

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	[Draft] Scotty Greenwood to Louise Leger re Credential/Accreditation Request for Conference (partial) (1 page)	09/22/1999	P6/b(6), b(7)(C), b(7)(E), b(7)(F)

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FOLDER TITLE:

[First Ladies'] Ottawa Conference [1999]

2012-1035-S

kc1043

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Proposed changes to the draft Ottawa Declaration

ORIGINAL	PROPOSED PARAGRAPH	PROPOSED BY
<p>INTRODUCTION</p> <p>We, the Spouses of Heads of State and Government of the Americas and Delegates gathered in Ottawa, Canada from September 29 to October 1, 1999 for our Ninth Conference, under the title “Women of the Americas: Agents of Change,” in reaffirmation of our will and determination to contribute to the well-being of the people of our nations, subscribe to the following Declaration:</p>	<p>We, the Spouses of Heads of State and Government of the Americas and Government Delegates gathered in Ottawa, Canada from September 29 to October 1, 1999 for our Ninth Conference, under the title “Women of the Americas: Agents of Change,” in reaffirmation of our will and determination to contribute to the well-being of the people of our nations, subscribe to the following Declaration:</p>	<p>COSTA RICA</p>
	<p>We, the Spouses of Heads of State and Government, and Representatives of Presidents of the Americas gathered in Ottawa, Canada from September 29 to October 1, 1999 for our Ninth Conference, under the title “Women of the Americas: Agents of Change,” in reaffirmation of our will and determination to contribute to the well-being of the people of our nations, subscribe to the following Declaration:</p>	<p>CUBA</p>
<p>PARAGRAPH 1</p> <p>We consider that the Conferences of Spouses of Heads of State and Government of the Americas represent a unique opportunity to foster the exchange of ideas, build hemispheric cooperation and integrate the efforts of our respective countries in the fight against poverty and the attainment of equal rights and opportunities for all.</p>	<p>We consider that the Conferences of Spouses of Heads of State and Government of the Americas represent a unique opportunity to foster the exchange of ideas, build hemispheric cooperation and integrate the efforts of our respective countries in the fight against poverty and the exercise of equal rights and opportunities for all.</p>	<p>PERU</p>

<p>PARAGRAPH 2</p> <p>With the advent of the new millennium, all countries of the hemisphere face common challenges and share common social goals. We reaffirm our determination to approach these in a vigorous and integrated way with the participation, and for the benefit, of all sectors of society.</p>	<p>With the advent of the new millennium, <u>the majority of the</u> countries of the hemisphere face common challenges and share common social goals. We reaffirm our determination to approach these in a vigorous and integrated way with the participation, and for the benefit, of all sectors of society.</p>	CUBA
	<p>With the advent of the new millennium, all countries of the hemisphere <u>will</u> face common challenges and <u>will</u> share common social goals <u>to achieve human development</u>. We reaffirm our determination to approach these in a vigorous and integrated way with the participation, and for the benefit, of all sectors of society</p>	PERU
<p>PARAGRAPH 3</p> <p>We firmly believe that it is imperative to focus our efforts on behalf of those who are the most vulnerable, who continue to face the challenges stemming from discrimination and inequality.</p>	<p>We firmly believe that it is imperative to focus our efforts on behalf of those who are the most vulnerable, <u>particularly women</u>, who continue to face the challenges stemming from discrimination and inequality.</p>	PERU
<p>PARAGRAPH 4</p> <p>Building on the existing global and hemispheric consensus on social development goals, we recognize the achievements that have been gained to date, the need to consolidate these, and our common desire to move forward by setting priorities among those social development issues that still require further attention.</p>	<p>Building on the existing global and hemispheric consensus on social development goals, we recognize <u>some</u> achievements that have been gained to date, the need to consolidate these, and our common desire to move forward by setting priorities among those social development issues that still require further attention.</p>	CUBA
	<p>Building on the existing global and hemispheric consensus on social development goals, <u>we recognize the achievements attained to date, and the need to consolidate them; we affirm our common will to continue advancing, giving priority to those groups, themes and social services most in need of support.</u></p>	PERU

<p>PARAGRAPH 5</p> <p>We recognize the need for enhanced participation of civil society, and women in particular, with regard to measures to advance the political, social, economic and cultural development of our countries.</p>	<p>We recognize the need for, and encourage, enhanced participation of civil society with regard to measures aimed at advancing the social and economic development of our countries.</p>	EL SALVADOR
	<p>We recognize the need for enhanced participation of civil society, and women's groups in particular, with regard to measures to advance the political, social, economic and cultural development of our countries</p>	PERU
<p>PARAGRAPH 6</p> <p>We reiterate our commitment to, and recognize the current validity of, the previous Declarations subscribed to by Spouses of Heads of State and Government of the Americas.</p>	<p>We reiterate our commitment to, and recognize the current effectiveness of, the previous Declarations subscribed to by Spouses of Heads of State and Government of the Americas.</p>	COSTA RICA
	<p>PROPOSAL TO MOVE THIS PARAGRAPH TO THE POSITION AFTER PARAGRAPH 16</p>	CUBA
	<p>PROPOSAL TO MOVE THIS PARAGRAPH TO THE BEGINNING OF THE DOCUMENT</p>	PERU
<p>PARAGRAPH 7</p> <p>We continue to work toward the full inclusion and equality of women, particularly rural women. We salute the significant progress made in establishing regional and national plans in support of rural women and endorse the proposed cooperation fund developed for their implementation.</p>	<p>We continue to work toward the full inclusion and equality of women, particularly rural women. We recognize the significant progress made in establishing regional and national plans in support of rural women and endorse the proposed cooperation fund developed for their implementation.</p>	GUATEMALA
	<p>We reiterate our commitment to continue working for the full inclusion and empowerment of women, particularly rural women. We salute the significant progress made in establishing regional and national plans in support of rural women and endorse the proposed cooperation fund developed for their implementation.</p>	PERU

<p>PARAGRAPH 8</p> <p>We continue to strive toward the promotion of better health through preventive measures, the reduction of violence, and more equitable and available access to health care. We applaud the achievement of those countries who have successfully eliminated measles within their borders and encourage the continued efforts of others to meet our common goal of eradicating measles throughout the Americas by the year 2000.</p>	<p>We continue to strive toward the promotion of better health through preventive measures, the reduction of violence, and more equitable and available access to health care. We applaud the achievement of those countries who have successfully eliminated measles and other preventable diseases within their borders and encourage the continued efforts of others to meet our common goal of eradicating measles throughout the Americas by the year 2000.</p>	<p>CUBA</p>
<p>PARAGRAPH 9</p> <p>We reiterate our support for the promotion of the well-being of women and children. We recognize that many fundamental issues still need to be addressed, including reproductive health, violence prevention, equitable access to appropriate health services, and comprehensive early childhood development programs. Therefore, our themes for this year's conference are: "Women's Health" and "A Healthy Start: Investing in Children 0 to 6."</p>	<p>We reiterate our support for the promotion of the well-being of women, <u>teenagers</u> and children. We recognize that many fundamental issues still need to be addressed, including reproductive health, violence prevention, equitable access to appropriate health services, and comprehensive early childhood development programs. Therefore, our themes for this year's conference are: "Women's Health" and "A Healthy Start: Investing in Children 0 to 6."</p>	<p>CUBA</p>
	<p>We reiterate our support for the promotion of the well-being of women and children. We recognize that many fundamental issues still need to be addressed, including the health of women during all stages of their life, violence prevention, equitable access to appropriate health services, and comprehensive early childhood development programs. Therefore, our themes for this year's conference are: "Women's Health" and "A Healthy Start: Investing in Children 0 to 6."</p>	<p>GUATEMALA</p>

<p>PARAGRAPH 10</p> <p>We declare our firm intention to continue to raise awareness and mobilize public support in our societies on behalf of effective local initiatives to prevent the spread of HIV/AIDS, particularly among women and children.</p>	<p>We declare our firm intention to continue to raise awareness and mobilize public support in our societies on behalf of effective local initiatives to prevent the spread of HIV/AIDS, particularly among women, <u>teenagers</u>, and children.</p>	<p>CUBA</p>
<p>PARAGRAPH 11</p> <p>We accept the universally recognized inalienable and immutable rights of children to receive love, protection and understanding from their parents and to freely develop spiritually and socially, independent of cultural and political circumstances.</p>	<p>We <u>defend</u> the universally recognized inalienable and immutable rights of children to receive love, protection and understanding from their parents and to freely develop spiritually and socially, independent of cultural and political circumstances.</p>	<p>EL SALVADOR</p>
	<p>We accept the universally recognized inalienable and immutable rights of children to receive love, protection and understanding from their parents and to (freely) develop spiritually and socially, independent of cultural and political circumstances.</p>	<p>EL SALVADOR</p>
<p>PARAGRAPH 12</p> <p>We declare our firm support for the improvement of perinatal care and services through the training of health care providers, strengthened community participation, and efforts to increase public awareness.</p>	<p>We declare our firm support for the improvement of <u>maternal health</u> care and services through the training of health care providers, strengthened community participation, and efforts to increase public awareness.</p>	<p>EL SALVADOR</p>

	<p>We declare our firm support for the improvement of perinatal care and services through the training of health care providers, strengthened community participation, and efforts to increase public awareness <u>of preventable risks.</u></p>	<p>GUATEMALA</p>
	<p><u>We declare our firm commitment to continue supporting programs to improve access and quality of perinatal care services by raising public awareness, training health care providers, and strengthening community participation and efforts to increase collaboration and mobilization of public opinion on these themes.</u></p>	<p>PERU</p>
<p>PARAGRAPH 15 In order to secure the right of children to education we support the development of comprehensive programs for the professional training of early childhood educators and the strengthening of coordination and information networks.</p>	<p><u>We acknowledge and affirm the need to secure the right of children to quality education. Therefore,</u> we support the development of comprehensive programs for the professional training of early childhood educators and the strengthening of <u>inter-institutional</u> coordination and information networks.</p>	<p>PERU</p>
<p>PARAGRAPH 16 We recognize the need to educate children in a culture of peace with a view to preventing violence and enabling them to grow and flourish with values and principles conducive to a safe and secure environment.</p>	<p>We recognize the need to educate children in a culture of peace with a view to preventing violence and enabling them to grow and flourish with values and principles conducive to <u>an ethic</u>, safe and secure environment.</p>	<p>CUBA</p>
	<p>We recognize the need to educate children in a culture of peace with a view to preventing violence and enabling them to grow and flourish with values and principles conducive to a <u>better quality of life.</u></p>	<p>PERU</p>

<p>PARAGRAPH 18</p> <p>We express our appreciation to the spouse of the Prime Minister of Canada, Mrs. Aline Chrétien, and to the people and the Government of Canada, for the kind hospitality extended during our stay</p>	<p>We express our <u>gratitude</u> to the spouse of the Prime Minister of Canada, Mrs. Aline Chrétien, and to the people and the Government of Canada, for the kind hospitality extended during our stay</p>	<p>GUATEMALA</p>
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FOLLOW-UP ON AGREEMENTS AND PROJECTS
ENDORSED DURING THE VIII CONFERENCE OF SPOUSES
OF HEADS OF STATE AND GOVERNMENT OF THE
AMERICAS (SANTIAGO)

GENERAL INFORMATION

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II. FOLLOW-UP REPORT

1. Healthy Schools

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

Yes.

b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

The U.S. Department of Education, as well as states and local communities, are implementing education reform initiatives to ensure that all children achieve high education standards and obtain the necessary skills for achievement as adults. In 1997, the U.S. Department of Education identified seven national priorities that would guide its activities over the next four years. One of the National Education Goals is that all children will enter school ready to learn.

To this end, program objectives include: rising rates of preschool participation and annual declines in the disparity in preschool participation rates between children from high-income and low-income families. Federal programs to influence these objectives include: The Head Start program operated by the U.S. Department of Health and Human Services provided some \$3.6 billion in 1997 for local preschool centers and enrolled some 800,000 children. In addition Title I of the Individuals with Disabilities Education Act (IDEA), and Even Start programs provide resources to states for programs aimed at infants, toddlers, and preschool children.

A Coordinated School Health Program (CSHP) can help our children in the journey they take to becoming informed, healthy, and productive members of society in the next millennium. The U.S. Department of Education supports the two key academic components of a CSHP—health education and physical activity. The principles and practices of a healthy and physically fit lifestyle should be introduced early in a student’s career and positively reinforced throughout his/her elementary and secondary education.

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

The role of the federal government in addressing educational issues is limited by the decentralized nature of the education system in the United States. Most of the power to set education policy and curriculum rests with the 50 states, so that strategies at the state and local level must also be taken into account when considering U.S. efforts to meet Action Plan objectives. The activities described were performed by the U.S. Department of Education, State Departments of Education, local school districts, the U.S. Department of Health and Human Services, State Health Departments and local health departments.

d) What results and achievements have you secured in implementing you plan of action?

In 1997, 48% of children ages 3 to 4 yet to enter kindergarten attended preschool, a substantial increase from the 30% who attended in 1980, and an increase from 45% in 1996. Preschool attendance increased 10% among black, non-Hispanic children between 1996 and 1997 (from 45% to 55%). White, non-Hispanic children were also more likely to attend preschool (52% in 1997 vs. 48% in 1996). Percentage of Hispanic children attending preschool remained about the same (31%) in 1997 as 1996.

There are already new designs for CSHP’s being implemented in schools throughout the country that are taking a coordinated approach to educating the whole child. These new designs are intended to help students make the choices that would lead to a lifetime of health and wellness. The Department supports a curriculum framework that implements innovative and comprehensive approaches towards physical activity and health education that are held to a high degree of accountability.

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____% NA

f) What are the future plans of your country in relation to this theme?

The Elementary and Secondary Education Act (ESEA) forms the backbone of Federal support to public education. The United States Department of Education administers a number of programs of Federal financial assistance to help State and local educational agencies carry out their educational responsibilities. In fact, it is Title IV in the ESEA reauthorization, where proposed legislation would fund demonstration sites to implement effective programs and policies to promote lifelong physical activity and healthy eating behaviors among young people as a

coordinated school health program. This legislation reaffirms the critical role of the Federal government in working with schools, school districts, and states to promote educational excellence for all children. Improving children's health is the ultimate commitment to the belief that all children can learn. If schools and communities ignore health problems that could reduce attendance and contribute to school failure, they deprive a child of equal access to an education. In addition, the President's goal of serving 1 million children with the Head Start program by 2002 will be vigorously pursued.

II. FOLLOW-UP REPORT

Sexual Education for girls

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

- a) Has your country been active in achieving the stated objectives?

In the US, such programs are active in most states and local areas, and are conducted by both governmental and private organizations.

- b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

- c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

- d) What results and achievements have you secured in implementing you plan of action?

- e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

- f) What are the future plans of your country in relation to this theme?

II. FOLLOW-UP REPORT

3. HIV-AIDS Prevention in Teens

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

- a) Has your country been active in achieving the stated objectives?

Yes.

- b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

The US efforts to curtail unsafe sexual behavior, conducted by the Department of Health and Human Services, are focusing on prevention of sexually transmitted diseases and teen pregnancy. Research and treatment play important roles in the overall strategy.

Research. The Department's responses to the spread of sexually transmitted diseases include basic, clinical, epidemiologic, and health services research. The research is designed to reveal the patterns of sexually transmitted diseases and to develop effective prevention and treatment strategies.

Prevention. The Department supports programs to reduce sexual behavior that leads to infections and their complications. These programs fund population-based prevention programs in the states, as well as counseling activities offered through health departments, community health centers, clinics serving American Indian and Alaska Native populations, mental health and substance abuse providers, and other service sites.

The Department supports counseling for sexually active teenagers on the consistent and effective use of condoms and other contraceptives. It sponsors demonstration projects to test and disseminate promising prevention approaches, including involving young men, and improving data collection.

Treatment. Treatment of sexually transmitted diseases is carried out by multiple HHS agencies through their service networks. Curative therapy is offered for diseases caused by bacterial and parasitic organisms.

The Health Care Finance Administration's Medicaid program continues to play an important role through its financing of treatment services for beneficiaries.

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

The U.S. Department of Health and Human Services and the state Departments of Health

What results and achievements have you secured in implementing your plan of action?

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

What are the future plans of your country in relation to this theme?

Both research and treatment programs continue as high priorities for programming against these serious problems in our young people.

II. FOLLOW-UP REPORT

4. Hemispheric Program to support integration of rural women into the productive chain and social-economic democratization

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

Yes.

b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

Attention to women in agriculture at the US Department of Agriculture and to women farmworkers at the US Department of Labor. For example, in the fall of 1998, Secretary of Labor Alexis M. Herman launched the Fair Harvest/Safe Harvest educational and outreach campaign to inform farmworkers and their families of their workplace rights and the dangers to children in the agricultural workplace. The campaign includes a wallet card containing labor rights information, a children's booklet illustrating hazards in the agricultural workplace, a poster highlighting these issues, and a toll-free telephone number farmworkers can call for additional information.

In addition, rural women benefit in the same way as women living in urban areas from activities directed toward women's position in the labor market (e.g., efforts to narrow the wage gap) and programs to benefit women as small business owners (e.g., improved access to credit.)

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

Department of Labor and Department of Agriculture

d) What results and achievements have you secured in implementing your plan of action?

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

f) What are the future plans of your country in relation to this theme?

A follow-up outreach campaign will be launched in June 1999.

II. FOLLOW-UP REPORT

5. **Horizontal cooperation multilateral project-INTEGRA**

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

No.

b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

d) What results and achievements have you secured in implementing you plan of action?

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

f) What are the future plans of your country in relation to this theme?

II. FOLLOW-UP REPORT

6. Domestic Violence

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

Yes.

b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

The Administration has worked to eliminate domestic violence from our communities by working to create a system that not only prevents domestic violence but which also ensures that every women suffering from domestic violence has access to information and emergency assistance. The cornerstone of this effort is the Violence Against Women Act of 1994, under which the federal government adopted a comprehensive approach to fighting domestic violence and violence against women, combining tough new penalties with programs to prosecute offenders and assist women victims of violence. It is administered jointly by the US Department of Health and Human Services and the Justice Department.

Initiatives at the Department of Health and Human Services include: Grants for Battered Women's Shelters; The National Domestic Violence Hotline; Education and Prevention to Reduce Sexual Abuse Among Runaway, Homeless and Street Youth; Education and Prevention Grants to Reduce Sexual Assaults Against Women; and, efforts to build coordinated community responses to prevent intimate partner violence.

Initiatives at the Justice Department include: the STOP (Services, Training, Officers, Prosecutors) Violence Against Women grant program to assist law enforcement officers and prosecutors in developing better strategies to combat violence against women; the Grants to Encourage Arrest Policies program for state, local and tribal criminal justice systems to help implement mandatory arrest policies and programs for domestic violence; Rural Domestic

Violence and Child Victimization Enforcement grants; training for providing services to deaf victims; Sexual Assault Nurse Practitioner Examiner Program; Training for Crisis Counselors and Victim Advocates, and programs to address violence against women in prison.

In addition, USAID, the Department of Justice, and the Department of State support a variety of programs as a part of the USG foreign assistance programs to educate women about domestic violence and their rights, and to strengthen the justice and police systems to respond appropriately to these crimes. In addition to support for national efforts to combat domestic violence, the US Department of State, through the President's Interagency Council on Women has recently undertaken a special initiative to address international trafficking in women and girls in a comprehensive manner, focusing on prevention, protection, and enforcement.

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

Department of Health and Human Services, Department of Justice, Department of State, and U.S.A.I.D. In addition, the federal government programs to combat violence are built on support through various grant programs of the efforts of numerous community-based organizations and non-governmental organizations who are the foremost implementers of the programs at the local level.

d) What results and achievements have you secured in implementing your plan of action?

Since the passage of the Violence Against Women Act, the administration has taken important steps towards building a seamless system of prevention and protection, to follow a woman and her children from incident to safety. It is built on a comprehensive system of education, services, and enforcement. The Advisory Council on Violence against Women was established, consisting of experts from law enforcement, business, health care, social services, and the media. The funding for shelters and for critical services for abused women and their children has quadrupled since 1994. Partnerships have been formed with companies like Liz Claiborne and Bell Atlantic Mobile to help confront domestic violence in the workplace.

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

f) What are the future plans of your country in relation to this theme?

The Administration's \$218 million dollar budget request for FY 2000 for the domestic violence program in the Department of Human Services will help expand the network of battered women's shelters; support innovative prevention and service activities; strengthen the science base; and expand work with partners in business and education.

II. FOLLOW-UP REPORT

7. Senior Citizens

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

Yes.

b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

The United States has over time created a tapestry of laws to protect the security, health and well being of older people. The first landmark legislation was the 1935 Social Security Act, which provides income protection as a matter of right for the American worker in retirement, based upon their earning history. In 1965, the programs of Medicare and Medicaid were created. Medicare is a Federal health insurance program that helps millions of Americans to pay the cost of health care, and nearly every older person in the U.S. is covered.

