Spotlight Initiative

To eliminate violence against women and girls

SEXUAL AND REPRODUCTIVE HEALTH LANDSCAPE IN THE CARIBBEAN:

Situational monitoring

REPORT - NOVEMBER 2023

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Caribbean Observatory on Sexual and Reproductive Health and Rights

Monitoring • Mobilising • Advocating

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NOTE: IN THIS REPORT THE TERM 'REGION' REFERS TO THE FOLLOWING STATES OF THE ENGLISH AND DUTCH CARIBBEAN, NAMELY Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, the Cayman Islands, Curaçao, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, Sint Maarten, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and the Turks and Caicos Islands.

ACRONYMS

ACRO	Americas and Caribbean Regional Office
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APPA	Antigua Planned Parenthood Association
ASRH	Adolescent Sexual and Reproductive Health
ART	Antiretroviral Therapy
BFPA	Barbados Family Planning Association
BVI	British Virgin Islands
CARICOM	Caribbean Community
CAPRI	Caribbean Policy Research Institute
CBOs	Community Based Organisations
CDB	Caribbean Development Bank
CEDAW	Committee on the Elimination of Discrimination against Women
CEFMU	Child, early and forced marriage and unions
CFPA	Caribbean Family Planning Affiliation
CMLF	Caribbean Med Lab Foundation
COFAP	Council of Finance and Planning
COHSOD	Council of Human and Social Development
COIN	Centro de Orientación e Investigación Integral
CPD	Commission on Population and Development
CPR	Contraceptive prevalence rates
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive Sexuality Education
CSME	Caribbean Single Market and Economy
CSO	Community Service Organizations
CVC	Caribbean Vulnerable Communities Coalition
CYP	Couple-Years of Protection
DHS	Demographic and Health Survey
DV	Domestic Violence
DVAs	Domestic Violence Acts
ECLAC	Economic Commission for Latin America and Caribbean
ECP	Emergency contraceptive pill
EM-DAT	Emergency Events Database
EMTCT	Elimination of mother to child transmission
EPI	Expanded Programme on Immunization
EU	European Union
FP	Family Planning
FPATT	Family Planning Association of Trinidad and Tobago
GBV	Gender-based Violence
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	Gross National Income
HBV	Hepatitis B Virus
HFLE	Health and Family Life Education
HIV	Human Immuno-deficiency Virus
HIV/ST	HIV Self Testing
IACHR	Inter-American Commission on Human Rights
IASC	Inter-Agency Standing Committee
ICCPR	International Covenant on Civil and Political Rights
ICPD	International Conference on Population Development
IDA	International Development Association
ICSER	International Covenant on Social Economic and Cultural Rights
IHR	International Health Regulations
ILO	International Labour Organisation

IOM	International Organisation for Migration
IPPF	International Planned Parenthood Federation
IPV	Intimate Partner Violence
IUD	Inter Uterine Device
JSC	Joint Select Committee
KPIs	Key Performance Indicators
LAC	Latin America and Caribbean
LARCS	Long-Acting Reversible Contraceptive Methods
LGBTQ	Lesbian Gay Bisexual Transgender Questioning
LICs	Low Income Countries
LMICs	Low- and Middle-Income Countries
MAs	Member Associations
MBC	Mother and baby connection
MISP	Minimum Initial Service Package
MICS	Multi Indicator Cluster Survey
MICs	Middle Income Countries
MMR	Maternal mortality ratio
MSM	Men who have sex with men
NSAP	National Strategic Action Plan
NGO	Non-Governmental Organization
NHRI	National Human Rights Institution
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
OECS	Organisation of Eastern Caribbean States
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV and AIDS
PEPFAR	President Emergency Plan for AIDS Relief
PLWHIV	Persons living with HIV
PLWD	Persons Living with Disabilities
PoA	Programme of Action
PrEP	Pre-Exposure Prophylaxis
RMNCAH	Reproductive Maternal, Newborn, Child, and Adolescent Health
SDG	Sustainable Development Goals
SEA	Sexual exploitation and abuse
SIDS	Shared Incidence Database
SO&DVPU	Sexual Offences and Domestic Violence Policy Unit
SOGIE	Sexual Orientation Gender Identity and Expression
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
SVU	Special Victims Unit
TIP	Trafficking in Persons
TTPS	Trinidad and Tobago Police Service
TVPA	Trafficking Victims Protection Act
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UHC	Universal Health Coverage
UNICEF	United Nations Children Fund
UNWOMEN	United Nations for Gender Equity and the Empowerment of Women
UPR	Universal Periodic Review
U-RAP	The University of the West Indies Rights Advocacy Project
UWI	The University of the West Indies
VAC	Violence against Children
VAW	Violence against Women
WHA	World Health Assembly
WHO	World Health Organization

1. INTRODUCTION

This Situational Monitoring Report on the State of Sexual and Reproductive Health and Rights (SRHR) in the region is the first annual report for the Caribbean Observatory on SRHR. It will pave the way for subsequent annual reports. The objective is to examine crucial issues against key indicators and to establish a baseline for monitoring Sexual and Reproductive Health and Rights (SRHR) and Gender-Based Violence (GBV) in the region, allowing assessment of progress, gaps, and opportunities.

The Caribbean region has made significant progress towards creating an enabling environment for SRHR and to address GBV. To date, progress has been made primarily in the areas of legislative change and development of policies to improve universal access to quality sexual reproductive health information and services and laws to enhance protection for survivors, expansion of the categories of persons protected against gender-based violence (GBV) and increased penalties for perpetrators of GBV.

Overall, despite progress at the legislative and policy level, implementation in most countries has been somewhat limited, uneven, and insufficient to ensure everyone has access to the information and services to ensure their SRHR and live a life free from violence. And where there is progress, it is unevenly distributed among different population groups. Addressing disparities in health and social outcomes, and having the disaggregated data to guide evidence-informed policy and programmes to do so, is one of the most urgent needs identified in this situational analysis.

The need for ongoing concerted efforts and collaboration between communities, organized civil society, governments, and development partners in order to achieve national goals and meet regional and international commitments is one of the key reasons for the development of the Caribbean Observatory on SRHR. The Observatory provides a virtual platform for information sharing and monitoring to support evidence-informed advocacy and responsive laws, policies and practices.

This is a living document. The objective of this situational analysis, and indeed of the Caribbean Observatory on SRHR, is to provide a foundation for evidence-based dialogue between civil society, governments and international cooperating agencies. Such evidence-based dialogue between women's rights experts and national governments to review policy, legislation and other evidence of progress, for example from administrative data about service delivery and capacity, has been shown to play an important role in translating the goals of human rights commitments into substantive national change that promotes women's ability to exercise their human rights.[1] Data collection, analysis, and reporting are iterative processes. This is an open invitation to strengthen relationships of mutual respect and trust between civil society, governments and development partners to improve the evidence-base about SRHR and GBV in the Caribbean region and to make that data available. Evidence-based dialogue and periodic assessment is a good practice for advancing SRHR and GBV prevention and response and guaranteeing human rights.[2]

Enabling legislative and policy environment: International and Regional Human Rights Conventions on SRHR and GBV

Progress

The countries of the region have committed to binding international and regional human rights conventions that promote access to the highest standard of health, including sexual and reproductive health (International Convention on Economic, Social and Cultural Rights, ICESCR)[3], women's right to non-discrimination and a life free from any form of gender-based violence (Convention on the Elimination of Discrimination Against Women, CEDAW), and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, (also known as "Belem do Para") (Table 1). Each of the countries has endorsed at least one of these international or regional agreements, indicating a robust and binding commitment to achieve SRHR and eliminate GBV. Further, all of the countries in the region are parties to the Convention on the Rights of the Child (CRC). The CRC protects children's right to substantive equality and non-discrimination, including their right to access sexual and reproductive health services. The Committee on the Rights of the Child has strongly advocated for the realization of children's right to sexual and reproductive health services, urging states to "ensure universal access to a comprehensive package of sexual and reproductive health interventions."[4]

Gaps

While all of the States except Bermuda are party to CEDAW, only Antigua and Barbuda, Aruba, Barbados, Belize, Curaçao, St. Kitts and Nevis and Sint Maarten are parties to the CEDAW Optional Protocol. By ratifying the Optional Protocol, the State recognizes the competence of the Committee on the Elimination of Discrimination against Women, which monitors progress and compliance with the Convention, to receive and consider complaints from individuals and groups about rights violations, and potentially, to initiate inquiries into grave systematic violations of women's rights.

The "Belem do Para" Convention has a comprehensive monitoring framework. The national reports of the evaluation phase of each Round consist of i) an analysis by the Committee of Experts of the response of the States to the indicators; ii) a series of recommendations prepared by the Committee of Experts; and iii) the State's comments on the analysis and its recommendations. But engagement in monitoring by countries in the region is limited. For example, in the most recent round (2016-2020), of the 12 states parties: Belize, Dominica and Guyana did not participate at all; Antigua and Barbuda, Barbados, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago participated but did not respond to the report prepared by Committee of Experts about their national progress. Only the Bahamas, Saint Kitts and Nevis and Suriname participated fully in the review process.[5] This is a missed opportunity because the Belem do Para monitoring provides an opportunity to capture the process and efforts that States are making towards ending violence (for example new legislation and policies, training and services, dedicated financial resources), as well as results.[6]

TABLE 1: STATUS OF SELECTED INTERNATIONAL AND REGIONAL CONVENTIONS RELATED TO SRHR & GBV (BY COUNTRY)

Country	ICESCR (Intl)	CEDAW (Intl)	CEDAW Optional Protocol (Intl)	CRC (Intl)	Persons with Disabilities (Intl)	Human Trafficking Palermo Protocol (Intl)	Belem Do Para (Regional VAW)
Anguilla	No	✓	No	✓	No	No	No
Antigua and Barbuda	✓	✓	✓	✓	✓	✓	✓
Aruba	✓	✓	✓	✓	No	✓	No
Bahamas	✓	✓	✓	✓	✓	✓	✓
Barbados	✓	✓	✓	✓	✓	✓	✓
Belize	✓	✓	✓	✓	✓	✓	✓
Bermuda	✓	No	No	✓	No	No	No
British Virgin Islands	✓	✓	No	✓	No	No	No
Cayman Islands	No	✓	No	✓	No	No	No
Curaçao	✓	✓	✓	✓	No	No	No
Dominica	✓	✓	No	✓	✓	✓	✓
Grenada	✓	✓	No	✓	✓	✓	✓
Guyana	✓	✓	No	✓	✓	✓	✓
Jamaica	✓	✓	No	✓	✓	✓	✓
Montserrat	✓	✓	No	✓	No	No	No
St. Kitts and Nevis	No	✓	✓	✓	✓	✗	✓
St. Lucia	No	✓	No	✓	✓	✓	✓
Sint Maarten	✓	✓	✓	✓	No	No	No
St. Vincent and the Grenadines	✓	✓	No	✓	✓	✓	✓
Suriname	✓	✓	No	✓	✓	✓	✓
Trinidad and Tobago	✓	✓	No	✓	✓	✓	✓
Turks and Caicos	✓	✓	No	✓	No	No	No

Sources: United Nations Treaty Collection un.treaties.org; MESECVI. Interamerican Convention on the Prevention, Punish, and Eradication of Violence against Women (Convention of Belem do Para): Status of signatures and ratification. Consulted November 8, 2023; Personal Communication (email), United Kingdom, Treaty Enquiry Service, Legal Directorate, Foreign, Commonwealth and Development Office, November 7, 2023.

Opportunities

The ratification of key international treaties by the parties represents an opportunity. However, there are gaps between formal recognition of rights through ratifying international frameworks, and steps towards effective implementation through the development and implementation of national laws, public policies and programs. **Joining the Optional Protocol on CEDAW and participating actively in the MESECVI monitoring process for Belem do Para can** improve generation of information about progress. As we shall observe in our consideration of domestic legal frameworks and policies, significant information gaps exist to adequately evaluate implementation of laws, plans, projects, programs and services. Improving process indicators to show States' progress is critical. **Capacity building** in the following areas can contribute to better monitoring of implementation, for example by:

- Training government staff and Civil Society Organisations (CSOs) on existing monitoring mechanisms and how to get involved (e.g. mock CEDAW sessions, for example those held in Grenada, Jamaica and Suriname);
- Technical support from bilateral and multilateral development partners for review and integration of existing human rights recommendations into national policies and action plans;
- Strengthening national bodies for human rights monitoring generally, or in specific areas such as SRHR and Gender Based Violence. International guidance for coordinating and strengthening programmatic monitoring is available in the areas of SRHR and GBV.[7] Coordinating and monitoring bodies for SRHR and GBV should build on existing mandates and competencies, be inter-ministerial, and include relevant civil society actors;
- Increasing national and regional capacity for CSO monitoring and social accountability mechanisms, for example by sustaining and strengthening the coordination and cooperation between governments, development partners and civil society through the Caribbean Observatory on SRHR.

