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WHO

REGIONAL FORWARD-LOOKING STRATEGIES
ON WOMEN, HEALTH AND DEVELOPMENT

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INTRODUCTION

Achieving universal health will largely depend on achieving health for all women. This is true not only because women comprise half of the population, but also because their health is crucial to both present and future health and development goals. Women are the key providers and teachers of health care in their homes, their communities and in formal health systems. The health status of women affects not only the health of their children and other family members, but also their contribution to the welfare of their communities and societies.

"Women, Health and Development" (WHD) has become a short-hand term to denote the complex interrelationships between the health of women and their social, political, cultural, and economic situations. Healthier people contribute to and result from overall development. But poverty breeds poor health, and poor health limits people's productivity and capacities, thus perpetuating poverty. Prevailing customs and attitudes that discriminate against women severely limit their educational and economic opportunities.

In the majority of the countries of the Region, especially in Latin America and the Caribbean, many complex factors contribute to women's disadvantaged situation. These factors include rapid population growth in the least-developed areas, large migrations from rural areas to cities, uneven income distribution, and cultural and social attitudes that restrict women's advancement in the work force and their ability to find adequate social support and health care for themselves and their families.

Within each country levels of development vary considerably but everywhere women, especially poor women and those belonging to minority groups, face special health risks due to their disadvantaged situation. Appropriate health care is being increasingly sought by all women. Rapid social change has led to the entrance of a large number of women into the labor force, changes in family and household structure and the growth of the population of women over 65, these changes have had implications for women's access to health services and for their health. Of course the situation varies greatly according to cultural, economic, and political factors and the health care systems within the different countries of the Americas.

Improving women's health conditions requires both actions directly related to health and changes in attitudes and institutional structures to promote the economic and social progress of women.

The key roles of women in primary health care began to receive attention as a result of and during the U.N. Decade for Women from 1976 to 1985. The 1978 World Conference on Primary Health Care at Alma Ata led to the global goal and regional plans of action to achieve Health for All by the Year 2000. However, despite efforts in the past ten years, the 1985 World Conference on Women in Nairobi concluded that there are still many obstacles to improved health for women and to their full participation in health and development programs, especially at decision-making levels.

The Regional forward-looking strategies and proposed actions outlined in this document aim to identify and reduce risks to women's health and to promote the positive health of women at all states of life, bearing in mind women's productive role in society, as well as their responsibilities for bearing and rearing children. Women's health and their roles depend on broad considerations, including their access to appropriate health care, their employment, their education and their economic, social and cultural status.

The purpose of PAHO's Program on Women, Health and Development is to help PAHO and its Member Governments fully integrate women and their health needs into the health and development activities in the Region. The goals and activities of the Program form an integral part of PAHO's regional strategies to achieve Health for All by the Year 2000 (HFA 2000) and of the commitment to implement the Nairobi Forward-looking Strategies for the Advancement of Women to the Year 2000.

BACKGROUND AND POLICY BASIS

Since 1980, PAHO has focused increasing attention on women's crucial role in primary health care as part of its overall strategies to achieve universal health. In 1981, PAHO's Directing Council adopted the Five-Year Regional Plan of Action on Women, Health and Development (1981-1985) and established mechanisms to coordinate and monitor the activities of the Plan. These included a Special WHD Subcommittee of the Executive Committee which meets yearly and Regional and national focal points.

The Five-Year Plan stresses that WHD activities be incorporated into regional and national programs. The governments have made varying degrees of progress in incorporating the Plan's goals and activities into their national health policies, plans and programs. This process has been facilitated in countries that have established interdisciplinary coordinating groups on WHD and Women's Bureaus and Offices that serve as focal points and have as their mandates to participate in the establishment of national priorities for WHD, develop integrated action plans and promote collaboration among various institutions and groups that carry out projects to improve the situation of women.

PAHO's Regional Focal Point has worked in close coordination with PAHO's technical programs to develop a series of WHD activities emphasizing research, training, information dissemination and program development. (A more detailed summary of PAHO's activities in the area of women, health and development during the years 1976-1985 can be found in PAHO's progress report to the WHD Subcommittee, Document CE95/8, ADD., Rev. 1, Annex 1.)

