

Rabner  
U.S.A.

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

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

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



CANADA 1999

**TECHNICAL MEETING  
July 6 to 9  
1999  
Ottawa, Canada**

**Canada**



**OTTAWA DECLARATION  
DRAFT**



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

1. Whereas Spouses of Heads of State and Government of the Americas occupy a unique position that can enable them to mobilize public attention and to exercise influence on social issues, we recognize that we have the opportunity and obligation to act as agents of change, exercising this influence for the well-being of our peoples and those of the hemisphere, each of us in a manner appropriate to our culture and in accordance with the interests of our country.
2. Whereas all countries of the Hemisphere face common social challenges and goals, we affirm once again our determination to work together, pooling our knowledge and efforts, to strengthen the well-being of the people of the Americas.
3. Whereas the context of a new millennium poses new challenges and opportunities, we recognize that it is essential to approach these societal challenges and goals in a vigorous and integrated way with the participation of, and for the benefit of, all sectors of society.
4. Whereas the greatest good can be achieved by working on behalf of those sectors of society most in need, we firmly believe that it is imperative to focus our efforts on behalf of these sectors, particularly women and children who are among the most vulnerable in every society.
5. We reaffirm the initiatives undertaken by our governments, in the Declaration of the Santiago Summit of the Americas, to overcome poverty, promote education and eradicate discrimination in the Hemisphere.
6. We recognize the need for, and encourage enhanced participation by civil society in planning, decision-making, implementation and evaluation with regard to measures to advance the social and economic development of our countries.



7. We reiterate our commitment to, and recognize the current validity of, the previous Declarations subscribed to by Spouses of Heads of State and Government of the Americas.
8. We continue to applaud and encourage efforts undertaken by countries of the Hemisphere to meet the objective of eradicating measles in the region by the year 2000.
9. We continue to encourage and support the implementation of programs and policies to promote and strengthen the role of women, particularly rural women, in all aspects of the political, social and economic life of our countries.
10. We reiterate our commitment to the principle that the enjoyment of health is fundamental to the well-being of all human beings. We encourage efforts made by the countries of the Hemisphere to promote good health for women and children in particular, through preventive measures and the reduction of risk factors that most imperil their health. We commend and continue to support the actions taken by countries in the region to reduce maternal mortality and morbidity.
11. We acknowledge and value efforts to improve the condition and quality of life of women throughout the Hemisphere. We commend and encourage efforts to reduce and prevent family violence, to promote the empowerment of women, to improve their opportunities for education and training, and to incorporate women in decision-making structures.
12. We underscore the importance of continuing to support and encourage the well-being of women and children. Thus, we confirm that the themes *Women's Health* and *A Healthy Start: Investing in Children from Zero to Six* are priority issues for this Conference.
13. We are conscious that without a birth certificate it is almost impossible for children to obtain health care, schooling registration, and other essential services. Therefore, we declare our firm support for the establishment of accurate child registration systems in Latin America.
14. We firmly declare our intent to support all efforts to reduce deaths among children under five years of age due to communicable diseases and nutritional deficiencies for which effective interventions and preventive or treatment measures are available.



15. We recognize that, in order to secure children's rights to education, we must continue our efforts to develop a specific Latin American perspective on early childhood education. This will encourage training of child care specialists and the establishment of networks among experts on this topic.
16. We recognize the need to emphasize education on violence in our societies, as a means to inculcate values and principles in our children that will enable them to grow and flourish in a safe and secure environment.
17. We declare our firm intention to raise awareness and mobilize public support in our societies on behalf of effective local initiatives to reduce the transmission of HIV/AIDS, particularly from mothers to children.
18. We declare our firm support for the improvement of prenatal and maternal care through the training of health care providers, strengthened community participation, and efforts to increase public awareness.
19. We acknowledge and support the invaluable contribution of domestic and international non-governmental organizations to the social and economic well-being of the peoples of this Hemisphere, with particular emphasis on early childhood development and women's health.
20. We agree that, in observance of the International Decade for a Culture of Peace and Non-Violence for the Children of the World, proclaimed by the United Nations for the decade 2000-2010, we will focus our energies on realizing the human potential of our children, making them aware of their rights, and strengthening their capacity to create and enjoy an environment of peace throughout their lives.
21. We therefore firmly declare that the right of children to receive love and protection from both parents, as well as their right to develop in a social context of freedom and tolerance, are universally recognized rights, disregarding cultural and political circumstances.
22. We recognize and extend our sincere gratitude for the invaluable role played by international co-operation agencies and non-governmental organizations in supporting and facilitating the implementation of the initiatives set forth in this Declaration.
23. We express our appreciation to the spouse of the Prime Minister of Canada, Mrs. Aline Chrétien, and to the people and the Government of Canada, for the kind hospitality extended during our stay.

24. We acknowledge \_\_\_\_\_ as the host of the 10<sup>th</sup> Conference of Spouses of Heads of State and Government of the Americas.

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



**Programme for the Entrepreneurial  
Development of Rural Women  
(PADEMUR)**

Presented at the Technical Meeting of the Ninth Conference of Spouses of  
Heads of State  
and Government of the Americas  
July, 1999



## RATIONALE

- More than 550 million persons in rural areas, representing 60% of the world's population, live in poverty; 70% are women. They represent 1/3 of the work force and account for 2/3 of all hours worked. They possess 1% of the property in the world and receive only 1/10 of the income.
- 20% of the Gross Domestic Product of the agricultural sector is contributed by women, who work approximately 14-18 hours per day generating between 38% and 66% of monetary and non-monetary family income.
- Yet their access to land has been restricted even in agricultural reforms, due to cultural values and legislative regulations, limiting further their access to credit.
- Only 7% of the credit programs in rural areas work with women.
- Some 50% of agricultural production is carried out by women, specially in non-traditional and post-harvest activities. Their numbers are underestimated in censuses and national statistics, leading to the invisibility of women and their contributions.
- Rural organizations have less female than male members and women have almost no participation at the decision making level, therefore, female leadership needs to be explored and strengthened.

## ORIGIN OF PADEMUR

As means of helping reverse current conditions and bring about effective and sustainable changes for women, during the Summit Meeting on the Economic Advancement of Rural



Women, held in Geneva, Switzerland, in February 1992, a group of First Ladies requested bilateral funding agencies to have as a primary focus the condition of rural women and increase the allocation of resources to projects aimed at same.

Within this context, the Inter-American Development Bank (IDB) and the Inter-American Institute for Cooperation on Agriculture (IICA), were requested to design a technical cooperation project entitled Women as Food Producers in the Andean Region, Southern Cone and the Caribbean.

- In consequence, 18 national research projects results were presented between 1993-1995.
- Based on these analysis, at the Sixth Conference, held in Paraguay in 1996, the First Lady of Panama, as Secretary Pro-Tempore of the Conference of Wives of Heads of State and Government of the Americas, reiterated the need for a programme aiming to improve the socioeconomic conditions of women and their access to decision-making processes, with a view to generating a gender-equitable sustainable development. The Inter-American Board of Agriculture (IABA) received and approved the proposal to create such Programme (Resolution 330)
- At the Seventh Conference, held in Panama in October 1997, this Programme was presented and approved, and with the support of IICA and other political entities, specially in Central America have adopted resolutions to strengthen it.

## DIMENSIONS OF PADEMUR



### *Hemispheric Dimension*

- Actions will focus on Hemispheric political support. The **Hemispheric Coordination Council** is responsible for regulating the execution of the programme, ensuring that the conceptual approach, strategy, technical and operating guidelines are observed and the objectives achieved.
- It is comprised of a First Lady delegate from each region (Caribbean, Central America, Andean and Southern), a Representative of FERURAL and a Representative of IICA, which will be in charge of the Executive Secretariat. The chairmanship will be held by the Secretariat Pro-Tempore of the Conference of Wives of Heads of State and Government of the Americas.

### *Regional Dimension*

- Actions of the **Regional Council** will focus on the political, regional and intra-regional levels, establishing strategic alliances, formulating technical and operative guidelines, and securing financial resources.
- The Chairmanship will be excised by the the First Lady elected by the others.

*National Dimension*

- Actions of the National Committee will focus on the political and economic support of national organizations, establishing inter-institutional alliances that will ensure horizontal cooperation, effective articulation, and participation of all sector of society.
- The National Committee is comprised of the First Lady, the Minister of Agriculture, Minister of Women’s Affairs, Representatives of the public and private sectors, Civil Society and rural women leaders of grassroots organizations that work with development, gender equity and women’s programs, and a Representative of IICA, who will provide cooperation and technical assistance.

**GENERAL  
OBJECTIVE**

To promote and support actions aimed at improving the living conditions, position in society, and role of rural women in sustainable development.

**SPECIFIC OBJECTIVES**

**I. COMPONENT: Policies and Fora**

Promote activities that raise awareness, provide visibility and recognition of the contributions of rural women to the process of rural sustainable development, as well as those that strengthen the rights to participate in social, political, economic and social endeavors.

**II. COMPONENT: Support to Institutions and Organizations**

Support to public, private sector, and civil society institutions in incorporating a gender perspective into their organizations, policies, objectives and activities

**III. COMPONENT: Strengthening of Integration of Women into Entrepreneurial Activities**

Promote the participation of women into income-earning and productive business activities encouraging the creation of networks

#### IV. COMPONENT: Fund for Women Entrepreneurs FERURAL and UNIDAS

Create long-term funding instruments that will allocate resources from different sources to carry out Programme activities and projects.

**FERURAL** (Hemispheric) is a long-term, multilateral financial instrument sponsored by donor development organizations such as Inter-American Development Bank in association with the Inter-American Institute for Cooperation on Agriculture (IICA). Its objective is to provide innovative forms of credit to rural women. National FERURAL'S are being created to raise and channel financial and technical resources at a national level.

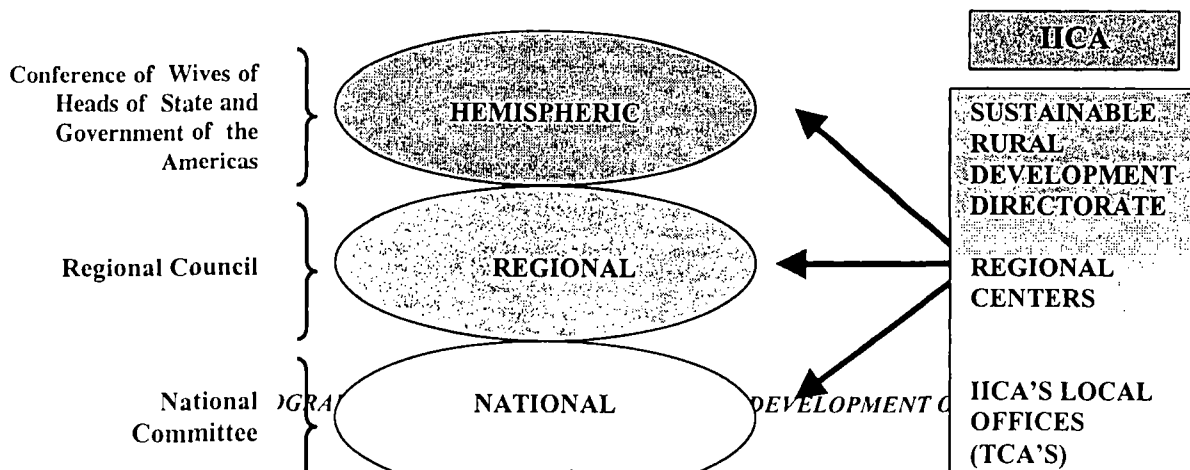
**UNIDAS FUND** is the Special Technical Cooperation Fund for the Entrepreneurial Development Programme for Rural Women. It was created in 1997 for the purpose of providing technical assistance which is not considered in the credit fund.

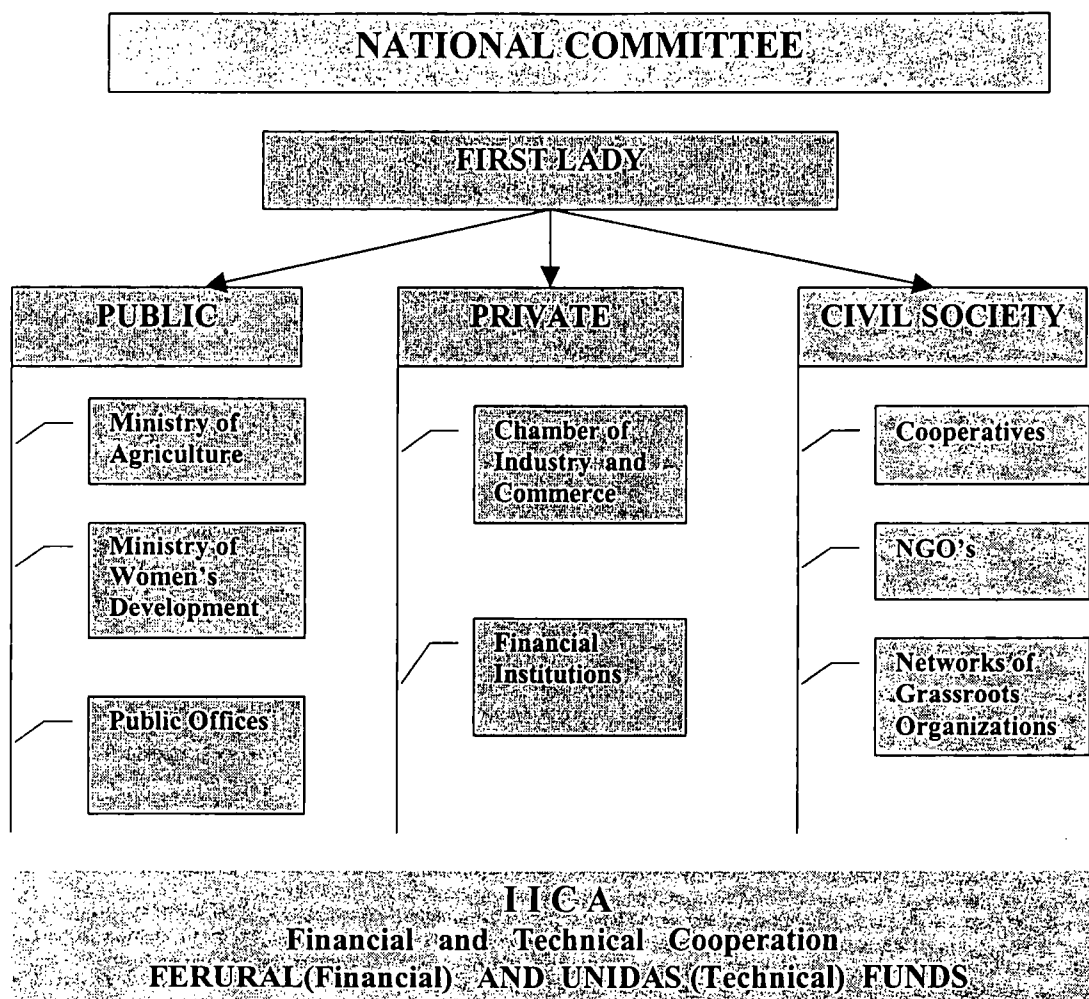
This fund may receive financial and technical resources for hemispheric, national and regional initiatives within the Entrepreneurial Development Programme for Rural Women (PADEMUR). It is administered by IICA and the AgriFuture Foundation.

#### HOW DOES PADEMUR OPERATE?

The Conference of Wives of Heads of State and Government of the Americas is the hemispheric coordinating body. IICA is the international organization responsible for its execution through the Sustainable Rural Development Directorate.

The Regional Council is formed by the First Ladies of the Region and their actions are coordinated through IICA's Regional Centers. At local level, National Committees are formed by the First Lady of the country, ministries of agriculture and women's development, institutes of rural development, representatives of civil society, and rural women leaders of grassroots organizations. Their actions are coordinated by the Technical Cooperation Agencies (TCAs) that IICA has in each country.





