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**REVIEW OF THE IMPLEMENTATION OF THE  
CAIRO PROGRAMME OF ACTION IN THE CARIBBEAN  
(1994 – 2004):  
ACHIEVEMENTS AND CONSTRAINTS**

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# **REVIEW OF THE IMPLEMENTATION OF THE CAIRO PROGRAMME OF ACTION IN THE CARIBBEAN (1994 - 2004): ACHIEVEMENTS AND CONSTRAINTS**

## **Introduction**

1. The Programme of Action adopted at the International Conference on Population and Development (ICPD) held in Cairo in 1994 changed the world's approach to population and development issues. Governments committed to promoting and protecting the reproductive health and rights of couples and individuals on the premise that the stabilisation of the world population would be best realised through people's enhanced capacity to exercise their right to decide, freely and responsibly, the number, timing and spacing of their children, and through respect for women's rights to regulate their own fertility.

2. One of the critical conceptual contributions of the ICPD, reproductive rights, has been firmly anchored within the realm of human rights, and provides the basis for future interventions by states and the international community in the area of reproductive health, including empowerment of women, gender equality, and sexual health. Based on the principles set out by the leaders of 189 nations in the Millennium Declaration of 2000, eight development goals have been formulated, known as the Millennium Development Goals (MDGs). The realisation of these goals hinges on the successful implementation of the population and reproductive health issues agreed upon at ICPD and its five-year review (ICPD+5). Specifically, bridging the gender gap to achieve universal primary education; ensuring the elimination of cultural, social and economic constraints that limit women's participation in society; combating violence against women and girls; reducing maternal mortality and improving maternal health; reducing unwanted pregnancy, and preventing new HIV infections among young people are MDGs commitments inextricably linked to the achievement of the goals contained in the Cairo agenda.

3. The ICPD Programme of Action<sup>1</sup> agreed that the Regional Commissions should play an active role in its implementation through sub-regional and regional initiatives. In the Caribbean sub-region, this mandate has been translated into the adoption of the Caribbean Plan of Action on Population and Development (1995) and the Latin America and Caribbean Plan of Action on Population and Development (1996). Both documents were preceded by the adoption of the Latin America and Caribbean Consensus (1993) and the Port of Spain Declaration on Population and Sustainable Development (1993), which were preparatory to the Cairo Conference.

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<sup>1</sup> Paragraph 16.16.

4. The Latin America and Caribbean Plan of Action created the Ad Hoc Committee on Population and Development, as a subsidiary body of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), responsible for the follow-up of issues pertaining to population and development included in the regional Plan of Action. The same responsibility was entrusted to the Caribbean Development and Co-operation Committee (CDCC), subsidiary body of ECLAC, in the case of the Caribbean sub-region.

5. During its session held in Mexico, in 2000, ECLAC adopted a resolution in which it instructed the Ad Hoc Committee to follow up on the implementation of the ICPD Programme of Action and the Regional Plan of Action on an ongoing and systematic basis. At the same time, it agreed that the Ad Hoc Committee is the appropriate regional intergovernmental forum for addressing important issues in the field of population and development at the regional and sub-regional levels, both at its regular meetings and during inter-sessional periods.

6. At its last session held in Brasilia, Brazil in May 2002, the Ad Hoc Committee on Population and Development agreed to review, 10 years after its adoption, the progress made in implementing the ICPD Programme of Action in the region, at its next meeting in Puerto Rico, in May 2004. It also agreed that such a review should be made on the basis of a document to be prepared by ECLAC, in co-operation with the United Nations Population Fund (UNFPA), using inputs from countries derived from their national reviews.

7. Within its responsibilities regarding follow-up activities in the realm of population and development in the Caribbean sub-region, the CDCC - with technical and financial support from ECLAC and UNFPA - has prepared the present report in order to review implementation in the sub-region, and to serve as the Caribbean's input in the overall regional report to be presented to the Ad Hoc Committee in Puerto Rico, May 2004.

8. This report examines activities at the sub-regional and national levels, as reported by governments and non-governmental agencies. Between April and June 2003, a Field Inquiry on the implementation of the Programme of Action was conducted by UNFPA in 16 CDCC members<sup>2</sup>. The Field Inquiry was designed to capture progress achieved and difficulties encountered by countries in implementing the various commitments and recommendations contained in the ICPD Programme of Action and in the Key Actions for its Further Implementation (ICPD+5). The Field Inquiry assessed major sections of the Programme of Action: population and development; gender equality, equity and empowerment of women; reproductive health and rights; behaviour change communication and advocacy; partnerships; resources; data, research and training; and indicators. This information was completed with data provided to a list of socio-economic and demographic indicators, which was administered to all ECLAC/CDCC Member and Associate Member States<sup>3</sup>.

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<sup>2</sup> Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago.

<sup>3</sup> ECLAC/CDCC Associate Member States are: Anguilla, Aruba, British Virgin Islands, Montserrat, Netherlands Antilles and the United States Virgin Islands.

9. The report provides an overview of the major economic, social and demographic trends observed in the Caribbean over the past decade, including sector reform and macro-economic adjustment, globalisation and their impact on population issues and concerns. Furthermore, it reflects the assessment of the implementation of the Programme of Action at the sub-regional and national levels conducted by governments and civil society. This includes an analysis of the interrelationships between population, sustained economic growth and sustainable development, issues related to migration patterns, gender equality and the implementation of reproductive health and rights. It also examines the impact of HIV/AIDS and the responses of the Caribbean to the epidemic, as well as the special needs of two age groups, adolescents and older persons. The document analyses the issue of resources and partnerships in moving forward the implementation of the Programme of Action. Finally, the document identifies a number of specific issues that have emerged from the Caribbean analysis with pertinence for many of the CDCC members and which may need further attention in the years to come.

## I. CONTEXT

### 1. Population trends

1.1 Population trends in the Caribbean are characterised by decreased fertility and mortality rates<sup>4</sup>. Almost all countries of the region have completed the transition from high to low fertility and mortality rates, which resulted in the decline of population growth. The annual population growth in the Caribbean has declined from two per cent in the early 1950s to one percent at the beginning of the 2000. With fertility rates expected to decrease further, the Caribbean will reach a stationary population with a close-to-zero growth rate around the year 2050. However, this decline is uneven. Although some countries have experienced relatively high growth rates (3 %) in the past, others saw slight increases in their absolute population numbers (less than 1 %). Experiencing relatively high immigration rates, the growth rates of some islands are increasing between 2.5 and 3.3% annually.

1.2 In the sub-region, the total fertility rate has declined considerably over the last 50 years, from an estimated average of more than 5 children per woman in the 1950s to about 2.4 today, albeit with considerable variations among individual countries. Some countries have reached fertility rates below the replacement level of 2.1 children per woman, whereas others have reached the replacement level, and yet others continue to register fertility rates above the replacement level. Adolescent fertility rates have been declining over the past ten years, but at a considerably slower pace than other age groups. Fertility differentials according to education and socio-economic status of the mother remain significant and, at least in some countries, the gaps between socio-economic groups are not being bridged.

1.3 With decreasing infant and child mortality rates in the last 50 years, life expectancy has increased for both sexes from about 52 years in the early 1950s to 68 years at present. Women can now expect to live six years longer than men, compared with three years longer in the early 1950s. The maternal mortality rate has marginally decreased in most Caribbean countries over the last 10 years, although high differential levels exist among countries. Other countries, however, have witnessed an incipient trend of rising maternal mortality and morbidity levels.

1.4 Over the last 50 years, more than five million people have migrated from the Caribbean. At the same time, during the 1990s, a number of countries in the region have received significant numbers of immigrants, mainly from Central America and Brazil.

1.5 With increasing life expectancy at birth, Caribbean populations are currently undergoing major changes in their age-structures. Characterised by rather young and growing populations in the past, the countries in the sub-region are presently facing rapid absolute and relative increases in their older population. Presently ten per cent of the population in the Caribbean is over 60 years of age, with the highest percentages found at

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<sup>4</sup> The present demographic analysis is based on the United Nations Population Division (2001), World Population Prospects, the 2000 Revision, Volumes I-II.

14% and the lowest at 7%. Available data point to a widening gender-gap in this respect. Countries in the region will have a larger number of women over age 60 than ranging between six and ten percent.

1.6 Presently, about 30 percent of the entire Caribbean population is below age 15, a decrease of about 10 percent points over the last 50 years. In contrast, in 2050 only one fifth of the entire population in the Caribbean will belong to this age group.

1.7 Slightly less than 60% of the entire population in the Caribbean is between 16 and 60 years old. With much younger populations in the 1950s, the size of the economically active population was smaller than 50%. Over the past 50 years, some countries have experienced bulging of their economically active population, whereas in other countries this age group has remained relatively constant. Dramatic declines are expected in almost all countries, as the economically active age cohorts are expected to shrink by 10% in the near future.

