

**Appraisal and Conclusions from
the 1994-2009 Review of the
Implementation of the Cairo Programme
of Action in the Caribbean**



UNITED NATIONS



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Contents

Abstract.....	5
Introduction.....	7
I. Review and Appraisal of the Implementation of the Cairo Programme of Action in the Caribbean, 1994-2009	9
A. Introduction.....	9
B. Context and dimensions of population and development	11
1. Population trends.....	11
2. Economic trends.....	13
3. Social trends.....	15
4. Environmental concerns and natural disasters	16
5. Human rights	17
C. Review of the implementation of the ICPD (1994-2009): achievements and constraints.....	18
1. Population, sustained economic growth and sustainable development.....	18
2. International migration	20
3. Population ageing.....	22
4. Gender equality, equity and empowerment of women.....	24
5. Family, population structure and interdependence between productive and reproductive live/social protection	28
6. Sexual and reproductive rights	29
7. Reproductive health.....	31
8. HIV and AIDS	36
9. Emerging issues	39
D. Conclusions.....	41
1. Population, sustained economic growth and sustainable development.....	41
2. International migration	42
3. Ageing and older persons.....	42
4. Gender equality, equity and empowerment of women.....	42
5. Connection between productive and reproductive work: policies on care and family	43
6. Reproductive health and sex education	43
7. Sexual and reproductive rights	44

8. HIV and AIDS	44
9. Emerging issues	44
Annex	47
II. Conclusions of the Caribbean on the implementation of the Programme of Action of Cairo 15 years after its adoption	63
A. Context	63
B. Achievements	64
C. Challenges and opportunities	65
D. The way forward: towards 2014 and beyond	67

Index of Tables

Table 1 Average annual rate of reduction of total fertility rate	32
Table 2 Teenage births in four countries	34
Table I.1 Demographic information	47
Table I.2 Social development	53
Table I.3 Economic development	57
Table I.4 Reproductive health and family planning	58
Table I.5 Other reproductive health indicators	60
Table I.6 HIV/AIDS prevalence in the Caribbean	61

Index of Boxes

Box 1 HIV and AIDS in the Caribbean in 2007	37
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Abstract

The countries of English- and Dutch-speaking Caribbean have made significant progress in its economic and human development. Most governments have implemented programs and policies of social protection for vulnerable groups of the population, but its sustainability could be jeopardized because of the global financial crisis. In this cyclical factor is compounded by large external debts of these countries, high exposure to natural disasters, limited natural resources, limited economic diversification and some challenges to their institutional capacities. Although short-term policies are needed to address the current economic crisis, governments should avoid reducing social spending and not lose sight of the long-term perspective which should guide the development plans. In this context it is important to maintain and strengthen the political commitments made to the objectives of the Programme of Action of the International Conference on Population and Development (ICPD-PA), signed in 1994, and to provide the necessary financial support to pursue implementation.

This, broadly speaking, is the scenario described and analyzed in the evaluation of the implementation of the ICPD-PA in the Caribbean region 15 years after its approval, whose two main results are represented in this document. The first is the subregional report, the basis of the evaluation of the implementation of the Program of Action adopted in Cairo, which is presented as the first chapter of this document. The second are the conclusions arising from the “Caribbean Subregional Meeting to Assess the Implementation of the Programme of Action of the ICPD 15 years after its adoption”, which took place in Antigua and Barbuda from 20 to 21 August 2009. These conclusions comprise the second component of the document, both in its original English version (second chapter) and in Spanish (third chapter).

Introduction

In resolution 644 (XXXII) of the thirty-second session of the Economic Commission for Latin America and the Caribbean (ECLAC), held in Santo Domingo, Dominican Republic, in June 2008, Member States of the Committee invited the Secretariat to "organize in 2009, with UNFPA support, a workshop to review progress in implementing the Programme of Action adopted in Cairo and its relation to the Millennium Development Goals, including universal access to sexual and reproductive health, to serve 15 years after its adoption." In pursuance to this resolution, the Subregional Headquarters for the Caribbean of the Economic Commission for Latin America and the Caribbean (ECLAC), in collaboration with the Regional Office for Latin America and the Caribbean of the United Nations Population Fund (UNFPA), organized a two-day expert meeting to commemorate the fifteenth anniversary of the International Conference on Population and Development (ICPD). The aim of the meeting was to celebrate what had been accomplished, consolidate lessons learned over the last 15 years, acknowledge gaps and challenges, and derive practical recommendations for accelerating progress in the implementation of the Programme of Action of the ICPD in the five years remaining until its end.

The meeting was held in Antigua and Barbuda, 20-21 August 2009, at the Jolly Beach Hotel, Antigua and Barbuda. Attending the meeting were government representatives of 15 Caribbean countries and a number of non-governmental organizations and experts in the areas of population and development, sexual and reproductive health and rights, and gender. In total over 80 participants attended the meeting. The Seminar provided a space for experts, government officials, and NGOs to present and debate these key actions and challenges in the Caribbean subregion, and to identify ways forward during the years remaining in the ICPD-PA.

This document includes three chapters: the first, a review and appraisal of the implementation of the Cairo Programme of Action in the Caribbean (1994-2009). Second are the conclusions and recommendations of the evaluation process of implementing the Program of Action adopted in Cairo in Latin America, prepared by a team of specialists from ECLAC and UNFPA in order to systematize the main lessons from the process evaluation "Cairo + 15"-which included reports from national governments of the countries of the region, in addition to the subregional seminar. The first chapter of this document gives a detailed overview of the situation in the English and Dutch-speaking Caribbean subregion, stressing the inter-relationship between population growth and other areas of development and the importance of the ICPD in acknowledging the integration of both to development strategies. It represents a recompilation of information provided by the countries in the Caribbean subregion before, during, and after the meeting. The draft version was sent to all participants and the current version includes the comments that were received.

At the end of the meeting, the conclusions of the meeting were presented. Those conclusions, in both English and Spanish are included in this document as chapters 2 and 3, respectively. The importance of the conclusions stems from the fact that they serve as a call to action to reinvigorate countries' and national stakeholders' commitment to the goals of the ICPD-PA.

I. Review and Appraisal of the Implementation of the Cairo Programme of Action in the Caribbean, 1994-2009

A. Introduction

At the International Conference on Population and Development (ICPD), held in 1994 in Cairo, industrialized and developing countries alike forged an inspiring and farsighted plan that integrated a wide range of population, development and human rights issues into a blueprint for 20 years of action. Concrete goals of the ICPD centred on providing universal education; reducing infant, child and maternal mortality; and ensuring universal access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections (STIs), including HIV and AIDS. This year (2009) marks the fifteenth anniversary of the ICPD and is a reminder of the five years remaining to fulfil the commitments made at Cairo.

The first population conference under the auspices of the United Nations was organized in 1954 in Rome. Although the relationship between population and development was discussed, the paradigm was still the (revived) Malthusian population theory of the competition between fast population growth and insufficiently expanding productivity. By the second conference in 1965 in Belgrade, fertility had declined in many countries leading to a shift in the focus.

These first two conferences had primarily been scientific conferences. In 1974 in Bucharest, the United Nations convened the first global, intergovernmental population conference. Although the groundbreaking World Population Plan of Action was adopted by consensus, the old paradigm still reigned. The urgency of accelerating social and economic development and the need to bring about a new international economic order was stressed. The intergovernmental population conference, held in Mexico City in 1984, had as major goals to review the World Population Plan of Action and to make recommendations for its further implementations.

Although there had been a paradigm shift, “Take care of the people and the population will take care of itself” was still a popular credo. In other words, economic development would drive improvements. Since then after a more than doubling of the world population, the lack of a direct causal relationship between family planning and development has been widely acknowledged. The 1994 ICPD in Cairo, therefore, had a much broader mandate and the interconnection between population and development was acknowledged, resulting in an integrated vision.

An ambitious Programme of Action was adopted at the ICPD. It was the first time that at a global level an integrated, all-encompassing plan was accepted that went way beyond only addressing the direct relationship between population and economics as in earlier models. Population and development are now widely recognized as complementary instead of as substitutes. Human beings were placed at the centre of development in the Cairo Consensus. By providing family planning and reproductive health care as well as improving education level, stabilization of the population would occur without coercion and control. A critical conceptual contribution of the ICPD is the anchoring of reproductive rights within the realm of human rights. The emphasis is on meeting the needs of individual women and men rather than on achieving demographic targets.

The ICPD Programme of Action reflects the new approach to population and development. Making the interrelationships among population, sustained economic growth and sustainable development is a key part of the integrated strategy. Gender equality, equity and empowerment of women and male responsibilities in relation to reproductive rights and reproductive health and family planning are stressed. The effects of population growth and changing population structures, for example, population ageing, are acknowledged. Special attention is given to the position of vulnerable groups, such as children, older adults, indigenous persons, persons with disabilities, and HIV-infected individuals and their families. Development and international migration and the rights of, and obligations towards, documented and undocumented migrants are given importance. Throughout the plan the position of children, youth and adolescents is emphasized.

The ICPD Programme of Action precedes another integrated, all-encompassing attempt of development for all and the eradication of poverty in the world by the United Nations and its Member States. In the Millennium Declaration of 2000, eight Millennium Development Goals (MDGs) were formulated and operationalized into 18 targets and 48 indicators. Omitted initially, reproductive health was endorsed and incorporated, together with three other new targets, in the Millennium Development Goals framework at the 2007 World Summit in New York. By adding this target of universal access to reproductive health, all goals set by the Programme of Action of the ICPD have been incorporated in the Millennium Development Goals exercise. The Programme of Action of the ICPD therefore continues to be highly relevant for international development and, consequently, for the achievement of the MDGs.

The United Nations Population Fund (UNFPA) is the lead agency in implementing the ICPD Programme of Action. UNFPA covers 21 countries in the English- and Dutch- speaking Caribbean operating from the subregional office in Kingston, with branch offices in Barbados (which covers the Organisation of Eastern Caribbean States (OECS), Trinidad and Tobago, Guyana, Suriname, and Belize). The ICPD Programme of Action agreed that the regional commissions should play an active role in its implementation through subregional and regional initiatives. CELADE, the Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC) acts as technical secretariat of the Latin American and Caribbean Regional Plan of Action on Population and Development, that was established pursuant to the Programme of Action of the ICPD. Again, subregional activities are assigned to the subregional headquarters of ECLAC in Port of Spain, Trinidad and Tobago. In the Caribbean subregion, this mandate has been translated into the adoption of the Caribbean Plan of Action on Population and Development (1995) and the Latin America and Caribbean Plan of Action on Population and Development (1996). Both documents were preceded by the adoption of the Latin America and Caribbean Consensus (1993) and the Port of Spain Declaration on Population and Sustainable Development (1993), which were preparatory to the Cairo Conference.

The Caribbean subregional review and appraisal report on the implementation of the ICPD Programme of Action was produced in 1998. The second meeting of the Sessional Ad Hoc Committee on Population and Development was held during the twenty-seventh session of ECLAC in the same year. This was followed five years later by the Caribbean Subregional Meeting to Assess the Implementation of the Programme of Action of the ICPD 10 years after its adoption (2003). A background document on the review of the implementation of the Cairo Programme of Action in the Caribbean was produced, highlighting the achievements and constraints encountered in the first 10

years after ICPD. The meeting resulted in the adoption of the Declaration of the Caribbean subregional meeting (Declaration of Port of Spain).

The current report is a publication in this series of quinquennial follow-ups of the ICPD held in Cairo in 1994. A data collection exercise was conducted to obtain accurate and current information from the statistical offices of the countries of the English- and Dutch-speaking Caribbean subregion.

As its predecessors, the current report first provides an overview of the major economic, social and demographic trends observed in the Caribbean. After setting the context and dimensions of interrelation between population and development, the next chapter describes in more detail the achievements and constraints of a selection of topics addressed by the ICPD Programme of Action. Data tables with the main indicators related to the ICPD Programme of Action are listed in the Annex.

B. Context and dimensions of population and development

Demographic processes and population structures have far reaching social and economic implications. Conversely, economic and social processes and structures have far reaching demographic consequences. Recognizing the interrelationship between population, sustained economic growth and sustainable development is one of the main driving principles of the ICPD. The integration of population and development strategies is interwoven in its Programme of Action. By discussing its dimensions, this chapter sets the context in which population and development takes place.

1. Population trends¹

In the wider Caribbean subregion, countries range in size from less than 20,000, such as Montserrat and Anguilla, to around 10 million (Cuba, Dominican Republic and Haiti). Of the countries in the English- and Dutch-speaking Caribbean, the majority have less than 200,000 inhabitants and only Trinidad and Tobago and Jamaica surpass 1 million inhabitants (1.3 and 2.8, respectively). The total population in the 21 countries grew from 3.6 million in 1950 to 5.5 in 1975 and to the current estimated population of 7.4 million. The United Nations World Population Prospects forecast that the population will continue to grow and reach a peak of nearly 8 million at around 2030. In the 15 years since the ICPD in Cairo, about 750,000 persons were added to the population of the Caribbean. Annual growth rates fluctuate from period to period and country to country but have declined from on average above 2% in the 1950-1970 period to below 1% in the past 25 years. In 2005-2010, only Anguilla and Belize are estimated to have an average yearly increase of their populations of above 2%.

The demographic transition from the first stage of high birth and death rates to the post industrial stage of low birth and death rates has been achieved by nearly all countries in the Caribbean subregion. Population trends in the Caribbean show a continuing decrease in fertility. There is, however, less proof of continued decline in mortality. Notwithstanding these trends, the Caribbean has experienced a corresponding increase in life expectancy.

In 1950-1955, the total fertility rates (TFR)² in the Caribbean were still between four and seven. In nearly all countries it started to decline slowly. In the early 1970s, only Aruba, Barbados and the Netherlands Antilles had TFRs below three children per women. Between then and the early 1990s

¹ Throughout this publication, the Caribbean refers to the Dutch and English-speaking countries: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and United States Virgin Islands. The 'wider' Caribbean includes Cuba, the Dominican Republic, Haiti, and Puerto Rico, countries normally included in the ECLAC definition of the Caribbean.

² The Total Fertility Rate is the average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman.

the real decline set in, only Belize, the Cayman Islands, Grenada, and Saint Lucia still showed levels above three children and Barbados had even declined to below replacement level. Currently, except for Belize, the fertility rates in all countries are around, or below, replacement level. Adolescent fertility rates are higher than that of the average of all women of reproductive age. Teenage pregnancies are, in general, seen as damaging to the health and socio-economic well-being of adolescents. The socio-economic impact of increased adolescent fertility often translates into an intergenerational transmission of poverty.

The availability of reliable estimates of life expectancy is limited for the countries in the subregion. In the early 1950s, life expectancy in the Caribbean was estimated to be around 60 for females and about three years less for males. Since then, it has increased slowly and is now between 70 and 80 for females and 64 and 74 for males. Gains for females have been greater than for males. In the 1980s and 1990s, improvements in life expectancy at birth started to stall or even reverse in some countries. Developments for males in Jamaica and Trinidad and Tobago are examples of this. Despite violent deaths and HIV and AIDS, lifestyle diseases such as diabetes and hypertension have left their mark in many countries and have led to stagnation in the decline of mortality. The incidence of increased life expectancy in the subregion coupled with declining fertility is an indication of the importance of increased focus on older persons in policies and programmes focusing on health and socio-economic welfare.

Albeit at much lower levels than in some areas in sub-Saharan Africa, the Caribbean (including Haiti and the Dominican Republic) is the region with the second highest HIV-prevalence rates. Seven out of the 21 English- and Dutch- speaking Caribbean had adult prevalence rates above 1%. Bahamas (3.1%), Suriname (2.7%), Guyana (2.5%) and Belize (2.1%) are hardest hit with over 2% of the population infected in 2009.³ Jamaica, Trinidad and Tobago, and Barbados have values between 1.6% and 1.2%.⁴ In these seven countries, about 70,000 adults are estimated to be HIV-positive.

A goal of ICPD is to raise the quality of life for all people through appropriate population and development strategies. Ageing is a direct consequence of the changing fertility and mortality patterns.

A stabilization of the world population growth by reducing fertility will result in an ageing of the population. A shift from young age dependency towards old age dependency first moderates or even decreases the total age dependency.⁵ The demographic dividend caused by the increase in the share of the working age population leads to opportunities of economic growth. However, once the smaller age cohorts start entering and the larger age cohorts start leaving the economically active age groups, old-age dependency starts to increase. The imbalance it causes between the productive and the non-productive population will lead to strains on the capability to support the latter. It will contribute to higher public spending on social pensions and health costs will increase. Renewed increase in population growth is no solution as it will only lead to postponement and an even stronger effect later on.

Besides fertility and mortality, age patterns and population growth can also be changed by migration. The Caribbean population is one of the most mobile of the world. Migration is traditionally important to and from the region but as well within the region. In search of education and work or to escape poverty and the effect of natural disasters, people migrated temporarily or permanently to other countries within and outside the region. In addition to the United Kingdom of Great Britain and Northern Ireland and the Netherlands, the United States of America and Canada have large Caribbean communities.

³ Sources: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2009). *World Population Prospects: The 2008 Revision*. New York: United Nations; 2008 Report on the global AIDS epidemic, UNAIDS/WHO, July 2008.

⁴ Haiti (2.2) and the Dominican Republic (1.1) are other countries in the region with prevalence rates above 1%. Because of the size of their populations, the absolute number is much larger in these two countries.

⁵ The total dependency ratio is the ratio of the sum of the population aged 0-14 and that aged 65+ to the population aged 15-64. The child dependency ratio is the ratio of the population aged 0-14 to the population aged 15-64. The old-age dependency ratio is the ratio of the population aged 65 years or over to the population aged 15-64.

For many countries in the Caribbean, migration has mitigated population growth to a smaller or larger extent. Several countries have a large part or even the majority of their population living abroad. However, several countries have also seen their growth increasing because of positive net migration (e.g. Anguilla, Aruba, Cayman Islands, Turks and Caicos Islands and United States Virgin Islands). This is strongly related to a high demand for labour and relatively high earning opportunities resulting from rapid economic growth based on tourism and the financial sector.

Intra-Caribbean flows have mainly been driven by employment opportunities in the oil industry and tourist sector. The more populous countries in the wider Caribbean region with lower income levels, such as Haiti and the Dominican Republic, are major countries of origin of migrants.

Migration patterns are not simply either predominantly emigration or immigration. Flows are complex as there is replacement migration from poorer countries to the middle and higher income countries of the region.

2. Economic trends

Most of the Caribbean countries suffered declining per capita incomes in the 1980s and only limited recuperation in the 1990s. Despite this, according to World Bank definitions, just over half of the 21 Caribbean countries are classified as higher-income countries: Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, the British Virgin Islands, the Cayman Islands, the Netherlands Antilles, Trinidad and Tobago, Turks and Caicos Islands, and the United States Virgin Islands. Only Belize and Guyana are considered lower-middle income countries. All others, among which the most populous country, Jamaica, are upper-middle income countries. Haiti is the only country in Latin America and the (wider) Caribbean that is still classified as a low-income economy.

Although most are upper-middle or higher income countries, the Caribbean countries are small economies. The highest ranking in GDP is Trinidad and Tobago with 87th in the 2008 World Bank ranking table with a GDP of just below 24 billion. Although this is more than many African and Latin American countries with much larger populations, the impact of the countries in the subregion (and of the region as a whole) on the world economy is limited. On the other hand, the effect of the world economy on islands can be extensive.

The small size of the economies and populations results in small domestic markets. Combined with the insularity or isolation from the large population centres in surrounding countries, as in the case of Guyana and Suriname, this limits the economies of scale that can be achieved.

Preferential trade relations (African, Caribbean, Pacific (ACP)) with former colonizing and other (European) countries have been abandoned and are replaced by economic partnership agreements that are intended to consolidate regional integration initiatives such as the Caribbean Community (CARICOM) Single Market Economy (CSME). Other initiatives towards the strengthening of regional cooperation and integration processes are the Association of Caribbean States (ACS) and the OECS.

Agriculture remains an important sector in Guyana, Belize, and Dominica. In Jamaica, the Government has placed renewed emphasis on the transformation and revitalization of the agriculture sector, particularly in light of its potential contribution to achieving food security. In island States with an arid climate, such as Aruba, Cayman Islands and the Netherlands Antilles, or with oil industry, such as Trinidad and Tobago, the share of agriculture in the value added is even less than 1%. Trinidad and Tobago has benefited strongly from the increased gas and oil prices in recent years and this sector dominates. During the 1980s and 1990s, many Caribbean countries have increased the share of tourism. Some others have added strong financial services (mainly British Virgin Islands, Cayman Islands and Turks and Caicos). The Cayman Islands benefited most from the latter and now has one of the highest GDP per capita in the world.

Because of import dependency for food and energy, the food and energy crises have had a strong impact on many Caribbean countries. As a result of the current financial and economic crisis,

food and energy prices have eased somewhat. So far the impact of this new crisis has not been as strong as in some other regions. However, a further negative impact is expected, especially in the tourism and financial sector of the region.

