

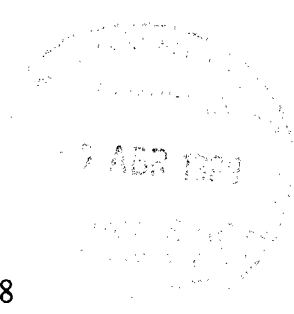


- Antigua and Barbuda
- Aruba
- Bahamas
- Barbados
- Belize
- Br. Virgin Islands
- Cuba
- Dominica
- Dominican Republic
- Grenada
- Guyana
- Haiti
- Jamaica
- Montserrat
- Netherlands Antilles
- Puerto Rico
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Suriname
- Trinidad and Tobago
- U.S. Virgin Islands



Caribbean Subregional Meeting for the  
 Mid Term Review of the International  
 Conference on Population and Development,  
 Programme of Action (ICPD-POA)  
 17-18 November 1998  
 Port of Spain, Trinidad and Tobago

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**THE CARIBBEAN SUBREGIONAL REVIEW AND APPRAISAL REPORT  
 ON THE IMPLEMENTATION OF THE  
 INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT  
 PROGRAMME OF ACTION (ICPD+5)**



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# THE CARIBBEAN SUBREGIONAL REVIEW AND APPRAISAL REPORT ON THE IMPLEMENTATION OF THE ICPD POA

## PART ONE. OVERVIEW

### 1. BACKGROUND

The fifth anniversary of the International Conference on Population and Development (ICPD) will be observed with a comprehensive review and appraisal (ICPD+5 Review and Appraisal) of the implementation of the Programme of Action which emanated from the Conference held in Cairo, Egypt, September 1994. This process will culminate in a three-day Special Session of the fifty-third Session of the United Nations General Assembly to be held 30 June-2 July 1999. This global review process was endorsed by resolution (A/C.2/52/L.43) on Population and Development by the United Nations General Assembly on 18 December 1997.

In this regard, the ECLAC Subregional Headquarters for the Caribbean, with the support of the United Nations Population Fund (UNFPA) Office for the Caribbean and in collaboration with the Caribbean Community Secretariat (CARICOM), has organized a series of events to put into place mechanisms to assist Caribbean governments and regional institutions to participate in the international events pertaining to the ICPD +5 Review and Appraisal.

Caribbean governments, participating in the Second Meeting of the Sessional Ad Hoc Committee on Population and Development, held during the twenty-seventh session of ECLAC (Oranjestad, Aruba, 11-16 May 1998), took the first step in the series of regional and subregional level activities aimed at preparing the Latin American and Caribbean region for participation in the global ICPD+5 Review and Appraisal events.

At that meeting the ECLAC Subregional Headquarters for the Caribbean was mandated to convene a meeting of member governments and NGOs on population and development the objectives of which would be:

- (a) To invite participation from both governments and NGOs to discuss a *Draft Caribbean Subregional Review and Appraisal Report on the Implementation of the ICPD Programme of Action (ICPD+5)*;
- (b) To identify selected findings of the Caribbean review for inclusion into the CELADE regional ICPD review document;
- (c) To build a Caribbean position and achieve a consensus on priority issues preparatory to;
  - (iv) the ICPD+5 International Forum - February 1999;

- (v) the UN Committee on Population and Development meeting - March 1999; and
- (vi) the Special Session of the General Assembly - June 1999.

## 2. INTRODUCTION

The Caribbean Population and Development Meeting follow-up to ICPD was held in the Commonwealth of the Bahamas 3-5 May 1995. This meeting was convened by ECLAC/CDCC, in collaboration with UNFPA and hosted by the Government of the Bahamas. The meeting, with more than 70 participants, served as the first subregional gathering since the International Conference on Population and Development (ICPD) was held in Cairo, September 1994. It brought together a wide cross-section of Government officials from 18 countries<sup>1</sup>, representatives of non-governmental organizations (NGOs), regional institutions and international agencies.

At that meeting the Caribbean Plan of Action on Population and Development, Follow-up to ICPD, was approved, in which six areas were identified as priority for the Caribbean region: Migration; Interrelations between population and sustainable development; Population policy; Adolescent fertility; Reproductive health and family planning; Advocacy (information, education and communication) programmes.

The meeting expressed the view that the Port of Spain Declaration on Population and Development comprehensively reflected the positions and strategies of Caribbean governments on population and development. Delegates reiterated their commitment to the recommendations in the document and agreed to build on it in the formation of their post-ICPD implementation action plan.

This document The Caribbean Subregional Review and Appraisal Report on the Implementation of the International Conference on Population and Development Programme of Action (ICPD+5) represents the first comprehensive review and appraisal of the implementation, not only of the International Conference on Population and Development - Programme of Action (ICPD-POA) but the Caribbean Plan of Action on Population and Development, Follow-up to ICPD and the Latin American and Caribbean Regional Plan of Action on Population and Development.

This review and appraisal examines activities which have occurred both at the subregional and the national level, with more emphasis placed on the national level activities, as reported on by governments and non-governmental agencies.

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<sup>1</sup> Participating countries: Antigua and Barbuda, the Commonwealth of the Bahamas, Barbados, Belize, British Virgin Islands, Cuba, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and US Virgin Islands.



ECLAC sought to gather data for the national review from all countries in the subregion. To that end countries submitted national reports based on the following documents: the Inquiry of Country Level Experience Since ICPD, produced by the UNFPA; the Suggestions for the Preparation of Country Reports on the Implementation of the Programme of Action Adopted at the International Conference on Population and Development in CAIRO, produced by the ECLAC Ad Hoc Committee on Population and Development; and the Eighth United Nations Inquiry Among Governments on Population and Development.

The following is a list of countries which completed national reports in time to be included in this review: Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Grenada, Guyana, Jamaica, Netherlands Antilles, Suriname and Trinidad and Tobago.

The Working Draft Caribbean Subregional Review and Appraisal Report on the Implementation of the International Conference on Population and Development Programme of Action (ICPD+5) was reviewed by some 50 participants who attended the Caribbean Subregional Meeting for the Mid-Term Review of the International Conference on Population and Development, Programme of Action (ICPD-POA) Meeting, 17-18 November 1998, representing a wide cross-section of Government officials from 16 countries<sup>2</sup>, representatives of NGOs, regional institutions and international agencies. See Annex I for the List of Participants. This provided an opportunity for countries which had not completed their national reports, to provide relevant information for inclusion into the final document.

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<sup>2</sup> Participating countries: Antigua and Barbuda, Aruba, the Commonwealth of the Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Grenada, Guyana, Jamaica, Netherlands Antilles, Saint Lucia, St Vincent and the Grenadines, Suriname, Trinidad and Tobago, and US Virgin Islands.

**PART TWO: A REVIEW AND APPRAISAL OF THE KEY  
COMPONENTS OF THE ICPD-POA**

**1. REVIEW OF ACTIVITIES AT THE SUBREGIONAL LEVEL**

At the Subregional level, the newsletter Caribbean Action on Population and Development: ICPD Follow-up News was launched in January 1996, by ECLAC/CDCC, with support from UNFPA. The newsletter functions as a mechanism to promote continuity in ICPD follow-up action and the sharing of knowledge and experiences related to ICPD implementation in the region. To date, seven issues have been published and widely distributed through the ECLAC/CDCC subregion to governmental and non governmental agencies, academic institutions and other regional organisations.

Through the support of UNFPA, a computerized data bank has been established with the Institute of Social and Economic Research (ISER) at the University of the West Indies (UWI), Mona Campus, Jamaica. UNFPA has also equipped a computer room in the Department of Sociology. It is intended that the data bank will access as many Caribbean data sets as possible, especially census and surveys of living conditions. ECLAC is developing a select database for the region, including the demographic and social indicators which were collected for publication in 1995, for the Second Digest Selected Demographic and Social Indicators 1960-1994 for the CDCC Member Countries.

In the area of education, the Health and Family Life Education (HFLE) project, through a multi-agency initiative, led by UNICEF, continues to engage the support of the CARICOM Ministers of Education and Health to ensure speedy and full implementation of the HFLE curriculum throughout the schools in the subregion.

A meeting of the Working Group to Formulate the Migration Component of the Caribbean POA was held in Tortola, British Virgin Islands, 13-18 September 1995, convened by ECLAC/CDCC and funded by UNFPA. The meeting agreed that work should be undertaken in the following areas:

- (a) Emigration and its future patterns;
- (b) The impact of immigration on small island countries and coastal states (some studies have been completed);
- (c) The role of remittances and their contribution to development; and
- (d) New trends in return migration and the implications for development.

Of the suggested areas of research, three studies have been completed and publication of these is in progress.

Analysis of the 1990-1991 population and housing census was undertaken for 16 countries. Support for this analysis has been provided by UNFPA and CARICOM. Under the project, studies were commissioned on the demographic situation in each of 13 CARICOM member states. The project resulted in the preparation and publication of a national census report for each country and six separate-topic regional census monographs as follows:

- (a) The employment problem in the region. The role of the education and training sectors in its existence and its solutions;
- (b) The Caribbean subregion in the world - preparing for the twenty-first century;
- (c) Intra- and extraregional mobility of the Caribbean population;
- (d) Gender and development;
- (e) Children and youth; and
- (f) The elderly.

A regional campaign against violence against women is being coordinated by the United Nations Development Fund for Women/Latin America and the Caribbean (UNIFEM/LAC). The UNIFEM Barbados Office is responsible for coordination of campaign activities in the Caribbean subregion. Twenty-one countries in the sub-region are participating. The campaign, the "Women's Human Rights Campaign: A life free of violence", was launched on 25 November 1997 and will continue to December 1998.

The CARICOM post-Beijing POA to the year 2000 which took into consideration the ICPD, had as its key objectives, the support of national plans with actions and activities which could be programmed and the maintenance of close collaboration with other regional agencies which had been developed during the preparatory process. The main thrust of the POA was to facilitate the mainstreaming of gender into development planning in the territories of CARICOM, within the Secretariat and other CARICOM institutions.

In regard to the adolescent, the UNFPA Caribbean Office initiated and sponsored a Caribbean Youth Summit with the theme "Making Choices and Taking Action" from 5-7 October 1998, in Barbados. It was the first such summit on Adolescent Sexual and Reproductive Health and Rights and was supported by regional governments, representatives of youth organisations, parents, health professionals and religious groups. The summit discussed concerns pertaining to the reproductive health of

Caribbean young people, with specific reference to the availability and delivery of reproductive health services, information and counseling. In their Regional Action Plan, participants, who represented 20 countries, indicated that multi-sectoral collaboration was key to success and should be the heart of the post-summit thrust.

## **2. REVIEW AT THE NATIONAL LEVEL**

### **A. Interrelationships between Population, sustained Economic Growth and Sustainable Development**

#### **1. Integration of population and development**

##### Integration of population matters in the development process

As outlined in the United Nations ECLAC document "Suggestion for the preparation of country reports" produced by the Ad Hoc Committee on Population and Development, under caption stated above, it is indicated that "one of the outstanding aspects of the programme of action of the conference... and the Latin American and Caribbean Plan of Action is the explicit integration of the Demographic situation and trends into various national initiatives taken to promote a development process which not only is conducive to sustained economic growth, but can also effectively foster social equity and environmental sustainability."

This integration is crucial since population variables interact directly and indirectly with the other aspects of development. Hence, it is imperative that they should be taken into account both in strategy planning, and in the itemization of policy actions.

##### Importance attached by the government to population and development issues

In reviewing the position relating to this action among countries within the Caribbean, it is clear that in most countries in the subregion, population and development issues are of grave concern. The operationalisation of this concern, however, is not always well structured nor properly coordinated. This is due in the main, to lack of human, financial and physical resources.

Governments are urged to prioritize the strengthening of the required resources if they intend to attract the necessary support to achieve their stated goals.

##### Institutionalisation of mechanisms to incorporate population variables in the development process

In the Caribbean, particularly the English-speaking Caribbean, it has been reported that institutional mechanisms for the incorporation of variables into programme documents, or other projects, have been put in place. In Antigua and Barbuda, Aruba,

Belize, Bahamas, Barbados, Jamaica and Trinidad and Tobago, the situation is quite positive and mechanisms have been established (See Table 1). Where these have been in place, social programmes have benefitted from clear policy guidelines, despite difficult economic circumstances or the impact of economic adjustment programmes.

The countries of the English-speaking Caribbean have made continuous strides in reducing the incidence of infant and maternal mortality and have achieved an acceptable life expectancy rate for both sexes. Table 2 sets out selected demographic data for the subregion and Table 3 allows for a comparative look at the Caribbean subregion in relation to its neighbours. In terms of life expectancy, the Caribbean compares more favourably with its neighbours to the North and fares better than its neighbours to the South.

Within the context of Small Island States, restrictive financial and human resources can quickly erode progress. Unfortunately, reports indicate little evidence that capacity building is high on the agenda of the member States. This situation, therefore, requires a collaborative effort between the private sector organizations, NGOs, special interest groups and the general public.

