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REVIEW AND APPRAISAL
OF THE IMPLEMENTATION
OF THE CAIRO PROGRAMME OF ACTION
IN THE CARIBBEAN
(1994-2009)

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REVIEW OF THE IMPLEMENTATION OF THE
CAIRO PROGRAMME OF ACTION IN THE CARIBBEAN
(1994-2009): ACHIEVEMENTS AND CONSTRAINTS

A. Introduction

At the International Conference on Population and Development (ICPD) held in 1994 in Cairo, Egypt, 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 including HIV and AIDS. This year (2009) marks the 15th anniversary of the ICPD and reminds us of the five years remaining to fulfil the commitments made at Cairo.

The first population conference under auspices of the United Nations was organized in 1954 in Rome. Although many relations between population and development were discussed, the paradigm was still the (revived) Malthusian population theory of the competition between fast population growth and insufficiently expanding productivity. By the time of 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 next intergovernmental population conference, held in Mexico City in 1984, had as major goals to review the World Population and to make recommendations for their 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. Since then despite a more than doubling of the world population, the false dichotomy between family planning and development has been widely acknowledged. The 1994 ICPD in Cairo had therefore a much broader mandate and the interconnection between population and development was acknowledged, resulting in an integrated treatment.

An ambitious Program of Action was adopted at the ICPD. It was the first time that at world level an integrated all encompassing plan was accepted that went way beyond only addressing the direct relation between population and economic 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 and the accompanying education services, 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 Plan of Action reflects the new approach to population and development. Making the interrelationships between 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 relations 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, the elderly, indigenous people, 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 targeted.

The ICPD Plan of Action precedes another integrated all encompassing attempt of development for all and the eviction 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 MDG-framework at the 2007 World Summit in New York. By adding this target of universal access to reproductive health, all goals set by the Plan of Action of the ICPD have been incorporated in the MDG exercise. The Programme of Action of the ICPD therefore continues to be highly relevant for international development and, consequently, also for the achievement for the MDGs.

UNFPA, the United Nations Population Fund is the lead agency in implementing the ICPD Programme of Action. UNFPA covers twenty-one countries in the English and Dutch Speaking Caribbean operating from the sub-regional office in Kingston, Jamaica with branch offices in Barbados (which covers the 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 sub-regional and regional initiatives. The Population Division (CELADE) of ECLAC is acting 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 designated 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 year 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 ten years after ICPD. The meeting resulted in the adoption of the Declaration of the Caribbean sub-regional 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 sub-region.

As its predecessors, the current report first provides an overview of the major economic, social and demographic trends observed in the Caribbean. After having set the context and the dimensions of inter-relation between population and development, the next chapter describes in more detail the achievements and constraints of a selection of topics addressed by the ICPD Plan of Action.

The main national measures taken with regard to the various issues addressed by the ICPD Plan of Action are tabulated in Appendix I. These tables are based on country reports produced for the ICPD at 10 and are updated and extended. The tables have been sent to the countries in the region for commentary and updates. Information from the country briefs presented at the Caribbean Subregional Expert Meeting to assess the implementation of Plan of Action of the ICPD held in Antigua and Barbuda on 20-21 August 2009, have also been taken into account. Data tables with the main indicators related to the ICPD Plan of Action are listed in Appendix II.

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 Plan of Action. By discussing its dimensions, this chapter sets the context in which population and development takes place.

1. Population Trends in the Caribbean[1]

In the wider Caribbean subregion, countries range in size from less than twenty thousand, such as Montserrat and Anguilla to around ten million (Cuba, Dominican Republic and Haiti). Of the countries in the English and Dutch-speaking Caribbean[1], the majority have less than 200,000 inhabitants and only Trinidad and Jamaica surpass one million inhabitants (1.3 and 2.8 respectively). The total population in the twenty-one 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 eight million at around 2030. In the fifteen years since the ICPD in Cairo, about 750 thousand 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 per cent in the 1950-1970 period to below 1 per cent in the past twenty-five years. In 2005-2010, only Anguilla and Belize are estimated to have an average yearly increase of their populations of above two per cent.

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 sub-region. 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 1950-55, 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 seventies, only Aruba, Barbados and the Netherlands Antilles had TFRs below three children per women. Between then and the early nineties 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

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[1] Throughout this publication, with the Caribbean we refer 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.

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 the adolescents. The socio-economic impact of increased adolescent fertility often translates into an intergenerational transmission of poverty.

The availability of reliable estimates of life expectancies is limited for the countries in the region. In the early fifties, life expectancies in the Caribbean were estimated to be around 60 for females and about three years less for males. Since then, life expectancies have increased slowly and are now between 70 and 80 for females and 64 and 74 for males. Gains for females have been greater than for males. In the eighties and nineties, improvements in life expectancies 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 lead to stagnation in the decline of mortality. The incidence of increased life expectancy in the region coupled with declining fertility is an indication of the importance of increased focus on older persons in policy and programmes focusing on health and socio-economic welfare.

Albeit at much lower levels than in some areas in sub-Sahara Africa, the Caribbean is the region including Haiti and the Dominica Republic with the second highest HIV-prevalence rates. Seven out of the twenty-one English and Dutch speaking Caribbean had adult prevalence rates above 1 per cent. Bahamas (3.1), Suriname (2.7), Guyana (2.5) and Belize (2.1) are hardest hit with over 2 per cent of the population infected in 2009[3]. Jamaica, Trinidad and Tobago, and Barbados have values between 1.6 and 1.2 percent[4]. In these seven countries about seventy thousand 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

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[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 one per cent. 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.

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 for education and work or to escape poverty and as the effect of natural disasters, people migrated temporarily or permanently to other countries within and outside the region. Beside the United Kingdom of Great Britain and Northern Ireland and the Netherlands, the United States of America and Canada have large Caribbean communities.

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 latter 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 in the Caribbean

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 twenty-one 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 the 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 region (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 (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 CARICOM Single Market Economy (CSME). Other initiatives towards the strengthening of regional cooperation and integration processes are the Association of Caribbean States (ACS), the Organization of Eastern Caribbean States (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 per cent. Trinidad and Tobago has benefited strongly from the increased gas and oil prices in recent years and this sector dominates. During the eighties and nineties, 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 have 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 the 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 are unsustainably high and most combine this with a negative fiscal balance. For example, the cash deficit of nearly 30 per cent in 2005-07 of Jamaica is the highest in the world.\. Barbados, Dominica, Grenada, and Saint Kitts and Nevis all have total public debt ratios above one hundred and Antigua and Barbuda, Belize, Guyana, the Netherlands Antilles, Saint Lucia, and Saint Vincent and the Grenadines are nearing the one hundred 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 stand recession. Even if 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 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 per cent. The British Virgin Islands, Cayman Islands and Trinidad and Tobago have seen their rates decline to below 5 per cent. 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 for 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 deepened economic integration initiative. Only Aruba, the Netherlands Antilles, and the United States Virgin Islands are not (associate) member 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. Imports from other CARICOM members are relatively limited. Though a fairly share of exports is directed to other CARICOM countries, imports in Trinidad, the largest economy in the community, from other CARICOM members is negligible.

3. Social trend in the Caribbean

Of the thirteen Caribbean countries listed (UN-member countries) in the latest Human Development Index (HDI), Barbados, Bahamas, Trinidad and Tobago, Antigua and Barbuda,

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[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.

Saint Kitts and Nevis, and Saint Lucia are grouped among countries that have achieved high human development. The other seven[7] 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 a member 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 HDI[8] does not mean that poverty and social exclusion does not exist in the Caribbean. Low economic growth, macro-economic 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 in place and planned to alleviate poverty are now at threat with the current financial and economic crisis. Despite that many governments have vowed commitment to social development and stated that in this field no budget cuts will be made, it is unlikely it will keep up with the amount of assistant needed.

Availability of poverty statistics is limited and most figures are not timely while (comparable) time-series are lacking. Poverty assessment studies at the end of the nineteen nineties estimated that for most countries, the percentage of persons living below the poverty line was around a third of the population. Examples of latest figures on the population living below the national poverty line are 18 per cent in Antigua and Barbuda, 34 per cent in Belize, 2 per cent in the Cayman Islands, 40 per cent in Dominica, 38 per cent in Grenada, 35 per cent in Guyana, 10 per cent in Jamaica, 29 per cent in Saint Lucia, 30 per cent in Saint Vincent and the Grenadines[9], 66 per cent in Suriname, 17 per cent for Trinidad and Tobago. It is important to nota 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-coefficients[10] 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 and are less educated and 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.

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[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)

Many countries in the Caribbean and elsewhere find difficulty to adjust 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 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 an ill 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 in Suriname coverage 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 reach expenditure levels of around 10 per cent 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 per cent 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 availability to provide such specialized health services.

Approximately 10 per cent of the Caribbean population has a disability. Diseases can also lead to disability, for example, diabetes has lead 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 SR Rights of persons with disabilities the physical infrastructure is way behind 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 share 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 five to sixteen 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 UNESCO is a composite measure capturing overall

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

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 a long history of experiencing 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 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 a school 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 human and nature. The islands in the Dutch and English Caribbean are less affected but not free from deforestation and erosion. Urbanization and construction of houses and roads on hillsides and mountains have an influence. 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 to share the same area with nearly six hundred persons. In general densities are high, taking into account areas unfit for human settlement they rise ever 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 that of 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 ten, 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 Convention of the Elimination of all Forms of Discrimination against Women (1979) states commit themselves 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 seven out of thirteen 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 inter-relation between population and development. In the current chapter the achievements and constraints of a selection of topics addressed by the ICPD Plan 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 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 ten background document[12], this is reflected in the Port of Spain Declaration. The countries in the (wider) Caribbean sub-region 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 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 programs. This can prevent duplication of efforts and synergy by making programmes complementary. Equally important is

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[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.

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 improvement. 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 CSOs and planning institutes in over 18 countries in the region in data processing.

The ICPD Plan 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 Plan of Action. The United Nations Conference on Environment and Development 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) co-ordinates 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.

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 in 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 over represented 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. 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 promote the efficient management of utilities for the sustainable development of Caribbean people.

2. International Migration

The ICPD Plan of Action calls to address 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 Plan 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 intra-regional 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 Plan of Action invites Government 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 pervious chapter, only three out of the thirteen 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 ten 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 socio-cultural 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 inter-regional as well as intra-regional migration. Movements in the former have concentrated largely on Canada, the United States of America and Europe (mainly the United Kingdom, the Netherlands and France). The latter consist mainly of moves to employment opportunities in the more affluent countries of the region.

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

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 for better terms of labour and education has been counterbalanced by immigration from the poorer countries in the (wider) region, such as Haiti, Colombia, Dominican Republic and Guyana. But also from countries far away such as India, Pakistan, China and the Philippines people have settled in the Caribbean.

The large outflow of people might have lead 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 for (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 send 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 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 sub-region, 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 ten[12], 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 an 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 posing more restrictions on visitors and migration. Visa requirements for certain countries have been imposed or become more restricted by several governments in the region. The Cayman Islands have 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 of first concern of the ICPD Plan of Action, but it has implications for the local economy and society and as such an indirect effect on other types of migration. Likewise, 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 not 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 ten years there have been several regularizations of unregistered immigrants, but also more restricted policies and expulsion of illegal and undocumented immigrants. Deportation from countries in the Caribbean of undocumented migrants 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 in 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 Plan of Action are refugees and asylum-seekers. The number of persons seeking refugee or asylum in the Caribbean is minimal.[16] Estimates of the number originating from this region sum up to between five and six thousand.

3. Population Ageing

The ICPD Plan 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

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[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 five hundred asylum seekers and refugees in the Dutch and English Caribbean, of which 284 in Belize. Estimates of the number originating from this region sum up to between five and six thousand.

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 the 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. At the occasion of the evaluation in 2002 of the Vienna Plan[17], the Madrid International Plan 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 in ageing was provided 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 the dependent.

For 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 pay-as-you go type of social pensions up to unsustainable levels. The Caribbean countries will therefore have 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 independency 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 along side 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,

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[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.

incorporating lower income groups, self-employed and the informal sector will be a challenge. Women are often found in the informal sector or without or with a short working history. They are therefore in general more vulnerable. Unfortunately, initiatives will probably be under pressure in 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 then the costs of social pensions and assistance to the older part of the population. It is difficult to withhold existing treatments to patients. Private health insurances are lacking or unaffordable for most retired persons. In some Caribbean countries healthcare is available free of costs from the public health care system. The quality of care, however, leaves in many cases much to be desired.

To provide in 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 keeps being a concern.

Intergenerational relations are also changing. Informal systems of care and family declines 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 not time for taking care of older family members, making the older persons to depend more on professional care.

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

The change in median age summarizes the overall aging. In all Caribbean countries it increased since the mid of the last century. From a moderate increase between 1950 and 2009 from 20.8 to 21.9 in Belize to ten years or more in for example Aruba, Barbados, the Netherlands Antilles, and Trinidad and Tobago. Differences in the median age are quite markedly; 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 share 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. Councils for the elderly and advisory committees have been established. For the needed in the region, many new senior activity and day-care facilities have opened up in the past ten years and even computer courses are offered to the very old. Residential care homes are operated by government and private entities. Churches are traditionally active for older persons and many activities are carried by

older persons. There are also many other non governmental and private initiatives for older persons that lack family support networks. But also those with less need for assistance participate 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 St. 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 sub-regional 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 sub-region. The primary focus is on evidenced based data, results based management, partnership building on monitoring and evaluation.

In examining the MDG-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 MDG's, 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, spatial 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 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 further that found 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 resulting in mixed results. An ECLAC study highlighted that female participation in the politics of the Caribbean is about 20 per cent 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 per cent 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

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[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

[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.

conclusion is that the operations of the machineries have been held back by under-resourcing, 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 in place in theory. 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 had 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 (MDGs);
- Convention on the Elimination of All Forms of Discrimination Against Women (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 to oversee gender mainstreaming. In Jamaica for example, the Planning Institute of Jamaica has two gender focal points assigned to economic 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 bureaus 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 include:

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 inter-sectoral 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, 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 Guyana. 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 Organization of Eastern Caribbean States 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 members of families in the sub-region.

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 a Gender Advisory Committee to develop a National Gender Policy which, when completed, will allow for more effective gender mainstreaming.

ILO supported gender training for trade unionists which has 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, as well as 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.

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

The tenth session of the Regional Conference on Women in Latin America and the Caribbean was convened in Quito, Ecuador 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. There were agreements reached on the recognition of the importance of the economic and social value of the unpaid agricultural and subsistence work performed by women, and being aware of the need to make its work visible and arrive at an accounting of its 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

sub-regional office 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, macro-economic policies and budgets need to reflect a deeper understanding of women's realities, including the impacts of various agreements on their well being. In relation to male underperformance in education unless the issue is urgently addressed and the discourse broadened to accommodate attention to structural determinants the hope that relationships between men and women will be harmonious and men and boys in Caribbean societies will be agents of social change, 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 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 provide for the granting of 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 reconciled 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 of 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 include:

The 2008 study entitled "Reconciling work and family: issues and policies in Trinidad and Tobago". This study is one of a number of country studies commissioned by the ILO's 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 Organisation of Eastern Caribbean States (OECS) family law and domestic violence reform project that 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, be free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, 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 Conventions[20] 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 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 as it relates 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

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

adolescents with disabilities. Efforts are on-going 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 need 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 organisations in Anguilla, Belize, Bahamas, Guyana, Jamaica, St. Maarten, St. 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 & technology. Referrals are also made to other service agencies depending on the issues of the youth.

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, pregnancies among adolescents, that is persons aged 15-19 years, most of which are unplanned, 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 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

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

alienation. There is limited national anti-discrimination legislation of PLHIV in the Caribbean. Members of the LGBT-community 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/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 UNIFEM and 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 LBGT 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 programs 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 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. 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 (Percent)

	1970-1990	1990-2006
Barbados	3.1	0.7
Grenada	1.1	3.0
Saint Lucia	3.0	2.6
St. 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 per cent 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 to choose and the somewhat unrestricted use of contraceptives as well as the high development of family planning programs and services, ably supported financially by some Caribbean governments and international organizations such as IPPF and UNFPA. However, this is an area were the scarcity of data represents a serious setback to any analysis. With the only exception of Jamaica, where the National Family Planning Board conducts Reproductive Heath Surveys every five years, detailed data contraceptive prevalence studies on fertility issues is absent since the early 1990s or, at best, fragmented in a multitude of small scale surveys -mostly adolescent 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 for the poor, pointing to 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 percent- whereas the CPR is also high at around 67 per cent. 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

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[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.

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 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 special attention to be paid to 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 2 countries with rates above 100 per 100,000) in the region, maternal mortality ratios have shown no significant decrease over the last eighteen years (taking as reference 1990). However, the profile of maternal deaths has changed: there is a higher concentration now among adolescents and 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 PAHO[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, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines, 12 per cent of males and 6 per cent of females aged 10-14 years were sexually experienced. The median age of students who were sexually experienced was thirteen years for both males and females. Forty-four per cent of sexually active youths reported sexual debut before the age of fifteen. In addition, contraceptive prevalence remains low with only 30 per cent of sexually active girls and 24 per cent of sexually active boys eighteen 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 twenty per cent of live births in the region are to adolescent mothers. Data from Dominica and Saint Lucia revealed that, in 2005, about 16 per cent of live births were

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[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.

to an adolescent. For the same period, births to adolescents accounted for 19 per cent of live births in Saint Kitts and Nevis; in the Turks and Caicos, they accounted for 9 per cent of live births (Table 6). In 2004, 6 per cent of adolescent girls 15–19 in Saint Lucia and Saint Vincent and the Grenadines and 4 per cent in Barbados gave birth[25]. In Antigua and Barbuda, 2.2 per cent of adolescent girls 15-19 years and almost 5 per cent of young women 20 – 24 years reported that they were pregnant at the time of the poverty assessment survey.[26]

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

n.a. = not available

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

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 for reproductive health services is adolescents, who have special needs for care and support during the transition to adulthood and the initiation of sexual

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[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.

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 fora 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, a strategic plan for sexual and reproductive health was drafted in 2005. Jamaica reviewed its strategic framework "Reproductive Health 2007- 20011" 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 place its attention in supporting initiatives in emergency obstetric care and strengthening of referral systems, although the primary focus will be placed on two pillars, namely improved access to Family Planning and the strengthening of social and cultural sensitiveness in service delivery.

