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# Population and development in the Caribbean (2018–2023)

Accelerating  
implementation of the  
Montevideo Consensus

Francis Jones



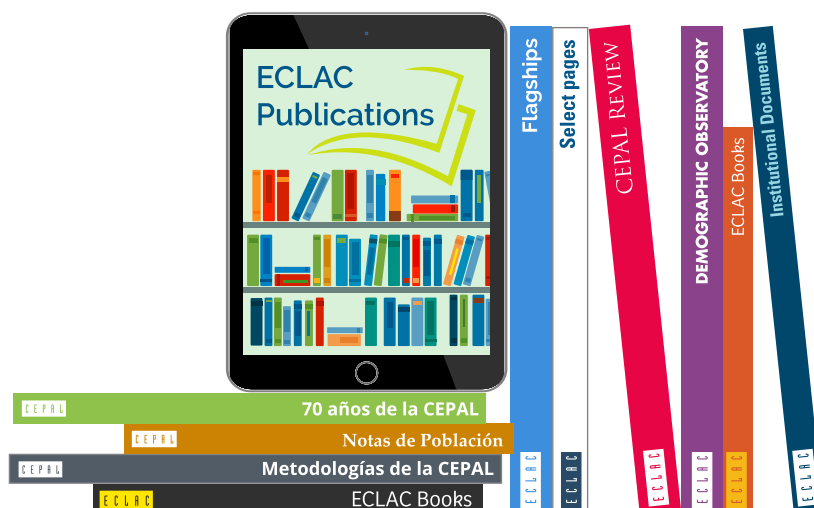
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# **Population and development in the Caribbean (2018–2023)**

Accelerating implementation  
of the Montevideo Consensus

Francis Jones



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This document was prepared by Francis Jones, Population Affairs Officer of the Statistics and Social Development Unit of the Economic Commission for Latin America and the Caribbean (ECLAC) subregional headquarters for the Caribbean. Nekehia Quashie, consultant, and Nyasha Skerrette, also of the Statistics and Social Development Unit, provided substantive input. Adler Bynoe, Aurora Noguera-Ramkissoon, Batula Abdi and Mariana Santoyo of the United Nations Population Fund (UNFPA), and Simone Cecchini, Dale Alexander, Machel Pantin and Elizabeth Thorne of ECLAC, also contributed comments, suggestions and other input.

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## Abstract

This study reports on progress made in the implementation of the Montevideo Consensus on Population and Development in the Caribbean subregion over the period 2018–2023. It begins by presenting an analysis of demographic trends in the Caribbean before addressing each of the thematic sections of the Montevideo Consensus, reviewing policies and programmes implemented by governments and civil society organizations, assessing the impact of those actions, and making recommendations to accelerate implementation of the Consensus. The study discusses projected population declines, population ageing and trends in international migration. It identifies a need for greater attention to issues affecting youth, including violence, unemployment, and teenage pregnancy. It describes progress in the adoption of legislation on child protection and child justice, but also highlights an ongoing need to strengthen the institutions responsible for implementing these laws. In response to population ageing, while governments have sought to strengthen policies and programmes for older persons, the pace of demographic change demands still greater attention to the economic and social well-being of older persons and healthy ageing. There have been advances in sexual and reproductive health and rights, and progressive reforms in a few countries, but these good practices need to be adopted more widely to further reduce teenage pregnancies, maternal mortality and to eliminate HIV. There is now more data on gender-based violence in the Caribbean and this confirms the need to address the high levels of violence against women and institutionalize services for survivors. The study also argues for increased subregional cooperation to manage both labour migration and migration in response to humanitarian emergencies.



## Introduction

The Montevideo Consensus on Population and Development in Latin America and the Caribbean (2013) is the regional framework for implementation of the Programme of Action from the Cairo International Conference on Population and Development (ICPD). The Cairo Programme dates from 1994 but was extended beyond 2014 by decision of the United Nations General Assembly.<sup>1</sup> Addressing issues such as population ageing, youth development, sexual and reproductive health and rights, gender equality and international migration, the Montevideo Consensus also makes an essential contribution to the 2030 Agenda and the achievement of the Sustainable Development Goals (SDGs).

This study was prepared to inform a review of progress in the implementation of the Montevideo Consensus in the Caribbean,<sup>2</sup> over the period 2018–2023. It incorporates information from voluntary national review reports prepared by six Caribbean countries (Antigua and Barbuda, Belize, Guyana, Jamaica, Suriname and Trinidad and Tobago), with the support of the United Nations Population Fund (UNFPA). In addition, seven countries provided information in response to a questionnaire to update the Economic Commission for Latin America and the Caribbean's (ECLAC) Virtual Platform for Monitoring the Montevideo Consensus on Population and Development: Antigua and Barbuda, Barbados, Dominica, Guyana, Jamaica, Suriname, and Trinidad and Tobago. The report also draws heavily on official statistics, information published by governments and other published research.

The subregional review of the Montevideo Consensus was carried out at the Caribbean Forum on Population and Development, held in Antigua and Barbuda on the 4<sup>th</sup> and 5<sup>th</sup> of September 2023, which was organized jointly by ECLAC, UNFPA and the Government of Antigua and Barbuda. This subregional review process also informed the regional assessment of the Montevideo Consensus carried out in

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<sup>1</sup> General Assembly resolution 65/234, Follow-up to the International Conference on Population and Development beyond 2014, A/RES/65/234 (5 April 2011), available from [undocs.org/A/RES/65/234](https://undocs.org/A/RES/65/234).

<sup>2</sup> Unless otherwise stated, the Caribbean here refers to the following English, French and Dutch-speaking countries and territories: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Curaçao, Dominica, French Guiana, Grenada, Guadeloupe, Guyana, Jamaica, Martinique, Montserrat, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and the United States Virgin Islands.

conjunction with the fifth meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean and Extraordinary Session “10 years of the Montevideo Consensus on Population and Development,” held in Santiago, Chile on the 14<sup>th</sup> and 15<sup>th</sup> of November 2023. The outcome of this meeting represents the region’s contribution to the thirty-year global review of the ICPD Programme which will take place at the fifty-seventh session of the Commission on Population and Development (29 April – 3 May 2024).

The five-year review period covered by this report was interrupted by COVID-19, the most serious pandemic the world has experienced in the last hundred years. The pandemic has had a devastating impact on the population of the Caribbean subregion, including around 18,000 deaths and short or long-term health impacts for many more. It led to a severe economic contraction with GDP per capita<sup>3</sup> falling by 9.5% in 2020, recovering about half of that lost output in 2021. Employment levels fell by an average of around 6% in 2020 (ECLAC, 2022), while poverty rates and public debt spiked. These economic impacts, although severe, appear, mostly, to have been short-term shocks and the economies of the Caribbean are expected to have largely recovered by 2023.

This report analyses where the Caribbean subregion stands in its implementation of the priority actions of the Montevideo Consensus, now that the prolonged emergency phase of the COVID-19 pandemic has passed. Where ground was lost due to this pandemic, in most cases, this should be recovered fairly quickly. The public balance sheet, however, may not recover so quickly. With the additional public borrowing taken on during this period, added to the already high debt levels prior to the pandemic, the fiscal situation worsened considerably and will likely remain tight for some time. The average debt to GDP ratio among Caribbean countries was 67.6% in 2019, increasing to 94.4% in 2020, then falling to 90.8% in 2021. More worryingly, average total debt service payments as a proportion of government revenue increased from an average of 29.5% in 2019, to 34.8% in 2020 and then to 39.2% in 2021 (ECLAC, 2023). It is noticeable that while total public debt as a percentage of GDP peaked in 2020 and started to fall in 2021, debt service payments, which are ultimately what matter, continued to rise in 2021, even though the economy had started to recover. While the cost of servicing public debt remains this high, it will inevitably affect the scope for funding social and health programmes. This puts an additional premium on the effective design and implementation of social interventions to ensure value for money.

The COVID-19 pandemic therefore represents a very important part of the context for this report, but without being its focus. The report is written from the perspective of the post-emergency period of the pandemic. It reports on progress that was achieved despite COVID-19 and ground that was lost because of the pandemic. Above all, it seeks to highlight areas which require greater attention, fresh thinking or renewed efforts in order to accelerate the implementation of the Montevideo Consensus, as an essential contribution to the 2030 Agenda.

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<sup>3</sup> In constant 2018 dollars (CEPALSTAT).

# I. Key demographic trends affecting Caribbean countries

## A. Declining population growth

Population growth is slowing in the Caribbean. It is estimated that the Caribbean population will grow by 0.37%, in 2023, down from 0.61%, in 2000. The population of the subregion will start to decline from 2038 and some countries and territories are already seeing population declines. Latin America is following a similar trajectory although population growth was estimated to be 0.76% for 2023 and is not projected to turn negative until 2057. This slowing of population growth, and the coming population decline, have been projected for some time although fertility rates have fallen further and faster than was previously projected, so population growth has slowed more quickly, and populations will start to decline sooner than was previously thought.

Caribbean countries and territories are not unique in this respect, but the Caribbean subregion is one of several affected by this issue. There are currently 45 out of 237 countries and territories worldwide with negative growth. Many of these are either Eastern or Southern European countries or are small island developing States, including seven in the Caribbean. In many of these countries, it is the coincidence of low fertility rates with a net outflow of migrants which results in population decline. By 2050, it is projected that there will be 88 countries and territories with declining populations, of which 21 will be in the Caribbean.

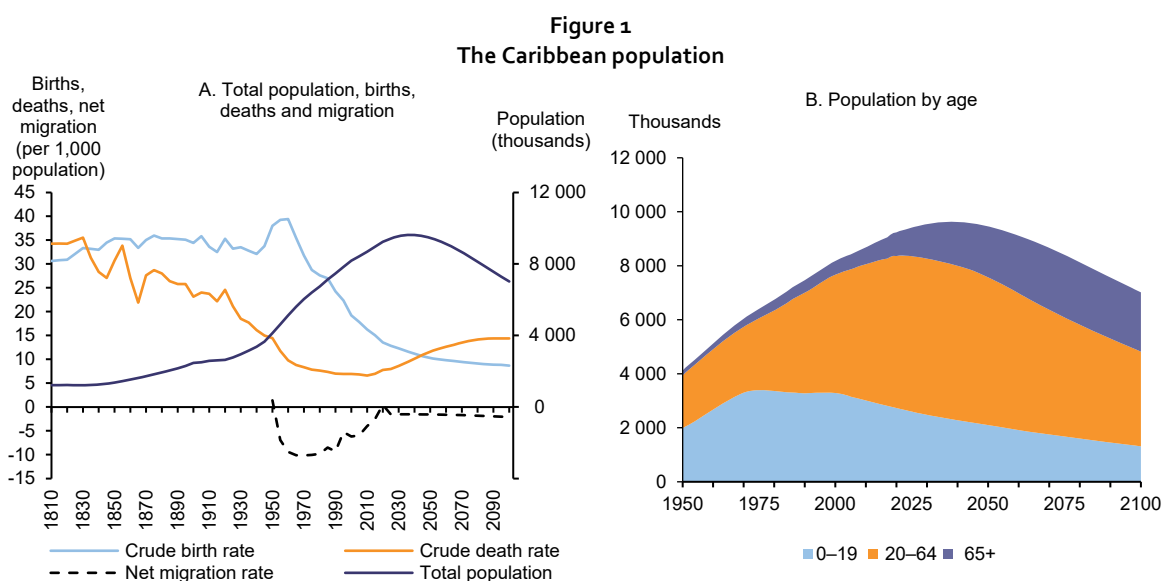
Population declines can have both positive and negative consequences, so should not necessarily be viewed as a problem. A shrinking population can mean more resources can be allocated to the population, increasing per capita wealth, and may alleviate problems such as land or housing shortages and environmental degradation. However, population declines also hasten the ageing of the population and the shrinking of the workforce which may result in labour or skills shortages and increasing health, social care and pension costs (World Population Review, 2023). Development planners and policymakers,

therefore, need to take account of the demographic trends affecting their countries and their implications for public policy, and consider the need to adapt to and respond to those trends.

The Caribbean is in the middle or late stages of the demographic transition (United Nations, 2021). This is the transition from the high fertility, high mortality societies of the past to the low fertility, low mortality societies of the modern world, a transition which all countries pass through as part of their development. There is a wave of population growth which accompanies this transition because death rates generally fall before fertility rates and, therefore, there is a period when the crude birth rate exceeds the crude death rate by a significant margin, leading to population growth. This phase of population growth is brought to an end by falling fertility rates. In the Caribbean, growth will fall to zero and then become negative, so the population will start to decline. This is because fertility rates fell to replacement level in most countries and then, in many cases, continued to fall significantly below that level.

In the Caribbean, this process began in the mid-nineteenth century with falls in the crude death rate while the crude fertility rate remained at high levels leading to increasingly rapid population growth (figure 1A). This continued until an increase in outflows of migrants in the 1950s and then a decline in the birth rate in the 1960s began to reduce the population growth rate somewhat although the population still continued to grow. Since then, net migration has remained negative although outflows were significantly greater (as a proportion of the population) in the 1960s, 70s and 80s than they have been in recent years. The birth rate has continued to decline and is projected to fall below the crude death rate in 2044, with the crude death rate increasing in the coming decades (due to the older age structure of the population).

The demographic transition and continued improvements in life expectancy also led to an ageing of the population, a process which, due to the time lags involved, continues long beyond the point when populations have ceased to grow. With lower fertility rates, particularly below replacement level, younger age cohorts become relatively smaller and if fertility remains below replacement level younger age cohorts will be outnumbered by older age cohorts. In this way the population pyramid ceases to resemble a pyramid and starts to invert becoming narrower at its base.



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of V. Bulmer-Thomas, "The Economic History of the Caribbean Since the Napoleonic Wars", Cambridge University Press (2012) and United Nations, Department of Economic and Social Affairs, Population Division (2022), World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.

Migration also has an influence on the size, age structure and other characteristics of Caribbean populations. There has been net emigration from the Caribbean since around 1950. In the 1960s, 1970s and 1980s, the average annual net migration rate was nearly -10 per 1,000, in other words a net outflow equivalent to almost 1% of the Caribbean population each year. In recent years, this net outflow has declined mostly due to decreasing outflows. The estimated net migration rate for 2023 was -1.6 per 1,000.

Although net migration is negative for the Caribbean (outflows exceed inflows), around half of Caribbean countries and territories actually have a positive net migration rate. These include Aruba, Bahamas, Belize, British Virgin Islands, Cayman Islands, Curaçao, French Guiana and Turks and Caicos Islands. Those with a negative net migration rate include Grenada, Guadeloupe, Guyana, Jamaica, Martinique, Saint Vincent and the Grenadines, Suriname and United States Virgin Islands. This latter group of countries where outflows dominate are generally larger countries than those which receive net inflows, which explains why the migration rate for the Caribbean as a whole is negative.

Migration also affects the age structure of the population although the effect of migration on population age structure is not straightforward. In general, an increased net inflow of migrants will slow the population ageing process since migrants are more likely to be young working age people. On the other hand, an increased net outflow will tend to accelerate the ageing process, because young working-age people are being lost from the population. Both immigration and emigration also have a significant effect on countries' human capital stock since migrants are more likely than the population in general to be well-educated.

## **B. Increases in the old age population relative to the working age population**

As mentioned in the previous section, the Caribbean population is projected to grow until 2038, after which it will begin to decline. The growth trajectory of the total population can be understood in terms of the rates of population growth for different age groups. The population aged 0 to 19 plateaued in the 1970s, 80s and 90s, and began to decline noticeably after 2000, due to falling fertility rates (figure 1B). However, the transition of the child and youth cohorts from that era into adulthood ensured that the working age population continued to grow. At the same time, the transition of working age adults into old age meant that the old age population also continued to grow. It is projected that the working age population (aged 20 to 64) will continue to grow until 2030, after which time that too will start to decline. From 2030, the old age population will be the only age group increasing in size, with that growth impulse projected to last until the 2070s.

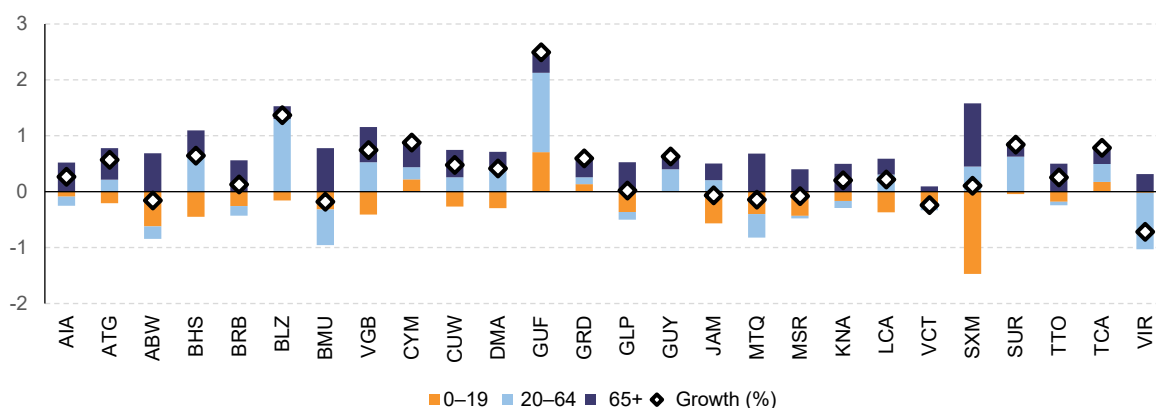
Most Caribbean countries and territories are passing through this same process where, first, the child/youth population starts to decline then, some years subsequently, the working age population starts to decline before, finally, the old age population also starts to decline. However, as figure 2 shows, countries and territories are at very different stages in this process. This figure shows estimated population growth for Caribbean countries and territories, in 2023, and the contribution to total population growth from each age group. In most countries (21 out of 26), the population aged 0 to 19 is currently falling. The only exceptions are Cayman Islands, French Guiana, Grenada, Guyana, and Turks and Caicos Islands. In Guyana, the child/youth population is projected to fall from 2024 and in Grenada from 2025, while in Cayman Islands and Turks and Caicos Islands, migration inflows contribute to population growth among this (and other) age groups.

In 11 out of 26 countries the working age population has already started to fall: Anguilla, Aruba, Barbados, Bermuda, Guadeloupe, Martinique, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago and United States Virgin Islands. These are generally the countries in

which the demographic ageing process is more advanced. In every country the population aged 65 and over is increasing.

These changes in the relative size of the child/youth, working age and old age populations have important implications for national development generally, and social expenditure in particular. The relative sizes of the child/youth and old age populations affect the cost of social expenditure programmes aimed at those age groups, particularly in education, health, and social protection. The size of the working age population relative to these other two groups affects the productive capacity of the economy and its capacity to sustain social expenditures, which are funded primarily by revenue raised from the working age population.

**Figure 2**  
Population growth and contributions to population growth by age group, 2023  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.

Note: Data are shown for the following 26 countries: Anguilla (AIA); Antigua and Barbuda (ATG); Aruba (ABW); Bahamas (BHS); Barbados (BRB); Belize (BLZ); Bermuda (BMU); British Virgin Islands (VGB); Cayman Islands (CYM); Curaçao (CUW); Dominica (DMA); French Guiana (GUF); Grenada (GRD); Guadeloupe (GLP); Guyana (GUY); Jamaica (JAM); Martinique (MTQ); Montserrat (MSR); Saint Kitts and Nevis (KNA); Saint Lucia (LCA); Saint Vincent and the Grenadines (VCT); Sint Maarten (SXM); Suriname (SUR); Trinidad and Tobago (TTO); Turks and Caicos Islands (TCA); and United States Virgin Islands (VIR).

There is a period in the demographic ageing of the population which is relatively favourable for economic development. This occurs when there has been a fall in the relative (and perhaps absolute) size of the child/youth population, but before the old age population has grown to the point that it accounts for a large proportion of the total population. During this period, which is referred to as the demographic window, the working age population is large relative to both the youth and old age populations.

The United Nations Population Division has defined the demographic window as the period starting when the proportion of children under 15 years falls below 30% of the population and the proportion of people aged 65 years and older is still below 15%. For the duration of this window, the high proportion of the population that is of working age is favourable for economic growth and creates the opportunity for investment in human capital formation to raise productivity.

For the Caribbean as a whole, the demographic window began in 2001 and will continue until 2034 (see figure 3). Some Caribbean countries and territories have already passed through their demographic window. These are the countries and territories in which population ageing is most advanced: Bermuda, Martinique, Barbados, Guadeloupe, Montserrat and Aruba. Meanwhile, Antigua



and Barbuda, Curaçao, Sint Maarten and Trinidad and Tobago are still in their demographic windows, but in the latter part of them. Countries including Bahamas, Dominica, Grenada, Jamaica, Saint Lucia and Saint Vincent and the Grenadines are in the middle part of their demographic windows, while Belize, Guyana and Suriname are still in the early part of their windows. Only in French Guiana has the demographic window yet to commence.

In most Caribbean countries and territories, the working age population will reach its maximum size in the middle or latter part of the demographic window and, in most cases, the total population will tend to reach its maximum value and start to decline sometime around the end of the window.

The primary reason why populations have either started to decline, or are projected to begin declining, is because fertility has fallen and, in many countries, the total fertility rate is now below replacement level. Net migration is also an important factor and in those Caribbean countries with negative net migration (where emigration flows exceed immigration flows), this further contributes to population decline. When the total fertility rate falls below replacement level, this does not immediately lead to a decline in total population, but it will eventually (unless net migration is sufficiently positive to maintain population growth).

**Figure 3**  
The demographic window in Caribbean countries and territories



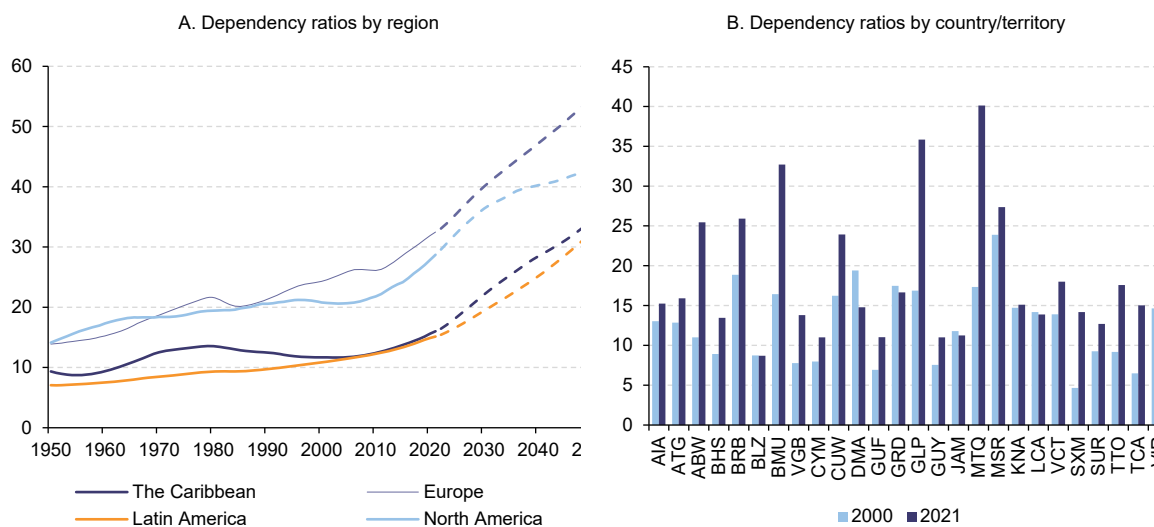
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.

Note: The demographic window is calculated here using the United Nations Population Division's definition: the period when the proportion of children and youth under 15 years falls below 30 per cent of the population and the proportion of people 65 years and older is still below 15 per cent (United Nations, 2004).

A falling working age population combined with an increasing number of older persons also leads to increasing public expenditure on health and pensions while simultaneously diminishing societies' capacity to collectively fund those services. Old age dependency ratios measure this change in the size of the old age population relative to the size of the working age population. Figure 4A illustrates the accelerating rate of population ageing in the Caribbean, compared to other regions of the world. The Caribbean's old age dependency ratio will increase from 16 in 2023 to 22 in 2030 and 28 in 2040. The process of population ageing is more advanced in Europe and North America than in the Caribbean and Latin America, but all four regions will see significant increases in their old age dependency ratio over coming decades.

As figure 4A makes clear, population ageing is a process which evolves slowly at first before accelerating. Figure 4B shows old age dependency ratios by country and territory for the years 2000 and 2021. In some Caribbean countries and territories, that acceleration of the ageing process is well underway. In Aruba, Bermuda, Guadeloupe, Martinique, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands and United States Virgin Islands there were large increases in the old age dependency ratio, over this period, doubling or more in most of these countries. Over the coming decades, ageing will continue in these countries.

**Figure 4**  
Old age dependency ratios (65+ / 20–64)  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.

Equally, in other Caribbean countries and territories, the ageing process evolved relatively slowly during the 2000s and 2010s. In Anguilla, Antigua and Barbuda, Belize, Dominica, Grenada, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines there were much smaller increases in the old age dependency ratio (even declines in a few cases) over this period. However, in all of these countries, a significant acceleration in population ageing will take place in the 2020s and 2030s. Population ageing is, in essence, a common process, differing mainly in how advanced, and how accelerated, it is in each country.

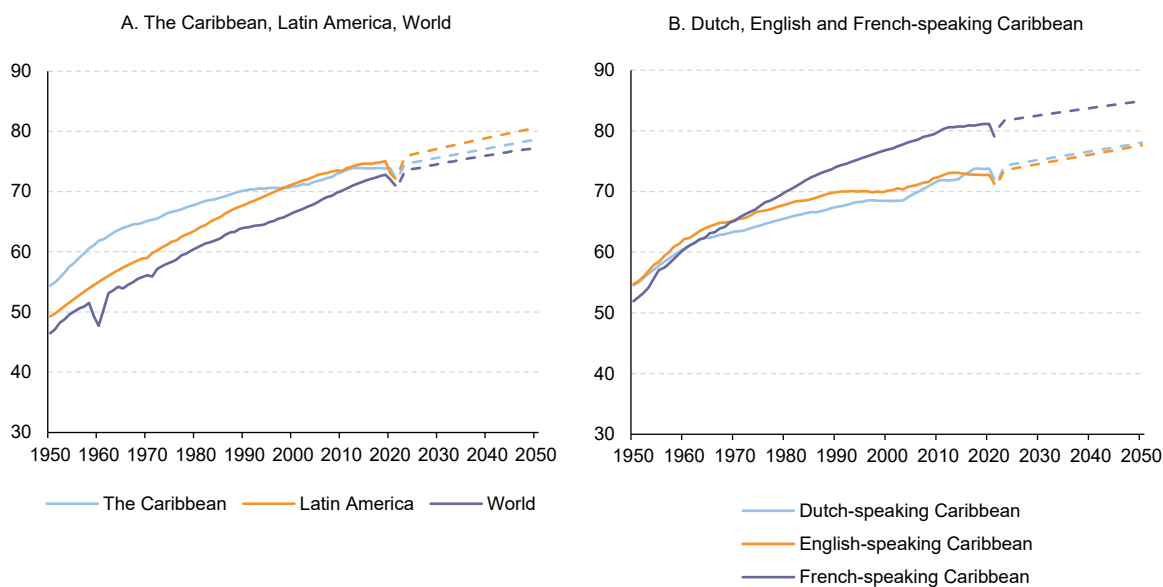
## C. Slow progress on life expectancy in the English and Dutch-speaking Caribbean

Life expectancy in the Caribbean has increased in recent decades, but not as quickly as in Latin America or globally (figure 5A). In 1975, life expectancy at birth in the Caribbean was 5 years greater than in Latin America (67 years versus 62 years). By 2000, that gap had closed completely, and life expectancy was 71 years in both regions. In 2019, life expectancy in the Caribbean was 74 compared to 75 in Latin America and is expected to be 1–2 years lower than in Latin America over the coming years.

The relative stagnation in life expectancy is evident in the Dutch and English-speaking Caribbean, but not in the French-speaking Caribbean (French Guiana, Guadeloupe, Martinique, Saint Barthélemy and Saint Martin) (figure 5B). Life expectancy at birth in the French-speaking Caribbean was lower than that in the Dutch and English-speaking Caribbean in the 1950s but increased more rapidly and overtook both the Dutch and the English-speaking Caribbean in the 1960s and 1970s. By 2020, life expectancy in the French-speaking Caribbean was 8 years greater than in the English-speaking Caribbean and 7 years greater than in the Dutch-speaking Caribbean.

Figure 5 also illustrates the impact of COVID-19 on estimated life expectancy for the years 2020, 2021 and 2022. At its peak in 2021, the pandemic reduced estimated life expectancy by approximately one and a half years in the Caribbean, by three years in Latin America and by 1.8 years globally. However, with the passing of the emergency phase of COVID-19, the impact on life expectancy at birth is expected to be a short-term effect with life expectancy returning to roughly its pre-pandemic trajectory from 2023 onwards.