A number of other federal laws are in place relating to aging persons, some of which prohibit age discrimination in employment, provide for health care services for military veterans, and offer Food Stamps and low-rent housing to low-income elderly. The Americans with disabilities Act, enacted in 1990, extended protection from discrimination in employment and public accommodations to persons with disabilities, which includes many elderly. Several laws created employment and training opportunities for unemployed or underemployed persons, including those facing barriers to employment commonly experienced by older workers. The Domestic Volunteer Service Act created wonderful opportunities for older people to share their experience and skills as volunteers with their communities, and with children in particular. The Age Discrimination Act prohibits discrimination in the provision of services to older persons.

The Older Americans Act was designed to meet some of the social service and advocacy needs of older people. Over the past 32 years, this law has helped to create the nationwide infrastructure for a whole network of state, tribal and local home and community based programs and activities for the elderly which did not exist before 1965. It has been the major vehicle for organizing and delivering social, nutritional, and other services to older people and has made an enormous impact on the quality of life of our older citizens.

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

Administration on Aging/Department of Health and Human Services, National Institute on Aging/Department of Health and Human Services

d) What results and achievements have you secured in implementing you plan of action?

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

f) What are the future plans of your country in relation to this theme?

A central part of the President's goals to support older Americans includes strengthening Medicare and Social Security to help all Americans save for retirement. II. FOLLOW-UP REPORT

8. **Women's Leadership**

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

Yes.

b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

Drawing on the Beijing Plan of Action, the overall objective is to "Increase women's capacity to participate in decision-making and leadership." Domestically, the White House Office for Women's Initiatives and Outreach, created by President Clinton in 1995, has taken the lead in advocacy and outreach in promoting women's participation in decisionmaking. The Women's Office acts as a liaison between the White House and women's advocacy groups by bringing their concerns and proposals into the policy making process. It has initiated events, briefings, and roundtable discussions across the country to amplify the Administration's agenda and accomplishments for women and families, and expand the participation of women in policy making. It has contributed to numerous initiatives including a comprehensive child care agenda, legislation to narrow the wage gap, increased funding for breast cancer research, increased funding to domestic violence shelters, and it has played a role in increasing the number of women in senior positions in the Cabinet and Administration.

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

The USG also supports programs to strengthen women's leadership in other countries. The US State Department has sought to promote this objective through regional conferences entitled, Vital Voices: Women in Democracy, held in Vienna, Belfast, and most recently in Montevideo, Uruguay. Mrs. Clinton has attended all of these conferences, demonstrating her commitment to strengthening women's leadership throughout the world. In 1998, 121 participants took part in the US Information Agency International Visitor Exchange programs dealing specifically with gender and women's issues, the majority of which dealt with civil society and the political process.

The White House Office for Women's Initiatives and Outreach, as well as the President's Interagency Council on Women, have adopted outreach and liaison with women's civil society organizations as their primary strategy to articulate and pursue issues of particular concern to women.

d) What results and achievements have you secured in implementing you plan of action?

In recent years, with the support of the First Lady, women's issues have received high visibility in governmental policy and legislation. Particular achievements have included increased funding for breast cancer research, implementation of the Mammography Quality Standards Act, increased funding for domestic violence shelters, and increased funding for the Small Business Administration's Women's Business Centers with a tripling of the number of small business loans made to women entrepreneurs. The efforts also are reflected in appointment of women to highly visible and powerful positions in the administration, including the Secretary of State, the Secretary of Labor, the Secretary of Health and Human Services, and the Attorney General.

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

f) What are the future plans of your country in relation to this theme?

This is an arena that requires continued attention. Building a strong network of women's civil society organizations is the most effective tool for ensuring that the efforts continue.

II. FOLLOW-UP REPORT

9. Education for Human Rights and a culture of peace

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

Yes.

b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:

In the Americas, the United States, through the U.S. Agency for International Development (USAID), has continued core support of the Inter-American Institute of Human Rights (IIHR/IIDH), a regional, independent institute that promotes human rights throughout the hemisphere through its work in the areas of education, civil society, public institutions, elections—and increasingly in gender. IIHR has gained an excellent reputation in the Americas as a leading contributor to the field of human rights and women's rights. The USAID missions also supported programs to promote human rights education, including women's rights: in eight countries missions support programs to reduce domestic violence and assist victims of domestic abuse; in five countries they have supported the creation and/or strengthening of Human Rights Ombudsmen (called Defensores del Pueblo) to protect and promote human rights.

c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?

President's Inter-Agency Council on Women, U.S.A.I.D., Inter-American Institute of Human Rights, Department of State, Department of Justice, Small Business Administration/Department of Commerce.

d) What results and achievements have you secured in implementing you plan of action?

In the hemisphere, the Inter-American Institute of Human Rights (IIHR) has trained more than 2,000 professionals in the region to be "multiplier agents" in promoting human rights through its annual Interdisciplinary Course on Human Rights; produced more than 400 publications, including human rights curricula and educational materials for schools, universities and civil society organizations, with particular focus on gender, migrant populations, and indigenous peoples; trained women advocates to inform UN delegates on the importance adoption of UN Convention to Eliminate all forms of Discrimination against Women; worked toward the integration of a gender perspective into all aspects of IIHR programming, on which IIHR presented a workshop at the "Vital Voices" conference in Montevideo in 1998; served as executive secretariat of the Ibero-America Federation of Human Rights Ombudsmen, convened to help strengthen the ombudsmen in the region with technical assistance, regional courses, and an annual Congress; and developed a special network of the Offices for the Defense of Women's Rights, which exist in nine countries.

e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%

f) What are the future plans of your country in relation to this theme?

For the first time, IIDH/IIHR will support a seminar on "Human Rights of Women: Strengthening their International Promotion and Protection" to be held in San Jose, Costa Rica, October 11-16, 1999. The seminar will train women lawyers from throughout the hemisphere to access the Interamerican System of Human Rights, including how to document and present human rights cases. The two-year initiative, offered in conjunction with the Center for Justice and International Law (CEJIL), will help participants prepare cases, and ultimately will culminate in presenting a single case to the Interamerican Commission of Human Rights in an effort to expand interamerican jurisprudence on the protection of women's rights.

II. FOLLOW-UP REPORT

10. **21st Century Schools: Preparing for Life**

Consistent with the objectives established in the 1998 Plan of Action on this theme, please indicate the following:

a) Has your country been active in achieving the stated objectives?

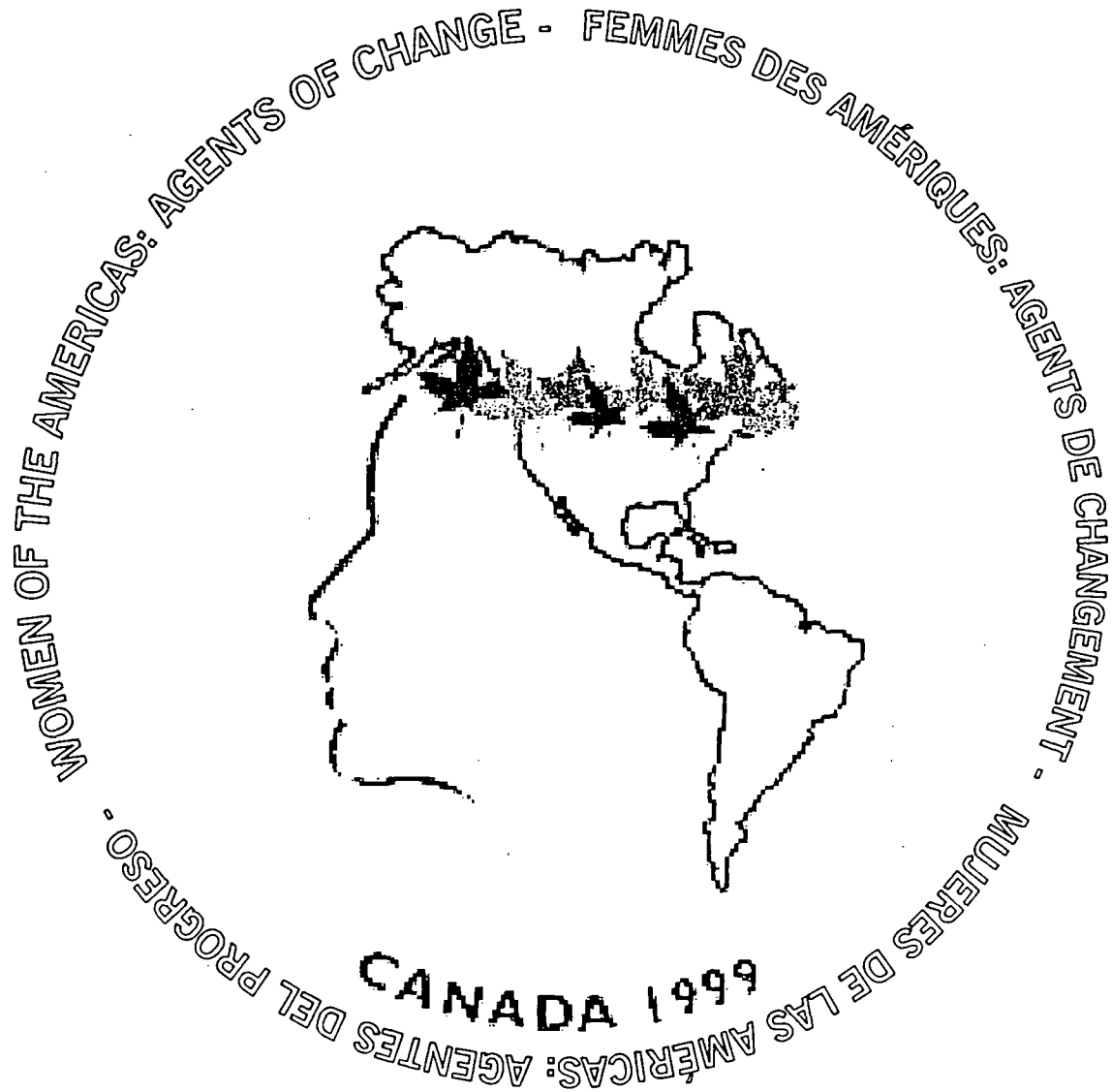
The US is not involved with this PAHO project.

- b) If your answer is positive, please describe the goals set for your country, the strategies and activities implemented to achieve those objectives:
- c) In addition to the Office of the First Spouse, what other institutions or organizations (public, private, domestic, international, non-governmental) participated in these activities?
- d) What results and achievements have you secured in implementing your plan of action?
- e) How close are you in reaching the goal your country established in reference to this theme? Please indicate your estimated percentage _____%
- f) What are the future plans of your country in relation to this theme?

**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**



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

Chair:

Mrs. Aline Chrétien

Moderator:

**Mrs. Huguette Labelle
President of CIDA**

Ottawa, Canada

29 September - 1 October, 1999

“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.”

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



CANADA 1999



CANADA 1999



CANADA 1999



CANADA 1999

Themes

- ➔ **A Healthy Start:
Investing in Children 0 to 6**
- ➔ **Women's Health**

Themes designed to reflect and build on the interest that the First Spouses have demonstrated in previous conferences.



CANADA 1999



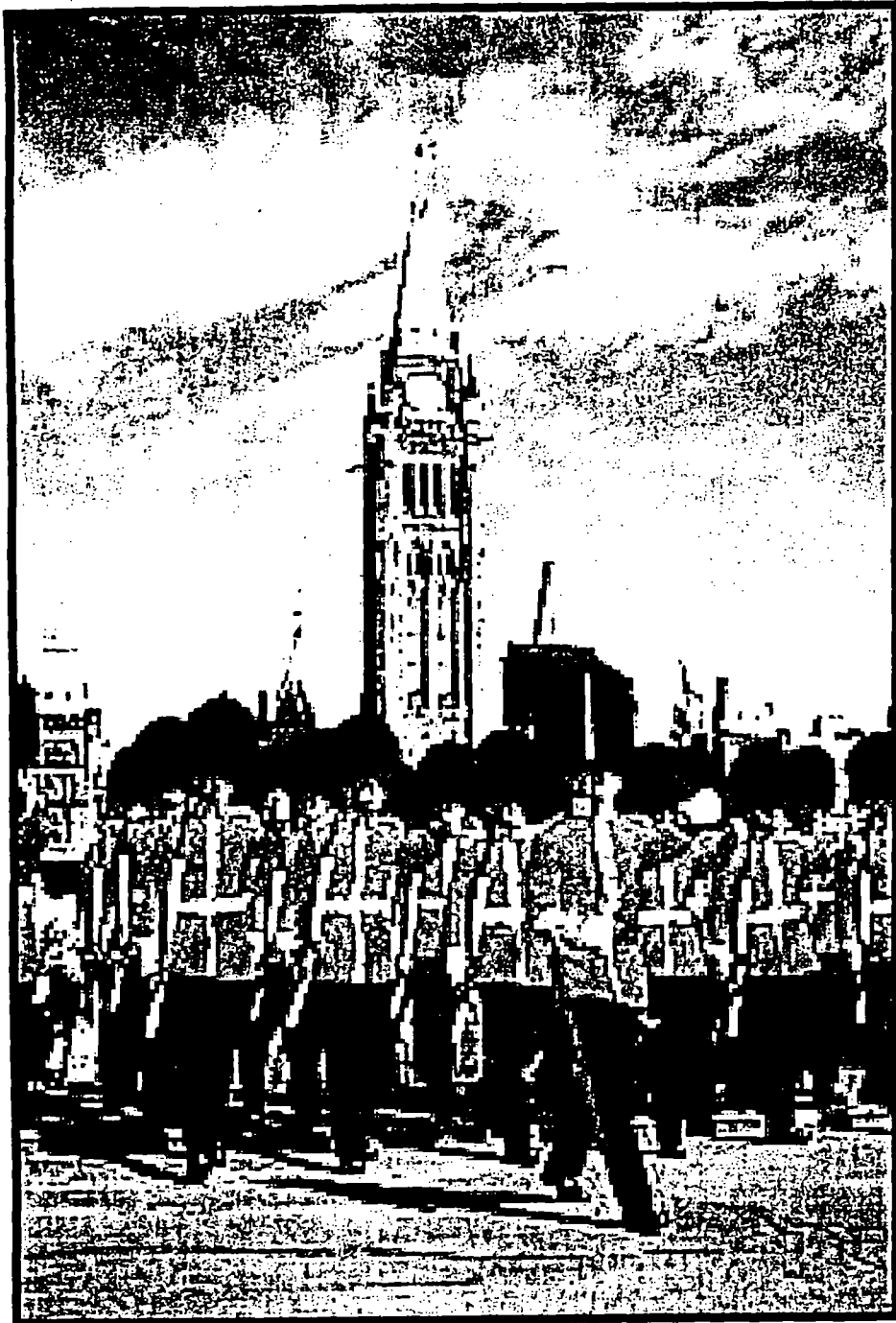
CANADA 1999



CANADA 1999



CANADA 1999



Summary Programme

Summary Programme

Wednesday, September 29

OTTAWA

- 17:45 Departure for the National Gallery of Canada
- 17:55 Arrival at the National Gallery of Canada
380 Sussex Drive
- 18:00 Official Opening Ceremony of the Ninth Conference of Spouses of Heads of State and Government of the Americas
Great Hall
Dress: Business Suit, Short Dress



Summary Programme

Wednesday, September 29

- 18:40 Opening Ceremony Reception
Main Entrance Hall & Foyer
Dress: Business Suit, Short Dress
- 19:30 Departure for the Westin Hotel
- 19:40 Arrival at the Westin Hotel
- Private Programme
11 Colonel By Drive



Summary Programme

Thursday, September 30

OTTAWA

- 09:00 - 09:30 Follow-up to the Eighth Conference
A 30-minute presentation summarizing actions taken by Spouses since the last conference
- 09:30 - 10:00 A Healthy Start: Investing in Children 0 to 6
Status Report by UNICEF on early childhood development in the Hemisphere
- 10:00 - 10:30 **Remarks by Spouses**
Spouses deliver their remarks on the theme: A Healthy Start: Investing in children 0-6
Confederation I and Provinces I - II
Ballrooms - Banquet Level
The Westin Hotel



Summary Programme

Thursday, September 30

10:30 - 10:45 Coffee Break

10:45 - 11:30 Remarks by First Spouses

11:30 - 12:30 Tour of NGO exhibits
Colonel By Room
The Ottawa Congress Centre

12:45 - 14:15 Luncheon given by Mrs. Aline Chrétien
Daly's Restaurant (TBC)
The Westin Hotel
Dress: Short Dress



Summary Programme

Thursday, September 30

- 14:30 - 15:45 **Remarks by Spouses**
Confederation I and Provinces I - II
Ballrooms - Banquet Level
The Westin Hotel
- 15:45 - 16:00 Coffee Break
- 16:00 - 17:00 Remarks by Spouses
- 17:00 - 18:50 Private Programme
The Westin Hotel
- 18:50 Departure for the Canadian Museum of
Civilization



Summary Programme

Thursday, September 30

HULL

- 19:00 Arrival at the Canadian Museum of Civilization
River Lobby Entrance
100 Laurier Street
- 19:00 - 19:30 Group Photo
Grand Hall
- 19:30 - 20:15 Reception
Reception Hall
- 20:15 - 21:20 Dinner given by Mrs. Aline Chrétien
The Grand Hall



CANADA 1999



CANADA 1999



CANADA 1999



CANADA 1999

Summary Programme

Thursday, September 30

- 21:20 - 21:50 Cultural Event
The Grand Hall
- 21:55 Departure for the Westin Hotel
- 22:10 Arrival at the Westin Hotel
- Private Programme
11 Colonel By Drive



CANADA 1999



CANADA 1999



CANADA 1999



CANADA 1999

Summary Programme

Friday, October 1

OTTAWA

09:00 - 09:15 **Women's Health**

Status Report by PAHO on the health conditions of women in the Hemisphere

09:15 - 10:00 **Remarks from Spouses**

Spouses deliver their remarks on the theme:
Women's Health

**Confederation I and Provinces I - II
Ballrooms**

The Westin Hotel



Summary Programme

Friday, October 1

10:00 - 10:15 Coffee Break

10:15 - 10:45 Remarks by Spouses

10:45 - 11:15 Tour of NGO exhibits
Colonel By Room
The Ottawa Congress Centre

12:00 - 13:15 Luncheon given by Mrs. Aline Chrétien
Daly's Restaurant (TBC)
The Westin Hotel



CANADA 1999



CANADA 1999



CANADA 1999



CANADA 1999

Summary Programme

Friday, October 1

13:30 - 14:45 Telehealth Presentation

(13:30 - 13:40) A 10-minute introduction on Telehealth

(13:40 - 14:15) Live demonstration of telehealth technology as an efficient and effective means of providing health care services to rural and remote communities

(14:15 - 14:30) Telehealth Video

(14:30 - 14:45) Question Period

**Confederation I and Provinces I - II
Ballrooms - The Westin Hotel**



CANADA 1999



CANADA 1999



CANADA 1999



CANADA 1999

Summary Programme

Friday, October 1

- 14:45 - 15:15 Remarks by Spouses
- 15:15 - 15:30 Coffee Break
- 15:30 - 16:30 Remarks by Spouses
- 16:30 Private programme
Westin Hotel
- 17:20 Departure for Parliament Hill
- 17:30 - 18:00 Closing Ceremony and Signing of Ottawa Declaration
West Block, Room 200



Summary Programme

Friday, October 1

18:00 - 19:15 Closing Reception of the Ninth Conference of Spouses of Heads of State and Government of the Americas