There has been the establishment of adolescent health and well-being units 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 form UNFPA and caters for access by adolescents and youth to information and services on adolescent sexual and reproductive health. The Ministry has established over twenty 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 organisations 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 Health and Family Life Education (HFLE) curriculum in its member states. Achievements include: 1) the movement of the HFLE curriculum from information based to life-skills based, 2) the development and dissemination of the HFLE skills based Regional Curriculum framework in Caribbean school for students 5- 16 years and 3) the delivery of HFLE in public schools in the Eastern Caribbean from senior through to the 3rd year of secondary schools. 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. This is 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 the International Planned Parenthood Federation (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 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 sub-region, from demystifying and de-stigmatizing EC to raising awareness about it to 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 a Non-Governmental Program (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 programs 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 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 (MDG 6) and a priority area within the Caribbean Cooperation in Health Initiative III.

The Caribbean is the second-most affected region by HIV and AIDS in the world. Adult HIV prevalence rates range from 1 per cent in Barbados, Jamaica and Suriname (2.7) to 2 per cent 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 the 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 per cent 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 behaviours. 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 per cent 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

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

also the need to integrate HIV and AIDS programming into reproductive health programmes, both because it is an 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 between 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 between islands and countries is common, contributing to the spread of HIV and blurring the boundaries between difference national epidemics. Additionally, poor availability of HIV and AIDS data makes it difficult to gain a clear picture of each country's situation.

Table 3: 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.

There are some developments in the region that cause for some guarded optimism: Bahamas, Barbados and Bermuda are showing HIV prevalence declines among pregnant women, signs of increased condom use and expansion of 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 high level of knowledge on HIV can be recognized, yet is not reflected in changed attitudes and behaviour. These developments are indeed confronted with reasons for 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 among population on HIV. It is no accident that this disease, which started with 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. WHO/UNAIDS projections show that the average increase in the total population living with HIV during the period 2005-2015 will be 13 per cent.

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 include the following:

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.

Since 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 multi-sectoral National AIDS Coordinating Committee in 1988 and the development of a highly pro-active 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, St. Kitts and Nevis, St. Vincent, 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 St. Kitts and Antigua.

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 St. Lucia in collaboration with NGOs and with the support of UNFPA and OPEC implemented a successful initiative between 2003-2007with 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 is 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 the Pan-Caribbean Partnership against HIV and AIDS (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 programs. Most recently, PANCAP has issued the Caribbean Regional Strategic Framework 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 Plan 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 Plan 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 with 1.2 per cent. Although ECLAC expects some improvement, economic growth is forecasted to reach only 0.5 per cent 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, cumulate to difficulties in being able to sustain the exchange-rate regimes especially in the context 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 to follow suit (Grenada, and Antigua and Barbuda) or are drawing down on their reserves within the IMF. The Netherlands Antilles had already start negotiations with the Netherlands to reduce their debt by over two billion dollar. This will slash the public debt to manageable proportions. The International Monetary Fund (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 cut backs, or at least no increase, in government spending on social programs. 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 restrains 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 as much 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 being made to make these sources sustainable. Not only sustainability in ecological sense is 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. Local residents have successfully opposed the construction of wind mills (e.g. in Barbados).

Geothermal energy has many potential in the Caribbean islands. Nevis (Saint Kitts and 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 the United States Virgin Island are possible customers. The government of Dominica launched a 250 Million Euro 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 in 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 ecological branded hotels. Dominica has even made eco-tourism its trademark and sells itself as the 'nature islands'.

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 the Small Island Developing States (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 poor are extra 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) and various national co-ordination agencies for disaster relief and emergency management have made a large positive contribution to reducing environmental risks in the region. Caribbean Disaster Emergency Response Agency (CDERA) tries to mitigate damage particular 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 Natural Resources Management Unit now called the Environment and Sustainable Development Unit (ESDU), of the Organisation of Eastern Caribbean States coordinates environmental activities on behalf of the OECS Secretariat. Many other international, regional, and national programs for sustainable development exist in the Caribbean.

Despite the efforts in emergency preparedness the vulnerability of women during disasters (increased risk of GBV, unprotected sex, lack of access to RH services, particularly emergency obstetric care and availability of condoms) have 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.
- Reports of gender-based violence 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 lead 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 not a wide spread phenomenon anymore in the Caribbean, however, pockets of poverty still exists. Further efforts in poverty reduction, the prevention of social exclusion, and a lowering of the unemployment rate, and especially, of 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 the 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 towards 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 large challenge to adjust infrastructure such that disabled persons have the same access to public facilities as non-disabled. Conditions have to be created that permits self-reliance and dignity for persons living with disabilities.

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 between the various policies and programmes in each country is one of the main challenges. Proper communication and information mechanism between the various departments and agencies and communication to, and with, the general public are others.

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 relative small countries of the subregion.

The limited carrying capacity does not permit 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 citizen, 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 important, 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.

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 to many bright young persons having chosen for a study in the region or led them to return after having followed a study outside the region.

Traditionally there has always been intra-regional migration. Recently, tensions have been rising about the treatment of migrants from the region in certain countries in the region. The ICPD Plan 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 the international trafficking for the purpose of sexual exploitation and forced domestic servitude and other forms of exploitation. Much more efforts are needed to prevent such abject forms of abuse. Not the victims but the organizers of trafficking and those that exploit should be persecuted.

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 of combinations of 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 keep being 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.

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 under-resourcing, 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.

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 reconciled 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 measure include flexitime arrangements, paternity leave legislation, crèches and day care centres at the workplace, breastfeeding breaks and rationalization of work hours with school hours.

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 programs 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 an overburdened and a scarce capacity of the health care system. Multi-sectoral 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 catered towards the needs of adolescents and young people should be ensured.

Although programs have been put into place in several countries, sexuality 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. 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. UNFPA Subregional Office of the Caribbean has launched a condom Program 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.

Sexual and Reproductive Rights

The incorporation of comprehensive sexuality education at every educational level (including out-of-school youth) and that includes a gender perspective and at the same time adequately informs about sexual and reproductive rights, is needed. 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 on-going 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 younger than eighteen 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 is critical, particularly youth friendly spaces and services to ensure access to those who need and want these them.

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 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 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.

Emerging issues

The dependency of 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. Large 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 MDG) 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 for the near future.

Annex A

TABLE A.1.1 – REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

COUNTRY	Government measures to enforce reproductive rights	Monitoring and reporting on reproductive rights	Reproductive health (RH) recognised as priority in health sector reform	Reproductive health integrated into primary health care system
Antigua and Barbuda	The Social Enhancement Programme provides financial assistance & training to single, unemployed mothers with no more than three children. In 2006, married women gained the right to access tubal ligation services without the consent of their husband.	The government is considering the adoption of CARICOM model legislation regarding Sexual Harassment in the Workplace.		The government has 27 service delivery points which offer free antenatal and prenatal care. Qualified health personnel attend all births at minimal cost. The government is working on a peri-natal information system to facilitate the flow of maternal medical information between the clinics and the general hospital.
Aruba	The Government of Aruba subsidises the salaries of the employees of the Foundation for Promotion of Responsible Parenthood and Community Nursing/Home Health Care Organisation.	Department of Public Health	Community Nursing/Home Health Care Organisation; Department of Public Health; Foundation for Promotion of Responsible Parenthood; General Health Care Insurance.	Free access to RH services provided by the General Health Care Insurance, Community Nursing/Home Health Care Organisation and Foundation for Promotion of Responsible Parenthood.
Bahamas	Men are allowed seven days unpaid paternity leave.	No reporting mechanism established.	RH recognised as priority by Maternal and Child Health Unit of Public Health and the Bahamas FPA.	RH services are available free of charge at all government healthcare providers.
Barbados	Special protection for pregnant women; support families. Sec. 14: Provision of health care services, including information, counselling and family planning services.	Periodically reports to CEDAW.	Adolescent health programmes; Health Education Clinics; MCH Programme; Family Clinics integrated into MCH programme.	Ante-natal and post-natal health services already integrated prior to ICPD.

COUNTRY	Government measures to enforce reproductive rights	Monitoring and reporting on reproductive rights	Reproductive health (RH) recognised as priority in health sector reform	Reproductive health integrated into primary health care system
Belize	The SRH Policy was approved in 2005. Men are allowed two weeks of paternity leave. In 2005, the Cabinet amended the Labour Act to provide 14 weeks of fully paid maternity leave. Approval of National Health Policy which outlines RH rights; 2002: RH Policy passed; legal age of consent is 16 years	Health not recognised as a human right; no monitoring mechanisms established; periodically reports to CEDAW and CRC.	A National Strategic Plan of Action for SRH for 2006-2011 was implemented. The Ministry of Health developed a draft national plan to integrate HIV/STIs/TB into the primary healthcare system and a 5-year action plan aligned with the national strategy plan. Belize participates in several regional initiatives e.g. Mesoamerican public health system, RESSCAD, among others here RH issues are discussed. RH services are provided at health facilities more in response to demands from Clients.	RH services falls administratively under MCH Unit; close interrelation occurred with other programmatic areas e.g. National AIDS Program for management of services: development/updating of protocols/management of commodities and training for staff/other partners. Protocols and manuals are being developed to ensure standardization of services especially package of preventive. More preventive actions are required from agencies outside MOH..
Cayman Islands	Public Service Management Law (2005), Personnel Regulations (2006) - provides female government employees with the same maternity leave benefits as the Labour Law. The law allows for two weeks paternity leave for male civil servants .			
Dominica	Reproductive rights are present in the national gender policy, the OECS family laws and the domestic violence law reform initiative.	Signatory to CRC		Free primary health care provided to entire population, this includes RH services and counselling.
Grenada	The National Health Plan assures the provision of RH services for women. The parenting programme provides training parents and prospective parents.	Belem do Para ratified, but no monitoring mechanisms in place.		RH components integrated prior to ICPD.

COUNTRY	Government measures to enforce reproductive rights	Monitoring and reporting on reproductive rights	Reproductive health (RH) recognised as priority in health sector reform	Reproductive health integrated into primary health care system
Guyana	The government developed a Family Health Manual and new policies in 2006 to ensure that women, children and family members have access to quality healthcare.	RR and RH are included in the reports of the Guyana Human Rights Association (GHRA). RR and RH are also included in the CEDAW Country Report.	The Health Sector Reform Package addresses: family planning, contraceptive counselling and provision, antenatal care, diagnosis and treatment of cervical and prostate cancers, STI diagnosis and treatment, HIV diagnosis, medical termination programmes, and the elimination of sexual violence. SRH is a priority in the ILO HIV/AIDS Workplace Programme, which is being implemented in the ministries.	RH services are offered at all health centres as well as all district and regional hospitals; youth friendly services available.
Jamaica	The Personal Choice Programme incorporates the private sector into the provision of family planning services. Policy to provide contraceptives to minors adopted and implemented. Programme of Advancement Through Health and Education (PATH) – offers monthly cash benefits to eligible households for the support of children, the elderly, persons with disabilities, pregnant and lactating women.	RH and RR are not included in monitoring of implementation of human rights. Periodically reports to CEDAW.	National Family Planning Programme (2006-2010).	RH services integrated prior to ICPD. Expanded integration of all components of SRH is ongoing.

COUNTRY	Government measures to enforce reproductive rights	Monitoring and reporting on reproductive rights	Reproductive health (RH) recognised as priority in health sector reform	Reproductive health integrated into primary health care system
Netherlands Antilles	The Foundation for promotion of responsible parenthood provide information, education and communication programs Strengthening strategies of education and awareness raising for the general public with a view to reducing the incidence of teenage pregnancies, unwanted pregnancies and sexually transmitted diseases. The English speaking islands of the Netherlands Antilles (St. Maarten, Saba and St. Eustatius, and Curacao as an observer) are part of the Caribbean Initiatives on SR and RH.	The N.A. periodically reports to the CEDAW and periodically reports on the measures and programmes relevant to the Convention on the Rights of the Child.	Foundation for promotion of responsible parenthood (Famia Plania) provide SRH and services to the general public. We integrated our services into the private health services in Curacao.	In the Netherlands Antilles SRH services are generally included in the basic health services provided by government and private health insurances. Persons in need of specialized treatment in this area are referred to specialists.
Saint Kitts and Nevis		Periodically reports to CEDAW and CRC.	RH is a priority in the Health Sector Reform Package, with a focus on women and girls.	Family Life Planning Unit in all health centres; services available to everybody, including adolescents.
Saint Lucia	The Bureau of Health Education administers programmes to educate and sensitise the population. The National Youth and National Health and Family Life programmes focus on reproductive health.	There is no national convention on human rights. However, a rights-based approach is used in the provision of services. Periodically reports to CEDAW.	RH is an important component of the National Health Strategic Plan. Related programmes are being implemented.	RH services were incorporated into the primary health care system prior to ICPD.
Saint Vincent and the Grenadines		Periodically reports to CEDAW.		Each of the 40 Health Centres covers a population of 2,900 no one is required to travel over three miles to access care. All of these 40 health centres cater for the reproductive health care needs of the population.

COUNTRY	Government measures to enforce reproductive rights	Monitoring and reporting on reproductive rights	Reproductive health (RH) recognised as priority in health sector reform	Reproductive health integrated into primary health care system
Suriname	S&RH Policy is being developed. A National Population Policy has been developed. The government has begun drafting a law addressing maternity leave.	Report to CEDAW ratified in 2000; signatory to Belem do Para.	Reproductive Health in Suriname, a programme executed by the Ministry of Health from 2003-2008, is the primary action that has been taken to promote reproductive health and rights.	The Ministry of Health is currently preparing a policy that will integrate RH services for adolescents into primary health care services.
Trinidad and Tobago	A draft National Policy on the Family was completed in 2007 and tabled as a Green Paper in Parliament. The proposed Policy is to be revised and resubmitted for debate. The Policy will provide the framework for developing and implementing effective measures for nurturing and supporting healthy family life in Trinidad and Tobago.	The Multiple Indicator Cluster Survey (MICS) 2006 Report is based upon the collaborative efforts of the the Ministry of Social Development, the CSO and UNICEF. MICS provides some findings on reproductive health inclusive of data on contraception, unmet needs, antenatal care and assistance at delivery.	The government developed a Strategic Plan for SRH for the period between2003-2008. National Health Information System (2007-2012), Ministry of Health - Through the computerization of medical records, improvement in the quality of the delivery of health care is expected, inclusive of reproductive health.	Reproductive health service components already integrated prior to ICPD. Trinidad has 84 health centres, Tobago 18. They usually offer e.g.: Clinic, Cervical Screening, Child Health Clinic, Immunization, Testing and Counselling for HIV, Family Planning, Home Visits, Pap Smears, Pre-Natal Clinic, Post Natal Clinic and Wellness Clinic. Construction of primary care facilities in Siparia, Diego Martin, Chaguanas, St. James, Carenage, Morvant, Upper Laventille and St. Joseph.

TABLE A.1.2 – REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

COUNTRY	Increased access to quality reproductive health services	Reduce maternal morbidity and mortality	Expanded contraceptive choice, including female condom and emergency contraception	Steps to achieve reproductive health commodities security
Antigua and Barbuda	IEC provided by AIDS Secretariat to increase knowledge on available services. The government has ensured that all women have access to antenatal and prenatal services free of cost. The School of Nursing has an active midwifery programme. The government has increased the number of nurses as well as the budgetary allocation for reproductive health.	All deliveries take place in hospitals.	The Antigua and Barbuda PPA provides male and female condoms, contraceptive injections and emergency contraceptives. The AIDS Secretariat and the HIV Alliance are responsible for the distribution of female condoms.	Commodities are acquired through the OECS Procurement programme based in Saint Lucia.
Aruba	The Foundation for the Promotion of Responsible Parenthood and the Community Nursing & Home Care Organization provide RH services and IEC programmes. General Health Insurance	Not applicable.	Female condoms and emergency contraceptives are available through family physicians and at all pharmacies.	The Foundation for Promotion of Responsible Parenthood strictly adheres to the International Planned Parenthood Federation (IPPF) guidelines.
Bahamas	Basic RH services are provided free of charge. Clinics operate on extended hours. The Health and Family Life Unit of the Department of Education provides of training, information, counselling and IEC.	Provision of free, specialised services has been increased. Data analysis and intra-partum monitoring has been improved. A Maternal/Child Health Technical Advisory Group has been established.	Oral and injectable contraceptives, IUDs and condoms are available. Emergency contraceptives are available to victims of rape.	RH services are free and available to all.
Barbados	A range of free family health services are provided to the entire population.		The government is considering the provision of emergency contraceptives. They are currently available through BFPA; female condoms available.	Commodities are provided through IPPF.

COUNTRY	Increased access to quality reproductive health services	Reduce maternal morbidity and mortality	Expanded contraceptive choice, including female condom and emergency contraception	Steps to achieve reproductive health commodities security
Belize	Expanded services of NHI; The National AIDS Program ensure the provision of core health interventions related to STI/HIV and AIDS except the provision of nutrition to Clients and limited psychosocial support. Belize Family Life Association provides a comprehensive package of SRH services – affiliated to IPPF.	Provision of training for pre-natal care givers; IEC for pregnant women on importance of prenatal care; management of traditional birth attendants. Some of the interventions implemented are: prenatal and postnatal care, institutional childbirth, high skilled birth attendance rate, provision of contraceptive methods free of cost to women HIV infected, women with high reproductive and high risk pregnancy; improvement of quality of maternal and neonatal health care services ongoing; maternal morbidity and mortality surveillance in place and implemented, preventive maternal services provided at public and private health facilities and during mobile clinics	MOH is providing free of cost pills, injectable, IUD, male and female condoms free of cost to women HIV infected, with high reproductive risk factors and high risk pregnancy, amount of women catered for is approximately 5,000 out of the 66,000 plus women in childbearing age. Emergency contraceptives are available through BFLA and is included in rape kit. Belize Family life Association provides a wide range of commodities at affordable prices	Within the framework of the SRH policy. Budget allocation each year since 2008; procurement is done through UNFPA. Commodities are distributed to target population through health facilities within public sector. Mechanisms are in place to provide for target population identified at private sector health facilities
Dominica	RH services are provided free of charge at public health centres. An MCH manual, aimed at standardizing care, has been developed.	The provision of maternal and obstetrical services is being improved at primary and secondary levels.	The Dominican PPA provides a range of contraceptives and has also introduced emergency contraceptives with counselling.	
Grenada	The Grenada PPA operates two full-time clinics. The government has partnered with Cuba to provide training to nurses and doctors. The Ministry of Health also provides some contraceptive services.	An Obstetric Unit was created. A midwifery unit was opened. Nurses undergo mandatory training. Additional obstetricians have been recruited.	Female condoms introduced through the private sector.	No measures taken; no budget provided by the government.

