama City Government and many homes and residences for seniors participate in these projects. Training and refresher courses have been provided for the technical staff of the National Directorate of Seniors, and for staff that assist seniors living in Homes. Training events have also been held for senior citizens, groups and associations, benefiting some 300 people.

In **Peru**, the Ministry of Women's Promotion and Human Development has promoted the subject of seniors among decision makers (members of Congress, Deputy Ministers, the media, opinion leaders, city halls, etc.). It has also gained credibility with civil society as the main institution responsible for this issue. It has implemented the first recreational and sports program for seniors (2,000 participants) and a teaching program in recreation and sports for seniors. In the medium term, it plans to formulate a national policy on the elderly and to hold an event to celebrate and recognize senior women. A pilot project will be carried out to establish a Senior Citizens' Advocacy Group in conjunction with 10 local governments.

Trinidad and Tobago offers government-funded social assistance, promoting intergenerational activities that involve civil society and the student population. A study is being carried out on how to improve existing programs, with the participation of government agencies, NGOs and UNESCO.

8. Women's Leadership

Argentina has carried out a federal women's plan, financed by the Inter-American Development Bank, to improve the formulation, monitoring and evaluation of public policies and programs to promote women in the country. The objectives will be achieved through institutional strengthening and support for local initiatives. A Training Program in Political Leadership for women has been designed, and a Tripartite Committee has been established on equal opportunities for men and women in the work force. The committee is composed of representatives of government, business, and unions. The objectives are

to build a consensus among social players to promote equal access, treatment and training for both sexes, to foster strategies for equal opportunities for men and women in the labour market, and to build professional and technical capacity. A scholarship has been established jointly with the NGO *Fundación Mujeres en Igualdad* to enable female university students to take a year of postgraduate studies abroad.

Canada's approach regarding women's leadership has been to encourage political parties to set targets, rather than to take legal or constitutional measures. In addition, the Federal Government acts to ensure that gender balance is considered when proposing candidates for appointments to federal boards and agencies.

Canada's Employment Equity Act (1986) is designed to ensure equitable participation of four designated groups in federally regulated industries, and women are included among those groups. Finally, the Government of Canada has also provided funding support for projects undertaken by women's and other equality-seeking organizations, which are aimed at addressing the issue of the participation of women in decision making.

In 1998, **Colombia** included the Plan for Equal Opportunities for Men and Women in its 1998-2002 National Development Plan, whose main objective is to boost participation and leadership of women. Different government agencies and women's NGOs participate in this initiative. Women's participation in public life is outstanding at the individual level; Noteworthy as well, is passage of legislation on quotas for women employed in decision-making levels in public administration. This legislation establishes that as of September 1999, a minimum of 30% of positions will be filled by women, on the highest decision-making level and on other levels.

The **Dominican Republic** increased the number of women in decision-making positions in the public and private spheres, thanks to an amendment to the Electoral Act that includes a quota of 25% of women running for Congress and municipal government. Provincial women's offices have also been established to foster women's participation in civic affairs and leadership at the local level.

In **El Salvador**, a Gender Unit was established in the Training School to promote participation by women in designing national and municipal public policies. A training plan was designed and developed on gender theory, and civic participation for the experts and managers of the school to guide the promotion of women's participation in municipal councils. Consultations were held at the national level with representatives of civil society organizations, political parties and government agencies to

gather proposals and suggestions on how to apply the national women's policy. To promote the exercise of women's civic rights and their social and political recognition, an institutional work plan was designed to carry out promotional campaigns that encourage women to obtain national identity documents and cards and to register at the polls.

Guatemala established the National Women's Forum with democratically elected female representatives from different ethnic groups, public institutions and civil society. The forum has representatives in different parts of the country. The National Program on Equal Opportunities for Women was prepared and approved for women in different sectors.

Guyana is promoting the inclusion of women in all decision-making areas at the national and local levels, and is working toward women's equality public posts. Parliament passed the Decree on a National Policy for Women. The National Women's Commission was also tasked with promoting the gender approach at all levels of government, and an Inter-Ministerial Committee was established to provide technical advice on the design of policies and programs in this regard. Moreover, the Women's Leadership Institute was created to train women in leadership.

Haiti invites women to participate in political life by encouraging them to vote. The country has launched a campaign to promote women through photographs and paintings of women who have had a significant impact on the country's public life.

In **Honduras**, Congress has been asked to pass a law to increase the quota of women in politics and in positions in the public administration. The Honduran Federation of Women's Associations and NGOs are participating. This year, five women held senior positions in government, which is unprecedented in the country's history. The main goal is to achieve 50:50 participation in public posts by men and women.

Nicaragua provided training to strengthen women's leadership in eight departments, including the autonomous indigenous regions on the Atlantic coast. Workshops are being held in eight departments, and women are playing a larger role in community development. It is hoped that women will hold more public posts in the future.

Panama focused its efforts on providing training opportunities for the female directors of women's NGOs and the 13 public institutions that have a Women's Office integrate the gender perspective. Another goal is to establish a Bank of Women gender specialists to offer training

opportunities for decision-makers to raise their awareness of this issue. Eighty percent of Government Ministers and Directors attended the workshop.

Peru has created different bodies to promote women, such as the Commission on Women, Human Development and Sports, the Women's Rights Advocacy Office and the Ministry of Women's Promotion and Human Development. To promote greater participation by women in the country's political life, laws have been passed stipulating that all lists of candidates must include at least 25% men and women. The number of women in the national police force has increased, and starting in the year 2000, women will be able to join the merchant marine. Job training programs have also been developed to increase the work options of women.

Trinidad and Tobago is carrying out the Training and Public Awareness Program in Gender and Development, whose participants include Members of Parliament, Government Ministers, the business sector, the media and labour unions. The main achievement has been to obtain greater support and acceptance by society of women in public posts and the political arena.

9. Education for Rights and a Culture of Peace

Argentina is carrying out a program to compile and publish stories, myths, beliefs and folklore for public libraries and schools.

Brazil has a voluntary civic service program for young people who have just completed school, who are trained as "citizen agents" to protect human rights, in conjunction with local organizations and community associations. Human rights are included as a cross-cutting issue in the basic guidelines for national education. Special courses have also been given in police academies and for police officers.

The Office of the First Lady of **Colombia** is promoting a program to build peace in the family, schools and the neighbourhood. The key tool is the presidential "Make Peace" program, whose strategies are to design, copy and distribute materials to position the program as the national leader in promoting a culture of peace in the family, in disseminating education materials on children and women's rights, and producing a national bulletin. One of the main achievements has been the coordination of institutional efforts.

In the **Dominican Republic**, two projects were developed: "Young Leaders for Peace" and "Participation of Children in Building Democracy," creating a national network for the promotion of a culture of peace. A campaign for the promotion of human and children's rights was also initiated.

Guatemala prepared written educational materials to hold and publicize public awareness sessions. Training has been provided for teachers, parents and community leaders, with multiplier effects. Activities were co-ordinated with the Office of the First Lady of El Salvador, and technical cooperation was obtained to tap the experiences of that country. The Ministries of Education, Health and Culture, the Peace Department, the Human Rights Commission, NGOs, UNESCO and PAHO participated in this endeavour.

Guyana is carrying out educational programs such as the Canada/Caricom Bilateral Gender Equity Fund, which is still in the initial stages, with a view to sensitizing the public through the media, parents' associations, community groups and others.

Haiti has focussed its efforts on designing a civic education program for schools to teach children about their duties to form part of a healthy society. The aim is also to teach children about democratic practices such as tolerance, respect and determination. Teachers are being trained to promote democratic rules, values and ideals.

Honduras carried out a project on "Education for Human Rights and the Culture of Peace," financed by UNESCO. The project is a complement to a pilot project of the First Lady for a museum of the child and family, which will be financed by a World Bank loan. The project consists of installing an amphitheatre to project special videos and films on the peace process and the importance of peace and human rights for the country's future.

Panama invited 19 countries to participate in the Americas project on human rights and a culture of peace. B$30,000 was allocated per country (B$25,000 for the national project and B$5000 for the regional project). Panama carried out its project through an interactive exhibition to promote human rights, with participation by universities and international agencies such as the UNDP, UNESCO and the IDB. At present, work is being done on the regional project, which will compile the experiences of all the participating countries in a document to be published at a later date.

Peru's strategies for promoting a culture of peace include strengthening the mechanisms for interinstitutional coordination by promoting national events to highlight human rights and to monitor

and evaluate the issue, so that national projects can be according to the needs. The results include the dissemination and promotion of basic ideas on human rights, and of national and international mechanisms for their protection, through seminars, workshops and human rights programs targeted to government institutions and civil society.

Trinidad and Tobago is holding public consultations on gender and ongoing human rights education. A manual has been produced to assist teachers in promoting the human rights of children by government ministries, UNESCO, UNICEF and different NGOs.

10. 21st Century Schools: Training for Life

Argentina is carrying out a public health surveillance project, the Carmen project and a program of preventive care for women's health to reduce cancer of the uterus and prevent cancer through early diagnosis and treatment. Under the last program, exfoliative cytology is being performed for all sexually active women over the age of 18. The breast cancer prevention program performs mammograms of women over the age of 40.

Colombia has established the goal of setting guidelines in different areas of the curriculum. These guidelines were based on research on planning, design, evaluation and quality control, publication and dissemination of documents. Different national and international agencies participated, and all the goals have been achieved. The general objective of the Carmen project is to improve public health and to reduce deaths and illnesses caused by the main non-transmittable diseases, through a cooperative program of integrated actions for prevention and promotion. The Ministry of Health has begun to develop and implement the Carmen project, and expects to establish a project protocol for Colombia this year.