**Table 1. Administrative processes for population and development, by country**

Country	Institutional body for implementing ICPD-POA		Monitoring mechanisms		Pop. policy written		Policy status		
	Functional	Not functional	Yes	No	Yes	No	Draft	Under revision	Adopted
Antigua & Barbuda	x			x	x			x	
Aruba	x		x		x				x
Bahamas	x (NCSO)				x		x		
Barbados	x		x			x			
Belize	x		x			x	x		
Grenada		x		x		x			
Guyana		x		x		x			
Haiti									
Jamaica	x (PPCC)		x		x				x
Netherlands Antilles	x		x		x				x
Saint Lucia		x		x	x		x		
St. Kitts & Nevis									
Suriname		x		x		x			
Trinidad & Tobago	x (PC)		x		x				x

Source: National Reports

**Table 2. Demographic indicators<sup>a</sup>**

Country	Total Population (,000s) <sup>b</sup>	Crude birth rate <sup>c,d</sup>	Average annual births (,000s) <sup>e</sup>	Crude death rate <sup>e,d</sup>	Average annual deaths (,000s) <sup>e</sup>	Average annual population growth rate (%) <sup>e</sup>	Total fertility rate <sup>e</sup>	Urban population (%) <sup>b</sup>	Dependency ratio (%) <sup>b</sup>	Life expectancy at birth <sup>e</sup>		
										Total	Male	Female
Anguilla	8	24.0	0.2	8.0	0.1	1.32	3.1	...	...	74.0	71.0	77.0
Antigua & Barbuda	66	17.0	1.0	5.0	0.3	0.51	1.7	36	...	73.0	71.0	75.0
Aruba	70	15.0	1.0	6.0	0.5	.91	1.8	...	...	76.0	73.0	80.0
Bahamas	276	18.9	5.0	5.2	1.0	1.90	2.1	84	52	73.0	68.7	77.9
Barbados	262 (264.8)	16.0 (13.3)	4.0	9.1	2.0	0.35	1.8	47	55	75.6	72.9	77.9
Belize	216	34.7	7.0	4.8	1.0	2.64	4.2	51	87	73.6	72.4	75.0
Bermuda	63	15.0	1.0	7.0	0.4	0.71	1.8	100	...	76.0	73.0	80.0
Cayman Islands	23	15.0	0.5	4.0	0.1	3.50	1.4	100	...	77.5	75.0	79.0
Dominica	71	20.0	1.0	5.0	0.4	-0.13	2.0	...	...	77.0	74.0	80.0
French Guiana	147	26.0	4.0	5.0	0.7	4.53	3.5	77	...	75.0	72.0	79.0
Grenada	92	30.0	3.0	6.0	0.6	0.31	3.9	...	...	70.0	68.0	73.0
Guadeloupe	428	20.7	8.0	6.7	3.0	1.82	2.3	99	52	74.6	71.1	78.0
Guyana	835	25.1	20.0	7.2	5.8	0.94	2.6	36	57	65.2	62.4	68.0
Jamaica	2,447 (2,554)	21.7 (23.4)	52.0 (59.0)	6.2 (5.9)	15.0 (15.0)	0.68 (1.0)	2.4 (2.8)	54 (54)	60 (63)	73.6 (71.3)	71.4 (69.5)	75.8 (72.9)

Table 2. Demographic indicators....continued

Country	Total Population (,000s) <sup>b</sup>	Crude birth rate <sup>a</sup>	Average annual births (,000s) <sup>c</sup>	Crude death rate <sup>c,d</sup>	Average annual deaths (,000s) <sup>c</sup>	Average annual population growth rate (%) <sup>c</sup>	Total fertility rate <sup>c</sup>	Urban population (%) <sup>b</sup>	Dependency ratio (%) <sup>b</sup>	Life expectancy at birth <sup>e</sup>		
										Total	Male	Female
Montserrat	11	16.0	0.2	10.0	0.1	-0.34	2.0	14	...	76.0	74.0	78.0
Netherlands Antilles	199	18.2	4.0	6.5	1.0	0.89	2.1	70	49	73.1	70.6	75.6
St Kitts & Nevis	41	24.0	1.0	10.0	0.4	-0.30	2.6	42	...	66.0	63.0	69.0
St Lucia	142 (147)	23.0 (21.4)	3.0	6.0 (6.4)	0.9	1.35	2.4	48	... (68.2)	69.0	67.0 (69.5)	72.0 (73.7)
St Vincent & the Grenadines	112	20.0	2.0	5.0	0.6	0.88	2.0	47	..	72.0	71.0	74.0
Suriname	423	25.3	10.0	5.5	2.0	1.10	2.7	50	66	70.3	67.8	72.8
Trinidad & Tobago	1,306	20.9	27.0	5.8	7.0	1.10	2.4	72	61	71.6	69.3	74.0
Turks & Caicos Islands	14	14.0	0.2	5.0	0.1	3.85	2.3	45	...	75.0	73.0	77.0
Virgin Islands (UK)	19	19.0	0.4	5.0	0.1	2.88	2.3	...	...	73.0	71.0	75.0
Virgin Islands (US)	105	...	...	...	...	0.59	2.4	45	...	75.0	74.0	77.0

<sup>a</sup> Estimates

<sup>b</sup> 1995

<sup>c</sup> 1990-1995

<sup>d</sup> Per 1,000 population

( ) Barbados country figures for 1996

( ) Jamaica country figures for 1996

( ) Saint Lucia country figures for 1996

Source: Health Conditions in the Caribbean, Pan American Health Organisation, Scientific Publication No. 561



**Table 3. Demographic indicators by subregion of the Americas**

Subregions	Crude birth rate(per 1,000 population)		Crude death rate(per 1,000 population)		Average annual rate of population growth(%)		Total fertility rate		Urban Population (%)		Life expectancy at birth(total)		Infant mortality rate (1,000 live births)		Mortality rate <5 years (per 1,000 live births)	
	80-85	90-95	80-85	90-95	80-85	90-95	80-85	90-95	1980	1995	80-85	90-95	80-85	90-95	80-85	1994
Total Americas	24.8	22.0	7.9	6.9	1.63	1.52	3.14	2.82	68.7	75.1	68.7	71.1	47	33	59	41
North America	15.6	15.8	7.8	6.8	0.93	1.05	1.80	2.06	73.9	76.4	74.5	76.1	11	8	13	10
Latin America & the Caribbean	30.9	25.9	7.9	6.9	2.10	1.80	3.84	3.09	65.1	74.3	65.0	68.0	59	43	75	53
Latin America	31.0	26.0	7.9	6.9	2.12	1.82	3.86	3.11	65.3	74.5	64.9	67.9	59	43	75	53
Mexico	31.9	27.0	6.4	5.2	2.21	1.82	4.24	3.12	66.3	75.3	67.6	70.8	49	30	62	37
Central America	39.2	35.2	9.2	6.7	2.48	2.78	5.34	4.52	41.6	48.4	62.0	67.8	65	43	88	56
Latin Caribbean	25.6	24.6	8.5	7.5	1.41	1.39	3.19	2.93	53.8	62.4	66.2	68.8	64	21	80	62
Brazil	29.8	24.6	8.3	7.5	2.15	1.72	3.65	2.88	66.2	78.7	63.3	66.3	71	57	86	67
Andean Area	35.9	27.1	7.8	6.6	2.34	2.00	4.13	3.22	64.9	74.0	63.3	66.8	58	42	80	55
Southern Cone	23.9	21.7	8.1	8.0	1.62	1.42	3.13	2.86	78.4	84.0	69.6	71.1	32	24	39	29
Caribbean	26.0	22.4	7.1	6.6	1.33	1.00	3.13	2.47	52.7	55.6	69.7	72.3	23	21	30	26

The Caribbean subregion excludes Cuba, Dominican Republic, Haiti and Puerto Rico which are referred to as the Latin Caribbean countries

### Population policies

The Caribbean governments, in the majority, appear to be very conscious of the need to put population policy guidelines in place and have done so (see Table 1). Even where population policies have not been expressly written, well articulated policies exist and can be seen through the existing programmes, such as in Barbados.

However, it is not sufficient to document objectives and set targets. The need to develop support systems to assist in the realization of those objectives and acquisitions of goals within specific time-frames is essential.

Many countries within the Caribbean are pursuing adoption of population policies and have shown the inclination to put the necessary institutional framework in place to allow for implementation to be effective. Aruba, Jamaica, Netherlands Antilles and Trinidad and Tobago have formally adopted policies. The Bahamas has produced a National Policy on Family Planning and has a draft population policy document.

There seems to be, by and large, the political will among governments to make this matter a priority. However, more has to be done to involve the civil society, inclusive of NGOs and special interest groups, in the whole process of advocacy. There is also the need to identify focal points at the country level so that smooth and continuous flow within this process is guaranteed.

In this regard, policies adopted should take on board the Gender issues, as they relate to the key components of gender equity and the empowerment of women and address disparities which may exist between men and women in education and decision making.

This implies that there must be a strengthening of women's participation in the decision making process at every level, which requires the incorporation of a gender perspective in government plans and programmes and the equitable distribution of resources in society.

### Planning for Population

There is a need to advocate the importance of population concerns in economic and social development policies and programmes. Planning is fragmented in the Caribbean, with governments setting the overall development strategy and sectoral ministries developing their own plans around this strategy. Currently, there may be no one responsible to ensure that the ICPD Plan of Action or population concerns are incorporated into all areas of planning. To ensure, therefore, that population and development issues are incorporated into every aspect of planning, there is a need for a mechanism to advise and pull the different planning bodies together to integrate sectoral and population development concerns. The role and function of population planning mechanisms needs to withstand changes in governments and political will and

should be placed at an appropriate level in the government structure. In this respect, the need exists for inter-ministerial and inter-sectoral communication.

Additionally, a focal activity such a national planning forum or consultation prior to national budgetary proposals will give technical support to government.

#### Measuring progress of integration of population and development concerns into the national planning process

The success of the integration process depends on political will, resources available and the understanding and interpretation of population and development issues. Some countries are in fact carrying out the intent of the ICPD Plan of Action, even though these activities are not being monitored and reported as Cairo recommendations.

There is a need for a mechanism or system to ensure coordination and review of ICPD goals and to record progress since 1994, as well as a focal point to gather information to assess progress made. This mechanism would serve to record progress in implementation occurring across ministries and sectors and would indicate the extent to which polices deal with Cairo issues.

There should be a conscious effort by governments to take account of programmes to which they have articulated support at global conferences, such as the International Conference on Population and Development (ICPD), the World Summit for Social Development (WSSD) and the Fourth World Conference on Women (FWCW), into their national economic and social policies and programmes.

#### Migration

There is a need to view migration as a major population concern. While the "brain drain" effect of migration is always readily cited, attention must also be paid to the effect of migration between micro-states, large mainland and coastal countries with dispersed populations, populations spread across several islands and countries affected by natural disasters such as Montserrat. The meeting noted problems with returning residents and recommended that additional provisions be made for their reintegration into society. Another major concern was the additional demand for infrastructural support and services. Particular concern was expressed with respect to deportees.

#### Population planning with respect to partnership with civil society

In keeping with the goals of ICPD, civil society should be meaningfully involved in the planning process at all levels. It is recognized that the private sector, NGOs and other social partners have an important contribution to make towards the accomplishment of these goals. Information regarding ICPD goals should be widely disseminated to ensure that the population, including young people, is conscious of

population issues. Informing schools of the issues emanating from the ICPD will serve as an important point of entry to inform society and to ingrain population issues at a very early level.

An emerging trend is the collaborative efforts of governments with NGOs and CBOs to carry out their plans and policies. More funding should, therefore, be allocated to NGOs and CBOs to carry out national population development activities, as these organizations have closer links with the broad masses of people whom the plans seek to affect.

In addition to a monitoring mechanism at the national level to ensure that governments maintain focus on ICPD issues, establishment of such a mechanism at the regional level should also prove useful. Additionally, the Internet should be used as an important Information, Education and Communication (IEC)/Advocacy tool in this respect.

Appropriate data for the implementation and assessment of ICPD goals should be collected, including the year 2000 census. The data should be broadly disseminated for analysis by governments, civil society, institutions and regional organisations. The data should be in a format that is easy to use. This would facilitate disaggregation by relevant socio-economic characteristics through the use of appropriate software.

## **2. Population, sustained economic growth and poverty**

### Effects of socio-demographic trends and development strategies

The reported data from countries indicates that a number of Governments have put structures in place to monitor the effects of socio-demographic trends and development strategies. These are either Population Councils as in Trinidad and Tobago, or, the National Council for Social Development, as in the Bahamas (See Table1). In a few countries of the Caribbean, monitoring mechanisms are in place for the implementation process, however, the dynamic nature of ministerial changes and the lack of sufficiently trained human resources has impeded the impetus towards a coherent monitoring process in most cases. Budgetary allocations, it has been suggested, have been inadequate to meet the task.

In Aruba, Barbados, Belize, Guyana, Jamaica, Netherlands Antilles and Trinidad and Tobago, a number of studies have been done since 1994, to aid in social policy design and formulation. Table 4 provides a listing of the studies undertaken by countries.

Despite these studies that were completed in the aforementioned countries, more work needs to be undertaken, if the subregion is going to meet the needs of its population in the twenty-first century. As well, more work needs to be done in the timely collection of data and its disaggregation, by relevant characteristics, such as: sex, age, religion, race, geographic location and income.

Given the cutbacks in funding from donor agencies, it is expected that more and more countries will adopt a continuous survey programme. This should reduce the cost of conducting censuses and allow for the provision of data on a regular and more timely basis, on a number of critical issues facing our region.

**Table 4. Post-Cairo Studies undertaken by Countries**

Country/Agency	Study undertaken	Year
Barbados	Ongoing study on the quality of antenatal and postnatal services in the public system The Adolescent Survey; Post ICPD Revised Report prepared for Cabinet approval (1997)	1997
Belize	International migration; Population projections	1998
Grenada	Situation analysis of children and their families Adolescent sexuality survey	1996/97
Guyana	Regular reports from the Statistical Bureau; A Report on family maintenance and related matters - A Committee chaired by Justice Desiree Bernard	1998
Jamaica	Situation analysis of the aged in Jamaica Survey of living conditions - Jamaica Situation analysis of children - Jamaica Evaluation of the Women's Centre of Jamaica Foundations (WCFF) Program for adolescents Population and poverty - Jamaica Reproductive health survey	1995 1994-1997 1995 1996 1995 1997
Saint Lucia	Situational analysis of the elderly survey	1998
Suriname	The study on the evaluation of the constrains in the Surinamese law with regard to the implementation of the recommendations of the ICPD-Program of Action health conditions in Suriname	1995 1996
Trinidad & Tobago	An analysis of the 1990 Population and Housing Census Data; The determination and measurement of poverty in Trinidad and Tobago; A survey of family life in Trinidad and Tobago; A needs assessment of pregnant teenagers and young mothers; A study of the patterns and reasons for the incidence of drop-outs from government-run family planning clinics A study into recent trends in migration: the incidence of return migrants; A survey of living conditions of older persons.	1998
OECS	Household income and expenditure survey (OECS) - 1998; Analysis of 1991 Census (OECS);	1998

Source: National Reports

### 3. Population and the environment

#### Impact of public policies and development strategies on socio-demographic trends

The Caribbean suffers from natural disasters seasonally, be it flooding, hurricanes, earthquakes or volcanic eruptions. According to the data collected from CEDRA, during the period 1992 and 1995, at least 3 Hurricanes and 20 storms occurred (see Table 5 - Natural disasters).

In studies conducted by ECLAC,<sup>3</sup> following the devastation in the Caribbean caused by Hurricanes Luis and Marilyn, in 1995, it was concluded that for the island of St. Maarten, Netherlands Antilles, the total amount of damages and losses caused by the disaster was estimated at US\$1,070 million. This total represented more than twice the amount of the estimated gross domestic product for St. Maarten in 1994 (US\$465 million). For the island of Anguilla, the study indicated that the "total amount of damages and losses caused by the disaster is estimated a US\$ 55 million." This estimate of damage was equivalent to nearly 94 per cent of a year's gross domestic product of the island. The Federation of St. Christopher and Nevis, had been affected by two devastating hurricanes within a three year period. Hurricane Luis which hit in 1995, caused damage in the vicinity of US\$197 million dollars. In September of 1998, the Federation was once again hit, this time by Hurricane Georges, which resulted in the loss of five lives and an estimated damage totalling EC\$1.0 billion or US\$402.1 million which was 2.2 times over the 1997 real GDP.<sup>4</sup> The studies concluded that the main effects of the hurricanes were on the natural resources of the islands, on which their main activities are based: tourism, commerce and agriculture, as well as on the social and physical infrastructure of their populations. See Annex II for a comparative look at the impact of Hurricane Mitch on Central America.

