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001. report	U.S. Government Report (9 pages)	n.d.	P1/b(1)
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COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 19596

FOLDER TITLE:

Tenth Conference of the Spouses of Heads of State and Government of the Americas
[Binder 1] [1]

2013-0436-S
rc1315

RESTRICTION CODES

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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

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

RR. Document will be reviewed upon request.

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



**"Adolescents of the Americas:
Forgers of a New Millenium"**

**Lima, Peru
4-6 October 2000**

**Melanne Verveer
Head of US Delegation**

First Ladies or Alternates* of the Western Hemisphere

Mrs. Patricia Bird	ANTIGUA AND BARBUDA
Mrs. Ines Pertine de la Rúa	ARGENTINA
Mrs. Dolores Ingraham	THE BAHAMAS
Mrs. Beverly Arthur	BARBADOS
Mrs. Joan Musa	BELIZE
Sra. Yolanda Prada de Bánzer	BOLIVIA
Mrs. Ruth Correa Leite Cardoso	BRAZIL
Mrs. Aline Chrétien	CANADA
Mrs. Luisa Durán de Lagos	CHILE
Mrs. Nohra Puyana de Pastrana	COLOMBIA
Sra. Lorena Clare de Rodriguez	COSTA RICA
Mrs. Wilma Espin	CUBA
Mrs. Rosa de Mejia	DOMINICAN REPUBLIC
Sra. María Isabel Baquerizo de Noboa	ECUADOR
Sra. Lourdes Rodriguez de Flores	EL SALVADOR
Mrs. Marietta Mitchell	GRENADA
Sra. Evelyn de Portillo	GUATEMALA
Mrs. Barsheni Jadgeo	GUYANA
Mme. Guerda (Geri) Benoit Preval	HAITI
Sra. Mary Flake de Flores	HONDURAS
Lady Ivy Cooke*	JAMAICA
Mrs. Nilda Patricia Velasco de Zedillo	MEXICO



Sra. María Fernanda de Alemán

NICARAGUA

Ms. Ruby Moscoso*

PANAMA

Sra. Susana Galli

PARAGUAY

Ms. Keiko Fujimori*

PERU

Dr. Rosemary Antoine-Anthony

SAINT LUCIA

Mrs. Liesbeth Anita Maria Vanenburs

SURINAME

Mrs. Oma Panday

TRINIDAD AND TOBAGO

Sra. Maria de las Mercedes Manafra Batlle

URUGUAY

Sra. Marisabel Rodriguez de Chavez

VENEZUELA



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Divider Title: I

**Tenth Conference of Spouses of Heads of State and of
Government of the Americas**

Draft Program

Lima, Peru

October 4-6, 2000

Tuesday, October 3

All day

Arrival of Official Delegations

Place : - "Jorge Chávez" International Airport
- Group Eight Air Force Base

Transportation to hotels

Wednesday, October 4

All day

Arrival of Official Delegations

Place : - "Jorge Chávez" International Airport
- Group Eight Air Force Base

Transportation to hotels

5:45 p.m.

Departure from hotels for the Museo de la Nación (National Museum)

6:15 p.m.

Arrival at the National Museum

6:30 p.m.

Opening Ceremony of the Tenth Conference of Spouses of Heads of State and of Government of the Americas

Place: National Museum
Main Auditorium

- Opening address by the President of Peru, Mr. Alberto Fujimori

- Speech by the First Lady of Peru, Miss Keiko Sofía Fujimori Higuchi, President of the Tenth Conference of Spouses of Heads of State and of Government of the Americas

7:30 p.m.

Reception

Place: National Museum

"Sicán" Room

Dress : Dark suit
Ladies short evening wear

8:30 p.m. Transportation to hotels

Thursday, October 5

9:00 a.m. First Session of the Tenth Conference of Spouses of Heads of State and of Government of the Americas

Place: Swissôtel
"Paracas" Room

Neighbor)

- Screening of the video "Hermano Perú" (Peru, My Friend and

Higuchi

- Introduction by the First Lady of Peru, Miss Keiko Sofía Fujimori

- Screening of the video "Foro de Adolescentes de las Américas: La voz de un nuevo mundo". ("Forum of Adolescents of the Americas. The voice of a new world")

- Follow-up Report on the Ninth Conference by the General Coordinator of the Tenth Conference, Ambassador Beatriz Ramacciotti.

10:10 a.m. General Presentation on the Situation of Adolescents in the Americas by the Chairman of the Board of Redess Jóvenes, Mr. Carlos Eduardo Aramburú

Place : Swissôtel
"Paracas" Room

10:40 a.m. Coffee Break

11:00 a.m. Presentations by the Heads of Delegation

Place : Swissôtel
"Paracas" Room

12:30 noon Private Luncheon hosted by the First Lady of Peru, Miss Keiko Sofía Higuchi Fujimori, for the Heads of Official Delegations

Place : Swissôtel
"Nazca" Room

2:30 p.m. Second Session of the Tenth Conference of Spouses of Heads of State and of Government of the Americas

Place : Swissôtel
"Paracas" Room

- Presentations by the Heads of Delegation

3:30 p.m.

Coffee Break

3:45 p.m.

Presentations by the Heads of Delegation

Place : Swissôtel
"Paracas" Room

4:45 p.m.

End of the working day

6:45 p.m.

Departure from hotels for the Museo de Arte Hispanoamericano Pedro de Osma (Pedro de Osma Latin American Art Museum)

7:15 p.m.

Arrival at the Pedro de Osma Latin American Art Museum

8:00 p.m.

Dinner hosted by the First Lady of Peru, Miss Keiko Sofía Fujimori Higuchi, in honor of the Heads and members of the Official Delegations participating in the Tenth Conference of Spouses of Heads of State and of Government of the Americas

Place : Pedro de Osma Art Museum
Av. Pedro de Osma 423, Barranco

Dress : Dark suit
Ladies short evening wear

22:30 p.m.

Transportation to hotels

Friday, October 6

9:00 a.m.

Third Session of the Tenth Conference of Spouses of Heads of State and of Government of the Americas

Place : Swissôtel
"Paracas" Room

10:30 a.m.

Coffee Break

10:45 a.m.

Presentations by the Heads of Delegation

Place : Swissôtel
"Paracas" Room

1:00 p.m.

Private Luncheon hosted by the First Lady of Peru, Miss Keiko Sofía Higuchi Fujimori, for the Heads of Official Delegations

Place : Swissôtel
"Nazca" Room

3:00 p.m.

Third Session of the Tenth Conference of Spouses of Heads of State and of Government of the Americas

Place : Swissôtel
"Paracas" Room

- Presentations by the First Ladies

4:30 p.m. Coffee Break

4:45 p.m. Evaluation of the progress made in regard to the "Andean Network on Policies and Programs for Adolescents"

Place: Swissôtel
"Paracas" Room

5:00 p.m. Approval of the Plan of Action
(Private Session)

Place: Swissôtel
"Paracas" Room

5:30 p.m. End of the working day

7:00 p.m. Departure from hotels for the Government Palace

7:20 p.m. Arrival at the Government Palace

7:30 p.m. Closing Ceremony of the Tenth Conference of Spouses of Heads of State and of Government of the Americas

Place: Government Palace
Salón Dorado (Golden Hall)

8:30 p.m. Closing Reception

Place : Government Palace
Grand Dining Room

Dress: Dark suits
Ladies short evening wear

9:30 p.m. Transportation to hotels

Saturday, October 7

All day Departure of Official Delegations

Place: - "Jorge Chávez" International Airport
- Group Eight Air Force Base

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Divider Title: Plenary Rules



Regulations of the Plenary

Tenth Conference of Spouses of Heads of State and Government of the Américas

Reference

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-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.

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II

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Action Plan of the Tenth Conference of Spouses of Heads of State and Government of the Americas

I. Introduction

During the past decade, nine Conferences of Spouses of Heads of State and Government of the Americas have taken place, with the purpose of exchanging experiences and identifying common priorities; and the First Ladies, from their special position playing an active and synergic role, have included them in the Development Agendas of their countries and the region.

To that extent, during these Conferences special emphasis has been given to promote equal conditions and opportunities for women and to the protection and comprehensive care of childhood in the Hemisphere, covering relevant issues related to their needs and personal, social and economic progress, such as access to and quality of education, health - including childbearing health - prevention and defense against violence, or the promotion and dissemination of human rights and a culture of peace, among others. Thus, the Spouses of Heads of State and First Ladies of the Americas have had a direct influence in the establishment of public policies, and have made possible, supported or carried out projects resulting in the fulfillment of the established objectives and goals.

It is therefore appropriate, without disregarding the monitoring of achievements, to undertake new challenges at the onset of the 21st century.

Adolescents and youngsters between the ages of 10 and 24 years, make up the population group with the highest growth rate in many countries of the region, representing 30% of the population in Latin America and the Caribbean, and 20% in the United States and Canada. It is estimated that by the year 2000, 160 million persons will be in this age group, which shows the importance of adolescents as human capital, and as strategic performers of their own well being and the sustainable human development of the Americas.

Adolescence constitutes a stage between childhood and adult age with particular characteristics. However, the situation, needs, problems and potential of adolescents is not known in its full dimension. It can be

pointed out, for example, that there are no basic and uniform criteria to distinguish the age groups which form this stage of life. It is easy then to conclude that in most of our countries, legislation, services and specially formulated and designed programs and provisions for adolescents are inadequate or non-existent. Our adolescents would be lacking outlook and a space of their own; and, most probably, the adolescent girl and adolescents from rural areas and low income sectors, are even more excluded or in a situation of higher risk and vulnerability.

Nevertheless, we can point out that our adolescents face common situations related to educational demands, health risks, identity problems, family break-ups, sense of belonging and socialization, in a climate of latent violence, with drug addiction risk and the lack of participation opportunities. These are the challenges.

In view of the energy and creativity potential our adolescents have for the immediate future of our countries, "Adolescents of the Americas" has been proposed as the central subject for the Tenth Conference of Spouses of Heads of State and Government of the Americas and the motto chosen is "Adolescents of the Americas: Forgers of a New Millennium".

II. Problems

As regards education, during the 90's greater efforts were focused in primary education, and most of the problems of access to basic education were solved to a great extent. Between 1985 and 1990, the average annual growth of secondary school registration was established at 1,5%, while between 1990 and 1994 it was 3%. This expansion reveals an important quantitative progress in the region and the access to secondary school education of sectors which were previously considered marginal due to several factors, among them, geographic, socioeconomic and cultural situations.

According to studies carried out by ECLAC (1997), not all adolescents complete secondary school education. This is a serious situation for the future of adolescents and youths of the Americas, if we take into account that 30% of adolescents do not complete primary school. Currently, a complete high school education is essential in order to have a minimum education capital for access to well-being and the labor market. A study made by the Carnegie Council on Adolescent Behavior (1993) concluded that in the United States the adolescents that do not finish high school will cost the country \$260 billion dollars in foregone taxes during their lifetime. The study also revealed that these high school dropouts shall also earn \$230,000 less than high school graduates.

With regard to differentiation by gender, 51,7% of girls were receiving secondary education in 1985, and 59,3% in 1995. In the case of boys, during this same period, the average rose from 48,8% to 53,9%. In Latin America, most of adolescent girls are enrolled in secondary school, however, the expansion seen in recent years has not prevented the increase of desertion and repetition indexes. On the other hand, in the United States school desertion amounts to approximately one fourth of the total number of youngsters, and this figure is even bigger in the poorer population sectors.

Among the reasons for adolescent school drop out, the need to work to contribute to the family income is mainly applied to boys. In the case of girls, especially in depressed areas, teenage pregnancy forces them to leave school to take care of the infant and look for some kind of income; another reason is to take care of younger siblings and help the family.

Although present day adolescents may be referred to as belonging to a digital generation, it is also true that low income sectors are out of the circuit of technological information and computer developments. In addition, the dissemination of educational contents in the media is still very scarce, even though their models and messages have a great influence in our youth.

Adolescent (10 to 19) and youth (15 to 24) health is a key element for the social, economic and political development in all the countries and territories of the Hemisphere. However, very frequently their needs and rights are not mentioned in public policies nor in the agenda of the health sector, except when their conduct is inappropriate. One of the factors contributing to this omission is that, compared to children and the elderly, adolescents have few diseases representing a life risk.

With respect to childbearing health, the percentage of pregnant women before the age of 20, is 38% and, in many countries, 15 to 20% of babies are born to adolescent mothers. This creates a circle of poverty, frustration and marginality, related also to child mortality which is still one of the main causes of death among adolescent girls, mainly due to abortion. The use of contraceptive methods is extremely low: only 1 out of 10 single and sexually active adolescents use a contraceptive method, even though their information about modern and traditional methods is deemed adequate.

In the Southern Cone, the average age for AIDS occurrences has descended to the group under 27 years of age, representing a critical situation for adolescents and youngsters of the region. Each year, 15% of the adolescents in Latin America, between 15 and 19 years of age, acquire a sexually transmitted disease (STD). On the other hand, 60% of all sexually transmitted diseases in Canada occur in adolescents

between the ages of 15 to 24, a situation that increases the probability of HIV transmission.

Closely related to health, because of the consequences it generates, is the subject of **violence**. Homicides, suicides, accidents, and injuries are the main causes of death of youngsters between ages 10 and 19. The problem of violence of juvenile gangs is increasing in many countries of the region. Juvenile violence includes sexual abuse, abandonment, emotional and verbal abuse, threats, sexual assault and other forms of psychological abuse. Drug traffic is also a menace to the integral health of adolescents, thwarting their future. The scourge of drug trafficking profits from their insecurities and loneliness to create addiction, turning them into delinquents and law breaking individuals well into adulthood. Finally, there is also concern for sexual traffic, prostitution and pornography menacing our adolescent girls.

The problems related to **work education and training** for adolescents and youngsters are a worldwide priority. According to ECLAC, education becomes discriminatory for the labor market after 12 years of formal education, with depressed social groups accounting for 40% of repeating students and 50% for low school achievers. There is also the need to strengthen and extend a compensatory job education, training and employment programs, promotion of self-employment and support to small businesses, which would offer job flexibility for the young and their later insertion in an ever changing labor market.

In addition, present day competitive labor emphasizes creative skills, such as ability to change, problem identification and solution, readiness for relearning and permanent self-education with new roles and skills, all of which are characteristics of adolescents, constituting their strength and opportunities we should promote.

The value of our adolescents is more than evident, as they constitute, together with children, the greatest long term capital of a country: to invest in them is to bet on the future. A sensitive society, accepting the challenge of giving due value to the young, as individuals with rights and duties, and offering them education and training, will be a more productive, democratic, educated society; a society with stability and tolerance capable of fighting violence and insecurity, and of becoming part of the countries with better perspectives and worthy of respect in the globalized world.

III Vision and Mission

VISION

Adolescents of the year 2020 in the Americas will have the opportunity to be leaders, healthy and enterprising citizens, honest, peaceful, fighting for equal opportunities for men and women, achieving well-being through work and capabilities, thus contributing to and participating in the progress of their Nations.

MISSION

To promote and support policies and programs targeted to the protection, care, and promotion of adolescents in the Hemisphere, so they may exert their rights and duties; giving them the training, skills, opportunities and services which their age demands.

To sensitize governments, international financial organizations, local governments, civil society and the media on the importance of knowing, researching and developing actions in favor of the adolescent population, specially those in situations of greater need or risk.

IV. Objectives

To put an end to the political, social and cultural silence regarding the participation of this important group of the population and to promote its development. To visualize the situation of adolescents and include the subject in the agendas of Heads of State and Government, in government plans, in summits, meetings, and hemispheric, regional and bilateral agreements.

Specific Objectives:

There are three specific objectives at the base of the proposals to be approved by the First Ladies in the Tenth Conference.

1. Preferential attention to the coverage and improvement of secondary education, especially for adolescents in situation of poverty and with incomplete primary education, as well as strengthening the promotion of integral health and training labor programs for adolescents.
2. Strengthening family unity to fight the violence which affects adolescents. Creating areas for civic participation of adolescents, through leadership promotion and social organization, sports and cultural activities.
3. Articulation and exchange of research, experiences and projects specially designed for adolescents, through the establishment of regional networks.

Financing

Finally, it should be noted that the estimated investment for the execution of the projects submitted is calculated, in most cases, for three-year periods, which are subject to renewal according to the needs and results obtained from each experience. Thus, the total investment required amounts to US\$12,458,000 millions, financed mostly with funds from various international organizations and agencies submitting the following projects.

V. Projects Submitted for Consideration of the Tenth Conference of Spouses of Heads of States and Government of the Americas

Project	Youth Development and Prevention of Violence in Latin America and the Caribbean
Agency	Pan-American Health Organization (PAHO/WHO).
Description	Adolescents are amongst the most affected populations due to violence in all its manifestations. Violence experimented by adolescents is not limited to physical injury, it also includes sexual abuse, abandonment, and emotional and verbal abuse, among others. The concentration of homicides and other external causes of death within the adolescent and youth population, is an indicator that shows that violence is the primary cause of lost years of life in most countries of the region. The World Health Organization (WHO) estimates that for each child and adolescent that dies because of physical trauma, 15 are dangerously hurt. The proposal of the Pan-American Health Organization (PAHO) for the prevention of juvenile violence focuses on the promotion of youth development within the family context and a context of social, political and economic development. The First Ladies can give significant support to this proposal by interceding for this age group and supporting their development as a key element for the prevention of violence.
Objectives	To improve the social and institutional responses which support the integral development and health of youngsters and adolescents, and support the successful strategies that have been evaluated, strengthening and disseminating them.
Actions	Three lines of action have been identified to develop the project: 1. Policies for youth development and prevention of violence. 2. Promotion of adolescents' and youngsters' development and prevention of violence through social communication. 3. Establishment of individual and institutional networks, and dissemination of information.
Goals	- Establish or make adequate the youth development policies of the countries, to prevent violence, within a conceptual frame of health and development. - Implement plans and inter-sector programs for youth development and prevention of violence, establishing or improving a data collection system. - Establish or improve human resources formation programs to promote successful strategies. - Identify promising and innovative Interventions that promote the development of adolescents and prevent violence by means of social communication.
Cost and Financing	In the year 2001, PAHO will receive support for this project from the German government. PAHO will contribute with US \$1.5 million of its own resources while US \$ 3.75 millions are being requested for three years.
Beginning date and duration	The Project duration will be three years, starting in 2001.
Participating country (ies)	The project is open to all countries in Latin America and the Caribbean.

Project	Leadership, Health and Development of Adolescent Women in Latin America and the Caribbean
Agency	Pan-American Health Organization (PAHO/WHO).
Description	The needs and rights of adolescent women are not generally included in public policies, and interventions on adolescents focus mostly on solving individual problems rather than considering the basic factors that have contributed to the problem, and which influence decision making in the field of reproductive health. The Project focuses on adolescent and youth health and development through policies, advocacy, programs, services and research to improve their general well-being; promoting empowerment of adolescents to have more control of their health and development, including their sexual and reproductive health; and working with governments in order to focus their policies and strategies, programs and research thus improving overall conditions of adolescents in Latin America and The Caribbean.
Objectives	To support reinforcement of health and development among adolescents, emphasizing their sexual and reproductive health, through improvement of services and promotion of leadership.
Actions	The project will be implemented along these lines of action: • Health services that provide access to integral high quality services and improve the sexual and reproductive health of adolescents. • Policies and legislation. • Advocacy: to promote the message "girls have power". • Leadership and empowerment: to have better job opportunities combining school and work. • Social communication: to complement policies and programs through media presentations to deliver messages that empower them. • Research: determine gender and age conditions in the adolescent stage.
Goals	• Improve access of youths to integral quality services, with emphasis on their health needs. • Implement policies, legislation and advocacy that emphasize issues affecting adolescent women, such as sexual and reproductive health. • Improve leadership and empowerment interventions. • Make effective use of the communications media addressed to female adolescents. • Carry out research on the factors that influence reproductive health and development of female adolescents.
Cost and Financing	The total budget for three years is US\$ 5 million dollars. External resources required amount to US\$ 3.5 million and PAHO will contribute US\$ 1.5 million.
Beginning date and duration	This project will be implemented in several countries according to the agreement that will be established in due time, for an estimated duration of three years.
Participating country (ies)	The project is open to all countries in Latin America and the Caribbean.

Project	Education, Youth and Labor Project "Learning to Undertake"
Agency	United Nations Education, Science and Culture Organization (UNESCO).
Description	Approximately 20% of the Latin American and the Caribbean population is made up of youngsters, most of whom will not finish high school, will not begin university studies or having completed high school, are not prepared to start working. Within this framework, the aim of the project is to identify and establish instruments and mechanisms to strengthen and improve the programs that are being implemented in the region, for integral formation of youngsters that are outside the school circuit, but who wish to finish studying and prepare themselves for work.
Objectives	The objectives of the program are: • To identify a program, in each selected country, that provides integral education to youngsters. • To provide financial support to such programs in order to improve their quality and effectiveness. • To articulate selected experiences to relate them to other similar networks in the region.
Actions	The main lines of action are the following: • To identify 8 countries where the Project will be implemented. • To establish indicators regarding the needs and demands for education of youngsters and the offer and demand of the productive world. • To analyze training programs for youngsters with limited schooling, whether formal or informal education programs. • To create exchange instances and exchange networks among the selected programs in the countries, for their mutual reinforcement.
Goals	• Identify the needs and demands of youngsters as regards education and work, analyze the offer and demand in the productive environment in the selected countries. • Financial and technical strengthening of the formal and informal educational alternatives identified which include education for personal, social and professional development and which supports obtaining work opportunities. • Promote the exchange of experiences through meetings, creating a network of programs selected by the Project, and fostering interconnection with other regional or global existing networks.
Cost and Financing	The minimum cost estimated for the Project is US\$80, 000 and it has the financial support of the International Cooperation Agency of Spain. Additional resources could be added if other sources are obtained.
Beginning date and duration	The tentative beginning date is October 2000 and an estimated duration of one year.
Participating country (ies)	Participation of 8 selected countries.