**Figure 5**  
Life expectancy at birth (both sexes)  
(Years)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.

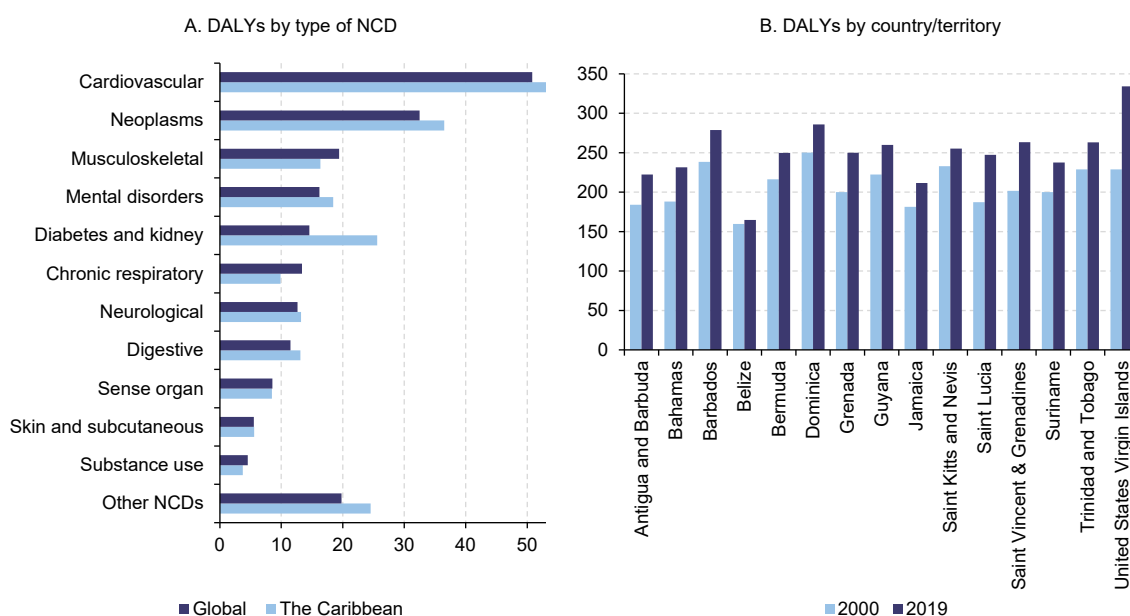
Note: Life expectancy at birth in 2020, 2021 and 2022 was lower than in the immediately preceding period due to the COVID-19 pandemic but returned to its pre-pandemic trajectory in 2023.

Two contributory factors which partly explain why gains in life expectancy have been more limited in many Caribbean countries are the AIDS epidemic and the disease burden attributable to NCDs. AIDS-related deaths are reduced from their peak, but still far from negligible (see chapter V). NCDs, meanwhile, accounted for 83.5% of deaths and 75% of disability-adjusted life years<sup>4</sup> (DALYs) in the subregion, in 2019.<sup>5</sup>

The leading causes of mortality among the Caribbean population are cardiovascular diseases, cancer, and diabetes (Razzaghi and others, 2019) and the disease burden attributable to each of these three categories of NCDs is increasing over time (Jones, 2021). The burden of NCDs in the Caribbean is also higher than in both Latin America and globally. The disease burden attributable to NCDs in the Caribbean is 10% higher than the global average and 17% higher than in Latin America (after standardizing for age). The differential is most notable for diabetes and kidney diseases (76% higher than the global average), followed by cardiovascular diseases and neoplasms (see figure 6A).

The disease burden due to NCDs has increased in all Caribbean countries between 2000 and 2019 (Figure 6B). Among the 15 Caribbean countries shown in figure 6B, it is highest in United States Virgin Islands, Dominica and Barbados and lowest in Belize. NCDs commonly lead to functional limitations and disability, and have a significant effect on quality of life, both for those suffering from illness and their families.

**Figure 6**  
**Disability-Adjusted Life Years due to NCDs (DALYs)**  
(Age-standardized rate per 1,000)



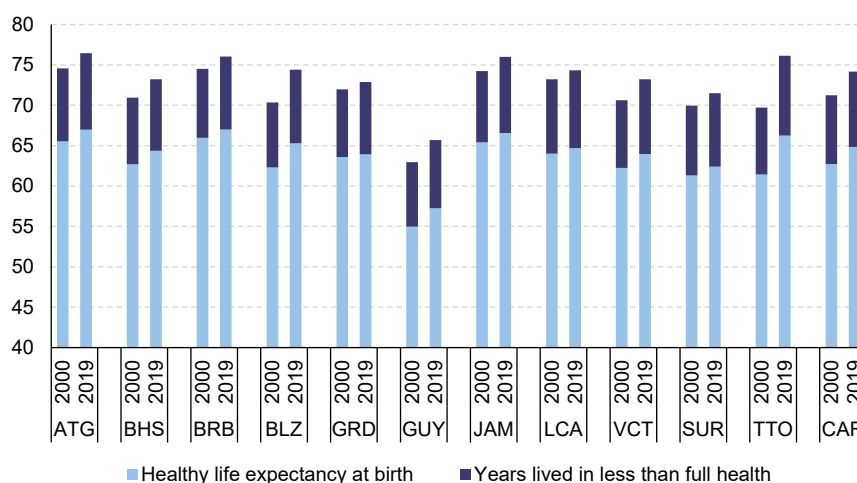
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Institute for Health Metrics and Evaluation, Global Burden of Disease Study 2019, GBD Results Tool [online] <https://vizhub.healthdata.org/gbd-results/>.

<sup>4</sup> Disability-adjusted life years (DALYs) are a widely used measure of the burden of disease. DALYs are calculated as the sum of years of life lost (YLL) and years lived with a disability condition (YLD) and therefore one DALY can be thought of as one lost year of healthy life. The measure is age-standardized.

<sup>5</sup> Based on data for 15 Caribbean countries from the Global Burden of Disease Study 2019 (IHME 2020).

In addition to DALYs, another commonly used measure of population health and the burden of disease is healthy life expectancy<sup>6</sup> (HALE). In this way, life expectancy can be thought of as an expected number of years of healthy life followed by an expected number of years lived in less than full health (due to any disease and/or injury). In the Caribbean, although life expectancy at birth was 74 in 2019, healthy life expectancy was only 65 while the expected number of years lived in ill-health was 9 (figure 7). Compared with 2000, this represented an increase of 3 years in total life expectancy but also a slight increase in the expected proportion of years spent in ill-health (12.5% in 2019 versus 12% in 2000). Among 11 Caribbean countries, in 2019, healthy life expectancy at birth was 65 years or more in Antigua and Barbuda, Barbados, Belize, Jamaica, and Trinidad and Tobago, with Trinidad and Tobago seeing the largest increase in healthy life expectancy from 61 years to 66 years over the period 2000–2019. Healthy-life expectancy was lowest in Guyana and Suriname, 57 years and 62 years respectively.

**Figure 7**  
Healthy life expectancy at birth (both sexes) and years lived in less than full health, 2000 and 2019  
(Years)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization, Global Health Observatory Indicators [online] <https://www.who.int/data/gho/data/indicators>.

Note: Estimates for the Caribbean (CAR) are population-weighted averages of the estimates for the 11 countries appearing above.

## D. Continuing declines in fertility and inequalities in adolescent fertility

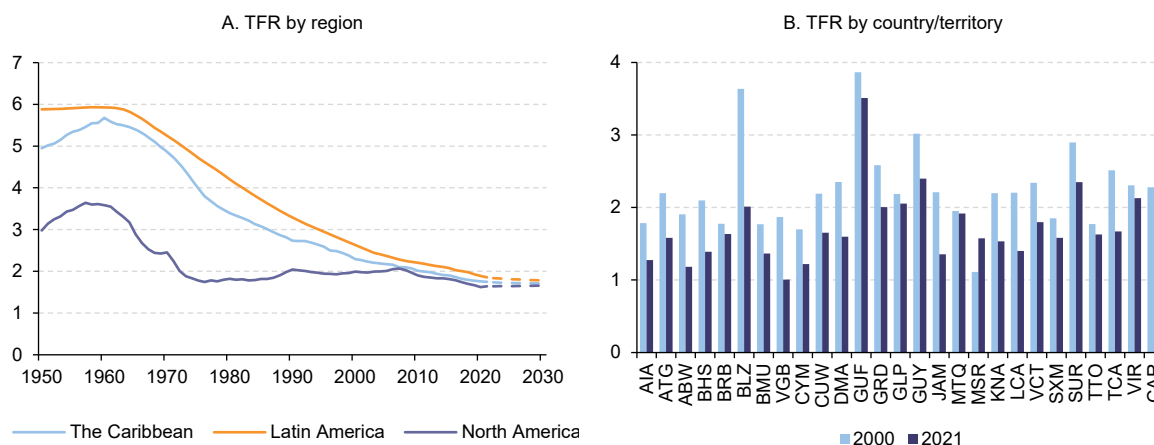
Fertility rates in the Caribbean continue to decline at a rapid rate. The total fertility rate (TFR), which was above five in the 1950s and 1960s, and around three in the 1980s, then fell to two in 2010 and 1.73 in 2023 (figure 8A). Fertility rates in Latin America are slightly higher than in the Caribbean but on a similar downward trajectory.

Fertility rates are lowest in the English-speaking Caribbean, estimated to be 1.59 children per woman in 2023. In the French-speaking Caribbean, in contrast, the total fertility rate is 2.37 (3.42 in

<sup>6</sup> Average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury (see World Health Organization, Global Health Observatory Indicators).

French Guiana, 2.02 in Guadeloupe, 1.9 in Martinique, 1.03 in Saint Barthelemy, and 2.36 in Saint Martin). In the Dutch-speaking Caribbean, the total fertility rate is 2.0 with lower rates of fertility in the Dutch-speaking islands and a higher rate of fertility in Suriname.

**Figure 8**  
Total fertility rate (TFR)  
(Live births per woman)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.

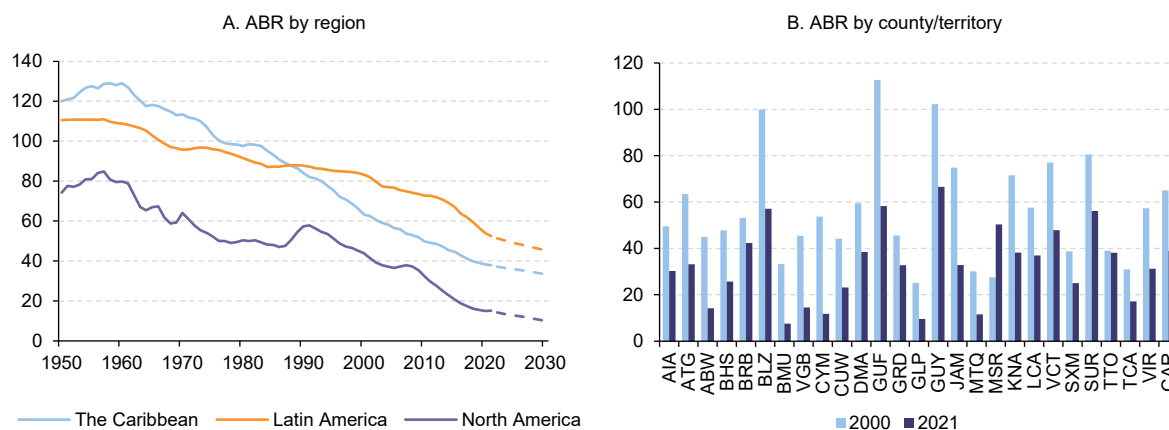
In 22 of 26 Caribbean countries and territories, the total fertility rate is at or below replacement level (2.1). The only countries where total fertility remains above replacement level are French Guiana, Guyana, Suriname and United States Virgin Islands (figure 8B). For comparison, in 2000, only 11 of 26 countries had fertility rates below replacement level.

The adolescent birth rate (ABR), in the Caribbean, has also continued to fall (figure 9A), and continues to fall faster than the TFR. It had previously been higher than that in Latin America but has been significantly lower since the 1990s and, in 2021, was 28% lower than in Latin America. Nevertheless, despite this progress in reducing the number of births to adolescent mothers, the Caribbean ABR is still much higher than that in North America (38 births per 1,000 women per year, in 2021, compared to just 15 in North America).

The highest ABRs are in Belize, French Guiana, Guyana, Montserrat, Saint Vincent and the Grenadines and Suriname. The largest declines in ABR have been in Aruba, Bermuda, British Virgin Islands, Cayman Islands, Guadeloupe, Jamaica and Martinique where the ABR has fallen by more than half between 2000 and 2021 (figure 9B).

The majority of adolescent pregnancies occur in poorer households. Based on data from recent MICS (Multiple Indicator Cluster Surveys), the ABR among young women and girls living in households in the poorest quintile is several times higher than the rate among those in the richest quintile (table 1). In Belize, the ABR was around three times higher among the poorest households compared with the richest; in Guyana, seven times; in Jamaica, 14 times; and, in Suriname, 10 times.

**Figure 9**  
**Adolescent birth rate (ABR)**  
*(Live births per 1,000 women aged 15 to 19)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.

**Table 1**  
**Adolescent birth rate by residence and wealth**  
*(Births per 1,000 women aged 15–19)*

	Adolescent Birth Rate (ABR) per 1,000 Women aged 15–19								Year
	All persons	Residence		Wealth quintiles					
		Urban	Rural	Poorest	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Richest	
Belize	74	55	90	111	107	58	47	39	2015–16
Guyana	74	55	81	150	107	52	36	23	2014
Jamaica	70	72	67	100	107	77	48	7	2011
Suriname	64	52	79 (coastal) 159 (interior)	124	102	53	29	13	2018
Trinidad and Tobago	32	40	21	43 (Poorest 40%)		24 (Richest 60%)			2011

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Surveys (MICS) for Belize (2015–16), Guyana (2014), Jamaica (2011), Suriname (2018) and Trinidad and Tobago (2011).

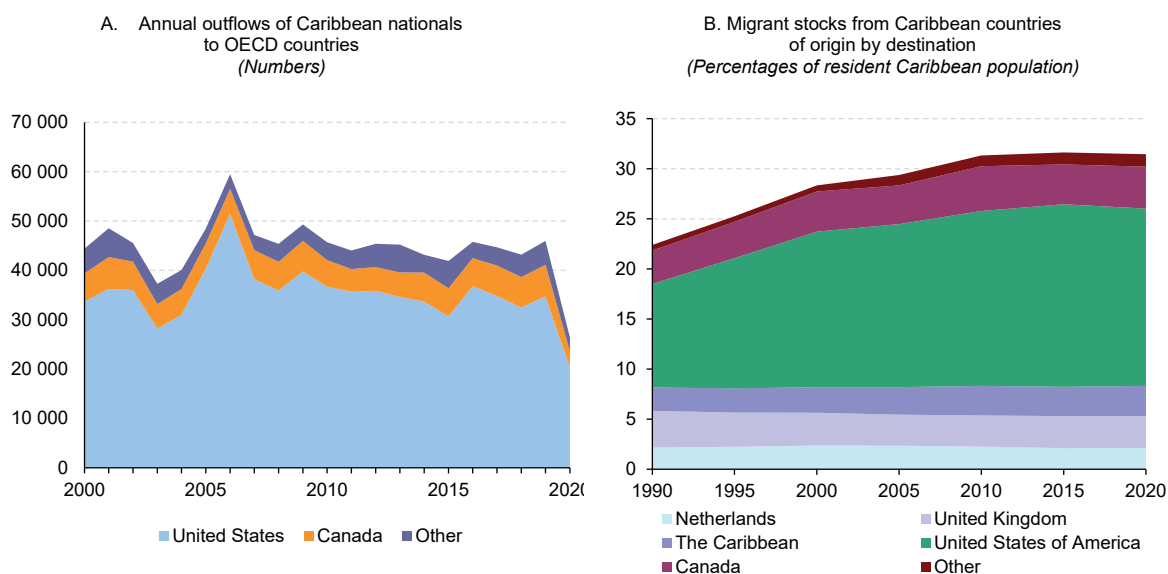
## E. Extra-Caribbean migration remains high (but stable) while intra-regional and intra-Caribbean flows increase

Migration and its impact on the Caribbean can be understood as the product of three principal dynamics: migration from the Caribbean to long established destinations in Europe and North America (extra-Caribbean migration); migration into the Caribbean, primarily from Latin America, North America and Europe; and intra-Caribbean migration (see also Leon and Abdulkadri, 2023).

Over the last two decades, migration to OECD countries has been ongoing at a rate of approximately 45,000 persons per year, from Caribbean countries and territories, mostly going to the United States of America and Canada, according to data from the OECD International Migration

Database (figure 10A). There was a significant decline in 2020, to around 26,000 persons, due to the pandemic although this is likely to be a short-term effect. Net migration to the United States, for instance, is expected to return to pre-pandemic levels in 2022 (Knapp and Lu, 2022).

**Figure 10**  
Flows and stocks of Caribbean emigrants



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of OECD International Migration Database and United Nations Department of Economic and Social Affairs, Population Division (2020), International Migrant Stock 2020.

That continuous outflow of migrants from the Caribbean has resulted in a diaspora population which was equivalent in size to 31% of the Caribbean's usual resident population in 2020 (figure 10B). However, it is noteworthy that whereas in earlier years this diaspora population was growing rapidly, relative to the resident population, by the 2010s this relative growth had effectively come to a halt. It is still growing in absolute terms, but no more quickly than the resident population of the Caribbean (the growth rate of which is itself declining as discussed above).

Migrants that have left Caribbean countries reside in the United States (1.6 million), Canada (380,000), United Kingdom (290,000), other Caribbean countries (280,000), the Netherlands (190,000) and other countries of the world (110,000), based on statistics for 2020. The United States has also been the fastest growing destination. In 2020, the diaspora in the United States was equivalent to 17.7% of the population resident in the Caribbean, compared to 10.3% in 1990 (figure 10B). The Caribbean population in Canada has also grown (from 3.2% to 4.2% over the same period) as has the population of intra-Caribbean migrants (from 2.3% to 3%). The Caribbean populations in the United Kingdom and the Netherlands, in contrast, have been relatively more stable over the last 30 years, growing more slowly than the Caribbean's resident population. The Caribbean diaspora resident in other parts of the world also appears to have grown from 0.6% to 1.2% of the resident population.

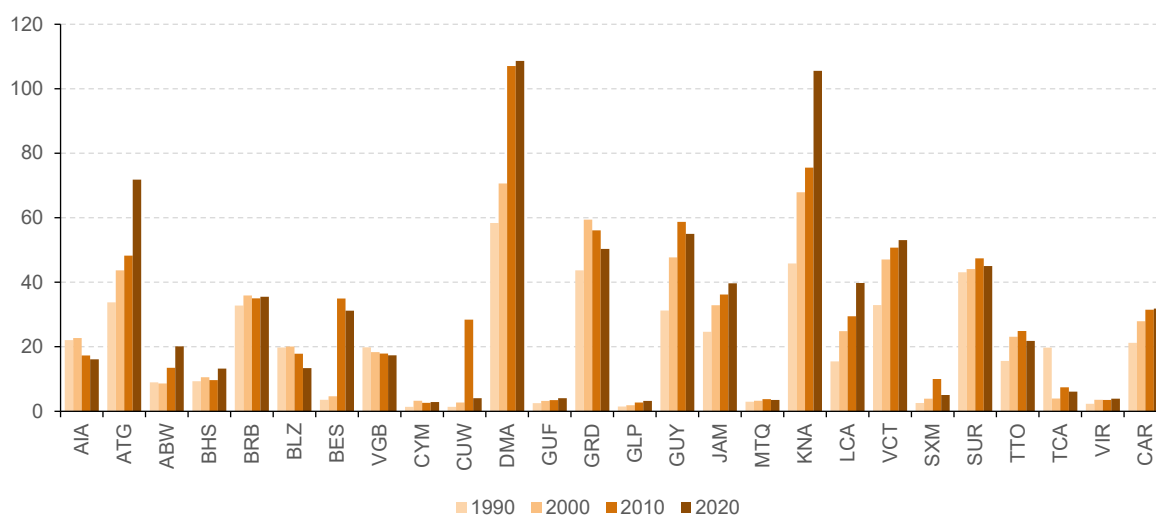
A consequence of these trends is that some Caribbean countries have a very high proportion of their nationals living outside the country. The most extreme case is Montserrat, something of a special case due to the evacuations which followed the eruptions of the Soufrière Hills volcano in the mid to late 1990s. Montserrat's diaspora population was estimated to be 24,600, in 2020, compared to a



resident population of 4,500. In fact, the population has been in decline since the 1950s, a process accelerated by the eruption. Most migrants from Montserrat live in the United Kingdom or United States, with a smaller number in neighbouring Caribbean islands.

Dominica and Saint Kitts and Nevis are also estimated to have a diaspora population approximately the same size as their respective resident populations (figure 11). A number of other countries and territories have diaspora populations which are equivalent in size to 40% or more of their resident population: Antigua and Barbuda (72%), Guyana (55%), Saint Vincent and the Grenadines (53%), Grenada (50%), Suriname (45%), Saint Lucia (40%) and Jamaica (40%). In contrast, the overseas territories tend to have a much smaller proportion of their native-born population living in other countries.

**Figure 11**  
**Caribbean diaspora populations: stocks of migrants from Caribbean countries of origin to any destination**  
**(including elsewhere in the Caribbean), 1990–2020**  
*(Percentages of total population of the country or territory of origin)*

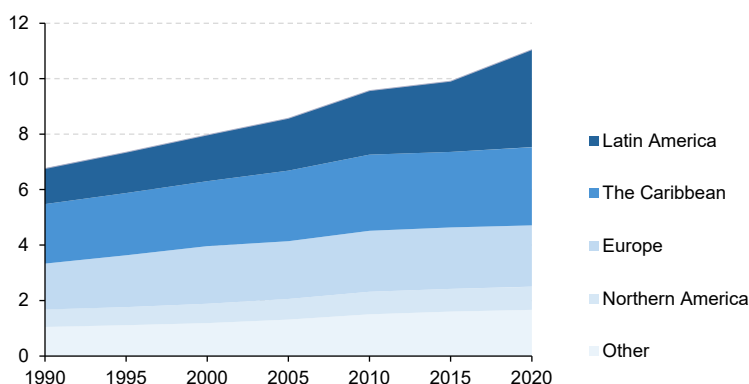


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Department of Economic and Social Affairs, Population Division (2020), International Migrant Stock 2020.

Migrants living in the Caribbean account for 11% of the population, which is around a third the size of the subregion's diaspora population. While recent outflows from the Caribbean have continued at a high but relatively constant level and the diaspora population has stabilized relative to the resident population, the number of migrants who have arrived in the Caribbean from outside the subregion has increased more rapidly. Migrants accounted for 6.8% of the resident Caribbean population, in 1990, increasing to 9.9% in 2015 and 11.0% in 2020 (figure 12). There has been growth in the migrant stock originating from all parts of the world contributing to this increase. The largest increase has been in migrants arriving from Latin America. Migrants from Latin America accounted for 1.3% of the population in 1990, increasing to 2.5% in 2015 and 3.5% in 2020. This increase over the last five years was mostly due to an increase in migrants and refugees from Venezuela who fled from the humanitarian crises there, and who were estimated (conservatively) to number 81,000 in 2020 compared to just 9,000 in 2015. The arrival of this number of persons in a relatively short period of time presented significant challenges to the governments of the four countries primarily affected (Aruba, Curaçao, Guyana and Trinidad and Tobago) (see chapter VII for further details).

The Caribbean country or territory with the most migrants is French Guiana with 119,000 migrants in a population of 299,000, in 2020, including Surinamese, Brazilians and Haitians. Guadeloupe and Martinique also have large numbers of migrants (90,000 and 69,000 respectively), more than half of whom have come from France. Trinidad and Tobago had an estimated 79,000 migrants in 2020, including from Venezuela, Guyana, Grenada and Saint Vincent and the Grenadines. There were also significant numbers of migrants in Bahamas (64,000, including many from Haiti, United States of America and Jamaica) and Belize (62,000, including from Guatemala, El Salvador, and Honduras). Aruba and Curaçao had an estimated 54,000 and 57,000 migrants respectively with both countries receiving migrants from Colombia, Dominican Republic, Netherlands, and Venezuela.

**Figure 12**  
Migrant stock in Caribbean countries and territories, by region of origin  
(Percentages of resident Caribbean population)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Department of Economic and Social Affairs, Population Division (2020), International Migrant Stock 2020.

There are also numerous overseas territories which receive significant numbers of migrants, to the extent that migrants make up half or more of the population. The British Virgin Islands had an estimated 22,000 migrants in 2020 constituting 73% of the population (including from Guyana, Saint Vincent and the Grenadines and Jamaica, among other countries) while Turks and Caicos Islands had an estimated migrant population of 26,000 (67% of the population), the majority of whom came from Haiti (figure 13). United States Virgin Islands has a migrant population of 57,000 (54% of the population) and Sint Maarten has an estimated 29,000 migrants (67% of the population), with both countries receiving migrants from a diverse range of countries.

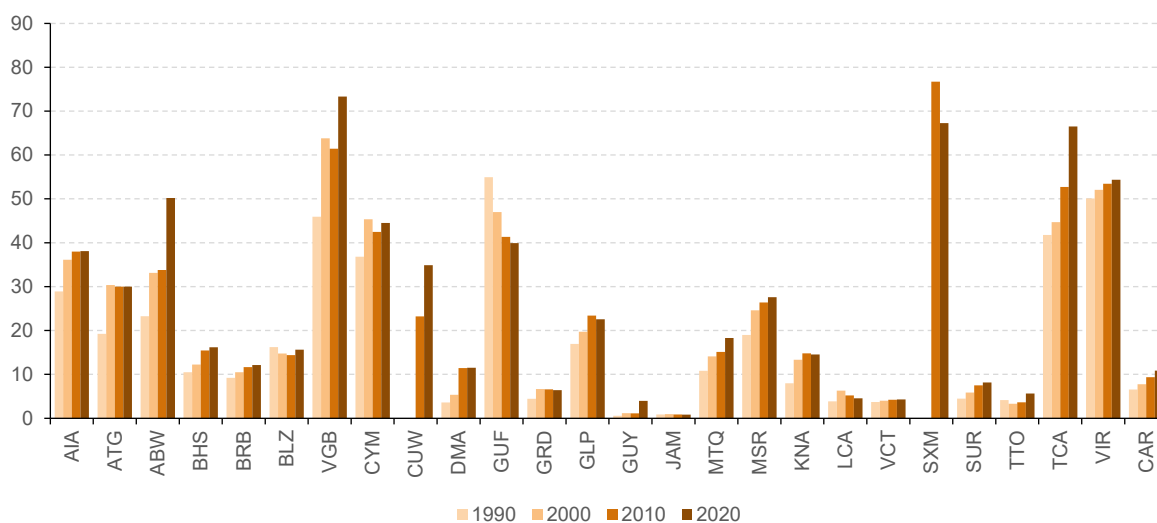
Countries where migrants make up a much smaller proportion of the population include Guyana (4.0%), Jamaica (0.8%), Saint Lucia (4.5%) and Saint Vincent and the Grenadines (4.3%). The migrant population of Guyana had been much lower (1.1% in 2010) but has increased in the last ten years due to the development of the country's oil and gas industry and the arrival of migrants from Venezuela.

Of the migrants living in Caribbean countries, a quarter (2.8% of the population) are intra-Caribbean migrants i.e. they originated from other Caribbean countries. These intra-Caribbean migrants represent around 10% of those who leave Caribbean countries and territories, with the other 90% leaving the subregion.

More than half of intra-Caribbean migrants originate from four countries: Guyana, Jamaica, Suriname and Dominica. There are also significant numbers of intra-Caribbean migrants originating from Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Much smaller numbers of intra-Caribbean migrants originate from Barbados, Belize, Bahamas and from territories like Bermuda or Sint Maarten which are more likely to be recipients of migrants from other Caribbean countries than senders of migrants.

Most intra-Caribbean migrants originate from lower income countries and move to higher income countries. It is also common that they settle in neighbouring countries. For example, there are large numbers of Guyanese migrants in Suriname, Trinidad and Tobago, and Barbados, while the largest groups of Jamaican migrants are found in the Cayman Islands and the Bahamas. The largest groups of migrants from Dominica are in United States Virgin Islands, Antigua and Barbuda and Guadeloupe. Migrants from Guyana, Jamaica and Dominica are also found across many other countries and territories of the subregion, albeit in smaller numbers. Migrants from Suriname, on the other hand, are concentrated in a much smaller number of destination countries. There has been a large population of Suriname migrants in French Guiana since the Surinamese civil war (1986–1992) and aside from smaller groups of Surinamese migrants in Guyana, Curaçao and Aruba, there are relatively few Surinamese migrants across the rest of the Caribbean subregion.

**Figure 13**  
Migrant stocks in Caribbean countries and territories by country of destination, 1990–2020  
(Percentages of total population)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Department of Economic and Social Affairs, Population Division (2020), International Migrant Stock 2020.