The **Dominican Republic** focussed on standards to prevent cervical-uterine and breast cancer. It also provided training for parents and teachers by disseminating UNICEF's "For Life" materials.

Haiti has launched a national education and training program to improve the quality of education, including pre-school education and education of children with disabilities. The program was made possible by the education sector, the IDB, UNICEF, French cooperation and several NGOs.

Peru is working on training parents, health monitors and promoters, teachers and health care staff, with assistance from the Ministries of Education and Health, NGOs, USAID, UNICEF and PAHO.

Trinidad and Tobago is strengthening its monitoring systems for early detection of outbreaks of infectious diseases, and has established networks for the exchange of information. The First Lady has also inaugurated a mobile clinic to monitor non-contagious diseases.

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Divider Title: _____

Agency Follow-up Reports on projects endorsed at previous Conferences

Measles Eradication, Violence against Women, Maternal Mortality, and Healthy Schools

Pan American Health Organization (PAHO)

Organization: **Pan American Health Organization (PAHO)**

Subject: **Measles Eradication, Violence Against Women, Maternal Mortality and Healthy Schools**

Presenter: **Ms. Julia Wayand**

Follow-up report

Measles Eradication: The Spouses of the Heads of State and Government of the Americas support PAHO's goal to eradicate measles by the year 2000. One of the main activities to reach this goal is the implementation of the organization's vaccination strategy in the hemisphere. So far in 1999, only 400 cases of measles have been reported.

Domestic violence: In general, a lot of progress has been made in the eradication of domestic violence in Latin America. PAHO, jointly with the countries in the region, provides technical evaluations of the experiences and annual action plans that include expected results and progress indicators. In addition, the organization continues to mobilize resources for the region.

Maternal mortality: The main objective of this initiative is to contribute to the rapid reduction of maternal mortality in the Americas through determined support for specific regional and national plans.

Healthy schools: The goal of this initiative is to contribute to sustainable human development and social capital, providing future generations with the knowledge and skills to care for their own families' health, and to create supportive environments and conditions that are conducive to health in the communities in which they study, work and live.

REPORTS FOR THE NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

Pan American Health Organization
Pan American Sanitary Bureau, Regional Office of the
World Health Organization

REPORTS FOR THE NINTH CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

PAN AMERICAN HEALTH ORGANIZATION

Includes:

- PROGRESS IN THE REGIONAL PLAN FOR THE REDUCTION OF MATERNAL MORTALITY

- PROGRESS IN THE ERADICATION OF DOMESTIC VIOLENCE

- MEASLES ERADICATION IN THE AMERICAS

- FOLLOW-UP REPORT: "XXI CENTURY SCHOOLS, EDUCATING FOR LIFE"

Washington, D.C., June 30 1999

REPORT FOR THE NINTH CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

PAN AMERICAN HEALTH ORGANIZATION

PROGRESS IN THE REGIONAL PLAN FOR THE REDUCTION OF MATERNAL MORTALITY

1. Background

Maternal mortality remains a serious public health problem in the Americas. Every year, an estimated 25,000 maternal deaths occur from causes related to pregnancy, childbirth, puerperium and the complications of abortion. Although maternal death produces high social costs to families, communities and society as a whole, maternal mortality is preventable and the interventions are cost-effective.

The commitment to reduce maternal mortality was approved by Member Governments in both national policy agendas and by being signatories to international declarations such as the International Conference on Population and Development, Cairo, September 1994 and the Fourth World Conference on Women, Beijing, 1995.

Since 1993, the agendas of the Conferences of First Ladies of the Americas and the Caribbean included commitments to promote and support the development and strengthening of national policies and specific plans and programs aimed at the rapid reduction of maternal mortality. Since then, each Conference has renewed this commitment to continue support for the regional initiative to reduce maternal mortality. In 1996 an agreement on a regional initiative to reduce maternal mortality was signed at the Conference of First Ladies in La Paz, Bolivia.

However, despite the progress made in recent years, the objectives of the initiative have still not been met.

2. Program Objectives of the Regional Initiative of First Ladies in Support of the Plans for the Reduction of Maternal Mortality.

2.1. General Objective

To contribute to a rapid reduction in maternal mortality in the Americas through determined support for specific regional and national plans.

2.2. Specific Objectives

1. To promote the formulation or strengthening of national policies and specific plans and programs for the rapid reduction of maternal mortality.

2. To support national information, communication, and education campaigns to increase public awareness about the importance and consequences of maternal mortality and promote greater action for its prevention.

3. To encourage the mobilization of public and private institutions, non-governmental organizations (NGOs), grassroots organizations, and other entities so that, within in their particular sphere of activity, they will contribute to the formulation of national and local plans and to the execution of measures with a substantial impact leading to a rapid reduction in maternal mortality.

4. To facilitate information exchange among countries regarding operations research on successful experiences that will make it possible to identify and overcome the barriers to access and appropriate utilization of the health services or the factors that prevent health programs for women from having a greater impact.

5. To promote programs to improve information systems in order to monitor the epidemiological surveillance indicators for maternal mortality at the country and regional level and maintain a vigorous epidemiological surveillance system at the community and institutional level.

3. Progress

Since September 1998, the most significant advances to reduce maternal mortality in the Region are:

3.1. Regional

- **Review of the legislation**: Bolivia, Ecuador, El Salvador, Peru, and the Dominican Republic finalized a study on the regulatory framework applicable to family health, maternity, women, and indigenous populations.

- **Formation of a Regional Task Force**: As agreed at the World Summit for Children, the Interagency Coordinating Committee for the Americas met at PAHO Headquarters in February 1999 to analyze activities conducted by the different agencies to reduce maternal mortality. At that time, the Interagency Coordinating Committee formed a Task Force with the responsibility

of facilitating interagency coordination and implementation to improve maternal mortality indicators. The Task Force, coordinated by PAHO, includes the Inter- American Development Bank (IDB), United Nations Population Fund (UNFPA), U.S. Agency for International Development (USAID), United Nations Children's Fund (UNICEF), and World Bank. Countries targeted for priority action in 1999 are Nicaragua, Haiti, and Peru.

At the second meeting of the Task Force, held in April 1999, each participating agency reported on the progress on interagency coordination and in Nicaragua, Haiti and Peru to implement national plans for the reduction of maternal mortality.

- **Publications of several reproductive health documents** including WHO/UNICEF/UNFPA Americas Region Consultation on Maternal Mortality have been produced and circulates.

- **Global meeting** jointly sponsored by UNICEF/WHO/UNFPA to discuss "Systematizing experiences in implementing women-friendly health services". Meeting conclusions recommend countries support efforts to improve quality of care for women's health services in maternal health.

- **International Women's Health Day celebrations** in many countries calling public attention to unacceptable levels of access and cost to women's health services.

- Regional assessment of the goals of the World Summit for children indicate there are still many inequities in the region and that significant advances in reduction of maternal mortality have not been detected in the last seven years. As a result the Ministers of Health of the Americas renewed their commitment to finding solutions to this serious problem.

3.2. Country Initiatives

The following are country activities that have stimulated policies, programs/ health services, development and community participation to maintain maternal mortality on the public and policy agenda.

3.2.1.Policy

- **Bolivia:** provision of basic health insurance in April 1999. Insurance benefits address the health needs of women to facilitate rapid reduction of maternal mortality.

- **Ecuador:** formulation of a National Plan for the Reduction of Maternal Deaths has to strengthen the surveillance of community committees with the mandate to reduce maternal deaths and improve operations research in emergency hospital obstetric care. The Plan seeks to raise political and government awareness about the consequences of maternal death to the family and society as a whole.

- **Haiti:** reactivation of the National Plan for the Reduction of Maternal Mortality. Plan implementation is spearheaded by the Ministry of Health and supported by international technical and financial cooperation. Appointment of a consultant to serve as focal point for Plan activities.

- **Dominican Republic**: upgrading human resources to strengthen nursing and health workers in essential obstetrical care. Haiti: 400 Cuban nationals are providing services, which have considerably strengthened primary health care.

- **El Salvador**: significant progress is anticipated as a new reproductive health policy recently promulgated by the Ministry of Health is implemented.

- **Nicaragua**: formulation of a new national plan for reducing maternal mortality with the participation of the Ministry of Health and several international cooperation agencies.

3.2.2. Programs Activities

- **Peru:** in light of the high maternal and perinatal mortality rates, one of the key objectives of maternal, perinatal and family planning programs is to reduce cases of maternal death. The Ministerial resolution of February 1999 called for the formation of a National Committee for the Prevention of Maternal and Perinatal Mortality to disseminate information on the National Plan of Action for the Reduction of Maternal and Perinatal Mortality and promote its implementation, monitoring, and evaluation. The political commitment assumed by the Government has been fundamental for program activities to advance in: training, the delivery of essential obstetric care, and epidemiological surveillance of maternal deaths. The National Committee for the Prevention of Maternal Mortality programmed a series of activities on Healthy and Safe Motherhood for the months of May and June 1999. For example: events providing free care to pregnant women, training for health workers in different areas (obstetric emergencies, management of incomplete abortion, quality of care, etc.), communication and information campaigns through the media, free childbirth care, public debates, school for parents, among others.

