

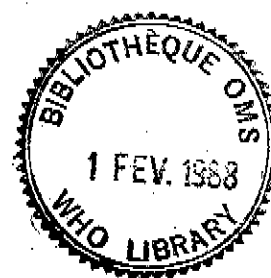
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WOMEN, HEALTH AND DEVELOPMENT: REPORT OF A CONSULTATION

Geneva, 9–12 December 1986



WOMEN, HEALTH AND DEVELOPMENT
DIVISION OF FAMILY HEALTH
WORLD HEALTH ORGANIZATION
GENEVA

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"Women, Health and Development" (WHD) is a concept to denote the complex interrelationships between the health of women and their social, political, cultural, and economic situations. At the end of the United Nations Decade for the Advancement of Women (1976-1985) it became widely known that women were overworked and undervalued, and that the feminization of poverty was an important issue for concern. Healthier people contribute to and benefit from overall development. But poverty breeds poor health and poor health limits people's productivity and capacities, thus perpetuating poverty. Prevailing customs and attitudes that discriminate against women severely limit their educational and economic opportunities.¹

1. INTRODUCTION

1.1 In 1985 the Thirty-Eighth World Health Assembly (WHA), noting the Report of the Director-General on Women, Health and Development,² adopted Resolution WHA38.27 which requested him to cooperate with Member States in promoting the physical and mental health of women. Subsequently, the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, held in Nairobi, Kenya in July 1985, adopted the Nairobi Forward-Looking Strategies for the Advancement of Women (FLS).

In 1986 the 39th World Health Assembly adopted Resolution WHA39.18 concerning implementation requirements of the Nairobi Forward-Looking Strategies for the advancement of women in the health sector. Operative paragraph 3 (3) requested the Director-General, "to submit to the Fortieth World Health Assembly a report on activities undertaken and proposed by the Organization to implement the Nairobi Forward-Looking Strategies for the Advancement of Women." Resolution WHA38.27, operative paragraph 4 (5) had also requested the Director-General "to report periodically to the Executive Board and the Health Assembly on the progress achieved in this field." The specific health sector provisions of the FLS and the Director-General's Report on Women, Health and Development (Section 4: Forward-Looking Strategies in the Context of Health for All) are highly consonant and their goals coincide.

In 1985 the United Nations General Assembly adopted resolution 40/108 on implementation of the Nairobi Forward-looking Strategies for the Advancement of Women which urged all organizations of the United Nations system to ensure a concerted and sustained effort for the implementation of the provisions of the Forward-looking Strategies. The Economic and Social Council, in resolution 1985/46 on women and development, requested the Secretary-General to take the initiative in formulating a system-wide medium-term plan for women and development. WHO has contributed the section on health, nutrition and family planning which is presented within the context of the goal of health for all by the year 2000, with a focus on the health of women of all ages both for their own sake and that of their children.

¹ Modified from: Women, Health and Development: Regional Forward-Looking Strategies, Washington, D.C., PAHO/WHO, 1986.

² Women, Health and Development: a report by the Director-General, Geneva, World Health Organization, 1985 (WHO Offset Publication No. 90).

1.2 The objectives of the Consultation were:

- to review country and regional WHD plans of action in order to advise on a global plan of action in accordance with Health for All and the broad framework provided by the Director-General's Report on Women, Health and Development to the 38th World Health Assembly and the Resolution which emanated from it (WHA38.27) and the Nairobi Forward-Looking Strategies, in particular the provisions concerning the health aspects and the related Resolution WHA39.18);
- to integrate WHD concepts and strategies into WHO's Eighth General Programme of Work, 1990-1995, as part of the implementation of the Nairobi Forward-Looking Strategies for the Advancement of Women (WHA39.18 paragraph 3 (3)).

The Consultation also provided the first opportunity for the Focal Points for WHD in WHO/HQ and in the Regional Offices to meet together since the Nairobi conference.

1.3 Dr A. Petros-Barvazian, Director, Division of Family Health, welcomed the participants on behalf of the Director-General of the World Health Organization. She then reviewed the role of health development in overall development. In the 1970s the emphasis was on economic development. This was gradually changed to equally emphasize social development. A more dynamic view of the interaction between health and economic development, with health being regarded as both the object and subject of development, then arose. The adoption by the World Health Assembly in 1977 of the goal of Health for All by the Year 2000 through the Primary Health Care Approach was a historical event to achieve health for all ages and both sexes.

Ms F. Paltiel, Senior Adviser on Status of Women, Health and Welfare, Canada, stressed the importance of the Consultation as a "springboard to action", in its aim of incorporating Women, Health and Development systematically into WHO's Eighth General Programme of Work. She said that we are presently at a critical turning point when the principles expressed in the HFA and FLS strategies can be used as the basis for action. She reminded the participants that although 75-80% of formal providers of health care are women, they comprise only 15% of the members of the WHA; 18.4% of the roster of candidates for positions as short-term consultants; and 10.7% of the Expert Advisory Panel.

2. WOMEN, HEALTH AND DEVELOPMENT: AN OVERVIEW

Presentations were made of three important aspects of WHD: health of women of all ages; women as health care providers; women in development. These presentations are summarized below.

2.1 Health of women of all ages.

Women's health is not only a medical issue. Such factors as education, nutrition, sanitation, water, access to economic resources and the power to make decisions are very important. Throughout women's life cycles special needs must be met. Formerly, women's health was considered synonymous with maternal health, but there is now an increasing awareness that "mother" is only one of the multiple roles that women play.

Where it is prevalent, sex discrimination against girls begins early. For example, female babies are sometimes breastfed for shorter periods of time and the seeking of medical care for them when ill is frequently delayed. Although girls have an innate biological advantage, their death rates in the period of 1 to 4 years are higher than those of boys in many developing countries in many parts of Africa, Asia and Latin America. Increased evidence is available related to such problems as malnutrition, teenage pregnancy, sexually transmitted diseases and sexual abuse and their effect on adolescent girls.