Domestic Legislation and Policy Frameworks to Promote SRHR and Prevent and Address GBV

Progress

All of the Caribbean states have laws related to gender-based violence (Domestic Violence Acts and or Sexual Violence Acts). Several countries have either concluded or are in the process of amending first generation DVAs and SVAs. Advancements include inclusion of protection orders, as well as in some cases inclusion of wider definitions of violence (e.g. economic and psychological abuse, stalking and harassment).[8] Examples of positive legislative progress include:

- In Barbados, in 2016 the Government passed the Domestic Violence (Protection Orders) Amendment Act, which broadened the definition of domestic violence and allowed police officers to issue protection orders on the spot, enter homes without warrants and seize weapons from suspected offenders.
- Persons in Bermuda who are not directly affected by the violence (police officers, social workers, persons with sufficient interest) can now apply for protection order on the behalf of a person who is being abused.
- The Domestic Violence (Amendment) Act 2020 in Trinidad and Tobago expands the category of persons who can apply for a protection order to minors (16 years old or older).

Gaps

As illustrated in Table 2, despite progress, there are significant gaps in the domestic legislative and policy response to gender-based violence (including child, early and forced marriages and unions-CEFMU- and human trafficking) and SRHR. Notable given the progress achieved in legislative reform to address sexual and domestic violence is that almost half of countries (9 of 22) explicitly exclude male spouses from prosecution for rape or sexual assault, except in very narrow circumstances, which are basically legally recognized separation or a court order prohibiting sexual molestation or assault. Antigua and Barbuda is the only country that has independently passed legislation to make the age at marriage 18 with no exceptions[9], and no country has a national plan to address CEFMU, though Belize had developed a draft plan. Finally, most countries lack specific national SRHR policies (4 exist and 2 are in draft).

TABLE 2: SELECTED NATIONAL LAWS AND POLICY FRAMEWORKS TO ADDRESS GBV AND SRHR (BY COUNTRY)

Country	DV/ Sexual Offences Act[a]	Criminalizes marital rape/ sexual assault[a]	Natl. SRHR Policy or Plan[b]	Minimum age at marriage is 18 (without exceptions)[c]	Natl CEFMU Plan[c]	Human Trafficking[d]	
						Law exists	Unit to Enforce
Anguilla	Yes+	Extremely limited situations	Draft	No+	No	ND	ND
Antigua and Barbuda	Yes	Extremely limited situations###	No	Yes	No	Yes	Yes
Aruba (Dutch)	Yes	Yes	ND	No	No	ND	ND
Bahamas	Yes	Extremely limited situations###	No	No	No	Yes	No
Barbados	Yes	Extremely limited situations###	Not specific-health	No	No	Yes	Yes
Belize	Yes	Extremely limited situations###	Yes	No	Draft	Yes	Yes
Bermuda	Yes	Yes	No	No+	No	ND	ND
British Virgin Islands	Yes@	Extremely limited situations###	No	No+	No	ND	ND
Cayman Islands	Yes=	Yes	No	No+	No	ND	ND
Curaçao		Yes	No	Yes*	No	ND	ND
Dominica	Yes	Extremely limited situations###	Not specific (in MCH)	No	No	Yes	No
Grenada	Yes	Yes	No	No	No	Yes	No
Guyana	Yes	Yes	Yes	No	No	Yes	No

Country	DV/ Sexual Offences Act[a]	Criminalizes marital rape/ sexual assault[a]	Natl. SRHR Policy or Plan[b]	Minimum age at marriage is 18 (without exceptions)[c]	Natl CEFMU Plan[c]	Human Trafficking[d]	
						Law exists	Unit to Enforce
Jamaica	Yes	Extremely limited situations###	Yes	No	No	Yes	No
Montserrat	Yes#	ND	No	No+	No	ND	ND
St. Kitts and Nevis	Yes	Yes	No	No Data	No	Yes	No
St. Lucia	Yes	Extremely limited situations###	Draft Not specific-Health	Yes	No	Yes	No
Sint Maarten	No&	Yes	Draft	Yes*	No+	Yes	No
St. Vincent and the Grenadines	Yes	Yes	No	No	No	Yes	No
Suriname	Yes	Yes	Yes	No	No	Yes	Yes
Trinidad and Tobago	Yes	Yes	Yes	No	No	Yes	Yes
Turks and Caicos	Yes^	No	No	No+	No	ND	ND

*### These countries **specifically exclude the possibility of prosecution for marital rape or marital sexual assault** except when 1) a formal separation is in place (a decree nisi of divorce, a decree of judicial separation, or a separation 2) there is an order of the court that orders no molestation, sexual assault or sexual intercourse. In addition, Belize considers physical battery as a form of coercion, and Jamaica considers if the man knows that he has a sexually transmitted infection. In the British Virgin Islands the case must be prosecuted by the Attorney General or have consent for prosecution from the Attorney General*

Sources:

[a] UN Women Caribbean GBV Law Portal. https//: caribbean.unwomen.org Consulted November 8, 2011; + Higgins, T. (2016). *Country Gender Assessment: Anguilla.* Caribbean Development Bank; @ Government of the British Virgin Islands. Domestic Violence Act 2011; =Government of the Cayman Islands. Protection from Domestic Violence Law 2010. #Government of Montserrat. Domestic Violence Act 2020; & Raad Voor Rechtsbijstand (Legal Aid Board), Law Enforcement Council. 2020. *Inspection Report on the Approach to Domestic Violence in Sint Maarten, June 2020.* ^ Government of Turks and Caicos Islands. Domestic Violence Ordinance 2015 (2021); additional information Terborg J. 2022. Enabling environment: Legislation, policies, and plans on SRHR and GBV. Desk review for Caribbean Observatory on SRHR and GBV. March 2022.

[b] UNFPA. 2022. *Reproductive Health Commodity Security Assessment for the Caribbean, 2020.* UNFPA, 2022.

[c] Girls Not Brides. Child Marriage Atlas. Consulted November 11, 2023. +The United Kingdom allows marriage below the age of 18, and there are no exceptions noted for overseas territories. The United Kingdom does not have a CEFMU plan. + The Netherlands does not allow marriage before 18 years of age, however an exception is made for Aruba. The Netherlands does not have a CEFMU plan.

[d] Terborg. Legislative Review. 2022.

For further information on the evolving situation of national GBV legislation, see Appendix 2.

Opportunities

Action to bring laws in line with international human rights standards with respect to marital rape and child marriage is urgently needed. There is also ample opportunity to advance in the elaboration of national policies and plans to advance SRHR and GBV, including to prevent and address CEFMU and human trafficking. It is critical that these plans and policies identify and provide resources for implementation of evidence-informed, gender-transformative actions that promote human rights. In the field of SRHR the interventions to ensure rights are well-established and the situation of key interventions are discussed in detail in the following sections: availability, accessibility, of a range of contraceptive methods; information and education about sexuality and reproduction (including through comprehensive sexuality education); comprehensive maternal health services; safe abortion and post-abortion care, among others. In the field of GBV, guidance for evidence-based programming exist for both prevention and care. The RESPECT framework outlines a set of action-oriented steps to support policy makers and implementers to design, plan, implement, monitor and evaluate using seven evidence informed strategies to prevent violence against women.[10] For response to violence, the Essential Services Package (ESP) for Women and Girls Subjected to

Violence identifies the essential services to be provided to all women and girls who have experienced gender-based violence, including services that should be provided by the health, social services, police and justice sectors.[11] The ESP is being implemented in the Caribbean and globally under the auspices of the Spotlight Initiative.

2. CONTRACEPTION

Progress

States in the region are making uneven progress towards meeting the contraceptive needs of women and their partners in the region. The most recent estimate of met need ranges from almost 80% in St. Vincent and the Grenadines to as low as 56% in Guyana (Table 3). This means that 20% of women of reproductive age (15-49 years of age) in St. Vincent and the Grenadines and nearly half of the women Guyana who want to either stop childbearing or delay childbearing are not using a modern contraceptive.

TABLE 3: CONTRACEPTIVE PREVALENCE AND NEED FOR CONTRACEPTION SATISFIED (MODERN METHODS) BY COUNTRY

Country	Contraceptive prevalence (modern methods, women 15-49) %	Met need any modern method (women 15-49) %
Anguilla	40.3	72.7
Antigua and Barbuda	39.8	76.6
Aruba	ND	ND
Bahamas	43.7	78.9
Barbados	47.0	75.2
Belize	42.4	71.6
Bermuda	ND	ND
British Virgin Islands	ND	ND
Cayman Islands	ND	ND
Curaçao (Dutch)	ND	ND
Dominica	43.1	77.9
Grenada	42.9	76.4
Guyana	27.8	56.4
Jamaica	42.1	79.8
Montserrat	42.1	78.4
St. Kitts and Nevis	45.5	75.3
St. Lucia	46.0	75.6
Sint Maarten	ND	ND
St. Vincent and the Grenadines	48.3	79.5
Suriname	34.0	69.6
Trinidad and Tobago	36.3	66.0
Turks and Caicos	35.0	63.6

Source: PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023

Multiple factors influence the availability, accessibility, acceptability and quality of contraception, and the contribution that contraceptives make to achieving the right to health, and the reproductive right of choosing the number and spacing of children. These include the legal framework, and social and cultural norms, particularly gender norms around decision-making about contraception. With the exception of laws and policies for adolescents, there are few legal barriers to adult women accessing contraception. However, little standardized and comparable data on reproductive decision-making and bodily autonomy is collected across the region. Additionally, availability and accessibility of contraceptive methods, including economic accessibility is a major determinant of use. Ensuring an adequate and reliable supply of essential SRH commodities is pivotal for realizing sexual and reproductive rights. Reproductive Health Commodity Security can be defined as 'having the right quantities of the right products in the right condition in the right place at the right time for the right price and working to ensure that each of these elements is met'.[12]

Gaps

In 2020, the Reproductive Health Commodity Security (RHCS) Assessment for the Caribbean (supported by UNFPA) was conducted in 16 of 22 countries in the region. The assessment found that while a wide variety of contraceptive methods are approved for use in the region, two or three methods provided at the primary care level dominate the public health contraceptive method mix: male condoms (49.4%) and injectables (33.1%). Implants account for 8.5%, oral contraceptives 6.8% and the IUD 1.6%. Emergency Contraceptive Pills (ECP) are offered in only 8 of the 16 countries studied.[13] *For country specific data on contraceptive availability see Appendix 3.* Supply Chain Management (SCM) and Logistics Management Information System (LMIS) for inventory control systems were identified as the weakest areas for reproductive health commodities in the region. Urgent action is needed to ensure effectiveness and efficiency in these systems ultimately ensuring the availability of reproductive health commodities.[14]

Access to the most effective reversible contraceptive methods is uneven between populations. A 2019 study found that use of long-acting reversible contraceptives (LARC) was low in Latin America and the Caribbean: in 17 of 23 countries, use of intrauterine devices (IUD) and subdermal implants was below 10%. Youths aged 15 to 17, Indigenous and Afrodescendant women, and those in the lowest wealth quintiles, living in rural areas, and without formal education were the least likely to use LARC. [15] This example shows the importance of a focus on health disparities among different populations as well as overall coverage rates to achieve the Sustainable Development Goal commitment. In short, availability of the commodities necessary to guarantee fully informed and free choice and effective contraception, particularly LARC for those who want it, remains a challenge in most countries in the region.

Opportunities

There has been no substantive progress in national information systems toward measuring the proportion of contraception needs met with modern methods. This information is collected through population-based surveys, therefore pandemic restrictions may explain the delay in the availability of this data. **As of 2017, according to PAHO›s baseline survey, no country had data for this indicator that was disaggregated by age or other social determinants.**[16] Improving disaggregated data on contraceptive need met with modern methods is an important opportunity to shape programs to meet those who are most socially and economically disadvantaged, and to promote SRHR equity.

Another important opportunity is to ***utilise the recommendations of the RHCS assessment for the Caribbean (2022). Key recommendations are:***

- Create national RHCS committees under the leadership of the Ministries of Health, with the participation of international development partners, social security schemes, and civil society to develop RHCS plans with indicators, including availability at the last mile.
- There is a role for social monitoring in assessing availability in the last mile (at point of service delivery) which could be taken up by the Observatory with adequate support.
- Design robust Supply Chain Management (SCM) systems that include a rapid assessment of infrastructure, capabilities, and human resources to improve the SCM performance. This will involve designing a Logistics Management Information System (LMIS) in countries where they do not exist to guide distribution decisions, based on a maximum-minimum inventory control system.

3. PREVENTING NEW HIV INFECTIONS, REDUCING AIDS-RELATED DEATHS

Progress

The Caribbean is making significant progress in preventing new HIV infections and AIDS-related deaths. The number of new HIV infections in the Caribbean declined by 15 percent between 2010 and 2022. This trend was slightly higher among men (18%) than women (10%). Expanding availability of HIV treatment resulted in a 53% decrease in AIDS-related deaths, although the rate of decline varied across countries. The global prevention and treatment targets are by 2025: 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression. At the end of 2022 the Caribbean as a region achieved 83% on testing, 68% on engagement in sustained treatment, and 57% for viral suppression.[17] Variations between countries in their achievements with respect to different components of the HIV testing and treatment cascade indicate that there are multiple opportunities for cross-country, intraregional learning for improving the HIV response.

