8ª CONFERENCIA DE
ESPOSAS DE JEFES DE ESTADO
Y DE GOBIERNO DE LAS AMERICAS

"OUR RIGHT TO A LIFE WITHOUT VIOLENCE"

United Nations Women and Children's Human Rights Campaign

Initiative of :

UNIFEM, UNDP, UNICEF, UNPF, ECLAC, UNAIDS, UNHCRE & UNHCHR

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AIDE DE MEMOIRE

The "United Nations Women and Children's Human Rights Campaign: OUR RIGHT TO A LIFE WITHOUT VIOLENCE" is based on the initiative of eight UN agencies: UN International Development Fund for Women (UNIFEM), UN Development Programme (UNDP), the UN Population Fund (UNPF), UN Children's Fund (UNICEF), the Economic Commission for Latin America and the Caribbean (ECLAC), the Joint United Nations Programme on VIH/AIDS (UNAIDS), UN High Commissioner for Refugees (UNHCR) and the UN High Commissioner for Human Rights (UNHCHR).

On December 10, 1998, the 50th anniversary of the Universal Declaration of Human Rights, which was approved by the United Nations in 1948, will be celebrated. This year will also be celebrated the 5th anniversary of the World Conference on Human Rights held in Vienna, which contains important resolutions regarding human rights of women and children. The Vienna Declaration and Action Program establish women's equal opportunities and human rights their integration in the global programs of each of the Agencies of the United Nations System.

On the other hand, the Inter-American Convention for Preventing, Sanctioning and Eliminating Violence against Women approved in 1994 by the Organization of American States and ratified by the States of the Region, recognizes that gender violence infringes women's fundamental rights, including their right to life, to freedom and the security of its person, the right to non-discrimination and equal gender opportunities, as well as their freedom to thought and not to be tortured. This Convention clearly establishes that violence against women is not only a private but also a social matter and, therefore, it is the responsibility of the State (persons, public institutions and non-governmental organizations) to seek solutions on this issue.

The informational campaign of the United Nations intends, on the one hand, to strengthen women's achievements as regards human rights, and on the other, to attract the public's attention and create awareness regarding violence affecting women and children in our Region, by sensitizing, motivating and demanding the governments to changes policies, laws and practices to promote justice and gender equality.

The intention is to support and strengthen participation and ability of women's associations and networks working in the violence against women and children area. However, this work requires the collaboration of social agents generating cultural changes to more effectively support the implementation of the gender equality agenda.

The First Ladies, in their capacity of social development promoters and reform agents may, through their organizing power, greatly contribute to this task by assuming a leadership position to make public these issues within their countries and initiate a long but significant cultural improvement process to promote respect as regards women's rights. The First Ladies commitment with the United Nations Campaign may better reflect in their work toward the protection of Human Rights, and especially toward the elimination of violence against women and children, through an association with the Resident Representative of the UN Development Programme (UNDP) / Resident Coordinator of the United Nations System of their respective countries to support and broadcast said Campaign.

Due to the dramatic situation affecting women and children in Latin America and the Caribbean, it is necessary to establish an alliance, and join the efforts of both the First Ladies and the Agencies of the United Nations System to create networks to broadcast the gender issue in the Region, and especially the issue regarding violence against women and children.

Attached is a copy regarding this campaign that was submitted by the representative of UNIFEM to the consideration of the Conference of Wives of Heads of State and Government Preparatory Technical Meeting.

Campaign of the United Nations
for the Human Rights of Women and Children
Basic Contents

Where are we?

To celebrate the 50th anniversary of the Universal Declaration on Human Rights and the 5th anniversary of the United Nations Vienna Conference, the United Nations has initiated a campaign to denounce the types of violence affecting women and children all over the world, and daily violating their human rights.

Domestic and public violence
Physical, sexual and psychological violence

Latin American and the Caribbean is currently the only Region in the world that has initiated a comprehensive campaign, under a unique concept and with communication tools for its broadcasting in 22 countries.

Where do we want to be?

Objectives

- Incentive a change of attitude in respect of violence affecting women and children in our Region and protect their human rights.
- Create awareness among governmental, legislative and judicial authorities and the media as regards elimination of violence and demand the States to comply with the agreements entered into on this issue.
- Establish an action network to promote the initiatives and efforts of women's human rights defense leaders, UN agencies, women's association, ONGs, associations, social movements and international organizations.
- Invite the society in general to provide equal gender opportunities.

How may we achieve this?

Through a comprehensive communications strategy providing the necessary information and persuasive tools to achieve the campaign goals.

This because the change of attitude as regards gender violence situations requires of intervention at different personal, family and social life levels.

Name of the Campaign
Campaign of the United Nations for the Human Rights of Women and Children

Subject
"Our right to a life without violence"

Slogan
"Let's make a new deal"
(The purpose of the slogan is to incentive a new relationship between genders based on equal rights and obligations)

Campaign's Key Dates

March 8	Women's International Day
June 5	5th anniversary of the Vienna Declaration
November 25	Day of Violence Against Women
December 10	5th anniversary of the Universal Declaration on Human Rights

Communications

Objectives
Start a social conversation among opinion leaders; incentive awareness of the media; set in a context gender violence and actual realities; coordinate the action networks' initiatives and inform on their progress.

Tools
- Institutional magazine
  - 48 pages
  - First print run of 6,000 copies in Spanish
  - Broadcasting in 22 countries during the month of July
  - Contents: articles, interviews and opinion columns of men and women covering all types of violence and promoting women and children human rights as well as the right to equal opportunities .

- Press assistance with recommendations for an effective work with the media: Information Center, databases, press follow-up, press events and others.

- Daily fax to coordinate and inform on the activities of the campaign to the domestic and foreign public.

- Web Page (http://www.ecua.net.ec/unifem/)

Persuasive Communications

Objectives
Sensitization of the public opinion and leaders regarding violence affecting women and children with a positive approach and an informational advertising format; i.e. privileging evidences (including from men).

Tools
- Illustrations
  Institutional poster
  Newspaper adds (3)

- Promotional materials
  Banners
  Billboards

- Radio spots
  Spots of a duration of 30 seconds

- TV spots
  Spots of a duration of 30 seconds

Complementary Activities

- Program proposals to GEMS Television
- Photo Contest coordinated by TAFOS Fotografía y Prensa (Peru)
- Essays Contest sponsored by the Movimiento Manuela Ramos, ONG (Peru)
- Districts' Contest sponsored by the Mexico City District. The purpose is to assess compliance with the all women and children human rights treaties at a local level and prize those district showing significant actions toward the promotion of women rights.

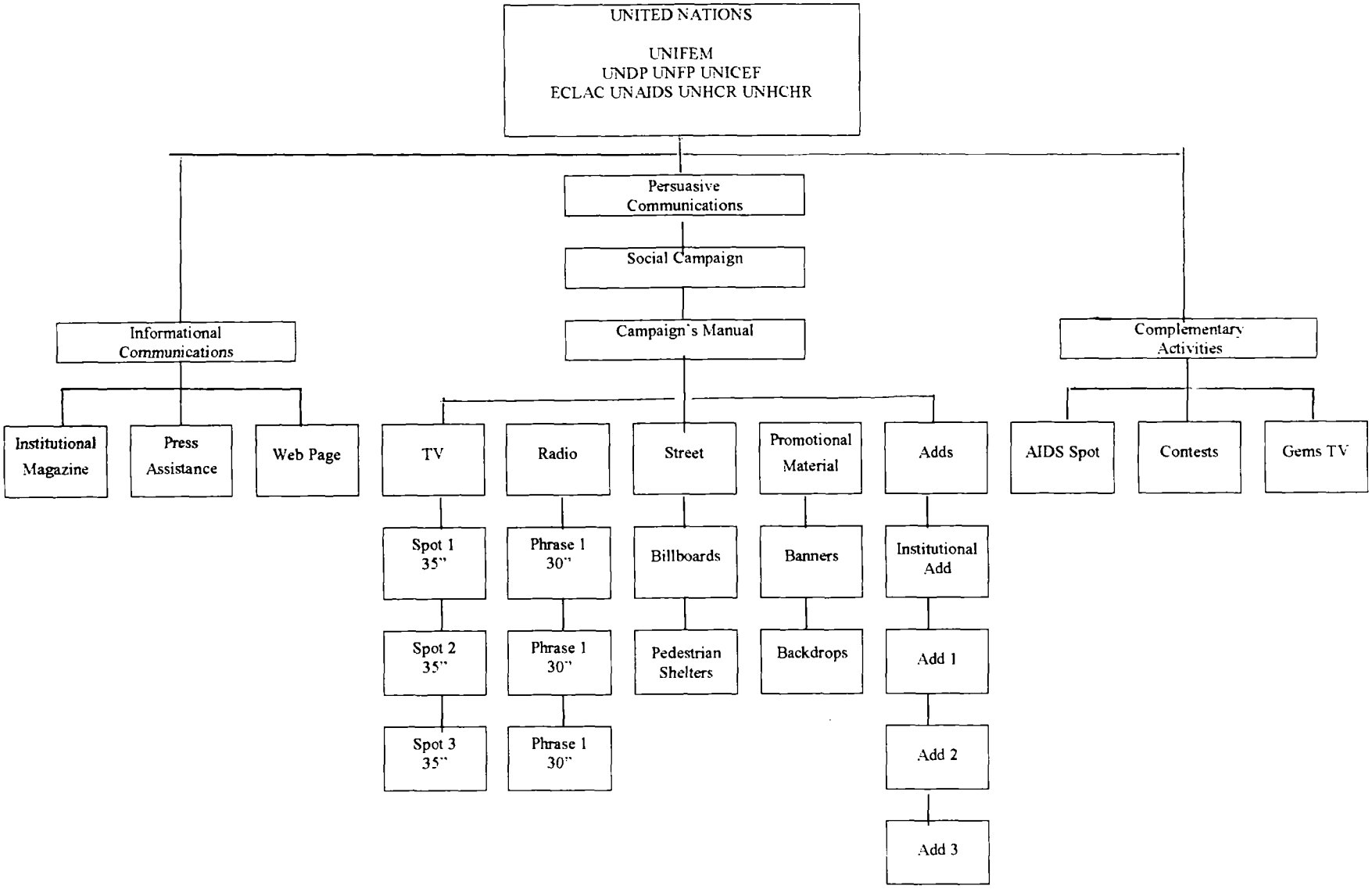
All roads begin with a first step

Let's make a new deal to jointly develop a new relationship between life and ourselves

Build a peace culture is an urgent task that requires the individual contribution of all of us, and especially yours.