Migrants from Saint Kitts and Nevis are most likely to move to other Leeward Islands, particularly United States Virgin Islands, and to a lesser extent the British Virgin Islands, Sint Maarten and Anguilla. From Saint Lucia, some migrants have headed north to United States Virgin Islands, Martinique and Antigua and Barbuda while others have headed south to Barbados, Trinidad and Tobago and French Guiana. From Saint Vincent and the Grenadines, the majority of migrants have remained in the Southern Caribbean in Trinidad and Tobago or Barbados with relatively fewer heading north to, for example, the British Virgin Islands or Antigua and Barbuda.

Migrants are also more likely to settle in countries sharing common languages. For example, the most common destinations for migrants from Martinique, Guadeloupe and French Guiana are those same French-speaking territories. The same applies to the Dutch-speaking islands of Aruba, Curaçao and Sint Maarten, and to the English-speaking countries and territories. Belize is something of an exception, in that it does not send or receive many migrants to any other Caribbean countries. It sends migrants to the United States of America and Canada, while most of the migrants that Belize receives come from Central America.

The countries with the highest stocks of intra-Caribbean migrants are French Guiana, Trinidad and Tobago, United States Virgin Islands, Antigua and Barbuda, Barbados, Sint Maarten, Suriname, Cayman Islands, Bahamas, British Virgin Islands, Curaçao, Martinique and Guadeloupe. The countries with fewer migrants are Belize, Dominica, Saint Vincent and the Grenadines, Saint Kitts and Nevis, Guyana, Grenada, Jamaica and Saint Lucia and the smaller overseas territories such as Turks and Caicos Islands, Montserrat, Bermuda and Anguilla.

## **F. Impacts of components of change on projected population**

This chapter has analyzed four drivers of population change: age structure, fertility, mortality and migration.<sup>7</sup> Age structure can also be thought of as a driver of population change since it affects the number of births and deaths. An older population will see a higher number of deaths while a population with many women of fertile age will see more births. The United Nations' World Populations Projections dataset produced by the United Nations Population Division includes a number of projection variants which are intended to illustrate how different components of population change affect the projections (figure 14).

The medium variant projection for the Caribbean illustrates how the rate of growth of the population is slowing and the population will start to decline after 2038. The instant-replacement scenario is a population projection based on the assumption that fertility immediately reverts to replacement level;<sup>8</sup> the constant-mortality scenario assumes no reduction in mortality rates (no increase in life expectancy); while the zero-migration scenario assumes that net migration is zero for the projection period. These counterfactual projections make it possible to identify a "sub replacement fertility effect," a "life expectancy improvement effect" and a "migration effect" on the projection.

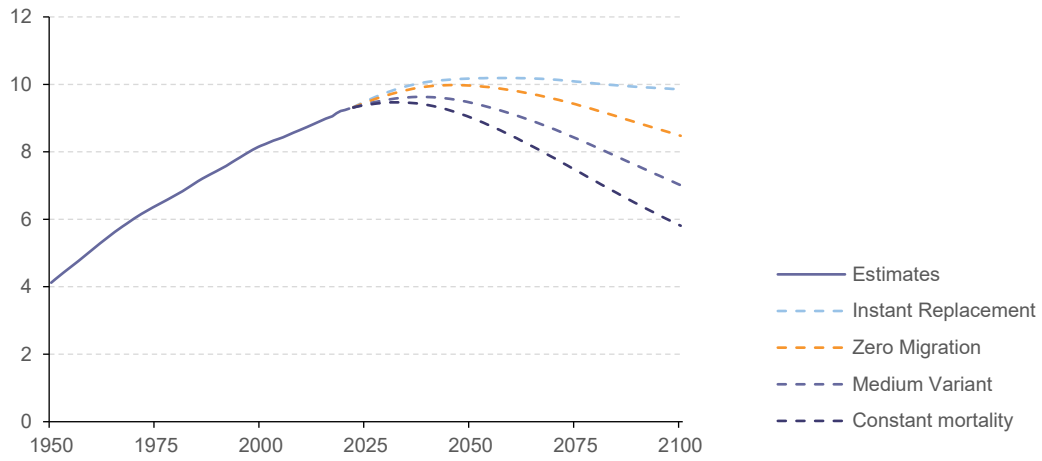
The precise magnitude of these effects changes with the projection horizon but, in general terms, the "sub replacement fertility effect" has the biggest impact on the projection, reducing it. The "life expectancy improvement effect" and "migration effect" are both very roughly half as impactful, with improved life expectancy having a positive impact on the projections and migration a negative impact.

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<sup>7</sup> The three fundamental components of population change are births, deaths and net migration. However, crude birth (and death) rates can be thought of as being derived from a set of age-specific fertility (and mortality) rates applied to a given population age structure. Births and deaths can therefore be replaced in the basic model of population change with age structure, fertility and mortality rates, resulting in four components of population change: age structure, fertility, mortality and net migration.

<sup>8</sup> Defined here as one daughter per woman.

**Figure 14**  
**The Caribbean population: medium, instant replacement, constant mortality and zero migration variants**  
*(Millions)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, Online Edition [online] <https://population.un.org/wpp/>.



## **II. Full integration of population dynamics into sustainable development with equality and respect for human rights**

Population dynamics play an important, and often underappreciated, role in sustainable development. They can assist in the achievement of development goals, or they can serve as a headwind, and policymakers need to be aware of the implications of demographic trends and take account of them in development planning. Some development goals will themselves influence demographic trends. It was the contribution of the Cairo International Conference on Population and Development, in 1994, to establish that human rights provided an effective, and the only ethically justifiable, basis for demographic planning. The Montevideo Consensus on Population and Development, adopted in 2013, is the region's fullest expression of this union of demographic analysis and planning together with the principles of fundamental equality and respect for human rights.

It is important to note that apparently distinct demographic trends can also interact with one and other. Three important demographic trends that were discussed in the previous chapter and which are currently affecting Caribbean countries are falling fertility, negative net migration, and population ageing, and these trends are not independent of each other. Falling fertility rates lead to population ageing. Net migration also influences both fertility and, as mentioned above, the age structure of the population. An increase in outflows of migrants tends to reduce fertility while contributing to population ageing, due to the relatively young age profile of migrants. An increase in inflows has the opposite effect. The age structure of the population, meanwhile, affects the population of reproductive age and therefore also affects the fertility rate.

Moreover, it is a fundamental principle of human rights themselves that they too are interdependent and interrelated. It is for these reasons, that the ICPD Programme and the Montevideo Consensus address trends in fertility, mortality, migration, population age structure and distribution,

together, in an integrated way, with the human rights of key population subgroups: children and youth, older persons, women, migrants, indigenous persons and Afro-descendants.

## **A. Integration of population dynamics into public policy**

Among Caribbean governments, responsibility for population and development matters and reporting on the Montevideo Consensus generally lies either with the ministry of planning or social development (or its nearest equivalent). In Trinidad and Tobago, this is the Ministry of Planning and Development; in Jamaica, the Planning Institute of Jamaica (PIOJ); and in Dominica, the Office of the Chief Development Planner in the Ministry of Finance, Economic Development, Climate Resilience and Social Security. In other Caribbean countries, responsibility lies with the Ministry of Social Development (or equivalent), which will generally have policy responsibility corresponding to at least some of the population subgroups highlighted within the Montevideo Consensus.

However, population and development issues, as described above, necessarily cut across multiple ministerial portfolios, not just planning and social development but also health, national security, foreign affairs, rural development and local government, among others. Integrating population dynamics into public policy, therefore requires coordination. In Caribbean countries and territories, capacity constraints mean that the arrangements for coordination of population matters across government are, in most cases, not well developed or firmly established.

Jamaica is the country which has had the strongest institutional capacity dedicated to population and development matters, for some time. There is a Population and Health Unit in the Social Policy, Planning and Research Division of PIOJ which has overarching responsibility for population issues. The Government also has a well-established cross-government coordination mechanism in the form of the Vision 2030 Population Thematic Working Group, which includes representatives from Ministries, Departments and Agencies (MDAs), private sector organizations, and NGOs, which oversees implementation of the Montevideo Consensus on Population and Development, in Jamaica, and ensures demographic issues are integrated into government plans, programmes and projects.

The Montevideo Consensus provides a framework that can be used directly for addressing population and development issues at national level. In addition, some countries have used population situation analyzes (PSAs) and national population policies to further develop demographic analyzes and ensure cross-government coordination on population issues in a way which is more tailored to national circumstances and development priorities. PSAs provide the context and evidence for the development of population policies and for the integration of population dynamics into sustainable development. This is an approach promoted and supported by UNFPA (UNFPA, 2010).

The Government of Barbados established a National Population Commission, in 2019, to develop a Population Policy that addresses the consequences of an ageing and declining population, and to propose strategies to address these issues. In 2023, the Commission published a draft population policy for public consultation. The policy has three broad goals: to promote the maintenance of a population size sufficient to sustain adequate levels of social care, productivity and labour force participation for inclusive and sustainable development; to provide Barbadians and non-nationals now, and in the future, with opportunities for personal development; and to promote integrated, settlement development and safeguard the ecological balance (BGIS, 2023).

The work and the report of the Commission are particularly interesting since the demographic trends which prompted its creation are already affecting numerous overseas territories and will become increasingly evident in other Caribbean countries over the coming 10–15 years. In recognition of this fact, the Prime Minister of Barbados has called for the establishment of a CARICOM Population Commission to analyze the implications of these demographic trends and develop a common policy response.



In Suriname, a National Population Policy (2021–2040) was developed to systematically integrate population dynamics into the development planning and policymaking process. In line with the country's National Development Plan (2022–2026), implementation of the National Population Policy will also be based on a results-based approach for the planning, monitoring and evaluation of population programmes and projects.

The Government of Dominica carried out consultations to inform the development of its National Population Policy in 2022. The Policy is now at final draft stage and is currently awaiting the approval of the Cabinet. The objective of the Policy is to ensure that the country's population, in respect of its size, spatial distribution, and age and skills composition, is suitable for the country's sustainable development.

In countries without institutions or explicit mechanisms to coordinate population and development issues across government, population issues can and do force themselves onto the political agenda. To take one example, the rapid ageing of the population of Bermuda, including rising pension and health care costs, was described by the Minister of Finance as "perhaps the single most serious long-term issue Bermuda faces" (Royal Gazette, 2019).

These examples do indicate that, even with limited public institutional capacity for coordination of population and development issues, Caribbean governments are recognising and responding to demographic trends and seeking to integrate these issues into development planning. However, the effectiveness with which these issues are ultimately addressed will depend on the ability to coordinate policy responses across government, and therefore efforts should be made to strengthen the arrangements for cross-government coordination on population matters. This coordination role should also extend beyond government and include facilitating the participation of non-governmental stakeholders, particularly civil society organizations, in a collective effort to more fully realise the ambitious goals contained in the Montevideo Consensus.

## **B. Poverty measurement and poverty reduction**

There was a temporary spike in poverty during the COVID-19 pandemic due to a reduction in economic activity although its magnitude is difficult to quantify precisely due to the lack of timely official statistics on poverty. For countries where there is a recent survey-based estimate of poverty, the World Bank, in its Macro Poverty Outlook publication, estimates how poverty is likely to have been affected by the latest economic data (World Bank, 2023). For Jamaica, it was estimated that poverty increased from 11% in 2019 to over 20% in 2020, declining to 16.8% in 2021 and to 12.6% in 2022. In Grenada, where the poverty rate was 25.0% in 2018/19 (World Bank, 2021), it was estimated to have risen to 31.7 percent in 2020. In Saint Lucia, about 25% of Saint Lucians were poor in 2019, increasing to over 30% in 2020, returning to about 25% by 2022. In Barbados, poverty has fallen since the pandemic but was still thought to be above its pre-COVID level, last measured as 25.7% in 2016. In Belize, the pre-COVID poverty rate was estimated to be 52% in 2018/19, on top of which the pandemic was adjudged to have had a "severe social impact," presumably worsening an already dire situation.

Other than for these countries, there is relatively little data available on levels of poverty and inequality in Caribbean countries over the last decade. For many countries, poverty assessments were carried out through the Caribbean Development Bank's (CDB) Country Poverty Assessment programme and, by 2012, most countries had carried out at least two surveys of living conditions/country poverty assessments as part of this broad programme (table 2). There was then a period of pause and review before the programme was relaunched as the Enhanced Country Poverty Assessment Programme, which now includes not only estimates of monetary poverty but also multidimensional poverty taking into account material deprivations relating, for example, to education, health, housing, empowerment, personal security, and more (CDB, 2016). However, the pause in the programme seemed to lead to a

loss of momentum, which was then compounded by the pandemic, with the result that relatively few countries have recent data on poverty.

Poverty reduction programmes also depend crucially on labour market statistics and, it should be noted, the availability of labour market statistics has improved over recent years with more Caribbean statistical offices, often working with the International Labour Organization (ILO), publishing regular labour force statistics.

**Table 2**  
**Indicators of poverty and inequality**

Country	Year conducted	% below poverty line	% below indigence line	Poverty Gap	Poverty Severity	Poverty Line USD per year	Indigence Line USD per year	Gini Coef. (for consumption)
Anguilla	2002	23.0	2.0	6.9	3.2	2 937	1 135	0.31
	2008/09	5.8	0.0	1.1	0.2	6 055	964	0.39
Antigua and Barbuda	2006	18.3	3.7	6.6	3.8	2 366	917	0.48
Bahamas	2001	9.3	5.1	2.8	1.3	2 863	964	0.57
	2013	12.5	..	3.2	1.2	4 247	..	0.41
Barbados	1997	13.9	..	2.3	..	2 751	1 448	0.39
	2010	19.3	9.1	6.0	3.2	3 931	1 985	0.47
	2016/17	25.7	..	..	..	3 855	1 784	0.32
Belize	1996	33.0	13.4	8.7	4.3	644	377	..
	2002	33.5	10.8	11.2	6.1	..	..	0.40
	2009	41.3	15.8	11.0	5.0	1 715	1 003	0.42
	2018/19	52	9	..	..	3 981	1 341	0.49
British Virgin Islands	2002	22.0	<0.5	4.1	1.7	6 300	1 700	0.23
Cayman Islands	2007	1.9	..	0.4	0.2	3 319	..	0.40
Dominica	2002	39.0	15.0	10.2	4.8	1 260	740	0.35
	2008/09	28.8	3.1	8.9	4.0	2 307	902	0.44
Grenada	1999	32.1	12.9	15.3	9.9	1 208	530	0.45
	2008	37.7	2.4	10.1	4.0	2 164	887	0.37
	2018/19	25.0	3.5	..	..	2 512	1 074	0.40
Guyana	1993	43.0	29.0	16.2	..	380	281	0.44
	1999	35.0	19.0	12.4	..	510	..	0.41
	2006	36.1	18.6	11.5	..	..	..	0.35
Jamaica	1990	28.4	8.3	..	..	..	..	0.38
	2000	18.7	5.0	..	..	..	..	0.40
	2010	17.6	6.3	5.0	..	..	..	0.39
	2019	11.0	4.0	..	..	..	..	0.37
Montserrat	2008/09	36.0	3.0	10.2	4.8	5 333	1 754	0.39
Saint Kitts and Nevis								
Saint Kitts	2000	30.5	11.0	2.5	0.9	1 244	791	0.39
	2008	23.7	1.4	6.4	2.6	2 714	961	0.38
Nevis	2000	32.0	17.0	2.8	1.0	1 460	908	0.37
	2008	15.9	0.0	2.7	0.8	3 625	1 086	0.38
Saint Lucia	1996	25.1	7.1	8.6	4.4	695	371	0.50
	2006	28.8	1.6	9.0	4.1	1 905	588	0.42
	2016	25.0	1.3	7.5	3.4	2 386	786	0.43
Saint Vincent and Grenadines	1996	37.5	25.7	12.6	6.9	450	393	0.56
	2008	30.2	2.9	7.5	3.0	2 046	906	0.40

Country	Year conducted	% below poverty line	% below indigence line	Poverty Gap	Poverty Severity	Poverty Line USD per year	Indigence Line USD per year	Gini Coef. (for consumption)
Suriname <sup>a</sup>	2000	44.2	..	17.8	..	..	..	0.47
	2008	51.3	..	13.5	..	..	..	0.44
Trinidad and Tobago	1992	21.2	11.2	..	..	570	420	0.42
	1997	24.0	8.3	5.3	2.8	753	457	0.39
	2005	16.7	1.2	4.6	2.0	..	..	0.39
Turks and Caicos Islands	1999	25.9	3.2	5.7	2.6	2 424	880	0.37
	2012	21.6	0.0	4.0	1.4	6 650	2 000	0.36

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of National Surveys of Living Conditions/Household Budget Surveys; MDG Progress Reports (Guyana and Suriname).

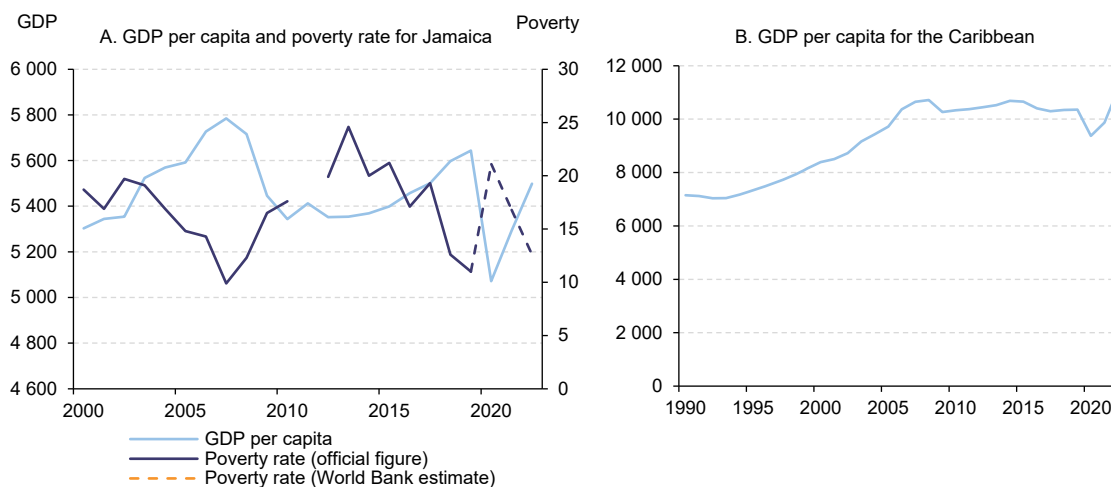
Note: This table shows poverty rates calculated using national poverty lines whose value (purchasing power) differs from country to country.

<sup>a</sup> Urban areas only.

Jamaica is the only Caribbean country which measures poverty annually (or almost every year). Over the last two decades, the poverty rate has risen and fallen along with the economic cycle, reaching its lowest level of 9.9%, in 2007, a level it has yet to recapture (figure 15A). After the global financial crisis (GFC), GDP per capita fell, and poverty increased reaching a high of 24.6%, in 2013. Between 2013 and 2019, GDP per capita gradually recovered, while the poverty rate declined to 11% by 2019 (returning close to its 2007 level), before spiking again during the pandemic.

This stagnation in economic growth has been mirrored across the subregion more widely over the last two decades. Caribbean GDP per capita grew relatively strongly in the 1990s and 2000s, reaching US\$10,716 in 2008 (in constant 2018 prices). However, in subsequent years, GDP per capita remained below this level, falling significantly below US\$10,000 during the pandemic, only recovering in 2022 (figure 15B). Aside from Jamaica, the relatively few countries that did carry out poverty assessments in the 2010s all recorded elevated poverty levels, around 25% in the case of Barbados, Grenada and Saint Lucia and above 50% in Belize.

**Figure 15**  
GDP per capita in constant prices and poverty rate for Jamaica; GDP per capita for the Caribbean (13 countries)  
(Constant 2018 prices in dollars and percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT, on the basis of national sources and the Statistical Institute of Jamaica (STATIN).

Some countries have also developed multidimensional measures of poverty, specifically Belize (SIB, 2023), Grenada (World Bank, 2021), and Saint Lucia (Kairi Consultants Ltd., 2018). Belize recorded a multidimensional poverty headcount ratio of 35.7% (2021), Grenada 34.3% (2018/19), and Saint Lucia 28% (2016). These estimates are based on 15 to 20 dimensions of poverty (or material deprivations). They include things like long-term unemployment, food insecurity, housing quality, overcrowding, ownership of certain assets (e.g. a washing machine), access to the internet and health insurance. These are primarily national datasets, rather than for international comparisons. They provide information about the prevalence of each of the dimensions of poverty and are intended to inform the development of policy measures which can address these individual material deprivations.

Social protection plays a key role in the eradication of poverty and hunger by transferring resources to people living in poverty, enabling them to generate income, protect their assets and accumulate human capital (OHCHR, 2023a). Over the last five years, several Caribbean countries have been active in strengthening their social protection laws and policies. The Government of Antigua and Barbuda passed the Social Protection Act 2020, which replaced the outdated 1961 Poor Relief Act. The new Act directly benefits poor and vulnerable populations such as children, the elderly, persons with disabilities (PWDs), single parent households and displaced persons. It establishes governance arrangements, transparent eligibility criteria, and will create an appeals tribunal for social protection programmes.

Anguilla launched a new Social Protection Policy in 2018 (GoA, 2018), with the support of UNICEF, and a Plan of Action (2019-2021) for its implementation, the main objective of which is to build an integrated system of social protection. The Policy has sought to establish a Social Protection Floor focused on minimum income and livelihood security for all, support for basic services, and the expansion of contributory social security.

In Dominica, a Social Protection Policy and Strategy was recently developed and is currently awaiting approval by Cabinet. The Policy addresses social assistance, contributory social security, labour market and livelihoods programming, community-based social care, and gender-sensitive, child-friendly, and shock-responsive social protection design and delivery. It is anticipated that the new Policy will enable social assistance to be better targeted with greater reach, expand coverage of social insurance schemes (including social security), and improve access to tailored training and small enterprise support.

In Saint Lucia, public consultations were held, in 2022, to inform the development of a new social protection policy to replace the policy developed in 2014 (GISSL, 2015). It is anticipated that the new Policy will place a stronger emphasis on addressing climate change and resilience building; support for persons with disabilities; education and training for low-income households to promote skills development and sustainable livelihoods (e.g. through strengthening programmes such as the Educational Assistance Program) (GISSL, 2022).

Unemployment insurance is the least developed branch of social security in the Caribbean and most social security systems do not protect workers against the risk of unemployment. Barbados, Bahamas, Guadeloupe, Martinique and, most recently, Turks and Caicos Islands and Grenada are among a minority of Caribbean countries or territories where insured workers who lose their jobs do receive unemployment benefit. When the COVID-19 pandemic led to sudden and widespread job losses, many governments were forced to respond with some form of emergency unemployment benefit. In light of this, many Caribbean social security agencies have been considering the introduction of permanent unemployment insurance. Earlier this year, the International Social Security Association (ISSA) ran a technical seminar on unemployment protection for workers in the Caribbean to support social security agencies in the development of unemployment insurance schemes (ISSA, 2023).

The Turks and Caicos Islands National Insurance Board announced the introduction of unemployment insurance, effective from October 2022, and the National Insurance Scheme of Grenada introduced unemployment insurance, effective from May 2023 (Now Grenada, 2023). A feasibility study on the introduction of unemployment insurance in Jamaica was recently completed by the Planning Institute of Jamaica (PIOJ) and the International Labour Organization (JIS, 2023c). The ILO is supporting Belize and a number of other countries with cost assessments for the introduction of unemployment insurance (ILO, 2022; Pino 2021).

The Bahamas' Ministry of Social Services and Urban Development is seeking to streamline and digitize its delivery of social assistance through its development of the Social Protection Management Information System (ProMIS) portal. The ProMIS system replaces the previously paper-based processes that were used to administer applications and disburse social assistance funds (BIS, 2021). The system currently administers five social assistance programmes (food, uniform, burial, housing and financial assistance) and applicants can apply through the web portal or by visiting a Community Support Centre.

The Government of Belize is piloting a more comprehensive approach to working with vulnerable households which is more tailored to the needs of individual households. This involves assigning a family support officer that can arrange appropriate services and support, while working with families to build their income generating capacity. This project was referred to as BOOST+, a follow-up to BOOST (Building Opportunities for Our Social Transformation), Belize's conditional cash transfer programme which was launched in 2010.

The Government of Barbados, supported by the Inter-American Development Bank (IDB), has been implementing the 'Strengthening Human and Social Development in Barbados' Project, since 2017. The project seeks to reduce poverty and unemployment through targeting selected households with a bespoke package of social benefits, training and employment services, empowering participants with the capacity to lift themselves out of poverty. The programme also emphasizes information management and data sharing, so that the Government will be able to measure the outcomes of its investments in people.

In 2021, the Government of Dominica increased the national minimum wage for the first time since 2007. Different minimum wage rates are specified for different categories of workers but in the agricultural and tourism sectors, the minimum wage will increase from EC\$4 per hour to EC\$7.50 per hour; cashiers, receptionists and salespersons from EC\$5.50 to EC\$7.25 per hour; and shop assistants from EC\$4.50 per hour to EC\$6.75 per hour (GISD, 2021).

To reduce the persistently high levels of poverty in the subregion, more timely statistics will be essential to inform the development of poverty reduction measures and monitor their effectiveness. Governments need to build towards universal social protection systems through putting in place a minimum social protection floor which provides a level of protection to all, raising that floor progressively as resources permit. Unemployment insurance should be introduced by social security agencies to strengthen the social safety net, and to ensure that workers are not automatically plunged into poverty should they lose their jobs. Programmes which promote livelihoods and income generation through education, skills training, and financial support are equally important, including programmes which address the specific needs of youth, older persons, women, migrants and people living in rural areas. Minimum wage rates should also be adjusted regularly to ensure that they are set at rates which are appropriate to the prevailing labour market conditions and contribute to poverty reduction.



### **III. Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth**

The priority measures in this section of the Montevideo Consensus emphasize the rights of children to enjoy a life free from poverty and violence, and the right to education as well as concerns of youth, such as employment opportunities and participation in decision-making. They also focus on the prevention of pregnancy among adolescents and the elimination of unsafe abortion through education on sexuality and access to youth-friendly sexual and reproductive health information and services.

A number of Caribbean countries have been active, over the last five years, in the development of child or youth policies, or youth networks or councils to represent the interests of young people. Trinidad and Tobago's National Child Policy (2020–2030) was developed to provide a framework for the development and coordination of policies, programmes and legislation that promote the rights of all children. Trinidad and Tobago's Ministry of Youth Development and National Service also developed a National Youth Policy (2020–2025). The overarching goal of the Policy is youth empowerment, which it aims to achieve through mainstreaming youth priorities across sectors; promoting social inclusion through the implementation of youth development interventions; and facilitating active citizenship and the engagement of young people in civic life.

Antigua and Barbuda also developed a National Youth Policy (2021) to facilitate a multi-sectoral approach to youth development, including in the creative industries, entrepreneurship, sports and environmental sustainability. In addition, the country developed an Infant and Young Child Feeding Policy to promote healthy child development.

Belize established a National Youth Council in 2016 and, through the Sustainable Child Friendly Municipalities Initiative, a global initiative led by UNICEF, established a Child Advisory Body (CAB) in each of the nine municipalities to give children/adolescents a consultative space, through which they can review municipal plans and budgets.

## A. Protecting children from poverty, violence, abuse and neglect

As described in the previous chapter, poverty remains at elevated levels, and it is evident from the most recently available data that children continue to experience disproportionately higher levels of poverty than other age groups. This is because households with children are more likely to be poor and households with many children are the most likely to be poor. A 2017 study on child poverty in the Eastern Caribbean showed that poverty rates among children were higher than the corresponding rates for adults in every one of 11 countries and territories analyzed. The average child poverty rate was 33% compared to 21% for adults (OECS and UNICEF, 2017).

Similar differentials are evident in more recently published data. Estimates published for Saint Lucia in 2018 showed that the child poverty rate was 34.5% compared to 21.3% for adults (for 2016) (Kairi Consultants Limited, 2018). In Belize, child poverty (for children aged 0-14) was 60% compared to 45% for adults (aged 25-64), in 2018/19 (SIB, 2021). In Jamaica, child poverty was 13.3% compared to 10.2% for adults, in 2019 (PIOJ, 2022). These figures highlight the importance of poverty reduction measures which target families with children directly, such as child benefits, subsidies for educational expenses, and subsidised childcare.

The Montevideo Consensus highlighted the “high levels of violence experienced by boys, girls, adolescents and young people in the region” and called for action to guarantee “a life free from violence.” In the Caribbean, most instances of violence against children fall into one of the following three categories: sexual violence against girls and boys; corporal punishment against girls and boys; and peer-on-peer bullying (physical, verbal or cyber bullying) (Stewart, 2020). Little comparable data is available on the prevalence of sexual abuse although it is known that most of the victims are girls (Stewart indicates that, in the Eastern Caribbean, 90% of victims of sexual abuse aged 12-16 were female). Regarding corporal punishment, data is available from the MICS which revealed that, across seven Caribbean countries, an average of 51% of girls and 58% of boys (aged 1–14 years) had experienced physical punishment in the home in the last month, and 5% of girls and 7% of boys had experienced severe physical punishment (Fry and others, 2021).<sup>9</sup> These rates were around 50% higher than the corresponding rates in Latin America.