TABLE 4: PROGRESS TOWARDS REACHING UNAIDS 95-95-95 TARGETS BY COUNTRY

Country	New HIV diagnosis rate (per 100 000 pop.)[a]	New HIV diagnoses sex ratio male: female[a]	PLWHIV who know their status[b,c]	PLWHIV on ART[b,c]	PLWHIV who are virally suppressed[b,c]	HIV prevalence (age 15-49 yrs) (2021)[b]	AIDS related deaths (2021)[b,c]
Anguilla	6.3	1.0	ND	ND	ND	ND	ND
Antigua & Barbuda	48.0	1.3	ND	ND	ND	ND	ND
Aruba	38.5	7.2	ND	ND	ND	ND	ND
Bahamas	27.5	2.1	94.0	68%	55%	1.3	<100
Barbados	33.7	1.7	90	60%	56%	ND	ND
Belize	38.7	1.6	91	48	29%	0.42	<200
Bermuda	4.7	1.0	ND	ND	ND	ND	ND
BVI	6.4	2.0	ND	ND	ND	ND	ND
Cayman Islands	3.0	1.0		ND	ND	ND	ND
Curaçao	50.7	1.7		ND	ND	ND	ND
Dominica	9.6	2.5	ND	ND	ND	ND	ND
Grenada	21.5	3.5	ND	ND	ND	ND	ND
Guyana	35.6	1.2	91%	63%	ND	1.4	<200
Jamaica	28.3	1.0	ND	47%	47%	1.3	<770
Montserrat	68.3	3.0	ND	ND	ND	ND	ND
St. Kitts & Nevis	48.3	4.8	ND	ND	ND	ND	ND
St. Lucia	21.1	2.2	ND	ND	ND	ND	ND
Sint Maarten	ND	ND	ND	ND	ND	ND	ND
St. Vincent and the Grenadines	40.4	1.6	ND	ND	ND	ND	ND
Suriname	96.8	0.9	ND	44%[a]	ND	1.3	ND
Trinidad and Tobago	32.2	1.3	ND	60%[a]	ND	1.0	<500
Turks and Caicos	24.1	0.8	ND	ND	ND	ND	ND

Sources: [a] PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023; [b] UNAIDS. (2023). UNAIDS Data 2022; [c] All ages. ND=No Data

EMTCT-Plus

The Caribbean region has also made significant progress in the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis.

TABLE 5: PROGRESS TOWARDS ACHIEVING DUAL ELIMINATION OF VERTICAL (MOTHER TO CHILD) TRANSMISSION OF HIV & SYPHILIS (EMTCT PLUS) BY COUNTRY

Country 2019-2021* Elimination achieved	HIV prevalence (%) Pregnant women	Vertical Transmission rate % (HIV cases/ exposed newborns) [a]	Tested for HIV during ANC	Received ART	Syphilis prevalence pregnant women	Incidence of congenital syphilis (rate/1000 live births)	Tested for syphilis during ANC
Anguilla	0.77	0	100%	100%	0	0	100%
Antigua and Barbuda	0.55	0 (0/6)	100%	100%	0.67	2	
Aruba	ND	ND	ND	ND	ND	ND	ND
Bahamas	0.7	0 (0/33)	98.9%	93.9%	1.2	ND	80.4%
Barbados	ND	0 (0/17)	43% [2017]	88.2%	0.6 [2017]	0	ND
Belize	0.67	4.7 (2/42)	95%	100%	ND	0.3	95%
Bermuda	0.4	0 (0/2)	99.3%	100%	0.8	0	97.4%
BVI	6.4	2.0	ND	ND	ND	ND	ND
Cayman Islands	0	0	96.3%	No cases	0	0	96.3%
Curaçao	ND	ND	ND	ND	ND	ND	ND
Dominica	0.8	0 (0/2)	100%	100%	0	0	80.3%
Grenada	ND	20% (1/5)	100%	100%	1.13 [2018]	ND	ND
Guyana	1.39	15.8% (ND)	97.1%	69%	0.12	0.06	94.4%
Jamaica	1.61	1.2% (6/517)	78%	66.3%	1.03	7	84.3%
Montserrat	0	0	100%	No Case	0	0	100%
St. Kitts and Nevis	0.17	0	100%	No Cases	0	0	100%
St. Lucia	0.47	0 (0/9)	100%	100%	2.25	8.00 (16 cases)	87.9%
Sint Maarten	ND	ND	ND	ND	ND	ND	ND
St. Vincent and the Grenadines	0.66	0 (0/9)	98.9%	100%	ND	0	98.9%
Suriname	ND	ND	ND	ND	ND	ND	ND
Trinidad and Tobago	1.27	0 (0/123)	69.8%	98.4%	0.1 [2017]	0 [2017]	ND
Turks and Caicos	ND	ND	ND	ND	ND	ND	ND

*Data reported for the most recent year available. ND=No Data
Source: PAHO/WHO EMTCT Plus Initiative 2010-2021. www.paho.org

Gaps

The Caribbean continues to have the second highest HIV prevalence in the world per capita. Lead causes are stigma, discrimination and, in some countries, laws that criminalize or restrict access to services for vulnerable populations. HIV prevalence is 1.2% among the general population, but it is much higher among key populations. Regional median HIV prevalence is estimated at 39.4% among transgender people (data from two countries), 11.8% among gay men and other MSM (data from four countries), 3.6% among people in prisons (data from six countries), and 2.6% among sex workers (data from 2 countries).[18] This disproportionate vulnerability of key and vulnerable communities is one of the major barriers to ending AIDS in the region as HIV prevention and testing services are not reaching the groups that need them most. It is well recognized that criminalization of HIV and behaviours that can result in HIV transmission is contrary to a human rights and public health approach to ending AIDS. Additionally, criminalization is a significant challenge for achieving constitutional and international human rights commitments to non-discrimination.

TABLE 6: EXISTENCE OF LEGAL FRAMEWORKS THAT PRESENT CHALLENGES FOR HIV PREVENTION AND TREATMENT (BY COUNTRY)

	Criminalization of...		Criminalization increases HIV risk and is a barrier to HIV testing and treatment[a]			
Country	**Transgender people**	**Sex work**	**Same-sex sexual acts in private**	**Possession of small amounts of drugs**	**Transmission of, non-disclosure of, or exposure to HIV**	**Mandatory HIV testing (marriage, work, residency, certain groups)**
Anguilla	ND	ND	No	ND	ND	ND
Antigua and Barbuda	No	Yes	No	Yes	No	No
Aruba	ND	ND	No	ND	ND	ND
Bahamas	No	Yes	No	Yes	Yes	Yes
Barbados	No	Yes	Yes	Yes	No	No
Belize	Yes	Yes	No	Yes	Yes	No
Bermuda	ND	ND	No	ND	ND	ND
BVI	ND	ND	No	ND	ND	ND
Cayman Islands	ND	ND	No	ND	ND	ND
Curaçao	ND	ND	No	ND	ND	ND
Dominica	No	Yes	Yes	ND	No	Yes
Grenada	ND	Yes	Yes	Yes	No	ND
Guyana	No	Yes	Yes	Yes	No	No
Jamaica	No	Yes	Yes	Yes	No specific law*	Yes
Montserrat	ND	ND	No	ND	ND	ND
St. Kitts and Nevis	No	Yes	Yes	Yes	No	Yes
St. Lucia	No	Yes	Yes	Yes	Yes	No
Sint Maarten	ND	ND	ND	ND	ND	ND
St. Vincent and the Grenadines	ND	Yes	Yes	Yes	No specific law*	No
Suriname	No	ND	No	ND	Yes	Yes
Trinidad and Tobago	No	Yes	No	Yes	No specific law*	Yes
Turks and Caicos	ND	ND	No	ND	ND	ND

ND= No Data [a]https://www.unaids.org/en/topic/decriminalization
Source: UNAIDS. 2023. UNAIDS Data 2022; Human Rights Watch, 2017. *Prosecutions exist under general criminal code;

Opportunities

There are significant opportunities to improve the HIV response. There is a need for increased data disaggregation in HIV and AIDS information, both in prevalence surveys and administrative data, including the epidemiological data used to monitor progress towards the 95-95-95 UNAIDS target. To spur action and ensure that data collection does no harm in country contexts where behaviours and populations are criminalized, this will require innovative, community-involved initiatives to generate measures of HIV prevalence and service use among key and vulnerable populations. Existing initiatives such as the Stigma Index can provide models for action. Further, community-based prevention, testing and referral initiatives can accelerate knowledge of HIV status, linkage to and retention in care and treatment among key and vulnerable populations.

Multisectoral education initiatives on gender, HIV, SRHR and GBV to reduce discrimination and persecution of vulnerable groups with decision-makers as well as healthcare and social service providers, police, and prosecutors. An important component of such education to reduce stigma and discrimination is sharing information about "Undetectable = Untransmittable (U=U)".[19] People living with HIV who are taking combination ART and who are virally suppressed (plasma viral load <50ml) do not transmit the virus either to sexual partners[20] or to their offspring.[21] Preliminary evidence indicates that science-based messaging about "U=U" can contribute to reducing HIV-related stigma.[22] While behaviours, and subsequently key populations, remain criminalized it is possible to work towards "harm reduction" approaches to policing and prosecution. Harm reduction policing seeks to orient resources towards serious violent crime, and to build the capacity of systems to address the health needs of populations that engage in criminalized behaviour while validating the police mission to protect public and individual safety, security, order, and rights. Education can be rolled out and "do no harm" practices can be implemented.[23] Ultimately, legislative initiatives to decriminalize should be undertaken. Improved data and data use can support the drafting and passage of such legislative initiatives.

4. ACCESS TO SAFE ABORTION AND POST-ABORTION CARE

Progress

Countries decide on the legal status of abortion.[i] The evolving framework of international human rights law, particularly through the jurisprudence of the Inter-American Court of Human Rights (IACHR), establishes that abortion should always be legal to save a woman's life, in the case of rape, to preserve a woman's health, and because of fetal impairment.[24] As members of the Organization of American States, the decisions of the IACHR are relevant to the Caribbean region. As illustrated in Table 7, the majority of countries in the region have established laws that align with one or more of these human rights standards for access to induced abortion. To date, Guyana is the only country that supports voluntary access to safe abortion (at a woman's request).

i UNFPA's Corporate Position on Abortion: as approved by its Executive Board, is twofold: 1. Prevent recourse to abortion by promoting universal access to voluntary family planning; and 2. Deal with the consequences of unsafe abortions to save women's lives. UNFPA does not promote changes to the legal status of abortion, which are decision-making processes that are the sovereign preserve of countries. Given unsafe abortion's contributions to maternal deaths worldwide, UNFPA advocates for its impact on women's health, lives, and well-being to be tackled head-on and post-abortion care provided urgently. Where abortion is illegal, UNFPA supports the right of all women to get post-abortion care to save their lives. It also provides policy advice on the treatment of post-abortion complications, counselling, and family planning. UNFPA trains health-care staff to provide post-abortion care as well as reproductive health information and services, including family planning. Where abortion is legal, UNFPA states that national health systems should make it safe and accessible, as agreed by United Nations Member States.

TABLE 7: LEGAL STATUS OF INDUCED ABORTION AND NATIONAL GUIDELINES ON POST-ABORTION CARE (BY COUNTRY)

Country	Legal status of induced abortion	National guidance on Post-Abortion Care (PAC)	Can be criminally charged
Anguilla	To save a person's life; to preserve health, fetal impairment.*	ND	+++
Antigua and Barbuda	To save a person's life.	ND	+++
Aruba	Prohibited completely. No circumstances.	ND	ND
Bahamas	To preserve health.	ND	+++
Barbados	To preserve mental and physical health, in cases of rape, incest, fetal impairment; broad social and economic grounds. Parental authorization required.	ND	+++
Belize	To preserve mental and physical health; broad social and economic grounds.	ND	+++
Bermuda	ND	ND	ND
BVI	ND	ND	ND
Cayman Islands	ND	ND	ND
Curaçao	ND	ND	ND
Dominica	To save a person's life.	ND	+++
Grenada	To preserve health.	ND	+++
Guyana	At a woman's request; beyond 8 weeks gestation consideration of broad social and economic grounds**> No parental or partner authorization/notification.	YES	+++
Jamaica	Prohibited completely. No circumstances.	ND	+++
Montserrat	ND	ND	ND
St. Kitts and Nevis	No circumstances.***	ND	+++
St. Lucia	To save a person's life, to preserve mental and physical health, in cases of rape and incest.	ND	+++
Sint Maarten	ND	ND	ND
St. Vincent and the Grenadines	To save a person's life, to preserve physical and mental health, in case of rape, incest and fetal impairment; broad social and economic grounds.	ND	+++
Suriname	Prohibited completely. No circumstances.	ND	+++
Trinidad and Tobago	To save a person's life, to preserve physical and mental health.	ND	+++
Turks and Caicos	ND	ND	ND

+++In all countries with data, a woman, provider and a person who helps a woman obtain an abortion can all be criminally charged for an illegal abortion.