This new deal requires a change of attitude to eliminate from our life all types of violence.

Campaign Activities



8ª CONFERENCIA DE
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PUBLIC HEALTH SURVEILLANCE

Submitted by:

Pan American Health Organization

Chile Agency

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PUBLIC HEALTH SURVEILLANCE

Enhanced Surveillance of Emerging and Re-emerging Diseases

Introduction

Historically and in present days, health systems and medical practice have been focused almost exclusively on diseases and have spared no reasonable efforts to improve their diagnosis and treatment, paying little or no attention to its prevention nor to the preservation and promotion of health.

Ecological, social and economic factors, as well as changes experienced in people's behavior have favored the emergence of new diseases and the re-emergence of known but forgotten infectious diseases.

Recent epidemic outbreaks have demonstrated that re-emerging infectious diseases may affect populations that were not affected in the past.[1,2,3,4] New infectious diseases, with a long-term impact on public health generally unknown to us, continue to be described, and in the same way are new infectious agents discovered.[5]

At their onset, these diseases will usually affect a limited number of persons, and only their lethality and the sensitivity of the surveillance systems will determine their more or less timely detection. Considering that we are dealing with diseases unknown to the population or diseases that have emerged in the past, their economic impact is important given the social and political uncertainty / anxiety they generate, whether because of their late detection or the inadequate response of the competent agencies. We only need to remember Cholera in Mexico, Dengue Fever in Central America, and Hantavirus in Argentina / Chile. Generally, the most worrisome factor, in addition to their economic impact, is late detection of these diseases as it prevents an immediate response, and thereby contributes to keeping the population at risk and favors transmission to other individuals. Lederberg warned already in 1998 that "the microbe that yesterday affected a child in a distant continent may affect us today and break loose tomorrow."

Recognizing that emerging and re-emerging infectious diseases are a worldwide problem requiring a comprehensive strategy, international efforts are being made to prepare the

systems and respond to this emergency. The association of European Union Physicians recognizes the need to improve the infectious diseases surveillance systems[6], the WHO / PAHO and CDC have developed action plans leading to the strengthening of the global surveillance of diseases, and particularly of infectious diseases, inviting the international community to actively participate in the early detection, recognition, control and prevention of such diseases. The WHO[7,8] has created a new unit to prevent and control cases of emerging and/or re-emerging diseases, with the infrastructure to immediately mobilize the necessary resources in the event of an outbreak. The document stating the objectives and activities of the action plan has been distributed to delegates present at this meeting.

It is possible to identify the following common objectives in the emerging diseases control plans:

- Worldwide strengthening of the surveillance systems to reduce outbreaks of emerging diseases.
- Expansion of the existing infrastructure (i.e. laboratories, facilitate research, technology and cross-communications)
- To develop improved international standards, guidelines and recommendations
- To improve the international capability to respond to epidemics with scientific and technological resources.
- To support emerging diseases research efforts, especially as regards resistance to antimicrobial agents.
- To issue recommendations to governments regarding improvement of their public health systems through the allocation of special resources to eradicate or control emerging and re-emerging diseases and to co-ordinate public heath activities with the international community.

The Americas are experiencing what appears to be a high-risk situation as regards emerging infectious diseases, especially because of the large biological diversity that may found in the region and the ecological changes occurring there, such as deforestation, mineral ores extraction, agricultural development and urban overpopulation. In addition, migratory processes have largely increased over the past decade; tourism alone moves more than 110,776,000 people (19.64% of the worldwide tourism movement)[9], including groups that quickly move between isolated and urban areas.

New and/or re-emerging diseases surveillance systems need to the strengthened and adapted to the ever changing conditions of our region.[10] Upon notification of any disease, it is essential to facilitate analysis processes in order to predict infectious diseases epidemics and identify potential risk factors or elements.[11]

Epidemiological surveillance is the routine process of collecting, analyzing and disclosing data to be used by public health services to carry out the necessary control actions that may minimize any possible impact. Usually, data provided by surveillance systems is outdated or inaccurate. Usage of said data for the early detection of outbreaks might be a problem since usually the information is slowly gathered from different sources, and this provides little opportunity to correct errors or make adjustments.

The main purpose of an infectious diseases surveillance system is to identify outbreaks with sufficient anticipation to allow intervention.[13] The surveillance systems usually operate through a notification mechanism; reports containing information regarding the detection of cases of a specific disease are sent on a daily/weekly/monthly basis by the health services. Delays in notification are unavoidable. This process may require several days and thus a system that responds only to confirmed cases might miss an epidemic outbreak. An efficient surveillance system does no guarantee an adequate decision-making process but it reduces the chances of making wrong decisions.

It is an error to consider that the obligation to report a specific disease or condition is equivalent to developing a surveillance system for said disease or condition. In any surveillance system based on a specific disease, the physician founds his/her diagnosis on a case definition, an approach which time has shown to be useful to exhibit the impact that the adoption of specific measures has on the disease. Unfortunately, in many regions of the Americas this system is a passive one, i.e. it waits for the notification to arrive and only in very few cases there is a feedback of information, adequate analysis, implementation of specific actions and follow-up to correct possible deviations.

The study carried out in 1996[14] by the Infectious Diseases Division / WHO "National Capability for Surveillance of Emerging and Reemerging Infectious Diseases in Latin America and the Caribbean" shows that:

- 17% provide reports on the outbreaks;
- 70% - 80% of the surveillance systems information is furnished by public health services;
- 50% use in their surveillance systems the information furnished by laboratories.

No surveillance system has the capability/ability to detect 100% of the events of interest.

An infectious diseases syndromic approach might provide a more accurate system in terms of sensitivity and specificity as compared to the presently prevailing system, which is based

on specific diseases dependant on laboratory diagnoses. It would be a mechanism designed to render a more speedy and timely reporting system.

The low degree of sensitivity of the surveillance systems, associated to the scant knowledge we have of these diseases, allow the outbreaks, thereby exposing the inhabitants in the different areas where they carry out their activities. Therefore, Epidemiological Surveillance should be understood in the broadest possible sense, not as a mere system to provide statistical data (sick people – morbidity, deaths – mortality) but as a system to provide the knowledge required for a timely and adequate decision-making; i.e., Epidemiological Surveillance should collect – in addition the morbidity and mortality data – information regarding risk and environmental factors, existing pathogen agents, vectors and reservoirs, among others.

There is no single set of data that may meet all the requirements of epidemiological analysis, but it is indeed possible to define the necessary core data. Information should be collected in terms of action; and fact that information is required for planning and action purposes does not justify its collection in enormous amounts. Availability of information is essential but not sufficient; it demands a process of selection among different options, which must be the result of a sound judgment. Such judgement must be based on an in-depth analysis of relevant information, and relevance depends on quality, quantity and accessibility. However, for the demands of a given time and situation, we seldom find relevant information.

Thus, it may be inferred that the usefulness of the information depends mainly on its timely availability, meaning that it should be accessible to the right person, at the right time and in the right format.

According to the above, an Enhanced Emerging Diseases Regional Surveillance System is required to provide technical support to the epidemiological areas of the countries in the region and to co-ordinate the actions required to control high-risk situations.

This system should be sensitive enough to detect at an early stage the occurrence of common and particularly abnormal pathological processes (whether because of the number of persons affected, the number of new cases involved, the rate of mortality resulting from an undefined agent or other grounds) in a specific region or location. This system should allow the follow-up and analysis of the trends of existing diseases and/or detection of new disease processes or health risk.

The Regional Surveillance System usually strengthens existing systems in each country, which are responsible for the corresponding follow-up and analysis, activation of warning mechanisms and necessary control actions.

In order to provide the epidemiological surveillance system with the required sensitivity, early detection (symptoms / clinical definition) and immediate action followed by specific laboratory tests (determination of the infectious agent) to adjust the necessary actions is a must.

The syndromic approach not only allows detection of a large number of similar cases, but also the detection of those processes not clearly identified as nosologic entities as it is difficult to define what it is unknown. To report a syndrome without further research and determination of its generating agent is of little use, and it would be more or less the same as a collection of processes. Likewise, a reported syndrome requires an immediate action/response and any delay would result in an larger number of cases.

In all infectious processes, the laboratory is an essential tool for the epidemiologist to know what is happening and be able to take the most appropriate actions. The Program for the Eradication of Poliomyelitis in the Americas is a good example.

Surveillance systems should improve and increase their sensitivity as regards detection, epidemiological research, and determination of etiological agents. It is essential to analyze the data to make a follow-up of the disease and of the effectiveness of the control measures implemented. Usually, surveillance detects the occurrence of a process, carries out the epidemiological research, and isolates the agent, but it does not clearly establish the conditions under which the process occurred. It is necessary to strengthen the surveillance concept, which includes the integration of epidemiological surveillance offices and laboratories, and the use of different sources of information. The reported cases should be analyzed according to an epidemiological, clinical or laboratory criteria to establish a definite classification.