Major chronic health problems of adult women include breast, cervical and other cancers, as well as the "diseases of development" such as hypertension, cardiovascular disease,

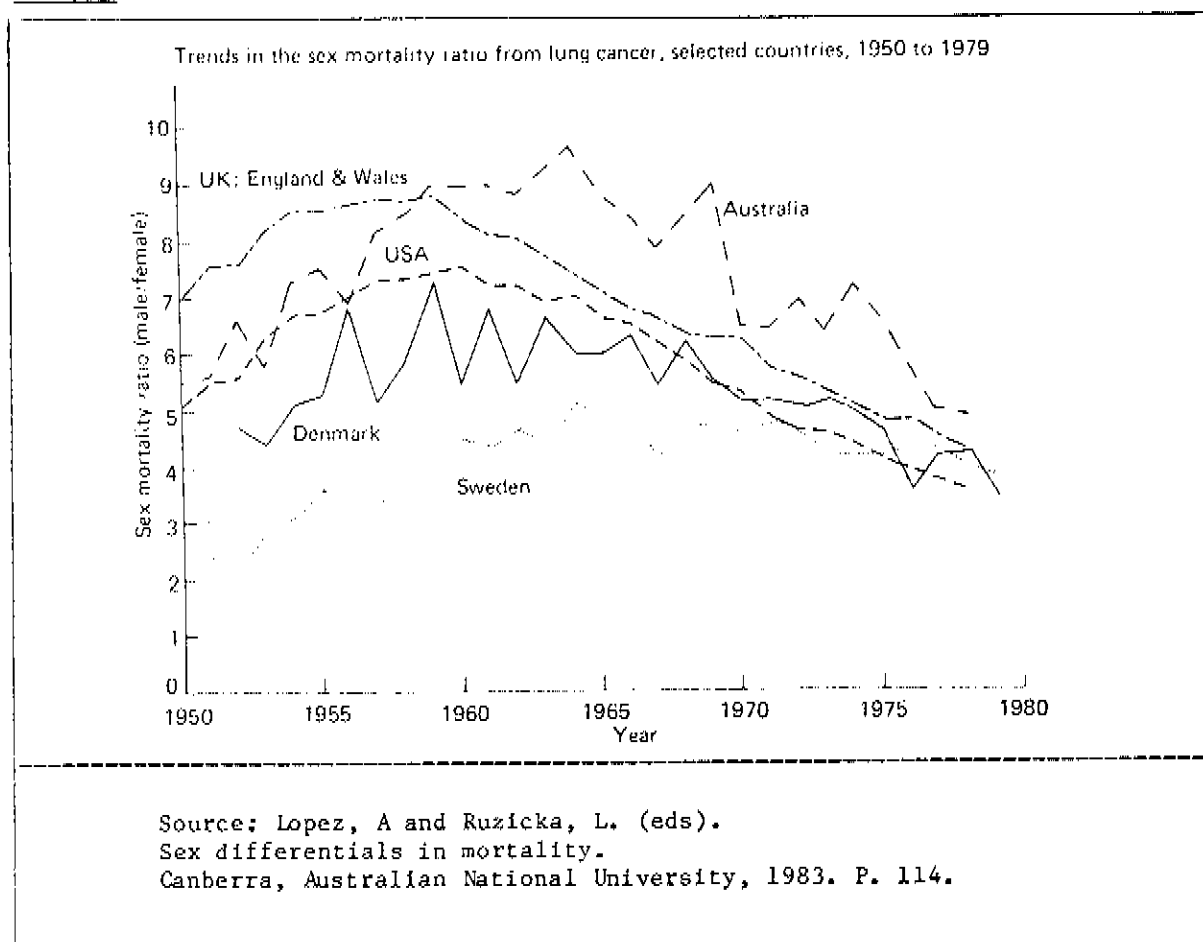
diabetes, arthritic and rheumatic diseases. In many parts of the world many women still suffer from infectious and parasitic diseases. Violence against women has been increasingly recognized as a problem both in developed and developing countries. Chronic fatigue is another health concern of women that needs to be addressed; they require social support to make their work less burdensome and more rewarding.

Even in the area of MCH women receive lower priority, especially in view of the current emphasis on "Child Survival". The number of maternal deaths, largely preventable, attests to this. Uncontrolled fertility is an important factor contributing to this situation.

The importance of disaggregating all mortality, morbidity and health-related data by gender was emphasized because the risks, exposures, determinants, age at onset, progression, course and sequelae of diseases can be different for males and females. This disaggregation applies throughout all stages of the disease process which may be briefly summarized by the following theoretical framework: attitudes → social/cultural factors → epidemiological factors → outcome. For example, there were previously cultural taboos against women smoking. With changing mores, more women are smoking and lung cancer is increasing. (See Table 1 below.) Disaggregation by gender of morbidity data on violence is important because the problem is very different in males and females. Violence against women, such as sexual abuse and wife battering, is not adequately reflected under accidents or violent deaths.

Not only mortality data but data on risk factors (e.g. tobacco use) are required by gender and age. Currently, data given for specific age groups such as children or the elderly are not disaggregated. Data on morbidity measures (incidence and prevalence) are also required by gender for the planning and monitoring of Health for All.

Table 1



2.2 Women as health care providers

Throughout the world most workers in the health sector are women. Woman's role as health care provider remains important in the family where she carries the main responsibility for its health, providing care for humanity from intrauterine life until death.

Women could better assume the role of health care provider in the community if they received training and support, including the sharing of tasks within the family. Moreover, women serving as community health workers are poorly remunerated, if at all. It is essential that equal opportunities, rewards and recognition be available for women and men. Women health workers need decision-making power in order to be most effective. Strategies are required to ensure their representation at all levels but especially at decision-making levels nationally, regionally and globally.

2.3 Women in development

Improved health and social status of women provide the key to their equitable and effective participation in overall socioeconomic development. Women's organizations have an important function in exerting their influence to pressure governments to improve women's role in development, as planners, agents and beneficiaries. Women should be given opportunities to attain decision-making positions, and those in such positions must be supported with adequate resources. Education is an important means of supporting women. Literacy gives women self-confidence; secondary education enables girls to have a choice of professions. Women also need economic means, as well as relief from onerous tasks such as fetching water. Bringing water closer to the home and involving women in the management of pumps are examples of how women can be provided with the appropriate tools for carrying out their tasks. There is a need to provide women who are assuming responsible positions in the community with the knowledge, skills, and resources necessary to successfully carry out their functions.

3. WOMEN, HEALTH AND DEVELOPMENT AND WHO PROGRAMMES

Selected WHO programmes were presented to the Consultation by various programme managers as examples of how WHD aspects have been, or might be, incorporated. The following summary of the presentations is organized according to the WHO classified list of programmes of the Seventh General Programme of Work covering the period 1984-1989, including direction, coordination and management, health system infrastructure, and health science and technology.

3.1 Direction, coordination and management

The programmes included under this category are concerned with the formulation of policy of WHO, and the promotion of this policy among Member States and in international political, social and economic fora, as well as the development, coordination and management of the Organization's general programme.

3.1.1 Health for all strategy coordination and health for all leadership

To fully appreciate the current state of WHD, it must be viewed in the context of trends in health care over the last few decades. First was the development of medical care, concerned with providing care to individuals (e.g. midwifery services). This was followed by the growth of public health (disease prevention, e.g. clean water, sanitation). The third trend is health promotion which is focused on bringing political action to bear on health (e.g. the impact of price policies on nutritional patterns). All three trends are vital to WHD.

