

REGIONAL WORKSHOP ON WOMEN,
HEALTH AND DEVELOPMENT

Damascus, Syria, 11-15 November 1984



WORLD HEALTH ORGANIZATION
EASTERN MEDITERRANEAN REGION
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Abstract: Held in Damascus, from 11 to 15 November 1984, the Regional Workshop on Women, Health and Development was jointly sponsored by UNFPA, UNICEF and WHO. It was attended by 33 participants representing 15 countries and three international organizations, namely UNICEF, UNFPA and UNDP. Country presentations, reporting on different aspects of women in health and development, and prepared according to a common format, were instrumental in creating a dialogue between the different disciplines and sectors represented by the participants. Technical papers addressed the various roles and the contributions of women within the primary health care approach, including the multisectoral nature of action needed to support women in health and development. The training, recruitment and utilization of women as health professionals in the Eastern Mediterranean Region (EMR) of WHO were also discussed. The factors influencing the role of women in protecting and promoting the health of families and communities, which were identified during the plenary discussions, were used by the four working groups as a basis for developing recommendations for action. Based on the summary group reports, general guidelines for action by Member States to plan and implement programmes directed towards helping women fulfil their potential within the family and the community and as health professionals were formulated. The meeting concluded with the adoption of recommendations for future action.

EDITORIAL NOTE

The issue of this document does not constitute formal publication.

The manuscript has only been modified to the extent necessary for proper comprehension. The views expressed, however, do not necessarily reflect the official policy of the World Health Organization.

The designations employed and the presentation of the material in this document do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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1. INTRODUCTION

Given the responsibility for the promotion and implementation of the health sections of the Programme of Action for the United Nations Decade for Women (1976-1985), the World Health Organization (WHO) directed its efforts towards improving the health of women and enhancing and facilitating their role as health care providers, within the framework of WHO's Global Strategy for Health for All by the year 2000.

The Organization's activities, bearing on women's dimension in health and development in countries of the Region, had been reviewed in the paper discussed during the Thirty-first Session of the Regional Committee Meeting (Sub-Committee/A), held in Tunis, in October 1984. Proposals to support the achievement of the objectives of the UN Decade for Women and the common goal of HFA/2000 had also been discussed.

The resolution adopted (Annex VI) includes plans for short-, medium- and long-term activities directed towards identified Regional needs and serving to enhance the roles of women in health and development. The present Workshop, hosted by the Government of the Syrian Arab Republic and jointly sponsored by WHO, UNFPA and UNICEF, represents the immediate planned action for concerted Regional efforts in that respect.

2. OBJECTIVES OF THE WORKSHOP

The objectives of the Workshop were:

1. To share information regarding national plans and programmes, both governmental and voluntary, related to the role of women in health and development, in Member States;
2. to discuss factors influencing women's more effective contribution to promotion and preservation of health at family and community level;
3. to identify existing or potential mechanisms within available resources e.g. girls' schools, social services, local councils and women's associations and in line with national cultures and traditions, which could encourage and support women in their various roles;
4. to develop general guidelines for action to assist Member States to plan and implement programmes directed towards helping women fulfil their potential within the family and the community and as health personnel.

3. PARTICIPATION

The Workshop was attended by 33 participants representing 15 Member States and four international organizations. They were supported by two WHO staff members from WHO/Headquarters, and its Eastern Mediterranean Regional Office (EMRO) and two WHO consultants, together with one UNICEF staff member.

A participant from Turkey attended at the invitation of UNICEF, Turkey falling within the Region of their UNICEF's MENA Office in Amman. The observers from the host country were able to play an active part in both plenary and working group sessions. A List of Participants and WHO Secretariat are in Annex I.

4. THE WORKSHOP

4.1 Languages

Arabic and English were both used by participants and simultaneous translation was made available during the plenary sessions. All the working documents distributed during the Workshop were produced in both languages.

4.2 The Workshop

Country papers prepared by participants were presented in plenary. Subsequently, members of the WHO Secretariat and the UNICEF Representative presented the technical papers which dealt with various aspects of women in health and development.

Four working groups - each assigned a specific topic - were then formed to identify and discuss the problems and issues influencing the role of women in development and in health promotion and preservation, and to formulate general guidelines for action to assist Member States to plan and implement programmes directed towards helping women fulfil their potential within the family and community and as health personnel.

Based on the consolidated summary reports of these working groups, the guidelines were reviewed and finalized in plenary session, and the meeting concluded with the formulation of recommendations for future action.

5. PLENARY SESSION

5.1 Opening the Workshop

The Workshop was opened in the Omayad Hall of El Sham Hotel. It was inaugurated by H.E. the Minister of Health of the Syrian Arab Republic, Dr Ghossoub Al-Rifaie who in his opening address, stated that no development plans can be crowned with success if women do not assume their full role in life and their natural place in society. Women, who are responsible for the health care of their families, should be the target group of health education programmes so as to contribute better towards health promotion.

