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LATIN AMERICA: MEASLES ELIMINATION INITIATIVE

The Pan American Health Organization (PAHO), with support from USAID's Bureau for Latin America and the Caribbean, assists countries to implement an immunization program which includes the elimination of the measles virus from the Western Hemisphere by the year 2000. The vaccination strategies recommended by PAHO in the Americas are being considered by several countries in Africa and Asia, where measles continues to be a considerable health burden.

- Measles transmission has been interrupted in major portions of the Americas. In 1996, twenty-seven countries in the Americas reported zero cases of measles - this includes all countries in Central America and the Caribbean.

- Substantial progress has been made towards achieving the goal of measles elimination in the Americas. During 1996, there were only 2,109 confirmed cases of measles, a record low in the region and a 67% decrease from 1995 when there were 6,489 cases.

- In the eight countries where USAID provides support to the vaccination program, the number of cases of measles was reduced from 2,997 in 1994 to only 160 in 1996, a dramatic 95% reduction.

- However, in 1997, there was an increase in circulation of the measles virus. This started with an outbreak in Sao Paulo, Brazil (4,000 confirmed cases) which then spread to Paraguay, Chile and Peru including four importations to the U.S. This illustrates the importance and need for continued partnership development and coordination to implement the strategies for elimination of measles from the region.

- The diversity of organizations, in both the private and public sectors, which are now involved in supporting the measles elimination program requires heightened collaboration and coordination. This may be through new or existing mechanisms such as the National Inter-agency Coordinating Committees.

Talking Points on Measles Elimination

- Although substantial progress has been made towards achieving the goal of measles elimination in the Americas, this preventable disease continues to be one of the leading causes of morbidity among childhood vaccine-preventable diseases.

- The Pan American Health Organizations' vaccination strategy, where fully implemented, has proven to be highly effective in interrupting measles transmission in many countries of the region. 1996 was a notable year for the program with only 2109 confirmed cases of measles in the hemisphere.

- Recently, epidemic measles occurred in the region, quickly spreading through several countries. This illustrates not only the high communicability of the measles virus but also points to the importance of coordinated national and international efforts to achieve the goal of measles elimination.

[redacted]

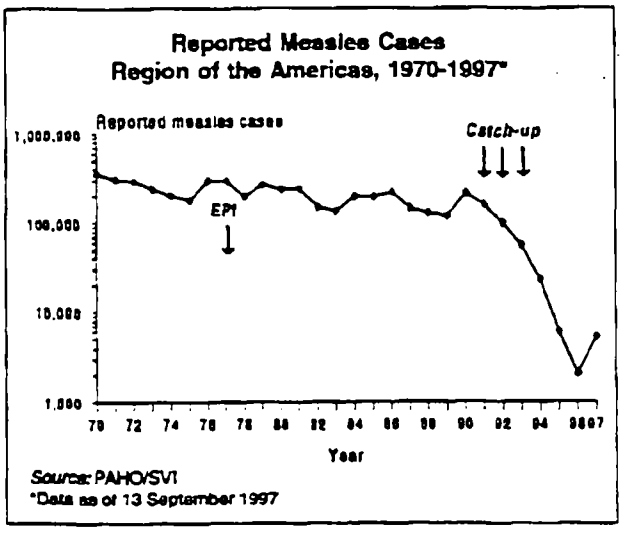
Pan American Health Organization

Measles Update 1996-1997

In 1996, a record low number of measles cases was reported in the Americas. However, in 1997, there has been increased circulation of measles virus in the Region. Collaboration is needed among all who are working to eliminate measles, so we can make this goal a reality!

In 1996, the Americas reported 2,109 measles cases—a record low in the Region. This represents a 67% decrease from the 6,489 cases reported in 1995. The United States, Canada and Brazil accounted for 66% of these cases. Twenty-seven countries in the Americas reported zero cases of measles in 1996.

As of September 13, 1997, there have been 5,332 confirmed measles cases in the Region, of which 4,491 (84%) occurred in Brazil. Brazil has also reported six measles-related deaths. The outbreak in Brazil began in late 1996 and is focused in the Greater São Paulo area. It is primarily affecting susceptible adults, with over 50% of the cases in people 20-29 years of age. This group consists of people who were either born too early for routine measles vaccination, yet too late to have been exposed to measles. Contributing factors to the Brazilian outbreak include: many susceptible preschool-aged children due to low coverage with the two-dose vaccination schedule and the lack of a *follow-up* campaign; a large number of susceptible adults; and high population density. Investigation is currently taking place to determine whether the virus is indigenous or imported. Brazil will be conducting a *follow-up* campaign targeting children 9 months to 5 years of age later this year.



Countries in the Region of the Americas should remain alert to the risk of importation, as the measles virus can travel rapidly across national borders. There have been four confirmed importations of measles from Brazil into the United States. These are the first importations of measles from Latin America into the United States since 1994. Several other countries have experienced smaller outbreaks this year, where, similar to Brazil, circulation is focused among young adults. It is better to prevent an outbreak than to control one, and countries should work to maintain high measles vaccine coverage among susceptible populations, especially children and those adults working or residing in high-risk environments such as secondary schools, colleges and health-care settings.

The current initiative to eliminate measles requires that countries take a proactive approach, not only in maintaining high levels of immunity, but also by enhancing the capacity of surveillance systems to detect all suspected cases. PAHO recommends identifying and incorporating new reporting sources, such as non-governmental organizations, private physicians and community groups, and strengthening the dissemination of information to rapidly alert health workers to suspected cases and outbreaks.

Together we will eliminate measles from the Americas!

For information contact: Special Program for Vaccines and Immunization, Pan American Health Organization, 525 23rd Street N.W., Washington, DC 20037.
Visit us on the World Wide Web at www.paho.org/english/svihome.htm

Fact Sheet 2: SVI/EPI October 1997

UPDATE:MEASLES ELIMINATION INITIATIVE

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PLAN OF ACTION FOR THE HEMISPHERIC SUMMIT ON SUSTAINABLE DEVELOPMENT

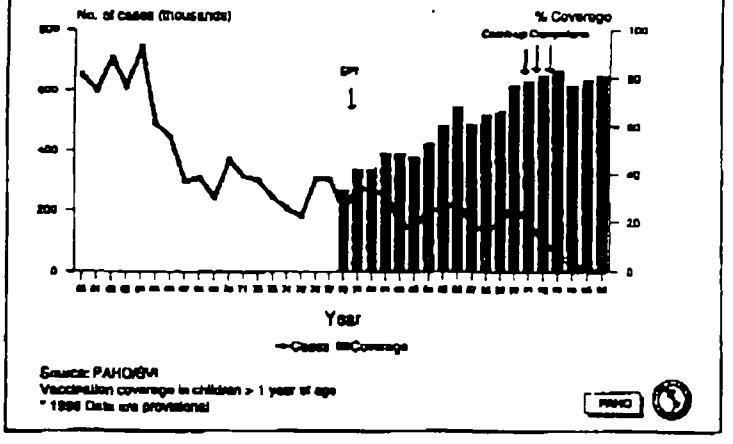
Progress Report :

Immunization and Measles Elimination by the year 2000

1 *Measles Elimination by the Year 2000*

The Region of the Americas continued to make progress in the implementation of the Plan of Action for Measles Elimination in the Americas by the Year 2000, approved during the XXXVIII Directing Council in 1994 and endorsed by the 1st Summit of the Americas (Figure 1). The English-speaking Caribbean and Suriname hold the longest record in the Western Hemisphere (five years without measles). Similarly, there have been no laboratory-confirmed cases of measles for over three years in Cuba and for over two years in Chile.

Figure 1. Measles cases and vaccination coverage, The Americas, 1980-1996*



During 1996, a provisional total of 2,109 cases were confirmed (Table 1), compared to 6,489 cases in 1995, an overall reduction of approximately 77% and a 99% reduction when compared to 1990.

Table 1. Measles Surveillance in the Americas, 1996

Region	Country	Final 1996 Data					Total Confirmed Cases 1995
		Total Suspected Cases Notified	Discarded	Confirmed Cases			
				Clinically*	Laboratory#	Total	
Andean Region	Bolivia	100	93	7	0	7	76
	Colombia	1,172	1,012	156	4	160	410
	Ecuador	321	279	40	2	42	919
	Peru	1,102	997	103	2	105	353
	Venezuela	681	592	85	4	89	172
Brazil	Brazil	3,233	2,653	519	61	580	793
Central America	Belize	53	53	0	0	0	4
	Costa Rica	147	123	18	6	24	35
	El Salvador	350	349	0	1	1	0
	Guatemala	128	127	1	0	1	23
	Honduras	55	51	3	1	4	0
	Nicaragua	301	301	0	0	0	5
	Panama	211	211	0	0	0	19
English-speaking Caribbean	Anguilla	6	6	0	0	0	0
	Antigua & Barbuda	3	3	0	0	0	0
	Bahamas	11	11	0	0	0	0
	Barbados	74	74	0	0	0	0
	Cayman Islands	0	0	0	0	0	0
	Dominica	1	1	0	0	0	0
	Grenada	23	23	0	0	0	3
	Guyana	83	83	0	0	0	0
	Jamaica	67	63	4	0	4	15
	Montserrat	0	0	0	0	0	0
	Netherlands Antilles	0	0	0	0	0	--
	St. Kitts & Nevis	11	11	0	0	0	1
	St. Lucia	7	7	0	0	0	2
	St. Vincent & Grenadines	6	6	0	0	0	0
	Suriname	15	15	0	0	0	0
	Trinidad & Tobago	110	110	0	0	0	0
	Turks & Caicos	0	0	0	0	0	4
	British Virgin Islands	1	1	0	0	0	0
	U.S. Virgin Islands	0	0	0	0	0	0
Latin Caribbean	Cuba	120	120	0	0	0	1
	Dominican Republic	38	38	0	0	0	0
	French Guiana	0	0	0	0	0	--
	Guadeloupe	23	10	1	12	13	0
	Haiti	3	2	1	0	1	--
	Martinique	0	0	0	0	0	--
	Puerto Rico	8	0	0	8	8	11
Mexico	Mexico	1,739	1,559	178	2	180	244
North America	Bermuda	0	0	0	0	0	0
	Canada	327	0	0	327	327	2,357
	United States	489	0	0	489	489	309
Southern Cone	Argentina	1,037	978	59	0	59	655
	Chile	129	129	0	0	0	0
	Paraguay	64	51	9	4	13	73
	Uruguay	4	2	0	2	2	5
Total		12,253	10,144	1,184	925	2,109	6,489

-- No information provided

* Clinical suspicion of measles without laboratory investigation

\# Includes epidemiologically linked cases

Source: Country reports to PAHO

The overall reduction in measles cases in the Region is a direct result of PAHO's recommended three-step vaccination strategy, which includes a one-time catch-up vaccination campaign, high coverage through routine vaccination of children at 12 months of age (keep-up), and periodic complementary follow-up campaigns to reduce the accumulation of susceptible infants and children 1-4 years of age. The spacing between the follow-up campaigns is determined by the vaccination coverage obtained through routine immunization programs. Based on this approach, it is estimated that Bolivia, Brazil, Ecuador, Guatemala, Haiti, Trinidad and Tobago, and Venezuela will require follow-up campaigns within the time frame of the next one to three years.

A major component of surveillance activities continues to be the laboratory testing of suspected measles cases. The timely notification and investigation of suspected measles cases will play a critical role in the successful completion of the measles initiative, since it allows determination with certainty whether or not a suspected case is due to measles. The Regional Measles Diagnostic Laboratory Network supported by PAHO is collaborating with national laboratories in conducting trials that will determine the most effective measles confirmation test.

During 1996 and 1997, evaluations were carried out in El Salvador, Mexico, Nicaragua, Brazil, and Venezuela. Only the latter two countries showed evidence of measles virus circulation.