COUNTRY	Increased access to quality reproductive health services	Reduce maternal morbidity and mortality	Expanded contraceptive choice, including female condom and emergency contraception	Steps to achieve reproductive health commodities security
Guyana	Reproductive health services are free and available at 294 maternal and child health sites. Training has been provided to health workers to strengthen their capacity to provide quality services. Universal access to reproductive health is promoted through the HIV mass media campaigns. Family planning services can be accessed through three non-governmental organizations: the Guyana Responsible Parenthood Association (IPPF affiliated), the Family Planning Association of Guyana (PPFA affiliated), and Women Across Differences (WAD).	Screening and identification of high-risk pregnancies has been improved. Infrastructure has been improved. Health education is provided to mothers. Midwives and community health workers have been trained. Protocol for labour wards/maternal and child health care has been developed. The government has implemented the National Strategic Plan for the Reduction of Maternal & Neonatal Mortality in Guyana for 2006-2010. The Health Sector Strategy 2008-2012 ensures universal access to effective interventions for newborns, children, adolescents, and young adults. A comprehensive Family Health Programme is being developed.	Female condoms are promoted and distributed. The Barber Shop and Hairdressers' Programme facilitates the dissemination of information regarding SRH and the distribution of condoms. Comprehensive condom programming (CCP) ensures the provision of male and female condoms at all VCT sites and health facilities. Emergency contraceptives are available at some facilities. Training in the near future will ensure that they are available at more health facilities.	The government has improved the information system used to monitor supplies and this has ensured better forecasting, stock control and distribution of contraceptives.

COUNTRY	Increased access to quality reproductive health services	Reduce maternal morbidity and mortality	Expanded contraceptive choice, including female condom and emergency contraception	Steps to achieve reproductive health commodities security
Jamaica	On-going training for service providers. Service guides and protocols have been revised. Indicators to assess and monitor quality have been created. Adolescent-friendly services are provided. Jamaica has nearly attained universal access to reproductive health services and commodities.	Special high-risk antenatal clinics were established in all parishes. Special adolescent antenatal clinics have been created. Emergency obstetric care is provided. Home visits are provided to high-risk pregnancies. Antenatal care takers in clinics are continually trained. The government has created a strategic framework to promote safe motherhood within existing family health programmes. The National Maternal Mortality Committee was established in 2006 to monitor maternal health and guide policy.	Public-private partnerships established to enhance the provision of services. Female condoms are widely available and emergency contraceptives can be accessed without a prescription.	Supply monitoring system has been established; increased involvement of private sector.
Netherlands Antilles	Increase access through different Health Care Organizations, the Medical and public Health service and the Foundation for promotion of responsible parenthood.(Famia Plania) Famia Plania also provide SRH services to vulnerable groups: undocumented immigrants, sex workers and their male clients. The government subsidizes two NGOs that provide RH services in Curacao: Planned Parenthood and the Aids Foundation for the Netherlands Antilles (ASNA).	The Health care system has different levels of care for pregnant women and their babies, pre and post natal. Pregnant women usually go their GP for the first 3 months of conception and are then referred to either an OB/GYN or midwife. Care services are provided for undocumented immigrant women by a foundation. After the birth women and children can access care services through the visiting nurses community health care services (at home) and the babies are monitored and provided health care at baby clinics for free or for a small contribution.	The female condom and emergency contraceptives are available at the Foundation for promotion of responsible parenthood either for free or at a minimal cost. Emergency contraceptives can be bought any time at all drugstores although it is more expensive than at the foundation	Famia Plania (FP) is distributing for 44 years contraceptives methods (commodities) to the general public of Curacao through his clinic. The FP is subsidized by the Central Government also distribute contraceptives methods to the public in St. Eustatius, Saba, Bonaire and St. Maarten through their health care clinics, and private doctors..

COUNTRY	Increased access to quality reproductive health services	Reduce maternal morbidity and mortality	Expanded contraceptive choice, including female condom and emergency contraception	Steps to achieve reproductive health commodities security
Saint Kitts and Nevis	The family planning component of the Community Health Programme has improved the provision of information and contraceptives.	Improvement of prenatal care; provision of gynaecologists at public health centres and hospitals; increased number of midwives and other health care professionals; specialist obstetric care for high risk pregnancies.	Emergency contraceptives are available free of charge at general hospital. Female condoms are available at public health centres. Department of Gender has informal arrangement with several doctors to provide tubal ligation.	Timely procurement of commodities established.
Saint Lucia	RH services are available at all health centres.	Education programmes in communities expanded. Increasing numbers of births are attended by qualified personnel. Improved diagnostic equipment available in hospitals. Antiretroviral drugs are provided to infected pregnant women. Family and Reproductive Health Procedures manual developed and used.	Method mix available at all health centres. Emergency contraceptives and female condoms available.	Saint Lucia PPA is the leading provider of contraceptives.
Saint Vincent and the Grenadines	Services are available at clinics. Contraceptives generally provided free of charge. HIV/AIDS/STD Unit established to improve services and reduce stigmatisation.	Annual Prenatal, Morbidity and Mortality Conference conducted to analyse national data. All practitioners participate in monthly meetings to analyse situation. .	Emergency contraceptives and female condoms are available. New pill for lactating mothers is available.	Government secures availability of contraception nation wide; supplies are monitored and managed by Central Medical Stores.

COUNTRY	Increased access to quality reproductive health services	Reduce maternal morbidity and mortality	Expanded contraceptive choice, including female condom and emergency contraception	Steps to achieve reproductive health commodities security
Suriname	Increased availability of RH services at more outlets/policlinics. The mother and child centre of one hospital was upgraded. The establishment of General Health Assurance will increase the accessibility of health care.	Promotion of early visits of pregnant women; significant improvement of prenatal programme in hospitals; improvement in data collection; Bureau of Public Health: Development of national protocols for improvement of maternal and child health. Safe Motherhood Needs Assessment study finalized (July 2009), and the plan of action will also be finalized soon. Pregnant Women are reached through PMTCT program	Broader range of contraception offered; female condoms and emergency contraception available at pharmacies and FPA. The National Aids Programme administers the sale of condoms at a minimum price. The programme distributes condoms free of charge to certain high risk groups. The NAP has started a national network of condom vending machines. The Ministry of Health administered a campaign aimed at the introduction and promotion of female condoms. Approximately 100.000 free female condoms were distributed during the campaign.	NGOs and private sector have established monitoring tools. The procurement of RH commodities was incorporated into the procurement system of the Ministry of Health in 2007.
Trinidad and Tobago	Ante-natal services are now available at all public health centres. Free cervical cancer screenings are available at most health centres. At least one health centre in each county operates during extended hours to accommodate working mothers.	Health education programmes for would-be parents have been implemented. Mothers who have had normal deliveries are required to attend a post-natal examination at six weeks after delivery, while those who have had abnormal deliveries are required to attend an examination at two weeks. Women are encouraged to bring their partners to these examinations..	The government continues to make contraceptives available to those who are 16 years of age and over. The government has received free female condoms from UNFPA. The government is in the process of procuring female condoms.	The Population Unit of the Ministry of Health has received training in reproductive health commodity procurement from UNFPA. They are using the Channel Software, developed by UNFPA, to ensure effective commodity management. There is an annual tendering and procurement process for reproductive health commodities. There is also an effective monthly reporting system to assist in forecasting future needs.

TABLE A.1.3 – REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
Antigua and Barbuda	A government Task Force on Child Pornography and Prostitution has been established. The Directorate of Gender Affairs administers the Violence Against Women Programme. The Directorate of Gender Affairs coordinates the High Level Task Force on Sexual Violence. The project to Strengthen State Accountability and Community Action for Ending Gender-Based Violence aims to end gender based violence through strengthened and responsive state and civil society actions.	Abortions are permitted only in instances when they are necessary to save the mother's life.	Reporting of STDs and HIV/AIDS is mandatory. St. John's Health Centre provides services. The Government has opened an STI clinic at the national health centre. Testing, lab work and treatment are free of charge. There are nine voluntary HIV/AIDS counselling and testing sites (VCTS).	
Aruba	The Foundation Violence Against Women operates a shelter, an awareness programme and a community education programme.	Abortions are prohibited in all cases.	National AIDS Committee and National AIDS Programme	Foundation for Promotion of Responsible Parenthood; Programme for parenthood guidance through the Community Nursing/Home Health Care Organization.
Bahamas	Domestic Violence (Protection Orders) Bill (2007) – strengthens victims' rights to restraining orders.	Abortions are permitted only in cases where they are necessary to preserve the mother's physical health and/or life.	HIV/AIDS and STDs education campaign; national FPA provides counselling and IEC; Department of Education supports implementation of programmes offered by the HIV/AIDS Department; antiretroviral drugs are provided to HIV-infected mothers.	

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
Barbados	Shelter for battered women established; training programmes for the police implemented; Victim Support Services Unit established at the Police Department. A new protocol for collecting data on domestic violence has been approved.	Abortions are permitted to preserve the mother's physical health, mental health and life. They are also permitted for socio-economic reasons.	Management structure to coordinate National AIDS Programme established. National AIDS Commission established. Standard protocols for counselling, diagnosing and treating STDs created.	
Belize	The Domestic Violence Act of 2007 revised existing laws on domestic violence. Training on issues related to domestic violence was provided to all personnel in the legal, judicial and social sectors. The Violence Against Women Awareness and Advocacy Campaign (2005 - 2007); production of an audio-visual documentary on domestic violence and the creation of two handbooks regarding domestic violence. Establishment of a family violence unit at the police department; establishment of a surveillance system on domestic violence The UNIFEM State Accountability Project has been implemented to strengthen efforts to end gender-based violence. The Batterers Intervention Programme is scheduled to commence in 2009. A gender-based violence database has been created.	Abortions are permitted to preserve the mother's physical health, mental health and life. They are also permitted for socio-economic reasons.	National AIDS Committee established; appointment of special ambassador; development of strategic National Action Plan; PMTCT surveillance; quality control at Central Medical Laboratory and acquisition of adequate technology; improved monitoring and evaluation system; improvement in continuum of care with the use of BHIS.	Measures in place to involve direct beneficiaries of RH services is only via client exit surveys done occasionally at public sector facilities, regularly at Belize Family life Association. At the latter more opportunities are offered for active participation of target population e.g. adolescents, MSM, CSW. Public consultations were carried out in each district town in the development of the NPES.

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
British Virgin Islands	The Social Development Department has administered programmes to raise public awareness regarding child abuse. The Office of Gender Affairs has also hosted a series of television programmes aimed at raising public awareness about issues related to domestic violence.	Abortions are permitted only in cases where they are necessary to preserve the mother's mental health, physical health and life.		
Cayman Islands	Staff of the Health Services Authority participated in workshops addressing domestic violence. The Islands' police force has engaged in a public awareness campaign to inform the public about issues related to domestic violence.	Abortions are permitted only in cases where they are necessary to preserve the mother's life.		
Dominica	Counselling for victims and perpetrators; advocacy programmes for public; free legal aid; training programme for police officers; research and public outreach programme; participation in PAHO-funded programme: Surveillance for Violence Injury Prevention.	Abortions are permitted only in cases where they are necessary to preserve the mother's life.	Walk-in clinics available; special programmes for HIV infected pregnant women; IEC programmes to prevent mother-to-child transmission; National HIV/AIDS Strategic Plan for 2003-2007 implemented Antiretroviral drugs are provided free of charge.	Island-wide consultation on the National Health Care Plan for 2001 – 2005. HIV/AIDS infected are involved in IEC programmes in HIV/AIDS.
Grenada	The Grenada National Organisation of Women (GNOW) is working with the police to develop a protocol on domestic violence. The Man to Man programme counsels abusers.	Abortions are permitted only in cases where they are necessary to preserve the mother's physical health and/or life.	National AIDS Programme; creation of an AIDS Unit within Ministry of Education (1996). The National AIDS Directorate has been integrated into the Ministry of Health.	No action taken.

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
Guyana	Training of national police force; education programmes to prevent violence; shelter for battered women established; Government support to NGOs engaging in outreach activities. The Sexual Offences Bill was tabled in Parliament in June 2009 and sent for deliberations. The Bill proposes a shifting the burden of proof away from the victim onto the accused by a new definition of rape. It also provides for the establishment of a National Task Force for Prevention of Sexual Violence and makes the criminal offence of rape gender-neutral. The Criminal Law (Offences) Act and the Marriage Act were amended in 2005, increasing the age of marital consent from 13 to 16.	Abortion is legal in Guyana and they are provided under safe conditions. Until 2008, abortions were only available through private practitioners. Public hospitals across the country have begun to offer the service.	The prevention and management of STIs, including HIV, are priorities in the multi-sectoral Strategy for HIV/AIDS for 2007 – 2011. Physicians from both the public and private sectors have been trained in accordance with the National Care and Treatment Guidelines to manage HIV and AIDS. Efforts are currently being directed at improving capacity to diagnose opportunistic infections. The Prevention of Mother to Child Transmission (PMTCT) Programme is offered through 137 Public Health facilities throughout the country. The programme has a 95.5% acceptance rate.	The National Policy on Domestic Violence was informed by recommendations formulated through public consultations, including a forum convened by the government and a national women's conversation.

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
Jamaica	The Domestic Violence (Amendment) Act, 2004 - provides for enhanced protection of victims of domestic violence and abuse within marriage and common law relationships. The Child Care and Protection Act, 2004 - addresses child abuse and makes provisions for mandatory reporting and the appointment of a child advocate. It also creates a children's registry. The Bureau for Women's Affairs has established a programme to address entrenched stereotypical views regarding issues of power relations and masculinity as they relate to gender-based violence. The government has drafted a national policy on sexual harassment. It is being finalized for submission to the cabinet. The Incest Punishment (Amendment) Act has been reviewed by the Joint Select Committee of Parliament. A Sexual Offences Bill was tabled in Parliament.	Abortions are permitted only in cases where they are necessary to preserve the mother's mental health, physical health and life. In 2005, the government established a Joint Select Committee of Parliament to review the recommendations of an Advisory Group on Abortion. The Parliament is currently debating the bill drafted by the Committee. This bill would change the conditions under which abortions are legally accessible.	HIV/AIDS Prevention and Control Programmes; ongoing IEC in health centres and hospitals; Community Peer Education; establishment of the National Task Force on HIV/AIDS; PMTCT programme; appointment of HIV/AIDS co-ordinator for schools by Ministry of Education.	Youth/ adolescents involved.

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
Netherlands Antilles	Different NGO's carry out awareness and educational campaigns targeting organizations, the government, victims and perpetrators of Violence Against Women. The public prosecutor's office has implemented policies that includes processes and procedures dealing with Domestic Violence (DV) in and have trained police officers in dealing with Domestic violence. Legislation has been amended to fight offences against morality, specifically protecting minors.	In the N.A. the law still criminalizes abortion , although in practice nobody is persecuted because of having performed an abortion. Abortion is common practice in reality and is performed in small clinics or doctors offices equipped for such matters. These clinics are also (not officially) inspected by the Inspectorate of Health.	Services provided by The Red Cross in Curaçao and St. Maarten; Planned Parenthood in Curaçao Planned Parenthood; ATM Foundation (abstain till marriage) program; AIDS foundation Netherlands Antilles Organizations for homosexuals and lesbians work to counsel and raise awareness among their target population. The RED campaign in St. Maarten. A very successful public–private effort in raising awareness about HIV/AIDS.	Strengthening age appropriate and gender sensitive SRH education for adolescents, in school and out of school, with a view to reducing the incidence of teenage pregnancies and provide pregnant teenage girls with the necessary assistance and access to health care and education.
Saint Kitts and Nevis	A Batterers Intervention Programme has been implemented. Participated in gender-based violence project funded by UNIFEM.	Abortions are permitted only in cases where they are necessary to preserve the mother's mental health, physical health and life. They are also permitted in cases of rape or incest.	Public awareness campaigns; training for medical personnel; Strategic Plan for HIV/AIDS developed; HIV/AIDS counsellor appointed. Presentations on the prevention of STIs held in workplaces.	Focus group discussions
Saint Lucia	IEC provided to children and youth at schools. The government and NGOs collaborate on IEC programmes. Round table consultation on gender based violence conducted. Changes have been made to the Domestic Violence Act (1995), but they have not yet been enacted.	Abortions are permitted to preserve the mother's physical health, mental health and life. The criminal code was amended to allow abortions for victims of rape or incest.	HIV/AIDS prevention incorporated in RH and FP services; VCT; PMTCT programme. STI clinics have been established at hospitals. Physicians specializing in STIs visit health centres regularly.	Partnerships with NGOs critical to ensuring service provision.

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
Saint Vincent and the Grenadines	Training of national police force; Rapid Response Unit created; change of name of 'Women's Affairs Unit' to 'Gender Affairs Unit' to include men; IEC on DV.	Abortions are permitted to preserve the mother's physical health, mental health and life. They are also permitted for socio-economic reasons.	HIV/AIDS/STD Unit established and IEC provided; HIV/AIDS Country Coordination Mechanism: outreach programmes; PMTCT policies and programmes established; focus of Family Manual changed to health of the entire family.	Parenting groups, HIV victims and Adolescents involved. Adolescents involved in development of National Youth Policy.
Suriname	NGO network to monitor and counteract gender-based violence (supported by Government); data analysis and monitoring system established; special interrogation rooms at police; provision of counselling, psychological and legal support; IEC through media; establishment of DV unit at national police force. A data surveillance system regarding domestic violence has been established. The Regional Health Service provided continuing education and developed a medical protocol to assist doctors and nurses in identifying and treating victims of domestic violence. The government has implemented national awareness programmes addressing domestic violence, as well as training programs on domestic violence for members of the judiciary, the (military) police, medical staff, nurses, teachers and religious leaders. A national Steering Committee on Domestic Violence was established in 2008.	Abortions are permitted only in instances when they are necessary to save the mother's life. Management: patients with complications due to unsafe abortions are treated at the hospital	HIV/AIDS: High priority at Government: National STDs/HIV/AIDS Programme adopted; NGOs provide critical contribution: provision of training of health workers and community volunteers; enhanced provision of testing; Government-NGO collaboration: Outreach programme to commercial sex workers (CSW), children of CSW, persons living with HIV/AIDS and marginalized youth; ARV therapy is financed by Global Fund. Integration of STI/HIV/AIDS services in primary health care	NGO activities: Youth and women as well as community volunteers involved.