1.8 The challenges emerging from these dramatic demographic changes are enormous. With the pace of population ageing being much faster in developing countries than in developed countries, developing countries will have less time to adjust to its consequences. Moreover, population ageing in the developing countries is taking place at much lower levels of socio-economic development than was the case in the developed countries. The transition from larger to smaller families opens a window of opportunity, when the working population is having proportionally fewer old and young dependants to support. This offers a unique chance – known as the demographic bonus - to invest now in health, education and job-creation for the younger generations to ensure that the resulting economic gains will improve the overall quality of life and thus reduce the burden of supporting older populations in the near future.

## **2. Economic trends**

2.1 Small domestic markets, insularity and dependence on a narrow range of goods and services characterise most Caribbean economies. The recent globalisation process poses significant challenges to small developing economies.

2.2 Economic growth rates (measured by per capita GDP) have varied considerably over the past decade, with growth rates declining in many of the countries in the Caribbean. Although a few countries were able to maintain their economic growth, the decline was particularly evident in the majority of countries in the region. The growth of the larger economies was mixed.

2.3 During the 1990s many Caribbean economies experienced a shift in the composition of output from agriculture and mining sector to the service sector, while the manufacturing sector remained stagnant. In terms of weighted averages, agriculture accounted for 13.5% of output in 1990 and 9.5% in 1999. For the same years, manufactures represented 12.7% and 11.6%. The service sector increased its contribution to output from 39.1% to 46.6%.

2.4 In general terms, during the 1990s unemployment rates remained high, although they did fall slightly, from an average of 15% to 12%<sup>5</sup>. At the sectoral level, the effects of globalisation have shifted employment opportunities away from the agricultural and manufacturing sector towards the services industry. The tourism industry has been a considerable contributor to foreign exchange, employment and growth. Particularly affected by unemployment are women and youth, especially among first-time entrants into the labour market. Unemployment is generally higher in urban than in rural areas. However, underemployment is substantial in rural areas, as a consequence of the highly seasonal nature of the jobs available in agriculture.

2.5 Over the last 50 years, more than five million people have migrated from the Caribbean sub-region. Based on data provided by the United Nations Population Division (2002), the net out migration rate<sup>6</sup> for the Caribbean is one of the highest world-wide, but displaying great variation within the region. Intra-regional labour flows have been growing within the last decade, with migrant labour tending to flow from lower-income to higher-income countries. Extra-regional migration flows comprise a larger share of skilled workers, such as teachers, nurses and IT specialists.

2.6 A major effect of labour migration has been the growing role of remittances. These flows have been significant in several countries. Remittances have grown in both absolute and relative terms. By 1999, such flows represented between 17% and 12% of national GDPs. Although remittances tend to be used largely for consumption purposes, there is evidence that they are also being used to finance housing and small businesses.

2.7 In 1989, Member States agreed to establish the CARICOM Single Market and Economy (CSME) to achieve a broader and deeper integration than had been possible under the existing treaty. Its objectives included the free movement of goods, services, capital and persons, more intensive co-ordination of macroeconomic policies and economic relations and the harmonisation of laws governing trade and other economic activities within the common market area. The creation of the CSME was also meant to enhance the bargaining position of CARICOM countries in international negotiations such as those of the World Trade Organisation (WTO) and the future Free Trade Area of the Americas (FTAA). However, progress toward regional economic integration has been slow. At the national level, policies have been undertaken to open economies to trade. In the context of economic restructuring, vast privatisation programmes have been launched in several countries to decrease the role of governments in the production of goods and services.

### **3. Social Trends: Poverty, Health and Education**

3.1 Caribbean countries generally score relatively high on most of the human development indicators commonly used to assess progress made in various dimensions of

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<sup>5</sup> ECLAC (2002), Globalization and Development, chapter 11 (revised), twenty-ninth Session, Brasilia, 9-10 May 2002

<sup>6</sup> *Net migration rate*: the annual number of immigrants less the number of emigrants, divided by the average population of the receiving country. It is expressed as the net number of migrants per 1,000 population.



development. According to the ranking of the Human Development Index, over the last five years countries in the Caribbean are in the group of those considered relatively advanced in their human development. Most other countries have reached the level of 'medium human development'. Similarly, the gender-related development index shows significant advances in the area of the status of women in some countries.

3.2 Despite the impressive success of some Caribbean countries in improving overall living conditions, poverty still persists throughout the region. Factors contributing to the persistence of poverty are low economic growth, macro-economic shocks and deterioration in the quality of social services. Changes in the community's social support structures, growing violence and crime and a drop in the value of social assistance benefits have further hampered the inclusion of considerable segments of the population in social development.

3.3 In 1996, the World Bank estimated 38 per cent of the total population in the Caribbean to be poor. Nationally, this ranged from 65 to a low five per cent. Income distribution appears to be uneven. The average Gini index for those countries with data available<sup>7</sup> is approximately 46. The poor are mostly found in the following sub-groups: older persons, women, young males, unemployed youth and unskilled workers. At the household level, poor families throughout the Caribbean tend to have more children, are less educated and are quite often single-parent households.

3.4 In the late 1970s and early 1980s, several Governments in the Caribbean adopted structural adjustment programmes. In spite of the shifts towards privatisation of a substantial part of the public sector and considerable decreases in overall public spending, governments in the Caribbean have remained committed to continue to provide basic social services for their entire populations. This is evidenced by the fact that overall social investment (as percentage of GNP) has remained constant over the last decade in almost all countries<sup>8</sup>, although still somewhat below the 20/20 target.

3.5 Over the past decades, Caribbean countries have experienced a good health status and many have managed to eliminate some of the basic health problems associated with the developing world. Infant and child mortality have further improved and skilled personnel attend almost all births. However, over the past years these admirable health standards appear to be faltering in several countries, with increased deterioration of the quality of health services and the growing inability of health administrations to respond effectively to the changing needs of users. After Sub-Saharan Africa, the Caribbean sub-region is the hardest hit by the HIV/AIDS epidemic: 2.3% of adults were HIV positive in 2001. HIV/AIDS is threatening the good health indicators enjoyed by many countries in the region.

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<sup>7</sup> The Gini index measures the equality of income distribution in a society. In the perfectly egalitarian society, the Gini Index would be 0, whereas it approaches 100 for less egalitarian societies. Income distribution data for the Caribbean are only available for a handful of countries. The countries with income distribution data available are the Dominican Republic (47.4/1998), Guyana (40.2/1993), Jamaica (37.9/2000), St. Lucia (42.6/ 1995), and Trinidad and Tobago (40.3/1993).

<sup>8</sup> Public expenditures as percentage of GNP on health (1990 and 2002), and education (1995 and 2002). Figures taken from various UNDP Human Development Reports.

3.6 Almost all countries in the sub-region are in the process of designing and implementing health sector reforms. A major constraint to the full implementation of health sector reforms is the decreasing level of financial resources available as a consequence of the implementation of structural adjustment programmes. In 2001, very few countries maintained national health expenditures above 8% of GNP, and the majority of countries this figure fluctuated between 6.9% and 4.9%.

3.7 Similarly, most indicators of educational attainment place the majority of the Caribbean countries above average for all countries at similar levels of development. Primary schooling is nearly universal and overall literacy rates are high, ranging for most countries between 92% and 99.8%. Enrolment ratios for pre-school programs and secondary education are generally above the average for middle-income countries. To keep up such high standards, governments have maintained their relatively high levels of expenditures - as percentage of GNP - on education (between 2.5 % and 9.8%). Girls have been increasingly outperforming boys at different educational levels. Generally, as in most other parts of the world, higher education translates into more secure and better-paid employment. However, with identical levels of education, women tend to have a greater chance of remaining unemployed and receive lower pay than men do.

3.8 Notwithstanding the constant and consistent financial outlays for public education over the past decade, structural adjustment programmes have affected access to education and the quality of schooling. The major impact of structural adjustment policies on the educational system includes the re-introduction of fees for high schools and universities, temporary closure of various primary schools, increase of the teacher/student ratio, decrease in teacher salaries and deterioration of facilities.

#### **4. Environmental concerns**

4.1 One of the major challenges facing the Caribbean is the management of its natural resources. Population density, changing lifestyles and agricultural practices have continued to increase pressure on already limited resources, such as fresh water, land and forests.

4.2 Environmental degradation and resource depletion are often caused, or exacerbated by demographic factors, including migration to urban areas. Urbanisation creates pressures on the environment, particularly in ecologically vulnerable ecosystems. The challenge is to provide infrastructure and basic social services, including access to safe drinking water and provision of adequate sanitation.

4.3 Environmental degradation in many parts of the sub-region can be attributed to deforestation that results in reduced surface water in rivers, over-extraction of ground water, flooding, coral bleaching and deaths and beach erosion.