Usually the task of rebuilding economies and the stabilization of the social and emotional lives of the people of the subregion is a tremendous burden on the already fragile economies. National reports suggested that when economic reviews are being undertaken by major financial institutions and donor agencies, the social and demographic impact on the population needs to be more rigorously taken into account.

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<sup>3</sup> The Macro-Economic Effects and Reconstruction Requirements following Hurricanes Luis and Marilyn in St Maarten, Netherlands Antilles (ECLAC publication LC/CAR/L463) 6 December 1995. The Macro-Economic Effects and Reconstruction Requirements following Hurricane Luis in the Island of Anguilla (ECLAC publication LC/CAR/L.462) 5 December 1995.

<sup>4</sup> Economic Rehabilitation and Reconstruction Post Hurricane Georges Report, (The Planning Unit of the Ministry of Finance, Development and Planning, Government of the Federation of St. Christopher and Nevis) September 1998.

Economic policy must in essence involve planning for this reality of Caribbean life as a recognized component in the development process. A closer collaboration between environmental actors and population and development specialists needs to prevail.

Some countries in the region have reported that institutions have been established to coordinate efforts pertaining to the environment, science and technology. The ultimate purpose of this is to ensure that environmental concerns are included in the development, planning and review mechanisms of all sectors. New legislation has been drafted to address the sustainable management of natural resources and to prevent environmental degradation such as the Act to Develop an Environment Impact Assessment Process and the Forestry Act of the Bahamas. Bahamas has also enacted "The Bill for Conservation of the physical Landscape of the Bahamas 1997".

### Conclusions

In order to achieve the integration of population and development concerns in the planning process of countries in the region a number of critical things have been noted:

- (i) The provision of the relevant data on a timely basis is still a critical concern and needs to be addressed;
- (ii) Planners and statisticians need to work in a more collaborative spirit and in order to achieve this the existing institutional framework currently in place may need to be reviewed;
- (iii) Governments need to take responsibility for the provision of adequate budgetary allocations to achieve the above;
- (iv) Focal points for population and development/ ICPD-POA follow-up action are sorely lacking within the governmental frameworks; and
- (v) The unavailability of sufficiently trained human resources in the field is still an identified gap by most countries in the region.



**Table 5. Major disasters in the Caribbean for the period 1992-1995**

Country	Date	Type of Disaster	Comments
Antigua & Barbuda	Aug. 1995	Storm	"Iris"
	5 Sept. 1995	Hurricane	"Luis" Extensive damage
	13-14 Sept. 1995	Storm	"Marilyn"
Bahamas	23 Aug. 1992	Hurricane	"Andrew"
	1 Aug. 1995	Storm	"Erin"
Barbados	5 Feb. 1992	Aircraft Accident	
	3 Aug. 1995	Flooding	Islandwide
	Aug. 1995	Storm	"Iris"
	13-14 Sept. 1995	Storm	"Marilyn"
	8 Jan. 1996	Aircraft Accident	
British Virgin Islands	4-6 Sept. 1995	Hurricane	"Luis"
	13-14 Sept. 1995	Storm	"Marilyn"
Cuba	12-12 Mar. 1993	Storm	150,000 people affected
	23 Nov. 1993	Flooding	Affected Eastern Cuba with losses at US \$14M. Severe Damage to agricultural sector
	Nov. 1994	Storm	"Gordon"
Dominica	27 Aug. 1995	Storm	"Iris"
	4-6 Sept. 1995	Storm	"Luis"
	13-14 Sept. 1998	Storm	"Marilyn"
Grenada	6-7 Aug. 1993	Storm	"Bret"
	3 May 1994	Earthquake	5.7 on Richter Scale
Guadeloupe	Aug. 1995	Storm	"Iris"
Guyana	Aug. 1995	Chemical	Cyanide Spill - Omai Gold Mines

**Table 5. Major disasters in the Caribbean for the period 1992-1995....continued**

Country	Date	Type of disaster	Comments
Jamaica	13 Jan 1993	Earthquake	6 on Richter Scale. Building damage
	April/May 1993	Flooding	North-eastern and Southern parishes, 4290 people affected
	13-14 Nov. 1994	Storm	"Gordon"
	July/Aug. 1995 Nov. 1995 Dec. 1995	Flooding Flooding Flooding	Caused by Storm "Erin" Western Jamaica Central Jamaica
Martinique	Aug. 1993	Storm	"Cindy"
Montserrat	13-15 May 1994	Earthquake	17 events with largest at 3.3 on Richter Scale
	July 1995	Volcano	Langs Soufriere (on-going). Eruptions resulting in deaths and exodus from the island
	4-6 Sept. 1995	Hurricane	"Luis"
	Sept. 1995	Storm	"Marilyn"
St Kitts & Nevis	Aug. 1995	Storm	"Iris"
	4-6 Sept. 1995	Hurricane	"Luis"
	13-14 Sept. 1995	Storm	"Marilyn"
Saint Lucia	24 Nov. 1992	Flooding	
	10 Sept. 1994	Storm	"Debby"
St Vincent & the Grenadines	24 Nov. 1992	Flooding	
	Aug. 1995	Storm	"Iris"
Trinidad & Tobago	6-7 Aug. 1993	Storm	"Bret"
	3 May 1994	Earthquake	5.7 Richter Scale
	Aug. 1995	Storm	"Iris"

Source: The Caribbean Disaster Emergency Response Agency (CDERA)

## **B. Gender equality, equity and the empowerment of women**

The objectives as outlined in the ICPD-POA had three components: the empowerment and status of women, the girl child and male responsibility and participation.

### **1. Gender equality**

#### The empowerment and the status of women

For the empowerment and status of women the objectives were as follows:

- (a) To achieve equality and equity between men and women and to enable women to realize their full potential;
- (b) To involve women fully in policy and decision-making processes and in all aspects of economic, political and cultural life as active decision makers, participants and beneficiaries; and
- (c) To ensure that all women as well as men, receive the education required to meet their basic human needs and to exercise their human rights.

Countries in the Caribbean all have demonstrated the political and social will to achieve gender equity through the establishment of Bureaux of Women's Affairs and the appointments of Ministers with responsibility for Women's Affairs (see Table 6). In Suriname, a National Machinery to implement the formulated gender policy has been established since August 1997. One of the goals of the Beijing Platform for Action and the Caribbean Subregional POA was to increase women's participation in the political processes. To that end, much leadership training has taken place and NGO's have organized Women's Parliament Fora which provide training in parliamentary procedure to women interested in political participation. The barriers to deepening the participation of women have been consistently identified in the region as:

- (c) The culture of the politics in the region;
- (d) The male dominance within the political parties regarding the control of the process of the selection of candidates; and
- (e) The socio-economic constraints which impact negatively on women's time.

Most countries in the Caribbean are signatories to the CEDAW (see Table 6). Not all who are signatories however, have submitted reports. It has been noted that Barbados, Jamaica and St Vincent and the Grenadines have reported while Saint Lucia and Trinidad and Tobago are in the process of preparing reports.



**Table 6. Legislative framework for gender equality and empowerment ....continued**

Country	Equal Rights	Equal Pay	Sexual Harassment	Domestic Violence	Sexual Offence	Inheritance	Policy for Pregnant Mothers	Maintenance	Maternity Leave	Termination of Pregnancy	Equal opportunity in employment	CEDAW ratification
Puerto Rico		Plan	Law #17 1988	Dom Viol 1989				Law #51 1976	Plan		Yes	
St Kitts & Nevis	Const Sec							Act no. 2, 1992	Protection employment Act			
Saint Lucia	Yes			Dom Viol Act 1995	Criminal & Civil Code	Amend't of the Affiliation Ordinance Act (1993)	NIS Act on Maternity (1978)	Separation & Maintenance Ordinance Attachment of Earnings Maintenance Act 1996	Staff Orders of the Government of St Lucia (Civil Service) Chapter 6 Section 6.26			1982
St. Vincent & the Grenadines	Const	Equal pay Act		D. Violence Matrimonial Proc. Act				Maintenance Act	N.I.S.			Signed not ratified
Trinidad and Tobago	Const		Draft Sexual Act Bill	Dom Vio Act 1991	Sexual Offences 1986	Matrim. Proc. & Property	Policy for Education of Adolescent Mothers	Earnings Act 1991	Maternity Leave/2 Day paternity	Yes		Yes

Source: Achieving Social Justice, Equality, Peace and Development: A Review of the Status of Women of the Caribbean Subregion in the preparation for the Fourth world Conference on Women, 1995. LC/CAR/G.442 31 January 1995

In the area of education, most countries in the Caribbean have integrated into the school curricula a Family Life Education programme, which explores ideas of sexuality and social and gender roles. Either through inadequate delivery, or content development, there is the view that the programme has not yet adequately addressed the critical issues of family life in the region, such as adolescent sexuality, domestic violence and negative gender stereotyping. Puerto Rico has progressed in terms of integrating these issues into the school curriculum. Conflict resolution is being addressed in Jamaica, through a project called PALS (Peace and Love in Schools). This Ministry of Education project has private sector support. Much more can be done in the area of gender sensitive materials in the school curricula to eliminate gender stereotyping which reinforces a subordinate role for women.

There are still small pockets of female workers, particularly domestic workers and free zone employees, who have not been adequately protected by legislation or the enforcement of such where it exists. Governments are seeking to address these through minimum wages and maternity benefit ordinances. In Belize, the government has recently (1997) amended its regulation to provide full pay for 8 weeks for female government employees on maternity leave.

The continuing constraints experienced in the economies of the subregion, either from deteriorating terms of trade in agriculture, decline in the insurance and banking industries, the financial sector, declining manufacturing sectors in some territories, or slow gains in the tourism sector in others, have impacted negatively on women and youth. In the Summary of Caribbean Economic Performance for 1997, produced by ECLAC, it was indicated that in all the countries in the subregion, the rates of unemployment for females and youth greatly exceeded those of adult males.

This high rate of female unemployment coupled with the significantly high proportions of female headed households (FHH) in the subregion (see Table 7) should be taken into consideration when addressing issues of poverty reduction, continuing education of the girl child and meeting the housing needs of the populations.

One of the issues which continues to be of concern to women in the region, as it limits the ability of women to exercise the full enjoyment of their rights and freedoms as enshrined in the Constitutions of ECLAC/CDCC member Governments, is the high incidence of gender-based violence against women, in the home or outside of the home, in every single territory. Baseline data is required on the incidence, prevalence and characteristics of gender-based violence.

Governments and NGOs have attempted to address this situation through a number of measures - the provision of shelters for battered women, new legislation such as the Domestic Violence Act, the establishments of domestic violence hot lines, rape crisis and drop in centres. Fundamental behavioural research is still required in order to inform programme design and delivery.

**Table 7. Proportion of households and unemployment rates by sex for ECLAC/CDCC member countries**

Country	Head of household by sex (1995)		Unemployment rate by sex (1996)	
	Proportion of males (%)	Proportion of females (%)	Male (%)	Female (%)
Anguilla	67.8	32.2	6.3 <sup>b</sup>	9.0 <sup>b</sup>
Antigua & Barbuda	58.5	41.5	6.4 <sup>a</sup>	5.6 <sup>a</sup>
Aruba	77.3	22.7	5.4 <sup>d</sup>	7.9 <sup>d</sup>
Bahamas	64.1	35.8	8.6	14.7
Barbados	56.5	43.5	12.4	18.9
Belize	78.0	22.0	11.7	18.6
Br. Virgin Islands	71.3	28.7	3.4 <sup>a</sup>	3.1 <sup>a</sup>
Cuba	72.0	28.0	...	...
Dominica	62.7	37.3	9.8 <sup>a</sup>	9.2 <sup>a</sup>
Dominican Republic	70.0	30.0	...	...
Grenada	57.3	42.7	14.6 <sup>a</sup>	12.7 <sup>a</sup>
Guyana	70.5	29.5	8.4 <sup>b</sup>	18.1 <sup>b</sup>
Haiti	61.3	38.7	...	...
Jamaica	58.0	42.0	9.9	23.0
Montserrat	60.0	40.0	...	...
Netherlands Antilles	66.0	34.0	10.4	18.1
Puerto Rico	72.0	28.0	...	...
St Kitts and Nevis	56.1	43.9	...	...
Saint Lucia	59.6	40.4	13.8	19.3
St Vincent and the Grenadines	60.5	39.5	18.4 <sup>a</sup>	22.1 <sup>a</sup>
Suriname	80.0	20.0	7.9	16.4
Trinidad and Tobago	73.5	26.5	13.2	21.0
U.S. Virgin Islands	67.0	33.0	...	...
Mean	66.0	33.9		
Low	56.1	20.0		
High	80.0	43.9		

Source 1: Poverty Eradication and Female-Headed Households (FHH) in the Caribbean(POV/96/2) ECLAC.  
Source 2: International Labour Organisation Digest of Caribbean Labour Statistics 1997

## 2. The girl child

### Discrimination against the girl child

The objectives were as follows:

- (a) To eliminate all forms of discrimination against the girl child;
- (b) To eliminate the root causes of son preference;
- (c) To increase public awareness of the value of the girl child and to strengthen her self-esteem.

The levels of universal access to primary education for the girl child is already adequate in the Caribbean with the exception of the Dominican Republic, Haiti, and Suriname. In those countries, where the level of universal access is not adequate, lack of financial resources hamper government's capacity to deliver increased places. To address the situation of the school age child being out of the school system, it has been noted, that governments should ensure that where primary and secondary education is compulsory, the law should be enforced, and where it is not compulsory, it should be made so. Where gaps existed, such as in the area of delinquent girls (in Antigua and Barbuda) provisions have been made for delinquent girls to complete their education through the establishment of a special home.

The placement practice should be reviewed to ensure that the girl child is not disadvantaged. This may occur where there is a higher acceptance grade for girls in secondary level than for boys. In some instances it has been noted that more boys may be accepted with lower grades, while girls with higher grades are forced to repeat in order to secure better placement. This may require the young girls being placed in schools with lower achievement possibilities and below the girl's natural potential.