COUNTRY	Programmes to address gender-based violence and sexual abuse	Measures to prevent and manage unsafe abortion	Measures to reduce and manage STIs, including HIV/AIDS	Measures to involve the beneficiaries of reproductive health services
Trinidad and Tobago	The "It's Family Time: Let's Talk" radio programme provides information on issues that impact family life, e.g.: substance abuse, domestic/ family violence, marital and relationship problems, child and sexual abuse. The Ministry of Social Development is working to enhance the country's Child Protection System by developing a new legislative framework, implementing the National Plan of Action for Children (NPA) and by strengthening of the National Family Services Division (NFS). The Children's Community Residences, Foster Homes and Nurseries Amendment and the Children's Authority Amendment were ratified in 2008. These amendments seek to establish systems and procedures for the protection of children against abuse, exploitation, neglect and violence.	Abortion is permitted to preserver the mother's physical health, mental health and life. In 2008, the Family Planning Association of Trinidad and Tobago published a legal clarification of the current abortion law, entitled "A legal interpretation of the Trinidad and Tobago abortion law." The Association believes the current law is unclear as to if and when abortion is permitted..	All pregnant women are screened for HIV/AIDS. The Prevention of Mother-to-Child Transmission Programme is implemented at all health centres and STI Policy was developed that includes evidence-based interventions and a strategy for STI-prevention among target groups. Prevention and educational materials as well as STI medicines are available at all health facilities. The provision of STI services by the Queen's Park Counselling Centre and Clinic in Port-of-Spain has been expanded. Post-exposure prophylaxes are available to medical personnel and rape cases. The government has also provided funding to NGOs offering counselling and support to vulnerable communities. All donated blood is tested for HIV/AIDS.	A stakeholder consultation was held during the development of the Strategic Plan for SRH for 2003-2009.

TABLE A.2- LEGISLATION, POLICIES AND PROGRAMMES TO ADDRESS HIV/AIDS

COUNTRY	Legislation, policies and programmes	HIV/AIDS prevention strategies	Measures to address prevention and treatment of HIV/AIDS in special groups
Antigua and Barbuda	IEC programmes for female sex workers; provision of condoms free of charge; IEC through the media.	A to G; D: targeted at: Female sex workers, pregnant women and youth. Through the PMPCT programme, pregnant women are provided with the option of free testing, counselling, health care and treatment. A three-week course on HIV in the workplace is offered to the private sector as part of the AIDS Secretariat's education programme. The private sector, in conjunction with the Gender Affairs Department, promotes behavioural change and communication, awareness and safety measures. The AIDS Secretariat works along with a local bank and the Ministry of Health to organize International Testing Day activities.	IEC provided to those in prison. The Secretariat regularly visits the work places of sex workers to offer testing and counselling with follow up treatment if the worker is tested positive. In 2009, the Secretariat will administer a school outreach programme targeting underage teens 12 to 16 years of age. Organizations such as PSI and the HIV Alliance have programmes to increase awareness of HIV/AIDs and RH issues among vulnerable and hard to reach youths. Post-exposure prophylactics (PEP) provided free of charge to survivors of rape and sexual abuse.
Aruba	National AIDS Committee and National AIDS Programme	National Strategic Plan Expanded Response to HIV/AIDS for Aruba 2003-2007	Children born to infected mothers, youth, male and female commercial sex, workers immigrants, health and reproductive centres, physicians, the media (TV, newspapers, radio stations, etc.)
Bahamas	Employment Act (2002): Eliminates discrimination against infected persons; public IEC campaigns; strengthening of laboratory services and research; all programmes centralised under HIV/AIDS Department.	A to H; D: targeted at: young women, pregnant women and STD clients.	Social workers trained to work with Haitian immigrants; IEC for drug users; condoms provided to sex-workers; regional training centres for HIV/AIDS: IEC for Haitian immigrants.
Barbados	Revised National AIDS programme now directly under Prime Minister; IEC campaigns by the Ministry of Health; PMTCT and HAART programme; improvement of quality of treatment of HIV/AIDS patients.	A to G; D: targeted at: Men who have sex with men [MSM], sex workers and prisoners	Sex worker project commenced in 2002; provision of IEC and counselling to migrant workers, drug users and prisoners.

COUNTRY	Legislation, policies and programmes	HIV/AIDS prevention strategies	Measures to address prevention and treatment of HIV/AIDS in special groups
Belize	National AIDS Commission; Ministry of Health/NGO/Peer Education Programme; VCT; increased access to medication and condoms. The Business Coalition on HIV/AIDS promotes the use of the HIV Workplace Policy and the use of educational programmes in the workplace to safeguard HIV+ employees from discrimination.	A to G; D: targeted at: Youth, MSM pregnant women and prisoners. In 2006, the cabinet approved the National HIV/AIDS Policy and the National HIV/AIDS Workplace Policy. The HIV/AIDS Workplace Education Programme: Strategic HIV/AIDS Responses by Enterprises (SHARE) implemented to address discrimination in the workplace against those infected with HIV/AIDS. HIV/AIDS prevention has been integrated into SRH services. The PMTCT Programme was enhanced in 2006 and fully integrated into public health services throughout the country. New guidelines, protocols, strategies and action plans were developed and disseminated. The sex education component of the HFLE has been expanded to include HIV and AIDS education. This was facilitated by the creation of an HIV/AIDS Focal Point within the MOE. New VCT centres have been established. VCT has also been added to the programmes of existing STI management clinics.	Belize Family Life Education: Provision of condoms and services to youth; Alliance Against AIDS: general out-reach programme. In 2006, the United Belize Advocacy Movement began implementing programmes to eliminate discrimination against men who have sex with men. The National Health Insurance programme provides RH information and services to residents living in slum settlements in Belize City. 'Know Your Status' campaign - administered by the Ministry of Health, encourages vulnerable groups to access VCT services and to practice safe sex. The Pan American Social Marketing Organization (PASMO) provides information, contraceptives and training to sex workers to decrease their risk of HIV infection. The Hand in Hand Ministry offers support to children living with HIV/AIDS. Supplies are procured by the government to ensure free access to HIV/AIDS treatment through PAHO and BFLA.
Dominica	National HIV/AIDS Strategic Plan 2003-2007; AIDS Advisory Committee formed and AIDS Coordinator post created; ongoing public IEC through media; active NGO involvement; VCT; special programmes to address youth.	A to G; D: targeted at: Youth, pregnant women and prisoners.	No government programmes in place; DPPA: provides affordable condoms in rural areas.
Grenada	Men in AIDS Committee: Group discussions and provision of training to other men on condom use.	No measures undertaken.	No measures undertaken.

COUNTRY	Legislation, policies and programmes	HIV/AIDS prevention strategies	Measures to address prevention and treatment of HIV/AIDS in special groups
Guyana	Education on safe sex; improved screening programmes; integration of RH components into HIV/AIDS programme. The Guyana National Strategy for HIV/AIDS 2007-2011 provides for the prevention of HIV among the general population, including pregnant women, most-at-risk-populations (MARPS), and youth. The government has an on-going behavioural change communication strategy.	A to G. D: targeted at: Sex workers, migrant workers and MSM. The VCT programme was expanded. The government administers mass media campaigns. These campaigns are primarily related to HIV prevention. The Private Sector Partnership Programme, developed in 2005, has evolved into a robust collection of private sector organisations that are actively engaged in helping the government reach its goals of preventing and reducing HIV. Forty-three local private sector companies and public sector agencies are currently collaborating with the USAID/GHARP and ILO Public/Private Sector Partnership Programme in an effort to protect the workforce against HIV.	Peer education; promotion of use of condoms and distribution of free condoms; outreach clinics to social organizations; the government supports NGOs. Female sex workers and MSM are targeted in selected regions. The objective of this programme is to facilitate their access to HIV and STI-related services at 'friendly sites.' Selected sex workers have been trained as peer educators to discuss prevention and safe sex strategies with their peers. Clients of these sex workers and brothel owners are also being targeted. Some work has been done with MSM, including the training of a core group to deliver peer education. The ILO Workplace Programme provides information and condoms to migrant workers.
Jamaica	IEC through mass media; use of peer educators; strengthened reporting and monitoring mechanisms; successful public-private partnerships resulting in reduced costs for antiretroviral drugs; strengthening of rapid testing, counselling and condom distribution. The government approved the National HIV/AIDS Policy in 2005. The HIV/AIDS response is also guided by the National HIV Strategic Plan (2007-2012). An HIV/AIDS Workplace Policy was developed in 2007. It encourages a caring, supportive, and responsible working environment that protects all workers regardless of their HIV status.	A to G; D: targeted at: Youth and sex workers. Strategies to prevent HIV/AIDS include: providing family planning counselling and information on HIV/AIDS and other STIs, encouraging condom use and encouraging participation in the PMTCT programme.	Strong emphasis on outreach and direct contact; peer educators and outreach workers; strong multi-agency collaboration including public, private sector and NGOs. Strategies have been developed to reach vulnerable populations, including low-income communities, sex workers, adolescents, out of school youth, drug users, those living with HIV and pregnant women. An HIV/AIDS policy for schools was developed and is now being implemented.

COUNTRY	Legislation, policies and programmes	HIV/AIDS prevention strategies	Measures to address prevention and treatment of HIV/AIDS in special groups
Netherlands Antilles	All the 5 island territories have developed their own National Strategic Plan to combat HIV/AIDS which deals with the legislative, policy and programmatic aspects of HIV/AIDS The RED campaign in St. Maarten is a public–private effort to raise awareness about HIV/AIDS.	The health departments of the central government and the island governments and several NGO's are working together in different projects and policy formulation to combat HIV/AIDS infections	HIV/AIDS and its prevention is a health priority. A major abstinence-until-marriage program is being carried out by a faith-based organization. The AIDS foundation Netherlands Antilles (ASNA), which has been raising awareness for many years is still very active and has outreach programs. There is a new organization for homosexuals and lesbians which works to counsel and raise awareness among their target population on HIV/AIDS and other issues.
Saint Kitts and Nevis	National Strategic Plan for HIV/AIDS has been developed. Policy on HIV/AIDS drafted for the education sector. Human rights consultation held for victims of HIV/AIDS. Capacity-building workshops held. Anti-retroviral drugs available free of charge.	A to G; D: targeting Women, men and youth. Workshops, focus groups and radio programmes regarding prevention. PMTCT programme. VCT programme. Male and female condoms distributed.	
Saint Lucia	VCT; IEC programmes; surveillance, monitoring and registration of HIV positive cases; monitoring of safe blood supplies; advocacy programmes to address 'sugar daddy' syndrome.	A to G; D: targeting youth and taxi-drivers. Additional measures enacted to prevent substance abuse and discrimination.	Programmes address infection among taxi and mini-bus drivers; the Ambassadors for a Healthy Lifestyle Project; AIDS Action Foundation administers outreach programmes to vulnerable groups; exchange labour programmes: IEC for future migrants. Provision of free ARVs to HIV/AIDS infected persons; Treatment and care programme; government support for NGOs who work with MSM and commercial sex workers.

COUNTRY	Legislation, policies and programmes	HIV/AIDS prevention strategies	Measures to address prevention and treatment of HIV/AIDS in special groups
Saint Vincent and the Grenadines	National Strategy Plan developed; IEC programmes; establishment of HIV/AIDS Unit; PMTCT programme; efforts to reduce costs of ARVs; technological advancements in diagnosing and treatment of HIV/AIDS; distribution of condoms; provision of financial support to HIV/AIDS victims and their families; legal framework being developed to protect rights of HIV/AIDS infected; public IEC programmes; NGOs: Support infected children, establishment of hospice planned.	A to G; D: targeting youth, MSM and children with HIV.	Prevention and Healthy Life Style Workshops conducted for MSM and sex workers.
Suriname	Situation and response analyses conducted; National AIDS programme; NGOs: peer education programmes; IEC through mass media and NGOs; emergency revolving treatment fund established. In 2007 a Situation and Response Analyses was implemented. The National Strategic Plan 2009-2013 Approved by the Board of Ministers; Standardized peer education programs through NAP; IEC being implemented through Mass Media and NGO's; Gen emergency treatment fund. Financed by the Government and Global Fund	A to G; D: targeted at: Sex workers, miners and youth. Amendment of STI law to include HIV/AIDS to facilitate surveillance; provision of ARVs 10 VCT sites in the Coastal Area. Free distribution of Condoms through 9 condom vending machines and through a number of high risk facilities Activities in place for sex workers and youth National Prevention Mother To Child Transmission program in place Activities behavior change communication and IEC. G: HIV programs and Policy training for all ministries and a few private companies	NGOs to address commercial sex-workers; EU funded outreach programmes for population in the interior; area-based programmes. Stichting Maxi Linder Association works exclusively with commercial Sex workers

COUNTRY	Legislation, policies and programmes	HIV/AIDS prevention strategies	Measures to address prevention and treatment of HIV/AIDS in special groups
Trinidad and Tobago	The government of Trinidad and Tobago implemented a National Strategic Plan to address HIV/AIDS between 2004 and 2008. The response is coordinated and managed by the National AIDS Coordinating Committee (NACC) comprised of representatives of a full range of stakeholders, including public and private sectors, civil society and people living with HIV and AIDS (PLWHAs). HIV/AIDS Coordinators have been employed and assigned to key ministries These Coordinators act as focal points for each ministry's response. They have received training in HIV and AIDS mainstreaming and behaviour change In 2006, Government entered a Memorandum of Understanding with the International Labour Organization (ILO)/ the United States Department of Labour (USDOL), to implement an *HIV/AIDS Workplace Education Programme – An Accelerated Response: Trinidad and Tobago 2005 – 2008.*	The National Strategic Plan included information and education campaigns, PMTCT programmes, the expansion of HIV/AIDS testing and the harmonization of relevant indicators. The Population Unit of the Ministry of Health is working to integrate testing for STIs and HIV/AIDS into all RH services. The staffs of all health centres are being trained in RH, rapid testing and provider-initiated testing and counselling (PITC). The HIV/AIDS Coordinating Unit within the Ministry of Health is reviewing the VCT Manual and is considering the expansion of VCT training and sites.	The National AIDS Coordinating Committee administers youth information centres in Port-of-Spain, Arima and San Fernando. The government is collaborating with civil society organizations and Population Services International (PSI) to reach special groups. • The government is collaborating with civil society groups and Population Services International (PSI) to reach special groups, including including: • CSW • MSM • PLWHA • Orphans and Vulnerable children.

A) voluntary counselling; B) voluntary testing;
C) Condom availability and use D) targeted interventions to vulnerable groups,
E) Prevention in pregnant women, F) behaviour change communication and IEC,
G) Strengthening capacity of service providers from different sectors H) Others
Abbreviations:
ARV = Anti- Retroviral drugs
FPA = Family Planning Association
HAART = Highly Active Anti-retroviral Therapy
IEC = Information, Education and Communication
MSM = Men who have Sex with Men
PPA = Planned Parenthood Association
PMTCT = Preventing Mother To Child Transmission
VCT = Voluntary Counselling and Testing

TABLE A.3.1 – PROGRAMMES AND POLICIES TO ADDRESS THE NEEDS OF ADOLESCENTS

COUNTRY	Measures to address RR and RH needs	Introduction of RH education in and out of school	Access to information on RH
Antigua and Barbuda	HFLE programme and joint project with AIDS secretariat and UNODC.	Some schools have introduced HFLE curriculum.	HFLE programmes and Guidance Counselling programmes in schools. In 2009, the AIDS Secretariat will administer a school outreach programme targeting underage teens from 12 to 16 years of age. Organizations such as PSI and the HIV Alliance administer programmes to increase awareness of HIV/AIDS and RH issues among vulnerable and hard to reach youths.
Aruba	The Government subsidizes the salaries of the employees of the Foundation for Promotion of Responsible Parenthood. General Health Care Insurance; Department of Juvenile Public Health.	RH education is part of the yearly curriculum of primary and secondary schools and is also carried out on as projects; Women's Club of Aruba; Department of Sexually Transmitted Diseases.	Foundation for Promotion of Responsible Parenthood; Department of Juvenile Public Health only on request; Department of Sexually Transmitted Diseases.
Bahamas	Adolescent health programmes are part of the public health services; policy statement to introduce HFLE; Family Planning Association and the government collaborated on programme to reduce teenage pregnancies.	Programmes and specific training for teachers for HFLE; teacher resources manual for adolescent health; Commonwealth Youth Programme for out-of-school youth.	Government institutions collaborated with communities and churches to provide information to adolescents; School Health Programme by Ministry of Health; Press provides information to youth through 'The Vibe and Youth Corner.
Barbados	Adolescent general health services provided at some poly-clinics.	HFLE in schools. In 2008, the Barbados Family Planning Association held 41 educational sessions on adolescent SRH and youth development in 15 schools and at other youth venues, including the School for the Disabled.	HFLE programme in school; Barbados FPA programmes in peer counselling.

COUNTRY	Measures to address RR and RH needs	Introduction of RH education in and out of school	Access to information on RH
Belize	The National RH Policy, enacted in 2002, provides guidelines for the RH services accessed by adolescents.	HFLE curriculum was implemented in all primary schools in 2006. At least 50 per cent of all secondary schools have utilized the Red Cross 'Together We Can' peer education programme. BFLA administers a peer education programme in some secondary schools. Multiple communication and social mobilization efforts target youths in and out of school.	The HFLE and Gender Awareness Safe School programmes provide information on RH. Many organizations –governmental and NGO- provide information on RH. Major focuses are in the area of prevention of teenage pregnancy, prevention of STI, HIV and AIDS. Ministry of Education HFLE Curricula includes information on RH to be provided to in and out of school adolescents
Dominica	Services for adolescents are integrated into HFLE in schools and in community youth programmes.	HFLE in all schools; health education manual for teachers; programmes for out of school youth; NGOs programmes address out of school youth.	Through the mentioned programmes but no other systems available.
Grenada	No government framework regarding RH.		
Guyana	A National Youth Policy was tabled in Parliament. The government has also developed an Adolescent Concept Paper. An adolescent health policy and an action plan that integrates HIV/AIDS prevention were recently approved.	The Government is implementing HFLE in grades 1 to 9. Sex education is also included in the Human and Social Biology syllabus. Teachers colleges, tertiary-level institutions and vocational schools offer a course in SRH for students. Out-of-school youth are targeted through the Ministry of Culture, Youth and Sport and NGOs. The Ministry of Culture, Youth & Sport integrates SRH and gender into the curriculum at its vocational training centres.	The Ministry of Culture, Youth & Sport promotes reproductive rights through their youth friendly services. NGOs and FBOs integrate S&RH into their programme of work.