- **Dominican Republic**, Brazil, Paraguay, Bolivia, Ecuador, Honduras and Nicaragua continued efforts to improve statistical information and epidemiological surveillance of maternal deaths. Among the strategies implemented is maternal mortality audits to establish relevant informational basis for program planning.

3.2.3. Community Participation

- Various countries, in their efforts to raise consciousness and promote public participation have developed reproductive health fairs with an emphasis on maternal mortality. Haiti is an example of this strategy.

- San Julián in Santa Cruz, Bolivia implemented an information, communication, and education model with community participation. Cotopaxi- Ecuador implemented a pilot model to introduce quality maternal health. The executing agency of both projects is Quality Assurance, a non- governmental organization in conjunction with PAHO supported by a USAID grant, participates in the regional initiative for the reduction of maternal mortality. Honduras also implemented programs with the support of Quality Assurance.

  To this end the QA project has organized combined Quality design training workshop in each of the pilot countries Bolivia, Ecuador, and Honduras.

  At this point in time community and facility baseline assessments have been conducted in all 3 countries. The Quality design workshops have launched the working teams who have selected specific components for (re) design, and are currently in the implementation phase. In addition each team has identified indicators to monitor the outcomes of these Quality Design interventions on the desired changes.

REPORT FOR THE NINTH CONFERENCE ON WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

PAN AMERICAN HEALTH ORGANIZATION

PROGRESS IN THE ERADICATION OF DOMESTIC VIOLENCE

1. Background

In the last twenty years various efforts have been carried out to address violence against women. The problem of violence within families has gained visibility and has been widely studied and analyzed. Recently several World Summits have focused on Family Violence: The Summit on Infancy in 1990, the 1993 Conference on Human Rights and the World Conference on Women in 1995. Moreover, this recognition has resulted in policies and actions of many governments that respond to this social problem.

During the United Nations Women's Decade (1975-1985), women's organizations throughout the world have advocated including violence against women as a priority.

The United Nations General Assembly (UN) adopted its first resolution on violence against women in November 1985. Since then, the UN has sponsored various meetings of Experts Groups and has continued analysis through its Commission on the Condition of Women, the Economic and Social Council, the Office of Statistics, and the Committee of Crime Prevention and Control.

The enforcement of two international agreements that recognize gender-based violence as a violation of human rights, has generated a new legal framework for approaching this subject: the "Declaration of the United Nations on Violence Against Women" and the "Inter-American Convention for the Prevention, Sanction and Eradication of Violence Against Women". The latter was drafted by the Inter-American Commission on Women of the Organization of American States (OAS) and has been ratified by the great majority of countries. In addition, the Pan American Health Organization (PAHO), in different documents, recognizes that family violence and, in particular, violence towards women, girls, and boys, is a public health priority.

Since 1994 PAHO has mobilized more than seven million dollars for the countries of the Latin America region to support efforts to prevent and address violence in family relations.

In May 1997, the Fiftieth World Health Assembly, endorses WHO's integrated plan of action on violence prevention and urges the Member States to collaborate with WHO in attaining the objectives and implementing the tasks of said plan.

The Conferences of Wives of Heads of States and of Government of the Americas held in 1995 and 1996 have officially declared support for the drafting and implementation of policies, as well as for educational campaigns at theregional level. These campaigns are directed towards preventing and eliminating every form of domestic violence (Project of Declaration of La Paz, VI Conference of Wives of Heads of States and of Government of the Americas).

The Preparatory Technical Meeting for the VIII Conference of the Wives of Heads of States and of Government of the Americas held in Santiago, Chile from 23 to 26 June 1998 selected domestic violence as a priority subject for the VIII Conference to be held in September, 1998. At the meeting PAHO/WHO will present the project that is currently being implemented in ten countries of the Region of the Americas.

The Interparlamentarian Health Conference held in La Habana, May 1999, gathered more than 100 representatives of Parliaments of 18 countries that for the first time defined a health agenda that incorporates violence prevention and eradication as a commitment. The Conference will request to the Regional representatives to include violence against women and girls in their agendas for future summits in the year 2000.

2. Objective of PAHO's Initiative on Domestic Violence Prevention and Control

Development of coordinated efforts of the Government and civil society to eradicate domestic violence.

Domestic violence is a public health and human rights problem that manifests itself in mortality and morbidity of women, girls, boys, young people and the elderly; it affects their quality of life and has important implications for equity, efficiency, quality and sustainability of health services.

3. Progress

Since 1995, the Women, Health and Development Program of PAHO/WHO, in coordination with the health sector, has provided technical cooperation in municipalities of Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama, Ecuador, Bolivia and Peru. PAHO has also facilitated the sharing of positive experiences among the countries of the Americas, such as the Regional Meeting on Norms and Protocols for the detection, prevention and care of intrafamily violence, in El Salvador, July 1998, the symposium on Masculinity from a Gender Perspective in Panama, May 1999, and the Regional Meeting on Epidemiological Surveillance in Violence to be held in August of 1999 in El Salvador. The project promotes the coordination among different government institutions and other social entities in designing comprehensive approaches to domestic

violence. These approaches are based on responses of victims of domestic violence, collected during a multicenter study that PAHO/WHO carried out in ten countries of the Americas, "The Critical Path that Women Victims of Violence follow in Search for Assistance". PAHO/WHO also identified appropriate social entities that could participate in carrying out a Comprehensive Model of Care for Violence. Similarly, protocols were prepared for addressing domestic violence in health institutions. A RAP research protocol was prepared and is being executed in 30 localities of Central America.

In coordination with other United Nations agencies and Inter-American (OAS) agencies, efforts have been proposed for the implementation at the country level. In this regard, the Inter-American Development Bank (IDB) approved a similar project to PAHO/WHO's for Argentina, Brazil, Mexico, Paraguay, Dominican Republic, and Venezuela. In cooperation with PAHO/WHO, the IDB produced a video on domestic violence against women, as a social and economic development problem, which has been distributed in the region for dissemination through national television.

Although PAHO/WHO's project targets violence toward women, its model approach focuses on the interventions at the municipal level and addresses violence toward girls/boys, young people and the elderly, taking into consideration the characteristics of each group. At the national level, the project pursuits the development of policies and legal norms to strengthen institutional capacity to address intrafamily violence.

4. Principal Achievements of the Participating Countries

In general, in the countries of Latin America there has been progress with regard to the eradication of violence, particularly concerning the penalization with respect to physical and sexual abuse. We will give a brief overview of achievements of each country with the objectives of the Project:

Belize has formed a National Commission to address domestic violence in which government institutions, as well as non-governmental organizations, participate. The country has trained the

health sector staff and a National Plan against Violence was implemented in 1998. Campaign to Zero Tolerance to Violence launched by the end of 1998.

In **Bolivia**, the National Health Secretariat, the Department of Gender Issues, and the Office of the First Lady have developed actions related to the subject and it was incorporated into the National Strategic Health Plan. With the participation of municipal governments, local networks have been formed in project site to identify the prevalence of violence and to address and prevent violence. Intensive training was provided to personnel of health sector, judicial, police and armed forces.

Costa Rica formulated a State Plan against Domestic Violence (PLANOVI) in which different institutions are involved, and which resulted in a Comprehensive Model of Care at the local level. It should be pointed out that three national media Campaigns created awareness of the harm of domestic violence and that hundred of public staff members were trained. Three thousand modules and ten thousand brochures in intrafamily violence prevention were prepared and disseminated in 1998.

In **Ecuador**, non-governmental organizations and government institutions have coordinated their efforts to address domestic violence. The Ministry of Health has officially recognized intrafamily violence as a public health problem and has established strategies for addressing it. It is noteworthy to mention that in project support areas --Cuenca, Guayaquil and Quito-- research and training have been promoted for health workers to address domestic violence. The participation of the Women's Movement has been a key in developing this initiative.

El Salvador has created a National Program Against Domestic Violence coordinated by the Institute of Women. The health sector has been integrated to develop eight municipal training sessions for health workers and to incorporate domestic violence in Health Sector Reform.

In **Guatemala** different Government institutions carry out activities related to violence and a registry of domestic violence among these institutions has been set up. Health workers have been trained and municipal level centers have been set up in four localities.

Honduras, by decree of law, has set up Family consultation centers in several regions under the coordination of the Ministry of Health. The government and non-governmental organizations have prepared a National Plan Against Violence on the basis of which a broad training process for staff members (state and non-governmental) has been implemented.

In **Nicaragua**, the Women's Institute has set up Commissariats of Women in coordination with the Ministry of Government and other institutions of the Government. The health sector has joined this effort by implementing the model in four municipalities of the country and training health workers in addressing and preventing domestic violence.

Panama has integrated the struggle against violence into its municipal initiative "21st Century Municipalities". The health sector prepared: a sectorial plan, a National Commission Against Violence, protocols of treatment, registries of the violence facts, training for personnel, and documented to the experience of four localities.

In **Peru**, the National Forum was established with the participation of Municipalities, that included the legal sector, the Ministries of Education, Justice, Women, Human Development, and Health; the Police; the Women Center, Flora Tristán; PAHO and the UNDP. A Multisectorial model of care was developed, and a Plan of Operation was prepared and published in 1998. At the end of this same year, a multisectorial agreement was signed for design and implement national strategies to address intrafamily violence. A broad-training process for government and non-governmental personnel was developed. The Ministry of Education has incorporated intrafamily violence in its curricula for 1-12 grades. In 1998 Peru provided training for more than 3,000 multisectorial personnel. Sixty-five community based support groups for women and men are functioning in Peru.