An area of concern is the continuing education of young mothers. Policies are under review throughout the region regarding this matter. Education, health and gender experts are recommending the return of the young mother to school and the insurance of her continued education without stigma. This has been advocated as fundamental to breaking the cycle of poverty in which so many of the young single mothers in the region may be trapped. This recommendation has the support of youth themselves.

Of concern to governments and the society in general, is the deteriorating quality of education being offered and the resulting performance of students on national level examinations. This has been raised by almost all reporting counties. Of particular concern is the under-performance of male students at both the primary and secondary levels.



### **3. Male responsibility and participation**

#### Male responsibilities and participation

The objectives were as follows:

- (a) To promote gender equality; and
- (b) To encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.

Many Caribbean countries have undertaken new measures to encourage men to take greater responsibility for the sexual and reproductive behaviour and their social and family roles through information and education programmes and through the enactment and enforcement of child support laws. Much of the work on male responsibility has been taking place through national Family Planning Associations. In many countries, national AIDS programmes have targeted men in their programmes. In Barbados, the Family Planning Association (FPA) conducted a Public Forum called "Men talking to Men", which was extremely successful. Jamaica has a successful programme called Fathers Incorporated. Other male groups include Men Against Violence Against Women (MAVAW), based in Trinidad and Tobago, Guyana and the Bahamas. Male support programmes, such as, workshops which teach parenting skills, budgeting, conflict resolution/dealing with anger and the joys of fatherhood, are being conducted in some territories in the region.

Governments have been responding to the necessity for increased male responsibility through the drafting of new legislation on inheritance, child support etc. Some countries have enacted such legislation and are enforcing same. (See Table 6).

#### **C. Reproductive rights, and reproductive health care, social equity, family welfare and adolescents**

##### Introduction

In the Caribbean Plan of Action on Population and Development, Follow-up to ICPD, developed at the first subregional gathering since the ICPD in Cairo, September 1994, six areas were identified as priorities for the Caribbean. Among them were: adolescent fertility and reproductive health, including family planning.

##### Reproductive rights

ICPD POA para 7.3 states "these rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health, it also includes their

right to make decisions concerning reproduction free of discrimination, coercions and violence". This paragraph also specifically affirms the rights of adolescents to secure an education which will enable them to deal with their sexuality in a positive and responsible way and also with the specific reproductive and sexual health issues of older men and women.

The situation within countries of the Caribbean region varies considerably, in terms of whether reproductive rights are explicitly recognized, or, whether there are in place specific legislative measures that recognize reproductive rights. At the October 1998 UNFPA sponsored Caribbean Youth Summit which was Caribbean-wide and attended by 19 countries, a rights document "Caribbean Regional Declaration on Adolescent Sexual and Reproductive Health and Rights" affirms the rights as outlined in ICPD POA para 7.3. Barbados explicitly recognizes and assures reproductive rights, as do Antigua and Barbuda, Trinidad and Tobago and Jamaica. The Bahamas has mandated a National Family Planning Policy with pertinent aspects of reproductive health. In Grenada, where there is no explicit recognition of these rights, however, support is given by government to NGOs promoting reproductive services. The government also provides services in this area. There is no specific mention of reproductive rights in any of the programmes in Suriname, the Netherlands Antilles or Aruba.

### Reproductive health

Reproductive health is a state of complete physical, mental and social well being in all matters relating to the reproductive system and to its functions and processes. It is not merely the absence of disease.

Reproductive health services within the primary health care context should seek to include:

- (a) family planning counseling information, education and pre natal services, safe delivery and post natal care, breast feeding and infant and women's health care prevention and treatment of infertility
- (b) abortion as specified in paragraph 8.25 of the ICPD POA including the prevention of abortion and the management of consequences of abortion
- (c) the prevention, diagnosis and treatment of reproductive tract infections, STDs, cervical cancer and other conditions of the reproductive system
- (d) information, education, counseling on human sexuality, sexual and reproductive health and responsible parenthood, on effective prevention of STDs and HIV
- (e) promotion, supply and distribution of high quality condoms

(f) information about factors which increase risk of development concerns and infections of the reproductive tract

(g) services should be gender sensitive and available for persons through the life cycle.

#### National level review

Better progress has been made in areas of reproductive health than in reproductive rights. While the emphasis is still heavily on the provision of family planning services, there is a general recognition of the wider concept of reproductive health and, in general, most countries indicated that they considered universal access to reproductive health care to be adequate or achievable.

Most countries were well on the way to integrating family planning pre- and post-natal care, breast feeding and STDs treatment into primary health care settings. Jamaica indicates that their integrated program of reproductive health into primary care services include life cycle appropriate services and baby friendly initiatives. Trinidad and Tobago has mandated training for health care providers and primary care centres to include screening for prostate cancer and is encouraging governments/NGOs partnerships to increase access to the wide range of services. In Aruba and the Netherlands Antilles, reproductive health care is integrated into the health care seminars with local variations of emphasis. (See Table 8.)

Information supplied in various country reports do not specifically address issues such as integration of reproductive health programs with intersectoral policies to combat gender inequalities, poverty and early drop out from the education system. However, many of the region's family planning associations are sensitive to these issues. The comments which indicate areas of unmet needs of individual projects being undertaken or developed points to these being areas of unmet need.

Several countries note that training of public health personnel is proceeding with a view to improve the quality of existing reproductive health care. Barbados is studying the quality of services delivered in reproductive health at poly-clinics. The Bahamas has undertaken ongoing training for health care providers, as have Jamaica, Trinidad and Tobago, among others.

The socio-economic status of some countries of the region has deteriorated since ICPD '94 and this has impacted negatively on progress in provision of sexual and reproductive health services. The situation in Suriname is of particular concern.

Here the institutionalisation of population concerns into national development strategy has not been addressed by government, however, a partnership with Stichting Lobi (the Surinamese FPA), the Dutch government and UNFPA, is working on a cost-sharing programme for adolescent sexual and reproductive health. Much of the activity in the sexual and reproductive health of the country is being initiated through Stichting Lobi.

**Table 8. Review of reproductive health care, by country**

Country	Policy, legislative changes recognizing reproductive rights	Improving universal access to reproductive healthcare services	New components	Integration of reproductive health care into primary health care	Quality of existing services	Decentralization
Antigua & Barbuda	Some aspects already recognized right to decide freely - paternity legislation re. children born out of wed lock	Achieved	All components exist including infertility counseling men and women integrated services with AIDS secretariat	✓	Upgraded clinics, improved services and conditions	✓
Aruba	No specific mention		No change since ICPD	✓		✓
Bahamas	National family planning policy with pertinent aspects of reproductive health. June '97 to be ratified	National family planning policy to facilitate universal access to regional health care		✓	Ongoing training for providers	✓
Barbados	Reproductive rights assured and explicitly recognized	Universal access	All components exist	✓	Quality of care evaluation in progress training ongoing	✓
Belize	National Health Policy of the Ministry of Health, finalized & accepted in 1998, recognizing all aspects of reproductive health care including pre & post natal, family planning & general reproductive health care (such as treatments of STDs, cancer screening, etc.)	Will work towards providing universal access to reproductive health care services	Is comprehensive	✓	Recognized that quality of existing services needs to be improved and calls for this	Plans to decentralize services such as Belize Family Life Association, affiliate of the IPPF to provide the services
Cayman Islands	Access to care and freedom to plan family. No new measures	Level of access adequate but availability needs to be more flexible	All components already exist	Already fully integrated	More staff, less waiting, more midwives' clinics, more available methods	New district clinics, evening clinics, more GP clinics
Grenada	Support is given to programmes in reproductive health and government itself carries out reproductive health services. Support to NGOs providing sexual & reproductive health services	Level of access not considered adequate	all components exist	✓	Upgraded clinics, both physical conditions and services	✓

Table 8. Review of reproductive health care by country.....continued

Country	Policy, legislative changes recognizing reproductive rights	Improving universal access to reproductive healthcare services	New components	Integration of reproductive health care into primary health care	Quality of existing services	Decentralization
Guyana	Medical Termination of Pregnancy Act passed, maternal and child health services expanded, support to NGOs who provide sexual & reproductive health services, adolescent rights to medical termination of pregnancy is ensured without parental consent once over the age of 14	Level not adequate	Limited components: 1. Prenatal care; 2. Post-natal care; 3. Prevention and treatment of infertility 4. Treatment of STDs 5. Treatment of reproductive tract infections	Family planning & STDS treatment integrated	Improvements in the family planning centre and pre- and post-natal units modernization of equipment	New measures to decentralize community projects and HIV and STDS prevention
Jamaica	All reproductive rights affirmed personal choices program with private sector	Access adequate	All components exist. Emphasis on males in national family planning programmes	Integrating M.C.H, F.P., STDS Programmes, baby friendly initiatives as well as life cycle approach of sexual and reproductive health into family care	Good quality of care study. - no scalpel vasectomy pre industry noplant	✓
Netherlands Antilles			Curacao FPA started project on adolescent sexual & reproductive health	Integrated into the Health Services local varieties as emphasis		✓
Saint Lucia	Some aspects of reproductive rights are already explicitly recognized	Partnership with St Lucia Planned Parenthood Association and St Lucia Cancer Society	-	Integrated into health services prior to ICPD. No new measures	Ongoing training for providers; improvement to health clinics	✓
St. Vincent & the Grenadines	Free HP health services/reproductive care. More support for minors needing contraceptive methods without parental consent	40 health centres and 6 hospitals provide access to reproductive health care for all citizens. Contraceptive methods - free of cost	All components exist	✓	Upgraded clinics. Improved services and ongoing training of health care personnel	✓
Suriname	Institutionalisation of population concerns into national development strategy has not been addressed by government	Partnerships with Stichting Lobi (the Suriname FPA). UNFPA and the Dutch government - cost arising programmes for adolescent sexual and reproductive health. Stichting Lobi and				
Trinidad and Tobago	Rights recognized Population policy adopted 1996	level of access adequate but long making list of TL and vasectomy in government clinics	Education programmes and training of services providers in provision of penalty	Yes. Network of 10 health clinics screening for prostate cancer Adopt a community project	Work on quality training partnership government. FPA EWMSA at Mt Hope.	

Source: National Reports

Table 9 provides data on Indicators of resources, access and coverage, in the subregion, national health expenditure per capita for 1988, ranged from a low of US \$29 dollars in Guyana to a high of US\$1,168 in the Cayman Islands, with a mean of US\$133 in Dominica and Suriname.

**Table 9. Indicators of resources, access and coverage**

Country	Physicians per 10,000 population <sup>a</sup>	Nursing professionals per 10,000 population <sup>a</sup>	Dentists per 10,000 population <sup>a</sup>	Hospital beds per 1,000 population <sup>b</sup>	National health expenditure per capita (1988 US\$) <sup>d</sup>	Total health expenditure as % GDP <sup>a</sup>	% births attended by trained personnel <sup>c</sup>	% use contraception (women, all methods) <sup>e</sup>
Anguilla	11.1	22.2	1.1	6.2	...	...	100	...
Antigua and Barbuda	7.6	23.3	1.7	6.6	344	5.9	100	53
Aruba	11.2	...	2.8	4.8	...	...	97	...
Bahamas	14.1	25.8	2.2	4	567	5	99	62
Barbados	11.3	32.3	1.3	8.4	348	5.8	100	55
Belize	4.7	7.6	0.8	2	100	5	83	47
Bermuda	12	88.6	4.6	8.4	...	...	...	...
Cayman Islands	17	51.8	4.1	3	1168	4.7	99	...
Dominica	4.6	26.3	0.1	3	133	6.2	100	50
French Guiana	13	73.2	2.6	...	...	...	...	...
Grenada	5	23.9	0.7	8	115	5.6	100	31
Guadeloupe	14	24.9	2.6	...	...	...	...	44
Guyana	3.3	8.8	0.1	3.3	29	5.5	93	31
Jamaica	5.7 (8)	6.9 (10)	0.9	2.2	54	3.7	82	62 (16)
Martinique	17.1	46.1	3.3	...	...	...	...	51
Montserrat	5	38	1	6	338	5.8	100	...
Netherlands Antilles	14	29.4	3.3	7.6	...	...	...	...
Saint Kitts and Nevis	8.9	59	1.8	9.2	214	6.3	100	41
Saint Lucia	3.5	17.7	0.6	4	117	5	100	47

Country	Physicians per 10,000 population <sup>a</sup>	Nursing professionals per 10,000 population <sup>a</sup>	Dentists per 10,000 population <sup>a</sup>	Hospital beds per 1,000 population <sup>b</sup>	National health expenditure per capita (1988 US\$) <sup>d</sup>	Total health expenditure as % GDP <sup>e</sup>	% births attended by trained personnel <sup>e</sup>	% use contraception (women, all methods) <sup>f</sup>
Saint Vincent and the Grenadines	4.6	18.7	0.5	4.7	125	6.1	100	58
Suriname	4	22.7	1	5.7	133	4.1	80	...
Trinidad and Tobago	9	16.8	1.1	3.6	181	4.4	98	53
Turks and Caicos Islands	5.3	17.7	0.6	2.5	...	...	...	...
Virgin Islands (UK)	16.5	36.9	0.8	...	...	...	100	...
Virgin Islands (US)	16.5	36.9	...	4.8	...	...	...	...

<sup>a</sup> Latest year available between 1990 and 1995

<sup>b</sup> Latest year available between 1992 and 1995

<sup>d</sup> 1990

<sup>f</sup> Latest year available between 1990 and 1994

( ) Jamaica 1997 country data

Source: Health Conditions in the Caribbean, Pan American Health Organisation, Scientific Publication No. 561



### Abortion

In 1995, Guyana passed the Medical Termination of Pregnancy Act. In most countries where the procedure is restricted legally, terminations are permitted under certain circumstances, such as, mental and physical endangerment of the mother, rape and incest.

Unsafe abortion is still an area of concern, particularly in countries where the procedure is legally restricted. The Family Planning Association of Trinidad and Tobago (FPATT) has noted that there are not official statistics on abortion but expresses concern about the growing use of the drug "misoprostol" as an abortifacient.

### Maternal mortality

Most of the countries of the subregion experience difficulties with collection of accurate morbidity and mortality data. Para 8.23 states that developing countries, with the support of the international community, should aim at further reductions in maternal mortality, through measures to prevent, detect and manage high risk pregnancies and births particularly those of adolescents and late parity concern.

The maternal mortality statistics for selected countries in the subregion are included for ease of reference. There is some concern for the still significant numbers of maternal deaths across the region. Table 10 indicates that per 100,000 live births, the Caribbean records maternal deaths as low as 8 in the Cayman Islands to as high as 180 in Guyana. The number of maternal deaths per 100,000 live births in North America is 8.