Over the period covered by this report there have been 27 outbreaks in the Western Hemisphere (3 in Latin America and the Caribbean, 1 in Canada, and 23 in the United States) which offer some important lessons to Member States. In Latin America and the Caribbean, the first outbreak took place in the State of Santa Catarina, Brazil, with 24 confirmed cases (23 laboratory confirmed and 1 confirmed by epidemiologic linkage). Prior to this outbreak, the last case in Santa Catarina had occurred in 1993. Measles vaccination through routine health services between 1992 and 1995 reached 90% of the children under 1 year of age, and 94% in 1992 among children 1 to 14 years of age. Virus isolated from patients in this outbreak indicate the strong possibility of an importation from Europe. Also in Brazil, an ongoing outbreak in São Paulo which started at the end of 1996 is affecting mostly unvaccinated young adults, health care workers, and migrants from rural areas. Isolation of virus from the São Paulo outbreak is now under way.

The measles outbreak in Guadeloupe needs to be considered separately since this French overseas department has not followed PAHO's recommended vaccination strategy. The source of this outbreak was an importation from France, and it has affected primarily young adolescents.

Two-thirds of the outbreaks reported by the United States were related to foreign importations, none of which were from Latin America or the Caribbean.

These events and the results of recent evaluations of measles surveillance systems in the Region have identified the major obstacles to impede the adequate performance of the measles surveillance system: (a) weak managerial skills in epidemiological surveillance and inadequate supervision of the surveillance system; (b) the untimely identification of pockets of under-immunized individuals which does not allow national programs to target intensified measles vaccination and reduce the number of susceptibles; (c) insufficient logistical support for investigating suspected measles cases; (d) limited involvement of the private sector and NGOs in reporting suspected measles cases; and (e) insufficient dissemination and promotion of the Plan of Action for Measles Elimination at the national level.

Member States are urged to overcome these obstacles and to allocate the necessary financial and human resources to strengthen surveillance and laboratory testing of suspected measles cases. Immediate measures should also be taken to vaccinate young adults who lack measles vaccination or a history of measles disease and people who work in health care settings.

2 *Maintenance of Polio-free Status in the Americas*

August 23, 1996 marked the fifth anniversary of the last case of indigenous wild poliovirus in the Americas. The global eradication program is progressing well and the number of cases continues to decline, but the disease still occurs in all other regions. Importations constitute the greatest threat to the polio-free status in the Americas and a signal of alert to the countries in the Region. In March 1996, an importation of wild poliovirus from India was detected in Canada. This marked the second time that an importation of wild poliovirus has been identified in the Americas since the last case of indigenous polio occurred in August 1991, and the first time since the Region was certified as polio-free in September 1994.

The latest importation is of great concern to PAHO, given the deteriorating attention to the four acute flaccid paralysis (AFP) surveillance indicators, which are used to detect possible circulation of poliovirus. Based on the data shown by the AFP indicators, an increasing number of countries have not been conducting complete investigations in 80% of cases, with at least one adequate stool sample taken, and the AFP rate has been falling close to or below the expected rate of 1:100,000 for children <15 years of age in several countries. Vaccination coverage has also declined in some countries. It would be a tragedy if the Region loses one of its greatest public health achievements and permits wild poliovirus to re-establish itself. Countries are reminded of the danger of falling into a state of complacency, and it is strongly recommended that AFP surveillance and the use of mass vaccination campaigns be strengthened.

we strongly prefer high levels of routine vaccination.

Table 2. Vaccination Coverage for Children Under One Year of Age in the Americas, 1995-1996
(%)

Region	Country	DPT-3		OPV-3		Measles		BCG	
		1996	1995	1995	1995	1996	1995	1996	1995
Andean	Bolivia	81.56	87.87	82.14	89.48	98.00	82.61	98.02	86.56
	Colombia	98.73	88.51	96.94	94.24	94.00	94.24	99.24	99.32
	Ecuador	87.53	73.63	89.21	68.93	78.88	72.93	100.00	100.00
	Peru	100.00	94.89	100.00	92.99	86.76	98.93	100.00	96.26
	Venezuela	56.57	67.45	72.71	84.89	63.81	66.49	88.67	91.36
Brazil	Brazil	73.66	82.69	97.35	82.94	76.98	88.30	98.56	100.00
Central American	Belize	85.00	82.81	85.00	83.23	80.00	83.37	90.00	92.08
	Costa Rica	84.12	84.97	83.88	84.06	86.00	94.10	91.23	99.04
	El Salvador	97.51	99.94	96.21	94.20	96.02	93.45	100.00	100.00
	Guatemala	72.56	79.68	73.34	80.45	89.50	83.34	76.50	79.00
	Honduras	94.80	93.82	94.84	93.53	90.80	88.90	97.97	97.06
	Nicaragua	90.67	84.76	99.27	96.08	89.98	81.16	100.00	100.00
	Panama	91.67	86.03	92.34	86.23	90.13	84.09	100.00	100.00
English- /Dutch-speaking Caribbean	Anguilla	100.00	97.24	100.00	98.90	100.00	92.27	96.39	100.00
	Antigua & Barbuda	100.00	..	100.00	..	100.00	...	...	...
	Bahamas	85.00	87.02	85.00	86.01	92.00	90.01	...	...
	Barbados	85.38	92.75	84.63	92.92	100.00	92.13	..	..
	Cayman Islands	96.05	97.99	95.10	97.99	89.08	95.07	83.05	75.91
	Dominica	100.00	...	100.00	...	100.00	...	100.00	..
	Grenada	80.04	95.01	80.04	77.01	85.00	88.04	..	.
	Guyana	83.00	88.00	83.00	87.00	91.00	77.00	88.00	93.00
	Jamaica	92.00	90.17	92.00	90.22	96.00	89.31	98.31	97.63
	Monoserrat	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	St. Kitts & Nevis	100.00	99.04	98.01	99.04	100.00	99.04	...	...
	St. Lucia	88.01	98.02	88.01	98.02	95.01	94.01	89.01	98.02
	St. Vincent/Grenad.	100.00	97.02	100.00	97.02	100.00	100.00	100.00	99.01
	Suriname	80.00	84.00	79.00	81.00	78.00	79.00	...	...
	Trinidad & Tobago	89.00	89.00	90.00	90.00	88.00	90.00	..	...
	Turks & Caicos	100.00	100.00	100.00	100.00	100.00	99.08	100.00	100.00
	British Virgin Islands	100.00	100.00	100.00	100.00	100.00	100.00	...	100.00
Latin Caribbean	Cuba	96.74	100.00	95.00	95.08	97.64	100.00	99.45	99.56
	Dominican Republic	85.20	83.40	84.12	80.00	85.08	85.30	72.36	75.50
	Haiti	..	...	...	...	...	...	...	...
	Puerto Rico	...	...	...	...	...	...	...	...
Mexico	Mexico	99.65	91.50	94.78	91.90	93.00	89.90	99.10	97.90
North America	Bermuda	88.02	86.03	88.98	92.10	83.95	86.03	...	..
	Canada	...	...	...	...	...	...	...	...
	United States	...	...	...	...	...	...	...	...
Southern Cone	Argentina	82.77	84.95	89.70	90.09	100.00	99.00	100.00	100.00
	Chile	90.89	93.59	90.89	93.59	93.10	96.70	90.59	94.48
	Paraguay	80.10	79.29	80.80	78.42	81.20	74.74	89.04	96.92
	Uruguay	85.83	90.60	85.87	90.58	81.65	89.68	100.00	98.76
Total		85.50	85.86	92.58	87.46	85.42	88.65	98.89	97.03

... Data not available

Source: Country reports to PAHO

From 1990 through 1995, the Region of the Americas has maintained, vaccination coverage rates for DPT, polio, measles, and BCG at levels abc children under 1 year of age. However, there is considerable variation betwee as can be seen in Table2 which shows the data by country for 1995 and 1996.

4 ***Funding Issues***

Overall costs associated with regional immunization programs for the period 1997-2001 in Latin America and the Caribbean, including the activities aimed at measles elimination, have been estimated at US$ 710 million. Of this amount, approximately $53 million (7.5%) is expected to come from external resources and approximately $657 million (92.5%) from national resources.

The Special Program for Vaccines and Immunization has received a five-year grant from the United States Government through its Agency for International Development (AID) in the amount of $8 million to support the measles elimination initiative and the expansion of immunization services. The Government of Spain has approved grants amounting to $1,370,000 for the period 1996-1997, as well as one associate expert to support the strengthening of national capabilities in the areas of measles surveillance, laboratory diagnosis, training, and supervision. The Government of the Netherlands has recently approved a grant in the amount of $500,000 to strengthen measles surveillance. Negotiations with the Inter-American Development Bank (IDB) were renewed for the redesign of an already approved $2.3 million, three-year grant. The Canadian International Development Agency (CIDA) has been the major donor for research and development activities, followed by the Global Program for Vaccines and Immunization of WHO. Initial contacts have been established with the World Bank for the possibility of supporting specific research and development activities.

A major impediment faced by the Program is still the availability of adequate resources to play a more effective catalytic role in shaping policies and programs in the areas of immunization services delivery and vaccine development. It is unlikely that PAHO will obtain the estimated $53 million required between now and the year 2000 to complete the measles elimination initiative. Including funds already secured, should the negotiations with IDB be successful the Program can count on only approximately $20 million. Member States must place a high priority on coordinating the mobilization of resources from the public and private sectors to support overall immunization programs and to prevent the re-establishment of imported measles and polio virus in the Americas. Only through this strong commitment of governments will the benefits of vaccination be reaped equitably by all children of the Americas.

UPDATE: MATERNAL MORTALITY INITIATIVE

- Maternal mortality continues to be a critical problem in the Americas. Although data collection and reporting are often unreliable in many countries, it is estimated that Latin American women have a moderate Total Fertility Rate (TFR) of 3.1 and a Maternal Mortality Ration (MMR) median ranging between 140-190 which translates into approximately 23,000 women dying annually from pregnancy related causes. However, these aggregate figures mask wide variations. The World Health Organization and UNICEF estimate a low MMR of 55 in Panama juxtaposed to Haiti which has the highest MMR in the region with 1,000 women dying for every 100,000 live births. (Argentina's MMR is estimated at 100, Brazil at 220, and Venezuela at 120.) Particularly at risk are indigenous women, women living in rural areas, and adolescents.

- The major causes of maternal mortality include hemorrhage, hypertension related to pregnancy, sepsis, and obstructed or prolonged labor. These conditions can largely be prevented or controlled by increasing use of family planning, prenatal care, clean delivery, and postpartum services, and improving care for obstetric emergencies.

- During the Sixth Conference of First Ladies held in La Paz, Bolivia, Mrs. Clinton witnessed the signing of a USAID/PAHO grant to support the Regional Maternal Mortality Reduction Initiative in the Americas. USAID support is designed to provide more effective delivery of essential obstetric care. This will be accomplished by generating community demand for services and improving the quality of services within a supportive policy environment.

- USAID's regional initiative is targeted in 11 countries which have MMR above the average in the region: Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, and Peru. PAHO is working in these same target countries to improve the policy environment. Three of these countries--Bolivia, Ecuador, and Honduras--have been selected as demonstration sites to test out field interventions at the district level. The MotherCare Project is working on improving the community's response to essential obstetric care. The Quality Assurance Project is based at the clinic/hospital level working to ameliorate the quality of care pregnant women receive during their deliveries. The conceptual model, which encompasses a three tiered approach for reducing maternal mortality--at community, facility, and policy levels,--will be crystallized through the lessons learned from these three pilot sites.

- Two events help illustrate the important work that this maternal mortality reduction initiative is advancing. In May, in coordination with the Guatemalan Center for Reproductive Health, USAID, the Centers for Disease Control, and with the support of PAHO, a meeting was held in Central America on *Guidelines for the Surveillance of Maternal Deaths*. Representatives of Central American countries discussed their experiences with the surveillance system and were assisted in adapting the system to their country needs. In November, PAHO is sponsoring a regional Senior Technical Advisory Group (STAG) meeting in the Dominican Republic which will focus on Emergency Obstetric Care. STAG is composed of a core of eight experts in the area of reproductive health with representation from UNFPA, UNICEF, International Plan Parenthood Federation, CDC, and Family Health International.

Talking Points on Maternal Mortality

- Maternal Mortality is a topic that is important to all women regardless of nationality, social status or ethnic group and its reduction should be the common objective of us all. The death of any mother is a tragedy because we have the power to prevent maternal mortality.

- Important steps have been taken to reduce maternal mortality in the Americas during the past year, including increased commitments of governments to support and implement National Plans for the Reduction of Maternal Mortality.