## ACHIEVEMENTS AND ONGOING ACTIVITIES

### 1 Structure and development

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

- ✦ Formation and constitution of the Inter-American Rural/Peasant Farming Business Organization (Santiago de Chile, November 1998).
- ✦ Articulation of horizontal cooperation networks on gender (Honduras and Panama, June 1998 through January, 1999)

## 2. Research and Conceptualization

### *Position papers on the conditions of rural women and rural sustainable development*

Updated information on legal, social, and economics status of rural women, and advances in gender-equity policies. Alternatives for the participation and development of rural women in a new rural scenario:

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

## 3. Promotional materials

### *Videos*

- ✦ Situation of rural women in the Hemisphere, 1997
- ✦ The conditions of rural women and advances of PADEMUR Programme, 1998

### *Brouchures*

- ✦ PADEMUR Progress Report, 1998
- ✦ Promotional materials of PADEMUR, 1999

## 4. Direct Technical Assistance

### *CENTRAL AMERICA REGION*

- ✦ Technical Workshop for the Representatives of the First Ladies Offices of Central America in cooperation with the Office of the First Lady of Costa Rica, June 1999

- ◆ Design of the National Programme for Gender and Development for Rural Women in Honduras, and the National Fund for Rural Women (National FERURAL) as part of the Reconstruction Plan of the Agricultural Sector due to the devastation of Hurricane Mitch, in coordination with the Ministry of Agriculture and the National Committee.
- ◆ Development of data collecting instruments for the social and economic axis as part of the “Coordinating Commission of the National Women Fora in charged of the Supervision of the Commitments relating to women in the Peace Accords. Guatemala, March 1999.
- ◆ Development of the programme and data collecting instruments for Women’s Provincial Fora, Panama, December, 1998.

### *CARIBBEAN REGION*

- ◆ Haiti: Development of a credit strategy for 3000 rural women in 29 communities within the KrediFanm Programme
- ◆ Dominican Republic: Evaluation of the Milk Bank, February 1999
- ◆ In Coordination with the Dominican Republic Government development of Training for Rural Leaders on Gender and Sustainable Rural Development, May-June, 1999.

### *ANDEAN REGION*

- ◆ Bolivia: Support to the development and institutionalization of public policies on gender and rural women.
- ◆ Ecuador: National Programme of Rural Development (PRONADER) gender perspective systematization.

### *SOUTHERN REGION*

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

## **5. Training**

- ◆ Video-Conference Workshop: Gender Equity: A Challenge for Sustainable Rural Development, in coordination with IICA/Texas A&M University, September, 1998
- ◆ Incorporation of gender perspective in the proposals of Municipal Sustainable Planning, Brazil, June, 1999

- ◆ Gender sensitivity training in the Project Collaborative Network for Vegetable Research and Development in Central America, Dominican Republic and Panama (REDCAHOR), Honduras, February, 1999.
- ◆ Gender sensitivity training workshop for the technical personnel of the Ministry of Agriculture and Husbandry, San Jose, Costa Rica, May 18-19, 1999
- ◆ Strategic Planning Workshop for the Gender and Sustainable Rural Development for Central America, Panama, Belize, Peru, Bolivia and Ecuador, San Jose, Costa Rica, April, 1999
- ◆ Workshop for the Strengthening of Rural Micro-enterprises, King's House, Kingston, Jamaica, May 14, 1999.

## 6. Conferences and fora

### *Participation in the following conferences:*

- ◆ Inter-Agency Group for the Alleviation of Poverty, 1998.
- ◆ Second International Conference on Women in Agriculture from June 29 to July 2, 1998, Washington, D.C organized by IICA in coordination with the United State Department of Agriculture
- ◆ Panel on Access of Women to Land. San José, Costa Rica, February 19, 1999
- ◆ Twenty-Seventh Meeting of the Governing Board of the Regional Conference on the Integration of Women in the Economic and Social Development of Latin America and the Caribbean, San Salvador, El Salvador, April, 1999
- ◆ Hurricane Mitch: Effects on Women and Women's Participation in the Reconstruction and Transformation of Central America, Honduras, May, 1999
- ◆ Rural Women and Projects of Social Investment. Lima, Peru, June 23-25, 1999
- ◆ Training Summit on Grassroots Community Building for the 21<sup>st</sup> Century, Fresno, California, June 1999
- ◆ Second Inter-Agency Meeting on Gender, San Jose, Costa Rica, June 1998
- ◆ Seminar-Workshop: Rural Women and the Sustainability of Social and Production Projects. Social Network of Latin America and the Caribbean, Peru, June 1999
- ◆ Twenty-eighth Meeting of the Governing Board of the Regional Conference on the Integration of Women in the Economic and Social Development of Latin America and the Caribbean, Curaçao, June 3-4, 1999
- ◆ Planning Seminar of the REDCAHOR Project, Costa Rica, June 1999
- ◆ Provincial Fora on Women, Commemorating International Women's Day. Office of the First Lady and Ministry of Youth, Women, Childhood and the Family. Panama, March 1999
- ◆ Sixth Meeting of the External Advisory Council of the IDB on Women in Development, Panama, February 1999

## 7. RESOLUTIONS AND AGREEMENTS

- Resolution No. 330 of the IABA, Ninth Ordinary Meeting, held in Chile in October 1997: (a) to contribute technical and financial measures needed to execute an initiative of hemispheric scope to promote and strengthen the entrepreneurial development of rural women; (b) to establish a special fund to raise money to finance IICA's activities in this initiative; (c) to coordinate with financial and technical organizations to support this programme in a joint effort.
  - The Central American Agricultural Council (CAC) made up of the ministers of agriculture of the subregion, has adopted various resolutions:
    - **Resolution 7 (April 1998):** "Congratulate IICA for the work it is doing to support the ministers of agriculture and the offices of the First Ladies of Central America in relation to issues having to do with women food producers, gender, communication and sustainable development."
    - **Resolution 8 (April 1998):** Ask IICA's Sustainable Rural Development Directorate in coordination with the CAC Secretariat to develop and launch a Central American initiative for sustainable rural development which incorporates the continuation of the Programme for the Integration of Rural Women in Agribusiness Productive Chains, and other things such as: the creation of a regional fund for rural development; support for the countries in formulating and executing projects; creating and strengthening microenterprises engaged in production, processing and services; horizontal cooperation and interchange of successful experiences among countries in and outside the region.
    - **Resolution 9 (April 1998):** To support IICA's arrangements with the Swedish Cooperation Agency to continue strengthening and working with countries in terms of gender, communication and sustainable development.
  - **Resolution 1 (February 1999):** (1) Support the initiative to increase income and productivity of rural women as requested by the Conference of Wives of Heads of State and Government of the Americas, with support from IDB and IICA; (2) Propose that among the priorities for the first phase of this initiative, preference be given to those countries directly affected by Hurricanes Mitch and George where the conditions of rural women have been heavily affected. (3) Ask IICA and IDB to prepare a specific fundraising proposal for funding this first phase, to be included in the proposals that the Central American Integration System (SICA) presents to the meeting of the Consultative Group of Stockholm.
- 
- Agreement with the Swedish International Development Authority (SIDA) for the execution of the project The Gender Perspective in Sustainable Rural Development, which is part of the UNIDAS Technical Cooperation Fund
  - Technical Cooperation Agreement among the Agricultural Development Institute (INDAP), the Foundation for the Promotion and Development of Women (PRODEMU) and IICA, for the formulation and execution of the project PADEMUR in the countries of the Southern Cone. Chile, June 1999.

July 05, 1999  
Port of Spain  
TRINIDAD

Resolution of the First Meeting of the Spouses of Heads of State and  
Heads of Government of the Caribbean Region.

**BE IT RESOLVED:**

That the First Meeting of Spouses of Heads of State and Heads of Government of the Caribbean agree:

to make a formal request to the Ninth Conference of Wives of Heads of State and Government of the Americas, to be held in Ottawa, Canada 1999; that it include on its agenda for consideration, the subject 'The Development and Promotion of Rural Women Producers';

to subscribe to the theme of Women's Health to be addressed as 'Rural Women's Health'; and

that future hemispheric meetings for technical advisers be held at the end of July to allow for resolutions from the annual meeting of the Spouses of Heads of State and Heads of Government of the Caribbean, which usually takes place during the first week of July, to reach this hemispheric body in time for discussions;

And be it further resolved that these proposals be brought to the attention of the preparatory meeting for the said Ninth Conference of Wives of Heads of State and Government of the Americas currently in session in Ottawa, Canada.

Oma Panday— Trinidad and Tobago

Norma Hughes — Anguilla

Beverley Arthur — Barbados

Joan Musa — Belize

Edris O'Neal — British Virgin Islands

Marietta Mitchell — Grenada

Yvonne Hinds — Guyana

Gerf Benoit Préval - Haïti

For Carmen Lizzette Campo de Fenandez, Clarissa Leon — Dominican Republic

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

Women of the Americas: Agents of Change

**Ottawa, Canada September 29 - October 1, 1999**

## **Draft Conference Program**

### Wednesday, September 29

3:00 - 6:00 pm      Registration

6:00 - 7:30 pm      Opening Ceremony and Reception  
**National Art Gallery**

### Thursday, September 30

7:30 am - 9:00 am      Registration

**9:00 am - 9:30 am      Follow-up Report to the Eighth Conference**  
A 30-minute presentation summarizing actions taken by  
Spouses since the last conference

**9:30 am - 9:45 am      A Healthy Start: Investing in Children 0-6**  
Status Report by UNICEF on early childhood development in  
the Hemisphere

**9:45 am - 10:00 am      Why Zero to Six Matters**  
A 10 to 15-minute presentation by a leading expert (to be  
determined) on early childhood development and why the years  
0 to 6 are critical determinants of a child's long term life  
chances

**10:00 am - 10:30 am      Remarks from Spouses**  
3 Spouses deliver their remarks on the first theme: A Healthy  
Start: Investing in Children 0-6

**10:30 am - 10:45 am      Coffee break**

**10:45 am - 11:30 am      Remarks from Spouses**  
Spouses deliver their remarks on the theme: A Healthy Start:  
Investing in Children 0-6

**11:30 am - 12:30 pm Spouses and Delegations tour NGO exhibits**

Approximately 60 NGOs from the Americas whose missions are relevant to the Conference themes will be invited to participate in an NGO fair where they can exchange ideas and experiences and exhibit information on their programs

**12:45 pm - 2:15 pm Lunch**

Spouses to lunch separately at Daly's restaurant in the Westin. Buffet luncheon to be served to other conference participants in another room

**2:30 pm - 4:00 pm Remarks by Spouses**

Spouses deliver their remarks on the theme: A Healthy Start: Investing in children 0-6

**4:00 pm - 4:15 pm Coffee Break**

**4:15 pm - 5:00 pm Remarks by Spouses**

Spouses deliver their remarks on the theme: A Healthy Start: Investing in children 0-6

**5:00 pm - 7:15 pm Break**

**7:15 pm - 7:30 pm** Spouses travel to cocktail reception/dinner

**7:30 pm - 8:15 pm Cocktail Reception**

Canadian Museum of Civilization

**8:15 pm - 10:30 pm Dinner and Cultural Event**

Canadian Museum of Civilization

**Friday, October 1**

**9:00 am - 9:15 am Women's Health**

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

**9:15 am - 10:30 am Spouses remarks**

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

**10:30 am - 11:00 am Coffee Break**

**11:00 am - 12:00 pm Spouses and Delegations tour NGO exhibits**

**12:15 pm - 1:15 pm Lunch**

Spouses dine separately at Daly's. Buffet lunch will be served to other conference participants in another room

**1:30 pm - 2:30 pm Telehealth Presentation**

(1:30-1:40 pm) A 10-minute introduction on Telehealth

(1:40-2:15 pm) Live demonstration of telehealth technology as an efficient and effective means of providing health care services to rural and remote communities

(2:15-2:30 pm) Telehealth Video

**2:30 pm - 3:15 pm Remarks by Spouses**

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

**3:15 pm - 3:30 pm Coffee Break**

**3:30 pm - 4:30 pm Remarks by Spouses**

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

**4:30 pm - 5:00 pm Spouses are driven to Parliament Hill**

**5:00 pm - 6:30 pm Closing Ceremony and signing of Ottawa Declaration**



AMBASSADOR OF THE UNITED STATES OF AMERICA  
OTTAWA, CANADA

July 16, 1999

MEMORANDUM

TO: Nicole Rabner  
Office of the First Lady of the United States of America

FROM: Gordon D. Giffin *GDG*  
Ambassador of the United States to Canada

SUBJECT: Visit of the First Lady to Ottawa, Canada

It was good to see you last week in Ottawa. I am confident that the First Lady's trip here in September will provide meaningful support for enhanced relations in the hemisphere. As I mentioned during your visit, it is my hope that we will be able to use a brief amount of her time in Ottawa, outside of the conference, to foster the extraordinary economic ties between the United States and Canada.

Canada and the U.S. share the largest trading relationship in the world across the world's longest undefended border. On average, over \$1 billion per day of commerce crosses our 5,500 mile long common border each year. The personal and economic ties which span the border are almost impossible to quantify.

All of that said, much more needs to be done to enhance the lives and livelihoods which transcend this border. In upstate New York, for example, the economy and society is as much (or more) focused on Canada than it is on Binghamton or Suffern. The largest and fastest growing employer in Plattsburgh, New York is Montreal-based Bombardier (where they assemble subway cars bound for New York City). The integration between Detroit and Windsor, Ontario (as well as Oakville and Oshawa) in the automotive

business is virtually seamless. The lives of real people on our side of the border are affected every day by the policies which we implement with respect to trade and border management. This is not foreign policy theory, rather it makes a real difference to real people.

Canada and the U.S. entered into a free trade agreement in 1989 which was expanded five years later to include Mexico and became NAFTA. There are many success stories which illustrate how beneficial this trading relationship has been. However, more importantly, I envision a brief session with the First Lady where Canadian and American business interests (roughly 20-25 people) provide their insight regarding the future policies which will be necessary to continue the remarkable and mutually beneficial growth we have experienced over the past ten years.

Ottawa, situated just 50 miles from the border at Ogdensburg, New York is a perfect place for such a brief discussion. It could include the following types of participants:

- representatives of the St. Lawrence Seaway from Masena, New York to discuss shipping issues on the St. Lawrence and Great Lakes;
- representatives from General Motors, Ford and Chrysler to discuss enhancing auto trade;
- representatives of major Canadian companies such as Bombardier, Quebecor (world's largest printing company), Teleglobe (telecom) and Canadian National Railway (recently acquired Illinois Central) which have substantial operations in the U.S. with thousands of employees in the U.S. to discuss policies to enhance economic development on our side of the border;
- representatives of major U.S. companies such as Kodak, IBM, Walmart and UPS which have significant operations in Canada to discuss similar policies going the other direction;
- representatives of energy companies on both sides of

the border to discuss how enhanced access to low cost Canadian energy can lower costs in New York and New England and eliminate the need for construction of more capacity with attendant environmental benefits;

- representatives of small communities such as Burlington, Vermont, Plattsburgh, New York to discuss how important policies which foster cross-border commerce are to the economic health of these areas. These people would include municipal or county officials and Chamber of Commerce representatives.

I would plan to carefully select the participants and refine the focus of the discussions. The presence of the First Lady would emphasize how important these issues are to the U.S. Government. Also, I believe she would learn more about the integration of our economies, permitting her to develop more insight about policies which would facilitate prosperity in communities all along our northern border. This dialogue would take place within a few minutes of the conference she is attending, either the Embassy or the Residence.

I am prepared to discuss this in more detail at your convenience.