**Table 10. Mortality and morbidity indicators**

Country	Infant mortality rate <sup>a</sup>	<5 yr mortality rate <sup>a</sup>	Maternal mortality rate <sup>b</sup>
Anguilla	26	34	...
Antigua and Barbuda	19	23	...
Aruba	8	10	...
Bahamas	19	21	21
Barbados	16 (1996 - 14.2)	19	20
Belize	36	46	147
Bermuda	13	15	...
Cayman Islands	6	6	8
Dominica	14	18	...
French Guiana	20	23	...
Grenada	20	25	...
Guadeloupe	11	13	...
Guyana	46	62	180
Jamaica	17 (1997 - 24.5)	23	115 (1997 - 111)
Martinique	10	12	...
Montserrat	12	15	...
Netherlands Antilles	15	18	...
St Kitts and Nevis	27	32	...
Saint Lucia	19 (1996 - 11.6)	23	...
Saint Vincent & the Grenadines	18	23	6
Suriname	18	22	112
Trinidad and Tobago	14	18	76
Turks and Caicos Islands	19	22	...
Virgin Islands (UK)	20	23	...
Virgin Islands (US)	13	15	...

<sup>a</sup> Per 1,000 live births, 1994 or 1995

<sup>b</sup> Per 100,000 live births, latest year available between 1987 & 1995

<sup>c</sup> Cases per million population

Source: National Reports

## 1. HIV-AIDS

### Prevalence of HIV/AIDS in the Caribbean

The primary mode of HIV/AIDS transmission in the Caribbean subregion is heterosexual and the age of highest infection has shifted from the 30-39 age group in 1994 to the 15-27 age group for both sexes in 1998. Reporting of HIV is not mandatory in the Caribbean, so the data available deals only with reported cases.

There has been a focus on HIV prevention, but much less attention to the care and treatment of persons who are HIV positive or have AIDS and in particular programmes that specifically address the treatment of HIV positive pregnant women. The present prohibitive costs of drugs prevent most Caribbean people from accessing treatment. Participation in vaccine testing is being considered by the Government of Trinidad and Tobago, but, no final decision has been reached.

Trinidad and Tobago, Bahamas and Jamaica have the highest levels of reported cases of HIV in the region. In 1995, the annual incidence rate for AIDS was 230.7 for males and 121.7 for females. See Table 12 for the reported cases of Acquired Immunodeficiency Syndrome by Country and Year (1994-1997) with Incidence Rates per 100,000 Population CAREC Member Countries.

**Table 11. Reported cases of Acquired Immunodeficiency Syndrome, by country and year, with incidence rates per 100,000 population CAREC member countries**

COUNTRY	YEAR							
	1994		1995		1996		1997	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Anguilla	0	0	0	0	1 <sup>b</sup>	11.1	-	na
Antigua & Barbuda	16	24.6	7	10.6	13	19.7	7	10.4
Bahamas	316	120.6	389	147.9	376	134.3	273 <sup>c</sup>	96.1
Barbados	119	44.9	95	35.6	130	49.4	113	42.8
Belize	18	8.7	28	13.5	38	17.2	-	na
Bermuda	44	69.8	48	81.4	40	66.7	14	21.9
Cayman Islands	4	14.8	0	0	3	11.1	1	3
Dominica	6	8.1	5	6.8	14	18.9	19	26.8
Grenada	7	7.4	18	19.1	18	18.2	4 <sup>c</sup>	4.3
Guyana	105	14.3	96 <sup>a</sup>	13	144	19.6	116	13.6
Jamaica	359	14.5	505	20.2	527	21	370 <sup>c</sup>	14.5
Montserrat	0	0	0	0	0	0	0 <sup>b</sup>	0
Saint Lucia	13	9.2	10	7	14	9.7	15	10.3
St. Christopher/Nevis	7	16.3	6	14	6	14	0.167	9.1
St. Vincent & the Grenadines	12	10.3	6	5.1	26	22	24	20.2
Suriname	26	6.2	201	4.8	-	na	186	43.7
Trinidad & Tobago	269	22.6	340	27	412	32.5	118 <sup>b</sup>	9.3
Turks & Caicos Islands	-	na	-	na	-	na	-	na
Virgin Islands U.K.	1	5.6	3	16.7	1	5.6	3	16.7
Subregional Total/Rates	1322	21.2	1576	24.9	1763	26.9	1267	20.1

<sup>a</sup> Report received for 1<sup>st</sup> and 2<sup>nd</sup> Quarters only

<sup>b</sup> Report received for 1<sup>st</sup> Quarter only

<sup>c</sup> Report received for 1<sup>st</sup> - 3<sup>rd</sup> Quarters inclusive

na = Not Applicable

- = Data not available

Source: Caribbean Epidemiology Centre (CAREC)

- (g) Almost non-existent sexual and reproductive health services specifically for adolescent;
- (h) Inadequate qualitative data on the issues of adolescent reproductive health and fertility;
- (i) Limited financial resources;
- (j) Legislation limiting access to education, health, social services;
- (k) Interruption of adolescent's education as a result of pregnancy.

### Country Review

The response over the post ICPD years has been a general increase throughout the region of awareness of the issue and expressed concern from both the young people themselves and from organizations working with youth. Awareness raising activities reached a high point with the UNFPA Caribbean Youth Summit 1998 on Adolescent and Sexual and Reproductive Health and Rights which sought to actively involve young people in policy formation and programme planning.

The Youth Summit produced a resolution, a Caribbean Regional Declaration on Adolescent Health and Rights and Regional Action Plan, which specifically called for the construction of reproductive health and social services for youth which are in-line with the recommendations of ICPD 94 and for the legally protected rights to social and medical services. The resolution calls for guidance, help in making positive choices about sexual activity including abstinence and for their recognition as equal, active and responsible partners in the efforts to bring reproductive health services to youth. It calls for the right of those adolescent girls who get pregnant to return to school and for sexual and reproductive health education and counseling services in school and community. Table 12, which presents data for age specific fertility rates by country, points to the significance of adolescent fertility in the region. Although the data indicates a decreasing trend in the patterns of teenage fertility over the period 1970-1991, the region still considers the rate too high.

Notwithstanding the success of the Youth Summit, however, the situation in many countries as far as achievement of some of the goals stated at Nassau is limited by inadequate political will, deficient programme planning, outdated teaching methodologies and serious financial constraints. Some of the countries have programs for teenaged mothers. The majority of the programs are NGO activities, they are not universal in their

### Demographic impact of HIV epidemic

Commenting on demographic impact of the HIV/AIDS epidemic, Dr. F. White, past Director of CAREC makes the following projections:

2. AIDS would contribute to 60-80% of deaths in 25-34 age group
3. There would be a net reduction in population of 0.5 to 1.0 million

Appendix 3 contains the latest available data on CAREC member countries for the Acquired Immunodeficiency Syndrome incidence rates for the period 1982 - 1997 and crude mortality rates for 1997.

### Economic Impact of the HIV/AIDS Epidemic

Direct costs of the epidemic cost of health care plus indirect costs due to loss of income will rise sharply and may be upwards of US\$500 million by 2006 (based on 1989 data).

The Caribbean countries have taken various initiatives to deal with HIV-AIDS at both regional and national levels and international agencies such as PAHO/WHO, UNAIDS, UNFPA and others have been involved in various activities as well. All of the countries have national AIDS committees.

### Other STDs

With the exception of syphilis, reporting is not mandatory and reporting is poor, so little data is available on herpes simplex, human papilloma virus, chlamydia etc.

CAREC data shows syphilis incidence at 2.37 per 100,000 population for Guyana to 449.23 per 100,000 population for Cayman Islands.

## **2. Adolescents**

The Caribbean Plan of Action on Population and Development, follow-up to ICPD, identified specific issues in the situation of adolescents in the region. These are:

- (c) There was limited awareness of adolescent reproductive health issues;
- (d) Weak Political support for adequately addressing the issues;
- (e) Serious social barriers to facing up to the situation;
- (f) Health and family life education programmes inadequate to deal with prevention and consequences of adolescent pregnancy;

scope or population served. Research into issues of adolescent sexuality, reproductive health and behaviour has been undertaken regionally by international agencies, such as PAHO and UNICEF. UNICEF looked at the situation analyses of children in an especially difficult circumstances, including pregnant teenagers, in these groups. Some countries have also undertaken individual studies.

The adolescent's ability to return to school following pregnancy is varied in some situations. This is still actively discouraged even though there are no existing legislative barriers to her return to school. There has been developed a model OECS Education Act which calls for the integration of adolescent mothers into the education system. This model Act, or one like, it if passed and enforced by Caribbean states, would be a positive step in dealing with one of the major issues for the adolescent mother's continued development.

The CARICOM Health and Family Life Education Initiative has been developed but implementation varies considerably, some countries using the program, some not at all. The University of the West Indies (UWI) and the Family Planning Association of Trinidad and Tobago (FPATT) partnership in training teachers at the School of Education in Family Life Education, is a landmark in cooperation between members of civil society on the issue of adolescent reproductive health. The Ministry of Health of Jamaica has drafted an Adolescent Health Plan of Action for the Years 1996 - 2000. Saint Lucia's government is to embark on a programme to address high teenage fertility and the prevention of adolescent pregnancy. St Vincent and the Grenadines have established a task force for the promotion of adolescent. Antigua and Barbuda has developed a Plan of Action for adolescents, and the Bahamas has an Adolescent Health Project.

The need for sexual and reproductive health services for the regions' adolescents, remains very high. This has been clearly presented by the young people of the region, as evidenced by their concerns raised at the Caribbean Youth Summit. They state that the existing programmes do not adequately address their needs and have little or no input from the young people themselves. The data on HIV/AIDS indicates that, in Trinidad and Tobago, teenaged girls are now the group with the highest incidence of new infections, pointing dramatically to the consequences of inadequate services for adolescents.

Table 12. Age-specific fertility rates, by country, 1970-1990/1991

Country/year	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	Total Fertility Rate
<b>Bahamas</b>								
1970	93.9	234.9	210.8	145.2	99.4	37.9	-	4.1
1980	102.8	179.2	174.9	111.8	56.5	19.8	2.8	3.2
1990	69.4	133.6	134.2	106.6	50.7	12.3	1.2	2.5
<b>Barbados</b>								
1970	94.3	163.8	156.2	101.8	60.3	24.8	3.8	3.0
1980	70.7	110.4	95.5	62.6	24.0	8.2	3.6	1.9
1990	64.6	113.0	101.4	73.3	34.4	7.7	0.2	2.0
<b>Belize</b>								
1970	142.6	310.4	303.3	240.7	173.5	75.7	9.0	6.3
1980	156.2	299.3	274.2	193.8	139.1	56.0	4.8	5.6
1991	127.0	259.5	216.4	166.4	93.5	34.4	6.5	4.5
<b>Dominican Republic</b>								
1970-1975	116.7	282.1	262.3	226.0	159.4	65.3	13.6	5.6
1980-1985	100.8	242.9	218.9	162.0	104.6	37.5	11.4	4.4
1990-1995	83.0	225.8	197.4	136.0	79.9	25.4	6.6	3.8
<b>Grenada</b>								
1970	141.5	262.2	227.3	138.4	61.8	20.0	1.6	4.3
1980	115.8	177.4	165.8	118.1	70.2	21.6	1.7	3.4
1991	107.2	187.8	165.8	129.0	71.5	26.8	1.3	3.4
<b>Jamaica</b>								
1970	167.4	301.8	268.1	190.2	127.3	46.8	7.8	5.5
1980	128.9	194.9	157.7	112.9	70.9	26.8	4.0	3.5
1989	100.0	161.0	130.0	93.0	59.0	31.0	5.0	2.9
(1997)	(112.0)	(163.0)	(112.0)	(101.0)	(55.0)	(20.0)	(-)	(2.8)
<b>St. Kitts &amp; Nevis</b>								
1970	...	...	...	...	...	...	...	...
1980	130.0	176.3	157.6	103.1	76.7	27.1	-	3.4
1991	82.6	141.6	142.5	92.7	69.6	13.7	1.7	2.7
<b>Saint. Lucia</b>								
1970	159.3	424.3	348.7	254.1	133.9	35.9	2.5	6.3
1980	146.8	217.6	183.5	125.5	84.8	30.5	3.7	4.0
1991	99.0	173.1	159.3	119.3	62.4	18.9	1.6	3.2
<b>St. Vincent and the Grenadines</b>								
1970	180.9	344.6	285.7	216.9	135.8	51.9	5.9	6.1
1980	145.4	220.3	188.7	134.5	65.4	22.4	5.4	3.9
1991	99.6	166.2	138.5	124.3	54.5	9.1	1.2	2.9
<b>Trinidad and Tobago</b>								
1970	88.5	206.6	175.5	123.8	83.3	29.1	4.6	3.6
1980	84.0	178.0	173.7	121.7	63.2	17.9	2.6	3.2
1990	61.0	132.0	123.7	89.7	48.9	15.2	1.4	2.4

( ) Jamaica 1997 country data

Source: Digest of Selected Demographic &amp; Social Indicators 1960-1994 For CDCC Member Countries



## **D. Strengthening the Partnership with Civil Society**

### **1. The ICPD Programme of Action**

The *ICPD Programme of Action* adopted by governments in 1994 included the issue of **PARTNERSHIP WITH THE NON-GOVERNMENTAL SECTOR** in Chapter XV, which calls inter alia for the following action:

*'Governments and intergovernmental organizations, in dialogue with non-governmental organizations and local community groups, and in full respect of their autonomy, should integrate them in their decision-making and facilitate the contribution that non-governmental organizations can make at all levels towards finding solutions to population and development concerns and, in particular, to ensure the implementation of the present Programme of Action. Non-governmental organizations should have a key role in national and international development processes.'* (Para 15.8)

In the process of a Five-Year evaluation of the implementation of the *Programme of Action*, questions need to be asked about the issues that played a major role in this process. It is widely believed and supported by both facts and anecdotal evidence, that the forming of partnerships and the ability to find ways and means to sustain them has been a crucial element in making the concepts and proposed actions of the ICPD both operational and development-oriented.

### **2. National review**

Expectations and promises were high in the Caribbean post-Cairo, given the active role it had played at the conference and before, in the preparatory process. Caribbean unity in strengthening the final document raised high hopes that the same unity would carry the ICPD implementation forward.

The post-Cairo period in the Caribbean was, however, marked by political and economic changes. New governments and technocrats often did not feel committed to the ICPD POA, and difficult economic circumstances caused, in many instances, economic restructuring and poverty issues to be considered first priority. The Caribbean, as it is comprised of many small countries, needed to fall back on a regional structure which would keep promoting and guiding the implementation process. In too many instances, it was left to individual countries to struggle for operationalisation of new and often little understood concepts. Little outside financial and technical support has been provided up in this first implementation period under review. Based on reports received, at least five governments provided funding from national budgets.