In Syria, Dr Al-Rifaie went on, there is a strong political commitment to the advancement of women's development, the State guaranteeing all opportunities that ensure the active participation of women in political, social, cultural and economic activities. Furthermore, the Government is striving towards the abolition of restrictions which hinder women's progress and effective contribution to the overall development of the nation.

The Message of Dr Hussein A. Gezairy, Regional Director, WHO EMRO, was delivered by Dr G. Rifka (Director, Eastern Mediterranean Special Programme in WHO/Headquarters).

Introducing WHO's responsibility for the promotion and implementation of the health sections of the Programme of Action for the United Nations Decade for Women (1976-1985), Dr Gezairy explained in his message to the Workshop the efforts of the World Health Organization towards improving the health of women and enhancing and facilitating their role as health care providers within the framework of WHO's global strategy for Health for All by the Year 2000.

Dr Gezairy commended continuation of the traditional family life in most countries of the Eastern Mediterranean Region, which still retains its principles stemming from the noble values conveyed in the divine messages first revealed in this part of the world. Within the framework of these values lies the great and significant role of women in delivering health care to the family.

He also stressed the fact that the responsibility for women's welfare does not rest only with one sector of the community or with a specific governmental authority, and that coordination of multisectoral inputs, within the various national plans and programmes addressing women's development, health and other, is most essential.

5.2 Election of Officers

The working sessions were opened by Dr G. Rifka. Dr Nouri Ramzi (Syria) was elected as Chairman, and Mrs Sabiha Syed (Pakistan) and Dr Sakina Abdalla (Sudan) as rapporteurs.

5.3 Adoption of the Agenda

The Agenda and Programme were adopted (see Annexes II and III).

5.4 Presentation of country papers

Country papers on women, health and development, prepared according to a given outline (Annex III) were presented by the participants. The most salient feature reported by the participants was the high illiteracy rate among females, especially in rural areas. It was nevertheless noted that most countries had launched national literacy campaigns for women; in some countries, these had expanded, to become functional education campaigns. Education was recognized to be the single most important factor governing and influencing the participation of women in development activities, health and other.

Varying rates of participation of women in the labour force were reported. Statistics showed that female participation in paid labour is low; the reason for this is, primarily, that women's contribution to labour in sectors such as agriculture is often neither recognized nor remunerated.

Their participation in the health labour force as health care providers is one of the greatest compared to other professions. This is due to the pronounced concentration of women in the categories of midwives, nurses and traditional birth attendants. While services directed towards promotion of the health of women and their children exist in all countries, the percentage of coverage varies from country to country and also within each country from urban to rural situations. Traditional birth attendants (TBAs) are still heavily depended upon to carry out deliveries because trained assistance is not available to the majority of mothers.

Laws, decrees, and even constitutional rights, ensuring equality and protection of women and their children, exist in all countries, but vary in nature. In some countries, local traditions governing the status and roles of women exert a more powerful influence than legislation.

Each country possesses established mechanisms and machinery to look after the special needs and interests of women and their advancement in all spheres of life. Such machinery may be directly responsible to the Head of the State, as in Pakistan, or to a special Ministry as in Tunisia, or, as is the case in Iran, the authority dealing with women's affairs may be a body made up of representatives in Parliament, Government and relevant ministries. National women's organizations exist in all countries represented at the Workshop. In some countries they form part of government services; in others they are semi- or non-governmental.

Several countries reported the involvement of women's organizations in activities promoting the health of women and their families; the potential contribution of women's organizations to health development was recognized by most participants.

It is noteworthy that women were reported to be appointed as judges in three of the participating countries.

The situation in Turkey was generally similar to that reported by countries of the Eastern Mediterranean Region. Certain additional rights are enjoyed by Turkish women in the field of health and employment and they fully participate in development activities. Female literacy in Turkey has advanced from 54.6% to 65% after 4 years of campaigns against illiteracy.

5.5 Women and primary health care

In her presentation on women and primary health care (PHC), Dr Leila Mehra highlighted the differences between basic health services and the PHC approach. Distinguishing features of the latter were community involvement and participation in action for health. The various roles of women within this approach were reviewed and the potential contribution of women to each of the elements of PHC was illustrated by examples. In discussing ways to help women realize their roles within PHC, the need was felt to enlighten them, to assist them in helping both themselves and their families. This can be achieved through suitably designed information and education programmes. A major constraint hampering women's involvement in health promotion was the difficulty in reaching women in the community; this necessitates the establishment of channels for two-way communication between women and the peripheral health services which were often reported to have little interaction with the community.

Problems encountered due to the extreme shortage or lack of female health cadres at community level were identified and the positive contribution of TBAs was repeatedly reported by different participants.