For the rest of the countries of the Region of the Americas, PAHO/WHO's strategy is to make available the successful experiences, the prepared technical instruments, and provides the necessary technical assistance.

5. Successful Experiences

The efforts to prevent domestic violence, in particular violence toward the women and girls, as well as to offer care to those that live in violent situations, imply complex processes that require commitment and involvement of multiple actors of the public and civil sector. In general, the countries are working at three levels: at the local or micro level, where networks of community organization, representatives of the public and private sectors, and community leaders, have been created. These networks devise and implement strategies for preventing violence against women and serve the people living in these situations, as defined in their action plans with targets and expected results. The second level of action is the intermediate or sectorial level, that includes the health sector's activities concerning policy development, monitoring of domestic violence, registration, and implementation of protocols and training plans. The third level refers to the national or macro level, which includes a legal framework for strengthening the institutional capacity to address violence and to empower its victims. Another aspect is the generation of inter-institutional plans.

6. Obstacles

Family Violence towards children and women is not a new or isolated phenomenon. Studies in different countries suggest that between 30 to 50% of families suffer violence in its various expressions. For many centuries society assessed "certain discipline" for children and women as a cultural value necessary for the "cohesion of the family" and for the social order.

It is debatable whether humans are predisposed to violence. The excessive behaviors, as well as the victims of violence, are influenced socially through social systems and learned behavior. Perhaps that is the most serious consequence of violence in our society, because these factors may perpetuate the abuse.

Changing social acceptance of domestic violence, the behavior patterns that result in domestic violence and generating public policies preventing domestic violence remain obstacles. Their change requires political will, as well as medium and long-term comprehensive, participatory and sustainable actions of the government.

Immediate actions are necessary for violence victims that are accessible -physically and economically-- and that can easily access the legal system. Also, it is important to address the prevention of violence, and to develop programs for behavioral change and for controlling actual abuses.

7. Monitoring and Evaluation

The Pan American Health Organization/World Health Organization jointly with the countries, provides technical evaluations of the experiences and annual plans of action that include expected results and progress indicators. In addition, the organization continues to mobilize resources for the Region of the Americas on this subject.

8. Basic data on the Initiative

This initiative consists of two projects: Central America that includes Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama, and the Andean Subregion that includes Bolivia, Peru, and Ecuador.

PROJECT OF CENTRAL AMERICA

Name: "Toward a Model of Comprehensive Care of Domestic Violence: Expanding and Consolidating Interventions Coordinated between the State and Civil Society"

Time: 1998-2001

Amount: US$3.175.670

Donors: Governments of Sweden and Norway

PROJECT ANDEAN SUBREGION

Name: "Violence against Women and Girls: A Proposal to Establish Coordinated Community Interventions in Three Countries of the Andean Subregion"

Time: 1995-1999 (a second phase is in the process of preparation)

Amount: US$1.634.206

Donor: Government of The Netherlands

REPORT FOR THE NINTH CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT IN THE AMERICAS

PAN AMERICAN HEALTH ORGANIZATION

MEASLES ERADICATION IN THE AMERICAS

1. Introduction

During the XXXVIII Meeting of the Directing Council of the Pan American Health Organization held in September 1995, in Washington D.C., the Ministries of Health of the Americas unanimously approved the *Measles Eradication Plan of Action*, calling for the eradication of measles by the year 2000. Support towards this hemispheric effort was initially pledged by the First Lady of the United States, Mrs. Hillary Rodham Clinton, during her visit to PAHO on the occasion of the World Health Day 1995. The decision to eradicate measles was stimulated by the successful eradication of poliomyelitis from the Region in 1991, making the Americas the first region in the world to achieve this public health landmark. As part of these goals, PAHO has been forcefully advocating for and providing technical cooperation towards strengthening national surveillance systems for vaccine-preventable diseases in the Region, to ensure timely public health responses.

In October of 1995, during the V Conference of Wives of State and Government in the Americas, the First Ladies agreed to contribute towards the target of measles eradication in the Americas by the year 2000. The First Ladies committed themselves to closely work with the Ministers of Health and international organizations to promote and provide follow-up to this goal. Toward this end, the First Ladies elaborated a Plan of Action, which outlined critical steps in their own countries in support of measles eradication. These included guaranteeing the purchase of vaccines and cold chain equipment in every country; guaranteeing the participation of civil society, evaluating the progress of national objectives in measles eradication; accompanying the process of regional vaccination campaigns; and disseminating this commitment on a national and international level.

In consecutive meetings held in 1996, 1997 and 1998, the First Ladies reiterated their commitment to be facilitators and mobilizers of this Plan until the transmission of indigenous measles virus was stopped in every country of the Americas by the deadline of the year 2000.

The Pan American Health Organization recognizes the critical role played by the First Ladies of the Americas towards the goal of measles eradication. While great progress has been made towards interrupting measles transmission in most countries of the Americas, the virus continues to circulate in some areas of the Region. Only 16 months remain until the target date of achieving the goal of hemispheric measles eradication. Achieving and maintaining a measles-free Americas will require sustained efforts from all sectors of society to *fully* implement the PAHO recommended vaccination strategy to eradicate this disease from the Western Hemisphere.

2. Measles Situation in the Americas

Great progress has been made towards achieving this goal, with a marked reduction in the annual number of reported cases. For 1998, the provisional number of confirmed cases in the Region stands at 12,908, which represents a 76% reduction when compared to the 53,683 confirmed cases in 1997. The Americas had achieved a record low level of measles cases in 1996. However, in 1997 there was a resurgence of the disease due to an importation from Europe to Brazil, which then spread to several countries in the Region and has resulted in over 100 measles-related deaths in the past two years in both countries; most occurring among unvaccinated infants and preschool-aged children. The measles outbreaks in Brazil and Argentina in 1997 have demonstrated the lethality of measles virus. A major contributing factor to the resurgence of measles in Brazil and Argentina was the failure to *fully* implement the measles eradication strategy. Once measles virus was re-introduced into these areas, it was virtually impossible to stop it by rapidly implementing emergency measles vaccination.

The extreme infectivity of measles virus underscores the importance of reaching and maintaining high measles immunity in infants and preschool-aged children, especially those living in urban environments. Experience in the Americas is showing that the high population density of cities

greatly facilitates measles virus circulation between infected and susceptible individuals, especially when the number of susceptible infants and children is high due to low vaccination coverage in routine measles programs.

Complacency has clearly been a major obstacle to achieving the goal of measles eradication, together with problems that have arisen as countries put in place new decentralized financial and administrative systems to manage their health systems, including immunization programs. The latter is causing delays, particularly in the allocation of resources for routine vaccination activities and for emergency outbreak situations in some countries. To avoid some of these obstacles, PAHO requests the support of the First Ladies in establishing laws that ensure national financing of recurrent cost of vaccines and other inputs.

PAHO also calls upon the support of the First Ladies of the Americas in urging countries to take a proactive approach in the final stages of the measles eradication initiative. Besides *full* implementation of the PAHO recommended vaccination strategy, every country should target for vaccination other groups potentially at high-risk for measles, such as health workers and other high risk adults, close border collaboration between countries to prevent the spread of outbreaks, and the orderly planning of national vaccine supplies.

During these key 16 months left to fulfill the hemispheric goal of measles eradication, the First Ladies of the Americas will remain critical allies to heighten the attention of measles eradication from the highest political levels to the most remote areas of every country.

3. Remaining Obstacles to Measles Eradication

First, the countries of the Americas need to keep up their guard by maintaining the highest population immunity possible in infants and children through routine immunization services, and also by targeting vaccination to specific groups of adults who are at highest risk for exposure to measles virus. The latter include university students, health care workers, military recruits, migrant workers, international travelers and persons working in the tourist industry.

Second, all countries need to carry out *follow-up* measles vaccination campaigns among children 1-4 years old, at least every 4 years to avoid the accumulation of susceptible children. This is an important component of the vaccination strategy recommended by PAHO for measles eradication.

Third, all the countries in the Americas should place high priority on measles surveillance to conduct rigorous case and outbreak investigations. Additional staff is required to coordinate the implementation of an active measles surveillance program in all countries of the Region.

Fourth, the countries should assign sufficient resources to maintain adequate stocks of measles vaccines and other supplies, to carry out routine immunization services, for scheduled *follow-up* vaccination campaigns and to quickly implement control measures in the event of an outbreak.

Major obstacles to measles eradication in the Americas

- Insufficient dissemination and promotion of the measles eradication goal.
- Lack of *full* implementation of PAHO's recommended vaccination strategy for measles eradication in all countries.
- Lack of at least 95% measles vaccination coverage in every district of every country.
- Shortages of vaccine supplies to deal with emergency situations and to carry out scheduled immunization campaigns.

Suggested Action towards the Eradication of Measles

- Urge Ministries of Health to guarantee national resources to maintain an adequate stockpile of measles containing vaccines readily available for scheduled vaccination activities and emergency situations.

- Urge Ministries of Health in all countries to call upon the collaboration of the private medical sector to ensure that all children are properly vaccinated against measles and the disease is reported in a timely way.

- Support the implementation of measles emergency plans in Bolivia, Brazil, the Dominican Republic and Paraguay.

- Call upon all sectors of society to support the eradication of measles from the Americas.

- Promote the establishment of vaccine laws that create specific budget lines to cover recurrent costs of vaccines and other inputs in order to maintain countries free of measles.