4.4 In 1994, Small Island Developing States (SIDS) from around the world gathered in Barbados to formulate the 'Barbados Declaration and Programme of Action' as a basic

framework for the development and protection of the fragile environment. The Barbados Programme of Action calls for prudence in the management of the environment, including early preparation for natural hazards, an issue of great importance to the sub-region considering that Caribbean SIDS are located in the ‘hurricane belt’.

## **5. Human rights**

5.1 The Port of Spain Declaration, adopted in 1993 in preparation for the ICPD, affirmed that the success of population and development programmes in the Caribbean relies on the full promotion and protection of all human rights. It also recognised the right of all individuals to make free and informed choices regarding their own sexuality and reproductive health. That same year, countries of the region agreed on the Latin America and Caribbean Consensus, which recommended the promotion of “... the effective and equitable exercise of individual rights in areas of demographic concern, especially reproductive behaviour ...”.

5.2 Although the majority of states in the Caribbean have ratified the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, Caribbean constitutions, for the most part, guarantee exclusively civil and political rights. Economic, social and cultural rights are not expressly incorporated into the constitutions or in domestic legislation. Instead, States have adopted an approach of progressive realisation of these rights, including universal access to education, health and social security, within the context of available resources.

5.3 Most Caribbean countries are party to international and regional conventions for the protection of the rights of women and girls (Convention on the Elimination of all Forms of Discrimination against Women; Convention on the Rights of the Child; Inter-American Convention on the Protection, Prevention and Punishment of Violence against Women). Several countries have signed and/or ratified the Optional Protocol of Convention on the Elimination of all forms of Discrimination against Women (CEDAW)<sup>9</sup> and the Protocols to the Convention on the Rights of the Child. However, reporting to human rights treaty bodies – an important element in monitoring implementation - has not been consistent. States have sought to comply with their commitments through a range of measures in which law reform has been prioritised.

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<sup>9</sup> Belize, Cuba and the Dominican Republic have either signed and/or ratified the Optional Protocol of CEDAW

## **II. REVIEW OF THE IMPLEMENTATION OF THE ICPD (1994-2004): ACHIEVEMENTS AND CONSTRAINTS**

### **I. Population and development strategies**

*1.1* The ICPD Programme of Action notes that population issues should be integrated into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development. This is also reflected in the Port of Spain Declaration, where countries of the Caribbean sub-region state their belief that “introducing population policies in an integrated way into development strategies will speed the pace of sustainable development. To the extent that population processes are influenced by development processes, such integration also will hasten achievement of population objectives.”

*1.2* Since ICPD, efforts have been made by all countries to incorporate population concerns into their development strategies. Many countries have formulated specific population policies while others have draft policies. In the absence of an explicit population policy, some countries have integrated population issues into national development plans. In some countries, issues related to poverty, gender equality and women’s empowerment, sexual and reproductive health, HIV/AIDS, environment, and population ageing are included in development plans.

*1.3* A major challenge that remains is achieving a better understanding of the linkages between population and socio-economic issues and sustainable development. Other challenges include strengthening institutional frameworks to facilitate the implementation of programmes; building local capacity for data collection and analysis, including data disaggregated by sex, availability of relevant and timely data, and a monitoring and evaluation system in place to improve programme implementation and sustainability.

*1.4* Since ICPD, specific measures have been taken by countries to address poverty. For example, some countries have established poverty reduction policies, programmes and strategies. Linkages have also been forged between government and civil society to co-ordinate poverty alleviation programmes. The only country beneficiary of the Highly Indebted Poor Countries Initiative (HIPC)<sup>10</sup>, has developed an action plan to reduce poverty. In some countries, poverty assessment surveys have been undertaken to, among others, identify vulnerable groups and devise appropriate responses.

*1.5* The ICPD Programme of Action states that demographic factors, poverty, lack of access to resources and excessive consumption, may cause or exacerbate environmental degradation and resource depletion and thus inhibit sustainable development. In line with this, The MDGs include as one of their goals ‘ensuring environmental sustainability’, while the Port-of Spain Declaration highlights the special population and environment challenges of small islands and coastal states. Other environmental concerns relate to waste disposal and its impact on health, welfare, human fertility and reproductive health;

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<sup>10</sup> Guyana

the impact of global climate change on low-lying coastal states; and the vulnerability of the Caribbean to natural disasters as a result of climate and technological change.

1.6 In the sub-region, the creation of the Caribbean Disaster Emergency Response Agency (CDERA) and the establishment of national co-ordination agencies for disaster relief and emergency management have been positive developments. Many countries have succeeded in raising awareness about the interrelationships between population and the environment by using population data to manage environmental risks, address environmental carrying capacity issues, implement strategies to manage waste disposal and conduct environmental impact assessments.

## **2. Migration**

2.1 The ICPD Programme of Action notes the need for Governments to address the rapid growth of urban centres resulting from internal migration. While it acknowledges the right of individuals to live and work in communities of their choice, it also recognises the importance of population distribution policies in light of the social, economic and environmental implications of migration and urbanisation. With regard to international migration, the Programme of Action recognises that international economic, political and cultural interrelationships play an important role in the flow of people between countries. It further acknowledges that the root causes of migration are often related to poverty or perceived low opportunities for personal betterment. Migrants often have less access to reproductive health services, and may be vulnerable to sexual exploitation and HIV infection.

2.2 The Port of Spain Declaration notes the socio-economic impact of national and cross-border movements of people, as well as their impact on environmental conditions, particularly in the case of small islands. The Caribbean Plan of Action highlights migration as an area of critical concern, including the need to develop national policies on intra-regional and international migration. The Plan also recognises the growing flow of return migrants and the need to design re-integration policies and programmes.

2.3 For a small number of Caribbean states, population distribution and urbanisation have been issues of growing concern. To address these and other related issues concerning internal migration, countries in the sub-region have encouraged a more even spatial distribution. To counteract the 'push' factors for rural-urban migration, some countries have responded by providing economic incentives or have decentralised health and education services to increase access in rural areas. Incentives for land settlement and rural development have also been provided and housing development projects implemented to create small semi-urban communities. Some countries have regularised squatter communities by providing access to water, transportation and electricity. Others have designed strategies and established programmes to foster the development of areas outside main urban centres, thus providing potential rural-urban migrants with viable and attractive alternatives.

2.4 It is notable that Governments in the sub-region have undertaken various efforts to meet the needs of migrants, such as providing access to basic social services, including

reproductive health and education services. In some countries language training has been initiated for health and social workers to communicate with immigrants. However, those living in inaccessible squatter settlements, agricultural or mining areas have been particularly hard to reach.

2.5 The most common destinations for migrants from the Caribbean have been countries in North America and Europe. Highly skilled professionals, particularly teachers, nurses<sup>11</sup> and other health professionals and IT experts, are contributing to the brain drain from the sub-region. While migrating skilled people may provide an in-flow of remittances, it also limits the capacity of societies to provide quality and affordable social services to the local population.

2.6 A relatively new phenomenon in the sub-region is the trafficking in persons, particularly women and girls brought to tourist destinations as well as major cities in North America and Europe to work as commercial sex workers. Also new is the phenomenon of deportation of Caribbean nationals to their home country following a conviction of a criminal or civil offence. Between 1994 and 1998, 22,397 persons were deported from North America and Europe to the Caribbean. Many of these deportees have no family or community network to ease their re-absorption.

2.7 No country in the Caribbean has yet established comprehensive policies and programmes to address the various problems caused by immigration and/or emigration. Within CARICOM, however, Governments are currently in the process of implementing agreements reached within the framework of the Caribbean Single Market and Economy (CSME) to facilitate the free movement of qualified professionals within the sub-region. For example, in an effort to address the impact of the brain-drain in the public health sector, professional nursing associations, training institutions, government agencies and regional institutions have proposed a ‘managed migration’ to retain competent nurses in the sub-region. Such strategy has been adopted and endorsed by CARICOM.

### **3. Reproductive Health and Rights**

3.1 Reproductive health, as defined in paragraphs 7.2 and 7.6 of the ICPD Programme of Action is “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes”... “It implies therefore that people are able to have a safe and satisfying sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. It also includes sexual health, the purpose of which is the enhancement of life and personal relations.” “Reproductive rights embrace certain human rights already recognised in international laws and human rights documents. They rest on the recognition of all people to decide freely and responsibly the number, spacing and timing of their children, free of coercion, discrimination and violence”.

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<sup>11</sup> ECLAC/CDCC, *Emigration of Nurses from the Caribbean: Causes and Consequences for the Socio-Economic Welfare of the Country: Trinidad and Tobago – A Case Study*. LC/CAR/G.748. August 2003.