It is also notable that there are significant differences in the legality of corporal punishment. Based on data for 16 Caribbean countries, only three had prohibited corporal punishment in schools (Anguilla in 2012, Belize in 2011, and Trinidad and Tobago in 2015) and none had prohibited corporal punishment in the home. By comparison, in Latin America, 18 of 20 countries had outlawed corporal punishment in schools and 11 of 20 had fully prohibited corporal punishment in the home (UNICEF, 2022a). Estimates of the prevalence of bullying suggest that it is prevalent across both the Caribbean and Latin America, which includes both physical and emotional forms of victimization (Fry and others, 2021).

Child protection laws are a first step to protecting children from all forms of abuse and neglect. They address reporting, investigation, assessment and provision of care and protection to children who have been (or are at risk of being) abused or neglected; and seek to ensure compliance with the United Nations Convention on the Rights of the Child. In recognition of a particular need to strengthen legal and institutional protections for the right of children to live free from violence and abuse in the Eastern Caribbean, OECS member States, with the support of UNICEF, have been active in the development of legislation and institutional capacity for child protection.

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<sup>9</sup> Physical punishment is measured in the MICS and refers to punitive methods and violent disciplinary actions used by adults in the household to discipline a child aged 1–14 years during the month preceding the survey. Based on data for seven Caribbean countries (Barbados, Belize, Guyana, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago) and nine Latin American countries, the average prevalence rates (across countries) for both ‘any physical punishment’ and ‘severe physical punishment’ were around 50% higher for the Caribbean countries compared with the Latin American countries.



Child protection laws have recently been enacted in Dominica (2023), Montserrat (2017), Antigua and Barbuda (2015), Turks and Caicos Islands (2015), Saint Kitts and Nevis (2013), Saint Vincent and the Grenadines (2010) (all Children (Care And Adoption) Acts), Grenada (the Child (Protection and Adoption) Act, 2010), in Anguilla (the Child Protection Act, 2018) and in Saint Lucia (the Child (Care, Prevention and Adoption) Act, 2018). In Barbados, a Child Protection Bill is currently undergoing parliamentary scrutiny.

It should be emphasised that just as important as legislation, is the institutional capacity to implement and enforce the law, something which has often been lacking. Following the passage of its legislation in 2015, the Government of Antigua and Barbuda developed a National Child Protection Policy (2020–2025) to strengthen child protection systems. In 2022, the First Eastern Caribbean Family Court was set up in Antigua and Barbuda to deal with divorce proceedings, maintenance, domestic violence, adoption, and the care and protection of children (UNICEF, 2022b). The Government also strengthened Standards for the Regulation of Early Childhood Services, in 2022.

In Guyana, the child protection system was strengthened through the creation of nine Child Advocacy Centres in collaboration with NGO partners. The centres provide a child-friendly safe space for victims of abuse and can facilitate provision of health, social and legal services. The Government of Trinidad and Tobago launched the National Children Registry (NCR), in 2022, a child protection database which will record information about children at risk collected from organizations such as schools, health professionals, the police, the Immigration Division and the Children's Authority. The NCR will support monitoring, needs assessments, information sharing, and interventions to protect children from abuse, neglect and other risks.

The Government of Belize, last year, launched the National Child Labour Policy and Strategy (2022–2025). The new policy makes commitments to strengthen child labour laws, to establish clear inter-agency communication and data sharing protocols in child labour cases, and to promote socially responsible employment practices in the private sector. The Government of Bahamas also launched a National Child Labor Policy in 2022.

In contrast to child protection laws, child justice laws are concerned with how the criminal justice system treats children who come into conflict with the law. They address, for example, the age of criminal responsibility, use of detention, and put in place certain protections for children. However, child justice is linked to child protection because some children who break the law are also victims of neglect and abuse themselves. For these children, there needs to be a path which diverts them away from court proceedings and focuses on rehabilitation and their child protection needs, which will generally be more effective than a punitive approach. As part of a programme of Juvenile Justice Reform in the Eastern Caribbean, child justice acts were passed in Anguilla in 2021, Saint Vincent and the Grenadines in 2019, Saint Lucia in 2018, Antigua and Barbuda in 2015, Saint Kitts and Nevis in 2013 and Grenada in 2012.<sup>10</sup> In Barbados, a Child Justice Bill (2023) is currently going through Parliament.

In Jamaica, a National Child Diversion Policy (2015) and the Child Diversion Act (2018) were introduced in order to try and steer child offenders away from the criminal justice system. There are currently 14 Child Diversion Offices across the island, one in each parish. Some gaps have also been identified in the Child Diversion Act and the number of referrals from the formal justice system continues to fall below expected levels in some parishes. The Ministry of Justice is currently reviewing the Act and strengthening the capacity of the Child Diversion Unit to provide a more timely, efficient, and effective service to its clients. In Guyana, the Juvenile Justice Act, which became law in 2018, also seeks to divert juveniles away from formal court proceedings, where possible, for example, towards restorative measures. The Act also facilitates access to legal aid for children and youth.

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<sup>10</sup> Grenada's Juvenile Justice Act was passed in 2012, but only entered into effect in 2016.

Strong child protection systems are essential to protect children from violence and, as the foregoing makes clear, there has been significant progress over the last five to ten years, particularly in the passage of legislation in the Eastern Caribbean. However, in most countries across the subregion, a lack of institutional capacity continues to seriously undermine the effectiveness of child protection and child justice, and therefore the development of these services should still be regarded as very much a work in progress.

## **B. Quality education for all**

Caribbean countries lack internationally standardized assessments of educational standards such as the Regional Comparative and Explanatory Study (ERCE in Spanish) assessments for primary education, and the PISA assessments for lower secondary education. However, there is a strong consensus among Caribbean education sector stakeholders on the need to improve the quality and relevance of education services and to raise educational standards. Caribbean education systems, moreover, reflect the unequal societies of which they are part. In Belize, for example, 74% of those belonging to the richest quintile completed secondary education, but only 19% of the poorest quintile, in 2016. In Saint Lucia, 96% of the richest and just 62% of the poorest completed primary school, in 2012 (UNESCO, 2021a). Education policies and programmes therefore need to pay particular attention to disparities associated with wealth, ethnicity, language and geography.

UNESCO monitors progress towards national targets on seven SDG4 benchmark indicators of quality education to be achieved by 2025 and 2030. Earlier this year, for the first time, UNESCO published an assessment of countries' progress against their national targets, using two benchmark indicators: upper secondary completion rate and participation rate in organized learning one year before primary. Jamaica and Trinidad and Tobago were deemed to be making fast progress on upper secondary completion with Barbados, Belize, Guyana and Suriname making slow progress (UNESCO, 2023b). It should be emphasised that these are national targets, some of which may be more ambitious than others. In respect of participation in pre-school learning, more Caribbean countries were making fast progress: Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Guyana, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands. Meanwhile there was slow progress in Bahamas and Suriname and no progress in Antigua and Barbuda, Barbados, Belize, Grenada, Montserrat and Trinidad and Tobago.

The Government of Jamaica implemented the third National Strategic Plan for the early childhood institutions (ECIs) sector (2018–2023) which encompasses public, public/private, and private institutions. This included implementing an inclusive early childhood development training package for ECIs, issuing permits to operate, carrying out inspections, and overseeing the implementation of ECI development plans (PIOJ, 2022). In 2019, Jamaica's Early Childhood Commission, supported by UNICEF, launched the "1st 1000 Days App," which provides caregivers with the ability to monitor milestones in their child's development and locate ECIs and childcare facilities.

The Government also established an Education Transformation Commission in 2020 as part of an effort to address wider structural failings in the education system. The Commission reported in 2022 and work has commenced on 93 of the 365 recommendations contained in the report (JIS, 2023e). This includes establishment of a governing body for the teaching profession, a licensing and registration regime for all government-paid teachers, rollout of an Education Management Information System (EMIS) to track and monitor key performance indicators, and elimination of the shift system in schools.

In 2021, the Jamaica Ministry of Labour and Social Security's Early Stimulation Programme (ESP), an early intervention programme for young children (up to 6 years) with developmental disabilities, deployed a mobile intervention unit to extend its services to children with disabilities in rural

communities (PIOJ, 2022). The Special Education Unit of the Ministry of Education and Youth launched the Accessible Digital Textbook Project to give children access to high-quality, interactive digital textbooks in a variety of languages, including Jamaican Sign Language (JIS, 2023a), part of a global initiative by the United Nations Children's Fund (UNICEF) in collaboration with its partners, to make textbooks available, affordable, and accessible for children with disabilities.

The Government of Belize launched the Secondary School Finance Reform Initiative, in 2014, to make secondary education more accessible and affordable. This includes a small financial payment towards the school fees of vulnerable students in the first two years of secondary school, a programme extended to all students attending rural primary schools, in 2018.

The Organisation of Eastern Caribbean States (OECS), supported by UNICEF and USAID, made digital education tools available across the Eastern Caribbean. The Digital Education Capacity Strengthening Initiative (DECI) was launched in response to COVID-19, but the learning materials developed will now assist children recovering from learning losses caused by the pandemic. More than 1,500 curriculum-aligned learning units were developed and over 145,000 children and 12,000 teachers will benefit from the resources (UNICEF, 2023).

Guyana's Ministry of Education developed an Education Strategic Plan (2021–2025) and is currently implementing the Guyana Secondary Education Improvement Project (GSEIP), with support from the World Bank. The project is building the capacity of secondary school mathematics teachers; improving secondary school facilities in underserved areas of Regions 3 and 4; and building institutional capacity. Since its introduction during the COVID-19 pandemic, the "Because We Care Cash Grant" has been supporting families with education-related costs and a total of 214,000 children benefited in 2022. There are also specific cash grants for children with disabilities. The School Feeding Programme was expanded from 110 schools to 172 schools, and now includes schools in the riverain communities, in addition to the Hinterland regions. This initiative is intended to build community participation in schools and improve enrolment, attendance, nutritional status and learning outcomes.

In Trinidad and Tobago, an Education Policy Paper (White Paper) (2017-2022) was developed to guide the actions of the Ministry of Education and advance educational development in Trinidad and Tobago (MoETT, 2018a). This updated the previous Policy Paper on Educational Development for Trinidad and Tobago (1993–2003).

Within this framework the Ministry of Education has implemented a number of new initiatives. The Wireless Expansion Programme for Primary and Secondary Schools was launched in 2021 to provide schools in Trinidad with wireless internet. The Remediation Programme was launched in 2022, also in Trinidad, to improve educational attainment in primary and secondary schools with a history of poor exam results. These schools receive additional support from learning support assistants, social workers and guidance counsellors, and there is additional teacher training. Vacation and after school study programmes are also put in place and facilities are upgraded.

The Ministry of Education revised its National School Code of Conduct which outlines the responsibilities of school personnel, standards for student behaviour and a range of consequences for violations of these standards (MoETT, 2018b). The Code was revised to address issues such as the responsible use of technology, cyberbullying, data security and privacy, and the use of social media. It incorporates new approaches to dealing with student behaviour aimed at deterring recidivism. The new Code was then supplemented by the Promoting Discipline School Manual (PDSM) (MoETT, 2020) and a National School Discipline Matrix adopted by all schools in 2022 (MoETT, 2022).

The Ministry of Education of Trinidad and Tobago has also been implementing a school improvement programme with primary and secondary schools in the Morvant/Laventille communities, since 2016. The most recent intervention was in the form of an 18-month pilot project carried out with

2 primary and 2 secondary schools together with local NGOs. The project addressed academic performance, student behaviour, and parental and community involvement. To further support children from low-income households, the distribution of laptops to the most disadvantaged children, which began during the pandemic, has continued with the support of several private businesses.

The Trinidad and Tobago National Learning Assessment (TTNLA) is also a noteworthy development, particularly bearing in mind the widespread absence of comparable data on educational attainment, mentioned above, and concerns about the quality of education in the Caribbean. The TTNLA was introduced in 2023 to provide data for monitoring and analysis of overall standards of educational achievement. The TTNLA will test pupils in a representative sample of schools in maths and English, with the results being used to develop and enhance the national education system.

To realise the Montevideo Consensus' commitment to achieving universal, free, public, secular, high-quality, intercultural education, it will be critical to secure financing for education in line with international benchmarks of at least 4 to 6% of GDP and/or 15 to 20% of public expenditure, as agreed in the Paris Declaration in 2021 (UNESCO, 2021b). According to statistics from the Global Education Monitoring Report 2023 (UNESCO, 2023a), 13 of 19 Caribbean countries spent 4% or more of GDP on education while only 4 of 11 spent 15% or more of public expenditure.

The COVID-19 pandemic accelerated the use of technology in education and highlighted both the potential benefits and limitations of technology. One of the most promising areas for exploiting technology is in the development of open, accessible, online educational resources, a digital commons to supplement and enrich classroom teaching. This, however, also depends on action to address the digital divide in education so that online resources are accessible to all.

### **C. Tackling persistent youth unemployment**

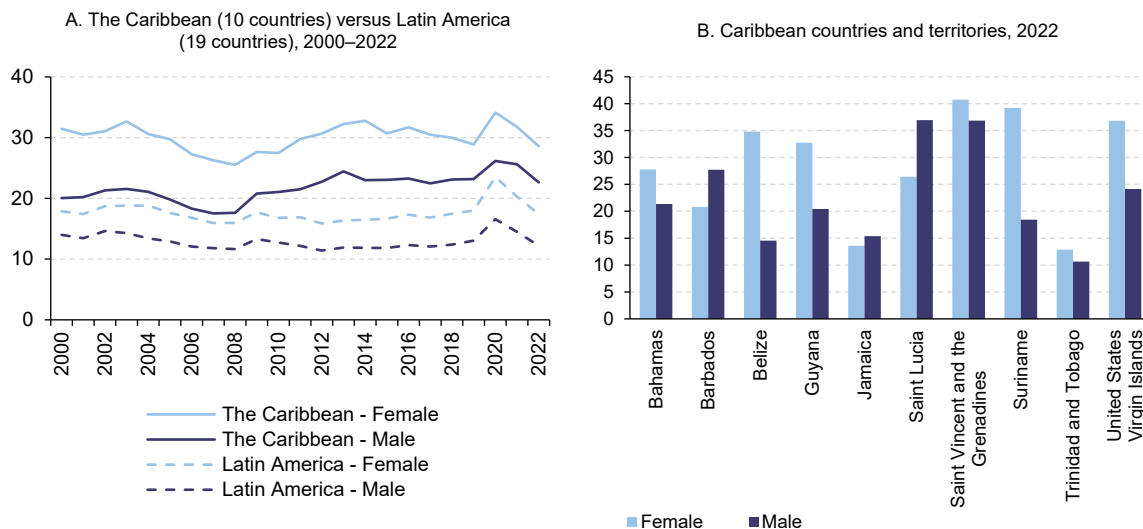
High levels of youth unemployment have been a long-term problem in the Caribbean, particularly among young women, for whom unemployment has averaged around 30% since 2000 compared with 22% among males (figure 16A). This compares to 18% and 13% among young men and women in Latin America. In the Caribbean, youth unemployment has yet to return to its pre-GFC lows which occurred in 2008 (females) and 2007 (males). It was particularly high during the emergency phase of COVID-19, in 2020 and 2021. Youth unemployment is high in Saint Lucia, Saint Vincent and the Grenadines, Suriname, and the United States Virgin Islands (figure 16B). The gender differentials in youth unemployment are particularly large in Belize, Guyana, Suriname and the United States Virgin Islands, where there is a difference of at least 12% between the female and male youth unemployment rates. In Barbados, Jamaica and Saint Lucia the youth unemployment rate is higher among males than females. There is an abundance of research on the long-term effects that youth unemployment has on future earnings, mental health and life chances in general.

The Skills for Youth Employment (SkYE) programme has been delivering certificated technical, vocational education and training (TVET) to young people aged 15-30 in Saint Vincent and the Grenadines, Saint Lucia, Grenada and Dominica, since March 2019. The programme provides training in sectors including hospitality, construction, the blue economy, renewable energy, IT and agro-processing. Funded by UKAID, the Programme is expected to train 6,000 young people, including at least 10% with a disability, over the four-year life of the project, as well as providing technical assistance to improve national training systems.

The Government of the Bahamas, with the support of the ILO, is seeking to develop a National Apprenticeship Scheme which will address the skills gap that exists in the labour force, and ensure that apprentices receive a recognised certification, while being accessible to marginalised and

disadvantaged groups, including those from the Family Islands<sup>11</sup>, people with disabilities, and youth with low educational attainment (The Tribune, 2023).

**Figure 16**  
Youth unemployment rate by sex, persons aged 15–24  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of International Labour Organization (ILO), ILOSTAT [online database] <https://ilostat.ilo.org/>.

Note: Estimates for Caribbean and Latin America are simple averages of 10 countries (Bahamas, Barbados, Belize, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States Virgin Islands) and 21 countries (Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Uruguay, Venezuela), respectively.

The Government of Guyana has several youth employment programmes: the Youth Entrepreneurial Skills Training Programme; the Hinterland Employment and Youth Service; the Youth Innovation Project of Guyana; the Ministry of Culture, Youth and Sport's creative grants scheme and youth entrepreneurship grants; the Government of Guyana's GOAL scholarship scheme and its part-time employment scheme. Meanwhile, the Board of Industrial Training (BIT) is providing young people with occupational, technical and vocational skills with the objective of meeting the demand for entry-level occupational skills across both established and emerging sectors of Guyana's fast-growing economy.

A new facility is being constructed in Saint Lucia to improve the vocational training programmes offered to marginalized youth in Saint Lucia. The facility will provide vocational training in hospitality and catering. The centre is being financed by the India-UN Development Partnership Fund through the United Nations Office for South-South Cooperation (UNOSSC), with technical support provided by the ILO, and is expected to be in operation this year (UNOSSC, 2023).

Figure 16A above makes clear the extent to which youth unemployment remains an unresolved problem. Policies and programmes to address the problem have clearly been insufficient. Economic growth is necessary but not sufficient. The quality of education and vocational training needs to be improved to better prepare young people for the knowledge economy. A recently published report

<sup>11</sup> The majority of Bahamas' population live on New Providence Island or Grand Bahama Island. The remaining islands, which have much smaller populations, are referred to as the Family Islands.

highlights how technical and vocational education and training (TVET) systems in many low- and middle-income countries often fall short of expectations due to difficulties facing learners, unsupported teachers, and weak incentives for training providers (World Bank, UNESCO and ILO, 2023).

There should be support for entrepreneurship, innovation and small and micro enterprise development. In addition, special measures are needed to support young women to enter and remain in the labour force, for example measures intended to close the gender pay gap, encourage a more equitable distribution of care responsibilities between men and women, and promotion of family-friendly workplaces. The implementation of free movement of labour within the Caribbean would also broaden opportunities for young people and improve the efficiency of the labour market.

## **D. Adolescent sexual and reproductive health (SRH) services**

To address high levels of adolescent fertility, an Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean was adopted, in 2014 (CARICOM and UNFPA, 2014). The Framework included a commitment to reduce the number of adolescent pregnancies in each country of the English and Dutch speaking Caribbean by at least 20% by 2019. Some countries were able to achieve this target: Aruba, Bahamas, Bermuda, British Virgin Islands, Cayman Islands, Curaçao and Jamaica. Most of the other countries and territories also registered falls in their adolescent birth rate (ABR) over this period (2014–2019), albeit less than 20%. The Caribbean as a whole saw a 14% decline.

The Framework also proposed that adolescents should have access to age appropriate sexual and reproductive health services, information and commodities. However, as was the case in 2014, restrictive legislation and practices continue to prevent adolescents accessing sexual and reproductive health care services including contraceptives, due to the requirement for parental consent. In most countries, laws remain out of step with the Caribbean reality of early initiation of sexual activity among adolescents and ages of consent often permit sexual intercourse before adolescents are old enough to access SRH services without parental consent. The inability on the part of adolescents to obtain medical services, including emergency contraception along with the stigma attached to young girls engaging in sexual activity continues to put adolescents at an increased risk of contracting HIV or other sexually transmitted diseases, unintended pregnancy and unsafe abortions (CARICOM and UNFPA, 2014).

In Guyana, a new and more progressive National SRH Policy was adopted, in 2019, which did allow for standards and practices to be upgraded, allowing for age-appropriate access to SRH information and services for adolescents. The Policy outlines how health workers can apply the Gillick Competency Test and the Fraser Guidelines to assess the competence of each adolescent to consent on their own to requested or required interventions.

These concepts originate from a 1985 judicial decision of the United Kingdom's House of Lords about the provision of contraception for people under 16. Gillick competency is a set of guidelines for medical professionals to determine if a child has sufficient maturity and understanding to be capable of making decisions about their own health and medical treatment, in which case treatment can be provided without their parents' or carers' consent or, in some cases, knowledge.

Under the new Policy, the Ministry of Public Health also implemented a programme to reduce adolescent pregnancy in Regions 1 and 9, in partnership with UNFPA and with the financial support of the India-UN Development Partnership Fund. The project developed "Standards for Quality Health Care Services for Adolescents" and "Adolescent Health Service Delivery Guidelines for Health Care Workers"; strengthened adolescent health services in the two regions; and engaged with community and religious leaders (UNOSSC, 2022).

Meanwhile, the Ministry of Health in Guyana ensures that all primary health care workers are trained in adolescent health, that they follow the adolescent standards for service delivery, and that the materials for them to perform their duties are available. There are also increased efforts to link services and information to the education system, for example allowing adolescents to have access to health information at school.

In Trinidad and Tobago, access to SRH services became more difficult for young people following the entry into force of the Children Act (2012), in 2015, which increased the legal age of sexual consent from 16 to 18. In most Caribbean countries the age of consent is 16 (or 15 in Aruba, Curaçao, Saint Vincent and the Grenadines and Sint Maarten) for opposite-sex sexual relations. The situation is rather different for same-sex sexual relations. For example, the Bahamas has a higher age of consent for same-sex sexual relations (18), while six countries continue to outlaw sexual relations between men entirely (see chapter V).

Trinidad and Tobago's Children Act was driven by a commitment to protect children and stipulates that health workers are obliged to report suspected sexual offences against minors to the police. A UNFPA study (2021) described how this makes health care workers reluctant to provide SRH services to minors for fear of violating the law and deters adolescents from seeking information, care and contraception. The same study also found that adolescents found it easier to access emergency contraception (the "morning-after-pill") at private pharmacies compared with other contraceptives, and many sexually active adolescent girls reportedly used it as the only measure of birth control. Meanwhile, Lesbian, Gay, Bi-Sexual, Transgender, Queer, Intersex (LGBTQI) and other sexually diverse adolescents indicated that they were largely ignored in the health sector. (UNFPA, 2021b).

Further advocacy is required to build a consensus for the removal of legal barriers which prevent adolescents from accessing SRH information, services and commodities. Minimum ages of consent should apply equally to all without discrimination based on gender and sexual orientation. They should also be accompanied by "close in age" exemptions to prevent prosecution of couples close in age but where one or both partners are below the age of consent. There should be a minimum age which guarantees access to SRH services without parental consent. There should also be legal recognition of Gillick competency.

Recent studies have analysed the socio-economic consequences of adolescent pregnancy and the cost effectiveness of investments in sexual and reproductive health care. A study of the socio-economic consequences of adolescent pregnancy in Guyana showed that there were significant opportunity costs for young women in education, labour participation and income, as well as health costs and fiscal impacts (forgone tax revenue) for the Government (UNFPA, 2021c).

The Jamaican government launched a national Human Papilloma Virus (HPV) vaccination programme for girls aged nine to 14, in 2018, to vaccinate girls against cervical cancer. However, disruptions caused by the pandemic, public distrust expressed in the lack of parental consent, poor planning and inadequate communication have hindered uptake. The HPV vaccine remains available, and parents and guardians are encouraged to allow girls to access it.

In 2022, UNFPA Sub-regional Office for the English and Dutch Speaking Caribbean published a formative assessment of Comprehensive Sexuality Education (CSE) within the Health and Family Life Education Curriculum (HFLE) in the Caribbean (UNFPA, 2022). The report described how insufficient training and support left many teachers feeling uncomfortable discussing sexuality-related topics; insufficient time was allocated to CSE within the HFLE curriculum; key topics (such as family and gender-based violence) were often excluded; and the fact that CSE is not mandatory contributed to this inconsistency of implementation.

The Formative Assessment recommended high-quality, medically accurate, research-based CSE should be delivered to young people, both in-school and out-of-school; emphasised the importance of cultural relevancy, age-appropriateness, and inclusion of the most vulnerable populations; called for expansion of teacher pre-service and in-service training to build comfort and skills in dealing with sensitive subjects; and encouraged collaboration with faith leaders and parents to build support for CSE in the community.

The Spotlight Initiative is also seeking to build the capacity of civil society organizations to deliver comprehensive sexuality education (CSE) to out-of-school youth. Compared with CSE delivered in school, out-of-school CSE affords the opportunity to be more flexible in addressing the varied needs and circumstances of out-of-school youth, who could include young people with disabilities; young people in humanitarian settings; young indigenous people; young lesbian, gay and bisexual people, and other young men who have sex with men; young transgender people; young intersex people; young people living with HIV; young people who use drugs; young people who sell sex; and young people in detention (UNFPA, 2020a).

The Montevideo Consensus includes a priority action to “introduce or strengthen policies and programmes to prevent pregnant adolescents and young mothers from dropping out of school.” Jamaica’s National Policy for the Reintegration of School-Age Mothers into the Formal School System was launched in 2013 (MoEJ, 2013). However, implementation of the policy has faced a number of challenges and hurdles, including inadequate support for young mothers balancing school and parental responsibilities and attitudes of school administrators.

In Jamaica, there is a longstanding programme of social support for adolescent mothers run by the Women’s Centre of Jamaica Foundation’s<sup>12</sup> Programme for Adolescent Mothers (PAM). It provides pregnant adolescents, young mothers, and their families and baby-fathers with education, life and parenting skills training, counselling, contraceptives, and school reintegration services. In 2021, 615 teen mothers were registered into the Programme, with 43.1% reintegrated into the formal school system, and 8.5% placed in other learning or skills training institutions. The model has been replicated in Grenada and Saint Kitts and Nevis.

Guyana’s Ministry of Education also developed a national policy in 2018, supported by UNICEF (MoEG, 2018). However, negative attitudes towards the participation of pregnant adolescents and adolescent mothers in mainstream education are also prevalent in Guyana. The Policy document noted how, at the time, these schoolgirls were generally either expelled or forced to drop out of school. Since 2018, more adolescent mothers have been engaged in some form of education or training, but they remain far from fully re-integrated in the formal school system.

Pregnant girls and adolescent mothers have a right to participate in formal education and this should be reflected in national laws and education policies. There are examples of good practice across the subregion, but more work is needed to change the attitudes of school administrators and to provide pregnant girls and adolescent mothers with the support that they need to remain in mainstream schools.

The harmful practices of child marriage and early union are less common in the Caribbean than in Latin America, but they are not uncommon. Child marriage or early union is defined as being married or in union before the age of 18.<sup>13</sup> Most commonly, this takes the form of an informal union, in which a girl lives with a partner or is in a ‘visiting relationship,’ rather than a formal marriage. Prevalence rates for child

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<sup>12</sup> The Women’s Centre of Jamaica Foundation (WCJF) is a non-profit organization which operates under the auspices of the Office of the Prime Minister.

<sup>13</sup> The prevalence of child marriage is measured by asking women aged 20 to 24 about their marital history.



marriage or early union<sup>24</sup> for Caribbean countries were estimated to be as follows: Barbados, 29%; Belize, 33%; Guyana, 30%; Jamaica, 8%; Saint Lucia, 24%; Suriname, 19%; and Trinidad and Tobago, 11%. The rate for the Caribbean was 14% compared to 25% for Latin America. The corresponding rates for those first married or in union before age 15 were 3% and 5%, respectively. (UNICEF, 2019).

The minimum age for formal marriage is 18 in most Caribbean countries but marriage laws often permit marriage at younger ages with parental consent. According to UNICEF's analysis, for the region as a whole, child marriage is most common among women who did not complete secondary education, in poorer wealth quintiles, in rural areas, and of indigenous ethnicity. The majority of women who married in childhood gave birth before their 18th birthday.

The Government of Belize published a Road Map to End Child Marriage and Early Unions in the country, in 2020. The Road Map encompasses activities to empower boys and girls through education and training; protect girls from violence and abuse; provide access to adolescent-friendly health services; strengthen social protection for families of girls at risk of child marriage; develop proposals for legislation to restrict child marriage; and invest in social and behaviour change communication.

To protect the rights of children, the minimum age of consent to formal marriage should be 18 years without exception. Governments, civil society organizations, and international organizations need to work together to develop campaigns which tackle the attitudes and practices that encourage child marriage and early union and implement measures which promote girls' empowerment in communities where the practice is common.

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<sup>24</sup> The estimated child marriage and early union rates for Barbados, Belize, Guyana, Saint Lucia, and Trinidad and Tobago include not only girls living with a man before the age of 18, but also those in 'visiting relationships,' whereas for Jamaica and Suriname, the survey did not include that category.