- Maternal deaths are often the end result of a process directly related to the nutritional and health status of girls as they mature to adulthood and motherhood.

- To reduce maternal mortality it will take more than just rhetoric. There is a need to speak out on the following items:
  - To insure that every maternal death is accurately recorded, investigated and used to inform health workers and communities -- without fear of repercussions for the women or her doctor -- so that deaths can be averted in the future
  - To overcome barriers to talking about women's health problems more openly and raise awareness about the need for birth spacing and family planning, prenatal and postpartum care, safe delivery and good nutrition
  - To provide access to information for women before they become sexually active and throughout their lives so that they can make informed decisions about what happens to them and their bodies

  Specifically in developing countries we need to:

  - Increase recognition of the warning signs of an obstetrical emergency and seek care immediately
  - Praise communities that mobilize transportation for women to a facility capable of responding to the emergency
  - Support and acknowledge facilities that meet minimum standards of quality of care.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

PRESS RELEASE

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Contact: Vicky Jaffe
or Ann Kittlaus

USAID-Funded Initiative Will Save Mothers' Lives

On December 4 in La Paz, Bolivia, at the Sixth Conference of Wives of Heads of States and Governments, First Lady Hillary Rodham Clinton will announce a U.S.-funded hemispheric partnership to reduce maternal mortality. The Maternal Mortality Reduction Initiative is designed to improve emergency obstetric care across the western hemisphere and contribute to the goal of reducing maternal mortality by 50 percent of 1990 levels by the year 2000.

The U.S. Agency for International Development (USAID) will fund this initiative to be implemented by the Pan American Health Organization (PAHO) and the USAID-funded MotherCare and Quality Assurance projects. USAID will provide a grant to PAHO for $2.25 million, of a $4.5 million dollar effort, for regional activities of the Maternal Mortality Reduction Initiative. This is in addition to support for the MotherCare project and the Quality Assurance project as part of the same initiative.

Mark Schneider, USAID assistant administrator for Latin America and the Caribbean and PAHO Director George Alleyne will sign the agreement, which will foster an improved health policy environment for emergency obstetric care.

Maternal mortality is a critical problem in the western hemisphere, with an average maternal mortality ratio of 140 deaths per 100,000 live births. (In the United States, the ratio is 12 deaths per 100,000 births.) Major causes of mortality include hemorrhage, hypertension related to pregnancy, sepsis and obstructed or prolonged labor. These conditions can largely be prevented or controlled by increasing use of family planning, prenatal care, clean delivery, postpartum services and better care for obstetric emergencies.

In addition to the support for the $4.5 million regional Maternal Mortality Reduction Initiative, USAID also sponsors regional initiatives in Latin America and the Caribbean on vaccinations, care of sick children and other health care services. These programs are directed, for the most part, to women in rural areas where health care services are less than optimal.

USAID is the U.S. government agency that administers economic and humanitarian assistance worldwide.

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FACT SHEET ON MATERNAL MORTALITY GRANT

Background: It is estimated that 23,000 women die from pregnancy-related causes each year in Latin America. From community-based studies in developing countries, it has been shown that 80% of maternal deaths can be attributed to hemorrhage, sepsis, hypertensive disorders of pregnancy, obstructed/prolonged labor and ruptured uterus, and septic abortion. These conditions are treatable with available technology. But in environment where resources are scarce and poorly organized, women continue to die. Some of the barriers to safe motherhood in the Americas include: the lack of complication recognition, the inability of women to seek care due to low status in society, the dearth of accessible and affordable health care, poorly trained and/or culturally insensitive health care workers, shortages of medical supplies, and a lack of reliable transportation.

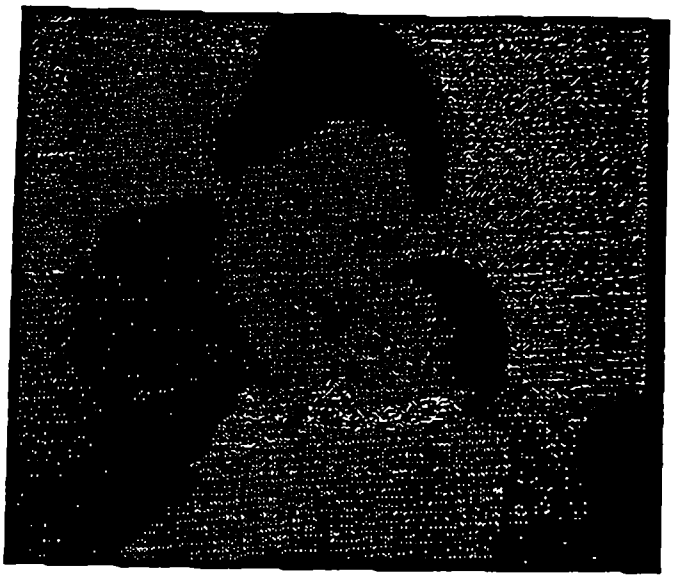
The reduction of maternal mortality and the improvement of maternal health care in the Americas have become major issues in the past few years, with new initiatives being launched at the Summit of the Americas' Symposium on Children and at the Summit itself. To address the problem of maternal mortality, USAID has developed a Regional Maternal Mortality Initiative to support and advance a strategic approach for more effective delivery of selected health services. The regional initiative takes a three-pronged approach, aimed at improving service delivery through improved community response, better quality of care at the first referral, and policy reform aimed at improving the overall policy environment which encourages these types of analysis and promotion of legislation and policies to reduce maternal mortality.

Description of Maternal Mortality Grant: The Regional Maternal Mortality Initiative will be implemented by a partnership between two USAID-funded projects, the MotherCare Project at John Snow International and the Quality Assurance Project at the University Research Corporation, and the Pan American Health Organization (PAHO). The Initiative represents the regional program portion of US Government support to the countries of the Americas in their effort to achieve the Summit of the Americas' goal of reducing maternal mortality by one-half of 1990 levels by the year 2000. PAHO will take the lead on advising countries on the policy changes needed for the intensive implementation of the Basic Emergency Care aspects of the Regional Plan for the Reduction of Maternal Mortality. PAHO's work will include revising and reaffirming the 1990 Regional Plan; strengthening the regional and country Interagency Coordinating Committee which brings together relevant ministries at a country level and all interested parties at a regional level; analysis and promotion of legislation and policies to reduce maternal mortality; and building high-level political support for reduction of maternal mortality, including support

for developing follow-up action by the First Ladies of the region.

The MotherCare Project will focus on community response to increase the capability of selected PVO networks and Ministries of Health to identify and respond to community efforts to reduce maternal and neonatal mortality, including training and educational campaigns. The Quality Assurance Project will take the lead in the area of quality of care at the first level of referral -- developing, testing, evaluating and disseminating approaches to enhance use of protocols, standards and guidelines at the first level of referral.

The Initiative will be implemented from December 1996 through December 2001. It has a working budget of $4.5 million, of which $2.5 million will be granted to PAHO.



7TH SUMMIT OF THE FIRST LADIES OF THE AMERICAS

MATERNAL MORTALITY REDUCTION PROGRAM

FOLLOW-UP REPORT

Pan American Health Organization
Maternal Mortality Reduction Program
Republic of Panama, Panama
October 1997

Contents:

I. BACKGROUND

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

It is estimated that 35,000 maternal deaths occur each year in the Americas. The majority of these deaths could be prevented by simple, well known and inexpensive interventions. The death of a woman by pregnancy or delivery related causes is always a tragedy. In addition, it has serious repercussions for the affected families.

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

At the Fifth Conference of First Ladies of the Americas in Paraguay in 1995, the First Ladies, conscious of these issues, formally consolidated their support to dynamically promote all actions that contribute to the accelerated reduction of maternal mortality in the Americas. Along these lines, the proposal "Regional Initiative of the First Ladies to Support the Plans of Maternal Mortality Reduction" is presented.

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

In Plan of Action of the Sixth Conference, the First Ladies enunciated two principal strategies to support the maternal and perinatal mortality programs:
a) to promote the formulation, revision, strengthening and follow-up of national policies, and
b) to foster mobilization of institutions and different sectors of society

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

General Objective
Contribute to the Accelerated Reduction of Maternal Mortality in the Americas through decisive support for specific regional and national plans.

Specific Objectives
-Promote the formulation or strengthening of specific national policies, plans and programs for the Accelerated Reduction of Maternal Mortality.

- **The area of health communication is fundamental in achieving behavioral changes and to this end projects in the initial phase of negotiation with the Spanish Government have been designed to carry out activities in reproductive health including prevention of maternal mortality in six countries.**

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

- **The active and organized participation of women's groups and civil sector organizations has generated increased awareness of the problem of maternal mortality. There are many more organized groups that are active in political advocacy and lobbying in order to accelerate legislative processes in favor of women's rights. These groups constitute a force that demands, facilitates, and participates in the implementation of women's health programs, specifically actions to prevent maternal mortality.**

IV. SUCCESSFUL EXPERIENCES

Although the initiative for the reduction of maternal mortality is very young, there were some important achievements during this year. Among the most successful and interesting experiences was when Ecuador's First Lady called a meeting of different sectors of the society to ask for support and commitment for the Plan for the Reduction of Maternal Mortality. As a consequence of that meeting, the Plan was reaffirmed as a priority objective by the government, cooperating agencies and donor organizations. This reaffirmation was reflected through an increased allocation of financial resources by different sectors to respond to this problem.

The First Lady of Bolivia, President of the National Committee for Safe Motherhood, promoted the implementation of a national Information, Education and Communication strategy for Safe Motherhood, directed towards rural and marginal-urban areas of the highlands and valleys of Bolivia. The "Seguro de Maternidad y Niñez" (Maternal and child health insurance) established in July 1996 has increased coverage of institutional births in all Bolivia, and is expected to reach a greater coverage since it is growing strongly.

In the Dominican Republic, a Plan of National Mobilization for the Reduction of Maternal and Infant Mortality was developed. This is a multisectorial and multi-institutional effort which operationalizes the strategy of social development. It is an expression of the political will of the national government.

In some countries, governments, technical cooperating agencies, donor organizations and development banks have reassigned and acquired more funds and technical assistance for the Plan.

V. CONSTRAINTS

The tendency in many of the countries to reduce public spending, especially in social sector investments such as health and education, has weakened the physical, material and human infrastructure of the services for the most needy sectors of the society. The process of structural adjustment and the consequent sector reforms present a changing and challenging context. This context influences the ability of the countries to mobilize for a rapid response from the system towards concrete and accelerated plans, such as

the Plan to decrease Maternal Mortality. Therefore, a search for and implementation of new strategies and alliances is required to mobilize resources for the Reduction of Maternal Mortality.

Another notable constraint specifically at the local levels which has been identified is the lack of appropriate planning, follow-up and evaluation with due feedback to communities and health services. This is due in part to the lack of reliable information and weaknesses in the collection and processing of information.

VI. PLANS AND FOLLOW-UP

Important progress has been made with the Accelerated Plan to Reduce Maternal Mortality in the Americas. In order to continue to achieve the goals and objectives proposed in the First Ladies Initiative, continued support and personal commitment of the First Ladies and the other participating sectors involved in this Plan are essential.

1. Lobbying and advocacy by the First Ladies in the different publicfora are critical components in order to insure continuous monitoring of resources received for the Plan, the operationalization of the objectives and the achievement of its impact.

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

3. The role of the First Ladies in backing and supporting legislation in favor of women's rights, is an action that in the short or the long run has irreversible benefits for the women of today and all future generations of women and their families.

Following the Evaluation of the Accelerated Regional Plan for Reduction of Maternal Mortality in 1995 and the previously mentioned PAHO/AID project, PAHO continues to support the countries with a number of activities. Amongst them are:

1. The revision and development of National Plans for the Reduction of Maternal Mortality with an emphasis on emergency obstetrics is being stimulated in all the countries.

2. Support for the formation of an interagency coordinating committee with the purpose of concentrating efforts, avoiding duplication of activities and attending to priorities in such a way as to have a greater impact.

3. Regional and Sub-regional meetings to share experiences, obstacles and achievements.

4. The improvement of the basic data, epidemiolcgical surveillance system and the use of information necessary to improve the quality of the services, and better target interventions.

