ANNEXES

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CARIBBEAN WORKSHOP

ON

WOMEN, HEALTH AND DEVELOPMENT

organized by

PAN AMERICAN HEALTH ORGANIZATION / WORLD HEALTH ORGANIZATION

in collaboration with

THE GOVERNMENT OF TRINIDAD AND TOBAGO,

AND

THE CARIBBEAN COMMUNITY (CARICOM)

at the

HOLIDAY INN

PORT-OF-SPAIN, TRINIDAD

MAY 4 - 6, 1988

OBJECTIVES OF THE WORKSHOP

To review the history, philosophy, strategies, structures, operation and activities of the Regional program on Women, Health and Development.

To analyze some of the key health and development problems of women in the Caribbean area and identify priority objectives for the subregional plan for the biennium 1988-89.

To examine the regional forward-looking strategies in the area of Women, Health and Development and draft a subregional Plan of Action to ensure the appropriate support for the implementation of national plans.

To develop guidelines for "The Structure and Functions of National Focal Points" in the Caribbean Area.

CARIBBEAN WORKSHOP ON WOMEN, HEALTH AND DEVELOPMENT

FIRST DAY: WEDNESDAY, MAY 4, 1988

8:30 a.m.	REGISTRATION		
	FORMAL OPENING		
	Chairperson:	Dr. Elizabeth Quamina Chief Medical Officer Trinidad and Tobago	
9:10 a.m.	NATIONAL ANTHEM		
9:15 a.m.	INTRODUCTORY REMARKS - Chairperson		
	GREETINGS		Dr. Luis Carlos Ochoa Assistant Director PAHO/WHO
	GREETINGS		Ms. Marlene Tomlinson Senior Program Officer Caribbean Community (CARICOM)
	FEATURE ADDRESS		Mrs. Gloria Henry, Minister of Community Development, Welfare, and The Status of Women
	CLOSING REMARKS		Chairperson
10:00 a.m.		B R E A K	

FIRST DAY: WORKING SESSIONS

Time		
10:30 a.m.	**FORMAT OF THE WORKSHOP:** **Dr. Karen Sealey** **Workshop Coordinator**	
11:00 a.m.	**TOPIC I**	**REGIONAL PROGRAM ON WOMEN, HEALTH AND DEVELOPMENT AND STRATEGIES FOR THE FUTURE**
	Speakers:	*Dr. Luis Carlos Ochoa* *Assistant Director* *PAHO/WHO* *Ms. Egla Abrahams* *PAHO/WHO Regional Adviser* *Women, Health and Development*
11:30 a.m.	**TOPIC II**	**THE CARICOM PERSPECTIVE ON WOMEN, HEALTH AND DEVELOPMENT**
	Speaker	*Ms. Marlene Tomlinson* *Senior Program Officer* *CARICOM*
12:00 NOON		DISCUSSION
12:30 p.m.		LUNCH
1:30 p.m.	**TOPIC III**	**PRESENTATION OF BACKGROUND PAPER - WOMEN, HEALTH AND DEVELOPMENT IN THE CARIBBEAN REGION - THE EXPERIENCE OF EIGHT COUNTRIES**
	Speaker:	*Dr. Gloria Scott* *PAHO/WHO Short Term Consultant*
2:15 p.m.		WORKING GROUPS: COMMENTS ON STUDY AND EXCHANGE OF NATIONAL EXPERIENCES
4:30 p.m.		PLENARY SESSION - CONCLUSIONS AND RECOMMENDATIONS
5:00 p.m.		CLOSE FIRST DAY

NOTE: Afternoon break of fifteen minutes to be taken at convenience of groups.

SECOND DAY: THURSDAY, MAY 5, 1988

8:30 a.m.	-	PLENARY
9:00 a.m.		WORKING GROUPS: 'PRIORITY HEALTH PROBLEMS OF WOMEN IN THE CARIBBEAN AREA, AND DEVELOPMENT OF PRIORITY OBJECTIVES
10:15 a.m.	-	B R E A K
10:30 a.m.	-	WORKING GROUPS: (Continued)
11:45 a.m.	-	PLENARY SESSION: PRESENTATION OF CONSOLIDATED REPORT
12:30 p.m.	-	L U N C H
1:30 p.m.	-	WORKING GROUPS: PROPOSALS FOR PLANS OF ACTION IN THE AREA OF WOMEN, HEALTH AND DEVELOPMENT AT SUB-REGIONAL LEVEL
3.00 p.m.	-	B R E A K
3:15 p.m.	-	WORKING GROUPS: (Continued)