## IV. Ageing, social protection and socioeconomic challenges

In addressing the issues of population ageing, the Montevideo Consensus includes actions designed to strengthen protection for the rights of older persons in the economic, health and social spheres. It also addresses the wider implications of population ageing, for example the consequences for social protection systems, the role of intergenerational solidarity, and the importance of healthy ageing throughout the life course.

Many Caribbean countries have developed some form of national policy on ageing (or older persons), and some are now replacing outdated policies with updated versions. In Jamaica, a new National Policy for Senior Citizens was adopted last year (JIS, 2022c). This was an update to the previous National Policy for Senior Citizens which dated from 1997. The new policy aims to strengthen the rights of older persons and has a particular focus on active and productive ageing.

The Government of Barbados is working towards updating its ageing policy (from 2012) and recently published a new draft “National Policy on Ageing (2023–2028): Making Healthy and Active Ageing a Reality for All.” Public consultations have been held to develop and review the new policy which contains policy objectives in eight key priority areas, including social security; health and health systems; physical and built environment; social environment; long-term care; and pandemics, disasters and emergency situations. The draft policy describes itself as “to date, the most progressive, multifaceted and targeted response to the aged and ageing situation in Barbados.”

In Montserrat, a National Policy on the Care of Older Persons was developed together with an action plan for the period 2022-2026. Public consultations were held in 2021. The policy’s priority areas include housing; assistive and alternative care; economic security; health care and promotion of healthy living; mental health services; emergency management and disaster situations; and recreation.

Suriname recently acceded to the Inter-American Convention on the Protection of the Human Rights of Older Persons becoming the first Caribbean country to accede to/ratify this Convention (OAS, 2023).

In some countries, national councils (or commissions) on ageing have been established: the National Council for Older Persons (of the Bahamas); the National Council on Aging (Belize); the Dominica Council on Ageing; the National Commission for the Elderly (Guyana); the National Council for Senior Citizens (Jamaica); the HelpAge Saint Lucia National Council of and for Older Persons; and, most recently (in 2017), the Council of Older Persons (of the Cayman Islands). These organisations represent the interests of older persons and facilitate their participation in decision-making.

## A. Ageing and economic security

Through a combination of contributory and non-contributory age pension schemes, some Caribbean countries have achieved universal or at least close to universal pension coverage,<sup>15</sup> as is the case in Antigua and Barbuda, Bahamas, Barbados, Guyana, Saint Kitts and Nevis, and Trinidad and Tobago. In other countries, including Belize, Grenada and Saint Lucia, age pension provision falls short of universal coverage and, as a result, there are significant numbers of older persons with no pension income. The earnings-related pensions awarded by contributory social security schemes have generally increased in value, in real terms, over the last two decades.

Non-contributory (or social) pensions mostly provide the same flat rate pension to all recipients and the value of the pension is generally much lower than a contributory pension. Among 12 Caribbean countries, only in Barbados and Trinidad and Tobago did the value of the non-contributory pension exceed the value of the poverty line (and only in Trinidad and Tobago did it exceed the line by a significant amount). It is also notable that while the real value of contributory pensions has generally been increasing over time, there have not been such consistent increases in non-contributory pensions. Guyana, Suriname and Trinidad and Tobago are the countries with relatively well-funded non-contributory pension schemes (Quashie and Jones, 2023).

A new social pension was introduced in Jamaica in 2021. Some older persons were previously beneficiaries of the PATH Programme (the Programme of Advancement Through Health and Education, a conditional cash transfer programme) but this programme was targeted primarily towards families with children, those with little or no assets and poor living conditions, meaning that many older persons who may be living alone or were 'asset rich' but 'income poor' were not eligible (MLSS, 2021). The initial value of the new social pension was just 3,400 JMD per month (22.50 USD). It is paid to persons aged 75 and over who are not in receipt of any other pension, benefit, grant, relief or income.

The adequacy of pension incomes is a problem in other Caribbean islands. In 2019, the Dutch National Ombudsman published a report on poverty among older persons in the Caribbean Netherlands (Bonaire, Sint Eustatius and Saba) (Nationale Ombudsman, 2019). The report describes extreme poverty and hardship among some older persons caused by the high cost of living relative to pension incomes. It highlighted particular problems caused by the reduction of pension incomes following the death of a spouse; gaps in contribution records linked to migration; and the fact that special benefits (for example to replace essential items such as refrigerators) do not always reach those who need them.

In some countries, there are sizeable differentials between the average pensions received by male and female pensioners. This is due to lower earnings by females during their working lives and the increased likelihood of interruptions to their record of pension contributions due to, among other factors, uncompensated time off for maternity and preponderance of women in the informal sector with non-pensionable jobs. In Antigua and Barbuda, Bahamas, Barbados, Grenada and Saint Kitts and Nevis, average female pensions were between 12 and 21% lower than the corresponding pensions for males

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<sup>15</sup> Universal pension coverage means that all older persons receive a pension (although its value may be low).

(Quashie and Jones, 2023). This was not the case in Belize, Jamaica and Trinidad and Tobago where average pensions are similar for males and females.

Public expenditure on pensions as a percentage of GDP has increased in recent years and demographic trends mean that expenditure will continue to grow. This is due, above all, to the increasing numbers of older persons. The number of working age persons will also start to decline, and in some countries, it is already falling. It is this relative increase in the number of older persons versus persons of working age which makes it increasingly difficult to fund growing pension entitlements.

In a study published in 2018, Nam and Jones estimated that across 9 Caribbean countries, public funding for pensions would increase from an average of 3.7% of GDP in 2010 to an average of 9.8% of GDP in 2050. In their 2021 study of six Caribbean countries, Schwartz and Zegarra also made projections of future public sector spending on pensions. Their estimates indicate average expenditure increasing from 4.7% of GDP in 2019 to 9.8% of GDP in 2050.

The cost of providing pensions to an increasing number of older persons, who are also living longer, will require increased pension contributions and taxation. These costs can be mitigated to some extent by increasing retirement ages and/or making adjustments to the rate at which benefit entitlements are accrued, in order to make it more feasible to maintain and improve the levels of pension benefits. This process is already underway with many countries having implemented, or considering implementation, of increases to retirement ages.

Among 13 Caribbean countries, four have completed the implementation of increases to the retirement age<sup>16</sup> in the last two decades: Barbados (from 65 to 67), Dominica (from 60 to 65), Jamaica (from 60 to 65 for women) and Saint Lucia (from 60 to 65). A further two countries are currently implementing increases: Antigua and Barbuda (from 60 to 65, to be completed by 2025) and Saint Vincent and the Grenadines (from 60 to 65, to be completed by 2028). In other countries, actuarial reports have recommended increases, including Bahamas (from 65 to 67), Grenada (60 to 65), Saint Kitts and Nevis (62 to 65) and Trinidad and Tobago (60 to 65).

In order to encourage more people to remain in the workplace, the Government of Bermuda recently increased the mandatory retirement age for many public sector workers from 65 to 68. The new legislation does not force people to work beyond the age of 65 but gives them the option to continue working if they wish to. The Government of Jamaica's new National Policy for Senior Citizens emphasises active and productive ageing. This includes commitments to "equitable employment and labour policies and legislation to support the labour market engagement of senior citizens" and to "encourage participation in economic livelihoods, even beyond normal retirement ages, in accordance with people's abilities and talents." The Bahamas recently ratified<sup>17</sup> the ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention (1983, No. 159) which promotes vocational rehabilitation and employment of persons with disabilities. The Bahamas became the second Caribbean country to ratify this Convention after Trinidad and Tobago in 1999.

In addition to pension sustainability, there are wider economic, social and health benefits to retaining older persons in the labour force or facilitating their return, whether full or part time. Older persons have valuable skills and experience, and many employers can benefit from retaining or employing older workers. Work also keeps older persons socially, physically, and mentally active in a way which can be beneficial to their health and well-being.

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<sup>16</sup> The age of eligibility for a full national insurance (contributory) retirement pension.

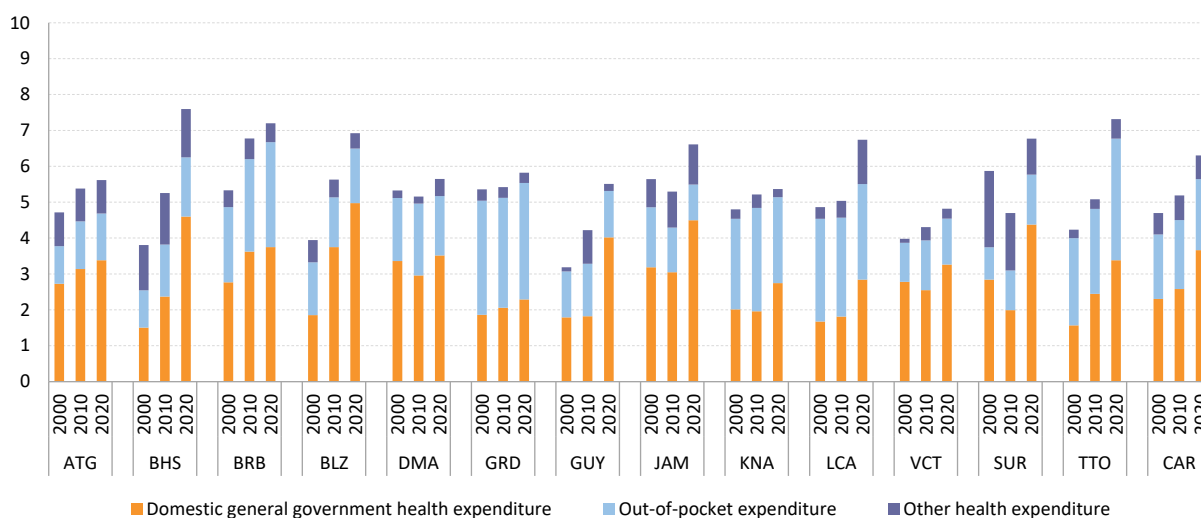
<sup>17</sup> It will enter into force on 30<sup>th</sup> November 2023.

## B. Ageing, health and care

Within the context of population ageing and a high prevalence of chronic diseases, Caribbean countries and territories face increasing demands for primary, secondary, and tertiary health care. Therefore, governments need to increase their investment in healthcare infrastructure, services, and human capital (the healthcare workforce). Figure 17 shows that, on average, total current health expenditure for Caribbean countries was between 5 to 8% of total gross domestic product (GDP) in 2020, averaging 6.3%. Government expenditure on health averaged 3.7% of GDP in 2020, up from 2.6% in 2010, but still substantially below the 6% target recommended by the Pan American Health Organization (PAHO). Out-of-pocket expenditure was equivalent to 2.0% of GDP, in 2020, and other health expenditure 0.7% of GDP (most of which consists of other private expenditure such as that through private health insurance).

Caribbean health systems are characterised by a mixture of public and private provision. Across 13 countries, public spending accounts for an average of 58% of current health expenditure (CHE) and private spending an average of 39%. Although older persons can access many health care services free of charge within the public healthcare system, there are also many unmet demands for care, medication and other services. This results in high levels of out-of-pocket expenditure as individuals (particularly with multimorbidity) seek and purchase health care privately (Macinko and others, 2019). Of the 39% of CHE which is private, the majority (31%) is accounted for by out-of-pocket expenditure.

**Figure 17**  
General government, out-of-pocket and other current health expenditure, 2000–2020  
(Percentages of GDP)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization, Global Health Observatory Indicators [online] <https://www.who.int/data/gho/data/indicators>.

Note: Data are shown for the following 13 countries: Antigua and Barbuda (ATG); Bahamas (BHS); Barbados (BRB); Belize (BLZ); Dominica (DMA); Grenada (GRD); Guyana (GUY); Jamaica (JAM); Saint Kitts and Nevis (KNA); Saint Lucia (LCA); Saint Vincent and the Grenadines (VCT); Suriname (SUR) and Trinidad and Tobago (TTO). The estimates for the Caribbean (CAR) are simple averages.

Based on the most recent data, for 2020, private health expenditure was highest in Grenada and Trinidad and Tobago at 60% and 54% of CHE, respectively, and lowest in Belize and Guyana at 27% and 26% of CHE, respectively. With widespread dependence on private and out-of-pocket expenditure

whenever care cannot be easily accessed through the public health system, medical costs commonly result in financial hardship or act as a barrier to health care.

Most Caribbean countries and territories have made steady progress in reducing socioeconomic inequalities in health care access, especially within primary healthcare systems. One of the most common strategies has included the elimination of user fees for health care services at public health facilities and/or free medication for older persons, including medications for some chronic NCDs (Jones, 2016; PAHO, 2017a). Yet challenges remain for older persons seeking to access care and medications, including the unavailability of medications in public facilities and the limited range of medications available. There is a major shortfall in the availability of palliative care systems and inadequate access to medicines for the relief of pain, including oral morphine (CARIPALCA, 2021).

In Barbados, a Health Service Contribution at a rate of 2.5% was introduced as part of the country's National Insurance Scheme, in 2018 (employees pay an additional 1% and employers 1.5%). The money raised from this levy is used to provide public health services through the Queen Elizabeth Hospital (QEH).

The Global HEARTS Initiative, launched by the World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (US CDC) in 2016, is currently being implemented by 32 countries in the Latin America and Caribbean (LAC) region. It seeks to reduce heart attacks and strokes by integrating a standardized set of disease management and risk reduction interventions into existing health systems, especially primary care services. HEARTS employs standardized treatments, lifestyle coaching, essential medicines, team-based healthcare, and monitoring systems. It is being expanded to include 2,867 health centres across the region (PAHO, 2023a).

Latin America and the Caribbean has one of the highest levels of consumption of sugar-sweetened beverages (SSBs) in the world (Roche and others, 2022) which contributes to overweightness, obesity and a high prevalence of NCDs. In an effort to reduce sugar consumption, Caribbean governments have been introducing (or increasing) taxes on sugar-sweetened beverages. Barbados was the first country in the Caribbean to implement a tax on SSBs, introducing a 10% levy in 2015 and subsequently doubling it in April 2022. Dominica implemented a 10% excise tax on sugary drinks, also in 2015. Since then, Bermuda (2018), Saint Vincent and the Grenadines (2019), Montserrat (2021) and Grenada (2023) have all introduced taxes (or increased existing taxes), and other governments are considering their own measures. There is great heterogeneity in the design and structure of these taxes, and in most cases, they could be further leveraged to improve their impact on SSB consumption and health (Sandoval and others, 2021).

Alcohol and Tobacco are generally taxed but there is also considerable variability in these taxes, and significant scope for increasing them to reduce consumption and increase tax revenues (Roche, Sandoval and Monteiro, 2023). For example, nowhere in the Caribbean does taxation of tobacco reach the WHO's recommended level of (at least) 75% of the retail price (Sandoval and others, 2022).

To promote healthy eating and to help consumers make more informed choices about the food that they eat, PAHO has facilitated a cooperation project between Chile and CARICOM with a focus on nutrition policies, including revision of the CARICOM Regional Standard on Labelling of Pre-Packaged Foods (CARPHA, 2020).

With the support of the EU and PAHO, nine Caribbean countries are protecting their health systems from climate change through the development of Health National Adaptation Plans (H-NAPs) (health chapters in their National Adaptation Plans for climate change). These plans are intended to manage the impacts of climate change on physical and mental health, which could include increased incidence of vector-borne diseases such as dengue, heightened risk of waterborne diseases during periods of water stress, and reemerging diseases (PAHO, 2022b).

In Trinidad and Tobago, following the adoption of a National Strategic Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) in 2017, the Ministry of Health developed the Health Services Support Programme to address the rising incidence of NCDs and deliver comprehensive and integrated care and management. As an example of this approach, the North Central Regional Health Authority opened a Diabetes Wellness Centre, in 2018, serving as a complete care facility for diabetes patients. It brings together ophthalmologists, wound care specialists, endocrinologists, dietitians, lab screening and many other specialties to address diabetes in a harmonized and coordinated way.

The Programme also includes a National Health Promotion Policy, a “TT Moves” campaign to address NCD risk factors, and the Healthy Schools Programme which provided physical activity equipment for all primary, secondary and special education schools across the country to promote exercise from a young age.

Trinidad and Tobago's National Mental Health Policy (2019-2029) is being rolled out. It prioritises decentralisation and integration of behavioural health and wellness services into primary health care; establishment of a “Community Based Recovery Oriented Approach” with at least one trained nurse or practitioner to detect mental health issues in each health centre; and promotion of mental health literacy in schools, communities and faith-based organisations (GoTT, 2022).

### **C. Enabling and supportive environments**

The Montevideo Consensus also calls for social and residential care and economic benefits that “maximize autonomy... and guarantee the rights, dignity and well-being of families and older persons.” Many Caribbean countries have a limited supply of public and private long-term care homes (CARPHA, 2019; Govia and others, 2021). Even where available, there are challenges and limitations to the quality of care provided including inadequately trained and insufficient staff, the possibility of abuse and unsafe building structures. Although many countries have regulations for residential long-term care facilities, there is inconsistency in the extent to which the minimum standards of care are enforced as countries often lack the institutional capacity for monitoring these residential facilities. There should be registration of all residential facilities and regular independent inspections.

Barbados, Bahamas, and Bermuda are among the forerunners in their provision of state-provided residential care to older persons. In Bahamas, there are several government-owned residential homes while the Sandilands Rehabilitation Centre provides care for older persons with medical, social, and psychiatric problems. The Government of Barbados operates the Alternative Care for the Elderly Programme (ACEP) which provides public funding for long-term care in privately owned nursing homes. Bermuda provides a leading example regarding the regulation of long-term care homes. The government provides a wide network of residential and home-based care for older persons that is coordinated and managed through the Department of Aging and Disability Services within the Ministry of Social Development and Seniors (Government of Bermuda, n/d). All residential care and nursing homes require registration with the Chief Medical Officer of Aging and Disability Services. Currently, there are 17 registered residential care homes for older persons. These facilities are monitored through the Residential Care Home and Nursing Home (RCH) regulations. In Guyana, the Government is at an earlier stage in the development of regulations, standards and inspection of residential care homes. Minimum standards for elderly residential care facilities were developed in 2016 and the Elderly Home Visiting Committee was created in 2017. The committee carries out visits with the emphasis being on supporting and working with the owner and staff of the homes to bring them up to standard.



The National Assistance Board of Barbados recently launched an Elder Care Companion Programme. This programme is intended to supplement the existing Home Help Programme, but whereas the focus of Home Help is to support older persons with activities like cooking, cleaning, washing, bathing etc., the new Elder Care Companion Programme is concerned more with emotional and psychosocial well-being. Companions are trained in communication, mental health and social work and the programme will tackle the widespread problems of loneliness and isolation among older persons.

The Department of Community Development and Social Services in Saint Kitts and Nevis launched the Seniors Enrichment Programme which organises activities for older persons with an emphasis on physical health and well-being, lifelong learning, skills development and social interaction.

In Saint Kitts and Nevis, the United States Virgin Islands and the Cayman Islands, governments have implemented educational programmes for older persons whereby they can enrol and participate in courses offered at higher education institutions (e.g., Clarence Fitzroy Bryant College (SKNIS, 2020), the University of the Virgin Islands, the University College of the Cayman Islands, and the International College of the Cayman Islands).

Some Caribbean countries have made significant strides in including older persons in their national disaster preparedness and response systems. For instance, Anguilla and Barbados, as part of their national disaster preparedness plans, have established registers of at-risk older persons (e.g., those living alone or in poor health) who will likely face heightened risks during a disaster.

Caribbean countries have been attentive to the need to increase public awareness of elder abuse. Many countries conduct public awareness campaigns, typically organized in conjunction with World Elder Abuse Awareness Day (June 15), and there has been growing media coverage of elder abuse. In addition to reducing or preventing the incidence of elder abuse, public awareness campaigns also help older persons to better identify potential risks to their safety and provide information about services that are available to those experiencing abuse.

Institutionalized services for reporting elder abuse (e.g., self-reports by older persons or other persons who are aware of abuse cases) include designated "hotlines" that are typically associated with specific divisions within government ministries. For instance, the Division of Ageing in Trinidad and Tobago has increasingly received reports of elder abuse. Similarly in Jamaica, the National Council for Senior Citizens has established a dedicated hotline for reports of elder abuse and the Council collaborates with the police service to investigate reports of abuse.

Most countries address elder abuse cases within the context of existing legislation on violence (including domestic violence), assault, theft/robberies, and fraud (Gény, 2018; Eldemire-Shearer and others, 2020). Few Caribbean countries have legislation that specifically addresses violence against older persons and the punishment of the perpetrators of elder abuse. Bermuda has the Senior Abuse Register Act 2008 and Anguilla, the Dependent Adults Act 2005 which provide good examples of legislation to protect older persons from abuse and exploitation. Notably, Bermuda has established formal mechanisms for reporting, monitoring, and investigating cases of elder abuse. The manager of Ageing and Disability Services holds the position of the Senior Abuse Registrar with responsibility for investigating reports of elder abuse. Moreover, perpetrators face direct consequences once they are included on the register, including denial of employment as a care provider, and prohibition from management or maintenance of a financial interest in a senior care home.



## V. Universal access to sexual and reproductive health services

The Montevideo Consensus identified education and quality of health care as fundamental to the improvement of sexual and reproductive health (SRH). Moreover, it recognized that with sharp social inequalities in access to, and utilization of SRH services, reaching marginalized populations was the key to achieving universal access to SRH services. In keeping with the same broad objective, UNFPA, in 2018, set out a strategic focus on achieving three transformative results: zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence and harmful practices.

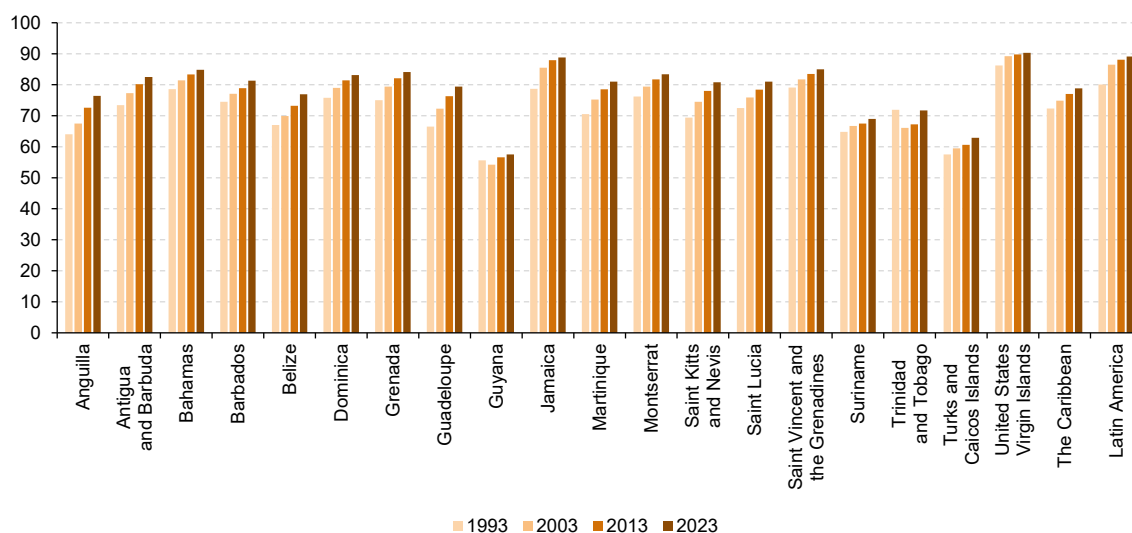
During the emergency phase of the COVID-19 pandemic, delivery of sexual and reproductive health services was affected by the pressures that the pandemic placed on already overstretched healthcare systems, and a disinclination on the part of service users to seek care. Weaknesses were exposed in reproductive health commodity supply chains leading to stock-outs of modern contraceptives (UNFPA, 2020b). Providers sought to adapt services and outreach programmes to the COVID-19 context but, nevertheless, service delivery was substantially reduced, likely leading to some increase in unmet need. For example, in Jamaica, there was a 45.6% decline in family planning visits to public health facilities in 2020 compared with 2019 (PIOJ, 2022).

### A. Expanding access to services

Most indicators of progress towards universal access to SRH services are trending in the right direction, while still falling short of universality and the levels of access achieved in developed countries. There are also significant inequalities between and within Caribbean countries. The proportion of demand for contraception which is satisfied has been increasing in almost every country. The average proportion of demand satisfied across 19 countries was 79% in 2023 compared to 77% in 2013 and 72% in 1993 (see figure 18). It is lowest in Guyana where it was estimated to be 58% in 2023, compared to 89% in Jamaica.

SRH services and commodities are free of charge in most countries. Even in those that charge a user fee, if users cannot pay, services are not denied (UNFPA, 2020b). Unmet need is primarily due to legal and cultural barriers and stock outs of commodities. The legal barriers faced by adolescents were discussed in chapter III, but men who have sex with men also face similar obstacles to accessing SRH services, in some jurisdictions, due to laws which criminalize same-sex sexual relations. The criminalization of many aspects of sex work has similar effects for female and male sex workers. These laws, together with the stigma and discrimination that they reinforce, both hinder service provision and deter potential users, leading to worse health outcomes.

**Figure 18**  
Demand for family planning satisfied by any method among women aged 15–49 years, married or in a union  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Department of Economic and Social Affairs, Population Division (2022), "Model-based Estimates and Projections of Family Planning Indicators 2022", New York.  
Note: Estimates for the Caribbean and Latin America are population-weighted averages of 19 Caribbean countries and 21 Latin American countries respectively.

In 2022, courts in three Caribbean countries (Antigua and Barbuda, Barbados and Saint Kitts and Nevis) struck down as unconstitutional laws that criminalized gay men and other men who have sex with men. Courts in Belize and Trinidad and Tobago had earlier repealed sections of the legal codes in these two countries that criminalized same-sex sexual relations (in 2016 and 2018 respectively) (UNAIDS, 2022a). There now remain six countries in the Caribbean that criminalize gay sex between consenting adults, all of them former British colonies: Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines (UNAIDS, 2022b). Decriminalizing same-sex sexual relations is a necessary, but not sufficient, step on the road towards eliminating the discrimination and stigma which infringe the sexual and reproductive rights, and human rights more generally, of persons of diverse sexual orientations.

A few Caribbean countries also have laws which discriminate against persons with HIV, for example laws which criminalize HIV non-disclosure, exposure and transmission, or migration laws which restrict long-term stays for persons with HIV. These laws reinforce stigma and discrimination against persons living with HIV, discourage people from seeking testing and treatment, and undermine efforts to end the AIDS epidemic. Belize recently repealed legislation which criminalized the transmission of HIV (Amandala, 2023). In a cross-country study, Kavanagh and others (2021) demonstrated that

criminalization of same-sex sexual acts, sex work, and drug use were all associated with lower proportions of persons with HIV who knew their status (by 11%, 10% and 14% respectively) and lower viral suppression levels (by 8%, 6% and 14%, respectively).

Most Caribbean countries have longstanding, conservative laws on abortion which prohibit it, except in exceptional cases. Guyana is the only Caribbean member State where abortion is available on request (table 3), while abortion is also legal in the French and US overseas territories. At the same time, abortion is widely practiced, including in countries where it is prohibited, and these laws are rarely, if ever, enforced. Criminalization does, however, affect the circumstances in which abortions are carried out and their safety. Complications from unsafe abortions lead to unnecessary maternal deaths and morbidity across the subregion. In Latin American, Colombia (2022) and Argentina (2020) have recently decriminalized abortion. In the Caribbean, there has been less progress although, in Antigua and Barbuda and the Cayman Islands, the abortion laws are under review (Antigua Observer, 2022b; Cayman News Service, 2022). Caribbean states should consider decriminalization to protect the lives and health of women and adolescent girls.

**Table 3**  
**Legality of abortion, 2023**

Permitted reasons for abortion	Countries
Category I. On Request (Gestational Limits Vary)	French Guiana, Guyana (gestational limit of 8 weeks)
Category II. Socioeconomic Grounds	Barbados <sup>F,R,I,PA</sup> , Belize <sup>F</sup> , Saint Vincent and the Grenadines <sup>F,R,I</sup>
Category III. To Preserve Health	Bahamas, Grenada, Saint Lucia <sup>R,I</sup> , Puerto Rico, Trinidad and Tobago <sup>†</sup>
Category IV. To Save the Pregnant Person's Life	Antigua and Barbuda, Dominica, Saint Kitts and Nevis
Category V. Prohibited Altogether	Aruba, Curaçao, Jamaica, Suriname

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Center for Reproductive Rights (CRR), *The World's Abortion Laws 2023*, New York, June.

<sup>F</sup> Abortion permitted in cases of fetal diagnosis.

<sup>R</sup> Abortion permitted in cases of rape.

<sup>I</sup> Abortion permitted in cases of incest.

<sup>PA</sup> Parental authorization/notification required.

<sup>†</sup> Abortion permitted on additional enumerated grounds relating to such factors as the pregnant person's age of capacity to care for a child.