5. Two key instruments which could be useful in mobilizing the legislative and normative components which have an essential role to play in contributing to health changes are: a) a matrix of all the sectors which at the same time contribute to the reduction of maternal morbidity and mortality and b) a proposal of a legislative model which could be adapted by the countries. (Available early 1998)

The topic of "World Health Day" (April 7 1997) will be Safe Motherhood. This extremely important topic can be placed by the First Ladies on the national public agenda. PAHO is preparing several resources which could facilitate this implementation. For example, a resource "Kit" on information and dissemination and a workshop for social sector management on planning, strategies and development of policies for Safe Motherhood. (These will be available at the end of 1997).

-Promote national information, education and communication campaigns to raise awareness of the importance and consequences of maternal mortality and to promote greateactions to prevent it.

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

-Facilitate the exchange of operations research and successful experiences among the countries, that will permit the identification of the causes that impede appropriate access and utilization of the health services or that prevent women's health programs from having a greater impact.

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

III. PROGRESS

The activities described here are the ones considered the most significant for the Americas Region which have occurred since the last meeting of the First Ladies in December 1996 through September 1997. These activities have already contributed to the Programs for the Reduction of Maternal Mortality.

Particularly notable are the following:

- **Six new governments of the Americas have clearly confirmed their commitment to the National Plans for the Reduction of Maternal Mortality, thereby recognizing the importance of this issue for the development of their nations.**

- **Seven countries recently updated and revised (between 1996 and 1997) their National Plans for the Reduction of Maternal Mortality.**

- **During the last meeting of the First Ladies an agreement was signed between USAID and PAHO, for a new regional project in which the MotherCare and Quality Assurance Project of University Research Cooprporation (URC) will participate. Its goal is to improve emergency obstetric care in eleven countries. The project includes political components, improvement of quality of services and community mobilization. The countries involved are: Bolivia, Brazil, Dominican Republic, El Salvador, Ecuador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay and Peru.**

- **In order to contribute to the continuation and growth of the adolescent pregnancy prevention project, among many other activities, support from other technical cooperating agencies and donors is being sought. A new regional project for Adolescent Reproductive Health in 14 countries is currently being developed between PAHO and UNFPA.**

- **A recent increase in investment from several development banks (IDB, World Bank) and other donors in maternal health components and specific maternal mortality activities has been observed in their projects in Paraguay, Venezuela and Nicaragua. These institutions have agreed to take the issue into consideration in the development of new projects.**

UNCLASSIFIED

PARTNERSHIP FOR EDUCATION REVITALIZATION IN THE AMERICAS

In September 1996, USAID approved a cooperative agreement allocating six million dollars to help establish the Partnership for Educational Revitalization in the Americas. The Partnership (in Spanish, Programa para la Promoción de la Reforma Educativa en la América Latina y el Caribe, PREAL) is implemented through a Secretariat at the Inter-American Dialogue, a Washington-based NGO dedicated to promoting hemispheric cooperation. Drawing on a diverse membership of institutions, networks, and individuals throughout the Americas, the Partnership's objectives center on improving finance, quality, equity, and decentralization of public primary education.

Recently, the Partnership collaborated with the Ministry of Education in Colombia to hold a regionwide conference on education finance. It is also working with the Chilean Ministry of Education to organize a MERCOSUR workshop on educational statistics, to be held in Santiago, Chile, in late 1997. Also in Chile, the Partnership is developing joint activities with the UNESCO regional education office, and will co-sponsor, with the Chilean NGO PARTICIPA, a conference on "Education, Democracy and Sustainable Development in the Framework of the Second Summit of the Americas". Other Summit-related activities include follow-up on progress by various countries on the education initiatives from the Miami Summit and planning of meetings to be held in Washington and Santiago on the theme of education and trade. The Partnership is also working with business groups in a number of countries to increase business leaders' involvement in education.

The Partnership's biggest challenge is to sustain the current unprecedented level of attention to educational reform among top policy makers in the region. Moreover, policy debate must be transformed into concrete programs with visible and measurable results. To be successful, improving finance of public primary schooling, decentralization and increased community participation in school management, the application of national standards and achievement testing, ensuring equity of rural and indigenous students with their urban counterparts, and other education reforms will need support from national governments as well as local advocacy organizations and the private sector.

Because of its high profile in top policy circles, the Partnership can play a vital role in keeping up the pace of education reform throughout the region. Progress is by no means assured and much remains to be done. The political moment, moreover, is conducive to education reform. The proposed bilateral US-Brazil Partnership for Education will stimulate greater cooperation between the two countries in that area, and education is a major topic at the upcoming Santiago Summit.

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Remarks from
Conference related events

7th Conference of Wives of Heads of State
and Government of the Americas
Panama City, Panama
Background on First Lady Hillary Rodham Clinton's Involvement

On October 8-9, 1997 First Lady Hillary Rodham Clinton will participate in the 7th Conference of Wives of Heads of State and Government of the Americas, building on over four years of her involvement in issues relating to children and women in the Western Hemisphere.

On December 10, 1994, as President Clinton hosted the Summit of the Americas in Miami, Mrs. Clinton invited all the First Ladies attending the Summit to join her at a parallel convening focused on children's issues. The *Symposium on Children of the Americas* examined how the Summit of the Americas agenda and plan of action addressed the health and education needs of children. There, the First Ladies committed themselves to working toward the Summit health and education goals.

The Conference of Wives of Heads of State and Government of the Americas is an annual meeting, which brings together First Ladies or designated representatives of the countries of North, South, and Central America, as well as the Caribbean, to focus on critical social topics -- particularly affecting women and children -- and to share information on effective programs and strategies. After the Miami Summit, Mrs. Clinton accepted the invitation of the First Lady of Paraguay to participate in the 5th of these annual Conferences, marking the first time that a First Lady from North America would join in this convening. On March 24, 1995 Mrs. Clinton wrote a letter to each First Lady of the Western Hemisphere, recommending participation in the Paraguay Conference and suggesting that three critical topics discussed at the Miami Symposium be added to the agenda -- measles elimination, maternal mortality reduction, and education reform.

In her letter, Mrs. Clinton urged the First Ladies of the region to be involved in the measles elimination program coordinated by the Pan American Health Organization (PAHO), and specifically, to participate in the launch of PAHO measles elimination campaigns in their own countries. On April 7, 1995, at the national PAHO headquarters in Washington, D.C., Mrs. Clinton gave the keynote address at the national launch of this effort, and there announced new U.S. assistance to the campaign.

On October 16, 1995, Mrs. Clinton traveled to Asuncion, Paraguay and gave a keynote address at the 5th Conference of Wives of Heads of State and Government of the Americas. There, she announced the formation of the Partnership for Education Revitalization in the Americas known by its Spanish acronym (PREAL), a project called for at the Miami Summit of the Americas to provide assistance for the sharing of education reform best practices in the region.

On December 3, 1996, Mrs. Clinton traveled to La Paz, Bolivia, to participate in the 6th Conference of Wives of Heads of State and Government of the Americas, again giving a keynote address and urging the First Ladies of the Americas to continue their work on behalf of women and children in the region. At the Bolivia Conference, Mrs. Clinton announced a U.S.-funded hemispheric partnership to reduce maternal mortality. There, she and Bolivia's First Lady, Mrs. Sanchez de Lozada, witnessed the signing of a $2.25 million USAID grant to PAHO, for regional activities of the Maternal Mortality Reduction Initiative.

This year, at the Panama Conference, the 7th Conference of Wives of Heads of State and Government of the Americas, Mrs. Clinton will focus on promotion of women's political participation and human rights, which Panama's First Lady, Mrs. Perez de Balladares, added to the agenda following a private meeting of the two First Ladies at the White House. Her speech at the Panama Conference is entitled, "A Vibrant Democracy Depends on Women's Empowerment and Full Participation."

In Panama, Mrs. Clinton and Mrs. Perez Balladares will witness the signing of a USAID grant of $4.5 million over 3 years, to the Inter-American Institute on Human Rights (IIHR), a Latin American organization dedicated to promoting respect for human rights and the consolidation of democracy throughout the Americas through research, education, training and technical assistance to government, regional organizations and non-governmental organizations (see separate USAID press release on the grant signing). Mrs. Clinton's involvement with the IIHR has included a visit to IIHR headquarters in Costa Rica on May 8, 1997. There, she and Secretary of State Madeleine Albright participated in roundtable discussion with IIHR leadership and women who are human rights leaders from Central America to discuss the status of human rights in the region.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

might otherwise go without necessary treatment and care.

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

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

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

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

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

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

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

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

And now, let us go from words to deeds.

[Introduce UNICEF video]

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THE WHITE HOUSE

WASHINGTON

March 24, 1995

Mrs. Alicia Pietri Caldera
Venezuela

Dear Mrs. Caldera,

Mrs. Wasmosy joins me in sending this letter.

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

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

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

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

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

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

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

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

April 7, 1995

FOR IMMEDIATE RELEASE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you very much.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release October 16, 1995

REMARKS BY FIRST LADY HILLARY RODHAM CLINTON AT THE FIFTH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENTS OF THE AMERICAS ASUNCION, PARAGUAY

MRS. CLINTON: I am privileged to have the opportunity to represent my country, the United States, for the first time at this Fifth Conference of First Ladies from the Western Hemisphere. It is also a great honor for me to be here in Paraguay with all of you.

We have gathered together to discuss the futures of women and children in all of our countries. Whether we live in North, Central, or South America or the Caribbean region, we are united in our belief that women everywhere share common aspirations and concerns.

Yet, as we meet here in this beautiful hall this evening, we also know that a vast reservoir of human potential is now being wasted across the Americas.

No nation in our hemisphere can say that all of its children are fed, clothed, housed, schooled, and raised by loving parents. No nation in our hemisphere can say that all of its women are treated with dignity, respect, and given the chance to fulfill their God-given potentials. And no nation can say that each and every family within its borders is healthy, strong, and stable.

Our world, as we know, is far from perfect. But even though enormous challenges remain, we have come here hopeful about our future. Hopeful because, somewhere in our hemisphere right now, a baby in a local health clinic is being immunized against a serious disease. . . a little girl is going to school and is learning to read and write . . . a woman is taking out a small loan from a neighborhood bank that will enable her to start her own business in her home. We know that every problem we face in our hemisphere is being solved somewhere in our region at this very moment.

We are also hopeful because of the progress made at last year's Summit of the Americas in Miami, at the United Nations Conference on Social Development in Copenhagen earlier this year, and more recently at the United Nations Fourth World Conference on

Women in Beijing. I think it is very fitting that we meet after those three historic gatherings, which drew world attention to the plight of women and children and, in so doing, to the plight of families as well.

Since Miami, we have seen cooperation grow among our nations, and our political leaders. The Summit not only recognized every nation's duty to invest in its people, but also the special role that girls and women play in the economic and social development of the Western Hemisphere.

That theme was reiterated again in Copenhagen, which focused on the alleviation of poverty as an essential factor in political, social and economic progress.

Many of us also attended last month's women's conference in Beijing, where it was again made clear that democracy and prosperity cannot be attained or sustained in countries that do not value women as full and equal partners in society.

The conferences in Miami, Copenhagen and Beijing showed the world that issues involving children and women are not secondary issues. They are keys to building democratic institutions, strengthening market economies, and achieving social justice.

They are also among the hardest issues we face.

That is why the agreement reached in Miami last year was an historic first for countries of this hemisphere. For the first time, there was universal recognition that no nation can compete in the global economy if half its population cannot read or write, cannot find a job, or cannot rise out of poverty.

And that is why it is also heartening that, despite assurances from skeptics that nothing would be accomplished in Beijing, more than 180 nations endorsed a platform for action that lays out specific ways to expand the rights and opportunities of women around the world.

This is particularly critical today, given the growing gap between the rich and the poor, the educated and the uneducated, the skilled and the unskilled.

Those among us who enjoy the opportunities of education, health care, jobs, credit, legal and political rights are flourishing in the new global economy. Those without such opportunities are lagging farther and farther behind. And more often than not, those lagging behind are women and poor children.

This trend, if it continues, threatens to undermine the very institutions we are seeking to uphold: strong families, strong economies, and strong democracies. All will be in jeopardy if women

continue to be denied the opportunities they need to thrive and compete in the new century.

So, what must change?

First, values and attitudes.