The present set-up of health services in most countries of the Region does not encourage the utilization of these services by women; some of the impeding factors are: problems, language and other, due to expatriate staff; the "superior" attitude of health professionals; time spent in waiting for services at centres; absence of or poor outreach services; transportation difficulties and restricted movement of women outside the home. Alternative approaches need to be developed in order to reach the community groups that are most in need, particularly the peripheral and underserved communities.

It was pointed out that programmes aimed at enhancing the roles of women within the PHC approach need to include creating greater awareness among men about women's roles.

5.6 The multi-sectoral nature of action for women, health and development

The technical paper presented by Mrs Fatina Nabulsi on the multisectoral nature of action for women, health and development reviewed examples of collaboration between different sectors serving women in health and development, especially in the fields of nutrition and water and sanitation. Intersectoral collaboration at the community level between health workers and workers from other sectors and services, together with community bodies, was considered of major importance for identification of needs and implementation of programmes.

In the discussions it came out that, while intersectoral and multisectoral coordination was variable at the planning stage, its implementation was not always ensured. Some countries reported lack of collaboration at the implementation stage. Of high priority, therefore was planning of collaborative programmes. A definite need emerged for a clear understanding by the planners - at central and community level - of multisectoral approaches and coordination of efforts. This need was stressed by the participants as it follows recognition by governmental authorities - and the voluntary sector - of the important contribution of the various other sectors to health development.

Coordination with the mass media and public information services was reported by some countries to lend important support to health and development. Education of women was unanimously agreed to be a vital enhancing factor because of the negative repercussions of illiteracy on all aspects of the advancement of women.

5.7 Women in the health services

The profile of women in the health services in the Region, with comments on current and future trends, was the subject of the paper that followed, which was presented by Dr Habiba Wassef.

Factors influencing the training, recruitment and utilization of women in different categories of health personnel were reviewed; the basic ones influencing the training of female workers were (i) the low enrolment of girls in schools in general, and (ii) the high school-leaving rate for girls in the Region. The progressive increase over the past few years in health and medical training institutions in the Region and the progressive increase in the numbers of girl students' enrolment therein, were features common to all countries of the Region.

Local cultural prejudices against the nursing profession, still operative in some countries, render the number of girls enrolling in nursing schools insufficient for the implementation of health services based on PHC. On the other hand, the recognized deficiency of female health workers at the community level was in several countries bridged by the services of traditional birth attendants, the importance of whose contribution was recognized. Twelve countries of the Region have established training programmes for these workers.

The recognition of TBAs as part of the health system, the changing attitudes of health professionals towards TBAs and the building up of their capacities as frontline health workers by appropriate training programmes and supervision, are all measures which would ensure maximum and optimum use of this category which is actually providing a major part of services for women and children at community level in most countries of the Region.

Supportive actions needed to help the woman worker fulfil her obligations, both to her family and to her job, were discussed in detail by the participants. For example, it was agreed that the allocation of lodging facilities would provide valuable and substantial back-up for the female health worker stationed away from home. Another important area needing attention was maternity leave; the discussions revealed that its duration varied greatly from country to country, the shortest leave being only six weeks, and related benefits also varied.

The need to develop national policies for the training, recruitment and utilization of women health workers, that include "built-in" measures ensuring support mechanisms for female health workers, was stressed.

5.8 The role of women in the child survival revolution

The subject of the last technical paper was "The Role of Women in the Child Survival Revolution" presented by Ms B. Jabre (UNICEF). The areas of activities in UNICEF's programmes, "GOBI" and "the three Fs"* were reviewed in relation to the prevailing conditions of mothers and children in the Region. The struggle against the high illiteracy rates prevalent among women of the Region was considered a priority for which promotion of the education of girls, in addition to female functional literacy programmes, was encouraged. Following the identification of the constraints impeding the success of female literacy programmes specially geared to women's needs, it was pointed out that the absolute numbers of illiterates in the Region is increasing. Efforts should also be directed towards improving women's image of themselves and developing their organizational, managerial and leadership capacities, in order to help them carry out more prominent roles in health promotion; the proper utilization of the mass media to change the image of woman from a "passive recipient" to an "active provider" of health care for family and community was stressed, as was the need for revision of school curricula to include GOBI and the three Fs and to promote programmes at all levels to decrease discrimination against females in education, nutrition and health care.

* "GOBI" = Growth and development, Oral rehydration, Breast-feeding, Immunization.

"The Three Fs" = Family spacing, Female education and Food supplementation.

That it was essential to develop new approaches for female literacy programmes was echoed by more than one participant. The place and role of women's organizations in health promotion and care were queried and it was expected that the group discussions would produce concrete proposals for these organizations' contribution to health development in collaboration with the health services. It was suggested that the employment of women undermined efforts aimed at the promotion of breast-feeding, and that home-based jobs or flexible hours were needed to guarantee continuation of breast-feeding.

5.9 Factors influencing women's contribution to promotion and preservation of health at family and community level in EMR

Based on information cited in the country papers, the major factors facilitating or deterring women's development and their role in the promotion and preservation of health were identified and presented by Mrs I. Kamal.