3.2 There is wide recognition among countries in the region that achieving the Millennium Development Goals (MDGs) will depend in large part on the achievement of the ICPD and ICPD+5 goals in reproductive health. For example, addressing the cultural, social and economic constraints that limit women's autonomy in sexual and reproductive matters are critical to achieve the MDG on gender equality and empower women. Essential steps in this direction are combating violence against women, and removing economic, social and family barriers to women's access to sexual and reproductive health services, as well as the promotion of equitable relationships with mutual respect between men and women related to their sexual and reproductive lives.

3.3 Attention to the reproductive health needs of women and adolescent girls is critical to achieve the MDG related to improving maternal health and combating HIV/AIDS. Prevention of unwanted pregnancies, care of pregnancy during and after childbirth, and referrals to emergency obstetric care, treatment of the consequences of unsafe abortion, prevention of mother to child transmission of HIV, treatment and prevention of sexually transmitted infections, delay of early sexual debut as well as consistent condom use are all critical measurements to achieve the MDGs.

3.4 In 1975 the Caribbean adopted a Maternal and Child Health Strategy. Since then, this strategy has been adapted several times to reflect the increased understanding of reproductive health and rights issues. The Port of Spain Declaration recognised the need to provide comprehensive reproductive health programmes and to reduce maternal morbidity and mortality. At the time of ICPD + 5, the Caribbean Sub-Regional report indicated that progress had been achieved through the integration of reproductive health programmes in to the Primary Health Care System in the majority of Caribbean countries; in 2003 all countries have reported this to be the case.

3.5 Many countries in the Caribbean have developed reproductive rights policies. Many countries have also taken measures to enforce reproductive rights, although the degree and extent vary widely from one country to another. These policies may recognise any or all of the following: free access to affordable and accessible reproductive health information, as well as education and services to all individuals regardless of sex and marital status. Many countries have also experimented with the provision of reproductive health services specifically tailored to the needs of adolescents. Policies also recognise the need of informed consent for medical procedures at health institutions.

3.6 Prior to ICPD, some countries had already integrated family planning and other reproductive health services into the primary health care system. After ICPD, further integration continued to include a wider range of services including reproductive health counselling, post-abortion care, sexually transmitted infections and referrals to emergency obstetric care.

3.7 Health sector reform is proceeding within most Caribbean countries. In some cases, partnerships among governments, civil society and the private sector in service delivery have been strengthened. The process is taking place by a variety of mechanisms;

many of the national health systems recognise the importance of the reproductive health services provided by NGOs and the private sector.

3.8 The range of contraceptives has been expanded in several countries. Emergency contraception is available as a non-prescription medication in some countries. It is also available in Accident and Emergency Departments for rape victims. The female condom has also been introduced in the region. Although data are not available for all countries, the contraceptive prevalence rates for individual countries have steadily increased, whereas unmet need for family planning has declined, be it slightly less rapidly.

3.9 Safe motherhood programmes have been established in all countries, and provide access to pre-natal, pregnancy and postnatal care as well as access to emergency obstetric care.

3.10 Although progress is observed in the Caribbean in the implementation of reproductive health and rights, as defined by ICPD and ICPD+5, information about critical areas continues to be needed. The impact of health sector reform on the delivery of sexual and reproductive health services needs to be better understood. Little is known about the specific budgetary allocations available for such services, the interaction between the public and private sector in their provision, and the conduits for social participation in the design, implementation and evaluation of such programmes and services.

3.11 There is a limited human resource capacity available in the health system for the implementation of programmes. This is particularly true in the area of nursing personnel. Many of the Caribbean countries have experienced the active recruitment of their trained nurses by countries in Europe and North America. Additionally, many countries have indicated the need for a central location and a standardised system for the collection, analysis and management of data, for the establishment of appropriate indicators, and for the monitoring and evaluation of the ongoing work in reproductive health. There are constraints in the availability of commodities, due in part to financial difficulties, but also because of the lack of data for planning. Only very few countries have conducted contraceptive prevalence surveys and know what the current unmet needs for family planning are.

#### **4. HIV/AIDS**

4.1 The ICPD Programme of Action called for the integration of STIs and HIV/AIDS prevention into sexual and reproductive health services. It also recommended that governments take action to prevent and reduce the spread of HIV/AIDS through awareness campaigns emphasising behavioural change, and ensure that people living with HIV/AIDS receive adequate medical care and are not discriminated against. ICPD+5 recommended further actions for governments to prevent and treat HIV/AIDS, specifying that sex, age and other factors need to be recognised in prevention and education programmes, and that special attention must be given to the prevention of sexual exploitation of young women and the reduction of mother-to-child transmission.



4.2 The ICPD+5 review and appraisal also requested that by 2005, 90% of young men and women aged 15 to 24 have access to information, education and services necessary to reduce their vulnerability to HIV infection. These services should include access to voluntary counselling and testing, prevention, and follow up.

4.3 The Caribbean has the second-highest incidence of HIV/AIDS in the world. UNAIDS estimates that in 2002 there were 420,000 HIV positive persons in the region. HIV/AIDS is now the leading cause of death in several countries. Young people represent the fastest growing group of new HIV/AIDS cases, the majority among young women. In some countries, life expectancy is nearly six years less than what was projected in the absence of HIV/AIDS. Mortality figures for 15–34 year-olds are also about 2.5 times higher than expected.

4.4 The prevalence of HIV/AIDS among adults (15-49) is 2.3 %, 35% of them women. The distribution of HIV/AIDS by age group shows that over 60% are between 25 and 45 years of age. The prevalence in very young children (0 – 4 years) is 6%. Depending on their country of residence, between 1 to 12% of pregnant women test HIV positive.

4.5 Countries have adopted measures to avoid discrimination of people living with HIV/AIDS, ensuring their rights to work, health and education, and ensuring the rights of children orphaned by HIV/AIDS. However, people affected by the epidemic are still confronted with discrimination, isolation and rejection, which seriously impair the full enjoyment of their human rights.

4.6 Several economic, socio-cultural, health and behavioural factors influence the risk of HIV infection in the Caribbean. Poverty and the inequitable distribution of wealth, as well as the ever-increasing flow of people, both between Caribbean islands and between these and other regions of the world define the face of the epidemic in the sub-region. At the same time, inequitable gender relations, including women's social and economic dependence on men as well as a general lack of safe sex practices put women and adolescent girls at high risk of infection. Early sexual initiation, sexual abuse within and outside marriage and transactional sex all have a negative impact on the capacity of societies to prevent the spread of the disease. Increased substance abuse, the sub-trade in sex that frequently accompanies tourism, and the stigma attached to and concomitant discrimination against people living with HIV/AIDS are further factors driving the epidemic, all of which have, in general, eluded effective response.

4.7 The Caribbean Task Force on HIV/AIDS was created in 1998 as a sub-regional response to the HIV/AIDS epidemic. It is co-ordinated by CARICOM in collaboration with the Caribbean Epidemiology Centre (CAREC), UNAIDS, the University of the West Indies and the Caribbean Network of People Living with HIV/AIDS. The Caribbean Strategic Plan of Action for HIV/AIDS was developed in consultation with governments to support efforts in preventing and controlling the epidemic. It utilises various strategies that include *inter alia*: increasing the commitments of governments to fight the disease; promoting prevention practices through behavioural change which

includes addressing gender inequalities issues, providing health care for HIV positive persons, building capacity and continued research and surveillance. Through the consortium of HIV/AIDS research centres, Phase II of the HIV vaccine trials are being conducted in Port-au-Prince and Port of Spain, two out of 11 sites selected for this initiative world-wide

4.8 All countries in the sub-region have developed strategic plans, policies and national strategies on HIV/AIDS<sup>12</sup>. The majority of countries report the adoption of education and prevention strategies and prevention of mother-to-child transmission programmes. Political commitment is demonstrated in the region through the attachment of the national HIV/AIDS Programmes directly to the Prime Ministers' offices to ensure interagency collaboration and accountability. Some countries have initiated new projects strengthening multi-sector response for prevention and treatment.

4.9 To allow informed decision-making, implementation and evaluation measures, health information systems, surveillance and research have been identified as critical areas for the successful implementation of the strategic plans. The full integration of HIV/AIDS prevention in reproductive health programmes has been reported in some countries.

4.10 Governments and civil society organisations have been looking at strategies to increase access to anti-retroviral drugs, but their cost constitutes a major constraint. Notwithstanding the 90% price cut that some developing countries have been able to negotiate with pharmaceutical companies, treatment often remains beyond the reach of most citizens. There are some innovative initiatives aimed at making treatment available. An example is a project that uses an "emergency revolving fund" to make anti-retroviral drugs available. Contributions to the fund go to purchase anti-retroviral drugs and contributing individuals will have the right of access them should they ever need this treatment. Some countries report the integration of HIV treatment into their reproductive health programmes and others have begun manufacturing anti-retroviral drugs. In those countries, mother to child transmission has decreased from 30% to 3% with the anti-retroviral therapy provided to HIV-positive pregnant women. However, very few countries guarantee treatment to all who need it.