Source: World Health Organization. Global Abortion Policy Database. Consulted 10/11/2023

*Anguilla penal code
** at 16 weeks, approval of 2 medical practitioners; after 16 weeks, 3 medical practitioners.
***The Offences Against the Person Act prohibits abortion in circumstances in which it is unlawful but does not set out the circumstances in which abortion may be lawful.

Gaps

In addition to the law, women's access to safe abortion services in the Caribbean is shaped by social status (particularly economic ability to pay for a safe abortion) and geography (proximity of countries with more liberal laws and/or practices for provision of safe abortion). In some countries, access to safe abortion appears widespread regardless of legal status.[25] While in others, such as Jamaica, the obstetric complications attributed to unsafe abortion suggest that legal and other barriers are significant, particularly for the poorest women. A 2021 Jamaican studied estimated that 22,000 pregnancies end in abortion annually in Jamaica despite a complete legislative ban. Public hospitals are estimated to spend US$1.4 million each year to respond to complications of unsafe abortion.[26]

Making abortion illegal increases maternal deaths.[27] In contrast, more liberal abortion laws *do not increase the number of abortions, but do greatly decrease the number of abortion-related deaths.* Countries in Europe (Romania), Africa (South Africa), and Asia (Nepal) have seen dramatic decreases in maternal mortality after liberalization of abortion laws, without an increase in the total number of abortions.[28] Comprehensive abortion care includes the provision of information, abortion management (including induced abortion, and care related to pregnancy loss/spontaneous abortion and post-abortion care. Post-abortion counselling and voluntary contraception are important to help prevent repeat abortions.[29] Critically, regardless of the legal status of abortion, **women should always be able to access life-saving post-abortion care** after spontaneous or induced abortion.[30, ii]

Women should never be criminally charged for abortion, nor should healthcare providers be compelled to report women who have undergone abortions. The Unite Nations Human Rights Committee has stated that imposing "a legal duty upon doctors and other health personnel to report cases of women who have undergone abortion" fails to respect women's right to privacy.[31] The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has clarified that "the practice of extracting, for prosecution purposes, confessions from women seeking emergency medical care as a result of illegal abortion in particular amounts to torture or ill-treatment".[32]

Opportunities

Prevention of unintended pregnancies is critical. Expanding voluntary contraception by improving the security of reproductive commodities, particularly by improving supply chains to ensure availability of more contraceptive methods at the point of care (last mile) and removing financial and logistic barriers to LARC, can reduce abortion.

To improve the safety of abortion (spontaneous and induced), comprehensive post-abortion care is needed. None of the countries have national guidelines for comprehensive post-abortion care. Creation and promulgation of such guidelines, including training of healthcare providers and ensuring availability of needed pharmaceuticals and equipment, can make a significant improvement in care for women who have experiences miscarriages, stillbirth, and abortion (spontaneous or induced) and reduce maternal mortality and morbidity.

ii "Where abortion is illegal, UNFPA supports the right of all women to get post-abortion care to save their lives. It also provides policy advice on the treatment of post-abortion complications, counselling, and family planning. UNFPA trains health-care staff to provide post-abortion care as well as reproductive health information and services, including family planning. Where abortion is legal, UNFPA states that national health systems should make it safe and accessible, as agreed by United Nations Member States."

Additional actions, which should be monitored with administrative data collection and reporting include:

- Ensuring that abortion is available in a timely fashion for the reasons for which it is legal.
- Educating healthcare providers and women of reproductive age about legal abortion in each country. Communicating evidence-based information about the safety of abortion.
- Ensuring that women and healthcare providers are not prosecuted for abortion in line with regional human rights law and recommendation from human rights bodies is important.

5. MATERNAL HEALTH CARE

Progress

The Caribbean region has made significant process in expanding antenatal care (ANC), health facility birth, and skilled birth attendance. However, attaining the international and regional commitments to reducing maternal mortality in the next seven years will require additional investments and evidence-guided interventions for quality improvement in maternal healthcare. The internationally established goal for maternal mortality ratio is no more than 70 maternal deaths per 100,000 live births by 2030. Countries in Latin America and the Caribbean (LAC), have committed to achieving the 30 maternal deaths per 100,000 live births by 2030 as part of PAHO's Sustainable Health Agenda for the Americas.[33] Specific attention must be paid to the disparities in health outcomes among different groups of pregnant women and the socioeconomic and geographic drivers of maternal morbidity and mortality, including low educational attainment, racialization, and racial and gender discrimination.[34]

TABLE 8: MATERNAL MORTALITY AND COVERAGE OF KEY MATERNAL HEALTH SERVICES IN THE CARIBBEAN (BY COUNTRY)

Maternal mortality ratio (MMR): Maternal deaths per 100,000 live births

Country	Most recent MMR*	Est. MMR (2010)+	Est. MMR (2020)+	Skilled birth attendant	Health facility birth	4 ANC visits	ANC from 1st trimester
Anguilla	0 (2022)	ND	ND	100%	100%	100%	100%
Antigua & Barbuda	0 (2022)	31	21 (2020)	99%	99%	75%	75%
Aruba	0 (2019)	ND	ND	100%	100%	100%	99%
Bahamas	93 (n=7)	79	77	99%	99%	81%	53%
Barbados	139 (2022) N=3	53	39	98%	98%	90%	100%
Belize	57 (2022) N=4	33	130	95%	92%	ND%	32%
Bermuda	0 (2021)	ND	ND	99%	99%	98%	98%
BVI	0 (2022)	ND	ND	100%	100%	100%	98%
Cayman Islands	0 (2020)	ND	ND	100%	ND	97%	88%
Curaçao	161 (2007) (n=3)	ND	ND	99%	ND	ND	ND
Dominica	0 (2022)	ND	ND	100%	99%	95%	29%
Grenada	126 (2021) N=6	27	21	100%	ND	69%	27%
Guyana	160 (2022) n=17	148	112	98%	ND	95%	26%
Jamaica	164 (2019) (n=57)	88	99	100%	ND	87%	26%
Montserrat	0 (2022)	ND	ND	100%	ND	100%	100%
St. Kitts & Nevis	200 (2022) N=1	ND	ND	100%	100%	85%	32%
St. Lucia	52 (2021) N=1	73	73	100%	99%	90%	32%
Sint Maarten	237 (2018) n=1	ND	ND	ND	ND	100%	90%
St. Vincent & the Grenadines	77 (2022) N=1	45	62	99%	ND	ND	27%
Suriname	288 (2021) n=30	138	96	100%	ND	67%	90%
Trinidad & Tobago	15 (2022) n=2	47	27	100%	ND	100%	100%
Turks and Caicos	0 (2022)	ND	ND	100%	100%	58%	46%

*Source: PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023. When total number of births is small, a small number of maternal deaths radically change the maternal mortality ratio. The estimated MMR is a more refined measurement for comparison between countries, but only includes countries that had populations over 100,000 in 2020. +WHO, UNICEF, UNFPA, WB Group, UNDESA. 2023. Trends in maternal mortality 2000-2020. Geneva: WHO.

Gaps

The majority of countries are far away from reaching the regional maternal mortality target of no more than 30 maternal deaths per 100,000 live deaths by 2030. Non-communicable diseases such as obesity and diabetes are important contributors to maternal deaths in the Caribbean.[35]

Opportunities

Better understanding socioeconomic determinants of maternal mortality and morbidity by generating dis-aggregated data is important. Country specific data driven interventions to address the causes of maternal mortality and morbidity are needed. Good practices and opportunities for generating and responding to such data include:

- Applying WHO's "near miss" methodology to understanding causes of maternal morbidity and maternal mortality.
- Implementing maternal mortality reviews. In the context of the Small Island States, a regional approach to doing so may be recommended to promote confidentiality and to reduce fear and stigma among healthcare facilities and healthcare providers.

Understanding causes of maternal mortality and morbidity is critical for 1) planning training of healthcare professionals 2) implementing public and population health interventions across the lifespan in order to improve maternal health overall.

Another opportunity is to improve the supply chain and monitoring to ensure security of reproductive health commodities and supplies. This intervention will not only reduce unmet need for contraception, but contribute to reducing maternal mortality and morbidity.

Finally, participatory gender-transformative community development approaches have been shown to catalyse local efforts to improve maternal and child healthcare, and reduce maternal and child deaths. For example, meta-analysis of women's groups practicing participatory learning and action to improve maternal and infant health in Bangladesh, India, Malawi and Nepal showed that exposure to women›s groups was associated with a 37% reduction in maternal mortality and a 23% reduction in neonatal mortality. When at least 30% of pregnant women participated, there was a 55% reduction in maternal mortality and a 33% reduction in neonatal mortality.[36]

6. ADOLESCENT PREGNANCY, BIRTHS, AND EARLY UNIONS

Adolescent pregnancy negatively affects girls' life trajectories. It contributes to poor health outcomes for the girls and their offspring, negatively affects their educational and employment opportunities, and contributes to the perpetuation of intergenerational cycles of poor health and poverty. Adolescent mothers (ages 10-19 years) face higher risks of eclampsia, puerperal endometriosis, and systemic infections than women aged 20-24 years, and babies of adolescent mothers face higher risks of low birthweight, preterm delivery and severe neonatal conditions.[37] Adolescent fertility rates in the region remain unacceptably high—the second highest in the world—with major inequities between and within countries. Girls from families in the lower wealth quintile, with lower levels of education, and from Indigenous and Afro-descendant communities are disproportionately affected by adolescent pregnancy. The ratio in births to adolescent mothers between the top and bottom wealth quintiles is estimated to be 14 in Jamaica. In Guyana and Suriname, the adolescent birth rate of those with the lowest educational level is 97 times those with a higher educational level.[38]

Despite the aspirational and progressive 2014 *CARICOM/UNFPA Integrated Strategic Framework for the reduction of Adolescent Pregnancy in the Caribbean*[39] agreed on by CARICOM member states, adolescents in the Caribbean still face legal, societal, policy and health system-related barriers that limit their access to quality integrated sexual and reproductive health services and information.

Progress

Some countries in the region have made important progress towards creating policy frameworks and medical guidelines that allow minors to access sexual and reproductive health services without parental consent. Guyana incorporated the Gillick Competence Test and Frazer Guidelines into its National SRH Policy and in the medical guidelines for provision of services. This enables minor adolescents who the healthcare provider deems to be competent to understand and make decisions about their SRH to do so. Saint Lucia uses this standard for determining ability to make decisions about SRH and access services in the HIV and STI Guidelines. The region has also made some progress in enacting laws establishing the minimum age of sexual consent, which is a crucial tool in protecting Caribbean adolescents against sexual abuse and exploitation.

TABLE 9: ADOLESCENT BIRTH RATE, MINIMUM AGE FOR CONSENT FOR SEXUAL ACTIVITY AND ACCESSING SRH SERVICES WITHOUT PARENTAL CONSENT (BY COUNTRY)

Country	Ado birth rate per 1000 15-19 (2023)[a]	Minimum age for consent for sexual activity[b]	Minimum Age for Accessing SRH Services without parental consent[b]	Parental consent for adolescent access to HIV testing[c]
Anguilla	29	16	18	ND
Antigua & Barbuda	31.2	16	16	Yes
Aruba	13.3	ND	ND	ND
Bahamas	24.5	16	18	Yes
Barbados	40.7	16	18	Yes
Belize	56.4	16	Family and Children's Act allows for FP services under the age of 18	Yes
Bermuda	7.4	16	18	ND
British Virgin Islands	13.7	16	16	ND
Cayman Islands	10	16	18	ND
Curaçao	22.3	ND	ND	
Dominica	37.6	16	18	Yes
Grenada	31.5	16	Law is silent. HCP often assume age is 18	ND
Guyana	63.1	16	16 Competent minors can access SRH services (medical guideline)	No
Jamaica	31.6	16	16	Yes
Montserrat	50.2 (2022)	16	18	ND
St. Kitts & Nevis	36.1	16	18	Yes
Saint Lucia	35.8	16	16	Yes
St. Vincent and the Grenadines	45.2	15	16	ND
Sint Maarten	24.3	ND	ND	ND
Suriname	54.3	16	ND	Yes
Trinidad & Tobago	37.4	18	18	Yes
Turks & Caicos	15.9	16	16	ND

Gaps

Social and legal barriers to young people's access to SRH information and services remain, especially where there is incongruence between the age of consent to have sex, and the age at which young people can access SRH services without parental consent. Further, there are significant disparities between groups with respect to the adolescent birth rate, yet no improvements have been made in data disaggregation.

Opportunities

There is an evidence-based consensus on the most important actions to reduce unintended adolescent pregnancy[40]:

- Collect, analyze, and use accurate and up-to-date data on health outcomes, contraceptive use and its determinants, program performance, and adolescent sexuality/fertility to inform laws and policies. It is important that **disaggregated data** is available to make the most-affected groups more visible, and to complement quantitative data with qualitative information about context and young peoples' own voices and stories.
- **Revise laws and policies to enhance access to comprehensive SRH services and CSE,** accompanied by evaluation mechanisms.
- Implement intersectoral and community strategies with input from adolescents.
- Develop **national SRH strategies for adolescents** that include evidence-based and context-specific actions, **budgets** to fund actions, and **progress tracking indicators disaggregated by age and socio-economic status.**
- Implement strategies with careful monitoring and with the input and expertise of key stakeholders.
- Conduct periodic reviews of programs and compliance with legal and regulatory frameworks.