With few exceptions, countries in the region are among the most heavily indebted in the world. The debt to Gross Domestic Product ratios is unsustainably high and most combine this with a negative fiscal balance. For example, the cash deficit of nearly 30% in 2005-2007 of Jamaica is the highest in the world. Barbados, Dominica, Grenada, and Saint Kitts and Nevis all have total public debt ratios above 100% and Antigua and Barbuda, Belize, Guyana, the Netherlands Antilles, Saint Lucia, and Saint Vincent and the Grenadines are nearing the 1000% mark. Only Bahamas, Suriname, and Trinidad and Tobago seem to have sustainable debt ratios. Additionally, most countries have high current account deficits in the balance of payments, limiting fiscal policies that can be applied in reaction. Few Caribbean countries are well cushioned to withstand a long-term economic depression, let alone a recession. Even if the current financial and economic crisis dissolves, the food and energy crises will be looming. Most countries in the region are therefore very vulnerable. Several States have sought assistance from the International Monetary Fund (IMF) to help them cope with the consequences of the current global financial and economic crisis.

There is only limited availability of comparable unemployment statistics in the region. Available data shows that most countries have unemployment rates of around 10%. The British Virgin Islands, Cayman Islands and Trinidad and Tobago have seen their rates decline to below 5%. Others, for example Grenada and Saint Lucia, have double digit rates. Youth unemployment is much larger in all countries with data available. Female unemployment is higher than male in all countries, except in Barbados, where recently for the first time in history, the male outpaced the female unemployment. Although in general still high, jobless figures have declined markedly in the past decade. With the economic slowdown, it is expected that unemployment rates will rise again.

The population of the Caribbean countries are one of the most mobile in the world. The region has traditionally seen a net out migration of, in general, skilled workers in search of better economic opportunities. Students seeking higher education abroad have often not returned. The very limited flow data available shows that migrants react fast and strong to economic opportunities and constraints. Intra-regional labour flows are largely from the lower to the higher income countries. Guyana, Jamaica and in the wider Caribbean, Haiti and the Dominican Republic are the main countries of origin in absolute terms. Despite attempts to regional integration, tension with regard to immigration is rising in the region.

Because of net emigration, remittances sent by emigrants from countries in the region outweigh outflows in most cases. Aruba and the Netherlands Antilles are examples of countries that have net outflow of remittances. These are mainly sent to lower income countries in the (wider) region. Inflows have increased (in absolute terms) in the past decade. Jamaica is estimated to have received over US\$2 billion in 2007 and in 2008 (outflows are slightly below US\$0.5 billion). Guyana received over a quarter billion annually.

One of the key elements of the CSME is the free movement of labour, goods and services. Twelve CARICOM members have signed up for the deepened economic integration initiative. Only Aruba, the Netherlands Antilles, and the United States Virgin Islands are not (associate) members of CARICOM.⁶ Despite this and the realization that cooperation is necessary in order to enhance the international bargaining position, progress towards regional economic integration has been slow.

Trade within CARICOM is limited. In terms of exports CARICOM has an important share for Dominica, Grenada, Saint Lucia and Saint Vincent and the Grenadines. Imports from other CARICOM members are relatively limited. Though a fair share of exports is directed to other

⁶ Aruba and the Netherlands Antilles, together with the Dominican Republic and Puerto Rico (and Colombia, Mexico and the Bolivarian Republic of Venezuela), are observing members.

CARICOM countries, imports in Trinidad and Tobago, the largest economy in the community, from other CARICOM members is negligible.

3. Social trends

Of the thirteen Caribbean UN-member countries listed in the latest Human Development Index (HDI), Barbados, Bahamas, Trinidad and Tobago, Antigua and Barbuda, Saint Kitts and Nevis, and Saint Lucia are grouped among countries that have achieved high human development. The other seven⁷ were classified among those with medium human development. Considering their estimated values for the indicators used in calculating the HDI, the States that are not members of the United Nations would all have been ranked among those with high human development countries. This makes the (English and Dutch) Caribbean the region with the highest ranking after the developed western countries.

The relative advanced position in terms GDP per capita and the HDI⁸ does not mean that poverty and social exclusion does not exist in the Caribbean. Low economic growth, macroeconomic shocks and limited social services contribute to the persistence of poverty in certain sections of the society. Access to facilities and services are not the same throughout the population of many countries and considerable segments of the population suffer from social exclusion and poverty. Advancements made and programmes and planned in place to alleviate poverty are now at threat with the current financial and economic crisis. Despite the fact that many governments have vowed committed to social development and have stated that in this field no budget cuts will be made, it is unlikely that the budget will keep up with the amount of assistance.

Availability of poverty statistics is limited; most figures are not timely and (comparable) time-series are lacking. Poverty assessment studies at the end of the 1990s estimated that for most countries, the percentage of persons living below the poverty line was around a third of the population. Examples of the latest figures of the population living below the national poverty line are 18% in Antigua and Barbuda, 34% in Belize, 2% in the Cayman Islands, 40% in Dominica, 38% in Grenada, 35% in Guyana, 10% in Jamaica, 29% in Saint Lucia, 30% in Saint Vincent and the Grenadines,⁹ 66% in Suriname, and 17% for Trinidad and Tobago. It is important to note that, as all countries have their own poverty line and figures refer to different periods, these figures are not comparable.

Income inequality measures in terms of GINI-coefficients¹⁰ are relatively high in the Caribbean region. For example, recent estimates of coefficients in Antigua and Barbuda were .48, in Jamaica .46, in Saint Lucia .42, and in Trinidad and Tobago .39. Most likely to be among the poor are the vulnerable groups such as: older persons, single mothers, young males, unemployed youth and unskilled workers. At the household level, poor families tend to have more children, are less educated and are often single-headed households.

The Caribbean is undergoing an epidemiological transition. Typical diseases and conditions associated with developing countries have been largely eliminated. Infant and child mortality has been reduced and, in several countries in the region, is now at levels found in the developed countries. Improvements in life expectancy, however, seem to have stagnated or even reversed. The quality of care needs further improvements, especially in the public sector which requires continuous reform and investment.

Many countries in the Caribbean and elsewhere find difficulty in adjusting to the changing health patterns. Prevalence of tobacco smoking is among the lowest worldwide, while obesity is among the highest. Related to the latter, mortality from diabetes is very high; it is, for example, double

⁷ Dominica, Grenada, Jamaica, Belize, Suriname, Saint Vincent and the Grenadines, and Guyana.

⁸ Note that GDP per capita in PPP terms is one of the components aggregated into the HDI.

⁹ Draft Report.

¹⁰ The Gini coefficient measures the inequality of income. Perfect equality corresponds to 0 (i.e. every body has the same income) and 1 to maximum inequality (i.e. one person earns everything and all others nothing).

that of North America. Diabetes and other chronic non-communicable diseases and conditions such as obesity, hypertension, cardiovascular diseases, and cancer are now the main causes of death. Accidents and rising violence in the region are also having a negative effect. Together with HIV and AIDS these account for the highest share of death among younger persons.

Most countries have general access to public health care facilities and combinations of (compulsory) national and private health insurance plans. Guyana and Trinidad and Tobago have not implemented national health insurance and coverage in Suriname is limited. Information available suggests that public health expenditure as a percentage of GDP is very low in the Caribbean.¹¹ In the two largest economies, Jamaica and Trinidad and Tobago, the figures are 3.1% and 2.5% respectively. In the latter, as in Grenada, private health expenditures are higher than public ones. Only governments in Aruba and the Netherlands Antilles have reached expenditure levels of around 10% as found typically in high-income countries. The national health expenditure for nearly all other countries in the region is only between 3% and 5% of GDP. Besides changing life styles, investments are needed in specialist treatment. In the islands with smaller populations, scale is an important factor in the ability to provide such specialized health services.

Approximately 10% of the Caribbean population has a disability. Diseases can also lead to disability, for example, diabetes has led to blindness and the loss of limbs. Although there has been advancement in incorporating the rights of persons with disabilities in regulations as well as an expanded attention to the Sexual and Reproductive (SR) Rights of persons with disabilities, the physical infrastructure is way behind the levels necessary to guarantee equal participation in all aspects of social, economic and cultural life. Enormous investments are needed in most countries to create conditions that permit self-reliance and dignity for persons with disability.

Except for Belize, the percentage of indigenous populations in the English and Dutch Caribbean is limited. Indigenous groups and persons with indigenous ancestry are present in Belize, Guyana and Suriname; smaller groups are found in Dominica, Saint Lucia, Saint Vincent and the Grenadines, Jamaica and Trinidad and Tobago. Recently, indigenous groups have become more vocal and aware of their history.

Adult (functional) literacy is important for people's ability to participate in society. Although rates have gone up further in the past decade, it is still not universal in all Caribbean countries. With the exception of Jamaica, free education is legally guaranteed in the Caribbean. Compulsory education in most countries is from 5 to 16 years. However, Jamaica (5-11), Trinidad and Tobago (5-11), and Suriname (5-12) have far lower limits. Most countries in the region have achieved universal primary education. There is some concern as net enrolment ratios are declining in some Caribbean countries (e.g. Dominica, Trinidad and Tobago, and Bahamas). Expansion is now occurring in pre-primary and secondary and tertiary education. Enrolment in lower and higher secondary education is generally already high. The Education For All Development Index (EDI) developed by the United Nations Educational, Scientific and Cultural Organization (UNESCO) is a composite measure capturing overall progress. Aruba has achieved the goal while six other countries, for which enough data was available for estimating the indicator, are all at an intermediate position. In international comparison, the quality of education is high in the subregion. Of concern are high drop-out rates, especially among boys. This can have serious effects on society as it is related to crime, youth unemployment, and teenage pregnancy.

4. Environmental concerns and natural disasters

The Caribbean region has long experienced the effects of nature on human life. Hurricanes regularly cause large-scale loss of property and human life, and damage to nature. Temporary and permanent displacements are sometimes the result. Although less frequent, seismic and tectonic activity causes

¹¹ Figures vary from source to source. PAHO's Basic Indicators 2008 were used here.

volcano eruptions and earthquakes. In 1997, Montserrat suffered heavily as a volcano eruption rendered half of the island uninhabitable.

In the wider Caribbean region, Haiti is an example of man-made environmental disaster and of the important interaction between poverty and reducing population growth. The country seems to have been trapped in a destructive population and poverty trap which has caused immense suffering to humans and nature. The islands in the Dutch and English Caribbean are less affected, but not free from deforestation and erosion as a result of urbanization and construction of houses and roads on hillsides and mountains. The washout after rainfall has led to soil loss and damaged corral reefs in several cases. Flooding can increase when natural watersheds are changed because of human intervention.

Population densities in the Caribbean range from the lowest in the world to the highest. Suriname and Guyana have less than five persons to share each square kilometre, while Aruba and Barbados have nearly 600 persons in the same area. In general, densities are high, and taking into account areas which are unfit for human settlement this rises even higher. The carrying capacity of many islands is therefore stressed. Unique ecological systems have already disappeared or are at threat in some countries.

Most scientists now accept that human activity has accelerated the rise in temperature. In general, the per capita energy consumption is moderate in the Caribbean. However, Aruba, the Netherlands Antilles, and Trinidad and Tobago are among the highest consumers in the world and surpass the United States of America and nearly all high-income countries. Some studies suggest that climate change might lead to an increase and strengthening of hurricanes. Even only a limited sea level rise can cause problems to some low lying islands and to low lying coastal zones. Changes in rainfall might furthermore cause increases in landslides, soil erosion and flooding.

5. Human rights

In 1948, the United Nations General Assembly proclaimed the Universal Declaration of Human Rights (UDHR) for all people and all nations. This declaration covers a wide range of rights without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. A small excerpt of the UDHR:

- Everyone has the right to leave any country, including his own, and to return to his country.
- Everyone, as a member of society, has the right to social security.
- Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory.
- Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Despite this universal and all encompassing declaration of rights, many other declarations and conventions have followed.

The Port of Spain Declaration, adopted in 1993 in preparation for the ICPD plus 10, affirmed that the success of population and development programmes in the Caribbean relies on the full promotion and protection of human rights.

Most Caribbean countries are party to international and regional conventions for the protection of the rights of woman. By signing the 1979 Convention of the Elimination of all Forms of

Discrimination against Women (CEDAW), States committed to incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women. It has been signed or deposited by all States in the Caribbean. In 1993, the Declaration on the Elimination of Violence against Women was adopted. The regional adaptation was adopted two years later during the convention of Belem do Para with the Inter American Convention on the Protection, Prevention and Punishment of Violence against Women.

The Convention on the Rights of the Child, adopted in 1989, is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights. The Declaration was signed by all Caribbean member States and includes territorial application to the dependencies of the United Kingdom of Great Britain and Northern Ireland and the Caribbean countries within the Kingdom of the Netherlands (i.e. Aruba and Netherlands Antilles). Amendments followed in 1995 and in 2000. As mentioned earlier, the right to free education is guaranteed in all countries but Jamaica.

The Agreement establishing the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean (Madrid, 24 July 1992) has, of all Caribbean countries, only been signed by Belize (in the wider Caribbean, Cuba and the Dominican Republic signed). The United Nations Permanent Forum on Indigenous Issues held its first meeting in 2002. The Declaration on the Rights of Indigenous Peoples was adopted by the General Assembly in 2007.

After the non-binding Declaration on the Rights of Disabled Persons, adopted in 1975 by the General Assembly of the United Nations, the Convention on the Rights of Persons with Disabilities has now been adopted in 2006. The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. To date it has been signed by 7 out of 13 United Nations Member States in the region.

The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (New York, 18 December 1990) entered in force in 2003. It covers the equal treatment to nationals in respect of remuneration, conditions of work, social benefits, protection against dismissal, and unemployment. Among others, it requests equality with nationals for access to education and training. The right of the undocumented workers is also addressed. In the Caribbean subregion it has only been signed and/or ratified by Belize, Guyana, and Jamaica.

C. Review of the implementation of the ICPD (1994-2009): achievements and constraints

The previous chapter set the context and the dimensions of the interrelationship between population and development. In the current chapter, the achievements and constraints of a selection of topics addressed by the ICPD Programme of Action are described in more detail. Population and development strategies, migration and population ageing, gender equality, equity and empowerment of women, family, population structure and interdependence between productive and reproductive lives, sexual and reproductive rights, reproductive health, HIV and AIDS, and finally, emerging issues such as the effects of recent economic crises and climate change.

1. Population, sustained economic growth and sustainable development

The integration of population policies and development strategies is central to the ICPD Programme of Action. Population issues should be integrated into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development. As noted in the

ICPD at 10 background document,¹² this is reflected in the Port of Spain Declaration. The countries in the (wider) Caribbean subregion affirmed their belief that the introduction of population policies in an integrated way into development strategies will speed the pace of sustainable development.

Population policies have been formulated by several countries, either explicitly or by the inclusion of population-related matters in other programmes. Other countries have integrated population issues into national development plans. ICPD has been the foundation and the catalyst of efforts made by the countries in the region to incorporate population concerns into their development strategies. Issues regarding gender equality and empowerment of women, sexual and reproductive rights and health, population ageing and the position of older people have been integrated into development plans. Sustained economic growth, the relation between population and environment and the impact of urbanization and the growth of large urban agglomerations have been addressed to an ever growing extent.

A challenge will be to integrate existing policies into an all encompassing vision. Population policies, gender programmes, ageing policies, development strategies each have their own frameworks. The interrelatedness of these topics requires that they are best treated in an integrated approach, or that at least the linkages are explicitly shown as in the ICPD. Trinidad and Tobago and Jamaica have their national development plans (Vision 2020 and Vision 2030 Jamaica, respectively). These integrated development models are meant to reach developed status in the mid-term future. These initiatives are a big step forward in preventing fragmentation. It does not necessarily mean that the various plans for each ministry are integrated. One of the biggest challenges is proper communication and information mechanisms to assure that policy makers and implementing agencies are aware of each others' plans and programmes. This can prevent duplication of efforts and synergy by making programmes complementary. Equally important is that plans and programmes are implemented in such a way that they withstand changes in governments.

Understanding the linkages between population and socio-economic issues and sustainable development remains one of the challenges. Local, national, and regional capacity for data collection and analysis of the relation between the various dimensions is limited. The availability of relevant and timely data is difficult to realize with the limitations to staff that the relatively small countries of the Caribbean are facing. Despite these constraints, many countries have made improvements. Regional cooperation, as is happening in the OECS and CARICOM, are necessary to build on national achievements. Monitoring and evaluation systems are to be developed further or to be put into place to improve and modify programmes and assure sustainability.

UNFPA has been providing technical assistance in the area of data collection and processing particularly as it relates to censuses. As a part of this process, UNFPA, in partnership with the CARICOM Secretariat, established a resource consortium to, among other things, build capacity in all areas of census operations including improving capacity for data collection and analysis. In 2007 the consortium conducted capacity building training for Central Statistical Offices (CSOs) and planning institutes in over 18 countries in the region in data processing.

The ICPD Programme of Action rightfully notices that sustained economic growth within the context of sustainable development is essential to eradicate poverty. The interrelationship between population and the environment and its effect on poverty eradication is another important point made by the ICPD Programme of Action. The United Nations Conference on Environment and Development (UNCED) and the resulting programme, Agenda 21, address these issues. Challenges of the small islands and coastal States of the Caribbean are highlighted in the Port of Spain Declaration. The OECS Environment and Sustainable Development Unit (ESDU) coordinates environmental activities on behalf of the OECS Secretariat and is an important subregional initiative to ensure the sustainability of livelihoods of the peoples of the OECS.

¹² ECLAC (2003) Review of the Implementation of the Cairo Programme of Action in the Caribbean (1994-2004): Achievements and Constraints. LC/CAR/G.767, Port of Spain. November 2003.

Several countries in the region have increased areas under environmental protection. Protection of coral reefs is of special concern in order to protect the unique under-water biospheres of the Caribbean. The relation between environment and poverty is more directly in the case of waste, pollution and erosion. It is, in general, the poor that live on the fringe in areas most strongly affected by these negative impacts. Slums are not only a threat to the health of its inhabitants, because of the lack of infrastructure and the location in often fragile environments. They are in many cases environmental disasters. The small islands and low density continental countries only suffer from limited air pollution. There are, however, industries such as refineries that have a strong impact on nearby communities. In surveys and censuses, noise pollution is often indicated as being a problem.

Immigrant groups and the elderly are, in general, overrepresented among those living in poor conditions. Social housing projects and projects to improve living circumstances while at the same time reducing the impact on nature and environment have been started by some countries. Another example is the management of water resources and wastewater disposal. This is an important factor in sustainable development. The Caribbean Water and Wastewater Association (CWWA) is an important initiative in the region to advance the science and practice of water supply, wastewater disposal and solid waste management, and to promote the efficient management of utilities for the sustainable development of Caribbean people.

2. International migration

The ICPD Programme of Action calls for addressing the root causes of migration, especially those related to poverty. It further encourages cooperation and dialogue between countries of origin and destination in order to maximize the contribution to development of both countries involved. The reintegration process of returning migrants is to be safeguarded. Social and economic integration of documented migrants, the elimination of discriminatory practices, especially against women, children and the elderly and the protection of migrants against racism, ethnocentrism and xenophobia is to be addressed. Other objectives of the Programme of Action are the promotion of welfare and the assurance of respect of the cultural and religious values, beliefs and practices of (documented) migrants and their families.

The Caribbean Plan of Action highlights migration as an area of critical concern. The need to develop national policies on intraregional and international migration is stressed. Considering the growing flow of return migrants, the need to design re-integration policies and programmes is recognized.

The ICPD Programme of Action invites governments to sign up for the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. However, as mentioned in the previous chapter, only 3 of the 13 countries in the region with direct representation in the United Nations have taken the lead on this.

Despite the call for governments to support the gathering of data on flows (and stocks) of international migrants and on factors causing migration, as well as the monitoring of international migration, the main problem in assessing migration in the Caribbean region remains the lack of data. Stock data from censuses give a snapshot of the results of migration on the distribution of the population every 10 years. Flow data is largely unavailable and, if present,¹³ there are many issues with reliability of the data and undocumented migration is largely unaccounted for.

The impact of migration on the population and development of the Caribbean region is multidimensional and complex. The macro socio-economic effects of emigration as well as the sociocultural and economic impact of immigration on local societies are very different dimensions of the same process. Additional to the impact on the nationals (remaining) in the country, poverty, social exclusion and integration of immigrants group is yet another dimension of migration. There is both interregional as well as intraregional migration. Movements in the former have concentrated largely

¹³ Only Aruba, Cayman Islands, and the Netherlands Antilles have migration registers.

on Canada, the United States of America and Europe (mainly the United Kingdom, the Netherlands and France). The latter consists mainly of moves to employment opportunities in the more affluent countries of the region.