The World Conference to Review and Appraise the Achievements of the United Nations Decade for Women, held in Nairobi in July 1985, assessed the Decade (1976-1985) in terms of progress made and obstacles encountered. The Conference generally concluded that, since 1975, the awareness of women's issues had increased, and that women have made legal, social and political advances. But at the same time, in the majority of the countries continuous stereotyping of women's roles; worsening economic situations resulting in reduction of resources for social programs; the persistently discriminatory attitudes of many people, especially decision-makers; the exclusion of women from policy formulation and decision-making; and the gaps between laws as written and as implemented, still proved major obstacles to women's progress. Another major obstacle identified was the lack of appropriate national machinery for the effective integration of women into the health and development process. Where the machinery exists, it is often lacking the resources, mandate and authority to be effective.

The Conference established that there is still a great need to recognize the extent and seriousness of the problems faced by women, and to direct the political will and the resources needed to solve these problems. As a result, a consensus was reached by 157 of the U.N. member states, including 34 from the Americas Region, to adopt the "Forward-Looking Strategies for the Advancement of Women" (FLS) for the period 1986 to the year 2000. The document includes a chapter on development containing sections on women's education, employment, and health.

In the section on health, governments are urged first to recognize the vital role of women as providers of health care both inside and outside the home, and second to create and strengthen basic services for the delivery of health care, with due regard to levels of fertility, infant and maternal mortality, the needs of the most vulnerable groups, and the need to control locally prevalent diseases. Furthermore, the strategies require governments to expand and improve the employment and working conditions of women health personnel and healthworkers.

The strategies developed at Nairobi further require that governments should, in cooperation with WHO, UNICEF, and UNFPA, develop plans of action relating to WHD. Such plans should identify and reduce risks to women's health, and should promote their health at all stages of life, focusing on women's productive roles in society as well as on their participation in the bearing and raising children.

For its end-of-the decade report of the Director General, WHO developed forward-looking strategies for the advancement of women in health and development in the context of health for all. The WHO global, regional, and national strategies reflect recent regional discussions and resolutions on WHD issues. The WHO report concludes that if the goal of health for all is to be attained, more attention must be given to women's health and to their roles in health and development.

PAHO's Five-Year Plan on WHD, for 1981 to 1985, developed in response to the conclusions of the Mid-Decade Conference for Women in 1980, still provides valuable proposals for action in the Region. However, it does not fully reflect the recent lessons learned (e.g., importance of national focal points and emerging WHD issues such as women's mental health and occupational health) and the progress made in the Region during the past five years.

Taking all of the above into consideration, the XXXI Meeting of the PAHO Directing Council requested that the Director of the PASB develop "regional forward-looking strategies and guidelines for action to be integrated into short term plans, medium-term plans and long-term plans for women, health and development as part of the regional strategies to achieve health for all by the year 2000." (Resolution XIV, operative paragraph 2.a.iii.).

The strategies presented here were developed in response to this request and to the clear need for forward-looking strategies on WHD appropriate to this Region. Relevant portions of PAHO's Five-Year Plan on WHD, WHO's Strategies for WHD, the Forward-Looking Strategies adopted at the Nairobi Conference, and other recommendations for action resulting from Regional and national meetings and projects on WHD, have been integrated into the regional strategies and proposed actions on WHD.

The strategies are also based on the "Regional Strategies for Attaining HFA/2000," and their focus on the basic components of primary health care and the PAHO document "Managerial Strategies for the Optimal Utilization of PAHO/WHO Resources in Direct Support of its Member Countries."

The main emphasis of the forward-looking strategies is on action to be taken by countries at the national level from 1986 to the year 2000; recognizing that the country is PAHO's primary unit of production in terms of health activities and technical cooperation. Nevertheless, the PASB will continue to provide and strengthen technical cooperation on women, health and development to facilitate the necessary exchange of information in this field. The proposed actions include steps that should be taken within the context of primary health care, and are meant to serve as guidelines for developing specific plans of action, particularly for the period 1986 to 1990, based on each country's needs and priorities.