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

**Ottawa, Canada, July 6 - 9, 1999**



**Delegate Binder**

- 1. Agenda**
- 2. Conference Overview**
- 3. Conference Regulations**
- 4. Draft Follow-up Report by Countries**
- 5. Follow-up Report Summaries**

**Presentation 1:** *Measles Eradication, Violence Against Women, Maternal Mortality and Healthy Schools*

Pan American Health Organization (PAHO)

**Presentation 2:** *Business Development Program for Rural Women (PADEMUR)*

Inter-American Institute for Cooperation on Agriculture (IICA)

**Presentation 3:** *Horizontal Cooperation Project to Promote Child Development*

Fundación Integra

**Presentation 4:** *Rural Women and Social Development*

Unit for Social Development and Education (UDSE) Organization of American States (OAS)

**Presentation 5:** *Maternal Mortality Initiative*

United States Agency for International Development



## 6. Follow-up Reports

**Presentation 1:** *Measles Eradication, Violence Against Women, Maternal Mortality and Healthy Schools*

Pan American Health Organization (PAHO)

**Presentation 2:** *Business Development Program for Rural Women (PADEMUR)*

Inter-American Institute for Cooperation on Agriculture (IICA)

**THIS DOCUMENT WILL BE DISTRIBUTED AT THE TECHNICAL MEETING**

**Presentation 3:** *Horizontal Cooperation Project to Promote Child Development*

Fundación Integra

**Presentation 4:** *Rural Women and Social Development*

Unit for Social Development and Education (UDSE) Organization of American States (OAS)

**Presentation 5:** *Maternal Mortality Initiative*

United States Agency for International Development

## 7. Current Activity Summaries

**Presentation 1:** *Violence Against Women, Eradication of Poverty/ Economic Empowerment, Education/Information Network, Participation of Women in Power and Decision-Making Structures*

Inter-American Women's Commission (CIM)

**Presentation 2:** *Reproductive Health*

Inter-American Development Bank (IDB)

**Presentation 3:** *Investing in Early Childhood and Poverty Reduction in Latin America*

Inter-American Development Bank (IDB)

## 8. Reports on Current Activities

**Presentation 1:** *Violence Against Women, Eradication of Poverty/ Economic Empowerment, Education/Information Network, Participation of Women in Power and Decision-Making Structures*

Inter-American Women's Commission (CIM)

**Presentation 2:** *Reproductive Health*

Inter-American Development Bank (IDB)

**Presentation 3:** *Investing in Early Childhood and Poverty Reduction in Latin America*

Inter-American Development Bank (IDB)

## 9. Summary of Projects for Possible Endorsement at Ninth Conference



### A Healthy Start: Investing in Children 0-6

**Project 1:** *International Symposia on Early Childhood Education*

Unit for Social Development and Education (UDSE) Organization of American States (OAS)

**THIS DOCUMENT WILL BE DISTRIBUTED AT THE TECHNICAL MEETING**

**Project 2:** *Registration of Children Across the Americas*

United Nations Children's Fund (UNICEF)

**THIS DOCUMENT WILL BE DISTRIBUTED AT THE TECHNICAL MEETING**

**Project 3:** *Early Childhood Development in the Latin America and the Caribbean Region*

United Nations Children's Fund (UNICEF)

**Project 4:** *Cooperation between Health and Education Sectors in Support of a Comprehensive Approach to Child Development*

Unit for Social Development and Education (UDSE) Organization of American States (OAS)

**Project 5:** *Integrated Management of Childhood Illness*

Pan American Health Organization (PAHO)

### Women's Health

**Project 6:** *Prevention of Domestic Violence through Children's Education*

Inter-American Children's Institute (IACI)

**Project 7:** *The DESAPER project and Global Health Challenges*

Pan American Health Organization (PAHO)

**Project 8:** *Prevention of AIDS in Mothers and Children*

United Nations AIDS Program (UNAIDS)

## 10. Projects for Possible Endorsement at Ninth Conference

### A Healthy Start: Investing in Children 0-6

**Project 1:** *International Symposia on Early Childhood Education*

Unit for Social Development and Education (UDSE) Organization of American States (OAS)

**THIS DOCUMENT WILL BE DISTRIBUTED AT THE TECHNICAL MEETING**

**Project 2: Registration of Children Across the Americas**

United Nations Children's Fund (UNICEF)

**THIS DOCUMENT WILL BE DISTRIBUTED AT THE TECHNICAL MEETING**



**Project 3: Early Childhood Development in the Latin America and the Caribbean Region**

United Nations Children's Fund (UNICEF)

**Project 4: Cooperation between Health and Education Sectors in Support of a Comprehensive Approach to Child Development**

Unit for Social Development and Education (UDSE) Organization of American States (OAS)

**Project 5: Integrated Management of Childhood Illness**

Pan American Health Organization (PAHO)

**Women's Health**

**Project 6: Prevention of Domestic Violence through Children's Education**

Inter-American Children's Institute (IACI)

**Project 7: The DESAPER project and Global Health Challenges**

Pan American Health Organization (PAHO)

**Project 8: Prevention of AIDS in Mothers and Children**

United Nations AIDS Program (UNAIDS)

11. Draft Summary of Current and Future Actions to be undertaken by the Spouses of Heads of State and Government of the Americas  
**THIS DOCUMENT WILL BE DISTRIBUTED AT THE TECHNICAL MEETING**

12. Draft Conference Agenda

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**1**

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

**Ottawa, Canada, July 6 - 9, 1999**

**Room 200, West Block, Parliament Hill**



**Monday July 5**

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

**Tuesday, July 6**

Morning	Delegations arrive at Macdonald-Cartier Airport
	Hemisphere Summit Office officials will meet delegates at the airport and provide transportation to the Sheraton Hotel - 150 Albert Street, Ottawa
	Check in, accreditation and delivery of folders with working documents
11:45 am	Heads of delegations and International co-operation agency representatives depart the Sheraton Hotel by motorcoach
12:15 pm	Arrival of heads of delegation to the Lester B. Pearson Building 125 Sussex Drive, Ottawa
12:30 - 2:00 pm	<b>Inaugural Luncheon hosted by Mrs. Aline Chrétien 9<sup>th</sup> floor, Tower A, Lester B. Pearson Building 125 Sussex Drive, Ottawa</b>
2:00 pm	Delegates depart the Lester B. Pearson Building by motorcoach for Parliament Hill
2:15 - 2:30 pm	<b>Inauguration of the Technical Meeting Room 200, West Block, Parliament Hill Chair: Dr. Chaviva Hosek Director, Policy and Research Office of the Prime Minister</b>
2:30 - 3:00 pm	<b>Methodology for the Technical Meeting</b>

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

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

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

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

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

Oficina de la Cumbre Hemisférica (LXD)  
Ministerio de Asuntos Exteriores y  
Comercio Internacional  
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Government  
of Canada

Gouvernement  
du Canada



**Canada**



- 3:00 - 3:30 pm**      **Review of Draft Follow-up Report from 8th Conference**
- 3:30 - 4:00 pm**      **Coffee Break**
- 4:00 - 5:45 pm**      **Agency Follow-up Reports on projects endorsed at previous Conferences**
- (4:00 - 4:20 pm)      *Measles Eradication, Violence Against Women, Maternal Mortality and Healthy Schools*  
Ms. Julia Wayand, Office of External Relations  
Pan American Health Organization (PAHO)
- (4:20 - 4:30 pm)      Questions and answers
- (4:30 - 4:50 pm)      *Business Development Program for Rural Women (PADEMUR)*  
Ms. Clara Solis-Araya, Director, Sustainable Development  
Inter-American Institute for Cooperation on Agriculture (IICA)
- (4:50 - 5:00 pm)      Questions and answers
- (5:00 - 5:10 pm)      *Horizontal Cooperation Project to Promote Child Development*  
Ms. Veronica Baraona, Office of the First Lady of Chile  
Fundación Integra
- (5:10 - 5:15 pm)      Questions and answers
- (5:15 - 5:25 pm)      *Rural Women and Social Development*  
Dr. Gaby Fujimoto, Senior Specialist in Education  
Unit for Social Development and Education (UDSE)  
Organization of American States (OAS)
- (5:25 - 5:30 pm)      Questions and answers
- (5:30 - 5:40 pm)      *Maternal Mortality Initiative*  
Ms. Carol Dabbs, Team Leader, Population, Health and Nutrition  
Bureau for Latin America and the Caribbean  
United States Agency for International Development (USAID)
- (5:40 - 5:45 pm)      Questions and answers
- 5:45 pm              Delegates and International co-operation agency representatives depart Parliament Hill by motorcoach for the Sheraton Hotel
- 7:00 pm              All delegates and International co-operation agency representatives depart the Sheraton Hotel by motorcoach for the docks
- 7:30 - 10:00 pm**      **Boat tour on the Ottawa River (includes dinner)**



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

### Wednesday, July 7

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

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

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

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

(9:00 - 9:20 am) *Reproductive Health*  
Mr. Ricardo Moran  
Social Development Division  
Inter-American Development Bank (IDB)

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

(9:30 - 10:05 am) *Investing in Early Childhood and Poverty Reduction in Latin America*  
Mr. Ricardo Moran, Social Development Division  
Inter-American Development Bank (IDB)

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

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

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

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

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



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

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

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

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

**12:15 - 2:00 pm**      **Lunch (open)**  
A list of nearby restaurants is provided in the information package

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

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

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

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

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

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

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

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

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

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



5:00 - 6:00 pm

**Conference Regulations**

6:00 pm

Delegates and International co-operation agency representatives depart Parliament Hill by motorcoach for the Sheraton Hotel

Free Evening

**Thursday, July 8**

8:00 am

Delegates and International co-operation agency representatives depart by motorcoach from the Sheraton Hotel to Room 200, West Block, Parliament Hill

**8:30. - 9:30 am**

**Presentation of projects for Conference agenda on theme of "Women's Health" (continued)**

(8:30 - 8:50 am)

*The DESAPER project and Global Health Challenges*  
Ms. Julia Wayand, Office of External Relations  
Pan American Health Organization (PAHO)

(8:50 - 9:00 am)

Questions and answers

(9:00 - 9:20 am)

*Prevention of AIDS in Mothers and Children*  
Dr. Mercedes Weissenbacher  
United Nations AIDS Program (UNAIDS)

(9:20 - 9:30 am)

Questions and answers

**9:30 - 10:30 am**

**Discussion of projects presented on theme of "Women's Health"**

**10:30 - 11:00 am**

**Coffee Break**

**11:00 - 12:30 pm**

**Review of draft Ottawa Declaration**

**12:30 - 2:00 pm**

**Lunch (open)**

**2:00 - 3:00 pm**

**Review of draft Ottawa Declaration (continued)**

**3:00 - 4:35 pm**

**Presentation on Telehealth**

(3:00 - 3:05 pm)

Introduction  
Ms. Elizabeth Mulholland  
Senior Advisor, Policy and Research  
Office of the Prime Minister



- (3:05 - 3:35 pm) *The Nature and Functions of Telehealth*  
Dr. Mamoru Watanabe, Professor Emeritus of Medicine  
University of Calgary
- (3:35 - 4:05 pm) *The Canadian Women's Health Network*  
Ms. Madeline Boscoe, Executive Coordinator  
Canadian Women's Health Network
- (4:05 - 4:35 pm) *The First Nations Health Information System*  
Ms. Lucy Papineau, Acting Director  
Social Development & Health Mohawk Council of Akwesasne
- 4:35 pm Delegates and International co-operation agency representatives  
depart Parliament Hill by motorcoach for the Sheraton Hotel
- 5:30 pm All delegates and International co-operation agency  
representatives depart the Sheraton Hotel by motorcoach for  
Gatineau Park
- 6:30 pm Barbecue followed by entertainment**  
**Willson House, Gatineau Park**
- 9:30 pm - midnight Delegates and International co-operation agency representatives  
return to the Sheraton Hotel by motorcoach

**Friday, July 9**

- 8:00 am Delegates and International co-operation agency representatives  
depart by motorcoach from the Sheraton Hotel to Room 200,  
West Block, Parliament Hill
- 8:30 - 10:00 am Review draft of *Summary of Current and Future Actions to  
be Undertaken by the First Spouses***
- 10:00 - 10:30 am Coffee Break**
- 10:30 - 11:30 am Presentation on the Parallel NGO Events**  
Ms. Elizabeth Mulholland  
Senior Advisor, Policy and Research  
Office of the Prime Minister
- 11:30 am - noon Questions and answers
- Noon Delegates depart by motorcoach for the Westin Hotel  
(site of the 9th Conference of Spouses of Heads of State and  
Government of the Americas)



- 12:30 - 2:00 pm**      **Working Lunch, Westin Hotel (Confederation III)**  
**Chair: Ms. Louise Leger, Executive Director**  
**Hemisphere Summit Office**  
Discussion on Draft Agenda of 9th Conference of Spouses of  
Heads of State and Government of the Americas
- 2:00 - 4:00 pm**      **Logistical information for the 9th Conference**  
(Press, security, protocol, distribution of forms, folders, etc.)
- 4:00 - 4:30 pm**      **Coffee Break**
- 4:30 - 6:00 pm**      **Logistical information for the 9th Conference (continued)**
- 6:00 - 6:30 pm**      **Closing Remarks**  
**Dr. Chaviva Hosek, Director**  
**Policy and Research**  
**Office of the Prime Minister**
- 6:30 pm**              Delegates depart the Westin Hotel for the Sheraton Hotel by  
motorcoach
- 7:00 pm**              **Farewell Cocktail Reception**  
**Penthouse, Sheraton Hotel**

**Saturday, July 10**

Departure of delegates

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**NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE  
AND GOVERNMENT OF THE AMERICAS  
Ottawa, Canada  
September 29 - October 1, 1999**



**OVERVIEW**

**Background**

The Conference of Spouses of Heads of State and Government of the Americas originated in 1980, when the First Spouses of Central America decided to gather to exchange experiences and integrate goals, projects and mechanisms for action and cooperation between their nations. The Conference became an annual event in 1991, in Venezuela. It turned into a hemispheric event in 1994, when Canada and the United States participated in it for the first time.

The Ninth Conference of Spouses of Heads of State and Government of the Americas will be hosted by Canada from September 29 to October 1, 1999. The eight previous conferences have been held in Chile (1998), Panama (1997), Bolivia (1996), Paraguay (1995), Saint Lucia (1994), Costa Rica (1993), Colombia (1992) and Venezuela (1991).

**Context: Canada and the Inter-American Agenda**

In 1990, Canada officially joined the Organization of American States. This was the result of Canada's decision to become a more involved and active partner in the Americas. Since then, Canada has been increasingly involved in the new Inter-American agenda, particularly through its human security and human rights concerns, the anti-personnel mine initiative, trade liberalization and partnerships with civil society.

Canada's hosting of the Ninth Conference of Spouses is thus consistent with its enhanced profile in the region. It is part of a broader Inter-American agenda that includes five other major hemispheric events to be hosted by Canada over the next three years. These five high profile events are: the XIII Pan American Games (July 23 to August 8, 1999), the American Business Forum followed by the Hemispheric Trade (FTAA) Ministerial (November 1 to 4, 1999), the Organization of American States General Assembly (June 2000) and the Summit of the Americas (Spring of 2001).

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

The Conference of Spouses traditionally focuses on social welfare themes, such as health, education, violence, and increased participation in society of women and children. This year, the themes selected are: *A Healthy Start: Children from 0-6*, and *Women's Health*. Both themes are of common relevance for all countries in the region, and at the same time, broad enough to accommodate a large number of sub-themes, depending on the priorities and interests of each country.

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

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

Bureau du Sommet hemispherique (LXD)  
Ministère des Affaires étrangères  
et du Commerce international  
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Courriel : [Danielle.Vinette@dfait-maeci.gc.ca](mailto:Danielle.Vinette@dfait-maeci.gc.ca)

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

Oficina de la Cumbre Hemisferica (LXD)  
Ministerio de Asuntos Exteriores y  
Comercio Internacional  
125 promenade Sussex Dr.  
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It has been customary for the host country to hold a Technical Meeting previous to the Conference itself. During these technical meetings, government delegates and technical advisors from each country, and international cooperation agencies, follow up on projects endorsed at previous conferences, present new projects for information and/or consideration. Delegates also review and revise draft Conference documents, and discuss logistical and security preparations for the Conference. This year, the Technical Meeting will be held in Ottawa from July 6 to 9.