The Regional Surveillance System should focus on and specifically support the laboratory by providing information on any detected agents (common and uncommon) in the tests to patients, food and water samples or other specific programs. Likewise, the creation and maintenance of serous sample collections should be promoted.

To this end, it is necessary to generate a database to share the information available at the different agencies.

- Collect information on vectors, reservoirs, environments.
- Collect information on the mortality and morbidity rates of specific pathologies (or syndromes) through exploratory researches to establish the mortality rate corresponding to unknown syndromes.
- Work in collaboration with the Geographical Information Systems (GIS).

Human activities and/or environmental changes affecting the different ecological systems have released known and unknown diseases present in the different wild areas that were controlled by the existing balance of the host – guest complex (vector, mammal, etc.), and human groups have thereby been infected with new and old agents. This is evidenced by the dramatic increase in the number of new agents identified since 1973 (Table 1).

Table 1 – Etiological agents of infectious diseases identified since 1973*

Year	Agent	Disease
1973	Rotavirus	Diarrhea
1975	Parvovirus B19	5th disease
1976	*Crystosporidium parvum*	Acute gastroenteritis
1977	Ebola virus	Hemorrhagic fever
1977	*Legionella pneumophila*	Legionnaires disease
1977	Hantaan virus	Hemorrhagic disease with renal syndrome
1977	*Campylobacter sp.*	
1980	Human T-cell lymphotropic virus I (HTLV-I)	Leukemia
1981	*Staphylococcus toxin*	Toxic syndrome
1982	*Escherichia coli 0157:H7*	Hemorrhagic diarrhea, hemolytic syndrome
1982	HTLV-II	Leukemia
1982	*Borrelia burgdorferi*	Lyme disease
1983	Human immunodeficiency virus (HIV)	Immunodeficiency syndrome
1983	*Helicobacter pylori*	Gastric ulcer
1988	Human herpesvirus – 6 (HHV – 6)	Roseola
1989	*Ehrlichia chafeensis*	Human ehrlichiosis
1989	Hepatitis C	
1991	Guanarito virus	Hemorrhagic fever (Venezuela)
1992	*Vibrio cholerae 0139*	Diarrhea
1992	Bartonella	
1993	Hantavirus isolates	Pulmonary syndrome
1994	Sabiá virus	Hemorrhagic syndrome (Brazil)

These new agents have demanded the restructuring and modification of human behavior and activities in order to minimize the incidence of cases.

A surveillance system, as already said, should not only focus on the occurrence of this phenomena, but also work on and develop the risk hypothesis and the likelihood of the occurrence of a specific event (Positive Predictive Value). As example, it is worth mentioning that the CDC maintains surveillance on environmental factors that allow us to predict the behavior of rodents to control its populations and establish the risk of spreading diseases. This means that a surveillance system should be based on the data available for a specific region at a given time.

Health systems and epidemiological surveillance are prepared to deal with daily problems, and organization is the basis required for development, but their obduracy reduces the ability to respond and sometimes results in their total immobility. Thus, mechanisms must be generated to allow the transfer of research experiences and knowledge to different institutions in order to modify planning and action.[15] Therefore, a new form of organization is required.

If an epidemiological surveillance is properly carried out, it should allow us not only to detect the occurrence of normal and abnormal events, but also to carry out differentiated action to prevent such occurrences or at least reduce the number of cases, that is, to minimize their consequences, especially the consequences of those syndromes / diseases for which no clear prevention guidelines and specific treatments have been established.

When we talk about the features of epidemiological surveillance, it becomes necessary to make adjustments as regards methods and strategies by way of a sustainable development and ongoing training program for the members of the operating organizations, to provide:

- Devices for saving and downloading information in smaller structures
- Delivery facilities
- Local analysis capacity
- Implementation of general prevention and control measures
- Availability in the region of the necessary data, analysis results and measures to be taken in each situation.

A syndromic approach allows us to:

- Use broader definitions than case definitions
- Work with clinical data
- Provide rapid responses
- Find new or undefined diseases
- Promote participation through a reporting / response process

Reporting of syndromes does not replace the surveillance of specific diseases, rather it intends to provide the system with the necessary sensitivity to detect new or abnormal processes and ensure specificity. Working with syndromes allows and facilitates reporting.

All diseases should be reported immediately when:

- The number of cases exceeds the number of cases expected in a given period and location
- It is a disease that may spread outside the community
- The mortality rate is high
- It is a new or unexpected situation
- It indicates the presence of an unknown syndrome.

All reports should contain the following information:

1. Origin and type of disease / agent / syndrome
2. Number of cases and deaths
    - Whether the primary case / index corresponds to an imported or derived case / syndrome
    - Whether any epidemiological evidence exists as regards the agent or vector
    - Whether a laboratory confirmation or epidemiological research exists
3. Area in which it is developing and population at risk
    - Whether there are changes in the nature or size of the described process
4. Conditions that may facilitate or reduce the spreading of the disease
5. Measures implemented.

Data collection on Syndromes, possible definitions, agents and variables for an enhanced surveillance of infectious and emergent diseases

SYNDROME	SYNDROME DEFINITION	AGENT	CASE DEFINITION	AGE GROUP	GENDER	OTHERS
DIARRHEA	Diarrhea (3 or more defecations or loss of water in 24 hours), serious disease, absence of predisposing factors	*Rotavirus* *Crystoporidium parvum* *Vibrio cholerae 01 and 0139* *Typhoid* *Severe food intoxication* *Salmonella*		> 5 years of age < 5 years of age	Feminine Masculine	Urban / rural Deceased
DIARRHEA With bleeding With bleeding + mucus	Diarrhea with bleeding, mucus and/or visible bleeding and mucus	*Shigella dysenteriae type 1* *Shigella flexnemi* *Salmonella* *Escherichia coli other serotypes* *Campylobacter jeyuni*		> 5 years of age < 5 years of age	Feminine Masculine	Urban / rural Deceased
HEMORRHAGIC (FEVER)	Acute fever with a 2 – 7 day evolution and hemorrhagic symptoms (gingivitis, conjunctival injection, petechia, hemorrhagic diarrhea)	*Ebola* *Hantavirus* *Guanarito virus* *Sabia virus* *Manchupo* *Junin* *Yellow fever*		<5 5 – 14 15 – 24 25 – 44 > 45 unknown	Feminine Masculine	Urban/rural Deceased
RESPIRATORY	Acute disease of the respiratory system, characterized by fever, general discomfort, weakness, cough and/or rhinitis, cephalalgia, myalgia, and arthralgia.	*Legionella pneumophila* *Hantavirus* *leptospirosts* *Epidemic disease (pneumonic)*	Acute respiratory infection (lower tract) with signs of local pneumonia. Disease characterized by fever, cephalea, myalgia, conjunctival injection, and less frequently by meningitis, exanthema, jaundice, or renal	>5 5 – 14 15 – 24 25 – 44 > 45	Feminine Masculine	Urban/local deceased

			failure. Symptoms may be biphasic. Cough with blood, expectoration, chest pain, and respiratory difficulty.			
MENINGITIS	Suspect case characterized by high fever, headache, neck rigidity. In addition, vomiting and sensory alterations (drowsiness and irritability), photosensitivity and convulsions may be observed. In small children, food rejection, hypothermia below 36°C, and continuous weeping as expression of pain are alarm signal.	*Meningococcic Disease*	Acute symptoms (fever > 38.5 °C) and one of the following: neck rigidity, alteration of consciousness or other meningeal signs, petechia or purple rash.	>5 5 – 14 15 – 24 25 – 44 > 45	Feminine Masculine	Urban/local deceased
FEVER		*Influenza: TYPES* *A – HINI; H2N2; H3N3* *B* *C* *Dengue* *Hemorrhagic Dengue* *Yellow fever*	Fever >39 °C, myalgia and respiratory symptoms Acute fever with two or more of the following symptoms: headache, retro-orbital pain, myalgia, arthralgia, rash, hemorrhagic manifestations, leukopenia. Acute fever, followed by jaundice (within 2 weeks of the appearance of symptoms),	>5 5 – 14 15 – 24 25 – 44 > 45	Feminine Masculine	Urban/local deceased

		Malaria (falciparum) Outbreak	presence of albuminuria and/or hemorrhagic manifestations. Acute fever, shivering, headache; acute disease presents weakness, and ganglial pain and inflammation			
ACUTE NEUROLOGICAL SYNDROME	Neurological system dysfunction with one or more of the following: severe deterioration of brain function, convulsions, signs of meningeal irritation, involuntary movements (pupil, myoclonus, etc.)	*Creutzfeldt-Jakob Disease* *Encephalitis, meningitis*				
PREVIOUSLY UNDEFINED SYNDROMES	Any other cause of acute disease not previously included.					

Disease	
Epidemic disease	
Cholera	
Yellow fever	
Malaria Classic Hemorrhagic	
Meningitis Bacterial Meningococcic Aseptic (viral)	
Meningococcic infection	
Leptospirosis	
Viral hepatitis A B C undiagnosed	
Epidemic hemorrhagic conjunctivitis	
Rabies Human Canine Other	
Food poisoning*	
Syndromes	
	Diarrheic hemorrhagic
	Hemorrhagic
	Respiratory
	Meningeal
	Nervous
Other non-specified diseases and syndromes	

Any other comment and/or observation will be welcome.

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What is Public Health Surveillance?