4.11 Insufficient financial resources are the most prominent constraint to provide an effective response to the epidemic. Gender inequality has also been noted as a critical factor for the increasing incidence of HIV/AIDS. Gender relations where women are dependent on men economically and/or socially place them at a disadvantage in sexual relationships, with little or no room for negotiating safe sexual practices. The role of women as caregivers for family members who are sick or dying of AIDS has also been noted.

4.12 Successful implementation of HIV/AIDS prevention programmes is hampered by several cultural factors, including attitudes about sex and health care. Research suggests

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<sup>12</sup> Cuba, Dominican Republic and Haiti have received grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Those grants will allow for a strengthened and coordinated response to HIV/AIDS.

that young people, uninformed and powerless, are especially vulnerable to becoming infected due to their early age at sexual initiation, age disparities between partners, forced sex, lack of negotiation skills or power for safe sex, and an increasing incidence of substance abuse. Youth in need of care and support are not using existing services because of lack of trust in the quality and confidentiality of services. Despite increased information about HIV/AIDS, the phenomenon of multiple partners and lack of condom use is still very widespread among the adult populations of the Caribbean, compounded by the fact that voluntary testing is not widespread.

## **5. Adolescents**

5.1 Caribbean countries have long recognised the special development needs of adolescents. They were instrumental in ensuring the adoption of the ICPD Programme of Action in the area of adolescents, whose objective is to “address adolescent sexual and reproductive health issues, including unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence and the provision of appropriate services and counselling specifically suitable for that age group”, and to “substantially reduce all adolescent pregnancies”.

5.2 The Port of Spain Declaration states that CDCC countries “...acknowledge the need to address adolescent reproductive health issues, through the promotion of responsible and healthy reproductive and sexual behaviour”. Similarly, the Caribbean Plan of Action on Population and Development identified specific issues to be addressed with regard to adolescents in the Caribbean, including the limited awareness of adolescent reproductive health issues and weak political support for adequately addressing such needs.

5.3 Although the MDGs do not directly address the reproductive health of adolescents, it is recognised throughout the region that immediate attention to these needs will contribute to the successful accomplishment of the majority of those goals, in particular the one on HIV/AIDS. Furthermore, the goal of poverty reduction is based on the capacity of future generations – today’s adolescents - to make the choices that will enable them to lead full and productive lives, including the exercise of their reproductive rights.

5.4 Of the 35 million people living in the Caribbean, approximately eight million are between the ages of 10 and 24. Although net enrolment rates at both primary and secondary levels have steadily increased in most countries for the past ten years, for both sexes, dropout rates have also increased. This, combined with high unemployment among young people and limited opportunities for personal development characterise the life of the majority of youth in the region. Poor families continue to count more children and adolescents than better-off families, and many adolescents grow up in single-parent households, which tend to be poorer than those with both parents present. Unemployment particularly increases the vulnerability of young women between 15 and 19, as it fuels their dependency and limits opportunities for personal development.

5.5 The transition years from childhood to adulthood, while presenting tremendous opportunities for learning and self-development, may also be a time of narrowing life chances and choices. Poverty exposes young people to a variety of challenges. Boys and girls often drop out of school to supplement family income. Poor educational and economic opportunities, gender inequality and sexual exploitation and abuse are important factors in the high levels of adolescent pregnancies, and sexually transmitted infections, including HIV/AIDS: as adolescents girls are faced with few choices, opportunities and resources, they are especially vulnerable to risks from unprotected sexual activity. Typically poorly informed about ways to protect themselves, young people in the Caribbean are increasingly at risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS.

5.6 Recent studies indicate that attention to the reproductive and sexual health of young people is urgently needed. A Pan American Health Organization (PAHO)/ World Health Organisation (WHO) study<sup>13</sup> on adolescent health in the Caribbean reports that as many as a quarter of adolescents, both boys and girls, declare having initiated sexual activities as early as 10-12 years of age. While fertility rates in the other segments of the population have steadily declined, adolescent pregnancy rates have remained relatively stable.

5.7 Youth policies have been enacted in a number of countries, and legislative initiatives have sought to codify or review the laws governing national approaches to adolescent rights and development. Various administrative and policy initiatives to facilitate return to school after pregnancy are being put in place.

5.8 Over the past decade, countries in the Caribbean have seen many of the ICPD-generated strategies implemented to varying degrees of success. Programmes for adolescents have proven most effective when and where they have secured the full involvement of adolescents in identifying their development and health needs, including reproductive and sexual health. Additionally, among the most successful programmes and initiatives are those which are gender-sensitive and include a wide array of persons in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, as well as communities, religious institutions, schools, the mass media and peer groups.

5.9 All countries in the sub-region are implementing programmes aimed at addressing the life skills and reproductive health needs of adolescents and youth within a framework of adolescent development. Such programmes, which are gender-sensitive, include support mechanisms for the education and counselling of adolescents in the areas of responsible sexual behaviour, life skills, reproductive health, sexually transmitted infections, and HIV/AIDS prevention. Some countries have started initiatives to empower young people in the exercise of their rights, in particular as they relate to the prevention and treatment of incest and sexual abuse.

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<sup>13</sup> N.N. "A Portrait of Adolescent Health in the Caribbean." 2000.

5.10 Often, the scope of many of the programmes is constrained by insufficient funding and trained human resources. The Health and Family Life Education (HFLE) curriculum used by most CARICOM member countries is an important step in the direction of universal education in this area. However, while HFLE has been introduced as part of the school curriculum in primary and secondary levels, scheduling priority given to the subject and the comfort levels of teachers delivering the curriculum still remain important challenges.

5.11 Many programmes have increased the institutionalisation of adolescent education programmes. Some countries have made mandatory the implementation of HFLE and have developed a teacher-resource manual for adolescent health. Some countries have developed resource tools for teachers while others have established partnerships between government, civil society and international organisations to include adolescent modules in national strategic reproductive health plans.

5.12 Several non-governmental organisations throughout the Caribbean provide youth-friendly reproductive health services including counselling, information and clinical services. Programmes for adolescent mothers are also available in many countries of the region.

5.13 Initiatives are beginning to provide a body of knowledge that may yield evidence-based guidelines for the provision of gender-sensitive quality reproductive health information, education and services for adolescents. Many of the countries have noted the various impediments for the successful provision of comprehensive reproductive health education, information and services for young people, while at the same time reporting on significant unmet needs, such as lack of age and sex-specific adolescent-friendly services, or services that address the fragile self-esteem of adolescents who fall prey to violence, abuse and exploitation, often without knowledgeable or sympathetic adults to turn to.

5.14 Several Caribbean reports have noted the presence of societal ambivalence towards the open discussion of sexuality. This ambivalence may be responsible for the poor quality of young people's knowledge about sexual and reproductive health. This in turn impacts on young girls' weak capacity for making informed and responsible choices, including informed decisions about their sexual and reproductive health. Scattered initiatives have been reported which seek to instil attitudes respectful of women and girls in young boys.

5.15 Cultural and religious beliefs shape and influence public opinion. In some countries, such influence may reach governmental policies in the area of sexual and reproductive health, including HIV/AIDS prevention and adolescent development and health.

5.16 The Caribbean has made important progress towards the recognition of adolescents' reproductive health and rights. Yet, the need for sexual and reproductive health information, education and services remains very high. Given the onslaught of the

HIV/AIDS pandemic, which disproportionately culls its victims from the most vulnerable population groups, answers to the needs of adolescents, in particular girls, has never been more urgent. The violence and abuse experienced by the youth of the Caribbean on a daily basis make it yet more urgent to empower them in the exercise of their rights, including those pertaining to their sexual and reproductive health.

## **6. Gender**

6.1 The ICPD Programme of Action acknowledges that ‘the empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself... it is essential to achieve sustainable development... and enhances [women’s] decision-making capacity in sexuality, reproduction and other areas.’ It also acknowledges that ‘greater equality for the girl child is a necessary first step in ensuring that women realise their full potential and become equal partners in development.’

6.2 The Port of Spain Declaration recognises that ‘women’s empowerment is legitimate and critically important in its own right, especially against the background of the historical imbalance of power between women and men’. Similarly, the MDGs call for the promotion of gender equality and the empowerment of women, universal primary education and the improvement of maternal health.

6.3 Equal treatment and the exercise of fundamental rights and freedoms irrespective of sex is a principle present in most Caribbean constitutions. Important efforts have been undertaken throughout the region in promoting equal access of women to employment, property rights, education and housing. However, gender-based discrimination is still present. For example, in many countries pregnant adolescents are not allowed to continue their education, or receive discriminatory treatment by the school system, even when regulations do not specifically state this.