Confirmed Measles Cases, 1997-1999*

Region	Country	Total Confirmed Cases		
		1997	1998	1999*
Andean Region	Bolivia	7	1,004	660
	Colombia	67	104	13
	Ecuador	0	0	0
	Peru	95	10	0
	Venezuela	27	4	0
Brazil	Brazil	52,284	2,135	117
Central America	Belize	0	0	0
	Costa Rica	26	20	1
	El Salvador	0	0	0
	Guatemala	8	1	0
	Honduras	5	0	0
	Nicaragua	0	0	0
	Panama	0	0	0

English-speaking	Anguilla	0	0	0
Caribbean	Antigua & Barbuda	0	0	0
	Bahamas	1	0	0
	Barbados	0	0	0
	Cayman Islands	0	0	0
	Dominica	0	0	0
	Grenada	0	0	0
	Guyana	0	0	0
	Jamaica	0	1	0
	Montserrat	0	...	...
	Netherlands Antilles	...	...	...
	St. Kitts & Nevis	0	0	0
	St. Lucia	0	0	0
	St. Vincent & Grenadines	0	0	0
	Suriname	0	0	0
	Trinidad & Tobago	1	0	0
	Turks & Caicos	0	0	0
	British Virgin Islands	0	0	0
	U.S. Virgin Islands	0	...	...
Latin Caribbean	Cuba	0	0	0
	Dominican Republic	1	10	78
	French Guiana	...	...	...
	Guadeloupe	116	2	...
	Haiti	0	3	0
	Martinique	0	...	...
	Puerto Rico	0	0	0

Mexico	Mexico	0	0	0
North America	Bermuda	0	...	...
	Canada	579	12	3
	United States	138	89	40
Southern Cone	Argentina	125	9,435	186
	Chile	58	4	25
	Paraguay	143	70	0
	Uruguay	2	4	9
Total		**53,683**	**12,908**	**1,132**

* Data as of 12 June 1999

Source: Country reports

NINTH CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

PAN AMERICAN HEALTH ORGANIZATION AND THE WORLD BANK

FOLLOW-UP REPORT: *"XXI CENTURY SCHOOLS, EDUCATING FOR LIFE"*

1. Background

In 1997 the proposal "XXIst Century Schools: educating for life" was submitted at the *VII Meeting of Wives of Heads of State and of Government of the Americas* carried out in Panama for consideration of the participating First Ladies. The proposal was a result of the engagement of numerous international cooperation agencies and the auspices of the *Pan American Health Organization (PAHO/WHO) and the World Bank.*

The activities planned between the "Health Promoting Schools" Initiative of the Pan American Health Organization and the School Health and Nutrition Program of the World Bank, in support of the initiative continued during 1998 and into the current year with many difficulties due to limited resources.

2. Purpose

The *goal* of this partnership is to contribute to sustainable human development and social capital, enabling future generations with the knowledge and skills to care for their own and their families' health, and to create supportive environments and conditions conducive to health in the communities where they study, work and live. The *purpose* of the partnership is to strengthen the capacity of governments, institutions and organizations in developing effective strategies to implement school health and nutrition programs; as well as to monitor and evaluate their success.

Developing methods and tools: Workshops to inform and train education and health sector personnel to identify constraints on the health of school children were carried out in Brazil, Bolivia, Chile, Colombia, Mexico and Panama. These instruments will include youth risk behavior surveys; rapid assessment tools to identify strengths and weaknesses in the education and health systems; situation analyses based on key-informants interviews and existing data and beneficiary surveys. Workshops and short training sessions will also be offered in coordination with the health and education authorities to assist countries in conducting assessments of the health needs of schoolchildren; and of the opportunities and difficulties in the health and education sectors for increasing health promotion strategies through their schools. Assistance with monitoring and evaluation of school based health programs and interventions will also be available to all countries, including cost-effectiveness analyses and studies of how intersectorial strategies and programs can function. The Partnership will also assist countries with implementing school-based health risk behavior surveys and surveillance.

Analysis of current practices and experiences: The implementation of a Regional Study will help to review and document the most relevant issues and experiences. A review of current practices, recognized good practices, well tried interventions, regional and global experiences in school based health programming will help identify strategic options, costs and essential technical inputs, and guide the development of tool kits to assist the development of new programs. In depth case studies will be carried out in countries where a particularly successful and innovative strategy or program is identified and the results will be disseminated to help other countries also improve their efforts to create health promoting schools.

Design, implementation and evaluation of plans of action: Workshops will be supported to promote the development of plans of action, review joint policies and intersectorial coordination and exchange knowledge and experiences. This would include but not be limited to teacher training, epidemiological surveillance (health and anthropometric data, youth risk behaviors and others), curriculum design and development of educational materials. The workshops will facilitate the development of country-specific strategies, and the identification of inputs - knowledge, material and financial resources - required to implement a national school health program.

Mobilization of resources: The partnership will review and assist in preparing project proposals as well as help countries in preparing technical cooperation agreements among countries, mobilize needed resources and establish partnerships with different sectors to further improve the health promoting potential of their schools.

Dissemination of knowledge, practices and materials: The Partnership will support the dissemination of information of the knowledge, activities and practices in promoting health through schools among all countries, using a variety of media channels; and will also help countries implement and participate in different forums to exchange experiences and discuss good practices to promote the health of school children.

3. Synthesis of Activities

An analysis of the health issues of school children in the countries was presented in the document *"The Ten that go to the School: Programming of School health in Latin America and the Caribbean*, published in English and Spanish. The document contributed with a review of salient methodological and conceptual issues involved in the implementation of school health programs. The document describes the main issues concerning to the health of the school age children in the region and reviews the principal responses and school health experiences of the countries. PAHO/WHO and the World Bank hope that the document will be useful to the Offices of the First Ladies interested in carrying on activities of advocacy in favor of the health of the school children. PAHO/WHO and the World Bank continued to collaborate with the respective Offices of the 1st

Ladies to prepare plans of action to improve school health programs in their countries and to organize advocacy activities such as seminars, round tables, or press conferences in order to present the document to the professional entities, political community and to the public in general.

During 1999, the World Bank, and PAHO/WHO have jointly carried out a Regional Study on school health in Latin America and the Caribbean. Site visits to selected countries in the region have been carried out to observe school health program activities, interview school officials, teachers, health personnel, parents and students about the school health activities. Their perceptions and recommendations to improve school health activities will be incorporated into the conclusions of the study. The study will review the programs in progress, describe the main health issues affecting the school population and examine in depth the most successful experiences. During 1999 case studies in district school health programs in El Salvador, Chile, Colombia, Argentina, Panama and Jamaica. The case studies contribute a body of evidence on the benefit of promoting health through education and of implementing health promotion and education interventions in schools. The Offices of the 1st Ladies in many of the countries are taking an active role in the implementation of this study and particularly in the strategy for the dissemination of its results.

The Pan American Health Organization and the World Bank provided technical and financial collaboration to school health initiatives in Colombia, Honduras, Bolivia and Grenada. The close coordination between technical personnel of PAHO and World Bank, we hope will contribute to the development of projects that incorporate good practices in health promotion in schools at the same time facilitating a very participatory process of planning and implementation which would contribute to strengthening country capacity in this area.

4. Lessons Learned and Future Perspectives

The following is a summary of the principal activities carried out by the **Pan American Health Organization (PAHO/WHO)** through its **Division of Health Promotion and Protection** and by the **School Health and Nutrition Program** of the **World Bank**.

4.1. The Latin American Network of *Health Promoting Schools*:

Following its II Meeting in Mexico City, April 1998, a pamphlet was produced which outlines the mission, purpose and strategy of the Network to help member countries advocate for the establishment and strengthening of health promotion in their schools. The Network also published the first news bulleting "Experiences" which contains a brief summary of the presentations at the II Meeting. These publications are presently only available in Spanish. However, an English summary of each document is available on the Network WEB site.

The WEB site of the LANHPS was launched this year in Spanish and English. The WEB site has several sections: Country profiles with a description of the school health activities that are under way in each country, these are grouped by sub region (North America, Caribbean, Andean region, Central America and South America), there is also a section for the Network news. There are sections for students, teachers, parents, health educators and other health personnel. There is a section for resources, which offer many conceptual and operational documents, teaching and training materials. There is Partnership section that includes the activities of the World Bank and PAHO/WHO and also the activities with PAHO/WHO Collaborating Centers in the area of school health promotion. Contributions from the First Ladies office concerning the activities they are doing in school health are included.

The Colombian Network of Health Promoting Schools is organizing the III Meeting of the LANHPS for 2001. During the II Network Meeting there were two workshops offered, one on Life Skills Education in Schools and another on Priorities for Teacher Training. Beside providing an opportunity to representatives of the sectors of health and education of the participating countries to share the developments and experiences taking place in their countries, the III Network Meeting will stress the need to strengthen National Commissions (formed by representatives of the Health, Education and other sectors), and partnerships.

Colombia was designated host country of the next meeting of the LANHPS to be carried out by the year 2000. Mexico will perform until then as coordinating country of the network and accordingly assumes the responsibility for the publication of a newsletter and the preparation of the terms of reference that will formalize the operation of the LANHPS. During this II Meeting of the LANHPS two workshops were also held concerning the following subjects:

- **Teaching training in health education and health promotion:**

PAHO/WHO is developing teacher-training modules with classroom educational materials for the pre-service training of teachers from Universities of Argentina, Chile, Colombia, Ecuador, Costa Rica, Mexico and Uruguay.