Centre Block, Rotunda

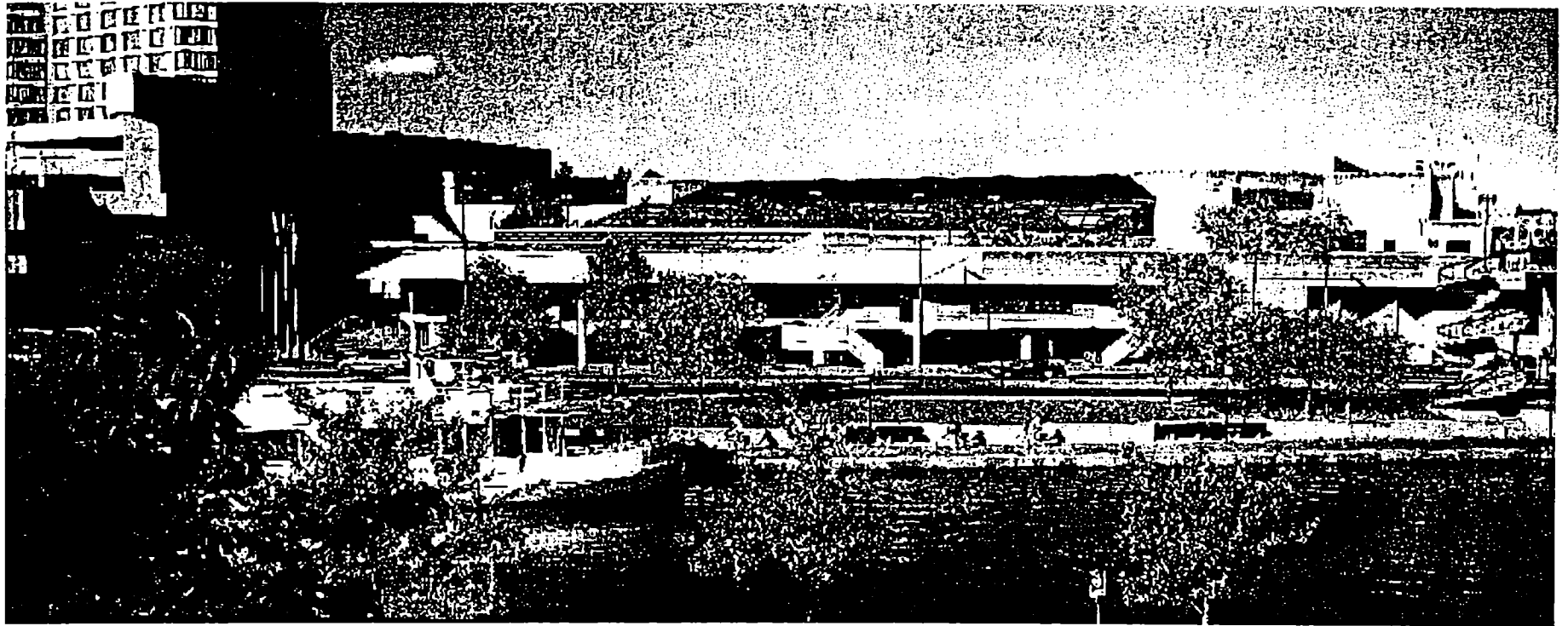
19:15 Departure for the Westin Hotel

19:20 Private Programme
11 Colonel By Drive



Ottawa Congress Centre

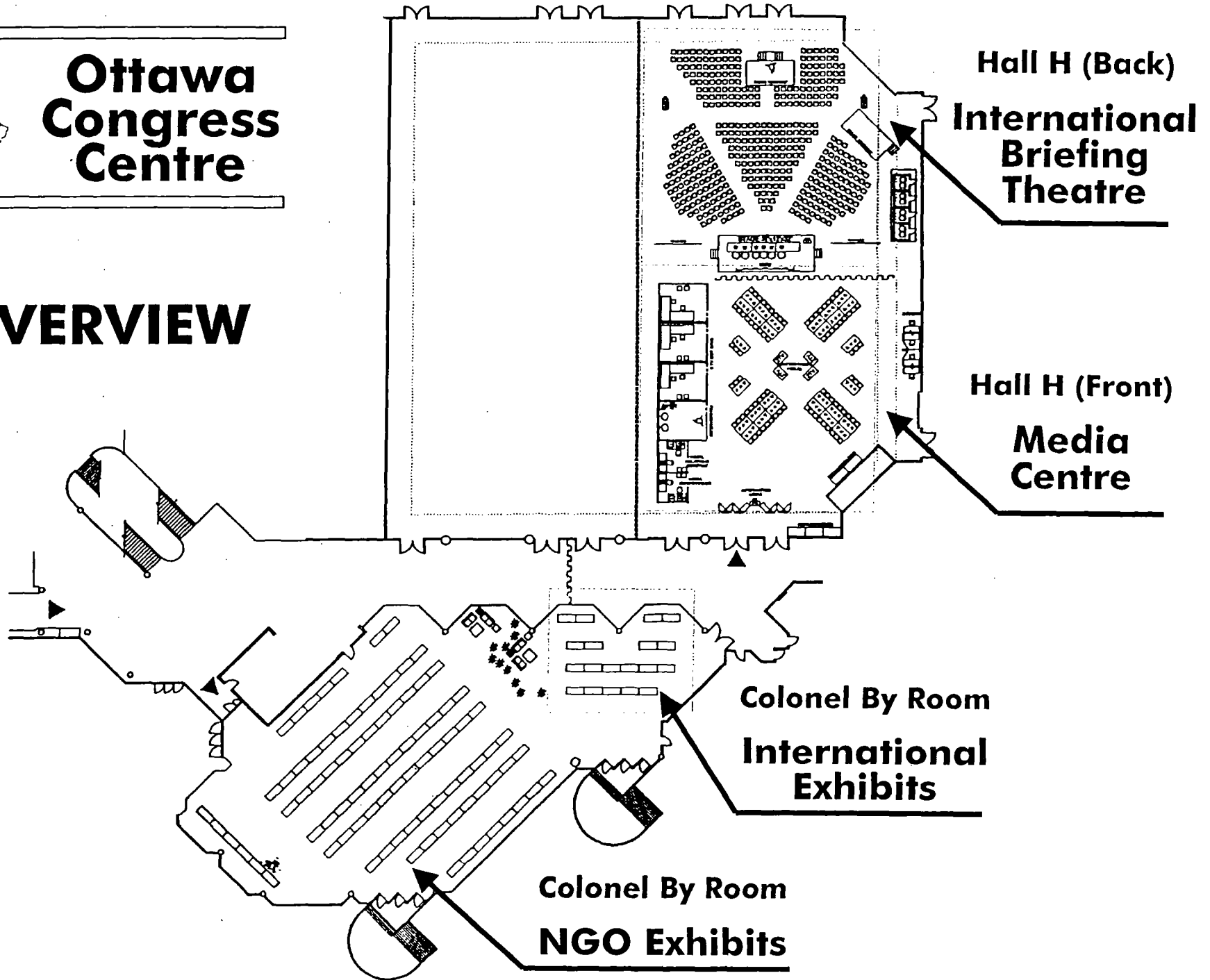
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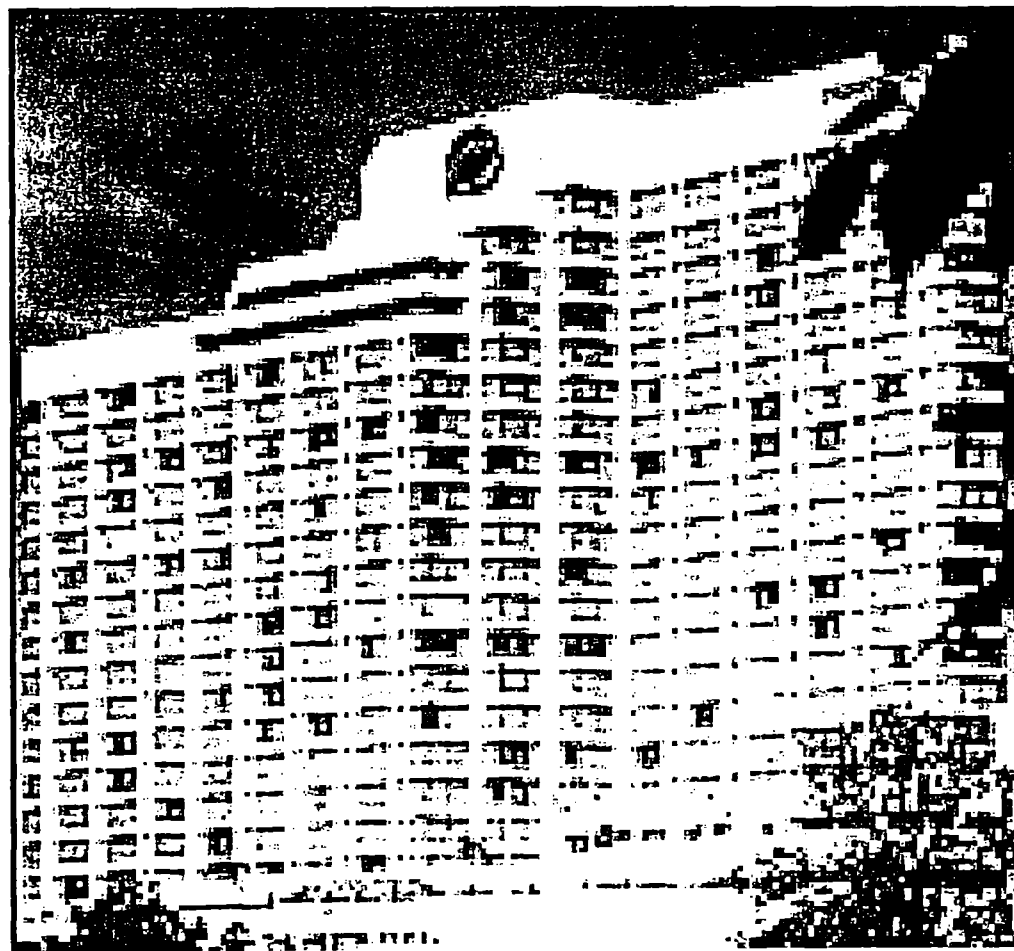


Ottawa Congress Centre

OVERVIEW



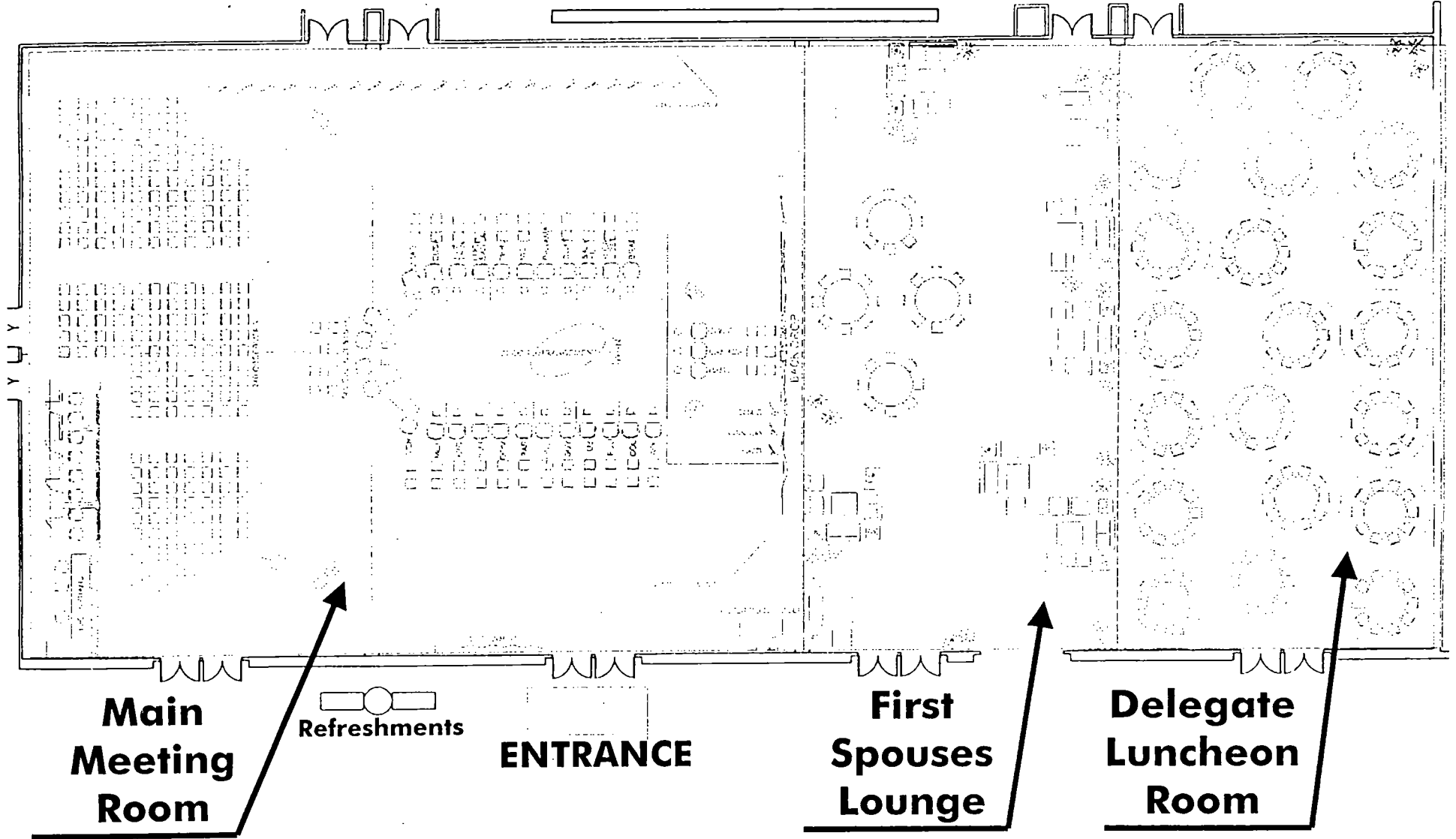
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OVERVIEW