THIRD DAY: FRIDAY MAY 6, 1988

8:30 a.m.		WORKING GROUPS: DEVELOPMENT OF GUIDELINES ON STRUCTURE AND FUNCTIONS OF NATIONAL FOCAL POINTS
10:30 a.m.	-	B R E A K
10:45 a.m.	-	PLENARY: RECOMMENDATIONS FOR NATIONAL FOCAL POINTS. PRESENTATION OF PROPOSALS FOR PLANS OF ACTION
12:45 p.m.		L U N C H
2:00 p.m.		PANEL DISCUSSION - INTERNATIONAL AGENCIES
3:30 P.M.		B R E A K

CLOSING SESSION, THIRD DAY

FRIDAY MAY 6, 1988

Chairperson: Dr. Elizabeth Quamina
Chief Medical Officer
Trinidad and Tobago

Time	Item	Speaker
4:00 p.m.	- INTRODUCTORY REMARKS	- Chairperson
4:05 p.m.	- PRESENTATION OF FINAL REPORT OF THE WORKSHOP	- Dr. Karen Sealey Workshop Coordinator
4:20 p.m.	- CLOSING REMARKS BY:	
	- PAN AMERICAN HEALTH ORGANIZATION/ WORLD HEALTH ORGANIZATION	- Dr. Dorothy Blake PAHO/WHO Representative Trinidad and Tobago
	- THE CARIBBEAN COMMUNITY (CARICOM)	- Ms. Marlene Tomlinson Program Officer Caribbean Community (CARICOM)
4:30 p.m.	- MINISTER OF HEALTH TRINIDAD AND TOBAGO	

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4.5.88

CARIBBEAN WORKSHOP
ON
WOMEN, HEALTH AND DEVELOPMENT
May 4 to 6, 1988

LIST OF PARTICIPANTS

ANGUILLA

Lana Woymie Webster-Connor
Co-ordinator, Women Affairs,
Deputy Director,
Community Development and Welfare Department
The Valley, Anguilla, B.W.I.

Maria Croes
Public Health Department
Hospitaal SJR. 4,
Orangestad, Aruba

BAHAMAS

Cora Bain,
Director, Women's Affairs Unit,
Fifth Floor, Centerville House Building,
P.O. Box N10114
Nassau, Bahamas

Dorothy Phillips
First Assistant Secretary,
Ministry of Health,
Bahamas,
P.O. Box N3730

BELIZE

S. Marilyn Panton, R.S.M., SP
Director,
Department of Women Affairs
Ministry of Labour and Social Services
Belmopan, Belize C.A.

BRITISH VIRGIN ISLANDS

Rita George;
Chief Nursing Officer,
P.O. Box 8,
Road Town,
British Virgin Islands

DOMINICA

Hazel Maria Shillingford-Ricketts,
Medical Officer,
Princess Margaret Hospital,
Goodwill,
Dominica

GUYANA

Patrice La Fleur,
Co-ordinator,
Women's Affairs Bureau,
237 Camp Street,
Cummings Burg,
Georgetwon, Guyana

HAITI

Luce D'Vastey,
Ministere de la Sante' Publique et de la Population,
Palaisdes, Ministeres,
Port au Prince,
Haiti - W.I.

Fayla La Mothe
Ministry of Health,
P.O. Box 244 - DHFN
Port-au-Prince,
Haiti

JAMAICA

Enid Morgan,
Nursing Supervisor,
Ministry of Health, Jamaica,
St. Mary Health Department,
Port Maria,
St. Mary,
Jamaica

Carmen Bowen-Wright
Principal Medical Officer
for Primary Health Care Unit,
3rd Floor, Ministry of Health,
10 Caledonia Ave, KGN 5: Jamaica

ST. KITTS

Diana Francis-Delaney,
Superintendent, Public Health Nurses
Health Department,
Basseterre,
St.Kitts.