Several countries have half of the population residing outside the country (e.g. Guyana, Montserrat, Netherlands Antilles, and Suriname). Often this emigration of nationals in search of better terms of labour and education has been counterbalanced by immigration from the poorer countries in the (wider) region, such as Haiti, Colombia, the Dominican Republic and Guyana, and also from countries far away, such as India, Pakistan, China and the Philippines.

The large outflow of people might have led to an easing of the population pressure and unemployment but it also meant loss of the population in the productive age groups and a loss of the potentially higher-educated section of the population. Young Caribbean persons in search of (higher) education abroad often only led to a limited 'brain gain' of return migrants and educated immigrants. Because of this imbalance, most countries suffer from a net brain drain. Remittances sent by emigrants provides an important addition to the income of many families in the Caribbean. It is, however, unlikely that these benefits are larger than the loss in productivity the emigrants could have contributed to the local economy. Regional cooperation in the University of the West Indies (UWI) has been a long-term initiative that has opened possibilities for higher education in a large variety of fields in the Caribbean. With further improvements in higher education and employment opportunities for the higher educated, governments are trying to reduce 'brain drain'.

An example of the impact and difficulty is the shortage of competent nurses because of emigration to countries with better terms of employment. In the Caribbean subregion, managed migration has been proposed to retain competent nurses. CARICOM has adopted and endorsed such a strategy. On the other hand, the small scale and limited education programmes in most countries in the region have meant that for certain specialist functions no suitable candidates can be found and that emigrants had to be recruited.

As concluded in the background document of the ICPD at 1012, no country in the Caribbean has yet established comprehensive policies and programmes to address the various problems caused by migration. Major changes in migration policies do not occur frequently. Many countries, however, have made amendments to their migration policies. The integration of the CARICOM economic area and free movement for certain types of workers is one of the major initiatives with a wider regional impact.

Recently, there has been increased concern and tension in the region about certain countries that increased enforcement of eviction of illegal migrants; and migrants from the region that have passed the maximum term of their visa or permit. Earlier, more tolerant application or enforcement of regulations implicitly suggested that immigrants without a status had certain rights. There are also countries that are imposing more restrictions on visitors and migration. Visa requirements for certain countries have been imposed or have become more restricted by several governments in the region. The Cayman Islands has recently limited the maximum term for immigrants to seven years.

High costs of living abroad and restricted access in some former colonizing countries has reduced the pull, and increased education opportunities in the Caribbean region has lowered the push factors somewhat. Return migration is stimulated by several countries in the region. The focus has also been on retirees living abroad but originating from the countries. The stimulation of immigration of affluent foreigners is not a first concern of the ICPD Programme of Action, but it has implications for the local economy and society and, as such, an indirect effect on other types of migration. Likewise, the financial sector and consultancy firms often need specialist knowledge which is not always available in the countries leading to immigration. Not all return migration is voluntary. Deportation of Caribbean nationals after being convicted for a criminal or civil offence abroad happens regularly. Often the deportees have no connection with their country of destination making reintegration more complicated. CARICOM and the International Organization for Migration (IOM) have started a project on the regional integration of returnees.

Another dimension of migration is undocumented migration. Persons can either enter legally and overstay the term set by their visa or enter illegally. Even ‘Boat people’, mainly from Haiti, are not unseen in the region. Living conditions of undocumented migrants are often bad and abuse is not uncommon. In the past 10 years, there have been several regularizations of unregistered immigrants, but also more restricted policies and expulsion of illegal and undocumented immigrants. Deportation of undocumented migrants from countries in the Caribbean happens daily.

Unfortunately, expulsion of, for example, illegal prostitutes seems to have a higher priority than convicting the organizers of these crimes. Involvement of police, justice and politicians has been reported. The prosecution of trafficking offenders is limited while law enforcement agencies, in many cases, continue to treat victims as criminals. Attempts have been made to sensitize actors involved, for example, anti-trafficking training has been given to law enforcement officers in Jamaica and Trinidad and Tobago. Jamaica recently enacted the Trafficking Act of Jamaica. IOM and local governments have convened a series of seminars on trafficking in persons in various countries of the region in 2004.¹⁴ IOM has also been providing technical cooperation on migration management and capacity building. Between 2005 and 2007, several in-country assessments were completed in the region.¹⁵ As a follow-up, IOM is implementing Capacity Building on Migration Management Programmes in the Bahamas and Trinidad and Tobago.

A special case of migrants addressed by the ICPD Programme of Action is that of refugees and asylum-seekers. The number of persons seeking refugee or asylum status in the Caribbean is minimal.¹⁶ Estimates of the number originating from this region sum up to between 5,000 and 6,000.

3. Population ageing

The ICPD Programme of Action stresses the need for enhancement of self-reliance of elderly people and the creation of conditions that promote quality of life and that enable them to work and live independently in their own communities as long as possible, or as desired. Additionally, it advocates the development of systems of health care as well as systems of economic and social security in old age. At the same time, the need to develop a social support system, both formal and informal, with a view to enhancing the ability of families to take care of elderly people within the family is stressed. Reinforcing this, the Port of Spain Declaration acknowledges the particular needs and requirements of vulnerable groups, such as older persons.

The proclamation of the International Year of Older Persons in 1999 recognized older persons as equal subjects of their own development and participants in all spheres of social life. In the same year, the Caribbean Regional Charter on Ageing and Health, adopted by CARICOM, further acknowledged ageing as an area of priority in health and social planning. In 2002, at the evaluation of the Vienna Plan,¹⁷ the Madrid International Programme of Action on Ageing came into being (“Madrid Plan”). This milestone meant a shift from the goal of protecting the elderly towards empowerment and full participation of all age groups in all spheres of their lives. This global plan was followed by the Regional Intergovernmental Conference on Ageing in Santiago de Chile in 2003. It resulted in a regional strategy for the implementation, in Latin America and the Caribbean, of the Madrid International Plan of Action on Ageing. As a follow-up, ECLAC organized the Caribbean Symposium on Population Ageing, the first such event at the subregional level held in Port of Spain, Trinidad and Tobago, in 2004. Two years later another platform for experts on ageing was provided

¹⁴ Bahamas, Barbados, Guyana, Jamaica, Netherlands Antilles, Saint Lucia, Suriname.

¹⁵ Antigua and Barbuda, Bahamas, Barbados, Saint Kitts and Nevis, Saint Vincent and Grenadines, and Trinidad and Tobago.

¹⁶ UNHCR estimates that there are currently less than 500 asylum seekers and refugees in the Dutch and English Caribbean, of which 284 are in Belize. Estimates of the number originating from this region sum up to between 5,000 and 6,000.

¹⁷ The Vienna International Plan of Action on Aging, endorsed by the United Nations General Assembly in 1982 was the first international instrument on ageing.

by ECLAC at the Caribbean Expert Group Meeting on Changing Age Structures and Challenges for the Caribbean (Port of Spain, 2006).

Total age dependency ratios are currently at a historic low in the Caribbean. Overall dependency ratios are similar to the more developed regions of the world. The composition is quite different, however. Whereas in the most developed regions the burden is more or less equally distributed between the young and old age dependency, in the Caribbean countries it is still predominantly the young that are dependent.

In the near future, dependency ratios will still be favourable. But as fertility and mortality trends continue and cohorts year by year move up the age pyramid, the share of persons above retirement age will increase markedly. Increased old-age dependency goes hand in hand with an increase in spending on social pension and health care. The growing old-age dependency leads to increases of the pay-as-you go type of social pensions up to unsustainable levels. The Caribbean countries will, therefore, have to take action now in order to safeguard a decent future for the elderly.

To mitigate rising costs, good planning and proper policies that can reduce the negative effects of ageing have to be implemented. Most countries in the region now have some kind of non-contributory social pension or safety net programme. Although they give the elderly some kind of independence and alleviation from abject poverty, they are not sufficient for a decent living. In countries that have estimated national poverty lines, incomes provided to the elderly are far below the levels determined. Further efforts in poverty reduction among the growing older population are, therefore, needed. Relative costs of social pensions and health will, together with the old-age dependency, increase steadily. Contributory pension schemes are therefore needed to complement them. Coverage for government and higher income groups is in general good, however, incorporating lower income groups, self-employed and the informal sector will be a challenge. Women are often found in the informal sector without or with a short working history. They are, therefore, in general more vulnerable. Unfortunately, initiatives will probably be under pressure taking into account the current financial crises and considering the large current account deficits and government debts in many countries.

Increased health costs are probably even a larger challenge than the costs of social pensions and assistance to the older members of the population. It is difficult to withhold existing treatments to patients that need it. Private health insurances are lacking or unaffordable for most retired persons. While in some Caribbean countries healthcare is available free of cost from the public health care system, the quality of care, however, leaves much to be desired in many cases.

To provide their livelihood, many older persons have to rely on family and relatives. Although many are willing to provide this with love and affection, it puts the elderly in a dependent position and it can lead to abuse. Neglect and abuse of elderly by other family members has been reported and, though incidental, it remains a concern.

Intergenerational relations are also changing. Informal systems of care and family decline as family structures disappear, and because of lower fertility less children and grand children are present to provide care for the elderly. If both partners are working there is no time for taking care of older family members, making the older persons depend more on professional care.

The current financial-economic crisis has reduced remittances, on which a part of the older population relies. Additional sources of income, often margin activities such as growing part of their own food, are sought by many older persons to supplement their livelihood. Adequate social and other pensions not only reduce poverty among retirees, but it might reduce youth unemployment and increase the labour participation of women. As less older persons are (self) employed, more opportunities are created for others. Probably even more important, older persons spend their money locally and, therefore, could afford care and assistance.

The change in median age summarizes overall aging. In all Caribbean countries it increased since the middle of the last century. From a moderate increase between 1950 and 2009 from 20.8% to

21.9% in Belize, to 10 years or more in, for example, Aruba, Barbados, the Netherlands Antilles, and Trinidad and Tobago. Differences in the median age are quite marked: in Aruba, Barbados, the Netherlands Antilles, and the United States Virgin Islands, the median age is around 38 years, while in Belize it is only 22 years. Although the increase in the percentage of the elderly has been limited, the absolute number of older persons has increased steadily. Since 1950, it has nearly doubled every 25 to 30 years and is expected to continue to do so. Planning for new facilities for the elderly therefore continues to be necessary.

Most countries have adopted explicit national policies on ageing and on older persons. Acts and bills have been passed to safeguard quality residential care and councils for the elderly and advisory committees have been established. In the region, many new senior activity and day-care facilities have opened up in the past 10 years and even computer courses are offered to the very old. Residential care homes are operated by government and private entities, and churches traditionally offer activities which are carried out by older persons. There are also many other non governmental and private initiatives for older persons who lack family support networks; with those less in need of assistance participating in these activities. Organizations, such as Help Age International, are also involved in the region in many projects to improve the situation of the elderly and to get policies addressing the need of the elderly implemented.

An increasing challenge to governments is the increased, real and perceived, insecurity in public spaces which affect more and more older persons in their mobility. Older people find it also more difficult to navigate the congestion found on the roads of many countries in recent years.

4. Gender equality, equity and empowerment of women

The Programme of Action of the ICPD clearly states that the empowerment of women and improvement of their status are important ends in themselves and are essential for the achievement of sustainable development. It also mentions that “greater equality for the girl child is a necessary first step in ensuring that women realise their full potential and become equal partners in development”. The Programme of Action further acknowledges that women cannot achieve gender equality and sexual and reproductive health without the cooperation and participation of men. Gender perspectives in the Caribbean are critical in the prevention and control of the HIV and AIDS epidemic as they prepare males and females to enter into relationships which involve sex, sexuality, roles and expectations. Therefore, the ‘men as partners’ approach is becoming increasingly accepted throughout the region with increased emphasis on the role of men in family planning, HIV prevention, supporting partners in promoting maternal health and parenting. In some countries, national gender machineries have played key roles in engaging men to support the promotion of gender equality. In Trinidad and Tobago, the ‘Defining Masculine Excellence Programme’ is one example whereby male youth and men are trained on issues including gender-sensitivity, masculinity, men and their social relationships. In Saint Kitts and Nevis and Jamaica, a male outreach officer has been established within the national gender machineries with the main responsibility of strengthening the involvement and the integration of men in programmes aimed at achieving gender equality. Men play a key role in bringing about gender equality since, in most societies; they exercise preponderant power in nearly every sphere of life.

At the subregional level, UNFPA has embarked on a ‘masculinities’ project, engaging men in efforts to achieve gender equality and sexual and reproductive health. The objective is to generate a strategic and coordinated approach to the work and interventions being done in the area of masculinity in the subregion. The primary focus is on evidenced based data, results-based management, partnership-building on monitoring and evaluation.

In examining the Millennium Development Goals-framework, gender equality is clearly founded on two premises: one, that gender equality is a stand alone aspiration to which countries must commit; and two, that gender equality should be aimed for in the pursuit of all the other goals and targets. It is widely acknowledged that achieving gender equality is key to achieving the other seven

Goals, as it is a cornerstone of development. The latter would be consistent with a gender mainstreaming approach.

In the Caribbean, gender inequality is widely manifested in terms of poverty and in young girls' vulnerability to HIV, economic discrimination, reproductive health inequities and gender-based violence and AIDS, as well as —although data are fragmented— gender-based violence. In addition, violence against women is on the increase. Sociological studies undertaken in a number of countries in the region suggest that at least one in three women in unions have experienced some form of abuse in the domestic setting. It is interesting to note from the studies that though domestic violence may take several forms, the incidence tends to be consistent, regardless of ethnicity, geographic setting and employment status.

Gender-based violence incapacitates families and partnerships, and impacts upon the very dignity of individuals as human beings. It also impacts upon the region's development —the indirect costs as a result of loss of employment and productivity, and the direct costs as they relate to the cost of services borne by the governments through health and social services and the criminal justice system—. However, several countries in the region have taken steps to address the issue of gender-based violence and, in particular, violence against women. In Antigua and Barbuda, the national gender machinery conducted several training sessions and partnered with the Ministry of Health and the police to develop a protocol for dealing with sexual violence and the collecting of data. In Jamaica, a draft Sexual Harassment Policy was developed, and in July 2009 a landmark Sexual Offences Bill was passed in the Senate, addressing a range of issues including violation of persons and the establishment of a sexual offences registry. Guyana has also made some changes to its policy and legislative changes in the Sexual Offences Act.

Young girl children and adolescents in the Caribbean are not immune to gender inequalities. They are exposed to a wide variety of risks and vulnerabilities which impact their development. These include risks associated with their physical and mental health, including their sexual and reproductive health; as well as risks relative to their economic circumstances including employment opportunities and access to financial resources. Very often these problems are interrelated and may seem insurmountable as these young girls make the transition from childhood to adulthood.

In a 2004 ECLAC report, the complications of definitional issues, the lack of standard approaches to measurement and the absence of sex disaggregated data in the education targets were noted: *“The unavailability in most instances of sex disaggregated data in the relevant age cohort (15-24 years) makes it difficult to document the measures of gender equality and women's empowerment. This not only hinders analysis but also points to the need for the adoption of a common approach on system structure, definitions of key indicators and, at a minimum, the mandatory collection of sex disaggregated data on an annual basis. However, based on the available data, with the exception of Belize, enrolment rates at the primary level favour boys, while at the secondary level they favour girls. The ratio of literate females to males (indicator 2) among 15-25 year olds generally favours females, given the higher rate of female participation at the secondary level of education. Only in Saint Lucia is there parity in the share of women in wage employment in the non-agricultural sector (indicator 3). In all other cases, males have the larger share of employment, with the gap being widest in Suriname, Guyana and Trinidad and Tobago”*.¹⁸

Increased opportunities for female participation in education has to be viewed against the backdrop of the resilience of patriarchal systems and structures to change; as well as the increasing gender vulnerabilities that women face in both economic and political sectors, which continue to serve traditional interest and motive.

“In spite of their [women's] overall higher levels of participation and performance at the secondary and tertiary levels of Caribbean education systems, the majority of the women in the region

¹⁸ Challenges of meeting the monitoring requirements of the MDGs: an examination of selected social statistics for the four SIDS, UNECLAC 2004, LC/CAR/G776.

*continue to be positioned in the lowest sectors of the capital market, earn lower wages than men, suffer higher rates of unemployment, experience greater levels of poverty, are under-represented in decision-making positions at the meso and macrolevels of social and political institutions and lack real personal autonomy”.*¹⁹

On the other hand, although compared with females, males are under-participating and under-performing in education and generally are less highly certified than females, they enjoy greater access to formal employment; to alternative routes for generating capital; to higher incomes; and, to decision-making positions and, therefore, to greater material and symbolic power.

It was found further that Indicator 4, the proportion of seats held by women in national parliaments which emphasizes numeric parity, failed to capture the nuances of qualitative changes in the patterns of female leadership in the region (ibid). Between 2004 and 2007 there were no fewer than 13 general elections in the subregion, namely in the Bahamas, Guyana, Jamaica, Saint Lucia, Dominica, Trinidad and Tobago, Suriname, Saint Vincent and the Grenadines, and the non-independent territories of Montserrat, the Cayman islands, Anguilla, the Turks and Caicos Islands and the British Virgin Islands, with in mixed results. An ECLAC study highlighted that female participation in the politics of the Caribbean is about 20% overall. It also shows that participation for women is lower at the highest levels of decision-making and higher at the lower echelons of management. The study found that generally there has been some improvement both in political participation and in decision-making positions, but that the improvement is still not close to the attainment of the 30% agreed upon by the Caribbean Governments.

Since the first conference on Women held in 1975 and at subsequent global conferences, there has been a recognition that the policy environment for gender inclusion is built around institutional mechanisms, located within government, responsible for overseeing the formulation and implementation of policies and programmes to promote women’s empowerment. Currently in the Caribbean, there exists such a mechanism in every country, with varying levels of resources. The effectiveness of the mechanisms has been studied over the years, and the general conclusion is that the operations of the machineries have been held back by underresourcing, diffuse mandates, and limited leverage to influence the policy dialogue at national and regional levels.

In essence, the institutional and policy arrangements for gender mainstreaming are theoretically in place. All countries have a declared commitment to address gender inequality and gender issues are part of the contextual analysis, policies and plans of governments. By 2007, almost all countries initiated or developed national policy statements on women, and ratified key international conventions. The main instruments which guide regional governments in this respect are the:

- Millennium Development Goals;
- CEDAW;
- Beijing Plan of Action;
- CARICOM Plan of Action;
- Commonwealth Plan of Action; and
- Belem do Para Inter American Convention on the Prevention, Punishment and Eradication of Violence Against Women.

At the national level, some governments are putting in place gender focal point systems, which involve the assignment of one staff members to oversee gender mainstreaming. In Jamaica, for example, the Planning Institute of Jamaica (PIOJ) has two gender focal points assigned to economic

¹⁹ Bailey & Tang Nain (2003). The Search for Gender Equity and Empowerment of Caribbean Women: the Role of Education. In: (eds.) Tang-Nain, G. & Bailey, B. *Gender Equality in the Caribbean: Reality or Illusion*. Kingston, Jamaica: Ian Randle Publishers.

and social sectors. The task is, then, to ensure that gender focal points have the required knowledge of gender issues, which is gained through training; and that there are linkages between focal points and the bureaux of gender affairs, as well as among focal points. For example, in Guyana, an interministerial committee has been established by the Women's Affairs Bureau with focal points from each ministry.

National and regional initiatives

Within the region and at national levels, advances have taken place and include the approval of a gender policy in Dominica in 2006. In addition, the Women's Bureau collaborated with an intersectoral committee to compile and submit to Cabinet a Draft National Action Plan on Gender Mainstreaming. In Bahamas, a National Gender Policy is currently being developed. In Trinidad and Tobago, a draft policy on gender which was first issued in 2005, was revised again in 2008 and is currently under consideration. The Ministry of Human Services and Social Security in Guyana is spearheading legislative reform of the sexual offences law in that country. Under the proposed Act, the corroboration rule has been abolished as has the defence of marriage to an allegation of rape. The proposed Act also sets out the mandatory requirement for police to record and investigate every reported case of sexual abuse as well as the mandatory reporting of suspected cases of child sexual abuse by health workers.

Since 2003, the OECS has been working on a reform for Family Law and Domestic Violence in all member States. The objectives of the initiative is to revise laws related to marriage, children, maintenance, domestic violence and divorce, support of the partner and other family-related matters in order to develop modern legislation in accordance with international treaties in all countries of the OECS and the Turks and Caicos Islands. Four law models were devised in the reform (Domestic Violence, Adoption of Children, Care and Protection of Children and Juvenile Justice). These models seek to replace existing laws in the member States and will help promote a modernized judicial and legislative system with the capacity to resolve problems arising from family life in an integrated manner and to ensure equitable access to justice and to social services to all family members.

Data collection protocols for gender-based violence are in the process of being implemented in Antigua and Barbuda, Barbados, Dominica, Saint Lucia, and Trinidad and Tobago. The protocol seeks to bring together multiple data sources from the police, courts, health centres and crisis centres. The information collected is expected to assist in trend and causal analysis in order to develop intervention programmes and to monitor the effectiveness of violence prevention and intervention activities.