- ✓ It is the systematic gathering, analysis, and interpretation of health data.
- ✓ Its purpose is to plan, implement, and evaluate public health interventions and programs.
- ✓ Surveillance data is used both to determine the need for a public health action and the effectiveness of the programs.

structure of health services	biological features of human organism
life styles	environment

(illegible)

SURVEILLANCE

INFORMATION

(illegible)

Public Health Surveillance Uses

- ✓ Disease control
  - High impact (disease and death)
  - Epidemic potential
  - Global, continental, and regional goals
- ✓ Research
- ✓ Monitoring of domestic, regional and global priorities

Consequences of non usage of Public Health Surveillance

- ✓ Outbreaks: undetected, uncontrolled, spread over several countries
- ✓ Late responses to outbreaks
- ✓ Excessive governmental expenses in outbreak control
- ✓ Inefficiency of control measures, consecutive to late responses
- ✓ High impact on public opinion
- ✓ Ongoing risk in affected population and greater occurrence of events

BENEFITS DERIVED FROM USAGE OF PUBLIC HEALTH SURVEILLANCE

- ✓ Epidemic detection
- ✓ Epidemic control (effectiveness of sanitary measures)
- ✓ Timely and co-ordinated responses from Health organizations.
- ✓ Less morbidity and mortality
- ✓ Epidemic anticipation and prevention
- ✓ Contribution to people's development and eradication of poverty

TYPES OF MONITORING SYSTEMS

- ✓ Global

  Example: AIDS, Polio
- ✓ Regional

  Example: Dengue, Malaria, Cholera
- ✓ National

  Example: IRA
- ✓ Intermediate
- ✓ Local

GLOBAL SURVEILLANCE

Simulation of event under surveillance

(illegible)

REGIONAL SURVEILLANCE

Simulation of event under surveillance

(illegible)

NATIONAL SURVEILLANCE

Simulation of event under surveillance

(illegible)

INTERMEDIATE SURVEILLANCE

Simulation of event under surveillance

(illegible)

LOCAL SURVEILLANCE

Simulation of event under surveillance

(illegible)

PROPOSAL

- ✓ Support the reinforcement – establishment of national and regional surveillance systems for diseases of current priority
  - Sensitive
  - In real time
  - Flexible
  - Trends
- ✓ Promote the creation of a Technical Framework and Regional Action Plan reaching beyond the Health sector

(illegible)

JUSTIFICATION OF THE REACTIVATION OF CO-ORDINATED SURVEILLANCE SYSTEMS AT CONTINENTAL LEVEL

- ✓ Re-emergence of infectious diseases

  Example: Cholera
- ✓ Emergence of new diseases

  Example: AIDS, Hanta, Dengue
- ✓ Globalization of risk
- ✓ Ecological changes (deforestation, mineral ore extraction, agricultural development, high population density, migratory processes.)

PRESENT SITUATION OF PHS SYSTEMS IN THE CONTINENT

- ✓ Absence of consensus on what is to be surveyed
- ✓ Delay in infectious disease reporting
- ✓ Accumulation of data without any action taken
- ✓ Focused on the health sector and, within this, on the public health subsector
- ✓ Not integrated to Lab, Environmental, and other information
- ✓ Do not include risk factors
- ✓ Late information and action → more mortality and morbidity in the continent

EXAMPLES OF RESULTS ACHIEVED TO DATE

- ✓ Measles
- ✓ Cholera
- ✓ Polio
- ✓ Hanta

THREATS IN LATIN AMERICA

- ✓ AIDS
- ✓ Hanta
- ✓ Dengue
- ✓ Malaria
- ✓ Cholera
- ✓ Resistance to antibiotics
- ✓ Outbreaks of chronic diseases associated to risk factors and unhealthy life styles

OPPORTUNITIES

- ✓ Technological availability (personal computers and communications)
- ✓ Knowledge on the diseases
- ✓ Reforms in the health sector
- ✓ Health Information Systems crisis?
- ✓ Willingness to increase equality and to eradicate poverty

Support Reinforcement – Establishment of Regional and National Surveillance Systems

- ✓ Prevention and control
  - Information and education for staff and community
  - Adequate usage guidelines and research on microbial agents
- ✓ Outbreak surveillance and control
  - Lab notice and diagnosis
  - Population at risk
  - Drug supplies
  - Epidemiological research
- ✓ Medical attention
  - Training in therapeutical procedures
  - Medical services

PROMOTE THE CREATION OF A REGIONAL TECHNICAL FRAMEWORK AND ACTION PLAN

- ✓ Definition of the events to be monitored in the continent
- ✓ Action Plan for the consolidation of a Regionally Organized System.

NEEDS

- ✓ National, regional, and global Technical Agreements
- ✓ Regional and global Political Agreements
- ✓ Resources
  - Training
  - Equipment
  - Communications
  - Research

RESOURCES FOR

- ✓ Training (clinical, epidemiological, health information technology)
- ✓ Equipment (labs, personal computers)
- ✓ Communications
- ✓ Research (funding for specific studies and researchers)

"A good surveillance does not ensure that the right decision is to be made, but reduces the chances of making the wrong decision". Alexander D. Langmmar NEJM 1963, 368: 182-191	

8ª CONFERENCIA DE
ESPOSAS DE JEFES DE ESTADO
Y DE GOBIERNO DE LAS AMERICAS

HORIZONTAL COOPERATION MULTILATERAL PROJECT

Technical Strengthening and Organizational Management for Preschool Education and Children's Development

Submitted by:

O E A

and

FUNDACION INTEGRA, CHILE

GABINETE DE LA SEÑORA DEL PRESIDENTE DE LA REPUBLICA DE CHILE
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Palacio de La Moneda - Santiago - Chile

ORGANIZATION OF AMERICAN STATES
EXECUTIVE SECRETARIAT FOR COMPREHENSIVE DEVELOPMENT

JOINT COOPERATION PROPOSALS SUBMISSION FORMAT

DATE: July 8, 1998-07-14

SEDI Register:

1. PROPOSAL IDENTIFICATION

1.1 Title: **HORIZONTAL COOPERATION MULTILATERAL PROJECT: TECHNICAL STRENGTHENING AND ORGANIZATIONAL MANAGEMENT FOR PRESCHOOL EDUCATION AND CHILDREN'S DEVELOPMENT**

1.2 Submitted by: FUNDACIÓN INTEGRA – CHILE

1.3 Prior titles of the Project or Activities and dates of execution (if applicable):

2. Type of Proposal:

2.1 Multilateral Project __X__

2.2 Multilateral Activity _____

2.3 National Project _____

2.4 National Activity _____

3. Participating countries

	X		X					X		X					X	
AB	AR	BA	BO	BS	BR	BZ	CA	CH	CO	CR	DO	EC	ES	GR	GU	GY
	X						X									
HA	HO	JA	KN	MF	NI	PE	PN	PY	RD	SL	SU	SY	TT	UR	US	VE

4. Dates of execution of the proposal:

4.1 Initiation: 01/02/99 4.2 Completion: 12/31/99

5. Institutional Background

5.1 Name of the Institution or agency of the OAS' General Secretariat that shall be responsible for the coordination of the project/activity.

a. Name of the country's institution, OAS/GS agency or organization: Fundación INTEGRA			
b. Name and position of the responsible officer María Teresa Chadwick Piñera – Executive Director			
c. Address: P. Alonso de Ovalle 1180 – Santiago			
d. State/Province: Metropolitan Region		e. Country: Chile	
f. Telephone (56-2) 707 5202	g. Fax No.: (56-2) 707 5210	h. E-mail fintegra@integra.cl	i. Web Page: www.fintegra.cl
j. Information regarding the execution ability, legal capacity and experience as regards the area related to the proposal (40 – 60 words summary) Fundación INTEGRA is a non-profit organization, which Board of Directors is presided over by the First Lady of the Nation, Mrs. Marta Larraechea de Frei. Since its creation, the activities of the foundation have been addressed to assist poor children. As of 1990, an educational component and a strong interaction with the children's families were added to the nourishing program. At present, INTEGRA assists over 60,000 poor children through a comprehensive development program and works toward the achievement of results and improvement of the assistance provided.			

5.2 Participating Institutions

a. Name of the country's institution, agency of the OAS/GS or organization: Fundación INTEGRA			
b. Name and position of the responsible officer María Teresa Chadwick Piñera – Executive Director			
c. Address: P. Alonso de Ovalle 1180 – Santiago			
d. State/Province: Metropolitan Region		e. Country: Chile	
f. Telephone (56-2) 707 5202	g. Fax No.: (56-2) 707 5210	h. E-mail fintegra@integra.cl	i. Web Page: www.fintegra.cl
j. Information regarding the execution ability, legal capacity and experience as regards the area related to the proposal (40 – 60 words summary)			

The other countries that have expressed their willingness to participate are currently consulting their respective government to define the institutions or organizations that shall be acting as executor parties.

6. Identify, if applicable, other contributing institutions (governmental and non-governmental) that will participate in this project/activity. Include the name and position of the contact person and a brief description of their way of participation in the institution. If a financial contribution, state the amount of said contribution in section VI 2.

Domestic Contributing Institutions	International Contributing Institutions
6.1	6.2 ISIS Internacional Soledad Weinstein Technical assistance & organization Seminars
6.3	6.4
6.5	6.6

7. Identify the priority area(s) of CIDI's Strategic Plan corresponding to this proposal (if more than one, please indicate its importance in numerical order from 1 to 8):

7.1	Social development and generation of productive employment	2
7.2	Education	1
7.3	Economic diversification and integration, trade opening and access to markets	
7.4	Scientific development and exchange and technology transference	3
7.5	Strengthening of democratic instructions	
7.6	Tourism sustainable development	
7.7	Sustainable development and environment	
7.8	Culture	

II. PROPOSAL'S JUSTIFICATION

1. Summarize the reasons justifying the submission of the proposal (indicate background and relationship between the proposal and the OAS' 1997 – 2001 Joint Cooperation Strategic Plan):

1.1 Background (not exceeding from 75 – 100 words)

There are several Programs and Institutions in America aimed at favoring assistance and comprehensive development of poor children under six years of age by adopting different modalities to cope care, growth and development problems of a large number of children.