During the Conference itself, the First Spouses endorse the projects previously discussed and approved at the Technical Meeting. On the last day, they sign a declaration committing to the agreements reached at the Conference.

A significant aspect of these Conferences is the participation of International Cooperation Agencies. Working closely with these agencies, the Conference provides a very useful forum for advocacy and support for international cooperation based on programs and projects of regional and national interest. Some of the international cooperation agencies that will be present at the Ninth Conference are: the Inter-American Development Bank (IDB), the Inter-American Institute for Co-operation on Agriculture (IICA), the Organization of American States (OAS), the Pan-American Health Organization (PAHO), the United Nations AIDS Program (UNAIDS), the United Nations Children Fund (UNICEF), and the Inter-American Children's Institute (IACI), among others.

#### **Participation of Non-Governmental Organizations**

In somewhat of a departure from the previous conferences, the Ninth Conference will include a Non-Governmental Organizations (NGOs) Fair. The objective of this event is to bring together non-governmental organizations from Canada and the rest of the hemisphere that are active in the areas of early childhood development and women's health, enabling them to share ideas and experiences, to meet and exchange information with international cooperation agencies and amongst each other. Each First Lady has been invited to select two NGOs from her own country to participate in the Fair, whose mandates are relevant to the themes of the Conference.

On each morning during the Conference, the First Spouses will have one hour to tour the Fair. The first day will be dedicated to those NGOs whose mandate is relevant to early childhood development, and the second day will be on Women's Health. In the afternoon, NGOs will have an opportunity to meet with international cooperation agencies and other government departments to share information and explore opportunities for collaboration.

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**REGULATIONS OF THE PLENARY**  
**CONFERENCE OF SPOUSES OF HEADS OF STATE AND**  
**GOVERNMENT OF THE AMERICAS**



**GENERAL PROVISIONS**

**Article 1: Participants**

Heads of Delegation, Technical Advisors, and Guest Delegates make up the delegations of the countries attending the Conference of Spouses of Heads of State and Government of the Americas.

**Article 2: Types of Participants**

The Heads of Delegation are defined as the First Ladies. They are the Spouses of Heads of State and Government, or their daughters who have officially assumed that role, and the Government Delegates from those countries where there is no First Lady.

The Government Delegates are defined as the participants designated by the governments where there is no First Lady. The rights of participation of the Government Delegates shall follow the order of precedence.

The Technical Advisors are defined as those members of the team of the First Lady or Government Delegate responsible for coordinating the substantive aspects of the Conference.

The Guest Delegates are defined as the representatives of International Organizations and the representatives of Non Governmental Organizations.

***NOTE: Technical Advisors and Guest Delegates are alternate delegates, and are subject to protocol precedence.***

**CONFERENCE ORGANIZATION**

**Article 3: Language**

The Pro-Tempore Secretariat will provide English-French-Spanish simultaneous interpretation and translation services.

**Article 4: Quorum**

Quorum shall be constituted by one half plus one of the Spouses of Heads of State and Government and the Government Delegates participating in the Conference.

**Article 5: Speech Rules**



The Pro-Tempore Secretariat will offer the floor to the speakers according to the order established prior to the meeting. The Pro-Tempore Secretariat may call a speaker to order when his/her observations do not relate to the subject being discussed.

#### **Article 6: Speech Limitations**

- a) The Pro-Tempore Secretariat shall determine the maximum time granted to each Head of Delegation to make her country's speech based on the time availability and the order defined in the Agenda. The order will be based according to the issue and the order of submission.
- b) The Pro-Tempore Secretariat may reduce the time for an alternate delegate's intervention to a period shorter than that granted to the Head of Delegation.
- c) During a debate, the Pro-Tempore Secretariat may read the list of speakers and declare the list as closed. However, the Head of Delegation may be granted the right to respond if a speech given after the closing of the list makes it advisable.

#### **Article 7: Proposals and Amendments**

Countries shall submit their observations to the Draft Declaration within the time limit established by the Pro-Tempore Secretariat. Any specific additional observation may be submitted during the debate scheduled for this purpose in the agenda.

#### **Article 8: Designation of Alternate Representation**

If working groups are to be established, counselors, technical advisors, experts or individuals of a similar category designated by the First Lady or Government Delegate may act as members of said working groups. However, these persons may not participate in plenary sessions.

#### **Article 9: Voting Right**

Each Delegation shall have the right to one vote. The Head of Delegation, or the person designated by the latter as her alternate, shall be vested with said voting right.

#### **Article 10: Decision-Making Procedure**

- a) Decisions shall preferably be made by consensus.
- b) In the event any delegation requests to vote on a proposal, voting shall be carried out by roll call and hand raising.
- c) Proposals shall be approved by majority vote of the attending delegations.

#### **Article 11: Organization of Sessions**



Recognizing the value of the debate, and in order to make the best use of time during this Conference, the following dispositions are to be observed:

- a) **Extension of the Plenary.**  
Each Plenary should not extend beyond three hours so that all Heads of Delegation may have the opportunity to expound within the time limit set by the Pro-Tempore Secretariat.
- b) **Closing of the speaker's list.**  
The organization of the debate demands that the list of speakers who wish to participate be finalized one week prior to the Conference.
- c) **Extension of the interventions.**  
The time of the programmed interventions must not exceed the limit established by the Pro-Tempore Secretariat. Any extempore intervention during the Plenary cannot exceed the time allotted for the scheduled interventions. It is suggested that the extempore interventions do not exceed two minutes.

#### **Article 12: Response Rights**

- a) During the sessions, the delegations may use the right to respond at the end of the Plenary, within the established time limit.
- b) Each delegation, using its right to respond, shall be allowed only two interventions per theme in a single session.

### **FINAL DISPOSITIONS**

#### **Article 13: Conference Host Country**

When deciding on the country that in each opportunity shall be the host country for the Conference, the following order should be observed:

The hemisphere has been divided into 5 Regions:

- North America
- Central America
- Caribbean
- Andean Pact
- South Cone

One of the countries of each Region shall be the host country for the Conference according to the consecutive order set forth above. Should none of the countries in the corresponding Region express its willingness to be the host country for said event, one of the countries in the next successive Region will be invited to be the

host country for the Conference. In this case, the proposal shall be decided with the vote of the Heads of Delegations attending the meeting.

**Article 14: Participation**

All countries of the region that have expressed their interest in **implementing the programs proposed in the final Declaration of the Ninth Conference of Spouses of Heads of State and Government of the Americas** have the right to participate in them.

*Note: The deadline for submission of the recommendations on the Regulations governing the Plenary Sessions of the Ninth Conference of Spouses of Heads of State and Government of the Americas and future ones is August 16, 1999.*



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

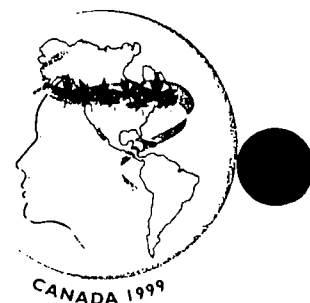


**1. Healthy Schools**

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

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

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



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

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

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

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

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



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

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

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

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



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

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

## 2. Sex Education for Girls

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

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

The Ministry of Education in **Chile** has organized sex education campaigns in all schools supported by the First Lady, and orientation sessions for young people at the Family Foundation, which is chaired by the First Lady. Financing comes from the national budget, and the program is continuing during 1999.



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

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

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

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

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

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



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

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

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

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

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



### 3. HIV/AIDS prevention for adolescents

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

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

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



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

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

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

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



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

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

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

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

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

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

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



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

In conjunction with different Ministries, Provincial Councils and IICA, **Argentina** introduced a rural women's program that trains women in weaving, gardening, beekeeping, fruit growing and carpentry. The program includes the establishment of libraries and cultural centres. A meeting on the situation of rural women in Argentina was held in June 1998, attended by 30 rural working women who are leaders in their respective communities. A program on local communications and integration centres in rural areas could not get under way due to a lack of funding.

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

In 1998, the Rural Women's Office of **Colombia's** Ministry of Agriculture and Rural Development implemented the following programs: First, strengthening in the fields of entrepreneurship, organization and community participation for rural women to enable them to achieve representation and the power of participation in National, Regional and local



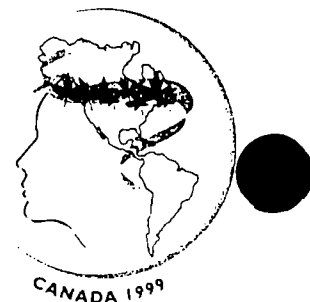
decision-making bodies. The activities involved are: training and advisory services in production; technical and financial support for production projects led by rural women; promotion of rural education with a gender perspective; training for community mothers and representatives of rural organizations in the preparation of soy-based foods. The second strategy was institution-building to encourage organizations in the agricultural sector to incorporate gender perspectives. The third was to strengthen the management and interinstitutional coordination capacity of the Rural Women's Office, and the fourth was a special project on the socioeconomic stabilization and consolidation of women and rural families displaced by guerrilla warfare.

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

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

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

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



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

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

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

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

The Ministry of Agriculture of **Peru** supported various programs for rural development and poverty reduction with a gender perspective. Activities in Peru to consolidate economic units headed by women are based on two strategies: (1) linkage of government demand for goods and services to be supplied by micro-enterprises promoted under the infrastructure and social



support program (PAR); and (2) identification of market opportunities. These activities are promoted through marketing, economic management, internal organization and personal development. Micro-enterprises have been encouraged in different areas such as sewing, food, crafts, footwear, business and services.

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

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

##### **5. Multilateral Horizontal Cooperation Project – INTEGRA**

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

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

## 6. Domestic Violence

With assistance from UNICEF, an instrument for reporting cases of violence against women was established in **Argentina** (Buenos Aires). A program to provide assistance for abused children and a safe house for abused women and their children was also created. A telephone hotline was set up to provide technical, legal and psychological counselling, assistance and guidance in cases of family violence. A provincial program to prevent family violence was also established in the province of Buenos Aires. This program includes four elements: community prevention; guidance for assistance units; professional development days; and training for the police. There has been an increase in the number of complaints laid since the telephone hot lines were set up and publicized. Training for court and police staff who receive complaints has led to greater effectiveness in investigating and resolving cases.

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

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

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





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

In the **Dominican Republic**, the campaign to prevent domestic violence has been stepped up, with the cooperation of various Government Ministries, NGOs, the IDB, the UNFPA and PAHO. The policies include a program contained in the Law to Prevent Domestic Violence; an education campaign; a pilot violence prevention program in two communities; participation in the Inter-American Convention to Prevent and Eradicate Violence Against Women; the establishment of police detachments to assist women; the creation of social services for the victims of domestic violence; and programs for psychological treatment and emotional support provided by the Ministry of Public Health.

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

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



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

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

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

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



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

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

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

## 7. Senior Citizens

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

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

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

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

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





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

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

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

**Honduras** passed a law on special treatment for seniors, retirees and pensioners with disabilities, and launched a project to create a Senior Citizens' Institute. The Family Allowance Program has issued vouchers to seniors; a Seniors Commission has been established, and discounts are provided on the cost of private medical services and medications for seniors.



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

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

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

## 8. Women's Leadership

**Argentina** has carried out a federal women's plan, financed by the Inter-American Development Bank, to improve the formulation, monitoring and evaluation of public policies and programs to promote women in the country. The objectives will be achieved through institutional strengthening and support for local initiatives. A Training Program in Political Leadership for women has been designed, and a Tripartite Committee has been established on equal opportunities for men and women in the work force. The committee is composed of representatives of government, business, and unions. The objectives are to build a consensus among social players to promote equal access, treatment and training for both sexes, to foster strategies for equal opportunities for men and women in the labour market, and to build professional and technical capacity. A scholarship has been established jointly with the NGO *Fundación Mujeres en Igualdad* to enable female university students to take a year of postgraduate studies abroad.

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

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



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



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

In **El Salvador**, a Gender Unit was established in the Training School to promote participation by women in designing national and municipal public policies. A training plan was designed and developed on gender theory, and civic participation for the experts and managers of the school to guide the promotion of women's participation in municipal councils. Consultations were held at the national level with representatives of civil society organizations, political parties and government agencies to gather proposals and suggestions on how to apply the national women's policy. To promote the exercise of women's civic rights and their social and political recognition, an institutional work plan was designed to carry out promotional campaigns that encourage women to obtain national identity documents and cards and to register at the polls.

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



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

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

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

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

**Panama** focused its efforts on providing training opportunities for the female directors of women's NGOs and the 13 public institutions that have a Women's Office integrate the gender perspective. Another goal is to establish a Bank of Women gender specialists to offer training opportunities for decision-makers to raise their awareness of this issue. Eighty percent of Government Ministers and Directors attended the workshop.



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

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

#### 9. **Education for Rights and a Culture of Peace**

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

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



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

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

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

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

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

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



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

**Peru's** strategies for promoting a culture of peace include strengthening the mechanisms for interinstitutional coordination by promoting national events to highlight human rights and to monitor and evaluate the issue, so that national projects can be according to the needs. The results include the dissemination and promotion of basic ideas on human rights, and of national and international mechanisms for their protection, through seminars, workshops and human rights programs targeted to government institutions and civil society.

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

## 10. 21st Century Schools: Training for Life

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

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

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

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

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



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



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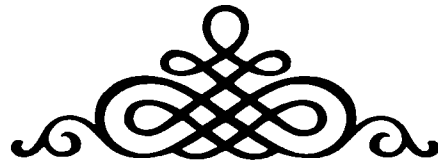
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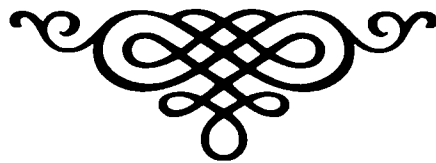
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# PRESENTATION 1



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

Presenter: **Julia Wayand**

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



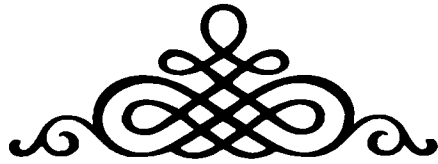
### **Description**

**Measles elimination:** The Spouses of Heads of State and Government of the Americas support PAHO's goal to eradicate measles by the year 2000. One of the main activities to reach this is the implementation of the organization's vaccination strategy in the Hemisphere. So far in 1999 there are only 400 reported cases of measles left in the Americas.

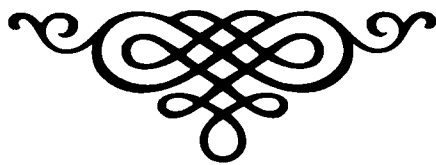
**Domestic violence:** In general there has been a lot of progress in the eradication of domestic violence in Latin America. PAHO jointly with the countries in the region provide technical evaluations of the experiences and annual action plans that include expected results and progress indicators. In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

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

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



# PRESENTATION 2



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

Presenter: **Clara Solis-Araya**

Subject: **Hemispheric program for the gender equity and development of rural women (PADEMUR)**



### Background

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

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

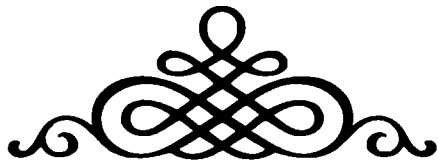
### Follow-up report

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

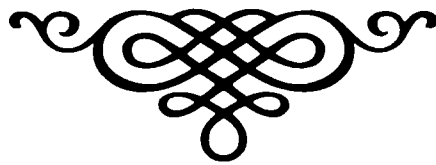
- The contribution of rural women to rural development has been recognized through documents, meetings and workshops;



- PADEMUR's main activities have been targeted to Central America and Panama in response to the mandate of the Ministers of the region. National PADEMUR committees have been consolidated throughout the region which already have developed plans of action that stress preparation of a national analysis of rural women, public policies for rural women, programs to promote production, actions by Non-Governmental Organizations to foster production, and lessons learned;
- In April 1999, a programming workshop was held with the countries of Central America, Panama and Belize to define PADEMUR's plan of action for this year. Further, it was agreed to introduce PADEMUR in the Andean region;
- In the Caribbean, IICA has provided technical training to establish a network of female agro-entrepreneurs. A workshop is planned for July 1999, which will be attended by the Spouses of Heads of State and Government of the region, the Ministers of Agriculture and the Networks of Female Agro-Entrepreneurs;
- IICA has defined a strategy to introduce the PADEMUR program in South America. To date, the greatest progress has been made in Chile, where the National Committee has been consolidated, a first draft of a profile of rural women has been prepared, and an inter-institutional agreement has recently been signed. The program is also being launched in Paraguay, Argentina and Brazil.