7. COMPREHENSIVE SEXUALITY EDUCATION (CSE)

Comprehensive sexuality education, aligned with international norms set out in the 2018 *International technical guidance on sexuality education*[41] does not hasten sexual debut, can delay sexual debut, and increases the probability that adolescents and young people will use contraception and protection from STIs when they do engage in sexual activity. Specific attention to issues of gender and power, as recommended by international guidance, makes comprehensive sexuality education an even more powerful instrument to ensure that all young people have the information and skills that they need to make informed and health choices about their sexuality and SRH. An analysis of rigorously evaluated sexual and HIV education programs found that **those that addressed gender or power were five times as likely to be effective** as those that did not; 80% of those that addressed issues of gender and power were associated with significantly lower rate of STIs or unintended pregnancy. In contrast, among programs that did not address gender or power, only 17% had such an association.[42]

Progress

The legal landscape around CSE and the right to education varies from country to country, but there is a growing recognition of its importance. Many countries now include CSE as a stand-alone topic or as part of Health and Family Life Education.

Gaps

There is variation in the completeness and age appropriateness of the CSE curriculum across countries **(Table 10).**

TABLE 10: CONTENT OF CSE CURRICULUM, AND INCLUSION OF GENDER AS A CORE CONCEPT (BY COUNTRY)

Country	CSE within Health and Family Life Education (9-12 years of age) Curriculum covers core concepts (%)	CSE within Health and Family Life Education (9-12 years of age) Includes "Understanding Gender" (%)	CSE Sexuality Education SDG indicators: curriculum (%)
Anguilla	ND	ND	ND
Antigua & Barbuda	ND	ND	0
Aruba	ND	ND	ND
Bahamas	<10%	<20%	ND
Barbados	ND	ND	0
Belize	<10%	<20%	100%
Bermuda	<10%	0	ND
British Virgin Islands	ND	ND	ND
Cayman Islands	ND	ND	ND
Curaçao	ND	ND	ND
Dominica	<10%	<20%	ND
Grenada	ND	ND	ND
Guyana	<30%	<30%	100%
Jamaica	ND	ND	100%
Montserrat	ND	ND	ND
St. Kitts & Nevis	ND	ND	ND
Saint Lucia	<20%	0	100%
St. Vincent and the Grenadines	<10%	0	100%
Sint Maarten	ND	ND	ND
Suriname	ND	ND	0
Trinidad & Tobago	<30%	<30%	100%
Turks & Caicos	ND	ND	ND

Green=included; Yellow=partially included; Red=not included, ND= No Data. Sources: *Spotlight Initiative. 2022. A formative assessment of the sexuality education within the health and family life education curriculum in the Caribbean.[43] **WHO. SDG Indicators Database, (S.3.C.9) Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education: Component 9: Sexuality Education Curriculum Topics (%)

Inclusion of age-appropriate, effective teaching and learning about gender and power in school curricula is a significant gap that urgently needs to be addressed. The Spotlight Initiative supported study of existing Health and Family Life Education found that found lessons sometimes regrettably reinforced harmful existing gender stereotypes, which feed some of the social norms and beliefs behind violence against women and girls.[44]

Lack of resources and support for CSE within the school system and community are important barriers. These barriers include lack of resources and support (competition for time in the curriculum, lack of teacher training and comfort) and the content of CSE not being part of standardized testing. In addition, sociocultural barriers such as gender biases and discrimination, religiosity, and misconceptions about CSE being a form of sexual encouragement and hastening sexual activity (when in fact the oppositive is true), as well as difficulty in building community support for CSE all represent challenges to providing children and adolescents with the information and skills that they need to protect their health and well-being and increase their survival in today's world.

Opportunities

Evidence informed guidance and programmatic interventions that have successfully overcome all of these barriers in different contexts exists. The International Technical Guidance and curriculum support are important tools for advancing CSE. The Spotlight Programme has developed regionally adapted monitoring and evaluation guidelines and tools to assess the impact of CSE. Capacity-building and training in 2022, across 12 CARICOM member and associated states, has increased capacity to plan, organize, monitor, and evaluate CSE through HFLE in the region. These tools and strengthened capacity will enable countries to focus on the indicators of most importance or relevance to their contexts, while ensuring consistent and standardised data collection and analysis so that CARICOM, the UN, and other partners can measure regional progress and compare data across countries.[45]

8. PREGNANT LEARNER RE-ENTRY AND RETENTION

Young women who face multiple and overlapping forms of discrimination are often those who leave school or marry and become mothers young. There are complex and multi-directional relationships between these factors. For example, girls experiencing hunger, economic stress and violence at home are more likely to do poorly at school; those who don't do well at school are more likely to experience early marriage and childbearing.[46] Completion of secondary education improves young women's health and economic outcomes. Interventions, such as comprehensive sexuality education, making secondary education more available, and conditional cash transfer programs tend to provide the greatest benefit to the most marginalized girls and young women.[47] Making more progress on enabling laws and practical supports for young women who become pregnant or marry to stay in or return to school is necessary.[48]

Progress

UNFPA's Legislative Analysis of Sexual and Reproductive Health and Rights, 2023 found that all but two countries in the Caribbean have laws or written policies which guarantee the re-entry into formal educational institutions of adolescents who become pregnant. In Jamaica, there is a law on exclusion of pregnant learners, but the law does not provide a basis for forbidding their return to school after the period of pregnancy.

There is a policy to support their reintegration. Similarly, in Guyana, in 2018 an official policy was published on the reintegration of pregnant and/or maternal adolescent mothers into their institutions of formal education.

Gaps

Despite supportive laws or policies in most countries, there are still cases where pregnant learners are forced out of school and prevented from returning. This is a violation of their rights to education and has a negative impact on their future and the future of their children, and social and economic impacts on society. Similarly, while there are no explicit policies that prohibit pregnant learners from re-entering and remaining in school, there exists a pervasive social stigma and discrimination that hinders their ability to reintegrate into the educational system.

Opportunities

Most countries in the region have guaranteed the right to education in Education Acts. This means that forcing pregnant adolescents out of school and/or barring their re-entry is illegal at the national level, as well as being a violation of human rights under the international Convention on the Rights of the Child that all of the countries in the region have ratified (Table 1). Individual legal actions, as well as public interest litigation could be undertaken as remedies.

Also, to benefit from educational opportunities, young mothers require structural and social supports. The shared and interlinked underlying factors that drive girls' and adolescents' risk of child marriage, pregnancy and premature school leaving indicate that policies and programmes seeking to address any of these outcomes should seek to address all of them.[49] An internationally recognized model is Jamaica's large-scale sustained program for prevention of a second pregnancy. Since 1978, the Women's Centre of Jamaica Foundation has, through its flagship Program for Adolescent Mothers (PAM), provided pregnant adolescents, young mothers, and their families and baby-fathers with education, life and parenting skills training, counselling, contraceptives, and school reintegration services. These services are designed to help young mothers continue their educational and personal development through a pregnancy and to prevent or delay second pregnancy until they have attained their educational, employment, and personal goals. The second adolescent pregnancy rate has remained below 2% over the years, and approximately 80% of the adolescent mothers who have been reintegrated into the formal school system complete their secondary education. The model has been replicated in other countries, including Grenada, Saint Kitts and Nevis, Botswana, Gambia, and Kenya.[50]

9. PROTECTION FROM DISCRIMINATION

Progress

Enacting broad anti-discrimination legislation that protects all vulnerable groups

The CARICOM-PANCAP Model Anti-Discrimination Legislation, 2012, was approved by the Legal Affairs Committee of CARICOM. This Legislation seeks to provide for the protection of persons against discrimination, including discrimination involving harassment, victimisation, and vilification on the grounds of HIV status, sexual orientation, lawful sexual activity, disability, gender and status as an orphan. To date only two countries have taken concrete actions to develop Anti-discrimination legislation. Jamaica drafted Anti-Discrimination Legislation which is currently at the stage of a final draft. Belize drafted an Equal Opportunities Bill, 2020 which delineates Belize's anti-discrimination protections for individuals who possess certain protected characteristics including sexual orientation, gender identity, HIV positive status and lawful sexual activity and seeks to establish an Equal Opportunities Commission and an Equal Opportunities Tribunal. Regrettably, on August 15, 2020, the Cabinet took a decision not to table the bill.

TABLE 11: NATIONAL LAWS AND INTERNATIONAL CONVENTIONS TO PROTECT VULNERABLE COMMUNITIES (BY COUNTRY)

Country	LGBTI Same sex civil unions (natl. law)	Trans-gender identity affirmed (natl. law)	People with Disability CRPD (intl.)	Migrants and their families (intl.)
Anguilla	No	No	No	No
Antigua and Barbuda	No	No	Yes	No
Aruba	ND	ND	No	No
Bahamas	No	No	Yes	No
Barbados	No	No	Yes	No
Belize	No	No	Yes	Yes
Bermuda	Yes	No	No	No
BVI	No	No	No	No
Cayman Islands	Yes	No	No	No
Curaçao	Yes	No	No	No
Dominica	No	No	Yes	No
Grenada	No	No	Yes	No
Guyana	No	No	Yes	Yes
Jamaica	No	No	Yes	Yes
Montserrat	No	No	No	No
St. Kitts and Nevis	No	No	Yes	No
St. Lucia	No	No	Yes	No
Sint Maarten	No	No	No	No
St. Vincent and the Grenadines	No	No	Yes	Yes
Suriname	No	No	Yes	No
Trinidad and Tobago	No	No	Yes	No
Turks and Caicos	No	No	No	No

Gaps

Prohibited grounds of discrimination in the bill of rights

With a few exceptions, the prohibited grounds of discrimination in the Bill of Rights of most Caribbean States are limited to sex, race, place of origin, social class, colour, religion or political opinions, thus failing to prohibit discrimination based on other grounds, such as sexual orientation, gender identity and expression, disability, and health status.

Protection of Indigenous peoples' rights: at the International level there is an absence of ratified conventions, laws and policies that explicitly protect the rights of Indigenous peoples. Guyana developed the Prevention of Discrimination Act 1997 which explicitly prohibits discrimination based on belonging to an Indigenous community.[51]

Trans people: Across the Caribbean, trans people face discrimination and widespread physical and sexual violence. [52]While in most countries, trans identity is not criminalized (see Table 7), there are no mechanisms in place for legal recognition of their affirmed gender identity (Table 11).

Protection for persons with disabilities: Persons with disabilities have sexual and reproductive health rights, including the right to information on contraception and to make choices on what method to use, and the right to be free from sexual violence. Only four countries (Antigua and Barbuda, Guyana, Jamaica and Turks and Caicos Islands) have specific laws that protect persons with disabilities.[53] The main barriers to SRHR for people with disabilities in the Caribbean are stigma and physical accessibility barriers. Physical barriers or accessibility barriers include transportation and/or proximity to clinics and, within clinics, lack of ramps, adapted examination tables, and lack of accessible information and communication materials.[54]

Policy that integrates migrants

The region has seen increase in intra-migration due to persons pursuing economic opportunities, natural disasters such as hurricanes and extra-regional migration primarily among Venezuelans to Guyana, Trinidad and Tobago and to a lesser extent the Eastern Caribbean. However, few countries of the region have ratified the International Convention on the Rights of Migrants and their families, nor developed national policies to provide healthcare and other services to migrants. However, **Guyana is a leader** in migrant integration and healthcare, seeking to provide health care to all persons regardless of immigration status.[55]

Legal Status of LGBT people

LGBT people still face stigma and discrimination in the region, and there are limitations in most countries of the region on the ability to marry and form a family, which are basic human rights recognized in the International Human Rights Convention (See Appendix 5 for detail of laws/regulations by country).

Opportunities

Adoption of the CARICOM-PANCAP Model Anti-Discrimination Legislation, 2012

PANCAP, UNAIDS and UNDP should seize the opportunity and lessons learned from the Jamaica experience in drafting a robust Anti-discrimination Legislation, informed by the CARICOM-PANCAP model, to support countries in drafting and tabling their legislation.

PANCAP Regional Framework for Migrant Health and Rights, 2018[56]

The framework sets out a roadmap for equitable and non-discriminatory access to health care services across the Caribbean for mobile and migrant populations regardless of age, race, colour, sex, language, religion, political or other opinion, national or social origin, sexual orientation, gender identity, property, birth, or other status. The CARICOM Council of Human and Social Development (COHSOD) Ministers of Health approved the framework in 2018 and requested PANCAP provided guidance to countries on how to operationalize the framework in 2019.