The Caribbean Institute for Women in Leadership (CIWIL) was established to promote and increase the participation of women in politics, public life and management positions in the Caribbean. Among the strategies envisaged by CIWIL is the skills development and empowerment of women through education and training to enable them to function effectively as policy formulators and decision makers in the region. The Jamaica Government has established the Gender Advisory Committee to develop a National Gender Policy which, when completed, will allow for more effective gender mainstreaming.

The International Labour Organization (ILO) supported gender training for trade unionists, which included specific activities for women unionists in Bahamas, Jamaica and Trinidad and Tobago, as well as training on equality conventions. This included consultations with representatives from a variety of government ministries, employers' and workers' organizations, and national and regional non-governmental organizations. Consultations were held with CARICOM and United Nations agencies to validate sections of the training package on "Gender, Poverty and Employment" for its adaptation to the Caribbean context for its proposed use in the region.

In 2008, high-level representatives of governments and employers and workers' organizations committed to the mainstreaming of gender equality in national development policies and strategies adopted the Tripartite Declaration and Plan of Action for Realizing the Decent Work Agenda in the Caribbean, which was another step forward.

The tenth session of the Regional Conference on Women in Latin America and the Caribbean was convened in Quito in 2007. The governments participating in this session agreed to implement a comprehensive range of actions to advance the status of women and promote gender equality. Agreements were reached on the recognition of the importance of the economic and social value of the unpaid agricultural and subsistence work performed by women, and of the need to make their work visible and arrive at an accounting of their contribution to national economies.

The latest initiative is the establishment of a gender equality observatory for Latin America and the Caribbean that will help to strengthen national gender machineries. ECLAC subregional headquarters for the Caribbean has the direct responsibility for implementing the main activities of the observatory. The issues of concern related to the observatory include unpaid work, time use and poverty, access to decision-making and political representation, gender-based violence and, reproductive health and rights.

While there have been significant gains in promoting gender equality and the advancement of women in the region, several major challenges remain. Some of these include limitations in terms of human and financial resources particularly within the national gender machineries. There is also a need for comprehensive gender mainstreaming in policies and programmes. For instance, macroeconomic policies and budgets need to reflect a deeper understanding of women's realities, including the impacts of various agreements on their well-being. Unless the issue of male underperformance in education is urgently addressed and discussions are focused on structural determinants, harmonious relationships between men and women and the role of men and boys as agents of social change in Caribbean societies will remain elusive. Lack of understanding of the relevance of gender concerns and commitment to change still exists in many countries across the region, which further facilitates perpetuation of the gender stereotypes. Increased efforts are, therefore, necessary to continue to promote gender equality and the advancement of women.

5. Family, population structure and interdependence between productive and reproductive live/social protection

The ICPD Programme of Action states that the family is the basic unit of society. However, the traditional notions of parental and domestic functions do not reflect current realities and aspirations, as more and more women in all parts of the world take up paid employment outside the home. At the same time, various causes of displacement have placed greater strain on the family, as have social and economic changes.

The objectives within the Programme of Action regarding the family, its role, rights, composition and structure are, inter alia: (a) to develop policies and laws that better support the family, contribute to its stability and take into account its plurality of forms, particularly the growing number of single-parent families; (b) to promote equality of opportunity for family members, especially the rights of women and children in the family; and (c) to ensure that all social and development policies provide support and protection for families and are fully responsive to the diverse and changing needs of families.

An important aspect of participation in productive work is the ability to reconcile work outside the home with family responsibilities, because many women are confronted with their greatest problems when trying to reconcile their numerous domestic tasks with their work responsibilities.

Not much has changed post-Beijing with respect to the recognition of women's contribution to the economy: there continued to be a lack of equality because of the unequal sharing of reproductive work between men and women.

Caribbean countries have subscribed to a variety of conventions and international standards, especially the ILO conventions, such as those on maternity protection and its revision, equal pay for equal work, discrimination in employment and occupation and reconciliation of work with family responsibilities. In addition, they have introduced national legislation and reforms and implemented

State programmes and projects to complement these conventions. Most countries grant 12 weeks of maternity leave, and most provide for employment protection to ensure that when a woman returns to work she maintains her seniority, resumes her former work or its equivalent and does not receive lower wages than before she went on maternity leave.

The ILO Workers with Family Responsibilities Convention, 1981 (No. 156) is intended to promote equality of opportunity and treatment in employment for workers with family responsibilities, and among workers with such responsibilities. Belize is, however, the only Caribbean country to ratify this convention. One country, the Cayman Islands, has a policy for paternity leave.

With respect to policies that reconcile family and working life, there are no explicit policies in place in the Caribbean. Such policies have not yet become established in the language or in government discourse.

In terms of the situation of unremunerated work in the Caribbean, such work is predominantly performed by women in their own homes, but also involves care and assistance provided outside the home. It constitutes mainly domestic work or housework, family work, subsistence activities, unpaid work in the workplaces, volunteering and care giving to children, the elderly, the sick and infirmed and family members with disabilities. The Caribbean context is such that women have more responsibilities than their male counterparts in the home, reinforcing women's marginalization and the gendered dimension of poverty.

The majority of Caribbean countries currently lack the constitutional provisions necessary for the measurement of unpaid housework, although a few had taken steps to recognize the value of unpaid work in public policies or legislation in the areas of childcare and domestic duties in the cases of separation or divorce. Trinidad and Tobago is the only country that has established legislation recognizing the contribution of women to the social, economic and political life in the country.

Policies to harmonize work and family duties are lacking even in areas where the impact of HIV and AIDS as well as the ageing population has dramatically increased the burden of care on working women. There is still little recognition of the contribution of household work to national economic outcomes and, therefore, little change in corresponding economic and social policies for care work being promoted.

National and regional initiatives

The 2008 study entitled “Reconciling work and family: issues and policies in Trinidad and Tobago” is one of a number of country studies commissioned by the ILO Conditions of Work and Employment Programme, within the context of international labour standards, that address work-family issues, namely the Workers with Family Responsibilities Convention, No. 156 and the Maternity Protection Convention, No. 183. It provides information on workers' experiences, particularly women, of negotiating work and family responsibilities and implications for gender equality and poverty in Trinidad and Tobago.

The OECS family law and domestic violence reform project includes model laws to ensure a more effective and responsive legal and social service delivery in support of shared family responsibilities, and to alleviate the poverty of women's households.

On the regional level, the Tenth Regional Conference on Latin America and Caribbean Women (Quito, 2007) also paid attention to the issue of the connection between reproductive and productive lives.

6. Sexual and reproductive rights

The ICPD Programme of Action clearly delineates sexual and reproductive rights. Sexual rights comprise the rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, being free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, and to expect and demand equality, full consent,

and mutual respect and shared responsibility in sexual relationships. It acknowledges the individual's right to say 'no' to sex if she/he does not want it. Reproductive rights embrace the rights of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, attain the highest standards of sexual and reproductive health and, make decisions about reproduction free of discrimination, coercion and violence.

The issue of sexual and reproductive rights is of special importance for youth. As signatories to several United Nations Conventions²⁰ that guarantee the right of children, adolescents and youth to quality and age-specific sexual and reproductive health information and services, the Caribbean region has a responsibility to ensure that these conventions are honoured.

Much has been achieved in the region in moving the rights agenda forward. Several countries have introduced the multi-agency CARICOM Health and Family Life Education (HLFE) school-based sexuality, reproductive health and HIV education at primary and secondary levels. It is equally important to target the out-of-school youth population, in regard to sexual and reproductive health and rights, as this group generally lacks adequate and accurate information in these areas. UNFPA has taken the lead in developing responses, including launching of the innovative programme for adolescents with disabilities. Efforts are ongoing to improve access to clinic-based services for persons who are 18 years and younger.

In addressing the rights of adolescents with disabilities, Jamaica implemented a project addressing the sexual and reproductive health of persons with disabilities and their care givers. The initiative has been very successful in highlighting the needs of persons with disabilities and providing appropriate information and services. This is ground-breaking work on sexual and reproductive rights for persons with disabilities and it is attracting the attention of other countries in the Caribbean. Expansion of this initiative is being undertaken in Guyana, Barbados and Saint Lucia.

At the regional level, the focus on adolescents and youth is to ensure that they access information and services on sexual and reproductive health, HIV and AIDS prevention in a friendly and non-threatening space. Hence, the emphasis is on establishing youth-friendly spaces at the community level. UNFPA is promoting these spaces with governments and non-governmental organizations in Anguilla, Belize, Bahamas, Guyana, Jamaica, Sint Maarten, Saint Lucia and Suriname. These spaces offer information and services in the areas of adolescent sexual and reproductive health, gender, career guidance, life skills/personal development, income earning skills, recreation and information and technology. Depending on the issues of the youth, referrals are also made to other service agencies.

UNFPA worked with CARICOM in introducing an additional target to the maternal health goal, i.e. universal access to reproductive health services by 2015 through the primary health care system, but more needs to be done. Lack of access to quality, sexual and reproductive health services, especially for adolescents younger than 18 years is still a concern. Overall, legislation on protection and acknowledgement of sexual and reproductive health and rights of adolescents is absent. Across the region, unplanned pregnancies among adolescents, that is, persons aged 15-19 years, account for a significant proportion of total annual births.

Lack of access to modern contraception is also implicated in the matter of unplanned pregnancy among adolescents and youth. In most countries in the region, the age of majority for medical services is 18 years. What this means is that youth younger than 18 years of age are required, by law, to obtain parental consent for sexual and reproductive health services. One of the contradictions is that adolescents, in most countries in the region, can give their consent to sexual

²⁰ Of special note is the Convention on the Rights of the Child and the International Conference on Population and Development.

intercourse at age 16 years. A number of governments have begun to develop policy guidelines that will address this anomaly.²¹ Jamaica developed policy guidelines in 2005.

In examining the most-at-risk-populations (MARPs), which include sex workers, men who have sex with men, people living with HIV (PLHIV), transgender populations and drug users, it is noted that these vulnerable groups are particularly affected by the HIV and AIDS epidemic in the region and, especially, the stigma and discrimination surrounding it. Economic and social vulnerability is particularly associated with HIV and AIDS. The plight of these groups, in particular, is still not fully recognized and acknowledged either in official or informal circles, but it is clear that for these vulnerable groups, the socio-cultural environment reinforces social alienation. There is limited national anti-discrimination legislation of PLHIV in the Caribbean. Members of the Lesbian, Bisexual, Gay and Transgender-community (LGBT) are confronted with a moral and legal environment which views these members of society as conducting illegal and immoral activities. The absence of laws to protect these groups drives them underground, contrary to United Nations' International Guidelines of HIV and AIDS 2006.

The lack of international and local protection is a major factor that renders sex workers vulnerable to exploitation in the workplace, and to harassment or violence at the hands of employers, law enforcement officials, clients and the public. The need for worker protection, including occupational health and safety provisions, is of particular relevance in the current context of HIV and AIDS.

Recent advancements with regards to MARPs include several initiatives. The Caribbean HIV & AIDS Alliance (CHAA), with support from the World Bank, is currently implementing a CARICOM/Pan-Caribbean Partnership against HIV and AIDS (PANCAP) anti-stigma and discrimination HIV and AIDS project to produce toolkits targeted to faith-based organizations, health personnel, educators, the tourism and private sectors, PLHIV, parliamentarians and policy makers. UNFPA in conjunction with the United Nations Development Fund for Women (UNIFEM) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) hosted an expert group meeting on the legal and policy analysis of sex work in the Caribbean and targeted a small core group of sex workers, lawyers, United Nations agencies and other key organizations working with sex workers. Representing the LGBT community, in Trinidad and Tobago the Coalition Advocating for the Inclusion of Sexual Orientation (CAISO) was formed to educate policy makers and advocate for policy reform.

7. Reproductive health

Reproductive health, which is defined as the state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity, addresses the reproductive processes, functions and systems at all stages of life.

Reproductive health includes family planning, infertility management, cervical and breast cancer prevention and treatment, prostate cancer prevention and treatment, unsafe abortion prevention and treatment, attendance of births by skilled health professionals, including pre-natal services, safe delivery of babies and post-natal services. Those services encourage women to exercise their reproductive rights and to practice healthy life styles during pregnancy. An integral component of reproductive health presently is the integration of HIV and AIDS services and programmes in family planning and other reproductive health activities. Reproductive health is not only a major health issue, but also a means to sustainable development as well as a human right (UNFPA, 2005). There is a clear linkage between Millennium Development Goal 5 and the reproductive health goals of ICPD.

The impact of family planning on the lives of women in the Caribbean means that women have been able to decide on the number and spacing of their children. A result of the improved access to methods of family planning is a decline in the fertility rates in the region. This is in contrast to the situation a few decades ago when Caribbean fertility rates were among the highest in the world.

²¹ Jamaica Ministry of Health recently approved guidelines to allow access to contraceptives for minors in special circumstances.

Fertility rates declined among women of all ages. Several countries in the Eastern Caribbean have attained fertility rates near replacement fertility and, in Grenada and Saint Vincent and the Grenadines, the average number of births per woman is below the replacement rate.²² The rate of decline has slowed in recent years (Table 1).

TABLE 1
AVERAGE ANNUAL RATE OF REDUCTION OF TOTAL FERTILITY RATE
(In percentages)

	1970-1990	1990-2006
Barbados	3.1	0.7
Grenada	3.0	1.1
Saint Lucia	3.0	2.6
Saint Vincent and the Grenadines	3.5	1.9

Source: UNICEF (2008) State of the World's Children, New York.

Reductions in fertility among adolescents have not kept pace with the reductions among other age groups. Adolescent fertility rates have been declining in most Caribbean countries. In Belize, it stands at 96 births per 1000 girls (ages 15-19 years), a 30% reduction since 1991. A similar reduction can be observed in Jamaica where it stands at 79 births per 1000, although some reports conclude that the decrease in fertility is due largely to increased recourse to abortion. The Jamaica Ministry of Health (2003-2006) reports that an average of 1000 women presented themselves at public hospitals with complications from unsafe abortions.

Although the accuracy of the data may be in question, the limited available evidence points to increases in Contraceptive Prevalence Rate (CPR). It follows that more individuals are empowered to make decisions on sexual and reproductive health issues and have the means to implement those. It is noteworthy that in the Caribbean there is the right of choice and the somewhat unrestricted use of contraceptives, as well as the high development of family planning programmes and services, which are ably supported financially by some Caribbean governments and international organizations such as the International Planned Parenthood Federation (IPPF) and UNFPA. However, this is an area where the scarcity of data represents a serious setback to any analysis. With the exception of Jamaica, where the National Family Planning Board conducts Reproductive Health Surveys every five years, detailed data contraceptive prevalence studies on fertility issues has been absent since the early 1990s or, at best, fragmented in a multitude of small scale surveys -mostly adolescent Knowledge, Attitudes and Practices (KAP) surveys- and, most recently, the UNICEF sponsored Multi Indicator Cluster Surveys (MICS), the latter mainly focusing on women 15-24 years of age.

In spite of the above, evidence points to the fact that high, unwanted fertility still remains a pervasive phenomenon of the poor, pointing to the strikingly high unmet need for family planning and hence to the persistence of factors limiting the exercise and enjoyment of human rights, including reproductive rights. In Jamaica, for instance, there is a high unmet need - around 22%- whereas the CPR is also high at around 67%. This paradox may point to important segments of women lacking access to sexual and reproductive health services, including methods of family planning.

Male participation in reproductive health still remains a challenge in many aspects of reproductive health. While some countries have programmes promoting male responsibility and addressing male gender issues, the impact of these initiatives has been limited. However, several Caribbean States are already working to expand programmes for greater male participation and for inclusion of programmes for men. NGOs, like Men Against Violence in Trinidad and Tobago and

²² The "replacement fertility rate," is the number of children the average woman needs to bear for a population to sustain itself. The replacement fertility rate is 2.1 children per woman.

Fathers Inc. in Jamaica, work to facilitate more positive male involvement in family, community and national life. In Guyana, efforts are being made to integrate men into family planning services at the primary health care centres. UNFPA sponsored two studies which highlighted the need for galvanising action for men to be included in the services offered and for health service providers to be sensitised to address the needs of men.

While overall levels of maternal mortality remain relatively low (with only two countries with rates above 100 per 100,000) in the region, maternal mortality ratios have shown no significant decrease over the last 18 years (taking as reference 1990). However, the profile of maternal deaths has changed: there is a higher concentration now among adolescents, as a result of lifestyle-related indirect causes such as obesity, diabetes and HIV and AIDS. Complications due to abortion are also one of the major causes of maternal death, although not always reported as such. Indicators on the availability and use of emergency obstetric care facilities, as opposed to the often under- or misreported maternal health figures, reveals that the health care system is overburdened and has limited capacity. In addition there are also cultural and gender-related factors that prevent women in need of those services to seek health care. Quality of care also seems to be deficient, as demonstrated by the fact that the presence of skilled attendants at birth is virtually universal for most countries and yet maternal mortality ratios do not decline accordingly. This may be due to the equation of “skilled attendance at birth” with “institutional deliveries”. The Ministry of Health in Belize has taken action in reducing the maternal mortality rate with their safe motherhood programme, which focuses on a maternal morbidity and mortality surveillance system and the re-introduction in 2006 of “baby friendly” hospitals.

According to the World Bank, the onset of sexual initiation in the Caribbean is the earliest in the world outside Africa. Furthermore, based on available data from the Pan American Health Organisation/World Health Organisation (PAHO/ WHO),²³ about half of the adolescents have been forced into their first sexual intercourse. In a survey of students 10-14 years old in Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines, 12% of males and 6% of females aged 10-14 years were sexually experienced. The median age of students who were sexually experienced was 13 years for both males and females. Forty-four per cent of sexually active youths reported sexual debut before the age of 15. In addition, contraceptive prevalence remains low with only 30% of sexually active girls and 24% of sexually active boys 18 and younger reporting that they always use contraception.²⁴

High levels of sexual activity combined with low levels of contraceptive prevalence mean that, despite the decline in adolescent fertility reported above, early parenting continues at worrying levels. Nearly 20% of live births in the region are to adolescent mothers. Data from Dominica and Saint Lucia revealed that, in 2005, about 16% of live births were to an adolescent. For the same period, births to adolescents accounted for 19% of live births in Saint Kitts and Nevis; in the Turks and Caicos, they accounted for 9% (Table 6). In 2004, 6% of adolescent girls 15-19 in Saint Lucia and Saint Vincent and the Grenadines and 4% in Barbados gave birth.²⁵ In Antigua and Barbuda, 2.2% of adolescent girls 15-19 years, and almost 5% of young women 20-24 years reported that they were pregnant at the time of the poverty assessment survey.²⁶

²³ Pan American Health Organization (PAHO) dataset (1997-99) on the behaviors of school-going adolescents from nine Caribbean Community (CARICOM) countries; taken from World Bank (2003): Caribbean Youth Development. Issues and Policy Directions. Washington DC, USA.

²⁴ Family Health International (2007) Behavioral Surveillance Surveys in Six OECS Countries: 2005-2006, USAID/CAREC/PAHO.

²⁵ UNFPA (2007) Promoting Healthy Sexual Behavior Among Young People in the Caribbean: A Strategy for Helping Youth Adopt and Maintain Behaviors that enable Reduction in the Spread of HIV in the Youth Populations, Barbados.

²⁶ Kairi Consultants (2007) Living Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition, Caribbean Development Bank, Bridgetown.

TABLE 2
TEENAGE BIRTHS IN FOUR COUNTRIES
(As a percentage of Total Births)

	1998	1999	2000	2001	2002	2003	2004	2005
Dominica								
< 15	1	0	1	1	1	1	n.a.	n.a.
15 – 19	15	16	15	15	13	15	n.a.	n.a.
Total	16	16	16	16	14	16	16	16
Saint Kitts and Nevis								
10 – 14	1	0	0	0	0	0	1	1
15 – 19	17	17	19	20	18	19	17	18
Total	19	18	19	21	18	19	18	19
Saint Lucia (Total)	16	16	16	n.a.	n.a.	n.a.	n.a.	n.a.
Turks and Caicos (Total)	n.a.	n.a.	n.a.	10	10	11	9	9

Sources: Lorraine Blank (2007) Situation Analysis of Children and Women in the Eastern Caribbean, UNICEF, Bridgetown.

n.a. = not available

Age considerations exacerbate gender inequality, in addition to limited access to quality sexual education and to youth-friendly health services, including counselling on and access to emergency contraception (lifting age of consent is still an important legal issue in the region)

Sexuality is not being adequately addressed and is still largely a taboo subject as it pertains to children, adolescents and young people. It is a topic that parents, schools, religious leaders, etc. should be discussing with young people and children. However, despite regional CARICOM - HLFE initiative and policies shifts within ministries of education and ministries of health, cultural and institutional barriers still limit access to information and services. This severely impacts on the effectiveness of the programming and campaigns. In several countries, abstinence-only programmes have mushroomed leaving young people without adequate preparation for making choices based on their reality. As such, young people are less willing and able to access reproductive health services. The UNIFEM study on Gender and Health in the Caribbean (2003) shows that access to adolescent reproductive health services remains a challenge in several countries in the Caribbean.