Project	"Andean Network on Policies and Programs for Adolescents"
Agency	Office of the First Lady of Peru.
Description	In spite of the fact that many countries in the region are developing policies and programs to promote the participation of adolescents facing common problems related to education demands, health risks and socialization in a violent process without participation spaces, there is no mechanism established for sharing these experiences. This Project proposes the creation of an Andean Network for the analysis, follow up, assessment and proposal of policies and programs for adolescents.
Objectives	The main objective of this Project is to articulate experiences and knowledge of the institutional and human resources of the region, related to adolescents.
Actions	This Network will be coordinated by a Technical Secretariat with a rotating site every three years among the countries of the region. The main lines of action are the following: • Study and analyze the real status of adolescents regarding their citizen rights and participation in each country. • Establish the complementary program lines to be implemented in education centers and possible lines of action in official youth organizations. • Promote the incorporation of civic education in the education centers, in coordination with the present activities of the First Ladies in the development of human rights and peace culture. • Implement in participating countries political and normative measures for adolescents to have deliberating spaces. • The Technical Secretariat will organize every three years a Conference of the Americas on Adolescents, in order to evaluate results and plan future actions.
Goals	• Identify institutional and human resources of the public and private sectors related to adolescents, establishing training opportunities for their benefit and reinforcement. • Carry out comparative applied research in the different countries. • Create a system of shared information among the countries. • Establish a regional follow up and monitoring system to evaluate the impact of policies and programs with adolescents. • Request from bilateral and multilateral agencies the necessary resources for a greater investment on adolescents. • Sensitize the countries of the region for this network to promote active participation of adolescents in the programs and strategies addressed to them.
Cost and Financing	The network and national groups will use basically the resources and facilities existing in each country. The Technical Secretariat will need financial support for the coordination, information, celebration of events and a technical assistance fund estimated at US\$368,000 for the three years.
Beginning date and duration	The approximate duration will be three year periods to be renewed, as necessary.
Participating country (ies)	This project is open to all countries of the Andean region.

Project	Project for the Promotion and Improvement of Citizenry Participation of Youth in the Americas.
Agency	Ibero-American Youth Organization (IYO).
Description	The Project consists on the promotion, development and strengthening of programs, activities and means that contribute or facilitate the civic and democratic participation of adolescents in several countries of the region.
Objectives	The objectives of the project are to promote initiatives and programs that will contribute gradually and progressively to the civic participation of adolescents and especially of those from the so called dominated ethnic groups, poor rural adolescents or those that belong to extreme marginal socioeconomic sectors.
Actions	The main lines of action are: • Study and analyze in each country in situ the real status of adolescents regarding their rights and their civic participation. • Organize discussion fora on the subject. • Prepare a report on the results of the above actions, that will establish complementary program lines to be implemented in education centers and possible action lines for the official youth organizations. • Promote the incorporation of civic education in the educational centers, in coordination with current activities of the First Ladies in the development of human rights and peace culture. • Assist and implement participant countries regarding political and normative measures that will help establishing deliberative spaces for executive proposals of adolescents. • Organize and promote public actions to favor adolescent participation in cultural, educational and sport activities.
Goals	• Identify the most urgent priorities and difficulties of adolescents in the real exercise of their rights and civic participation. • Instruct the adolescents on citizenship concepts, democratic participation and knowledge of their civic rights and duties. • Establish program lines and for complementary acts to be implemented in the educational sector, councils and youth organizations. • Promote the progressive participation of adolescents with voice and vote in organizations, associations and youth councils in their countries. • Promote knowledge of all civic participation options in the cultural, educational, ecological, and sports areas.
Cost and Financing	The minimum estimated cost for this project is of US\$ 360,000 for the 12 countries.
Beginning date and duration	The program will begin in the month of January 2001 and it will be completed by March 2002.
Participant countries	Bolivia, Colombia, Ecuador, Peru, Venezuela, Costa Rica, El Salvador, Guatemala, Nicaragua, Honduras, Panama and Paraguay.

Project	Proposal for School Business Laboratories
Agency	YABT/OAS
Description	The Youth of the Americas Business Trust (YABT), is a new project for cooperation between the OAS and the private sector. It supports the promotion of programs for the development of young business girls and women in the Americas and the Caribbean. With 57% of the population below 30 years of age, the provision of support to young adults for the development of business techniques is considered vital for the economic development and social stability of the Hemisphere. The School Business Laboratory concept combines the simultaneous teaching of secondary education, technical training, academic courses and simulations of real business experiences. In addition, the laboratories require computers and access to internet services to provide a stronger technological approach, to improve training materials with greater emphasis on business administration practices managed by students.
Objectives	To combat poverty through business and self-employment educational programs aimed at the youth of the 34 OAS member countries.
Actions	To develop business programs for youth, with an integrated and complete approach, since this is more effective than implementing isolated projects, emphasizing personal development, technical and business training and access to financial and technological resources. These are considered essential elements in the school curricula and in training programs for youth not attending school.
Goals	• Document the program and its methodology, with the preparation of high quality materials and technical assistance, with the purpose of implementing the model in other countries. • Organize regional training seminars for teachers, together with national follow up seminars in the interested countries, to support these countries in the preparation of their own version of the program. • Create a technical cooperation network for the School Business Laboratories on the Internet Web Site (YABT) to unite schools, programs, promoters and young entrepreneurs. • Promote additional business training materials and technological resources to update the laboratory programs and convert them into a regional training center. • Implement at least four pilot centers in the interested countries (one in each sub-region) by the year 2001. • Support YABT in the drawing-up of long-term strategic plans for School Business Laboratories and community resource centers in the interested countries of the Americas

	and the Caribbean.
Cost and funding	US\$475,000 for a one-year budget and additional resources until the year 2003 minimum will be US\$1.4 million.
Beginning date and duration	After having completed the planning and training stage in the year 2000, in 2001 the additional resources provided by different sources shall support the beginning of the program in the pilot locations in the interested countries.
Proposed country (ies)	The project will be open to all Latin American and Caribbean countries.

Project	Hemispheric Program for Youth Leadership
Agency	Interamerican Institute for Agriculture Cooperation (IICA).
Description	The Latin American and Caribbean population is 50% made up of people under 24 years of age, and they are growing in an ever changing environment. There is a very high youth unemployment index, and also of school dropouts, due to multiple factors. Young people suffer from being constantly invisible and their contributions are not taken into account, there is lack of credibility on the part of adults regarding the projects of the young. Thus, there is a need to concentrate efforts to develop young responsible citizens who will have leadership, and open and strong cultural identities with democratic participatory values. The hemispheric young do not have a comprehensive leadership program, be that economic, social or political, to face environmental challenges. That is the reason why current strategies try to invest in social and human capital of the young. To this end, the Interamerican Institute for Agriculture Cooperation, through the Bureau of Sustainable Rural Development, backed by the Ministry of Youth, has the task of driving forward initiatives to strengthen youth leadership in order to consolidate democracy, stimulate sustainable development and foster the fight against poverty.
Objectives	Prepare a Hemispheric Training Program for Youth Leadership, focused towards demands of the young and their organizations.
Actions	IIAC with IYO and other agencies support will develop the following actions: 1. First, organize a Work Team which will have a Central Team for a Technical Proposal Design, which will in turn organize and coordinate with an Interdisciplinary Consultants Team. 2. Second, Demand Analysis and Identification/needs of the youth leadership training program in the region. 3. Third, Information Systematization, Formulation and Validation of youth leadership training program. 4. Fourth, drafting of the Project Document, Execution Plan and Promotion Strategy.

Goals	• Write a project document for the Hemispheric Training Program for Youth Leadership focused towards the young and their organizations. • Establish a promotion strategy and an execution plan for the Hemispheric Training Program for Youth Leadership. • Make a FODA analysis of existing youth leadership training programs in the hemisphere's participating countries. • Contribute today to the comprehensive training of juvenile leaders who will be potential leaders tomorrow.
Cost and financing	
Beginning date and duration	
Participating country (ies)	The project is open to all Latin American and Caribbean countries.

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III

Divider Title: _____

DRAFT LIMA DECLARATION ON ADOLESCENTS

Lima, Peru – October 6, 2000

Tenth Conference of Spouses of Heads of State and Governments, First Ladies and Representatives of Governments of the Americas

1.- WE, THE UNDERSIGNED, Spouses of Heads of State and Government, First Ladies and Representatives of Governments of the Americas, gathered in Lima, Peru, from October 4 to 6, 2000, on the occasion of the Tenth Conference, "Adolescents of the Americas: Forgers of a New Millennium," reaffirm our commitment to contribute to the development and well-being of our adolescents and to promote their capacity to participate, while acknowledging their rights and their potential for forging a better future, **free of discrimination**.

Whereas

2.- THE creation of these Conferences ten years ago, as a mechanism for the coordination of the will and **capacity** of the Spouses of Heads of State and Government, **First Ladies and Representatives of Governments of the Americas, contributed to our becoming** agents of development and promoters of change in our countries. Our contributions have been significant in the eradication of measles and other preventable diseases; improvement of **child registration that guarantees the right to name and nationality**; reduction of maternal mortality; revaluing the role of women in different areas; reduction of gender inequalities; prevention **and treatment** of domestic violence; promotion of access to a quality education, including early childhood education; and improvement of health services, among others.

3.- THE rapid changes that globalization has set in motion throughout the world and its **both positive and negative impact** compel us to adopt new paradigms and accept new challenges in order to channel the options and proposals conducive to the social development of our **people, recognizing** adolescents as important actors in this process and as bearers of creativity, solidarity, a critical appreciation, energy and hope for this new millennium. We must pay special attention to adolescents who live in poverty, **are disadvantaged** and socially excluded, and who have fewer opportunities to participate in **the local and global economy**.

4.- THE Adolescent population, **approximately** 160 million in the region, is not merely at a transitional stage between childhood and adulthood. Adolescence has clearly defined characteristics of its own, and despite geographic, cultural, and economic differences, **young people face** common situations such as **education and employment challenges**, health risks, violence and limited opportunities for participation in civil society.

5.- A great amount of efforts are being made in regard to policies, programs and projects for and with adolescents, and these efforts need to be coordinated through mechanisms that will make it possible to fully share the skills and learning experiences and to disseminate the experiences of Governments and different organizations of civil society, including those formed by adolescents themselves, in order to promote **cooperation at all levels between our countries**.

6.- A Forum of Adolescents of the Americas, held from June 26 to 29 in this city with the participation of 26 countries of the Region, ratified as a priority the need to comprehensively address the topic of adolescence in order to strengthen **adolescents' life projects** and enhance their participation in society.

7.- WE reaffirm our **individual country** commitments adopted under international treaties, agreements and conferences, such as the Convention on the Rights of the Child (New York, 1989), the World Summit for Children (New York, 1990), the International Conference on Population and Development (Cairo, 1994), The World Summit for Social Development (Copenhagen, 1995), the Fourth Conference on Women (Beijing, 1995), El Cairo + 5 (New York, 1999), Beijing + 5 (New York, 2000), Copenhagen + 5 (Geneva, 2000), Regional Program of Action for the Development of Youth in Latin America (PRADJAL), and the United Nations World Program of Action for Youth for 2000, adopted by the UN General Assembly and whose implementation was agreed in the Declaration of Lisbon on Youth Policies and Programs (1998), and ILO Agreements 138 (on the minimum ages) and 182 (on the worst forms of child labor) that recognize the rights, potential, and needs of adolescents.

Recognizing

- 8.- The progress made in extending secondary education coverage, quality and access for marginalized segments of the population, **we are nevertheless aware that we must also pay attention to the persistent problem of school dropout and grade repetition**, and the need for adolescents to receive an education that **strengthens their integrated development and technical capacity**.
- 9.- The inadequate supply of health services that are appropriate for adolescents and their insufficient access to services that consider their needs, particularly in the areas of guidance, education, **information and services in reproductive and sexual health, adolescent pregnancy, HIV/AIDS and sexually transmitted infections**.
- 10.- The negative impact of violence in all its forms on the full development and well-being of adolescents.
- 11.- The broad influence exerted by communications media on adolescent development and well-being.
- 12.- The need to devote special attention to the rights of adolescents who are disabled.
- 13.- The status of adolescents as individuals who have rights and **responsibilities** and the **limited opportunities** for their progressive participation as citizens.
- 14.- The problems and **needs** of adolescents depending on their gender, cultural **differences** and whether they live in urban or rural settings.

We therefore agree

- 15.- TO REITERATE our commitment to develop and promote the skills and **potential** of our adolescents, **under conditions of equal opportunity**, fostering a change of perspective **from the adolescent who causes problems to the adolescent who proposes solutions**, a **protagonist of positive change** and a true actor in the development process in our countries. To this effect, we support and welcome the statement of the Forum of Adolescents of the Americas, annexed to this Declaration, which addresses the issues of identity, leadership, life **projects**, social networks and the right to participate; we accordingly urge the authorities of our countries to promote adolescent leadership as an effective **and multiplier mechanism to bring about** positive changes for the adolescents in the Region.
- 16.- TO DECLARE our unwavering will to promote equal rights, **responsibilities** and opportunities for adolescents, as an indicator of **effective progress for adolescents as well as for society**, and to consolidate democracy and a culture of peace in our countries.
- 17.- TO REAFFIRM our commitment to foster and strengthen public policies and **development initiatives** in favor of adolescents, giving special attention to adolescents at social risk or **at risk of exclusion**, particularly in the areas of health **and healthy lifestyles**, education and job training, and with greater emphasis, to broadening the participation of adolescents as citizens in every sphere of society.
- 18.- TO REITERATE our commitment to combine efforts, coordinate actions and share experiences in order to increase access in our respective countries to training, information and appropriate technology, **and to assure adolescents' full participation in quality education, especially for females**.
- 19.- TO PROMOTE healthy social environments, particularly the **strengthening of the family, of institutions** that protect adolescents and **of youth organizations that support adolescents' well-being and development**.
- 20.- TO SUPPORT the creation or improvement of comprehensive health services for adolescents, with special attention to guidance, education, and information for prevention and care, particularly in the areas of **reproductive and sexual health, HIV/AIDS and other sexually transmitted infections, and all forms of drug and other substance abuse**.
- 21.- TO ENCOURAGE comprehensive **sexuality education** for adolescents, in the family, school, and community, in order to **ensure appropriate psychosocial development that leads to** responsible and healthy sexuality.

22.- TO ADDRESS the problem of violence **in all its forms** by building up areas for peaceful **coexistence with and for adolescents**, so that they may become the creators and leaders of a culture of peace.

23.- TO FOSTER sensitization campaigns, particularly through the media, both for and with adolescents, in order to create a consensus **that favors** a culture of peace **and that** acknowledges **adolescents'** contributions, needs and participation in the well-being and development of society.

24.- TO SEEK the adoption of public policies to protect adolescents who are disabled in order to ensure their freedom from discrimination and enjoyment of their rights, in accordance with the Uniform Standards on Equal Opportunities for the Disabled.

25.- TO PROMOTE ~~the creation or strengthening of~~ **broad networks comprised of Governments, civil society, international cooperation agencies, and in particular adolescents**, for the design and **implementation** of comprehensive proposals that **respond to priority issues related to adolescents** in order to consolidate sub-regional and regional mechanisms for the improvement of policies, programs and projects **that benefit adolescents**.

26.- TO SUPPORT the Pro Tempore Secretariat so that, with the cooperation of the previous and the next host countries, they may carry out timely and effective follow-up on the commitments adopted in the Declaration and Plan of Action emanating from the Conference, in order to reaffirm our proactive role in the social development of our countries.

27.- TO CONGRATULATE and express our deep gratitude to our hostess, Ms. Keiko Sofia Fujimori Higuchi, and to the Government and People of Peru, for their warm welcome and hospitality, and to heartily thank the Organizing Committee and its technical team for their **unfailing** efforts in holding this meeting.

28.- TO ACKNOWLEDGE and thank the ILO, ONUSIDA, UNESCO, UNFPA, UNICEF, PAHO/WHO, OAS, CIM, IICA and IYO for their valuable cooperation in the proceedings and organization of the Tenth Conference. We also express our appreciation to the other Cooperation Agencies that took part for their contribution and support, urging them to enhance inter-agency coordination on projects for adolescents. We also underscore the support given by government and non-governmental organizations that put forward initiatives and furnished resources for developing new plans, programs and projects designed provide assistance to the adolescent population of the Americas.

29.- TO ACCEPT the gracious offer of the First Lady of _____ to host the Eleventh Conference of Spouses of Heads of State and Government, **First Ladies and Representatives of Governments of the Americas**, to be held on to, 2001.

Signed in Spanish and in English in the City of Lima, Peru on the 6th day of October of the year two thousand.

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V

Divider Title: _____

Adolescent Girls and Boys in the Americas

Challenge and Opportunity

June 2000

Carlos E. Aramburú¹
Chairman of REDESS-Jóvenes
Group of consultants to the
Tenth Conference of Spouses of Heads of State
And Government of the Americas,
Office of the First Lady of Peru.

1. Why Adolescent Girls and Boys?

Populations have always had their component of individuals between 12 and 19 years of age, and yet the concept of "adolescence" is a recent product which came into being towards the end of the last century in the early days of the industrial revolution. The term was applied to young people of both sexes who left their rural family environment and migrated to the cities in search of jobs and new opportunities. Widespread town development, expansion of markets and worldwide country-to-city migration in the 20th Century have kept the term current in our contemporary societies. Thus "adolescence" is an eminently socio-cultural concept that responds to the educational, economic and social demands of the modern world. There obviously exists a biological substratum: the sexual and emotional maturing process which speeds up as never before and never again during this period of the life cycle. Nevertheless, the changes involved in this process are affected by people's diet and by the increase every century in their stature and weight, since the latter factors are responsible for activating the hormones that trigger the sexual maturing process. This is why the "biological" adolescence identified by the start of the menarchy in adolescent girls has been occurring earlier and earlier; where it used to occur at the age of 15 or 16, it now manifests itself, in better-nourished populations with better living standards, at 11 or 12 years of age. With regard to its socio-cultural dimension, "adolescence" is characterized by dependence on the family environment, however with an increasing incorporation into the public world, prolongation of the period of formal education, total or partial economic dependence on parents or tutors and, for the majority, the absence of marriage or cohabitation, although there is incipient sexual activity.

Of course this definition of "social adolescence" presents huge variations in actual fact, especially in regions of such great cultural and economic diversity as the countries of the Americas. The age range of 12 to 19 years proposed at this Tenth Conference to define adolescence is therefore merely referential. Each country should be flexible with this range of ages and the concept of adolescence, and

1 Este trabajo es el fruto de los aportes de los miembros del Grupo Consultivo aunque las opiniones expresadas son de responsabilidad del autor.

adapt them to its own ethnic and socio-economic reality. The Pan-American Health Organization (PAHO) suggests an even wider range, 10 to 19 years and makes a distinction between early adolescence (up to 15 years) and late adolescence (16 to 19 years) (PAHO, 1998).

Whatever the exact age range used to define adolescence, there can be no doubt that this segment of the population has a growing importance and is viewed with increasing interest on the part of governments, non-governmental organizations, professionals in different disciplines, and civil society in general. There are several factors that justify the growing attention being given to adolescence, among which:

- **Its demographic importance:** There are approximately 160 million adolescents in the Americas, accounting for 10% to 30% of the total population (depending on the populational dynamics of each individual country). Thus, the highest proportion of adolescents is found in the Region's countries which began lowering their fertility rates some 10-20 years ago. Since the phenomenon of the drop in fertility has become widespread, we may expect that those countries which still have high birth rates today, will join the downward trend over the next two decades.
- **It is a specific stage of the life cycle:** there is growing consensus that adolescence is not merely a transition between childhood and adulthood, but rather it has clearly defined characteristics of its own, resulting from the growing urbanization and modernization of the Region. Historically, the tendency is for adolescence to last longer as a result of educational, job, and urban life styles demands, which tend to become globalized in contemporary societies.
- **It is a stage of intense changes:** it is at this stage of the life cycle that physical changes occur with the greatest speed, linked with the process of sexual maturing. In social aspects also, this period marks the transition from the private to the public sphere, when the adolescent's life starts to revolve around friends, school, the neighborhood, and other public spaces. Citizenship starts to be forged during adolescence via socialization in civil and democratic values (or the absence thereof). Therefore this stage is a critical time for forming the values of solidarity, tolerance and interest in public affairs.
- **Adolescent boys and girls face common challenges and risks:** despite the geographic, economic and cultural diversity of the countries of the region, adolescent girls and boys face common problems. Such problems arise from modernization and globalization and they imply new demands in relation to education, work, and growing competitiveness, within contexts of saturation with contradictory information, intense exposure to the mass media, weakening of the family unit and the protective social networks, and an absence of guiding values. Adolescents may well be the most globalized and "connected" segment of our societies thanks to their access to radio, TV, internet and the magazines that dictate standardized life-styles of the wealthiest groups in first-world societies. At the same time, it is indispensable to recognize and value their creativity, generosity, critical spirit, and energy which often do not find outlets or spaces for constructive expression in the family, school, neighborhood or community, and society is unable to give them their due recognition.