The main common denominator undermining action enhancing the role of women in health and development was unanimously stressed by all participants, namely: female illiteracy.

Traditional and sociocultural customs and attitudes; the nature of national mechanisms serving women's issues; constitutional and legal aspects; training, recruitment and employment policies and conditions; and the need for coordination of multisectoral efforts were among the factors discussed by the speaker.

The presentation was meant to serve as the basis for the group discussions which were to follow, and to assist in the formulation of guidelines for action addressing identified constraints and building up on positive, enhancing factors.

6. WORKING GROUP DISCUSSIONS

After the presentation of papers in plenary session was completed, the participants were divided into four Working Groups. Each group comprised six to seven country representatives, one or two observers from the host country and two or more members of the WHO Secretariat and other UN Organizations. Working group moderators and rapporteurs were elected by each group.

The four topics (one for each group) together with the guidelines for group discussions (Annex IV) were distributed to members of each group. The working groups were charged with identifying and discussing the specific problems and issues facing women in health and development in the area designated to each group respectively, and proposing actions for solving or minimizing the problems.

Group reports put forward proposed guidelines for action formulated by each group.

The moderators and rapporteurs, together with the WHO Secretariat, summarized and consolidated the conclusions of each group. The format for the presentation of the guidelines was agreed upon.

7. FINAL PLENARY SESSION

The consolidated tabulated guidelines were discussed and approved in plenary session. Subsequently, a series of recommendations was also discussed, finalized and adopted. The draft report was then reviewed, discussed and adopted, whereupon the Workshop was formally closed.

8. GENERAL GUIDELINES TO ASSIST MEMBER STATES IN PLANNING AND IMPLEMENTING PROGRAMMES DIRECTED TOWARDS HELPING WOMEN FULFIL THEIR POTENTIAL WITHIN THE FAMILY AND THE COMMUNITY AND AS HEALTH PERSONNEL

There was general consensus that realistic and practical guidelines that would serve as a useful tool for action should be produced.

Areas of action, identified needs and modes of action were presented in columns for clarity and easy reference. The last column, entitled "Supportive Mechanisms", presents the existing positive conditions and factors - as well as those needing to be developed - which are expected to facilitate the proposed action.

The suggested guidelines are presented in the following pages.

*SUGGESTED GUIDELINES FOR ACTION AT THE COMMUNITY & FAMILY LEVEL FOR ENHANCEMENT OF WOMEN'S ROLE AS HEALTH CARE PROVIDERS & RECIPIENTS

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
1. Health needs				
1.1 Meeting health needs of women	Create increased awareness of health needs among the women themselves, their families & the community	Ministry of Health Ministry of Education Ministry of Information or National Guidance	Dissemination of information about health needs of women and available health services	Involvement of the community in identification, selection and training of female health workers (including TBAs)
	Provide basic health services <u>within easy reach</u> , particularly in the rural areas	Health service delivery institutions	Strengthening at all levels the departments & mechanisms concerned with mother & child care	Support of mass communication media in dissemination of health messages
	Increase and facilitate utilization of the existing health services	Mother and child health care personnel Women's organizations/unions	Identification of special health needs of women and provision of <u>accessible</u> health care services.	Realistic attitudes towards the acceptance of TBAs by the authorities and the medical profession.
	Provide a trained female health worker, at least a TBA, to assist mothers at childbirth	The community The family	Training of female community health workers, midwives & where needed, TBAs.	Technical assistance to requesting countries from WHO, UNICEF, UNDP, UNFPA & other UN Organizations.
	Mobilize and/or enhance efforts to eradicate harmful traditional practices affecting women's health, e.g. female circumcision, childhood, marriage, etc.	The women themselves	Training persons from health & other sectors to impart information/ education about self-care and healthy living. Teaching of health-, nutrition & family-life-related subjects in schools to both boys and girls.	A central mechanism for planning of organized information and education for health. Organized community activities for self-help in the provision of health care to individuals & families. Development of school curricula integrating health related subjects. Training of teachers in the teaching of health-related subjects.

* N.B. These Guidelines are not intended to be read across, i.e. the items are not related horizontally; they should be read column by column.

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
1.2 Sex differentiated data collection	Adequate women related statistics; their lack renders it difficult to assess the needs and identify the priorities for action.	National Statistical Bureaux and branches at all levels	Evolving mechanisms for collection and processing of sex-differentiated data including the training of workers	Awareness of all those involved in recording and reporting of data about the importance of feeding accurate information Availability of appropriate equipment for data processing and retrieval.