# **PRESENTATION 3**



Organization: **INTEGRA Foundation**

Presenter: **Verónica Baraona**

Subject: **Multilateral Horizontal Co-operation Project - INTEGRA Foundation**



### Background

During the Eighth Conference of Spouses of Heads of State and Government of the Americas, which was held in Santiago, Chile, in September 1998, an action plan was developed to support the Multilateral Horizontal Co-operation Project being carried out by the INTEGRA Foundation. The main objective of this project is to promote child development and to make it easier for women living in poverty to join the labour force. The project will allow participants to share and transfer experiences relating to early childhood education, growth, child protection and comprehensive development among children under six years of age.

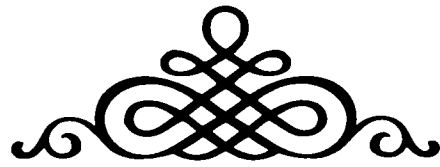
### Follow-up report

#### Activities for 1999

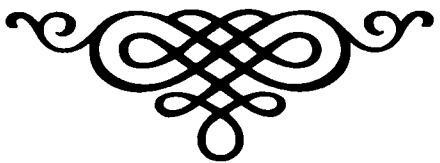
From April 15 to 16, the preparatory meeting of the co-ordinators from each participating country was held in Quito, Ecuador. The purpose of the meeting was to allow the co-ordinators from each country to get to know one another and to agree on upcoming activities for the year.

From June 16 to 18, a seminar entitled **Co-operation to Promote Child Development in the Americas** was held in Santiago, Chile, with participants from Argentina, Bolivia, Costa Rica, Ecuador and Chile. The purpose of this seminar was to provide an opportunity for the institutions participating in the project and guests to share their experiences.

From July 6 to 8, a seminar entitled "Cooperation to Promote Child Development in the Americas" will be held in San José, Costa Rica, with participants from Costa Rica, Honduras, Panama and Chile. This seminar is being organized by the IMAS [Joint Social Assistance Institute].



# PRESENTATION 4



Organisation: **Organization of American States (OAS)**

Presenter: **Dr. Gaby Fujimoto**

Subject: **Rural Women and Social Development**

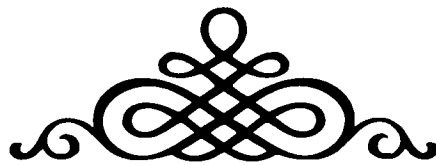


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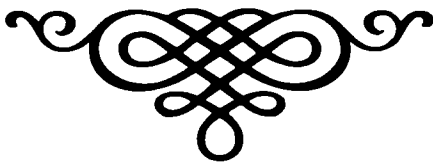
The Action Plan of the 8<sup>th</sup> Conference of Spouses of Heads of State and Government of the Americas, held in Santiago, Chile in September, 1998, endorsed the Hemisphere Program to support integration of Rural Women into the productive chain and socio-economic democratization. One of the main objectives of this program is to promote and support all efforts aimed at improving the quality of life and participation of women in the rural development process of Latin America and the Caribbean

Follow-up report:

On June 24 and 25 the Rural Women in Social Investment Project seminar was held in Lima, Peru. Funding for this activity comes from the OAS - Inter-American Council for Internal Development (CIDI) and technical support was provided by the OAS unit for social development and education.



# **PRESENTATION 5**



Organization: **United States Agency for International Development (USAID)**

Presenter: **Carol Dabbs**

Subject: **Maternal mortality**



### Background

In the La Paz Declaration, the Spouses of Heads of State and Government of the Americas reiterated their commitment to reducing maternal mortality and morbidity by carrying out regional projects with participation by governments and international agencies.

### Follow-up report

To that end, the United States Agency for International Development presents activities undertaken following the Sixth Conference of Spouses.

The main objectives of the project are to improve obstetrical care by providing training for health-care workers. Some of the results expected are better access to health services to enable communities to respond rapidly to complications during pregnancy, and increased medical care for pregnant women.

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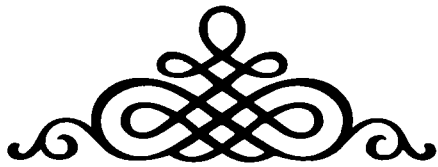
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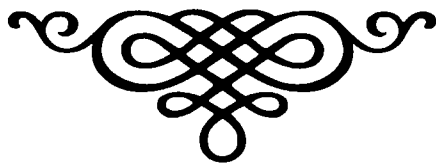
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# PRESENTATION 1



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

**PAN AMERICAN HEALTH ORGANIZATION**

**Includes:**

- PROGRESS IN THE REGIONAL PLAN FOR THE REDUCTION OF  
MATERNAL MORTALITY**
- PROGRESS IN THE ERADICATION OF DOMESTIC VIOLENCE**
- MEASLES ERADICATION IN THE AMERICAS**
- FOLLOW-UP REPORT: "XXI CENTURY SCHOOLS, EDUCATING  
FOR LIFE"**

Washington, D.C., June 30 1999

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

**PAN AMERICAN HEALTH ORGANIZATION**

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

**1. Background**

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

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

Since 1993, the agendas of the Conferences of First Ladies of the Americas and the Caribbean included commitments to promote and support the development and strengthening of national policies and specific plans and programs aimed at the rapid reduction of maternal mortality. Since then, each Conference has renewed this commitment to continue support for the regional initiative to reduce maternal

mortality. In 1996 an agreement on a regional initiative to reduce maternal mortality was signed at the Conference of First Ladies in La Paz, Bolivia.

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

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

### **2.1. General Objective**

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

### **2.2. Specific Objectives**

1. To promote the formulation or strengthening of national policies and specific plans and programs for the rapid reduction of maternal mortality.
2. To support national information, communication, and education campaigns to increase public awareness about the importance and consequences of maternal mortality and promote greater action for its prevention.
3. To encourage the mobilization of public and private institutions, non-governmental organizations (NGOs), grassroots organizations, and other entities so that, within in their particular sphere of activity, they will contribute to the formulation of national and local plans and to the execution of measures with a substantial impact leading to a rapid reduction in maternal mortality.

4. To facilitate information exchange among countries regarding operations research on successful experiences that will make it possible to identify and overcome the barriers to access and appropriate utilization of the health services or the factors that prevent health programs for women from having a greater impact.
5. To promote programs to improve information systems in order to monitor the epidemiological surveillance indicators for maternal mortality at the country and regional level and maintain a vigorous epidemiological surveillance system at the community and institutional level.

### **3. Progress**

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

#### **3.1. Regional**

- **Review of the legislation:** Bolivia, Ecuador, El Salvador, Peru, and the Dominican Republic finalized a study on the regulatory framework applicable to family health, maternity, women, and indigenous populations.
- **Formation of a Regional Task Force:** As agreed at the World Summit for Children, the Interagency Coordinating Committee for the Americas met at PAHO Headquarters in February 1999 to analyze activities conducted by the different agencies to reduce maternal mortality. At that time, the Interagency Coordinating Committee formed a Task Force with the responsibility of facilitating interagency coordination and implementation to improve maternal

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

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

- **Publications of several reproductive health documents** including WHO/UNICEF/UNFPA Americas Region Consultation on Maternal Mortality have been produced and circulates.
  
- **Global meeting** jointly sponsored by UNICEF/WHO/UNFPA to discuss "Systematizing experiences in implementing women-friendly health services". Meeting conclusions recommend countries support efforts to improve quality of care for women's health services in maternal health.
  
- **International Women's Health Day celebrations** in many countries calling public attention to unacceptable levels of access and cost to women's health services.
  
- Regional assessment of the goals of the World Summit for children indicate there are still many inequities in the region and that significant advances in reduction of maternal mortality have not been detected in the last seven years. As a result the Ministers of Health of the Americas renewed their commitment to finding solutions to this serious problem.

### 3.2. Country Initiatives

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

#### 3.2.1. Policy

- **Bolivia:** provision of basic health insurance in April 1999. Insurance benefits address the health needs of women to facilitate rapid reduction of maternal mortality.
- **Ecuador:** formulation of a National Plan for the Reduction of Maternal Deaths has to strengthen the surveillance of community committees with the mandate to reduce maternal deaths and improve operations research in emergency hospital obstetric care. The Plan seeks to raise political and government awareness about the consequences of maternal death to the family and society as a whole.
- **Haiti:** reactivation of the National Plan for the Reduction of Maternal Mortality. Plan implementation is spearheaded by the Ministry of Health and supported by international technical and financial cooperation. Appointment of a consultant to serve as focal point for Plan activities.
- **Dominican Republic:** upgrading human resources to strengthen nursing and health workers in essential obstetrical care. Haiti: 400 Cuban nationals are providing services, which have considerably strengthened primary health care.

- **El Salvador:** significant progress is anticipated as a new reproductive health policy recently promulgated by the Ministry of Health is implemented.
- **Nicaragua:** formulation of a new national plan for reducing maternal mortality with the participation of the Ministry of Health and several international cooperation agencies.

### 3.2.2. Programs Activities

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

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

### 3.2.3. Community Participation

- Various countries, in their efforts to raise consciousness and promote public participation have developed reproductive health fairs with an emphasis on maternal mortality. Haiti is an example of this strategy.
- San Julián in Santa Cruz, Bolivia implemented an information, communication, and education model with community participation. Cotopaxi- Ecuador implemented a pilot model to introduce quality maternal health. The executing agency of both projects is Quality Assurance, a non-governmental organization in conjunction with PAHO supported by a USAID grant, participates in the regional initiative for the reduction of maternal mortality. Honduras also implemented programs with the support of Quality Assurance.

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

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

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

## **PAN AMERICAN HEALTH ORGANIZATION**

### **PROGRESS IN THE ERADICATION OF DOMESTIC VIOLENCE**

#### **1. Background**

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

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

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

The enforcement of two international agreements that recognize gender-

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

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

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

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

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

present the project that is currently being implemented in ten countries of the Region of the Americas.

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

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

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

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

## **3. Progress**

Since 1995, the Women, Health and Development Program of PAHO/WHO, in coordination with the health sector, has provided technical cooperation in municipalities of Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama, Ecuador, Bolivia and Peru. PAHO has also facilitated the sharing of positive experiences among the countries of the Americas, such as the Regional Meeting on Norms and Protocols for the detection, prevention and care of intrafamily violence, in El Salvador, July 1998, the symposium on Masculinity from a Gender Perspective in Panama, May 1999, and the Regional Meeting on Epidemiological Surveillance in Violence to be held in August of 1999 in El Salvador. The project promotes the coordination among different government institutions and other social entities in designing comprehensive approaches to domestic violence. These approaches are based on responses of victims of domestic violence, collected during a multicenter study that PAHO/WHO carried out in ten countries of the Americas, "The Critical Path that Women Victims of Violence follow in Search for Assistance". PAHO/WHO also identified appropriate social

entities that could participate in carrying out a Comprehensive Model of Care for Violence. Similarly, protocols were prepared for addressing domestic violence in health institutions. A RAP research protocol was prepared and is being executed in 30 localities of Central America.

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

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

#### **4. Principal Achievements of the Participating Countries**

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

**Belize** has formed a National Commission to address domestic violence in which government institutions, as well as non-governmental organizations,

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

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

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

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

**El Salvador** has created a National Program Against Domestic Violence coordinated by the Institute of Women. The health sector has been integrated to

develop eight municipal training sessions for health workers and to incorporate domestic violence in Health Sector Reform.

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

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

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

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

In **Peru**, the National Forum was established with the participation of Municipalities, that included the legal sector, the Ministries of Education, Justice, Women, Human Development, and Health; the Police; the Women Center, Flora Tristán; PAHO and the UNDP. A Multisectorial model of care was developed, and

a Plan of Operation was prepared and published in 1998. At the end of this same year, a multisectorial agreement was signed for design and implement national strategies to address intrafamily violence. A broad-training process for government and non-governmental personnel was developed. The Ministry of Education has incorporated intrafamily violence in its curricula for 1-12 grades. In 1998 Peru provided training for more than 3,000 multisectorial personnel. Sixty-five community based support groups for women and men are functioning in Peru.

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

## **5. Successful Experiences**

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

## **6. Obstacles**

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

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

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

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

## **7. Monitoring and Evaluation**

The Pan American Health Organization/World Health Organization jointly with the countries, provides technical evaluations of the experiences and annual plans of action that include expected results and progress indicators. In addition, the

organization continues to mobilize resources for the Region of the Americas on this subject.

## **8. Basic data on the Initiative**

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

## **PROJECT OF CENTRAL AMERICA**

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

**Time:** 1998-2001

**Amount:** US\$3.175.670

**Donors:** Governments of Sweden and Norway

## **PROJECT ANDEAN SUBREGION**

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

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

**Amount:** US\$1.634.206

**Donor:** Government of The Netherlands

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

## PAN AMERICAN HEALTH ORGANIZATION MEASLES ERADICATION IN THE AMERICAS

### 1. Introduction

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

In October of 1995, during the V Conference of Wives of State and Government in the Americas, the First Ladies agreed to contribute towards the target of measles eradication in the Americas by the year 2000. The First Ladies committed themselves to closely work with the Ministers of Health and international organizations to promote and provide follow-up to this goal. Toward this end, the First Ladies elaborated a Plan of Action, which outlined critical steps in their own countries in support of measles eradication. These included guaranteeing the

purchase of vaccines and cold chain equipment in every country; guaranteeing the participation of civil society, evaluating the progress of national objectives in measles eradication; accompanying the process of regional vaccination campaigns; and disseminating this commitment on a national and international level.

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

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

## **2. Measles Situation in the Americas**

Great progress has been made towards achieving this goal, with a marked reduction in the annual number of reported cases. For 1998, the provisional number of confirmed cases in the Region stands at 12,908, which represents a 76% reduction when compared to the 53,683 confirmed cases in 1997. The Americas had achieved a record low level of measles cases in 1996. However, in 1997 there was a resurgence of the disease due to an importation from Europe to Brazil, which then spread to several countries in the Region and has resulted in over 100 measles-

related deaths in the past two years in both countries; most occurring among unvaccinated infants and preschool-aged children. The measles outbreaks in Brazil and Argentina in 1997 have demonstrated the lethality of measles virus. A major contributing factor to the resurgence of measles in Brazil and Argentina was the failure to *fully* implement the measles eradication strategy. Once measles virus was re-introduced into these areas, it was virtually impossible to stop it by rapidly implementing emergency measles vaccination.

The extreme infectivity of measles virus underscores the importance of reaching and maintaining high measles immunity in infants and preschool-aged children, especially those living in urban environments. Experience in the Americas is showing that the high population density of cities greatly facilitates measles virus circulation between infected and susceptible individuals, especially when the number of susceptible infants and children is high due to low vaccination coverage in routine measles programs.

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

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

border collaboration between countries to prevent the spread of outbreaks, and the orderly planning of national vaccine supplies.