Westin Hotel

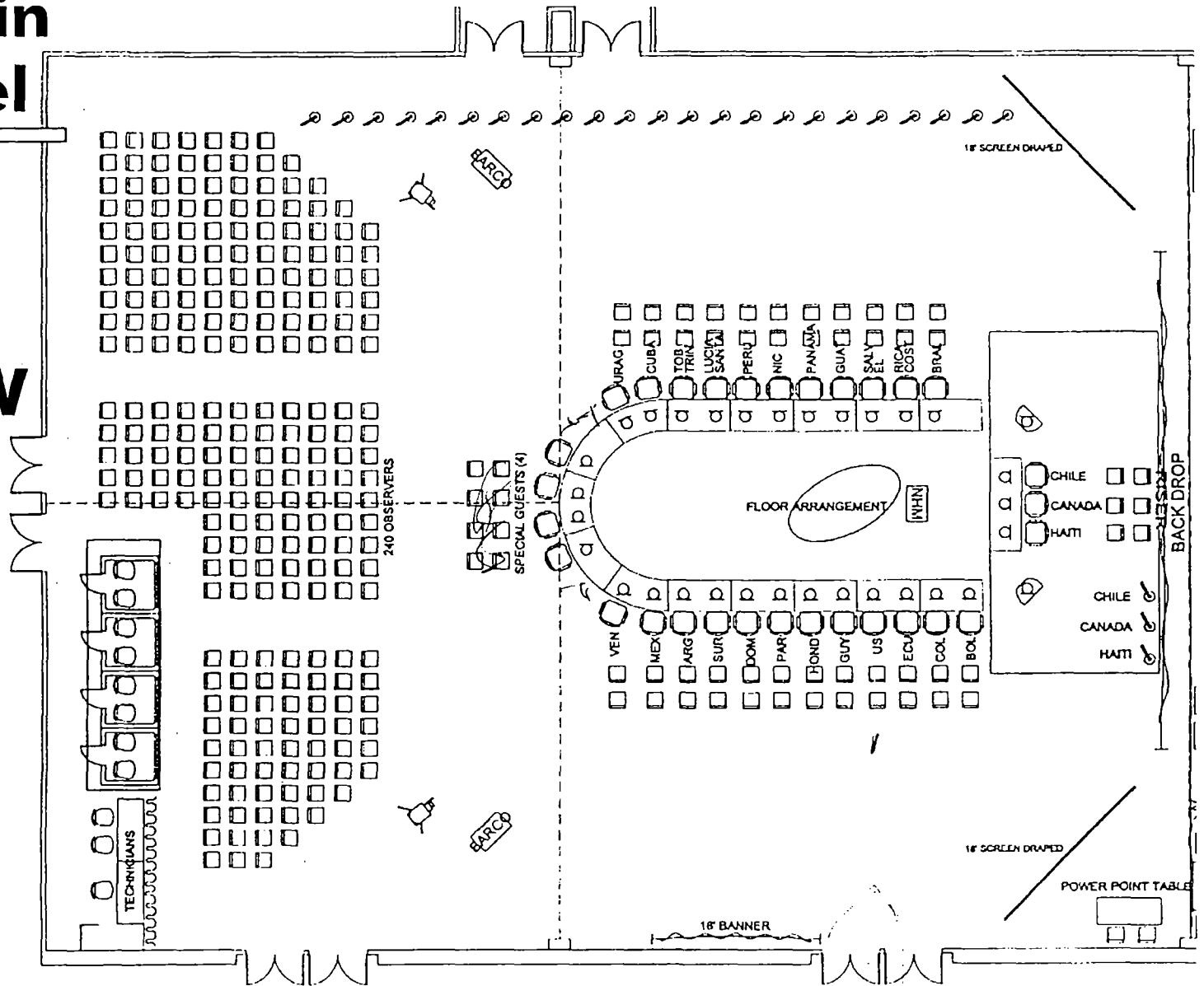




Westin Hotel

OVERVIEW

Main Meeting Room

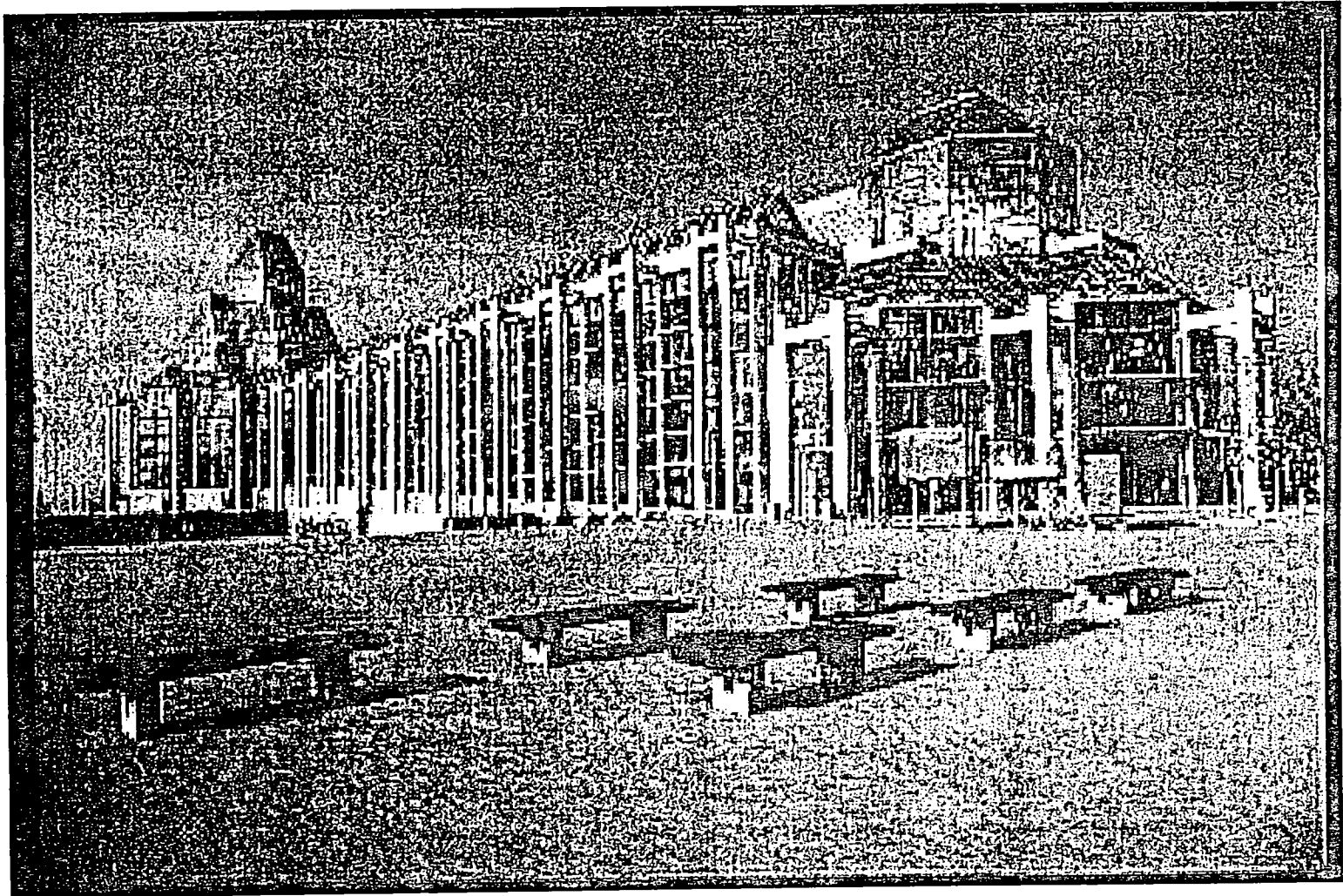


Refreshments

ENTRANCE

Musée des Beaux-arts

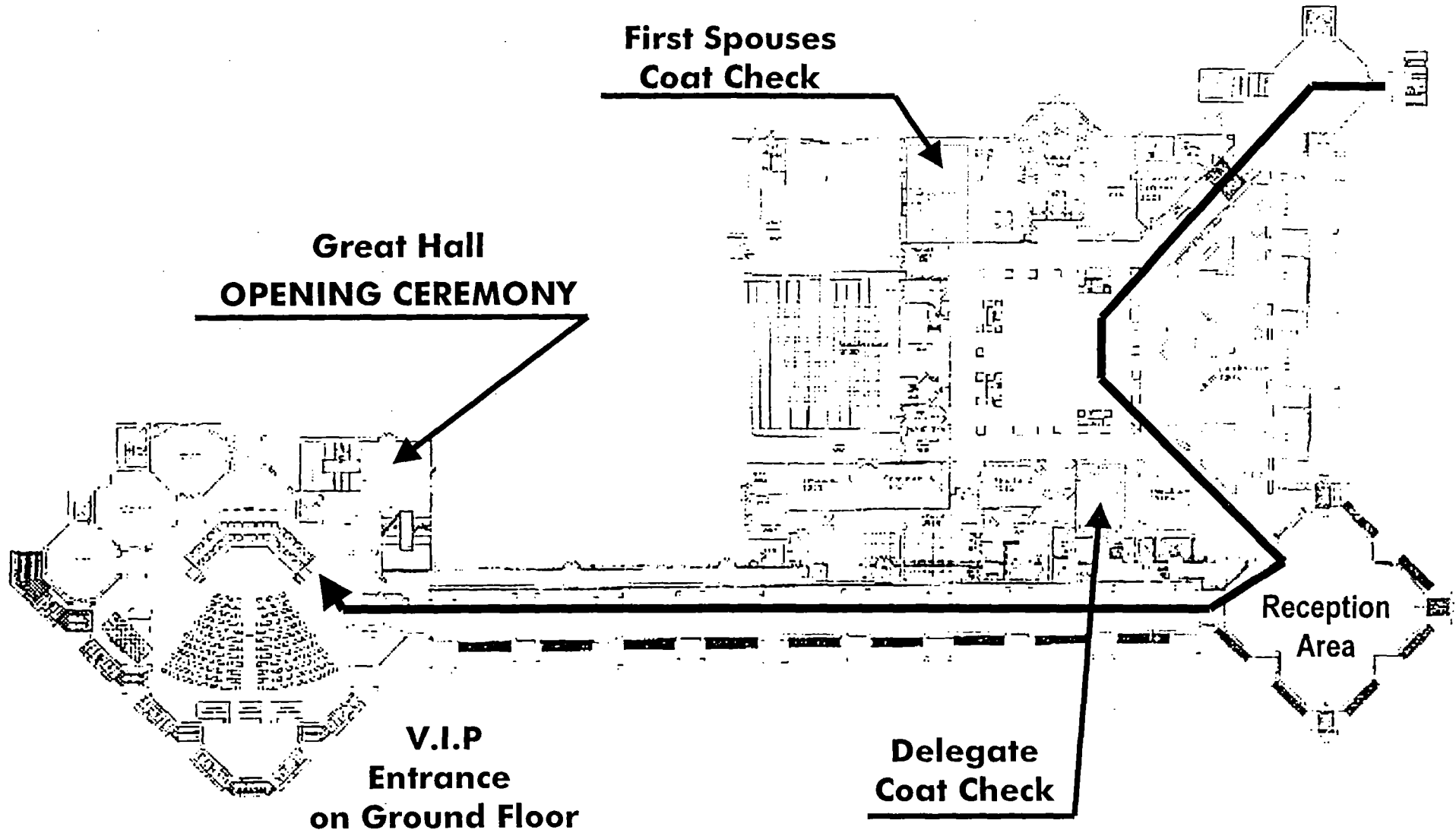
380, promenade Sussex





National Art Gallery

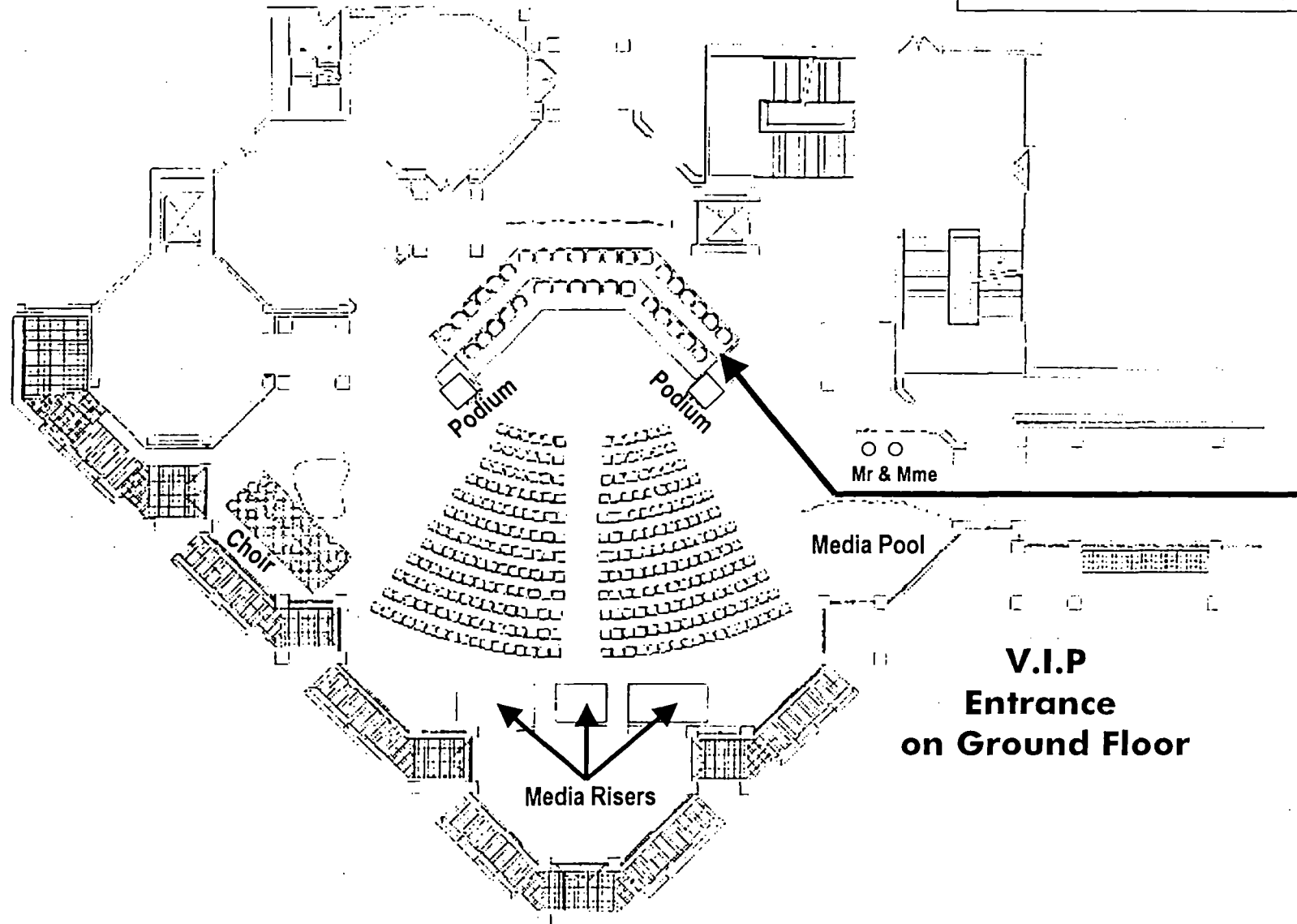
OVERVIEW



OPENING CEREMONY

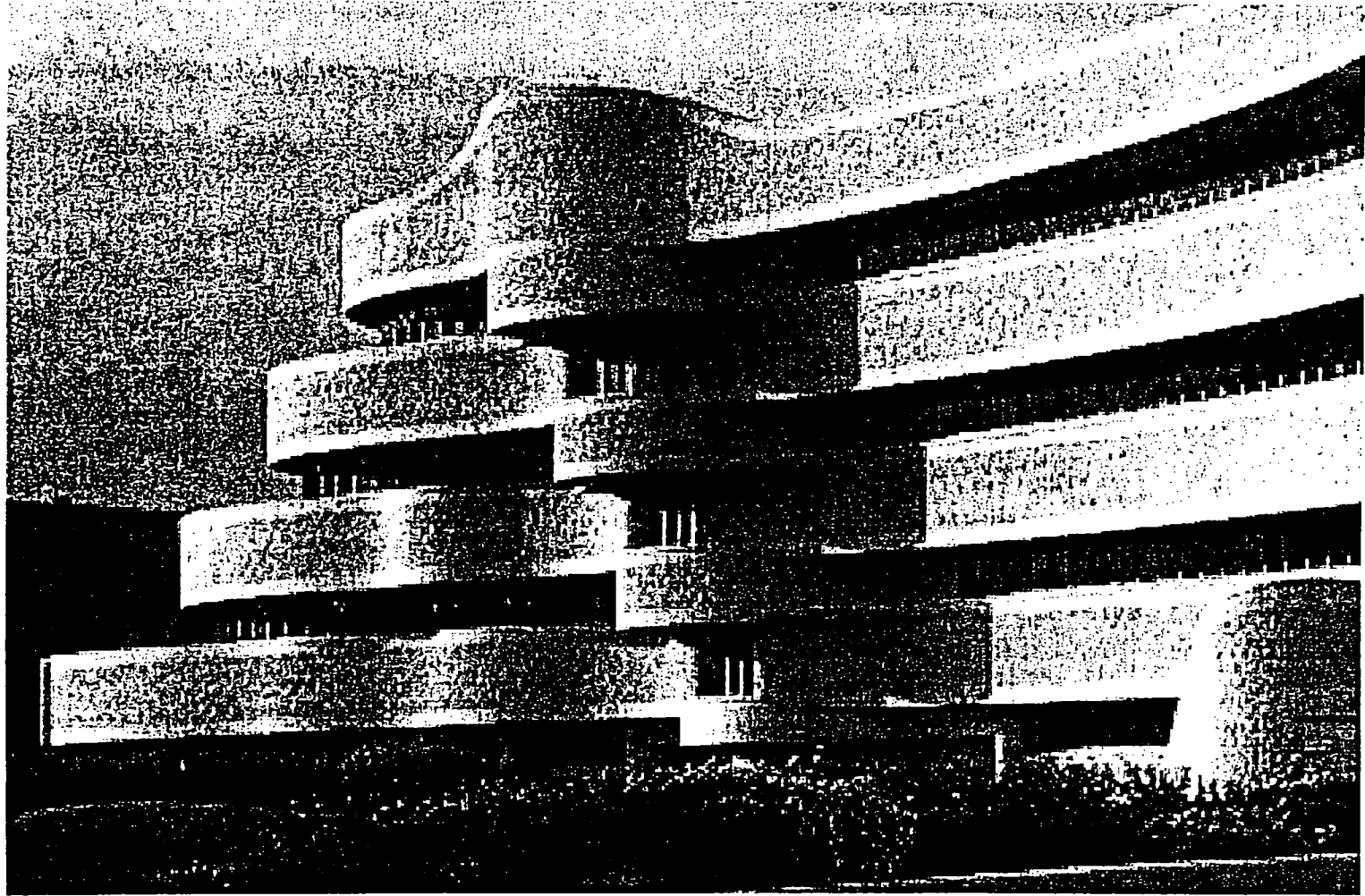


National Art Gallery



Musée des Civilisations

100, rue Laurier, Hull



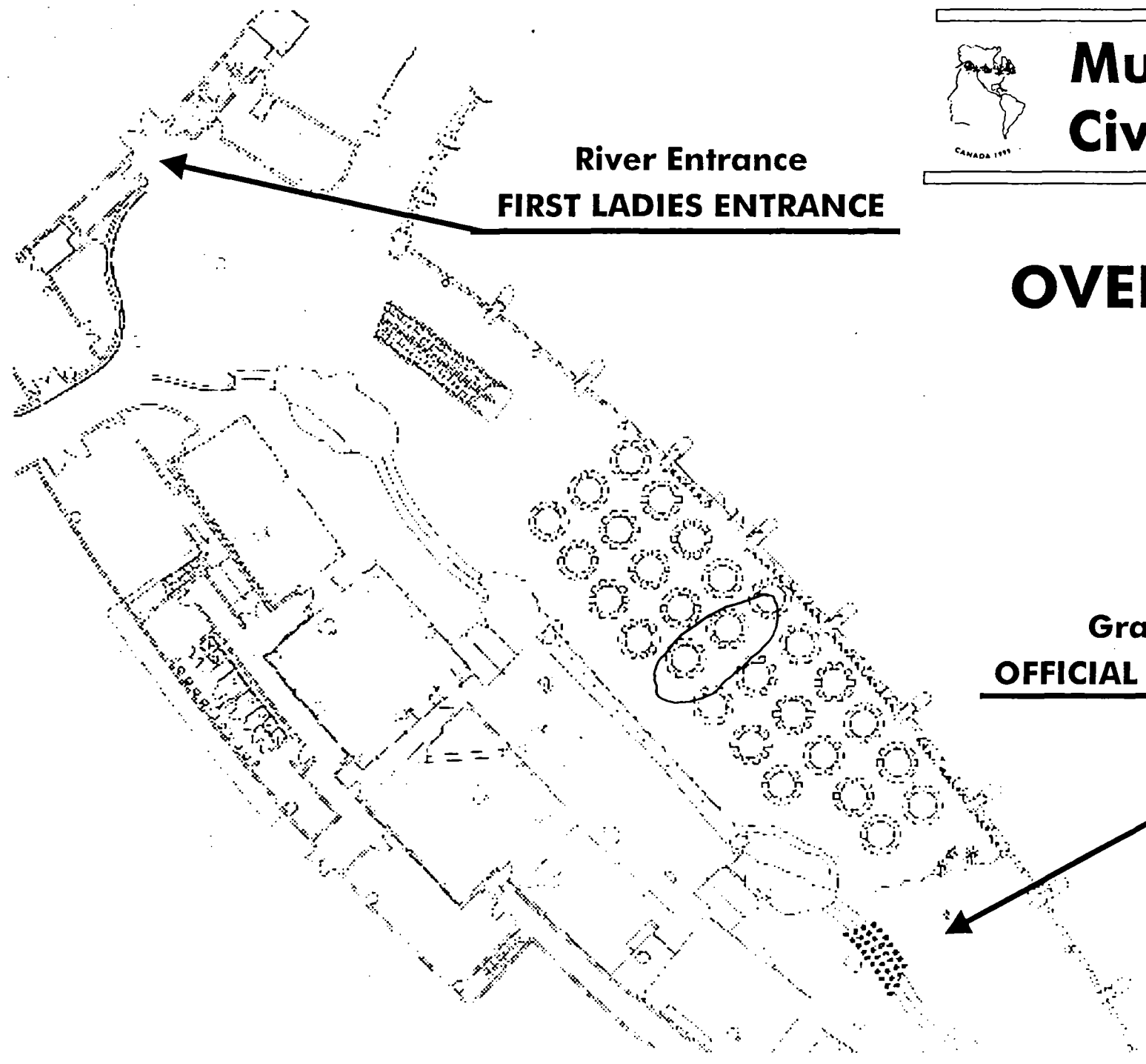


Museum of Civilization

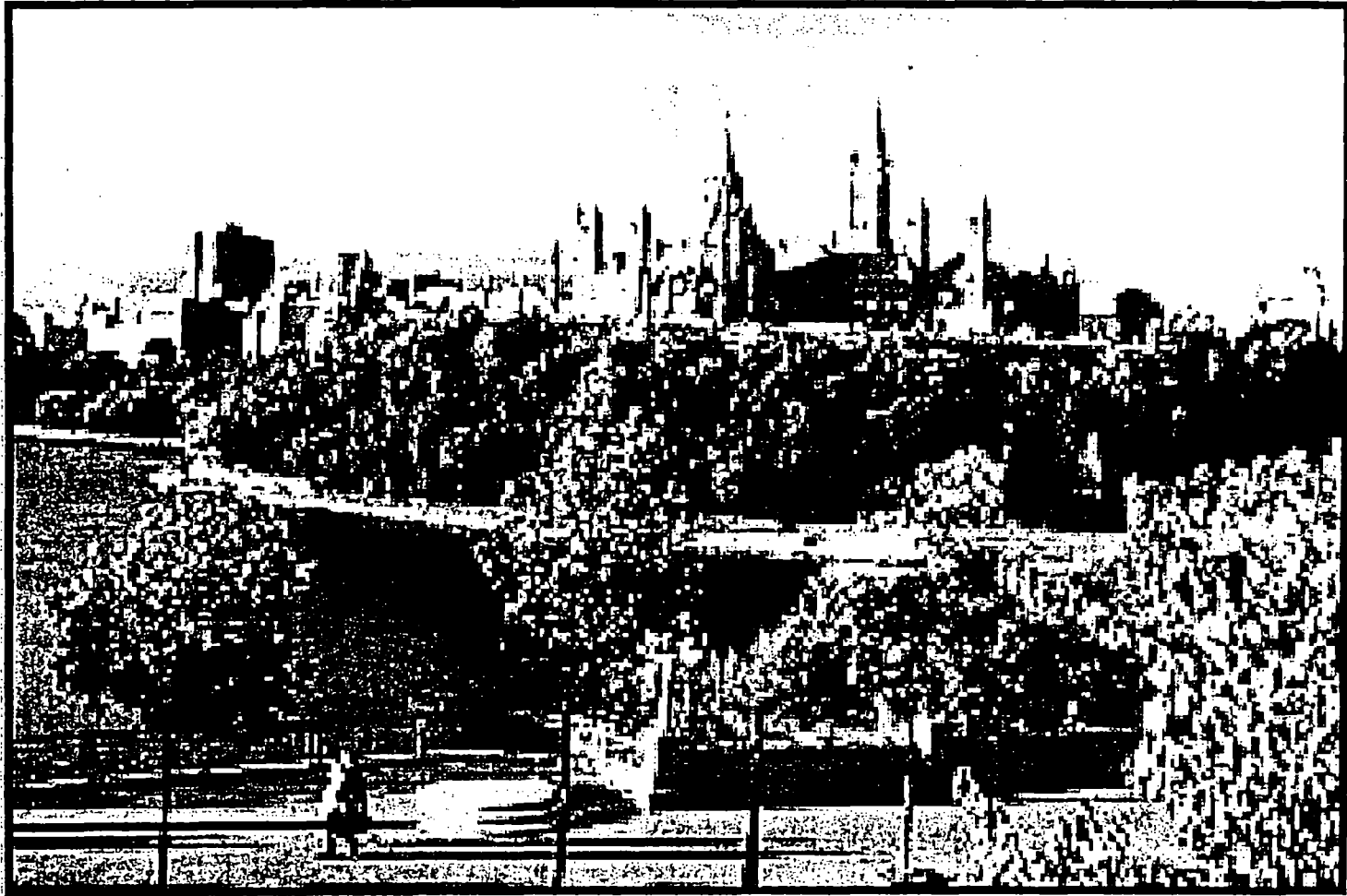
River Entrance
FIRST LADIES ENTRANCE

OVERVIEW

Grand Hall
OFFICIAL PHOTO AREA

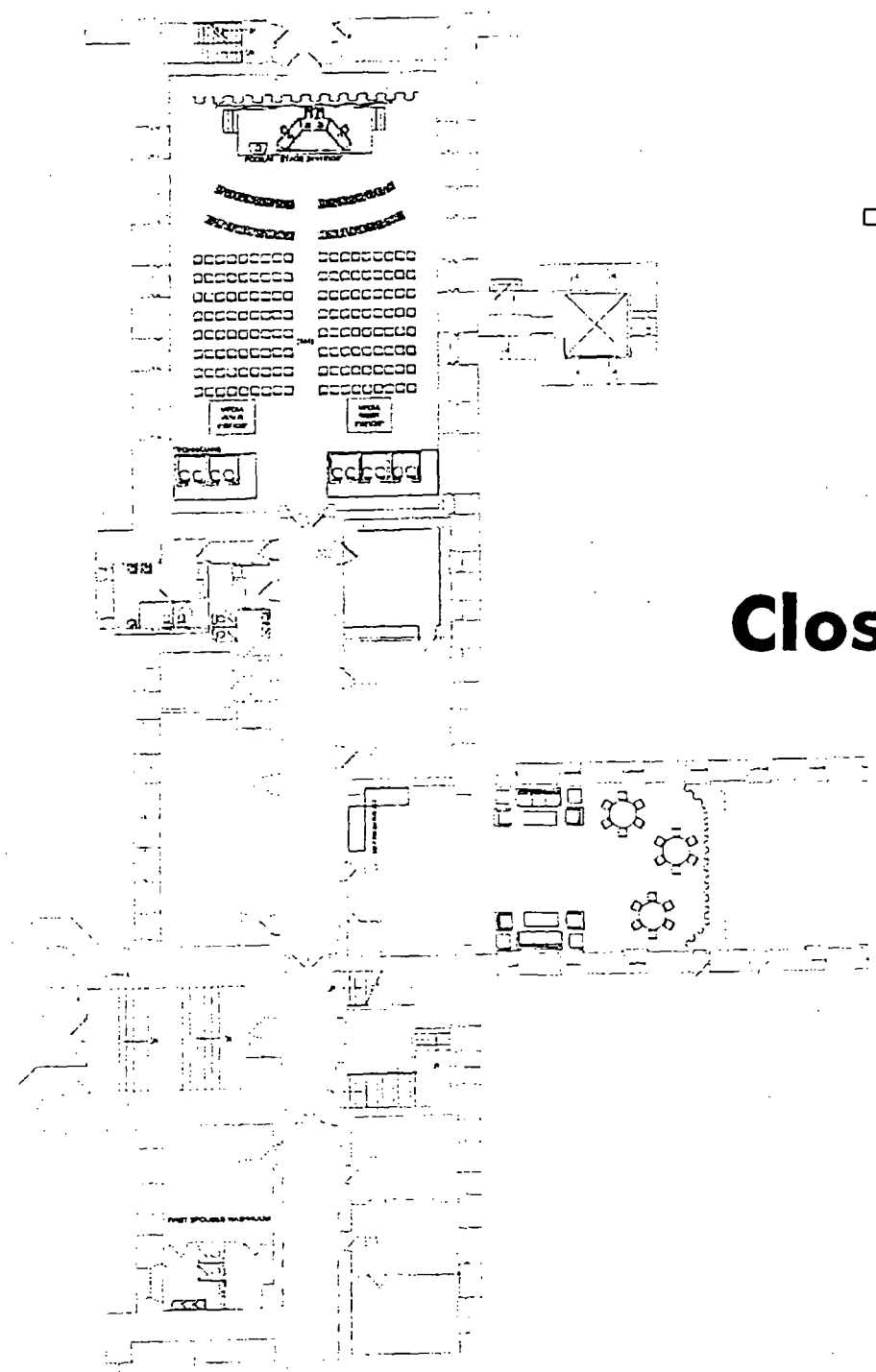


Parlement





Parliament Hill



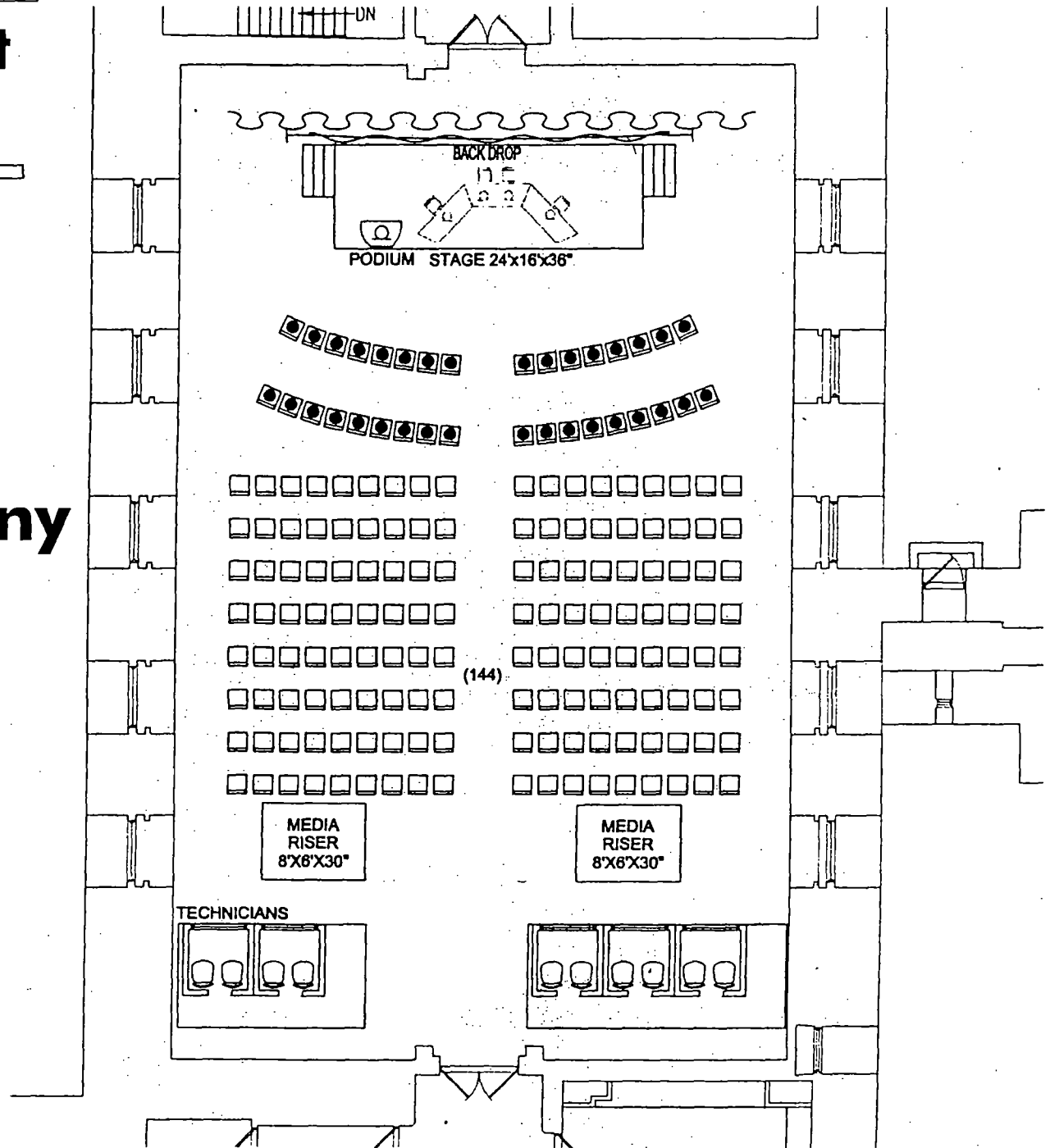
OVERVIEW

Closing Ceremony



Parliament Hill

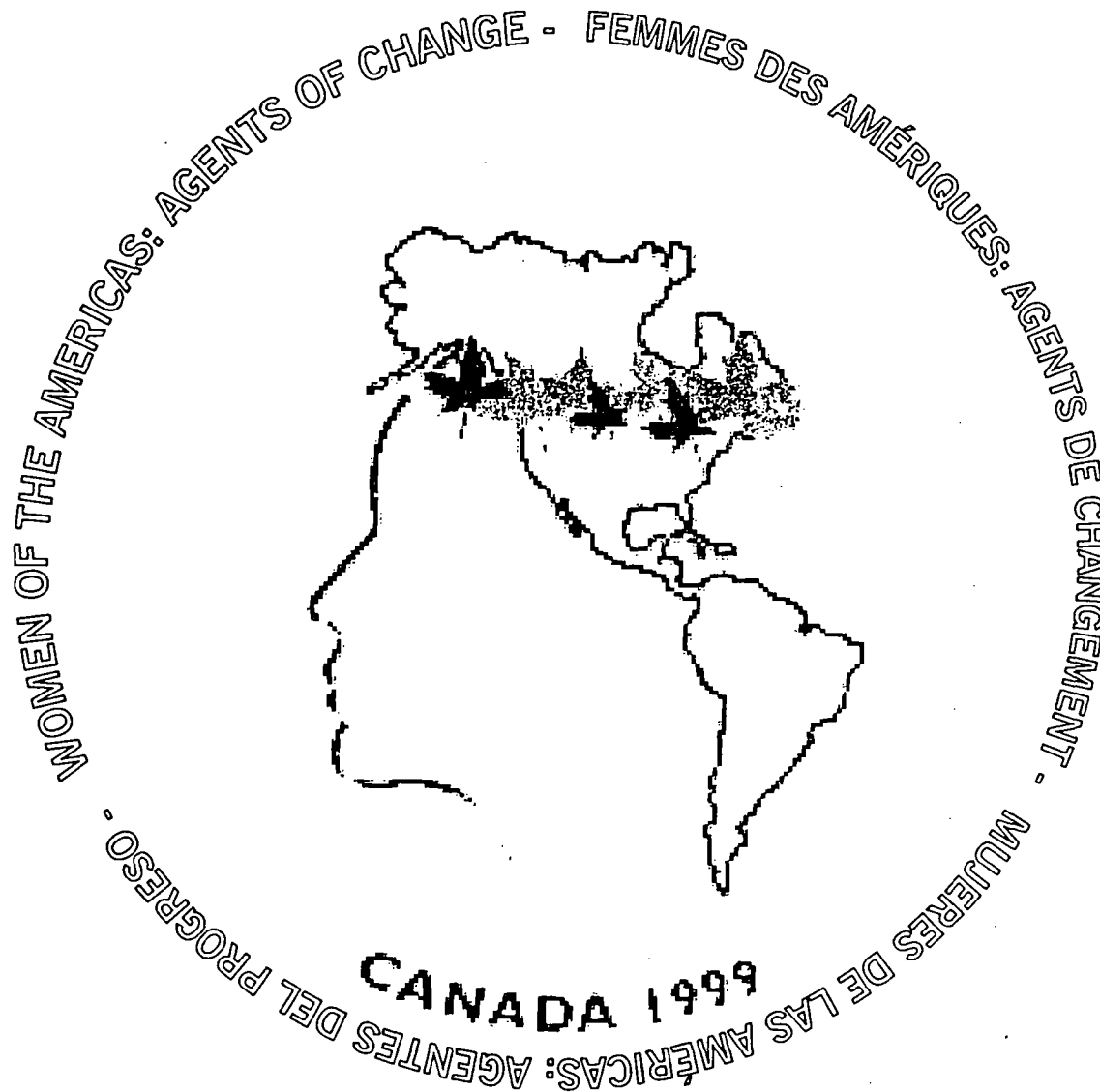
Closing Ceremony



**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**



USAID LAC Bureau Infectious Disease Strategy

I. Global Issues and Agency Strategy

USAID has estimated that more than 17 million people worldwide died from infectious diseases in 1998. This health problem has gotten worse in recent years due to factors including rapid population growth, overcrowding, poor sanitation, poverty, loss of trained health personnel and decreasing resources available for public health services in the poorest countries.

Congress, recognizing the potential danger from infectious diseases, appropriated an additional \$50 million for FY98 and FY99 to USAID to combat infectious diseases worldwide. To fulfill this mandate, the Agency is pursuing a ten-year effort to reduce deaths from infectious diseases by at least 10% by the year 2007.¹ The Agency strategy focuses on four key areas: anti-microbial resistance, tuberculosis control, malaria and other diseases, and surveillance and response.

- In **anti-microbial resistance**, USAID will develop programs that will discourage the indiscriminate use of antibiotics. Anti-microbial resistance is a serious problem worldwide where USAID can fill a global leadership vacuum.
- In **tuberculosis control**, USAID is developing a tuberculosis control plan of worldwide scope. As part of this plan, the Agency will establish up to five major international model TB sites. These will demonstrate best practices for TB surveillance and control and enhance efforts to identify multi-drug resistant strains of TB before they have a chance to become widespread.
- In **malaria and other diseases**, USAID is developing programs chiefly in Africa, where the most troublesome malaria problems exist, to prevent and control the spread of the disease. Efforts will focus on preventing infection and quickly treating those who become infected, in order to help reduce further spread. USAID will focus on the prevention and management of cases in the home and community.
- In **surveillance and response**, USAID will focus on building capacity at the country level, including addressing issues of data management and the lack of connections between data and decision making.

The USAID strategy also allows for a focus on other diseases that have a major public health impact locally such as Chagas disease.

¹ excluding deaths due to HIV infections.

II. Infectious Disease Issues in the LAC Region²

In 1990, infectious and parasitic diseases accounted for 18 percent of the entire burden of disease in Latin America and the Caribbean region.³ For every 1000 people in the region, 39 disability adjusted life years (DALYs) were lost each year.⁴ This is over ten times higher than in established market economies. Thus in LAC, the excess burden of disease from infectious diseases in 1990, using established market economies as a benchmark, was 15.8 million years of life lost to death or disability.

Nearly seventy percent of this is due to three problems – diarrheal diseases, respiratory infections and tuberculosis. Improving health conditions to levels comparable to those of established market economies would save 11 million person-years of life lost to death or disability annually from these diseases.

Tuberculosis

Tuberculosis accounts for 10 percent of the total burden of disease from infectious and parasitic diseases in LAC. In 1990, this translated into the loss of nearly 1.8 million years of life, an excess of 1.7 million. Among USAID presence countries in LAC, Brazil accounts for the lion's share of TB cases, 49 percent, with Peru and Mexico together contributing an additional 30 percent. In Peru and Bolivia, over one of every thousand people has TB in a given year (Peru at 1.74/1000 and Bolivia at 1.34/1000). Haiti has the third highest officially reported incidence rate at

91/100,000; because of the high prevalence of HIV among Haiti's population (over 5% of adults), co-infection of tuberculosis and HIV is of special concern there. Reliability of reported estimates of TB incidence vary considerably. Underreporting is considered a major problem in Haiti, the Dominican Republic and Ecuador.

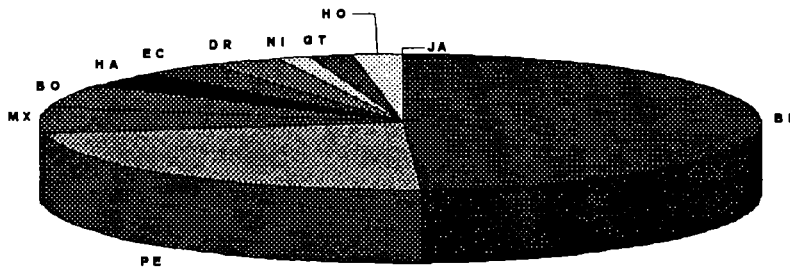
Two other important sources of disease in LAC are Chagas disease and malaria, which combined account for an additional 6.5% of the burden of infectious and parasitic diseases.

² For more information on all of the infectious diseases discussed see Annex A.

³ LAC region includes USAID presence and non-presence countries.

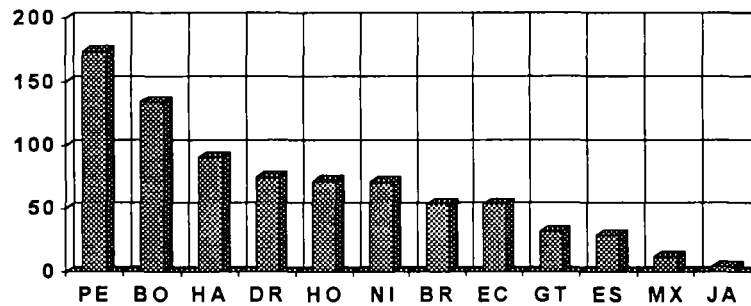
⁴ The burden of disease expressed in terms of disability-adjusted life years is a concept that illustrates the impact of illness in terms of both mortality and morbidity. This single measure thus can be used to compare losses from a variety of illnesses, even when some may lead primarily to death and others may lead primarily to disability.

% TB Cases in LAC Presence Countries



Tuberculosis

Cases/100,000



Diarrheal diseases