Health for All by the Year 2000 is extremely important for WHD because of its emphasis on social justice, equity, solidarity and sharing resources. By setting the year 2000 as a deadline people are compelled to set targets and be more forward-looking with regard to

health. Incorporating women's aspects into the monitoring of the HFA strategies is extremely important. The new common framework for monitoring provides the possibility to monitor progress on women in each area. For example, community involvement should include NGOs and women's organizations.

Health is more than absence of disease. It is holistic and women must be supported in carrying out their responsibilities in the health area both in their families and communities. Literacy is important for women's health, because not only does it improve women's potential for gathering information but it also has an impact on personality in creating self-esteem. Women's health may be viewed as a model of a partnership between literacy, their environment and responsibilities, and primary health care, particularly maternal and child health including family planning.

The Ottawa Charter for Health Promotion, which emerged from the first International Conference on Health Promotion held in Ottawa on 21 November 1986, is an example of a Charter for Action to achieve Health for All by the Year 2000 and beyond. It calls for international action by WHO and other international organizations to advocate the promotion of health and to support countries in setting up strategies and programmes for health promotion. The need for resources and personnel at WHO both in HQ and the Regional Offices to effectively incorporate WHD into all programmes is apparent. At present WHO has not demonstrated sufficient commitment.

WHD aspects should be included in the training provided for leadership development for Health for All. It would be useful for a module to be prepared by the WHD Steering Committee (see section 6) for this purpose. Leaders must be stimulated to take action in the health and social sectors. As the number of women nominated for training by their governments should be increased, new means of promoting the participation of women are needed. Furthermore, consideration should be given to the possibility of special needs related to training women for leadership.

3.1.2 External coordination for health and social development

Collaboration with organizations and specialized agencies of the United Nations is essential for achieving the goals of WHO, which is the coordinating authority on international health work. Exchange of information and coordination of efforts contributes to effective support, by the United Nations system, of national policies and programmes designed to reach the goal of health for all. At the country level it also facilitates harmonization and complementarity of action within and outside the health sector, thus fostering the intersectoral activity indispensable to the achievement of improved health status.

The Organization's health objectives cannot be fully achieved unless economic and social problems, such as unemployment, and lack of education and housing, all which closely interact with health problems, are tackled concurrently and in a coordinated and comprehensive manner. The need for such an approach has been affirmed by WHO in repeated resolutions of its governing bodies.

Selective collaborative efforts and arrangements are promoted with the United Nations and organizations such as FAO, ILO, UNDP, UNEP, UNESCO, UNFPA, UNICEF, and the World Bank in relation to specific areas, such as, for example, women, health and development. They are either institutionalized through relationship agreements or based on informal intersecretariat collaboration at the working levels.

In its work with Member States WHO's role is twofold: (1) to convince them of the need for taking certain health actions; and (2) to provide technical knowledge and support. Resource mobilization is critical to the success of WHO's efforts. It is important to assess donors before requesting funds for specific activities to be certain that such activities fall within the expressed interests of the donor agency. Raising funds for such sectors as education, training and institution-strengthening is particularly difficult.

Nongovernmental organizations (NGO) have a potentially important role in furthering primary health care in countries. A WHO Designated Technical Officer works with representatives of a given NGO to develop a plan of collaboration that would have practical impact on programmes. The procedure for entering into official relations with WHO is presently being reviewed. Regional Offices would like a more flexible procedure so that they could collaborate more easily with national NGOs. Coordination at national level of aid for health and of NGOs working in the same area is needed. This coordinating function could effectively be carried out by the WHO Representative (WR), where present.

Women's organizations have special characteristics - being, for example, traditionally supportive, motivated and interested in health care - that make them key factors in community involvement and ideal entry-points and partners in primary health care activities. These organizations can be grass-roots, intermediary, or international women's organizations. A number of international nongovernmental organizations representing women's groups are in official relations with WHO. They include the International Committee of Catholic Nurses, the International Council of Women, the Medical Women's International Association, the World Confederation for Physical Therapy and the World Federation of Occupational Therapists and represent mainly professions dominated by women. In recent years, collaboration with professional nongovernmental organizations whose work directly affects women's health has been intensified. In this regard a WHO/International Federation of Gynaecology and Obstetrics Task Force on MCH/FP within primary health care has been established to promote advocacy and action for women's health through professional organizations and the academic community.

3.1.3 Managerial process for WHO programme development

WHO is an intergovernmental rather than supranational agency. Three past events are critical to the context in which planning is now undertaken: in 1977 the goal of Health for All by the Year 2000 was adopted; in 1978 the Alma Ata Declaration on Primary Health Care was adopted; and in 1983 the United Nations General Assembly passed a resolution stating that health is an integral part of development.

In WHO long-term planning is exemplified by the Strategies to achieve HFA 2000; medium-term planning by the General Programme of Work, covering a 6-year period; and short-term planning by the Programme Budget which covers a two-year period. WHO is presently in the Seventh General Programme of Work (1984-1989). This official document, approved by the World Health Assembly, is intended to provide the basic policy framework; it is not for implementation purposes. Based on the Seventh General Programme of Work each programme has developed a medium term programme which gives detailed information on approaches and targets. It is an internal document, intended for use by WHO staff. The Programme Budget is prepared three times (each covering 2 years) during each General Programme of Work. It provides very detailed information on budgets and activities, as well as a situation analysis.

Planning in WHO is not static; although the General Programme of Work cannot be modified, medium-term programmes and Programme Budgets are updated. Planning for the Eighth General Programme of Work, which comes into effect in 1990, began in May 1985.

The World Health Assembly provides the opportunity for collective action by countries, as they can support one another in presenting resolutions. This type of collective action is particularly useful when resolutions deal with controversial or sensitive issues.

3.2 Selected health system infrastructure and health science and technology programmes

Programmes included under the heading of "Health System Infrastructure" aim at establishing comprehensive health systems based on primary health care and the related

political, administrative and social reforms, including a high degree of community involvement. They deal with:

- the establishment, progressive strengthening, organization and operational management of health system infrastructure, including the related manpower, through the systematic application of a well defined managerial process and related health systems research, and on the basis of the most valid available information;
- the delivery of well-defined countrywide health programmes;
- the absorption and application of appropriate technologies that form part of these programmes; and
- the social control of the health system and the technology used in it.

"Health Science and Technology", as an association of methods, techniques, equipment and supplies, together with the research required to develop them, constitutes the content of a health system. Health science and technology programmes deal with:

- the identification of technologies that are already appropriate for delivery by the health system infrastructure;
- the research required to adapt or develop technologies that are not yet appropriate for delivery;
- the transfer of appropriate technologies;
- the search for social and behavioural alternatives to technical measures; and
- the related aspects of social control of health science and technology.