6.4 A review of gender indicators reveals significant progress on levels of educational attainment of girls and women. Empowerment through universal access to primary education has been achieved. All countries report equal access of both girls and boys to primary level education. Fewer boys than girls attain secondary education, yet girls’ achievements are constrained by high levels of teenage pregnancy and/or by career counselling that reinforces gender stereotyping in occupations. The gains in the educational sector have yet to translate into commensurate improvements of women’s economic status. Gender inequality persists in wages, women’s participation in the labour force and in the concentration of women in low-wage, low-skilled occupations. Constraints to advancing women’s economic empowerment relate to limited ratification of International Labour Organisation (ILO) Conventions that promote gender equality in the workplace.

6.5 The ICPD Programme of Action acknowledges that ‘changes in both men’s and women’s knowledge, attitudes and behaviour are necessary conditions for achieving the harmonious partnership of men and women’ and that ‘men play a key role in promoting

gender equality in most societies'. In this regard, a debate seems to be taking place in the region around the place of Caribbean men in society, in the face of the multiple efforts aimed at women's empowerment. Issues such as girls' out-performance of boys in school have further fuelled such debate. As a result, a significant number of countries in the region have programmes targeted at men on issues such as reproductive health, education and HIV/AIDS. There are examples of 'Male Committees' being established as advisory bodies for the development of policies that address the underachievement of males and other related issues, perceived as 'male marginalisation'. Programmes in parenting education and responsibilities, gender-based violence and gender equality have been organised for male participants. Some universities in the region have established undergraduate courses on the topic of the social construction of male identities, and have conducted research and outreach on male underachievement and under-participation in education.

6.6 Although some countries have adopted programmes to promote male responsibility and address male gender issues, their impact has been limited. In the area of reproductive health, there remains a wide gap between knowledge and practice, suggesting the need to review, revise and expand programmes to change values, attitudes and behaviour of both males and females. The reports further indicate a need to mainstream gender concerns into socialisation practices in the family, school, religious groups and media; strengthen legal and institutional mechanisms; mainstream gender concerns into labour policies to increase male participation in the care of their children; expand counselling and intervention programmes for males; mainstream gender concerns into public health and education policies to improve male participation and achievement at secondary and tertiary education; and increase research to better understand and encourage more responsible reproductive health behaviour.

6.7 Institutional mechanisms to promote women's empowerment have been created in almost all countries in the Caribbean and some have been revised so as to elevate, change or broaden their status, importance and responsibilities. Some of them have changed from ministries, departments or administrative units on 'women's issues' to 'gender affairs', thus encompassing women and men. However, these mechanisms continue to have limited financial resources, and are challenged to find effective strategies to address both the emerging needs of males as well as persistent areas of discrimination against females. In this regard, the growing commitment to gender mainstreaming has meant an acceptance on the part of the entire state sector that the responsibility for ensuring gender equality is not the exclusive domain of the women's/gender departments. A significant number of countries have or are pursuing the formulation of national gender policies and action plans in accordance to the recommendations of the Beijing Platform for Action. This work has been expanded with support from national and regional NGOs.

6.8 Collaboration between state institutions and national women's organisations has produced legal reform to protect the rights of women and girls, including laws on domestic violence, sexual offences, incest and other forms of child abuse, inheritance and citizenship, property rights of spouses, child protection, maternity leave and other labour laws relevant to women's work. Although measures against sexual harassment have been

taken in but a few countries, there have been efforts to face this issue. One example of such efforts is the CARICOM model of legislation on sexual harassment in the workplace. The emphasis on the elimination of direct and indirect forms of inequality through legislative reform has been an indication of states' commitment to end gender-based discrimination. However, legal reform needs to be accompanied by implementation and monitoring. Similarly, some countries have yet to ratify ILO Conventions 138 and 182, which respectively establish a minimum age for employment and commit ratifying states to eliminate the worst forms of child labour such as slavery, prostitution and pornography, illicit activities and hazardous work.

6.9 Steady progress has been made in the area of gender-based violence, even though it has been addressed, for the most part, within the context of domestic violence. However, sub-regional reports and indicators show that despite legal reform to respond to gender-based violence, institutional capacity to support policy and programme implementation varies widely across the region. Many Caribbean countries participated in the multi-faceted UN Interagency Campaign on Gender-based Violence. Yet, there is widespread recognition of the need to develop comprehensive and multifaceted action plans with advocacy and public education components, attitudinal and cultural change, services for victims and perpetrators, justice system reform, training for judicial officers and police, data collection and monitoring and evaluation. Additionally, the need to look at gender socialisation patterns has also been canvassed, in so far as they may reproduce or legitimate the use of violence against women.<sup>14</sup>

6.10 Most countries within the Caribbean sub-region have enacted laws against domestic violence, and have strengthened penal sanctions for sexual offences and child abuse. Many of these laws contain provisions that offer protection to both male and female victims of domestic violence. As a result of an initiative by the Caribbean Association for Feminist Research and Action (CAFRA), the Association of Caribbean Commissioners of Police (ACCP) and the Inter-American Development Bank (IDB), over 4,000 police received special training. Efforts at improving social service delivery and increasing judicial sensitisation on the issue are also evident. Still, domestic violence remains a significant public health and social ill in many of the countries of the region. Women and children (especially girls) are most at risk and there are high levels of rape, marital rape, incest, carnal abuse, domestic-related homicides and sexual harassment, as well as children in prostitution, both girls and boys.

6.11 Many countries in the Caribbean have seen the number of female parliamentarians double over the past ten years. Some countries have also witnessed progress in the area of female participation in the political processes through the establishment of quotas for the number of women in local government and the implementation of projects on women's political participation. Some countries have established candidates' funds, which are used to support women candidates in elections, and there are programmes on advocacy, training and research aimed at redressing

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<sup>14</sup> ECLAC/CDCC: Report Of The Ad Hoc Expert Group Meeting On Gender Socialization And Domestic Violence: Developing A Research Agenda. LC/CAR/721 Port of Spain. December 2002.



historical imbalances in access to and participation in political decision-making processes.

## 7. Population Ageing

7.1 The ICPD Programme of Action calls for governments to develop social security systems and social services that will be able to provide for the growing numbers of older persons. It also seeks to enhance their self-reliance and facilitate their continued participation in society by strengthening and facilitating both formal and informal networks and safety nets. The Port of Spain Declaration acknowledges the particular needs and requirements of vulnerable groups, including older persons. It notes that ‘older age groups within all Caribbean countries are growing rapidly’ and that ‘this will place a heavy demand on social services’. In a similar vein, the Caribbean Plan of Action stresses the need for population policies that would specifically address issues and concerns relating to older persons in society.

7.2 In 1999, CARICOM adopted the Caribbean Regional Charter on Ageing and Health, which calls on all governments in the region to acknowledge ageing as an issue of priority in the areas of health and social planning. In response to these calls for action, ECLAC/CDCC conducted in 1999 an expert group meeting on ageing and has recently embarked on a study on the situation of older persons in the Caribbean sub-region<sup>15</sup>.

7.3 More recently, in 2002, at the Second World Assembly on Ageing, governments agreed to the implementation of a global action plan which calls for improvements in living conditions of older persons, poverty eradication, social inclusion, individual self-fulfilment and gender equality, as well as intergenerational solidarity, employment, social security, health and well-being.

7.4 Over the years, the Caribbean has witnessed a steady increase in the proportion of population of 60 and over years old. The Ageing Index<sup>16</sup> in the sub-region was 21.2 in 1975, compared to only 15.7 for Latin America. The index increased to 41.1 (2000) in the Caribbean and, according to ECLAC data, it will climb to 87.8 in 2025. In 2050, the population aged 60 and over will be 1.5 larger than that aged 0-14. In 2000, there was one older adult per each 6.5 economically active persons (15-59). In 2025 there will be one older adult per each 3 active persons and, in 2050, one per each two. This poses significant challenges on the health and social security systems throughout the Caribbean sub-region.

7.5 At present, many countries have adopted explicit policies on ageing and on older persons. At the institutional level, national councils on ageing have been established in many countries to advise on and develop programmes to improve the quality of life of older persons.

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<sup>15</sup> ECLAC/CDCC: Population Ageing in the Caribbean: Policies, Programs and Future Challenges. WP/2003/6. September 2003.

<sup>16</sup> Aging Index (Population 60+ year old / population 0-14) x 100

7.6 Along with the erosion in the value of lifetime savings and pension benefits, many in the Caribbean have lived their lives at or below the subsistence level<sup>17</sup>. This situation affects in particular women, unskilled workers, small-scale farmers and the disabled. In spite of the economic downturn and the scarce resources available, governments in the region have generally shown a strong commitment to providing basic social services free of charge for all. However, due to the lack of sufficient resources, the quantity as well as the quality of the services rendered is suffering. Most of the countries in the sub-region provide assistance to older persons through one or several safety-net programmes, such as social security schemes, non-contributory old-age pensions, in-kind assistance and residential homes.