Cultural barriers to access include stigmas attached to young girls engaging in sexual activity and stigmas faced by persons of diverse gender identities, sexual orientation, or with disabilities. Gender inequalities and restrictive gender norms also shape the context in which sexual relations, and decisions about sexual health, take place and therefore can function as barriers to the use of contraception, or other SRH services. There is an ongoing need to promote, through social and behaviour change communication, gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproductive rights.

In 2021, the Caribbean Observatory on Sexual and Reproductive Health and Rights (SRHR) was launched. The SRHR Observatory is a platform for social monitoring and advocacy, which will provide timely and independent analysis, strengthen regional cooperation, and support campaigns promoting gender-equitable norms and sexual and reproductive health and rights across the Caribbean. The Observatory is hosted by the International Planned Parenthood Federation (IPPF), in partnership with the Caribbean Family Planning Affiliation (CFPA) and with the support of UNFPA.

In 2020, UNFPA published a Reproductive Health Commodity Security (RHCS) Assessment for the Caribbean (UNFPA, 2020b). The report explained that RHCS meant "all individuals have

access to affordable, quality sexual and reproductive health supplies of their choice whenever they need them.” Six measures of RHCS were defined, including demand satisfaction for family planning; improved availability and access of SRH services including contraceptives and maternal and neonatal commodities; and strengthened capacity for supply chain management. The countries that achieved the highest score were Belize, Trinidad and Tobago, Jamaica, Saint Vincent and the Grenadines, and Guyana, although in all countries there are aspects of RHCS which need significant improvements.

The assessment found that not all contraceptives were necessarily available. Implants were only available in four countries (Bahamas, Belize, Guyana and Jamaica), while emergency contraception (ECP) is offered in eight countries. It also found that supply chain management, Logistics Management Information Systems and inventory control systems are the weakest areas of RHCS across Caribbean countries and territories. This can result in significant losses due to the expiry of products.

Three countries have recently launched comprehensive national SRH policies: Guyana, Suriname and Trinidad and Tobago. Guyana’s policy was launched in 2019 and signals the Government’s clear intention to level the playing field and bridge gaps still existing in the country (Kaieteur News, 2019). In an effort to extend access to SRH services to marginalized groups, an Equal Sexual and Reproductive Health and Rights (SRHR) Project was launched in Guyana’s ‘Hinterland’ regions (1, 7, 8 and 9) in 2022. The project will target indigenous women and girls, Venezuelan migrants, survivors of gender-based violence, persons of diverse gender identities or sexual orientations, persons living with disabilities, and commercial sex workers. It will be implemented by UNFPA through the Ministry of Health, the Ministry of Human Services and Social Security, the Guyana Responsible Parenthood Association (GRPA), Blossom Inc., and Help and Shelter, with funding support from Global Affairs Canada (Kaieteur News, 2022). In 2023, the Ministry of Health launched its Family Health Manual, the guiding document for primary health care delivery in Guyana, which fully incorporates universal access to quality sexual and reproductive health services.

Suriname’s policy sets out the Government’s commitment to make all efforts to ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030 (MoHS, 2020).

Trinidad and Tobago’s National Sexual and Reproductive Health Policy was introduced to facilitate universal access to sexual and reproductive health, integration<sup>18</sup> of SRH services, and SRH in emergency situations (MoHTT, 2020). In addition to the policy, a number of new SRH programmes and services have been introduced. A National Programme for Screening and Management of Diabetes in Pregnancy (DIP) was introduced by the Ministry of Health in 2021. This programme is primarily aimed at reducing late detection and undetected cases of DIP which will reduce the number of high-risk pregnancies as well as reduce the number of cases of women developing diabetes post-pregnancy. Additionally, it will reduce instances of childhood obesity and the predisposition to develop childhood diabetes.

Jamaica’s National Family Planning Board strengthened contraceptive logistics management across the Regional Health Authorities, between 2015 and 2019, resulting in a significant decline in contraceptive stock-outs (UNFPA, 2020b).

A study published recently by UNFPA carried out a cost-benefit analysis for investments in high quality contraceptive and maternal health services to reduce high levels of unmet need for family planning. It concluded that, across four Caribbean countries (Barbados, Guyana, Jamaica and Saint Lucia), reaching

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<sup>18</sup> Integrated SRH services encompass prevention, the provision of information and counselling, and the provision of screening, diagnosis and curative care with effective referral mechanisms. Health care providers must have the necessary knowledge, skills and attitudes to provide SRH services and to refer patients for other services that they may need (MoHTT, 2020).

0 per cent unmet need for family planning and 95 per cent maternal health intervention coverage by 2030 could prevent an additional 127,000 unintended pregnancies, 3,600 stillbirths and 221 maternal deaths. The additional \$18.8 million<sup>19</sup> needed to reach the coverage targets represents only 5 per cent more than business as usual for these countries. This investment is estimated to lead to a twentyfold return in the four countries, by 2040 (UNFPA, 2021a).

Meanwhile, a study analyzing the cost effectiveness of investments in sexual and reproductive health care services in seven Caribbean countries<sup>20</sup> estimated that every \$1 spent on contraceptive services beyond the current level would save \$4.68 in maternal, newborn and abortion care because contraception reduces the number of unintended pregnancies (Guttmacher Institute, 2020).

There is a need for greater attention to reproductive health commodity security, including supply-chain management systems, logistics management information systems, and expansion of the modern contraceptive method mix. The minimum initial service package for sexual and reproductive health in emergencies should also be integrated into national health sector emergency plans (UNFPA, 2020).

## B. Ending preventable maternal deaths

Based on the most recently published, internationally comparable estimates of trends in maternal mortality (WHO, 2023), the MMRs (maternal mortality ratios) in the Caribbean are still significantly higher than in developed regions. The MMR is estimated to be 81 in the Caribbean, compared to 88 for the LAC region, 13 in Europe and North America and 4 in Australia and New Zealand (WHO, 2023).

SDG target 3.1 is for the maternal mortality ratio to be lower than 70 maternal deaths per 100,000 live births in all countries, by 2030. Based on the most recent estimates, five out of eleven Caribbean countries have reached the SDG target, but in none did the level of maternal mortality approach that in developed countries. The Sustainable Health Agenda for the Americas (2018–2030) (SHAA) (PAHO, 2017b), meanwhile, has set a regional target of reducing maternal deaths to 30 per 100,000 live births. Only three out of eleven Caribbean countries have achieved this SHAA target.

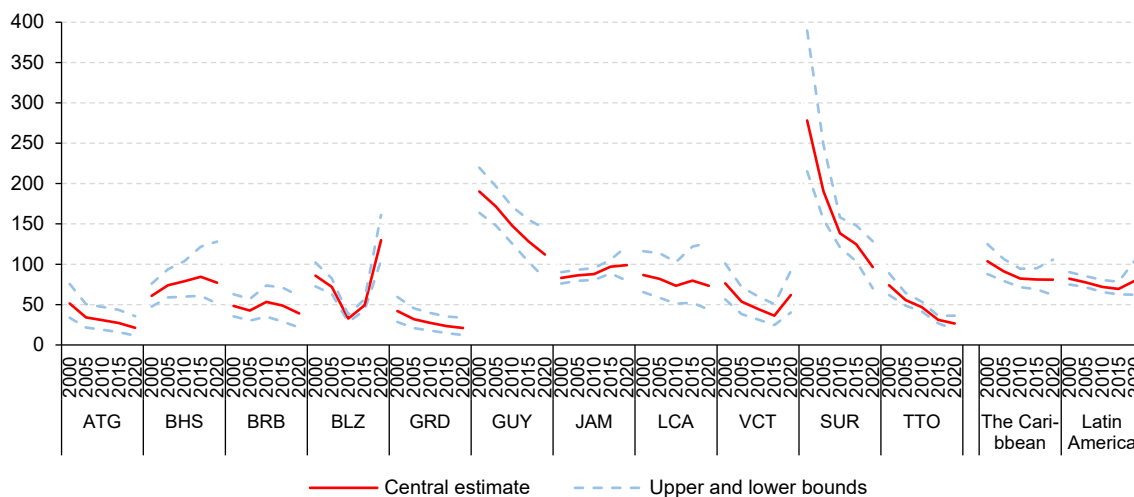
The overall trend in maternal mortality is downwards. The MMR for the Caribbean has fallen from 104, in 2000, to 81 in 2020 (figure 19). The estimated ratios, for 2020, are lowest in Antigua and Barbuda (21), Grenada (21) and Trinidad and Tobago (27) and highest in Belize (130), Guyana (112) and Suriname (96). It should be noted that there is some uncertainty around the estimates and, for this reason, they are presented with upper and lower bounds.

To eliminate unnecessary maternal deaths, more needs to be done to address the underlying health conditions which can lead to maternal mortality, while improving emergency obstetric and new-born care in line with international guidelines and standards. Meanwhile, vital statistics systems need to be strengthened for better monitoring of maternal mortality and morbidity.

<sup>19</sup> Estimated with an uncertainty range of \$15.3–\$22.4 million.

<sup>20</sup> The seven Caribbean countries referred to here are Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines.

**Figure 19**  
**Maternal mortality ratio**  
*(Maternal deaths per 100,000 live births)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization, "Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division", Geneva, 2023. Note: Estimates for the Caribbean and Latin America are weighted averages of 11 Caribbean and 21 Latin American countries respectively (weighted using the female population aged 15-49).

## C. Elimination of AIDS

The number of new HIV infections in the Caribbean continues to trend steadily downwards (figure 20). The Bahamas has gone from having the highest infection rate, in 1992, to the lowest, in 2022 (among countries for which data was available). There has also been relatively rapid progress in Barbados and Belize. In Guyana and Suriname, progress has been much slower, and infection rates in 2022 are very similar to the rates in 2012. The number of AIDS-related deaths across the wider Caribbean, which here includes Cuba, Haiti and Dominican Republic, halved between 2002 and 2012, and then halved again between 2012 and 2022 (table 4).

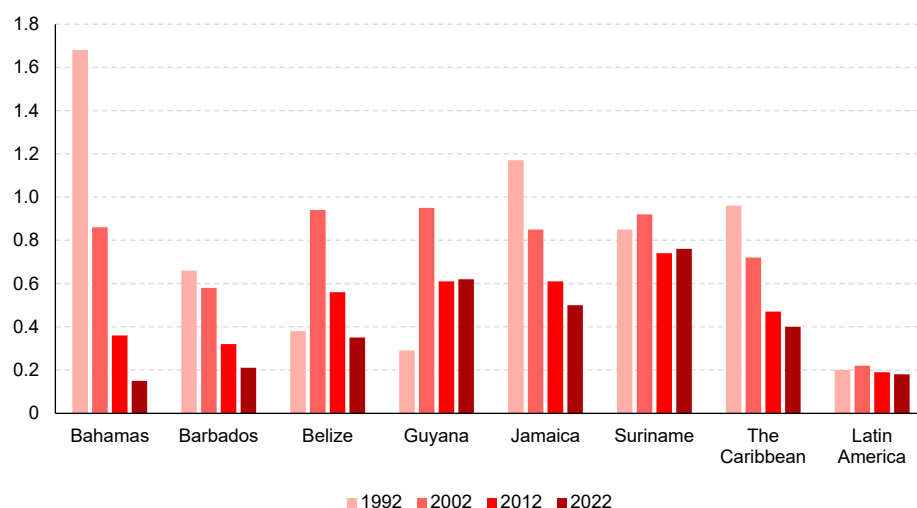
UNAIDS estimated HIV prevalence among the wider Caribbean to be 1.2% among the general population but much higher among key populations. Based on more limited subsets of Caribbean countries for whom data was available, HIV prevalence was estimated to be 2.6% among sex workers, 3.6% among people in prisons, 11.8% among gay men and other men who have sex with men and 39.4% among transgender people (UNAIDS, 2023).

Between 2014 and 2020, progress on HIV testing and treatment was measured against and guided by the three 90-90-90 targets.<sup>21</sup> These three indicators are percentages and measure the extent to which: persons living with HIV know their status; whether those who know their HIV-positive status access treatment; and whether those on treatment have suppressed viral loads. A treatment programme is only successful when each of these criteria are met, at least in a high proportion of cases.

<sup>21</sup> The 90-90-90 targets were: 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads.



**Figure 20**  
**Incidence of HIV in all persons**  
*(Number of new infections per 1,000 uninfected population)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of The Joint United Nations Programme on HIV and AIDS (UNAIDS), AIDSinfo [online database] <https://aidsinfo.unaids.org/>.  
 Note: The Caribbean here includes Cuba, Dominican Republic, and Haiti.

**Table 4**  
**AIDS-related deaths**  
*(Numbers)*

	1992	2002	2012	2022
Bahamas	<200	<500	<200	...
Barbados	<100	<200	<100	<100
Belize	<100	<100	<100	<200
Guyana	<100	<200	<100	<200
Jamaica	830	2000	1100	1100
Suriname	<100	<500	<200	<500
Trinidad and Tobago	<100	600	<500	<500
The Caribbean	7 700	20 000	11 000	5 600

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of The Joint United Nations Programme on HIV and AIDS (UNAIDS), AIDSinfo [online database] <https://aidsinfo.unaids.org/>.  
 Note: The Caribbean here includes Cuba, Dominican Republic, and Haiti.

The wider Caribbean made significant progress towards the 90–90–90 targets, but ultimately fell short. The Caribbean went from 63–59–69, in 2015, to 80–79–85, in 2020, for persons of all ages. Some Caribbean countries achieved 90% for one or, in the case of Barbados, two of the targets, but none achieved 90% for all three.

In December 2020, UNAIDS updated the targets, which became the 95–95–95 targets. Based on the latest data, in 2022, the Caribbean registered 83–81–84. The combined effect of this was that 57% of all persons living with HIV had suppressed viral loads (up from 26% in 2015). These latter numbers reflect how high levels of viral suppression across all persons living with HIV are only achieved when each of the 95–95–95 targets is met.

Most English-speaking Caribbean countries have the greatest difficulty meeting the second of the three 95-95-95 targets. Based on UNAIDS estimates, Barbados recorded 93-69-93; Belize, 81-55-73; Jamaica, 92-54-91; Saint Kitts and Nevis 89-58-84, all in 2022. These numbers suggest that most persons living with HIV know their status and most who are on treatment achieve viral suppression, but that there are still significant proportions of people who know their status but are not on antiretroviral therapy (ART). The combined effect of these numbers is that the proportion of persons living with HIV who achieve viral suppression is 60% in Barbados, 32% in Belize, 45% in Jamaica and 44% in Saint Kitts and Nevis. The situation in Suriname is somewhat different where it is estimated that only 51% of persons living with HIV know their status, but of those who know their status, 86% are on ART. This suggests that in Suriname, in particular, HIV testing should be prioritized.

Prevention, access to testing, early diagnosis, and timely treatment are the keys to eliminating AIDS. Among the tools available to eliminate AIDS are self-administered tests, drugs to prevent infection in people at substantial risk (Pre-Exposure Prophylaxis, or PrEP), and new drugs that are more effective and easier to take for those already living with HIV, such as dolutegravir, recommended by WHO as a first line of treatment. While several countries in the region are accessing these tools through PAHO's Strategic Fund, this access remains inequitable and many among the most affected populations continue to miss out. Currently, only 14 countries in the LAC region have HIV self-testing available, 25 countries have introduced dolutegravir, and only a very limited number of people at substantial risk of HIV infection receive PrEP. (PAHO, 2022a).

In 2015, WHO recommended Pre-Exposure Prophylaxis (PrEP): prescription of antiretroviral drugs to persons who are HIV negative but at substantial risk of acquiring the virus, in order to protect them against HIV infection. PAHO, in collaboration with PANCAP (the Pan Caribbean Partnership Against HIV/AIDS), developed a tool kit to support PrEP services in the Caribbean. The tool kit has been used to develop services in Antigua and Barbuda, Bahamas, Barbados, Belize and Guyana (PANCAP, 2022).

In Trinidad and Tobago, a National HIV and AIDS Policy (2020–2030) was published as a green paper. The Policy focuses on vulnerable and key populations who are living with HIV or who are vulnerable to becoming infected. This was Trinidad and Tobago's first National HIV and AIDS Policy. The country's HIV/AIDS Coordinating Unit implemented recency testing for HIV in 2021. A recency test is a laboratory-based test that detects whether an HIV infection is recent (less than six months) or not (UNAIDS, 2020). This enables healthcare workers and persons recently infected with HIV to be able to identify partners who may need to be tested for HIV, thus aiding in early detection and treatment. Clinical guidelines for health-care workers designed to eliminate the transmission of syphilis from pregnant women to their children were introduced in 2019.

Jamaica's Ministry of Health and Wellness (MOHW) and the National Family Planning Board introduced HIV Self-Test kits in 2021. Sexually active persons can test themselves at home and know their HIV status in approximately 20 minutes, resulting in timely access to care and treatment.

In 2021, Dominica became the seventh Caribbean country/territory to receive certification in the Elimination of Mother to Child Transmission (EMTCT) of HIV and Syphilis. Certification was achieved by Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, Saint Kitts and Nevis in 2017 (PAHO, 2023b). Belize, Jamaica and Saint Vincent and the Grenadines are on track for validation in 2023–2024 (UNAIDS, 2023).

Efforts to prevent HIV transmission through sexual health education designed to minimize risky behaviour must be maintained. In addition, achieving the 95–95–95 targets will depend on people being able to seek HIV testing and treatment without fear of being stigmatized either by their family, community, or by health service providers. Discrimination and discriminatory laws remain a more general problem restricting the free exercise of sexual rights, particularly the right to take decisions about sexual orientation and gender identity.

HIV responses in the Caribbean continue to rely heavily on external funding, high national debts being a significant constraint for some countries. Transitioning to sustainable financing for HIV is crucial to address the structural factors that limit access to services and increase HIV vulnerability in the region (UNAIDS, 2023). The Caribbean is also paying too much for HIV drugs due to patent monopolies which prevent countries from purchasing more affordable generic versions of antiretroviral drugs. Caribbean and Latin American countries should increase their negotiating power with pooled procurement and, in the long-term, consider local production (Amenyah, 2023).



## VI. Gender equality

Many priority actions in other sections of the Montevideo Consensus—actions related to sexual and reproductive rights, the rights of migrants, young people and indigenous peoples—are inextricably linked to the issue of gender equality. This wider spectrum of rights cannot be adequately addressed without also addressing the structural gender equalities which permeate society. For this reason, the Montevideo Consensus contains actions related to women’s participation in decision-making, the workplace, the burden of care, gender statistics, and gender-based violence and discrimination.

A strategy to address gender equality across the Caribbean Community is currently being finalized through a process of consultation and validation. The CARICOM Regional Gender Equality Strategy (CRGES) will provide a roadmap for the promotion of gender equality and women’s empowerment across the Caribbean Community. It addresses the following seven priority areas: gender equality and social inclusion; freedom from violence; economic empowerment; good governance; access to health services; inclusive quality education and sustainable natural resource management.

Over the last five years, a number of national governments have updated their national policy framework for gender. Saint Kitts and Nevis launched a national gender equality policy and five-year action plan in 2022 (SKNIS, 2022). It provides a platform for gender equality in all sectors and areas of social, economic, political, and environmental development. Suriname’s Bureau of Gender Affairs launched the Gender Vision Policy Document (2021–2035). This contains long-term goals to be achieved within five to fifteen years, in the following priority areas: labour, income and poverty reduction; education; health; power and decision-making; gender-based violence; legal and regulatory framework; and environment and climate change.

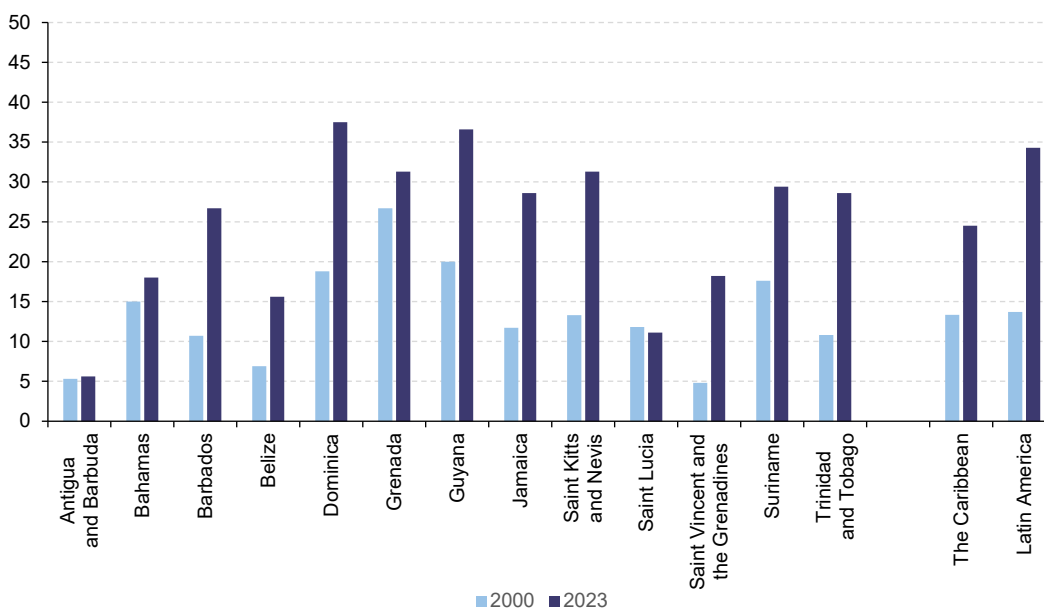
In 2018, the Government of Trinidad and Tobago launched a National Policy on Gender and Development, published as a green paper. The policy identifies gender-based violence and by extension domestic violence (DV) as one of the major issues affecting women’s development. In response, the Government provides secure accommodation for parents and their children who survive DV, but who have no safe alternative accommodation (GoTT, 2022). In the same year, the Government of Guyana also adopted a National Gender Equality and Social Inclusion Policy with the goal to improve the capacities and opportunities for diverse groups of women, men, girls, boys and other vulnerable groups including persons living with and affected by HIV/AIDS, the elderly, Hinterland communities, the LGBTQ community, and persons with disabilities.

Grenada's 2023 Budget Statement was accompanied by a Gender Budget Statement as part of the implementation of gender responsive budgeting. This was a commitment of the Government's Gender Equality Policy and Action Plan 2014–2024 and involved an assessment of the gender disaggregated impacts of key programmes and projects in at least some ministries (GoG, 2023). It is planned to expand the number of ministries included in gender budgeting in the future and to develop gender indicators for use as performance measures for ministries.

## A. Equality in decision-making

Progress towards gender equality in political decision-making has been somewhat slower in the Caribbean compared to Latin America. In 2000, the average proportion of female parliamentarians in the Caribbean was essentially the same as in Latin America (14%). However, by 2023, the average proportion of parliamentary seats<sup>22</sup> occupied by women in Latin America had increased to 34% while in the Caribbean the percentage had only increased to 25% (see figure 21).

**Figure 21**  
The Caribbean (13 countries) and Latin America (19 countries): female parliamentarians, 2000 and 2023  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from the Inter-Parliamentary Union (IPU).  
Note: Female parliamentarians in the lower or single house. Estimates for the Caribbean and Latin America are simple averages.

Guyana is the only Caribbean member State that has quota legislation to boost female representation. At least one third of the candidates selected by political parties contesting national and regional elections must be women. This legislation has been in place since 2001 and, since then, Guyana has had consistently higher female representation in parliament than most other Caribbean countries (although still well short of equal representation). In Latin America, by contrast, most countries have

<sup>22</sup> In lower chambers and unicameral parliaments.

adopted legislation to increase women's political representation. Targeted measures such as time-bound goals and quotas are needed to address women's underrepresentation in Caribbean parliaments.

Gender inequalities were also evident in high-level decision-making by public authorities in response to the COVID-19 pandemic. The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) analysed the gender makeup of the primary committee responsible for each country's national COVID-19 response and found that women were generally in a minority, in some cases a small minority: in Barbados, 3 out of 8 committee members were women; in Jamaica 6 out of 27; in Saint Lucia 20 out of 44; and in Trinidad and Tobago 3 out of 22 (Padmore, 2021).

In Jamaica, a women's parliamentary caucus has been established, with support from the Spotlight Initiative. It provides a forum for female parliamentarians, regardless of party affiliation, to network and work together on issues of gender equality and women's rights.

## **B. Equality in education and the labour market**

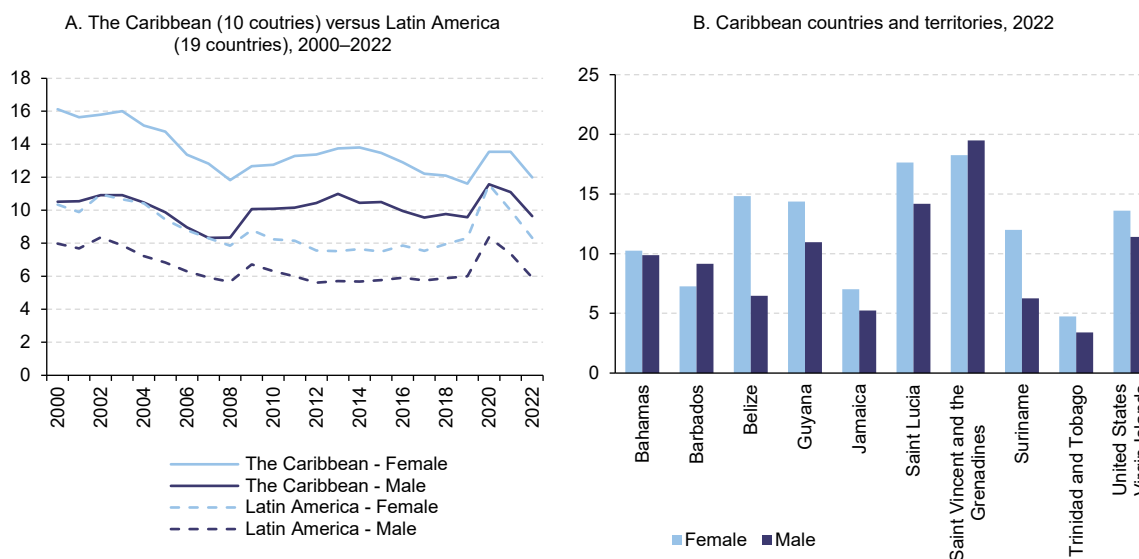
The Montevideo Consensus highlighted the need to address disparities in the participation and performance of boys and young men in the education system in the English-speaking Caribbean. In these countries and territories, participation rates in tertiary education are much lower for men than women, around 17% for men compared to 30% for women (Abdulkadri and others, 2022). These disparities have been fairly consistent over recent years. In terms of academic performance, girls seem to have a clear edge across all levels of education and in most subjects, including "hard sciences" that were traditionally thought to be areas in which males excel. Male underperformance has been attributed to early childhood socialization which better prepares girls for school while encouraging boys to prioritise income generation; and the contribution of school factors such as incompatibility between schooling and one's social identity, gender differences in teacher-student interaction and effects of school practices (Evans, 1999).

Girls' outperformance of boys in education does not, however, translate into the labour market. Thailinger and others (2023) studied gender gaps in the English-speaking Caribbean in education, skills, and wages. They found that among five English-speaking Caribbean countries, male labour market participation averaged 71.6% (among persons aged 25 or older) compared with 52.4% among women. Once women enter the labour market, they also find it more difficult to find work. Across 10 countries, female unemployment averaged 12.0% in 2022, compared to 9.6% for males although the gender differential has narrowed over the last two decades (figure 22A). The gender differentials were highest in Belize and Suriname (figure 22B).

Thailinger and others (2023) also studied wage differentials and found males' wages to be higher than females' wages in four out of five English-speaking Caribbean countries, with average hourly earnings of \$4.14 for men compared to \$3.50 for women (in international dollars). Some of this wage gap can be explained by labour market experience, occupational rank, and industrial sector, but sex discrimination is also a significant factor.

The United Nations system is working with Caribbean governments and civil society organizations to strengthen women's economic empowerment. A four-year project "Build Back Equal" was launched recently by UN Women in collaboration with UNFPA, with funding from Global Affairs Canada, to strengthen women's economic resilience in Dominica, Grenada, Saint Lucia and Saint Vincent and the Grenadines. The project will focus on the development of women and youth-owned businesses coupled with measures to strengthen social protection and sexual and reproductive rights. UN Women are also completing another four-year project "Advancing Sustainable Development through Human Security, Climate Resilience and Women's Empowerment in the Caribbean (2019-2023)," which has been supporting women farmers, fisherfolk and entrepreneurs with small business extension services.

**Figure 22**  
**Unemployment rate by sex, persons aged 15–64**  
 (Percentages)



Source: Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of International Labour Organization (ILO), ILOSTAT [online database] <https://ilostat.ilo.org/>.

Note: Estimates for Caribbean and Latin America are simple averages of 10 countries (Bahamas, Barbados, Belize, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States Virgin Islands) and 21 countries (Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Uruguay, Venezuela), respectively.