COUNTRY	Measures to address RR and RH needs	Introduction of RH education in and out of school	Access to information on RH
Jamaica	National Strategic Plan for RH includes adolescent RH programme; youth-friendly community outreach programmes; National Centre for Youth Development. The National Family Planning Programme (2006-2010) explicitly prioritizes adolescent RH needs.	HFLE in schools; Community peer education programme to reach out of school youth; telephone hotlines. The Prevention Education Programme has trained guidance counsellors, peer counsellors and peace ambassadors.	The Women's Centre of Jamaica administers a network of centres for pregnant teen mothers. The centres also provide RH information and services. The government provides training for staff in health centres to provide youth-friendly services. Adolescents are able to access information on SRH through the televised TEEN SEEN programme, Marge Roper Counselling Services and the NFPB Library.
Netherlands Antilles	Most of the work in this area is carried out by the Health services of the 5 island governments in collaboration with NGO's. The health service in Curaçao subsidizes two NGO's, the Planned Parenthood and the ASNA, (Aids Foundation Neth. Ant) to provide information for RH services. The Sector Health services on the other islands also carry out their programs in close collaboration with NGO's.	Programs for strengthening age appropriate and gender sensitive SRH education for adolescents, in school and out of school. They provide pregnant teenage girls with the necessary assistance and access to health care and education. Planned Parenthood coordinates a programme to prevent teenage pregnancy.	A sexuality information hotline was recently opened by the Doctors of the World organization A campaign encouraging abstinence until marriage is being carried out by the ATM Foundation .
Saint Kitts and Nevis	HFLE adopted; Signatory to CRC.	Peer education programme, radio programmes and presentations to schools. RH workshops held for adolescents.	RH information available in all community health centres.
Saint Lucia	National Youth Policy adopted by the Cabinet.	HFLE taught at all primary and secondary schools.	Training for family life educators (peer educators); HFLE.
Saint Vincent and the Grenadines	Government and civil society focusing on the issue; HFLE programme; Youth Centre Programme for out-of-school youth. All 40 health centres cater for reproductive needs. In addition, three rural health centres are in the process of being upgraded to polyclinic status	HFLE programme: 1995 curriculum life skills..	Access to print material; Marion House (NGO): Services and counselling for at-risk youth; Family Planning Unit; adolescent groups; National Youth Council; '4 H Groups', drama groups.
Suriname	Youth committee established; Government and NGO rights programmes. There is a youth parliament and through this structure a youth committee can be established	NGOs provide peer counselling for in school and out-of-school youth; basic life skills Programme developed for in school youth. There is a (draft) Basic Life Skills (BSL) program developed for the primary education.	Basic life skills programme; NGO outreach programmes for men. Two of projected 6 national Youth Friendly Health Spaces established in 2008

COUNTRY	Measures to address RR and RH needs	Introduction of RH education in and out of school	Access to information on RH
Trinidad and Tobago	The National Youth Policy outlines objectives to address the needs of youth Implementation of The National Plan of Action For Children focuses on promotion of healthy lives as a priority area for action Ministry of Education (MOE) implementation of HIV/AIDS Workplace Policy Ministry of Social Development (MSD): Adolescent Mothers Programme, implemented by the Child Welfare League Ministry of Health(MOH): Implementation of SRH Tobago House of Assembly (THA): Implementation of The Programme for Adolescent Mothers	The MOD Population Unit has administered information sessions on SRH in schools and trained peer councillors in schools. The MOE: Abstinence Programme is being implemented; HFLE curriculum in ten schools.; Parent Awareness Programme on HIV/AIDS introduced. In 2007, 90 of the 138 secondary schools had Abstinence Clubs. The MOH: collaborates with the education sector to provide SRH Education.; Administration of youth information Centres; Establishment of youth-friendly facilities	Services to adolescent are limited to the provision of information and counselling Dissemination of the MOE's HIV/AIDS Work Place Policy continues with education and policy awareness training for school Principals and Supervisors Population Services International of Trinidad and Tobago uses Facebook to engage young people and disseminate information; Civil society organizations are involved in setting up booths in town centres to engage people in SRH;

TABLE A.3.2 – PROGRAMMES AND POLICIES TO ADDRESS THE NEEDS OF ADOLESCENTS

COUNTRY	Access to RH services	Progress in supporting young people in life skills	Participation in policy and programme development
Antigua and Barbuda	Apart from care for pregnant adolescent girls, there are no services to address reproductive and sexual health of adolescents. Minors must be accompanied by a parent or guardian.	The Directorate of Gender Affairs administers the Work and Life Skills Programme, providing training for young mothers and out-of-school youth.	Young people took an active part in formulating the National Youth Policy.
Aruba	Foundation for Promotion of Responsible Parenthood; Community Nursing/Home Health Care Organization; Department of Sexually Transmitted Diseases.	Vocational education is part of the formal educational system.	The Juvenile Parliament has recently been introduced.
Bahamas	Adolescent Health Unit & HIV/AIDS Department: Services to adolescents; BFPA and Adolescent Health Unit: Access to counselling; focus on youth in Schools; FPA: programmes to address Haitian youth; SCAN programme for sexually abused children.	Skills Training Programmes: Bahamas Tech. Vocational Training Institute; DRWS: Mentoring Programme for Youth; College of the Bahamas: several youth programmes.	Limited participation through Youth in Parliament Programme.
Barbados	The Barbados FPA youth programme continued in 2008. The programme includes a Youth Drop-In Centre, Room 246, which hosts regular youth discussions on S&RH, research, counselling; a regular newspaper column and media appearances to address ASRH issues; participation in national health fairs and special events on targeted days/periods. Clinic services are integrated into the main clinic [28]	Barbados Youth Service; Vocational Training Board; Polytechnic & Community College; the Youth Entrepreneurship Scheme.	Youth participation not regular; BFPA allows for some involvement.

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[28]   Family Planning Association. "The State of the Association Update." (May 2009).

COUNTRY	Access to RH services	Progress in supporting young people in life skills	Participation in policy and programme development
Belize	Available at general clinics. Only BFLA offers specialized services for adolescents.	Youth Cadet Corps; centres for employment and training; various NGOs.	Youths actively participate in a number of NGOs and CBOs such as the Belize Red Cross, YES, YWCA, YMCA, Youth For the Future, the Conscious Youth Development Programme, BFLA and Go Joven. Youth participants help shape programme development through representation on the organizations' governing boards, and as volunteers and staff. Mechanism is being developed: Youth Council; Belize Children Advisory Committee; Boys' Scouts; Rotaract
Dominica	Dominica PPA and health centres provide services to youth over age 18 free of charge; counselling programmes not specifically designed for adolescents.	Some in-school programmes; NGO programmes.	National Youth Council
Grenada	Access to services through health centres; not specifically designed for adolescents.	Grenada Youth Upliftment Programme.	National Youth Council is involved in planning youth programmes.
Guyana	Adolescent health services provided in health centres; adult education programmes. An Adolescent Health and Wellness Unit was established in 2005 to provide youth-friendly services, promote healthy behaviours and reduce drug use. The National Youth Health Organization (NYHO) administers a network of health clubs in secondary schools. The Ministry of Culture Youth and Sport also administers initiatives to provide RH information and services to youth.	Government technical institutes; skills training programmes; President's Youth Choice' initiative; YMCA, YWCA.	Young people were consulted in the development of the Poverty Reduction Strategy Paper 2001-2005. For this round, the government focused on at-risk youth. Some of the groups included in the consultation were child labourers, children in residential institutions, homeless young persons and unemployed youth.

COUNTRY	Access to RH services	Progress in supporting young people in life skills	Participation in policy and programme development
Jamaica	Youth Friendly services in some centres; training for adolescent RH service providers; guidelines established for service provision for youth under the age of consent. The government has implemented special programmes targeting the RH needs of adolescents and youth. Special focus has been placed on programmes addressing the RH needs of adolescents with disabilities.	National Youth Service Programme; Centre for Youth Development: Jamaica Values and Attitudes project; HEART Trust/National Training Programme; Ministry of Agriculture: Youth Internship Programme. Programmes like HLFE and the Regional HIV/AIDS Abstinence Drama Competition provide life skills education to youth. Students at secondary schools receive assistance from clinicians through the Programme for Alternative Student Support (PASS).	National Secondary Youth Council; National Centre for Youth Development: Youth involvement in National Youth Policy revision; youth representation on public sector boards. Young people often partake in focus groups addressing issues related to RH. These focus groups assist in the design and implementation or RH programmes. Youth are also consulted in surveys related to RH.
Netherlands Antilles	Free consults by doctors and nurses, free gynecological exams including pap tests, pregnancy tests, contraceptives and emergency contraceptives through special programmes and organizations.	Family life education and counselling for young people. Peer helpers program in secondary schools. Pre and post counselling in cases of abortion Teenage pregnancy prevention programs and registration of cases The introduction of the 'School for foundation' to aid the social-emotional development and a healthy lifestyle in children from 4 to 12 years of age preparing them for adolescence. The introduction of the Triple P (Positive Parenting Program) approach to support parents in preventing psycho-social problem behaviour in their offspring of 0 to 16 years. The introduction of the Positive Action Program in schools as part of the Communities that Care Preventive Approach	Through 'Youth Consultation' a resolution was reached in which the youth agreed to become advocates of HIV/AIDS education. Through the investigation 'Youth Monitor' youngsters tell about their life experiences which are used as a basis for youth policy.
Saint Kitts and Nevis	Services accessed through health centres; health professionals also visit schools.	youth empowerment skills training programme; residential summer camp for youth.	Participation in public sector consultations; St. Kitts Association for Youth Parliamentarians. Department of Youth participates in policy development. "On the step" youth television programme.

COUNTRY	Access to RH services	Progress in supporting young people in life skills	Participation in policy and programme development
Saint Lucia	Health centres include adolescent services. An NGO administers Youth Drop-in Information Centres that provide youth-friendly and gender-sensitive services.		National Youth Council was actively involved in drafting the National Youth Policy. Youth Ambassadors Programme.
Saint Vincent and the Grenadines	Adolescent centres being piloted in three areas; health clinics.	Youth employment service; programme for young farmers; NGO, church and Government programmes: Parenting and skills training; Chamber of Commerce Programme of Junior Achievers; Cadets and Police youth clubs; technical and vocational education training institutions.	National Youth Commission appointed by Cabinet: involved and participates in the political process.
Suriname	Government with UNFPA, UNICEF PAHO with NGOs as the service provider. Large unmet need recognised.	Basic life skills programme; National Youth Institute promotes life skills	In 2004, a National Youth Parliament was established. Their actual role in the decision making process has not yet been developed. Youth Ambassadors Programme.
Trinidad and Tobago	Some Initiatives under the MOH are: The establishment of 3 RAPPORT Centres in Port of Spain, Arima and San Fernando. The objectives being: to promote healthy lifestyles; to encourage youth to make healthy lifestyle choices and promote safer sex practices The Establishment of a youth friendly centre in Petit Valley (north-west region). The Pioneering of the "Straight Talk Club" St. Stephens College, Princess Town.	The Ministry of Science, Technology and Tertiary Education developed a draft Life Skills Curriculum for Personal Development and Employment Enhancement and is working with relevant stakeholders to deliver standardized Life Skills training for tutors and trainees. The Youth Development and Apprenticeship Centres offers training in life skills. A Remedial Therapy Programme is provided by the Probation Services of the MSD to treat with the incidence of crime among youth Government sponsors caravans to Carnival parties to disseminate information and undertake promotions.	The National Youth Council of Trinidad and Tobago was re-established in June 2009. This year, over 60 projects were initiated by youths in communities across the country. Government also provides funding and technical support to youth groups. In 2009, two-day forum on youth and SRH was held to get key recommendations.

TABLE A.4 – GENDER EQUITY, EQUALITY AND EMPOWERMENT

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Antigua and Barbuda	DV Act (2001); Child Care and Protection Bill; CRC. The Child Maintenance Act (2008) - provides for the equal maintenance of and access to children of both parents and allows for orders to be enforced by attachment to parents' salaries and financial assets. The Directorate of Gender Affairs has hosted programmes to promote women's political participation, including voter education. They have also introduced a Women's Manifesto.	School attendance is mandatory between the ages of 5 and 16. The Ministry of Education is currently engaged in introducing universal secondary education.	Recognition of high rates of male drop-outs from secondary school; drop out of girls due to early pregnancies.	HFLE adopted; Ministry of Education programme: Character Counts. The Directorate of Gender Affairs has employed a man to rally the support of men's organizations for women's rights and empowerment.	Nurses' Association launched IEC campaign on prostate cancer; Antigua and Barbuda PPA counsels men on RH.
Aruba	In 2002, the Civil Code was revised to eliminate a large number of discriminatory elements. Aruba's first report to the CRC was submitted in 2002. In 2004, the report was on the agenda of the committee (constructive dialogue). Aruba adopted the Optional Protocol to CEDAW in 2002.	No compulsory education yet, but the level of school attendance is over 93% (in every age group except 4-year -olds) The level of participation by the two sexes in the nursery and primary education is virtually identical (CEDAW 2000).			The Family Planning Foundation promotes responsible parenthood (services available to all irrespective of marital status and young persons age 15 and over) A Situation and response analysis conducted in 2001-2002. For 2002-2007 a National Strategic has been developed and awaits approval EU for funding.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Bahamas	Various legal initiatives: Inheritance; Status of Children; Discrimination on grounds of gender or health status. Domestic Violence (Protection Orders) Bill (2007) - reinforces existing legislation by strengthening the rights to restraining orders.	School attendance is mandatory between the ages of 5 and 16.	Boys being taught by male teachers in grades 1-6.	Formal and informal programmes: Issue addressed in social science classes; Post school activities.	The Ministry of Health held a conference in conjunction with the Male Health Initiative in 2007, during which men's role in society and the family was discussed.
Barbados	A national policy on gender is being drafted and is expected to be finished in 2010. A new protocol for collecting data on domestic violence has been approved.	There is universal access to education from the primary to the tertiary level.		The Bureau of Gender Affairs offers gender mainstreaming training. The Bureau of Gender Affairs has also offered workshops on the gender dimensions of HIV/AIDS, intra-family, gender-based violence, and protecting women's rights.	The Barbados Family Planning Association established the National Men's Health Association in 2008. It provides education, services and research.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Belize	Amendments by the government in 2001 to the Supreme Court of Judicature Act (91 148A) provide for the value of unpaid domestic labour, including child-rearing, to be included in the distribution of property upon the termination of a marriage or common-law union. Belize approved a National Gender Policy in 2002 and is currently being revised It addresses policy commitments in five priority areas agreed in Belize after participating in the 4th World Conference on Women in Beijing in 1995. Areas are: Health Wealth & Employment generation. The revised Belize National Gender Policy is scheduled to be launched in 2009, and marks the first anniversary of the induction of this "new" National Women's Commission.	The age for mandatory school attendance has been increased from 14 to 16 years of age.	The Ministry of Education is administering initiatives to encourage more girls and women to access non-traditional technical and vocational education and training.	Implementation of the CRC in schools by National Committee for Families and Children and the Human Rights Commission. The government initiated the Gender Awareness Safe School Programme in 2006 The National Women's Commission is in the process of implementing the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in school. The process at the tertiary level (the Un. of Belize) begins on September 24, 2009 with a one-hour presentation on both CEDAW and the National Gender Policy.	Provision of paternity leave paid by social security; HIV/AIDS education and social marketing of condoms addresses both sexes. The Condom Distribution Programme encourages men to adopt safer sexual practices. The VCT programme encourages men to get tested for HIV.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
British Virgin Islands		School attendance is mandatory between the ages of 7 and 16.		The Office of Gender Affairs conducted programmes to promote the role of fathers and encourage closer interactions between fathers and their children. They have hosted a series of television programmes aimed at raising public awareness about issues related to domestic violence. The Office has also hosted a workshop to increase awareness of importance of gender and related issues among civil servants.	The Ministry of Health has held trainings in condom programming in conjunction with UNFPA. They have coordinated various condom distribution programmes. The Office for Gender Affairs has hosted a Men's Health Week, which focused on sexual health. One of the primary objectives of the event was to inspire men to take more responsibility for their sexual health.
Cayman Islands	An Officer for Gender Affairs will soon be appointed to review and update the draft of the national gender policy, and to spearhead the establishment of an Office of Gender Affairs.	School attendance is mandatory between the ages of 4 and 16.		Staff working for the Health Services Authority participated in workshops addressing domestic violence. The Islands' police force has also engaged in a public awareness campaign to inform the public about issues related to domestic violence. The Department of Children and Family Services has held workshops to improve parenting skills.	