Results-oriented programs and sustainability were expected to be created on the basis of strengthening existing partnerships and the building of new ones. Partnerships

with NGOs too often remained focused on traditional family planning partners. Structured partnerships with women's organizations or the private sector has remained scant and, therefore, made little contribution to the implementation process.

The perception that "partnership with civil society" would be a sustainable and affordable mechanism for the implementation of ICPD in the Caribbean or elsewhere needs to be reviewed in-depth by governments, international agencies and civil society itself. The necessary preconditions for such working relationships were lacking in the first period of implementation, yet the insistence of looking towards all of civil society (meaning in reality all contributing institutions to social and economic development in a country), some who do not possess commitment to the ICPD implementation process, would appear to be not realistic now, or, in the future.

### **3. Implementation "Strengthening the Partnership with Civil Society"**

Achievement in this area has been scattered and often only with traditional family planning partners. Little new initiatives are visible to structurally include other NGOs and other civil society partners. Participation and involvement of women's NGOs, as mentioned in ICPD para. 15.9, has not been realized in many instances.

Some countries in the Caribbean have involved NGOs in a formal policy body. The Bahamas created the National Commission for Social Development (NCSD) in 1994 and invited NGOs on the Commission as partners in the development process. The Permanent Commission for Population Issues of the Netherlands Antilles established in 1994, has included women and other NGOs as members. More recently in Grenada, NGOs are part of a tripartite committee comprising government, trade union and civil society representatives responsible for monitoring policies at national level. Guyana has also just adopted a policy for the inclusion and involvement of civil society, including NGOs, in planning, managing, implementing and monitoring population and development policies and programs at the national level. Trinidad and Tobago, as well, has representation of NGOs on a Committee of Social Development. Suriname has included NGOs from throughout the country in its Advisory Board of the National Machinery for the Advancement of Women.

Less structured and informal involvement of NGOs is evident in several countries. Barbados holds community fora and consultations with the private sector, trade unions, NGOs and CBD on social issues. In Trinidad and Tobago, the Population Council has finalized the Action Plan for Implementation of Population Policy with the assistance of NGOs.

Strengthening of institutional capacity of government and civil society lack both continuity and major initiatives in most countries. Where financial support has

Population and Development. The multi-sector, integrated and participatory approach to poverty eradication in a number of countries, both includes the population experts and addresses their issues. Recurrent advocacy events and collaboration with the media are being used more often in several countries. Changes in the health system in many countries provide opportunities for incorporating the ICPD agenda. Suriname has committed its health system to the delivery of adolescent health services and in Trinidad and Tobago reproductive health has been placed within the primary health care structure. The work being done in the Caribbean through the Commonwealth secretariat with a Gender Management System model and the pilot projects for putting a gender perspective into national budgetary proposals, can be collaborative mechanisms for implementing gender equality and empowerment of women programs, as spelled out in the ICPD document.

Unfortunately, the assessment must be made that the management of partnerships is not well understood by those accountable and the conditions for sound partnership are not yet in place. To strengthen the partnership with civil society, including women NGOs as was foreseen in the ICPD 1994, three key future actions are required in the continuing implementation process:

1. Advocacy in the broadest sense targeted at the wider public, policymakers and civil society partners;
2. Institutional and human capacity-building targeted at both government and civil society, including financial and human resource support and sustainability; and
3. Creation and support of networking and collaboration mechanisms, which have proven to contribute to sustainable development.

## **5. Future expectations**

A balanced evaluation addresses both the good and the bad. During the five years since Cairo, there have been many changes in our worlds, some of which impact on all of us and some of which are very area or country-specific. Many organizations have found, for instance, that changes in government often require a change in strategies or plans and partnerships and, therefore, a certain flexibility in implementation. Many such lessons are evident, even in the short period of operationalizing the actions proposed in Cairo. Key actors in the process need to examine the type of partnerships that are feasible in the long run and should be prepared to address the changing modes and partners needed for each different action as required. It is important to seek a balance in partners, with a focus on women's organizations and NGOs who have carried and will continue to carry and advance the widest possible implementation of the ICPD Programme of Action.

increased, it is most often not directed at institutional strengthening, but rather, at projects and programs. Grenada is an exception, with an NGO Desk in the Ministry of Finance and a scholarship program, as well as government subventions to the NGOs which work at the community level.

Private sector involvement has been slow, not necessarily for a lack of will on their side, but more for a lack of clear expectations and formal incentives for involvement. In some countries, getting involved in reproductive health care is seen as invading the domain of government. Corporate sponsorship is sought and received for specific projects, such as the Youth Reproductive Health project in the Netherlands Antilles and STDS/HIV projects in Guyana. Trinidad and Tobago has incorporated the private sector in its AIDS committees and advocates through them.

Progress in the partnership with civil society is very much concentrated in the area of reproductive health and in advocacy perceptions. In countries like Trinidad and Tobago, for instance, where it is expressed that a substantial contribution has been made by NGOs towards achieving the goals and policies of population and development. Much of the progress is concentrated in reproductive health and guided by the family planning association, which in this case is one of the strongest and most innovative in the region. Similarly in Barbados, the NGO sector has been accorded special significance in the development of policy and the implementation of programs, which in practice has meant increased support for the programs of the FPA.

#### **4. Conclusions**

A general constraint in the full implementation of the ICPD POA, is the lack of awareness among the public and the policymakers about the concepts and actions required. Consequently institutional strengthening of even existing government bodies responsible for population and development, is difficult to achieve and sustain. In some countries the government is not interested in taking a forefront position and is reluctant to spend money if the immediate benefits are not visible. On the other hand, most NGOs do not want to get involved if they are not direct beneficiaries. As NGOs are still sometimes seen as a threat to politicians, the challenge has been and will remain to build trust between government and civil society, including NGOs. The process of implementation has not been gender based and gender-sensitive. The biggest challenge remains the strengthening of existing partner relationships, including those with women NGOs and at the same time, the development of new partnerships with those who can contribute substantially and sustainably to the ICPD implementation. A major constraint is the lack of operational rules and regulations and a consistent framework for working relationships.

Emerging opportunities are evident in the scope of work that is being allocated and taken on by different institutions, such as committees, national councils and coalitions, women's bureau, for example. In Trinidad and Tobago, the Population Council has the specific responsibility for the coordinating and monitoring of the Action Plan for

## Part Three: The Way Forward

There are fifteen years ahead for the completion of the goals and actions shaped by Governments and NGOs from the Caribbean subregion, in Cairo in 1994. The *ICPD+5* evaluation should provide, not only a review of what has taken place but should act as a guide to how the Caribbean can proceed in its attempt at fully implementing the ICPD POA in the next Five-Year period.

This review takes place during a period of deteriorating conditions in the social sector, particularly in the areas of education, health and housing. Increasing income disparities in most countries in the subregion, despite evidence of economic growth, have pushed large numbers of households below the poverty line with its resultant negative social fallout. The ECLAC Summary of Economic Performance for 1997 suggests that there has been growth in some sectors of some economies and overall growth in others. Despite this, some countries in the subregion still suffer from structural weaknesses of small mono-crop and micro-economies. This leaves little capacity for protection from the negative fallout of globalization and trade liberalization.

### **1. Priority Areas for Action**

At the meeting of ECLAC/CDCC member governments and NGOs involved in population and development, a consensus was arrived on the priority issues for government action. These were based on the critical areas of concern which had emerged from the review and appraisal process and which had been identified in the review process as requirements for future action. Recognizing the limitations of small island states and the lack of availability of new and additional resources, participants identified the most essential actions that were necessary by governments, in order to make a fundamental impact on the implementation of the ICPD POA.

These were as follows:

#### Data

Mechanisms should be considered for consensus on decisions, relating to systems and methodologies for the collection, analysis, accessibility and dissemination of data, with the possibility of disaggregation by appropriate categories including gender, for the purposes of planning and policy development.

#### Research

Greater allocation of resources both human and financial, for policy oriented research particularly in the areas of reproductive health, gender-based violence, sexuality and male roles and responsibility, across the life cycle.

### Reproductive health

Issues of adolescent reproductive health, family life education, adolescent fertility and the HIV/AIDS epidemic are critical areas of concern for the development of the region. Problems in these areas impact on the productive human resource of the immediate future. Adolescent pregnancy contributes to the transmission of poverty from one generation to the next. Governments need to develop comprehensive policies and services for reproductive health and rights for adolescents, by strengthening existing programmes and developing new ones.

### Gender Equality and the Empowerment of Women

To achieve the goals set out within the ICPD POA for achieving Gender Equity and Empowerment it requires that governments increase allocation of resources for the inclusion of gender planning within the national policies, strategies, plans and programmes.

### Integration of Population into the Planning Process

Strengthen and or establish, where appropriate, inter-ministerial and inter-agency systems and mechanisms, to facilitate consultation and collaboration. This collaboration should occur both internally and with members of civil society. This should improve the integration of population variables in the planning process, during the elaboration of development policies and programmes.

### Focal Point

There is a clearly stated need for the identification of a focal point in each country in the subregion in order to coordinate the follow-up to the implementation of the ICPD POA and to monitor and report regularly on its implementation, to national partners and regional agencies with whom they collaborate.

### Investment in the social sector and capacity building

Encourage governments to secure and direct resources for investment in the social sector. This will ensure that the human resource capacity of the subregion is continuously strengthened, as a sound human resource base advances small island states towards their stated goal of growth with equity.

### Migration

Develop policies that address the issues of international migration in relation to: returning residents; intraregional migration; remittances; and the availability of trained human resources in the field of migration.

## 2. Areas for Future Action

Some key areas for future action have become apparent, based on the review and appraisal undertaken. These have been presented in a schematic table for quick reference in this section of the document. (See Table 13.)

Specifically, in the area of **integration of population** matters in the development process, data is still a critical issue. **Collection, analysis, dissemination and accessibility to data** is still a concern the region. These data are needed disaggregated by relevant characteristics of sex, age, geographic location, race, religion and income. Planning and programming, no matter on how limited, or short term scale, is not possible without sound socio-economic and demographic data. Analysis of the data and research of a behavioural and statistical nature are still needed. **Strengthening institutional capacity** has to be viewed as an ongoing requirement in the integration process as people move on and take their acquired skills with them. The strengthening of **mechanisms** to facilitate the implementation of the integration of population matters into the development process and the **appointment of a focal-point** for the follow-up to the ICPD-POA, were some of the future actions identified.

**Migration**, was highlighted as a critical area of concern by the Caribbean in the Plan Of Action which was developed in Bahamas in 1995. The review has highlighted the need for development of national policies and programmes of action on **international and intra regional migration**. As well, the issues of return migrants was identified as one for concern. The establishment of institutional facilities to assist in the **integration process of return migrants** was highlighted.

In the area of **Gender Equality and the Empowerment of Women** the most significant future actions identified was building the capacity in **gender planning**, and enabling the **collection of data disaggregated by sex**. The **retooling of the delivers of education** and the **creation of new education materials** to reduce sex stereotyping and increase gender sensitivity and balance in the education processes in the region was identified as important to the full implementation of the ICPD POA .

In the area of **Reproductive Health and Rights, Reproductive Health Care, Social Equity and Family Welfare**, it was agreed that much had been achieved in the area of **Reproductive Health**, but much more was still needed as previous gains made in an earlier period, may have been eroded due to the economic constraints faced by countries. Areas for future action include efforts to further **reduce the incidence of maternal mortality and action to control the spread of HIV/AIDS**. In the area of **Adolescents** an appropriate solution for the dilemma between sexually active adolescents who are below the age of consent and the provision of contraceptives to avoid pregnancy and STDs including AIDS/HIV has been identified as necessary. Such a solution by necessity must address a systematic and comprehensive **policy on adolescent reproductive health and rights** including that of adolescent mothers right to return to school.

In terms of **Strengthening the Partnerships with Civil Society**, the success of future action hinges on deepening existing partnerships, and developing new partners. To achieve this it has been suggested that the **creation and support of networking and collaborative mechanisms** is essential. Increased **Advocacy** targeted at a wider public, policy makers and members of civil society will assist in enlarging the pool of future partners necessary to achieve the full implementation of the ICPD POA.

The premise is that the *Programme of Action* cannot be implemented in any country by any single group alone. Both governments and civil society need to work together within the gender equality, human rights and growth with social equity framework, for success to be achieved. The continued and even more pronounced financial and technical support and collaboration of regional agencies and international organisations will make the final difference.