The ever increasing development of the countries requires effective responses to support the access and permanence of women in the labor environment by providing solutions as regards children's care and thereby allowing vulnerable groups to increase their family income.

At the Eighth Conference of Wives of Heads of State and Government to be held in Santiago, Chile, in September of this year, the sharing of successful comprehensive development management experiences is a priority subject and, during its preparatory stage, rises the need of submitting a project to allow transference of experiences to solve this problem.

The Programs implemented in the Continent have developed management strategies, training systems, educational projects, materials, and assessment systems that the different countries may share to improve the quality of the assistance provided to children. Among them, one of the experiences is that of Fundación Integra (Chile) that may be transfer, provide assistance and facilitate materials to other similar programs in the region, as it already did with the Daily Care Shelter Homes Program directed by the First Lady of Guatemala.

1.2 Relationship between the proposal and the domestic development priorities, if applicable (not exceeding from75 – 100 words)

Despite the accelerated economic growth experienced in Chile, 23.3% of the population still lives in poverty; especially vulnerable are children and women.

During the '70, Chile showed a high rate of children's malnutrition and psycho-mobility deficiencies. By implementing specific policies this situation has been reverted, but there is still much to be done, especially as regards children's cognitive development Thus, the challenge is to improve the efficiency of children's development programs.

Both, the economic growth and the poverty elimination strategy aim at incorporating women to the labor environment by promoting children care policies that have resulted in an increase of preschool education coverage in Chile from 20% to 30% during the past 8 years in order to guarantee equal opportunities.

1.3 Relationship between the proposal and the regional development priorities, if applicable (not exceeding from 75 – 100 words)

The growth and development problems of a large portion of the children in the region constitutes an ongoing challenge for the countries of the Americas. Different policies and strategies have been developed to assist these vulnerable groups; however, the results are not always as expected. The purpose is to achieve a significant coverage expansion with quality programs providing both children's comprehensive and women's development real opportunities.

1.4 Relationship between the proposal and the Strategic Plan (not exceeding from 75 – 100 words)

The OAS' 1997 – 2000 Strategic Plan prioritizes projects contributing to the elimination of poverty through actions leading to an institutional strengthening, social development and productive employment generation, education, exchange of experiences, knowledge and information, and transference of technology, issues that are the core subject of this project.

This proposal also provides the setting for regional integration by easing the Inter-American dialog and promoting cooperation focused on multilateral actions. It promotes joint actions in areas that due to their nature and importance of the technical and economic resources require combined efforts and abilities.

2. Description of the proposal:

2.1 Comprehensive Development Overall purpose (not exceeding from 75 – 100 words)

Efforts are aimed at promoting children's development and facilitating integration of women to the labor environment among the population living in poverty through the exchange, assistance and transference of successful management of Programs as well as public and private organizations financially sponsored by the States to implement actions leading toward preschool education, growth, protection and comprehensive development of all children under 6 years of age.

2.2 1999 Specific Goals and activities (not exceeding from 25 – 40 words for each specific goal with indication of the name of title of the activities to be performed)

2.2.1 (Specific Goal): Program and institutions of the countries of the Americas have participated in forums and meetings to share experiences on preschool education and children's development to strengthen and enhance institutional efforts and program techniques, thereby facilitating access of women to employment.

2.2.1.1 (Activity): Regional seminars to share experiences as regards preschool education management, materials and methodology, children's development and assistance procedures to facilitate access of women to employment.

2.2.1.2 (Activity): International Course: Social Policies and Management for institutions working with preschool poor children.

2.2.1.3 (Activity): Design and implementation of an Internet page titled "Childhood, women and comprehensive development in the Americas."

2.2.1.4 (Activity): Management and technical groups of programs in the region with experience in preschool education and comprehensive development visit institutions showing a successful organizational effort to provide responses to children of working women.

2.2.2 (Specific Goal): Programs and institutions learn about the organizational and technical development experiences of Fundación INTEGRA – Chile, and participate in specific cooperation plans to allow customization and transference of its organizational policies, technical products, methodologies and management strategies.

2.2.2.1 (Activity) Technical and management assistance program for 4 countries in the region requiring said assistance.

2.2.2.2 (Activity) Customization and transference of educational materials and other technical-methodological products to those countries in the region requiring such transference.

2.3 Project/Activity Execution Process: Define the sequence of the activities to be performed and how it will contribute to the achievement of the goals established (not exceeding from 100 – 200 words)

Two Regional Seminars on Preschool Education, Comprehensive Development and Strategies to Assist Children of Working Women of the Americas will be held in Chile and probably in Guatemala or another in Central American country to share successful institutional and technical experiences. Likewise, the seminars aim at sharing educational and technical materials and seek countries' sensitization to design educational and comprehensive development policies for children living in poverty and provide solutions as regards child's care and women's access to formal employment. As a result of these seminars it is expected to create two inter-institutional work groups: one for the development of an Internet site to promote during this first year the exchange of information and experiences among the different countries in the region and create a regional integration network, and the other to implement an assistance system in those countries showing the most successful organizational and technical policies. Based on the Seminars and different exchange actions, assistance and Internet communications, Fundación INTEGRA will provide specific technical assistance to 4 countries requiring such assistance. At the same time, a team of experts will organize a Management and Social Policies Course in Chile for representatives of 15 countries experiencing problems with the management of their programs.

During the second and third year, in addition to the creation of a regional integration network, experiences shared would be intensified and technical assistance would be expanded to other countries in the Region. Likewise, the technical effort of the leaders of the institutions and programs would be strengthened and a Second Regional Seminar would be held to work on the impact of the programs as regards children's development and response to the needs that women's access to employment poses to the countries in the Americas.

Specific Goal 2.2.1:
Programs and Institutions of the countries of the American have participated in forums and meetings to share experiences as regards preschool education and children's development to strengthen and enhance the institutional and technical efforts of the programs and that facilitated access of women to employment.

Activity title and brief description (not exceeding from 50 - 80 words	Initiation date: 01/02/99	Completion date: 04/25/99		
2.2.1.1 Regional Seminars to share experiences as preschool management, materials and methodologies and children's development Seminars for leaders of the organizations and programs of the countries of the Americas that provide assistance to children living in poverty. Locations: Santiago de Chile and Guatemala City (to be confirmed) Duration: 3 days Participants: 60 leaders working with institutions that provide assistance to children under 6 years of age (30 leaders from Latin American and the Caribbean countries in Guatemala City, and 30 leaders from South American countries in Santiago, Chile) Contents: Different successful experiences with children global assistance programs, management models and systems, comprehensive development programs, assessment system. At each Seminar there will be a fair of the educational, technical and assessment materials developed in the different countries. Two commissions will be created to work during the project's term: Training system and design of a web page in Internet.		CIDI Resources Expense Schedule		
		Jan-Apr	May-Aug	Sep-Dec
		X		

Financing	Amount Requested per Expense Item						
	03	04	05	06	08	09	TOTAL
Requested to CIDI in US Dollars for this activity of the project		16,500	10,000		25,000	2,500	54,000
Contributions of the country/countries (US$)				15,000	5,000		20,000

Provable results or product (description and amount(s)) (not exceeding from 50 - 80 words)

- 60 people attend to the regional seminars to share preschool education experiences
- Definition of inter-institutional assistance programs and the possibility of transferring the specific technologies developed by the different countries in the region.
- Publication of 2 documents containing a summary of the conclusions and regional proposals (one document per sub-region)

Date of submission of the report corresponding to this activity: 05/25/99

Specific Goal 2.2.1:
Programs and Institutions of the countries of the American have participated in forums and meetings to share experiences as regards preschool education and children's development to strengthen and enhance the institutional and technical efforts of the programs and that facilitated access of women to employment.

Activity title and brief description (not exceeding from 50 – 80 words	Initiation date: 08/15/99	Completion date: 08/20/99		
2.2.1.2 International Course on Social Policies Management for institutions working with preschool children living in poverty Location: Santiago, Chile Duration: 5 days Participants: 20 leaders working with institutions facing problems as regards overall management. (Representatives of 15 countries in the Region, financed by the Project) Contents: Strategic planning, results focused management, leadership, administration policies, human and technical resources. Exponents: Social Management training experts.		CIDI Resources Expense Schedule		
		Jan-Apr	May-Aug	Sep-Dec
			X	

Financing	Amount Requested per Expense Item						
	03	04	05	06	08	09	TOTAL
Requested to CIDI in US Dollars for this activity of the project	15,000	30,000	1,000		2,000	2,000	50,000
Contributions of the country/countries (US$)				10,000			10,000

Provable results or product (description and amount(s) (not exceeding from 50 – 80 words)

- 20 leaders of institutions providing assistance to children under 6 years of age are trained in Social Policies and Management

Date of submission of the report corresponding to this activity: 09/30/99

Specific Goal 2.2.1:
Programs and Institutions of the countries of the American have participated in forums and meetings to share experiences as regards preschool education and children's development to strengthen and enhance the institutional and technical efforts of the programs and that facilitated access of women to employment.