As such, another important focus of reproductive health services is adolescents who have special needs for care and support during the transition to adulthood and the initiation of sexual relationships; needs that require an even more urgent response since the emergence of AIDS. Yet for a variety of reasons, the access to reproductive health information and services for young people is particularly neglected and many millions lack the information, skills and equipment to prevent contracting or passing on HIV or other diseases or to avoid unwanted pregnancies.

Governments in the region need to commit even further to their respective reproductive health agendas and to fulfil the commitments made in international forums to achieve universal access to reproductive health. Several national and regional initiatives have been taken, for example, in Belize, the approval of a National Sexual and Reproductive Health policy and the ensuing development of a national strategic plan to guide the implementation of the policy. In Trinidad and Tobago, a strategic plan for sexual and reproductive health was drafted in 2005. Jamaica reviewed its strategic framework “Reproductive Health 2007- 2011” and included a special adolescent component. The development of national strategies is drawing on the “Strategic Consensus on Safe Motherhood in the Americas”. The programme will focus on supporting initiatives in emergency obstetric care and strengthening of referral systems, although the primary focus will be on two pillars, namely improved access to family planning and the strengthening of social and cultural sensitiveness in service delivery.

Adolescent health and well-being units have been established in some countries (i.e. in Guyana), which led to better-targeted interventions in HIV prevention, adolescent health and

development. These Youth Advocacy Movements designed a training curriculum which focused on basic sexual and reproductive health information, leadership skills and stigma and discrimination related to HIV and AIDS.

In Guyana, the Ministry of Health has established an Adolescent and Youth Health and Wellness Unit with support from UNFPA, and caters for access by adolescents and youth to information and services on adolescent sexual and reproductive health. The ministry has established over 20 Adolescent Youth Friendly Health Centres with ongoing training for the service providers on the special needs of adolescents and youth.

Through barber shops, hair dressing salons, faith-based organizations and vocational training institutions, UNFPA in Guyana reaches young people with information and services on sexual and reproductive health and gender issues. These sites provide the opportunity to reach young people easily with the information and messages through peer education.

CARICOM has played a leading role in the implementation of its HFLE curriculum in its member States. Achievements include: (a) the movement of the HFLE curriculum from information based to life-skills based; (b) the development and dissemination of the HFLE skills-based regional curriculum framework in Caribbean schools for students 5- 16 years; and (c) the delivery of HFLE in public schools in the Eastern Caribbean from senior through to the third year of secondary school. Some schools have implemented HFLE from pre-primary to secondary schools. UNFPA will focus on reaching out of school youth with the curriculum.

Adapted specifically for Caribbean youth is “You, Your Life, Your Dreams” which was launched in 2008 and distributed in Guyana, Jamaica, Suriname, Belize and Trinidad and Tobago. It is a reference manual that informs and helps young people make decisions about their sexual lives.

An important component of reproductive health is the access to the full gamut of contraceptives. There is widespread availability of male condoms in the Caribbean, due to procurement of these commodities by national family planning and/or HIV programmes within ministries of health as well as the NGO sector, such as IPPF affiliates throughout the region. Female condoms, however, are not widely available. For many of the countries in the Eastern Caribbean, their introduction to female condoms and direct accessibility to them were through the UNFPA Female Condom Initiative. Over the period 2007 to 2008, the Female Condom Initiative focused on creating awareness and generating demand for female condoms. From 2009 onward, the initiative will seek to fully implement comprehensive condom programming, giving greater balance to the scale-up of demand and supply of both male and female condoms. Participants in this venture include the ministries of health family planning and HIV/STI programmes; IPPF affiliates and family planning associations, national AIDS coordinating committees, gender bureaux, civil society organizations representing youth, sex workers, women and girls, men and boys and men who have sex with men.

Another venture in this area was the increase to access of emergency contraception (Optinor) in Barbados and Saint Lucia. Barbados has begun to distribute Optinor after a lengthy approval process, and Saint Lucia managed to get emergency contraception (EC) placed on the country’s drug formulary, so it is now available in all public hospitals and clinics on the island. Both countries launched social marketing campaigns aimed at youth, in the hopes that this would raise awareness and enable young people to know what EC is and where they could access it. Nevertheless much work remains to be done around EC in the subregion, from demystifying and de-stigmatizing EC, to raising awareness about it and advocating for changes in laws that restrict access to it.

Barbados' national HIV and AIDS commission has conducted a Men's Lifestyle Survey on risk behaviour. In Suriname, UNFPA has supported a project in which community volunteers, many of whom are young men, deliver sexual and reproductive health education in the country's interior.

UNFPA will support expansion of PROMUNDO to the Caribbean. PROMUNDO is an NGO based in Rio de Janeiro that works to improve the lives of children, youth, and families. PROMUNDO has worked since 1998 to engage young men in the promotion of health and gender equity, including

sexual and reproductive health and gender violence prevention. PROMUNDO carries out programmes and policy-relevant research, provides training, implements community-based interventions, and engages in policy analysis and policy advocacy.

8. HIV and AIDS

The main objectives of the ICPD Programme of Action with regards to HIV and AIDS are to prevent, reduce the spread of and minimize the impact of HIV infection, and to ensure that HIV-infected individuals have adequate medical care and are not discriminated against. A third objective is to intensify research on methods to control the HIV and AIDS pandemic and to find an effective treatment for the disease.

The programme of action also calls on governments to mobilize all segments of society to control the AIDS pandemic and to give high priority to Information, Education and Communication (IEC) campaigns in programmes to reduce the spread of HIV infection. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents. Responsible sexual behaviour, including voluntary sexual abstinence, should be promoted and included in education and information programmes. Among the aims are to raise awareness and to emphasize behavioural change. The international community is called upon to mobilize the human and financial resources required to reduce the rate of transmission of HIV infection.

The response to the HIV epidemic features prominently within the Caribbean region as it is both a Millennium Development Goal (Goal 6) and a priority area within the Caribbean Cooperation in Health Initiative III.

The Caribbean is the second region most affected by HIV and AIDS in the world. Adult HIV prevalence rates range from 1% in Barbados, Jamaica and Suriname (2.7) to 2% in the Bahamas, Belize, Guyana and Trinidad and Tobago. Belize has the highest prevalence in Central America. In many countries of the region the shift from low prevalence to a generalised epidemic has already occurred in some countries. It is currently estimated that over a quarter million are living with HIV in the (wider) region.²⁷ The number of AIDS cases reported annually in CARICOM member countries have increased from the first recorded cases in 1982 to around 2,500 per year by 2004, dropping slightly from a high in 2003. Some countries have reported recent falls in reported AIDS cases and AIDS-related deaths. At the end of 2007, an estimated 30,000 people living with HIV were receiving antiretroviral treatment in the region- a 50% increase since 2006, when 20,000 people were on treatment.

The epidemic is fuelled, for the most part, by unprotected sex with multiple sex partners, a thriving sex industry, and men having sex with men. Caribbean gender roles are contributing to the spread of HIV. By contrast, social forces and peer pressure on boys encourages them to exhibit their masculinity through undertaking risky behaviour. These include early sexual debut, having multiple partners, a reluctance to use condoms and a high consumption of alcohol. A 2005-2006 behavioural surveillance survey from six eastern Caribbean countries found that 31% to 46% of the surveyed population, aged 15 to 24, had multiple sex partners within the last 12 months. New infections among women are surpassing those among men. Adolescent girls aged 15-19 are three to six times more at risk of contracting HIV than boys; their higher risk is exacerbated by cross generational sex and the “sugar daddy” phenomenon (i.e., reliance of younger women on older men for their material needs, often basic, in exchange for sex).

The HIV prevention response in the Caribbean has more generally entailed the provision of HIV education and information. This has now been supported by national efforts to scale up HIV testing, counselling and treatment. However, primary prevention activities and the promotion of condoms as the only dual protection method have not been widespread. There is also the need to integrate HIV and AIDS programming into reproductive health programmes, both because it is an

²⁷ Latest estimates by UNAIDS. It is estimated that over 70,000 are infected in the Dutch and English Caribbean.

integral part of the latter and as a means of reducing stigma and discrimination for persons seeking sexual health care, especially those belonging to MARPs.

Despite differences among countries, the spread of HIV in the Caribbean has taken place against a common background of poverty, gender inequalities and a high degree of HIV-related stigma. Migration among islands and countries is common, contributing to the spread of HIV and blurring the boundaries between various national epidemics. Additionally, poor availability of HIV and AIDS data makes it difficult to gain a clear picture of each country's situation.

BOX 1
HIV AND AIDS IN THE CARIBBEAN IN 2007

Adult HIV prevalence was estimated at 1.0% (range 0.9%-1.2%);

HIV prevalence among the most exposed populations-at-risk populations 5%-33% (data up to 2005);

Some 17,000 (15,000-23,000) people were newly infected in 2007;

An estimated 11,000 (9,800-18,000) people died of AIDS most exposed populations in the Caribbean;

AIDS most exposed populations are the leading cause of death among persons aged 25 to 44 years.

Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), *AIDS Epidemic Update* (UNAIDS/07.27E / JC1322E), Geneva, December 2007.

There are some developments in the region giving rise to guarded optimism: Bahamas, Barbados and Bermuda are showing HIV prevalence declines among pregnant women, signs of increased condom use and expansion of Voluntary Counselling and Testing (VCT). The scaling up of prevention of mother-to-child transmission of HIV programmes in several countries, including Barbados, Guyana, Belize and Jamaica, has significantly reduced the rate of transmission to infants.

Further, data available for some countries seem to indicate that there is a high level of knowledge on HIV, yet it is not reflected in changed attitudes and behaviour. These developments are indeed major concerns in Jamaica, where only 6,000 out of an estimated 22,000 know about their HIV+ status and where rates among adolescent girls triple that of boys, Trinidad and Tobago and Belize. In all these countries, prevalence remains high (generalized epidemic) and there are high levels of unawareness on HIV among the population. It is no accident that this disease, which earlier affected higher proportions of men than women in most countries, is now growing at a faster rate among women. Women's vulnerability, social and cultural beliefs and attitudes and behaviours that are gender-based are some of the factors that greatly influence the spread of HIV in the Caribbean.

Despite progress made, estimates indicate that the HIV epidemic will continue to grow in the Caribbean over the next five years. World Health Organization (WHO)/UNAIDS projections show that the average increase in the total population living with HIV during the period 2005-2015 will be 13%. As the number of people living with HIV increases, Caribbean countries will face a serious challenge in providing care and treatment.

National and regional initiatives

Some countries are controlling, if not, reducing, HIV prevalence, such as the Bahamas, which saw a significant reduction in HIV prevalence after taking early and decisive action. This included addressing prevention in core transmitter settings, such as the sex and cocaine industries.

In the last eight years, Jamaica has prevented an increase in prevalence, which would otherwise have been expected, given its epidemiological realities. This is partly due to the early formation of a multisectoral National AIDS Coordinating Committee in 1988 and the development of a highly proactive national response, with strong evidence-based programming.

UNFPA partnered with the Caribbean Vulnerable Coalition Community (CVC) and CARICOM/PANCAP in May 2007 in supporting a regional meeting of frontline service providers and strategic partners from across the Caribbean to analyse, discuss and review the situation of sex workers in the Caribbean and to set the grounds for a draft strategy to improve the living conditions for sex workers in the Caribbean, using HIV prevention as the entry point.

The CHAA has been working to encourage and offer rapid testing, counselling and condom use to CSWs and MSM in Antigua and Barbuda, Saint Kitts and Nevis, Saint Vincent and The Grenadines, and Barbados. In partnership with Dominican Republic-based NGO, Centro de Orientacion e Investigacion Integral (COIN), CHAA is also working with Spanish speaking sex workers in Saint Kitts and Nevis and Antigua and Barbuda.

In an attempt to better involve faith-based institutions in their role in moving the AIDS response forward and the importance of breaking down AIDS-related stigma and discrimination, there was an inter-faith forum of more than 130 religious leaders from the Caribbean. This forum concluded that to be truly effective in challenging the AIDS epidemic, faith-based organizations must open their doors to people living with HIV and people at risk of HIV.

With regards to youth, there was the 2004 Caribbean Summit for Children on HIV and AIDS from which emanated the Caribbean Youth declaration on HIV and AIDS and the Commitments of governments to the Caribbean Youth Declaration on HIV and AIDS. The key items for action centred on the need to develop overt policies on the continuing education and treatment of children living with or affected by HIV and AIDS, and the necessity of having adolescent-friendly health services where young people can ask questions and access services. In addition UNFPA recently launched the Behaviour Communication Strategy (BCC) promoting healthy sexual behaviour among young people in the Caribbean.

The Governments of Belize, Guyana and Saint Lucia, in collaboration with NGOs and with the support of UNFPA and the Organization of Petroleum Exporting Countries (OPEC) implemented a successful initiative between 2003-2007 with a focus on reducing HIV and AIDS among young people in especially difficult circumstances. The initiative targeted hard to reach adolescents and young people with information/messages on HIV prevention and life skills. Thousands of young people in the three countries benefited from the initiative. One of the successes was the leadership capacities which were enhanced among many rural and vulnerable youth who are now commanding leadership positions in their villages/communities and continue to disseminate messages to their peers. Several agencies have used the model of this initiative to continue to work with youth at risk.

In, 2001 there was the landmark formation of PANCAP. Since its inauguration, PANCAP has expanded to become a regional umbrella organization that brings together national HIV programmes with international and regional organizations involved in the fight against AIDS in the Caribbean. The first Caribbean Regional Strategic Framework (CRSF) covered the period 2002-2007. The Framework identified priorities with regional, public, good characteristics that could be best addressed collectively at a regional level, while identifying key issues for national level focus that would advance the regional fight against AIDS. Examples of such regional public goods included the bulk procurement of drugs and the development of regional guidelines, protocols, and training programmes. Most recently, PANCAP has issued the CRSF 2008-2012 which will take a more country-centred approach, recognising that success in individual country programmes will be essential for overall regional success in achieving universal access to HIV prevention, treatment, care and support.

It should also be mentioned that PANCAP has succeeded in raising the political profile of AIDS in the Caribbean, mobilizing resources, establishing a culture for collaboration and coordination and creating an understanding about the Caribbean epidemic within the global context and, as such, has been deemed an international best practice by UNAIDS.

9. Emerging issues

In recent years, several issues have emerged that are challenging the fulfilment of the objectives of the ICPD Programme of Action. Not all of these challenges are necessarily new, but the accumulative effect means that the impact has strengthened and put severe constraints to the execution of the plan.

The extent of the problems the Caribbean is facing was already discussed in Chapter B. The food, energy, financial and economic crises have put a lot of strain on reaching the goals of the ICPD Programme of Action. Besides the direct impact on increased costs of living and loss of income they reduce budgets available for population and development-related activities. Long-term debts will tie budgets for many years and limit the space for renewed investment in social development. As budgets were based on expected continuation of increased economic growth shown in the past years, the cuts to be made will be larger than current deficits. The scope for starting new projects aimed at accelerating progress towards the ICPD goals is, therefore, limited for the near future.

According to ECLAC, the GDP in 2009 will decline by 1.2%. Although ECLAC expects some improvement, economic growth is forecasted to reach only 0.5% in 2010. This is due particularly to the weak performance of countries that depend on tourism and financial services. Economic recovery in countries that rely on natural resources (Guyana, Suriname, Trinidad and Tobago and, to a certain extent, Belize) will depend largely on the evolution of basic commodity prices.

ECLAC notes that, ‘although fixed or quasi-fixed exchange rate regimes in almost all of the subregion have become a valuable instrument for anchoring expectations and reducing inflation, they have also involved sustained and significant appreciations of the bilateral real exchange rate, owing to the inflation differential with the United States’. The currency appreciation, together with the large current account deficits, high levels of public debt and low international reserves, amount to difficulties in being able to sustain the exchange-rate regimes, especially in the context of more limited access to external financing. Countries with a floating exchange-rate regime, such as Jamaica, have seen their currency depreciated considerably. Because of surpluses on fiscal and external accounts, Suriname and Trinidad and Tobago are in a less precarious situation and were able to sustain their quasi-fixed exchange-rate regimes.

Dominica, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines have already gone to the IMF for assistance by either the Rapid Response Facility (RRF) or the Exogenous Shocks Facility (ESF). Jamaica is seeking a US\$1.2 billion Stand-by Agreement with the Fund. Other countries are contemplating following suit (Grenada, and Antigua and Barbuda) or are drawing down on their reserves within the IMF. The Netherlands Antilles had already started negotiations with the Netherlands to reduce their debt by over \$2 billion. This will slash the public debt to manageable proportions. The IMF has urged Caribbean governments to continue strengthening their financial regulations in order to prevent another meltdown of the global credit markets.

The result of the crises will be increased unemployment and cutbacks or at least no increase, in government spending on social programmes. Increasing social pensions that are already inadequate will be difficult in the coming years. Continuation of poverty reduction will, therefore, be a real challenge and difficult choices will have to be made between social spending, budget restraints and a further increased debt burden in the future. Although inflation in most countries had decreased, food and oil prices are still at historic heights and the food and energy crises are more obscured by the financial crisis and have not disappeared.

The food and energy crises made many governments realize that food and energy security has to be based on sustained sources. Projects have started and studies are undertaken to make these sources sustainable. Not only will sustainability in an ecological sense be reached by not having to import oil as a source of commercial energy, the balance of trade will improve extensively. An example is the installation of wind-powered generators utilizing the nearly ever present trade winds, in for example, Aruba, Jamaica, Grenada, Guyana, and the Netherlands Antilles. Barbados, the Cayman Islands, Dominica and Saint Vincent and the Grenadines are also considering investing in windmill

infrastructure. Wind power is not without controversy, as local residents have successfully opposed the construction of windmills (e.g. in Barbados).

Geothermal energy has much potential in the Caribbean islands. Nevis is on track with the construction of a large geothermal installation capable of producing much more megawatts of electricity than it consumes. Saint Kitts and Nevis and the United States Virgin Islands are possible customers. The Government of Dominica launched a €250 million Geothermal Project in 2008. Test drills were conducted in Saint Lucia and feasibility studies have been finished in Grenada. There is also potential for other islands in the region. A hydro-electric plant supplies a large share of the electricity in Dominica and Suriname. Belize has recently opened a hydro power plant and in Guyana one is being constructed. Saint Vincent and the Grenadines and Jamaica are minor producers of hydro energy. Unfortunately, there are many negative side effects of dams, such as displacement of people and damage to nature. Despite the tropical location, solar energy plants do not exist in the Caribbean. However, private initiatives are common and several tourist facilities have solar panels installed. The installation of solar boilers is stimulated by the Government of Barbados. Biomass and other alternative sources of energy are less common in the region.

Warmer seas might lead to an increase in major hurricanes. Besides the direct damage it causes, it might also lead to a decline in cruise and stay over tourism. Damage to coral reefs will likewise hurt tourism. Public awareness of climate change can also open opportunities for ecological tourism, which is in general on the high end of the scale. Several countries in the region have seen the construction of ecologically branded hotels. Dominica has even made eco-tourism its trademark and sells itself as the 'nature island'.

Natural disasters are common in the Caribbean and regularly cause widespread social disruption, property damage, trauma and stress, and loss of life. Several regional attempts have been made to mitigate the effects of natural disaster and climate change. The Barbados Programme of Action, adopted by SIDS acknowledges the special case these States present as they are considered extremely vulnerable to global warming and sea level rise. It was set as a blue print for action on sustainable development to be undertaken by SIDS with the cooperation and assistance of the international community.

National relief plans and natural disaster recovery plans have been implemented by the countries most affected. Older people and the poor are especially vulnerable in disaster situations. Emergency training for elderly and training of emergency and relief workers to recognize the special need of older persons have been proposed. Disaster risk reduction is an important and integral approach to the emergency strategy of Help Age International.

Planning in the region concentrates on preparedness, mitigation, and post-disaster response. The creation of the Caribbean Disaster Emergency Response Agency (CDERA), now known as the Caribbean Disaster Emergency Management Agency (CDEMA), and various national coordination agencies for disaster relief and emergency management have made a large positive contribution to reducing environmental risks in the region. CDEMA tries to mitigate damage particularly from flood hazard by improving disaster management planning. The Caribbean Development Bank (CDB) has recently established a Disaster Mitigation Facility (DMFC) for the Caribbean. The Caribbean Renewable Energy Forum was established to stimulate renewable energy implementation across the region. The ESDU of the OECS coordinates environmental activities on behalf of the OECS Secretariat. Many other international, regional, and national programmes for sustainable development exist in the Caribbean.