In 1990, diarrheal diseases accounted for 31% of the burden of disease from infectious and parasitic diseases. By achieving the rates of diarrheal diseases prevalent in established market economies, the LAC region would save 5.2 million person-years of life each year.

Respiratory infections

Respiratory infections account for 28% of the total burden of disease from infectious and parasitic diseases in LAC. This translates into 4.8 million years of life lost annually, or an excess of 4.1 million years using established market economy rates as a benchmark.

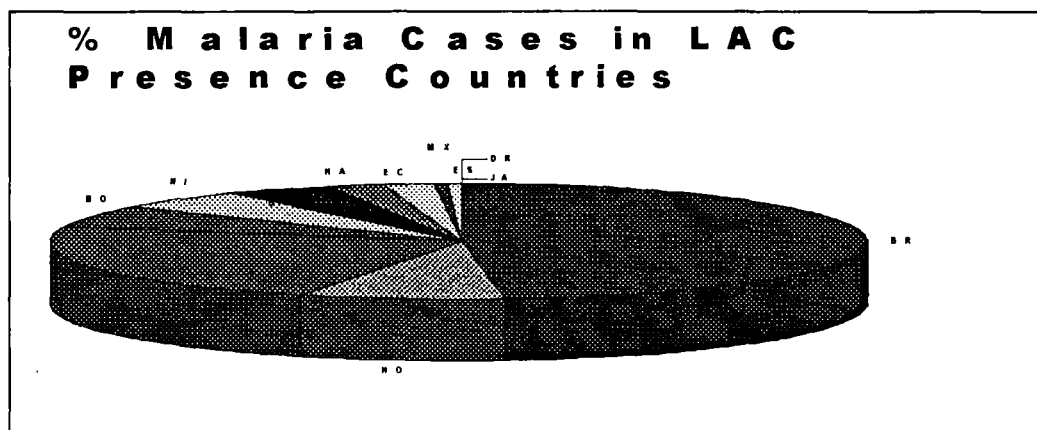
Chagas Disease

In 1990, Chagas Disease accounted for 3.5% of the total burden of disease from infectious and parasitic diseases in LAC (641,000 DALYs). The Pan American Health Organization has identified Chagas as the most important parasitic disease in Latin America and the major cause of myocardial (heart) illness. An estimated 100 million people are at risk and 16 to 18 million are infected in the region. Bolivia has the highest infection rate. Up to 3.5 million Bolivians are at risk or already infected with the Chagas parasite.

Malaria

Malaria accounted for another 3% of the total burden of disease from infectious and parasitic diseases in LAC in 1990 (457,000 DALYs in LAC at a rate of 1.03/1000 population). This is far greater than the expected number of 1,113 DALYs applying the rates in established market economies.

Among USAID presence countries in LAC, Brazil also dwarfs other countries in terms of the number of cases of malaria annually. It accounts for nearly 53% of all cases. Peru and Bolivia together account for an additional 31%. In Nicaragua, nearly one in every hundred people contracts malaria each year. In Peru, incidence of malaria due to *p. falciparum* has increased steadily over the past ten years, to the point where it accounts for 40% of total cases in 1998.



Dengue

While dengue was not a major contributor to the burden of disease in LAC in 1990 (it was responsible for 1000 DALYs), it can be a problem in individual countries and may have risen in importance since then. The dengue virus can produce a wide range of clinical symptoms, from fevers to dengue hemorrhagic fever (DHF), which sometimes leads to shock and death.

In the 1990s, dengue has been widespread in South America and all countries in the region have suffered dengue epidemics. Nicaragua suffered a major epidemic. By 1995, the countries of Central America reported a record of almost 70,000 cases. In 1996, the highest case rates were found in Mexico, Honduras, Brazil and Peru.

Anti-microbial resistance (AMR)

Anti-microbial resistance (AMR) occurs as disease-producing microbes evolve the ability to survive in the presence of the antimicrobials designed to kill them. Inappropriate use⁵ of

⁵ Inappropriate use includes using antibiotics when not warranted (e.g. against the common cold or other viral illnesses, using them for too short a time (which leaves only the resident organisms) and using the wrong antibiotic for the particular illness.

microbials makes it more and more likely that microbes will develop such resistance. As they become resistant, microbes pass on this trait to all their offspring. Thus a growing share of the microbes infecting humans become inured to the effects of antibiotics. When this happens, alternative treatment regimens or even new drugs must be developed and tested against these microbes. This process is expensive, time-consuming and not always successful. In the meantime, people carrying resistant microbes are at the mercy of the pathogens with only their natural immune systems to protect them and transmit these resistant organisms to others in the community. AMR leads to much higher treatment costs since patients need to be treated again for the same infection, often with second or third-generation drugs that are much more expensive. In low-income countries, these drugs often are prohibitively expensive.

In the LAC region, data on AMR are scarce. The Pan American Health Organization (PAHO) has preliminary data on AMR for some of the most prevalent disease-causing microbes (pneumonia, cholera, tuberculosis, malaria) in some countries. One six-country research project found 26% to 50% of people suffering from pneumonia by country to have resistance to the most common antibiotic. Information gathering is complicated by the need to study each pathogen in each country (and even in subregions of countries) in order to have a clear picture of the situation. Furthermore, information changes as microbes evolve further, making speedy collection and use of data all the more important. The LAC region needs better information on AMR in order to gauge the true extent of the problem.

Based on information available on AMR in the US and the presence of some of the same antibiotic use practices in LAC, we can surmise that AMR is a serious problem in LAC as well. In the case of tuberculosis, inadequate and improper treatment and unregulated access to drugs in numerous countries have led to the spread of strains resistant to some or all of the standard and readily available drugs. This makes TB far more difficult and costly to treat and cure. To illustrate this, in Haiti, where standard TB therapy costs well below \$75 per person with a theoretical cure rate close to 100%, drugs to treat multi-drug resistant TB cost over \$12,000 per capita. Since the cure rate of TB using these drugs is only 50%, the cost to cure one person of MDR TB can be \$24,000. In addition, each time a person infected with drug-resistant TB infects another, that new person will also be resistant to standard treatment regimes. In the Amazon basin, *p. falciparum* malaria, the strain most likely to lead to death is increasingly becoming resistant to chloroquine, the first-line treatment.