Laws and policies that protect the rights of Indigenous peoples

There is an opportunity to collaborate with and influence the Caribbean Development Bank's (CBD's) interventions with Indigenous Peoples as the bank seeks to strengthen its response to issues affecting Caribbean Indigenous Peoples. The CDB notes that despite strides being made to promote inclusion across development work and policy advocacy, the views of Indigenous Peoples were not being adequately considered, however the CDB is working towards deeper engagement.[57]

Laws and policies that protect the rights of LGBT people

Some progress, especially in the area of decriminalization of same sex sexual activity has been made in the last two decades. In July 2018, the Inter-American Commission on Human Rights (IACHR) ruled that the petition filed by Gareth Henry and Simone Edwards of Jamaica, challenging Jamaican law that discriminate against LGBTQ people and alleging State violation of its obligations under the American Convention on Human Rights, was admissible.[5859] The recent decision of the Supreme Court of the Eastern Caribbean that criminal laws discriminating against same sex sexual activity were not constitutional (July 2022) may result in additional legal challenges of discriminatory laws and more progress.[60] Further, in 2022, St. Lucia passed a landmark Domestic Violence Act, becoming one of the few countries in the Caribbean to provide legal protections to people in same-sex relationships who experience domestic violence. It is the only country in the region to explicitly prohibit discrimination based on sexual orientation and gender identity in the implementation of such laws. This can set a precedent for the region, and prompt other countries to do the same.[61]

10. GENDER-BASED VIOLENCE AND THE QUALITY OF ESSENTIAL SERVICES

Gender-based violence is one of the most prevalent human rights violations in the world. It knows no social, economic, or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime.[62] Gender-based violence undermines the health, dignity, security, and autonomy of its victims, yet it remains shrouded in a culture of silence. When a woman has been subjected to gender-based violence, it has short and long-term consequences for her physical, mental, and sexual and reproductive health.[63]

Progress

Countries in the region have made progress on legislation that addresses domestic, family and sexual violence, and all have legislation that criminalize domestic or sexual violence (Table 2). Table 12 illustrates that most countries have at least basic services for survivors of violence (shelters and information hotlines) and many have made progress towards establishing special units within the police or judiciary as a way to support women in pursuing justice and ending impunity against perpetrators.

In 2022, the Spotlight Initiative Caribbean Regional programme strengthened the capacities of over 350 government officials, practitioners and other stakeholders on gender and VAWG/FV integration in their sectors, particularly, police, justice, Disaster Risk Reduction and Management practitioners and gender bureaus personnel. CARICOM countries are making progress to establish common standards for police and justice institutions to integrate GBV and Family Violence based on international standards. The draft CARICOM Common Standards also identify practical methods to improve documentation, reporting, and data analysis systems while ensuring privacy and data protection. Similarly, various countries are making progress towards embedding modules on GBV within the training curriculum of pre-service first responders such as nurses, doctors, pharmacists and police.[64]

TABLE 12: IPV PREVALENCE, POLICY AND RESPONSE SERVICES: SELECTED INDICATORS BY COUNTRY

Country	Physical and/or sexual IPV (last 12 months)[a]	National Action Plan on GBV (ever); dates of most recent[b]	Current status of GBV plan[b]	Special DV/ Support Units in police or justice sector[b]	Shelter(s) for survivors	GBV Hotline
Anguilla	ND	ND	ND	ND	ND	Yes/CSO[65]
Antigua and Barbuda	ND	Yes, (2015-2018)	Expired	ND	Yes/CSO	Yes/Gov[66]
Aruba	ND	ND	ND	ND	Yes/CSO	Yes/CSO[67]
Bahamas	ND	ND	ND	ND	Yes/CSO	Yes/CSO[68]
Barbados	ND	No	No	Yes	Yes/CSO	Yes/CSO & Gov[69]
Belize	7.8%	Yes, (2017-2020)	Plan completed 2021; approval in process[70]	Yes	Yes/CSO[71]	Yes/Gov[72]
Bermuda	ND	ND	ND	ND	No[73]	Yes/CSO[74]
BVI	ND	National Protocol on DV (no date)[75]	ND	ND	Yes[76]	Yes/Gov (not specific)[77]
Cayman Islands	ND	ND	ND	ND	Yes/CSO	Yes/CSO[78]
Curaçao	ND	Yes, 2020[79]	ND	ND	Yes/CSO[80]	Yes[81]
Dominica	ND	Yes, 2015	Expired	ND	Yes/CSO[82]	Yes/CSO & Gov[83]
Grenada	7.8%	Yes, 2013-2018	Expired	Yes	Yes/CSO & Gov[84]	Yes/ CSO&Gov[85]
Guyana	10.5%	Yes, 2017-2021	Expired	Yes	Yes/CSO[86]	Yes/Gov[87]
Jamaica	7.3%	Yes, 2017-2027	Current	Yes	Yes	Yes/Gov & CSO[88]
Montserrat	ND	ND	ND	ND	ND	ND
St. Kitts and Nevis	ND	Yes, 2016	Expired	Yes	Yes/Gov[89]	Yes/CSO[90]
St. Lucia	ND	Yes, 2019	Expired	Yes	Yes/CSO	Yes/CSO[91]
Sint Maarten	ND	ND	ND	ND	Yes/CSO	Yes/CSO[92]
St. Vincent and the Grenadines	ND	2015-2018	Expired	Yes	Yes/CSO[93]	Yes[94]
Suriname	7.7%	2014-2017	Expired	No, but specialized judges	Yes/Gov	Yes/Gov[95]
Trinidad and Tobago	7.5%	2016-2020	Expired	Yes	Yes/CSO (supported by Gov)	YES/Gov[96]
Turks and Caicos	ND	ND	ND	Yes	Yes[97]	ND

Sources: [a] Proportion of ever-partnered women and girls subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months, by age (%) (SDG 5.2.2) from World Health Organization. SDG Monitoring Database. 5.6.2; [b]Terborg, J. 2022. Enabling environment: Legislation, policies and plans on SRHR and GBV, Desk review for Caribbean Observatory on SRHR and GBV, March 2022 (Draft, Internal Document).

Gaps

It is striking that most of the countries in the region do not have a current National Action Plan on Gender-Based Violence. This is a barrier to continuing to advance the response to GBV and to ensure women's human rights, and a failure of governance and coordination at the national level. While progress is being made under the auspices of the Spotlight Initiative to advance a multisectoral, comprehensive approach laid out in the United Nations Joint Programme Essential Services Package for Women and Girls Subject to Violence, many challenges related to coordination, quality of services and service delivery and data collection persist.

Opportunities

Essential Services Package Community of Practice (ESP CoP)

The newly created ESP CoP was formally launched in May 2022. The Regional ESP CoP seeks to promote exchanges, cooperation and learning among regional institutions representing the sectors of health, social services, justice and policing, and education, as well as overseeing governance and coordination across the region. The ESP CoP will standardise and facilitate the launch of relevant technical tools to guide the work around a multisectoral prevention and quality response to GBV.[98]

Guidance and Standards to Improve Administrative Data Collection and Use

In order to answer key questions about improvements in delivery of services by different sectors supporting survivors and engaging with perpetrators (health, police, justice) as well as coordination between different sectors in violence prevention and response, improvements in the collection and use of administrative data on GBV must be improved. There is regional[99] and global guidance[100] and agreed upon standards for minimum data collection (minimum data set and disaggregation) to support these efforts.

11. EMERGENCIES AND CRISES

Climate change, and the natural disasters that it worsens, has complicated and intersecting relationships with SRHR and GBV.[101] Natural disasters have a significant impact on the Caribbean region, both in the immediate aftermath and in the long term. One of the most significant impacts is on displaced households. For example, the La Soufriere volcanic eruption in St. Vincent and the Grenadines in April 2021 displaced thousands of people, many of whom are still unable to return home. This can have a devastating impact on people›s lives and livelihoods. Natural disasters also take a toll on economic growth. This is due to several factors, including damage to infrastructure, lost productivity, and disruptions to tourism. For example, Hurricane Irma caused an estimated $10 billion in damage to the British Virgin Islands in 2017. This represented a significant setback for the country›s economy. Natural disasters can also worsen debt and reduce spending room in the budget. This is because governments often must borrow money to finance reconstruction efforts. This can make it difficult for governments to invest in social programs and other development priorities. Overall, natural disasters have a significant negative impact on the Caribbean region. They displace populations, disrupt economic activity, and worsen debt. It is important to invest in disaster preparedness and mitigation measures to reduce the impact of natural disasters on the region, *and to consider SRHR and GBV as an integral part of disaster preparedness and mitigation.*

Progress

MISP for SRH in crisis situations

The Minimal Initial Service Package (MISP) for SRH in a crisis is a global standard, has been integrated into the national health sector emergency plans of Antigua and Barbuda, Dominica, Grenada, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines, and Trinidad and Tobago.

Gaps

There are specific gaps that exist in addressing climate change, SRHR, and sexual violence against women and girls:

- Lack of data and research on the intersectionality of these issues.
- Lack of funding for programmes that address these issues.
- Lack of coordination between different sectors, such as climate change, health, and gender equality.
- Lack of capacity among governments and civil society organizations to address these issues.

It is important to address these gaps to protect the SRHR of women and girls and their right to live free from violence in the face of climate change.

Opportunities

As part of the Spotlight Initiative, *Guidelines on the Integration of VAWG/FV in disaster response, recovery and management* (2021) have been developed. In 2022. Two pilot sessions with 80 participants total, took place across Caribbean countries. Additionally, 63 professionals from different areas related to gender and disaster management and reduction participated in a webinar titled “The Integration of Violence Against Women and Girls, including Family Violence Considerations in Disaster Risk Management in the Caribbean”. Discussions included the intersecting vulnerabilities that women and communities face during and post disasters and ways to address these negative impacts through the tools produced under the Spotlight initiative Programme in the Caribbean.[102]

$ 12. FUNDING LANDSCAPE

Dwindling Overseas Development Assistance (ODA) for the Caribbean region is related to economic development, as most countries in the region progress to middle and upper-middle-income levels, as classified by the World Bank.[103] Nevertheless, inequality in wealth distribution, reflected in significant health and social disparities between population groups, and fragilities in health and social systems present challenges and a rational for ongoing investment by international donors and national governments to ensure that "No One is Left Behind" as we work as a global community towards achieving the Sustainable Development Goals. Development, regional, and civil society partners have intensified high-level advocacy for increased domestic financing for health, as external donor resources for health, including HIV and SRHR, continue to diminish. PANCAP and the CARICOM Council for Finance and Planning (COFAP) have been particularly vocal in advocating for increased domestic financing for health, and their advocacy has seen countries prioritising domestic financing for health.

Progress

In all countries for which data is available, domestic governments are providing all or most funding for the HIV response, both prevention and treatment (Table 13). Similarly, in all cases national governments are financing the reproductive commodities for maternal and newborn care, and the majority are financing contraceptives from domestic budgets (Table 13).

TABLE 13: DOMESTIC FINANCING FOR HIV, REPRODUCTIVE HEALTH COMMODITIES, GBV (BY COUNTRY)

WRA= Women of reproductive age

Country	Domestic HIV financing[a]	Contraception/repro health commodities[b]	Financing for GBV[c]
Anguilla	ND	60% domestic finance; 8% of WRA covered by gov't.	ND
Antigua and Barbuda	100% (2020)	60% domestic finance; 25% of WRA covered by gov't.	ND
Aruba	100%	ND	ND
Bahamas	ND	100% domestic finance; 9% of WRA covered by gov't.	ND
Barbados	100% (2021)	Est. 70% domestic finance by key informants; no quantitative data available	ND
Belize	ND	100% domestic finance; 19% WRA covered by gov't.	ND
Bermuda	ND	ND	ND
BVI	ND	100% domestic finance; 3% of WRA covered by gov't.	ND
Cayman Islands	ND	ND	ND
Curaçao	ND	ND	ND
Dominica	97% (2022)	100% domestic finance; 7% of WRA covered by gov't.	ND

Country	Domestic HIV financing[a]	Contraception/repro health commodities[b]	Financing for GBV[c]
Grenada	ND	100% domestic finance; 14% of WRA covered by gov't	Risk of inadequate financing for GBV activities considered high[104]
Guyana		80% domestic finance; 51% of WRA covered by gov't	ND
Jamaica	38% (2014)	100% domestic finance; 29% WRA covered by gov't	ND
Montserrat	ND	100% domestic finance; 25% WRA covered by gov't	ND
St. Kitts and Nevis	92% (2022)	100% domestic finance; 15% WRA covered by gov't	ND
St. Lucia	100% (2020)	60-80% domestic finance; 22% WRA covered by gov't	Funding for GBV response 0.032% of general budget (2015)[105]
Sint Maarten	ND	ND	ND
St. Vincent and the Grenadines	ND	More than 80% domestic finance; 32% WRA covered by gov't	ND
Suriname	ND	Domestically financed; but resource constraints resulting in regular stock-outs	Justice, Police and Health do not have specific GBV budgets or resources; Social Services does not have a dedicated budget to meet basic needs of survivors[106]
Trinidad and Tobago	99% (2020)	80-100% domestic finance; 5% of WRA covered by gov't	
Turks and Caicos	ND	ND	Gender Affairs Department has limited human and financial resources; no specific mention of GBV[107]

Sources: a) UNAIDS. Global AIDS Monitoring, HIV Financial Dashboard https://hivfinancial.unaids.org/. b) UNFPA Caribbean Reproductive Health Commodities Assessment 2022; c) various sources, see endnotes

Gaps

Based on the information available, very little sustained investment has been made in the GBV actions committed to by governments. Government's lack of financial commitments in the Caribbean is mirrored by the global lack of investment in ending GBV through ODA and philanthropic funding. In 2018, *less than 0.5% of official development assistance and philanthropic funding went to the violence against women and girls' agenda,* a figure that did not rise substantially through the COVID-19 pandemic, despite the increased need.[108]

Table 13 also illustrates that national investments in contraception are not achieving sufficient coverage, leaving women of reproductive age to either find services in the private sector, which may be unaffordable, or to have unmet need for contraception.