Activity title and brief description (not exceeding from 50 – 80 words	Initiation date: 08/15/99	Completion date: 08/20/99		
2.2.1.3 Design and implementation of an Internet page titles "Childhood, women and comprehensive development in the Americas" Implementation of a Web page in Internet to facilitate regional integration in this regard. Each participating institution shall enter up-dated data regarding Management, Program Development, Assessment, Materials, and Researches. Project coordination shall be responsible for maintaining up-to-date this network. A commission comprised of representatives of the different countries shall be responsible for designing the Web pages as well as for entering and keeping updated the data of this communications channel between the programs and institutions of the region.		CIDI Resources Expense Schedule		
		Jan-Apr	May-Aug	Sep-Dec
		X	X	X

Financing	Amount Requested per Expense Item						
	03	04	05	06	08	09	TOTAL
Requested to CIDI in US Dollars for this activity of the project	1,000		1,000		7,400	3,200	12,600
Contributions of the country/countries (US$)			1,000	3,000			4,000

Probable results or products (description and amount/s) (not exceeding from 30 – 80 words):

- Programs and institutions providing assistance to children under 6 years of age have their own Internet space to inform on their researches, materials and achievements, and to be informed on the efforts and activities of similar Projects.

Date of submission of the report corresponding to this activity: 12/30/99

Specific Goal 2.2.1:
Programs and Institutions of the countries of the American have participated in forums and meetings to share experiences as regards preschool education and children's development to strengthen and enhance the institutional and technical efforts of the programs and that facilitated access of women to employment.

Activity title and brief description (not exceeding from 50 – 60 words	Initiation date: 08/15/99	Completion date: 08/20/00		
2.2.1.4 Management and technical groups of programs in the region with experience in preschool education and comprehensive development visit institutions showing successful organizational efforts and providing responses as regards protection of children of working women. 15 Representatives of Programs facing technical and operational management problems or willing to enhance their knowledge as regards assistance to children of working women will pay a 7-day visit to know, share and learn about the successful experience of an institution of similar characteristics to that with which they are working. There are three countries that, at a first stage, will provide program and resources for 5 visitors.		CIDI Resources Expense Schedule		
		Jan-Apr	May-Aug	Sep-Dec
		X	X	X

Financing	Amount Requested per Expense Item						
	03	04	05	06	08	09	TOTAL
Requested to CIDI in US Dollars for this activity of the project		30,000			2,000	2,000	34,000
Contributions of the country/countries (US$)			1,000	15,000		5,000	21,000

Provable results or products (description and amount(s) (not exceeding from 50 – 80 words)

- 15 Leaders of preschool education and children's development institutions and programs visit a program of similar characteristics in another.

Date of submission of the report corresponding to this activity: 12/30/99

Specific Goal 2.2.2:
Programs and Institutions are informed on the technical and organizational experiences of Fundación INTEGRA – CHILE and participate in specific cooperation plans aimed at the customization and transference of its organizational policies, technical products, methodologies and management strategies.

Activity title and brief description (not exceeding from 50 – 80 words	Initiation date: 08/15/99	Completion date: 08/30/99		
2.2.2.2 Customization and transference of educational materials and other technical-methodological products to countries requiring said materials and products As a result of the Technical Assistance it will be determined which educational materials and technical-methodological products are required for their customization to other programs, such as Preschool Education Activities Card File, materials for working with families, assessment system, day-nursery materials, centers' manuals, training programs. Materials will be customized and transferred. Training as regards the use of said materials when required.		CIDI Resources Expense Schedule		
		Jan-Apr	May-Aug	Sep-Dec
		X	X	X

Financing	Amount Requested per Expense Item						
	03	04	05	06	08	09	TOTAL
Requested to CIDI in US Dollars for this activity of the project	2,000		15,000			2,000	19,000
Contributions of the countries/countries (US$)	1,000		1,000			1,000	12,000

Provable results or products (description and amount/s) (not exceeding from 50 – 80 words):

- The 4 programs assisted by Fundación INTEGRA receive the materials and technical-methodological products and materials required by the institution for its customization at a latter stage.

Date of submission of the report corresponding to this activity: 12/30/99

Specific Goal 2.2.2:
Programs and Institutions are informed on the technical and organizational experiences of Fundación INTEGRA – CHILE and participate in specific cooperation plans aimed at the customization and transference of its organizational policies, technical products, methodologies and management strategies.

Activity title and brief description (not exceeding from 50 – 80 words)	Initiation date: 08/15/99	Completion date: 08/20/99		
2.2.2.1 Technical and Management Assistance Program for 4 countries in the region. An Ongoing Technical Assistance Program will be developed jointly by Fundación Integra and 4 Programs of the Region. Training in, will be provided to the institutions' management team on Organization Management Model, Technical Pedagogic Programs, Work with Families and Nutritional Program developed by the Chilean Foundation. Following the Seminar, leaders of said programs visit INTEGRA CHILE and the assistance areas are defined. Officers of INTEGRA visit the 4 programs to provide assistance and transfer the Management Model, products and materials developed, as well as the planning and assessment system. Ongoing exchange between Chile's Programs and said countries.		CDI Resources Expense Schedule		
		Jan-Apr	May-Aug	Sep-Dec
		X	X	X

Financing	Amount Requested per Expense Item						
	03	04	05	06	08	09	TOTAL
Requested to CDI in US Dollars for this activity of the project	15,000	10,000	1,000		2,000	2,000	30,000
Contributions of the country/countries (US$)	5,000		1,000	3,000	2,000	5,000	16,000

Provable results or products (description and amounts) (not exceeding from 50 – 80 words)

- Leaders of the 4 preschool education and comprehensive development institutions or programs will be permanently assisted, trained and provided with the materials and products developed by Fundación INTEGRA.
- As a result of the assistance provided, 4 institutions or Programs enhance their technical policies and organizational management.

Date of submission of the report corresponding to this activity: 12/30/99

V. MULTILATERAL PROPOSALS: COOPERATION AND CONTRIBUTION MODALITIES; BENEFITS EXPECTED FOR EACH PARTICIPATING COUNTRY

1. Modalities

Define the modalities that will be used to promote joint cooperation and Inter-American dialog. If more than one, indicate its importance as regards achievement of goals in numerical order from 1 to 6.

- Assistance and experts exchange 3
- Creation of cooperation networks 4
- Joint studies and researches
- Human Resources training 2
- Meetings (congresses, conferences, forums to promote dialog) 1
- Information transference and disclosure 5

2. Contributions and Expected Benefits

Country	Amount of resources requested to CIDI for use of the domestic institution (US Dollars)	Total domestic resources (US Dollars)	Benefits to the country as a result of its participation. Describe in a quantitative manner, if possible
CHILE	127.100	83,000	Chile will act as coordinator as regards sharing of experiences, organizing the Seminar, providing resources to the countries undergoing training, organizing a social policies and management course for the leaders and providing assistance to the countries requiring such assistance. Chile (Fundación INTEGRA) will benefit from its participation in the course (1 leaders) and the training received by 1 professional in another country. Likewise, Chile and the other participating countries will benefit from the access to the integration network during this first year through the exchange of information via Internet.

10 COUNTRIES OF THE REGION[1]	16,500	(To be defined by each beneficiary country)	Travel expenses and per diem allowances will be paid to 10 Leaders of Programs and Institutions for their participation in the Regional Seminar aimed at sharing experiences as regards management, materials and methodologies.
14 COUNTRIES OF THE REGION	56,000	(To be defined by each beneficiary country)	14 Leaders of Programs and institutions will visit other countries in the Region to learn about their successful management experiences, and 14 leaders will participate in the Social Policies and Management Course.
Total	199,600	83,000	

VI. SUMMARY OF BUDGETARY ITEMS (US$)

Activity (from section 2.2)	Training Item 3	Travel Item 4	Documents Item 5	Equipment Item 6	Contracts Item 8	Other Item 9	Total
1.1 Regional Seminar		16,500	10,000	15,000	30,000	2,500	74,000
1.2 International Course	15,000	30,000	1,000	10,000	2,000	2,000	60,000
1.3 Internet Page	1,000		2,000	3,000	7,400	3,200	16,600
1.4 Visits		30,000	1,000	15,000	2,000	7,000	55,000
2.1 Assistance	20,000	10,000	2,000	3,000	4,000	7,000	46,000
2.2 Materials transference and customization	3,000		25,000			3,000	31,000
Total	39,000	86,500	41,000	46,000	45,000	24,700	282,600

[1] The countries that have expressed their interest in participating as beneficiaries of the activities are: Argentina, Bolivia, Costa Rica, Cuba, Chile, Ecuador, Guatemala, Honduras, Nicaragua, Panama and Venezuela; their final incorporation to the project requires an official certification that is being arranged in each country by the technical representatives attending to the 8th Conference of Wives of Heads of State and Government of the Americas Preparatory Meeting held in Santiago, Chile last June 22-26, 1998

VI. FINANCING FORESEEN FOR THE PROJECT/ACTIVITY

1. Please indicate amount needed from each financing source (US$ 000) for 1999:

			Executor Countries			
Year	CIDI	Other OAS Funds	Domestic financial resources (US$ 000)	Date of availability of resources	Aggregate contributions from other institutions*	Total (US$ 000)
1999	199,600		83	01/02/99	(To be defined by each beneficiary country)	282.6

* Please attach supporting documentation.

2. Detail of financial contributions from other institutions (US$ 000) during 1999:

Name of the contributing institution	Contribution Amount (US$)
Total	

3. Estimated financial resources required if the duration of the project exceeds from one year (US$ 000)

Year	OAS	Executor Country	Other Institutions	Total
2000	200	85		285
2001	150	50		200
Total	350	135		485

8ª CONFERENCIA DE
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SUGGESTIONS MADE BY

UNAIDS

For the development of a project for the Region

8th Conference of Wives of Heads of State and Government of the Americas
Santiago, Chile

GABINETE DE LA SEÑORA DEL PRESIDENTE DE LA REPUBLICA DE CHILE
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SUGGESTIONS MADE BY UNAIDS

For the development of a project for the Region
8th Conference of Wives of Heads of State and Government of the Americas
Santiago, Chile

A. The framework of the project or projects related to AIDS to be developed could be based on the First Ladies' support to the promotion of an extensive and effective response to HIV virus prevention in teens.