The following programmes were cited as examples of how WHD aspects can be incorporated into various areas.

3.2.1 Health system development

Recognizing that health systems based on primary health care should be organized to meet the needs of women and to enhance their participation, one role of WHO is to support the harmonious collaboration of various components of comprehensive health services and district organization structures.

Women are involved in primary health care as both providers and as users. In Indonesia, for example, women are leading and coordinating the community health workers' movement. This could be expanded to other countries. The use of an epidemiological approach in training community health workers can better equip them to determine priorities.

3.2.2. Nutrition

While women play the vital role in both food production and food processing, they are one of the groups most vulnerable to malnutrition. WHO, UNICEF and the Italian Government are currently collaborating in 17 of the poorest developing countries on a Joint Nutrition Support Programme which has the improvement of maternal nutrition as one of its objectives. The strategies are multisectoral and programmes include the following components: income generation, time allocation, organization and health.

Obesity, malnutrition of excess and eating disorders such as anorexia are problems in industrialized countries. Intrafamilial distribution of food in the family according to sex preference (for boys) as well as the cultural practices of mothers eating last are important factors affecting the nutrition of girls and women in developing countries. Anaemia is

widespread among women of reproductive age and increases the risk of maternal mortality in those women that are affected.

3.2.3 Maternal and child health including family planning

Bearing in mind female and male responsibility for reproductive and sexual behaviour and parenting, this programme is of importance to the health needs of women. The specific example of adolescent reproductive health, an issue of particular concern to women because they bear the burden of unwanted pregnancy, was selected for consideration. During the last decade it has received increased attention due to such factors as changes in population structure, lower age at menarche, later age of marriage, and changing social and sexual mores. Identifying the needs of youth, as well as sensitizing key figures in the community who can meet their needs, is particularly important. WHO utilizes a variety of approaches and methodologies to promote adolescent reproductive health as strategies must be culture-specific. Other problems that are becoming more prevalent in this age group, particularly among young women, are alcohol abuse and smoking.

Another example is the reduction of maternal mortality, one of the regional indicators for monitoring progress towards health for all which was singled out as a priority issue at the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women. In February 1987, an International Conference on Safe Motherhood cosponsored by UNFPA, WHO and the World Bank was held in Nairobi. After reviewing the extent of the problem, its causes and contributory factors, a strategy was formulated and an initiative launched to reduce maternal mortality and morbidity. Since the cause of maternal death may have some of its roots in a woman's life before the pregnancy, even in her infancy or before her birth, long-term intersectoral strategies were recommended to improve the health and social status of women and girls, as well as immediate action to strengthen maternal health and family planning programmes.

3.2.4 Workers' health

Occupational health problems of working women encompass those of women working in many environments including the home. Gaps in existing knowledge and priority areas for research noted in the Report of the Expert Committee on Occupational Health for Working Women held in Geneva from 26 March to 1 April 1985 were appreciated. These include such issues as energy expenditure in certain occupational activities including additional responsibilities connected with domestic activities; psychosocial factors affecting women at work; combined effects of chemicals, contraceptive drugs, and other drugs; a difference between the sexes in reactivity to heat.¹ Concern was expressed, however, about the validity of underlying assumptions about the mental capacities of women compared to men expressed in the report.²

Difficulties have been encountered in establishing legislation. For example, few countries have specific legislation concerning women agricultural workers. Of those which do, few have the resources to enforce the legislation. WHO collaborates with the ILO in this area by making health recommendations. The ILO then establishes conventions regarding working conditions. An area of concern is that of "standards" since these have been developed in terms of the "average man".

Women and men require more knowledge about risks associated with their occupations, and the sectors in which they are employed. Women workers could then become active in safeguarding their own health and promoting needed legislation, inspection systems, participation workers and management health committees, and the integration of workers' health into primary health care.

¹ Report of Expert Committee on Occupational Health for Working Women.
Geneva, 26 March - 1 April 1985. (WHO/OCH/86.1) Page 43.

² Ibid, Page 10.

The following model was developed as a means for considering measures to improve the occupational health of women:

Occupational Health Processes

Sectors (examples)	Substance Exposures Risks	Control Measures	Health Information Needs	Opportunities for promoting health
Health Farming Restaurants Commercial trades Manufacturing Salt/smoke fish Domestic production (goods and services) etc.				

3.2.5. Environmental health

Although this field has been traditionally male- and engineer-dominated, as its interdisciplinary nature is increasingly recognized, women are becoming more visible. The involvement of women in water supplies and sanitation was supported by the overlapping of the "Water Decade" and the "Women's Decade". However, as little documentation on country experience is available, a joint WHO/UNDP study has been initiated to provide such information as the basis for developing further strategies for women's involvement.

With regard to primary health care in environmental health, women's organizations could potentially bridge the gap between official government agencies and communities but, to be truly effective, women must be trained in both managerial and health aspects. Women are a potentially large and yet untapped resource in directing and planning environmental health, yet so many of the problems it deals with directly affect their lives. Food safety, indoor air pollution and rural and urban housing are some examples.

3.2.6. Cancer

The leading cancers in women worldwide are breast, cervix, stomach, colo-rectal and lung. The incidence of lung cancer is increasing, largely due to women's increased consumption of tobacco. Therefore, a worldwide effort must be made to stop increased smoking and other tobacco use in women. In developing countries cervical cancer is the most common, and cost-effective strategies to screen for early detection are needed.

To control breast cancer early detection and treatment are needed. A USSR/WHO study is being carried out on the effectiveness of breast self-examination to see if it can be used as an alternative to the more costly mammography and clinical examination.

Table 2

<u>A WHO Analysis of</u> <u>Female Cancer Mortality Trends</u> <u>1960-1980</u> <u>28 Developed Countries</u> <u>(age-adjusted)</u>	
<u>Type of Cancer</u>	<u>Percentage of</u> <u>Increase or Decrease</u>
Lung cancer	135
Breast cancer	22
Cervical cancer	(30)*
Stomach cancer	(58)*
All cancers	Constant

* Brackets indicate decrease

Source: WHO. Cancer in developed countries: assessing the trends.
 WHO Chronicle, 39 (3): 109-110 (1985)

4. WOMEN, HEALTH AND DEVELOPMENT IN THE REGIONS

Regional plans for women, health and development, including specific activities within related programme areas, were summarized by the Regional WHD Focal Points.

4.1 African region

The women, health and development project of the African Region started in 1980. Its objective is to promote the full participation of village women in the field of health care through their involvement in socioeconomic development using the primary health care approach. Women's organizations play a vital role in enhancing the quality of life in rural areas.