Despite the efforts in emergency preparedness, the vulnerability of women during disasters (increased risk of gender-based violence (GBV), unprotected sex, lack of access to reproductive health (RH) services, particularly emergency obstetric care and availability of condoms) has not been addressed. A UNIFEM/UNDP/ECLAC Gender impact assessment of Hurricane Ivan revealed that prevailing gender inequities in Grenada rendered women and their dependent children uniquely vulnerable:

- The burden of care following Ivan increased for women.
- Women's restricted skill base did not allow them to transfer from one productive sector to another, thereby limiting their income earning capabilities during the reconstruction and recovery phase.
- High rates of teenage fertility (especially among the poor) prevented young mothers from earning an income as many day-care centres were damaged.
- The already precarious living conditions of women headed households worsened with the disaster.
- There was GBV in informal shelters.
- Women were involved in the early reconstruction efforts but not in the decision-making processes in the later reconstruction phase.
- The disaster planning did not take into account gender differences and needs.

UNFPA is working regionally to prevent GBV in shelters and also to sensitize partners working with disaster management on the importance of including RH issues in disaster response.

D. Conclusions

In the English- and Dutch-speaking Caribbean subregion, population growth has effectively declined and fertility is now around replacement levels while life expectancy is relatively high. The interaction between population and development has led to the improvement of the life of millions in the Caribbean subregion.

With the majority of the countries being classified as high-income economies and nearly all of the rest as upper-middle, the region is one of the more developed in the world. Abject poverty is no longer a wide-spread phenomenon in the Caribbean, however, pockets of poverty still exist. Further efforts in poverty reduction, the prevention of social exclusion, and a lowering of the unemployment rate, especially youth unemployment, have to be intensified.

Stagnating improvements or even declining life expectancies are of concern in the region. Reducing the impact of chronic non-communicable diseases and reversing rising violence are huge challenges in the Caribbean. The quality of public health care needs improvement in most countries and the low expenditure on health will therefore have to increase.

Improvements in the needs of persons with disabilities should be of special concern as the infrastructure is not adapted to guarantee equal participation in all aspects of life. It will be a big challenge to adjust infrastructure so that disabled persons have the same access to public facilities as non-disabled. Conditions have to be created that permit self-reliance and dignity for persons living with disabilities.

1. Population, sustained economic growth and sustainable development

Most countries have formulated population policies or added the population factor into other programmes or national plans. The integration of existing policies into a comprehensive approach in order to identify the linkages among the various policies and programmes in each country is one of the main challenges. Proper communication and information mechanism among the various departments and agencies and communication to, and with, the general public are other challenges.

The availability of good quality data with adequate metadata is limited in the Caribbean. The limited regional and national capacity for data analysis is another point of concern, especially as

evidence based policy making is important for good governance. The small size of the national offices is a serious challenge for the relatively small countries of the subregion.

The limited carrying capacity does not facilitate large populations in most Caribbean countries. Consumption pattern is a key factor in addition to numbers in ensuring the sustainability of the practices and approaches that ultimately determine the environmental impact, although it reduces the distance between government and its citizens, the small scale is one of the limiting factors in Caribbean development and institutional capacity.

Many countries have realized that nature is a precious asset. Not only tourism depends on it, more importantly, the quality of local life and the sustainability in the longer term has to be safeguarded. Solid waste and waste water disposal management has been improved in many cases. Further improvements needed are, however, still abundant.

2. International migration

Migration in the Caribbean is a multidimensional phenomenon. The brain drain has affected many countries in the region. Increased education opportunities and higher levels of employment in the region has led many bright, young persons choosing to study in the region or has led them to return after having studied outside the region.

Traditionally there has always been intraregional migration. Recently, tensions have been rising about the treatment of migrants from the region in certain countries in the region. The ICPD Programme of Action acknowledges national sovereignty on migration regulations and it calls for the prevention of illegal immigration. However, clear policies are needed in order not to create expectations. Protection against racism, ethnocentrism and xenophobia should be ensured by national governments, also for undocumented migrants. Caribbean countries are urged to join the few countries in the region that have signed up for the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

Special attention should be given in the Caribbean region to measures against international trafficking for the purpose of sexual exploitation, forced domestic servitude and other forms of exploitation. Greater efforts are needed to prevent such abject forms of abuse. The organizers of trafficking and those that exploit should be persecuted.

3. Ageing and older persons

In the Caribbean region, improvements to the life of older persons have been made. Most countries have adopted national policies on ageing and older persons. In many countries, activity centres have been opened and more are planned.

The main challenge is to provide social pensions for the growing population at higher ages and to increase these pensions to above the national poverty line. Adequate systems combining social pensions and contributory systems are needed. Probably an even more arduous test will be the rising health costs associated with an ageing population. With rising health costs and the current economic crisis, public debts and budget deficits, countries might even have difficulties maintaining current levels of health care for all. Creating affordable and sustainable systems of health care provision to all in society will be a major challenge for most countries in the Caribbean subregion.

Dependency ratios are favourable for at least a decade. This is a unique opportunity to reap the benefits of the demographic dividend before the balance between the productive and the other age groups tips.

4. Gender equality, equity and empowerment of women

In the Caribbean there is still a misunderstanding of the concept of gender and what it means as well as arising issues of continued inequality and inequity. Gender inequality is manifested in terms of the

feminization of poverty and vulnerability to HIV and AIDS, as well as gender-based violence. Only in education is there relative gender parity in the Caribbean. In the other two areas, non-agricultural employment and political participation, there are persistent and glaring gender imbalances.

In the region, there exists an institutional mechanism responsible for gender in every country, with varying levels of resources. All countries have a declared commitment to address gender inequality; and gender issues are part of the contextual analysis, policies and plans of governments. Almost all countries have initiated or developed national policy statements on women, and ratified key international conventions. The effectiveness of the national gender mechanisms have been held back by underresourcing, diffuse mandates, and limited leverage to influence the policy dialogue at national and regional levels. Efforts need to be made to accelerate the gender empowerment process and to assist in the development of gender equality policy frameworks which look not only at material empowerment of women, but which also promote equitable gender relations.

5. Connection between productive and reproductive work: policies on care and family

There continues to exist a lack of equality concerning women's contribution to the economy and this is due in large part to the fact that women in the Caribbean still carry the larger share of reproductive work. With respect to policies that reconcile family and working life, there are no explicit policies in place in the Caribbean. Most countries have maternity protection based on ILO conventions and one country, the Cayman Islands, has a policy for paternity. In Belize, the social security act allows fathers to apply for paternity benefit in cases where the mother does not apply for maternity benefit.

In order to respond to the conflicts of work and family, a great deal more needs to be done by the State and employers. There is a need to recognize the importance of quality family relations to overall societal stability, labour productivity and social peace. Some proposed measures include flexitime arrangements, paternity leave legislation, crèches and day-care centres at the workplace, breastfeeding breaks and rationalization of work hours with school hours.

6. Reproductive health and sex education

In the Caribbean, there is the right to choose and although contraceptives are available there is still a high unmet need for family planning services. UNFPA is determined to continue its partnership efforts with other relevant stakeholders to help to bridge this gap. There is a high development of family planning programmes and services in many countries. However, there is evidence that high, unwanted fertility still remains a pervasive phenomenon for the poor. This points to the unmet need for family planning and, hence, to the persistence of factors limiting the exercise and enjoyment of human and reproductive rights.

While overall levels of maternal mortality remain relatively low in the region, ratios have shown no significant decrease over the last decades. Indicators on the availability and use of emergency obstetric care facilities reveal the overburdened capacity of the health-care system. Multisectoral plans of governments must focus on reducing obstetric complications and maternal deaths. It should lead to improved access and quality in all health systems and strengthen the response capacity of service providers regarding pre-natal care, as well as skilled attendants at birth and post-partum attention. Sexual and reproduction health services catering to the needs of adolescents and young people should be ensured.

Although programmes have been put into place in several countries, sex education as it pertains to children, adolescents and young people remains a concern. It is a topic that is not being adequately addressed and is still largely a taboo subject. This severely impacts on the effectiveness of the programming and campaigns. Concrete actions towards preventing unintended pregnancies, and STIs and HIV, especially among adolescents are needed. There is a need to diversify and update the supply of contraceptive methods, including emergency contraception and female condoms, in order to

satisfy the needs of each segment of the population including adolescents. The UNFPA Subregional Office of the Caribbean has launched a condom programme initiative which is already showing promising signs. This pilot initiative is being done in collaboration with ministries of health and family planning associations and non-governmental agencies of the Caribbean, and Female Health Foundation and Population Services International.

7. Sexual and reproductive rights

There is need for the incorporation of comprehensive sexuality education at every educational level (including out-of-school youth) that includes a gender perspective and at the same time adequately informs about sexual and reproductive rights. This is particularly critical in the education sector which finds it very difficult to institutionalize meaningful sex-education and HIV and AIDS/STI prevention programmes for school children, many of whom are sexually active.

Much has been achieved in the region in moving the rights agenda forward. Several countries have introduced school-based sexuality and HIV and AIDS education at primary and secondary levels. Efforts are ongoing to improve access to clinic-based services for persons who are 18 years and older. But more needs to be done. Lack of access to quality sexual and reproductive health services, especially for adolescents below 18 years is still of concern. Overall, legislation on protection and acknowledgement of sexual and reproductive health and rights of adolescents is absent. As such, governments must ensure that national legislation acknowledges the sexual and reproductive rights of young people, including adolescents.

Abortion remains an unsettling reality in the region. Hence the need to provide comprehensive prevention services, including family services, is critical, particularly youth friendly spaces and services to ensure access to those who need and want them.

8. HIV and AIDS

The Caribbean is the second-most affected region by HIV and AIDS in the world. In many countries of the region the shift from low prevalence to a generalised epidemic has already occurred. It is currently estimated that over a quarter million persons are living with HIV in the (wider) Caribbean region. However, it appears that HIV infection has stabilised across the region. Mother-to-child transmission of HIV infection has declined in all countries of the region and moderate progress has been made in aspects of treatment, care and support.

Most Caribbean countries have developed national AIDS commissions, strategic plans, legislation and HIV-related programmes and services. However, the technical capacity to manage HIV programmes and deliver high quality prevention programmes to vulnerable populations and young people is a major challenge in many Caribbean countries. There are no regional institutions training persons adequately with the full range of skills needed to lead these programmes. Many NGOs have good links with vulnerable populations and show strong commitment to HIV prevention and care but lack the resources or capacity to sustain effective programmes.

The regional response needs to focus on promoting a favourable policy and legislative environment, mobilizing resources, coordination as well as facilitating technical assistance and support for countries. As such, emphasis must be placed on the robust implementation of the newly-developed Caribbean Regional Strategic Framework (CRSF) on HIV and AIDS (2008-2012) as a platform for accelerating universal access to HIV and AIDS —related prevention, treatment, and care and support service—.

9. Emerging issues

The dependency on food and energy imports has to be addressed. Governments have started or are planning several projects to decrease energy dependence. Except for some islands with an arid climate, especially with rising food prices, there is scope for increased local food production. Many

projects using local sustainable energy sources are underway. Dependency on importing sources for energy will, therefore, decrease which will also benefit the balance of trade. Major advancements have been reached in disaster emergency planning. Attention should now focus on vulnerable groups.

Although preceded by the food and energy crises, the financial crisis poses the strongest challenge for the ICPD (and Millennium Development) goals. Current account deficits and foreign debt ratio accompanied by the tightening of credits and reduced confidence (down rating governments) are a serious challenge. The scope for starting new projects aimed at accelerating progress towards the ICPD-goals is, therefore, limited in the near future.

Annex

TABLE I.1
DEMOGRAPHIC INFORMATION (PART I)

Country	Total Male Population				Total Female Population			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	4 473	5 701	-	-	4 487	5 860	-	-
Antigua and Barbuda	30 793	34 856	38 878	41 095 ^a (2008)	33 085	37 454	43 908	46 411 ^a (2008)
Aruba	32 821	43 434	48 757	50 748	33 866	47 072	53 421	55 302
Bahamas	124 958	147 715	-	-	130 091	155 896	-	-
Barbados	124 571	129 241	131 900	-	135 920	139 551	141 500	-
Belize	96 000	126 080	-	-	93 000	123 720	-	-
British Virgin Islands	8 568	11 538	12 875	14 063 (2008)	8 142	10 870	13 065	14 150 (2008)
Cayman Islands ^b	13.2	19.9	-	28.3 (2008)	13.8	20.9	-	28.7 (2008)
Dominica	35 471	36 437	36 100	36 238 (2006)	35 712	35 290	34 726	34 942 (2006)
Grenada	47 178	50 200	-	51 378 (2001)	48 767	51 106	-	51 765 (2001)
Guyana	356 540 (1991)	376 032 (2002)	379 515 ^c	383 522 (2008)	367 133 (1991)	375 189 (2002)	378 668	382 661 (2008)
Jamaica	1 175 117 (1991)	1 278 077	1 308 807	1 326 907 (2008)	1 220 408 (1991)	1 319 026	1 347 862	1 365 451 (2008)
Montserrat	5 245	2 103	-	-	5 524	1 791	-	-
Netherlands Antilles	90 707	82 521	85 504	93 340 (2009)	98 767	93 132	98 034	106 589 (2009)
Saint Kitts and Nevis	21 590	20 010	24 430	25 390	20 280	20 400	24 920	25 910
Saint Lucia	65 030	76 494	80 595	83 987 (2007)	69 080	79 502	84 196	87 239 (2007)
Saint Vincent & Grenadines	-	53 626 (2001)	50 848	50 591 (2007)	-	52 627 (2001)	49 899	49 646 (2007)
Suriname	-	228 662	-	-	-	225 350	-	-
Trinidad and Tobago	606 388	642 700	-	-	607 345	644 700	-	-
Turks and Caicos Isl.	5 837	9 897 (2001)	15 230	18 023 (2007)	5 628	9 989 (2001)	15 372	16 839 (2007)
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Estimate.

^b Population data for Cayman Islands is quoted in thousands.

^c Mid-year population estimate.

TABLE I.1
DEMOGRAPHIC INFORMATION (PART II)

Country	Total Population				Annual Population Growth Rate			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	8 960	11 561	13 638	15 427 (2008)	4.3	3.2	-	-
Antigua and Barbuda	63 878	72 310	82 786	87 506 ^a (2008)	0.2	1.0	1.9	1.9 (2008)
Aruba	66 687	90 506	102 178	106 050	2.2	1.0	3.1	1.5
Bahamas	255 049	303 611	-	-	2.0	1.8	-	-
Barbados	260 491	268 792	273 400	-	0.5	0.3	0.3	-
Belize	189 000	249 800	-	-	3.2	2.7	-	-
British Virgin Isl.	16 710	22 408	25 940	28 213 (2008)	3.9	3.3	3.1	2.5 (2008)
Cayman Islands ^b	27.0	40.8	52.5	57.0 (2008)	5.0	3.0	-	3.7
Dominica	71 183	71 727	70 836	71 180 (2006)	-0.4	0.08	0.5	0.5 (2006)
Grenada	95 945	101 300	-	103 143 (2001)	0.006	0.006	-	-
Guyana	723 673 (1991)	751 223 (2002)	758 183 ^c	766 183 (2008)	-1.4 (1991)	0.3 (2002)	0.3	0.3
Jamaica	2 395 525 (1991)	2 597 103	2 656 669	2 692 358 (2008)	1.0	0.6	-	0.4 ^d (2009)
Montserrat	10 769	3 894	4 785	-	-0.8	14.8	2.2	-
Netherlands Antilles	189 474	175 653	183 538	199 929 (2009)	0.4	-0.09	2.9 ^e	1.4 (2009)
Saint Kitts and Nevis	41 870	40 410	49 350	51 300	0.2	0.8	1.3	1.3
Saint Lucia	134 110	155 996	164 791	171 226 (2007)	1.5	1.2	1.3	2.0 (2007)
Saint Vincent and the Grenadines	-	106 253 (2001)	100 747	100 237 (2007)	0.8	0.1	-0.02	-
Suriname	401 924	454 012	-	-	0.1	1.0	-	0.5 ^f (2008)
Trinidad and Tobago	1 213 733	1 287 000	-	-	0.7	0.3	-	3.2 (2007)
Turks and Caicos Isl.	11 465	19 886 (2001)	30 602	34 862 (2007)	-	7.5 (2001)	11.3	5.0 (2007)
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Estimate.

^b Population data for Cayman Islands is quoted in thousands.

^c Mid-year population estimate.

^d Figure taken from: Ministry of Foreign Affairs and Foreign Trade. "Progress Towards The Achievement Of The Internationally Agreed Development Goals, Including The Millennium Development Goals (MDGs): National Report of Jamaica for the ECOSOC Annual Ministerial Review". (July 2009).

^e Annual exponential growth rate.

^f Figure reported by Suriname Ministry of Health.

TABLE I.1
DEMOGRAPHIC INFORMATION (PART III)

Country	Total Fertility Rate				Adolescent Fertility Rate			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	1.8	2.0	-	-	48.3	59.3	-	-
Antigua and Barbuda	-	-	54.8 ^a	61.1 (2008)	65.4	59.3	39.6	53.6 (2008)
Aruba	2.3	1.4	1.8	1.7 (2007)	48.5	55.5	40.1	24.5 (2006)
Bahamas	2.4	2.1	-	-	-	-	-	-
Barbados	1.7	1.8	-	1.8 ^b	-	-	-	44.3
Belize	4.5	3.7	3.6	2.9	-	-	0.1	0.1
British Virgin Islands	1.9	1.9	1.3	1.5 (2008)	45.8	45.6	28.8	34.9 (2008)
Cayman Islands	3.9	-	-	1.6 (2007)	-	-	-	-
Dominica	3	3	-	-	114.6	45.5	-	-
Grenada	3.3	2.5	2.4	2.1 (2007)	-	-	-	-
Guyana	2.4 (1991)	3.7 (2002)	2.4 ^c	2.3 ^c (2006)	-	12.6 ^c (2002)	-	-
Jamaica	2.9 (1989)	2.8 (1997)	2.4 (2006)	2.5 (2009)	102.0 (1989)	112.0 (1997)	79.0 (2002)	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	2.1 (2001-03)	2.0 (2004-06)	2.0 (2006-08)	0.3 (1992)	0.2 (2001-03)	0.2 (2004-06)	0.2 (2006-08)
Saint Kitts and Nevis	3.3	2.5	-	-	83.6	98.8	-	-
Saint Lucia	3.0	2.1	1.5	1.5 (2007)	3.2	2.2	2.2	2.3 (2007)
Saint Vincent & the Grenadines	-	2.4 (2001)	2.2	2.2 (2007)	3.6	3.5	66.1	60.8 (2007)
Suriname	2.6	2.2	-	2.4 ^d (2006)	71.0 ^e	59.3	58.4	62.4 (2007)
Trinidad and Tobago	2.4	1.7 ^f	-	-	61.0	43.6	-	-
Turks and Caicos Isl.	-	46.1 (2001)	31.9	42.5 (2007)	-	41.4 (2001)	35.7	3.1 (2007)
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a General Fertility Rate.

^b Figure taken from: Barbados Family Planning Association. "The State of the Association Update". (May 2009).

^c Figure taken from: Springer, Dereck Anthony. "Assessment of Available Data for Sexual and Reproductive Health in Guyana". UNFPA (2008).

^d Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).

^e Data regarding adolescent fertility rate in Suriname taken from: Algoe, Dr. Maltie. "Health Related Millennium Development Goals Update 2009". Suriname Ministry of Health (2009).

^f Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).

TABLE I.1
DEMOGRAPHIC INFORMATION (PART IV)

Country	Percentage of Adolescent Mothers				Maternal Mortality Ratio			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	28.0 ^a	21.0 (2008)	-	-	-	-
Antigua and Barbuda	17.6	12.8	11.7	14.1 (2008)	8.5	6.5	0	0 (2008)
Aruba	11.7	11.6	11.4	12.0	-	-	-	-
Bahamas	35.3	24.5	-	-	16.0	38.0	-	-
Barbados	4.2	3.9	-	-	90.0	80.0	-	-
Belize	18.5	13.5	16.1	17.2	41.7	56.5	119.1	85.3
British Virgin Isl.	6.1	4.6	2.9	3.5 (2008)	0	0	0	0 (2008)
Cayman Islands	11.7 (1994)	-	-	1.6 (2007)	-	-	-	-
Dominica	10.0	4.7	13.5	14.5 (2006)	-	0 ^b (2002)	0	0 (2006)
Grenada	17.9	16.6	-	-	0	0	0	0
Guyana	20.3	17.7	-	-	88.4 ^c (1994)	115.9 (2004)	161.2	114.7 (2006)
Jamaica	-	-	-	-	120.0	94.8	-	-
Montserrat	20.1	12.5	15.9	13.9 (2008)	-	-	-	-
Netherlands Antilles	12.0 ^d (1992)	11.0 (2001)	9.5 ^e	9.5 (2008)	-	-	-	-
Saint Kitts and Nevis	-	-	-	-	1	3.0	-	-
Saint Lucia	20.4	20.0	17.6	18.1	-	103.3	90.3	90.8 (2007)
Saint Vincent and the Grenadines	-	19.8 (2001)	19.8	17.7 (2007)	128.3	93.0	-	-
Suriname	-	14.2	-	-	226.0 ^f	153.0	115.5	184.3 (2007)
Trinidad and Tobago	14.1	-	-	-	54.3 ^g	54.0 ^h	34.8 ⁱ	-
Turks and Caicos Isl.	-	9.8 ^j (2001)	8.8	6.0 (2008)	-	0	0	0
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a There were 26 and 21 births by adolescents out of a total of 186 and 182 in 2006 and 2008 respectively.