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
2. <u>Literacy, Education and Training</u>				
2.1 <u>Female Literacy</u>	Reduction as much as possible of the high female ill-literacy which undermines development efforts.	Adult (female) education authority Ministry of Education	Through existing literacy campaigns.	Coordinated efforts of education and health sectors
	Improvement, in quantity and quality, of current literacy programmes	Local Government or Administration. Women's Organizations	Initiation of newly designed campaigns geared to identified needs of women Integration of functional education components into literacy programmes.	Use of facilities offered by network of women's centres/clubs & girls' schools or other available personnel and premises
	Increased competence of women for realization of their different roles within the family and the community	Ministry of Health Community	Adoption of the integrated approach in rural & community development activities.	Community involvement, particularly that of men-folk, in adult literacy activities for women.

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
2.2 <u>Female Education</u>	To increase school enrolment for girls in basic education	Ministry of Education Ministry of Health	Implementing to maximal effect the existing national policies offering equal opportunities for education to both sexes	Establishment of neighbourhood schools accessible to girls through government & community efforts
	To Reduce high school-leaving rates	Local Government or Administration		
	To combat the irregular geographic distribution of girls' schools	Woman's organizations/unions Voluntary community organizations	Enforcement of the laws for basic education whenever applicable	Involvement of women's organizations where needed in assisting of communities to overcome cultural barriers operating against condemning female education
	To remedy the absence common to all countries of subjects dealing with health-related matters	Parents and families	Observance of laws for minimal age at marriage	
	To work towards observance of laws concerning minimal age of marriage		Teaching of health- and family life-related subjects	

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
3. <u>Training and utilization of women as health workers</u>	<p>Establishment of national policies for the training, recruitment & utilization of female health personnel</p> <p>Training facilities within easy reach of girls and women</p> <p>Employment opportunities ensuring appropriate placement</p> <p>Improvement of training and utilization of TBAs through specially designed training programmes</p> <p>Improved career prospects for retention of female health workers</p> <p>Support measures assisting female workers to fulfil their dual role.</p>	<p>Ministry of Health & its Health Manpower Development Division/Unit</p> <p>Ministry of Planning</p> <p>Ministry of Education</p> <p>Health personnel training/education institutions</p> <p>Women's organizations/unions</p> <p>Community</p>	<p>Development and/or implementation of national HMD policies and plans promoting the training and utilization of female health workers</p> <p>Applications of HMD policies at all administrative levels & in training/education institutions for health personnel</p> <p>Development of appropriate curricula & educational technology for health personnel education</p> <p>Provision of facilities for continuing education</p> <p>Inclusion of female employees in training activities for the improvement of managerial & organizational capabilities</p>	<p>Availability of supportive measures for working women such as accommodation, transportation, security, crèches and day care centres</p> <p>Affiliation to professional associations or unions</p> <p>Teaching/learning materials specially designed for illiterate TBAs</p> <p>Equitable chances for advancement for health employees of both sexes</p>

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
4. <u>Planning & Policy-Making</u>				
4.1 Women at the planning policy-making level	<p>To overcome the following constraints:</p> <ul style="list-style-type: none"> - Non-representation of women in the bodies concerned with women's affairs in national planning at central and middle levels. - Dissociation between planners and implementers in women-related activities - Non-representation of women in community structures, local councils or similar bodies - Absence of appropriate mechanisms to involve women of the community in matters relating to health & development - Inadequacy of channels/mechanisms communicating women-related information to policy-makers & planners - Scarcity of women capable of or qualified for planning or policy-making. 	<p>Ministry or Division Responsible for national planning.</p> <p>Division responsible for women's affairs in related government sectors, health and other.</p> <p>Women's organizations/unions</p> <p>Local Government or Administration.</p>	<p>Implementation of UN Assembly resolution passed in 1975 about involving women in planning & policy-making.</p> <p>Maximal utilization of existing structures/mechanisms/policies of involvement of women at specified levels of planning & policy-making.</p> <p>Increase the planning and managerial capabilities of women through appropriate training</p>	<p>Government policies which encourage the inclusion of women at all levels of the administrative structure, starting with local councils.</p> <p>Provision of opportunities for preparing women for their roles, functions & duties in civic affairs.</p> <p>The liaison role of women's organizations/unions between the community & the authorities.</p>

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
4.2 Legislation for protection of women & children	<p>Enforcement of existing national laws regarding age at first marriage & laws promoting family cohesion</p> <p>Appropriate legislation protecting working mothers & their children including maternity leave long enough to guarantee establishment of breast-feeding.</p>	<p>National legislative body</p> <p>Divisions responsible for women's affairs in related government sectors, health and other.</p> <p>Women's organizations</p> <p>Ministry of Labour</p> <p>Ministry of Health</p> <p>Women's organizations/unions</p>	<p>Development of mechanisms for enforcement of existing legislation</p> <p>Review of existing legislation decrees and policies and appropriate modifications</p>	<p>Involvement of women's organizations/unions and professional associations in assisting the authorities concerned in enforcing reviewing /modifying legislation</p> <p>Commitment of communities and local councils to respect and apply existing legislation.</p>
	<p>Laws/decrees/policies to guarantee work opportunities and equitable wages for working women.</p>	<p>Local councils</p> <p>Community</p> <p>Parents & family.</p>		