**Table 13. Schematic overview of constraints, emerging opportunities and future action**

Key Constraints	Emerging opportunities	Future Action
<p><b>Integration of Population Matters in the Development Process:</b></p> <p>Limited integration of population factors in development policies and programmes</p> <p>Limited allocation of funding to mechanisms such as population units to ensure effective integration of population and development</p> <p>A carefully identified <u>focal point</u> for reviewing, follow-up and evaluation of the ICPD Programme of Action was not identified in all countries of the subregion</p> <p>Non-establishment of appropriate mechanisms for their integration in the development process in the many countries of the region</p> <p>The limited financial and human capacity to deal effectively with natural disasters</p>	<p>National Plans of Action on children and other sectors of the society have been developed and committees established</p> <p>National Population Policy developed and/or revised</p> <p>Sustainable development councils or similar mechanisms where population concerns can be integrated</p>	<p>Collection, dissemination and accessibility to data with possibilities of disaggregation by relevant socio-economic characteristics</p> <p>Analysis of data and research and strengthening research capacity</p> <p>Establish a national focal point/programmes and activities to address and coordinate all matters related to the implementation, review and evaluation of the ICPD Programme of Action</p> <p>Establishment of effective mechanisms to integrate population concerns into social and economic policies and programmes</p> <p>Capacity building for achieving the integration of population development concerns into the socio-economic policy and programme framework</p> <p>Establishment of mechanisms to ensure that population and development concerns are included into the sustainable development programmes</p>

Key Constraints	Emerging opportunities	Future Action
<p><b>Migration</b></p> <p>Lack of policy or programmes of action on international migration by some countries</p> <p>Absence of or inadequate legal instruments for dealing with migrant trafficking or other illegal activities relating to undocumented migration</p> <p>Insufficient/inadequate understanding of the role of international migration and its potential for the development of the region's economy and society</p> <p>Inadequate systems for the measurement of international and intra-regional migration in many countries of the subregion</p> <p>Absence of or inadequate institutional arrangement for monitoring the return and re-integration of returning residents</p> <p>No national law exist to punish migrant for trafficking</p> <p>No policy on emigration</p> <p>No comprehensive systematic policy on immigration exist</p> <p>No comprehensive policy exist to encourage the return of nationals</p> <p>No policy of incorporation of migrants into receiving countries</p>	<p>Policies and programmes of action developed in many areas of population</p> <p>New CARICOM laws relating to intra-regional migration; CARICOM agreement for the free movement of selected categories of CARICOM nationals to any member state they may wish to migrate, live and work</p> <p>The level of remittances has been increasing to the region mainly from the USA, Canada and the UK. This pattern is expected to continue in the foreseeable future</p> <p>Some countries have established facilitation units for returning residents</p> <p>Some countries have programmes for returning residents</p>	<p>Development of national policies and programmes of action on international and intra-regional migration</p> <p>Enactment of laws regarding the trafficking of migrant workers and related matters;</p> <p>Encourage investments by nationals living abroad on their return</p> <p>Development of appropriate national systems for the more adequate measurement of international migration and intra-regional migration</p> <p>Establishment of institutional facilities to assist in the re-integration process of return migrants</p> <p>Harmonization of migration laws, procedures and forms to make them consistent in countries within the Caribbean region</p>

Key Constraints	Emerging opportunities	Future Action
<p><b>Gender Equality and Empowerment of Women</b></p> <p>Inadequate analysis and use of relevant demographic data which is dissaggregated by sex i.e. (MHH) - Male Headed Households and (FHH) Female Headed Household;</p> <p>Data neither collected nor dissaggregated by sex education programmes have not succeeded in reducing gender biases;</p>	<p>Countries have accepted their mandate from ICPD and Beijing to pursue gender mainstreaming and the integration of a gender perspective in development planning</p>	<p><u>Empowerment of women</u></p> <p>Greater allocation of resources for capacity building related to gender planning &amp; the main streaming processes            Census designers consider the inclusion of a category for joint heads of households            Encourage the use of a quota system for the inclusion of female candidates by political parties            Training in the standardization, collection and presentation of the data particularly for the police service</p> <p><u>The girl child</u></p> <p>The retraining of educators and the creation of gender sensitive/balanced educational materials            Reevaluate the structure and decisions in HFLE programmes to ensure that the critical issues of family life in the region such as: adolescent sexuality, domestic violence and negative gender stereotyping are included; ensure that the HFLE is compulsory and examinable</p> <p><u>Male responsibility</u></p> <p>Encourage service clubs and other male centered private sector organisations/groups to accept a greater role in issues of male responsibility            Engage the media in new approaches to the presentation of male roles and responsibility</p>

Key Constraints	Emerging opportunities	Future Action
<p><b>Reproductive Health &amp; Rights &amp; Reproductive Health Care, Social Equity &amp; Family Welfare</b></p> <p>The narrow perception of the various aspects of human sexuality which prevents the recognition that sexual health encompasses more than disease prevention, but also is for the enhancement of life and personal relations</p> <p>Inadequate allocation of budgetary, human and administrative resources to meet needs</p> <p>Lack of awareness and commitment to healthy lifestyles and taking responsibility for our own well-being, e.g. taking preventive measures against cancer of cervix, prostate and breast</p> <p>Limited use and integration of ICPD concepts and recommendations in some reproductive health system.</p> <p>Failure to recognize the sexual and reproductive health needs of the aging person</p> <p>Failure to recognize the sexual and reproductive health needs of the disabled</p> <p>Although Health and Family Life Education (HFLE) programmes exist they may not be responding to the needs of young people</p>	<p>Breast feeding policy introduced and measures taken to ensure "baby friendly hospitals" in Trinidad and Tobago</p> <p>Governments have established multi-agency committees for designing and coordinating the national AIDS Programmes</p> <p>Decentralization of the management of public health programmes -establishment of regional health authorities. Partnerships with the private sector and NGOs formed (Jamaica, Trinidad &amp; Tobago) greater level of collaboration between government and NGOs in the delivery of health services (Jamaica, Trinidad &amp; Tobago)</p> <p>Government has established programmes specifically to target adolescents' reproductive health &amp; rights</p>	<p>Control the spread of HIV/AIDS among the general population and improve treatment and care of those infected and affected;</p> <p>Reduce the incidence of maternal mortality;</p> <p>Comprehensive integration of reproductive health and family planning in health education targeted to the general public</p> <p>Development of an appropriate solution to the dilemma between sexually active adolescents who are below the age of consent and the provision of contraceptives to avoid pregnancy and STDs including AIDS/HIV</p> <p>Complete integration of the recommendations and concepts of the ICPD Programme of Action into national reproductive health programmes</p> <p>Develop education and service programmes in reproduction health that specifically consider the sexual and reproductive health needs of men throughout the life cycle</p>

Key Constraints	Emerging opportunities	Future Action
<p><b>Adolescent Sexual Health and Rights</b></p> <p>Insufficient recognition of issues regarding adolescent sexual and reproductive health at the highest decision-making level</p> <p>Insufficient integration of reproductive health and family planning issues in the curriculum of public school</p> <p>Lack of a systematic and comprehensive policy and programme of action on adolescent reproductive health and rights</p> <p>Insufficient integration of reproductive health and family planning issues in the education curriculum of schools and teachers' colleges</p> <p>Legal restriction of contraceptives to sexually active adolescents below the age of consent</p> <p>Increasing incidents of HIV/AIDS with emphasis on young people</p> <p>Although health and family life education programmes exist, young people are not sufficiently involved in the planning and development of these programmes. In addition the existing programmes may not be responding to the needs of the young people</p> <p>Although the countries have signed and ratified the Convention on the Rights of the Child, there is insufficient and inadequate legal and administrative policy to protect the child from all forms of abuse</p> <p>Lack of adequately trained service providers that deal specifically with the adolescent</p>	<p>New projects on adolescent mothers being introduced;</p> <p>Sensitization on reproductive health special programmes being implemented by the Ministry of Health targeting adolescents</p> <p>Education programmes to sensitize health personnel in government health clinics on issues relevant to adolescents are being conducted</p>	<p>Need to develop a systematic and comprehensive policy on adolescent reproductive health and rights which include the rights of adolescent mothers to return to schooling and informing adolescents of their rights</p> <p>Remove legal and regulatory barriers that restrict the basic right of adolescents; including discrimination against adolescents on grounds of pregnancy, maternity and paternity</p> <p>Recruitment and/or retraining of personnel who are adolescent friendly to provide services for adolescents</p> <p>A more dynamic approach to teaching methodologies in the health and family life education programmes</p> <p>Comprehensive integration of reproductive health and family planning in the education curriculum of schools and teacher training institutions</p> <p>Encourage the participation of young people in the review of health and family life education programmes</p> <p>Promote and work with health promotion and/or healthy lifestyle movements to educate the public, e.g. in the use of unprescribed antibiotics for a prolonged period of time</p>

Key Constraints	Emerging opportunities	Future Action
<p><b>Strengthening Partnership with Civil Society</b></p> <p>Lack of trust arising out of a lack of clarity of roles and relationships between governments and members of civil society</p> <p>Partnership base too narrow</p>	<p>NGOs represented on National Development Committees and their skills and expertise being recognized and valued;</p>	<p>Increased Advocacy and Information, Education and Communication (IE&amp;C) programmes;</p> <p>Creation and Support for mechanisms to achieve greater networking and collaboration.</p> <p>Creation of a coalition of NGOs with similar interests to advocate for and review existing legislation and administrative systems</p>

Annex I**List of Participants****Antigua & Barbuda**

Mr. Lauchland Lake  
Senior Statistician/Deputy Census Officer  
Statistics Division  
Upper Redcliffe Street, St Johns  
Telephone: 268-462-0451  
Facsimile: 268-462-1622 or 268-460-8696  
E-mail: anustats@candw.ag

**Aruba**

Mr. Errol Sjak-Shie  
VROM (Directorate of Housing, Physical  
Development & Environment  
Wayaca 31-C  
Telephone: 297-832345  
Facsimile: 297-832342  
E-mail: vromaua.fz@setarnet.aw

**Bahamas**

Ms. Kelsie Dorsett, Deputy Director  
Department of Statistics  
P.O. Box N-3904  
Clarence Bain Building, Nassau  
Telephone: 325-5452  
Facsimile: 325-5149

**Barbados**

Ms Marva Alleyne  
Director of Women's Affairs  
Bureau of Women's Affairs & National Committees  
for Population and Development  
and Sustainable Development  
Ministry of Labour, Community Development & Sports  
2nd Floor, Old N.I. S. Building  
Fairchild Street, Bridgetown  
Telephone: 246-431-0850  
Facsimile: 246-431-0850 (Bureau)  
246-426-8959 (Ministry)

**Belize**

Ms Sandra Paredes  
Acting Population Policy Planner  
Ministry of Human Development, Women & Youth  
West Block, Belmopan  
Telephone: 501-8-22161  
E-mail: rorys@iadb.org

**British Virgin Islands**

Mr Raymond Phillips, Statistician  
 Development Planning Unit  
 Central Administrative Complex  
 Road Town, Tortola  
 Telephone: 284-494-3701  
 Facsimile: 284-494-3947  
 E-mail: [dpu@caribsurf.com](mailto:dpu@caribsurf.com)  
 or [raymond@caribsurf.com](mailto:raymond@caribsurf.com)

**Cayman Islands**

Ms Marilyn Conolly  
 Assistant Secretary responsible for Women  
 Ministry of Community Affairs, Sports,  
 Women, Youth & Culture  
 Government Administration Building  
 George Town, Grand Cayman  
 Telephone: 345-914-2465  
 Facsimile: 345-949-3896  
 E-mail: [caswyc@candw.ky](mailto:caswyc@candw.ky)

Ms Annie Mae Roffey  
 RN/Midwife - Community  
 Public Health Department  
 G.T. Hospital, P.O. Box 915 G  
 Grand Cayman  
 Telephone: 345-949-8600 ext. 2648

**Grenada**

Mr Allan Dragon, Statistician  
 Central Statistical Office  
 Ministry of Finance, Financial Complex  
 Carenage, St George's  
 Telephone: 440-1369  
 Facsimile: 440-4115

**Guyana**

Ms Marion Herbert  
 Foreign Service Officer  
 Ministry of Foreign Affairs  
 Takuba Lodge, South Road & New Garden Street  
 Telephone: 592-2-69086  
 Facsimile: 592-2-59192

**Jamaica**

Mr Easton Williams  
 Manager, Population Secretariat  
 Planning Institute of Jamaica  
 14 Ocean Boulevard, Kingston  
 Telephone: 876-922-6108  
 Facsimile: 876-967-4900



**Jamaica....continued**

Faith Webster, Policy Analyst  
 Gender Development Unit  
 Bureau of Women's Affairs  
 4 Ellesmere Road, Kingston 10  
 Telephone: 876-929-0542  
 Facsimile: 876-929-0549

**Netherlands Antilles**

Mr Nelson Coffie, President  
 Netherlands Antilles Permanent Committee  
 on Population Issues, Population Unit  
 CBS Fort Amsterdam, Curacao  
 Telephone: 599-9-461-1238  
 Facsimile: 599-9-461-1696

**Saint Lucia**

Ms Caroline Eugene  
 Research & Policy Officer  
 Ministry of Finance & Planning  
 Laborie Street, Castries  
 Telephone: 758-453-2669  
 Facsimile: 758-453-1648  
 E-mail: [econdept@candw.lc](mailto:econdept@candw.lc)

**St Vincent and the  
Grenadines**

Ms Beverley Warren  
 Population Policy Coordinator  
 Ministry of Finance & Planning  
 Kingstown  
 Telephone: 784-457-1746  
 Facsimile: 784-456-2430  
 E-mail: [cenplan@caribsurf](mailto:cenplan@caribsurf)

**Suriname**

Mr Edgar Burger  
 Technical Advisor to the Minister of Home Affairs  
 Wilhelminastraat 3, Paramaribo  
 Telephone: 597-47-6461  
 Facsimile: 597-42-11-70

**Trinidad and Tobago**

Mr Desmond Hunte, Chairman  
 Population Council of Trinidad & Tobago  
 Ministry of Social & Community Development  
 Telephone: 642-2608  
 Facsimile: 642-2608

Ms Bernadine Thomas  
 Member, Population Council  
 Ministry of Education  
 Telephone: 622-5994

**Trinidad and  
Tobago...continued**

Dr Pooran Ramlal  
Principal Medical Officer  
Ministry of Health  
Independence Square, Port of Spain  
Telephone: 624-2242

Ms Tonya Pierre-Gopaul, Research Officer  
Population Council Secretariat  
8 Abattoir Road, Sea Lots  
Telephone: 625-5171  
Facsimile: 624-7727

Ms B. Toy Catchpole  
Deputy Director, Gender Affairs  
Ministry of Culture & Gender Affairs  
8 Jerningham Avenue  
Telephone: 623-7032  
Facsimile: 625-3278  
E-mail: [gender@opus.co.tt](mailto:gender@opus.co.tt)

**US Virgin Islands**

Dr Frank Mills  
Manager of the Census  
Eastern Caribbean Center  
University of the Virgin Islands  
St Thomas  
Telephone: 340-693-1027  
Facsimile: 340-693-1025  
E-mail: [fmills@uvi.edu](mailto:fmills@uvi.edu)

**Observers**

**Barbados**

Mr Jason Carmichael  
UNFPA Youth Ambassador

**Guyana**

Adler Bynoe  
UNFPA Youth Ambassador

**Trinidad and Tobago**

Nicole Stacy Hendrickson  
Trinidad Youth Advocacy Movement

## Organizations

### Association of Caribbean States (ACS)

Ms Fay Durrant, Director  
 11-13 Victoria Avenue  
 Port of Spain  
 Telephone: 623-2783  
 Facsimile: 623-2679  
 E-mail: fdurrant@acs-aec.org

### Caribbean Association of Industry & Commerce (CAIC)

Mr Felipe Noguera, Chief Executive Officer  
 Suite 351, Trinidad Hilton  
 Lady Young Road  
 St Anns  
 Telephone: 623-4830  
 Facsimile: 623-6116  
 E-mail: caic@trinidad.net

### CARICOM

Mr Osmond Gordon  
 Programme Manager, Statistics  
 P.O. Box 10827  
 Georgetown, Guyana  
 Telephone: 592-2-64977  
 Facsimile: 592-2-66091  
 E-mail: osmondg@caricom.org  
 or stats2@caricom.org

### ECLAC/CELADE

Mr Arthur Conning, Consultant  
 Casilla 179D  
 Santiago  
 Chile  
 Telephone: 562-210-2012  
 E-mail: aconning@reuna.cl