In our everyday lives, we must begin to respect the dignity of each person, no matter where that person lives or what he or she looks like. To do that, we must be willing to overcome many assumptions, presumptions, prejudices and prejudgments.

Because, to truly respect a child means to respect every child in every family, boy or girl. To respect a child means to give that child the love, attention, and discipline he or she needs to grow up with confidence and competence. To respect a child means to nurture that child with the health care and schooling that he or she needs to get the right start in life.

Every time we dismiss the potential of a child because of skin color, parental income, or family background, we betray our own futures.

We must also appreciate the contributions of every woman, instead of pigeon-holing and categorizing women in ways that limit their potential. To truly respect a woman means to respect and protect her human rights; it means to respect the choices she makes for herself and her family; and it means to value the experience she brings to all facets of life.

Second, institutions must change, and so must the ways we go about our everyday business.

If programs and policies have outlived their usefulness, we should admit that they no longer solve the problems they were meant to solve. We must fix programs that don't work with reforms that are efficient and inexpensive. And we must insist that institutions -- whether government, schools, or health care systems -- overcome bureaucratic intransigence and put people first.

We must also take advantage of the many innovative programs that do exist throughout our hemisphere. Prior to arriving in Paraguay today, I was in Brasilia, where President and Mrs. Cardoso told me about Brazil's efforts to improve the quality of primary education.

I then traveled on to Salvador da Bahia, where an extraordinary effort is underway to channel the potential and energy of thousands of street children. One program I saw was a circus in which the performers were children, some as young as eight, who had been recruited off the streets where they lived.

They were not being trained for circus jobs; their performances were merely a vehicle for learning the value of discipline, teamwork, and hard work. Along the way, these children develop confidence, self-esteem, and pride in their accomplishments. Part of a program called Project Axe, they also receive schooling and vocational training, as well as counseling to reunite them with their families.

I asked one 15-year-old boy, who had been with the project since it began five years ago, whether it had made a difference in his life. If not for the project, he said, "I would be dead or in prison now."

Programs like this one, which receive support from the public and private sectors and some international organizations, can be replicated widely. But that requires us to share information, exchange ideas, discuss honestly our successes and failures, and learn as much as we can from each other.

Government has a vital role in all of this. But government is only effective if it listens to the voices of the people it serves, instead of making decisions based on political convenience or whim. And government must be held accountable for meeting human needs.

At the same time, government cannot address every problem alone. We must not look on government as a panacea, but as an able partner of business, non-governmental organizations, and other private institutions committed to investing in the promise of every person, including those who are poor, disadvantaged, and politically powerless. And one of the best things government can do is to make it easier for outside groups, non-governmental groups, to do the work they are willing to do.

Finally, as societies, we must be willing to move beyond inertia to action. And all of us -- individuals and institutions -- must heed that call to action.We must start by taking responsibility within our own families and then spreading that responsibility to the communities in which we live.

Every segment of society has a stake in this issue. And every segment of society can affect positive change.

Schools, for example, can be more flexible in responding to the needs of their students, young and old.

A few days ago, in Santiago, Mrs. Frei took me to a school that embodies the Chilean commitment to building an educational system for the future. I saw boys and girls busy working on computers hooked up to the Internet.

I learned from the Minister of Education that schools may begin to keep their doors open on Saturdays and Sundays to

accommodate the children of working parents who have no alternatives for child care, and for children who wish to acquire new skills for themselves.

I saw that Chile has not been content to stick with old methods that do not work. The government and people of that country are devising new ways of training teachers, involving parents and communities. All of this is happening now in many countries throughout the Americas and more can happen if we are willing to learn from each other's experiences.

Heeding the call to action also means that financial institutions must serve all people, even if they are poor, live in remote areas, or are women. How much more evidence do we need that women are a good credit risk? I have seen the proof myself at the Grameen Bank in Bangladesh, where the poorest of the poor in the world have transformed entire villages by taking out small loans for cows, rickshaws, and other items they use to earn an income.

I have even seen it in my own country, where poor women at a project called Mi Casa, in Denver, Colorado, have banded together to take out small loans to help themselves. And they told me very,very directly how difficult it is for women even in the United States to have access to credit. One woman said: "Too many great ideas die in the parking lots of banks."

But all over this hemisphere, women are overcoming these obstacles. In Nicaragua, which I visited at the beginning of my trip, I saw how hard President Chamorro has worked to strengthen democratic institutions and promote a market economy. And I met thirty women from a very poor barrio in Managua who run a bank in their neighborhood, borrowing small sums of money to start their own businesses, to start a bakery, to make mosquito netting, to be a seamstress.

Not only had these women organized themselves to improve their own circumstances, they were also improving the circumstances of their families and communities.

Furthermore, they have, like every bank I have ever visited, a high loan repayment rate. In that particular neighborhood bank, the repayment rate was 100 percent. And from what I know about banking, that would be the envy of many commercial lenders.

Individual men and women need to change attitudes and then act, just as every branch of society.

Businesses can initiate policies, such as flexible work schedules, child care,
and the use of modern technology, that enable employees to perform well on the job and continue to fulfill their family obligations. Businesses also can value women by paying women equal salaries for

equal work with their men employees.

The media can assume greater responsibility for the values it transmits by avoiding negative advertising and television programming that sensationalizes violence and glorifies the exploitation and degradation of women and children.

At this conference, we will examine these issues, and we will focus specifically on what can be done to address the pressing health and education of women and children.

We will discuss initiatives to ensure the elimination of diseases that primarily affect women and children, reduce maternal mortality and provide comprehensive health care to women throughout their lifetimes, including family planning. We will talk about what every nation must do to ensure that girls are guaranteed the right to an education and that all citiz
ens acquire the knowledge and skills they will all need in the new global economy.

And we will explore ways to end the problem of domestic violence, which has destroyed the lives of too many women and their families in every country represented here.

I would like to make one final point about our agenda. Because we are talking about the issues that matter most in the lives of women and children does not mean we are not talking about the lives of men and boys.

When I was in Nicaragua, I noticed billboards along the side of the road. They showed the face of a crying child with the caption: "My father has left the home." The problem of the absent father is as tragic as the problem of the undervalued mother and wife. It is a problem that, in the United States, we are urgently trying to address.

If, as a hemisphere, we truly care about strong families, strong communities, and strong societies, we have to recognize that men and women can and must complement each other inside and outside of the home. We should not be at opposite poles; we should be partners in a common enterprise for the good of all of us, and particularly our children.

Because of the roles that the women here and many of you in this hall have, we know we can help initiate the changes that must take place if we ever want to realize the great potential of this hemisphere.

Like the women I have met all over this hemisphere in Canada, in my country, in Mexico, in Nicaragua, in Chile, in Brazil and here in Paraguay, we come together to pool our experiences and

ideas to improve conditions for our individual families as well as our national family and the family of nations.

I was not present at the earlier conferences, but I want to thank and applaud all of the women who took part in those conferences and who have moved this agenda forward. I was privileged to host our meeting in Miami and I look forward to the work ahead of us. It is the most exciting and challenging work any of us can imagine or be engaged in. And it is work in which we can make a difference.

Thank you very much.

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FIRST LADY HILLARY RODHAM CLINTON
WORKING SESSION ON CHILDREN'S HEALTH AND EDUCATION
ASUNCION, PARAGUAY
OCTOBER 17, 1995

Thank you, Mrs. Wasmosy. I think I speak for all of us in thanking you for such an inspiring opening to our gathering last evening.

As we begin our working session on children's health and education, I want to reiterate what I said last night. During this conference, we will learn from each other and find new inspiration as we work on behalf of women and children throughout the hemisphere

At the Summit of the Americas, our leaders committed our nations to ongoing collaboration and open economic and democratic development. The Summit recognized the central role of investing in human resources in all dimensions of social, democratic, political and economic development. This historic Summit set forth an agenda to promote prosperity and democracy throughout the region by implementing trade initiatives, sustainable development and more effective government. The declaration our leaders signed included specific commitments in the areas of health and education.

At the same time, we came together for a one-day symposium to review the status of health and education of children in the Hemisphere, shared ideas of how we were addressing the major issues facing our children, and reached a general understanding of future challenges. We recognized that we have common needs in the region but we also recognized that progress has been made. We agreed that investment in human capital is vital to the broader goal of eradicating poverty and discrimination.

As a follow-up to the Summit, Mrs. Wasmosy and I sent each of you a letter earlier this year in which we proposed a three-point agenda to advance the health and education goals adopted by the leaders at the Summit of the Americas.

Elimination of Measles

The first initiative we proposed is the elimination of measles in the Americas by the year 2000.

I was very proud to be invited by Dr. George Alleyne, director of the Pan American Health Organization, to launch the measles elimination campaign in the Americas. Many of you have joined in launching measles initiatives in your own countries. And today we will join Mrs. Wasmosy as she begins a measles campaign here in Paraguay.

A regional plan of action that outlines the strategies and technical components to achieve elimination of measles has been prepared and funding is being sought to complement support already received. While some countries are still waiting for international support, they have already demonstrated their commitment to that effort. This has translated into further control of the disease, which was at its lowest level ever in the period between 1994 and 1995.

The United States has been a proud partner of past efforts to eliminate major childhood diseases in the hemisphere. Through the United States Agency for International Development, the United States plans to enter into a grant with PAHO to advance hemispheric health care priorities. Although the United States, like many other countries, is operating under severe budget constraints, our government is hoping to allocate $8 million under this new agreement. The funding would go directly to the Regional Expanded Program on Immunization, which includes support for the measles elimination campaign in our region.

Reduction of maternal mortality

The second critical initiative that we proposed for follow-up was the reduction of maternal mortality in the Americas, an issue we cannot separate from the well-being of our children.

One hundred million women cannot obtain or are not using family

services because they are poor, uneducated or lack access to care. Twenty million of these women will seek unsafe abortions -- some will die, some will be disabled for life. A growing number of unwanted pregnancies are occurring among young women, barely beyond childhood themselves.

Most of these maternal deaths could have been prevented with basic primary, reproductive and emergency obstetric health care. In some cases, there are 175,000 motherless children for every one million families. Many of these children don't survive. Of those who do, many are recruited into a life of exploitation on the streets of our world's cities, subjected daily to abuse, indignity, disease, and the specter of early death.

There must be a renewed commitment to improving maternal health. The World Health Organization launched in 1987 a Safe Motherhood Initiative to halve maternal mortality by the year 2000. In Miami, the leaders of our hemisphere committed their governments to this same goal. To reach these important goals, more attention must be paid to emergency medical care, as well as primary pre-natal care. Providing emergency obstetric care is a relatively cheap way of saving lives -- and along with family planning services is among the most cost-effective interventions in even the poorest of countries.

There has been progress, but many deficiencies exist. Maternal mortality rates in the Americas are still unacceptably high and progress in meeting the set targets has been extremely slow. We have the technologies and the national plans in place to end the conditions under which women continue to die from preventable diseases. There is no justification for the wide differences that we find country by country in the hemisphere in maternal mortality indicators. We need to encourage each other to give the necessary priority to reduce the disparities and assign necessary resources to implement national plans for maternal mortality reduction.

Education Reform

The third area we called to your attention in our letter is investing in

girls education in the context of improving overall quality of education. Nothing is more important to the region's future economic and social development than the education of its children. One of the Summit goals is to achieve a primary education completion rate of 100% and a secondary enrollment rate by the year 2010.

Over the past three decades, Latin America and the Caribbean have had a remarkable record of achievement in human development. A great distance still exists between our current knowledge and the quality of education services provided.

Because of the critical nature of education, an initiative was created at the Summit of the Americas to provide an ongoing consultative forum for governments, nongovernmental organizations, the business community, and international organizations of the Hemisphere to share experiences in education reform and showcase innovations in the hemisphere.

Today, I am pleased to formally launch the Partnership for Education Revitalization in the Americas (PERA) by pledging a commitment by the United States of 3.7 million dollars over 5 years which constitutes initial funding. As called for by the Plan of Action of the Summit of the Americas, PERA was created as a sustainable hemispheric partnership to promote the adoption and implementation of effective education policies. This initiative will institutionalize across the hemisphere the capacity to support and facilitate collaborative efforts to improve basic education opportunities for all children, including special emphasis on increased access to girls and women in those countries where this is still an issue.