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
4.3	Non-salaried working women engaged in unpaid labour, especially in agriculture	<p>Legislative body</p> <p>Ministry of Labour</p> <p>Ministry of Agriculture</p> <p>Ministry of Health</p> <p>Women's organizations/unions</p> <p>Community</p>	<p>Study of the national situation regarding women's contribution to agricultural labour.</p> <p>Developing mechanisms for inclusion of unpaid female agricultural labour as beneficiaries of protective labour laws</p>	<p>Awareness of the family, the community and the authorities of the magnitude of the female unpaid labour force in agriculture and the benefits of protective labour laws for the women concerned & their children.</p> <p>Utilizing the findings of or conducting time-use studies for rural women to facilitate appropriate action</p> <p>Technical guidance and support by concerned UN organizations, e.g. ILO, FAO and WHO.</p> <p>Community awareness of women's unpaid contribution to production and labour.</p>

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
5. <u>Culture & Tradition</u>				
5.1 Re-definition of female roles	<p>Awareness among males of need to recognize the changing role of woman & her new expected responsibilities within national development plans</p> <p>Appropriate action regarding economic stresses necessitating modification of roles of women and changes in life-styles.</p>	<p>Divisions responsible for community development</p> <p>Ministries of Information/Culture or National Guidance</p> <p>Women's organisations/unions</p> <p>Community and health workers</p> <p>Teachers</p> <p>Community</p>	<p>Gradual increase in responsibilities assigned to women outside the home within integrated development projects.</p> <p>Pilot development projects involving women</p> <p>Develop school curricula to prepare youth, both male and female, for their various roles in national development</p>	<p>Adult functional education preparing men and women for their respective roles</p> <p>Image of the present day woman in her various roles projected by the mass media</p> <p>Information and education activities for men and women about civic and community responsibilities</p> <p>Community efforts to integrate women into development activities</p>

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
5.2 Inequality of (sexes); men & women as human beings	Upgrading of persistent traditional low status of woman from birth onwards	Teachers Women's organizations/unions	Promote adult literacy programmes	Social welfare organizations' activities directed towards overall women's development
	Action to counteract the preferential treatment accorded the male child, adolescent, and adult in feeding, & in general care, affecting, inter alia, the utilization of opportunities for education	Women Men Families Ministry of Information/Culture/National Guidance	Increase educational opportunities for girls Information & education activities reflecting the national constitutional rights of men & women Promote among the young of both sexes (in schools), notions of equality and of responsibilities and duties in life	Mass media projecting national images of female achievement Presence of clauses granting equal rights to men & women in national constitution Presence of national policies & strategies for equal opportunities in education & employment

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
6. <u>Role of NGOs & International bodies</u>				
6.1 Effectiveness of NGOs	<p>Enrichment or improvement in the functioning of organizations engaged in programmes directed towards women's health & development</p> <p>Involvement of local communities in the planning, implementation & follow-up of activities as some of the planners are far removed from the real situations</p> <p>Improvement of planning & managerial skills, including supervision & evaluation of capacities of those engaged in women-related activities</p> <p>Involvement of women in identifying their own problems & suggesting methods of solving or at least minimizing them.</p> <p>Shift from time-consuming income generating activities to more profitable ones, introducing time-saving technologies</p> <p>Awareness among women regarding the deleterious long-term effects on their health of some income-generating activities</p>	<p>Voluntary organizations working for women's development</p> <p>Divisions responsible for women's affairs in related government sectors</p> <p>Ministry of Social Affairs</p> <p>Local Government or Administration</p> <p>Ministry of Agriculture</p> <p>Ministry of Health</p>	<p>Recognition and support from the Government and international bodies for NGOs serving women's interests & welfare</p> <p>Government coordinating efforts with NGOs regarding women-related programmes</p> <p>NGOs to serve as channels of communication for dissemination of information to women about health and development</p> <p>Pilot project by NGOs to test feasibility of innovative approaches for the governments to develop effective programmes</p> <p>Initiation of self-supporting projects for economic gain suited to health needs of women, NGOs to direct activities to the underserved & needy communities</p>	<p>Mass media to reflect actual situation regarding the need for development of women</p> <p>Support from the relevant authorities in all sectors</p> <p>Facilities e.g. place to work from, volunteers etc. provided by the community</p> <p>Support from national & international agencies in training selected persons for management and leadership</p>