^b Figure taken from: Lawrence, Angela M. "Assessment of Available Data for Sexual and Reproductive Health in the English and Dutch Speaking Caribbean: Assessment Report – Commonwealth of Dominica". UNFPA (2008).

^c Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

^d Pertains to all mothers under 20 years of age.

^e Figure pertains to mothers 15-19 years of age.

^f Data regarding maternal mortality in Suriname are taken from: Algoe, Dr. Maltie. "Health Related Millennium Development Goals Update 2009". Suriname Ministry of Health (2009).

^g Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

^h Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).

ⁱ Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

^j Data refer to percentage of deliveries to teen mothers of total deliveries.

TABLE I.1
DEMOGRAPHIC INFORMATION (PART V)

Country	Child Mortality Rate				Infant Mortality Rate			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	11.7 ^a	-	3	0
Antigua and Barbuda	3.3 ^b	5.1	15.6	18.2	21.2	21.6	13.1	17.5
Aruba	-	8.7	-	-	6.1	7.4	-	-
Bahamas	0.6	0.7	-	-	24.4	14.8	-	-
Barbados	-	16.9	-	-	15.3	13.4	8.3	14.0 ^c
Belize	-	-	23.5	20.5	14.3	21.2	18.4	17.2
British Virgin Isl.	-	6.2	3.5	32.3	-	3.1	0	25.09
Cayman Islands	-	-	-	about 8 ^d	6.0	-	-	about 8 ^d
Dominica	-	-	-	-	15.0	18.0	18.0	13.0
Grenada	-	-	0.2 ^e	-	27.8	14.3	16.0	12.2
Guyana	34.1	24.9	26.5	20.2	43.0	20.3	22.0	17.5
Jamaica	29.5 ^f	25.4	24.7	-	24.5	19.9	21.3	-
Montserrat	17.2	0	0	0	17.2	0	0	0
Netherlands Antilles	-	9.0 ^g	13.0	9.0	12.5	14.7	16.6	10.9
Saint Kitts and Nevis	-	-	-	-	19.7	14.3	-	-
Saint Lucia	1.6	0.2	0.5	-	18.4	13.6	20.8	-
Saint Vincent and the Grenadines	-	21.8	18.5	22.0	20.7	15.7	16.3	18.7
Suriname	31.0 ^h	27.2	24.7	23.0	21.1 ⁱ	20.2	20.2	19.4
Trinidad and Tobago	-	-	-	-	12.7 ^j	17.1 ^k	15.4 ^l	-
Turks and Caicos Isl.	-	20.7	3.1	0	8.3	6.9	3.1	6.6
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Data for this indicator for Anguilla are absolute as numbers are very low.

^b Child mortality data from Antigua and Barbuda include uncertified deaths.

^c Figure taken from: Barbados Family Planning Association. "The State of the Association Update". (May 2009).

^d Eight per thousand is a rough estimate.

^e Child mortality data from Grenada is calculated as deaths per 1,000 children between ages 1-4.

^f Figure taken from: Ministry of Foreign Affairs and Foreign Trade. "Progress Towards The Achievement Of The Internationally Agreed Development Goals, Including The Millennium Development Goals (MDGs): National Report of Jamaica for the ECOSOC Annual Ministerial Review". (July 2009).

^g Child mortality data from the Netherlands Antilles is calculated as number of deaths of children under-five per 1000 live births.

^h Data regarding child mortality rate in Suriname are taken from: Algoe, Dr. Maltie. "Health Related Millennium Development Goals Update 2009". Suriname Ministry of Health (2009).

ⁱ Data regarding infant mortality rate in Suriname are taken from: Algoe, Dr. Maltie. "Health Related Millennium Development Goals Update 2009". Suriname Ministry of Health (2009).

^j Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

^k Figure reflects infant mortality rate for 1995 to 1997. Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).

^l Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

TABLE I.1
DEMOGRAPHIC INFORMATION (PART VI)

Country	Life Expectancy at Birth - Male				Life Expectancy at Birth - Female			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	76.0	-	-	-	81.0	-	-
Antigua and Barbuda	74.0	74.0	72.5	71.6 (2008)	75.0	78.0	78.1	78.1 (2008)
Aruba	71.0	70.0	70.0	70.0	77.0	76.0	76.0	76.0
Bahamas	68.3	71.0	-	-	75.3	77.6	-	-
Barbados	72.0	73.0	-	-	77.0	78.5	-	-
Belize	70.0	66.7	-	-	74.2	73.5	-	-
British Virgin Isl.	74.8	76.4	76.1	76.6 (2007)	75.8	83.1	83.2	81.9 (2007)
Cayman Islands	-	-	-	77.0 ^a	-	-	-	83.0
Dominica	64.1	70.1	73.5	73.2 (2006)	71.4	74.8	78.7	77.7 (2006)
Grenada	73.0	64.0	-	71.0 (2008)	73.0	67.0	-	77.0 (2008)
Guyana	63.0 (1991)	63.3 (2002)	-	70.3 ^b (2008)	63.0 (1991)	68.9 (2002)	-	70.3 ^c (2008)
Jamaica	69.3	70.9	71.3 (2002-07)	-	72.7	75.6	77.1 (2002-07)	-
Montserrat	67.0	80.0	-	-	73.0	83.0	-	-
Netherlands Antilles	72.3	71.1	72.2	72.8	77.9	79.5	79.1	79.9
Saint Kitts and Nevis	66.1	67.6	67.6	-	70.6	71.7	71.6	-
Saint Lucia	69.1	72.5	70.0	69.8 (2006)	73.9	75.5	75.7	75.7 (2006)
Saint Vincent and the Grenadines	68.0	71.5	-	70.8 (2006)	73.0	74.5	-	72.6 (2006)
Suriname	67.9	68.5	-	67.2 ^d (2008)	73.1	73.7	-	73.7 ^e (2008)
Trinidad and Tobago	68.0 ^f	68.0	-	68.0 (2007)	73.0	74.0	-	74.0 (2007)
Turks and Caicos Isl.	-	79.0 (2001)	-	-	-	77.4 (2001)	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Life expectancy in the Cayman Islands is based on a rather small number of deaths and varies quite a lot from year to year. Therefore, the data should be regarded as rough estimates.

^b Figure reflects life expectancy for males and females combined. Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

^c Figure reflects life expectancy for males and females combined. Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

^d Figure reported by Suriname Ministry of Health.

^e Figure reported by Suriname Ministry of Health.

^f Data regarding life expectancy in Trinidad and Tobago taken from UNFPA ICPD+15 Field Questionnaire.

TABLE I.2
SOCIAL DEVELOPMENT (PART I)

Country	Adult (15+) Literacy Rate - Male				Adult (15+) Literacy Rate - Female			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	-	-	-	-
Antigua and Barbuda	85.4	87.4	98.4	91.6	86.3	85.9	99.4	95.2
Aruba	-	97.6	-	-	-	97.1	-	-
Bahamas	-	94.8	-	-	-	96.2	-	-
Barbados	-	97.0 ^a	-	-	-	97.0 ^{ba}	-	-
Belize	74.9	76.2	-	-	75.3	77.0	-	-
British Virgin Isl.	97.8	97.8	97.4	97.4	98.7	98.7	98.1	98.1
Cayman Islands	-	-	-	98.6	-	-	-	99.0
Dominica	75.2	85.0	-	-	86.4	84.0	-	-
Grenada	-	-	-	-	-	-	-	-
Guyana	97.1	92.0	-	-	96.1	91.0	-	-
Jamaica	69.4	87.3	-	90.9	81.0	96.3	-	97.9
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	95.0	97.0	-	-	95.0	96.0	-	-
Saint Kitts and Nevis	97.0	98.0	98.0	98.0	97.0	98.0	98.0	98.0
Saint Lucia	88.9	89.2	87.0	-	90.0	90.4	90.1	-
Saint Vincent and the Grenadines	-	-	-	-	-	-	-	-
Suriname	95.1	93.5	-	-	91.0	90.9	-	-
Trinidad and Tobago	92.0	99.0 ^b	-	99.1	92.0	98.0	-	98.3
Turks and Caicos Isl.	-	74.4	-	-	73.4	-	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Figure reflects adult literacy rate for males and females combined.

^b Data regarding literacy rates in Trinidad and Tobago are taken from the UNFPA ICPD+15 Field Questionnaire.

TABLE I.2
SOCIAL DEVELOPMENT (PART II)

Country	Net Enrolment Ratios (Primary) – Male				Net Enrolment Ratios (Primary) –Female			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	87.2	-	-	-	83.3	-	-
Antigua and Barbuda	100.0	100.0	81.7	76.4	100.0	100.0	74.8	66.2
Aruba	-	96.4	-	-	-	96.0	-	-
Bahamas	103.1	91.2	-	-	-	91.0	-	-
Barbados	100.7	100.7	-	-	99.1	99.9	-	-
Belize	90.9	94.6	87.8	83.0 (2007)	89.1	95.4	88.5	84.8 (2007)
British Virgin Islands	-	-	-	-	-	-	-	-
Cayman Islands	-	-	-	95.8 (2007)	-	-	-	96.3 (2007)
Dominica	99.5 ^a	90.4 ^a	90.4 ^a	-	99.5 ^a	90.4 ^a	90.4 ^a	-
Grenada	-	1.6 ^b	1.45	-	-	1.5	1.3	-
Guyana	92.6 (1991)	91.2 (2002)	95.6	89.0	92.8 (1991)	90.7 (2002)	95.2	87.6
Jamaica	95.4	99.8	91.3	87.7	95.9	96.6	89.4	89.1
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	99.0	100.0	-	-	99.0	100.0	-	-
Saint Kitts and Nevis	-	-	-	-	-	-	-	-
Saint Lucia	99.0	102.9	52.4	50.9 (2007)	99.0	99.8	47.6	49.1 (2007)
Saint Vincent and the Grenadines	-	52.8	95.5	96.0 ^c (2006)	-	47.2	97.0	98.6 (2006)
Suriname	-	-	-	97.0 ^d	-	-	-	98.0
Trinidad and Tobago	97.1	88.0 ^e	-	93.2 (2007)	97.3	88.0	-	92.4 (2007)
Turks and Caicos Isl.	-	93.8 ^f	80.1	90.0 (2007)	-	89.1	78.9	81.8 (2007)
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Net enrollment for males and females combined.

^b Data regarding net enrollment ratios in primary schools in Grenada refer to children between ages 6-11.

^c Net enrollment in primary school in 2007 for males and females combined: 99.8.

^d Figure reflects net enrollment in primary schools during 2006-2007.

^e Data regarding primary school enrollment rates in Trinidad and Tobago taken from the UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

^f Data for this indicator for Turks and Caicos Islands refer to total primary enrollment among those age 4-14.

TABLE I.2
SOCIAL DEVELOPMENT (PART III)

Country	Net Enrolment Ratios (Secondary) – Male				Net Enrolment Ratios (Secondary) –Female			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	-	-	-	-
Antigua and Barbuda	52.2	63.3	-	-	63.3	71.9	-	-
Aruba	-	-	-	62.3 ^a (2007)	-	-	62.3 (2007)	-
Bahamas	-	83.9	-	-	-	83.8	-	-
Barbados	95.7	97.2	-	100.0 ^b	97.5	95.3	-	104.0 ^e
Belize	30.9	42.5	41.9	36.8 (2007)	35.4	47.6	48.8	43.3 (2007)
British Virgin Isl.	-	-	-	-	-	-	-	-
Cayman Islands	-	-	-	97.9 (2007)	-	-	-	96.2 (2007)
Dominica	-	-	95.3 ^a	-	-	-	95.3 ^a	-
Grenada	-	-	-	-	-	-	-	-
Guyana	49.3 (1991)	72.5 (2002)	72.0	75.2	54.0 (1991)	72.7 (2002)	75.4	77.6
Jamaica	70.1	78.9	72.9	77.4	78.9	78.8	76.5	86.0
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	83	86	-	-	87.0	90.0	-	-
Saint Kitts and Nevis	-	-	-	-	-	-	-	-
Saint Lucia	-	57.2	44.8	49.0	-	73.7	55.2	51
Saint Vincent and the Grenadines	-	-	64.6	72.5 (2007)	-	-	79.1	84.3 (2007)
Suriname	-	-	-	-	-	-	-	-
Trinidad and Tobago	75.0	67.0	-	72.4 ^d (2007)	81.9	72.0	-	78.8 ^e (2007)
Turks and Caicos Isl.	-	-	71.5 ^c	72.4 (2007)	-	-	69.5	78.2 (2007)
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Figure reflects net enrollment for males and females combined.

^b Figure taken from: Barbados Family Planning Association. “The State of the Association Update”. (May 2009).

^c Figure taken from: Barbados Family Planning Association. “The State of the Association Update”. (May 2009).

^d Figure taken from the UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

^e Total primary enrollment among those age 4-14.

TABLE I.2
SOCIAL DEVELOPMENT (PART IV)

Country	Percentage of Female Parliamentarians			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	0	-	28.6
Antigua and Barbuda	6.1	12.1	13.9	16.7
Aruba	14.3	23.8	19.0	19.0
Bahamas	4.0	15.0	-	-
Barbados	4.0	14.0	-	-
Belize	2.7	19.0	-	-
British Virgin Islands ^a	0	0.2	0.2	0.2 (2008)
Cayman Islands ^b	13.3	13.3	20.0	6.7 (2009)
Dominica	15.0	30.0	-	16.0 (2006)
Grenada ^c	10.0	14.0	9.0 ^d	6.0 ^e (2009)
Guyana	20.0 (1992)	30.7 (2002)	30.7	29.6
Jamaica	13	11.6	-	13.3 (2007)
Montserrat	-	-	-	-
Netherlands Antilles	-	14.0	-	-
Saint Kitts and Nevis	6.3	12.5	-	-
Saint Lucia	4.0 (1992)	11.7	7.1	14.2
Saint Vincent and the Grenadines	15.3	15.3	17.4	17.4
Suriname	6.0	15.0	25.0 ^f	-
Trinidad and Tobago	14.4	32.3	-	27.0 ^g (2007)
Turks and Caicos Isl.	-	15.8	21.1	15.8 (2008)
US Virgin Islands	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Data reflects proportion of women in the Legislative Council, which is the equivalent of Parliament.

^b There are only 15 elected parliamentarians in the Cayman Islands.

^c Grenada reported the number of female parliamentarians.

^d Four in the lower house and five in the upper house.

^e Two in the lower house and four in the upper house.

^f Figure reported by Suriname Ministry of Health.

^g Figure taken from: UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

TABLE I.3
ECONOMIC DEVELOPMENT

Country	GNP per Capita Growth Rate				Percentage of Population Living under the Poverty Line			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	-	23	-	-
Antigua and Barbuda	3.5	0.8	5.5	1.8 (2008)	12.0 (1993)	-	-	18.4
Aruba	-	6.4	-	-	-	-	-	-
Bahamas	-4.3	-0.4	-	-	-	9.3	-	-
Barbados	1.8	3.2	-	-	-	8.7	-	13.9 ^a
Belize	1.7	6.2	-	8.2	33.0	33.5 (2002)	-	-
British Virgin Isl.	9.5 ^b (1996)	9.2	13.9	-3.1 (2008)	-	4.1 (2002)	-	-
Cayman Islands	-	1.4	4.6	1.7 (2008)	-	-	-	1.9 (2007)
Dominica	2.7	-3.4	2.9	4.3 (2006)	27.6	39.0	-	-
Grenada	-	-	EC\$ 11 565	EC\$ 12 500 (2007)	-	32.0	-	37.7 (2008)
Guyana	-	1.6 (2002)	6.5	11.0	43.2 (1992)	36.3 (1999)	-	-
Jamaica	-	10.7	-	10.5 (2007)	28.4	18.7	14.8	9.9 (2007)
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	8.0	2.9	5.1 (2008)	-	-	-	-
Saint Kitts and Nevis	-7.5	16.2	-	-	-	30.5	-	21.8
Saint Lucia	0.8	1.7	6.7	1.7 (2007)	-	25.1	28.8	-
Saint Vincent and the Grenadines	2.6 ^c	2.8	7.6	13.4 (2007)	37.5 (1996)	-	-	30.2 ^d (2008)
Suriname	-	-	5.8 ^e	-	-	-	-	-
Trinidad and Tobago	1.5	6.4	-	-	21.0	-	16.7 ^f	21.2 ^g
Turks and Caicos Isl.	-	4.4 (2001)	7.1	9.3 (2007)	-	25.9 (1999)	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Figure taken from: Barbados Family Planning Association. "The State of the Association Update". (May 2009).

^b GDP per capita growth rate.

^c GNI per capita growth rate.

^d Preliminary report.

^e Figure reported by Suriname Ministry of Health. Figure reflects GNP per capita growth rate for 2005-2006.

^f Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

^g Figure taken from: Family Planning Association of Trinidad and Tobago. "State of the Association Update". (May 2009).

TABLE I.4
REPRODUCTIVE HEALTH AND FAMILY PLANNING (PART I)

Country	Contraceptive Prevalence Rates (modern methods) (%)				Unmet Need for Family Planning (%)			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	-	54.7 ^a (2006)	-	-	-	-
Aruba	-	-	787 ^b	1 124 ^c (2008)	-	-	-	-
Bahamas	-	-	-	-	-	-	-	-
Barbados	-	-	-	53.0 ^d	-	-	-	-
Belize	33.5	33.4 (1999)	56.0 ^e (2006)	53.0 ^f	17.0	15.0	31.2	-
British Virgin Isl.	3.3	-	1.7 (2004)	-	-	-	-	-
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	-	-	-	-	-	-	-	-
Grenada	27.0	17.0	-	-	-	-	-	-
Guyana	37.0 ^g (1994)	37.5	34.2 (2006)	-	-	37.5 ^h	32.4 (2006)	-
Jamaica	50.8	62.8	53.0 ⁱ (2006)	-	16.0	15.0	8.7 (2002)	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	-	-	-	-	-	-	-
Saint Kitts and Nevis	-	-	-	-	-	-	-	-
Saint Lucia	54.0 (1988)	-	-	59.0 ^j (2007)	-	-	-	-
Saint Vincent and the Grenadines	48.0	59.0	37.6	35.6 (2007)	-	-	-	-
Suriname	49.3 ^k (1992)	42.0	45.0 (2006)	-	-	-	18.4 ^l (2006)	-
Trinidad and Tobago	53.0	-	38.0 ^m	38.0 ⁿ (2006)	-	-	-	-
Turks and Caicos Isl.	-	-	-	-	-	-	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Figure includes women aged 15-49. Condom use is not included.

^b Figure reflects number of new users of contraceptive methods in 2000.

^c Figure reflects new users of contraceptive methods in 2008.

^d Figure taken from: Barbados Family Planning Association. "The State of the Association Update". (May 2009).

^e Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).

^f Figure taken from: Belize Family Planning Association: "The State of the Association Update". (May 2009).

^g Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

^h Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

ⁱ Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).

^j Figure taken from: Elias, Danielle. "Assessment of available Sexual and Reproductive Health Data in the English- and Dutch-speaking Caribbean: Saint Lucia Country Analysis". UNFPA (2008).

^k Data regarding contraceptive prevalence in Suriname taken from: Algoe, Dr. Maltie. "Health Related Millennium Development Goals Update 2009". Suriname Ministry of Health (2009).

^l Figure taken from: Algoe, Dr. Maltie. "Health Related Millennium Development Goals Update 2009". Suriname Ministry of Health (2009).

^m Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

ⁿ Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).