- **There is great dispersion of efforts in relation with policies and programs for and with adolescents:** in nearly all the countries of the Region, projects, programs and policies are being developed for adolescents. However, in most cases there are no mechanisms whereby these experiences can be shared or efforts can be coordinated, not only between governments but also among different organizations of civil society, including those of the adolescents and youths themselves.

For all these reasons, and others that will be discussed during this technical meeting, the Tenth Conference of the Americas, following the initiative of the First Lady of Peru, has identified the topic of adolescence as a priority issue and the main theme of the Conference.

2. Main Topics

After much consultation with national experts and international cooperation agencies, it was decided to select four main topics for this Tenth Conference on Adolescence: health; education and vocational training, social behavior, citizenship and participation. Obviously these four topics do not exhaust adolescent-related issues in the Region, but the individuals and institutions consulted are in agreement that these are the central issues, relevant for the great majority of the countries represented here.

The excellent papers prepared by the technical cooperation agencies which will be presented at this meeting release me from the need to speak at length on each of these four topics (which, in any case, I would not be qualified to do.) However, I will take the liberty of offering you some reflections on these complex issues, as a contribution to motivating the debate and the decisions and commitments to be outlined here as inputs for the Conference of First Ladies to take place in October.

2.1 Health and Adolescence

Adolescence and youth are perhaps the healthiest period of human life. And yet, each year thousands of adolescents die. The exact figure cannot be estimated because the national and regional health statistics are not broken down into five-year age-groups or gender (PAHO, 1998). What we do know is that the main causes of death in adolescents aged 10 to 19 are homicide, suicide, accidents and traumatism; and among adolescent girls, complications arising from pregnancy, childbirth, and pre- and postnatal problems.² In other words, external factors associated with life styles are the main causes of morbidity and mortality among adolescents. Recent evidence from several of the Region's countries shows that at least half of the people infected with HIV are 24 years or under, (WHO, 1998), while the average age is 27 years. Bearing in mind that an average of five to eight years go by before the syndrome manifests itself, it is alarming to see that the ages at which the infection is acquired correspond exactly to the years of adolescence. Another worrying piece of evidence is the fact that, according to

WHO, 70% of premature deaths in adults are related to habits and conduct initiated during adolescence: for example, smoking, drinking, addiction to drugs, bad diet, etc. A problem for adolescent girls in particular is that of premature pregnancy, which affects about 10% of all the young women under 19 years of age in many countries of Central America and the Caribbean. A tendency observed in many countries, even the Region's relatively higher developed countries, is that the only age group NOT showing a decline in fertility is precisely the adolescent age group. The determining factors for adolescent pregnancy are complex and require more research. The phenomenon is more frequently found in connection with rural areas, a lower educational level, poverty, and low levels of self-esteem.

An obvious conclusion from this very brief synthesis is that adolescents' principal health problems cannot be prevented or solved with a purely biomedical approach or with a strategy based on sickness or damage. An integral approach must be used to identify the health risk factors (as well as the protection or "resilience" factors) of certain types of conduct in adolescents. The healthy lifestyles approach proposed and promoted by WHO and PAHO as well as many governments in the Region requires the participation of parents, educators, psychologists, the community, and health personnel. It is indispensable that an identification be made of the programs and strategies that have been successful in boosting protection factors, preventing risk conducts, and creating in the adolescents themselves the awareness and commitment to their own health.

2.2. Education and Vocational Training

The past few decades have witnessed a sustained effort in the Region to expand the coverage of, and access to, formal education, particularly in primary or basic education. A steady increase in secondary school registration has also been observed even though coverage has not yet reached that of primary school education. From 1990-95, according to UNICEF, 73% of the children and adolescents in Latin America completed their fifth year of primary education, but only 45% managed to complete their secondary school education³. Serious drop-out problems (especially in fifth grade of primary school) and grade repetition persist. The drop-out rate appears to be linked to low performance and external factors such as the need to work (especially among the boys), and demands for help at home and adolescent pregnancy (affecting adolescent girls almost exclusively). Grade repetition, affecting some 30% of secondary students according to the UNESCO report, is closely linked to the quality of the education and support and cultural level found in the family environment.

The evidence available indicates that the priority task is to improve the quality of education, without neglecting the expansion of coverage, in particular for rural areas, ethnic groups, the disabled, and those who have dropped out. Improvement in the quality means training, better remunerations and incentives and a recycling of the school teachers. It also implies better investment in education technology, especially with regard to remote education and access to

3 UNICEF....The State of the Worlds Children, 1998, New York.

computers, electronic information networks and new teaching methods which emphasize self-teaching and critical capacity. Globalization trends and the labor market point to the increasing value of human capital, based on technical and professional know-how and capacities rather than physical capital. For that reason, equity in educational quality has stepped over a new threshold, that of information technology which, if it is not made massively available threatens to create a new form of discrimination and a new group of people being discriminated against - the "unconnected" versus the "connected". Therefore, in this field, as in the field of health, it is imperative that we improve our understanding of the factors underlying the school drop-out and grade repetition rates, as well as learning how to share successful, cost-effective experiences in remote education and in the introduction of information technology into the schools.

2.3. Social Behavior of the Adolescent

Under this heading, the proposal is to deal with factors associated with misconduct in adolescents, violence and the rights of the adolescent. It is no easy task, for two reasons: firstly, there is very little scientific information on the incidence, causes and consequence of juvenile misconduct and violence; and secondly, this topic is often magnified, distorted and presented out of context in its more superficial aspects by the mass media. The first point to be clear about is that adolescent boys and girls are not aggressors only, but more often and to a greater proportion they are the victims of different forms of violence. According to recent PAHO figures, 28,7% of deaths from homicide in the Region occur among adolescents from 10 to 19 years of age (PAHO,1998). Boys are generally more likely to commit and be victims of these acts of social violence, while the adolescent girls are mostly victims of domestic violence and sexual abuse, contrary to commonly held belief not at the hands of unknown individuals but by individuals (usually adults) in their own family and social group.

We will not go into criminal and legal aspects here, as these will be dealt with in detail in the UNICEF paper; rather we would like to examine briefly the different types of violence in which some adolescents and young people take part and of which many more are victims. Violence belongs not only to the public context; the issue of family violence, suffered particularly by girls, adolescent girls and women, is just starting to be revealed in all its magnitude. The little we know about domestic violence indicates that it occurs much more frequently than is reported (cultural and emotional barriers); it is usually committed by adults, mostly men, and often associated with the use of drugs. Peer pressure, including men, and support groups as well as local mechanisms for reporting and defense seem to be some of the methods which will make it possible if not to eradicate, at least to mitigate the problem and punish those responsible for acts of domestic violence.

A second type of violence is that associated with delinquency, gangs, "stadium hooligans" and other public forms of irregular conduct and misdemeanors in which adolescents and young adults appear to have a growing participation. However, from the little evidence available, we know that only a minute proportion of young people participate in these forms of social violence (a recent estimate states that 0,5% of Lima's youths admit having taken part in this type of

violent acts)⁴. Countries with a relatively higher degree of development are by no means free of such problems. There can be no doubt that the model of violence, so omnipresent in the media which young adults and adolescents consume on a daily basis, must exert an influence in this respect. We are far from understanding the root causes of these phenomena, although the breakdown of the family unit, school drop-out and low performance at school, gender perception towards the "macho" attitude, ethnic prejudice and social exclusion in the big cities, would appear to be linked to these manifestations. The repression and control of these forms of misconduct, although necessary, will never solve the problem unless they are associated with prevention measures and the promotion of a culture of peace and solidarity.

A third type of violence which unfortunately is present in many of the countries of the region, is political violence, associated with subversion and terrorism. Adolescents and young adults have been particularly affected by this form of political violence. There are no 80-year old terrorists. The tough lesson learned in Peru from phenomena such as The Shining Path and Tupac Amaru Revolutionary Movement (MRTA) is that they mostly recruit adolescents and youths of humble origin, from rural areas, with little idea of what their country means, and with illusions built on promises of economic success and monetary rewards. However, the substratum in which the subversive phenomenon is putting down roots is the growing gap between expectations and opportunities which particularly affects the young members of the population⁵. Hence the urgent need to create job opportunities and income for young people, especially in rural areas, in ethnic territories and in areas where there is the greatest concentration of extreme poverty.

2.4. Citizenship and Participation

This is perhaps one of the most difficult topics of the four selected for this Tenth Conference of the Americas. The very concept of citizenship lends itself to confusion, and there is little or no information about the young people's attitudes, expectations and processes of participation in the different levels of neighborhood, community and national life. It is a well-worn cliché to say that the present generation of young adults and adolescents have hardly any interest in politics. They have opted to "switch off" from public life and they refuse to belong to any organization other than the family, friends or their own groups (neighborhood, "pals", sports clubs, etc.). It seems to me that the relevant question is whether this "switching off" is not really a reaction both to the way we adults do (and undo) politics and to the systematic marginality of adolescents by adults. The truth is that there is a widespread attitude of mistrust on the part of adults whenever groups of adolescents take over public spaces, albeit temporarily -- parks, community centers, sports grounds, or the school itself -- unless they are under the direct supervision of adults. The presumed marginality from political life could be due not only to the fact that politicians seldom propose topics of

4 REDESS-Jóvenes, Boletín sobre Ciudadanía, Year 1, No. 1, pag. 12. Lima, June 2000.

5 Aramburú, Carlos... "The Silent Revolution, Demographic and Social Changes in the Andean Countries" in Challenges of Democracy in the Andean Region; Andean Commission of Lawyers, Lima 1998.

interest to adolescents and young people specifically, but above all because of the way politics in general have fallen into discredit among them.

The development of a political culture and the absorbing of democratic participational values, and of tolerance ought to start early at school and in the family. An authoritarian school, mass media which present only dirt, demagoguery and political scandals, and parents whose normal attitude towards politics is cynicism are the best antidotes to prevent adolescents and young adults from becoming committed to public civic life. There can be no doubt, either, of the capacity of many adolescents and young people to react and mobilize in response to events or incidents that motivate them. Nevertheless, such reactions, because of their very spontaneity, are of short duration and are not organically structured to channel the participation of young people and adolescents into parties and political movements. The consolidation of the democracies in the Region requires not only the right to vote at the age of 18, but also a long process of encouragement in which adolescents and young people may become gradually incorporated into the local, regional, and national instances of the political life of their country.

3. Requirements for Policies and Programs

As mentioned, the increasing interest and concern for adolescents and their problems on the part of governments, non-governmental organizations, cooperation agencies, and other actors in civil society, is both an opportunity and a challenge. Opportunity, because based on this interest, we can set in motion a coordinated, sustained effort to understand the needs and demands of adolescents and young adults and attend to them. Challenge, because in order to come up with policies and programs that will have impact, equity and cost-effectiveness, it will be necessary to meet three key requirements:

- a) To improve and systemize the information and knowledge about adolescents in the Region with regard to these four key topics
- b) To carry out an effort of national and regional coordination in order to share lessons learned and avoid duplicating efforts
- c) To promote forms of participation of the sectors involved and of the adolescents and young adults themselves in the design, execution and assessment of these policies and programs.

The need for knowledge implies on the one hand using the information available and that which is regularly compiled from house surveys, health surveys (regional health surveys) and surveys to obtain specific figures for the population of 10-14 years of age and 15-19 years, broken down by gender and geographic location, as well as by poverty level. On the other hand this need implies generating a line of research and study on this population group which headed by universities and academic centers of the region, will seek to fill in the gaps in our knowledge, some of which have been mentioned earlier. This information should be collected and should respond to common definitions and methodologies that will allow the comparative analysis to give greater added

value to the data and make it possible to generalize the findings. This base of information and knowledge should be the base on which policies and programs for adolescents are designed, evaluated and proposed, to avoid improvisation or the inefficiency which is typical of so many social programs in our Region. The information generated should also be a public asset, to ensure its free access and an optimum utilization.

The requirements for coordination and participation are perhaps the most obvious, but doubtless the most difficult to implement. As mentioned, there exist in many of the countries of the Region a large number of programs and projects, both public and private, targeting adolescents in the field of health, education, job training, prevention of violence, promotion of citizenship and social participation. But very few of the countries have instances of coordination, even among public programs, to share experiences, information technology resources, and avoid duplications and unnecessary costs. To make this coordinating effort possible, it will be necessary to overcome the mutual lack of trust which in many countries has existed between government and non-governmental organizations with regard to social policies. It will also be indispensable to create mechanisms for extensive participation of government offices, academic institutions NGOs, community-based organizations, companies and above all, the young people themselves. In the third place, it will be of critical importance that this effort not be politicized or appropriated by any one specific sector of the political spectrum, the plurality of the participants and focuses is a *sine qua non* to create the consensus that the topic deserves. The technical and financial support of the multilateral and bilateral cooperation agencies will be invaluable, both on the topic of information and on that of coordination.

Finally, it seems relevant to appeal to the commitment of all the countries and organizations gathered here today to attend to the expectations and problems of adolescent boys and girls in our Region. This commitment, which will no doubt be ratified by the First Ladies in the Meeting next October, implies not only institutional goodwill, but the personal goodwill of each and every one of us. It implies leaving aside our facade of officials, experts or researchers, to relate to an adolescent boy or girl close to us; our daughter or son, a brother or sister, nephew or niece, or an adolescent in the house next door, so that this commitment have not only the strength of reason, but also the warmth of affection, of a young person's smile and a hope.

USAID
Adolescent
Programs

USAID Programming for Adolescents in the Americas

Health and Adolescence

In the region, USAID supports a wide range of health-related activities that target adolescents. Social marketing, education, peer counseling, and other innovative programs aim to reduce teen pregnancy rates, stop the spread of HIV/AIDS, and prevent STDs. USAID is also involved in making access to preventive health care easier for teens by teaching health workers how to relate to adolescents and creating policies for confidentiality of health records.

Social Marketing for Pregnancy, STD, and HIV/AIDS Prevention

- USAID/Brazil's At-Risk Youth Program provides services to children and youth who are separated from or are at risk of becoming separated from their families. Less than 1% of the 1,000 girls assisted in Recife report early pregnancy, compared to 18% of all girls nationwide. Program-assisted youth disseminate information and provide counseling to their peers in the neighborhood, health clinics, community centers and schools, stressing responsible sexual behavior.
- (Paraguay) *Arte y Parte* is a peer-to-peer program that uses mass media and other non-traditional strategies to increase awareness among adolescents between 15 - 19 years of age about pregnancy prevention and STDs. The program has become a model for other Latin American countries including Guatemala and Bolivia.
- USAID/Dominican Republic funds several peer education programs. One such program, run by PROFAMILIA, provides human sexuality education and reproductive health services to young people in Santo Domingo. The activity's approach maximizes youth involvement in its implementation and management. For the 1998-2000 period, the program targeted 17,200 adolescents in 22 neighborhoods throughout the city. The cornerstone of the program methodology is the peer educator, a youth volunteer recruited for his/her motivation and leadership capacities, who conducts individual and group counseling and education activities with peers in his/her assigned neighborhood. The volunteers also distribute contraceptives (if they had been trained), and refer peers to clinical services.
- Other USAID missions with peer-to-peer campaigns spreading messages about quality of life improvements, the health risks of early pregnancy, sexual responsibility, reproductive health, STDs and HIV/AIDS, include El Salvador, Nicaragua, and Guyana.
- USAID-funded programs in Jamaica, the Dominican Republic, and Guyana reach youth through community programs, the media, and theatrical presentations.

Health Workers and Adolescents

- USAID/Jamaica's Adolescent Reproductive Health (ARH) Program aims to strengthen the clinical and interpersonal communication skills of health workers by strengthening the curriculum in nursing schools regarding treatment of adolescents.

- In order to reduce adolescent maternal morbidity and mortality, increase adolescent pregnancy spacing, and expand the number of adolescents postponing their first pregnancy, an El Salvador Ministry of Health program is promoting adolescent-friendly health centers. This effort includes sensitization of administrative and health personnel, formation of “adolescents committees” at health facilities, training on treatment of adolescents, community promotion, and education.

Health Policy

- USAID/Jamaica’s Adolescent Reproductive Health (ARH) Program aims to ensure privacy and confidentiality in health services and strengthen policies and guidelines related to adolescent reproductive health.
- USAID/Peru provided technical assistance to the Ministry of Health to adapt American Medical Association Guidelines for Adolescent Preventive Services and to develop protocols to guide health care providers who care for adolescents in MOH facilities. USAID/Peru also provided orientation and training to MOH health care providers in adolescent health care.

Health Surveillance and Surveys

- USAID/Paraguay funds the national reproductive health survey, which includes a special chapter on young adults’ needs and behavior.
- USAID/Jamaica offers support to strengthen the Ministry of Health’s surveillance systems for HIV/AIDS and other sexually transmitted diseases.

Research

- Global Bureau is sponsoring research in Mexico to evaluate the impact of HIV prevention programs in schools. The objective is to determine whether school programs similar to those that have led to the adoption of safe sex behavior in the U.S. have the same effect in developing countries. Mexico is the only site in Latin America for this study.
- (Central America Regional) Four PASCA Project grants (67% of funds) sponsored adolescent peer education programs in rural and urban settings. The results of these grants have been analyzed and disseminated to the larger NGO community. PASCA also sponsored a large study in El Salvador on adolescent knowledge and practices related to HIV, the results of which were disseminated in a national workshop.

Education and Vocational Training

USAID programs in the region are reaching at-risk youth in order to provide remedial education and reduce drop out rates. Programs are also expanding access to quality education for traditionally under-served populations and providing youth vocational training to improve their access to job markets.

At-Risk Youth

- USAID/Jamaica's Uplifting Adolescents Project serves approximately 14,000 "at-risk" youth (10-14 year-olds performing poorly in school and/or who have left school). NGOs provide a package of services including remedial education, pre-vocational skills training, and reproductive health messages/information.
- Activities sponsored by USAID/Brazil's At-Risk Youth Program emphasize market-oriented vocational training and the arts. Among program-assisted youth, 83% were promoted to the next school grade, against the regional average of 68%; and 20% of program-trained youth were placed into income-generating work despite high national unemployment rates.
- USAID/Honduras supports the Ministry of Education's distance learning program, *Educadores* (Education for All), which provides out-of-school youth and young adults with a second chance to complete their basic education (grades 1-9). Participants receive instruction through radio programs or cassettes, texts, and standardized tests with assistance from volunteer facilitators. An average of over 62,000 dropouts are participating in the *Educadores* program, which currently operates in eleven of the eighteen departments and serves grade levels 1-6. The Ministry of Education and USAID launched pilot groups for level 7 this year and levels 8 and 9 are currently under development. USAID/Honduras also supports other alternative basic education delivery systems, including a video instruction pilot program called "Telebásica" from Mexico. This program enhances learning in 35 regular junior high classrooms.

Basic Education

- USAID/Nicaragua's basic education program (BASE II), designed in collaboration with the Ministry of Education, seeks to expand access to quality education for primary school students with a special focus on rural, multi-grade and bilingual education. BASE II's three objectives are to: (1) develop 169 Model Schools to serving as demonstration and training sites for primary school teachers; (2) train teachers on the Atlantic Coast in Spanish as a Second Language and bilingual education theory and practice in order to develop students' oral and written skills in Spanish and the dominant indigenous languages - Miskitu, Mayangna and Creole English; and (3) foster parent and community participation through school councils and student government.
- USAID/Guatemala is providing the Ministry of Education with funds to grant educational scholarships at both the primary and junior high school levels.
- USAID/Guatemala and World Learning are working on providing linguistically, culturally and pedagogically appropriate education in the Quiché Department, an area

with historically limited access to education. The activity focuses on teacher preparation, materials development, and community participation.

- USAID/El Salvador's Strengthening Achievement in Basic Education (SABE) program is a nine-year activity that ended in August 1999. The purpose of SABE was to improve the applicability, effectiveness, and efficiency of basic education in El Salvador. The program helped to (a) develop curricula for primary grades; (b) decentralize Ministry of Education operations to the community level; (c) provide leadership training for high school students; and (d) provide certification training for "Maestros Populares" (teachers from ex-conflictive zones).

Literacy:

- USAID/Guatemala has a cooperative agreement with Save the Children to provide literacy skills for youth in the ex-conflict region. Save the Children is working with local NGOs to reach 250,000 new literates during the four-year life of the activity (1998-2002); at least half of the new literates will be youth.