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
6.2 International assistance for specific aspects of women's health-related activities	<p>Identification of health needs and specific problems of women</p> <p>Assistance with developing realistic and feasible projects for solving some of the health-related problems of women</p> <p>Meeting special needs of groups of women identified as "at risk" e.g. refugees, displaced persons, victims of natural disasters, women in occupied territories, and heading households women due to male migration or death</p>	<p>Ministry of Health</p> <p>Ministry of Education</p> <p>Ministry of Agriculture</p> <p>Ministry of Social Affairs</p> <p>Ministry of Foreign Affairs</p> <p>Ministry of Religious Affairs</p> <p>Womens organizations/unions</p> <p>National and international organizations concerned, e.g. Red Cross & Red Crescent</p> <p>UNHCR & UNRWA</p>	<p>Identification of health needs in general & of those at risk in particular</p> <p>Organization of emergency relief & health services responding to women's needs</p> <p>Requesting assistance from the international agencies concerned and ensuring maximal involvement of local authorities responsible for women's health and/or welfare to guarantee relevance of activities to women's identified needs</p>	<p>Through knowledge of various International sources and conditions of assistance.</p> <p>Honouring of commitments and obligations of the government as stated in the project proposals.</p> <p>Building up national female manpower resources particularly in training and managerial skills</p> <p>Also increasing their capabilities in planning, implementing & evaluating health & related programmes</p> <p>Existence of channels of communication between the communities and the authorities concerned.</p>

AREA OF ACTION	IDENTIFIED NEEDS	RESPONSIBILITIES FOR ACTION	MODES OF ACTION	SUPPORTIVE MECHANISMS
7. <u>Intersectoral collaboration in women-related programmes</u>	Avoidance of confusion and wastage of resources resulting from duplication or uncoordinated programmes	Division responsible for women's affairs in related government sectors, health & other.	Establishment of a body and/or mechanism for coordination of programmes serving women's interests	Organized exchange of information between various government sectors concerned & within the same sector
	Better use of available resources	Local Government or Administration	Joint planning, implementation & evaluation of activities, especially between health, education and social welfare sectors	Appropriate representation of women at the policy-making, planning, implementation and evaluation levels e.g. in national planning body and different levels of local government administration
	Integrated approach in programmes related to women's health and development	Women's organizations/unions Community	Identify and define mechanisms, channels and procedures needed for realization of collaboration between the different sectors during the planning stage of programmes or activities	Active role of women's organizations or unions in liaising between the sectors. Decentralization of administration and existence of local committees or councils grouping together different sectors or services and women members Local or community health committees ensuring the health component in various community development activities.

9. RECOMMENDATIONS

1. It is recommended that resolution EM/RC31A/R.11 adopted during the Thirty-first Regional Committee Meeting held in Tunis October 1984, together with the general guidelines formulated during the present Regional Workshop, form the basis of action for promoting national policies and programmes aimed at improving women's health and at identifying existing or potential mechanisms within available resources.
2. Noting the enthusiasm generated by the exchange of information and experiences of those responsible for the different aspects of women's health and development in participating countries, it is recommended that WHO support the continuation of such exchange in the way it deems most fit.
3. Research in fields related to women's health and development, especially in areas not previously covered, as well as the exchange among countries of the Region of the results of research studies, is to be encouraged both by WHO and Member States.
4. The Workshop recommends that all serious efforts, decrees, and legislation aimed at the advancement and promotion of women with a view to helping them undertake their full role in all aspects of integrated development, and which have been reported upon more than once during this Workshop, be evaluated by WHO and the results made available to all countries of the Region.

ACKNOWLEDGEMENT

The Workshop conveys gratitude and appreciation to the Government of the Republic of Syria, the Ministry of Health and the General Women's Union of Syria for their continued support to this Regional Workshop and for their sincere belief in the importance of women's participation in integrated community development activities for the achievement of Health for All by the Year 2000.

ANNEX I

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INTERPRETERS

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Mrs Khadiga Barada

Mrs Anhar Abdel Razak Korra

Mrs Afaf A. Nassar

ANNEX II

AGENDA

1. Opening of the Meeting
2. Election of Officers
3. Adoption of the Agenda
4. Country Presentations
5. Women and the Primary Health Care Approach
6. The multi-sectoral nature of action for women, health and development
7. Factors influencing women's contribution to promotion and preservation of health at family and community level in EMR.
8. The role of women in the child survival revolution
9. Women in the health services
10. Preparation of general guidelines for action by Member States through group work.
11. Review of draft report.

ANNEX III

OUTLINE FOR COUNTRY PAPERS

Language: English or Arabic

Length: Maximum of ten typewritten pages.

Headings to be included:

1. Population: Total and percentages of urban, rural (nomadic if any) and female population: (mention the reference year and source of information).
2. Women-related statistical data. (Mention the reference year and source of information).
 - 2.1. Education: Literacy rate, percentage of women who completed secondary school education, who completed post-secondary education and with college degrees.
 - 2.2. Legal age of marriage, if any.
 - 2.3. Average age at first marriage.
 - 2.4. Employment:
 - Percentage of women in the labour force.
 - Fields in which women are employed and percentage of women in each field if available.
 - 2.5. Number and percentage of women (i.e. female rate) in the health professions (including physicians, dentists, pharmacists, nursing and midwifery personnel, different categories of technicians and any others e.g. Traditional Birth Attendants).
 - Total _____
 - Of which _____ in Government service.
 - Of which _____ in Health service.