Surveillance and Response

The lack of reliable data on the magnitude, nature and distribution of infectious diseases is a major barrier both within countries and the region as a whole to launching appropriate response efforts. Our prioritization of countries and problems is based on imperfect information. Better epidemiological surveillance would enable health decision makers to better determine where available resources can have the greatest impact in confronting infectious diseases. Epidemiological surveillance is an essential component of infectious disease control programs. Major problems in surveillance systems for dengue and tuberculosis have been

identified in the region. These problems relate to operational aspects of surveillance, technical deficiencies, data management and communication. Epidemiological surveillance needs to be supported by laboratory diagnosis. Few countries in the region currently have death registration systems that have sufficient population coverage and accuracy to merit the analysis of death registration trends as an epidemiological or programmatic indicator.

Generally, LAC countries lack the necessary capacity for routine and sentinel disease monitoring. Lack of epidemiological expertise, insufficient laboratory capacity, incompatibility of disease reporting with information systems, and lack of financial resources and political commitment all impede effective surveillance and response. For countries with difficulties in implementing routine basic surveillance, the challenge of detecting and responding to the appearance of new organisms, disease outbreaks, and anti-microbial resistance is often overwhelming. The importance of active surveillance was critical to polio eradication in the region and is an essential component in current efforts to eliminate measles.

III. LAC Regional Strategy

The LAC Bureau has received substantial resources in both FY98 and FY99 to implement infectious disease activities under the Agency's new mandate. It is anticipated that this mandate will continue for a ten-year period, which will enable us to make major inroads in the battle against infectious diseases. The LAC Bureau's strategy to combat infectious diseases is guided by the Agency's strategic focus on anti-microbial resistance, surveillance and response, tuberculosis, and malaria and other diseases. The relative priority of each of these four areas is determined by the share of the burden of disease that can be reduced in the region through each area.

Since a major share of the disease burden from infectious diseases in LAC is from diarrheal diseases and respiratory infections, the LAC Bureau will place greatest emphasis on combating anti-microbial resistance that threatens the effectiveness of currently available treatments. Combating tuberculosis will be the second most important emphasis of the LAC infectious disease strategy, followed by efforts to address Chagas Disease and malaria. To support all these other efforts, the LAC Bureau also will strengthen surveillance and response systems.

Anti-Microbial Resistance

Diarrheal diseases and respiratory infections together account for nearly 60% of the LAC region's burden of disease from infectious diseases. Tuberculosis and malaria together account for an additional 13%. The Bureau already addresses diarrheal and respiratory infections through the bilateral Child Survival programs in all eight Child Survival emphasis countries (Haiti, Bolivia, Ecuador, Peru, Guatemala, Honduras, Nicaragua and El Salvador) and through the Regional Integrated Management of Childhood Illnesses (IMCI) Initiative. The Bureau is contemplating responses to TB and malaria under the respective subcomponents of

this strategy.

To complement these ongoing efforts, infectious disease activities will focus additional efforts on prolonging the effectiveness of currently available antibiotic treatments by developing and testing interventions to improve anti-microbial drug use practices. The strategy will emphasize improving surveillance capacity in order to determine the magnitude and impact of AMR. It will encourage the use of surveillance information to improve clinical management. It will emphasize developing and testing interventions to improve anti-microbial drug use practices. The strategy will seek to strengthen program implementation capacity in order to carry out activities to address AMR, such as appropriate prescription practices.

The initial set of target countries for work on AMR will be those where diarrheal diseases and respiratory infections pose the greatest threat to public health and where effective treatment is most severely jeopardized by AMR, such as Bolivia, Ecuador, Peru, Guatemala, Honduras, Nicaragua El Salvador, the Dominican Republic and Paraguay. Although Haiti is a Child Survival emphasis country, it will not initially be a target country for AMR efforts because of major deficiencies in laboratory capacity. This initial set of target countries may change as surveillance information enables us to more accurately target AMR problems in the region.

Tuberculosis

The Bureau strategy will focus on improving case detection and treatment continuation rates in the countries with the most severe tuberculosis problems, as determined both by the incidence rates and the sheer number of people infected. Based on these factors, the highest priority countries will be Peru, Mexico and Bolivia. Other countries that are considered to have substantially higher incidence rates than those reported also merit attention. These include Haiti, the Dominican Republic and Ecuador. The strategy also will remain open to windows of opportunity. For example, if other missions identify opportunities to make significant contributions to national TB control efforts by working with governments to introduce more effective treatment protocols, the strategy will remain flexible in order to accommodate these initiatives. Such may be the case in the Dominican Republic, which faces a serious problem with multi-drug resistant TB. If USAID were able to work with the government to address problems that lead to drug resistance, the strategy would envision flexibility to do so.

Malaria and other diseases of national importance

In malaria, the Bureau strategy will focus on halting the spread of malaria, with a special emphasis on the Amazon Basin countries of Brazil, Peru and Bolivia. The strategy will emphasize improving case detection and treatment. This will include improved recognition of falciparum malaria and use of alternative protocols in the case of chloroquine resistance. In addition to the Amazon basin countries, Honduras and Nicaragua will be special emphasis countries because of their high incidence rates. As in the case of tuberculosis, the strategy will

remain flexible to take advantage of special opportunities that may arise to make major progress in partnership with the government and other actors in additional countries.

In Chagas Disease, the approach will be to work in high prevalence countries such as Bolivia and Guatemala as opportunities arise to strengthen vector control and community education efforts. We will complement country-specific efforts with regional monitoring of opportunities and regional information-sharing and networking to promote attention to Chagas Disease in other sectors (e.g., environment, education and housing).

Surveillance and Response

Improving surveillance systems will be another important focus of the LAC infectious disease strategy. To be effective, surveillance and response must be first and foremost an accepted national and local responsibility. As part of our infectious disease strategy USAID programs in LAC, will emphasize the consolidation of integrated national disease surveillance systems that enable countries to monitor a variety of key infectious diseases without installing separate and parallel systems for each disease. They will also emphasize the strengthening of national laboratory capability to provide information for decision-making. Improvements in surveillance and laboratory capacity are expected to benefit efforts to combat AMR and specific diseases (diarrhea, tuberculosis, pneumonia, Chagas and malaria). Clinicians with training in infectious diseases are needed for the regions with the greatest infectious disease problems. AID may contribute to improving human resources by providing these clinicians with opportunities for additional training.

The country focus of surveillance and response efforts will be guided by two major factors: (a) the relative share of the region's burden of infectious diseases in each country; and (b) the state of the existing national surveillance and laboratory capacity. Further analysis is required to determine which countries merit the highest priority on the basis of these two factors.

Cross-Cutting Approach

Infectious diseases by their nature know no borders. In addition, lessons learned in one country can easily serve others. For both these reasons, the LAC strategy will complement national programs with regional support programs. The first area where a regional support program will operate is to combat anti-microbial resistance. In the future, other regional efforts can be envisioned to introduce similar approaches to integrated surveillance systems and to strengthen the quality of laboratory services. The criteria for introducing regional initiatives will be: (a) that the problem or best solution is supra-national in nature; (b) that rapid dissemination of lessons learned is critical to success; or (c) that coordination among various countries will add substantially to the quality of the response.

IV. Expected Results

From anti-microbial resistance efforts:

- More timely, complete, and accurate reporting of specified diseases and the existence of anti-microbial resistance within countries;
- Strengthened capacity of national programs to routinely monitor for pathogen resistance;
- Strengthened capacity of national programs in priority countries for monitoring and responding to the emergence of AMR in malaria and tuberculosis;
- Documentation of the local factors which promote drug resistance and development of explicit strategies for addressing these factors;
- Improved practices in rational selection and use of anti-microbial and regular provision of appropriate drug information;
- More rational country drug policies;
- Dissemination of effective approaches to reduce AMR; and
- Increased international understanding of, and attention to, issues related to anti-microbial resistance.

From surveillance and response efforts:

- Effective and appropriately equipped laboratories at a minimum level available in country or within region;
- Improved quality and consistency of data;
- Effective and regular communication channels across borders; and
- Integrated disease surveillance systems capable of tracking all major infectious diseases operating in country.

From tuberculosis efforts:

- Improved cure rates for TB in emphasis countries.
- Stabilized rates of drug-resistant tuberculosis in emphasis countries.
- Reduced TB case rates in emphasis countries.
- Improved coordination in cross-border TB control between the US and Mexico.

From malaria efforts:

- Reduced rates of malaria infection in emphasis countries.
- Reduced rates of mortality from falciparum malaria in emphasis countries.

V. Proposed Resource Allocation

USAID has committed substantial resources to combat infectious diseases and plans to continue this work for a decade. In this context, strategic advance planning of resource allocations will enable us to make the greatest possible impact with the funds available. The strategy proposes to allocate ID resources in LAC on the basis of two major considerations. The first is the share of the burden of disease potentially addressed through each of the four areas of action. The second is the estimated cost of programs that can make a difference in each of these areas.

Using these criteria, our target would be to invest the following shares of available resources in each area:

For Surveillance and Anti-Microbial Resistance:	50 – 60%
For TB programs:	25 – 30%
For Malaria control:	about 10%
For other diseases:	about 4%

On the basis of the share of the burden of disease from diarrhea and respiratory infections, anti-microbial resistance programs and surveillance would receive nearly 80% of total resources. Yet at this early stage of understanding of AMR in LAC, we are unlikely to find good uses for this level of resources, at least in the first few years of our ID strategy.

Tuberculosis, on the basis of burden of disease considerations alone would warrant about 15% of available resources. Yet we know from program design that we could not make a meaningful headway in addressing TB in large countries with such a low level of resources. We need to spend a higher share of our resources on TB in order to make a difference in the countries we identify as important. As in the case of TB, while burden of disease considerations would suggest a lower level of support for malaria, program considerations and the desire to make an impact on this problem both in the Amazon basin and in Honduras and Nicaragua lead to the proposed level of 10%. We will also reserve some funds for locally important diseases, such as Chagas.

The table below summarizes which countries meet the technical criteria for activities in each category of the infectious diseases strategy for LAC.

Country	AMR + Surveillance	TB	Malaria	Chagas
Bolivia	√	√	√	√
Brazil ⁶				
Dom Rep		√		
Ecuador	√	√		
El Salvador	√			
Guatemala	√			√
Haiti	√	√		
Honduras	√		√	
Jamaica				
Mexico	√	√		
Nicaragua	√		√	
Paraguay	√			
Peru	√	√	√	

We intend that allocation of future resources for infectious diseases respond to both the appropriate programming categories and country suitability criteria. Both the area and country resource allocations are intended to guide us but not to restrict our ability to respond to new opportunities and new information as they arise. In order to address infectious diseases effectively, we need to strike a balance between strategic thinking and flexibility.

VI. Need for Technical Staff Expertise

USAID is new to the area of infectious disease control and will need to mobilize new skills to address it effectively. USAID has been conducting an assessment of staff skills in the region to determine what level of human resources we have at our disposal and how they are distributed. We will need to find creative ways to link PHN staff in missions with sources of technical and programmatic expertise in infectious disease control either in the G/PHN Bureau or in cooperating agencies and other external sources. The LAC/RSD-PHN team will facilitate these linkages.

⁶ Although Brazil often has the highest number of selected infectious diseases no infectious disease program is authorized for Brazil as part of the limited USAID program there.

ANNEX A:

Tuberculosis

Less than two-thirds of all new TB cases are believed to be reported, most of them receive inadequate treatment or none at all. Left untreated, each person infected with tuberculosis will pass the disease on to another 10-14 people each year. Without proper treatment, each person also risks death; 60,000 to 75,000 persons die each year, often in their most productive adult years (25-54 years of age). Yet treatment with short course chemotherapy is one of the most cost-effective public health interventions available. In countries with per capita incomes between \$300 and \$2500, it costs only \$3-7 for each person year of healthy life saved. This is comparable to the cost-effectiveness of STD treatment (\$1-15 per year of healthy life saved) and even better than the cost-effectiveness of IMCI (\$30-\$100 per year of healthy life saved). An estimated 3-5% of all new TB cases in the region are attributable to co-infection with HIV/AIDS. In 1994, a review of the HIV/AIDS and TB epidemics in LAC estimated that more than 330,000 persons were infected with both TB and HIV.

Chagas Disease

The parasite which causes Chagas is associated with poor housing conditions and proximity of domestic animal quarters to human living areas. Treatment options are limited and no vaccine exists. Recommended control measures include housing improvements, vector control and community education.

Malaria

Latin America has extensive areas with malaria transmission, but the public health impact has to date been limited in part due to the predominance of *P. vivax* infections. However, the opening of the Amazon to development during the 1970s exposed large numbers of adult laborers to malaria for the first time and worsened malaria in the region.

Dengue

The failure of eradication programs and the re-infestation of countries that had eliminated the mosquito that carries the dengue virus have contributed to dengue becoming endemic and producing epidemics.

ANNEX B:

USAID LAC Region FY 98-99 Infectious Disease Programs

USAID/Bolivia has planned a five-year \$8 million program of activities. The three-pronged strategy seeks to: (a) strengthen community participation and knowledge for behavior change in the prevention and control of infectious diseases; (b) support the national laboratory network for improved diagnosis, treatment and management of infectious diseases, anti-microbial resistance testing and other operational research; and (c) improve the epidemiological surveillance sub-system of the National Health Information System.

USAID/El Salvador has planned a \$2 million three-year program to combat tuberculosis.

USAID/Honduras had developed an initiative to strengthen the Ministry of Health's capacity to prevent, control, monitor and evaluate tuberculosis, malaria and dengue. To combat malaria and dengue, the program will focus on those regions with the highest incidence of both diseases. The program aims to improve the knowledge, attitudes and practices of MOH personnel and the general public, to improve the MOH's diagnostic capability, and to increase the use of sustained preventive interventions via environmental health technicians, community groups and municipal governments. The aim in tuberculosis control will be to increase the share of TB patients who are appropriately treated and cured.

USAID/Nicaragua plans to work in the area of anti-microbial resistance, improving surveillance systems and to a lesser degree will support activities in the control of malaria.

USAID/Peru plans a \$1 million one-year program to combat malaria and tuberculosis and to strengthen surveillance efforts and address anti-microbial resistance. This program will support operations research in the area of malaria to determine the efficacy of anti-malarial drugs, to assess rapid molecular diagnostic tests and to understand population attitudes and behavior in malaria control. In tuberculosis, the program will work on communications to change behavior and explore the interaction of TB with HIV. The program will strengthen disease surveillance by assessing current disease reporting practices, introducing innovative tools for information collection and dissemination and improving rapid laboratory identification of new pathogens and syndromes. The program also will monitor trends in anti-microbial resistance and disseminate information to practitioners.

LAC/RSD-PHN plans a \$2 million three-year effort to support more effective delivery of interventions for the control and prevention of anti-microbial resistance (AMR). Activities will serve to improve surveillance capacity in target countries to determine the magnitude and impact of AMR. They will also improve capacity in target countries to implement approaches to address AMR. The proposed target countries are Paraguay, the Dominican Republic, Bolivia, Peru, Ecuador, Honduras, Nicaragua, El Salvador and Guatemala.

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OPERATING MANUAL FOR THE TECHNICAL MEETING

Ottawa, Canada,
July 6-9, 1999



INTRODUCTION

The Ninth Conference of Spouses of Heads of State and Government of the Americas will be held this year in Ottawa, Canada, from September 29 to October 1. The Technical Meeting prior to the Conference will also be held in Ottawa, from July 6 to 9. The Executive Secretariat, chaired by Mrs. Aline Chrétien, has arranged for the meeting to be held in the Parliament Buildings, located within an 8-minute walking distance from the hotel. Hotel reservations have been made at the **Sheraton Ottawa Hotel**, in downtown Ottawa.

The organization will cover the expenses of one room per country, either double or single, from the night of Monday, July 5, to the night of Friday, July 9 inclusive. All rooms are listed as single or double occupancy and are confirmed for the following rates:

Standard Room	\$127CAD / \$88USD
Deluxe Room	\$147CAD / \$102USD
Executive	\$167CAD / \$116USD

USD rates are based on \$1.45CAD = \$1.00USD

Rather than request hotel accommodation directly, delegates are advised to indicate hotel requirements on the attached **Registration Form**.

RESPONSIBILITY FOR ARRANGEMENTS

All logistical and organizational arrangements for the Technical Meeting and the Ninth Conference of Spouses of Heads of State and Government of the Americas are the responsibility of the Hemisphere Summit Office (HSO) of the Department of Foreign Affairs and International Trade. As host, the Canadian Government is responsible for providing the meeting and media facilities, security, hospitality, accommodation for those delegates who will be its guests, and hotel allocation and reservations.

MEETING SITE

The Technical Meeting will be held in the Centre Block of the Parliament Buildings. Interpretation (English/Spanish/French) as well as audio-visual services will be available as needed.

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

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Government
of Canada

Gouvernement
du Canada



Canada



POINT OF CONTACT

The Executive Secretary will be Louise Léger, Executive Director of the Hemisphere Summit Office, Department of Foreign Affairs and International Trade.

Logistical and organizational queries should be directed to:

Hemisphere Summit Office (HSO)
Department of Foreign Affairs and International Trade
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A list of key Hemisphere Summit Office contacts is attached as **Annex A**.

ARRIVAL PROCEDURES AND TRANSPORTATION

Delegations should plan to arrive on Monday, July 5, or at the latest on the morning of Tuesday, July 6. Upon arrival, the delegations will be met at the MacDonald-Cartier Airport by officials from the Office of Protocol, Department of Foreign Affairs and International Trade. A bus will be available for transporting delegates. To facilitate transportation, participants are asked to bring only one suitcase, one piece of hand luggage and a briefcase.

Upon arrival, Technical Meeting delegates, with their luggage, will be transported from the Airport to the Sheraton Ottawa Hotel. The same procedure will be followed for their departure on July 9 or 10.

VISA REQUIREMENTS

All delegates are advised, well in advance of departure, to contact the nearest Embassy or Canadian High Commission to ascertain visa requirements for entry into Canada. A list of the Canadian Missions in the Americas and the contacts appointed to assist conference participants is attached as **Annex B**.

Delegates travelling through other countries should ensure that they have the proper visa documentation required for transit.

AGENDA FOR THE TECHNICAL MEETING

A preliminary Agenda for the Technical Meeting is attached. The program includes planned meetings, tours and social events. A final version will be available upon arrival.



HEALTH

Persons arriving in Canada do not require a health certificate. However, an international vaccination certificate may be required if travellers are arriving in Canada through, or returning to, countries where yellow fever is prevalent. Delegates should review their health insurance before leaving home as health insurance plans provide little or no coverage for services received abroad unless special provisions are made.

Delegates who bring medication, to Canada, that has been prescribed by a doctor should carry a copy of the prescription or ensure that the medication container displays the prescription sticker clearly. It is also advisable to carry sufficient supplies of any medication while travelling.

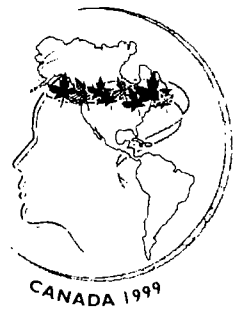
Any delegate at the Technical Meeting requiring medical services while in Canada, is invited to contact Hemisphere Summit Office staff. Please see **Annex A**.

SECURITY RECOMMENDATIONS

The Royal Canadian Mounted Police (RCMP) will be responsible for overall security during the Ninth Conference of Spouses of Heads of State and Government of the Americas and the Technical Meeting, as regards transportation, hotels, meeting locations and official events.

Canada is a safe and stable democracy. Ottawa is a low crime municipality with professional law enforcement resources (see also page 6 for Ottawa Police telephone numbers).

GENERAL BACKGROUND INFORMATION ABOUT CANADA



GENERAL INFORMATION

Canada is the second-largest country in the world with nearly 10 million km². A great part of its territory is formed by large rivers and lakes, including the Great Lakes, a noteworthy feature shared with the United States. It has been estimated that Canada has one-seventh of the world's fresh water.

Canada is composed of 10 provinces and 3 territories, each with its own capital city (in brackets): Newfoundland and Labrador (St. John's); Prince Edward Island (Charlottetown); Nova Scotia (Halifax); New Brunswick (Fredericton); Québec (Québec City); Ontario (Toronto); Manitoba (Winnipeg); Saskatchewan (Regina); Alberta (Edmonton); British Columbia (Victoria); Northwest Territories (Yellowknife); Yukon Territory (Whitehorse) and Nunavut (Iqaluit).

The leading Canadian cities are Toronto (4.44 million), Montréal (3.36 million), Vancouver (1.89 million), and Ottawa-Hull, the National Capital Region (1.03 million).

POPULATION

Canada's population is over 30 million.

LANGUAGE

The official languages in Canada are English and French.

THE GOVERNMENT

Canada is a constitutional monarchy, a federal state and parliamentary democracy with two official languages and two systems of law: civil law and common law. In 1982, the Charter of Rights and Freedoms was entrenched in the Canadian Constitution.