In Africa the health of women of all ages is affected by malnutrition, epidemic/endemic diseases and unhygienic living conditions. Adolescents are concerned with female circumcision, early childhood marriage and heavy workload. The health of adult females living in a traditional setting is primarily affected by mental and psychological factors resulting from their unequal status. Special attention is also needed to meet the needs of the elderly and the disabled.

The role of African women of all educational levels as providers of health care is very important. Professional women can use their influence to obtain better health care for village women and other disadvantaged groups. Their knowledge of the traditional culture can help them to inculcate good health habits.

It was noted that African women make an appreciable contribution to the economy. They are especially active in farming, restaurants, commercial trades, salting/smoking fish and domestic production. Therefore, daycare at the workplace, especially for breastfeeding mothers, is needed.

4.2 Region of the Americas:

In AMRO the PWD unit, which is within the Assistant Director's office, collaborates with technical programmes to integrate, as appropriate, technical cooperation related to WHD. The various activities are coordinated by the Regional Adviser on WHD. In 1985 an Internal Advisory Committee on WHD was established to advise the Regional Director on the planning, implementation and evaluation of the programme. The following priority areas for attention were established by the Internal Advisory Committee for the period 1986-1987:

- a. health problems: cervical cancer, occupational health, maternal mortality
- b. women as promoters of community health and development
- c. women as agents of social change, i.e. development of WHD activities
- d. women as health professionals

Family planning and promotion of mental health are also very important among women's health concerns.

Table 3

<u>Percentage of deaths per year due to cancer of the uterine cervix that could be avoided with proper control activities</u>			
Under 20%	Between 20% and 40%	Between 40% and 60%	60% and above
Puerto Rico	Cuba	Brazil Ecuador Peru Uruguay Argentina	Colombia Chile Costa Rica Mexico Panama Venezuela English Caribbean (11 countries)

Calculations are based on the adjusted rates of the countries around 1980. For countries not included in the table information was not available or the information was thought to show a high level of underregistration. The pattern of comparison used was the rate of mortality in 1980 in Canada.

Since 1980 PAHO has focused increasing attention on women's crucial role in primary health care. Mechanisms to coordinate and monitor WHD activities include a Special WHD Subcommittee of the Executive Committee and Regional and national focal points. Regional Forward-Looking Strategies were adopted by the XXII Pan American Sanitary Conference. The main emphasis of these strategies is on action to be taken by countries at the national level from 1986 to the year 2000.

To reach the goals established for WHD the following eight strategies are of key importance:

- strengthen WHD focal points and development of action plans;
- collaboration within and among sectors;
- research and information dissemination;
- community participation and health promotion;
- professional and technical training and career development;
- mobilize resources;
- legislation;
- access to quality health services.

4.3 Eastern Mediterranean region

WHD activities were initiated with a Regional Workshop on Women, Health and Development that was held in 1984 to share information regarding national plans and programmes and to identify means of making the contribution of women more effective to health promotion. General guidelines were formulated for action by Member States to plan and implement programmes directed toward helping women fulfil their potential within the family and community and as health professionals.

The prime emphasis in the Region, in support of WHD, has been the protection of the health of the mother and child. To support improved self care and health awareness among women, such actions as utilization of a home-based mother record card, TBA training programmes that encourage female literacy, and curriculum development are being carried out. Activities aimed at promoting the role of women are planned in the following programme areas: water and sanitation, vector borne diseases, nutrition and diarrhoeal diseases. Activities in support of WHD are being implemented at national level in various countries.

The following framework was developed in the Region to provide guidelines for action at the community and family level for enhancement of women's role as health care providers and recipients:

Area of action	Identified needs	Responsibilities for action	Mode of action	Supportive mechanisms

4.4 European region

WHD activities in this Region were promoted through a Women and Health Conference held in 1984 that explored such topics as over medicalization, the impact of the new technology and more direct involvement in the decision-making process.

Activities in support of women's health concerns have been, or will be, carried out in various programme areas, particularly in maternal and child health. Such activities include: development of guidelines on improved working conditions for pregnant women; an

epidemiological study of the causes of postpartum depression; and development of programmes aimed at reducing licit and illicit drug consumption during pregnancy.

A programme to promote awareness of the concerns of "informal carers" (80% of whom are women) is being considered.

4.5 South-east Asian region

In SEARO a special WHD Core Group is responsible for WHD activities. The basic strategy to support WHD in this Region is twofold: 1) to define special areas in the technical cooperation programmes in order to promote and strengthen WHD; 2) to intensify collaboration with national and United Nations' agencies. The Regional Plan of Action for WHD covers the periods 1986-1989, and 1990-1995. Information in the Regional Plan of Action is provided in the following format:

Subject	Objective	Activity	Time Frame	Expected Output/Outcome	Responsible Unit and Linkage	Comments

Activities are generally integral parts of other technical programmes but highlight women's dimensions.

Specific activities include such examples as: promotion of generation and dissemination of age/gender specific health information; study of priority health concerns of women; intensified training of women for health care provision; and continuous support to the promotion of utilization of TBAs in child care.

At country level national focal points for women's affairs are supported by the WRs who are the WHO WHD focal points. National plans of action for WHD include income generation activities such as production and distribution of smokeless stoves, research on women's priority needs, promotion of environmental health and promotion of improved nutrition.

4.6 Western Pacific region

In this Region emphasis is being placed on strengthening the involvement of women's organizations in primary health care and development activities. Special attention is also given to the integration of WHD aspects within selected health programmes. For example, in the area of MCH/FP initiatives include information, education and communication activities and TBA training. In the Parasitic Disease Programme, the role of women's organizations in controlling lymphatic filariasis and intestinal helminthic infections at community level is being encouraged. Community-based rehabilitation programmes are being designed to make rehabilitation care more accessible to mothers.

The following Forward-looking Strategies have been formulated in this Region:

- improving the data base on women, health and development;
- designing strategies for the more active involvement of women's organizations in health development
- formulating a monitoring system on the social and health status of women.

Country activities at national level are planned and are being carried out. These

include strengthening the role of women's organizations, improvement of occupational health and improved family planning services.