Through PERA, countries will increase their knowledge of policy alternatives and successful practices for improving educational quality, efficiency and equity throughout the region leading to improved policies on human resources. It will create a broad membership representative of the key stakeholders in policy formulation and implementation and build a consensus on critical educational policy issues.

We have a unique opportunity to impact on the Summit targets. Because of our roles in our societies, we are in a privileged position to bring attention to these issues and help build upon approaches that are working. We can forge partnerships among governmental and nongovernmental organizations all aimed at meeting the same goals.

As delivered

FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE SIXTH CONFERENCE OF
WIVES OF HEADS OF STATE AND OF GOVERNMENTS OF THE AMERICAS
LA PAZ, BOLIVIA
DECEMBER 3, 1996

President and Mrs. Sanchez de Lozada, First Ladies and special envoys representing the nations of the Western Hemisphere, and distinguished guests:

It is a great pleasure for me to be in La Paz and to join you for this annual conference. I particularly want to thank Mrs. Sanchez de Lozada for her leadership on behalf of women -- especially her work to promote safe motherhood, education, and to reduce domestic violence -- and for extending to all of us a warm welcome this week.

I know that, as in the past, this gathering will provide new insights and fresh inspiration as we work to expand opportunities for women, children, and families in North, Central, South America and the Caribbean region. I am also pleased to note that Vice President Gore will be in Santa Cruz in a few days representing the United States government at what promises to be a significant hemispheric meeting on sustainable development.

This is my first trip to Bolivia, but I have long felt a special connection to this country. Little Rock, the capital of my home state of Arkansas, is a sister city of Santa Cruz in what is called the Eastern Bolivia-Arkansas partnership. This partnership has initiated cultural, professional and health exchanges that have benefitted the people in both of our countries. So I am especially delighted finally to be in Bolivia after all these years.

Many Bolivians have made their mark on my country. I am proud to say that President Clinton named a woman who was born and raised here in La Paz, Maria Otero, to be the Chair of the

Board of the Inter-American Foundation. That foundation funds grassroots development in the region, and Maria is with me today.

I'm also pleased to be here at a time of such hope and promise for women, children and families across the Americas and around the world. A few days ago, I returned from a trip with my husband to Australia, the Philippines and Thailand, and at each stop I had the chance to talk to diverse groups of women -- from government leaders to grassroots activists to teenage school girls. And I was reminded once again, no matter where we find ourselves in the world today, our aspirations and concerns are fundamentally the same.

Thanks in part to the agenda set at the United Nations Fourth World Conference on Women in Beijing, as well as the conferences of this group in Miami, and Asuncion and elsewhere, the status of women is improving in many countries.

In the Philippines last week, I had the opportunity along with Mrs. Frei to speak to 15,000 women and girls in Manila. Some had traveled for days by boat and car to celebrate the Beijing Agenda and just as we are doing today, they came together to renew their commitment to women's rights -- and to ensure that every woman and girl has access to the tools of opportunity: health care, education, jobs and credit, legal protections and the right to participate fully in the political life of their countries.

In the 15 months since Beijing, we have seen advances on every continent. In country after country, governments, non-governmental organizations, businesses and corporations, and individual citizens are beginning to recognize that elevating the status of women and girls in society is essential to progress and prosperity. That is the same whether we are talking about the East, the West, the North or the South; there is a growing appreciation of women's contributions inside and outside of the home - and a greater understanding that everyone in society benefits when women are allowed to claim the political, economic, social, and civic power they are due.

The Western Hemisphere is no exception. In Panama, the family code has been reformed, giving women more say in alimony, child support and child custody cases. The country's new Law 27

on Intra-Family Violence criminalizes certain forms of domestic violence. In Colombia, men and women now have equal weight in determining divorce. In El Salvador and Peru, new institutions have been established to address issues relating to women's development. In Guatemala, a national university has created scholarships for indigenous women to study political science.

Jamaica's Gold Street Program, which addresses teen violence and adolescent pregnancy, has become a model that the United States is using to confront the same issues in the city of Baltimore. In Brazil, women are now entitled to free breast and uterine exams. And in Chile, the government has committed itself to tackling AIDS and adolescent pregnancies and to expanding educational opportunities for girls. And here in Bolivia, as part of the President's plans, the Plan *de Todos,* special efforts are being made to reach out to the indigenous population.

From the northernmost reaches of Canada to the southern tip of South America, women are pushing governments to lift the veil of secrecy that for too long has concealed the tragic crime of domestic violence. I mentioned the legal advances in Panama. Another ground-breaking domestic violence law was passed in Ecuador, creating Family Courts that are empowered to separate an abusive spouse from the home. In Costa Rica, police officers receive special training on how to handle domestic violence cases. In my own country we recently launched a national hotline for victims of domestic violence which has already received 50,000 calls.

Looking across our region, we also see progress on the goals that this group outlined at our previous meetings. Those goals to eliminate measles from the hemisphere, reduce maternal mortality, and promote education reform are making progress. Since 1995, our region has witnessed a 63 percent decline in measles. We have seen the Partnership for the Revitalization of Education in the Americas launch new efforts to expand educational opportunities in six countries. And while the tragic problem of maternal mortality continues to haunt us, we know that progress will come if we focus more energy and resources on this issue.

It is clear that pioneering efforts are underway across the Americas to improve conditions for women and girls. Earlier

today in La Paz, I visited with Ximena, Banco Sol, the only commercial bank in the world and the largest that specializes in microenterprise right here. I spoke to women whose lives had been transformed because they had received a modest loan to start selling vegetables in the market, to start making skirts. Not only had they become economically self-sufficient, they had begun to lift their families out of poverty and improve the economies of their communities. We met one woman in the market who is caring for her six orphan grandchildren because of the loans that she had received. I have seen the same encouraging results at FINCA, a micro-lending enterprise that I visited in Managua, Nicaragua. I've visited a comparable enterprise in Santiago and I have seen it in my own country.

In La Paz today I also visited new and expectant mothers at a primary health care center run by an NGO, PROSALUD. The 28 PROSALUD clinics offer prenatal care and family planning services that have resulted in safer pregnancies and deliveries and, in some cases, have saved lives.

This is but one piece of the nationwide effort here in Bolivia to promote safe motherhood and family planning so that women and girls are educated about their own health and their own reproductive options.

Although the rate is far too high, Bolivia's success over the past five years at reducing maternal mortality offers a model for the world of how one nation has responded to a serious health crisis and galvanized the government, non-governmental organizations, and the medical communities. I wish to commend the President and the Vice President for their leadership in this very important effort.

It is worth noting that Bolivia undertook this campaign not only as a way to reduce maternal mortality, but also to reduce the increasing rate of abortion. Without access to family planning, women often turn in desperation to illegal, unsafe abortion procedures that account for half of all maternal deaths in this country. Deaths from abortion complications are responsible for from 30 to 70 percent of maternal mortality in our hemisphere, depending on the country.

Here, in Brazil, and in other places around the globe, I have seen examples of how investments in family planning improve maternal health and the well-being of families as well as reduce the number of abortions. The United States has supported family planning efforts, including Bolivia's. However, as you may know, some members of the United States Congress have voted to limit American support for family planning initiatives. My husband's Administration remains committed to encouraging a continuation of these investments, which represent a sensible, cost-effective and long-range strategy for improving women's health and for lowering the rate of abortion. And for my part, I will certainly remember and share the powerful stories I have heard around the world to explain why these programs are critical.

Education is also critical. It is inextricably tied to how women and children achieve progress. Children of illiterate mothers are twice as likely to die as those with mothers who are educated. So our efforts across the Western Hemisphere to educate girls and mothers will have a profound and concrete effect on women's health. The better educated a girl or woman is, the healthier she is. The healthier she is, the healthier her family is. And all of society stands to gain.

While some may dismiss the achievements of this conference and the conferences before or of the Beijing Agenda as merely "women's issues" that have no place on the front-burner of global politics, I believe that you here in Bolivia, and certainly your President and Vice President understand how they are part of sustainable development and progress. They represent a balancing of power that is just as crucial to the endurance of democracy as issues like trade, diplomacy and national security. Democracy, after all, requires the full participation of all citizens, including women.

And today, we can take heart knowing that democracy has replaced dictatorship around the world and virtually throughout our own hemisphere. Building and sustaining democracy has always required a balance of power, a balance of public power, private economic power, and the power of civic society, those formal and informal networks that bring people together. It is the balance of power that Bolivia has incorporated into its Popular Participation Law, and by doing so, insured the further success of democracy. Whether we succeed at achieving the balance of

power is particularly important for women who despite the strides we have made, still find their voices silenced and their potential stymied in too many parts of the world. In country after country -- from the most advanced democracies to those newly emerging, from the most dynamic free market economies to those struggling in the face of rapid global change -- women are still striving to define and attain their rightful place in government, the economy, the civil society and throughout their lives.

Women are seeking balance in their lives and in their societies, and I am heartened that civic education is on the agenda of this conference. Teaching people about democratic values and the importance of their participation in the political process is critical to sustaining democracy. When we look at what is happening in our hemisphere, when I look at what is happening in my own country, I see that the voices and votes of women can make a difference. If all of us believe in the God-given potential of each human being, then all of us should do what we can in our own ways and our own roles to further those voices and that potential.

For all of the challenges that confront us on the eve of this new century I am optimistic about our future. I am optimistic about our hemisphere and about our capacity to meet those challenges. And certainly, if there is one vision that should guide us, it is that of the young people who rely on us to leave them a world that encourages their dreams, nurtures their talents and respects their choices. That is really why we are gathered today -- most of us in this auditorium have made most of the choices we will make that will determine the course of our lives. It is up to us to determine how we provide the same opportunities for all of our sons and daughters.

Building a better future for children, women, men, and families in the Western Hemisphere is not just the opportunity of government, it is the responsibility of all of us. And I thank you very much for being part of meeting that responsibility and challenge.

Have you (Kelly) / Melanne talked with Mrs. Caldeira's staff re. the MOU we intend to sign in Brasilia - she had questions about witnessing the signing?

Can I get a few copies of the speech to give out?

Attached are 2 copies we're having more copies made & it will be translated & distributed to everyone participating in the conf.

October 9, 1997
7th Annual First Ladies of the Americas
Atlapa Conference Center

NO GREETERS ON ARRIVAL

MAIN SCHEDULE:

9:00 to 9:45 A.M.	Speeches in the Main Hall
9:45 to 10:00 A.M.	HRC gives remarks
10:00 to 10:45 A.M.	Speeches Continue
10:45 to 11:15 A.M.	HRC witnesses USAID grant signing
11:15 A.M. to 1:00 P.M.	Speeches continue, Main Hall
1:00 P.M. to 2:00 P.M.	Lunch for First Ladies

October 9, 1997
7th Annual First Ladies of the Americas
Contadora Room, First Floor

Program

-HRC will be seated at main table 8 feet from the podium.
-HRC's delegation will be sitting behind HRC's chair or in the front rows of the audience.
-HRC is sitting between First Ladies:
Josette Altmann de Figueres, Costa Rica (Left)
Ivonne Hinds, Guyana (Right)
-At 9:45 A.M., HRC will proceed to podium and make remarks.
NOTE: SPEECH BOX WILL NOT FIT ON PODIUM
-After remarks, HRC will return to her seat for the rest of the morning program

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

CEJEG/PANAMA
PLAN 1
English
October 6th

ACTION PLAN

PANAMA, OCTOBER 8TH AND 9 TH

ACTION PLAN

GUIDANCE

The Action Plan is the document containing the main agreements and commitments adopted during the VI Conference of Wives of Heads of State and Government of the Americas. The objective of this guidance is to assist in the complete presentation of the Action plan and to act as the follow up proposal to the same.

1. **Topic or Project :** Refers to the title or name of the Project or Program.

2. **Objectives:** Refers to the goals to be achieved.

3. **Target Population:** Refers to the population assisted and benefited by the project.

4. **Possible Actions:** Refers to the activities we intend to promote and support.

5. **Responsible Entities:** The Governmental or non - governmental institutions who will develop the project.

6. **Achievements:** Refers to the final results obtained after implementing the project.

7. **Date of Follow up Report:** The responsible entity will present a report the First Lady's Office. Each country will establish the periodicity of said report.