Antigua and Barbuda's Directorate of Gender Affairs launched the Work and Life Skills Programme (WLSP) in 2022. It seeks to equip persons in Antigua and Barbuda, particularly women who are under-employed and unemployed, with practical employment skills. This programme provides 4–6 week courses where participants are able to develop skills and knowledge in areas such as entrepreneurship, strategic planning and graphic design. Its main goal is to facilitate participants achieving full economic autonomy.

Guyana's Ministry of Human Services and Social Security launched "Women's Innovation and Investment Network (WiiN)" skills training in 2021. A wide range of training courses are available, including entrepreneurship, as well as a business clinic which supports startup businesses. To date, an estimated 25% of all women who have been trained have started a micro-enterprise, while another 48% have found employment.

In Saint Lucia, Helen's Daughters (HD) is a non-profit organization, formed in 2016 with the support of UN Women, that provides capacity development training, mentorship, micro-investment, and access to high-value markets for rural women farmers. The organization is also an advocate for women in agriculture, food security and climate resilience. Export Saint Lucia, the National Trade Export and Promotion Agency, is working with Helen's Daughters to facilitate access to new markets for the sale and export of their produce (The Voice, 2021).

In addition to empowering unemployed women and those in rural areas, the Montevideo Consensus also calls for strengthening of "the participation of women in high-level and decision-making positions in companies." This is an area in which the Caribbean has done relatively well compared to other regions. Based on the ILO Caribbean company survey, carried out in 2017, 8 out of 11 countries



reported that 40% or more of all managers were women and Jamaica reported the highest proportion of women managers in the world at 59%. As the seniority level rises, however, the share of women managers decreases. Women represented 30% of managers in junior, middle and senior levels but only 10% of managers in top executive roles (ILO, 2018).

In Guyana, 13 private sector companies have signed on to the Women's Empowerment Principles (WEP), a set of Principles offering guidance to businesses on how to promote gender equality and women's empowerment in the workplace, marketplace and community. Established by the United Nations Global Compact and UN Women, the WEPs are grounded in the recognition that businesses have a stake in, and a responsibility for, gender equality and women's empowerment. In signing on, CEOs signal a commitment to principles including equal pay for work of equal value, gender-responsive supply chain practices and zero tolerance of sexual harassment in the workplace.

To get more women into senior roles, Antigua and Barbuda's Directorate of Gender Affairs launched the Emerging Female Leaders Project to provide opportunities for young women to engage in leadership and business training, to network with women leaders across various industries, and to gain national exposure and visibility.

As illustrated by the statistics on labour force participation and unemployment discussed above, gender gaps in the labour market are narrowing, but further work is needed to eliminate the disparities which still exist. Measures should be adopted to promote women's entrepreneurship in sectors in which they are under-represented, such as agriculture, forestry and fishing. To support more women in achieving senior management roles, corporate diversity policies and networks of female leaders need to promote talent identification, training, mentorship, networking and skills sharing.

### **C. Elimination of all forms of violence against women and girls**

Five Caribbean States have now conducted surveys to measure the prevalence of violence against women.<sup>23</sup> Prevalence rates for intimate partner violence (IPV)<sup>24</sup> were highest in Guyana at 38% (lifetime) and 11% (last 12 months) with rates close to 30% (lifetime) and 6% (last 12 months) in Grenada, Jamaica, Suriname and Trinidad and Tobago (UN Women, 2023). These are broadly in line with the prevalence rates seen in Latin America, where IPV also violates the human rights and threatens the life and health of many women. Too often, offenders go unpunished and women suffer in isolation.

UN Women advocates for the provision of an essential services package for women and girls subject to violence (UN Women 2015). The essential services package comprises services to be provided by the health, social services, police and justice sectors, and service delivery guidelines with an emphasis on the importance of governance and coordination between service providers. These services include safe and ethical identification of survivors of IPV; care of injuries; sexual assault examination; mental health care, assessment/investigation, pre- and post-trial processes; safety and protection; crisis counselling, help lines, safe accommodations, material and financial aid, legal advice and representation, children's services, and assistance towards economic independence. Training of service providers, especially the police, lawyers and judges, social workers and health personnel, is vital to ensure the delivery of these services.

<sup>23</sup> The Women's Health (or Women's Health and Life Experiences) Surveys for Jamaica (2016), Grenada (2018), Guyana (2018), Suriname (2018) and Trinidad and Tobago (2017).

<sup>24</sup> Percentage of ever-partnered women aged 15–64 experiencing physical and/or sexual violence.

Within the Caribbean, under the EU-funded Caribbean Regional Spotlight Initiative, UNFPA and the CARICOM Secretariat have established the regional Essential Services Package Community of Practice (ESP CoP). It is a space for representatives of the health, social services, justice and policing, coordination and governance, humanitarian and education sectors at the subregional level, including UN agencies, to sit together with representatives of national gender bureaus to exchange good practices, adapt global standards and facilitate south-south cooperation in the prevention and response to GBV (Caribbean Regional Spotlight Initiative, 2022). At the request of ESP CoP members, UNFPA is currently developing an ESP Implementation Resource Package, to provide practical guidance for Bureaus of Gender Affairs to support implementation of the ESP.

CARICOM member States are developing regional guidelines and minimum standards for the GBV response of police and justice institutions, with the support of UNDP (United Nations Development Programme). The guidelines will promote improved documentation, reporting and data analysis along with the protection of victims' and survivors' data and identities; improved coordination between justice and police institutions; and prevent re-victimization.

In Guyana, a number of important initiatives have been implemented by the Ministry of Human Services and Social Security (MHSSS), through the Spotlight Initiative. The Ministry developed a GBV Essential Services Package in line with international standards. It runs the dedicated 24 hour 914 GBV Hotline service and makes available a GBV App, iMatter, to survivors and persons at risk of GBV. The App provides information about different forms of GBV, local support services and includes a panic button (DPI, 2022a). The COPSQUAD initiative aims to train every police officer in the county in GBV and to build trust in the police's handling of cases. The Ministry also partners with the Guyana Bar Association to provide pro bono legal services to survivors and those at risk of GBV. The Ministry has established a cadre of GBV response personnel in the form of Survivors' Advocates, some of whom are survivors themselves. It has also invested resources in shelters, safe spaces, and "Hope and Justice" Centres around the country for GBV service delivery.

The Government of Guyana has also supported the scale up and expansion of the Foundations Programme, integrating violence prevention messaging that targets teens, mothers, and fathers in addition to endowing children and young people with knowledge, skills, attitudes, and strategies for addressing conflict. Community advocacy platforms have been strengthened to develop strategies and programmes, including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes, and behaviours, including in relation to women and girls' sexuality and reproduction, self-confidence and self-esteem, and positive masculinities. MHSSS has also supported the rollout of gender transformative programmes targeting men and boys addressing violent masculinities and men's violence linked to alcohol abuse, including through Batterer Prevention programmes such as the Partnership for Peace.

A 10-year plan, the National Strategic Action Plan to Eliminate Gender-Based Violence (NSAP-GBV) (2017-2027), was developed by Jamaica's Bureau of Gender Affairs and launched in 2018. Under the plan, two national shelters for survivors and victims of GBV have been opened with a third expected to be ready in the near future (NNN, 2023). Jamaica's Bureau of Gender Affairs also introduced a new Referral Protocol and Standard Procedures for Survivors of GBV, in 2022, with the support of UNFPA, as part of the Spotlight initiative. The Protocol and Procedures are intended to guarantee a continuum of care from government agencies for survivors of GBV. The policy includes pre-packaged survivor-centred information on options available to survivors; an uninterrupted case management process; integrated intake and management of data, which allows a survivor to move from agency to agency without having to answer the same potentially traumatizing questions multiple times (JIS, 2022a).

In Trinidad and Tobago, the Ministry of Health of Trinidad and Tobago and PAHO, as part of the Spotlight Initiative, developed National Clinical and Policy Guidelines on Intimate Partner Violence (IPV)

and Sexual Violence (SV). The Guidelines are the first of their kind in Trinidad and Tobago. They will not only improve health care services for survivors of IPV and SV but will ensure that health care providers respond to the psychosocial needs of survivors and connect them with other support services that can prevent future harm (MoHTT, 2022). To further strengthen the health system's response to IPV and SV, and as part of a project to develop an IPV and SV Health Information System, the Government of Trinidad and Tobago became the first country in the Americas to develop and implement a 'SIP' Plus clinical record on violence against women as part of the PAHO Perinatal Information System (SIP by its Spanish acronym) (PAHO, 2022c).

Also in Trinidad and Tobago, a Central Registry on Domestic Violence (CRDV) was developed to serve as a central repository of data on domestic violence which has been collected by various government agencies and civil society organizations. It was first created in 2016 and has been in development since then. It will allow the Government to present a more reliable and comprehensive view on the incidence of domestic violence/gender-based violence in Trinidad and Tobago and inform an evidence-based policy response. Data obtained from the Registry showed that reported cases of domestic violence, mostly against women and girls, increased by 43 percent between 2019 and 2020, due mainly to the restrictions associated with the COVID-19 pandemic (GoTT, 2022).

In Suriname, the Government implemented the project "Gender Based Violence (GBV) Interventions in Response to COVID-19" with United Nations and civil society support. The project involved a communication campaign, capacity building, and establishment of referral pathways to Gender Based Violence (GBV)/Domestic Violence (DV) services, including remote service provision. In addition, the "Hadassah" shelter was opened by the Foundation Weid Mijn Lammeren in June 2020, and the Foundation Sticris reopened its women's shelter, after nine years, in December 2020. In 2021, the telephone helpline 'Mi Lijn', was made available to adults who are victims of abuse ('Mi Lijn' translates as My Line but its figurative meaning is "my friend, my support").

In 2022, UN Women published a National Study on the Economic Costs of Violence Against Women and Girls (VAWG) in Jamaica (UN Women, 2022). The study estimated that the economic costs<sup>25</sup> of VAWG were equivalent to 0.77% of GDP, in 2018, based on reported cases of VAWG or 6.5% of GDP using survey-based estimates of prevalence (i.e. including both reported and unreported cases).

A Regional Joint Position to address GBV in the workplace was agreed between the Caribbean Employers Confederation and the Caribbean Congress of Labour under the Spotlight Initiative. The Policy is intended to guide workplaces on the development of GBV policies, on appropriate handling of reports of GBV incidents, ensuring safety and dignity for survivors and addressing the behaviour of perpetrators of abuse (CCLCS, 2022).

Antigua and Barbuda, Bahamas and Barbados became the first three Caribbean countries to ratify the ILO Convention: Violence and Harassment Convention, 2019 (No. 190) which addresses violence and harassment, including gender-based violence and harassment, at work.

In Jamaica, the Sexual Harassment (Protection and Prevention) Act 2021 was approved. This Act contains provisions for dealing with sexual harassment in workplaces, schools, correctional institutions, places of safety, nursing homes, and medical and psychiatric facilities, among other places. It ensures that employers have policies in place to address sexual harassment.

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<sup>25</sup> The economic costs of VAWG include the direct cost of healthcare and psycho-social care and support for survivors of physical and sexual violence, law enforcement and court costs, costs related to shelters and other specialised services, out-of-pocket expenses incurred by VAWG survivors and their families, loss of earned income due to absence from work, and loss of time from being unable to tend to domestic and care work. They also include the economy-wide cost, measured as reduced gross domestic product (GDP) or output because of a decline in private consumption due to losses of earned income because of VAWG (UN Women, 2022).

Most Caribbean countries have comprehensive laws on domestic and sexual violence, although one notable gap concerns the laws on rape within marriage in certain countries which provide little to no protection for married women. In Antigua and Barbuda, for example, the definition of rape refers explicitly to “a female person who is not his wife.” Laws in the Bahamas, Jamaica and Saint Lucia contain similar deficiencies and there is a general recognition that these laws need to be brought up to date, and some steps are underway to amend these laws (JIS, 2023b; the Nassau Guardian, 2023; Antigua Observer, 2022a).

Another significant gap is the lack of protection for survivors who are not in domestic partnerships but who are also subjected to GBV. Legal and institutional frameworks need to address all types and forms of GBV, including Intimate Partner Violence among couples who do not live together and are not married, violence experienced by those of diverse gender identity, sexual orientation and sex workers, as well as economic, emotional and psychological violence.

## VII. International migration and protection of the human rights of all migrants

In all Caribbean countries, migration has a significant impact on the size, composition, and socio-demographic characteristics of the population, whether through emigration, immigration or both. In some countries, migration is the biggest driver of population change, more so than fertility or mortality. Managing migration, therefore, assumes an important role and recent trends suggest migration will only become more important over the coming decades. As indicated in the Montevideo Consensus, the aim of migration policies should be “to take advantage of the benefits and face the challenges arising from migration.” The Consensus also calls for member States to “protect decisively the human rights of all migrants, avoiding any form of criminalization of migration, and guarantee migrants access to basic social services.”

In Guyana, the Ministry of Foreign Affairs and International Cooperation activated a Multi-Agency Coordinating Committee to lead the national response to the arrival of migrants from Venezuela. The Committee is responsible for overseeing all humanitarian assistance projects, which include the provision of food, shelter, free access to health care, education and basic employment skills training.

The Government of Jamaica developed a National Policy on International Migration and Development (2017). It is a framework for mainstreaming international migration in relevant planning processes across government, with a view to maximising the benefits and mitigating the negative impacts of international migration. The Government established a National Working Group to oversee policy formulation and implementation. It has since introduced the Jamaica Economic Residency Programme (JERP) to facilitate and encourage foreign investment (PIOJ, 2022). The Government worked with the International Organization for Migration (IOM) to develop capacity to improve the integrity of international recruitment processes, protect worker rights and facilitate skills development and retention. The Ministry of Labour and Social Security is now working with private recruiters to improve ethical standards in recruitment. Within the framework of the National Policy, a Draft Diaspora and Development Policy is being developed by the Ministry of Foreign Affairs and Foreign Trade and a Draft Involuntary Returned Migrants Policy is being developed by the Ministry of National Security.

In Suriname, the Ministry of Foreign Affairs, International Business and International Cooperation established a Migration Flow Committee, in 2019, as a formal inter-ministerial coordination mechanism on migration which meets monthly. It is tasked with developing and re-evaluating guidelines, legislation and recommendations related to migration. The Ministry has also initiated a “Diaspora Engagement for Suriname” project.

## A. Implementation of free movement of labour

At their 45th Meeting in July 2023, the Conference of CARICOM Heads of Government (HoG) decided that free movement for all CARICOM nationals would be implemented by March 2024. This has been a goal of CARICOM members since the 2001 Revision of the Treaty of Chaguaramas which created the CARICOM Single Market and Economy (CSME). In announcing the HoG decision, the CARICOM Chair and Prime Minister of Dominica, acknowledged that there were still some legal issues to be examined (which would involve revision of the Treaty of Chaguaramas) but he reaffirmed the Heads’ commitment to introduce free movement (CARICOM, 2023b).

The free movement of people is fundamental to the realisation of the CARICOM Single Market and Economy (CSME) and a single economic space, along with the free movement of goods, services, capital and business enterprises. Free movement of people will contribute to efficient operation of the single market, with labour moving to where it is most needed, alleviating skills shortages and enabling the development of productive capacity where it is most efficient.

The contribution of migrants to the economic and social development of their host countries is often underappreciated. Migrants tend to be predominantly of working age and members of the labour force, which is an important consideration for countries with an ageing population structure. Some Caribbean countries, particularly those such as Barbados where population ageing is more advanced, are recognizing that managed migration of people who can bring specific skills or resources can both increase the labour force and improve productivity, thus mitigating the economic impacts of population ageing.

The current regime for labour mobility which only facilitates free movement of labour for certain categories of skilled nationals who obtain a Skills Certificate was introduced as a first step towards the goal of free movement. It has been in place for around two decades but has not facilitated movement of labour to the extent that was initially envisaged. Long-term work permits are still utilized more often by CARICOM nationals than Skills Certificates (IOM, 2019).

Within the OECS Economic Union, however, full free movement for nationals was established for the seven Protocol member States<sup>26</sup> of the OECS by the Revised Treaty of Basseterre (2010). The new regime was substantially in place across all seven countries by the end of 2014 (CARICOM, 2014). The key elements of free movement within these OECS countries are indefinite stays; hassle-free travel using government issued ID (e.g. driver’s license or national identification card); no requirement for a work permit; portability of social security benefits; and contingent rights providing access to social services including education and health care.

Prior to the recent Heads of Government announcement, the Government of Antigua and Barbuda had already announced, in January 2023, that CARICOM nationals (and nationals of the Dominican Republic) would no longer need a permit to work in Antigua and Barbuda. Work permit fees for nationals of these countries are now waived. The new arrangements are currently being implemented and although there will be no work permit requirement for CARICOM and Dominican

<sup>26</sup> Antigua and Barbuda, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines.

Republic nationals, they will still have to register with the immigration department so that accurate records can be kept of those living and working in the country.

To promote the development of the CSME and skills development through labour mobility, a CARICOM skilled workers programme was launched recently. Supported by the European Union, the programme will provide opportunities for the sharing of best practices in the administration of the regimes<sup>27</sup> of the CARICOM Single Market and Economy. The Programme was initiated with an exchange programme for secondary school teachers, in which 19 teachers undertook two-week exchanges in five CARICOM countries (CARICOM, 2023a).

Since the creation of the CSME, there has been a great deal of caution in relation to the implementation of free movement across the CARICOM region. The successful implementation of free movement within the OECS, which is now well-established, demonstrates that the challenges and obstacles can be overcome. The Government of Antigua and Barbuda is taking significant steps in the direction of a more liberal approach to CARICOM nationals. With a renewed commitment to cooperation, free movement can become a reality throughout the CARICOM region.

## B. Engaging the diaspora in national development

Over the last five years, Caribbean governments have sought to develop diaspora relations to promote trade, cultural and professional exchanges, investment and return migration. The Government of Jamaica's National Diaspora Policy was approved in 2022 (JIS, 2022b). An action plan is currently being developed to increase diaspora participation in national development processes; to create an enabling environment for diaspora investment, trade, and human capital exchanges; and to provide stronger support mechanisms for the return and integration of the diaspora into the local population (JIS, 2023d). The Government of Trinidad and Tobago carried out a public consultation on a draft National Diaspora Policy in 2021/2022.

In Belize, a Diaspora Relations Unit was established, in 2021, under the Ministry of Tourism and Diaspora Relations. Activities undertaken by the unit include the organization of a series of Town Hall Meetings in major cities in the United States, in partnership with organizations such as the Belize American Chamber of Commerce (GBPO, 2021). The Guyana Diaspora Unit has collaborated with travel agents and tourist officials to market Guyana as a tourism destination in countries with a large Guyanese presence (Guyana Chronicle, 2023b).

The Government of Saint Lucia established a Diaspora Affairs Unit in the Office of the Prime Minister in 2018. The Unit published a Homeland Guide (OPMSL, 2021) to provide information for potential investors, businesspeople and returning nationals; produced a magazine aimed at the diaspora (OPMSL, 2020); and organized town hall meetings in London and New York (OPMSL, 2019). The Government of Saint Kitts and Nevis hosted its first Diaspora Conference in Saint Kitts in 2018.

In Barbados, the Ministry of Foreign Affairs and Invest Barbados, the country's investment promotion agency, seeks to build relations with the diaspora. In 2020, the Government initiated a year-long cultural celebration which sought to encourage Barbadians living abroad to return home, using the slogan, 'We Gatherin''. The celebration was curtailed due to COVID-19, but the Prime Minister indicated that 'We Gatherin'' will be re-organized (Barbados Today, 2022).

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<sup>27</sup> The five regimes of the CSME are (i) free movement of skills/labour; (ii) free movement of goods; (iii) free movement of services; (iv) free movement of capital; (v) the right of establishment (which means that CARICOM Nationals can establish companies and business enterprises in each other's territories and be treated as a national).

Diaspora engagement is not only about the contribution that the diaspora can make to national development, but also about how governments can serve their citizens and represent their interests, and those of their descendants. For example, the Guyana Diaspora Unit liaised with other agencies in Guyana to improve the way that they interact and serve Guyanese overseas (Guyana Chronicle, 2023a). Caribbean governments also have an important role to play in representing diaspora interests to host country governments. In 2018, Caribbean Heads of Government made strong representation, and won some concessions, from the Government of the United Kingdom, regarding the treatment of elderly Caribbean migrants in that country who had, in many cases, been severely affected by a 2014 Immigration Act which undermined their right to reside in the United Kingdom and their access to basic services.

### **C. Providing assistance and protection to migrants regardless of their migration status**

There are four Caribbean countries and territories that have received significant flows of migrants and refugees from Venezuela over recent years: Aruba, Curaçao, Guyana and Trinidad and Tobago. Migration flows from Venezuela really intensified between 2016 and 2018, declining somewhat thereafter but remaining at a high level. The most recent available estimates suggest that there were around 17,100 migrants and refugees in Aruba (2023), 14,000 in Curaçao (2022), 21,700 in Guyana (2023) and 36,200 in Trinidad and Tobago (2023) (R4V, 2023a). These numbers represent a very small fraction of the estimated total of 7.3 million Venezuelan migrants and refugees reported by host governments worldwide but are nevertheless very significant in the context of small Caribbean countries and territories.

These migrants generally arrived irregularly, undertaking dangerous sea crossings (aside from Aruba, Curaçao and Trinidad and Tobago, the majority of migrants arriving in Guyana also travelled by sea, even though the two countries share a land border) (R4V, 2021a). They typically had few resources with which to meet their basic needs and faced obstacles in accessing public services and income generating opportunities. They face the risk of detention or deportation, xenophobia and discrimination, while cultural and language barriers also hinder the effective integration of refugees and migrants from Venezuela (R4V, 2022).

In Trinidad and Tobago and Guyana, there were some measures towards regularization. The Government of Trinidad and Tobago registered 16,500 Venezuelan migrants in 2019, legitimizing their status and enabling them to work. In a re-registration exercise in 2021, approximately 14,000 of these migrants renewed their registration. The Government of Guyana issues three-month stay permits to Venezuelans who arrive in the country and these permits are renewable, previously for three-month periods, now for six-month periods (UNHCR, 2022b). While migrants with these stay permits can work independently, a work permit by way of employer sponsorship is required for formal, dependent employment, a process that has been out of reach for most Venezuelans in Guyana (MPI, 2022). Aruba and Curaçao have higher proportions of Venezuelan migrants in their populations than any other countries in the world (16% and 9% respectively) (CSIS, 2023). While most arrived on the islands as tourists or with an initial permit, many overstayed and remain irregularly (UNHCR, 2022a). Many in Aruba work informally in construction or basic services (Badia I Dalmases and Bernal Sánchez, 2022).

In Aruba, Curaçao and Guyana, refugee and migrant children have unrestricted access to basic schooling although there are administrative, financial, or cultural barriers which affect school enrolment, attendance, or the quality of education that children receive. These obstacles also make it difficult to access higher education. The situation in Trinidad and Tobago is much more restrictive and school-aged refugee and migrant children from Venezuela have not been able to enrol in public schools (R4V, 2023b). Some migrant children are expected to be integrated into primary schools in the 2023/24 school year (Trinidad and Tobago Guardian, 2023).



In respect of health care services, in Guyana and Trinidad and Tobago, refugees and migrants have access to primary care services. In Trinidad and Tobago, a Non-National Policy was developed to ensure the provision of services to non-nationals (inclusive of emergency health care, population and public health). However in both these countries, obstacles such as lack of knowledge about services, language, denial of service, or an inability to make out-of-pocket payments may prevent migrants and refugees from actually receiving care. Accessing secondary and tertiary health services is also much more difficult (R4V, 2021b). In Aruba and Curaçao, refugees and migrants in irregular situations could not access national healthcare systems (R4V, 2023c).

Between November 2022 and January 2023, several hundred migrants, mostly from Cameroon, arrived in Antigua and Barbuda. The refugees arrived following the establishment of direct flights between Antigua and Barbuda and Nigeria and were seeking to escape civil war in their country of origin. Several months later, the majority of them were still in Antigua and Barbuda, some of whom wished to remain in Antigua and Barbuda while others would like to move on to other countries. The Government of Antigua and Barbuda is working with UNHCR and IOM and will facilitate the permanent settlement of those who wish to remain in the country. Some have since left Antigua and Barbuda, including by irregular migration to third countries. In late March 2023, one of these journeys ended with tragic loss of life when the small boat carrying the migrants sank off the coast of Saint Kitts and Nevis.

Migrants make up 30% of Antigua and Barbuda's population, including a significant number of persons who arrived as irregular migrants. In 2021, the Citizenship Act was amended to create a pathway to citizenship for undocumented child migrants.

Small Island Developing States, including many Caribbean countries and territories, are some of the most affected by climate-induced displacement and migration, particularly hurricanes. While the absolute numbers of persons displaced by disasters in the Caribbean may not be as large as in other parts of the world, displacements can represent a large proportion of national populations. It was estimated that one fifth of Dominica's population was forced to leave the island in the immediate aftermath of hurricane Maria in 2017 (The New Humanitarian, 2017). While many of these people returned home, some remained and CARICOM and OECS free movement agreements facilitated some permanent resettlement (Francis, 2019).

OECS member States are working towards a common protocol for cross border evacuation and displacement in the context of disasters, environmental degradation, and climate change, with the support of IOM (IOM, 2023e). The IOM also promotes the Displacement Tracking Matrix (DTM) methodology, which is used to collect data on human mobility to support disaster and crises responses (IOM, 2023a).

The migration of LGBTIQ+ persons and also those of indigenous origin have been described as "invisible migrations," by IOM, requiring special consideration for different reasons. Some countries still retain outdated, colonial era migration law which discriminates against persons of diverse sexual orientations, gender identities, gender expressions and sex characteristics. While the most discriminatory provisions of these laws are not usually enforced, their existence does reflect and reinforce prejudicial attitudes which can result in discrimination by officials, and which can affect LGBTIQ+ migrants in host countries more generally e.g. in housing or the labour market (IOM, 2023c). For those of indigenous origin, migration across certain borders may be an expression of a long-established cultural practice and central to the identity of indigenous peoples. Recognition of the right of indigenous peoples, in particular those divided by international borders, to maintain relations across those borders, should therefore be a primary consideration in decision-making related to the mobility of indigenous peoples (IOM, 2023b).

There are irregular migratory flows by sea, either to or from destinations in the Caribbean or passing through the Caribbean, often involving small boats not designed to cross the high seas which

expose migrants to great danger. The IOM documented 321 deaths and disappearances of migrants in the Caribbean in 2022. This is the highest number recorded since this data compilation began in 2014 and a drastic leap compared to the 180 deaths registered in 2021. Most of the migrants who died or went missing were from Haiti (80), Cuba (69), the Dominican Republic (56) and Venezuela (25) and the main cause of death was drowning (IOM, 2023d).

Some of these will be victims of trafficking. Over recent years, Caribbean member States have passed legislation to prevent trafficking in persons and all have ratified/acceded to the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, a protocol to the UN Convention against Transnational Organised Crime (2000), which includes measures to protect and support trafficked persons. However, under-resourcing of anti-trafficking efforts means that the capacity to enforce legislation, to identify victims of trafficking, and prosecute traffickers is not always in place.

In the face of this complex panorama, the human rights of all migrants and refugees need to be protected. They should be guaranteed access to basic social services in education and health, with special attention to highly vulnerable groups, including unaccompanied minors, women who are victims of violence, victims of trafficking, and returnees. Member States should cooperate to develop frameworks to manage migration and displaced persons in response to climate-related disasters, a common risk faced by all countries and territories.

## VIII. Territorial inequality, spatial mobility and vulnerability

This section of the report addresses urban and rural planning and the need to address territorial inequalities, for example in infrastructure, access to services or economic opportunities. It reviews national initiatives which seek to integrate disaster risk management and climate change mitigation and adaptation into territorial planning.

### A. Upgrading informal settlements

Informal settlements are relatively common across the Caribbean and consist of economically disadvantaged, often landless households located on steep hillsides, floodplains and swamps. They are generally characterised by inadequate access to safe water; inadequate access to sanitation and other infrastructure; poor structural quality of housing; overcrowding and insecurity (Mycoo, 2020). Housing may fail to comply with planning and building regulations or be situated in geographically and environmentally hazardous areas. Inhabitants have no security of tenure. In Caribbean countries, significant numbers of people live in informal settlements: 15% in Guyana; 4% in Saint Vincent and the Grenadines; 10% of households in Saint Lucia; 20% of households in Trinidad and Tobago (UN-Habitat, 2020).

UN-Habitat (United Nations Human Settlements Programme), in a joint initiative with the European Commission's Africa-Caribbean-Pacific (ACP) Secretariat, coordinated the development of a Caribbean Strategy for Informal Settlement Upgrading (CSISU) (UN-Habitat, 2020), which was launched in 2020. The Strategy is intended to serve as a guide for the preparation of national informal settlement upgrading policies; provide a framework for knowledge-sharing and capacity building; and promote a shift towards the design of city-wide informal settlement upgrading plans. It contributes directly to Sustainable Development Goal (SDG) 11 on Sustainable Cities and Communities.