5. WHD WITHIN THE MEDIUM TERM PROGRAMMES OF THE 8TH GENERAL PROGRAMME OF WORK

In relation to the incorporation of WHD aspects in various medium term programmes being prepared by programme managers, the Consultation reviewed the classified list of WHO programmes for the period of the Eighth General Programme of Work with regard to the following: general and specific health needs of women; the potential contribution of women to achieving health for all (i.e. their role as providers of health care in the home, community and as professionals); and, women's health as a resource for development. Participants were divided into small groups reviewing specific programme areas. Based on the material contained in the draft Eighth General Programme of Work, proposals were made, for the consideration of programme managers, of health and health related areas that might be integrated, strengthened or receive special emphasis in the elaboration of medium term programmes. These proposals are neither comprehensive nor exhaustive but supplement, elaborate upon or illustrate the ways in which WHD can be incorporated into the medium term programmes. Such areas as collaboration with women's organizations and information dissemination for women apply to all programmes, even when they are not specifically mentioned.

5.1 Programme 3: Health system development

- a) Collaboration with NGOs and other agencies at country and regional levels should be promoted in order to obtain and disseminate morbidity and mortality data on women, including maternal morbidity and mortality and its causes. All mortality and morbidity data should be disaggregated by gender.
- b) Consideration should be given to adding maternal mortality as a global and regional indicator. Separate health information on women's needs should be provided to decision-makers.
- c) Efforts should be made to identify and mobilize external resources to support data collection on women's health status and related factors.
- d) Research on women's health problems and risks should be promoted.
- e) The capacity of women to carry out health service research should be strengthened at all levels. Training in epidemiology useful for health workers at all levels and intensified efforts to increase the supply of qualified female epidemiologists is proposed.
- f) Training in managerial skills should be provided for women in positions of responsibility and the possibility for women to assume leadership roles in managing primary health care should be facilitated. The collaboration of women's organizations should be sought in identifying and promoting women for leadership positions.
- g) Legislation needed to improve the health and social status of women of all ages should be initiated and/or strengthened.
- h) Women should be provided with legal aid to ensure equal access to the law.

5.2 Programme 5: Development of human resources for health

- 1) Efforts aimed at sensitizing parents to the importance of educating their daughters should be strengthened.
- 2) Intersectoral action aimed at increasing the enrolment of girls in primary and secondary schools is needed. Girls should routinely receive career orientation during their schooling.

- 3) In cultures where care by male health workers is unacceptable to women, special efforts should be made to train a sufficient number of female health workers. Refresher and continuing education courses should be organized when needed.
- 4) To enable women to attain higher positions in health institutions and services, training possibilities for women should be expanded.
- 5) Nursing and midwifery structures at primary, secondary and tertiary levels of health care should be reviewed. The status of the nursing profession should be enhanced, with particular attention to giving more decision-making power to nurses.

5.3 Programme 6: Public information and education for health

- a) The identification of health risks specific to women and the dissemination of information about these risks should be encouraged. Specific attention should be focused on health education for women workers.
- b) The role of women as health educators in the family, community and as professionals should be recognized and valued; women should be provided with the necessary tools to carry out this role most effectively.

5.4 Programme 8: General health protection and promotion

- a) In the area of nutrition, intersectoral action is required to increase food production and to promote income generating activities for women so that they can purchase more food. Food should be available at prices that women can afford. Nutrition education concerning growing, cooking and storing food should be promoted. The importance of adequate food for girls, as well as for pregnant and lactating women should be emphasized. Problems resulting from overnutrition, such as obesity and hypertension, should be addressed.
- b) In the area of oral health, attention should be placed on the special needs of pregnant and elderly women.
- c) Accident prevention should give special attention to domestic accidents, including those occurring during cooking and drawing water. Accidents among elderly women, those occurring in schools and playgrounds, and traffic accidents should also receive attention.
- d) In the area of tobacco or health, educational efforts aimed at women should be strengthened, including information on the relationship between smoking, low birthweight and intrauterine growth retardation as well as the increased risk of thrombosis and myocardial infarction among female smokers who use oral contraceptives. Educational efforts aimed at preventing forms of tobacco use other than smoking that affect women (e.g. chewing tobacco) should be promoted.

5.5 Programme 9: Protection and promotion of the health of specific population groups

- a) In the area of maternal and child health, including family planning, a data base on the incidence and causes of maternal mortality should be established.
- b) Women require a greater sharing of tasks and responsibilities with others in the family, social support, and appropriate resources and technology to make their work less burdensome and more rewarding.
- c) Human reproduction research should consider the medical, legal, ethical, physiological and social consequences of the new reproductive technologies in both the developing and the developed world.
- d) Workers' health should support efforts directed at promoting the health of pregnant working women and working mothers, particularly those who are lone parents.

e) In the area of Health of the Elderly, Resolution XI of the Commission on the Status of Women and ECOSOC Resolution 1986/26, which aim to promote the health and the economic and social security of elderly women, should be implemented.

5.6 Programme 10: Protection and promotion of mental health

a) Differential determinants and patterns of alcohol use and abuse of females and males of all ages, as well as society's reaction to them, requires closer examination so that appropriate measures can be developed for the prevention and treatment of specific abuse-related problems.

b) The socio-cultural sensitivity of health workers and their use of behavioural and community techniques should be enhanced to increase acceptability and effectiveness of health care.

c) In developing national policies and programmes on mental, neurological, psychosocial and behavioural problems, attention should be given to the needs of both males and females.

5.7 Programme 11: Promotion of environmental health

a) Women should be systematically involved in a participatory way, particularly during the planning phase, in programmes related to improving the home environment (e.g. housing, indoor air pollution, water supply and sanitation and food safety). The collaboration of women's organizations should be sought.

b) Women should be provided with the necessary training to enable them to obtain leadership roles in the environmental health field.

c) The role of women in health education programmes, human resources development and community participation related to environmental health should be promoted.

d) Interdisciplinary research, including the behavioural sciences, should give attention to the role of women in environmental health.

5.8 Programme 12: Diagnostic, therapeutic and rehabilitative technology

a) National institutions should be encouraged to use WHO handbooks on essential surgical and medical procedures and anaesthesia, relevant to conditions encountered in district hospitals, in the basic training of nursing and midwifery personnel in addition to that of physicians.

b) Voluntary donation of blood should be encouraged to ensure the provision of safe blood for essential obstetric care especially in rural areas.

c) Further research on the possible adverse effects of drugs on pregnant and lactating women should be promoted.

d) Information on the possible adverse effects that herbal medicine might have on pregnant women should be disseminated.

e) Vocational rehabilitation should be provided for widows to enable them to become economically self-sufficient.

5.9 Programme 13: Disease prevention and control

a) The important role of women as a key resource in prevention and control programmes for communicable and non-communicable diseases should be recognized and supported, as their responsibilities in such activities combined with their daily work contributes to chronic fatigue. This factor should be kept in mind when considering human resources for health and community participation in disease prevention and control.