THE MONARCHY

Elizabeth II, Queen of England, is also Canada's Queen. In that capacity, she delegates her powers to a Canadian Governor-General, appointed by the Prime Minister of Canada.

THE FEDERAL GOVERNMENT

In Canada, the responsibilities of the central or federal Parliament include national defense, interprovincial and international trade and commerce, immigration, the banking and monetary system, criminal law and fisheries.



THE PARLIAMENTARY SYSTEM

The roots of Canada's Parliamentary system lie in Britain. The Canadian Parliament is composed of the Queen (represented by the Governor-General), the Senate, and a lower chamber called the House of Commons. The House of Commons is the major law-making body. It has 301 members, one from each of the 301 constituencies or electoral districts. The Canadian Constitution requires the election of a new House of Commons at least every five years.

THE PRIME MINISTER

Jean Chrétien has been the leader of the Liberal Party since June 1990, and Prime Minister since November 4, 1993. Before being sworn in as Canada's twentieth Prime Minister, he had held twelve ministerial positions and been an elected Member of Parliament for 27 years.

CURRENCY

Canadian dollars and cents. Bills are issued in \$5, \$10, \$20, \$50, \$100, \$500 and \$1,000 denominations; coins are minted in one cent, 5 cents (nickel), 10 cents (dime), 25 cents (quarter), \$1 ("loonies") and \$2 ("toonies"). For everyday use, it may be difficult to use any denomination over \$20.00. It is recommended that visitors exchange money at financial institutions, such as a bank, trust company or currency exchange, to receive the most favourable exchange rate.

While the currency fluctuates on a daily basis, the equivalency with the American dollar is approximately 1.45 CAD dollars.

CREDIT CARDS

The following major credit cards are accepted in Canada: Visa, MasterCard, American Express, and Diners Club. When using a credit card in Canada, the currency conversion will be carried out automatically.

ATM BANK MACHINES

Most banking cards are widely accepted by the "Interac" system in Canada. As with credit cards, the currency conversion is done automatically. Machines that use other networks, such as Plus and Cirrus, are also widely available.

SALES AND SERVICES TAX (GST) AND PROVINCIAL TAX

A 7% Goods and Services Tax (GST) is charged on all items and services throughout Canada. Visitors may request a refund on short term accommodation (unless travelling for business purposes) and various personal use items taken home with them.

In addition, the Province of Ontario levies an 8% Provincial Sales Tax (PST) which is not refundable. The prices indicated on articles do NOT include these taxes, unless there is an indication to the contrary. A receipt should always be issued for any purchases made.



TIPS

Tips or service charges are not normally added to a bill. However, it is customary to give 15% of the total amount **before taxes** on any service.

SMOKING

Smoking is prohibited in most public places and in all government buildings. Most restaurants have a smoking section.

COMMUNICATIONS

- To contact directory assistance, dial 411.
- To speak with an operator, dial "0".
- Local calls from pay phones cost 25 cents.
- Cellular telephones brought to Canada will not operate unless the appropriate modifications have been made.
- Iridium Satellite telephones will operate from anywhere in Canada.
- Prepaid phone cards are available at convenience stores and at the hotel gift shop.

EMERGENCIES

Most Canadian cities have a "911" emergency service. If, for any reason, this number does not work, simply dial "0" to connect to an operator. Even if you are reporting a medical emergency, it is best to go through the "911" operator or the police rather than attempting to call an ambulance yourself. There is no charge for emergency calls placed from public pay phones.

USEFUL TELEPHONE NUMBERS

Emergencies: 911

Ottawa Police emergencies: 230-6211

Ottawa Police non-emergencies: 236-1222

Operator assistance: 0

Long distance within Canada, USA and the Caribbean, dial: 1 + Area Code + Number

Long distance for the rest of the world, dial: 011 + Country and Area Code + Number
or dial: "0" for operator assistance.

Air Canada: 247-5000

Canadian Airlines International: 1-800-665-1177

American Airlines: 1-800-433-7300

ELECTRIC CURRENT

110 volts, 60 cycles. Electrical appliances using different voltage and/or cycles brought into Canada will need a transformer and may need appropriate plug adapters.

CHARACTERISTICS OF THE NATIONAL CAPITAL REGION



OTTAWA: CAPITAL AND HOST CITY

A cosmopolitan centre where Canada's two official languages and cultures meet and mingle, Ottawa offers the *joie de vivre* of a small town. The National Capital Region, which encompasses Ottawa-Hull, the fourth-largest metropolitan area in Canada, is a vibrant and growing city strategically located at the centre of Canada's commercial heartland. As Canada's political capital, and seat of its Federal Government, Ottawa is rich in history and tradition. It was founded in the early 1800's as a lumber village, thanks to the advantages offered by the rivers in the area as a communications and supply route. Queen Victoria chose Ottawa, incorporated as a city in 1855, as the capital of Canada. Ottawa is today a place of parks, pleasant driveways and bicycle paths. It is as well a dynamic, prosperous and business-oriented community and a world leader in advanced technology.

The City of Ottawa is the annual host to several cultural events. During the summer months the City comes alive with music during the Festival Franco-Ontarien, a celebration of Ontario's French culture, the International Jazz Festival, and Cultures Canada, a reflection of the Canadian Diversity.

LOCAL TIME

Eastern Standard Time Zone

TEMPERATURE AND SEASONAL CLOTHING

July is the hottest month in Ottawa. Temperatures during the summer range from 22° to 32° C (70° - 90°F), with hot and humid days. We recommend that you bring light summer clothes, a jacket or sweater for air-conditioned offices and a light raincoat.

WATER

Water is safe to drink everywhere participants will go.

BANKS AND MONEY EXCHANGE

Open Monday to Friday from 9:00 a.m. to 4:00 p.m. Some banks are open on Saturday morning. Banks at the airport have foreign exchange counters with extended hours. Travellers' cheques in Canadian or American currency are accepted universally. Some institutions may charge a small fee for cashing travellers' cheques. The Host hotel can also exchange cash and travellers' cheques in American funds for Canadian funds. Automated Teller Machines will also provide local currency. These can be found within walking distance from the hotel.

OFFICE HOURS

Monday to Friday from 9:00 a.m. to 5:00 p.m.



STORES

In general, retail stores are open Monday to Friday from 9:30 a.m. to 6:00 p.m. (until 9:00 p.m. Thursday and Friday), and Saturday 9:30 a.m. to 5:00 p.m. Most large retail stores and shopping malls are open from noon to 5:00 p.m. on Sunday. Some neighbourhood stores that sell groceries, small personal items and newspapers remain open in the evenings 7 days a week.

TRANSPORTATION

Transportation will be provided to the participants of the Technical Meeting as follows:

- Upon arrival at the airport in Ottawa to the Host hotel
- To and from all social events organized by the Hemisphere Summit Office
- The hotel is within walking distance from Parliament Hill, but in case of inclement weather there will be transportation to and from the meeting site.

For any special transportation requirements, please contact the Hemisphere Summit Office.

SPECIAL TRANSPORTATION INFORMATION

Public transportation services in the National Capital Region are provided by Ottawa Carleton Transpo city buses. The regular fare is \$2.25CAD. Information on schedules and routes are provided at the bus stations, or at (613) 741-4390.

For travel outside Ottawa, there are domestic airline flights, buses and a train station.

There are also many private car-rental companies. There is an efficient taxi system in Ottawa, and taxis are equipped with taximeters to determine the price of the route. Finally, there are also radio taxis, which can be ordered by phone. Taxi drivers are usually given a 10% tip.

CULTURAL LIFE AND RECREATION

Ottawa is a cultural centre, with a fine selection of museums and music, dance and drama at the National Arts Centre. The region has a number of fine museums, many of which are national museums and hence are large in size and comprehensive in scope. Several are concentrated within walking distance of one another and within the downtown area.

The following museums are especially worth visiting: National Gallery of Canada (National collections and contemporary art); Canadian Museum of Civilization (history of Canada); National Aviation Museum; Canadian Museum of Nature; Currency Museum; National Museum of Science and Technology; Canadian War Museum; Agriculture Museum; Museum of Contemporary Photography.



There are many interesting places to visit in Ottawa, including Parliament Hill and the Château Laurier, a distinguished hotel recognizable by its turrets and steeply pitched copper roofs.

During the summer months, at 10:00 a.m., the Ceremonial Guard of the Governor General's Footguards, and the Canadian Grenadier Guards, attired in their famous ceremonial uniforms of red tunics, and bearskin caps perform the Changing the Guard on Parliament Hill.

The Rideau Canal: Conceived after the War of 1812 between Canada and the United States of America and completed in 1832, the Rideau Canal System's purpose was to secure a safe supply route from Montreal, Quebec to the City of Kingston, Ontario. This waterway, flanked by tree-lined drives, is a recreational haven for canoeing, boating, jogging, strolling, biking or simply for taking a walk. In winter, the Canal becomes the world's longest skating rink, enjoyed by thousands every season.

The Byward Market: Stretching over several blocks in the downtown area, this market has existed since 1864. Its neighbouring shops, cafés and restaurants attract people all year round, creating a colourful and lively atmosphere. The Byward Market still maintains the tradition of a Farmer's Market. Growers from the region come to the Byward Market to sell their bountiful produce.

Sparks Street Mall: One of Ottawa's most significant heritage streets. Founded in the early 1800's by Nicholas Sparks - one of the City Fathers of Ottawa, it became one of the thriving commercial centres in the Ottawa Valley. Today, Sparks Street still offers personal service with over 150 one-of-a-kind shops and boutiques. In summertime the street is crowded with people enjoying the sunshine in the numerous cafés and restaurants which populate the area.

RESTAURANTS

The Ottawa Region offers a selection of restaurants and international cuisine for different tastes. It also offers a variety of wine selection, including Ontario's own brewing products. Many of these establishments can be found in the Byward Market area, only a 5-minute cab ride from the hotel.

CITY OF OTTAWA WEB SITES

For more detailed information about the City of Ottawa, you may visit the following Web sites:

www.tourottawa.org

www.cityofottawa.com

SHERATON OTTAWA HOTEL

150 Albert Street
Ottawa, Ontario K1P 5G2
Tel: (613) 238-1500
Fax: (613) 235-2723



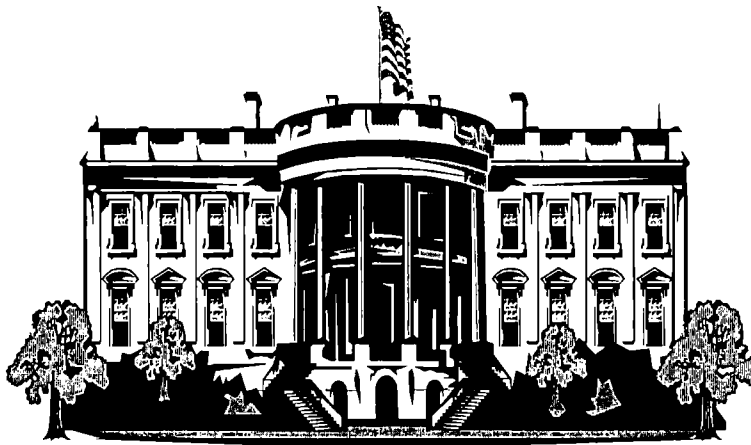
The Sheraton Ottawa Hotel is located in the Ottawa downtown area, within an 8-minute walking distance to the site of the Technical Meeting. Other points of interest within walking distance of the hotel or a short taxi ride are the Rideau Canal, the Byward Market, museums, and shopping centres.

The Sheraton Ottawa Hotel has a modern infrastructure, accommodations, equipment and services. Non-smoking rooms are available. The service includes, among others, breakfast buffet and à la carte, room service, cable TV, air conditioning, safety deposit boxes and hair dryers. There is also a gift and flower shop located on the main level of the hotel. For comfort purposes, the hotel facilities also include an Executive Lounge; Restaurants; Lounge; Indoor Pool; Saunas; Health Centre and Indoor Valet Parking.

The Sheraton Ottawa also provides a Business Centre and a mini-office where you can utilize a computer, printer and fax machine.

The participants will be provided with the necessary transportation to and from the airport, as well as to their work locations and scheduled meals. Please note that costs and arrangements for transportation required during free time will be the responsibility of the participants. To this end, there are taxis available at the entrance of the hotel.

Each delegation should confirm the number of rooms required to organize the corresponding hotel services. Rooms will be assigned in the same order as the registration forms are received.



FAX COVER SHEET

NICOLE RABNER
SPECIAL ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY
AND SENIOR ADVISOR TO THE FIRST LADY

THE WHITE HOUSE
SECOND FLOOR, WEST WING
WASHINGTON, DC 20502
PHONE: 202/456-7263 • FAX: 202/456-2878

DATE: September 8, 1999

PLEASE DELIVER TO: Scottie Greenwood

FAX NUMBER: 613-238-8750

NUMBER OF PAGES: 4
(including cover sheet)

As discussed, attached please find the declaration edit we would like the Canadians to make – the small change to page 1 is important (we had agreed not to endorse specific projects in the context of the declaration).

The comment on page 2 is merely a suggestion – some of the issues listed have “been addressed” to some extent, but still require additional attention.

The document accompanying this Facsimile Transmission Sheet is intended only for the use of the individual or entity to which it is addressed. This message contains information which may be privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, copying or distribution, or taking any action in reliance on the contents of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately at the number above.

DRAFT OTTAWA DECLARATION

We, the Spouses of Heads of State and Government of the Americas and Delegates gathered in Ottawa, Canada from September 29 to October 1, 1999 for our Ninth Conference, under the title "Women of the Americas: Agents of Change," in reaffirmation of our will and determination to contribute to the well-being of the people of our nations, subscribe to the following Declaration:

1. We consider that the Conferences of Spouses of Heads of State and Government of the Americas represent a unique opportunity to foster the exchange of ideas, build hemispheric cooperation and integrate the efforts of our respective countries in the fight against poverty and the attainment of equal rights and opportunities for all.
2. With the advent of the new millennium, all countries of the hemisphere face common challenges and share common social goals. We reaffirm our determination to approach these in a vigorous and integrated way with the participation, and for the benefit, of all sectors of society.
3. We firmly believe that it is imperative to focus our efforts on behalf of those who are the most vulnerable, who continue to face the challenges stemming from discrimination and inequality.
4. Building on the existing global and hemispheric consensus on social development goals, we recognize the achievements that have been gained to date, the need to consolidate these, and our common desire to move forward by setting priorities among those social development issues that still require further attention.
5. We recognize the need for enhanced participation of civil society, and women in particular, with regard to measures to advance the political, social, economic and cultural development of our countries.
6. We reiterate our commitment to, and recognize the current validity of, the previous Declarations subscribed to by Spouses of Heads of State and Government of the Americas.
7. We continue to work toward the full inclusion and equality of women, particularly rural women. We salute the significant progress made in establishing regional and national plans in support of rural women, ~~and endorse the proposed cooperation fund developed for their implementation.~~

8. We continue to strive toward the promotion of better health through preventive measures, the reduction of violence, and more equitable and available access to health care. We applaud the achievement of those countries who have successfully eliminated measles within their borders and encourage the continued efforts of others to meet our common goal of eradicating measles throughout the Americas by the year 2000.
9. We reiterate our support for the promotion of the well-being of women and children. We recognize that many fundamental issues still need ~~to be~~ ^{addressed}, including reproductive health, violence prevention, equitable access to appropriate health services, and comprehensive early childhood development programs. Therefore, our themes for this year's conference are: "Women's Health" and "A Healthy Start: Investing in Children 0 to 6."
10. We declare our firm intention to continue to raise awareness and mobilize public support in our societies on behalf of effective local initiatives to prevent the spread of HIV/AIDS, particularly among women and children.
11. We accept the universally recognized inalienable and immutable rights of children to receive love, protection and understanding from their parents and to freely develop spiritually and socially, independent of cultural and political circumstances.
12. We declare our firm support for the improvement of perinatal care and services through the training of health care providers, strengthened community participation, and efforts to increase public awareness.
13. We are conscious that every child has the right to a name and nationality through birth registration. Therefore, we declare our firm support for the strengthening of systems to guarantee full, timely, accessible and accurate registration of children.
14. We support all efforts to reduce mortality and morbidity among children under five years of age, due to avoidable diseases and nutritional deficiencies.
15. In order to secure the right of children to education we support the development of comprehensive programs for the professional training of early childhood educators and the strengthening of coordination and information networks.

16. We recognize the need to educate children in a culture of peace with a view to preventing violence and enabling them to grow and flourish with values and principles conducive to a safe and secure environment.
17. We recognize and extend our sincere gratitude for the invaluable role played by regional and national non-governmental organizations and international co-operation agencies in supporting and facilitating the implementation of the initiatives set forth in this Declaration.
18. We express our appreciation to the spouse of the Prime Minister of Canada, Mrs. Aline Chrétien, and to the people and the Government of Canada, for the kind hospitality extended during our stay.
19. We accept Haiti's offer to host the 10th Conference of Spouses of Heads of State and Government of the Americas.

This Declaration is signed in three original languages: English, French and Spanish, in the City of Ottawa on October 1, 1999.

Meeting Agenda
Ottawa Conference
September 2, 1999

1. HRC Participation: September 30, 9:00am - Noon

- Speech – children and women’s health and disease transmission
- Tour of NGO Forum
- Embassy-related event? Recommendations:
 - Reception honoring the Joel Shapiro sculpture for new U.S. Embassy, kicking off the week of unveiling the new U.S. Embassy to Canada
 - Meeting/Luncheon with Canadian/U.S. Business Leaders

2. Delegation Head for HRC absence

- Options: Hattie Babbit (USAID); Aida Alvarez (SBA), Pat Montoya (HHS ACF), Dr. Chavez (HHS)

3. U.S. NGOs to participate in NGO Forum

- (1) Early Childhood: Save the Children, Carolyn Rose Avila, Director for Latin American and Caribbean Programs, Miami, FL: phone 305- 463-5321 / fax 305-463-5324; e-mail cavila@savechildren.org
- (2) Women’s Health: TBD

4. Declaration

5. Staffing

Ms. Judith Gilmore
Deputy Director
Office of Regional Sustainable Development
Bureau for Latin America and the Caribbean
U.S. Agency for International Development
1300 Pennsylvania Ave., N.W.
Washington, D.C., 20523
U.S.A



August 30, 1999

Dear Ms. Gilmore:

I would like to take this opportunity to thank you and Ms. Carol Dabbs for the presentation on maternal mortality at the Technical Meeting in preparation for the Ninth Conference of Spouses of Heads of State and Government of the Americas. The material and ideas you presented greatly enhanced the quality of this meeting and the upcoming Conference.

During the Technical Meeting, delegates had the opportunity of discussing at length the nature and composition of the proposed NGO Fair being organized parallel to the Conference. It was agreed that NGOs from the Hemisphere and from Canada would be invited to display program information on their activities related to the themes of the Conference. We are inviting international organizations and Canadian government departments to do the same.

Since the Technical Meeting, we have been preparing a program for NGOs and International Organizations, to facilitate exchanges on the themes of the Conference, the projects being endorsed, and to explore potential areas of collaboration. Attached you will find a preliminary agenda that will run parallel to the Conference itself. This program will be open to the advisors of the First Spouses, NGOs, international organizations, Canadian government officials and the media (national and international). It would be of immense value if you could attend these sessions, and participate in the workshop discussions on maternal mortality.

The United States Agency for International Development is invited to exhibit information (table-top display of literature only) at this event. This information should focus on the themes of the Conference, *A Healthy Start: Investing in Children 0 to 6*; and *Women's Health*. Preferably, all information displayed should be available in English, French and Spanish. At the very least, however, we are asking if presenters would kindly fill out the attached information template and have that translated into the three languages of the Conference. This information will then be packaged into a catalogue for the benefit of all participants at the Conference. During the tour of the NGO Fair that the First Spouses will undertake each day before lunch, they will have the opportunity, at a glance, to read the essential information on your organization, and exchange a few words with the presenters.

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

Hemisphere Summit Office (LXD)
Department of Foreign Affairs
and International Trade
125 promenade Sussex Dr.
Ottawa, Canada K1A 0G2
Tel: (613) 944-1692
Fax: (613) 944-1737
E-mail: Danielle.Vinette@dfait-maect.gc.ca

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

Bureau du Sommet hémisphérique (LXD)
Ministère des Affaires étrangères
et du Commerce international
125 promenade Sussex Dr.
Ottawa, Canada K1A 0G2
Tél: (613) 944-1692
Télé: (613) 944-1737
Courriel: Danielle.Vinette@dfait-maect.gc.ca

**NOVENA CONFERENCIA
DE ESPOSA DE JEFES
DE ESTADO Y DE
GOBIERNO DE
LAS AMÉRICAS**

Oficina de la Cumbre Hemisférica (LXD)
Ministerio de Asuntos Exteriores y
Comercio Internacional
125 promenade Sussex Dr.
Ottawa, Canada K1A 0G2
Tel: (613) 944-1692
Fax: (613) 944-1737
E-mail: Danielle.Vinette@dfait-maect.gc.ca



You also have the opportunity to participate in the afternoon NGO program through a workshop, multi-media kiosk or other presentation format. This would allow you to present a more complete package of information on your organization to NGOs and members of the Spouses' delegations throughout the Conference.