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Dominica	Dominica approved a national gender policy in 2007. Protection Against DV Act (2001): provides protection from physical, sexual, emotional and financial abuse; Child Maintenance Act.	Universal Secondary Education Policy (1996): intended to institute universal secondary education by 2010; building and refurbishing of schools; school attendance mandatory between the ages of 5-16.		The Women's Bureau engages in media and public education campaigns to ensure that the public is aware of and committed to the goal of gender equality and women's empowerment. Gender workshops for men and women at the community level; adoption of a National Gender Mainstreaming Plan; advocacy programmes through Women's Bureau and Dominica National Council of Women to sensitise men.	Educational programmes focusing on men: Promote condom use for men and other issues; HIV/AIDS TV and radio campaign addresses male responsibility.
Grenada	Grenada is currently developing a national gender policy.	Textbook rental programme. Year of the Curriculum (2009). Year of School Facilities (2010).	Girls are encouraged to participate in various 'boys' activities (sports and industrial classes).	The Ministry of Social Services, in collaboration with the Ministry of Education and Human Resource Development, is hosting gender mainstreaming workshops for all HFLE subject leaders, guidance counsellors, school attendance officers and other interested teachers.	Establishment of the Men and AIDS committee in 2001 to educate men on STDs, sexual health and advocate male responsibility; Grenada PPA provided training to boys in HIV/AIDS and STDs.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Guyana	The government continues to engage in a number of activities aimed at advancing the status of women through national and regional networks including; the Women's Affairs Bureau, Regional Women's Affairs Committees, NGOs, CBOs and other agencies. Sexual harassment and discrimination based upon gender prohibited under the Prevention of 'Discrimination Act., There is no legal protection against gender discrimination in the workplace.	School attendance mandatory for all aged 6-14 years; re-introduction of school welfare services; construction of new schools; increased allotments to education in national budget.	Increasing gender-biased gap in education in favour of girls; free school books distributed; school uniform assistance provided.	The government has administered sessions addressing gender in schools. The group, 'Men of Purpose,' was launched to promote responsible behaviour among men. Two public campaigns against domestic violence, 'Men Standing up Against Domestic Violence' and 'Men Joining Hands Against Domestic Violence,' were held recently. In 2009, the Men Empowering Men Network (MEN), comprised of social groups across the country, began working with young males to change the culture of violence in Guyana.	The RH Centre of the Family Planning Association of Guyana promotes of male awareness and participation in the organization's sex education programmes. The Women's Affairs Bureau has hosted educational events targeting men's involvement in RH, including conferences, workshops and small group sessions. Antenatal clinics have expanded their services to male partners of pregnant women as a means of ensuring male involvement in the prevention of mother-to-child transmission of HIV.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Jamaica	The Property (Rights of Spouses) Act, 2004 - provided for the equitable division between spouses upon breakdown of a marriage or a common law relationship. The Maintenance Act, 2005- provided for maintenance within the family and confers equal rights and obligations on spouses with respect to the support of each other and their children. The Domestic Violence (Amendment) Act, 2004 - provided for enhanced protection of victims of domestic violence and abuse within marriage and common law relationships. The Child Care and Protection Act, 2004 - made provisions for mandatory reporting and the appointment of a child advocate. It also created a children's registry. A child-friendly version of the Act has been written. The Bureau for Women's Affairs has drafted a national policy on sexual harassment. The draft National Gender Policy was submitted to the Prime Minister in 2007.	Mandatory school attendance for all between ages 6 and 11; HEART Trust provision of technical and vocational training to extend programmes available; special outreach programmes for the poor in rural areas to increase school attendance. The GOJ/IADB Primary Education Support Programme (PESP) 2000-2008 The GOJ/USAID Expanding Educational Horizon (EEH) Project 2006-2010 The Secondary School Enhancement Programme was introduced in 2001 to address the issues of equity and access in the secondary school system.	Gender sensitisation programmes for teachers through Ministry of Education; review of curricula and text books to eliminate gender stereotypes; girls trained in non-traditional skills (HEART).	The Bureau for Women's Affairs has established a programme to address entrenched stereotypical views regarding issues of power relations and masculinity as it relates to gender-based violence. This programme includes workshops, seminars, public addresses and discussions. The target groups include the justice system, schools, communities, churches, and other areas of civil society.	The Outreach Department of the National Family Planning Board is hosting Male Sexuality Forums for young men, in order to increase their awareness of issues relating to sexuality and sexual behaviour. They are also hosting capacity-building workshops for community health aides to assist them in enabling men to address their RH concerns. Programme H addresses RH issues and promotes gender equity among young men aged 15–24 residing in low-income, high-crime areas.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Netherlands Antilles	The governments of the islands territories are designing or implementing programs in cooperation with NGO's to raise awareness and prevent VAW.	Ordinance for Education Duty age 04 -18 years and a pilot program introducing Education Duty Brigade controlled by the police.	With Unesco's support- a research is conducted, which examines gender-differential experience within our current educational system. opportunities that our society can offer them.		All of the organization working on RH and SHR target both men and women (boys and girls). In all of these organizations both men and women serve as educators and trainers.
Saint Kitts and Nevis	Legislation dictating the age of consent has been amended. Legislation regarding domestic violence has been amended. Support programmes for teen mothers. Optional protocol to CEDAW signed.	School attendance is mandatory for those aged 5-16. New high school built in a rural area.	Data collected to enhance low levels of representation and performance of boys at secondary and tertiary levels.	Life skills workshop for boys held. Workshops on gender relations and the roles of men and boys held. Women received training in democracy and governance and youths received training in political decision-making.	Workshop for men on SRH held. Counselling programme for men.
Saint Lucia	In 2004, Saint Lucia amended its laws regarding sexual offences to include marital rape and rape committed against men and boys.	School attendance is mandatory until 16 years of age. Universal Secondary Education (USE) established in 2006. Transportation subsidies provided to secondary school students. Book rental programme established in secondary schools. School attendance counsellor/officer appointed.	Teenage mothers are permitted to return to school after giving birth. Classroom materials and new technologies catering to boys' interests have been introduced to motivate participation in school.	The National AIDS Coordinating Council has provided workshops on violence against women and HIV/AIDS. The '1000 Men March' promoted the importance of male involvement in family life. Men's resource centre planned.	National Cancer Society and Community Health Services administer special programmes for men. Saint Lucia FPA offers weekly clinics for men.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Saint Vincent and the Grenadines	Government and civil society focusing on the issue; HFLE policy; Youth Centre Programme for out-of-school youth. Sexual Abuse to Minors Legislation has been introduced through the Family Court. Continuation of Law-enforcement training on gender-based violence	Universal access to both primary and secondary education attained in 2001 and 2005 through an expansion of the school plant; building new schools and enlarging existing ("Education Revolution"). All primary school students are seamlessly transferred to secondary schools. Additionally, remedial programmes are in place to strengthen weaker students.	Access to print material; Marion House (NGO): Services and counselling for at-risk youth; Family Planning Unit; adolescent groups; National Youth Council; '4 H Groups', drama groups; school feeding programme; book loan programme; Children Against Poverty Programme, targeting the improvement of academic performance. The forthcoming National Economic an Social Development Plan, has outlined a strategy to improve the level of participation and achievement of males in the school system	Adolescent centres being piloted in three areas; health clinics.	Youth employment service; programme for young farmers; NGO, church and Government programmes: Parenting and skills training; Chamber of Commerce Programme of Junior Achievers; Cadets and Police youth clubs; technical and vocational education training institutions.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Suriname	Gender Action Plan 2006-2010 approved. The main policy priorities of the plan include: institutional arrangements for improved gender policy development, poverty reduction from a gender perspective, planning to increase the participation of women in the labour market, equal participation in decision-making, and the development of legal and policy instruments to enhance human rights. The Commission on Gender Legislation has presented the Draft Law on Stalking and Sexual Harassment to the Ministry of Justice and Police for screening. The Law regarding Trafficking in Persons came into force in 2006. In June of 2009 the Law on Domestic Violence was approved by the parliament.	Schools have been renovated with IDB loan (BEIP project). The issue here or challenge is that most of the schools in the interior are private (denomination) schools that were not renovated with this IDB loan! (These school buildings are not of the government. New schools were built and the school mapping project has figures that indicates that especially kindergarten schools are needed in the interior as well as schools for secondary education	National Strategic Education Plan and Long Term Development Plan, Screening of reading books to identify gender biased stories or pictures Screening of reading books to identify gender biased stories or pictures The school mapping project that is being carried out by the department of Research and Planning has shown great gender disparities especially in the in the interior. The challenge is to develop multi-sector program to address this major problem in the education sector.	Promotion of the Rights of the Child: Basic Life Skills Programme in primary schools, peer education programmes for in and out-of school youth conducted by NGOs; 'Men with Men' and other NGOs promote equality for women. Programs should be aimed not only towards female but also or especially towards males	Peer education by various NGOs to enhance male responsibility; adoption of Basic Life Skills Programme. Although the government has taken few measures to address this issue, the matter is integrated in programs and projects of NGOs such as Man mit Man, the Women's Rights Centre (WRC) and Lobi Foundation.

COUNTRY	Legal, administrative and policy measures to protect the rights of girls and women	Measures to improve access to primary and secondary education	Addressing gender disparities in education	Attitudes to women as equals instilled in boys and men's support for women's rights	Male responsibility for Reproductive Health
Trinidad and Tobago	A national gender policy has been approved. The Gender Affairs Division conducts a series of gender sensitization programmes. The Women in Harmony Programme and the Women's Non-Traditional Skills Training Programme equip women with new skills to increase their earning potential. Men will benefit from the Non-Traditional Skills Training for Men . -800- SAVE hotline has been established funded by Government. There are also community based drop-in centres.	There is universal access to education from the primary to the tertiary level.	The Gender Affairs Division coordinates the Defining Masculine Excellence Programme. Started in 2004, this programme seeks to empower males by making them more aware of how defined gender roles affect their lives. Boys 14 years of age and older from schools, youth training centres and homes take part in the programme.	The Gender Equity Institute of the Gender Affairs Division was established for implementing programmes and projects to advance gender equity. They administer gender-related training programmes for various NGOs, CBOs and the general public. The Fine Dinning Food Preparation Course for Men training initiative was undertaken. Defining Masculine in Excellence Programme. Started in 2004 to empower males (14 years and older) from schools, youth training centres and homes. The facilitators include trained teachers, the police, the coast guard and others. The Home Management Cycle Programme counsels more than 600 men on issues related to relationships, unemployment, budgeting and parenting.	Several of Trinidad and Tobago's Regional Health Authorities are focusing on the increased involvement of males in RH. The Ministry of Health has printed calendars and brochures with SRH information for men. The Division of Gender Affairs coordinates the Men's Health Programme.

TABLE A.5 – POLICIES AND PROGRAMMES FOR THE ELDERLY

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Anguilla	The Dependent Adults Act (2005). The government provides public assistance to elderly persons who are over age 55 (EC$400.00 per month). The Anguilla Social Security Board provides a non-contributory pension to all persons over age 68 in the amount of EC$370.00 per month. Other income security initiatives from the Department of Social Development include Medical Exemption, Medical Treatment Overseas Grants, Food Vouchers, Water Relief and Care Subsidies.	Day Care Facilities Act (2007). The Health Authority of Anguilla (HAA) operates a residential care home, the Miriam Gumbs Senior Citizens Home. The HAA provides home health care for senior citizens who are homebound.	The government organizes annual social inclusion events.	In 2008, Anguilla completed a first draft of a National Policy for Older Persons.	

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Antigua and Barbuda	Social Security Act (1972) was amended in 1995 to extend financial assistance to non-pensionable, destitute, elderly persons earning less than EC$ 5000 per year. The Board of Guardians provides a fortnightly stipend to children, the elderly, mentally challenged, the destitute, visually impaired and discharged lepers. An elderly individual can apply to the Board of Guardians for a Home Improvement Grant. Persons 80 years of age and over, who live alone or with a caregiver, are exempt from paying for utilities	The delivery of holistic care to elderly clients at the Fiennes Institute has been improved. The Nursing Care and Support Programme offers health care services to the elderly.	The government organizes social events for the elderly and administers the Social Interaction Programme.	Ministry of Health and Social Improvement's Home Care for the Elderly Programme - Social workers visit the elderly, help with the preparation of meals and provide referrals for health and nursing care.	

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Aruba	Aruba offers comprehensive social-security coverage. The government has introduced changes in the formal retirement age and the in rules governing the individualization of pensions. The General Old Age Pension Programme provides benefits. The rate of contribution has recently been raised. General Health Care Insurance.	Nursing homes fees subsidy; Social work services and community work through the Department of Social Affairs; Personal care and community nursing by the Community Nursing/Home Health Care Organization.		Subsidized day care programme for the elderly.	
Bahamas	All insured persons over 65 are entitled to retirement benefits, including early retirement. More recently non-contributory pension schemes were established to increase the coverage of those excluded from the contributory pension systems. The Bahamas began creating a national database of organizations for the elderly in 2005. It allows officials charged with the care and responsibility for the country's older persons to keep track of the associations serving senior citizens.	Promoting Healthy Lifestyles for the Elderly - organizes visits by health professionals to homes for the elderly. Residential Care Establishments Act (2004) – ensures that proper standards are maintained in all residential care establishments that cater to senior citizens.			

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Barbados	Universal pension coverage for persons aged 65 and over through contributory and non-contributory plans.	The National Assistance Board has hosted training programmes to sensitize volunteers and other caregivers. The Social Work Department hosts workshops on mental health and the elderly. The National Assistance Board has provided training to those working in the healthcare sector. Among the topics taught were: Understanding the Ageing Population, Nutritional Factors and Diet Therapy, Home Health Care, Body Systems and Age-Related Changes or Disorders, and Rehabilitative Measures and Geriatric Issues.		In 2006, the government developed a White Paper on Ageing containing strategies to address issues related to the elderly. This will be followed by a national plan of action on ageing. Home help services have been extended to seven days per week.	Consultations on elder abuse were held to: increase awareness of the existence of elder abuse; to create a national network to coordinate and promote programmes and initiatives which address elder abuse; and to establish a research base that would inform and influence policy making. The Geriatric Hospital at Beckles Road has hosted seminars on elder abuse to discuss the most prevalent forms of abuse within health institutions, instruct caregivers and stakeholders to identify various forms of elder abuse and to highlight ways in which caregivers can inadvertently contribute to elder abuse.

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Belize	In 2004, the government introduced a non-contributory pension scheme that provides monthly financial assistance to senior citizens with special needs. In 2007, the government increased pensions for senior citizens with special needs, from $75 to $100. In January 2008 the NCP was extended to include older men aged 67 and above	In 2006 the Ministry of Health formulary was increased to include medications that covered particular conditions of older persons. Belize and Jamaica completed a TCC technical cooperation programme targeting services for the elderly in December 2007. In 2009, VOICE embarked upon a countrywide survey of public health facilities to identify any gaps in health care provision for older persons in the country In 2009 the Mercy Care Centre was accepted to provide specific health services to poor older persons in Belize City.	The National Council on Ageing, is working upon developing several projects aimed greater awareness between the generations. This will involve inter-generational activities through the development of literature for schools, primarily at primary school age children, and a TV programme that use storytelling, by older persons to young children, as a means of conveying morals and values and interesting topics suitable for younger children VOICE members continue to offer their services as mentors to schools in the Districts.	The process to establish a representative organization of older persons began in 2005. The outcome was the launching of VOICE – the representative organization of Older Persons in Belize on October 1st 2007 – International Day of Older Persons. VOICE became a registered NGO in 2008 and now operates as a National Organization with branches in each district to uphold the Rights of Older Persons and to advocate for changes that improve the quality of life for older people	The National Council on Ageing completed a draft of the Older Persons Act in December 2007. If passed, this legislation will provide older persons in Belize with legal protection against abuse and exploitation. VOICE has also been working closely with representatives of the police department, particularly community policing units, to provide greater awareness of the needs of vulnerable elderly in all communities and to institute a regular system of visit to those considered most vulnerable and at risk
Cayman Islands		The Department of Children and Family Service has held wellness fairs addressing the physical, mental and spiritual well-being of the country's senior citizens. In 2007, the government provided $450,000 for improvements to the Golden Age Home and to establish a Senior Citizens Centre.		Programmes addressing the elderly were part of Vision 2008, the national plan for development between 1999 and 2008. The Plan included provisions for protecting the elderly, encouraging their participation in mainstream life and expanding services and care for older persons.	

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Dominica	The UNDP, the OECS, Help-Age International and the Dominica Council on Ageing hosted a National Consultation on Social Protection Programmes for Older Persons in 2007.	In 2008, persons aged 65 and older became exempt from paying hospital fees.		Several day/activity centres for older persons exist. The Centres are affiliate members of the Dominica Council on Ageing. Each centre operates at the community level. Members meet once per week. In 2009, the Ministry of Community Development launched the Yes We Care Programme in collaboration with non-government and charitable organisations.	
Grenada	Old age pension benefits were increased by more than 50 per cent between 1995 and 2002. The number of persons receiving benefits grew substantially.	Free prescription medication for hypertension, diabetes, glaucoma and HIV/AIDS available to all citizens receiving old age pensions.		The UN Division for Social Policy and Development, UNECLAC and the Grenada Ministry of Social Development held a workshop on the development of Grenada's National Plan of Action on Ageing in 2008. A Policy on Ageing is being developed by the Ministry of Social Development.	

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Guyana	Provision of pension to all citizens age 65 and over; Food support for vulnerable persons provided through the Social Impact Amelioration Programme and Food for the Poor Incorporated; Home delivery service of pensions available for incapacitated pensioners.		Promotion of Senior Citizens Clubs	Annual subventions provided to senior citizens homes. National Commission on the Elderly established.	
Jamaica	Drugs For the Elderly Programme. The National Health Fund provides drug subsidies for various chronic ailments and other products. National Insurance Scheme (NIS). The NI Gold Health Insurance for provides health insurance for NIS pensioners. Programme of Advancement Through Health and Education (PATH) – offers monthly cash benefits to eligible poor households in the categories of children, the elderly, persons with disabilities and pregnant and lactating women.	The National Council for Senior Citizens oversees activities and programmes for the elderly. The National Council for Senior Citizens, the Clarendon Health Department, and the Spaldings United Church held a health fair for senior citizens in May 2009 to provide the elderly of the parish of Clarendon with free health screenings, counselling and beauty services. Health services are provided free of charge at public health facilities.		The National Policy for Senior Citizens, enacted in 1997, established the National Council for Senior Citizens. The Council administers programmes which provide training, meals and home health services. The Council oversees the provision of Senior Citizens Identification Cards. In 2008, the government began revising the National Policy for Senior Citizens. Regional training programme for care givers of the elderly available through UWI, Mona.	

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Netherlands Antilles	National legislations were placed in force and prepared several draft regulations and ordinances to improve social security benefits for the elderly. 1) Introduction of an acceptable level of a General Insurance for the Aged, 2) Introduction of a general company pension, 3) Amendment on the SVB regulation in order to cover the group of retired elderly persons, 4) Special tariffs and subsidized services for primary necessities of life, 6) Introduction of a proper/adequate legislation for managing of the elderly institutions and educating of the corresponding professionals.	Different forms of private or public insurance include access to essential medicines and /or assistance and or rehabilitation services. Elder care is provided by both subsidized and non-subsidiary community health services (NGO's). There are several services and institutions that provide specific mental health services for older persons.	Official consultation organism i.c. councils of the government(s). On Curaçao there is advisory council on ageing policy and a national confederation for Pensioners and Elderly Persons. Few social/cultural festivities on yearly bases are being organized by social clubs and foundations.	Services and facilities to care for older persons with special needs and circumstances are provided by subsidized community health services. Home based support services covered by public or private insurances.	The Island territory of Curaçao has an ombudsman for general issues In 2008 an island ordinance regulating the functioning of long-stay institutions has been put in force. In 2007 the National Regulation concerning rules that cover all aspects of setting up, functioning, inspection & general care etc. of all care institutions was put in force.

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Saint Kitts and Nevis	Social Development Act – Provides assistance to persons who are poor and needy, including the elderly. Social Security benefits increased from $160 to $200 monthly; non-contributory pension introduced. Compulsory pension scheme for self-employed introduced in 1997.	National home care programme implemented, geared at caring for the elderly and disabled in their homes. Healthy lifestyle workshops held. HIV/AIDS workshops held for the elderly and the disabled.	Adopt a grandparent programme implemented in primary schools.	Policy regarding elderly drafted.	
Saint Lucia	Policy and Operations Manual developed for the payment of Public Assistance. Aging and Welfare Services were revised in 2008. The Social Assistance Programme has been revised.	The National Community Foundation administers workshops on geriatric care. The introduction of home-based care services is planned. The government provides financial support to homes for the elderly.	The Department of Human Services and HelpAge International coordinate an "adopt an older person" programme in schools.	A day care centre for the elderly has been established and another is being constructed. Arts and crafts workshops for the elderly have been held. Senior Citizens' Games are hosted annually.	In 2006, the Council of and for Older Persons hosted a series of activities addressing the abuse and neglect of the elderly. October has been designated as the "Month of the Elderly." Workshops on proper care of the elderly and other activities held.
Saint Vincent and the Grenadines	Non-contributory pension schemes established. The expansion of the Public Assistance Programme. During the review period, the amount of financial assistance was increased. There was also an expansion in the number of persons that received assistance	Free primary health care for persons over 60. Family centres outreach clinics were established (Outreach Clinics in more than six {6} rural communities)	A year of the elderly was launched in 1999, through which several initiatives were implemented.	Home Help for the Elderly Programme instituted by Ministry of Social Development in 2002. Training programme for caregivers of elderly implemented in 2002.	Legislation regarding the protection of persons with disabilities

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Suriname	Systems in place for social support and health care for the elderly. Social security benefits for the elderly were increased in 2009. The government has introduced invalidity and widow/widowers pensions. All retirees (public and private sector) are entitled to pensions Medical card to guarantee primary and secondary health care Universal old age pension for all persons 60 and older.	A legislative framework addressing institutional care for the elderly, the youth (0-25 years) and persons with disabilities has been drafted and sent to the Council of Ministers. The ministry of Social Affairs and Housing issues a medical card for persons with a low income and poor socio-economic living conditions. This medical card guarantees both primary and secondary health care. This is also issued to poor elderly		Needs assessment of the living conditions of the elderly conducted by the Ministry of Social Affairs and Housing in 2006. The Ministry has also enhanced recreational activities for the elderly.	