- **Implementation of Life Skills Education and Promotion of Mental Health at schools**

Also with support from its collaborating center Education Development Center, PAHO is developing a pilot proposal to establish and strengthen the teaching of life skills as part of the Initiative for *Health Promoting Schools*. A workshop held in Mexico provided insightful information on the needs of many countries in this area. An expert meeting is being organized at PAHO to further develop the conceptual and operation framework for life skills education in schools.

4.2. The Regional Study and the Case Studies

The situation analysis carried out in 6 countries (Argentina, Bolivia, Colombia, El Salvador, Ecuador and Panama) will provide insights on several key issues concerning the implementation and sustainability of school health programs. The situation analysis includes a review of existing documents from the Ministries of Health and Education, as well as universities and NGOs that work in the area of school health, several interviews with key players, and focus groups.

The results of the situation analysis will be useful for the First Ladies and for health and education officials to argue in favor of support for school health programs. Increased advocacy and resource mobilization will be expected as a result of the situation analysis, to strengthen health promotion activities in schools.

4.2.1. Preliminary Results of the Situation Analysis

Colombia, Ecuador, Bolivia: Detailed information of the health and education status of school children was collected and reviewed, identifying the major problems and priorities and outlining the interrelationship among health and education factors. A description of the different school health programs at the national level and some at regional and provincial level. Details of some experiences are included that illustrate certain aspects of said programs. The preliminary reports also include a review of major strengthens and weaknesses of the programs and propose future lines of action.

El Salvador: A study of a specific experience in this country is included, although it is not a situation analysis of school health. The experience of the Healthy Schools Program, carried out by the Ministry of Education and the Secretary of the Family and other organizations in the rural areas of the country is an interesting and innovative experience where the First Lady of El Salvador has been involved. It has provided a vehicle to improve health and education to many rural areas. The review of this program is part of an on-going evaluation of the El Salvadorian Government to decide if the program would be extended to poor rural areas.

4.2.2. Preliminary Results of the Case Studies:

Panama: the focus of the case study in this country is the school food and nutrition program, which are implemented in isolated areas of Panama. This intervention was started in 1997 and was strengthened by a strong emphasis on the participation of parents and the community.

Colombia: the case study focuses on the experience of the Ministry of Health and called "Fe y Alegria" in the implementation of Life Skills Education in Schools in Bogota, Manizales, Bucaramanga and Medellin. The participation of health personnel in different aspects of teaching life skills, particularly knowledge, attitudes and practices of students and parents in such topics as sexuality, violence and substance abuse.

4. 3. Technical Cooperation

PAHO/WHO has provided technical cooperation in the last year to several countries, with the objective of strengthening the *Health Promoting Schools* initiative in the region:

Argentina, in collaboration with the Ministry of Health, in support of the implementation of a new framework and materials in 1200 schools.

Brazil, continues support of the national School Health initiative.

Honduras, in collaboration with the Ministry of Health and Education and with the support of the office of the First Lady, a national program of school health was prepared with special emphasis on disaster preparedness.

Costa Rica, continued strengthening of the Joint National Commission and the formulation of a national plan of action in School Health.

Colombia, support of teacher training activities in Bucaramanga, as well as continued support of the school health initiatives of the Municipality of Bogota and Cali

Guatemala, continued support for the preparation of teacher training materials and monitoring of the national Health Promoting Schools initiative and the Network of Health Promoting Schools.

El Salvador continued support of the national Healthy Schools program that is being implemented with active participation of the 1st Lady.

Colombia, Chile, Nicaragua, and Panama, continued support and strengthening of the national networks of Health Promoting Schools.

Grenada, support with preparing a project proposal to extend the Family Life Education curriculum and the health promotion activities to all schools in the country.

4.4. On the side of the World Bank:

School health components form part of health, education and social security projects in the following countries:

Argentina, continued support for the school-based extracurricular programs for youth as part of the Third Secondary Education Project.

Bolivia, school lunch programs and primary health care integration included in a Social Investment Fund Project.

Brazil, continued support for the health education component as part of the Innovation in Basic Education Project.

Chile, continued support for the Primary Education Improvement Project provides health screening and referral to 250,000 first graders every year. The project also finances the printing of health manuals for primary teachers and yearly intensive training for teachers serving as facilitators.

Dominican Republic, school nutrition programs to include school feeding, micronutrients and deworming as part of the Second Basic Education Development project.

El Salvador, strengthening of a component to improve health nutrition programs included in the Education Reform Project.

Mexico, continued support of the basic health care package through schools as part of the Second Basic Health Care Project.

Panama, continued support of the school nutrition project aimed at meeting the nutritional needs of children in poor areas, and increasing school attendance in selected underserved districts included in the Social Investment Fund.

Paraguay, health seminar and lectures are delivered through schools to school children as part of a Community Based Rural Water Systems and the Development of Village Committees.

Clinton Presidential Records
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6

Divider Title: _____

Agency Follow-up Reports on projects endorsed at previous Conferences

Business Development Program for Rural Women (PADEMUR)

International Institute for Cooperation on Agriculture (IICA)

Organization: **Inter-American Institute for Co-operation on Agriculture (IICA)**

Subject: **Business Development Program for Rural Women (PADEMUR)**

Presenter: **Ms. Clara Solís-Araya**

Background

At the 1997 Conference of Spouses Heads of State and Government of the Americas that was held in Panama, the Spouses committed to support a hemispheric program for the inclusion of rural women in entrepreneurial production chains and socio-economic democratization. The main objective of this program is to support efforts to improve the living conditions and positioning of women in the rural development process in Latin America and the Caribbean through:

- visualization, recognition and strengthening of the contributions made by rural women to the rural development process;
- strengthening of public, private and civil society institutions and organizations that serve the rural sector, through inclusion of the gender perspective in strategies, programs and projects that they carry out;
- creation and promotion of a financing mechanism to adequately implement the entrepreneurial initiatives of rural women; and
- institutionalization of the gender perspective in IICA.

Follow-up report

Under the PADEMUR program, a project on Gender in Sustainable Rural Development is being implemented, which was designed to take into account the lessons learned in the project entitled **Communications, Gender and Sustainable Development** carried out in 1998. PADEMUR fits into the new institutional working framework of IICA on sustainable rural development. The main objective of this project is to promote institutionalization of the gender approach in IICA's policies and projects linked to sustainable rural development. The PADEMUR project has achieved the following:

- The contribution of rural women to rural development has been recognized through documents, meetings and workshops.

- PADEMUR's main activities have been targeted to Central America and Panama in response to the mandate of the Ministers of the region. National PADEMUR committees have been consolidated throughout the region, which have already developed plans of action that stress the preparation of a national analysis of rural women, public policies for rural women, programs to promote production, actions by non-governmental organizations (NGOs) to foster production, and lessons learned.

- In April 1999, a programming workshop was held with the countries of Central America, Panama and Belize to define PADEMUR's plan of action for this year. Further, it was agreed to introduce PADEMUR in the Andean region.

- In the Caribbean, IICA has provided technical training to establish a network of female agro-entrepreneurs. A workshop was held in the Caribbean July 1999, which was attended by the Spouses of Heads of State and Government of the region, the Ministers of Agriculture and the Networks of Female Agro-Entrepreneurs.

- IICA has defined a strategy to introduce the PADEMUR program in South America. To date, the greatest progress has been made in Chile, where the National Committee has been consolidated, a first draft of a profile of rural women has been prepared, and an interinstitutional agreement has recently been signed. The program is also being launched in Paraguay, Argentina and Brazil.

Programme Equity Gender Development of Rural Women PADEMUR

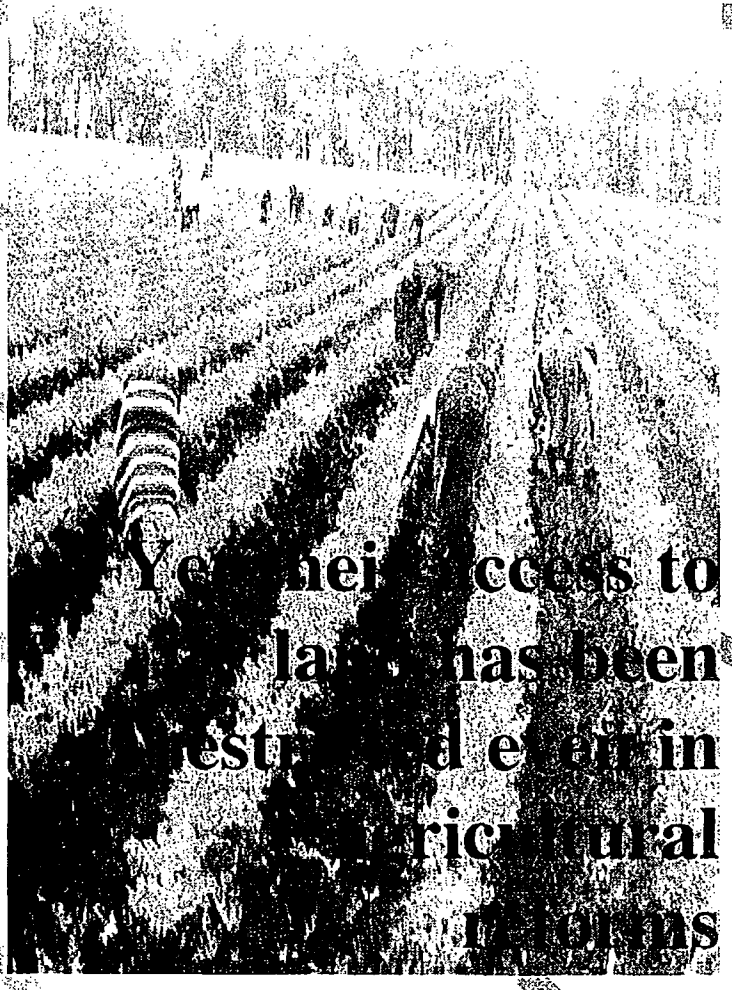
RATIONALE

More than 550 million persons in rural areas, representing 60% of the world's population, live in poverty;
70% are women.
They represent 1/3 of the work force and account for 2/3 of all hours worked.
They posses 1% of the property in the world and receive only 1/10 of the income.