7.7 Traditionally, social insurance schemes in most Caribbean countries do not cover individuals employed in the informal labour market, the self-employed, rural workers and the non-economically active group. Over the last decade, however, several governments have embarked on additional social-assistance programmes for older persons. In many countries in the Caribbean formal government pension schemes came into being in the 1960s and 1970s. A considerable part of the population is self-employed or works in the informal sector, and, as a result, has never contributed to any established pension scheme. More women than men have been excluded from such pension schemes, since the percentage of unemployed women, or women working in the informal sector in the sub-region, is generally higher than that for men. Caribbean countries vary considerably in the degree to which their citizens are covered by pension schemes, ranging from five percent to over 80%. Governments have recently taken various initiatives to enhance pension schemes and to improve coverage of those previously excluded.

7.8 Many older persons in the Caribbean have recourse to other sources of funding, such as support from family and relatives as well as own economic activity to secure sufficient income to survive. Relatively little is known about labour market participation of older persons in the sub-region. A survey conducted in 1999 found that five per cent of those surveyed were employed at the time of the survey (ECLAC, 2002) and almost all were self-employed. Although no gender specific data on employment in the informal sector are available, the disadvantageous situation of women in the labour market may eventually force more women to draw their income from such jobs than men.

7.9 With populations ageing, prevailing disease patterns are changing. This will have major implications on health care expenditures, on the kinds of institutions and formal arrangements that will be needed to support family care giving, and on the distribution of resources along the life span. Healthcare is available free of cost to older persons in some Caribbean countries, but in general there are no specialised health care programs for them, nor have healthy ageing and preventive behaviours been part of the general strategy to approach the elderly. The expected return of tens of thousands of migrants, now in retirement age, which may represent an influx of pensioner funds, also will imply increasing demands for social services. Currently, very few countries in the Caribbean have national health insurance schemes with global coverage in place, although some are

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<sup>17</sup> Data to assess poverty are rare and even more difficult to get for specific population sub-groups, such as the elderly. The most common concept applied to assess poverty is the “percentage of the population living under one dollar per day”, a definition adopted by the World Bank.

currently in the process of overhauling their public social security. Only in a minority of countries health insurance is provided by the national social-security system.

7.10 The Caribbean has a long tradition of mutual aid. However, these informal systems, though vital they may be, cannot substitute formal support schemes, as many individuals may remain outside of such arrangements. Caribbean family structure and cultural practices place the major responsibility for the care of children and the sick on women. Increased migration of women in their productive years, women's increased participation in the labour force and an increasing number of children orphaned by HIV/AIDS - about 80,000 according to PAHO estimates -, are likely to place additional responsibilities on older women

7.11 In order to address the needs of older persons with no family support networks, some countries have engaged in programmes to provide day-care facilities in homes and institutions to those in need. In addition to families, churches and service agencies, retired professionals are also forming support groups. There are also initiatives linking older persons in the communities with younger members. Few countries have adopted a generalised institutional life cycle approach linking healthy lifestyles and healthy ageing.

## **8. Data Collection, Analysis and Quality**

8.1 Governments at the ICPD agreed that 'valid, reliable, culturally relevant and internationally comparable data form the basis for policy programme development implementation, monitoring and evaluation'. Caribbean governments emphasised, in the Port-of-Spain Declaration as well as in the Caribbean Plan of Action, the need for more efficient systems to be set up in order to improve the coverage and accuracy of recording vital events. They also recognised that sound population and development policies and poverty alleviation strategies rely heavily on the availability and quality of socio-economic, health and demographic data. The ICPD+5 review document stressed the need to set up 'co-ordinated mechanisms for data collection, analysis, accessibility and dissemination of data and the necessity of disaggregation by various categories, including gender'. The ICPD+5 review and appraisal process took note of the overall lack of monitoring mechanisms as an area of critical concern.

8.2 Presently for nearly all countries in the sub-region data are available from the 1990 population census. Several CDCC members have published results of the 2000 census round<sup>18</sup>. Two types of household surveys are conducted in the Caribbean. These are Surveys of Living Conditions (SLC), which provide comprehensive household-based socio-economic data, and the World Bank's Living Standards Measurement Studies (LSMS), which measure the distribution of welfare and the level of poverty in households. Such surveys have been carried out in a number of countries throughout the 1990s. Apart from these surveys, the Caribbean Development Bank (CDB) has assisted a number of countries since 1992 in conducting Country Poverty Assessments (CPA).

8.3 Despite the limited financial and human resources in the sub-region, Caribbean countries have made progress in strengthening national institutional capacities to improve

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<sup>18</sup> The Bahamas, Barbados, Belize, the Netherlands Antilles and St. Lucia

data quality through improvements in data collection and data analysis. Further improvements have also been made in the area of data dissemination and disaggregation by thematic areas, including gender. Some countries have established Information and Technology Centres to further train technicians or have acquired new equipment to collect process and analyse data. Several countries have developed health information systems. In some cases the statistical offices have established committees to co-ordinate domestic and international research, including the provision of special training for staff involved in SLCs. Countries have made significant progress in providing population-related information through central information systems; in some cases line ministries have established planning units to collect and produce information on population, health and education. Gender-disaggregated data has yet to be made widely available in the Caribbean. In an effort to support Governments in the sub-region in accessing available data, ECLAC is assisting Caribbean countries in the establishment of a sub-regional social statistics database.

8.4 Despite advances in data collection and data analysis, many problems and gaps remain. Sufficient and reliable data are still lacking in many areas of social development, including those relating to poverty, education, health, including sexual and reproductive health, and gender. Often, data for only one reference point are available, making trend analysis not possible. The major constraints reported by almost all Caribbean countries are the lack of qualified human resources and the further need for capacity building to be able to provide timely and quality data.

## **9. Partnerships, Coordination and Resources**

9.1 Partnerships among Governments, parliamentarians, NGOs, the private sector, the communities, and others, are crucial for the successful implementation of the ICPD Programme of Action, at the global, national and local levels. One of the MDGs specifically refers to the need for a “global partnership for development”.

9.2 The Port of Spain Declaration recognised the vital role of regional collaboration and international co-operation on population and development issues, especially in the context of structural adjustment programmes and human resource constraints of SIDS. The importance of NGO participation at all levels of decision-making bodies, including in the UN system, to ensure effective follow-up to the Cairo agreements was also noted. The Caribbean Plan of Action highlighted the importance of private sector partnerships to ensure continuity, technical assistance and financial resources to meet programme needs.

### *Partnerships*

9.3 All countries in the sub-region have reported several examples of partnerships in the field of population. Multi-sectoral line-ministries, parliamentarians, NGOs, faith-based organisations, UN agencies, donors, young people, and people living with AIDS, are those most frequently identified as partners. Partnerships have been established in several areas, particularly STI/HIV/AIDS and youth, but also in the areas of gender, gender-based violence, and the Census. Partnerships have been established in the areas of advisory or co-ordination; policy or strategic plan formulation; law formulation or

enactment; service delivery at national and local levels; mass media activities and campaigns; capacity building; and programme evaluation. A few countries have indicated government financial contributions to NGOs. The recent establishment of the Caribbean Movement of Parliamentarians for Population and Development is an example of regional partnership. All countries have established some kind of mechanism for co-ordination – in some cases these mechanisms are more formal and cover a wider range of ICPD concerns (Councils, Committees, etc.), in other cases, these mechanisms are focused on specific issues (HIV/AIDS, Youth, Census, etc.).

9.4 Most countries have also reported examples of collaboration and involvement of the private sector. Several countries have reported examples of social marketing and of community-based distribution of reproductive health commodities, and programmes in the workplace, mostly on HIV/AIDS. Private pharmacists and private health care providers have been trained in reproductive health; contraceptives are provided to private clinics; and the private sector has sponsored soap operas dealing with reproductive health issues. Additionally, several countries reported private sector support for public campaigns – for example, on reproductive health, on low price cervical, breast and prostate cancer screening services and on the census -. In some countries, summer youth camps offer the possibility to exchange views on reproductive health.

#### *Resources*

9.5 The Programme of Action calls for the international community to increase its share of funding for population and development programmes and for the recipient countries to increase their national and local budget for population and development, and to use resources effectively.

9.6 Several countries report an increase in domestic resources for population and reproductive health, but few provided actual numbers (specific budget information for population and reproductive health are often not reported separately in national budgets). In some countries this increase is seen as a spin-off from increased expenditures in the social sectors; others refer to increased support to NGOs, increased staff (and trained staff), strengthening of infrastructure, broadening of the approach (with gender, HIV/AIDS, public awareness), and medical benefit schemes, among others.

9.7 Cost-recovery approaches are used in most of the countries in the sub-region, mostly by NGOs, but also in the public sector. Most of the time these cost-recovery mechanisms are used in the case of reproductive health commodities, in particular contraceptives – although there are also cases of minimal costs associated with deliveries and other reproductive health services. At least one country linked the need of cost-recovery measures to the reduction of donor assistance in the field of population.