FOLLOW UP ACTIONS

Topics of Projects	Objectives	Target Popula-tion	Possible Actions	Responsible Entity	Achievements	Date of Follow-up Report
1. Health of women and Children.	-Promote the formulation, revision, reinforcement and follow-up of the national policies, plans and programs for the accelerated reduction of maternal mortality and morbidity and stillbirth in the Americas. -Promote the mobilization of public and private institutions, non-governmental and social organizations, as well as others, in order to contribute, in their		-Amplify and follow-up on the Teenage Pregnancy Prevention Project, incorporate strategies such as sex education, fortification of self esteem and others, with multidisciplinary and intersectorial activities and with ample participation of youth and adolescents. - Adhere to and further program for the prevention and control of malnutrition due to the lack of micronutrients (iron, calcium, zinc, vitamin A and fluorine) through the supplement of risk groups, diet fortification and education on nutritional foods. - Promote, nutritional plans and programs as well as local projects in the countries aimed at increasing the covering in the prevention and control of	- Ministry of Health - First Lady's Office	See Follow-up Report	

	respective areas with the development of national and local plans for the execution of measures of greater impact aimed at the acceleration of the reduction of maternal death.		gynecological cancer, especially of cervical cancer. - Continue to support the program "Latin America against cancer", which is executed in the region and supported by the wives of Heads of State and Government of the Americas and ALICC. - Continue to support and follow-up on the action plan for the elimination of the measles by the year 2000 and support the improvement of the surveillance system . -Further the development of support mechanisms for the reduction of maternal and infant death due to anemia caused by lack of iron and other micro-nutrients and support an investigation project to evaluate of the level of trace element deficiency in pregnant women and children under the age of 6.	among other things		

2. Education and Training of Women and Girls.	- Offer a better quality of life to women and girls and their offspring.		-Motivate the summoning capacity that the wives of Heads of State and Government of the Americas have shown to impulse the implementation of specific projects in benefit of the referred population. - Increase the role as communicators of the wives of Heads of State and Government of the Americas to broaden and strengthen the promotion of the adopted objectives. - Promote the management of the technical and financial resources within the international cooperation organizations which allow the promotion of the execution of special programs in favor of women and children. -Promote the role of the wives of Heads of State and Government of the Americas facilitators for the joint labor between the civil society and governments aimed	- First Lady's Office. - Ministry of Education -Women organizations	See Follow-up Report	

			at reaching the necessary consensus that will allow the realization of effective projects programs. -Promote the exchange of innovative educational and training experiences in order to contribute to the search of solutions to the common problems that affect American countries.			
3. Prevention and Control of all forms of domestic violence	Prevent all forms of violence within the family		-Implement the "Regional Initiative to support the Prevention, Sanction and Elimination of the Domestic Violence". -Work with all sectors of society to develop integral models against domestic violence. - Support the development and promulgation of appropriate laws that guarantee legal protection to those affected by domestic violence.	- First Lady's Office. -Family Counsel. -Ministry of Health. -Ministry of Education.	See Follow-up Report	

Promote the ~~Dev~~ elopment of public policy aimed at the ~~pro~~ elimination

			- Promote the consideration of the ratification of the Inter American Convention to Prevent, Sanction and Eradicate violence towards Women" in countries that have not done it yet and promote its fulfillment throughout the region. - Propose prevention strategies to prevent domestic violence and promote non violent life styles through formal and non formal education. -Request international organisms to continue supporting the initiatives on this subject. - Spread the commmitment of the wives of Heads of State and Government of the Americas to support the prevention, sanction and elimination of Domestic Violence at a national and international level			
4. Participation of Women in spaces of power	- Develop public policies to strengthen the		- Implement the "Regional Initiative to support the fair participation of men and women	First Lady's Office.	See Follow-up Report	

and the decision making process.	political leadership of women.		in spaces of power and the decision making process". - Adopt measures to promote the participation of women in spaces of power through temporal of mechanisms affirmative action. -Contribute and support the development of women training programs for their participation in power and decision making. - Actively participate in information, sensitization and social mobilization campaigns, to achieve the increase of women participation in spaces of power and the decision making process. - Survey and evaluate the progress made by women in different levels. - Promote the inclusion of political participation and the practice of active citizenship for women in all the related programs.	- Women Institutions or Offices.		

5. Rights of Children and Youth	Promote the quality of life of children from a physical, psychological ans social point of view		- Support activities child abuse to prevent child abuse in all its forms (physical, psychological, sexual and in labour). - Further the implementation of the ILO's proposal related to the eradication of child labor in girls and boys under 12 year of age. - Promote the exchange of experiences between the countries of the Americas and with the International Cooperation agencies to strengthen systematization mechanisms of health, education and in general human development indicators within the "Santiago Agreement". - Promote and strengthen surveillance systems on the enforcement of children and adolescent's rights (for example, child protection, legal attention, recreation and the	First Lady's Office. - Ministry of Health. - Ministry of Education - Family Institutions Counsels.	See Follow-up Report	

Compliance of CRC

			implementation of the "Friend of the Family" hot line.) - Urge the governments to continue the analysis of the legal contents of minor protection and to consider the appropriate treatment to the transgressors children according to their conditions.			
6. Latin America against Cancer	- Contribute to the reduction of cancer deaths and its incidence. - Promote national plans and programs and local projects to increase the reach of cancer prevention in the countries.		-Seminars for communication media. - Preparation courses for the education of citotechnologists. - Celebration of the Smoke-Free World Day on May 31st. - Revision of the Cancer Registers. - Foster Voluntary Enlistment. - Implementation of equipment.	First Lady's Office. -ALICC -CNCC (National Coordination Committee against Cancer)	See Follow-up Report	

NEW PROJECTS

Topics or Projects	Objectives	Target Population	Possible Actions	Responsible Entity	Achievements	Date of Follow-up Report
a. **Eradication of child Labour**	-Prevent the premature association with labour of girls and boys under 14 years old under conditions of economic exploitation and subject to hard and dangerous labour and/or are prevented from attaining an adequate physical, mental, spiritual and moral development. - Review, amend and supplement the legislation pertaining to girls and boys and ensure its compliance. - Protect and safeguard	- Groups of boys and girls from 5 to 13 years old and 14 to 17 years old.	- To promote and support initiatives in favor of educational and legislative reforms aimed at the conciliation of codes for the eradication of child labour. - To promote and increase awareness campaigns for the eradication of child labour through media. - To promote recreational and			

	higher interests of the child by promoting and publishing the Children's Human Rights in accordance with the convention on the Rights of the Child.		cultural activities for the children. - To unite efforts to promote programs for universal and mandatory pre school education. - To further and strengthen scholarship programs. - To promote programs for school supplies - To further and strengthen feeding and nourishment programs for school children and adolescents.			

b. Century XXI School: Educating for Life	- To eliminate from the children and adolescents hazardous conducts and activities such as drug abuse, sexually transmitted diseases, teen age pregnancies, labour exploitation among children, inter-school, inter- family and social violence, through a model developed by inter -agency effort and maximized by international inter-agency cooperation.	- School population from primary and secondary levels	- To support the fitting and application of the judicial frameworks concerning the rights of the children and adolescents. - To support the fitting and updating of the curricular contents of formal and informal education.. -Further Human Rights and foment solidary coexistence. .To create diagnostic indicators on risk and life conditions of			

			children and adolescents. To further the offering of care and counseling services in integral health including sexual and reproductive health.			
c. d. **Education for Human Rights and Culture of Peace.**	-To contribute to strengthen human rights and culture of Peace through educational and culture actions in the countries of the Americas. - To further actions aimed at achieving the equality of the sexes by promoting maximum development of women, children, youngsters and the elderly with the		- Support the production of training material for educational and cultural events of Human rights and Peace Culture but in formal and non-formal education. - Within each country's possibilities, public radio campaign will be			

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the UN Human Rts Doc
CEDAW, and all
other human
rts instruments

	frameworks of Human rights and the Culture of Peace. - Support national experiences pertaining to the projects fields of action through all possible means of communications.		organized and produced on the projects related topics. - Exchange of information, communications , as agreed to . - Publish collectively a work to include the thoughts and contributions of each country on its present status and perspectives on Human Rights and Peace Culture.			
d.Strengthening of the integration of rural women. Economic and Social democratization into	i) Support institution and organizations from the private and public sector, as well as from the civilian community that provide services to the rural sectors so that	160,000 organized women in the rural sector from Latin American and the Caribbean.	-Create awareness, promote and create government positions(slots) to allow rural women to			

productive activities and commercializati on	they will improve the service they provide both to women and men, by crating conscience and incorporating women's perspectives. ii) To further and create the necessary conditions so that women will acess and in fact participate in the activities of the productive chain. BUSINESS iii) Create financial mechanism to allow rural women to materialize effectively the business initiatives articulated by them.		become integrated part of the economic, political and social arena. - Train rural woman in organizational technical aspects, and management techniques to negotiate and participate in managing their own organizations and further women's leadership. - Further the creation of funds for the rural enterprise FERURAL that is viewed as an operational financial			

			instruments. - Coordinate with institutions an organization committed to equal rights for women so they will allow to complement each other with new and/or current programs and/or projects.			

As prepared

FIRST LADY HILLARY RODHAM CLINTON
STATEMENT FOR SIGNING USAID GRANT
PANAMA CITY, PANAMA
OCTOBER 9, 1997

It gives me great pleasure to be here with the First Lady of Panama to announce a new cooperative agreement between the United States Agency for International Development and the Inter-American Institute of Human Rights.

I can think of no more fitting moment to put this agreement in place than today, for this morning's session of the First Ladies' Conference has focused on the obstacles that continue to prevent millions of women in the Americas from fully exercising their most fundamental rights.

I can also think of no more fitting organization to receive our support. Since its founding in Costa Rica in 1980, the Inter-American Institute of Human Rights has been this hemisphere's pre-eminent human rights organization. During the years when dictatorships darkened the region, the institute stood as a beacon of hope. The Institute trained lawyers, judges, government officials, and private citizens from every country in the Americas to recognize, observe and fight for basic human rights.

It also offered crucial support to the brave individuals throughout the region who formed non-governmental human rights groups. These men and women spoke out against torture and repression at a time when such acts often meant risking one's job, one's home -- even one's life.

Individuals from every country of the Americas came to the Institute's courses, to its

seminars, and to its conferences. They learned the substance of human rights law, the mechanisms for advocacy and the avenues to bring international human rights instruments to bear on national human rights violations. In so doing, they helped bring about the democratic changes that have fundamentally altered the political profile of the hemisphere.

It is no exaggeration to say that the Institute and its staff have played an indispensable role in rekindling democracy and human rights in the Americas.

Since 1990, the Institute has opened an entire new frontier of human rights advocacy: It has established a formal program on gender and human rights. In May, I had the privilege of visiting the institute in San Jose along with the First Lady of Costa Rica and Secretary of State Albright. We had the opportunity to meet and speak with women who are in the forefront of women's rights issues throughout Central America.

We also had the opportunity to hear about how the institute is working to bring us closer to the day when women's rights are finally seen as human rights. Indeed, the goals of this conference mirror those of the Institute: to ensure that women are full participants in the political lives of their countries... to address the problems of domestic and sexual violence...to repair inequities within the law...to find ways to rebuild the lives of refugees, many of whom are women and children...to see to it that women and girls have access to the same tools of opportunity -- education, health care, credit -- as men.

All of us have a responsibility to help the Institute continue its efforts to promote freedom

and human rights throughout the America's. That is why USAID, through the agreement to be signed today, will make available to the institute a grant of $4.8 million for the next three years. These resources will go toward a wide range of important initiatives -- from supporting free elections to assuring legal redress through the courts and through ombudsmen's offices to enabling the institute to expand its Gender and Human Rights program.

To those who work to advance the cause of liberty and democracy for **all** the citizens of the world -- the United States will always be your partner.

I would now like to invite Mark Schneider, Assistant Administrator of USAID for Latin America and the Caribbean, and Dr. Juan Mendez, Executive Director of the Inter-American Institute of Human Rights, to sign this cooperative agreement on behalf of their respective organizations.