COUNTRY	Government measures to improve social security benefits for the elderly	Measures to improve access to health care services among the elderly	Measures to promote greater equity and solidarity between generations	Measures to enhance self-reliance and quality of life of the elderly	Measures to eliminate violence and discrimination against the elderly
Trinidad and Tobago	In 2008, the National Insurance Board increased the minimum retirement pension to TT$ 2,000.00. The amount given through the Senior Citizens Grant was increased to TT$1,650.00 in 2007. In 2006, senior citizens gained access to the Conditional Cash Transfer Programme, a food assistance programme. The MSD provides senior citizens with limited income with free eye-glasses, hearing aids and other medical equipment. Free bus passes are available to all senior citizens. A Decentralised Social Services Delivery System will facilitate the delivery of social services in 14 regions starting from mid 2009	The National Policy on Ageing, approved in fiscal 2007, seeks to create an environment which would facilitate the meaningful participation and involvement of older persons in society and is consistent with Madrid PoA on Ageing (2002) A Continuum of Health and Social Support Services for Older Persons was developed in 2004 and is intended to foster independence among older persons.. Other initiatives: Adult Cardiac Surgery Programme; Chronic Disease Assistance Programme; Medical Aid Committee Programme.	The Geriatric Adolescent Partnership Programme sensitizes young adults to the ageing process and prepares them to develop practical skills in geriatric care The Retirees Adolescent Partnership Programme, provides a platform for learning and mentoring. 7 Senior Activity Centres were established during 2006/2007, providing social and recreational support for seniors. Annual Public Open Fora on Ageing Issues and Ideas (launched in 2006) allow older persons to communicate and share their opinions and ideas with various publics	The Retirement Programme for Public Officers developed in 2008, seeks to prepare persons for retirement. The Homes for Older Persons Bill (2007) provides for the licensing, regulation and control of homes for the elderly. Socially displaced elderly are relocated to suitable homes for older persons; the accommodation fee being jointly funded by the MSD and the personal funds of the elderly person A Facility for Socially Displaced Elderly, provides comfortable accommodation, activities and healthy lifestyle programming for homeless persons over the age of 55.	There is annual observance of World Elder Abuse Day, June 15. Public information and sensitization initiatives are implemented.

TABLE A.6 – INTERNATIONAL MIGRATION

COUNTRY	Reintegration policies for returning migrants and facilities remittances	Measures to protect migrant workers and their families	Measures to promote social and economic integration of documented migrants	Regulations/sanctions against organizers of human trafficking
Antigua and Barbuda				The National Coalition on Trafficking works in collaboration with the Immigration Department to address human trafficking. Antigua and Barbuda is a signatory to the UN Convention on Trafficking.
Belize				Belize has approved the Trafficking in Persons Prohibition Act. The government has strengthened the Anti-trafficking in Persons Committee by including civil society and by developing a three year strategic plan 2007-2010 to focus on prevention, prosecution and protection. Belize participates in regional activities aimed at combating human trafficking.
Guyana				A national plan of action to combat human trafficking was developed. The government also renovated a physical facility to provide shelter to trafficking victims.

COUNTRY	Reintegration policies for returning migrants and facilities remittances	Measures to protect migrant workers and their families	Measures to promote social and economic integration of documented migrants	Regulations/sanctions against organizers of human trafficking
Jamaica			The National Policy on International Migration and Development integrates migration into socio-economic planning.	Trafficking in Persons (Prevention, Suppression and Punishment) Act, 2007 - prohibits all forms of trafficking in persons and related offences. An inter-ministerial National Anti-Trafficking Task Force was established in 2005. The National Task Force against Trafficking in Persons is an interagency law enforcement body that coordinates anti-trafficking activities. There is also a police Airport Interdiction Task Force, Anti-trafficking flyers and materials have been widely disseminated. The government has also tightened the issuance of permits to exotic dancers working in hotels. The government has finalized a study on the status of the trafficking of women and girls in Jamaica. Two sites have been identified for the establishment of shelters for victims of trafficking.
Netherlands Antilles	There are no programs dealing with this issue. Commercial unions like Western Union; Smaller transport facilities and any other transfer thru banks	Same measures as locals to protect workers	-Citizenship classes (language + cultural classes)	The lieutenant Governor admitted a period of grace. Every non – documented citizen could apply for a citizenship
Saint Kitts and Nevis	Secretariat for returning immigrants established.		Documented migrants have access to social services.	Legislation regarding trafficking approved in 2008.
Saint Lucia			There is an amnesty programme for immigrants.	

COUNTRY	Reintegration policies for returning migrants and facilities remittances	Measures to protect migrant workers and their families	Measures to promote social and economic integration of documented migrants	Regulations/sanctions against organizers of human trafficking
Suriname	Possibilities for access to long term visas improved		The government conducted a registration campaign for illegal migrants in Suriname in 2007-2008. Registered persons are able to apply for permanent residency in Suriname. Suriname has signed the agreement on the free movement of people and goods between CARICOM countries.	In 2003, a working group on human trafficking was established in the Ministry of Justice. The responsibilities of this working group include creating an inventory of the various aspects of trafficking and contributing to the development of a sustainable approach. The section of the Criminal Code addressing human trafficking has been revised. Law on Trafficking in Persons. The minimum penalty for trafficking in persons is 8 years, but there is a higher minimum penalty for trafficking in minors under the age of 16 years
Trinidad and Tobago	Airport reception, reintegration and rehabilitation services are made available for deported persons who may be in need of assistance. Some services for Deported Persons are provided by staff of the Social Development Unit, with support from the police. The Rehabilitation and Accommodation Programme for Deportees carries out social interventions and provides support to NGOs who work with deportees.			Trinidad and Tobago is a Party to the UN Convention Against Transnational Organized Crime (the Palermo Convention) and in November 200, ratified one of the two Palermo Protocols, i.e. the Protocol to Prevent Suppress and Punish Trafficking in Persons, Especially Women and Children.

TABLE A.7 – POLICIES AND PROGRAMMES FOR PERSONS WITH DISABILITIES

COUNTRY	Development of infrastructure to address the needs of persons with disabilities with regard to education, training and rehabilitation	Measures to ensure dignity and to promote self-reliance of persons with disabilities	Measures to eliminate discrimination faced by persons with disabilities and to ensure equal opportunities for persons with disabilities
Antigua and Barbuda	The Board of Guardians provides a fortnightly stipend to children, the elderly, mentally challenged, the destitute, visually impaired and discharged lepers.		
Aruba	Support and remedial-training for the visual, physical and hearing impaired through three non-governmental organizations.		
Jamaica			Joint Programme on SRH – eliminate all forms of discrimination experienced by persons with disabilities when accessing RH services.
Netherlands Antilles	The government is preparing several draft regulations and ordinances according priorities indicated by community organizations. Priorities are: 1)Health; to enable every person to buy the health care package according to his/her necessity (Personal attached Budget). 2) Education; Children 4 years of age or more, must be able to receive education from Ambulatory Educational Assistants.	In 2003: production of a report regarding survey of the "Need of care and networking" of the Permanent Committee on Population Issues on the island of Curaçao; In 2004: a policy design frame work including national survey regarding disability policy performed by the department of epidemiology of Curaçao; In 2006: survey report for a policy start includes a survey into the degree of nurse and/or care-needy-driven of the elderly in several institutions, divided in several categories Avbz-indicates performed by the department of epidemiology of Curaçao.	The general insurance for extraordinary health costs legislation has been adopted with the care for autism The government is preparing draft policies regarding: 1) Mobility;To make public places accessible to the disabled person and adapt public transport 2) Sensibility and the stimulation of consciousness; initiating awareness campaigns in the community.
Saint Kitts and Nevis	Hosted international conference for the blind and visually impaired.	Persons with disabilities have access to employment and all other social services.	Persons with disabilities have access to social services.

COUNTRY	Development of infrastructure to address the needs of persons with disabilities with regard to education, training and rehabilitation	Measures to ensure dignity and to promote self-reliance of persons with disabilities	Measures to eliminate discrimination faced by persons with disabilities and to ensure equal opportunities for persons with disabilities
Saint Lucia	A new building code mandates that ramps and parking spaces are available for persons with disabilities. The government provides support to special education schools, including support for training of staff.	Bi-monthly health programme with physiotherapist. Donation of mobility aids to needy persons with disabilities. Computer training for young adults with disabilities. Support system through field and community officers. Inclusion of people with disabilities in mainstream education	Workshops for caregivers of persons with disabilities. Sensitisation programme provided to children in infant and elementary schools. Use of a disability awareness kit. Annual camps provided to disabled children. Food periodically delivered to needy persons with disabilities. Advocacy initiatives administered by NGOs and government institutions.
Saint Vincent and the Grenadines	There is a school for children with special needs. Public buildings are erected with ramps to ensure wheelchair access.	Operation of the following institutions: - School for children with special needs. - National Association of Persons with Disabilities - National Society for the blind.	Legislation regarding the protection of persons with disabilities
Suriname	The government has introduced invalidity and widow/widowers pensions. A legislative framework addressing institutional care for the elderly, the youth (0-25 years) and persons with disabilities has been drafted and sent to the Council of Ministers. Other measures: Setting up a platform to develop sport for persons with disabilities and training of trainers; the training of job coaches to enhance workplaces for persons with disabilities; development of standards for institutional care for persons with disabilities; enhancing availability of transportation for persons with disabilities; Negotiations with the Ministry of Labour to set up vocational training for persons with disabilities.	The Ministry of Social Affairs and Housing has taken the initiative to reserve some housing facilities for this target group in its housing programmes	The Ministry is preparing a promotion campaign to inform the community about the rights of persons with disabilities. The strategies are being worked out.

COUNTRY	Development of infrastructure to address the needs of persons with disabilities with regard to education, training and rehabilitation	Measures to ensure dignity and to promote self-reliance of persons with disabilities	Measures to eliminate discrimination faced by persons with disabilities and to ensure equal opportunities for persons with disabilities
Trinidad and Tobago	The Disability Affairs Unit (DAU) under the Ministry of Social Development (MSD) is responsible for coordinating, developing and implementing comprehensive programmes to assist persons with disabilities. The National Policy on Person with Disabilities and Action Plan was approved by Cabinet and launched in 2006. It provides a framework for integrating persons with disabilities in society. The DAU is responsible for, inter-alia, co-ordinating and monitoring implementation of the National Policy. The Trinidad and Tobago Sign Language is being Standardized and lay a foundation for a certified course to teach sign language. In September 2007, 1stedition of the Dictionary of Trinidad and Tobago signs and an accompanying DVD, were completed and handed over to the Ministry of Education and relevant NGOs for review. Dialogue has been initiated between the MSD and the University of the West Indies to introduce a Diploma in Caribbean Sign Language at the St. Augustine Campus	In 2003, a Disability Assistance Fund was established to meet the needs of persons with disabilities (PWDs) and organizations associated with PWDs that do not qualify for assistance under other existing programmes operated by the Ministry of Social Development Initiatives being implemented: Disability Assistance Fund A Personal Assistants Training Programme that seeks to establish a group of trained attendants to offer support services to PWDs. The Program is delivered by SERVOL on behalf of the MSD The interpretation of National News in Sign Language on Gayelle Television In 2008, the Ministry of Labour and Small and Micro Enterprise Development started a pilot programme which registered 20 PWDs for employment; and all participants successfully gained employment. The National Policy on Person with Disabilities was approved by the Cabinet in 2005. Five per cent of the housing stock of the government's housing programme is allocated for persons with disabilities and the aged.	In 2008, signed the UN Convention on the Rights of Persons with Disabilities. A committee comprising representatives from the Ministry of Social Development, the Tobago House of Assembly and two umbrella organizations representing PWDs, formulated recommendations to guide the drafting of national legislation for persons with disabilities and these were forwarded to the Ministry of the Attorney General. Sensitisation workshops held to sensitise, remind and encourage various stakeholders of their respective roles in promoting a barrier-free environment to PWDs, as it relates to access to information and communication, recreation, culture, sport, hospitality, education and employment, as recommended in the Policy. Public Awareness - These include: radio and newspaper advertisements, the publication and circulation of the Policy and Action Plan, aimed at effectively increasing levels of awareness over a greater portion of the national population on the national policy and also on types of disabilities and available services.

Annex B
TABLE B.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[i] (2008)	33,085	37,454	43,908	46,411 (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 Isl.	8,568	11,538	12,875	14,063 (2008)	8,142	10,870	13,065	14,150 (2008)
Cayman Islands[ii]	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[iii]	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)
St. Vincent and the 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	-	-	-	-	-	-	-	-

[i] Estimate.
[ii] Population data for Cayman Islands is quoted in thousands.
[iii] Mid-year population estimate

TABLE B.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[i]	61.1 (2008)	65.4	59.34	39.64	53.62 (2008)
Aruba	2.28	1.4	1.8	1.74 (2007)	48.5	55.5	40.1	24.5 (2006)
Bahamas	2.4	2.06	-	-	-	-	-	-
Barbados	1.7	1.8	-	1.8[3]	-	-	-	44.3[3]
Belize	4.5	3.67	3.6	2.9	-	-	0.096	0.072
British Virgin Isl.	1.91	1.87	1.33	1.45 (2008)	45.81	45.56	28.81	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[4]	2.3[4] (2006)	-	12.6[4] (2002)	-	-
Jamaica	2.9 (1989)	2.8 (1997)	2.4 (2006)	2.5 (2009)	102 (1989)	112 (1997)	79 (2002)	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	2.13 (2001-03)	1.98 (2004-06)	1.98 (2006-08)	0.25 (1992)	0.18 (2001-03)	0.17 (2004-06)	0.16 (2006-08)
Saint Kitts and Nevis	3.3	2.5	-	-	83.6	98.8	-	-
Saint Lucia	3	2.1	1.5	1.5 (2007)	3.2	2.2	2.2	2.3 (2007)
St. Vincent and the Grenadines	-	2.41 (2001)	2.15	2.22 (2007)	3.6	3.5	66.1	60.8 (2007)
Suriname	2.6	2.2	-	2.4[5] (2006)	71.0[6]	59.3	58.4	62.4 (2007)
Trinidad and Tobago	2.4	1.7[7]	-	-	61.0	43.6	-	-
Turks and Caicos Isl.	-	46.1 ((2001)	31.9	42.5 (2007)	-	41.4 (2001)	35.7	3.11 (2007)
US Virgin Islands	-	-	-	-	-	-	-	-

[i] General Fertility Rate

TABLE B.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[i]	21 (2008)	-	-	-	-
Antigua and Barbuda	17.65	12.83	11.66	14.12 (2008)	8.5	6.54	0	0 (2008)
Aruba	11.7	11.6	11.4	12	-	-	-	-
Bahamas	35.3	24.5	-	-	16	38	-	-
Barbados	4.2	3.9	-	-	90	80	-	-
Belize	18.5	13.5	16.09	17.2	41.7	56.5	119.1	85.3
British Virgin Isl.	6.11	4.55	2.88	3.48 (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 [8] (2002)	0	0 (2006)
Grenada	17.9	16.6	-	-	0	0	0	0
Guyana	20.3	17.7	-	-	88.4[9] (1994)	115.9 (2004)	161.2	114.7 (2006)
Jamaica	-	-	-	-	120	94.8	-	-
Montserrat	20.1	12.5	15.9	13.9 (2008)	-	-	-	-
Netherlands Antilles	12[ii] (1992)	11[vii] (2001)	9.5[iii]	9.5[viii] (2008)	-	-	-	-
Saint Kitts and Nevis	-	-	-	-	1	2.97	-	-
Saint Lucia	20.4	20	17.6	18.1	-	103.3	90.3	90.8 (2007)
St. Vincent and the Grenadines	-	19.8 (2001)	19.8	17.7 (2007)	128.3	93	-	-
Suriname	-	14.2	-	-	226[10]	153	115.5	184.3 (2007)
Trinidad and Tobago	14.1	-	-	-	54.3[11]	54.0[12]	34.8[13]	-
Turks and Caicos Isl.	-	9.8[iv] (2001)	8.8	6 (2008)	-	0	0	0
US Virgin Islands	-	-	-	-	-	-	-	-

[i] There were 26 and 21 births by adolescents out of a total of 186 and 182 in 2006 and 2008 respectively.
[ii] Pertains to all mothers under 20 years of age.
[iii] Figure pertains to mothers 15-19 years of age.
[iv] Data refer to percentage of deliveries to teen mothers of total deliveries

TABLE B.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[i]	-	3	0 (2008)
Antigua and Barbuda	3.32[ii]	5.07	15.60	18.19	21.17	21.6	13.14	17.49
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[14]
Belize	-	-	23.5	20.5 (2007)	14.3	21.2	18.4	17.2 (2007)
British Virgin Isl.	-	6.15	3.53	32.26 (2007)	-	3.08	0	25.09 (2007)
Cayman Islands	-	-	-	about 8[iii] (2007)	6	-	-	about 8 (2007)
Dominica	-	-	-	-	15	18	18	13 (2006)
Grenada	-	-	0.23[iv]	-	27.8	14.3	16	12.2
Guyana	34.1 (1994)	24.9 (2002)	26.5	20.2	43 (1991)	20.3 (2002)	22	17.5
Jamaica	29.5[15] (1993)	25.4 (1998)	24.7 (2006)	-	24.5 (1993)	19.9 (1998)	21.3 (2005)	-
Montserrat	17.2	0	0	0 (2008)	17.2	0	0	0 (2008)
Netherlands Antilles	-	9[16] (2001)	13	9 (2008)	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	-
St. Vincent and the Grenadines	-	21.8 (2001)	18.5	22 (2007)	20.7	15.7	16.3	18.7 (2007)
Suriname	31[17]	27.2	24.7	23.0 (2007)	21.1[18]	20.2	20.2	19.4 (2007)
Trinidad and Tobago	-	-	-	-	12.7[19]	17.1[20]	15.4[21] (2005)	
Turks and Caicos Isl.	-	20.7	3.1	0 (2008)	8.3	6.9	3.1	6.6 (2008)
US Virgin Islands	-	-	-	-	-	-	-	-

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[i] Data for this indicator for Anguilla are absolute as numbers are very low.

[ii] Child mortality data from Antigua and Barbuda include uncertified deaths.

[iii] Eight per thousand is a rough estimate.