Vocational Training

- USAID's "horizontal cooperation" programs with the Mexican aid program, IMEXCI, and Mexican institutions fund several youth training activities. The Mexican Youth Conservation Corps will initiate a youth organization in Honduras to address environmental clean-up activities in communities severely affected by Hurricane Mitch. USAID will provide funding to the Partners of the Americas to support Mexico's Youth Conservation Corps' provision of technical assistance and training to Honduran youth, and possibly to similar groups in Nicaragua, El Salvador and Guatemala. A similar initiative provides technical assistance and training to Central American youth for clean water initiatives. USAID/Mexico is also supporting the development of youth ecotourism guides in southern Quintana Roo (the MesoAmerican Reef area). Youth will be trained in ecotourism and sustainable development concepts so that they can derive a direct economic benefit from the tourism boom in that part of Mexico.
- After completing the sixth grade, Honduran youth may enroll in vocational education training programs as an alternative to middle school. The demand for such education continues to outstrip supply. USAID/Honduras is working with 24 NGOs to fund the construction and equipping of new vocational education centers, upgrade existing centers, and provide technical assistance and teacher training. About 90% of the students are immediately employed after graduation. Studies show that vocational center graduates earn average income increases of approximately \$1,000 per year.

Social Behavior

USAID programs are sponsoring youth violence prevention activities and providing counseling and drug treatment services as well as advocacy and counseling services for victims of violence.

Victims of Violence

- USAID/Brazil's At-Risk Youth Program provides legal advocacy and protective services and encourages coalition-building and public awareness campaigns targeting social values and behaviors related to violence, abuse, and commercial sexual exploitation of children and adolescents. One program-funded project designed a high-impact media campaign encouraging victims to report cases of sexual abuse through a hotline, thus helping to register and accompany over 300 grievances.

Counseling Services

- A program in Nicaragua promotes the emotional recuperation and social reinsertion of at-risk youth in Managua through psychological and drug counseling, workshops, vocational education and career counseling.
- USAID/El Salvador helps to oversee a program for Salvadorans deported from the U.S., primarily youths in gangs. The program provides deportees with bus fare to get home, helps find family members, and furnishes information on training programs.

Violence Prevention

- USAID/El Salvador-funded activities have established community policing programs, piloted in areas of high youth gang activity. Police build trust with the community and forestall problems before they occur by getting to know the people they serve. The program also assists youths in finding alternatives to criminal activity and gang involvement. Violence prevention programs sponsor workshops on sex crimes and disseminate rape kits. Community watch groups are being formed to assist police.
- Mayors and community leaders in El Salvador will participate in four nationwide conferences, organized by USAID and the government of El Salvador, to discuss ways to prevent youth violence at the community level.
- Youth violence interventions in use in San Jose, California, were replicated in Sonsonate, El Salvador after exchanges of mayors and NGO leaders between the two cities took place.

Self Esteem and Life Planning

- USAID/Brazil's At-Risk Youth program promotes youth participation in civic activities, paving the way for youth to exercise their rights, develop civic skills and take control of their lives by learning to define relevant and coherent objectives and life goals.
- (Dominican Republic) A national mass media campaign "Si, Soy Importante" (Yes, I AM Important) is promoting youth self-esteem and a three-pronged initiative for youth development: health, recreation and job-preparedness. The TV and radio spots are linked to local efforts to engage political and business leaders in the initiative.

Citizenship and Participation

USAID activities are developing student leaders, practicing democratic values by forming student councils that participate in decision-making at school, and involving youth in community development and political processes.

Democratic Education

- USAID/Peru's Democratic Education and Student Participation in Public Schools project is developing a pilot program in public schools to develop primary and secondary students' democratic skills, practices, and knowledge. Success has been evident in the relationships between teachers and students and the evolution of more horizontal, less authoritarian relationships and more respectful communication. Students have become more aware of their rights and responsibilities and now participate in decision-making at school. 45 secondary schools have installed "mock municipalities" democratically elected by students. Approximately 500 of the elected adolescents are being trained as democratic leaders.

Student Leadership

- (Dominican Republic) the Democratic Initiatives Project has sponsored over a dozen democratic literacy and leadership programs attended by 1600 young people in the past six years. One achievement of this program has been the formation of student councils in participating schools, with 35% of council members being girls between 10 and 13. As council members, students have applied leadership and democracy principles in their direct interaction with teachers, principals, and PTAs. Student councils have also taught students how to organize for school improvements by fundraising and shared management of school maintenance budgets.
- Programs in Nicaragua are providing opportunities for student governments to participate in policy-making at the local and national levels, educating students about civics, promoting youth participation in government, and improving communication between community groups and municipalities.

Civic Involvement

- The USAID/Mexico-supported School for Civic Training is increasing the participation of adolescents in community development and in the political process in the state of San Luis Potosi. The School trains instructors from rural, indigenous primary schools, urban youth community organizations, and secondary school students in civic participation and human rights. The School's staff produces radio and television programs on political participation and community issues for youth audiences.
- USAID/Paraguay has been developing a youth multi-party agenda to support and foster democratic governance within political parties. The program focuses on strengthening dialogue and youth involvement in party structures as well as developing consensus on points of interest between youth representatives from Paraguay's three major parties.

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VI

Divider Title: _____

Conference History

Background

The Conference of Spouses of Heads of State and Government of the Americas is an annual event that brings together First Ladies or designated representatives of the countries of North, South, and Central America and the Caribbean to focus on critical social issues—particularly those affecting women and children—and to share information on effective programs and strategies. The Central American countries began meeting in 1980, and in 1991, the First Ladies of Latin America and the Caribbean voted to hold annual meetings. In December 1994, as President Clinton hosted the Summit of the Americas in Miami, Mrs. Clinton invited all of the First Ladies attending the Summit to join her at a parallel convention focusing on children. The Symposium of Children in the Americas examined how the Summit of the Americas agenda and plan of action addressed the health and education needs of children and attendees committed themselves to working toward Summit health and education goals. After the Miami summit, Mrs. Clinton accepted the invitation of the First Lady of Paraguay to participate in the 5th conference, marking the first time that a First Lady from North America would attend.

Before the 1995 conference, Mrs. Clinton wrote to all of the first ladies of the Western Hemisphere suggesting that three topics discussed at the Miami Symposium be added to the agenda: measles elimination, maternal mortality reduction, and education reform. Mrs. Clinton urged the region's First Ladies to support the measles elimination program coordinated by the Pan American Health Organization (PAHO), and to participate in the launch of PAHO measles elimination campaigns in their countries. Mrs. Clinton gave the keynote address at the national launch of this effort and announced new USAID assistance to the campaign to eliminate measles in the Americas by the year 2000.

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

At the 6th Conference in La Paz, Bolivia, Mrs. Clinton urged the First Ladies to continue their work on behalf the region's women and children. She announced a U.S.-funded hemispheric partnership to reduce maternal mortality and witnessed – along with Bolivia's then-First Lady Mrs. Sanchez de Lozada – the signing of a \$2.25 million USAID grant to PAHO for regional activities of the Maternal Mortality Reduction Initiative.

At the 1997 Conference in Panama City, Mrs. Clinton focused her participation on promoting women's political participation and human rights. Along with Mrs. Perez de Balladares, the First Lady of Panama, Mrs. Clinton witnessed the signing of a three-year, \$4.7 million USAID grant to the Inter-American Institute for Human Rights (IIHR), a Latin American organization dedicating to promoting respect for human rights and the consolidation of democracy throughout the Americas. Mrs. Clinton visited IIHR headquarters in Costa Rica in May, 1997 when she and Secretary of State Madeleine

Cooperating Agencies

International cooperation agencies provide significant support through their active participation and close cooperation in support of regional and sub-regional initiatives. Participating agencies include the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific, and Cultural Organization (UNESCO), the International Labor Office (ILO), the Pan-American Health Organization (PAHO), the Latin American Youth Organization (OIJ), the Inter-American Institute of Agricultural Sciences (IICA), the Inter-American Commission on Women (CIM) and the Organization of American States (OAS).

Summary of Objectives and Priorities of Previous Conferences

First Latin American and Caribbean Encounter of First Ladies "First Ladies in Aid of Childhood, Youth, Women, and Family" Declaration of Venezuela (Caracas, Venezuela September 1991)

Objectives:

1. Jointly promote and support governmental initiatives and policies aimed at strengthening integration of and cooperation among our countries, with emphasis on protecting the most vulnerable sectors of our societies.
2. Prepare a directory of social projects.

Priority Areas:

- a. Child survival
- b. Daily childcare
- c. Minors at risk and in particularly difficult circumstances
- d. Teenage pregnancy
- e. Responsible parenthood
- f. Creation of productive projects

Second Meeting of First Ladies of Latin American and the Caribbean "In Aid of Childhood, Youth, Women, and Family" Declaration of Colombia, (Cartagena de Indias, Colombia, September 1992)

Objectives:

1. Develop regional projects and initiatives in aid of childhood, youth, women, in particular by the Inter-American Development Bank (IDB) and the Inter American Institute for Cooperation in Agriculture (IICA).
2. Promote integration channels between countries

Priority Areas:

- a. Elimination of neonatal tetanus in the region
- b. Breastfeeding/nursing
- c. Teenage pregnancy
- d. Rural women
- e. Drug smuggling and consumption
- f. Native communities

**Third Meeting of First Ladies of Latin American and the Caribbean
Declaration of Costa Rica (San Jose, Costa Rica, September 1993)**

Objectives:

1. Foster initiatives aimed at the design of family-oriented, integrated public policies that respect diversity and cultural identity.
2. Contribute toward the promotion and proposal of governmental actions aimed at preventing child labor.
3. Join efforts for the execution and consolidation of National Action Plans in Favor of Childhood, particularly those related to breastfeeding and neonatal tetanus and measles immunization for women and children.
4. Support the design and execution of educational projects that promote the creative and healthy use of free time by family members.

Priority Areas:

- a. Rural women
- b. Child labor
- c. Urchins and street children
- d. Promotion of the International Year of the Family

**Fourth Conference of Spouses of Heads of State and Government of the Americas
“Women”**

Declaration of Santa Lucia (Castries, Santa Lucia, October 1994)

Objectives:

1. Institutionalize a gender perspective in National Development Plans.
2. Develop actions aimed at achieving changes for the incorporation of women under equal opportunities.

Priority Areas:

- a. Teenage pregnancy prevention
- b. Aid for street children consumers of psychoactive substances
- c. Prevention of cervical and breast cancer
- d. Child labor
- e. Rural women

**Fifth Conference of Spouses of Heads of State and Government of the Americas
“Health and Education of Women and Children”**

Declaration of Paraguay (Asuncion, Paraguay, October 1995)

Objectives:

1. Promote strategies and activities to improve the health and education of women and children, giving priority to rural and marginal urban areas.
2. Promote access for girls and women to official and unofficial educational programs to ensure equal opportunities for their full participation in society.

Priority Areas:

- a. Health of women and children
- b. Education of women and children

**Sixth Conference of Spouses of Heads of State and Government of the Americas
“Women & Children’s Rights within the Context of Sustained Human Development”
Declaration of La Paz (La Paz, Bolivia, December 1996)**

Objectives:

1. Develop actions aimed at supporting social policies that promote and protect fundamental rights and freedoms and improve quality of life, particularly for women and children.
2. Join efforts aimed at complying with the commitments approved at the Declaration of Spouses of Heads of State and Government of the Americas, as well as the platforms and action plans of Cairo, Copenhagen, the Summit of the Americas, and Beijing, and the goals of the World Summit in Aid of Childhood.

Priority Areas:

- a. Education and training of women and girls
- b. Health of women and children
- c. Domestic violence
- d. Women’s participation in decision making and positions of power
- e. Childhood and adolescence rights

**Seventh Conference of Spouses of Heads of State and Government of the Americas
“Let Us Build America’s Future with Human Rights and a Culture of Peace”
Declaration of Panama (Panama City, Panama, October 1997)**

Objectives:

1. Combine efforts to improve accessibility and quality of overall health care services aimed at children and adolescents, respecting their ethnicity, social-cultural background, and sex.
2. Sensitize and promote training activities aimed at the education sector and other governmental bodies, family clusters, the private sector, the media, and base-line groups to facilitate, support and adopt a new schooling model, developing positive and respectful attitudes towards the rights of children and adolescents.

Priority Areas:

- a. Prevention of teenage pregnancy
- b. Cancer prevention and control
- c. Measles eradication
- d. Elimination of all forms of violence
- e. Reduction of maternal morbidity and mortality
- f. Performance of childhood rights and duties
- g. Improved quality of childhood educational systems
- h. Equitable access of boys and girls to education
- i. Reasonable access of women to decision-making processes

**Eighth Conference of Spouses of Heads of State and Government of the Americas
“Today America Builds the Paths of the Year 2000”**

Declaration of Santiago (Santiago, Chile, September 1998)

Objectives:

1. Establish specific needs and promote the development of social programs aimed at reducing the rate of teenage pregnancy and the rate of maternal mortality caused by HIV/AIDS
2. Impel the promotion of child development
3. Promote equal opportunities and treatment for women, as an indicator of the effective progress made in the consolidation of democratic mechanisms intended to strengthen women’s skills, with particular emphasis on the promotion and development of their leadership.

Priority Areas:

- a. HIV/AIDS prevention
- b. Education in rights and peace culture
- c. Public health surveillance
- d. Health promotion in schools
- e. The elderly

**Ninth Conference of Spouses of Heads of State and Government of the Americas
“Women of the Americas: Agents of Progress”**

Declaration of Ottawa (Ottawa, Canada, October 1999)

Objective:

1. Through the exchange of ideas and opinions, build cooperation and integrate the efforts of countries in the Region in the struggle against poverty and for the full exercise of equal rights and opportunities.

Priority Areas:

- a. Reproductive health
- b. Violence prevention
- c. Equitable access to adequate health services
- d. Integral development of early childhood

SUMMARY
ONGOING
ACTIV.

II. Report on Ongoing Projects Approved at Previous Conferences

Subject: Prevention of all Forms of Domestic Violence

Project: Prevention of Domestic Violence

Endorsed: First Latin American and Caribbean Encounter of First Ladies.
Venezuela 1991

Violence, in particular domestic violence, constitutes a problem of public health and human rights, the consequences of which are evidenced in the psychological and physical health of women, children (boys and girls), youngsters and the elderly. Similarly, this problem represents a high social and economic cost for countries due to the low productivity of women in the labor market, the low performance of boys and girls in school as well as the high cost adopted by governments for the treatment of the victims of this type of violence, through its different public services.

At this Meeting, the Spouses of Heads of State and Government of the Americas have officially stated their support for the preparation and implementing of educational policies and campaigns aimed at the prevention and elimination of all forms of violence at a regional level.

Project: Regional Initiative in Support of the Prevention, Sanction and Elimination of Domestic Violence

Endorsed: Sixth Conference of Spouses of Heads of State and Government of the Americas, Bolivia 1996

Domestic violence continues to encounter much resistance for its control and eradication, and therefore seeking direct and specific actions to find alternatives for solution continues to be imperative.

This project was approved, with the purpose and commitment to support the prevention, sanction and elimination of domestic violence within a regional perspective, promoting the ratification of the "Belem do Pará" Inter American Convention as well as its strict performance.

At the Seventh Conference held in Panama in 1997, the project continued under the name of "Prevention and Control of all Forms of Domestic Violence", seeking a consensus with the different social agents for the issuing of laws that may contribute towards its development and consolidation.

Project: Legislation, Legal Systems and the Education of Judges, Protection for Children in Schools and Practical Operating Systems in Each Country

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

In view that violence also reduces the productivity of persons, the quality of their lives and their capacity to contribute towards the development of society, the proposed project is aimed at preventing acts of violence against the most vulnerable

members of the family, through the participation of the State and civil society. This project is being developed in ten countries of the Region: Belize, Bolivia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama and Peru.

The participation of the Ministries of Education in this effort should be highlighted, in countries such as: Belize, Panama and Peru that have been incorporating the subject of domestic violence in the curricula of Primary schooling, the curricula of the Police Academy in the case of Nicaragua, and the incorporation of prevention strategies within National Plans, through training, control and information systems on domestic violence, in the case of Bolivia and Honduras. In this sense, Latin American countries have made significant progress in the eradication of violence, particularly in the penalization of physical and sexual abuse.

Subject: Promotion and Strengthening of the Rural Woman

Project: Women's Participation in Rural Development

Endorsed: Second Meeting of the First Ladies of Latin America and the Caribbean, Colombia 1992

The support of the Inter American Development Bank (IDB) and the Inter American Institute for Cooperation in Agriculture (IICA) was requested to promote new initiatives related to this subject. In that opportunity, the research project "Women as Food Producers for the Andean Region, the Southern Cone and the Caribbean" was introduced, the results of which were presented in 1995, by an assessment on the situation of producer women in 18 countries of the hemisphere.

Using the assessment presented in 1995 as a reference and aware of the needs and particularities of each country in the Region, at the Sixth Conference held in Bolivia in 1996, the First Ladies informed the Inter American Agricultural Board (JIA) about the need to establish a program to improve the socioeconomic conditions of women and their participation in decision making processes, with a view to generating sustained and reasonable development, a proposal which was approved.

Project: Hemispheric Program for the Strengthening of the Integration of Rural Women. Socioeconomic Democratization of Productive Activities and Marketing

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas, Panama 1997

This program supports and promotes the efforts aimed at improving the living conditions and the insertion of women in the rural development process in Latin America and the Caribbean, through three lines of action: institutional and organizational support, design of policies and development of events and, finally, the strengthening of corporate productive chains.

Furthermore, the Action Plan of the Eighth Conference supported the Hemispheric Conference. To this effect, the Program for the Business Development of Rural

Women (PADEMUR) is being developed , through public and private sector institutions and organizations and civil society, to serve the rural sector, sensitizing and incorporating the perspective of gender in sector policy. Its main achievements are, amongst others, the creation of National Committees of PADEMUR in the Region of Central America and Panama, following the mandate of the Ministers of CAC, emphasizing the preparation of national assessments on rural women. The National Committee has also been consolidated in Chile. This program also intends to effectively contribute towards the promotion of financing mechanisms to adequately materialize the business efforts of rural women, facilitating their access to the activities within the productive-business chain, by the Creation of a Loan Fund for Rural Women (FERURAL). This Program received the approval of the participating First Ladies.

Subject: Women's Health

Project: In Aid of the Prevention of Pregnant Teenagers

Endorsed: Third Meeting of First Ladies of Latin America and the Caribbean
Costa Rica 1993

The project promotes the creation of national technical teams in charge of developing policies, programs and projects on the subject of the reproductive health of the adolescent, particularly on the prevention of early pregnancy.

Project: Prevention of Cancer of the Cervix

Endorsed: Fourth Meeting of First Ladies of Latin America and the Caribbean. "Women".
Santa Lucía 1994

This project (Latin America Against Cancer) is basically aimed at the development of informative, educational, preventive actions and the early detection of breast cancer and cancer of the cervix, to reduce maternal mortality due to cancer in all Latin American countries.

Project: Action Plan to Accelerate the Reduction of Maternal Mortality.

Endorsed: Fifth Meeting of First Ladies of Latin America and the Caribbean,
Paraguay 1995

Maternal mortality continues to be a serious challenge for public health in the Americas. Each year, approximately 25000 cases of maternal death occur due to causes related to complications arising during pregnancy, delivery or abortion. Since 1993, the Spouses of Heads of State and Government have undertaken to promote and foster the development and strengthening of national and regional program aimed at the speedy reduction of maternal mortality, renewing their commitment and support of this initiative in each one of the conferences. The main objective of this plan is to contribute towards the reduction of maternal mortality in the Americas by supporting specific regional and national plans. In 1996, at the Conference of First Ladies held

in La Paz, Bolivia, an agreement was signed on the Regional Initiative for the Reduction of Maternal Mortality.

Since then, a significant increase in coverage is evidenced in the attention of deliveries by qualified staff, that has increased from 4 to 8,46 percentage points in the majority of the 11 countries, members of the Program (Bolivia, Brazil, Dominican Republic, El Salvador, Ecuador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay and Peru). Another significant progress made is that these 11 countries have policies and programs for the reduction of maternal mortality.

Project: Program for the Prevention and Control of Malnutrition due to a Deficiency of Micronutrients (Iron, Calcium, Iodine, Zinc, Vitamin "A" and Fluoride).

Endorsed: Sixth Conference of Spouses of Heads of State and Government of the Americas, Bolivia 1996

Approximately 20% of maternal mortality is caused by nutritional anemia. The above referenced initiative faces this serious problem through programs for the enhancement of food products consumed by pregnant women, supplying the micronutrients that are indispensable to their health. It also includes, educational and awareness campaigns on the subject.

The project seeks to contribute towards the accelerated reduction of maternal mortality by the creation and/or strengthening of national policies that promote information, communication and education regarding the importance and consequences of maternal mortality.

Project: Sexual Education for Girls

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

The objective of this project is to contribute towards the reduction in the rates of pregnant teenagers through sexual education. This initiative offers technical assistance to the Spouses of Heads of State and Government of the Americas, to determine specific needs and develop programs that may assist them more effectively.

Project: Prevention of HIV/AIDS in Youngsters

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

HIV/AIDS is one of the main causes of mother-child mortality in the world. A specific project within this initiative is the application of a model for the formation of professors and students on the prevention of HIV/AIDS and sexually transmitted diseases and the prevention of pregnancy in teenagers, in the schools of the different countries of the Region. Although this project was endorsed at the Eighth Conference, it was not executed.