B. Several possibilities may be identified within this framework.

C. The Declaration of the First Ladies expressing their decision to support initiatives for the prevention of the HIV virus in teens (pictures, posters, declaration, commitment letter, press release, etc.)

D. The First Ladies' support to the promotion and development of Sexual Education Programs in schools, prevention of the HIV virus and of other sexually transmitted diseases.

E. Joint activities of the First Ladies promoting the development of programs for the prevention of the use of drugs and HIV infection in schools.

F. The First Ladies' support to make pregnant women's access to adequate counseling and a voluntary blood test for HIV a regional priority. This would take place to ensure the prevention of perinatal infection by offering free treatment to all infected pregnant women.

G. The First Ladies actively promote a join effort between the private sector and the NGO's to strengthen the vast response to HIV /AIDS.

GABINETE DE LA SEÑORA DEL PRESIDENTE DE LA REPUBLICA DE CHILE
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I. Sponsor a greater visibility of the World Campaign against AIDS and an active participation of teens in HIV virus prevention.

- Technical cooperation of UNAIDS: Consultants (from Spain and Latin America) for 6 to 8 weeks to develop the proposals approved in this meeting as the "Final Project".

- Use of UNAIDS Resources: Active cooperation to obtain financing for the First Ladies' projects.

- Goodwill Ambassador for the First Ladies Summit Meeting: UNAIDS will continue on-going negotiations for the participation of a celebrity in the Conference that will take place in September.

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"MATERNAL MORTALITY REDUCTION PROGRAM"

Progress Report submitted by

PAN AMERICAN HEALTH ORGANIZATION
- PAHO -

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MATERNAL MORTALITY REDUCTION PROGRAM

PROGRESS REPORT

I.- Background

The history of the commitment of the First Ladies with the important task of reducing maternal mortality in the countries of the American continent started in Costa Rica, at the third conference of the First Ladies in 1993. A recommendation was made regarding the necessity to support actions in favor of the health of women, children and adolescents. Prevention of Maternal Mortality was identified as a priority action.

It is estimated that 35,000 maternal deaths occur each year in the Americas. The great majority of these deaths could be prevented by simple, well known and inexpensive interventions. The death of a woman related to pregnancy or delivery is always a tragedy, but even more so if that death could have been avoided, the repercussions for the affected families are severe.

The magnitude of this problem varies from country to country, and within the countries significant differences exist between urban and rural areas, different regions and social groups. The significance of this situation for women in general and specifically for women's health issues, is a challenge for sustainable human development and therefore deserves to be considered within the social political context of the countries.

At the fifth Conference of First Ladies of the Americas in Paraguay in 1995, the First Ladies conscious of these issues decide to actively and dynamically promote all actions that can contribute to the accelerated reduction of maternal mortality in the Americas. The Proposal: "Regional Iniciative of the Fist Ladies to support the plans of maternal mortality reduction" is presented.

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At the sixth Conference of First Ladies in Bolivia in December 1996, in the Declaration of La Paz, Bolivia, 1996 the First Ladies declared: "We reiterate our support for the implementation of programs to reduce maternal mortality, including access to prenatal care and delivery by trained personnel, the development of services able to solve obstetric emergencies, sexual education and reproductive health, and development of voluntary, accessible and high quality family planning services available to couples. Futhermore, we reaffirm our commitment to improve the quality of womens' health care at all levels of the health system and in all stages of women lives".

In The Action Plan of the sixth conference, the First Ladies state two major strategies to support the maternal and perinatal mortality programs:

a) promotion, revision, strengthening and follow up of national policies, and
b) foster mobilization of institutions and different sectors of society.

II.- OBJECTIVES OF THE PROGRAM OF THE REGIONAL INITIATIVE OF THE FIRST LADIES FOR SUPPORT OF THE PLANS FOR THE REDUCTION OF MATERNAL MORTALITY

General Objective

Contribute with decisive support to the specific regioanl and national plans to the accelerated decrease of maternal mortality in the Americas.

Specific Objectives

- Promote the formulation or strengthening of specific national policies, plans and programs for the accelerated reduction of maternal mortality. Promote national campaigns of information, communication and education to increase sensitivity towards the importance and consequences of maternal mortality and promote major actions to prevent it.

- Foster the mobilization of public and private institutions, non-governmental organizations, grassroots organizations and others, so that they can contribute, from their areas of competence, to the development of national and local plans for the carrying out of measures with the greatest impact aimed at the accelerated reduction of maternal mortality.

- Facilitate the exchange of operations research and successful experiences between the countries, that will allow to identify and overcome the causes that impede appropriate access and utilization of the health services or the impede, major impact of the women health programs.

- Foster programs to improve information systems, to facilitate follow up and monitoring of the maternal mortality epidemiological surveillance indicators at the country and regional level, and to maintain a dynamic system of epidemiological vigilance at the community and institutional level.

III.- PROGRESS

The activites described here are the ones considered the most trascendental for the region which occured since the last meeting of the First Ladies in December 1996 through September 1997. These activities have already contributed to the maternal mortality reduction plan of the region.

Particularly notable are the following:

- Six new governments of the Americas have explicitly confirmed their commitment to the national plans of maternal mortality reduction, thereby stressing the importance of this issue for the development of their nations.

- Seven countries have recently updated and revised (between 1996 and 1997) their national plans for the reduction of maternal mortality.

- New regional projects: At the last meeting of the First Ladies an agreement for a new regional project was signed between US AID, PAHO, MotherCare and Quality Assurance, for the implementation of emergency obstetric management in eleven countries. The project includes political advocacy and lobbying, improvement of quality of services and community mobilization. The countries involved in this initiative are: Bolivia, Brazil, Dominican Republic, El Salvador, Ecuador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay and Peru.

- To contribute to the very important issue of continuation and growth of projects for the prevention of adolescent pregnancies, a series of projects are being carried out by different donor agencies and technical assistance entities, one of them is a regional project for adolescent reproductive health in 14 countries, carried out by PAHO with UNFPA financing.

- It has been observed that an increase of financial investment from several development bansk (BID, World Bank), in maternal health and specifically maternal mortality, has occured in several countries.

- By First Ladies or governmental initiative, Mass Media Social Communication campaigns have been developed to contribute to the maternal mortality reduction programs. Within this context resources have been mobilized with the active participation of different sectors of the society.

- Increased pro-active participation to improve the health of women, women's organizations, the civil society sector and other groups in the countries: The active and organized participation of these groups in the countries has increased the level of awareness regarding the maternal mortality problem. There are now organized groups that are very active in political advocacy and lobbying for women health issues. This has generated political pressure to accelerate legislative procedures for women rights and assignment of resources for women's health issues. These groups also constitute a force that demands, facilitates and participates in he implementation of health programs for women, specifically in actions to decrease maternal mortality.

- Approximately twenty relevant documents have been distributed to the countries.

- Baseline data on the situation in the countries is being collected and verified.

- Evaluation of the Maternal Mortality surveillance systems have been completed in 2 countries.

- Preparations are underway in all countries to celebrate the year of Safe Motherhood and kits have been distributed.

- Research is being conducted in 3 countries to develop policy and legislative guidelines.

IV.- SUCCESSFUL EXPERIENCES

Although the time period covered by this report is very short, some successful and interesting new experiences should be mentioned. One example of these interesting and successful experiences is Ecuador's First Lady summon of different sectors of the society to ask for increased support and commitment for the maternal mortality reduction program. As a consequence of that meeting the maternal mortality reduction program was reaffirmed as a priority objective by the government, donor agencies and technical cooperation agencies. This reaffirmation brought as a consequence reallocation of resources from the different sectors to increase the financial support for the program.

The First Lady of Bolivia, President of the National Comity for Safe Motherhood, promoted and fostered the implementation of a national information, Education and Communication strategy for Safe Motherhood, directed to rural and marginal-urban areas of the highlands and valleys of Bolivia. The "Seguro de Maternidad y Niñez" (Maternal and child insurance) established in July 1995 has reached a coverage of 675,420 cases attended (From July 1995 to June 97) in all Bolivia, and is growing strongly.

In the Dominican Republic a Plan of National mobilization for the reduction of maternal and infant mortality has been developed. This is a multisectional and multi-institutional effort, that operationalizes the strategy of social development, showing the political goodwill of the current government.

In some countries, governments, donor agencies, technical cooperation agencies and development banks have reassigned and procured more funds and technical assistance for the maternal mortality reduction programs.

V.- OBSTACLES ENCOUNTERED

The current tendencies of the countries to reduce government spending, especially investments of the social sector like health and education, has weakened the physical, material and human infrastructure of the services for the most needy sectors of the society.

The process of structural adjustment and the consequent reform of the health sector present the challenge of a rapidly changing context. This context determines the ability of the countries to mobilize for a rapid response of the system towards concrete and accelerated plan, like the accelerated plan to decrease maternal mortality, requiring the search for new implementation strategies and alliances.

Another notable obstacle specifically in this field is the appropriate planning, evaluation and follow-up. A feed-back process to communities and health services is equally important. Many of the aforementioned problems are due to weakeness in the collection and process of information which results in a lack of confidence in the basic data.

VI.- PLANS FOR THE FUTURE

Important progress has been obtained in the accelerated plan to reduce maternal mortality in the Americas. However, to further pursue and to obtain the objectives and goals proposed in the Iniciative of the First Ladies, long-term support and personal commitment of the First Ladies and the other participating sectors is indespensable.