RATIONALE

20% of the Gross Domestic Product of the agricultural sector is contributed by women

Women work approximately 14-18 hours per day generating between 38% and 66% of monetary and non-monetary family income.



RATIONALE

Some 50% of agricultural production is carried out by women, specially in non-traditional and post-harvest activities.

Their numbers are underestimated in censuses and national statistics, leading to the invisibility of women and their contributions.

Only 7% of the credit programs in rural areas work with women.

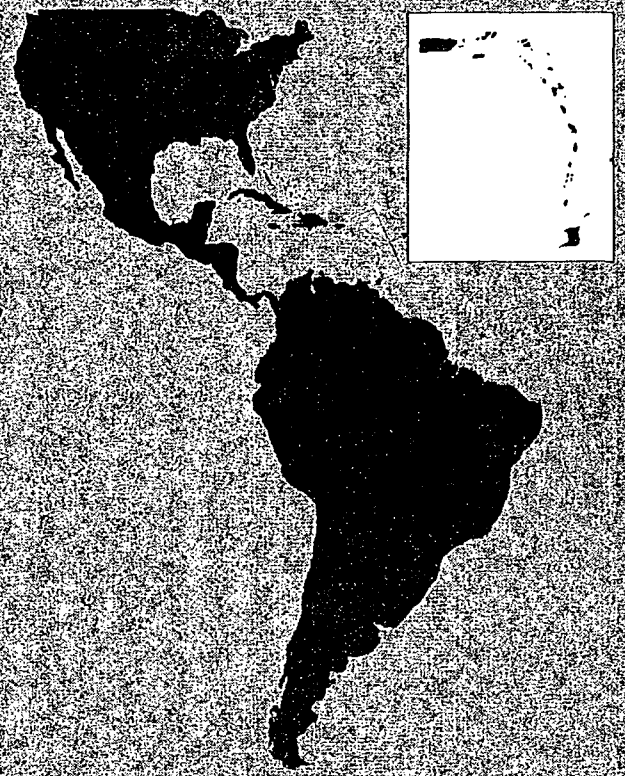
Few women are at the decision-making level.

Therefore, female leadership needs to be explored and strengthened.

ORIGIN OF PADEMUR

February 1992: Summit Meeting on the Economic Advancement of Rural Women. Geneva, Switzerland.

A group of First Ladies requested bilateral funding agencies to have as a primary focus the condition of rural women and increase the allocation of resources to projects aimed



IDB and IICA were requested to design a technical cooperation project entitled Women as Food Producers in the Andean Region, Southern Cone and in the Caribbean.

1993-1995: 18 national research projects results were presented

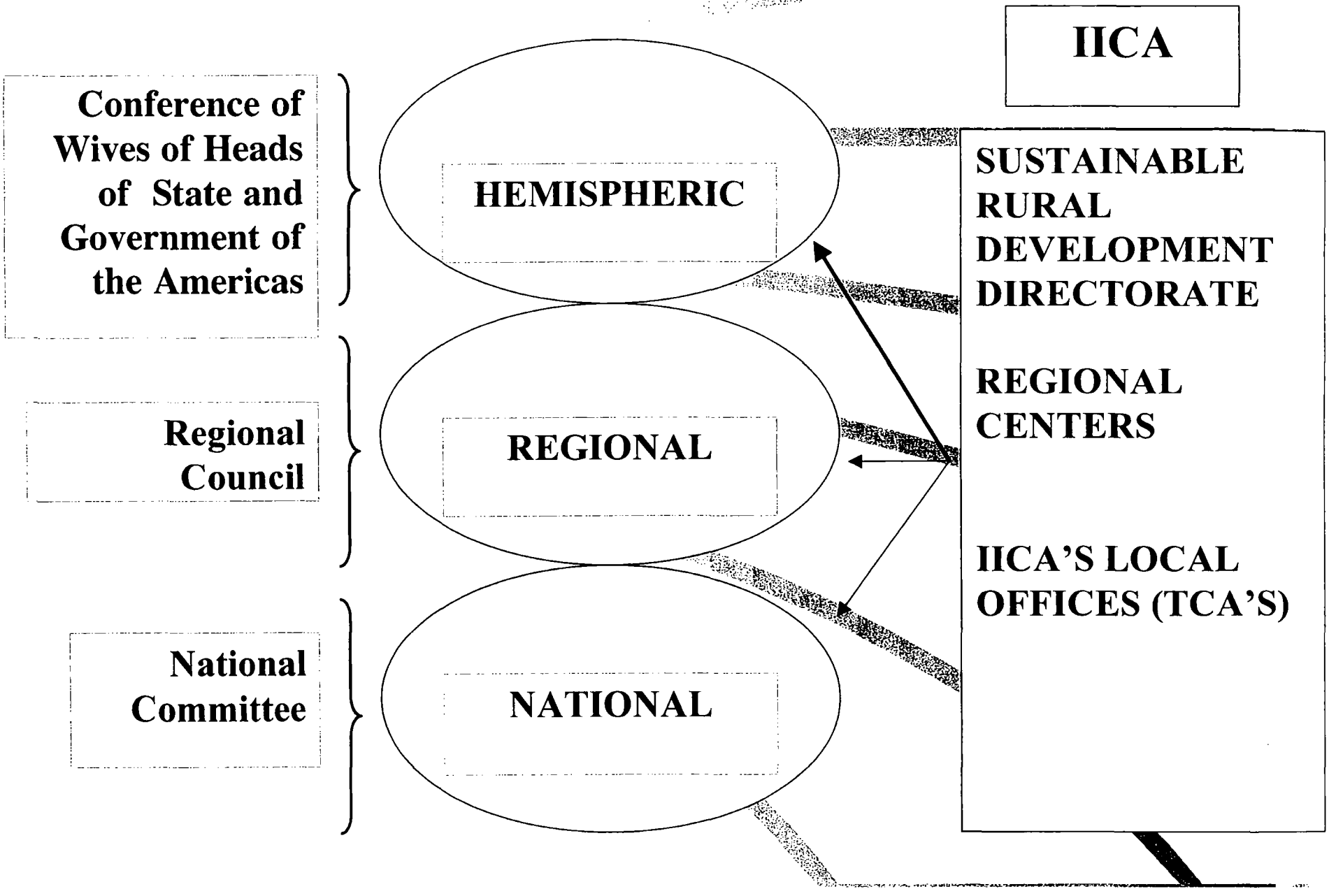
Sixth Conference-Paraguay, 1996: the First Lady of Panama, as Secretary Pro-Tempore of the Conference of Wives of Heads of State and Government of the Americas, reiterated the need for a programme aiming to improve the socioeconomic conditions of women and their access to decision-making processes, with a view to generating a gender-equitable sustainable development.

IICA's Inter-American Board of Agriculture (IABA) received and approved the proposal to create such Programme (Resolution 330)

Seventh Conference-Panama, October 1997: This Programme was presented and approved.

With the support of IICA and other political entities, specially in Central America, resolutions were adopted to strengthen it.

HOW DOES PADEMUR OPERATE?



GENERAL OBJECTIVE

Promote the gender equity and support the efforts oriented to improve the quality level of life and the possitioning of women in the rural development of Latin America and the Caribbean