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

### **3. Remaining Obstacles to Measles Eradication**

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

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

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

*Fourth*, the countries should assign sufficient resources to maintain adequate stocks of measles vaccines and other supplies, to carry out routine immunization

services, for scheduled *follow-up* vaccination campaigns and to quickly implement control measures in the event of an outbreak.

### **Major obstacles to measles eradication in the Americas**

Insufficient dissemination and promotion of the measles eradication goal.

Lack of *full* implementation of PAHO's recommended vaccination strategy for measles eradication in all countries.

Lack of at least 95% measles vaccination coverage in every district of every country.

Shortages of vaccine supplies to deal with emergency situations and to carry out scheduled immunization campaigns.

### **Suggested Action towards the Eradication of Measles**

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

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

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

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

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

**Confirmed Measles Cases, 1997-1999\***

Region	Country	Total Confirmed Cases		
		1997	1998	1999*
Andean Region	Bolivia	7	1,004	660
	Colombia	67	104	13
	Ecuador	0	0	0
	Peru	95	10	0
	Venezuela	27	4	0
Brazil	Brazil	52,284	2,135	117
Central America	Belize	0	0	0
	Costa Rica	26	20	1
	El Salvador	0	0	0
	Guatemala	8	1	0
	Honduras	5	0	0
	Nicaragua	0	0	0
	Panama	0	0	0
English-speaking Caribbean	Anguilla	0	0	0
	Antigua & Barbuda	0	0	0
	Bahamas	1	0	0
	Barbados	0	0	0
	Cayman Islands	0	0	0
	Dominica	0	0	0
	Grenada	0	0	0
	Guyana	0	0	0
	Jamaica	0	1	0
	Montserrat	0	...	...
	Netherlands Antilles	...	...	...
	St. Kitts & Nevis	0	0	0
	St. Lucia	0	0	0
	St. Vincent & Grenadines	0	0	0
	Suriname	0	0	0
	Trinidad & Tobago	1	0	0

	Turks & Caicos	0	0	0
	British Virgin Islands	0	0	0
	U.S. Virgin Islands	0	...	...
Latin Caribbean	Cuba	0	0	0
	Dominican Republic	1	10	78
	French Guiana	...	...	...
	Guadeloupe	116	2	...
	Haiti	0	3	0
	Martinique	0	...	...
	Puerto Rico	0	0	0
Mexico	Mexico	0	0	0
North America	Bermuda	0	...	...
	Canada	579	12	3
	United States	138	89	40
Southern Cone	Argentina	125	9,435	186
	Chile	58	4	25
	Paraguay	143	70	0
	Uruguay	2	4	9
<b>Total</b>		<b>53,683</b>	<b>12,908</b>	<b>1,132</b>

\* Data as of 12 June 1999

Source: Country reports

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

**PAN AMERICAN HEALTH ORGANIZATION AND THE WORLD  
BANK**

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

**1. Background**

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

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

**2. Purpose**

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

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

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

***Design, implementation and evaluation of plans of action:*** Workshops will be supported to promote the development of plans of action, review joint policies and intersectorial coordination and exchange knowledge and experiences. This would include but not be limited to teacher training, epidemiological surveillance

(health and anthropometric data, youth risk behaviors and others), curriculum design and development of educational materials. The workshops will facilitate the development of country-specific strategies, and the identification of inputs - knowledge, material and financial resources - required to implement a national school health program.

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

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

### **3. Synthesis of Activities**

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

of the health of the school children. PAHO/WHO and the World Bank continued to collaborate with the respective Offices of the 1st Ladies to prepare plans of action to improve school health programs in their countries and to organize advocacy activities such as seminars, round tables, or press conferences in order to present the document to the professional entities, political community and to the public in general.

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

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

#### **4. Lessons Learned and Future Perspectives**

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

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

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

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

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

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

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

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

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

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

develop the conceptual and operation framework for life skills education in schools.

## **4.2. The Regional Study and the Case Studies**

The situation analysis carried out in 6 countries (Argentina, Bolivia, Colombia, El Salvador, Ecuador and Panama) will provide insights on several key issues concerning the implementation and sustainability of school health programs.

The situation analysis includes a review of existing documents from the Ministries of Health and Education, as well as universities and NGOs that work in the area of school health, several interviews with key players, and focus groups.

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

### **4.2.1. Preliminary Results of the Situation Analysis**

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

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

#### **4.2.2. Preliminary Results of the Case Studies:**

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

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

#### **4.3. Technical Cooperation**

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

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

**Brazil**, continues support of the national School Health initiative.

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

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

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

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

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

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

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

#### **4.4. On the side of the World Bank:**

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

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

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

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

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

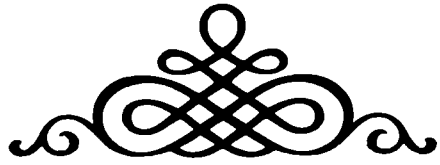
**Dominican Republic**, school nutrition programs to include school feeding, micronutrients and deworming as part of the Second Basic Education Development project.

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

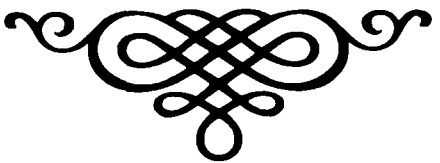
**Mexico**, continued support of the basic health care package through schools as part of the Second Basic Health Care Project.

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

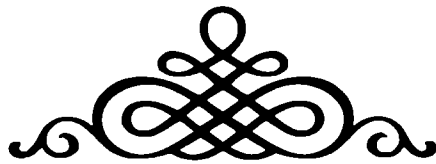
**Paraguay**, health seminar and lectures are delivered through schools to school children as part of a Community Based Rural Water Systems and the Development of Village Committees.



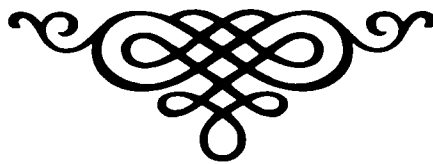
# **PRESENTATION 2**



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# **PRESENTATION 3**



HORIZONTAL COOPERATION PROJECT TO PROMOTE CHILD  
DEVELOPMENT  
BY THE RESEARCH CENTRE FOR COMPREHENSIVE DEVELOPMENT  
(CIDI) OF THE OAS  
AND THE INTEGRA FOUNDATION OF CHILE

**Summary**

**Background**

This initiative arose from the meeting of First Ladies of the Americas in 1998. The Integra Foundation of Chile submitted the project to the OAS, with sponsorship from seven countries, and the project was approved for a one-year period, for 1998.

**Sponsoring Countries**

Argentina, Bolivia, Chile, Costa Rica, Ecuador, Honduras, Panama and Peru.

**General Objective of the Project**

To promote child development among the poor and to make it easier for women living in poverty to join the labour force by sharing and transferring the lessons learned from the successful management of programs for children aged 0 to 6.

**Specific Objectives for 1999**

To have programs and institutions in the Americas attend meetings and exchange ideas relating to early childhood education and child development programs with a view to enhancing and modernizing management of such programs.

To ensure that those programs and institutions become familiar with the experiences of Chile's Integra Foundation and can establish cooperation plans to transfer organizational policy, technical products, teaching methods and/or management strategies.

**Activities for 1999**

Two regional seminars will be held to share experiences, one in Chile and one in Costa Rica.

A webpage entitled "Childhood and Women in the Americas" will be designed.

Management and technical teams will be offered study tours in institutions carrying out child development and early childhood education programs that are successfully protecting the children of working women in Argentina, Costa Rica and Peru.

Chile's Integra Foundation will offer a technical-advice and management program in four countries in the region: Ecuador, Honduras, Panama and Bolivia.

Educational material and other technical/methodological products will be adapted and transferred to countries within the region.

### INSTITUTIONS TAKING PART IN THE PROJECT

<b>Argentina:</b>	Women's Branch, Ministry of External Affairs
<b>Bolivia:</b>	Office of the First Lady, and Alternative Education Department
<b>Chile:</b>	Integra Foundation
<b>Costa Rica:</b>	IMAS [Joint Social Assistance Institute]
<b>Ecuador:</b>	CONAMU [National Women's Council] INNFA [National Institute for Children and the Family]  ORI [Operation Child Rescue] PRONEPE [National Program for Early Alternative Childhood Education] Ministry of Social Welfare and the Inter-American Development Bank, "Our Children" Child Development Program
<b>Honduras:</b>	IHNFA [Honduran Institute for Childhood and the Family]
<b>Panama:</b>	Early Childhood Education Directorate, Ministry of Education
<b>Peru:</b>	Early Childhood and Primary Education Directorate, Ministry of Education
<b>Overall Coordination of the Project:</b>	Integra Foundation, Chile

## **ACTIVITY REPORT APRIL – JUNE 1999**

### **1999 Project Plan**

Project activities began with a preparatory meeting of the Coordinators from each participating country. The meeting was held in Quito, Ecuador, from April 15 to 16, 1999. The purpose of the meeting was to allow the coordinators from each country to get to know one another and to agree on upcoming activities for the year.

### **Coordinators Meeting in Quito**

Project coordinators from Argentina, Costa Rica, Ecuador, Honduras, Panama, Peru and Chile met for a two-day meeting. The only person unable to attend was the coordinator from Bolivia. Participants approved the various project activities, the schedule, the topics for the seminars, as well as the participation and commitments of each country present

### **Transfer of Educational Materials**

The Integra Foundation's educational materials were presented at the Quito meeting, and two complete sets were delivered to two early childhood education institutions in Ecuador, which are already starting to adapt these materials. These institutions also showed these materials to other institutions in Ecuador.

### **Webpage**

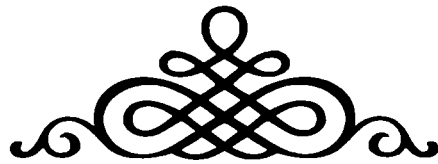
Not all the institutions involved in the project have Internet access. Progress was made in providing access, and we have been in contact with four of the institutions by e-mail.

There have been very preliminary discussions of the objectives and usefulness of the webpage. There are still no definitions.

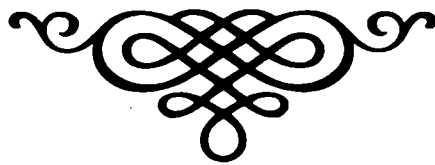
## **Upcoming Activities**

**Seminar entitled “Cooperation to Promote Child Development in the Americas,” with participants from Argentina, Bolivia, Costa Rica, Ecuador and Chile.** This seminar was held in Santiago, Chile from June 16 to 18. The purpose of this seminar was to provide an opportunity for the institutions participating in the project and guests to share their experiences. (These outside institutions covered their own costs.) The seminar was funded by Chile’s Integra Foundation.

**Seminar entitled “Cooperation to Promote Child Development in the Americas,” with participants from Costa Rica, Honduras, Panama and Chile.** This seminar will be held in San José, Costa Rica, from July 6 to 8, and is being organized by a team from the IMAS [Joint Social Assistance Institute].



# **PRESENTATION 4**

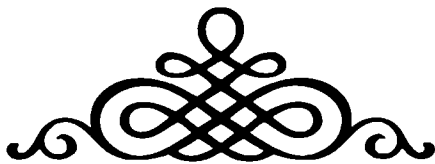


## RURAL WOMEN AND SOCIAL DEVELOPMENT

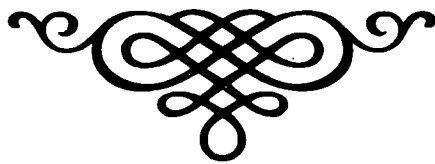
### STATUS REPORT

#### OF AN INITIATIVE BEING CARRIED OUT BY THE OAS IN SUPPORT OF THE ACTION PLAN OF THE 8<sup>TH</sup> CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

1. The Action Plan of the 8<sup>th</sup> Conference of Wives of Heads of State and Government of the Americas, held in Santiago, Chile, on September 28, 29 and 30, 1998, endorsed the *Hemispheric Program to Support Integration of Rural Women into the Productive Chain and Socio-Economic Democratization*. One of the main objectives of this Program is to "Promote and support all efforts aimed at improving the quality of life and participation of women in the rural development process of Latin America and the Caribbean."
2. In 1993 the *Social Network of Latin America and the Caribbean* was created as a forum for cooperation, open to the participation of the social investment funds and similar governmental institutions established throughout the Hemisphere in order to overcome poverty. To achieve its objectives, the Social Network organizes, with financial and technical support from the OAS and other organizations, seminars and workshops devoted to the analysis of best practices in areas that the members of the Network have defined as strategic for poverty reduction.
3. Taking into account the Action Plan of the 8<sup>th</sup> Conference, the Social Network approved the following topic for one of the seminars to be carried out during 1999: *Rural Women in Social Investment Projects*. This workshop will be carried out in Lima, Peru, June 24 and 25, and will be hosted by Peru's Social Investment Fund -FONCODES (Fondo Nacional de Compensación y Desarrollo Social). Funding for this activity comes from the OAS Inter-American Council for Integral Development (CIDI), and technical support is provided by the OAS Unit for Social Development and Education.
4. The OAS Unit for Social Development and Education could present a report on the results of the workshop on *Rural Women in Social Investment Projects* at the Ninth Conference.



# **PRESENTATION 5**



# **LAC Maternal Mortality Initiative**

**USAID Bureau for Latin America & the Caribbean**

## **Implementing Partners**

**PAHO**

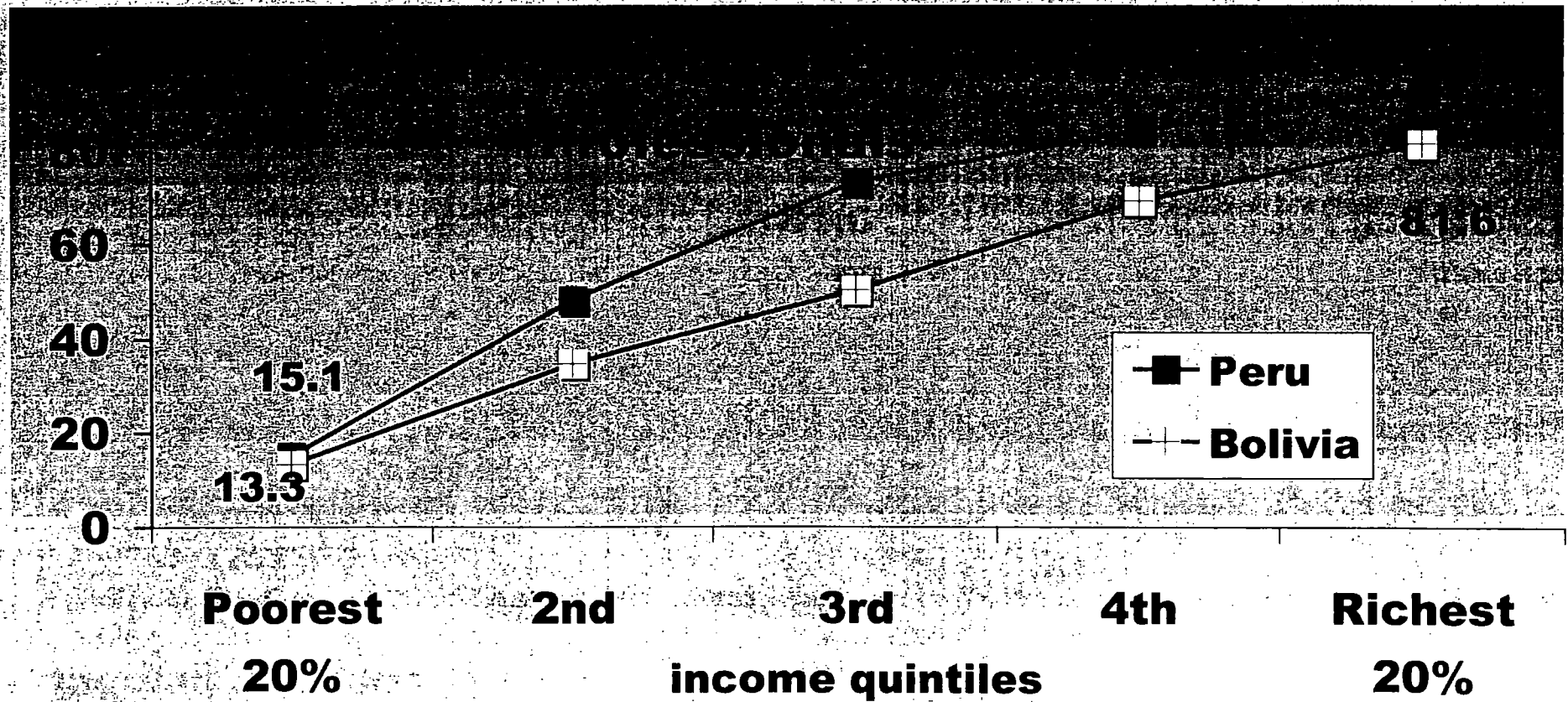
**USAID/Quality Assurance Project**

**USAID/MotherCare Project**

# Why focus on Maternal Mortality?

- ◆ **Among women 15-45 years old, maternal morbidity and mortality cause the most Disability Adjusted Life Years (DALYs) lost. (18%)**
- ◆ **Large inequities in service delivery between the richest and poorest segments of the population**