9.8 The support from international partners has been consistent, although resources have been reduced. Support for population and development programmes has come from UNFPA, PAHO/WHO, UNICEF, UNIFEM, ECLAC and IOM, bilateral agencies such as USAID, the Netherlands, CIDA and JICA, International Development Banks and IPPF. CARICOM and the OECS Secretariat have also been instrumental in unifying criteria

across specific parts of the region, as well as identifying and channelling technical and financial assistance.

9.9 Several countries have indicated that inadequate technical, management and institutional capacity, as well as insufficient financial and human resources, were obstacles to achieving the goals of the ICPD Programme of Action, and that there is wide gap between demand and supply of resources, in particular funding, staff and commodities. As a consequence, the scope of innovative and effective programmes is often limited and survival has been dependent on strong multi-sector partnerships.

9.10 Priority needs for financial resources include funding for adolescent reproductive health services, infrastructure, and equipment, commodities and trained personnel to work with adolescents. There is also a need to expand capacity building for planning, data collection and analysis, as well as monitoring and reporting on population and development goals. Initiatives such as the 20:20 initiative and the commitment of countries of the Organisation for Economic Cooperation and Development (OECD) to provide 0.7% of their GNP as official development assistance are laudable steps in the right direction. Yet, they need to be supplemented by additional resources at national and international levels. Partnerships with the private sector in the region have the potential for being broadened and deepened, as social responsibility has become increasingly important for various sectors, including the manufacturing, pharmaceutical, tourism and services sectors.

### **III. CONCLUSIONS**

The 10-year anniversary of the International Conference on Population and Development in Cairo is providing the CDCC member states with an opportunity to report on the progress made, opportunities and constraints faced, and emerging issues in the further implementation of the ICPD Programme of Action and the Caribbean Plan of Action on Population and Development. As the ICPD goals map very closely to the Millennium Development Goals, poverty reduction, though interventions in population and development as well as sexual and reproductive health and gender empowerment, will remain of paramount concern in the analytical framework employed for this process. Specific issues which have emerged from the Caribbean analysis with pertinence for most or many of the CDCC member states include:

#### **Migration**

1. Migration in the Caribbean has various dimensions, with internal urban-rural migration as well as interregional and international movements of people. Countries in their status as recipients of immigration as well as sources of emigration are affected by these flows, both at the individual and collective levels. Repeatedly, governments have stated the need for effective data collection mechanisms to better understand and support the flows of people into and out of their countries. With more emigrant retirees returning to their countries of origin, governments need instruments to adequately assess the size and composition of the returning population, as well as the specific needs for social planning. Governments have also indicated the need for more research on the impact of migration on the socio-economic conditions of small populations.

#### **Reproductive Rights and Reproductive Health**

2. While most countries report on progress made in providing reproductive health services, the need to promote and protect reproductive rights has remained of much concern. It has been repeatedly noted that access to comprehensive and quality reproductive health services need to be enhanced in all sectors of society. The impact of the Health Sector Reform processes on the delivery of sexual and reproductive health services is yet to be assessed. Furthermore, the reproductive health needs of persons with disabilities and older persons, including the adoption of a life cycle perspective, need to be taken into consideration. Although maternal mortality levels are low in most countries, the incipient upward trend being recorded in several countries needs to be further analysed and addressed. Several Caribbean countries are short of health personnel since many migrate overseas looking for better professional opportunities, which poses a significant risk in the delivery of services and in the effective implementation of Health Sector Reform processes.

#### **STIs and HIV/AIDS**

3. Faced with the increasing HIV/AIDS pandemic and its particular impact on youth in the Caribbean, many governments have agreed on the need to establish national

guidelines for prevention, treatment and care. Stronger strategies must be designed and existing programs expanded to ensure the capacity of the education and health system, especially within reproductive health, as the foundation for the necessary HIV/AIDS services. Also, the promotion of a culture of respect for the human rights of people living with HIV/AIDS, and the elimination of stigma and discrimination would greatly diminish the suffering of people living with HIV/AIDS. At the same time, the promotion and defence of the human rights of girls and women, by making them less vulnerable to sexual violence, would enhance their capacity to protect themselves from infection. An institutional framework to provide care for people living with HIV/AIDS, as well as for HIV/AIDS orphans with no family support, is as yet not in place in many countries. Advocacy and public information and educational programs providing information on the prevention of HIV/AIDS and other STIs would ideally be posited on the principle of respect for the human rights of people living with HIV/AIDS, vulnerable groups and young people.

### **Youth and Adolescents**

4. Meeting the needs of the largest young population cohort ever requires not only that social expenditure be sustained and ideally increased over time, but also that education, health, and employment laws, policies and programmes be adjusted. To ensure adolescents' healthy and productive transition into early adulthood, the particular needs of out-of-school youth, unemployed youth, and young people whose parents are absent need addressing. There is also a need to promote the respect of the human rights of adolescent girls, who are more vulnerable to HIV/AIDS, violence and sexual exploitation. A major area for action is therefore the enhancement of their access to reproductive health information, education and services, and ensuring the exercise of their reproductive rights. These services should safeguard the right of adolescents to privacy, confidentiality and informed consent, respecting cultural values and religious beliefs, in conformity with relevant existing international agreements and conventions and with support and guidance of their parents.

### **Gender equity, equality and the advancement of women**

5. Violence against women and girls, including sexual coercion, is an area of major concern. Addressing this problem requires support systems for those subject to this violence, as well as programmes to encourage responsible sexual behaviour of boys and men. Sustained advocacy for the respect of women's human rights and empowerment of women in all aspects of life is also needed in addressing gender-based violence. Governments have recognised that the persistent discrimination against women in all sectors must be rectified on an urgent basis. At the same time, it is recognised that boys and men need support to carry out their responsibility to their partners, families and households. Sexual harassment and trafficking of women and girls have become issues of serious concern for the Caribbean region. Finally, Governments recognise the need to promote and support the participation of women in all sectors and levels of society and at all levels of decision-making. In particular, women's political participation is an area that requires further attention.



## **Population Ageing**

6. As a result of the improvements in the living conditions, countries in the Caribbean are undergoing changes in their age structures and are observing an increase in the number of older persons. This demographic trend has become a matter of concern for almost all countries in the sub-region, which points in the direction of closer horizontal collaboration on the issue, and calls for strengthened South-South collaboration between them. An assessment of the capacity of countries to provide basic social services such as health and social security would be helpful in order to set the ground for meeting the needs of older persons. The social integration of older persons, and respect for their rights are also issues in need of attention. The specific circumstances of older women have been recognised as an area of special concern, particularly with regard to their reproductive health needs from a life cycle perspective.

## **Data collection**

7. Most government agencies consulted have expressed serious concerns regarding the weakness of data collection systems and assert the need to improve data collection and analysis by sex, as well as management and dissemination procedures. Data analysis, and its use for national and sub-regional planning purposes, also remains an area of serious concern. The need to design databases, institutional mechanisms and methodological tools for monitoring the implementation of population, reproductive health and rights policies and programmes has been recognised.

## **Partnerships, coordination and resources**

8. Resource mobilisation, as well as the sustained and efficient use of funding in the social sector are considered vital to fulfilling the commitments made at the ICPD, ICPD+5 and MDGs. Beneficial partnerships at the national and international level including all relevant stakeholders will ensure the continuation of the implementation of the ICPD Programme of Action at the country level. Enhancing the roles of NGOs, especially women's and youth organisations, improving communication among various line ministries at the national level to design, promote and implement population programs, as well as taking advantage of the wealth of experience gathered in countries at similar stages of development through mechanisms such as South-South collaboration have been considered essential. The role of international organisations in assisting countries to reach those goals, and the recognition of the need for furthering their co-ordination and resource mobilisation efforts has also been noted.

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## Annex

The tables in the annex provide a summary of the responses provided by the individual countries to the UNFPA Field Inquiry and to the List of Indicators administered by ECLAC/CDCC. While the UNFPA Field Inquiry was only conducted in the ECLAC/CDCC member States, which are covered by the UNFPA mandate<sup>19</sup>, the ECLAC/CDCC List of Indicators was distributed to the member states as well as to the associate member states<sup>20</sup>. Of the associate member states Anguilla, Aruba, the Netherlands Antilles and Puerto Rico responded to the ECLAC/CDCC survey.

The tables in the annex reflect the situation in the individual countries as provided by the individual countries and only in a few cases where no information was provided, additional information was added. The table on socio-economic and demographic indicators (table 6) provides data as received from the sources. They have not been revised or adjusted.

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<sup>19</sup> These countries are Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago.

<sup>20</sup> The ECLAC/CDCC Associate Member States are Anguilla, Aruba, British Virgin Islands, Montserrat, Netherlands Antilles, Puerto Rico, United States Virgin Islands.