Subject: Health In Childhood

Project: Eradication of Measles

Endorsed: Fifth Conference of Spouses of Heads of State and Government of the Americas, Paraguay 1995

After the approval of the Action Plan for the Eradication of Measles During the Fifth Conference in Paraguay and consecutive Conferences of Spouses of Heads of State and Government of the Americas, held in 1996, 1997, 1998 and 1999, the First Ladies have acknowledged the efforts and success achieved by all countries in their struggle against this disease and those that may be prevented by immunization. In addition, they have confirmed their willingness to continue supporting actions and strategies established as a national priority in their respective countries and to maintain a wide vaccination coverage to fulfill the goal of eliminating measles by supporting the perfecting of the epidemiological surveillance system.

The Region of the Americas has managed to reduce the incidence of measles by up to 94%, as a direct result of the high level commitment of the countries for the successful conclusion of this continental public health goal. However, the transmission of measles continues to affect some countries, which makes it necessary for all the nations in the Americas to become extremely alert and to secure additional years of intensive surveillance, so that the Region may be officially declared free from the transmission of measles.

Project: Eradication of Child Labor

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas., Panama 1997

The integral care of childhood has been a constant concern in all the Conferences of Spouses of Heads of State and Government of the Americas. To this effect, the Seventh Conference of First Ladies agreed to join efforts to promote and develop the adoption of policies, in their respective countries, that collect and incorporate the recommendations and actions proposed by International Labour Organisation for the eradication of child labor in the hemisphere aimed at protecting boys and girls under 14 years of age, who are economically exploited and who carry out dangerous activities, placing their physical, mental, social and emotional development at risk.

The results have been somewhat positive with the subscription, by the Ministries of Labor, of 15 Memorandums of Understanding, the creation of National Committees for the Eradication of Child Labor in 12 countries of the Region and 14 National Tripartite Commissions, as well as the development of Action Plans on Child Labor in six countries and the subscription and ratification of Agreement 138 in 4 additional countries of the 8 that have already signed it.

Project: Multilateral Project for Horizontal Cooperation "Technical Strengthening and Organizational Management for Preschool Education and Child Development Programs"

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

This project was approved by the First Ladies in Chile with the purpose of promoting child development, facilitating women's access to employment, particularly those living in poverty, through the exchange, counseling and transfer of successful management experiences of programs in public and private organizations aimed at implementing actions in favor of preschool education and the growth, protection and overall development of boys and girls under the age of six.

The foregoing program designed to be executed over a three-year period only obtained funding for January to December 1999. Among the actions contemplated in the project, several encounters, meetings and seminars have been held with for the exchange of experiences with the Coordinators of each of the participant countries. 5-day apprenticeships have also been organized so that the technical and management teams of the regional programs may visit those institutions with a successful organizational performance. These activities have contributed to the technical and organizational management strengthening of the Preschool and Child Development Programs existing in the Region.

Subject: Education

Project: 21st Century Schools: Life Formation

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas, Panama 1997

During the Seventh Conference, the First Ladies undertook to promote the development of a school model that may foster essential skills, knowledge, responsible attitudes and behavior for life in children and adolescents, as well as to promote the creation of healthy environments with the necessary conditions to guarantee the rights and sustained human development of children (boys and girls) and adolescents; as well as peace and fairness in schools, the family and the community.

The activities proposed in the midst of the program "Health Promoter Schools" of the Pan American Health Organization (PAHO) and the School Health and Nutritional Program of the World Bank, in support of the Proposal "21st Century Schools" have been carried out during 1998 and 1999 with certain difficulty due to the limited funds during that year. In addition, the projects Public Health Surveillance and "CARMEN" of the PAHO is being implemented in the different countries complementarily to the development of priority actions proposed within the frame of the project "21st Century Schools".

Project: Human Rights and Peace Culture Education

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas , Panama 1997

Eighteen countries participated in this project, executing national and continental initiatives by means of educational and cultural activities that contributed towards the promotion, strengthening and development of social policies aimed at achieving equality among sexes, the development of women's, children's, youngster's potential and those of the elderly by their respective governments, and how to increase public awareness on the subject. These actions implemented by the First Ladies have achieved a greater vision of women's participation in the building, consolidation and promotion of human rights and a culture of peace in the hemisphere.

Subject: The Elderly

Project: The Elderly

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

The above referenced subject was officially incorporated to the agenda of this conference in the Action Plan for 1998, aimed at promoting the establishment, design, preparation and enforcement of national policies in aid of the elderly within the countries of the hemisphere. The policy shall be aimed at improving the quality of life of the elderly in the Region, through the support of programs for a cultural change in the overall perception of the aging process, as well as the improved treatment and awareness of this age group's value to society. In addition, this initiative will tend to raise living standards, fostering recreation, the use of free time, active participation in routine living with a view to improving and expanding the availability of social services to the elderly, particularly with respect to health and welfare.

Plan of Action: Summary of Ongoing and Newly-Initiated Activities to be Undertaken by Spouses of Heads of State and Government of the Americas



I. ONGOING ACTIVITIES

Initiatives endorsed by Spouses of Heads of State and Government of the Americas throughout their past eight conferences fall within six general themes: Women's Health, Education, Children's Health, Prevention of Violence, Rural Women and Senior Citizens. Each theme accommodates different initiatives with specific projects that are currently in progress.

THEME: WOMEN'S HEALTH

Initiative: *Reduction of maternal mortality*

Endorsed: Third Conference, Costa Rica Declaration, 1993

Maternal mortality persists as a crucial public health challenge in the Americas. Every year, an estimated 25,000 maternal deaths occur from causes related to complications during pregnancy, childbirth or abortion. Since 1993, Spouses have encouraged and supported the development and strengthening of national and regional programs directed at the rapid reduction of maternal mortality.

Initiative: *Prevention and control of nutritional anemia*

Endorsed: Sixth Conference, La Paz Declaration, 1996

Approximately 20% of maternal deaths in the Americas are a result of nutritional anemia. In 1996, a project was endorsed to address this serious problem through programs of fortification and targeted supplementation of basic micro-nutrients to pregnant women's food. The project also involves promoting education and public awareness campaigns.

Initiative: *Sex education and prevention of teenage pregnancy*

Endorsed: Eighth Conference, Santiago Declaration, 1998

The objective of this project is to promote sex education as a means of reducing teenage pregnancy rates. It provides the Spouses with the technical assistance for identifying the specific needs in this area and develop efficient programs to address them.

Initiative: *Prevention of HIV/AIDS*

Endorsed: Eighth Conference, Santiago Declaration, 1998

HIV/AIDS is an overwhelming cause of maternal and infantile deaths worldwide. A specific project launched within this initiative is the development of a model for training educators and students at universities through the region, on prevention of HIV/AIDS transmission and teenage pregnancy.

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P L A N O F A C T I O N

THEME: EDUCATION

Initiative: *XXI century schools: training for life*

Endorsed: Seventh Conference, Panama Declaration, 1997

Spouses are aware of the crucial role education plays in the development of their societies. Thus, at the Seventh Conference in Panama, they committed themselves to promoting sustainable human and social capital development, by assisting future generations to acquire the knowledge and skills to care for their own health, and by encouraging the creation of supportive environments and conditions conducive to health.

Initiative: *Human rights education and a culture of peace*

Endorsed: Seventh Conference, Panama Declaration, 1997

Eighteen countries participate in this project. Its main objective is to support and coordinate national and regional Spouses' initiatives that aim to promote the development and effective execution of social policies by their respective governments, and to increase public awareness on the subject. Within this framework, Spouses have carried out educational and cultural activities to advance human rights and a culture of peace in their societies. Furthermore, they have achieved more visible participation of women in the processes of building, consolidating and promoting human rights and a culture of peace in the Hemisphere.

THEME: CHILDREN'S HEALTH

Initiative: *Eradication of measles*

Endorsed: Fifth Conference, Paraguay Declaration, 1995

In 1995, First Spouses agreed to contribute toward the eradication of measles in the region by the year 2000. In launching this initiative, they were encouraged by the successful eradication of poliomyelitis from the Region in 1991, making the Americas the first region in the world to achieve this health landmark. Since then, Spouses have reiterated at each Conference their commitment to continue acting as facilitators and mobilizers on this issue until, by the year 2000, the transmission of the virus is stopped in every country of the Americas.

Great progress has been made toward the eradication of measles, with a marked reduction in the annual number of reported cases. In 1998, the number of confirmed cases in the region was 12,908, which represents a 76% reduction when compared to the 53,683 confirmed cases in 1997. So far this year, only 400 cases have been reported. The coming months are critical if this hemispheric goal is to be reached. Spouses will remain important allies to promote public awareness of vaccination strategies and to ensure that attention from the highest political levels to the most remote areas of every country is focussed on measles eradication.

P L A N O F A C T I O N

Initiative: *Eradication of child labour*

Endorsed: Seventh Conference, Panama Declaration, 1997

The protection of children has been a constant concern throughout the Conferences of Spouses. At the Conference in Panama, the Spouses agreed to work together to eradicate child labour in the Hemisphere. They signed a memorandum of understanding with the International Labour Organization, promoting the creation of National Committees for the eradication of child labour. This initiative is aimed at protecting children under the age of 14 from working under conditions that put at risk their physical, intellectual, social and emotional development within a context of economic exploitation. Efforts of the Spouses to eradicate child labour in the Americas through these committees include the improvement and updating of information systems, institutional strengthening to ensure legislation on the subject is being effectively implemented, educational reforms, massive public awareness campaigns, scholarships, promotion of recreational and cultural activities for children, and the launching of studies and analyses on the current situation of child labour in the region. Spouses also committed themselves to launching and promoting the proclamation by the United Nations of an International Year for the Eradication of Child Labour.

Initiative: *Promotion of early childhood development*

Endorsed: Eighth Conference, Santiago Declaration, 1998

The general objective of the project is 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 zero to six.

THEME: PREVENTION OF ALL FORMS OF VIOLENCE

Initiative: *Prevention of violence*

Endorsed: First Conference, Venezuela Declaration, 1991

Violence, particularly domestic, 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 crucial implications for equity, efficiency, and quality of health services. The Conferences of Spouses of Heads of State and Government of the Americas 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 toward preventing and eliminating every form of violence.



P L A N O F A C T I O N

THEME: PROMOTION AND STRENGTHENING OF THE ROLE OF RURAL WOMEN

Initiative: *Participation of women in rural development*

Endorsed: Second Conference, Colombia Declaration, 1992

In February 1992, the Spouses of Heads of State and Government from all around the world, including the Americas, gathered in Geneva to discuss the "economic advancement of rural women." The result was the signing of the Declaration of Geneva on the Advancement of Rural Women, which was ratified in 1993 by the United Nations Economic and Social Council.

In September of that same year, Colombia hosted the Second Conference of Spouses of Heads of State and Government of Latin America and the Caribbean. At this conference, the Spouses requested the support of regional cooperation organizations in launching new initiatives. The Inter-American Development Bank (IDB) and the Inter-American Institute for Cooperation in Agriculture (IICA) designed a research project on Women as Food Producers in the Andean Region, South America and the Caribbean. The results of the project were presented in 1995 as an analysis of the current situation of rural women in 18 countries of the Hemisphere.

On the basis of these analyses, and an awareness of the particular needs of the region and of each country, the Sixth Conference of Spouses of Heads of State and Government of the Americas, hosted by Bolivia (1996), proposed to the Inter-American Meeting for Agriculture the establishment of a program to improve the economic and social condition of rural women and their access to decision-making processes and, thereby, to promote sustainable and equitable development in terms of gender. The proposal was approved, and in 1997 the Program for Entrepreneurial Development of Rural Women (PADEMUR) was endorsed by the Spouses at the Conference in Panama.

THEME: SENIOR CITIZENS

Initiative: *Senior Citizens*

Endorsed: Eighth Conference, Santiago Declaration, 1998

The theme of senior citizens was formally introduced in the Conference agenda in Santiago, Chile, in 1998. The main objective of this endorsement was to support countries in the Hemisphere in the definition, design, preparation, and implementation of respective "national policies" for Senior Citizens. Such policies would aim to improve the quality of life of senior citizens in the region by supporting programs designed to bring about major changes in the general public perception of the aging process, as well as ensuring better treatment and greater awareness of the value of this age group for society. The policies would tend to improve living standards for the aged, and strengthen and extend the availability and range of social services to senior citizens, particularly regarding health and social security.

P L A N O F A C T I O N

II. NEWLY-INITIATED ACTIVITIES TO BE UNDERTAKEN BY SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

1. Registration of children across the Americas

To have a birth certificate is a fundamental right for any child, as this certificate is the key document that gives him or her a formal identity, nationality and citizenship. Furthermore, the birth certificate is essential for accessing health care, school registration, and vaccination programs. Each year, more than one million children born in the Hemisphere remain unregistered. In particular, ethnic minorities, low-income groups, and rural areas include large numbers of unregistered children. Recognizing the essential nature and relevance of this issue, Spouses support initiatives that will result in comprehensive child registration throughout the Americas.

2. Early childhood care for survival, growth and development

Spouses support initiatives that guarantee early childhood care and education and that foster the cognitive and psycho-social development of all children without discrimination. Spouses favour measures that give priority to the acquisition of skills and capacities proven to be crucial for life, and encourage the development of values such as tolerance, respect, solidarity and autonomy.

3. Integrated management of childhood illness

Malnutrition and vaccine-preventable diseases are still prevalent in the Americas. Spouses support initiatives directed at reducing infant mortality by strengthening vaccination programs and health promotion measures, as well as improving health education initiatives and family and community childcare practices.

4. Prevention of violence through children's education

Violence has more than just psychological and emotional effects; it diminishes the productivity of individuals, the quality of their lives, and their ability to contribute to the development of their society. Domestic violence, when witnessed or experienced by children, affects their academic performance and social adaptation in general, as well as their future development. Children who live in a violent environment learn to be violent and to justify violence. Education is widely recognized as an effective counter-measure to prevent violence. First Spouses reaffirm their willingness to prevent violence, and support initiatives and campaigns that will help to prevent it through the education of children on nonviolent means of resolving conflicts.

P L A N O F A C T I O N

5. Improvement of maternal and child health services

Perinatal, maternal and child health services can be improved significantly through the development of community participation strategies and training of health-service providers. First Spouses recognize the importance of strengthening the linkages and coordination between the services and the community, and support initiatives to increase related public awareness and participation.

6. Prevention of HIV/AIDS in women and children

HIV/AIDS can be transmitted to a child during pregnancy, childbirth or breastfeeding. Until recently, two main strategies for limiting the numbers of HIV-infected infants were available: 1) to prevent women of childbearing age from becoming infected; 2) providing assistance to HIV-infected women to prevent pregnancy. Now a third method has emerged: HIV-positive women who wish to give birth may follow a short course of anti-retroviral drugs, and the child would receive replacement feeding. This new method can cut the rate of HIV transmission by half. Spouses, dedicated to encouraging public awareness on this theme, support initiatives to prevent vertical infection and promote greater understanding of the dangers involved in high-risk behaviors.



Appendix

PROJECTS SUBMITTED FOR THE REVIEW OF FIRST SPOUSES

Project:	Registration of Children Across the Americas
Agency:	United Nations Children's Fund (UNICEF)
Description:	This campaign will promote the reforms needed to facilitate registration and will use posters, pamphlets and simple publications to raise public awareness on the importance of children's rights to an identity. The following institutions are committed to the campaign: UNICEF (regional and national offices and national committees), the Latin American Bishops' Conference (CELAM), the International Foundation for Electoral Systems (IFES), and various National Civil Registries.
Objectives:	To begin a step-by-step process to achieve, over the coming years, the registration of all children in the Hemisphere through the streamlining of civil registration mechanisms, strengthening of National Registry Offices, and securing, from all sectors of society, commitments to achieve this goal.
Actions Involved:	Establishment of national committees to promote the campaign; Carrying out massive registrations of children in selected municipalities and towns; Organization of widespread publicity campaigns to inform of progress made each day.
Cost and Funding:	Total budget for one year covering activities for 1999 is approximately US\$1,600,000
Date of inception and duration:	June 1999 to March 2000.
Participating Countries:	Latin America and the Caribbean.

P L A N O F A C T I O N

Project:	Early Childhood Care for Survival, Growth and Development (ECCSGD) in Latin America and the Caribbean
Agency:	United Nations Children's Fund (UNICEF)
Description:	The main objective of this project is to promote the development of policies, strategies and programs that favour increased coverage of and improvement in the quality of child care and early education services.
Objectives:	To guarantee the integral development of children's potential during their early years.
Actions Involved:	Development of research and documentation regarding "Best practices on ECCSGD" for the region; Development of audiovisual resources on ECCSGD in order to achieve a greater impact on advocacy and mobilization of resources; Organization of the ECCSGD network using a team of specialists and institutions from various countries in the region.
Cost and Funding:	Total budget for one year covering activities for 1999 is approximately US\$7,775,000
Date of inception and duration:	The project begins this year (1999). Information on its duration is not available.
Participating Countries:	The first countries concerned are Brazil, Chile, Colombia, Costa Rica, Cuba, Jamaica and Mexico.

P L A N O F A C T I O N

Project:	Integrated Management of Childhood Illness
Agency:	Pan American Health Organization (PAHO)
Description:	This project aims to contribute to a rapid and sustained decline in mortality of children under five through control of the principal causes of illness and death in this age group.
Objectives:	To reduce infantile mortality from preventable causes; To reduce episodes of illness due to diarrheal diseases, measles, and other vaccine-preventable diseases, as well as to malnutrition, pneumonia and other respiratory infections; To improve the health status of children under five through better quality of care, at both health services and home.
Actions Involved:	Reinforcement of the application of preventive interventions (vaccination) and health promotion measures (breast feeding, growth monitoring, etc.) through systematic education and guidance of parents during health service visits; Improvement of health workers' capacity to provide care for childhood diseases and health problems; Strengthening of the organization of health service activities at the first level of care in order to optimize the use of available material and human resources.
Cost and Funding:	The project has received over US\$ 6 million funding from USAID, the Government of Spain, World Health Organization (WHO), and other international cooperation agencies. For 1999, PAHO has allocated US\$331,000 to this project.
Date of inception and duration:	This project began in 1996, and will continue through 1999.
Participating Countries:	21 countries: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela.

P L A N O F A C T I O N

Project:	Prevention of Domestic Violence through Children's Education
Agency:	Inter American Children's Institute (IACI)
Description:	This project aims to reduce domestic violence through the education of children at schools and through the media, given their important role in transmitting values and principles. The objective is to raise public awareness of the problem, as well as public determination to solve it.
Objectives:	To prevent domestic violence through family education, schooling, and positive use of the media.
Actions Involved:	Organization of awareness campaigns in cooperation with local media encouraging public participation; Training of human resources in the prevention of domestic violence; Inclusion of the subject of nonviolence in primary and secondary school curricula; Involvement of parents, educators, students, and the community in violence prevention programs; Development of policies and legislation against domestic violence.
Cost and Funding:	The project has a budget of US\$123,000. IACI, however, is currently looking for additional funding.
Date of inception and duration:	The project started in 1998 and will run until the year 2001.
Participating Countries:	Currently running in Chile, Paraguay and Uruguay. IACI is looking to expand this initiative to other countries in the Hemisphere.

P L A N O F A C T I O N

Project:	Improvement of Maternal and Child Health Services -DESAPER
Agency:	Pan American Health Organization (PAHO)
Description:	This project aims to improve prenatal and maternal care by mobilizing community participation. In each country, management of the project is assigned to a National Facilitator and two local coordinators. In addition, each area has a team composed of an obstetrician, a pediatrician, nursing personnel from both specialties and personnel from the community.
Objectives:	To improve perinatal and maternal health care.
Actions Involved:	Development of appropriate state-of-the-art technologies and information systems for care during pregnancy and birth; The systematic training of health workers, community agents, and communities, with special emphasis on pregnant women and women of childbearing age, following a model of gradual inclusion; Dissemination of information on positive experiences in the countries where the project is in place.
Cost and Funding:	A total of US\$7 million has been allocated to this project since 1989.
Date of inception and duration:	The project started in 1989. The last phase is to conclude in December 1999.
Participating Countries:	Bolivia, Honduras, Nicaragua and Peru.

P L A N O F A C T I O N

Project:	Advocacy for a Healthy Start: Prevention of AIDS in Mothers and Children
Agency:	United Nations AIDS Program (UNAIDS)
Description:	The goal of this project is to mobilize political and public support to stimulate local responses to prevent the transmission of HIV/AIDS and related social stigma through advocacy and awareness-raising activities.
Objectives:	Prevention of mother-to-child transmission through a combination of efforts, including voluntary counselling, testing, and safe alternatives to breastfeeding for HIV-positive mothers; Prevention of HIV/AIDS, especially among young people, considering that the best prevention of transmission in the first place, is the prevention of infections among young men and women of child-bearing age.
Actions Involved:	Support of First Spouses to sensitization campaigns; Participation of First Spouses in special events and radio/TV programs/debates or other involvements; Initiatives in favour of the prevention of mother-to-child transmission of HIV/AIDS.
Cost and Funding:	An initial budget of US\$50,000 has been allocated to this project. Further funding, however, could be negotiated with regional UNAIDS offices in each country.
Date of inception and duration:	The project will start on October 1999 until the year 2001.
Participating Countries:	Latin America and the Caribbean.