Opportunities

Preventing and treating HIV, meeting unmet need for contraception and preventing GBV all have high cost-benefits for government and the wider society. For example, combination HIV prevention, including PREP, and early initiation of HIV treatment and retention in care are cost-effective or cost-saving.[109] This is true internationally, including in the Caribbean region.[110] In LAC countries, studies show that for every dollar invested in contraception and contraceptive services, governments save about $14 in MCH and MNN services [111] Increasing voluntary contraception with more effective, long-lasting methods at the times and places that they are convenient for women is highly cost-effective. Finally, violence against women and girls costs the world more than 2% of the global annual GDP, totalling USD 1.7 trillion.[112]

Communicating the economic and social benefits of action to decision-makers with locally developed modelling and case study examples is an opportunity to move policy dialogue forward.

Gender Responsive Budgeting

At the institutional level, strengthening of technical and coordination capacities of regional institutions and governments to ensure sustainability of results in HIV, SRHR and GBV. Civil society and the United Nations System have an important role to play in advocacy to call on regional entities and Member States to take ownership and codesign the use of Gender Responsive Budgeting to sustain and expand financing to ensure that Gender Bureaus, other key government ministries and national institutions have the capacity to respond. Gender responsive budgeting (GRB), is a strategy to achieve gender equality, by ensuring that interventions required to eliminate inequalities between women and men and boys and girls are adequately financed. Therefore, GRB enhances the oversight and accountability role that parliaments have on national planning and budgeting processes.[113] Additional opportunities for improving the funding landscape and supporting sustainability include:

Social enterprise

There are some emerging good practices of social enterprise ventures among the Aruba Planned Parenthood Association, Antigua Planned Parenthood Association, Barbados Family Planning Association, Family Planning Association of Trinidad and Tobago and CVC. These ventures include:

- 24-hour digital counselling; online shopping for products with delivery services; providing contraceptives (condoms and morning after pill) to tourists who can order online and have the products delivered to them.
- Establishment of a pharmacy for revenue generation.
- Comprehensive and integrated services are offered as part of a one-stop-shop; delivery of Telehealth services for migrants, revenue generation from the thrift shop which is used to provide free services to youth in care homes and to cover some overhead costs.

These are just a few examples of the ways in which family planning member associations in the Caribbean are using social entrepreneurship to make family planning services more affordable and accessible to everyone. Overall, social entrepreneurship is a promising approach to improving access to SRH services in the Caribbean.

Social contracting

The region has seen some developments in social contracting including:

- PEPFAR, The Global Fund and PANCAP and other partners have invested significant resources to promote social contracting in the Caribbean.
- A PANCAP Social Contracting Toolkit was developed in 2020 to guide countries in implementing social contracting.
- Guyana piloted social contracting in 2019 and 2020, but this was discontinued in 2021.
- In 2023, the Ministry of Health and Wellness, Jamaica issued a call for proposals to civil society organisations to deliver HIV testing and support services.

Social contracting is a promising approach to delivering health services to inadequately served and other vulnerable populations, and the PANCAP Social Contracting Toolkit is a valuable resource for countries in the Caribbean that are considering implementing this approach.

13. RECOMMENDATIONS

Key recommendations for improving the response to SRHR and GBV in the Caribbean include:

1. ***Collect and use disaggregated data to generate evidence-based policies and programmes.*** Data is essential for developing and monitoring effective SRHR programmes. Governments and CSOs should collect and use data to understand the SRHR and GBV prevention and response needs of their populations and to track progress over time.

2. ***Take a "Health in All Policies" approach to SRHR and GBV.***[114] This would involve ensuring that health, education, economic development, climate and disaster preparedness, and other relevant policies and plans consider the SRHR needs of all people, including women, girls, adolescents, and key populations.

3. ***Move from legislation to action.*** Establish national policies and plans in SRH and GBV, and accelerate implementation.

4. ***Invest in SRHR services.*** This would involve ensuring that all people have access to quality SRHR services, including voluntary contraception and safe and comprehensive abortion care, and maternal and child health services. Emphasis should be placed on reaching those furthest behind with the most effective methods and care, including by expanding access to voluntary LARC and to non-stigmatizing, guideline based post-abortion care for induced and spontaneous abortions.

5. ***Improve maternal and child health services.*** This could involve investing in maternal and child health clinics, training healthcare workers, and providing financial assistance to pregnant women and families with young children.

6. ***Prevent unintended adolescent pregnancies and births*** by revising laws and policies to enhance access to comprehensive SRH services (accompanied by evaluation mechanisms); implementing intersectoral and community strategies with input from adolescents; and by developing national SRH strategies for adolescents that include evidence-based and context-specific actions, budgets to fund actions, and progress tracking indicators disaggregated by age and socioeconomic status.

7. ***Promote comprehensive sexuality education (CSE).*** CSE is essential for empowering young people to make informed decisions about their sexual and reproductive health. Legislation should be enacted to ensure that CSE aligned with international guidelines and with a strong focus on understanding gender and transforming gender discrimination is taught in schools and other youth-friendly settings.

8. ***Invest in girls' education, and support educational opportunities for young mothers.*** Education is critical for preventing child, early and forced marriage, sexual violence, and coercion. Re-entry into education and completion of secondary school positively changes the life trajectories of young mothers and their families.

9. ***Address gender-based violence.*** GBV is a major barrier to SRHR. It is important to address GBV through prevention programmes, support services for survivors, and justice for perpetrators and to transform the high tolerance for GBV in the Caribbean.

10. ***Mobilize and track funds for HIV, voluntary contraception, maternal-child health and prevention and response to GBV*** for interventions that are evidence-based and will reach the most vulnerable, reaping the largest benefits and promoting equity

11. ***Strengthen civil society organizations.*** CSOs play a vital role in delivering SRHR services and advocating for SRHR rights. It is important to strengthen CSOs through capacity building and financial support.

12. ***Advocate for SRHR.*** It is important to advocate for SRHR at all levels, from the local community to the national government and the international community. Advocacy can help to raise awareness of SRHR issues, mobilize resources, and promote policy change.

13. ***Empower women and girls.*** This would involve promoting women›s and girls› education, economic empowerment, and leadership.

14. ***Address gender inequality.*** This would involve addressing the root causes of gender inequality, such as harmful social norms and discriminatory laws and policies.

14. APPENDICES

Appendix 1: Ratification of International Human Rights Conventions by Caricom countries

CARICOM countries		ICCPR, 1966	ICESR, 1966	Amer HR, 1969	CE-DAW, 1979	CRC, 1989	BdP, 1994	CRPD, 2006	ICRO, 2017*	ILO C19, 2021*
1.	Antigua and Barbuda	2019	2019	no	1989	1993	1998	2016	no	no
2.	Bahamas	2008	no	no	1993	1991	1995	2015	no	no
3.	Barbados	1973	1973	1982	1980	1990	1995	2013	no	no
4.	Belize	1996	no	no	1990	1990	1996	2011	no	no
5.	Dominica	1993	1993		1980	1991	1995	2012	no	no
6.	Grenada	1991	1991	1978	1990	1990	2000	2014	no	no
7.	Guyana	1977	1977		1980	1991	1996	2014	no	no
8.	Haiti	1991	no	1977 a	1981	1995	1997	2009 a	no	no
9.	Jamaica	1975	1975	1978	1984	1991	2005	2007	no	no
10.	St Lucia	no	2019	no	1985	1993	1995	2019	no	no
11.	St Kitts and Nevis	no	no	no	1982	1990	1995	2020	no	no
12.	St Vincent & Grenadines	1981	1981	no	1981	1993	1996	2010 a	no	no
13.	Suriname	1976	1976	1987 a	1993	1993	2002	2017	2021	no
14	Trinidad and Tobago	1978	1978	1991	1981	1991		2015	no	no

From J. Terborg 2022.

Appendix 2: Domestic Legislation on Gender Based Violence

	First Domestic Violence Act	Amendment to DV Act/Sexual Offences Act
Antigua and Barbuda	• Domestic Violence Act 1999 • The Sexual Offences Act 1995	• Domestic Violence Act, Amended, 2015 • The Sexual Offences Act, reform, 2004
Bahamas	• Domestic Violence Act and Sexual Offences Act (1991)	• Domestic Violence -Protection Orders- Act) (2007) • The Sexual Offences (Amended) Act) (2008) • The Sexual Offences (Amendment) Act, 2011 • The Sexual Offences (Amendment) Act, 2014
Barbados	• Domestic Violence (Protection Orders) Act, 1993. • The Sexual offences Act (1993)	• Domestic Violence (Protection Orders) (Amendment Act) 2016 • The Sexual Offences Amendment) Act, 2016
Belize	• Sexual Offenses Act, 1991 • Domestic Violence Act ,1992 • Criminal Code (Amendment) Act (2000) • Protection against Sexual Harassment Act 1996	• Sexual Offenses Act reforms (2000, 2007) • Domestic Violence Act (reforms 2000, 2007) • Protection against Sexual Harassment Act (Reform 2000)
Dominica	• The Sexual offences Act (1993) • Domestic Violence Act (protection orders), 1993	• The Sexual offences Act, Amendment Act 2016 • Domestic Violence Act (protection orders), reform 2001
Grenada	• Domestic Violence Act (2001)	• The Domestic Violence Act, Amendment 2010 • The Criminal Code Amendment Act 29 (2012)
Guyana	• Domestic Violence Act, 1996 • Prevention of Discrimination Act (1997)	• Domestic Violence Act, 2010 • Sexual Offences Act 2010
Haiti	• Lack of Domestic Violence Act • Law of 5 June 2003 on VAC	• Paternity, Maternity & Filiation Act 2014 • Amendment of the Penal Code changing the regime of sexual assault and eliminating discrimination against women, 2005
Jamaica	• Domestic Violence Act, 1995 (Amendment) 2004 • Criminal Code, 2005	• Domestic Violence Act, (Amendment) 2004 • Sexual Offences Act, 2009 • The Child Pornography (Prevention) Act, 2009
St Lucia	• Domestic Violence Act (1995) • Equality of Opportunity and Treatment in Employment and Occupation Act (2000)	• The Domestic Violence Act (2004) • Revision of the Criminal Code (2003) • Amended Criminal Code- Act (2005)
St Kitts and Nevis	• The Domestic Violence Act (2000) • Criminal Code • The Offences Against the Person Act (2002) and its amendment; • Criminal Law Amendment Act (2002)	• The Domestic Violence Act (Amended 2005, 2014
St Vincent and the Grenadines	• Domestic Violence Act, 1995 • Criminal Code 1990	• Domestic Violence Act, amended in 2015 • Child Justice Act (2019) provides for children in conflict with the law

First Domestic Violence Amendment to DVA Act/Sexual Offences Act		
Suriname	• Law to Combat Domestic Violence (2009) • The Penal Code (1911)	• The Penal Code, amended in 2009 • Law Punishing Stalking (Law on the Punishment of Stalking, 2012) • Law on 'Grooming' (online sexual violence), 2020
Trinidad and Tobago	• Domestic Violence Act 1999 • Sexual Offences Act, 2006 • The Offences Against the Person Act (2005) • The Children's Authority Act of 2000	• Domestic Violence Act, amended 2009, Amendment 2020 • The Children's Act 2012 • The Children's Authority Act, amended Act of 2008 • Legal Aid and Advice Act (2006) establishes the obligation of the state to cannel requests by victims/survivors to have Access to legal assistance on domestic and sexual violence • the Marriage Act (amended in 2017 to ensure that the age of marriage is 18 years and above

From J. Terborg 2022.

Appendix 3: Reproductive Health Commodities offered by country, 2019

Contraceptive Method	Anguilla	Antigua & Barbuda	The Bahamas	Barbados	Belize	The British Virgin Islands	Dominica	Grenada	Guyana	Jamaica	Montserrat	Saint Lucia	St. Kitts & Nevis	St. Vincent & the Grenadines	Suriname	Trinidad & Tobago
Male condoms	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Female condoms	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes
Oral contraceptives	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Contraceptives	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	No	Yes	No
Monthly contraceptive Injectables	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Bi-monthly contraceptive injectables	No	Yes	Yes	No	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No
3-monthly contraceptive injectables	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
IUDs	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes
Implants	No	No	Yes	No	Yes	No	No	No	Yes	Yes	No	No	No	No	No	No
Oxytocin	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Misoprostol	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Magnesium sulfate	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ampicillin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gentamicin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Self-inflating neonatal resuscitation bags with masks	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
ANCs – Dexamethasone or Betamethasone injection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Source: UNFPA. 2022. Reproductive Health Commodity Assessment for the Caribbean, December 2020.