[iv] Child mortality data from Grenada is calculated as deaths per 1,000 children between ages 1-4.

TABLE B.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	-	-	-	81	-	-
Antigua and Barbuda	74	74	72.5	71.6 (2008)	75	78	78.1	78.1 (2008)
Aruba	71	70	70	70	77	76	76	76
Bahamas	68.3	71	-	-	75.3	77.6	-	-
Barbados	72	73	-	-	77	78.5	-	-
Belize	69.95	66.7	-	-	74.17	73.5	-	-
British Virgin Isl.	74.8	76.4	76.1	76.6 (2007)	75.78	83.1	83.2	81.9 (2007)
Cayman Islands	-	-	-	77[i]	-	-	-	83
Dominica	64.1	70.1	73.5	73.2 (2006)	71.4	74.8	78.7	77.7 (2006)
Grenada	73	64	-	71 (2008)	73	67	-	77 (2008)
Guyana	63 (1991)	63.3 (2002)	-	70.3[22] (2008)	63 (1991)	68.9 (2002)	-	70.3[23] (2008)
Jamaica	69.25	70.9	71.3 (2002-07)	-	72.65	75.6	77.1 (2002-07)	-
Montserrat	67	80	-	-	73	83	-	-
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	71.65	71.6	-
Saint Lucia	69.1	72.5	70	69.8 (2006)	73.9	75.5	75.7	75.7 (2006)
St. Vincent and the Grenadines	68	71.5	-	70.8 (2006)	73	74.5	-	72.6 (2006)
Suriname	67.9	68.5	-	67.2[24] (2008)	73.1	73.7	-	73.7[25] (2008)
Trinidad and Tobago	68[26]	68	-	68 (2007)	73	74	-	74 (2007)
Turks and Caicos Isl.	-	79 (2001)	-	-	-	77.4 (2001)	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

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[i] 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.

TABLE B.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	-	97.56	-	-	-	97.11	-	-
Bahamas	-	94.8	-	-	-	96.2	-	-
Barbados	-	97[i]	-	-	-	97	-	-
Belize	74.9	76.2	-	-	75.3	77	-	-
British Virgin Isl.	97.8	97.8	97.4	97.4 (2008)	98.7	98.7	98.1	98.1 (2008)
Cayman Islands	-	-	-	98.6 (2007)	-	-	-	99.0 (2007)
Dominica	75.2	85	-	-	86.4	84	-	-
Grenada	-	-	-	-	-	-	-	-
Guyana	97.1	92 (2002)	-	-	96.1	91 (2002)	-	-
Jamaica	69.4	87.3 (1999)	-	90.9 (2007)	81.0	96.3 (1999)		97.9 (2007)
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	95	97	-	-	95	96	-	-
Saint Kitts and Nevis	97	98	98	98	97	98	98	98
Saint Lucia	88.9	89.2	87.0 (2004)	-	90	90.4	90.1 (2004)	-
St. Vincent and the Grenadines	-	-	-	-	-	-	-	-
Suriname	95.1	93.5	-	-	91	90.9	-	-
Trinidad and Tobago	92 (1994)	99[27]		99.1 (2007)	92 (1994)	98	-	98.3 (2007)
Turks and Caicos Isl.	-	74.4 (2001)	-	-	73.4 (2001)		-	-
US Virgin Islands	-	-	-	-	-	-	-	-

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[i] Figure reflects adult literacy rate for males and females combined.

TABLE B.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	100	81.7	76.4	100	100	74.8	66.2
Aruba	-	96.4	-	-	-	96	-	-
Bahamas	103.1	91.2	-	-	-	91.0	-	-
Barbados	100.7	100.7	-	-	99.1	99.9	-	-
Belize	90.9	94.6	87.8	83 (2007)	89.1	95.4	88.5	84.8 (2007)
British Virgin Isl.	-	-	-	-	-	-	-	-
Cayman Islands	-	-	-	95.8 (2007)	-	-	-	96.3 (2007)
Dominica	99.5[i]	90.4	90.4	-	99.5	90.4	90.4	-
Grenada	-	1.62[28]	1.45	-	-	1.45	1.3	-
Guyana	92.6 (1991)	91.2 (2002)	95.6	89	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	100	-	-	99	100	-	-
Saint Kitts and Nevis	-	-	-	-	-	-	-	-
Saint Lucia	99	102.9	52.4	50.9 (2007)	99	99.8	47.6	49.1 (2007)
St. Vincent and the Grenadines	-	52.8	95.5	96[ii] (2006)	-	47.2	97	98.6 (2006)
Suriname	-	-	-	97[iii]	-	-	-	98[xviii]
Trinidad and Tobago	97.1	88[29]	-	93.23 (2007)	97.3	88	-	92.41 (2007)
Turks and Caicos Isl.	-	93.82[iv]	80.05	89.98 (2007)	-	89.05	78.9	81.82 (2007)
US Virgin Islands.	-	-	-	-	-	-	-	-

[i] Net enrollment for males and females combined.
[ii] Net enrollment in primary school in 2007 for males and females combined: 99.8.
[iii] Figure reflects net enrollment in primary schools during 2006-2007.
[iv] Data for this indicator for Turks and Caicos Islands refer to total primary enrollment among those age 4-14

TABLE B.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[i] (2007)	-	-	62.3[xvi] (2007)	-
Bahamas	-	83.9	-	-	-	83.8	-	-
Barbados	95.7	97.2	-	100[30]	97.5	95.3	-	104[31]
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	-	-	-	95.3	-
Grenada	-	-	-	-	-	-	-	-
Guyana	49.3 (1991)	72.5 (2002)	72	75.2	54 (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	90	-	-
Saint Kitts and Nevis	-	-	-	-	-	-	-	-
Saint Lucia	-	57.2	44.8	49	-	73.7	55.2	51
St. Vincent and the Grenadines	-	-	64.6	72.5 (2007)	-	-	79.1	84.3 (2007)
Suriname	-	-	-	-	-	-	-	-
Trinidad and Tobago	75	67	-	72.4[32] (2007)	81.9	72	-	78.8[32] (2007)
Turks and Caicos Isl.	-	-	71.5[ii]	72.4 (2007)	-	-	69.5	78.2 (2007)
US Virgin Islands	-	-	-	-	-	-	-	-

[i] Figure reflects net enrollment for males and females combined.
[ii] Total primary enrollment among those age 4-14

TABLE B.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	19
Bahamas	4	15	-	-
Barbados	4	14	-	-
Belize	2.7	19.0	-	-
British Virgin Islands[i]	0	.15	.15	.15 (2008)
Cayman Islands[ii]	13.3	13.3	20	6.7 (2009)
Dominica	15	30	-	16 (2006)
Grenada[iii]	10	14	9 [iv]	6[v] (2009)
Guyana	20 (1992)	30.7 (2002)	30.7	29.6
Jamaica	13	11.6	-	13.3 (2007)
Montserrat	-	-	-	-
Netherlands Antilles	-	14	-	-
Saint Kitts and Nevis	6.25	12.5	-	-
Saint Lucia	4 (1992)	11.7	7.1	14.2
St. Vincent and the Grenadines	15.3	15.3	17.4	17.4
Suriname	6	15	25[33]	-
Trinidad and Tobago	14.4	32.3	-	27[34] (2007)
Turks and Caicos Isl.	-	15.79	21.05	15.79 (2008)
US Virgin Islands	-	-	-	-

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[i] Data reflects proportion of women in the Legislative Council, which is the equivalent of Parliament.

[ii] There are only 15 elected parliamentarians in the Cayman Islands.

[iii] Grenada reported the number of female parliamentarians

[iv] Four in the lower house and five in the upper house.

[v] Two in the lower house and four in the upper house.

TABLE B.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 (1993)	-	-	18.4
Aruba	-	6.4	-	-	-	-	-	-
Bahamas	- 4.3	-0.4	-	-	-	9.3	-	-
Barbados	1.8	3.2	-	-	-	8.7	-	13.9[35]
Belize	1.7	6.15	-	8.15	33.0	33.5 (2002)	-	-
British Virgin Isl.	9.5[i] (1996)	9.18	13.87	-3.1 (2008)	-	4.1 (2002)	-	-
Cayman Islands	-	1.4[xxvii]	4.6	1.7 (2008)	-	-	-	1.9 (2007)
Dominica	2.7	-3.4	2.93	4.29 (2006)	27.6	39	-	-
Grenada	-	-	EC$ 11,565	EC$ 12,500 (2007)	-	32	-	37.7 (2008)
Guyana	-	1.6 (2002)	6.5	11	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	2.9	5.1 (2008)	-	-	-	-
Saint Kitts and Nevis	-7.51	16.17	-	-	-	30.5	-	21.8
Saint Lucia	0.8	1.65	6.65	1.69 (2007)	-	25.1	28.8	-
St. Vincent and the Grenadines	2.6[ii]	2.8	7.6	13.4 (2007)	37.5 (1996)	-	-	30.2[36] (2008)
Suriname	-	-	5.8[37]	-	-	-	-	-
Trinidad and Tobago	1.5	6.4	-	-	21		16.7[38]	21.2[39]
Turks and Caicos Isl.	-	4.4[xxvii] (2001)	7.1	9.3 (2007)	-	25.9 (1999)		-
US Virgin Islands	-	-	-	-	-	-	-	-

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[i] GDP per capita growth rate
[ii] GNI per capita growth rate

TABLE B.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	-	-	-	54.65[i] (2006)	-	-	-	-
Aruba	-	-	787[ii]	1124[iii] (2008)	-	-	-	-
Bahamas	-	-	-	-	-	-	-	-
Barbados	-	-	-	53[40]	-	-	-	-
Belize	33.5	33.4 (1999)	56[41] (2006)	53[42]	17.0	15.0	31.2	-
British Virgin Isl.	3.3	-	1.66 (2004)	-	-	-	-	-
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	-	-	-	-	-	-	-	-
Grenada	27	17	-	-	-	-	-	-
Guyana	37[43] (1994)	37.5	34.2 (2006)	-	-	37.5[44]	32.4 (2006)	-
Jamaica	50.8	62.8	53[45] (2006)	-	16.0	15.0	8.7 (2002)	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	-	-	-	-	-	-	-
Saint Kitts and Nevis	-	-	-	-	-	-	-	-
Saint Lucia	54 (1988)	-	-	59[46] (2007)	-	-	-	-
St. Vincent and the Grenadines	48	59	37.6	35.6 (2007)	-	-	-	-
Suriname	49.3[47] (1992)	42	45 (2006)	-	-	-	18.4[48] (2006)	-
Trinidad and Tobago	53	-	38[49]	38[50] (2006)	-	-	-	-
Turks and Caicos Isl.	-	-	-	-	-	-	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

[i] Figure includes women aged 15-49. Condom use is not included.
[ii] Figure reflects number of new users of contraceptive methods in 2000.
[iii] Figure reflects new users of contraceptive methods in 2008.

TABLE B.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	-	-	-	100	-	-
Antigua and Barbuda	23	27	25	25 (2007)	100	100	99.9	99.9
Aruba	1	1	1	1	-	100	95.8[i]	-
Bahamas	122	119	-	-	-	99	-	-
Barbados	14	14	-	-	-	-	-	-
Belize	70	98	-	-	97.3	92.2	95.8	-
British Virgin Isl.	-	-	-	-	100	101.2	100.7	101.4 (2007)
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	52	53	52	52 (2006)	100	100	99	99 (2006)
Grenada	-	-	-	-	99	99	-	-
Guyana	36 (1993)	36 (2002)	36 (2004)	-	70 (1993)	90 (2002)	96.7	96.6 (2006)
Jamaica	-	361	351	340[ii]	-	97.8	96.8[51] (2006)	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	-	-	-	-	-	-	-
Saint Kitts and Nevis	21	21	21	21	-	98.8	98.8	98.8
Saint Lucia	34	34	34	34 (2007)	-	98.7	99	99 (2007)
St. Vincent and the Grenadines	-	39	39	39 (2007)	95	99	94.2	96 (2007)
Suriname	-	-	-	-	80[52]	85	90	90 (2008)
Trinidad and Tobago	115[53]	118	121 (2007)	122 (2008)	78.2[54]	99.5[55]	99.7[56] (2004)	-
Turks and Caicos Isl.	-	-	-	-	-	99	98.74	-
US Virgin Islands	-	-	-	-	-	-	-	-

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[i] Source: GOA 2001, 4.2 per cent of births were attended by 'others'. Unable to verify if these persons were qualified or not.

[ii] The number of health centers and the number of hospitals that provide the service to the public.

TABLE B.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	-	-	-	-	-	-	-	36.6[57] (2008)
Jamaica	0	10	-	73[i]	-	-	97	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	-	-	-	-	-	-	-	-
Saint Kitts and Nevis	-	-	-	-	100	100	100	100
Saint Lucia	-	-	-	-	-	-	-	-
St. Vincent and the Grenadines	-	-	39[ii]	39 (2008)	-	-	100	100 (2008)
Suriname	-	-	-	-	89	89	-	-
Trinidad and Tobago	-	-	-	-	100	100	-	100[58]
Turks and Caicos Isl.	-	-	-	-	-	-	-	-
US Virgin Islands	-	-	-	-	-	-	-	-

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[i] This figure represents all clinics that offer the services to the public.
[ii] Sixteen of the 39 SDPs have adolescent groups.

TABLE B.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[59]	0.02	0.02 (2007)	-	-	0.03	0.03 (2007)
Aruba	-	-	-	0.23[i] ('87-2001)	-	-	-	1[ii] (2008)
Bahamas	1.3	2			4.3	2		
Barbados	-	-	-	-	-	-	-	-
Belize	-	0.2	-	-	-	0.8	-	-
British Virgin Isl.	-	0	0.03 (2006)	0 (2007)	0	0	0	0
Cayman Islands	-	-	-	-	-	-	-	-
Dominica	-	0.46	-	-	-	-	-	0.75 (2006)
Grenada	-	-	-	-	-	-	-	-
Guyana	3.8[60] (1997)	2.04 (2004)	1.07 (2006)	-	-	-	1.55[61] (2006)	1.6 (2007)
Jamaica	-	0.8	-	1.3[62] (2007)	-	1.43	1.51	-
Montserrat	-	-	-	-	-	-	-	-
Netherlands Antilles	13	11	-	-	-	-	-	-
Saint Kitts and Nevis	-	0.9	-	-	-	-	-	-
Saint Lucia	0.02	0.09	0.18	0.23 (2007)	0.59	2	3.7[63]	3.6[63] (2006)
St. Vincent and the Grenadines	-	0.04	-	-	-	0.5[64] (2002)	0.9	1.4 (2007)
Suriname	-	-	-	-	0.3[iii]	-	0.9 (2006)	1 (2008)
Trinidad and Tobago	-	1.9	0.8[65] (2006)	0.7[65] (2007)	-	47.5	-	-
Turks and Caicos Isl.	-	-	0.1	-	-	-	0.8[iv]	-
US Virgin Islands								

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[i] Figure reflects HIV cases between 1987-July 2008.

[ii] Four cases.

[iii] Rates refer to pregnant women aged 15-24.

[iv] Cases among pregnant women attending ante-natal clinics.

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

	HIV/AIDS prevalence in population of reproductive age groups 15-49 years (%)				Existence of national plan to combat RTIs, STIs and HIV/AIDS			
COUNTRY	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 [i] ('87-2001)	-	0.4 [ii] (2008)	-	Yes[66]	-	-
Bahamas	1.3	2.65	-	-	Yes	Yes	-	-
Barbados	-	-	-	1.5[67]	Yes	Yes	-	-
Belize	-	0.1	-	2.5[68]	-	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	0.28 (2007)	No	Yes	Yes	Yes
St. Vincent and the Grenadines	-	-	0.1	0.2 (2007)	-	-	-	-
Suriname	-	1.3	1.9 (2004)	-	-	-	-	-
Trinidad and Tobago	-	-	-	2.6[69]	-	-	-	-
Turks and Caicos Isl.	-	-	0.1 [iii]	-	-	-	Yes	Yes
US Virgin Islands								

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[i] All ages.
[ii] All ages (405 absolute number).
[iii] Population between 15-44 years of age.

[1] 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).

[2] Figure reported by Suriname Ministry of Health

[3] Figure taken from: Barbados Family Planning Association. "The State of the Association Update." (May 2009).

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

[5] 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).

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

[7] 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).

[8] 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).

[9] Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

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

[11] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[12] 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).

[13] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[14] Figure taken from: Barbados Family Planning Association. "The State of the Association Update." (May 2009).

[15] 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).

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

[17] 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).

[18] 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).

[19] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[20] 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).

[21] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

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

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

[24] Figure reported by Suriname Ministry of Health

[25] Figure reported by Suriname Ministry of Health

[26] Data regarding life expectancy in Trinidad and Tobago taken from UNFPA ICPD+15 Field Questionnaire

[27] Data regarding literacy rates in Trinidad and Tobago are taken from the UNFPA ICPD+15 Field Questionnaire

[28] Data regarding net enrollment ratios in primary schools in Grenada refer to children between ages 6-11

[29] Data regarding primary school enrollment rates in Trinidad and Tobago taken from the UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[30] Figure taken from: Barbados Family Planning Association. "The State of the Association Update." (May 2009).

[31] Figure taken from: Barbados Family Planning Association. "The State of the Association Update." (May 2009).

[32] Figure taken from the UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[33] Figure reported by Suriname Ministry of Health.

[34] Figure taken from: UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[35] Figure taken from: Barbados Family Planning Association. "The State of the Association Update." (May 2009).

[36] Preliminary report

[37] Figure reported by Suriname Ministry of Health. Figure reflects GNP per capita growth rate for 2005-2006.

[38] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

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

[40] Figure taken from: Barbados Family Planning Association. "The State of the Association Update." (May 2009).

[41] 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).

[42] Figure taken from: Belize Family Planning Association: "The State of the Association Update." (May 2009).

[43] Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

[44] Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

[45] 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).

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

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

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

[49] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[50] 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).

[51] 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).

[52] 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).

[53] Data regarding SDPs in Trinidad and Tobago taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[54] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[55] 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).

[56] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[57] Figure taken from the UNFPA ICPD+15 Field Questionnaire for Guyana.

[58] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[59] Data for Antigua and Barbuda for this indicator reflect rate among pregnant women only.

[60] 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.

[61] 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).

[62] 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).

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

[64] Data taken from: UNFPA. "Sexual and Reproductive Health: Saint Vincent and the Grenadines." (2008).

[65] Figure taken from UNFPA ICPD+15 Field Questionnaire for Trinidad and Tobago

[66] Awaiting funding.

[67] Figure taken from: Barbados Family Planning Association. "The State of the Association Update." (May 2009).

[68] Figure taken from: Belize Family Planning Association: "The State of the Association Update." (May 2009).

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