GOALS

1. Address the needs of women of all ages, to improve their health and access to quality health care services.
2. Promote and enhance the active participation of women in social, political, economic, and cultural development.
3. Identify and reduce risks to women's health and promote their positive health as an integral part of Regional and national action plans for implementing the strategies to achieve Health for All by the Year 2000 and the Nairobi Forward-Looking Strategies for the Advancement of Women to the Year 2000.
4. Increase women's participation in planning, formulating policies and making decisions in health and development, at all levels of local, national and Regional Programs.
5. Promote activities that create positive attitudes and values that ensure the development and use of all human resources, regardless of sex, particularly in the health sector.

REGIONAL FORWARD-LOOKING STRATEGIES (1986-2000)

The approach to women's health must be comprehensive, dynamic, and sensitive to in women's changing needs throughout their lives, to the needs of particularly vulnerable groups of women, to changes in women's roles both within and outside their families, and to social and economic changes in society.

The strategies are designed to guide PAHO and its Member Countries in promoting and supporting the mobilization of national will and of resources both for strengthening the capabilities and self-reliance of each country and for stimulating cooperation among countries in activities to promote WHD.

The status of women as well as their social, economic, cultural, and political conditions, vary greatly in the Region from country to country and within each country. Accordingly, each Member Country must determine both the steps to be taken and their order of priority based on an analysis of that country's particular situation regarding women's health and their participation at all levels in health and development activities. It is essential to establish national and local priorities and interim goals within the WHD context, because no country can successfully address all of its problems at once. WHD plans at all levels should be developed based on the feasibility of the proposed actions in terms of the prevailing conditions and should take into account the needs, possibilities, resources, and constraints of those involved. All WHD plans, whether national or local, should include specific, quantifiable objectives based on the priorities established and on the monitoring and evaluation of the planned activities.

Many of the indicators suggested in the Regional Plan of Action to Achieve HFA 2000 are directly related to WHD goals. These indicators can thus be used to monitor progress in improving women's health and strengthening their participation in health care. Relevant indicators include, for example, maternal mortality rates, the percentage of deliveries attended by trained personnel in accordance with established national norms, and the percentages of women using family planning services. Other HFA 2000 indicators, if broken down by sex, can provide useful information on women's health and development. Examples include life expectancy, morbidity and mortality rates for chronic diseases, and trends in the rates of mental disorders and of abuse of tobacco, alcohol and drugs.

Although the indicators already included in the monitoring of the Plan of Action HFA 2000 provide the basis for evaluating women's situation and progress made in WHD, each Member Country should determine which indicators are appropriate for its own needs.

The following eight strategies are of key importance in reaching the goals established for WHD.

1. Strengthen WHD Focal Points and Development of Action Plans

Establish and strengthen focal points on women, health and development to advise, stimulate, coordinate and monitor activities that involve numerous program areas and require interdisciplinary collaboration. Develop, implement and monitor specific WHD action plans and projects at the Regional, national and local levels. (FLS paragraphs 148 and 161)

2. Collaboration within and among Sectors

Promote and strengthen the systematic incorporation of WHD activities into all health programs. Incorporate a clear focus on the health needs and priorities of women of all life stages into ongoing and new programs, and into Regional and national plans of action. This focus on women should ensure improved access to and quality of care for women of all ages, taking their cultural preferences and working patterns into account.

Promote and implement inter- and intrasectoral activities that meet the health and welfare needs of families, and that in particular meet the needs of the most vulnerable groups of women. Give special emphasis to the following: include health components in development programs geared towards women; give consideration to health aspects in developing population policies; and provide social support services for women at all life stages. (FLS paragraphs 142, 151, 152, 153, 154, 155, 156, 157, 158, 159, 162, 164 and 176)

3. Research and Information Dissemination

Promote and develop research and data-gathering and its analysis, to define the problems and issues related to women's health and development and their participation in health planning, policy-making and decision-making. Integrate health systems research into the managerial process, to improve the planning, organization, and operation of health systems, taking into account women's health and development needs and priority areas of concern. Establish mechanisms to collect and disseminate information that will permit the monitoring of women's health conditions, the sensitizing of decision-makers to WHD issues, and the monitoring and evaluation of WHD activities at local, national and Regional levels. Health and development information should be disaggregated by sex and common indicators on women's status should be established for which data are collected and analyzed on a

periodic and regular basis as part of existing Regional and national information systems. (FLS paragraphs 155, 156 and 161).