### UNFPA

Ms Liliana Frieiro  
 Deputy Director  
 Latin American and Caribbean Division  
 United Nations Population Fund  
 New York  
 E-mail: frieiro@unfpa.org

### **Non-Governmental Organizations (NGOs)**

#### Antigua Planned Parenthood Association

Ms Sheila Pigott, Statistician, Health Information Division, Aflak Building, Friars Hill Road, St John's, Antigua. Telephone (home): 268-461-2841; Telephone & Facsimile: (office)268-462-9333

#### Bahamas Family Planning Association

Ms Gayle Duncombe, Information & Education Officer, P.O. Box N-9071, Nassau, Bahamas. Telephone: 242-325-1663; Facsimile: 242-325-4886

#### Barbados Family Planning Association

Mr George Griffith, Executive Director, Bay Street, St Michael, Barbados. Telephone: 246-426-2027; Facsimile: 246-427-6611

#### Caribbean Association of Feminist Research and Action (CAFRA)

Ms Nelcia Robinson, Coordinator, 8 Bates Private Road, St Augustine, Trinidad and Tobago. Telephone: 663-8670; Facsimile: 663-6482; E-mail: cafrainfo@wow.net

#### Family Planning Association of Trinidad and Tobago

Ms Hetty Sarjeant, Executive Director, 79 Oxford Street, Port of Spain, Trinidad and Tobago. Telephone: 625-6533; Facsimile: 625-2256; E-mail: fpattrep@wow.net  
Dr Jacqueline Sharpe, Vice President, 7 O'Connor Street, Woodbrook, Trinidad and Tobago. Telephone: 627-6972; E-mail:jacques@wow.net

#### Grenada Save the Children Development Agency (GRENSAVE)

Ms Brenda Hood, Executive Director, St John's Street, St George's, Grenada. Telephone: 440-2448; Facsimile: 440-5120; E-mail: prrt@caribsurf.com

#### Guyana Responsible Parenthood Association

Mr Frederick Cox, Executive Director, 70 Quamina Street, South Cummingsburg, Georgetown, Guyana. Telephone: 592-2-53286; Facsimile: 592-2-52144; E-mail: grpafpa@sndp.org.gy

#### Network of NGOs of Trinidad and Tobago for the Advancement of Women

Ms Venus Mark, Trinidad & Tobago Midwives Association, c/o Amicus Maternity Centre, Corner John and Farfan Streets, La Puerta Avenue, Diego martin. Telephone: 637-5608; Facsimile: 637-7391

#### St Lucia Planned Parenthood Association

Ms Audrey George, Executive Director, 83, Chaussee Road, Castries, Saint Lucia. Telephone: 758-452-4335; Facsimile: 758-453-7284

#### St Vincent Planned Parenthood Association

Ms Audrey Dennie, Supervisor, Information & Education/Family Life Educator, Grenville Street, St Vincent and the Grenadines. Telephone: 456-1793

Women's Centre of Jamaica Foundation

Sherill Morris, Deputy Director, 42 Trafalgar Road, Kingston 10, Jamaica. Telephone: 876-929-7608/0977 or 906-1606; Facsimile: 876-926-5768

**ECLAC system**Economic Commission for Latin America  
and the Caribbean (ECLAC)

Ms Len Ishmael

Ms Asha Kambon

Ms Sonia Cuales

Ms Izola Garcia

Ms Trudy Teelucksingh

Ms Nicole Hunt

Ms Maureen Afoon

Ms Sita Singh

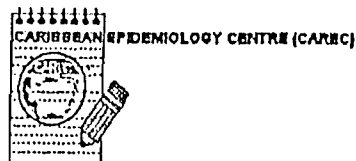
Annex II

## The Effect of Hurricane Mitch in Central America

	Guatemala	El Salvador	Honduras	Nicaragua	Costa Rica
Population (millions)	10.9	5.5	5.8	4.2	3.5
Deaths	228	240	7000	3100	8
Evacuated	82045	48794	100000	n.d	-----
Missing	250	135	12000	1903	-----
Victims	102529	58788	1933482	730000	5000
Persons in high risk	875000	n.d	5.5 million	419000	-----
Loss in Products		US\$286 million	70% total production of the country	n.d	n.d
Coffee qq100 lbs	750000	650000	260870	200000	130434
Non traditional products	US\$40 million				
Cultivation under water	14%	5%	80%	40%	3%
Damage to infrastructure					
Bridges	32	3	169	80	3
Roads	55	4	70%	40%	3
Mud slides	125	n.d	n.d	n.d	n.d
Isolated due to the natural disasters	16500				

n.d = not available

Source: Bulletin No.2, Secretaria de Integracion Economica Centroamericana (SIECA), 6 November 1998



**REPORTED CASES OF ACQUIRED IMMUNODEFICIENCY SYNDROME  
BY COUNTRY AND YEAR  
WITH INCIDENCE RATES PER 100,000 POPULATION  
CAREC MEMBER COUNTRIES<sup>1</sup>  
1982 - 1988**

COUNTRY	YEAR													
	1982		1983		1984		1985		1986		1987		1988	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Anguilla	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	14.3
Antigua & Barbuda	0	0.0	0	0.0	0	0.0	1	1.6	1	1.6	1	1.6	0	0.0
Bahamas	0	0.0	0	0.0	0	0.0	37	15.7	51	21.5	93	38.3	93	37.5
Barbados	0	0.0	0	0.0	2	<1	9	3.5	21	8.3	24	9.4	15	5.9
Belize	0	0.0	0	0.0	0	0.0	0	0.0	1	<1	6	3.4	4	2.2
Bermuda	0	0.0	0	0.0	0	0.0	30	52.6	21	36.2	21	35.6	28	47.5
Cayman Islands	0	0.0	0	0.0	0	0.0	1	4.8	1	4.8	1	4.5	1	4.2
Dominica	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10	13.9	9	12.3
Grenada	0	0.0	0	0.0	0	0.0	2	2.2	1	1.1	5	5.6	3	3.2
Guyana	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12	1.6	32	4.2
Jamaica	1	<1	0	0.0	1	<1	3	<1	6	<1	33	1.4	30	1.3
Montserrat	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Saint Lucia	0	0.0	0	0.0	0	0.0	4	3.2	0	0.0	6	4.7	5	3.9
St. Christopher/Nevis	0	0.0	0	0.0	1	2.2	1	2.3	4	9.1	4	9.3	9	20.5
St. Vincent & Gren.	0	0.0	0	0.0	1	<1	0	0.0	2	1.8	6	5.4	5	4.4
Suriname	0	0.0	1	<1	1	<1	0	0.0	8	2.1	5	1.3	13	3.3
Trinidad & Tobago	0	0.0	8	0.7	19	1.6	45	3.8	79	6.6	85	7.0	160	13.2
Turks & Caicos Is.	0	0.0	0	0.0	0	0.0	1	11.1	2	20.6	2	19.2	6	54.5
Virgin Islands U.K.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	6.7
Sub-Regional Total/Rates	1	0.0	9	0.2	25	0.4	134	2.3	198	3.3	314	5.2	415	6.9

<sup>a</sup> Report received for 1st Quarter only

<sup>b</sup> Report received for 1st and 2nd Quarters only

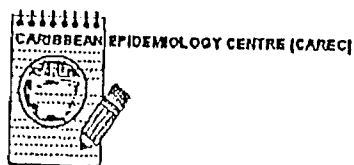
<sup>c</sup> Report received for 1st - 3rd Quarters inclusive

- = No data available      na = Not Applicable

<sup>1</sup> No data has been received from Turks and Caicos Islands for 1993 to 1996 and from Suriname for 1996.







**REPORTED CASES OF ACQUIRED IMMUNODEFICIENCY SYNDROME  
BY COUNTRY AND YEAR  
WITH INCIDENCE RATES PER 100,000 POPULATION  
CAREC MEMBER COUNTRIES<sup>1</sup>  
1989 - 1997**

COUNTRY	YEAR																	
	1989		1990		1991		1992		1993		1994		1995		1996		1997	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Anguilla	2	25.0	1	11.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1 <sup>a</sup>	11.1	-	na
Antigua & Barbuda	0	0.0	3	4.7	6	9.4	14	21.5	17	26.2	16	24.6	7	10.6	13	19.7	7	10.4
Bahamas	173	68.7	169	66.0	221	85.0	267	101.1	296	113.8	316	120.6	389	147.9	376	134.3	273 <sup>c</sup>	96.1
Barbados	40	15.7	61	23.5	78	29.8	78	29.7	90	34.1	119	44.9	95	35.6	130	49.4	113	42.8
Belize	0	0.0	19	10.1	11	5.7	26	13.1	-	na	18	8.7	28	13.5	38	17.2	-	na
Bermuda	35	58.3	39	63.9	23	39.7	21	35.6	33	55.9	44	69.8	48	81.4	40	66.7	14	21.9
Cayman Islands	1	4.0	2	7.7	4	15.4	4	15.4	0	0.0	4	14.8	0	0.0	3	11.1	1	3.0
Dominica	8	11.1	6	8.5	9	12.9	6	8.3	15	20.8	6	8.1	5	6.8	14	18.9	19	26.8
Grenada	8	8.5	5	5.3	7	7.4	4	4.3	21	22.3	7	7.4	18	19.1	18	18.2	4 <sup>c</sup>	4.3
Guyana	40	5.3	61	8.1	85	11.3	160	21.3	106	14.5	105	14.3	96 <sup>b</sup>	13.0	144	19.6	116	13.6
Jamaica	63	2.6	62	2.6	133	5.5	99	4.0	236	9.6	359	14.5	505	20.2	527	21.0	370 <sup>c</sup>	14.5
Montserrat	1	9.1	0	0.0	0	0.0	0	0.0	1	9.1	0	0.0	0	0.0	0	0.0	0 <sup>a</sup>	0.0
Saint Lucia	8	6.1	4	3.0	6	4.4	8	5.8	12	8.6	13	9.2	10	7.0	14	9.7	15	10.3
St. Christopher/Nevis	5	11.9	8	19.0	1	2.4	4	9.5	3	7.0	7	16.3	6	14.0	6	14.0	4 <sup>b</sup>	9.1
St. Vincent & Gren.	7	6.1	5	4.4	13	11.3	5	4.3	10	8.6	12	10.3	6	5.1	26	22.0	24	20.2
Suriname	29	7.3	33	8.2	16	4.0	28	6.8	35	8.4	26	6.2	20 <sup>b</sup>	4.8	-	na	186	43.7
Trinidad & Tobago	167	13.8	173	15.4	235	20.5	257	21.8	243	20.5	269	22.6	340	27.0	412	32.5	118 <sup>a</sup>	9.3
Turks & Caicos Is.	7	63.6	1	8.4	5	40.3	4	31.0	14 <sup>c</sup>	104.5	-	na	-	na	-	na	-	na
Virgin Islands U.K.	0	0.0	2	12.5	1	6.0	2	11.6	2	11.2	1	5.6	3	16.7	1	5.6	3	16.7
Sub-Regional Total/Rates	594	9.7	654	10.8	854	14.0	987	16.0	1134	18.3	1322	21.2	1576	24.9	1763	26.9	1267	20.1

<sup>a</sup> Report received for 1st Quarter only

<sup>b</sup> Report received for 1st and 2nd Quarters only

<sup>c</sup> Report received for 1st - 3rd Quarters inclusive

- = Data not available na = Not Applicable

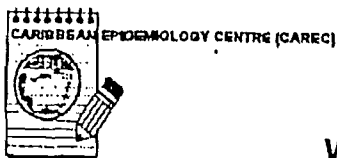
<sup>1</sup> No data has been received from Turks and Caicos Islands for 1993 to 1996 and from Suriname for 1996.

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**REPORTED CASES OF  
ACQUIRED IMMUNODEFICIENCY SYNDROME  
BY COUNTRY AND YEAR  
WITH INCIDENCE RATES PER 100,000 POPULATION  
CAREC MEMBER COUNTRIES  
1997**

Country	1997	
	Cases	Rate
Anguilla	-	na
Antigua & Barbuda	16	23.9
Bahamas	389	137.0
Barbados	113	42.8
Belize	-	na
Bermuda	14	6.2
Cayman Islands	1	3.0
Dominica	19	26.8
Grenada	4 <sup>c</sup>	4.3
Guyana	116	13.6
Jamaica	370 <sup>c</sup>	14.5
Montserrat	0 <sup>a</sup>	0.0
Saint Lucia	15	10.3
St. Christopher/Nevis	4 <sup>b</sup>	9.1
St. Vincent & Grenadines	32	26.9
Suriname	-	na
Trinidad & Tobago	118 <sup>a</sup>	9.3
Turks & Caicos Islands	-	na
Virgin Islands U.K.	3	16.7
<b>Sub-Regional Total</b>	<b>1214</b>	<b>20.7</b>

- = No data available

<sup>a</sup> Report received for 1st Quarter only.

na = not applicable

<sup>b</sup> Report received for 1st and 2nd Quarters only.

<sup>c</sup> Report received for 1st - 3rd Quarters inclusive.

Data Source: Quarterly AIDS Surveillance Reports submitted to CAREC's Epidemiology Division by CAREC member countries.

22/9/98



**REPORTED DEATHS OF  
ACQUIRED IMMUNODEFICIENCY SYNDROME BY COUNTRY AND YEAR  
WITH CRUDE MORTALITY RATES PER 100,000 POPULATION  
CAREC MEMBER COUNTRIES  
1997**

Country	1997	
	Deaths	Rate
Anguilla	-	na
Antigua & Barbuda	7	10.4
Bahamas <sup>a</sup>	262	92.3
Barbados	105	39.8
Belize	-	na
Bermuda	9	4.0
Cayman Islands	0	0.0
Dominica	4	5.6
Grenada	3 <sup>c</sup>	3.2
Guyana	69	8.1
Jamaica	172 <sup>c</sup>	6.8
Montserrat	0 <sup>a</sup>	0.0
Saint Lucia	13	8.9
St. Christopher/Nevis	2 <sup>b</sup>	4.5
St. Vincent & Gren.	22	18.5
Suriname	-	na
Trinidad & Tobago	67 <sup>a</sup>	5.3
Turks & Caicos Is.	-	na
Virgin Islands U.K.	2	11.1
<b>Sub-Regional Total</b>	<b>737</b>	<b>12.5</b>

- = No data available

<sup>a</sup> Report received for 1st Quarter only.

<sup>b</sup> Report received for 1st and 2nd Quarters only.

na = not applicable

<sup>c</sup> Report received for 1st - 3rd Quarters inclusive.

Data Source: Quarterly AIDS Surveillance Reports submitted to CAREC's Epidemiology Division by CAREC member countries.