ST. LUCIA

Leona Sandra Murray,
Ag. Director,
Bureau of Health Education,
Ministry of Health,
Chaussee Road,
Castries, St. LuciaMONTSERRAT

Viola Harley,
Ward Sister,
Ministry of Health,
Glendon Hospital,
Plymouth, Montserrat

TURKS AND CAICOS ISLANDS

Matilda Taylor,
Hospital Administrator,
Grand Turk.
Turks and Caicos Islands

Beatrice Burton,
Chief Nursing Officer,
Ministry of Social Services,
Grand Turk,

urks and Caicos Islands

TRINIDAD AND TOBAGO

Phyllis Augustus,
Administrative Officer V,
Ministry of Community Development,
Welfare and Status of Women,
Level 9, Riverside Plaza,
Picadilly Street,
Port of Spain

Jean Grayson,
Chief Nursing Officer,
Ministry of Health,
35/37 Sackville Street,
Port of Spain

Dr. Elizabeth Quamina,
Chief Medical Officer,
Ministry of Health,
35/37 Sackville Street,
Port of Spain

Dr. Karen Sealey,
Director,
Health Planning Services,
Ministry of Health,
35/37 Sackville Street,
Port of Spain

LIST OF OBSERVERS

TRINIDAD AND TOBAGO

Cislyn Baptiste
Administrative Officer
Ministry of Finance & The Economy
Eric Williams Plaza
Independence Square
Port of Spain

Carolyn De Mille
Administrative Cadet
Ministry of Health
35/37 Sackville Street
Port of Spain

Allison Hughes
Administrative Cadet
Ministry of Comm. Development, Welfare
and Status of Women
Level 9 Riverside Plaza
Besson Street
Port of Spain

Tina Johnson
Administrative Assistant
Caribbean Assoc. for Feminist
Research & Action (CAFRA)
P.O. Bag 442
Tunapuna

Irma Knights
Ag. Admin. Officer IV
Min. of National Security
Knox Street
Port of Spain

Annette Martin
Administrative Officer,
Ministry of Settlements
and Public Utilities
Sacred Heart Building
Sackville Street
Port of Spain

Phyllis Nesfield
Research Officer
Ministry of Health
Sackville Street
Port of Spain

Shirley Renaud
Cooperative Officer
Ministry of Industry, Enterprise & Tourism
Level 3, Salvatori Building
Frederick Street
Port of Spain

Bernadette Theodore-Gandi
Ministry of Health
Sackville Street
Port of Spain

Ada Vincent
Planning Officer
Ministry of Energy, Labour,
Employment and Manpower Resources
Riverside Plaza
Port of Spain

Dianne J. Wilkins
Petroleum Engineer
Ministry of Energy, Labour
Employment, and Manpower Resources,
4th Floor, Salvatori Building
Port of Spain

Desiree Wilson
ISER -Women Studies Group
UWI
St. Augustine

Joaquin St. Cyr
Senior Project Analyst
Ministry of Planning & Mobilization
Level Eleven (11)
Eric Williams Finance Building
Independence Square
Port of Spain

LIST OF OBSERVERS
OTHER

<u>BLACK WOMEN IN MEDICINE - BWIM</u>

Janet Barnes
Secretary Treasurer
Black Women in Medicine
4335 Elysian Fields Suite 203
New Orleans, LA, USA
70122

Linda Miller-Douglas (Dr.)
Black Women in Medicine
4819 Constance Street
New Orleans,
Louisiana 70115
USA

Stella Jones
Black Women in Medicine
6941 Lake Willow Drive
New Orleans, La.
USA
70126

PAHO/CARICOM PARTICIPANTS

Dr. Luis Carlos Ochoa
Assistant Director
PAHO/WHO
525 Twenty Third St. N.W.
Washington D.C.
USA

Ms. Egla Abrahams
Regional Adviser
PAHO/WHO
525 Twenty Third Street, N.W.
WASHINGTON D.C., USA

Dorothy Blake
PAHO/WHO Representative
49 Jerningham Avenue
Belmont
Trinidad & Tobago

Hazel Griffith
Admin. Assistant II
PAHO
Guyana

Gloria Scott
Consultant
PAHO
200 N. Rickett St., #1605
Alexandra, Virginia, 22304
USA

Marlene Tomlinson
Senior Programmes Officer - Health
CARICOM Secretariat
Bank of Guyana Building
Georgetown
Guyana
CARICOM

Maria Rankine
Programme Assistant
PAHO/WHO
Kingston
JAMAICA

Rosalind Saint-Victor
Family Life Education Specialist
PAHO/WHO
Box 508
Bridgetown
BARBADOS

Dr. Irene Klinger
Office of Strategic Planning
PAHO/WHO
525 23rd Street, N.W.
Washington, D.C. USA