4. Community Participation and Health Promotion

Ensure the active participation of communities, especially women and women's organizations (see explanatory note on page 18), in planning, implementing and evaluating national and local primary health care programs. Ensure that health and sexual education messages are relevant to women's needs and are presented in a participatory manner to both men and women.

These messages should promote attitudes, values, and actions in support of women as providers and users of health care services, and should encourage practices that promote health and prevent illness as ongoing components of women's lives. (FLS paragraphs 149, 150, 153, 156, 157, 160 and 163)

5. Professional and Technical Training and Career Development

Improve women's educational levels through continuing education and training in all health professions. Significantly increase the opportunities for women to participate in planning, policy-making, and decision-making at all levels of health and development programs. Encourage official policies to significantly increase women's access to career opportunities and salaries equal to those received by men in the same professions. Promote the recognition of the crucial roles women already play as providers of health care in their families and communities, as well as in the formal health sector. (FLS paragraphs 141, 142, 148 and 149)

6. Mobilize Resources

Enhance the efficiency and effectiveness of WHD activities by maximizing the use of technical, financial and personnel resources within and among countries. Member countries and PAHO should allocate adequate resources to ensure the successful implementation of the Regional Forward-Looking Strategies. Establish cooperative linkages and networks within and among countries, and with subregional and regional institutions and international and bilateral agencies. (FLS paragraphs 133 and 155)

7. Legislation

Governments that have not already done so should ratify and implement the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The Convention calls for the adoption of legislation and other measures necessary to modify or

abolish "existing laws, regulations, customs, and practices which constitute discrimination against women." (Article 2)

Furthermore, each Member Country should enact and enforce legislation and policies that facilitate the attainment of priority health objectives specific to women, ensure access to quality health services and social security for all, and that provide social support that responds to women's changing roles and their needs as workers in both the formal and informal sectors of the economy. (FLS paragraphs 134, 139, 140, 159 and 162)

8. Access to Quality Health Services

PAHO and Member Governments should ensure that women have access to curative and preventive health care. Services should be in harmony with the timing and patterns of women's work, as well as with women's needs and perspectiveness. This should also include access to essential drugs and medicine. Wherever possible, measures should be taken to conduct general screening and treatment of women's common diseases and cancer. Appropriate health facilities should be planned, designed, constructed and equipped to be readily accessible and acceptable to women as users and providers of care. Maternal and child care services, including family planning, should be within easy reach of all women, as well as access to water and sanitation facilities. (FLS 151, 154, 155, 156 and 157)

PROPOSED ACTIONS (1986-1990)

Proposed activities are listed below for each of the eight strategies described in the previous section, to serve as a basis for developing national and local plans of action.

1. Strengthen focal points and develop plans of action

- Strengthen focal points, delegating to them authority so that they can plan and implement national plan of action on WHD, to be integrated into national health and development programs.
- Strengthen official and operating mechanisms for promoting, coordinating and implementing WHD efforts within the health sector.
- Develop or strengthen interdisciplinary coordinating bodies that support WHD focal points and include representatives from both governmental and non-governmental organizations.
- Develop national plans of action for WHD, which aim to incorporate actions addressing women's priority needs as integral parts of national health and development plans.
- Ensure that financial resources and technical cooperation are included in the national budget to implement the plan of action and specific activities of the focal point.
- Establish mechanisms to ensure the participation of WHD focal points in decision-making for national and international cooperation.

2. Collaboration within and among sectors

- Ensure, through working groups and other mechanisms, the coordination of the different health programs involved in actions for the improvement of women's health and development status.
- Establish mechanisms for intersectoral action, such as representation of the WHD focal points on multisectoral committees or councils on women's affairs and interministerial committees.
- Establish mechanisms of inter- and intrasectoral coordination with women's organizations to carry out activities that improve women's health and development status.
- Identify priority WHD issues and areas where needs can be met through collaboration among the different sectors within each

country, among countries and in cooperation with international agencies.