# Inequities in Delivery Care



Source: World Health Organization, 1991

# How can Maternal Mortality be prevented?

- **Prevent Unintended Pregnancies**
  - **Family Planning**
- **Use Skilled Birth Attendants**
  - **nurses, nurse-midwives, physicians**
- **Care for Obstetric Emergencies**
  - **early recognition**
  - **Essential Obstetric Care**

# Why focus on Essential Obstetric Care

- ◆ **80% of maternal deaths are directly related to pregnancy**
- ◆ **Previous interventions aimed at pre-natal care, traditional birth attendant training, and identifying high risk pregnancies have had little impact on reducing maternal mortality**
- ◆ **80% of all post-partum deaths occur during the first week post-partum<sup>1</sup>**

# What is Essential Obstetric Care?

**Comprehensive**

**Basic**

- ◆ **managing problem pregnancies (anemia, diabetes, etc.)**
- ◆ **medical treatment of complications (hemorrhage, sepsis, eclampsia, etc.)**
- ◆ **manual procedures (removal of placenta, repair of episiotomies, etc.)**
- ◆ **monitoring labor (includes Partograph)**
- ◆ **neonatal special care**
  
- ◆ ***surgical interventions***
- ◆ ***anesthesia***
- ◆ ***blood replacement***

# Hypothesis: Why these activities?

Reduce Maternal Mortality and Morbidity

Increase Use of Maternal Health Services

Timely and Appropriate Seeking of Care  
Accessible and Acceptable Services  
Effective Mobilization of Resources

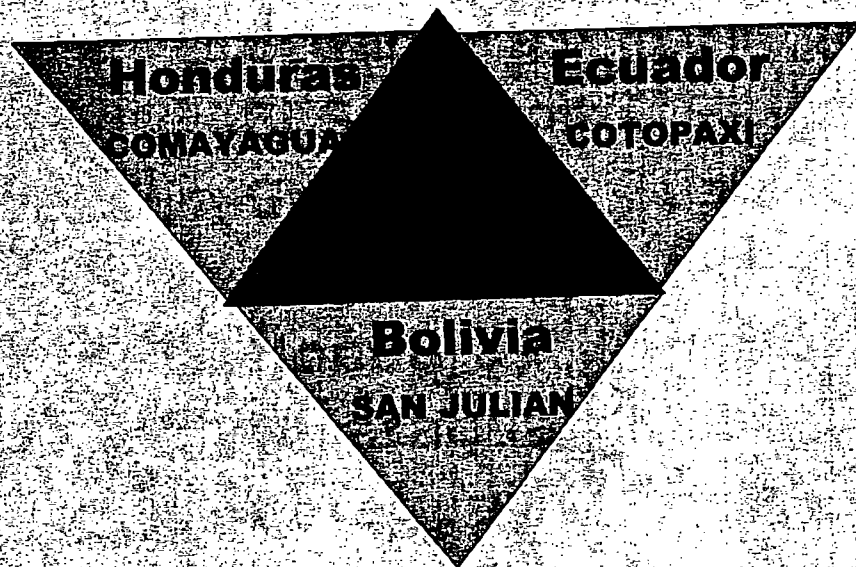
Generate Community Demand

Improve Service Quality

Develop Policies and Plans

# Target Countries

## Pilots for Community & Services Components



## Policy Component

Bolivia  
Brazil  
Dominican Republic  
Ecuador  
El Salvador  
Guatemala  
Haiti  
Honduras  
Nicaragua  
Paraguay  
Peru

# Strategic Objective

More effective delivery of Essential Obstetric Care

## **Indicator #1**

**% births attended  
by trained  
personnel**

## **Indicator #2**

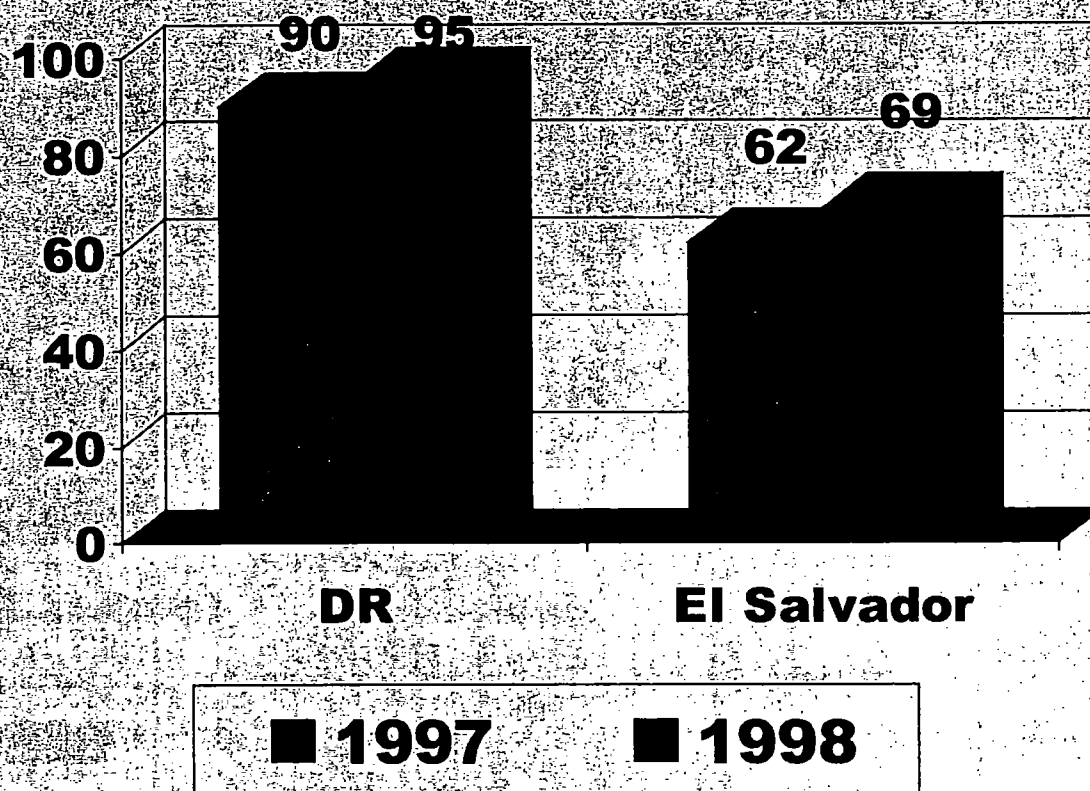
**% sub-national  
units<sup>1</sup> with  
maternal  
mortality  
committees with  
annual reports**

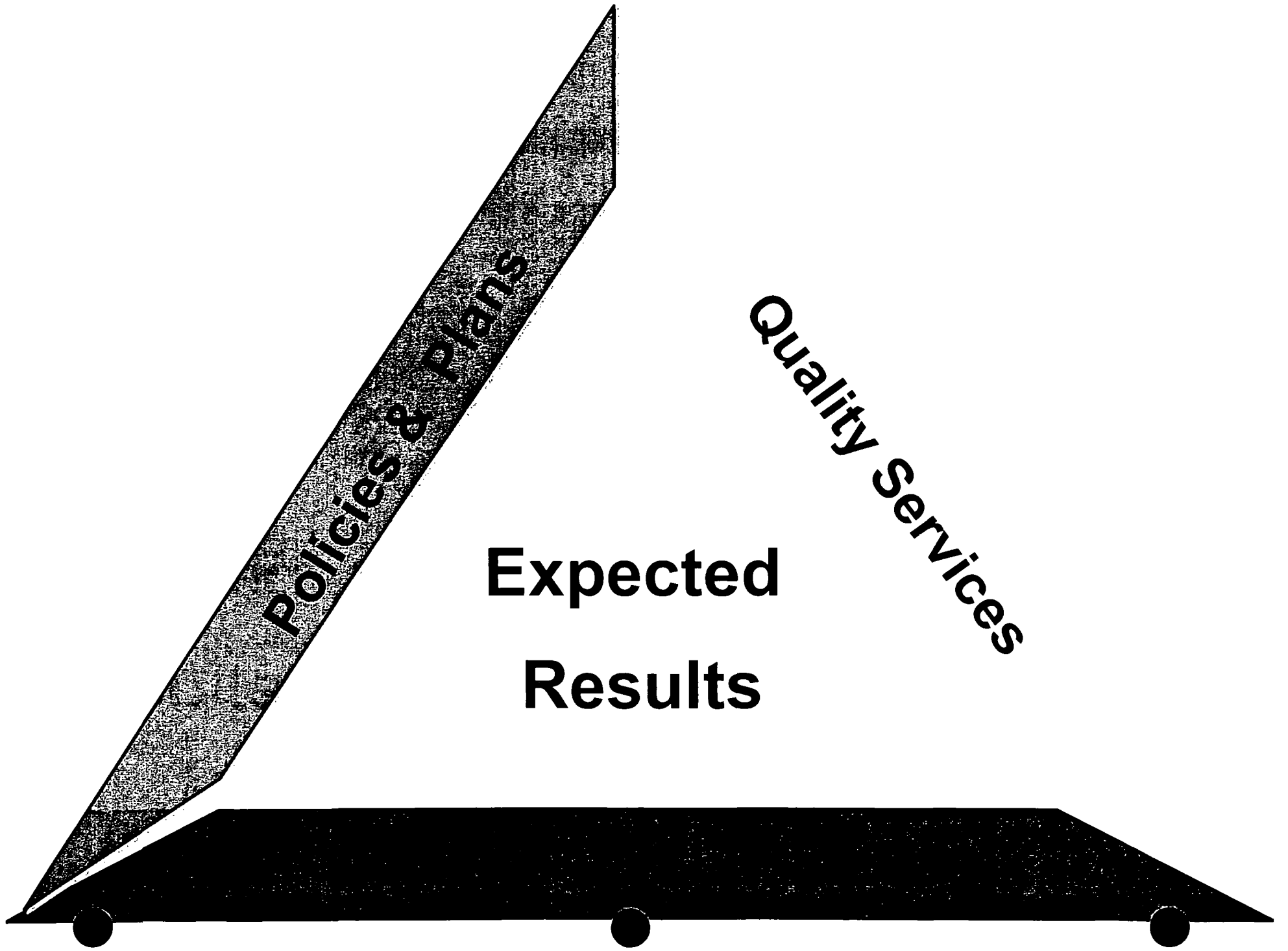
**(in target countries)**

# Strategic Objective Indicator # 1

## % Births Attended by Trained Health Professionals

- ◆ ↑ **5% in DR**
- ◆ ↑ **7% in El Salvador**
- ◆ **no changes in the other 9 countries**





**Policies & Plans**

**Quality Services**

**Expected  
Results**

**Result #1: Increased capacity of community to recognize and respond to pregnancy related complications by accessing health services.**

**Indicators (in the 3 pilot districts):**

**1) % adults who can name danger signs;**

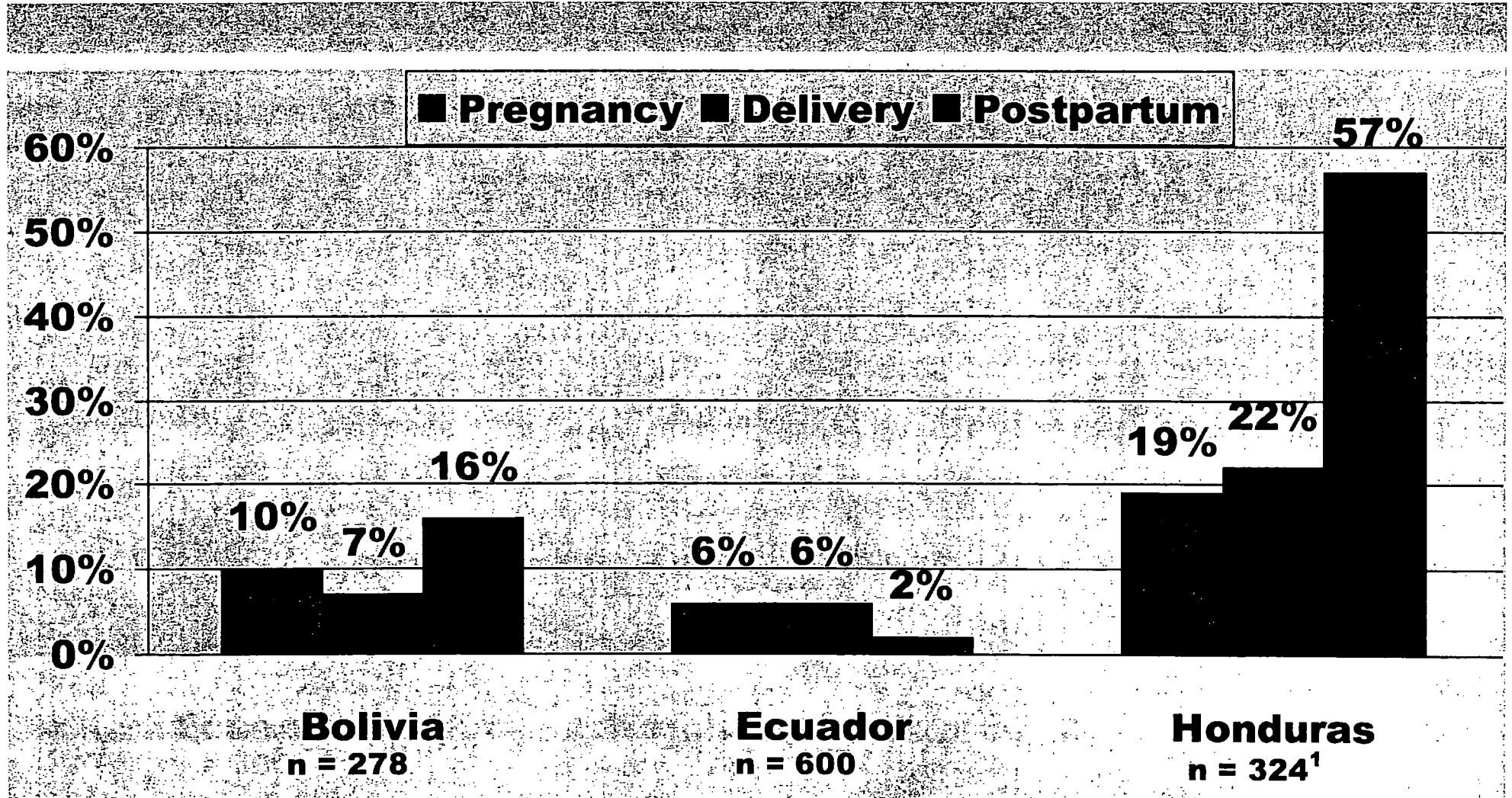
**2) % adults expressing intent to use health services (in the event of obstetric complications)**