- b) In the area of immunization, rubella vaccination should be included among the targets. Health workers should be considered as a high risk group for vaccination against hepatitis B.
- c) Collaboration with women's organizations should be promoted with regard to information dissemination about the health hazards of such technologies as insecticides and pesticides, particularly for pregnant women. Recognition should be made of women's special risk with regard to water-borne diseases, and education on sanitation should be provided to women.
- d) Studies focused on the problem of malaria in women of migratory groups and of the economic consequences of malaria in women (social costs of illness of mothers and women workers) should be promoted. Education on malaria transmission and control measures should be provided to women. Special attention should also be given to the problem of secondary anaemia in women.
- e) Research on the health consequences for women, particularly those of childbearing age, of new chemotherapeutic agents to control the six tropical diseases should be intensified.
- f) The role of women as primary health care agents in the control of diarrhoeal diseases and acute respiratory infections should be emphasized. Health education efforts aimed at mothers related to the use of drugs for ARI in their children should be encouraged.
- g) The participation of women in training courses about tuberculosis should be promoted as should efforts to educate mothers about vaccination with BCG.
- h) When leprosy vaccination is available, priority should be given to women personnel who take care of leprosy patients.
- i) In the area of zoonoses, education about food safety should be made specifically available to women, since they are the key persons in maintaining food hygiene.
- j) In the area of sexually transmitted diseases (including AIDS) sex education for girls and adolescents should be reinforced, emphasizing close collaboration with women's groups and schools to develop and implement educational strategies.
- k) Educational efforts aimed at women with regard to smallpox surveillance and other communicable diseases should be supported. Biotechnology safety-training for appropriate health workers should also be supported.
- l) Training for the early detection of visual and hearing disorders should be provided for mothers and school teachers.
- m) Women's groups have a vital role in cancer prevention and control programmes. Education for women's groups on the risk factors of the main female cancers (cervical, breast, endometrium) and lung cancer should be supported. Males should be educated as to their role in preventing cervical cancer. Cervical cancer screening should be available to all women of risk age and in countries where breast cancer incidence is high or increasing, the percentage of women aged 50 to 70 screened by reliable methods should be increased.

Consideration of the mental aspects of interventions such as mastectomy should be promoted. In this regard educational efforts aimed at encouraging medical personnel to use the most appropriate and least deforming interventions and to fully involve women in decision-making on the treatment should be strengthened. Special programmes should be developed for rehabilitation after mastectomy including plastic surgery for aesthetic reasons.

Special programmes for women on smoking prevention should be developed.

- n) Given the high prevalence of cardiovascular disease (CVD) in women of 50 years and over, health promotion components that address women's health behaviour related to CVD risk factors (smoking, diet, exercise, stress) should be developed. Epidemiological research on CVD patterns in women should be promoted.

c) Since chronic noncommunicable diseases are an important problem for women of 50 years and over in both developed and developing countries, and taking into consideration that these groups of diseases have a long, insidious course, women must be considered as a special and vulnerable group for developing prevention and control programmes. Special attention should be given to: diabetes mellitus screening, chronic rheumatic diseases (which are a common cause of disability in women) and osteoporosis - a frequent health problem in post-menopausal women. Research on Alzheimer's disease should be promoted. In relation to hereditary diseases, guidelines on fetal diagnosis should be developed to avoid overuse of tests.

An integrated approach toward the protection and promotion of the health of adult women is needed since many factors (e.g. smoking, diet, stress, physical activity) are related to multiple diseases (i.e. CVD, cancer, chronic respiratory diseases).

6. MEASURES AND MECHANISMS TO ACCELERATE WHD ACTION

6.1 Women, health and development is not a vertical programme but rather an expression of attitudes, awareness and activities aimed at integrating women's aspects into all programmes. The following mechanisms were noted as requiring consideration for effective integration of WHD:

- coordination within health, including various levels of the Organization, and other sectors
- collaboration with women's organizations, youth organizations and other nongovernmental organizations, and within the UN system.
- training for leadership
- mobilization of resources
- research
- public information and education
- monitoring including information support.

6.2 In order to plan activities and concerns as an integral part of various Headquarters programmes and to coordinate and harmonize headquarters' support to the regions, the Director-General has established an inter-divisional Steering Committee¹ on Women, Health and Development in WHO/HQ. The Steering Committee will establish its detailed terms of reference in accordance with the broad framework provided by a) the Director General's Report on Women, Health and Development to the 38th World Health Assembly and the Resolution which emanated from it (WHA38.27); b) the Nairobi Forward-Looking Strategies for the Advancement of Women, in particular the provisions concerning the health aspects and the related WHA Resolution (WHA39.18). The Committee will report to the Director-General regularly on the progress of its work in supporting global programmes, regional offices and countries.

6.3 It was recommended that a steering committee or similar mechanism should be established in those regions where this does not already exist. It was further recommended that in addition to the steering committee, all regional offices and headquarters should have a full-time staff member working on WHD activities. Additional budgetary resources should also be made available. At country level, it is recommended that the WHO Representative should give necessary support to the national focal point for WHD.

¹ The Steering Committee is composed of: Director, Programme for External Coordination; Director, Division of Environmental Health; Director, Division of Family Health (Coordinator); Director, Health for All Strategy Coordination/Health for All Leadership; Director, Division of Public Information and Education for Health; Director, Division of Noncommunicable Diseases; Director, Division of Strengthening Health Services; Director, Health Manpower Development; Chief, Maternal and Child Health Unit (Co-Secretary); and External Relations Officer, Collaboration with United Nations System, Nongovernmental and other Organizations Unit (Co-Secretary).

WOMEN, HEALTH AND DEVELOPMENT (WHD) CONSULTATION

9-12 DECEMBER 1986 GENEVA

ANNOTATED AGENDA

Tuesday, 9 December 1986

<u>Chairperson</u>			<u>Speaker</u>
Ms Paltiel	09.00	1. Opening (in Room X 10)	
		1.1 Nominations of Officers	Dr Petros-Barvazian
		1.2 Adoption of Agenda	Ms Paltiel
		1.3 Introduction of participants	Ms Paltiel
		1.4 Administrative arrangements	Dr Petros-Barvazian
		2. Introduction and background to the Consultation	Dr Petros-Barvazian
	10.20	Coffee	
	10.45	3. Health for All and Women, Health and Development (Direction, Coordination and Management).	Dr Hellberg, HSC Mrs I. Bruggeman, COR
	12.30	Lunch	
Ms Paltiel	14.00	3. Continued.	Dr S. Levine
	15.00	4. Progress Reports	
		4.1 Health of women of all ages, i.e. major health problems.	Dr Lopez, HST/GES Dr Coyaji
	15.30	Coffee	
	15.45	4.2 Role of women as providers of health care	Mrs A. Konde, HMN/AFRO
	16.30	4.3 Participation of women in development, i.e. what special measures, if any, are being introduced into various sectors to ensure the participation of women in development.	Mrs E. Gachukia
	17.15	End of session	
	17.30	Informal reception (WHO Restaurant)	