You may wish to present your information in the form of a table.

3. Protection and welfare of women:

In this section please enter information on whether there is:

- 3.1. A specific government department/directorate/ministry dealing with women's affairs, and include a summary of its responsibilities and main activities.

- 3.2. Legislation related to protection of women especially the working woman and her children, and the extent to which the law is enacted/practised.
 - 3.3. Women's organizations/unions i.e. government, voluntary, and professional, working for the welfare of the female population (to be listed in the enclosed form with a summary of their fields of activities.).
4. Participation of women in public life:
- In this section please refer to:
- 4.1. The right to vote and the extent to which women avail themselves of it.
 - 4.2. The fields in which women are holding public service (government) posts starting from the local level e.g. village and city councils, up to the governorate or ministry level (indicating number if available).
5. Give an account of the main factors facilitating and/or restricting the degree of women's involvement at three levels in promotion and preservation of health, i.e.
- 5.1. Women as health care providers in their own families including self care and use of home remedies and traditional method of treating disease.
 - 5.2. Participation of women in community action for health.
 - 5.3. Participation of women in the health professions (include acceptance of female health workers, their recruitment, training, job opportunities and working conditions).

ANNEX IV

TOPICS FOR GROUP DISCUSSIONS

- Group 1: Action at the family and community level including self-help and self-care and supportive mechanisms for community involvement in provision and usage of health services.
- Group 2: Action by and for women in the health professions including training and utilization of female health manpower.
- Group 3: Action needed at the national planning and policy-making level including legislation, intersectoral collaboration, data collection, and the mechanisms for the protection of the health of women and women at risk and their access to health services.
- Group 4: Action by non-governmental organizations and international agencies; their pioneering, supportive, complementary and supplementary roles.

ANNEX V

GUIDELINES FOR GROUP DISCUSSIONS

These guidelines are meant to facilitate your discussions and assist you in maximum utilization of your time.

1. The resolution passed unanimously in October 1984 by the Regional Committee (you have been provided with a copy*) will form the basis for action and your guidelines should be directed towards helping the governments to honour their commitment.
2. Each guideline agreed upon by the group is expected to contribute towards the achievement of at least one of the objectives of WHO's Women, Health and Development Programme, which are:
 - (a) To promote national policies and programmes aimed at improving women's health and at promoting their participation in health care activities;
 - (b) To reduce the morbidity and mortality resulting from the specific biological vulnerability of women;
 - (c) To reduce the morbidity and mortality resulting from socio-cultural traditions and attitudes affecting women; and
 - (d) To ensure a more equitable utilization of women as providers of health care at all levels.
3. From the list of factors facilitating and impeding the contribution of women as health care providers, select those appropriate for your topic of discussion. If your group feels some factors relevant to your topic are missing they can be added.
Examine each factor and propose guidelines for action for maximum utilization of facilitating factors and counteraction of impeding factors.
Where solutions are not possible suggest practical action for minimizing problems/obstacles.
4. For each suggested action please indicate:
 - (a) level of action;
 - (b) who will be responsible for action;
 - (c) chronological order of expected action/activities.
5. Please give special attention to country-level action with maximal involvement of the people themselves, i.e. individuals, families and communities.

*Document EM/RC31A/R.11 (see Annex VI)

ANNEX VI

RESOLUTION OF THIRTY-FIRST SESSION OF
REGIONAL COMMITTEE (SUB-COMMITTEE A)
WOMEN, HEALTH AND DEVELOPMENT

Resolution passed by Sub-Committee A of the Regional Committee for the Eastern Mediterranean at its Thirty-First Session in October 1984 in Tunis.

The Sub-Committee,

Having reviewed the Regional Director's Report on Women, Health and Development¹.

Recognizing the contribution made by women towards the preservation and promotion of health, whether in their own families or as professional health care providers,

Emphasizing the growing role of women in the Region in implementing the strategies for achieving Health for All by the Year 2000,

1. THANKS the Regional Director for his report and his initiative in holding a Regional Workshop on "Women, Health and Development";

2. URGES Governments:

2.1 To strengthen their national health care system, encouraging greater participation of women at all levels through policies providing opportunities for training and utilization of women;

2.2 to include sex-differentiated data in statistical information related to health development;

2.3 to review and implement legislation relating to the welfare of working women, and of mothers and their children;

2.4 to assist the Organization in its efforts to collect information related to national mechanisms, governmental and voluntary, serving the welfare of women;

3. REQUESTS the Regional Director:

3.1 to collaborate with Member States and with the relevant agencies of the United Nations system in developing intersectoral programmes promoting the role of women;

3.2 to review the ongoing and planned WHO regional programmes ensuring, wherever applicable, the inclusion of components having particular relevance to women's roles in the attainment of Health for All by the Year 2000.

¹Document EM/RC31/10