DONOR AGENCIES/COUNTRIES

Enid Rogers
Admin . Assistant
EEC Delegation
2 Champs Elysees
Maraval

Freda Paltiel
Sr. Adviser Status of Women
Dept. of National Health and Welfare
CANADA
Room 2100 Jeanne Mance Bldg.
Tunney's Pasture
Ottawa Ontario KiA OK 9
CANADA

Sonia Cuales
Social Affairs Officer (WID)
UN ECLAC Subregional Headquarters
the Caribbean
C/o Salvatori Bldg. R. 302/218
P.O. Box 1113
Port of Spain

Andrew Okwesa
Social and Economic Affairs
Officer
UN International Training & Research
Inst. for the Advancement of Women
INSTRAW
P.O. Box 21747
Dominican Republic

Margaret Gill
UNIFEM (United Nations Dev. Fund
for Women)
UNDP
P.O. BOX 625C
Bridgetown
BARBADOS

Camille Gaskin-Reyes
Policy Office
IADB
1300 New York Avenue
WASHINGTON

Childa Salto
Assistant Programme Officer
UNICEF
Shirley Apts.
Hastings, Christ Church
BARBADOS.

G L. SCOTT
Apri, 1988

WOMEN, HEALTH and DEVELOPMENT in the CARRIBEAN REGION

EXECUTIVE SUMMARY

Since 1980 PAHO has focused increasing attention on women's crucial role in relation to its overall strategy to achieve universal health. This report contributes to regional forward looking strategies for women, health and development (WHD) as well as to the aims of the PAHO/WHO/CARICOM initiative for Caribbean Cooperation in Health. It draws on experiences of the countries of the region based inter alia on field visits to 8 countries (Trinidad and Tobago, Guyana, Barbados, St. Lucia, Antigua, Jamaica, the Bahamas and Belize) Section I summarises the justification for the special focus on women; Section II discusses some aspects of the economic situation of Caribbean countries with implications for health in the region: Section III reviews WHD issues; Section IV looks at national WHD policy and machinery, and section V suggests issues requiring further discussion and priorities for programme action.

I. Throughout history Caribbean women have been active in the affairs of their societies, and because gender ideology ascribes to them a subordinate role, much of their contribution is not recognised Caribbean women are a very heterogeneous group whose members are separated by class, economic and ethnic differences but all, especially poor women face special risks due to their disadvantaged situation. In their current economic circumstances, small developing societies such as those in the Caribbean cannot afford to continue to ignore the needs, contributions and abilities of females.

Women have a crucial role in relation to health. Their own health is intimately linked to that of their childlren and their families. Two-thirds of the women of the region are of childbearing age and especially in marginal urban and rural areas, childbearing is still not risk free. The more participatory health strategies of primary health care (PHC) depend heavily on the time, energy and money inputs of women yet often they are planned taking little account of the constraints to women's access thus compromising their effectiveness/efficiency and potentialyu wasting national resources providing health services which are not fully used, nor attaining their desired impact.

Many complex factors contribute to women's situation and improving women's health conditions requires both action direcatly related to health, and changes in attitudes and institutional structures to promote the economic and social progress of women. In most territories of the region

population pressure is a serious development constraint, the solution to which involves better understanding of various facets of fertility decisions, including those directly related to women's situation. Migration has been a notable feature in the Caribbean region. It has contributed to an unbalanced male/female ratio and this has encouraged mating patterns which have given men a decided advanatage over women, and the proportion of households headed by women is increasing. In many of these, women are maintaining their families at the cost of their own health and well-being.

II. In the past decade development in the Caribbean as elsewhere has been constrained by the worldwide economic recession. Lack of resources to invest in human development now seriously threatens deterioration of the high standard of health obtained by 50 years of vigorous public health programmes in the Caribbean. The declining proportion of national product being spent on health is not keeping pace with population growth. Public sector health services, already stretched to capacity, are now being used by a wider spectrum of population, as income effects of the economic crisis spread to higher socioeconomic levels, and this is a further impediment to their use by poor women who cannot afford to wait for services.

The restrictive fiscal policies, import substitution and export promotion measures introduced as part of the stabilisation and structural adjustment efforts have specifc implications for women. Cut backs in government social expenditures has eliminated employment for females in provision of health, education and social welfare services. Women must cope with the lack of sufficient purchasing power to satisfy family nutritional requirements. Restructuring of the agricultural sector distorts women's traditional role in production and distribution of domestic food supplies. There are now more poor women and their degrees of poverty has been increased. There have been some upturns in Caribbean economies, due partly to the strength of the tourism industry which employs large numbers of women. However, the long hours of work in that sector raise health issues for women and for their children, many of which must fend for themselves all day.