1999
DECLARATION

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CANADA 1999

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FOLLOW-
UP REPORT



**Follow-up Report on the Commitments
Adopted in the Action Plan Endorsed at the
Ninth Conference of Spouses of Heads of State and
Government of the Americas**

Tenth Conference of Spouses of Heads of State and Américas

Report for the Technical Meeting.

**Follow-up Report on the Commitments
Adopted in the Action Plan Endorsed at the
Ninth Conference of Spouses of Heads of State and
Government of the Americas**

The Prevention of Domestic Violence

1. Project: Prevention of Domestic Violence Through Children Education (PREVIDA)¹

Report

Belize has prioritized a change in attitude in the adult-relationship based on respect, with the participation of the family, the school, and government agencies. The program: "Positive Strokes and Negative Strokes" has been implemented with emphasis on the child's rights at school. A National Conference has been organized for alternative child disciplinary methods and the regulations enacted by the Ministry of Education which prohibit the physical punishment of children, resorting to work in coordination with parents for the adoption of more adequate sanctions, the ultimate being the child's expulsion from school. Complaints of child mistreatment have increased due to a greater awareness of the problem.

In **Bolivia** the mechanisms for the timely detection of this problem is undertaken by the Municipal Networks for the Prevention and Attention of Interfamily Violence and the Inter-institutional Work of the Councils for the Defense of Childhood and Adolescence. Research and instruments have been developed for the prevention and treatment of violence and the clarification of procedures, obligations, responsibilities and prohibitions in the Childhood and Adolescence Code.

In **Canada** a Federal Initiative has been set up to fight against family violence, to focus on the prevention, protection and treatment of identified cases of family

¹ This project has been unable to be executed due to a lack of financing. However, having informed the countries regarding the actions taken on the subject, it is our intention to report them.

violence, which seeks to improve awareness of the public and of the Canadian systems of criminal justice with regard to the issue. Educational programs have been set up on issues of leadership development, the imparting of knowledge, and the consolidation of the National Center for the Exchange of Information on Family Violence. The results obtained concentrate on the development of an effective, efficient and coordinated federal policy, and the scheduling on problems of family violence; as well as greater prevention and a better response on the part of the community in face of the violence.

Colombia, through the Counseling Department of the Presidency (Executive Cabinet) of the Republic, designs policies aimed at reducing domestic violence and developing peace in order to strengthen individuals, families and communities in their mission to transmit the principles and values leading to social cohesion. The constitutional legal framework has been modified and the necessary regulatory development strategy has been contemplated to produce the required change in culture and attitudes for the effective enforcement of this policy. The government, with the support of the United Nations acting through the United Nations Development Program (UNDP) and the United Nations Population Fund (UNFPA) has designed the project Development of Models for the Attention of Sex Crimes based on a strategy that includes identification at three levels of participation: national, departmental and district and municipal.

Costa Rica has prepared the project "Creating Violence-free Environments at School and in the Community"; developed by the Ministry of Public Education with the technical coordination of the National Institute of Women, within the scope of action of the National System for the Prevention and Care of Domestic Violence, aimed at achieving a model for the prevention and care of violence in the educational sector and the detection and reporting of the affected persons in school, family and community environments. The project "Education in Peace" has been developed jointly with the institution PANIAMOR in six educational institutions. The Law Against the Sexual Exploitation of Minors has been enacted and the National System for the Care and Prevention of Domestic Violence, which is a coordination agency with government institutions and NGOs, is providing the necessary support.

Since 1997, **Cuba** has the Work Group for the Prevention and Care of Domestic Violence, constituted amongst other institutions, by the Federation of Cuban Women. Its lines of action are amongst others: training, prevention, attention (legal and health), guidance, research and dissemination. The gender perspective is the backbone of training programs aimed at women, families, Cuban police forces and public entities. The regulations governing the protection against violence and human rights are subjects developed in the training programs. The treatment of domestic violence is viewed as a process of cause and effect in order

to obtain a wider vision of the magnitude of the problem. Four television programs exist: "Azotes", "La Vida y sus Retos", "Hablemos de Salud" and "Haciendo Caminos"; and three educational materials have been prepared against violence and on the subject of the Cuban laws that protect women and families from domestic violence.

Ecuador is developing the project "Integral Youth Center" managed by the Center for the Formation of Promotion and Action for Women (CEPAM), Guayaquil. This program is targeted at youngsters between 12 and 24 years of age with the objective of contributing towards a change in ideas, attitudes, and practices regarding sexuality, sexual relations, and human rights of youth in schools and marginal sectors. To this effect it has adopted some strategies such as training, advice to youngsters and professionals and the formation of juvenile promoters, resulting in the development of approximately 49 workshops on sexual and reproductive rights and domestic violence and 5 workshops on new ways of communication with sons/daughters.

El Salvador has an Action Plan 2000-2004 on National Women's Policy (PNM) that incorporates actions for the prevention of domestic violence and violence between genders through the media. A specialization course on domestic violence has been incorporated in the curricula of the careers of medicine and law. Counseling was carried out to evaluate domestic violence programs through the National Secretary's Bureau for the Family with the purpose of deciding its implementation locally.

Haiti has started an S.O.S. TI MOUN Program (telephone line that enables the victimized children to call for help). Children's rights and duties are also broadcast on television and radio programs with the participation of institutions such as: Radio Nationale, Kiskeya, Galaxie, Solidarité, Caraïbes, Tele Haïti, Vision 2000, Telemax and Television Nationale.

On the issue of domestic violence, **Honduras** has a law in force since 1998. The Attorney General's Office for Childhood and Adolescents also exists with the unit for "child victims" aimed at the prevention of abuse and violence and integration to society. Allies such as NGOs and government bodies like the Honduran Institute for Childhood and Family, Municipalities, Courts, Women's Police Force, Preventive Police Force, Secretary's Office for Health and Education and the Office of the First Lady are helping in the execution of initiatives on the subject.

In **Nicaragua**, the National Plan for the Struggle Against Violence is currently being prepared, through a process of participation that is in its counseling phase at local levels. It has five components: Prevention, Detection, Attention, Sanction

and Institutional Development. School has been identified as the ideal venue for the prevention of domestic violence, articulated by the transformation of the curricula and the establishment of Student Councils with the participation of students, parents and community leaders, thereby fostering democracy together with the School for Parents aimed at changing relationships between fathers, mothers and sons/daughters.

Panama is implementing a Communication Project for Equality and Justice Between the Gender, the National Network Against Violence Project aimed at Women, Children and the Family and the Project for the Communication and Education of Women's Rights.

In **Peru**, this year has been declared "The Year for the Struggle Against Domestic Violence". There is a Multisector Desk for the Prevention and Care of Domestic Violence managed by the Ministry for the Promotion of Women and Human Development (PROMUDEH) in close coordination with the different ministries, cooperation organizations and NGOs. Networks for the prevention and care of mistreatment and sexual abuse of children have been created together with a Multisector Program for the Prevention and Care of Domestic Violence for the Year 2000, that proposes an effective Information, Education and Communication Plan (IEC) – aimed at producing changes in the attitude and behavior of families affected by the problem, increasing the community's sensitivity vis-a-vis domestic violence and the formulation of a Consolidated Registration System for cases of child mistreatment.

The Dominican Republic has projects such as "Along the Paths of Rights" and "Vaccine Against Violence" along the line of community training aimed at children and adolescents with the purpose of increasing sensitivity on the subject of violence. The institutions responsible for these initiatives are the Technical Executive Management of the Founding Organization and the Institute for the Family (IDEFA); the National Council for the Prevention and Struggle Against Domestic Violence constituted by all governmental and non-governmental institutions working on the subject; and the Inter-institutional Committee for the Celebration of "April, Month for the Prevention of Child Abuse".

Santa Lucía has set in motion, through its Ministry of Health, Human Services, Family Affairs and Gender Relations, a project called "Struggle Against Gender-Based Violence", sponsored by CIDA/FONDO. This project will last one year. Its goal is to reduce gender violence, to enable women and children to lead healthy, productive lives and thus develop to their full potential. The project includes activities of dissemination and communication, training, and the production of educational material. It should be noted that this project is in conformity with the terms of The Equality of Opportunity and Treatment in Employment and

Occupation Act. (1999), which came into force on April 1, 2000, and which contains provisions against sexual harassment.

Women's Health

1. Project: Improvement Of Maternal And Child Health Services (DESAPER) ²

Report

In **Belize** immunization campaigns have been implemented for the basic vaccination PROGRAM increasing its coverage to more than 85%. A certification has been obtained for the course of the Caribbean Epidemiology Center (CAREC) of Trinidad, which accredits the Measles and German Measles Inspection System with a 99% detection rate. The follow-up and registration of birth control methods for mothers, the supply of vitamin and iron supplements to children under the age of one, the recording of the afterbirth and family history of children, the promotion of breastfeeding and the follow-up of the child's development have been considered a priority.

In **Bolivia** the DESAPER project aimed at the development of prenatal health in collaboration with the Latin American Center for Perinatology (CLAP), the Ministry of Health, the Pan American Health Organization (PAHO) and financed by the Canadian Government, has been discontinued.

In **Canada** the Department of Health and the Institute of Child Health have published the Family-Centred Maternity and Newborn Care: National Guidelines (4th edition) which will help hospitals and health organizations to plan, implement and assess mother-child programs and services. A Prenatal Nutrition Program is being implemented, designed to provide food supplements, advice on nutrition, support and education to those pregnant women most likely to bear babies with health problems; and the System of Perinatal Observation of Canada has been instituted, which seeks to set up a system of timely national

² This project started on 1989 and its last phase ended on December 1999; it was presented by the PAHO as a case of success.

control for the gathering of data, analyses and responses on perinatal health and its results.

Colombia has given great importance to the promotion of the Sex and Reproductive Health Plan with emphasis on adolescents, including intersector actions in response to the country's problem. This Plan is a priority within the 1998-2002 National Development Plan "Change to Build Peace" and has a permanent follow-up program undertaken by the Advisory Board for Social Policy of the Presidency (Executive Cabinet) of the Republic, with special emphasis on the reduction of morbidity and mortality rates in the different priority public health events where sexual and reproductive health are a priority.

In **Cuba** the National Health System aimed mainly at pregnant women and the newborn, provides primary attention with different ways of reaching the population. Pregnant women undergoing health risks are profited by Perinatal Care Units (1987), where more than 1500 deliveries are attended per year; on the other hand 99,9% of deliveries occur in health institutions (1997) and are attended by highly qualified professionals. The Federation of Cuban Women has health brigades for mother-child care. The Network of Maternity Homes has 241 institutions that in 1999 benefited 50 409 pregnant women in remote areas and with nutritional and social problems.

Ecuador is implementing projects such as Municipality, Sexual and Reproductive Health and Local Development and Integral Health Care Unit for Pregnant Teenagers with the purpose of improving the quality of health services by means of activities such as training, the prevention and attention of domestic violence through support services, medical, psychological and social guidance with activities in teaching and research, involving approximately 4000 adolescents (mothers, fathers, pregnant women and women with high risk pregnancies). Municipalities, government institutions, and cooperation organizations are amongst the supporting institutions.

El Salvador is not part of this project; however, it is developing similar actions for the improvement of health services for mothers and its incorporation to the regular vaccination program against German measles in women of childbearing age and against Hepatitis B, as well as the prescription of iron and folic acid for pregnant women, labor induced deliveries by qualified personnel (60%), the promotion of breastfeeding, advise on family planning for the population of childbearing age, the community distribution of contraceptive (birth control) methods, including coordination between institutions for the preparation of the National Law on Family Planning and the Inter-managerial coordination with NGOs for the improvement of services.

In **Honduras** the initial phase of the project is based on supporting technologies for participation and Perinatal histories. Its second phase deals in the microprojects that have been executed in two out of the five projected communities. A third phase is based on training in social participation and childcare for the trainees to replicate the experience. The Health Board is currently developing activities aimed at the La Paz and Yoro areas and is providing ongoing support in increasing the sensitivity of leaders and community mobilization.

In **Peru**, the third phase of the DESAPER project (1999) consisted basically in the formation of a National Training Team in medical components based on evidence and the participation of the community, with emphasis on Perinatal-mother health and constituted by representatives of the Central National Health Programs. The formation of trainers was carried out by the Latin American Center for Perinatology (CLAP) and the International Division for Canadian Development (DID) experts. The dissemination of the methodology "Education of Adults" amongst the staff executing community work, as a strategy for approaching communities, was fully performed in two DISA's in Lima.

In the **Dominican Republic** a National Plan for the Reduction of Mother-Child Mortality (1997) has been implemented. The institution responsible for the initiative is the Secretary of State's Office for Public Health and Social Security (SESPAS). The health care method has been reformed to ensure the quality and equity of services, with the intervention of the Committee for the Reform and Modernization of the Ministry of Health, enabling the decentralization of the Health System and incorporating the Secretary of State's Office for Education, the Office of World Summits, the Secretary of State's Office for Women as promoting agents of health care activities. In addition, it has the support of international cooperation organizations.

In **Santa Lucía** health services are provided free of cost to mothers and children. These services include the clinic, vaccinations and iron tablets. Follow-up is also being made of mother-child health care through a home visit program. The Ministry of Health, Human Services, Family Affairs and Gender Relations is the institution mainly responsible for these projects, and receives support from PAHO and WHO.

2. Project: Early Childhood Survival: Prevention of HIV/AIDS in Woman and Children

Report

In **Belize**, a National Assistance Committee has been created to prepare strategies and policies for national intervention where the prevention is considered but and where the protection and support of those suffering of HIV is also considered, while developing a joint work between the different international cooperation organizations and associations. In 1999, emphasis was placed on preventive measures such as the interruption of the mother-child vertical transmission of the disease, the delivery of condoms free of charge to the participants in the AIDS educational programs and the insertion of the AIDS issue in courses on human sexuality in schools with the support of youth organizations and NGOs.

In **Bolivia** the National ETS/AIDS Program of the Ministry of Health is responsible for ascertaining the impact of the disease and the progressive increase of ETS/HIV/AIDS through joint actions, multisector interventions and the active commitment of civil society. At present, the following lines of action have been proposed: defense and survival, epidemiological surveillance, social education and communication, the provision of health care services, laboratories and blood banks, technical and administrative management, which have operated successfully. The need to cross-sect the problem according to sex was also taken into account, not forgetting the generation and intercultural gaps, with the purpose of generating a greater political commitment of the government and civil society on the issue, at a national and regional level. It is estimated that 40% of the established goals have been achieved.

The University of Ottawa in **Canada** is carrying out a national qualitative study on the perceptions of women regarding the risks and benefits of the VIH test during pregnancy. In 1996 a federal/provincial/territorial group was formed in relation to VIH and pregnancy to deal with problems relating to policy and programs, and to coordinate the Canadian responses in the prevention of VIH. In this reference, the results of the study are being awaited in Canada to determine the implications in the development of the policy and the program.

Colombia intends to reduce and eliminate HIV transmission and to this effect it carries out identification and prevention activities by means of promotion, information, and communication campaigns; screening tests and support for investment in medicines for treatment during pregnancy and post delivery. The Ministry of Health, the responsible institution, together with public institutions and civil organizations, coordinates actions aimed at reducing HIV transmission and the stigma associated with the virus. The structure of the legal framework has

been modified by the implementation of Guidelines for Integral Health Care. The National Council for AIDS (CONASIDA) was created to provide counseling on ETS/HIV/AIDS prevention policies.

In **Costa Rica**, the HIV/AIDS control test is voluntarily practiced on all pregnant women. The Social Security of Costa Rica is legally obliged to provide treatment to infected mothers. A prevention campaign has been prepared which includes pregnant women. The AIDS Law was published last year and the National Board for the Comprehensive Treatment of HIV-AIDS was consolidated, resulting in a Joint Plan with different actors of civil society.

In **Cuba**, the National Program for the Prevention and Control of HIV/AIDS (1986) has been implemented. Its components: epidemiological surveillance, medical assistance, and research and education has been implemented. The National Prevention Center for Sexually Transmitted Diseases and HIV/AIDS was created and concentrates on the education of groups at risk. In 1999 the Women and AIDS Project was designed within the work plan of the FMC as well as the Women's Guidance Centers which has been approved by the public health sector agencies and by the Thematic Group UNAIDS. The main objectives of these two institutions are the opening of venues for the joint discussion of the subject and the training of health promoters and brigadiers to improve their work with infected women and groups of pairs.

In **El Salvador**, a Network Against AIDS (PREVENSIDA) has been created. It is composed of governmental, non-governmental, and international institutions. In addition, a study on the incidence of AIDS in adolescents has been carried out. It is considered that the databank system only reports 50% of the cases of persons infected with HIV/AIDS.

Haiti has developed an experimental program for education in family life and youth congresses have been held on reproductive health care in ten departments of the country, complemented with the preparation and dissemination of a brochure on sexuality and adolescence, a didactical guidebook for professors and students for a total of 5 000 youngsters.

Honduras is designing a Pilot Program for the Prevention of Mother-Child Vertical Transmission of HIV to be executed in Tegucigalpa and San Pedro, in order to reduce the probability of pregnant women becoming infected by 50%. Several allies such as health sector institutions and groups for the self-support of patients are used to execute the project. In addition, a protocol has been developed for the integral prenatal and postnatal attention of pregnant women with HIV in Tegucigalpa and San Pedro Sula. A stock of HZT has been obtained for the onset of the Pilot Program.

In **Nicaragua** HIV/AIDS has been incorporated in the Ministry of Health (MINSA) National Program for the Control and Prevention of ETS. Similarly, it has a National Center for Diagnosis and Reference. Coordination between sectors has been established, particularly with the Ministry of Education, Culture and Sports and a National Strategic Plan Against ETS/HIV/AIDS has been prepared. In the future, the strengthening of inter-institutional coordination shall continue, as well as the structuring of the National Council for AIDS (CONISIDA), the Seminar on Ethics, the follow-up of the supervisory role played by the SILAIS, the follow-up of the Nordic Project and the Follow-up of the Operating Plan 2000 which is incorporated in the National Five-Year Plan.

Panama has designed the National Campaign for the Prevention of HIV/AIDS in Pregnant Women of Childbearing Ages. At present, infected women at the Santo Tomas Hospital and the newly born children infected with AIDS are being supplied with AZT. Law Number 3 (enacted on January 5, 2000), that provides for the regulation of childcare (boys and girls) has been sanctioned, particularly if transmission occurs in the womb. Coordination has been made with the University of Texas and the International Agency PASCA for the study of pediatric AIDS and the manner to approach the issue. Based on the fact that the test for the detection of HIV is costly and is not provided free of charge, funds are being sought for the design and execution of campaigns for the prevention of the vertical transmission of the disease.

In **Peru**, the ETS and AIDS Control Program (PROCETSS) of the Ministry of Health has been working since 1996 on the prevention of HIV/AIDS in mothers and sons (daughters). One of its objectives is to reduce the sexual, blood, derivatives of blood and vertical transmission of ETS/HIV. No strategic alliance has been established for this task with other government agencies, international organizations, civil society nor NGOs. At present, PROCETSS has achieved coverage of 17,25% for pregnant women and 25,74% of the infected pregnant women have been provided with full treatment packages. The treatment package includes antiretrovirus for infected pregnant women, antiretrovirus for her newly born, and artificial breastfeeding for the newly born children of infected mothers.

In the **Dominican Republic** the Preventive Program for the Vertical Transmission of HIV has begun, managed by the General Board for the Control of Sexually Transmitted Diseases and AIDS (DIGECITSS) formerly PROCETS, an agency of the Secretary of State's Office for Public Health and Social Security (SESPAS). It has the support of cooperation organizations to provide training and the supply of reagent medication.

In **Santa Lucía** a project is being developed for the prescription of AZT during pregnancy. The Ministry of Health, Human Services, Family Affairs and Gender

Relations is mainly responsible for such initiatives, and is supported by Inter-Caribbean Funds, the Martinique Midwife Association (ASFM), the Hospital University of Martinique, PAHO, CAREC and the French Ministry for Cooperation. There has been an increase in the number of health professionals trained to work in this field, and to distribute anti-retrovirus medicines to pregnant women.

Early Childhood Health Care

1. Project: Strategy for the Integrated Management of Childhood Illness (AIEPI)

Report

In **Bolivia**, the Ministry of Health is in charge of enforcing the Strategy for the Integrated Management of Childhood Illness (AIEPI). This strategy was incorporated as an essential component of the Government Plan called "For Quality Life". Its application is backed by international cooperation that provides technical-financial support and by a Committee for Interagency Coordination, as well as by the Bolivian Pediatrics Society and the university system, which has initially incorporated AIEPI training in pre-graduate courses of the Schools of Medicine and Nursing.

In **Canada**, the Bureau of Reproductive Health and Children will complete and distribute the First Report on National Perinatal Health. A national workshop has recently been implemented on the Observation of Abnormalities (the leading cause of mortality) and progress has been made on the Forensic Medical Project, whereby a data-base is to be set up on mortality at the national level. Also, since 1996, through the Canadian International Development Agency (CIDA), financial support to less developed countries has been increased (Ecuador, Peru, Cuba, Colombia and Caribbean countries) to support programs to fight tuberculosis, food-aid programs, and programs to improve vaccination systems. Together with PAHO, Canada supported an immunization program in El Salvador, Nicaragua and Honduras in the aftermath of Hurricane Mitch.