In 2021, the Government of Guyana launched a Strategy for Informal Settlements Upgrading and Prevention and, during that year, the Central Housing and Planning Authority regularised over 750 informal settlers residing in Regions Four and Five, while 59 persons squatting on government

reserves were relocated (DPI, 2022b). In Jamaica, the Government has been carrying out a Survey of Informal Settlements (JIS, 2021) and the National Land Agency distributed over 6,000 certificates of title, last year, under its Systematic Land Registration Programme (Jamaica Observer, 2022). Trinidad and Tobago's Ministry of Housing and Urban Development is upgrading living conditions in informal settlements on State lands as part of its US\$50 million Urban Upgrading and Revitalisation Programme which also includes urban regeneration and subsidies for construction, home improvement or acquisition of basic homes by low-income households (MHUD, 2023).

Mycoo (2020) recommends that housing, town planning and infrastructural agencies adopt a participatory, bottom-up approach to tackling housing and infrastructural deficiencies in informal settlements. She argues that engineers need to improve their understanding of the needs of informal communities, value the solutions that arise from communities, and connect them to solutions. The CSISU also advocates meaningful dialogue with local communities as an essential starting point for preparing to upgrade an informal settlement. It recommends a community planning exercise to construct a set of shared objectives and the development of a multi-stakeholder partnership-based investment plan (UN-Habitat, 2020). In upgrading informal settlements, scarce public resources should be allocated in a way which reflects the priorities of residents, who may prioritise basic infrastructure and security against eviction and hazards over the establishment of full legal tenure. In cases where regularisation is not possible, for example due to the hazardous location, residents need to be properly rehoused and provided with access to water, sanitation, electricity and other essential public services (OHCHR, 2021).

## **B. Integration of climate change mitigation and adaptation, and disaster risk management into territorial planning**

Climate change poses a serious threat to the Caribbean, with the increased frequency and intensity of disasters such as hurricanes and floods, and sea level rise being only the most obvious impacts. For this reason, territorial plans need to incorporate climate change mitigation and adaptation measures and integrate disaster risk management, recognising the potential of disasters to displace populations.

Hurricane Dorian brought Category 5 winds, storm surges of over 20 feet, and destroyed entire towns in the Bahamas, in 2019. In response, the Government created the Caribbean's first Ministry of Disaster Preparedness, Management and Reconstruction, thus making a significant step towards strengthening national disaster preparedness and response capabilities. The new Ministry is comprised of the National Emergency Management Agency (NEMA) and the Disaster Reconstruction Authority (DRA) which work together to facilitate mitigation planning, community preparedness, public information sharing, and recovery coordination.

Rebuilding and making Dominica's housing stock hurricane proof has been a government priority since Hurricane Maria struck the island in September 2017. Those whose homes were damaged or destroyed often had insufficient resources to rebuild or repair their homes. The Government's Housing Recovery Project, funded by the World Bank, targeted citizens whose homes were completely destroyed by Maria and provided them with financial, technical and administrative assistance for reconstruction. The new homes are built to withstand a category 5 hurricane. The project also served to develop the skills of local contractors in areas such as health and safety, and hurricane-proof design and construction. In order to receive support, applicants had to show that their primary residence had been destroyed and also legal ownership of the land, and it was this second criteria which excluded a significant number of households. As of June 2022, there were nearly 500 beneficiaries enrolled in the project (GISD, 2022a).

For those without hurricane resilient homes, the Government has expanded the total capacity of the country's emergency hurricane shelters, from 7,096 (across 114 shelters) in 2021 to over 8,200 (across 119 shelters) in 2022 (GSD, 2022b). Most of this increase is due to the opening of two new purpose-built Regional Emergency Shelters. Since 2018, three Regional Emergency Shelters have been built with the help of funding from the Caribbean Development Bank (CDB) and European Union (EU) (ODMD, 2022). These purpose-built shelters will help to relieve the pressure on the schools, churches and community centres which often serve as emergency shelters.

Following the initial eruption of La Soufrière volcano in Saint Vincent and the Grenadines, on the 8th of April 2021, over 20,000 people were evacuated (around 20% of the population). This further exacerbated food insecurity and poverty which had already increased during the COVID-19 pandemic, both for those who were evacuated and those who remained in their homes (UNICEF, 2022c). As explained in UNICEF's technical report, the Government's social protection response had five parts:

- temporary expansion of the existing monthly Family Support Grant;
- a new one-off Transition Grant to evacuated households in need of support;
- a 12-week Family Life Education (FLE) programme;
- hygiene promotion to reduce the spread of COVID-19 and dengue, and to protect against eruption-related hygiene hazards; and
- strengthening the design and delivery of shock-responsive social protection.

In 2018, the Government of Trinidad and Tobago introduced a requirement for Municipal Corporations to maintain Emergency Response Plans to provide the basis for a coordinated response operation before, during and after an incident, emergency or disaster. In 2021, a Municipal Emergency Operation Centre was opened, as a central command for logistics, planning and operations during disasters, with the capacity to capture data in real time from all Municipal Corporations.

Seven Caribbean countries participated in the second phase of PAHO's Smart Health Care Facilities in the Caribbean Project. The project has been making health facilities both safer and greener through adoption of standards for disaster resiliency and energy efficiency. As of 2021, the programme had undertaken comprehensive assessments of disaster safety and environmental management at 415 health facilities and upgraded 31 health facilities in Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia and Saint Vincent and the Grenadines.

To help Barbados adapt to the climate crisis, the Government has developed a national resilience programme dubbed Roofs to Reefs. The initiative involves the use of innovative financial tools to scale up public spending on everything from reinforcing homes to restoring coral reefs, including the use of renewable energy technologies (UNEP, 2021; BGIS, 2021).

Territorial plans also need to reduce urban/rural inequalities through the promotion of sustainable rural livelihoods. The Government of Grenada is implementing the Climate Smart Agriculture and Rural Enterprise Programme (SAEP), which is a six-year rural development project (2018–2024), with the support of the CDB and the International Fund for Agricultural Development (IFAD). The Programme addresses rural poverty through promoting climate smart agriculture, provision of training and financing for infrastructure development (e.g. access roads, irrigation), and promoting enterprise development through skills and entrepreneurship training, grant financing and business support services. It has facilitated the training and certification in vocational skills for over 300 young persons, entrepreneurship training for over 400 young persons, start-up support for over 200 small businesses, extension support to over 400 farmers and fishers, and marketing support to over 150 (GISG, 2023).

The Government of Saint Lucia is implementing a project geared to "Building Resilience for Adaptation to Climate Change Variability in Agriculture", supported by the CDB. The project aims to improve the resilience of rural farming communities by increasing farm productivity, water, and livelihood security, and reducing vulnerability to natural hazards, climate variability, and climate change. The project's targets include interventions for water security, soil conservation and management, and the integration of renewable energy practices to increase efficiency (GISSL, 2021).

In order to promote rural development and the agricultural sector, as well as to promote healthy eating and reduce poverty, CARICOM Heads of Government have committed to reducing the Caribbean's large food import bill by 25% by 2025 (CARICOM, 2022). This is being achieved by supporting local producers, encouraging "backyard gardening", and through the promotion of healthy eating based on local produce rather than heavily processed imported foods. In 2023, the CARICOM Ministerial Taskforce (MTF) on Food Production and Food Security reported that more than half of the targeted reduction in the food import bill had been achieved (Jamaica Observer, 2023).

Valuable environmental resources also need to be protected. A good example of this is provided by the Government of Belize's banning of all offshore oil drilling in territorial waters to protect the country's Barrier Reef, a UNESCO World Heritage Site. With the passage of the Petroleum Operations Bill (2017), UNESCO was able, in 2018, to remove the Belize Barrier Reef Reserve System from the List of World Heritage in Danger (UNESCO, 2018).

## IX. Indigenous peoples: interculturalism and rights

This section of the Montevideo Consensus is concerned with the rights of indigenous peoples, making reference to the United Nations Declaration on the Rights of Indigenous Peoples as well as Convention No. 169 of the International Labour Organization on indigenous and tribal peoples. The priority actions in this section call for attention to indigenous peoples' territorial rights and the right to participation in decision-making, among others. The Montevideo Consensus also calls attention to the way in which extractive industries can threaten territorial rights and lead to forced displacements.

Based on data from the 2010 census round, there are around 160,000 people that identify themselves as indigenous in the Caribbean which represents 2% of the total population. The country with the highest proportion of indigenous peoples is Belize (17.4%) with two main groups, the Garifuna and the Maya. Around half of indigenous peoples in the Caribbean live in Guyana, where they represent 10.5% of the population.

There are smaller proportions of indigenous peoples in Suriname (3.8%), Saint Vincent and the Grenadines (3.0%), Dominica (2.9%), Saint Lucia (0.5%), Antigua and Barbuda (0.4%) and Trinidad and Tobago (0.1%). Suriname also has a population of 118,000 Maroons (21.7% of the population). The Maroons descend from escaped slaves and therefore are not indigenous. However, their circumstances are in some ways similar and international law provides a measure of protection for their collective rights as tribal peoples, as it does for indigenous peoples.

In Belize, Guyana and Suriname in particular, there are numerous distinct peoples that are recognized. In Belize, the Maya are the direct descendants of the indigenous population and consist of the Yucatec, Mopan, and Q'eqchi' Maya. In contrast, the Garifuna descend from both Africans and Island Caribs who resisted English and French colonization, and slavery, in the Eastern Caribbean before being exiled to Central America at the end of the eighteenth century. The Government of Guyana recognizes nine Indigenous Nations: Wai Wais, Macushis, Patomonas, Arawaks, Caribs, Wapishana, Arecunas, Akawaios and Warraus. In Suriname, the four largest indigenous groups are the Kali'ña (Caribs), Lokono (Arawaks), Trio (Tirio, Tareno), and Wayana (Cultural Survival, 2015). The most commonly used terms in the Caribbean islands are Amerindian, simply meaning indigenous to the Americas, and Carib which

is slightly more specific and refers to indigenous peoples from the north coast of South America or the south and eastern Caribbean.

Where data is available, it strongly suggests that indigenous peoples are disadvantaged and more likely to be living in poverty, suffering from material deprivation and affected by other social inequalities. For example, in Belize, the Maya peoples had the highest poverty rate at 77%, in 2018, and were the only ethnic group with a poverty rate above the national average of 52%. Measures of multidimensional poverty highlight even more clearly disparities between indigenous peoples and the non-indigenous population, because they reflect material deprivations in housing, basic services, social services etc. The Global Multidimensional Poverty Index (2021), as a worldwide indicator, measures, what by Caribbean standards, would be regarded as extreme poverty (UNDP, 2021a). However, against this standard, indigenous peoples, in the Caribbean, are much more likely to be multidimensionally poor. In Belize, the Maya peoples are eight times more likely than the rest of the population to be multidimensionally poor. In Guyana, the indigenous population are 17 times more likely than the rest of the population to be multidimensionally poor. In Suriname, the indigenous and Maroon population are nine times more likely to be multidimensionally poor and they were less than half as likely as the rest of the population to have completed upper secondary education (MoSAPH, 2019).

Indigenous peoples have a right to self-government in matters relating to their internal and local affairs, and to maintain distinct political institutions. The United Nations Declaration on the Rights of Indigenous Peoples requires member States to cooperate with the representative institutions of indigenous peoples. In this way, self-government coexists within the wider framework of governance through the normal institutions of the State.

In Guyana, the Ministry of Amerindian Affairs, established in 1992, is responsible for protecting and promoting the rights of indigenous peoples. To further this objective, an Amerindian Act was passed in 2006 which includes provisions relating to rights over communal land; intellectual property rights; environmental protection; Amerindian rights to use communal land for mining and forestry; governance and the powers of village councils. There is now a broad consensus that the 2006 Act is deficient in a number of respects and needs to be updated. New legislation is needed to more explicitly recognize indigenous land rights, to strengthen the principle of free, prior, informed consent and give greater freedom to indigenous peoples concerning their use of land. Public consultations on a revision to the Amerindian Act were started under the previous government, under which the Ministry was known as the Ministry of Indigenous Peoples' Affairs. Under the new Government, a new round of consultations recently got underway (DPI, 2023).

In Dominica, the Ministry of Kalinago Upliftment is responsible for Dominica's indigenous population, the Kalinago people. There has been a Ministry responsible for Kalinago affairs since 2005. The Carib Reserve Act dates from 1978 and provides the legislative underpinning for the Kalinago Chief and Carib Council to manage the Kalinago Territory on the east coast of Dominica (established in 1903).

In 2022, the Government of Dominica launched the Kalinago Development Fund, a micro-credit scheme to support the development of small businesses in the Kalinago territory (GISD, 2022c). The "Strengthening Sustainable Livelihoods and Resilience in the Kalinago Territory" project was recently implemented by the Government of Dominica, with the support of UNDP and funded by the Government of India. The project sought to strengthen sustainable agricultural practices; implement community reforestation programmes; develop tourism strategy and the Kalinago brand; and boost the institutional capacities of the Kalinago Council (UNDP, 2021b).

In 2019, the Caribbean Export Development Agency commissioned a feasibility study on the possibility of registering and developing Kalinago Craft as an origin-linked product (OLP) (CEDA, 2021). The Kalinago people use the Larouma reed, among other plants, to make baskets, jewellery boxes, purses, hats and other products. Registration as an OLP would enable protection by intellectual



property tools, such as certification marks and quality labels which could help the products to reach a wider market. The feasibility study indicated that Kalinago Craft as an OLP would be attractive to the commercial market, but that significant further work would be required to address challenges related to the sustainability of inputs, standards of production, and the existence of an active craft association.

In Belize, in 2020, institutional arrangements for governance of matters related to indigenous peoples were strengthened with the creation of the Ministry of Human Development, Families and Indigenous Peoples' Affairs and, in 2021, a Commissioner of Indigenous Affairs was appointed. One of his responsibilities is implementation of a Caribbean Court of Justice ruling from 2015 on the land rights of Maya peoples in southern Belize. Representatives of the Maya peoples have been involved in long running litigation with the Government of Belize to establish territorial rights over lands they have customarily used and occupied and, in particular, their right to free, prior and informed consent (FPIC) over the issuance of permits for resource extraction. In 2015, the Caribbean Court of Justice (CCJ) ruled in favour of the Maya peoples but, as of June 2023, CCJ hearings were continuing to assess compliance with the 2015 decision.

Suriname has no FPIC legislation. FPIC is a specific right pertaining to indigenous and other tribal peoples, and it is recognized in, among others, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the ILO's Indigenous and Tribal Peoples Convention (No. 169), and judgments against Suriname of the Inter-American Court of Human Rights. It allows them to give (possibly subject to conditions) or refuse permission for projects that may affect them or their territories. The absence of FPIC legislation is felt when the government makes decisions about land use, establishes nature reserves, or issues permits for logging, mining and other activities without the involvement and consent of indigenous peoples.

The stark social inequalities between indigenous peoples and the non-indigenous population, in Caribbean countries, points to the need to work closely with the representative institutions of indigenous peoples to improve access to education, services, resources and opportunities. Stronger protections are also required for the territorial rights of indigenous peoples, particularly policies that facilitate free, prior and informed consent in advance of any project affecting their territories and other resources.



## **X. Afro-descendants: rights and combating racial discrimination**

The final thematic section addresses: the human rights and wellbeing of Afro-descendent persons; the disadvantaged position of many Afro-descendent persons and communities; and the racial discrimination that they experience across the region. The Consensus calls for implementation of the provisions of the Durban Declaration and Programme of Action adopted at the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance. There are priority actions related to equality of access to health care, including for sexual and reproductive health, for Afro-descendent persons. It calls for the implementation of affirmative action; and for the generation of appropriately disaggregated data on Afro-descendent populations. These priority actions are conceived to address the disadvantaged position of Afro-descendent persons and communities, and to address the racism that leads to exclusion from decision-making, education, employment, health and housing.

The Afro-descendent population accounts for a much larger proportion of the total population in Caribbean countries compared with those in Latin America. In Latin America, Afro-descendants account for 20.9% of the total population. Afro-descendants are estimated to account for 95.5% of Haiti's population, slightly over 50% of the population of Brazil, 36% of Cuba's population and between 7% and 10% of the population of a further five countries (Colombia, Costa Rica, Dominican Republic, Ecuador and Panama) (ECLAC, 2021). In Latin American, the Afro-descendent populations experience systematic disadvantage which is reflected in many social indicators.

The situation in the Caribbean is rather different since, in most Caribbean countries, the Afro-descendent population represent a clear majority, often over 80 per cent. There are some exceptions to this, namely Guyana, Trinidad and Tobago and Suriname where there are both Indo-Caribbean and Afro-Caribbean populations with neither group constituting a majority. The population of the Dutch Caribbean islands also has a more mixed ethnic and national make-up, for example in Aruba much of the population are of mixed European, Amerindian and African descent. Belize has a small Afro-descendent population although it does not tend to be disadvantaged compared to other ethnic groups in the country.

With Afro-descendent populations generally constituting the majority, and Afro-descendent persons leading many governments, the problem of racism against Afro-descendants is more complex and subtle in the Caribbean, compared with Latin America. For example, Afro-descendent peoples can experience prejudice and discrimination according to the darkness of their skin colour. This form of racism is referred to as colourism. It is a product of the racially stratified societies which were characteristic of the Caribbean's colonial history, but colourism is widely recognised to be a feature of the modern-day Caribbean. It manifests itself in attitudes which associate lighter skin colour with beauty or intelligence, the practice of skin bleaching, and socioeconomic inequalities in education and employment. There is relatively little quantitative information and research available about colourism, however, research in Jamaica has indicated that skin colour was a more robust predictor of ownership of household amenities and years of schooling than was racial category (Kelly, 2020).

In addition to the historical roots of racism and colourism within the subregion, Caribbean countries are also part of a wider economic and cultural space, having strong interrelationships with countries in North America and Europe in particular, where racism against Afro-descendent persons is prevalent. The Caribbean diaspora in these countries certainly experience that racism. Caribbean economies are also integrated into wider economic systems which are structurally racist. The tourist industry, where the ownership and control of economic resources is still skewed disproportionately towards white people, especially white men, is a prime example of this. Indeed, some scholars have likened tourism to the plantation economies of the 17th and 18th centuries, noting the dominant role of expatriate capital, management and control; profit repatriation, the seasonality of employment, and the need for a large component of unskilled local labour (Sealy, 2018).

All Caribbean member States are party to the International Convention on the Elimination of All Forms of Racial Discrimination. Dominica acceded to the Convention in 2019, becoming the final Caribbean member State to do so. There is much less recognition of the Inter-American Convention Against Racism, Racial Discrimination and Related Forms of Intolerance, with only Antigua and Barbuda having ratified the Convention.

Two Caribbean countries have recently submitted State party reports to the Committee on the Elimination of Racial Discrimination (CERD), Jamaica and Suriname. In the case of Jamaica, the Committee's subsequent recommendations included: adoption of comprehensive anti-discrimination legislation; research on the persistence of socioeconomic disadvantages related to race and skin colour; strengthening of mechanisms to prevent and investigate incidents of racial discrimination; adoption of laws and policies to address racial profiling by law enforcement officials and racial discrimination in the criminal justice system; and establishment of an independent national human rights institution in line with the Paris Principles (CERD, 2022).

There is particular concern about racism towards Haitian migrants across the Americas, including in the Caribbean. The CERD, under its early warning and urgent action procedure, expressed concern about reports of "excessive use of force, cruel, inhuman and degrading treatment, and racial profiling by law enforcement officials...human rights violations and abuses against Haitians on the move at borders, in migrant detention centres, as well as along perilous migration routes...hate speech and racist or xenophobic violence against Haitians." In light of the dire situation in Haiti, which does not currently allow for the safe and dignified return of Haitians to the country, the Committee called for an end to the collective expulsions of Haitians on the move and called on States parties to address these rights violations and abuses committed by state and non-state actors (OHCHR, 2023b).

Caribbean governments have also sought to establish the moral, ethical and legal case for the payment of reparations by the governments of former colonial powers for the crimes of slavery and native genocide. Since 2013, the CARICOM Reparations Commission (CRC) has sought to define a path towards reconciliation, truth and justice for victims of slavery and native genocide and their descendants

(CRC, 2023). The Commission developed a Ten-Point Plan for Reparatory Justice (2014) and has implemented a reparatory justice advocacy and public education campaign. This framework was recently used to broker a reparative apology by the Trevelyan family, whose ancestors were British plantation owners, with the Government of Grenada (CARICOM, 2023c). A public apology was signed by 104 of their descendants and was also accompanied by the establishment of an education fund for the UWI Open Campus.

The fact that most Caribbean countries and territories have Afro-descendent majorities tends to encourage the view that racism is not a problem in the subregion, yet colourism, which is a form of racism, is recognized to be widespread. Greater consideration should be given to measures which could address discrimination and prejudicial attitudes associated with skin colour. Furthermore, and bearing in mind the subregion's colonial history, as well as the way that its diaspora continues to experience racism, Caribbean leaders have an important role to play in international efforts to address racism against Afro-descendent persons, including through the international human rights system.



## XI. Conclusions

This progress report on the implementation of the Montevideo Consensus in the Caribbean comes as the subregion recovers from the emergency phase of the COVID-19 pandemic and, partly as a result of that legacy, faces a more uncertain economic outlook. This progress report reflects, in some areas, the disruption caused by COVID-19, but also the significant progress that has been made in many areas, in spite of the challenging circumstances. Indeed, the manner in which Caribbean societies responded and adapted to the pandemic provides some measure of hope for the recovery.

There is a shortage of data on poverty and inequality, which has worsened over the last five years, but what data exists suggests that poverty remains at elevated levels. All countries and territories should carry out regular surveys of living conditions and poverty assessments to inform the development and monitoring of poverty reduction programmes. Some countries have started to produce multidimensional measures of poverty which provide important additional insights and should inform the development of policies to address, for example, provision of basic services, social services, housing and so on. Programmes for poverty reduction should encompass minimum wage policies; support for income generation through education, skills training, and financial support; social protection; and interventions to address the specific needs of youth, older persons, women, migrants and people living in rural areas. Social security agencies should introduce unemployment insurance schemes.

There has been considerable progress, particularly in the Eastern Caribbean, in the development of legislation to protect children from violence and address the situation of children who come into conflict with the law. There is now a need for institutional strengthening, capacity building and training across police, judicial, health and education systems, and social services to enforce these laws and ensure children receive the protection to which they are entitled. Laws on corporal punishment in schools and at home should be revisited to protect children from violence.

There is a broad consensus on the need to raise standards in Caribbean education systems. Particular attention should be paid to educational inequalities (by income, gender, ethnicity, language, region etc.) Information technologies should be more fully exploited in teaching and learning, having careful regard to both the strengths and the limitations of IT as an educational tool. The absence of internationally comparable assessments of educational attainment in the Caribbean hinders the effort to raise standards, and therefore consideration should be given to the introduction of national learning assessments.

Levels of youth unemployment have remained high, since at least 2000, and are significantly worse for young women compared with young men, with little evidence of any improvement in the situation over this period. The issue has certainly received attention from policymakers, with interventions promoting education, training, apprenticeships and entrepreneurship. The issue now needs to be addressed with even greater urgency, and the quality and relevance of education, training and apprenticeships improved.

Adolescent birth rates are falling (in a context of falling fertility more generally) but are still high by global standards and there has been slow progress in enabling access to sexual and reproductive health information and services for adolescents (and in some cases the imposition of additional barriers). There are examples of good practice in the reintegration of adolescent mothers in mainstream education and in CSE as part of HFLE, although implementation remains patchy, in large part due to attitudes towards adolescent SRH. Ongoing advocacy will be required to further shift attitudes and improve the consistency of implementation.

The process of demographic ageing is intensifying with more countries and territories seeing falling working age populations, now or in the near future, in addition to an increasing number of older persons. This will increase the fiscal pressures on social protection and health systems which will need to develop robust funding models that will stand up in the face of unfavourable demographics. Prevalence of childhood obesity and the early onset of NCDs due to unhealthy lifestyles in the Caribbean causes unnecessary suffering, undermines productivity, and results in significant health costs. NCD risk factors such as obesity, tobacco and alcohol consumption, and physical inactivity need to be addressed through policies to promote physical activity in schools, workplaces and communities, with dedicated taxes on alcohol, tobacco and sugar-sweetened drinks; and food labelling regulations to promote healthy eating.

Most unmet need for both family planning, and SRH services more generally, in the Caribbean, is due to legal and cultural barriers, including prejudicial attitudes to sexually active adolescent girls, persons with disabilities, persons of diverse gender identities or sexual orientation, or persons living with HIV. Over the last five years there has been some progress towards removal of legal barriers, most notably, decriminalization of same-sex sexual relations between men, in three more countries. Further advocacy will be required to build on these gains. Investments are also needed to expand the range of modern contraceptives available. Caribbean states should also consider decriminalization of abortion to protect the lives and health of women and adolescent girls.

With regard to HIV and AIDS, Caribbean countries and territories made significant progress towards the 90-90-90 targets (now 95-95-95 targets). However, the failure to reach 90%, in most cases, results in very significant numbers of persons living with HIV who are not virally suppressed, leading to new infections and deaths. For most Caribbean countries, the biggest gains can be achieved by ensuring that as many people as possible who know their HIV positive status are receiving antiretroviral therapy. Self-testing, Pre-Exposure Prophylaxis, and newer more effective drugs can contribute to eliminating AIDS, but they are far from universally available to the people that need them. Sustainable national funding would also strengthen HIV response programmes, and Latin American and Caribbean countries should cooperate to bring down the cost of HIV drugs.

There has been steady progress with regard to women's participation in the labour market, with the gender differential in the average unemployment rate almost halving between 2000 and 2022. To finally achieve gender equality in the workplace there must be action on the gender pay gap and sexual harassment at work, a more equitable distribution of care responsibilities between men and women, and promotion of family-friendly workplaces. In political decision-making, there has also been progress in Caribbean countries although women remain very underrepresented and much remains to be done



to bring about gender equality in Caribbean parliaments. Consideration should be given to the introduction of quota legislation, which is common in many other countries.

Five Caribbean states have now produced survey-based estimates of intimate partner violence which showed a high prevalence of violence in the Caribbean, as in Latin America. Through the Spotlight Initiative there has been a considerable amount of activity, at a subregional level, working to develop an essential services package for survivors of GBV, and guidelines for service providers in health, social services, justice, and policing. There has also been adoption of several laws, conventions and agreements to address GBV and sexual harassment in the workplace. It should now be a priority to strengthen and build the capacity of the institutions that deliver the GBV response.

The recently announced expression of renewed commitment to implement free movement by CARICOM Heads of Government is an opportunity to realise this long-held ambition of member States. The free movement of people is fundamental to the creation of the CSME as a single economic space and will expand the opportunities available to citizens of the Caribbean Community, especially youth. To take advantage of the benefits and mitigate the challenges arising from free movement, and to facilitate its implementation, priority should be given to strengthening coordination channels between sectors and between countries. Many Caribbean countries have developed diaspora policies or established diaspora units in recent years and should continue to explore and develop ways of connecting and engaging their citizens overseas in national development.

The important role of international migration in the Caribbean is nothing new, but the arrival of somewhere in the region of 100,000 migrants from Venezuela was a significant demographic event for the subregion, likely having long-term social, economic, and political impacts on the four countries most affected. Migrants and refugees fleeing from humanitarian crises should be guaranteed access to basic social services in education and health, while cooperation frameworks should be developed to manage migration and displaced persons in response to climate-related disasters.

Informal settlements should be upgraded through a participatory, bottom-up approach which draws on the knowledge, skills and resources of local residents. Urban and rural planning should integrate environmental protections, climate mitigation and adaptation strategies, and disaster risk management. Measures should be implemented to address poverty and access to services among indigenous persons, and to protect their territorial rights.

In the last five years, a number of factors have highlighted the importance of demographic trends and their role in the Caribbean subregion's sustainable development, perhaps more so than in the recent past. More countries are now seeing declines in the size of their working age population, and this will become more common over the coming two decades. The decline in the working age population can be seen as an intensification of the demographic ageing process. When this happens, the labour force participation rate and productivity become especially important, because maintaining economic output depends on these two variables. For young persons, labour market participation will depend on their skills and the quality of the employment opportunities available to them, among other factors. For older persons it will depend on their health, financial circumstances, their preferences and, just as for younger people, the employment opportunities available.

A declining work force and/or declining population draws attention to the sub-replacement fertility rates in many Caribbean countries. UNFPA's State of World Population 2023 report addresses the issue of sub-replacement fertility directly and cautions against "setting fertility targets to 'correct' a population size," noting that "there is no perfect population size, nor any reliable way to achieve a specific population size," and warns that this path "will distract us from serious but solvable problems, and...will become a rationale for denying the rights and bodily autonomy of women and girls" (UNFPA, 2023).

Declining populations also prompt a reassessment of the role of migration, and the contribution of migration to national development. This is an opportunity to change the discourse, or at least to balance the discourse by recognising the benefits of migration. It will raise questions about the skills that are needed, where migrants will come from, and how migration will be managed. The economic development of Caribbean countries may in fact come to depend on skilled migrants, which bearing in mind the recent history of the subregion, would be a significant role reversal.

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