III. Mothers and children make up two-thirds of the population of the region. Although women generally face the same health problems as men, they suffer from many additional health risks due to their lower socio-economic status, their limited access to basic resources, the time and energy demands of their double day combining household maintenance and economic production, and finally due to the physical demands of reproduction. A large portion of all PHC services involve pregnancy, childbearing and child care, which form a major thrust of PHC strategy in the region, but there is much variation between the territories in coverage, quality of

care, and adequacy of support services. Late and poor attendance at antenatal clinics is a continuing problem in the region Maternal deaths, many preventable, disease and disability arising from childbearing exert a heavy toll on women, their families and comunities High maternal and infant mortality often occur simultaneously, indicating both socio-economic situation and the quantity/quality of health care in general as well as pre and post-natal care. There is a clear need for guidelines and criteria to assist community-based staff to identify risks. There have been serious reductions in front line health staff xcontributing inter alia to limited post-natal follow up. Illegal abortion is common, and is an important cause of death.

Female teenagers represent a quarter of all potential mothers and adolescent fertility rates are high. Births to mothers under 20 years have risen as a proportion of total births Teenage pregnancy is a serious health and social concern The mothers frequently are emotionally and socially unprepared to raise children, and childbearing disrupts their personal maturation and development, and curtails their education which in turn limits their earning capacity Because of economic conditions, extended families in which many of their children are raised, are breaking down. Among teemagers of both sexes there is limited understanding of human sexuality and they believe many myths regarding pregnancy and reproduction.

Cancer is now the second deading cause of death in the region, rates of cancer of the cervix in some Caribbean countries being among the highest in the world, and the rate of breast cancer, already very prevalent, is rising. Cervical cancer is most often found in women in the lower socio-economic strata, among women who have had multiple pregnancies, and among women with a history of exposure to mulltiple sexual partners. Therre is little informarion on the promiscuity of the male partner as a risk factor.
Cancer screening and education supported by NGOs and women's organisations is done in association with family planning programmes and postnatal clinic visits reaching mainly young urban women, whereas most cervical cancers occur in women over 35 years old.

In most countries there have been no recent nutrition surveys. Protein energy malnutrition is considered the most serious nutritional problem. Half the children under five living in areas of extreme poverty and in scattered rural communities show signs of undernutrition, and more than half the households are not receiving their food energy requirements. Malnutrition in young children, though not as prevalent as it was in the sixties, is still a public health problem. There has been a decline in breastfeeding and its duration and there are many cultural myths with marked differences between ethnic groups, regarding weaning practices and appropriate foods. Use of diluted and contaminated milk mixtures contribute to the the undernutrition and malnourishment of infants and children.

Nutritional status in the Caribbean is being damaged by the noted preference for imported over local foods. A large portion of the population suffers from nutrition related non-communicable diseases such as obesity and diabetes and among women, there is a high prevalence of high blood pressure, which like diabetes often goes undetected. Obesity is nearly three times as prevalent among women as men, affects some 40 per cent of women, and is beginning to be a problem among children, especially females in the 10-14 , age group.

Sexually transmitted diseases (STDs) are on the increase, especially gonorrhea among adolescents, but shortages of staff and facilities prevent effective health followup. Because of ignorance of their reproductive system nad cultural conditioning preventing open discussion of reproduction, many women accept pain and other symptoms which could be early warnings of STDs, cancers, and debilitating infections causing pelvic inflamations. Concern regarding other STDsd has been eclipsed by AIDs. The number of cases is relatively small but the need for education of the whole population is considered critical.

Women in the Caribbean are frequently the victims of acts of violence. and the prevalence of physical and psychological abuse of women by their husbands or consorts is increasing, and increasingly coming into the open, as is child abuse. Some Governments are introducing legal reforms to protect victims The full extent of the long term emotional damage to them and its health and productivity implications is not fully appreciated. Although it is a growing problem in the region, relatively little attention is given to women's mental health.