In **Colombia** the main project developed by the Ministry of Health was the Preparation of Standards and Guidelines for Integral Health Care, which are

compulsory for the health promoters. This sector planned its actions through welfare plans such as the Compulsory Health Plan and the Basic Health Care Plan, which develop priority actions in the interest of childhood by applying promotion strategies such as: information, education, and communication (IEC) of the rights and duties of social security.

For the development of this initiative, **Cuba** has adopted strategies for the provision of widely covered free vaccination services with the participation of the community in support of campaigns and primary attention. Bilateral relations have been established between the Ministry of Health, cooperation organizations and NGOs, which provide 4% of the financial support. Diseases like measles, polio and lethal diseases such as tubercular meningitis and neonatal tetanus have been eliminated. Also a program for the Prevention of Hemophilic Influenza (1999) has been implemented for children aged one and under, achieving a coverage of 97%, a reduction in child morbidity by 59% and a stable mortality rate under 7%. A surveillance system was created for the control of vaccines against Hepatitis in persons under the age of 20. Thus, causing a 97% reduction in the incidence of Hepatitis B in children aged one and under, and a 95% increase in coverage for the vaccination of children under the age of two.

Costa Rica has given priority to the reduction of child mortality with the participation of all health sector institutions. A technical commission and local commissions for the analysis of child mortality were created to establish specific action. To date, 70% of children's deaths have been analyzed. A National Plan for the Care of Adolescent Mothers "Building Opportunities Program", has been developed together with a National Vaccination Plan. The results obtained are the reduction in the child mortality rate from 12,6 to 11,8 over a period of one year (it is projected that the rate will be 10,3 for the year 2002) and an increase in vaccination coverage nationwide.

In 1999, **El Salvador** constituted an interdisciplinary and inter-institutional group between the Ministry of Health and the Pan American Health Organization (PAHO), for the implementation and application of the Strategy for the Integrated Management of Childhood Illness (AIEPI) through the dissemination and training of technical standards and guidelines for integral childcare. In addition, the National Secretary's Office for the Family in coordination with the Ministry of Health and the Social Security Institute started the project "Nurturing with Love". The results achieved by the strategy report the following; registration of children under one year of age (87%), aged one to two (13%), aged two to four (4%), breastfed (21,2%), DPT vaccination of children under the age of five (85%), OPV in children under five (85%), BCG in children under five (95%), and measles in children under five (86%). The goals achieved to date represent 25% of the proposals.

Haiti, through the Ministry of Public Health in coordination with the Service and Development Agency (SADA) and Catholic Relief Service (CRS) is currently preparing strategies aimed at improving the health of children under five years of age, strengthening the training of the persons responsible for health care units at a departmental and municipal level, making families aware of the prevention and care of children (boys and girls). This has resulted in the vaccination of 30 000 children between the ages of 2 and 10, and the awareness of 5 000 mothers on this matter.

Honduras has been implementing the Strategy for the Integrated Management of Childhood Illness (AIEPI) since 1996. The Healthy Schools Project is also being developed through the systematic application of fluoride on children's dentures with the creation of the National Advocacy Committee, constituted by salt, sugar and flour producers in coordination with the Health Board and international cooperation agencies and the First Lady's Bureau. The following results have been obtained: 1 291 health volunteers, have been trained in 392 communities in 5 regions; 1 550 volunteers have been trained in the standardized treatment of pneumonia in 855 communities, and 54 workshops with 1 113 promoters trained in the integrated care of childhood diseases have been offered, which means that 90% of children aged 5 and under have been served and 94% of children aged 1 and under have been assisted with VIT "A" (Vitamin A Supplement).

Nicaragua attacks the main causes for death in children through the Strategy for the Integrated Management of Childhood Illness (AIEPI), by training health care staff; and subsequently following up on training; provision of supplies, particularly medicines; information, education and communication of the population. Inter-managerial coordination has been established nationwide and at a local level with technical cooperation organizations for the application of this strategy, which has achieved its implementation nationwide, as well as a 100% guarantee of medicine supply by the Japanese Government, the approval of a new follow-up sheet of the clinical record which will enable the improved control of the strategy and the supply of 80% of the health care units with medicines.

In **Panama**, the Strategy for the Integrated Management of Childhood Illness (AIEPI) has been developed in the poorest sectors. Thus, the nationwide vaccination campaigns by stages and the hygiene, dental health and medical evaluation programs are carried out particularly in marginal areas of extreme poverty, through monthly tours in different communities where integral treatment is provided to an average population of 2 500 persons per tour, of which 75% are children. Children (boys and girls) are thereby vaccinated against DPT, polio, measles, MMR, MR, BCG, DT, TF and are supplied with antiparasitic medicines and vitamins. It is expected that financial support will be obtained to cover 90% of the child population with vaccination, as well as the eradication of

whooping cough appearing in indigenous areas and the deworming of 100% of treated children.

In **Peru**, the Health Program for Women and Children, envisages the Strategy for the Integrated Management of Childhood Illness (AIEPI), aimed at reducing morbidity and mortality in children under the age of five and improving the quality of the attention they receive in health services and at home. The implementation of the strategy is currently being coordinated with Technical Cooperation Agencies and NGOs that having trained 785 health care professionals responsible for the treatment of children under the age of five have implemented it in 21 of the 34 Regional Health Boards. The timely detection of prevalent diseases and the eradication of immunopreventive diseases through control activities as well as the Program for the Control of Intestinal Parasitosis is being developed. During 1999, 519 835 cases of acute diarrhea diseases and 702 000 cases of intestinal parasitosis have been identified in children aged 5 and under, including 2 035 813 cases of acute respiratory infections (ARI) and 155 178 cases of asthma in the same age group.

The **Dominican Republic** has put into practice a new health care module by means of the Strategy for the Integrated Management of Childhood Illness (AIEPI). The responsible institution is the Secretary of State's Office for Public Health and Social Security (SESPAS) in coordination with the Provincial Health Boards, NGOs and Technical Cooperation Agencies. In order to achieve these objectives, the General Health Law and the Social Security Law are being discussed in Congress. Furthermore, the Standards for the Treatment of Children were designed and are being executed at the health centers, obtaining the integration of all sectors in this strategy, the increase in the quality of treatment and the implementing of the strategy in 50% of the provinces of the country.

Santa Lucía has developed a National Immunization Program, and has successfully administered the following vaccinations: BCG and MMR 100%; DPT and Polio 89%. Ninety percent (90%) of the country's infants and under-fives have had medical examinations. The Public Health Law includes the stipulation that by the time they are five years of age, before entering primary school, children must have completed their vaccinations. These projects are carried out thanks to the joint action of the Caribbean Epidemiological Center (CAREC), and revolving loan funds provided by the Pan-American Health Organization (PAHO).

Education

1. Project: Registration of Children Across The Americas

Report

In **Belize**, the registration of children at vital statistics offices is a right, however work is being carried out to improve the scope and accuracy of the registration system, particularly in the rural areas where cultural factors influence the low registration rate of children. Facilities are being provided for mothers to register their child (boy or girl) immediately after birth and through the means for the registration of children.

In **Bolivia**, with the support of public organizations, international cooperation, the Catholic Church, teenagers, and NGOs, progress has been made in the promotion of Supreme Decree 25230, which enables the registration of children aged 0 to 7. Until April 2000, 89 480 entries have been obtained. The National Program for the Care of Children Aged Under Six (PAN) achieved the registration of 75% of its beneficiaries. During this year, optimal registration results have been obtained in view that it exceeded last year's registration of children by 80%. The enactment of a Restated Minors and Adolescents Code in 1999, which establishes the registration and certification, free of charge, of children during their first year of life has constituted one of the pillars for the efficiency of the project. However, it should be taken into consideration that difficulties have been encountered such as the disinterest of parents and the lack of resources to fund certification campaigns in remote areas.

In **Colombia**, the program promotes the creation of a new system for civil registration and vital statistics that have been started-up throughout the country since 1998. To this effect, different ongoing civil registration campaigns are being executed in coordination with public agencies, NGOs and international organizations. The purpose of this program follows the logic of service proposed by the government for the country, creating the Inter-institutional Committee to Reform Decree Law 1260 and 1970 and thereby adjusting the existing regulations to comply with the needs and urgencies of the country. In November 2000 the First Lady of the Nation will launch the program "Registration Provides Rights"; a program for civil registration and vital statistics and the identification of special population groups, with emphasis on children.

In **Cuba** the registration of children (boys or girls) has not constituted a priority. No action beyond legal action (Law 51 for the Registration of Marital Status, Law 1279 for the Identity Card and Filing of Addresses) has been taken for the population to register their children (sons and daughters).

In **El Salvador**, a Technical Cooperation Agreement has been reached with the Inter American Child Institute (INN) in coordination with the Institute for the Protection of Minors of El Salvador (ISPM) and the El Salvador Institute for the Development of Women (ISEDEMU) for the execution of the project, through the strengthening of the Childhood Information System as of October 1999, which consists of three sub-systems: The Protection and Reeducation Area, the Primary Care Centers and the Subsystem for the Registration and Supervision of NGOs, and the implementation of a Center for Family and Childhood Information (CINFA). The National Registry of Individuals is in charge of the project in close coordination with the 262 municipalities throughout the country that have Offices for the Registration of Family Status.

In **Haiti**, the Ministry of Justice has taken some initiatives that provide access to birth certificates, free of charge.

In **Honduras**, the registration of children takes place at municipalities which are currently developing a nationwide registration campaign: "Every boy and girl has the right to a name and a nationality" managed by the First Lady of the Nation in coordination with technical cooperative organizations, public agencies and NGOs. Based on this support the construction of four registration offices has been completed, another four are in progress. Registration operations and campaigns have been carried out and 250 registrars have been trained.

Although a legal structure exists that grants the right of registration, the effective performance of the regulation is yet to be achieved due to a lack of political will to facilitate registration, the cultural difficulties of the population that fails to acknowledge the benefits of registering their children (sons and daughters), together with economic factors and geographical location.

In **Nicaragua**, a national information campaign on registration with the participation of the different sectors of society was created. The extension of the terms for collaboration and participation with the pertinent authorities of municipal governments, the establishment of functional-administrative cooperation agreements, and the opening of registration booths at hospitals has been carried out through the Supreme Voting Board and technical cooperation agencies. Government bodies have also contributed to the increase in the number of registrations and finally to the implementation of the Minors and Adolescents Code (1998).

Panama protects the right of every person to a name and a nationality by Law 100 (December 30, 1974). The perfecting of birth entry instruments and the articulation of a database will allow an increase in the number of registrations of children nationwide. The promotion of mass registration in rural and indigenous areas and among the disabled population is sought within this context. The Technical Committee for Vital Statistics has been constituted in different sectors, responsible for drawing-up a consolidated document for the effective presentation of medical/clinical reports and accessible to all bodies. It is expected that the effectiveness of these actions shall be quantified after the population census carried out on May 14, 2000.

In **Peru**, the promotion and dissemination of the "Right to a Name" has been undertaken through the 1 200 Centers for the Defense of Children and Adolescents (DNA) with the cooperation of public and private entities, organizations and the organized community with local campaigns held between January and September 1999. Extemporaneous Birth Registrations (4 129 cases) have been reported among the 377 DNA. Since the Committee for the Review of the Minors and Adolescents Code was created it has obtained the repeal of laws that contradict the performance of the "Right to a Name." Other achievements are the preparation and publication of the Manual of Procedures for the Attention of Cases in the DNAs, and the attention of 60% of the cases contributed to the reduction of children (boys and girls). Also the number of adolescents without a name, the education of the population on the importance of these rights, and a greater requirement for registration has diminished

Since the Action Plan was adopted in October 1999, the Dominican Republic initiated an appraisal of the situation and the installation of Official Civil Boards at public maternity wards for the entry of childbirth in the same hospital as they were delivered. The Technical Division of the Governing Body of the System manages the project for the Protection of Minors and Adolescents, which established alliances with public and technical cooperation agencies in order to strengthen the mother-child protection system. A registration of 90% of newborn children was achieved.

Santa Lucía has no problems with the registration of births, since each hospital is responsible for registering the births occurring therein. Once the birth has been recorded, the baby is issued with a health passport, to be presented for the vaccination program at a health center. The institution responsible for this area is the Ministry of Health, Human Services, Family Affairs and Gender Relations

2. Project: Early Childhood Care for Survival, Growth and Development ECC-SGD

Report

Belize is currently developing some initiatives to make pre-school formation accessible to children (boys and girls). Support is mainly aimed at minors in rural areas through government subsidies granted to preschool centers such as the Summer Preschool Experience Program for Beginners, Support to Health and Physical Education Areas and Early Stimulation Units for Retarded and Blind Children.

In **Bolivia**, the National Program for the Treatment of Children Aged Under Six (PAN) continues to be executed under the supervision of the Ministry of the Presidency (Executive Cabinet). This program is covered nationwide through 2 994 centers, 7 973 educators and 197 facilitators, providing attention to 65 788 children, of which 45% whose integral development is at risk, overcome this condition after one year of participation in the program; 63% of the treated children have a full vaccination scheme and 65% of the children have been insured under the Basic Health Plan. The training provided to educators allows them to improve their possibilities of employment and increase their income by offering lectures and training to the parents and the family, thus strengthening their bonds and development.

In **Canadá** a variety of initiatives have been put into practice, such as: "Understanding the Early Years", which involves pilot projects in five communities and evaluates the way children learn and develop before they reach school age; "Community Action Program for Children", which provides attention to 70.000 children from 0-6 years of age and their parents each week; "The Aboriginal Head-Start Program", with more than 3 000 children participating in project activities; "Lesion Reporting and Prevention Program in Canadian Hospitals", which involves researchers who assess high-risk situations for the children; and the "Canadian Program for the Observation and Control of Cancer in Children".

Colombia offers programs for the prevention and treatment of childhood through the development of a strategy based on the humanization of life. To this effect, the Community Educational Teaching Project based on the strengthening of Community Welfare Homes, Child Homes, the Pre-school Rural Bond and the distribution of Bienestarina ("welfarine", a food supplement) in learning spaces has been designed to guarantee the best conditions for their integral development and enrich their relation with their parents and siblings.

Costa Rica has created a Solidarity Plan (Rodríguez Echevarría Administration for the struggle against poverty) and; the program "Hand in Hand" arose in accordance with this governmental policy, aimed at early childhood care (0 to 5 years) in different socioeconomic strata. Its objective is the stimulation and motivation of children for their overall development and family support. This program has three lines of action:

- Educational and formative: didactic, motivational and permanent training of the family to improve upbringing and cohabitation with the underage child.
- Expansion of services for the poorest sectors, improving the use of the existing resources and underused communal infrastructure together with other modalities for child attention.
- Design and implementation of a locally based information system.

The care of early childhood in **Cuba** is basically developed in the areas of health and educational, where the State plays the role of promoter and shares responsibilities with the other actors involved. Emphasis has been given to the evaluation of ongoing early childhood educational and development programs, the specialization and formation of teachers in the different teaching areas. The also to the formation of groups for preventive education with the collaboration of Women and Family Guidance Centers and the creation of centers which carry out research and are made known and aired in the international events held in Cuba every two years.

A Community Preschool Education Program called "Educate your Son" works with children ages 0-6 in the prevention of illnesses and the education of children through the performing arts using different visual aids is being implemented. This program will help the child with the development of psychological, emotional and motor skills in order to ensure their improvement of integration in school life. The main actors in this area are: the Ministries of Education, Public Health, Culture, Labor and Social Security, professionals in communications, educators, and parents.

Emphasis has also been placed on the nutritional development of children with the intervention of Health Boards and the Family Medical Board for the provision of nutritional and feeding education and the control of balanced diets both in the family and at school.

In **El Salvador** the Ministry of Education and the Ministry of Health and Social Welfare in coordination with the El Salvador Institute manage this project for the Protection of Minors (ISPM). This institute is currently strengthening Preschool Education in the Child Welfare Centers (CBI) and in the Integral Development

Centers (CDI). This institute has initiated a training process in the Central Region under a new methodology prepared by the caring mothers themselves with the technical support of the NGOs: Plan Internacional and Save the Children. The results obtained are the design and reproduction of support modules on the working methods of the program, promotion workshops for technicians (men and women), supervisors and boards of directors of the Communal Association for Education (ACE), as well as promoter mothers of the CBI and CDI. Alliances have been established with the El Salvador Institute for the Protection of Minors (ISPM), NGOs and with the United Nations Children's Fund (UNICEF), for the design and execution of the program.

Honduras has prioritized two components for the overall care of children (boys and girls); the first aimed at community promotion and prevention (AIN) and the second at the treatment of childhood diseases (AIEPI). Other initiatives being implemented is the Hospital Amigo de los Niños (IHAN-Children's Friend Hospital) and the Counseling Board on breastfeeding/nursing in the community; the standardized handling of medical records, pneumonia and diarrhea incidences in the community; as well as the communication plan through the radio and television media on child health, childbearing health and the diarrhea-cholera problem.

In **Nicaragua**, according to the commitments adopted in the Action Plan for Childhood and Adolescence, the following may be mentioned: educational programs by the attention of formal and non-formal school programs (community preschoolers – services provided to children from 3 to 6 years of age), the formulation of the National Education Plan (preschool education – children from 0 to 6 years of age), the Program for the Integral Treatment of Nicaraguan Children (PAININ), which provides overall attention to children aged 0 to 6 living in poverty, in rural communities and marginal urban communities. The Health and Nutrition Program through the strengthening of food products to resolve the deficiencies in micro-nutrients, iodizing of salt, the control of parasitic infections, child soup kitchens, and the fostering of breastfeeding in all health units nationwide. The Ministry of Education, Culture and Sports (MECD), the Ministry of Health (MINSA) and the NGOs joined efforts to achieve the objectives.

In **Panama**, the government and NGO's developed several programs through the coordination of government and NGOs, aimed at expanding non-formal preschool education programs in rural, indigenous sectors and in dispersed communities. The expansion of the scope for the treatment of children under the age of six through this modality has been carried out by guiding parents to interact with them in educational responsibilities, with a population of 6 250 students and 6 000 parents in 185 correctional centers. In addition, 116 mothers and radio

announcers that attend the rural and indigenous sectors have been trained, profiting 1 740 mothers and 5 220 boys and girls. Regarding the prevention of learning disabilities, the promotion of specialized early stimulation centers is projected.

In 1999, **Peru**, through the WAWA WASI (Child's House) Program of the Ministry for the Promotion of Women and Human Development (PROMUDEH) began applying a new operating strategy for the integral treatment of children between six months and three years of age focussed on areas of extreme poverty, in coordination with the National Program for Food Support (PRONAA) and the Ministry of Health (MINSA), universities, NGOs, grassroots organizations, churches, etc. Important achievements were obtained, such as the integral treatment of 23 800 children representing 25% of the total goal (95 000 children) under the modality of community management, providing 4 500 mothers with the possibility of receiving income, the construction of 22 community WAWA WASI in areas of extreme poverty and the equipping of 3 000 WAWA WASIS.

The **Dominican Republic** has initiated the implementing of a new health model containing 25 basic actions for the overall care and development of early childhood. The last pre-school year was also established as a public service, developing a series of strategies for its education and development. The institutions responsible for the project are the Ministries of Health and Education in coordination with the World Summits Office and the Technical Board of the Governing Body of the System for the Protection of Minors and Adolescents, UNICEF and NGOs. To date a reduction of child morbidity and mortality, the coverage of up to 65% of the last preschool year and an overall vision of early childhood treatment, have been obtained.

Santa Lucía has implemented an outreach program in two marginal communities of Santa Lucía, to increase access to pre-school education. A pilot test has also been made for a child-raising program in a health center, for parents of 3-6-month old babies (activity in conjunction with the community nurse). A research study has recently been started to assess the impact of pre-school education on children's performance at primary school over the past 20 years. On January 4, 2000, the new Education Law came into force, and now has the pertinent rules and regulations applicable to educational services.

Countries which have presented the report on the expected date:

Country	Report Delivery Date
Perú	3 de mayo
Honduras	5 y 24 de mayo
Haití	8 de mayo
Ecuador	8 de mayo
Colombia	15 de mayo
Belize	17 y 26 de mayo
Panamá	19 y 23 de mayo
Uruguay ³	19 de mayo
Costa Rica	19 de mayo
El Salvador	22 de mayo
Paraguay ⁴	22 de mayo y 7 de junio
Cuba	23 de mayo
República Dominicana	26 de mayo
Santa Lucía	5 de junio
Bolivia	7 de junio
Nicaragua	8 de junio
Canadá	9 de junio
TOTAL	17 PAÍSES

Countries which delayed the presentation of their report:

Chile	13 de junio
México	14 de junio
Argentina	16 de junio
Venezuela	19 de junio
TOTAL	4 PAISES

14 pending countries on the presentation of their report:

Antigua y Barbuda, Bahamas, Barbados, Brazil, Dominica, United State, Grenada, Guatemala, Guyana, Jamaica, St. Kitts & Nevis, St. Vincent & Grenadines, Suriname and Trinidad & Tobago.