Continuous monitoring of resources available for the plan, is necessary to permit the implementation and operationalization of the objectives to obtain the desired goals. Advocacy and lobbying of the First Ladies with the different public forums is a critical element in this effort.

The high visibility of the public persona of the First Ladies in the countries of the Americas and their actions in favor of the well-being of women and their families, represent an important model for all women in those nations. The actions of the First Ladies constitute an example that influences, stimulates and motivates many sectors of a society, which in the context of the current democratic environment, work to improve the quality of life of all the elements of the society, specially for the most vulnerable and unprotected. Thus the public attention will be maintained focused on this unnecessary tragedy, and provide the necessary recognition of the importance of this issue for the progress of the nations.

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The roll of the First Ladies in fostering and supporting legislation in favor of the women's rights, is an action that has tangible, unmovable and irreversible short and long term benefits for the women of today and all future generations of women and their families.

Following the Regional Plan of the Reduction of Maternal Mortality, the AID/PAHO project peviously mentioned is supporting the countries in various activities:

- Stimulation of the revision of the Regional Plan for Maternal Mortality reduction as a basis for development of rational plans, emphasizing the obstetric emergency aspects in all countries.

- Creation of an interagency committee to coordinate and concentrate efforts, avoid duplications and provide attention to the priorities in a way which emphasizes the potential impact of activities.

- Regional and subregional meetings to share experiences difficulties and successes.

- Improvements in basic information, the system of epidemiological surveillance and the use of information to improve the quality of services.

- The development of instruments to analyze legislation and policy aspects such as a matrix scheme which explicit the aspects needed to be addressed in the different sectors in order to contribute towards maternal mortality and the development of a check list for countries to examine their situation.

- The theme for World Health Day 1998 is Safe Motherhood (April 7, 1998). Efforts are being encouraged in all countries for policy leaders and public figures such as the First Ladies to become involved in making Safe Motherhood and the reduction of Maternal Mortality a public agenda item. A workshop to bring other sectors into the efforts is being planned and the information with technical support will be available later this year.

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PREPARATORY ASSISTANCE "SUPPORT FOR THE DEVELOPMENT OF POLICIES FOR SENIOR CITIZENS IN LATIN AMERICA AND THE CARIBBEAN"

Submitted by

UNITED NATIONS DEVELOPMENT PROGRAM
- UNDP -

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UNDP

Sustainable human development

PREPARATORY ASSISTANCE
"SUPPORT FOR THE DEVELOPMENT OF POLICIES FOR SENIOR CITIZENS IN LATIN AMERICA AND THE CARIBBEAN"

BACKGROUND

From the demographic standpoint, the aging of the world population has been one of the main challenges during the 20th century and will become an even more challenging event in the 21st century, not only because of the growing number of people in this age group but also because of the speed of this growth. In 1990, almost 500 million people were 60 years of age or older; estimates for the year 2003 indicate that this number will treble to 1.4 billion globally.

Developing countries, where population is aging more rapidly than in developed countries, will contribute the largest percentage to such growth. In France, it took one hundred and forty years for the percentage of senior citizens to double, from 9 to 18%, whereas in Venezuela the same increase will take twenty-two years only. The growing number of senior citizens is brought about by a decrease of fertility rates, which in recent years has been more rapid in developing than in developed countries, combined with an increase in life expectancy.

The social standard of living worsens, as people grow old. In developing countries, generally, no success until now has been achieved in providing better opportunities to senior citizens as regards:

a) **Access to Health Services consistent with their biological requirements**. Medical services provided to senior citizens are mainly of the curative type, which renders a healthy aging process more difficult; the same applies to the prevention of avoidable functional limitations, and treatment is not provided with a geriatric approach.

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b) **Securing of sufficient income**. As people age, they are removed from the labor force, whether because of legal provisions, pressure on senior citizens to leave their jobs to younger persons, hiring discriminations, or because many of these senior citizens wish and need to make use of a benefit granted by society.

c) **Carrying out meaningful activities, having a role with specific contents and receiving recognition as valued members of society**. By not offering the elderly a role that could channel their activities, the development of their potentialities and self-fulfillment is hindered, which in turn limits their opportunities to lead an active life and to remain part of society.

d) **Acquiring adequate beliefs about the aging process**. Prevailing beliefs about old age and senior citizens comprise the so-called "oldism" ideology; in other words, senior citizens are viewed as physically deteriorated, incapable and useless people. This situation affects senior citizens, who, by internalizing and accepting these beliefs, end up perceiving themselves in such terms. Thus, they accept their physical deterioration as a fatal condition and tend to adopt an attitude of resignation and apathy towards their life situation, which further damages their self-esteem, thereby restricting any possible betterment initiative, hindering their possibilities of facing the aging process as a physically active situation and living this stage of their lives with a sense of self-fulfillment.

Therefore, intervention is necessary to improve the social standard of living of senior citizens, to generate social opportunities to update their potentialities, and also to change their beliefs and attitudes towards old age, encouraging them to actively live this stage of their lives. Then, the logical conclusion is that social policies should tend to improve this situation, having the following objectives: improve and extend the availability and range of social services to senior citizens, particularly as regards health and social security; to create opportunities for a wider participation in society; to divulge adequate ideas about aging; and to promote attitudes consistent with old age as a stage that, like the other stages in life, is oriented to personal and social self-fulfillment.

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JUSTIFICATION

An essential requirement to achieve these objectives is that countries should have a National Program and/or Policy for Senior Citizens grounded on values such as equity and intergeneration solidarity, which should furthermore recognize that the State has a fundamental duty to render support to those population groups that cannot overcome by themselves special life situations, as is the case of poverty among senior citizens. In addition, it demands from the State a regulatory and coordination role as regards its own actions, as well as the initiatives of the private sector and civil society at large.

To this end, the way in which the aging process is interpreted must be changed, discarding its conceptualization as a process of deterioration that incorporates the aging situation through a deficit model and conceives senior citizens as mere receptors of assistance. In replacement, a life cycle approach is proposed. This approach is based on the consideration that the quality of the aging process depends on the combination of three factors.

1) The characteristics of the social environment and opportunities regarding standard of living that such environment may offer (in this particular case, access to goods and services, and a place within society that allows senior citizens recognition as valued members).

2) Social events and everyday difficulties experienced by individuals.

3) Ways in which individuals face life events. From this, it follows that those who grow old should have a meaningful role in the construction of their aging process. They should take an active role in this process to respond to their social environment and their own life events, looking for new ways to face them in a satisfying manner.

This is to say that the quality of the aging process depends, on the one hand, on the ability of Governments to offer greater opportunities to senior citizens and, on the other hand, on the ability of aging individuals to effectively face the changes that occur within the social environment and their own bodies.

The Principles of a Program for Senior Citizens should be based on the following.

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1) Self-sufficiency and a physically active aging process;
2) Prevention and education for a healthy aging process;
3) Flexibility in the design and implementation of the Policies for the Well-being of Senior Citizens;
4) Decentralization; and
5) Subsidiary and regulatory role of the State.

Taking the above Principles into consideration, a Policy for Senior Citizens should be useful to

1) Promote the social participation of the elderly;
2) Encourage the training of human resources in the area;
3) Improve the health potential of Senior Citizens;
4) Create prevention actions and plans;
5) Channel state subsidies to the poorest sectors within this age group;
6) Strengthen intergeneration responsibility among families and communities;
7) Promote the usage of leisure time and amusement;
8) Institutionalize the issue of aging;
9) Promote associativity among Senior Citizens;
10) Privilege the local context in the execution of Policies for Senior Citizens;
11) Perfect Social Security legislation;
12) Improve assistance systems to Senior Citizens.

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BENEFICIARIES

Countries in the Latin American and Caribbean Region will benefit directly from the definition, design, preparation, and implementation of a National Program and/or Policy for Senior Citizens. Senior citizens in the Region will benefit indirectly from the creation and development of such Policy.

DEVELOPMENT OBJECTIVE

To achieve a gradual and sustained improvement in the standard of living of senior citizens in the Region. This should translate in a major cultural change regarding old age among the population as a whole and a better treatment and awareness of the value of this age group within society, which implies a different perception of the aging process.

IMMEDIATE OBJECTIVES, RESULTS AND ACTIVITIES

OBJECTIVE

To support countries in the Latin American and Caribbean Region in the definition, design, preparation, and implementation of a National Policy for Senior Citizens.

RESULTS

1.1 To learn about the current situation in the countries in the Region regarding the issue of Senior Citizens, informing and advising pertinent national institutions working with elderly people for the implementation of a National Plan for Senior Citizens.

1.2 Draft document outlining the regional and/or national project prepared and approved by the parties involved, including details of the operational aspects, implementation and execution of National Programs for Senior Citizens.

ACTIVITIES

1.1.1 Hiring of a project coordinator.

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1.1.2 Design and implementation of a consultation process involving pertinent national authorities and private bodies working with elderly people in countries in the Region regarding existing National Programs and/or Policies.

1.1.3 Hiring of consultants for the preparation of documents detailing regional cultural specifications for the approach of this issue.

1.1.4 Organization, coordination and presentation of a Regional Seminar in order to learn about the current situation in countries in the Region relating to the issue of Senior Citizens (structuring, call, guidelines for individual work).

1.1.5 Preparation, edition and publication of a document containing the systematization of the Seminar as well as its results and conclusion. In addition, such document should include a directory of human and institutional resources devoted to the development of this issue in countries in the Region.

1.2.1 Preparation and approval of the Regional and/or National Project Document resulting from this Preparatory Assistance.

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