SPECIFIC OBJECTIVES

I

Policies and Fora

II

Support to Institutions and organizations

III

Strengthening Integration of Women into Entrepreneurial Activities

IV

FERURAL

and

UNIDAS

Funds for Women Entrepreneurs

FERURAL

and

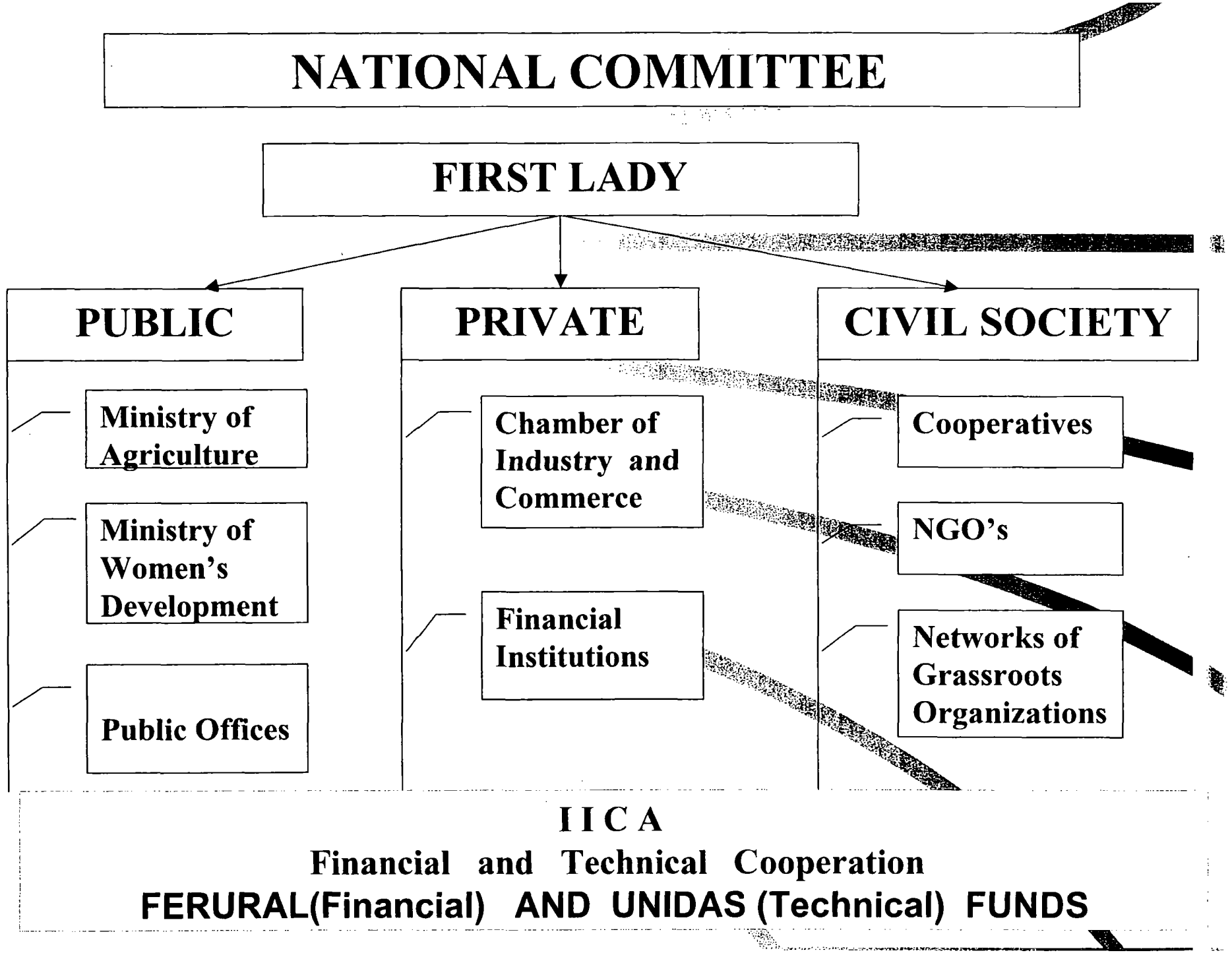
UNIDAS

Funds for Women Entrepreneurs

FERURAL
(Hemispheric)

Is a long-term, multilateral financial instrument

UNIDAS FUND **is the Special Technical Cooperation Fund for the Entrepreneurial**


NATIONAL COMMITTEE
FIRST LADY
PUBLIC
PRIVATE
CIVIL SOCIETY
Ministry of Agriculture
Ministry of Women's Development
Public Offices
Chamber of Industry and Commerce
Financial Institutions
Cooperatives
NGO's
Networks of Grassroots Organizations
I I C A
Financial and Technical Cooperation
FERURAL(Financial) AND UNIDAS (Technical) FUNDS

ACHIEVEMENTS AND ONGOING ACTIVITIES

Structure and development

- **Constitution of National Committees in the Central America countries, Panama, Belize throughout 1997, and Chile in 1998.**
- **Formation and constitution of Central American Regional Council, San Salvador, El Salvador, June 1998.**
- **Formation and constitution of Caribbean Network of Rural Women Producers, Trinidad and Tobago and Jamaica, April and May 1999.**

ACHIEVEMENTS AND ONGOING ACTIVITIES

1. Structure and development

- Rural/Peasant Farming Business Organization (Santiago de Chile, November 1998).
- Articulation of horizontal cooperation networks on gender (Honduras and Panama, June 1998 through January, 1999)
- Development of "Window Projects":
  - Belize: "Supporting the Involvement of Belize's Rural Women in Productive Enterprises, Dangriga"
  - Honduras: "Project for the Development of Rural Women in Olanchito, Yoro".
  - Guatemala: "Production and Commercialization of the Cattle for the Women of Simajuleu, San Juan Comalapa".

ACHIEVEMENTS AND ONGOING ACTIVITIES

2 Research and Conceptualization

A. Position papers

- **Rural women in the Development of Latin America and the Caribbean, Discussion Paper, March 1999.**
- **Gender Perspective and New Rurality, Discussion Paper, May 1999.**
- **Advance Report for the Governing Board of the Regional Conference on the Integration of Women in the Economic and Social Development of Latin America and the Caribbean, Curaçao, June 3-4, 1999**
- **Recognition of a New Rural Scenario, March 1999**
- **New Rurality, Discussion Paper, May, 1999**
- **Sustainable Rural Development and IICA's Technical Cooperation: Value and Relevance, 1998-2002, October 1998.**
- **Seminar on rural development and Ibero-American Cooperation: Recognition of a new rural scenario in the Americas and Europe, Evora, Portugal, June 14-17, 1999**

ACHIEVEMENTS AND ONGOING ACTIVITIES

2 Research and Conceptualization

B. Videos

- ✦ Situation of rural women in the Hemisphere
- ✦ The conditions of rural women and advances of PADEMUR Programme.

C. Brochures

PADEMUR Progress Report, 1998
Promotional Materials of PADEMUR, 1999

ACHIEVEMENTS AND ONGOING ACTIVITIES

3. Direct Technical Assistance

CENTRAL AMERICA REGION

- **Technical Workshop for the Representatives of the First Ladies Offices of Central America in cooperation with the Office of the First Lady of Costa Rica, June 1999**
- **Design of the National Programme for Gender and Development for Rural Women in Honduras, and National FERURAL as part of the Reconstruction Plan of the Agricultural Sector (devastation of Hurricane Mitch), in coordination with the Ministry of Agriculture and the National Committee.**
- **Development of data collecting instruments for the social and economic axis as part of the "Coordinating Commission of the National Women For a in charged of the Supervision of the Commitments relating to women in the Peace Accords. Guatemala, March 1999.**
- **Development of the programme and data collecting instruments for Women's Provincial Fora, Panama, December, 1998.**

ACHIEVEMENTS AND ONGOING ACTIVITIES

3. Direct Technical Assistance

CARIBBEAN REGION

- **Haiti: Development of a credit strategy for 3000 rural women in 29 communities within the KrediFanm Programme**

- **Dominican Republic: Evaluation of the Milk Bank, February 1999**

- **In Coordination with the Dominican Republic Government development of Training for Rural Leaders on Gender and Sustainable Rural Development, May-June, 1999.**

ACHIEVEMENTS AND ONGOING ACTIVITIES

3. Direct Technical Assistance

ANDEAN REGION

- **Bolivia: Support to the development and institutionalization of public policies on gender and rural women.**

- **Ecuador: National Programme of Rural Development (PRONADER) gender perspective systematization**

ACHIEVEMENTS AND ONGOING ACTIVITIES

3. Direct Technical Assistance

SOUTHERN REGION

- **Brazil: incorporation of gender perspective to the Programme of Alleviation of Poverty for the Northeastern Region**
- **Chile: Support to the Eighth Conference of the Wives of Heads of State and Government of the Americas, Santiago, September, 1998**
- **Paraguay: Gender Training Manual for the Agricultural Sector in cooperation with the Secretariat of Women's Affairs**

ACHIEVEMENTS AND ONGOING ACTIVITIES

4. TRAINING

- **Video-Conference Workshop: Gender Equity: A Challenge for Sustainable Rural Development, in coordination with IICA/Texas A&M University, September, 1998**
- **Incorporation of gender perspective in the proposals of the First Seminar in Strategic Municipal Sustainable Planning, Brazil, June, 1999**
- **Gender sensitivity training in the Project Collaborative Network for Vegetable Research and Development in Central America, Dominican Republic and Panama (REDCAHOR), February, 1999**

ACHIEVEMENTS AND ONGOING ACTIVITIES

4. TRAINING

- **Gender sensitivity training workshop for the technical personnel of the Ministry of Agriculture and Husbandry, San Jose, Costa Rica, May 18-19, 1999**

- **Strategic Planning Workshop for the Gender and Sustainable Rural Development for Central America, Panama, Belize, Peru, Bolivia and Ecuador,San Jose, Costa Rica, April, 1999**

- **Workshop for the Strengthening of Rural Micro-enterprises, King's House, Kingston, Jamaica, May 14, 1999.**

ACHIEVEMENTS AND ONGOING ACTIVITIES

5. CONFERENCES AND FORA

- Inter-Agency Group for the Alleviation of Poverty, 1998

- Second International Conference on Women in Agriculture from June 29 to July 2, 1998, Washington, D.C organized by IICA in coordination with the United Stated Department of Agriculture

- Panel on Access of Women to Land. San José, Costa Rica, February 19, 1999.

- Leadership promotion and participation of rural women, Panama, March 1999.

ACHIEVEMENTS AND ONGOING ACTIVITIES

5. CONFERENCES AND FORA

- Twenty-Seventh Meeting of the Governing Board of the Regional Conference on the Integration of Women in the Economic and Social Development of Latin America and the Caribbean, San Salvador, El Salvador, April, 1999
  Hurricaine Mitch: Effects on Women and Women's Participation in the Reconstruction and Transformation of Central America, Honduras, May, 1999.
- Rural Women and Projects of Social Investment. Lima, Peru, June 23-25, 1999.
- Training Summit on Grassroots Community Building for the 21st Century, Fresno, California, June 1999.