- Provide information on available sources of international cooperation for WHD and on donor agencies funding policies and procedures to focal points and women's organizations that might be eligible.

3. Research and information dissemination

- Ensure that information gathered for evaluating social development and general health situations and its trends is disaggregated by sex including systematic data and special surveys.
- Collect and analyze by sex, data used to determine actions needed and taken by countries to address maternal mortality and morbidity; mental health problems; tobacco use and drug and alcohol abuse; diabetes, hypertension and obesity; and major communicable and chronic diseases.
- Promote specific surveys to gather information on women's health needs that is not otherwise provided by ongoing information systems.
- Use periodic social or economic surveys to collect more specific data on women's health.
- Collect and analyze data from national and local surveys on the demographic characteristics of populations by age and sex across income groups to permit better utilization of such data by health policy makers.
- Promote the use of WHD information by health planners by presenting them with simple summaries and analyses of information on women's health status.
- Develop and support networks of persons interested in WHD issues by exchanging materials and coordinating contacts.
- Provide as part of adequate health care, essential information to women, on the control of diseases and illnesses with distinct manifestations in women, such as sexually transmitted and pelvic inflammatory diseases, mild or moderate depression, and female cancers.
- Promote and conduct research as needed on priority WHD issues. Examples include:

the utilization of and access to health services for women of all ages;

- . women's roles as health care providers to their families and communities;
- . the limitations and barriers that keep women from having equal working conditions as health professionals (including health workers and researchers) and decision-makers;
- . the relationships between women's health and their work patterns, including the analysis of the physical, chemical, biological, and psychosocial conditions and risk factors which affect women in the workplace, and strategies to control them;
- . the needs of working mothers, such as changes in policies affecting maternity leave, child care, accommodations for breast-feeding, and social security eligibility;
- . the development and use of appropriate technologies; ensuring that women are involved in developing the criteria for selecting technologies and in the research to adapt technologies; developing new technologies and evaluating their effectiveness, safety and acceptability;
- . women's nutrition, including food distribution and use by sex according to cultural patterns;
- . the prevalence and patterns of use by men and women of alcohol, drugs, and tobacco, with particular emphasis on the different reasons for abuse of these substances and appropriate measures to control substance abuse and its consequences;
- . family violence against women and children the role of the health sector in controlling the incidence and consequences;
- . contraceptive methods that are more effective, acceptable, and safe for both men and women and ways to ensure that women are informed of their options and risks in contraceptive use;
- . sexually transmitted diseases and measures for their control.

Conduct research on sectors and occupations where women workers are concentrated, developing effective preventive and control measures. Include studies of tasks, exposures, work sites and conditions, work-related health problems including stress and accidents.

Publish and disseminate the results of research, to increase the understanding and awareness of both women's health situations and the actions taken to improve their health;

- Stimulate research groups to include issues on women, health and development in their projects or work programs.

4. Community Participation and Health Promotion

- Promote organized community participation especially for women interested in achieving health care through preventive measures and better utilization of available services.
- Promote organized participation of women in the design and evaluation of health and development programs.
- Establish an inventory of all women's organizations that work with WHD programs.
- Establish channels of communication and coordination between the formal health sector and women's organizations. For example, hold workshops for women's organizations and ministry of health personnel to develop shared programming, financing, and evaluation of projects. Develop mechanisms of communication to promote the awareness of and participation by women's groups in activities that promote health.
- Build linkages between women's organizations and groups, health personnel, and the staffs of national health agencies and individuals or groups designated as focal points.
- Devise mechanisms to involve women's organizations in decisions concerning all levels of the health care system.
- Incorporate information on such issues as women's self-care, cancer detection and control, women's nutritional needs, women's legal rights, day care services, and community participation, into programs providing health education for women.
- Provide education to women on their rights and responsibilities for their own health care. Respond positively to women's demands for health services that meet their needs and priorities.
- Ensure that health education is available to families, not only through the health care system, but also through formal and informal educational systems in which both parents and foster parents participate.
- Support community groups in carrying out activities such as fund-raising for local projects; training and education programs; advocating legislative reforms; and organizing programs for day care, care of the elderly, legal and career counseling, and consumer education.