TABLE I.4
REPRODUCTIVE HEALTH AND FAMILY PLANNING (PART II)

Country	Number of Public Service Delivery Points (SDP)				Births Assisted by Qualified Personal (%)			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	5.0	-	-	-	100.0	-	-
Antigua and Barbuda	23.0	27.0	25.0	25.0 (2007)	100.0	100.0	99.9	99.9
Aruba	1.0	1.0	1.0	1.0	-	100.0	95.8 ^a	-
Bahamas	122.0	119.0	-	-	-	99.0	-	-
Barbados	14.0	14.0	-	-	-	-	-	-
Belize	70.0	98.0	-	-	97.3	92.2	95.8	-
British Virgin Isl.	-	-	-	-	100.0	101.2 ^b	100.7 ^b	101.4 ^b (2007)
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	52.0	53.0	52.0	52.0 (2006)	100.0	100.0	99.0	99.0 (2006)
Grenada	-	-	-	-	99.0	99.0	-	-
Guyana	36.0 (1993)	36.0 (2002)	36.0 (2004)	-	70.0 (1993)	90.0 (2002)	96.7	96.6 (2006)
Jamaica	-	361.0	351.0	340.0 ^c	-	97.8	96.8 ^d (2006)	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	-	-	-	-	-	-	-
Saint Kitts and Nevis	21.0	21.0	21.0	21.0	-	98.8	98.8	98.8
Saint Lucia	34.0	34.0	34.0	34.0 (2007)	-	98.7	99.0	99.0 (2007)
Saint Vincent and the Grenadines	-	39.0	39.0	39.0 (2007)	95.0	99.0	94.2	96.0 (2007)
Suriname	-	-	-	-	80.0 ^e	85.0	90.0	90.0 (2008)
Trinidad and Tobago	115.0 ^f	118.0	121.0 (2007)	122.0 (2008)	78.2 ^g	99.5 ^h	99.7 ⁱ (2004)	-
Turks and Caicos Isl.	-	-	-	-	-	99.0	98.74	-
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

- ^a Source: GOA 2001, 4.2% of births were attended by 'others'. Unable to verify if these persons were qualified or not.
- ^b Figures exceed 100 percent due to calculations based on the number of live births, rather than the total number of births in the country.
- ^c The number of health centers and the number of hospitals that provide the service to the public.
- ^d Figure taken from: Ministry of Foreign Affairs and Foreign Trade. "Progress Towards The Achievement Of The Internationally Agreed Development Goals, Including The Millennium Development Goals (MDGs): National Report of Jamaica for the ECOSOC Annual Ministerial Review". (July 2009).
- ^e Data regarding births attended by qualified personnel in Suriname taken from: Algoe, Dr. Maltie. "Health Related Millennium Development Goals Update 2009". Suriname Ministry of Health (2009).
- ^f Data regarding SDPs in Trinidad and Tobago taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.
- ^g Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.
- ^h Figure taken from: Henry-Buckmire, Sylette. "Assessment of available Sexual and Reproductive Health Data in the English- & Dutch-speaking Caribbean: Trinidad and Tobago Country Analysis". UNFPA (2008).
- ⁱ Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

TABLE I.5
OTHER REPRODUCTIVE HEALTH INDICATORS

Country	Number of centres with sexual and reproductive health services for adolescents				Percentage of SDPs at the primary health care level offering three or more integrated reproductive health services either directly or indirectly or through referrals			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	-	5	-	-
Antigua and Barbuda	-	-	-	-	-	-	-	-
Aruba	1	1	1	1	-	-	-	-
Bahamas	-	-	-	-	-	-	-	-
Barbados	-	-	-	-	79	79	-	-
Belize	-	-	-	-	-	-	-	-
British Virgin Isl.	-	-	-	-	-	-	-	-
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	52	53	53	53	100	100	100	100
Grenada	-	-	-	-	-	-	-	-
Guyana	-	-	-	-	-	-	-	37 ^a (2008)
Jamaica	0	10	-	73 ^b	-	-	97	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	-	-	-	-	-	-	-
Saint Kitts and Nevis	-	-	-	-	100	100	100	100
Saint Lucia	-	-	-	-	-	-	-	-
Saint Vincent and the Grenadines	-	-	39 ^c	39 (2008)	-	-	100	100 (2008)
Suriname	-	-	-	-	89	89	-	-
Trinidad and Tobago	-	-	-	-	100	100	-	100 ^d
Turks and Caicos Isl.	-	-	-	-	-	-	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

^b This figure represents all clinics that offer the services to the public.

^c Sixteen of the 39 SDPs have adolescent groups.

^d Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

TABLE I.6
HIV/AIDS PREVALENCE IN THE CARIBBEAN (PART I)

Country	HIV/AIDS Prevalence in 15 to 24 Age Group (%)				HIV/AIDS Prevalence in Pregnant Women			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	0.75 ^a	0.02	0.02 (2007)	-	-	0.03	0.03 (2007)
Aruba	-	-	-	0.23 ^b (1987-2001)	-	-	-	1.00 ^c (2008)
Bahamas	1.30	2.00	-	-	4.30	2.00	-	-
Barbados	-	-	-	-	-	-	-	-
Belize	-	0.20	-	-	-	0.80	-	-
British Virgin Isl.	-	0	0.03 (2006)	0 (2007)	0	0	0	0
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	-	0.46	-	-	-	-	-	0.75 (2006)
Grenada	-	-	-	-	-	-	-	-
Guyana	3.80 ^d (1997)	2.04 (2004)	1.07 (2006)	-	-	-	1.55 ^e (2006)	1.60 (2007)
Jamaica	-	0.80	-	1.30 ^f (2007)	-	1.43	1.51	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	13.00	11.00	-	-	-	-	-	-
Saint Kitts and Nevis	-	0.90	-	-	-	-	-	-
Saint Lucia	0.02	0.09	0.18	0.23 (2007)	0.59	2.00	3.70 ^g	3.60 ⁱ (2006)
Saint Vincent and the Grenadines	-	0.04	-	-	-	0.50 ^h (2002)	0.90	1.40 (2007)
Suriname	-	-	-	-	0.30 ⁱ	-	0.90 (2006)	1.00 (2008)
Trinidad and Tobago	-	1.9	0.80 ^j (2006)	0.70 (2007)	-	47.5	-	-
Turks and Caicos Isl.	-	-	0.10	-	-	-	0.80 ^k	-
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a Data for Antigua and Barbuda for this indicator reflect rate among pregnant women only.

^b Figure reflects HIV cases between 1987-July 2008.

^c Four cases.

^d Data regarding the prevalence of HIV/AIDS among 15 to 24 year olds in Guyana taken from Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

^e Percentage of women age 15-49, who were identified as HIV-positive during pregnancy. Figure taken from: Springer, Dereck Anthony. "Assessment of Available Data for Sexual and Reproductive Health in Guyana". UNFPA (2008).

^f Estimate. Figure taken from: Ministry of Foreign Affairs and Foreign Trade. "Progress Towards The Achievement Of The Internationally Agreed Development Goals, Including The Millennium Development Goals (MDGs): National Report of Jamaica for the ECOSOC Annual Ministerial Review" (July 2009).

^g Figure taken from: Elias, Danielle. "Assessment of available Sexual and Reproductive Health Data in the English- and Dutch-speaking Caribbean: Saint Lucia Country Analysis" UNFPA (2008).

^h Data taken from: UNFPA. "Sexual and Reproductive Health: Saint Vincent and the Grenadines" (2008).

ⁱ Rates refer to pregnant women aged 15-24.

^j Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago.

^k Cases among pregnant women attending ante-natal clinics.

TABLE I.6
HIV/AIDS PREVALENCE IN THE CARIBBEAN (PART II)

Country	HIV/AIDS prevalence in population of reproductive age groups 15-49 years (%)				Existence of national plan to combat RTIs, STIs and HIV/AIDS			
	Ca. 1990	Ca. 2000	Ca. 2005	Latest	Ca. 1990	Ca. 2000	Ca. 2005	Latest
Anguilla	-	-	-	-	-	Yes	-	Yes
Antigua and Barbuda	-	0.75	0.02	0.02 (2007)	-	Yes	Yes	-
Aruba	-	378 ^a (1987-2001)	-	0.4 ^b (2008)	-	Yes ^c	-	-
Bahamas	1.3	2.65	-	-	Yes	Yes	-	-
Barbados	-	-	-	1.5 ^d	Yes	Yes	-	-
Belize	-	0.1	-	2.5 ^e	-	Yes	Yes	Yes
British Virgin Isl.	-	-	-	-	-	-	-	-
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	-	-	-	-	Yes	Yes	Yes	Yes
Grenada	-	-	-	-	-	-	-	-
Guyana	21 (1991)	292 (2002)	368	611	Yes	Yes	Yes	Yes
Jamaica	-	-	-	-	No	Yes	Yes	Yes
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	87	66	-	-	-	-	-	-
Saint Kitts and Nevis	-	-	-	-	-	Yes	Yes	Yes
Saint Lucia	0.03	0.17	0.21	0.3 (2007)	No	Yes	Yes	Yes
Saint Vincent and the Grenadines	-	-	0.1	0.2 (2007)	-	-	-	-
Suriname	-	1.3	1.9 (2004)	-	-	-	-	-
Trinidad and Tobago	-	-	-	2.6 ^f	-	-	-	-
Turks and Caicos Isl.	-	-	0.1 ^g	-	-	-	Yes	Yes
US Virgin Islands	-	-	-	-	-	-	-	-

Source: Data was collected via an ECLAC ICPD+15 survey administered to all countries in the subregion, as well as from the UNFPA ICPD+15 Questionnaire administered to a selection of countries.

^a All ages.

^b All ages (405 absolute number).

^c Awaiting funding.

^d Figure taken from: Barbados Family Planning Association. "The State of the Association Update". (May 2009).

^e Figure taken from: Belize Family Planning Association: "The State of the Association Update". (May 2009).

^f Figure taken from: Family Planning Association of Trinidad and Tobago. "State of the Association Update". (May 2009).

^g Population between 15-44 years of age.

II. Conclusions of the Caribbean on the implementation of the Programme of Action of Cairo 15 years after its adoption

As part of the activities to commemorate the 15th anniversary of ICPD, ECLAC in collaboration with UNFPA, organized a Subregional Expert Meeting to assess the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) held in Antigua and Barbuda, 20-21 August 2009.

This meeting involved the participation of government representatives of fifteen Caribbean countries and a number of NGOs and experts in the areas of Population and Development, Sexual and Reproductive Health and Rights, and Gender. The objective of this meeting was to discuss achievements, challenges and gaps experienced in the implementation of the Programme of Action resulting from the ICPD and the way forward.

A. Context

In the English and Dutch-speaking Caribbean subregion, population growth has effectively declined and fertility rates are now around replacement levels while life expectancy is relatively high. The interaction between population and development has led to the improvement of the lives of millions in the Caribbean subregion.

With the majority of the countries being classified as high-income economies and nearly all of the rest as middle income, the region is one of the more developed in the world. Abject poverty is not a wide spread phenomenon in the Caribbean, however, pockets of poverty still exist. Current accurate data on poverty in the region are not readily available or accessible and where data are available, it is not comparable between countries due to the fact that the method of measuring poverty data is ambiguous. In spite of being middle and high income countries, Caribbean countries are highly vulnerable due to huge debt burdens and high exposure to natural hazards, limited natural resources, limited economic diversification and challenges with institutional capacities. These and other factors keep the Caribbean vulnerable to poverty unless measures are put in place to enhance resilience in these areas.

Most countries in the region are still in a particularly favourable period for development in which the working-age population increases relative to the population of economically dependent ages. However, the benefits of this situation are not automatic; we need to continue to invest in youth development. Soon, this equation will be reversed as the share of older persons steadily increases, and the Caribbean society will have to face the challenges related to population ageing.

Current trends and the negative effects of the global financial and economic crisis, may present countries with additional challenges of achieving the agreed goals and commitments of the Programme of Action of the ICPD, as well as most of the internationally agreed development goals, including the Millennium Development Goals (MDGs). Indeed, there is a risk that some of the development gains in the region may be reversed due to external effects.

B. Achievements

The English and Dutch Speaking Caribbean countries have made significant progress in achieving economic and human development. Most governments have put in place programmes and policies on social protection to address the needs of the most vulnerable populations, such as children and youth, women, the elderly, indigenous peoples, persons with disabilities, people living with HIV and their families. However, the sustainability of such programmes could be jeopardized as a result of the global financial crisis.

In the area of population and development, many countries in the region have made efforts to integrate population issues in planning and development frameworks and strategies. Concerning the issue of migration, several countries have taken steps to include this issue in development planning and have made efforts toward the formulation of migration policies to manage its impact. Intra-regional migration measures are being taken to address and manage this issue, particularly as it relates to movement of skilled labour in the region.

In the Caribbean, there is a general acknowledgment of the importance of addressing the challenges posed by an increasingly ageing population. All governments have developed programmes and interventions for social protection of older persons.

In regards to data, efforts have been made to increase the capacity for the collection and analysis of high quality data, particularly population and housing census data, through training, capacity building and south-south cooperation. Another area that has seen advancement is the harmonization and standardization of definitions and methodologies concerning census data within the context of the 2010 Round of Census.

Most countries in the region have met or surpassed the targets for universal primary education and have introduced with the support of CARICOM the comprehensive health and family life education (HFLE) curriculum at most educational levels including out-of-school youth. In the Caribbean family planning services are highly developed. Emergency contraception is provided by all Family Planning Associations in the Caribbean region. In the area of HIV and AIDS, national efforts to scale-up HIV prevention are being undertaken and access to antiretroviral drugs is widely available in all countries at limited or no cost. Advancements have been made in reducing mother to child transmission of HIV and the use of male and female condoms have increased.

Gender machineries have also been put in place in nearly all countries in the region. In all Caribbean countries there are criminal sanctions for sexual offences and rape, indecent assault, trafficking and abduction of women. Legal frameworks in these countries provide civil and penal measures for cases of assault and therefore gender-based violence, including speedy actions to injunctions and protection orders. Some countries have introduced specific legislation on gender-based violence. Nevertheless, violence against women and girls continues to be pervasive in these countries, particularly sexual violence. Taking into account the needs of the persons and families, some

countries are also advancing measures that seek to combine productive and reproductive life by providing increased maternity and paternity leave, flexible time arrangements and child care facilities.

C. Challenges and opportunities

Although short-term policy measures are needed to deal with the international economic crisis, governments should avoid reducing social expenditures and not lose sight of the long-term vision for development planning. In this context, it is critical to maintain and reinforce political commitment to the goals of ICPD, as well as to provide adequate financial support to maintain required levels of implementation.

Most Caribbean countries can still reap the benefits of the demographic dividend to properly prepare for the challenges of investing in youth and responding to the needs of an ageing society. Addressing unemployment among youth, extending the coverage and quality of secondary and tertiary education and promoting youth participation in country-led processes are key needs to be addressed. There is a trend of underachievement of boys in the education sector that is of concern to countries. Related to this is the role of men as parents and role models in public and private spheres.

Countries also face the challenge of providing adequate social provisions for older persons in the context of enhanced demand for long-term care, particularly for poor women. This will require the strengthening of inter-generational solidarity mechanisms. It is important that Caribbean governments follow the recommendations of the Brasilia Declaration, including the development of an International Convention for the Protection of the Rights of Older Persons.

A significant part of the population in the Caribbean is living with disabilities. The physical infrastructure is far behind levels necessary to guarantee equal participation in all aspects of social, economic and cultural life. Increased investments are needed in order to create conditions that permit self-reliance and dignity for persons with disability.

The Caribbean population is among the most mobile in the world and the issue of the brain drain in the areas of health and education is one of the main challenges. Efforts should be made to create opportunities to encourage skilled workers, particularly among the youth to remain in the region. If not properly addressed, the brain drain of skilled health workers could undermine the attainment of the health-related MDGs. The human rights of undocumented migrants are also an area of concern as is the capacity of some receiving countries to properly plan and to provide adequate social protection to this group. Caribbean countries are encouraged to ratify the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. Although progress has been made in implementing measures against international trafficking for the purposes of sexual exploitation and forced domestic servitude, much more efforts are needed.

In recognition of the new MDG target to achieve universal access to Sexual and Reproductive Health (SRH) services by 2015 Caribbean countries should seek to promote the linkages between reproductive health and HIV services and programmes and make them available to the most vulnerable populations. This will increase the overall effectiveness and quality of culturally-sensitive services in meeting the sexual and reproductive needs of the population, including those of persons with disabilities, devoid of stigma and discrimination.

In the last two decades, improvements in reducing maternal mortality, and in some countries additionally in infant and child mortality, have stagnated. It is recognized that there is a need to better understand the factors behind this situation. This should include an assessment of the improvement of the quality of antenatal and emergency obstetric care in hospitals. An increased access to reproductive health services for rural, hinterland and other marginalized populations through rights-based and culturally sensitive approaches should be prioritized.

The Caribbean has the largest generation of adolescents ever in history. Recognizing this, the region should prepare to meet the SRH needs of this group. There continues to be a disconnect between the age of marriage and the age of consent in many countries which inhibit access to SRH services and commodities by young people. There is a general recognition that young people are engaged in sexual activity at an early age and there is need to protect them against early unplanned pregnancy and HIV infection. This should be addressed in the context of social protection and young people's access to education, employment and participation.

In this context, adolescent and teenage pregnancy remains a critical challenge in the region. The socio-economic impact of the high level of adolescent motherhood contributes to the intergenerational transmission of poverty. Adolescent fertility also impacts the opportunities of girls and women to advance in the education and employment sectors. To tackle this issue a series of measures should be considered: understanding the cultural determinants of sexual initiation and early motherhood; encouraging the full implementation of comprehensive sexuality education (HFLE) in schools; promoting access to SRH information, counselling, services; including commodities for sexually active adolescents and youth; and preventing all forms of pressure and sexual abuse and exploitation.

Despite the advancements made in HIV and AIDS, some key challenges still exist: HIV prevention programmes are still not always reaching vulnerable groups with HIV education, Behavioural Change Communication (BCC), testing and counselling and post-exposure prophylaxis, and the linkage of HIV programmes with SRH services, is still not mainstreamed in several countries. Stigma and discrimination remains widespread and impacts the access to follow-up prevention, treatment, care and support services for People Living with HIV and AIDS (PLHIV) and the recognition of the rights of PLHIV to access SRH services. Gender inequalities manifest themselves in terms of feminization of poverty, vulnerability to HIV and AIDS, and gender-based violence.

In the area of gender equality, most countries have enacted legislation and ratified key international conventions. Despite this, under-resourcing of gender equality programmes is a significant problem. Women continue to be under-represented in governance and political structures at decision-making levels across the Caribbean. The recent launch of the Caribbean Institute for Women in Leadership (CIWIL) will hopefully address this challenge. Political and financial support should be provided to this initiative. Sexual assault rates remain high and while legal frameworks exist to respond to these violations, challenges remain in the enforcement of legislation. The burden of family care is highly feminized as women remain the primary caretakers of children and other dependants including the elderly. Single women-headed households account for approximately half of all households in many parts of the Caribbean. Most of these households are more vulnerable to poverty than other households.

Ensuring the consistent availability of data is a challenge faced by countries in the region. Statistics related to migration and disability are largely absent. This has a direct impact on evidenced-based planning and development efforts. In order to adequately address the socio-economic and socio-demographic challenges stated above, it is very important to have accurate and timely data of good quality with proper metadata available. This is important in order to not only understand the magnitude and dynamics of the variable but also to have appropriate evidence based decision making processes, including for the development of policies and programmes to improve the quality of the life for all. In this regard, there is a need to produce timely and good quality census results, avoiding the situation faced during the previous census round. Likewise, improving existing registers and their use is important. Increasing the analytical capacities and strengthening the coordination and communication between the various ministries, government agencies and the civil society is essential in this process.

It should be recognized that the full implementation of the Programme of Action of the ICPD and the key actions for its further implementation are integrally linked to global efforts to eradicate poverty and to achieve sustainable development. Population dynamics are thus important factors in development and in our efforts to achieve the internationally agreed development goals, including the

MDGs as these goals are mutually reinforcing. Therefore increasing financial efforts to implement ICPD Programme of Action should be considered as a key contribution to the life and the human rights of the people, as well a smart investment with high economic and social returns.

D. The way forward: towards 2014 and beyond

The serious impact of the economic and financial crisis together with the five year countdown towards 2014, present the need for an Urgent Call for Action if the goals of the ICPD Programme of Action and the MDGs are to be met. More than ever, the MDGs will not be achieved unless more progress is made to guarantee universal access to reproductive health by 2015.

In this light, consolidation of achievements is imperative. Too much is at stake for the Caribbean people to allow gains to be lost. Also, the critical human rights and development challenges that governments have together identified during these two days of deliberation call for the prioritization of actions with the establishment of clear results and with identifiable targets.

The Caribbean subregion is in a singular position to call for the definition of a five year strategy with country-led and sub regional mechanisms for assessing progress and correcting actions. A strong partnership of governments, parliamentarians, civil society organizations should jointly with development agencies, join efforts to achieve further progress in the period ahead. Prioritization in key challenges identified in this meeting is a must. The identification of lessons learned and best practices can spearhead knowledge sharing initiatives through south-south collaboration among countries and other knowledge sharing practices can be put in motion.

Given the fact that the priorities here identified will be relevant in the decades to come, Governments in the sub region should ratify their commitment to carry the ICPD agenda forward, beyond 2014. A process of reflection will concomitantly need to take place in order to prepare the follow up agenda of ICPD for the Caribbean people.

The UNFPA Subregional Office of the English and Dutch speaking Caribbean, with the assistance of the Caribbean subregional headquarters of ECLAC, stands ready to use all its human, technical and financial resources to support Governments and civil society in this endeavour.