The attached afternoon program includes a series of parallel workshops and activities. On each day, we propose that three of these workshops focus on the projects being endorsed by the First Spouses (Day one: early childhood development, birth registration and integrated management of childhood illness; and Day two: prevention of domestic violence, maternal mortality, and prevention of AIDS in mothers and children). The workshops will begin with a brief presentation of the problem and of the project designed to address it.

I would like to invite you to participate in the discussion on the workshop regarding maternal mortality. The ensuing discussion will allow participants to share their related expertise and experiences and to explore other ways in which they might contribute to the implementation of the endorsed project. At this time the program is flexible and we are prepared to consider suggestions for workshops, speakers and other activities. Should you wish to submit an idea, we would be grateful if you could do so by September 7. For your information, these workshops will have simultaneous interpretation available, in English, French and Spanish.

If you wish to participate in the Fair, please contact Minerva Hernandez-Iraheta at (613)944-0930, for further details. We would also be grateful if you could complete the enclosed registration form and return it to our office by September 10. We have a number of blocked rooms in the attached list of hotels. Following the receipt of your registration form, our office will contact you with the name of the hotel where rooms are available at that point.

I look forward to hearing from you, and very much hope that you will be able to participate in this forum.

Sincerely,


Louise Léger
Executive Director
Hemisphere Summit Office

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

Ottawa, Canada, September 29 to October 1, 1999

Preliminary Program for NGOs



Thursday 30 September, 1999

THEME 1: A Healthy Start: Investing in Children from Zero to Six

CONGRESS CENTRE (Colonel By Room): NGO FAIR

- | | |
|-----------------------|---|
| 9:00 to 10:00 | Set-up |
| 10:00 to 11:15 | <p>Tour by representatives of NGOs, Canadian federal government departments and international cooperation agencies
60 NGOs from the Americas whose missions are relevant to Theme 1: A Healthy Start: Investing in children from 0 to 6, Canadian Federal government departments and international cooperation agencies will present their activities to one another through table-top displays.</p> |
| 11:30 to 12:30 | <p>Tour by Spouses
Spouses will tour NGO Fair.</p> |
| 12:30 to 13:15 | <p>Tour by Spouses' delegates
Delegates will tour NGO Fair.</p> |

GOVERNMENT CONFERENCE CENTRE

- | | |
|-----------------------|--|
| 13:30 to 17:00 | <p>Internet Café
<i>Main Hall</i>
An Internet Café will be set up to allow NGOs to become more familiar with the Internet and conduct specific searches on the theme of early childhood development.</p> <p>Exhibits
<i>Main Hall</i>
Canadian government department and international cooperation agency kiosks.</p> |
| 13:30 to 14:30 | <p>Luncheon
An opportunity for NGOs to network and exchange ideas with the international cooperation agencies and Canadian Federal government departments.</p> |
| 14:30 to 15:30 | <p>Workshop # 1- Early childhood development
Workshop # 2 - Integrated Management of Childhood Illness
Each workshop will focus on a project to be endorsed by the Spouses this year. It will begin with a brief presentation of the development problem, and of the project designed to address it. The subsequent discussion will allow NGOs to share their related expertise and experiences and to explore other ways they might contribute to the implementation of the endorsed project.</p> |
| 15:30 to 16:00 | Break |



16:00 to 17:00

Workshops # 3 - Registration of Children

This workshop will focus on a project to be endorsed by the Spouses this year. It will begin with a brief presentation of the development problem, and of the project designed to address it. The subsequent discussion will allow NGOs to share their related expertise and experiences and to explore other ways they might contribute to the implementation of the endorsed project.

Workshop # 4

This workshop will relate to the themes endorsed by the Spouses in the past and present. Specific workshop proposals from International Organizations, Canadian government departments and Canadian and hemispheric NGOs will be considered.

NETCORPS presentation and training on Internet

This session will allow interested NGOs to improve their navigation skills on the internet to access specific resources related to the theme of early childhood development.

18:30

Departure - Social evening

The Minister for International Cooperation, the Honourable Maria Minna, will host a reception and dinner in honour of NGOs, international cooperation agencies and Federal Departments on the 9th floor of the Lester B. Pearson Building, Ottawa.

Friday 1 October, 1999**THEME 2: Women's Health****CONGRESS CENTRE (Colonel By Room): NGO FAIR**

8:30 to 9:30

Set-up

9:30 to 10:30

Tour by representatives of NGOs, Canadian federal government departments and international cooperation agencies

60 NGOs from the Americas whose missions are relevant to Theme 2: Women's Health, Canadian Federal government departments and international cooperation agencies will present their activities to one another through table-top displays.

10:45 to 11:45

Tour by Spouses

Spouses will tour NGO Fair.

11:45 to 12:15

Tour by Spouses' delegates

Delegates will tour NGO Fair.

GOVERNMENT CONFERENCE CENTRE

12:30 to 16:00

Internet Café**Main Hall**

An Internet Café will be set up to allow NGOs to become more familiar with the Internet and conduct specific searches on the theme of women's health.

Exhibits**Main Hall**

Canadian government department and international cooperation agency kiosks.



12:30 to 13:30

Luncheon

An opportunity for NGOs to network and exchange ideas with the international cooperation agencies and Canadian Federal government departments.

13:30 to 14:30

NETCORPS presentation and training on Internet

This session will allow interested NGOs to improve their navigation skills on the internet to access specific resources related to the theme of women's health.

Telehealth Presentation

Congress Centre

NGOs, international cooperation agencies and Federal government departments can view the presentation to the Spouses on Telehealth on a giant screen. This will include a 10-minute introduction on Telehealth, a 30-minute live demonstration of telehealth technology as an efficient and effective means of providing health care services to rural and remote communities, and a 15-minute video.

Workshop # 1 - Peri-natal health and maternal mortality

Workshop # 2 - Prevention of AIDS in mothers and children

These workshops will focus on two of the projects being endorsed by the Spouses this year. They will begin with a brief presentation of the problem and of the project designed to address it. The subsequent discussion will allow NGOs to share their related expertise and experiences and to explore other ways they might contribute to the implementation of the endorsed project.

14:30 to 15:00

Break

15:00 to 16:00

Workshop # 3 - Domestic Violence

This workshop will focus on one of the projects being endorsed by the Spouses this year. It will begin with a brief presentation of the problem and of the project designed to address it. The subsequent discussion will allow NGOs to share their related expertise and experiences and to explore other ways they might contribute to the implementation of the endorsed project.

Workshop # 4

This workshop will relate to the themes endorsed by the Spouses in the past and present. Specific workshop proposals from Canadian government departments and Canadian and hemispheric NGOs will be considered.

Workshop # 5 - Rural Women

Workshop presented by Inter-American Institute for Cooperation in Agriculture (IICA). Clara Solis-Araya will present the project PADEMUR - Program for Economic Development for Rural Women, that was endorsed at the 7th Conference of Spouses of Heads of State and Government of the Americas. The subsequent discussion will allow NGOs to share their related expertise and experiences and to explore other ways they might contribute to the implementation of the endorsed project.

**Ninth Conference of Spouses of Heads of State and Government of
the Americas
Ottawa, Canada, September 29 to October 1, 1999**



REGISTRATION FORM

**Please complete the following form (one form per person attending the
Conference)
and return it before SEPTEMBER 8, 1999 to:**

Hemisphere Summit Office (LXD), Department of Foreign Affairs and International Trade
125 Sussex Drive, Ottawa, Ontario, K1A 0G2, Canada
Telephone: (613) 944-0929, Fax: (613) 944-1737, E-mail: isabellec.paris@dfait-maeci.gc.ca

(Please print)

First name _____ Last name _____ Title _____
Phone: _____ Fax _____ E-mail _____
Name of Organization _____
Address (only if different than the invitation letter) _____

1. Thematic Focus

Please confirm the day(s) of the NGO program in which your organization is participating:

- Day 1: A Healthy Start: Investing in children 0-6; Day 2: Women's Health;
 Both

2. Programming interests

Please indicate whether your organization is engaged in programming related to the topics of the international cooperation projects to be endorsed at this Conference:

Early Childhood Development

- Early childhood development; Registration of children; Integrated management of childhood illness.

Women's Health

- Peri-natal health and maternal mortality; Prevention of AIDS in mothers and children; Domestic violence.

3. Workshop suggestions

There may be some flexibility in the program to accommodate other workshops related to the themes of the conference. If desired, please propose a topic or speaker for such a workshop:

4. Objectives

What are the objectives of your participation in the conference? (Check all that apply)

- To exchange ideas; To explore potential sources of funding; To raise awareness on an issue; To build linkages with: other Canadian NGOs; NGOs from other countries; Other: _____



5. **Will you be attending the dinner on September 30, 1999 ?** Yes No
If ycs, you will receive an invitation card with your Conference registration kit.
Please indicate any dietary restriction(s), medical requirement(s), or other special needs:
-

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



International Organization Profile

NAME: (CAPITAL LETTERS)

ACRONYM:

Street Address:

City:

Province, State:

Postal Code/Zip Code:

Country:

Telephone: ()

Fax: ()

E-Mail:

Website Address:

Contact name:

Title:

Language: () English () French () Spanish () Portuguese

MISSION

DESCRIPTION OF ORGANIZATION

PROGRAM (S), PROJECT(S) OR ACTIVITIES RELATED TO CONFERENCE THEMES
(Insert examples of programs, projects or activities)

SUCCESSSES RELATED TO CONFERENCE THEMES
(Summarize notable results achieved through your programs, projects or activities)



AMBASSADOR OF THE UNITED STATES OF AMERICA
OTTAWA, CANADA

FAX COVER SHEET

To: Nicole Rabner
WH

Fax #: 202 456-2878

Date: 9-22 # of pages including cover: 3

From: MARYSCOTT GREENWOOD
Office of Ambassador Gordon Giffin
Embassy of the United States of America
100 Wellington Street
Ottawa, Ontario K1P5T1
613-238-5335 ext. 223
613-238-8750 (fax)

DRAFT
MEMORANDUM

(FOR CLEARANCE BY WHITE HOUSE AND EMBASSY)

TO: Louise Leger, Conference of Spouses of Heads of State of the Americas
FROM: Scotty Greenwood, Embassy of the United States of America
RE: Credential/Accreditation Request for Conference
DATE: Wednesday, September 22, 1999

Per our conversation today, the following is our request for credentialing for the upcoming Conference of Spouses of Heads of State of the Americas. We are gathering all of the photos currently, and hope to have them to your office by Monday, September 27. Please let us know your thoughts.

HEAD OF DELEGATION

1. Hillary Rodham Clinton – First Lady of the United States of America
2. Aida Alvarez – Administrator, Small Business Administration

DELEGATES

(credentialed throughout conference – listed in priority order. Four will be invited to certain social events – Gilmore, Stubblefield, Peters, TBD)

1. Judy Gilmore – U.S. Agency for International Development
2. Al Stubblefield – Small Business Administration
3. Annette Bongiovanni – U.S. Agency for International Development
4. Staff person TBD – Small Business Administration
5. Robert Rosen – White House Lead Advance
6. Gene Price – U.S. Embassy – Delegation Control Officer
7. Mary Ann Peters – U.S. Embassy – Deputy Chief of Mission

OBSERVERS

(credentialed for Sept 30 only - listed in priority order)

8. Melanne Vervcer – HRC Chief of Staff
9. Nicole Rabner – HRC Senior Policy Advisor
10. Marsha Berry – HRC Press Secretary
11. Kelly Craighead – HRC trip director
12. White House Photographer – TBD
13. Eric Woodard – White House Advance
14. Lisa Strasburg – White House Advance
15. Jack Murray – White House Advance
16. Scotty Greenwood – US Embassy – HRC Control Officer
17. Tom Huffaker – US Embassy – HRC Deputy Control Officer
18. Dave Burnette – US Embassy – Westin Site Officer
19. Sigrid Calandra – US Embassy – Congress Cenre. Site Officer
20. Meg Gilroy – US Embassy – Public Affairs Officer
21. Buck Shinkman – US Embassy – Press Secretary

22. Mark Desone – US Embassy – Site Officer
Back-Up

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	[Draft] Scotty Greenwood to Louise Leger re Credential/Accreditation Request for Conference (partial) (1 page)	09/22/1999	P6/b(6), b(7)(C), b(7)(E), b(7)(F)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Nicole Rabner)
OA/Box Number: 15408

FOLDER TITLE:

[First Ladies'] Ottawa Conference [1999]

2012-1035-S
kc1043

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

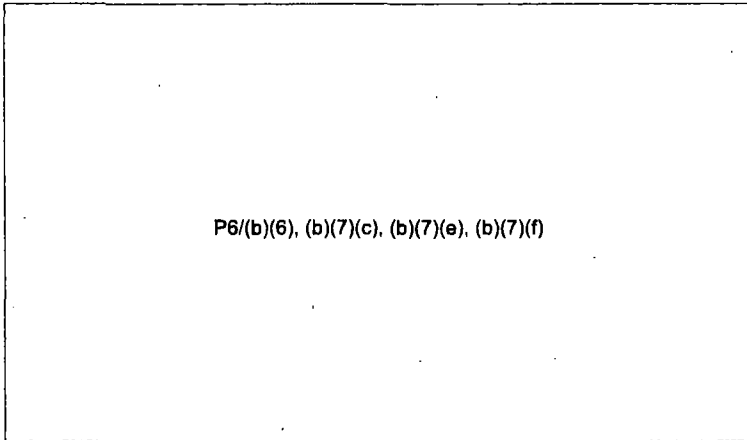
[001]

Memorandum to Louise Leger (continued)

MEDIA

None traveling with IIRC

SECURITY



NGOs

1. Carolyn Rose Avila – Save the Children

Conference Fact Sheet

The Ninth Conference of Spouses of Heads of State and Government of the Americas is being held in Ottawa, Canada from September 29 - October 1, 1999.



Accommodation

- The Hemisphere Summit Office will cover the costs of the Head of Delegation's suite and two additional rooms per country, either double or single, from September 28th to October 1st inclusive, and has made provisions for an additional five rooms for each delegation. This includes room and tax only and does not include other costs such as telephone calls or room service. Please provide credit card information on the registration forms as requested to secure payment for the additional rooms, to a maximum of five rooms.
- The Hemisphere Summit Office will facilitate requests for additional rooms beyond the eight provided. However, as space is limited, we cannot guarantee that these requests can be met.

Transportation

- The Hemisphere Summit Office will provide transportation for the Head of Delegation, and all delegates travelling with the Head of Delegation, between the Ottawa International Airport and the Westin Hotel upon arrival and departure. Delegation members arriving separately from the Head of Delegation must make individual transportation arrangements.

Conference Site

- The Conference will be held at the Westin Hotel in downtown Ottawa. The plenary room is located on the fourth floor of the hotel. Access into the primary plenary area will be limited to the Head of Delegation and two delegation members. An observer's area will be available to all other delegates.
- A photo identification badge will be issued to each delegate (other than Heads of Delegation) and must be worn at all times to allow access to conference venues.

Conference Registration/Information

- Registration/Information will be available from September 27th through October 1st on the third floor of the Westin Hotel in Les Saisons Room.

Confirmation Process

- Once the registration forms have been received, each delegate will receive a letter of confirmation.

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

Hemisphere Summit Office (LXD)
Department of Foreign Affairs
and International Trade
125 promenade Sussex Dr
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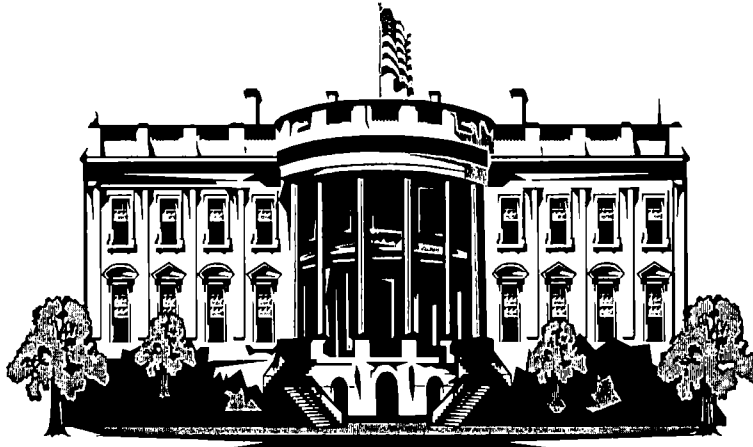
**NEUVIÈME CONFÉRENCE
DES ÉPOUSES DES
CHEFS D'ÉTAT ET
DE GOUVERNEMENT
DES AMÉRIQUES**

Bureau du Sommet hémisphérique (LXD)
Ministère des Affaires étrangères
et du Commerce international
125 promenade Sussex Dr
Ottawa, Canada K1A 0G2
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**NOVENA CONFERENCIA
DE ESPOSAS DE JEFES
DE ESTADO Y DE
GOBIERNO DE
LAS AMÉRICAS**

Oficina de la Cumbre Hemisférica (LXD)
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Comercio Internacional
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FAX COVER SHEET

NICOLE RABNER
SPECIAL ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY
AND SENIOR ADVISOR TO THE FIRST LADY

THE WHITE HOUSE
SECOND FLOOR, WEST WING
WASHINGTON, DC 20502
PHONE: 202/456-7263 • FAX: 202/456-2878

DATE: September 22, 1999

PLEASE DELIVER TO: Carolyn Rose Avila

FAX NUMBER: 305-463-5324

NUMBER OF PAGES: 9
(including cover sheet)

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DRAFT OTTAWA DECLARATION

We, the Spouses of Heads of State and Government of the Americas and Delegates gathered in Ottawa, Canada from September 29 to October 1, 1999 for our Ninth Conference, under the title “Women of the Americas: Agents of Change,” in reaffirmation of our will and determination to contribute to the well-being of the people of our nations, subscribe to the following Declaration:

1. We consider that the Conferences of Spouses of Heads of State and Government of the Americas represent a unique opportunity to foster the exchange of ideas, build hemispheric cooperation and integrate the efforts of our respective countries in the fight against poverty and the attainment of equal rights and opportunities for all.
2. With the advent of the new millennium, all countries of the hemisphere face common challenges and share common social goals. We reaffirm our determination to approach these in a vigorous and integrated way with the participation, and for the benefit, of all sectors of society.
3. We firmly believe that it is imperative to focus our efforts on behalf of those who are the most vulnerable, who continue to face the challenges stemming from discrimination and inequality.
4. Building on the existing global and hemispheric consensus on social development goals, we recognize the achievements that have been gained to date, the need to consolidate these, and our common desire to move forward by setting priorities among those social development issues that still require further attention.
5. We recognize the need for enhanced participation of civil society, and women in particular, with regard to measures to advance the political, social, economic and cultural development of our countries.
6. We reiterate our commitment to, and recognize the current validity of, the previous Declarations subscribed to by Spouses of Heads of State and Government of the Americas.
7. We continue to work toward the full inclusion and equality of women, particularly rural women. We salute the significant progress made in establishing regional and national plans in support of rural women and endorse the proposed cooperation fund developed for their implementation.
8. We continue to strive toward the promotion of better health through preventive measures, the reduction of violence, and more equitable and

available access to health care. We applaud the achievement of those countries who have successfully eliminated measles within their borders and encourage the continued efforts of others to meet our common goal of eradicating measles throughout the Americas by the year 2000.

9. We reiterate our support for the promotion of the well-being of women and children. We recognize that many fundamental issues still need to be addressed, including reproductive health, violence prevention, equitable access to appropriate health services, and comprehensive early childhood development programs. Therefore, our themes for this year's conference are: "Women's Health" and "A Healthy Start: Investing in Children 0 to 6."
10. We declare our firm intention to continue to raise awareness and mobilize public support in our societies on behalf of effective local initiatives to prevent the spread of HIV/AIDS, particularly among women and children.
11. We accept the universally recognized inalienable and immutable rights of children to receive love, protection and understanding from their parents and to freely develop spiritually and socially, independent of cultural and political circumstances.
12. We declare our firm support for the improvement of perinatal care and services through the training of health care providers, strengthened community participation, and efforts to increase public awareness.
13. We are conscious that every child has the right to a name and nationality through birth registration. Therefore, we declare our firm support for the strengthening of systems to guarantee full, timely, accessible and accurate registration of children.
14. We support all efforts to reduce mortality and morbidity among children under five years of age, due to avoidable diseases and nutritional deficiencies.
15. In order to secure the right of children to education we support the development of comprehensive programs for the professional training of early childhood educators and the strengthening of coordination and information networks.
16. We recognize the need to educate children in a culture of peace with a view to preventing violence and enabling them to grow and flourish with values and principles conducive to a safe and secure environment.