As Prepared

FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR SEVENTH CONFERENCE OF SPOUSES OF
HEADS OF STATE AND GOVERNMENT OF THE AMERICAS
PANAMA CITY, PANAMA
OCTOBER 9, 1997

Mrs. Perez Balladeres, First Ladies, representatives of the nations of the Western Hemisphere, Distinguished Guests: I am honored to be a part of this Seventh Conference of the Wives of Heads of State and Government of the Americas and to join you for a third year at this important meeting.

I would like first of all to thank the government and the people of Panama, especially Mrs. Perez Balladeres for organizing this conference and for welcoming us with the hospitality we have come to associate with your country. The United States and Panama enjoy a rich and enduring friendship -- one that will only grow stronger in the new millennium. For even as our century-old partnership at the canal comes to a historic moment of transition, we will always be bound by mutual respect and a shared commitment to securing the blessings of democracy for all of our people.

And I think it is fitting that we gather in Panama for our annual conference. Panama is truly the crossroads of the Americas -- a nation that literally brings our hemisphere together. The very diversity of this country -- ecological, cultural and ethnic -- is a microcosm of all the Americas.

We have come together from all across our hemisphere in hopes of building a better

world and better lives for all women, children and families. In many ways, our task is more difficult and more complex than those of the canal builders of a century ago. Instead of mountains, we seek to move hearts, to change old attitudes, to banish hunger and disease, to educate all our children -- and most of all -- to empower the women of our hemisphere to participate fully in the life of our nations.

We are pursuing our goals at a moment in history that is full of hope, a time ripe for social change of the most positive kind. Across the Americas, military dictatorships have given way to freely-elected democracies. For the first time in decades, or perhaps for the first time ever, millions of people are enjoying the right to choose their own leaders, to form opinions based on information gathered by a free press, to speak frankly and to meet in support or opposition to a cause.

We all know that every democracy, whether newly formed or centuries old, is fragile. The process of building and tending a democracy is never-ending. Democracy can only take root when its principles are internalized in the hearts and minds of all people. Democracy can only thrive when no one fears the consequences of standing up or speaking out for justice. And democracy can only achieve its fullest potential when women are not barred by law, by ignorance, by tradition, or by intimidation from making their voices heard at the ballot box, from pursuing their most cherished dreams.

This is why I believe this "rights and participation" portion of our conference is so

important. Empowering more women to seek and claim their rights as citizens and as human beings is the only way we can ensure that our democracies -- old and new -- survive and thrive into the 21st century.

The word "empowerment," I am told, does not translate well. But I am sure that every woman in this room knows its meaning very well. Empowerment means the right to participate in the political and economic life of our countries. Empowerment means being able to lead lives free of sexual and domestic violence. And it means access to justice under law, to education, to health care, to credit and property ownership.

In short, empowering women means making sure they are treated as full citizens in their countries. No nation can hope to succeed in our global economy if half its population lack the opportunity and the right to make the most of their God-given potentials. And as we can all attest, in too many countries, my own as well, too many rights are denied and too many doors of opportunity remain tightly closed.

Too many women live in fear of violence at the hands of family members. For them, home provides no refuge, the law no protection, and public opinion no sympathy. Domestic and sexual violence against women remains one of the most serious and under-reported human rights violations in our region. For too long, too many women have suffered in silence. We must all work to instill new attitudes and new protections against domestic violence. As Secretary of State Madeleine Albright -- my country's first female foreign minister -- has said, domestic

violence can never be excused as cultural. It is criminal.

Too many women, especially those who are poor and less educated, are unaware of their legal rights in the workplace, of their rights to own and inherit property, of their rights to vote and choose their leaders. While these laws may exist on the books, they have failed come alive for too many women.

Too many women and children are trapped in an endless cycle of poverty -- a cycle perpetuated by inadequate health care, poor access to family planning and limited education.

But let us not forget that we already know many of the solutions to these problems. We already know what works to change and improve lives. Next week, I will be traveling to South America with my husband. There, I will be visiting microcredit, family planning and education programs -- programs that I have worked to support all around the world. These efforts have long, successful records of empowering women to lift their children, families and communities out of poverty. We must continue to support them.

And there is also encouraging news to report on the three priorities -- the elimination of measles in the Americas by the year 2000, the reduction of maternal mortality, and education reform -- we set following our meeting at the Miami Summit of the Americas in 1994. Last year, not a single case of measles was reported in 27 countries of the Americas. And while we may have experienced a setback with an outbreak of the disease in Brazil, as well as in my own

country, we can stay on track to meet our goal by the end of the century. Every country in the hemisphere has joined in the Pan American Health Organization's efforts to improve prenatal and obstetric care and reduce maternal mortality, and many of you in this room have contributed greatly to that effort. We have brought institutions and individuals together through the Partnership for Educational Revitalization in the Americas to boost public primary education. In Honduras, El Salvador and many other countries, more children are staying in school longer and graduating from primary school. And we have helped elevate education reform and revitalization to the top of our respective countries' national agendas.

But the topic we are focusing on this morning -- the promotion and expansion of women's legal and political rights is perhaps the most difficult challenge we face. Slowly, but surely, we are indeed witnessing legal reforms to raise the status of women in the home and in society. In Costa Rica, women have pushed through a law against domestic violence and worked to incorporate domestic abuse issues in police training. Many countries now have human rights ombudsmen with special offices dedicated to protecting the rights of women. In El Salvador, legislators have modernized rape laws, forcing perpetrators to face prosecution. They've also passed laws forcing politicians to prove that they have paid child support before running for office. Here in Panama, legislators have reformed the Family Code to better regulate such matters as alimony, child support and child custody. Throughout Latin America, new laws are encouraging more women to run for office. And in my own country, we have introduced comprehensive Violence Against Women plans that provide counseling for victims, training for officers, and prosecution of offenders in all 50 states. We need to share more of these ideas and

actions with each other so that all women throughout our hemisphere can experience the same improvements in their lives.

None of this progress would have happened if women themselves had not spoken out, demanded change and forced their governments to respond to their needs. We must encourage more women to make their voices heard, to join together in both grassroots and national organizations to press political change beneficial to all women, to encourage them to vote in local and national elections, and send more women to office.

Only women can make democracy work for ourselves and our families. It is message that is coming alive in countries all around the world. Last summer at a conference in Vienna, I met with a group of women from the newly-democratic countries of Eastern and Central Europe. They had just begun to recognize the power of independent citizen action to address challenges as diverse as the trafficking of women and health care. And they had gathered to share ideas, to renew and strengthen their faith in democratic values and freedoms. This kind of convening might be beneficial for our hemisphere as well. As our countries continue to expand our political, economic and strategic alliances, the women of this hemisphere can lead the way in building an alliance of democratic values that will strengthen our democracies into the next millennium.

In May, Secretary of State Madeleine Albright and I visited the Inter-American Institute for Human Rights in San Jose, Costa Rica. The organization was founded to defend and foster

respect for human rights at a time when repressive regimes controlled the lives of many of the peoples of the Americas. Over the last decade, it has helped guide those countries along the difficult path toward democracy by advising leaders, educating citizens, and monitoring critical transitional elections. Today, the Institute's new mission is to help the new constitutional governments, their police forces, their citizens and children to understand and live by the principles of democracy -- to create a true human rights culture in the Americas. Secretary Albright and I met with women activists and officials who told us that even though the governments have changed, the task of safeguarding and deepening respect for human rights remains as challenging as ever. A few years ago, the Institute began a Gender and Human Rights Program designed to educate women about their rights and promote the principle that women's rights are indeed human rights. Later this morning, Mrs. Perez Balladeres and I will host a ceremony announcing a $4.8 million USAID grant to help the Institute continue with its important work.

Like the Institute, our work as individuals and as First Ladies of the Americas is far from done. We must continue struggling to make democracy mean justice for everyone, to encourage and empower all women to take their rightful places in government, to use their talents to start businesses and pay back loans, to use their voices and votes to elect presidents and build peace. And we cannot rest until we have repealed the laws, swept away the webs of tradition, stared down the forces of intimidation that stifle the potential of women and children, that keep nations from being truly democratic and fully free.

Last year, I participated in a call-in radio show for Voice-Of-America. One male caller asked me very earnestly what I really meant when I said "Women's rights are human rights and human rights are women's rights" at the Beijing Conference on Women. I told the caller to close his eyes and think of all the rights and privileges he enjoyed as a man. Then I asked him to imagine a world where every woman enjoyed those very same rights.

I know that if we all continue to work together, we can make that world reality.

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Lista de Oradoras Definitiva - Jueves 9 de octubre de 1997

10:00 a 10:45 a.m.

- Honorable Señora Marta Larraechea de Frei, Primera Dama de Chile.
- Honorable Señora Jacquin Strouss de Samper, Primera Dama de Colombia.
- Honorable Señora Josette Altmann de Figueres, Primera Dama de Costa Rica.
- Honorable Señora Lucìa Peña de Alarcòn, Primera Dama de Ecuador.
- Honorable Señora Patricia Bird, Primera Dama de Antigua y Barbuda.
- Honorable Señora Ivone Hinds, Primera Dama de Guyana.
- Honorable Señora Virginia Gaylle de Quiroga, Delegada Gubernamental de Bolivia
- Honorable Señora Abigail Castro de Pèrez, Delegada Gubernamental de El Salvador.
- Honorable Señora Zelmira Regazzoli, Delegada Gubernamental de Argentina.

11:45 a 12:45 p.m.

- Honorable Señora Géri Benóit-Preval, Primera Dama de Haitì.
- Honorable Señora Lady Ivy Silvia Watson Cooke, Primera Dama de Jamaica.
- Honorable Señora Marìa Dolores Alemàn, Primera Dama de Nicaragua.
- Honorable Señora Ruth Cardoso, Primera Dama de Brasil.
- Honorable Señora Veròmica Liburd, Delegada Gubernamental de Saint Kitts.
- Honorable Señora Sonia Beretervide Dopico, Delegada Gubernamental de Cuba.
- Honorable Señora Beatriz Ramacciotti, Delegada Gubernamental de Perù.

SCOTT DALTON / AP

FIRST LADIES MEET

Hillary Rodham Clinton chats with Dora Boyd de Perez Balladares of Panama at a conference of First Ladies of the Americas in Panama Thursday. Mrs. Clinton stressed protecting the rights of women. **Story, Page 3A.**

Miami Herald, 10/10/97

First lady says time to change attitudes toward women

By NANCY BENAC
Associated Press

PANAMA — In a region where dictatorships have given way to democracies, Hillary Rodham Clinton urged nations of the Americas Thursday to go a step further to protect the rights of women.

The only way for democracies to "survive and thrive," she said, is to give women more power "to seek and claim their rights as citizens and as human beings."

Speaking at a conference of Latin American first ladies, Mrs. Clinton suggested the challenge could be more difficult than the giant undertaking of building the Panama Canal, whose Pacific entrance was just blocks away.

"Instead of mountains, we seek to move hearts, to change old attitudes, to banish hunger and disease and ignorance, to educate all our children . . . to empower the women of our hemisphere to participate fully in the life of our nations," Mrs. Clinton said.

The first lady, speaking at the annual Conference of Wives of Heads of State and Government of the Americas, included the United States among the countries where women need greater opportunity.

"In too many countries, my own as well, too many rights are denied and too many doors of opportunity remain tightly closed," Mrs. Clinton said.

Without being specific, she called for changes in both law and attitude to protect women's property and employment rights, combat sexual and domestic violence, encourage political participation and reduce poverty.

"Democracy can only achieve its fullest potential when women are not barred by law, by ignorance, by tradition or custom, or intimidation from making their voices heard at the ballot box and from pursuing their most cherished dreams," she said.

Mrs. Clinton underscored her message by witnessing the signing of a $4.8 million grant from the Agency for International Development to the Inter-American Institute on Human Rights, the region's pre-eminent human rights organization.

Where once the institute's focus was repressive regimes that engaged in torture and execution, now its Gender and Human Rights program pushes for greater legal and political opportunity for women.

Mrs. Clinton cited signs of progress throughout Latin America. In Costa Rica, for example, women pushed through a law against domestic violence and worked to train police about the problem. In El Salvador, she said, legislators have modernized rape laws and required politicians to pay child support before running for office.

After returning home today, the first lady returns to Latin America on Sunday with President Clinton for a visit to Brazil, Argentina and Venezuela. She plans to use the trip to see success stories — local programs that ensure women have access to credit, family planning, education and other needs.