The legacy of rapid population growth in the Caribbean is a young population requqiring education and jobs, increased numbers of females of childbearing age, and in several of the territories a rate of natural increase of about 2 per cent which implies a doubling of their populations every 35 years. Even though the health benefits of responsible parenthood and spacing of children for mothers and for children is widely recognised in the region, views vary on the need for widespread family planning. There has been varying success introducing family life education in the region, and its integration in school programmes faces religions and political opposition as well as resistance from the education system. The proportion of elderly people is increasing. Given the unbalanced sex ratio in some countries, and the longer life expectancy of women, they significantly outnumber men at older ages, and elderly women represent a class of new poor. Emigration and economic problems are affecting the tradition of caring for older relatives and many of the aged are being abandoned.

Inferior education directly affects health. While the education systems in the Caribbean were never openly discriminatory, socio-cultural limitations on girls participation had a discriminatory effect. Segregation of schools by sex and different curricula assigned to boys and

girls, a hang-over from church participation in education, perpetuate a sex bias. Female labour force participation has always been high due to economic necessisty. For many reasons including established customs and poor education, women tend to be overworked, underpaid and although several countries have ratified the equal pay convention, women are paid less than men. These circumstances affect women's health directly and their ability to care for their families. There is inadequate attention to the stresses to which working conditions expose women, and in many of the jobs opening up to them they are being exposed to equipment, machinery, toxic chemicals and working conditions which threaten their and their unborn children's health.

Poor environmental conditions and the resulting communicable diseases are a common cause of sickness and death, particularly in the very young, and intestinal parasitic infestation among children is significant. Water supplies often are intermittent, of dangerously poor quality and this is aggravated by repeated breakdowns and leakages in the system. Many homes are rendered unsanitary by contaminated water and human waste. As household managers, and the primary influence on socialising their families, women have a crucial role in public education on evironmental health risks.

IV. As an obstacle to women's progress, the WHD forward looing strategies approved by PAHO in 1986 identified the lack of appropriate national machinery for the effective integration of women into the health and development process. There is increased awareness of the relation of health to development, but the health sector is still the weak partner, unable to change socio-economic policies or mobilise effective inter-sectoral action for health. The health systems of the region are basically similar: a tiered system with the most basic PHC services at the community level, most of the resources allocated to the health sector spent on specialised services, and concentrated in urban areas and on curative medicine. In some countriess transport problems, and topography make it difficult to service the rural areas. Most of the systems developed in response to previous patterns of diseases and the prevailing technologies, have not been able to adjust to current needs because of manpower and other resource constraints.

Women play a greater role than men in the delivery of health care and in the non-formal health system within family and community, however few are in positions to determine priorities and influence policy. The decline in the numbers and quality of applicants for nursing training which affects the quality of health care and the ability to meet changing health needs is a concern throughout the region. With the introduction of PHC many new categories of nursing personnel have been introduced, and efforts are being made to reorient the training of health care providers in line with PHC strategies.

Most countries have established machinery for women's affairs, with responsibility to monitor the status of women, provide the catalyst to articulate women's needs and suggest programme possibilities to meet those needs. Some countries have declared policies on women, some of which make specific reference to goals for women's health. The resources that governments allocate to staffing and funding of women's machinery indicate the level of their commitment to improving the status of women. Most of these mechanisms have been moved repeatedly within the Government structure, have limited finances, inadequately trained staff, poor cooperation with other government departments, and face many political pressuress including those from funding agencies.

PAHO forward looking strategies called for the establishment and/or strengthening of WHD foral points, delegating to them sufficient authority to plan and implement national WHD activities. Some have been appointed are are functioning mostly within Ministries of health. In some countries the lines of responsibility between the Ministry of Health and the women's mechanism is unclear and there is little comunication between the two

V. The report identifies several priority health problems of women in the Caribbean. As life expectancy increases there is greater need to focus health programmes on womens middle and later years. The issues of teenage pregnancy, violence against wowmen, child abuse, and rape are all crucial as are issues related to occupational health.

An important element in strategies to improve the efficiency of the health systems is improved information for planning and monitoring delivery/utilisation, and also information to potential users regarding available services. Many service clubs and NGOs are supporting health activities, filling many gaps in public services, and in view of economic constraints their contributions should be maximised e.g. by planning them to complement each other Coordination between these and the various partners to WHD needs to be strengthened, and there are many gaps in support services such as day care for working mothers.

Much useful information has been collated for regional and/or country meetings relevant to WHD concerns, and various recommendations have emanated. These should contribute to WHD plans of action in which each country will assign its own priorities. In considering the mechanisms for implementing these plans of action, the role of the WHD focal points and the attributes/qualifications of the incumbents deserve serious consideration.