5. Professional and Technical Training and Career Development

- Expand opportunities for women to participate in the full range of medical and health professions, by providing fellowships and management training.
- Establish national policies and mechanisms to intensify the education, training, and professional advancement of women to enhance their participation in management and technical fields.
- Improve training programs for health personnel and of other social sectors, including health education and community participation.
- Ensure that the training and continuing education of health workers includes information on women's health needs and the value of women's active participation in their own health care and that of their families. Ensure that this training is action-oriented and that its effectiveness is evaluated.
- Train health workers in techniques and methods to encourage community participation and ensure that these methods are incorporated into their ongoing work.
- Strengthen and support local capacities for gathering and analyzing information on WHD by training community personnel and women's organizations to collect data and to monitor health and socioeconomic status.

6. Mobilize Resources

- Guarantee maximum utilization of existing resources and its better efficiency to improve women's health.
- Ensure the necessary resources for the implementation of the WHD activities at the national and Regional level.
- Promote and develop social support measures for women to improve their working possibilities in and out the home.
- Strengthen national capacities to formulate projects suitable for international cooperation, by providing training on proposal writing and project development to national focal points and to leaders of women's organizations and community groups.
- Establish exchange visits and study tours among different sectors within the country and among countries within the Region to facilitate technical cooperation in women, health and development projects.

7. Legislation

- In accordance with the U.N. Convention on the Elimination of all Forms of Discrimination Against Women, review and modify national policies and legislation to facilitate the provision of integrated family health care and equal access to health care and social security for men and women, focussing on WHD issues that have been established as national priorities. Examples include policies and legislation that:
 - . Prevent and control the abuse of women through violence, sexual exploitation and harassment, and provide adequate assistance to victims.
 - . Promote social support measures to meet the needs of working women;
 - . Provide safe and healthy working conditions for minors and women which recognize inter alia parental responsibilities, including breast-feeding and child care requirements.
 - . Protect the rights of elderly women to financial security and adequate health care, dignity and respect;
 - . Prevent occupational hazards to women and men, ensuring that industries that employ mostly women are included;
- Promote the dissemination of information on legal issues relevant to women's health and development status.
- Provide legal aid to woman to ensure their equal access to the law.

8. Access to Health Care

- Ensure the availability of adequate, appropriate and accessible health care services for women.
- Provide services to better meet women's needs and schedules, and provide information on available services to women and women's groups.
- Ensure that more efficient and effective services for pregnancy, birth and postnatal care are accessible to women, to decrease the maternal and infant morbidity and mortality rates.
- Identify and support traditional practices, such as breast-feeding, that enhance the health of women and children.

- Promote measures to control cervical and breast cancer and ensure that they are included as part of integral health care for women.
- Incorporate information and advice on sexual growth and development, sexually transmitted diseases, and family life and family planning, into education and health care services for adolescents, consistent with the cultural setting and the policies of the national government.
- Design and implement programs for continuous care and education of the mother and family by trained health personnel ensuring quality services and access to care and education for self-care and family responsibilities.
- Expand or refine the provision of health services at work sites to address the needs of women, particularly the control of sex-specific health problems and stresses associated with women's multiple roles and responsibilities.

Explanatory note on women's organizations: The degrees to which women are organized into groups vary widely within the Region. In Canada and the U.S. there is strong tradition of non-governmental organizations, many of which are women's organizations or organizations where women are active. During the decade the international networks of women's organizations were strengthened.

Some countries have large central women's organizations, comprised of local committees or affiliates that work toward national economic goals as well as women-specific objectives. Most countries, however, have a potpourri of small or medium-sized groupings of women in voluntary social service agencies, trade unions, mothers' clubs, handicraft cooperatives and peasant organizations.

For a further definition and discussion of women's organizations, see "Report of the Technical Work Group on the Participation of Organizations related to Women in Primary Health Care Activities," 26-28 April 1983, Pan American Health Organization, Washington, D.C., Vol. I and II (pp. 3-10).

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