Wednesday, 10 December 1986

<p><u>Chairperson</u> Mrs E. Gachukia</p>	<p>9.00</p> <p>10.30</p> <p>12.30</p> <p>14.00</p> <p>17.30</p>	<p>5. Review Status of the Implementation of Women, Health and Development and the Nairobi Forward-Looking Strategies in the Context of Health for All.</p> <p>5.1 AFRO 5.2 AMRO 5.3 EMRO</p> <p>Coffee</p> <p>5.4 EURO 5.5 SEARO 5.6 WPRO</p> <p>Lunch</p> <p>6. Women, Health and Development in WHO</p> <p>6.1 Health systems infrastructure</p> <p style="padding-left: 20px;">- Organization of health systems based on primary health care Dr Tarimo</p> <p style="padding-left: 20px;">- Health manpower development HMD</p> <p>6.2 Health science and technology programmes, including the essential elements of primary health care</p> <p style="padding-left: 20px;">- Environmental health EHE</p> <p style="padding-left: 20px;">- Noncommunicable diseases (Workers' health; cancer) NCD</p> <p style="padding-left: 20px;">- Nutrition Dr Gurney</p> <p style="padding-left: 20px;">- Maternal and child health, including family planning HF</p> <p>End of Session</p>
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Thursday, 11 December 1986

<u>Chairperson</u> Ms Paltiel	09.00	7.	Measures and Mechanisms to Accelerate WHD Action within the Eighth General Programme of Work: plenary session	Dr Khanna HSC
		7.1	Coordination within health, including various levels of the Organization, and other sectors.	
		7.2	Collaboration with women's organizations, youth organizations and other nongovernmental organizations, and within the UN system.	
		7.3	Training for leadership.	
		7.4	Mobilization of resources	
		7.5	Research	
		7.6	Public Information and Education	
	10.30		Coffee	
	10.45		Work in small groups to incorporate WHD measures and mechanisms into various WHO programmes	
	12.30		Lunch	
Mrs E. Gachukia	14.00	7.	Continued. Work in small groups.	
	15.30		Coffee	
	15.45	7.	Continued Group reports in plenary session	
	17.30		End of session	

Friday, 12 December

<u>Chairperson</u> Ms Paltiel	09.00	8.	Synthesis Distribution and discussion of summary draft report of the Consultation
	10.30		Coffee
	10.45	8.	Continued.
	12.50		Closing

ANNEX 2

WOMEN, HEALTH AND DEVELOPMENT CONSULTATION

9-12 DECEMBER 1986

Room X 10

LIST OF PARTICIPANTS

Temporary Advisors:

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AMRO Dr Helena Restrepo
EMRO Dr A. A. Khan, RA/MCH/FHE
SEARO Dr Daw Yin Mya, Chairperson WHD
WPRO Miss M. Khomin, APO,
WHD Focal Point

Secretariat:

Dr A. Petros-Barvazian,
Director FHE and
Focal Point for WHD

Mrs D. Edouard,
Technical Officer, FHE

LIST OF BACKGROUND AND REFERENCE DOCUMENTS

*Women, Health and Development: A report by the Director-General (WHO Offset Publication No. 90)

*The Nairobi Forward-Looking Strategies for the Advancement of Women - As adopted by the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, Nairobi, Kenya, 15-26 July 1985.

*Resolutions WHA39.18, 38.27

*XXII Pan American Sanitary Conference; XXXVIII Regional Committee Meeting, Washington, D.C. September 1986 CSP/13

*Material for the Preparation of the Eighth General Programme of Work (1990-1995 inclusive) EB79/PC/WP/2

In Point of Fact No. 27/July 1985 Women and Health

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Promoting self-reliance in handpump technology

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EB79/39, 26 November 1986 - Recruitment of International Staff in WHO: Employment and Participation of Women - Report by the Director-General

Health of Women in the Americas
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Multinational Study on Women as Providers of Health Care.

Abridged Classified List of Programmes in the
WHO Eighth General Programme of Work (1990-1995)
and Small Group Members

<u>Programmes</u>	<u>Small group members</u>
HEALTH SYSTEM INFRASTRUCTURE	
3. <u>Health system development</u>	
3.1 Health situation and trend assessment	
3.2 Managerial process for national health development	
3.3 Health systems research	
3.4 Health legislation	
5. Health manpower development	Mrs Aena Konde Dr Patricia Wood
6. Public information and education for health	Dr Daw Yin Mya Mrs Eddah Gachukia
8. <u>General health protection and promotion</u>	
8.1 Nutrition	
8.2 Oral health	
8.3 Accident prevention	
9. <u>Protection and promotion of the health of specific population groups</u>	
9.1 Maternal and child health	
9.2 Human reproduction research	
9.3 Workers' health	
9.4 Health of the elderly	Dr Banoo Coyaji Miss Marissa Khomin
10. <u>Protection and promotion of mental health</u>	
10.1 Psychosocial factors in the promotion of health and human development	
10.2 Prevention and control of alcohol and drug abuse	
10.3 Prevention and treatment of mental and neurological disorders	Ms Freda Paltiel
11. <u>Promotion of environmental health</u>	
11.1 Community water supply and sanitation	
11.2 Environmental health in rural and urban development and housing	
11.3 Control of environmental health hazards	
11.4 Food safety	Mr K. Schultzberg Ms Vicki Erickson

12. Diagnostic, therapeutic and rehabilitative technology

- 12.1 Clinical, laboratory and radiological technology for health systems
- 12.2 Essential drugs and vaccines
- 12.3 Drug and vaccine quality, safety and efficacy
- 12.4 Traditional medicine
- 12.5 Rehabilitation

Dr A. A. Khan
Mrs Anna Maria Szuecs

13. Disease prevention and control

- 13.1 Immunization
- 13.2 Disease vector control
- 13.3 Malaria
- 13.4 Parasitic diseases
- 13.5 Tropical disease research
- 13.6 Diarrhoeal diseases
- 13.7 Acute respiratory infection
- 13.8 Tuberculosis
- 13.9 Leprosy
- 13.10 Zoonoses
- 13.11 Sexually transmitted diseases
- 13.12 Smallpox eradication surveillance
- 13.13 Other communicable disease prevention and control activities
- 13.14 Blindness
- 13.15 Cancer (including International Agency for Research on Cancer)
- 13.16 Cardiovascular diseases
- 13.17 Other noncommunicable disease prevention and control activities

Dr Helena Restrepo
Dr Meropi Violaki

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