³ A complete presentation of the Follow-up report has been requested.

⁴ There's insufficient information to prepare the systematization of the report.

1999 U.S.
FOLLOW-UP



FOLLOW-UP TO THE NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS (1999)

USA ACCOMPLISHMENTS

1. REGISTRATION OF CHILDREN ACROSS THE AMERICAS

~~Working to Ensure a Fair, Accurate and Complete Census for all Americans.~~ The Clinton-Gore Administration is working to ensure that Census 2000 is as accurate as possible using the best, most up-to-date scientific methods as recommended by the National Academy of Sciences. According to the Census Bureau, the 1990 Census missed 8.4 million people and double-counted 4.4 million others. Approximately 4.4 percent of African Americans, 2.3 percent of Asian Pacific American, and 5 percent of Hispanic across America were not counted. Additionally, 12.2 percent of Native Americans living on a reservation were not counted in the 1990 census.

While missing or miscounting so many people is a problem, the fact that certain groups—such as children, the poor, people of color, city dwellers and people who live in rural rental homes—were missed more often than others made the undercount even more inaccurate. A fair and accurate Census is a fundamental part of a representative democracy and is the basis for providing equality under the law. The President and Vice President are determined to have a fair and full count in 2000, and in February 2000 the President announced new steps to encourage all Americans to participate in Census 2000.

The President launched a *Census in Schools Challenge*, to ensure that children are counted and educate both students and parents; reiterated that Census information is strictly confidential; and directed federal agencies to step up activities in support of the Census.

2. EARLY CHILDHOOD CARE FOR SURVIVAL, GROWTH AND DEVELOPMENT IN LATIN AMERICA AND THE CARIBBEAN

USAID supports an Initiative with the Pan American Health Organization that works in 8 of the poorest countries in the region. This Initiative supports the introduction of new childhood vaccines Hib and Hepatitis B. The Initiative also works to eradicate measles in the hemisphere. This same USAID supported Initiative accomplished the eradication of polio in the hemisphere (the first hemisphere to do so) in 1991. USAID throughout the region, funds child survival projects with Ministries of Health and through Private Voluntary Organizations such as World Vision, World Relief, CARE, Save the Children and Catholic Relief Services. These programs focus on growth monitoring, preventing dehydration from diarrheal diseases, improving vaccination rates, preventing, detecting and treating infectious diseases, improving nutritional status and strengthening health systems. The USAID Honduras Mission also supports a new and promising programming strategy called *AIN*. This community strategy consists of growth monitoring of children coupled with nutritional counseling and basic management of childhood illnesses. Baseline data collected thus far

indicate that children who fail to thrive during one session at the next monthly session have reversed that trend. This strategy developed by USAID-funded partners, will be implemented by USAID Dominican Republic, and incorporated into loan programs by the World Bank in Bolivia and Nicaragua. On May 21, 1999 Congress passed supplemental legislation for Hurricane reconstruction for countries affected by Hurricanes George and Mitch. These funds have been managed by USAID and awarded to other United States Agencies such as HHS/CDC and USAID Missions to build back better so that future destruction can be minimized should further natural disasters strike. In Nicaragua, Honduras, Dominican Republic and El Salvador these funds have been used to restore and improve water and sanitation and maternal child health services in affected regions of the countries. Through a US-15-million inter-agency agreement to CDC and PAHO a program is being implemented to improve surveillance and laboratory capacity to track and detect infectious disease and to create a cadre of field-trained epidemiologists to track future outbreaks of infectious diseases.

3. INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES

USAID has supported a regional IMCI Initiative with the Pan American Health Organization in Latin America and the Caribbean that works to teach providers simple algorithms to improve the detection and treatment of common childhood disease such as measles, pneumonia, and dehydration caused by diarrhea that are among the top causes of death in children under five years old in the region. In addition to training health care providers, the Initiative also supports the strengthening of health systems through the development of tools that provide costing information and data to improve the distribution and use of pharmaceutical drugs. Seven of eight target countries in the region have adopted the IMCI strategy. (Bolivia, Ecuador, El Salvador, Haiti, Honduras, Nicaragua, and Peru.) To date under this Initiative, over 8,000 providers have been trained. Through this Initiative a community component was developed to ensure that sick children are referred in a timely way for health services and to help mothers and caretakers prevent disease or disease severity. This component encourages the mobilization of community human and financial resources to solve problems with local solutions.

4. PREVENTION OF DOMESTIC VIOLENCE THROUGH CHILDREN'S EDUCATION

Prevention and Intervention of Domestic Violence: Violence Against Women Act (VAWA). In 1994 Congress passed and the President signed landmark legislation to fight violence against women. This legislation – the *Violence Against Women Act (VAWA)* – has been implemented by the Department of Justice and the Department of Health and Human Services. The Act established new criminal provisions and key grant programs that improve the criminal justice system's response to domestic violence, sexual assault and stalking, and direct critical services to victims. These provisions enable law enforcement agencies and communities to promote the

safety of countless women and hold offenders accountable. Since the passage of the act, over \$1.5 billion in VAWA grant funds have supported this work. Programs include victims' services; shelters; hotline assistance; coordinated strategies among law enforcement, prosecution, victims' services and the courts; and centralized sexual assault and domestic violence units in police and prosecutors' offices. Congress considers the reauthorization of VAWA this year. More than 420,000 calls have been received by the nationwide, *24-hour domestic violence hotline* President Clinton established. [Domestic Violence Hotline, 1/00]

Helping Child Victims of and Witnesses to Violence: Children Exposed to Violence Initiative (CEVI). Recognizing the connection between domestic violence, child abuse, and youth violence, the Department of Justice created the Children Exposed to Violence Initiative (CEVI) in December 1998. CEVI is designed to coordinate and expand upon the department's policies and programs relating to children exposed to violence in order to improve the justice system's approach and communities' responses to child crime victims and witnesses. CEVI focuses public attention on the abuse and violence that affects the lives of too many children, and challenges federal, state, and local law enforcement – in partnership with families, communities, social service agencies, child protective services, mental and physical health care providers, schools, courts, the private sector, and federal, state, and local government leaders -- to improve prevention, intervention, and accountability efforts addressing children exposed to violence. CEVI includes \$10 million in Safe Start grants, training materials and programs, support for and expansion of current programs, support for legislative reform, and public awareness-building. Through this and previous Administration efforts, child abuse has declined for five years in a row, down approximately 11 percent from a record 1,018,692 in 1993. [HHS Press Release, 4/10/99]

Early Childhood Education and Safe Places for Kids in and out of School: Head Start and 21st Century Community Learning Centers. Focusing on preventing domestic violence in the long-term, the United States continues to support its early education program, *Head Start*. This program will reach a total of 880,000 children in FY 2000 and will serve one million children and their families by the year 2002. Now reaching more kids than at any time since its creation in 1965 and in FY00 will serve be funded at \$5.3 billion, 90 percent above the 1993 level [Head Start Fact Sheet; Administration of Children and Families, HHS; 1/99].

The Administration also created *Early Head Start*, bringing Head Start's successful comprehensive services to families with children ages zero to three, and set high quality standards for both programs.

In addition to supporting early education, the Administration doubled funding for after-school programs, investing \$453 million to provide 675,000 students with a safe place to be in the non-school hours. The *21st Century Community Learning Centers* program keeps public schools open longer and provides safe and educational after-school opportunities for school-age children in rural and urban communities each year.

5. IMPROVEMENT IN MATERNAL AND CHILD HEALTH SERVICES, DESAPER

President Clinton has worked tirelessly to ensure greater access to health services for all Americans and to improve overall health in the United States. A significant factor affecting child health, child poverty has declined from 22.7 percent to 18.9 percent -- the biggest five-year drop in early 30 years. Additionally, there has been a 15.2 percent decrease in the infant mortality rate -- to the lowest level in history -- from 8.5 in 1992 to 7.2 in 1997. [America's Children: Key National Indicators of Well-Being, NIH, 7/8/99]

Increasing the Number of Americans with Health Care: Medicaid reforms and CHIP. The President has insisted on maintaining the Medicaid guarantee and has successfully fought to increase low-income families' access to health care. Under the Clinton-Gore Administration, states have *expanded Medicaid coverage* to working families who cannot afford health insurance, allowing Medicaid to be a freestanding health insurance program for low-income families. States now provide Medicaid coverage to more than 130,000 working, two-parent families who meet state income eligibility requirements, eliminating disincentives to marriage and work.

With bipartisan support from the Congress, the President created the *Children's Health Insurance Program (CHIP)* in 1997, allocating \$24 billion dollars over the next five years to extend health care coverage to 5 million uninsured children through state-designed programs. As many as 5 million more children will receive health insurance under President Clinton's *State Children's Health Insurance Program (SCHIP)*. Already 2 million uninsured children have enrolled in SCHIP, doubling the program's enrollment in less than a year.

In October 1999, President Clinton announced new outreach initiatives to enroll millions of uninsured, eligible children in CHIP. [White House Fact Sheet, 1/11/00]. In March 1999, the Administration released guidance encouraging states to reach out to children and families who leave welfare but are still eligible for Medicaid or CHIP. The guidance also clarifies state responsibilities to provide Medicaid applications upon request, process them without delay, and maintain Medicaid eligibility for families leaving welfare.

Improving Access to Nutritional Assistance for American Families: WIC and Food Stamps. The *Women, Infants and Children's (WIC)* program has given more than 7 million young families wise health advice and nutritional food. Under President Clinton, WIC has expanded by 1.7 million -- from 5.7 million in 1993 to 7.4 million women, infants and children in 1999. Funding has risen from \$2.9 billion to \$3.9 billion. Children enrolled in WIC programs are immunized earlier, perform better in school, and spend less time in the doctor's office.

In order to ensure that low-income families get the nutritional assistance they need through the *Food Stamp* program, the Clinton Administration has taken a number of steps. In January 1999, the United States Department of Agriculture (USDA) sent states a notice outlining the law's requirements, including that states should ensure that applicants are fully aware of their right to file an application for Food Stamps when applying for cash assistance and should not automatically terminate Food Stamp benefits as people move to work.

In July 1999, the President took executive actions to help ensure working families who need Food Stamps have access. These actions included: a public education campaign with

informational materials and an enhanced toll-free information line, guidance making it easier for working families to own a car and still receive food stamps, and regulations making it easier for states to serve working families. The FY 2001 budget includes \$10 million for USDA to enhance nutrition security for low-income Americans through a multi-faceted education and outreach campaign. The new *Families Win* initiative also includes \$5 million to improve access to these critical work supports for low-income working families through the one-stop career centers.

In December 1999, the President unveiled \$200 million a year in new incentives for states that succeed in moving people from welfare to work, enrolling children and families in Medicaid, Children's Health Insurance Program and Food Stamps, and encouraging family formation.

Increasing Childhood Immunization Rates. Childhood immunization coverage rates in 1998 were the highest ever recorded. Over 90 percent of America's toddlers received the most critical doses of each of the routinely recommended vaccines in 1996, 1997, and again in 1998 -- surpassing the President's childhood vaccination goal. Because childhood vaccination levels in the United States are at an all-time high, disease and death from diphtheria, pertussis, tetanus, measles, mumps, rubella and Hib are at or near record lows. There was only one reported case of diphtheria, 100 reported cases of measles, and no reported cases of wild poliovirus for 1998. [HHS Fact Sheet, 9/23/99; HHS Fact Sheet 12/31/99]

Improving Health and Health Services for Minorities, Immigrants, and Native Americans.

Eliminating Racial and Ethnic Health Disparities. In 1998, President Clinton announced an initiative to end racial and ethnic health disparities. The effort sets a national goal of eliminating the longstanding disparities by the year 2010 in six key health areas: infant mortality, diabetes, cancer, heart disease, HIV/AIDS and immunizations. In the FY 1999 budget, Congress took a critical first step in investing in the President's multi-year proposal and in FY 2000 provided an additional \$20 million in funding, a 200 percent increase. Working with minority public health providers, advocates, and other consumer representatives, the FY 2001 budget includes \$35 million for the Centers for Disease Control to continue demonstration programs to enable select communities to develop innovative and effective approaches to address these disparities.

Focused Health Efforts on Minorities. The Clinton-Gore Administration established the *Office of the Minority Health Research and Alternative Medicine at the National Institutes of Health*. The Administration also helped communities develop culturally-competent systems for the care of children with serious emotional disturbances through the Comprehensive Mental Health Services for Children and Families program.

Restoring Benefits to Legal Immigrants. The President believes that legal immigrants should have the same economic opportunity, and bear the same responsibility, as other members of society. In the Balanced Budget Act of 1997 and the Agricultural Research Act of 1998, the President fought for and succeeded in reversing unfair cuts in benefits to legal immigrants. They restored benefits to Hmong immigrants from Laos who aided our country during the Vietnam War and extends the period during which refugees and asylees may qualify for Food Stamps while they await citizenship. The FY 2001 budget builds on the Administration's progress of restoring these important benefits by providing \$2.5 billion over five years to allow states to

provide health care to certain legal immigrant children and their families and pregnant women, to restore SSI eligibility to legal immigrants with disabilities, and to restore Food Stamp eligibility to certain aged immigrants and to legal immigrants who live in a household with Food Stamp eligible children.

Health Care for Immigrant Children and Pregnant Women. Under current law, states have the option to provide health coverage to legal immigrant children and pregnant women who entered the country before August 22, 1996. The President's FY 2001 budget gives states the option to extend Medicaid or State Children's Health Insurance Program (SCHIP) coverage to low-income legal immigrant children and Medicaid to pregnant women regardless of their date of entry to the United States, including those who entered after August 22, 1996. The proposal would cost \$695 million and provide critical health insurance to approximately 144,000 children and 33,000 women by FY 2005. This proposal would help reduce the number of high-risk pregnancies, and ensure healthier children. The budget's Medicaid/SCHIP FamilyCare initiative also covers legal immigrant parents of children who are covered by Medicaid or SCHIP.

Immigrant and People with Disabilities Nutritional Assistance. The Agricultural Research Act of 1998 provided Food Stamps for 225,000 legal immigrant children, senior citizens, and people with disabilities who entered the United States by August 22, 1996. The President's FY 2001 budget restores eligibility to legal immigrants in the United States before August 22, 1996 who either subsequently reach age 65 or who live in a household with Food Stamp eligible children. This proposal will restore benefits to about 165,000 legal immigrants by 2005 at a cost of \$565 million.

Health Services for Native American Communities. President Clinton won \$2.4 billion for the Indian Health Service (IHS) in FY00, an increase of \$150 million over the 1999 level, and is requesting \$2.6 billion in FY01 -- a ten percent increase and the largest requested increase in over two decades. This increase enables IHS to continue expanding accessible and high-quality health care to its approximately 1.5 million Native American service users. The President's FY00 budget supported Tribal self-determination by proposing a \$35 million increase for contract support costs, to cover the administrative costs of new and existing Tribal contracts and compacts, including those with health care providers.

6. PREVENTION OF HIV/AIDS IN WOMEN AND CHILDREN

A Focus on National Leadership, Funding, and Research. President Clinton has created a *White House Office of National AIDS Policy* to bring greater direction and visibility to the war on AIDS. The Administration also created the *Presidential Advisory Council on HIV and AIDS* to provide expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic.

During the Clinton Administration, funding for AIDS research has increased by over 89 percent to over \$2 billion at the Department of Health and Human Services (HHS), while funding for HIV prevention has increased 47 percent. Overall funding for major HIV/AIDS programs has been increased by 121 percent (within HHS).

In one of his first acts in office, President Clinton signed the *National Institutes of Health Revitalization Act of 1993*, placing full responsibility for planning, budgeting, and evaluation of the AIDS research program at National Institute of Health in the Office of AIDS Research. The President requested and received the first federal plan for biomedical research on AIDS. On June 9, 1999, President Clinton dedicated the new *Dale and Betty Bumpers Vaccine Research Center* at the National Institutes of Health and announced that the primary work of this new Center will be HIV vaccine research. Funding for AIDS drug assistance has increased from \$52 million per year to \$528 million per year during the Clinton/Gore Administration. Since 1993, the Food and Drug Administration has approved dozens of new AIDS drugs for AIDS-related conditions and new diagnostic tests.

Although much work remains to find a cure, progress has been made. In 1996, for the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 42 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

Addressing HIV/AIDS in Minority Communities. Racial and ethnic communities make up the fastest growing portion of HIV/AIDS cases (more than 50 percent of all new HIV cases). In FY 2000, the President builds on the progress started last year with a \$251 million investment in a comprehensive initiative that will improve prevention efforts in high-risk communities and expand access to cutting edge HIV therapies and other treatment needed for HIV/AIDS in minority communities. The President's FY 2001 budget includes \$274 million to continue this effort.

Addressing AIDS Globally. In July 1999, the Administration announced a new global AIDS initiative entitled *LIFE (Leadership and Investment in Fighting and Epidemic)*. The cornerstone of the initiative is a \$100 million increase in US support for global AIDS efforts, with a particular focus on sub-Saharan Africa. The United States has invested over \$1 billion in international AIDS relief since the start of the epidemic and funds 5% of UNAIDS. NIH represents the largest single public investment in AIDS research in the world. More than \$62 million of NIH's international AIDS research in FY1999 is being conducted overseas in partnership with the global scientific community. USAID Missions support HIV/AIDS prevention projects in Guyana, Peru, Brazil, Dominican Republic, Mexico, Honduras, Jamaica, Bolivia and Haiti. Two regional programs *PASCA* and *PASMO* work to improve knowledge and prevention practices and policies in Central America. USAID's Latin American and Caribbean Bureau support a program to share lessons-learned and best practices in HIV/AIDS programming throughout the region.

1999
USAID
FOLLOW-UP

Status of Commitments from the 9th Conference: USG Regional Initiatives

Reduction of Violence

USAID is supporting a study of the Interamerican Commission on Women (CIM) to review the implementation of the Belem do Para Interamerican Convention on the Prevention, Punishment and Eradication of Violence against Women. Five years after its implementation, the study is designed to monitor the progress of States in implementing the Convention and to collect and analyze information on the measures adopted by the States to prevent and prohibit violence against women and assist women affected by violence.

To date, the research is complete and the results are being compiled and analyzed. A draft report will be presented to the CIM Assembly of Delegates at the biennial meeting November 15-17, 2000 in Washington. A series of meetings with experts will then be held over the next several months to gather feedback and refine recommendations for the OAS member states.

Preventive health and equitable access to health care

USAID's Regional Bureau for Latin America and the Caribbean funds a health sector reform initiative with the Pan American Health Organization. USD 8 million has been authorized for this five-year initiative which seeks to strengthen health sector reform processes to create more equitable, efficient and preventive care and increased access to rural and under-served populations. Many of the bilateral USAID programs in the region have strong health sector reform components.

Elimination of measles and other preventable diseases

USAID's Regional Bureau for Latin America and the Caribbean supports a regional vaccination initiative with PAHO that seeks to eradicate measles throughout the region, to strengthen the expanded program in immunizations and to introduce two new vaccines to halt the spread of immuno-preventable diseases. USD 10 million has been authorized for this six-year effort.

Prevention of HIV/AIDS

USAID's Regional Bureau for Latin America and the Caribbean will begin a regional HIV/AIDS program to contribute to the prevention of HIV/AIDS. For FY 2000 and 2001 USD 1.5 million has been planned for this activity. Total spending in the region to prevent HIV/AIDS in 1999 and 2000 was USD 30.2 million. Bilateral programs are currently active in Mexico, Honduras, El Salvador, Nicaragua, the Dominican Republic, Haiti, Jamaica, Guyana, Brazil, Peru, and Bolivia. A Central America Regional HIV/AIDS project covers Nicaragua, Honduras, Guatemala, El Salvador, Belize and Panama. A Caribbean Regional project is in the planning stages.

Accessibility and quality of perinatal health

The IMCI Initiative funded by the LAC Regional Bureau is beginning to incorporate a perinatal component into the IMCI algorithm. In El Salvador with central funds, USAID

is working with the Ministry of Health to strengthen the mother-baby initiative at the community level.

Accessibility to reproductive health services

In FY 1999 and 2000, USAID spent USD 109.3 million for improving access and quality of family planning and other reproductive health services in the Latin America and Caribbean region.

Birth registration and prevention of maternal mortality

USAID's Regional Bureau for Latin America and the Caribbean has funded an initiative with PAHO that works to strengthen registration and prevent maternal mortality through, policy, communication and essential obstetrical care. The funding authorization for this five-year initiative is USD 6.5 million. Bilateral programs in Bolivia and Guatemala work to strengthen maternal mortality prevention.

Prevention of infant and child mortality

The Integrated Management of Childhood Illnesses (IMCI) initiative with PAHO that is supported by USAID's LAC Bureau is authorized at USD 7 million over five years. This initiative is active in the child survival emphasis countries: Bolivia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Peru. This effort seeks to improve the prevention, detection and treatment of common childhood illnesses that are major causes of infant and child mortality e.g. dehydration from diarrheal diseases and pneumonia. In the Latin America and Caribbean Region in 1999 and 2000, USAID spent a total of USD 189.6 million to prevent infant and child deaths.

Regional and non-governmental organizations

USAID supports PAHO and a large group of U.S. PVOs and international NGOs through its centrally funded and bilateral programs.