# Community Demand Indicator # 1

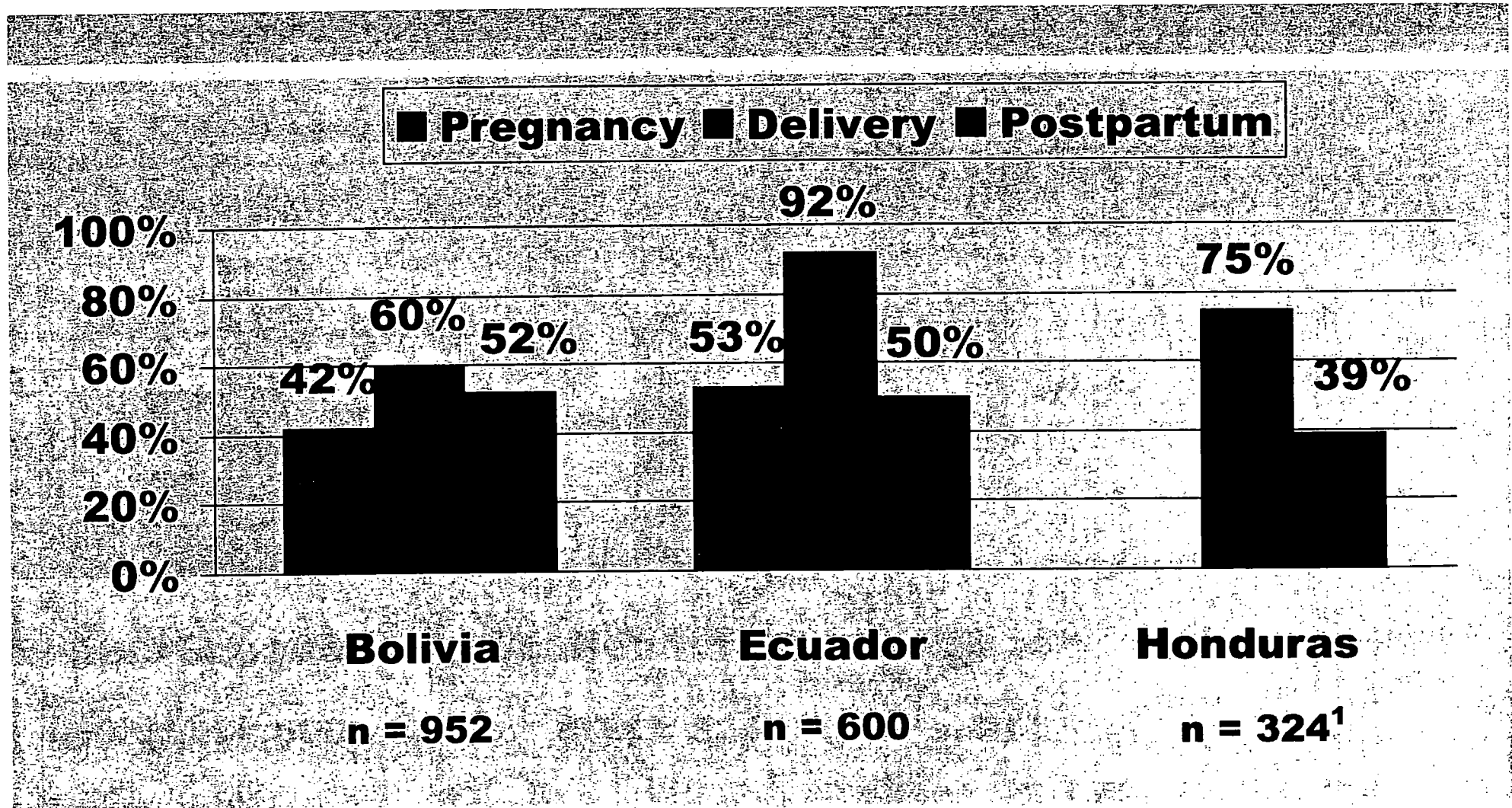
## % Adults in Pilot Areas

### Naming Hemorrhage as a Danger Sign



Source: World Health Organization, 1991

# Community Demand Indicator # 2 % of Adults in Pilot Areas Expressing Intent to Use Health Services



Source: World Health Organization, 1991

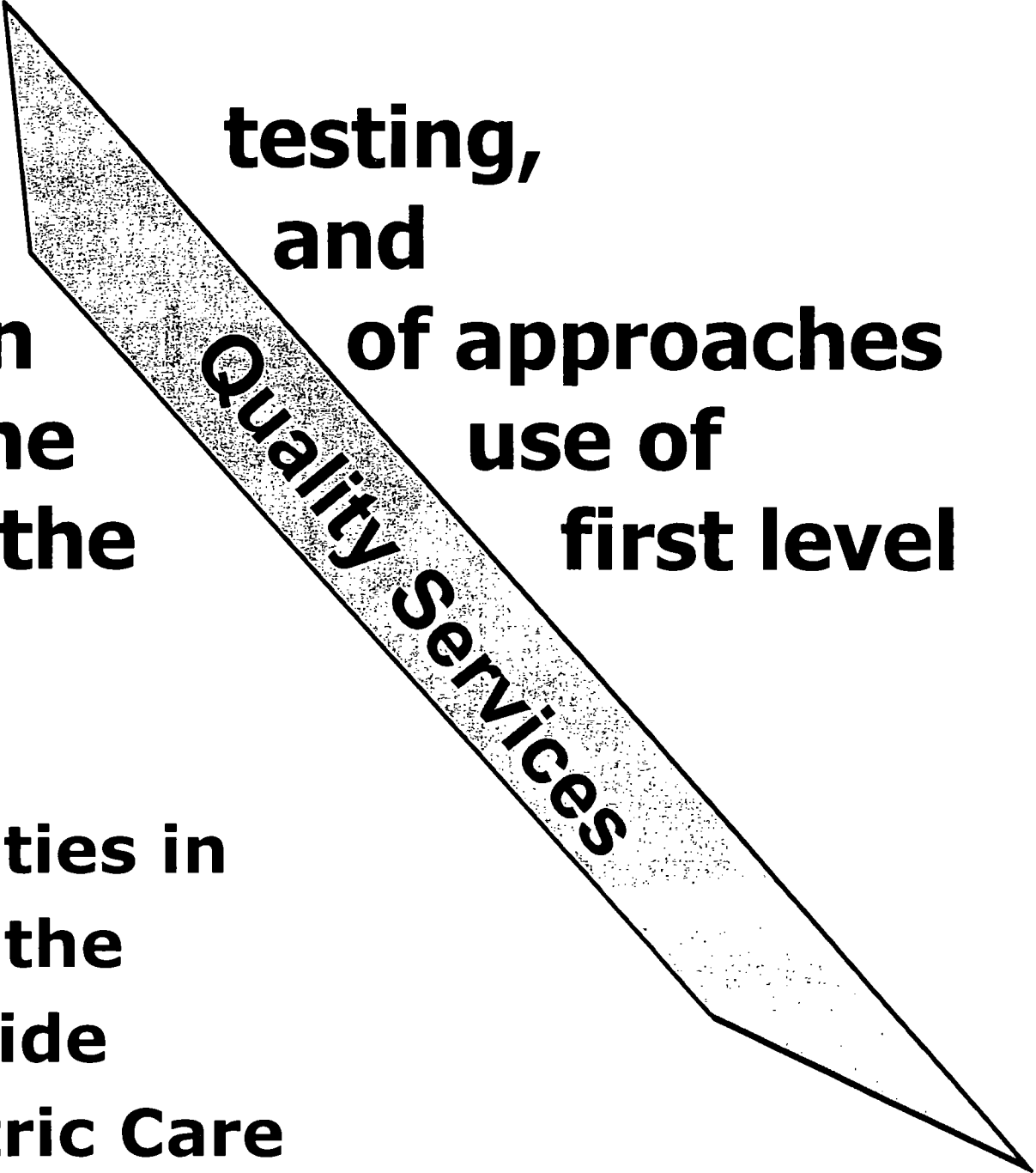
## Result #2

**Development, evaluation, dissemination to enhance the standards at the of referral**

### Indicator

**% targeted facilities in pilot areas with the capacity to provide Essential Obstetric Care**

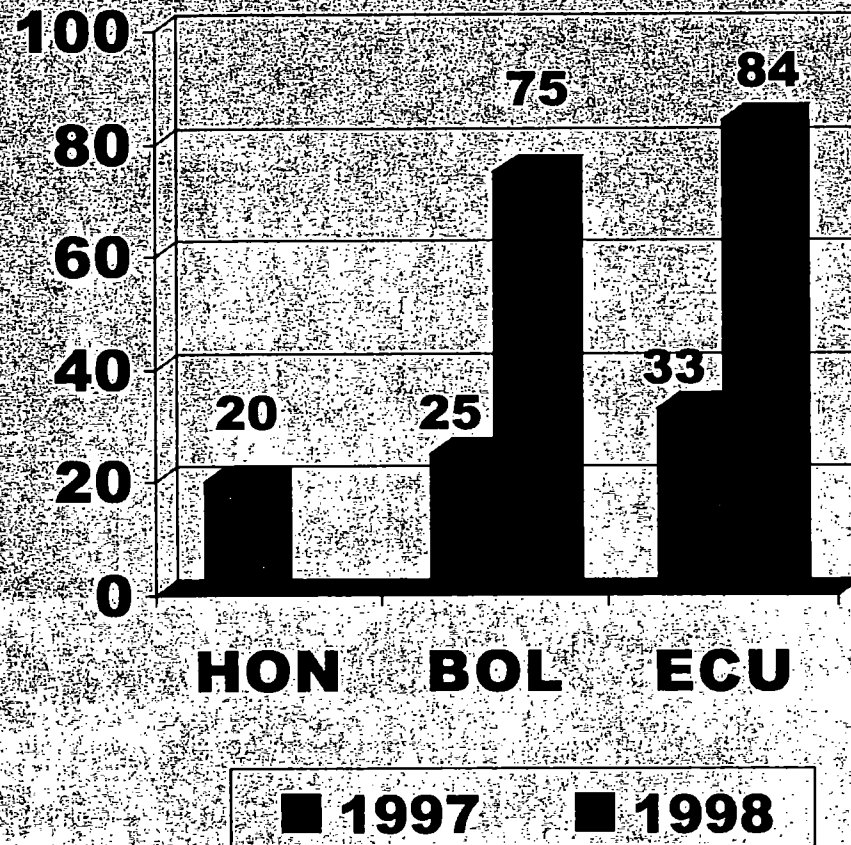
**testing, and of approaches use of first level**



**Quality Services**

# Quality of Services Indicator

**% targeted facilities in pilot areas with the capacity to provide Essential Obstetric Care**



Source: World Health Organization, 1991

## Result #3

**Intensive  
EOC aspects  
to reduce**

**implementation of  
of the PAHO Plan  
Maternal Mortality**

**Policies & Plans**

### Indicators

**# target countries with:**  
**1) *policies and/or plans &***  
**2) *funded programs***  
***for:***

**a) community**

**b) delivery of EOC**

**mobilization &**

# Policies and Plans Indicators for Community Mobilization and Delivery of Essential Obstetric Care

## ◆ Policies and/or Plans for:

### Community Mobilization:

10 countries (Nicaragua is partial)

### Delivery of EOC services at first level of referral:

9 countries (Haiti does not have and Nicaragua is partial)

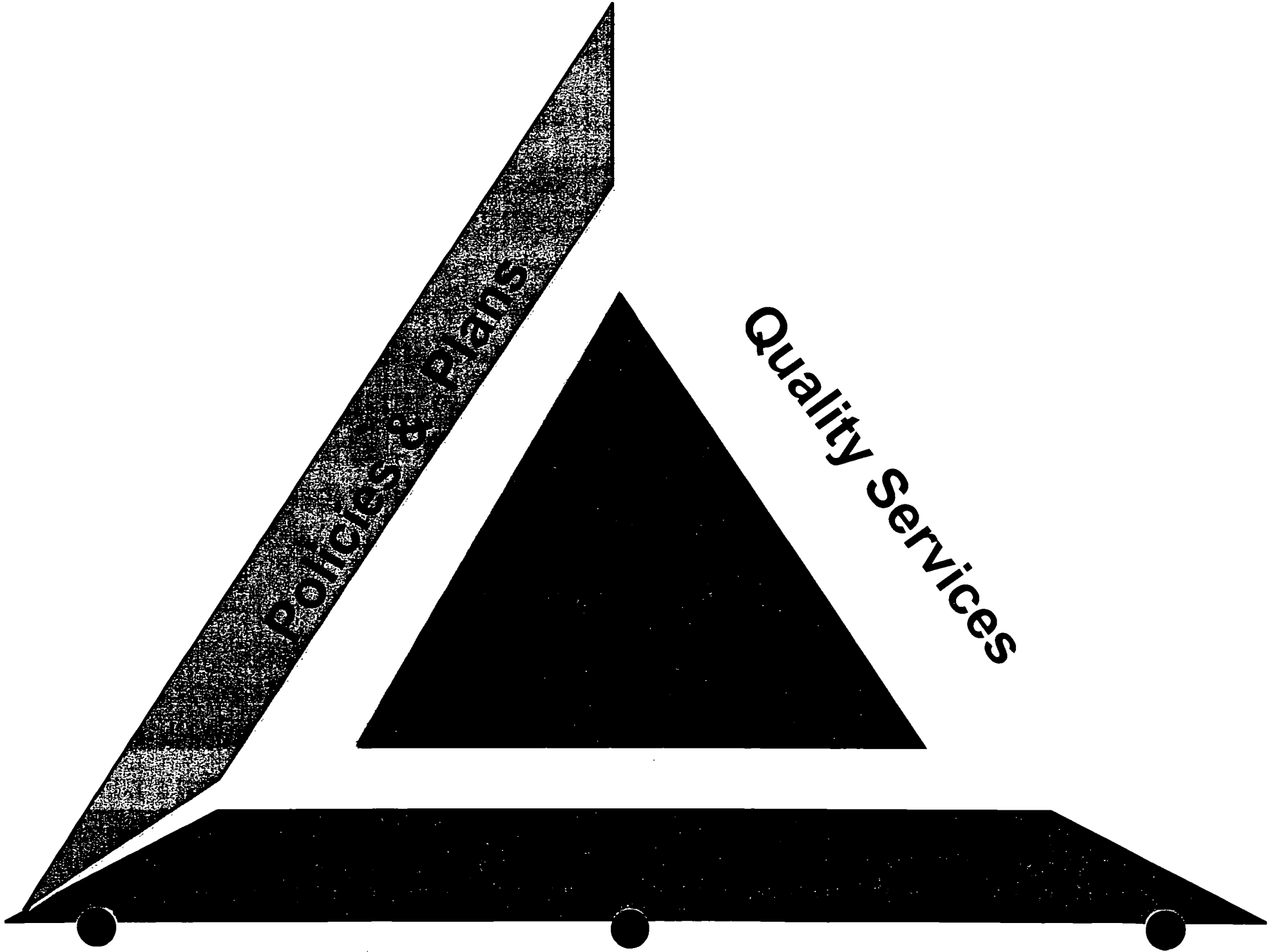
### Funded Programs for:

#### Community Mobilization: (2 full, 7 partial)

Bolivia & DR full funding; Brazil, El Salvador, Ecuador, Guatemala, Honduras, Paraguay, and Peru partial funding

#### Delivery of EOC services at first level of referral: (3 full, 6 partial)

Bolivia, DR & Peru full funding; Brazil, El Salvador, Ecuador, Guatemala, Honduras, and Nicaragua partial funding



Policies & Plans

Quality Services