Appendix 4: LGBT Rights By Country

Country	Same sex sexual relations decriminalized	Same sex civil union	Same sex marriage	Adoption by same sex couples	Open LGBT military service	Anti-discrimination laws	Gender identity**
Anguilla	Yes	No	No	No	Yes (UK)	No	No
Antigua & Barbuda	No@	No	No	No	No	No	No
Aruba							
Bahamas	Yes	No	No	No	Yes	No	No
Barbados	No	No*	No	No	No	Yes	No
Belize	Yes	No	No	No	No	Yes	No
Bermuda	Yes	Yes	No (2022)	Yes	Yes (UK)	Yes	No
BVI	Yes	No	No	No	Yes (UK)	Yes	No
Cayman Islands	Yes	Yes	No	ND	Yes (UK)	No	No
Dominica	No	No	No	No	No	No	No
Grenada	No	No	No	No	N/A	No	No
Guyana	No	No	No	--	Yes	No	No
Jamaica	No	No	No	No	No	No	No
Montserrat	Yes	No	No	No	Yes (UK)	No	No
St. Kitts & Nevis	No	No	No	No	No	No	--
St. Lucia	No	No	No	No	N/A	No	No
Sint Maarten	ND	ND	ND	ND	ND	ND	ND
St. Vincent & the Grenadines	No	No	No	No	N/A	No	No
Suriname	Yes	No	No	No	--	Yes	No
Trinidad & Tobago	Yes	No	No	No	No	No	No
Turks & Caicos	Yes	No	No	No	Yes (UK)	No	No

Sources: Eastern Caribbean Supreme Court, 2022; UNAIDS 2023; Human Rights Watch 2017; Wikipedia [Consulted November 11, 2023]

ENDNOTES

1 Englehart, N.A. and M.K. Miller. 2014. "The CEDAW Effect: International Law's Impact on Women's Rights." *Journal of Human Rights* 13 (1), pp. 22-47.

2 Hagemann-White, C. 2008. "Measuring Progress in Addressing Violence Against Women across Europe." *International Journal of Comparative and Applied Criminal Justice* 32 (2), pp. 149-172.

3 UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant)*, 11 August 2000.

4 Committee on the Rights of the Child (CRC Committee), General Comment No. 15: On the right of the child to the enjoyment of the highest attainable standard of health (art. 24), (62nd Sess., 2013), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, paras. 53-54, U.N. Doc. CRC/C/GC/15 (2013) [hereinafter CRC Committee, Gen. Comment No. 15].

5 Follow-up Mechanism to the Belem do Para Convention (MESECVI). National Reports. Third Multilateral Evaluation Round. Available from https://www.oas.org/en/mesecvi/NationalReportsThirdRound.asp

6 Inter-American Commission of Women. Follow-up Mechanism to the Belém do Pará Convention (MESECVI). (2015). *Practical Guide to the System of Progress Indicators for Measuring Implementation of the Belém do Pará Convention*, Inter-American Commission of Women]. (OAS. Documentos oficiales ; OEA/Ser.L/II.6.15)

7 UNFPA. 2019. UNFPA Evaluation Handbook: How to design and conduct a country programme evaluation at UNFPA. New York: UNFPA; UN Women and WHO. (2022). Improving the collection and use of administrative data on violence against women: global technical guidance. New York: UN Women and WHO.

8 Terborg, J. Enabling Environment: Legislation, Policies and Plans on SRHR and GBV – Desk Review for the Caribbean Observatory on SRHR and GBV, March 2022 (Draft, Internal Document).

9 The Netherlands has established 18 as the age of marriage, with no exceptions. This legislative framework may be applied in Curaçao and Sint Maarten, though no specific data was available. Aruba has specifically excluded itself and allows marriage under the age of 18.

10 WHO. (2019). RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019 (WHO/RHR/18.19).

11 UN Women, UNFPA, WHO, UNDP, UNODC. (2015). Essential Services Package for Women and Girls Subject to Violence

12 UNFPA. Global Strategy for Reproductive Health Commodity Security: Reproductive Health Essentials, 2002. Available at: https://www.unfpa.org/sites/default/files/resource-pdf/securingsupply_eng.pdf

13 UNFPA. 2020. *Final Report: Reproductive Health Commodity Security Assessment for the Caribbean*, December 2020. Consulted November 3, 2023. Pg. Available from https://caribbean.unfpa.org/sites/default/files/pub-pdf/rhcs_assessment_for_the_caribbean_-_unfpa_2022-01-12.pdf

14 UN Women, UNFPA, WHO, UNDP, UNODC. (2015). Essential Services Package for Women and Girls Subject to Violence Module 5: Coordination and Governance of Coordination. Available from https://www.unfpa.org/resources/essential-services-package-women-and-girls-subject-violence-module-5

15 Gomez Ponce de Leon R, Ewerling F, Serruya SJ, Silveira MF, Sanhueza A, Moazzam A, et al. Contraceptive use in Latin America and the Caribbean with a focus on longacting reversible contraceptives: prevalence and inequalities in 23 countries. Lancet Glob Health. 2019;7(2):e227-235. Available from: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30481-9/fulltext

16 Pan American Health Organization. (2022). Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030: Progress Report.

17 UNAIDS. (2023). UNAIDS Data 2022

18 UNAIDS. (2023). UNAIDS Data 2022.

19 UNAIDS. 2018. Undectable = untransmittable. Public health and viral load suppression.

20 Cohen MS, Chen YQ, McCauley M, et al. Antiretroviral therapy for the prevention of HIV-1 transmission. N Engl J Med 2016;375:830–9; Rodger AJ, Cambiano V, Bruun T, et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. Lancet 2019;393:2428–38.

21 Mandelbrot L, Tubiana R, Le Chenadec J, et al. No perinatal HIV-1 transmission from women with effective antiretroviral therapy starting before conception. Clin Infect Dis 2015;61(11):1715–25.

22 Coyne R, Noone C. Investigating the effect of undetectable = untransmittable message frames on HIV stigma: an online experiment. AIDS Care. 2022 Jan;34(1):55-59.

23 Open Society Foundations. 2018. Police and harm reduction. New York: Open Society Foundations.

24 Fine, JB, Mayall, K., Sepulveda L. 2017. The role of international human rights norms in the liberalization of abortion laws globally. *Health and Human Rights Journal*. 19 (1): 69-79. See footnote 10. See, for example, CESCR (2016, see note 4), para. 40; Committee against Torture, Concluding Observations on Nicaragua, UN Doc. CAT/C/NIC/CO/1 (2009), para. 16; HRC, Concluding Observations on El Salvador, UN Doc. CCPR/C/SLV/CO/6 (2010), para. 10; CESCR, Concluding Observations on Chile, UN Doc. E/C.12/1/ Add.105 (2004), paras. 26, 53; CEDAW Committee, General Recommendation No. 24, Women and Health, UN Doc. HRI/GEN/1/ Rev.9 (Vol. II) (2008), at 358, para. 14; HRC, Concluding Observations on Costa Rica, UN Doc. CCPR/C/79/Add.107 (1999), para. 11; Committee on the Rights of the Child, Concluding Observations on Nicaragua, UN Doc. CRC/C/NIC/CO/4 (2010), para. 59(b).

25 Pheterson, P., Azize, Y. (2008). Abortion within and around the law in the Caribbean. *Puerto Rico Health Sciences Journal* 27 (1): 93.

26 Virri, S. 2021. Coming to Terms: The social costs of unequal access to safe abortion. CAPR, Kingston, Jamaica. Available from https://www.capricaribbean.org/documents/coming-terms-social-costs-unequal-access-safe-abortions

27 Stephenson, P., Wagner M. Badea, M., Serbanescu. The public health consequences of restricted induced abortion—lessons from Romania. *American Journal of Public Health* 82(10):1328-31. doi: 10.2105/ajph.82.10.1328.

28 Conti, JA, Brant AR, Shumaker HD, Reeves M. 2016. Update on abortion policy. *Curr Opin Obstet Gynecol* (6):517-521. doi: 10.1097/GCO.0000000000000324.

29 WHO. 2022. *Abortion Care Guideline.* Geneva: WHO.

30 UNFPA. UNFPA's Corporate Position on Abortion; UNFPA (2022). UNFPA statement on the global implications of new restrictions to access to abortion, 24 June 2022.

31 United Nations Human Rights Committee. (2002). General Comment 28 on the equality of rights between men and women, para. 20

32 United Nations Special Rapporteur on Torture. (2016) A/HRC/31/57 (2016), para. 44.

33 PAHO. 2017. *Sustainable Health Agenda for the Americas 2018-2030: A Call to Action for Health and Well-Being in the Region*.

34 PAHO. *PAHO and partners launch campaign to reduce maternal mortality in Latin America and the Caribbean*. News Release March 8, 2023.

35 UNFPA. Maternal Health. https://caribbean.unfpa.org/en/topics/maternal-health-13

36 Prost A, Colbourn T, Seward N, Azad K, Coomarasamy A, Copas A, Houweling TA, et al. 2013. Women›s groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet.* 381(9879):1736-46..

37 WHO. Adolescent pregnancy. Available from: https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

38 UNFPA. Family Planning, 2023. Available at: https://caribbean.unfpa.org/en/topics/family-planning-17#:~:text=Directly%20related%20to%20family%20planning,with%20huge%20disparities%20among%20socio%2D

39 CARICOM. UNFPA Implements Strategic Framework Targeting Adolescent Sexual Reproductive Health. News Release, October 12, 2015.

40 PAHO. 2023. Status of Access to Sexual and Reproductive Health Services. CD60/INF/4, July 25, 2023; WHO. 2017. Family planning evidence brief: reducing early and unintended pregnancies among adolescents. Geneva: WHO; 2017.

41 UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, WHO. 2018. International technical guidance on sexuality education: An evidence-informed approach. Revised Edition. Paris, France: UNESCO.

42 Haberland, N.A. 2015. The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health, 2015,* 41(1):31–42, doi: 10.1363/4103115.

43 This assessment was conducted specifically on curriculum topics included in the Health and Family Life Curriculum, so if sexuality education is being provided 017in another program, it would not be captured here. Also, there are limitations to the SERAT which mean that countries and schools in the Caribbean that are providing some sexuality-related lessons may end up being characterised as doing less than what they actually are doing. See Spotlight Initiative. 2022.

44 Spotlight Initiative. 2022. A formative assessment of the sexuality education within the health and family life education curriculum in the Caribbean.

45 Spotlight Initiative. 2022. Caribbean Regional Annual Narrative Programme Report 1 January 2022-31 December 2022.

46 Glynn, JR, Sunny BS, DeStavola B, Dube A, Chihana M, Price AJ, Crampin AC. (2018) Early school failure predicts teenage pregnancy and marriage: A large population-based cohort study in northern Malawi. PLoSOne 13(5): :e0196041. doi: 10.1371/journal.pone.0196041

47 Rodríguez Ribas C. Adolescent pregnancy, public policies, and targeted programs in Latin America and the Caribbean: a systematic review. Rev Panam Salud Publica. 2021 Dec 16;45:e144. doi: 10.26633/RPSP.2021.144. PMID: 34934413; PMCID: PMC8678105.

48 Report of the Secretary General. 2020. Review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of the twenty-third special session of the General Assembly: pg. 40-41. For detail see: UNESCO, Global Education Monitoring Report 2019; UNESCO, Global Education Monitoring Report 2018 – Meeting Our Commitments to Gender Equality in Education (Paris, 2018); UNESCO, Early and Unintended Pregnancy and the Education Sector: Evidence Review and Recommendations (Paris, 2017).

49 Pasik, S. Addressing child marriage and adolescent pregnancy as barriers to gender parity and equality in education. Prospects 46 (1) 109-129.

50 PAHO. 2020. Adolescent Pregnancy in Latin America and the Caribbean Technical Brief

51 Alves, K. Legislative and Policy Barriers to access to HIV services by men who have sex with men (MSM) and Transgender women. May 2022

52 Give Out. United Caribbean Trans Network. Available at: https://giveout.org/uctrans

53 PANCAP HIV and AIDS and Human Rights: Situation Analysis 2018

54 PANCAP HIV and AIDS and Human Rights: Situation Analysis 2018

55 PANCAP. Regional Framework on Migrants Health and Rights, 2018

56 PANCAP. Regional Framework on Migrants Health and Rights, 2018

57 Caribbean Development Bank. Issues Affecting Caribbean Indigenous Peoples, June 27, 2023. Available at: https://www.caribank.org/newsroom/news-and-events/cdb-strengthening-its-response-issues-affecting-caribbean-indigenous-peoples

58 *PANCAP. HIV and AIDS and Human Rights in the Caribbean: Situational Analysis, 2018*

59 *PANCAP. HIV and AIDS and Human Rights in the Caribbean: Situational Analysis, 2018*

60 The Eastern Caribbean Supreme Court in the High Court of Justice, Antigua and Barbuda. (2022).

61 Spotlight Initiative. 2023. Caribbean Regional Annual Narrative Report, 1 January 2022-31 December 2022., pg. 11.

62 WHO. 2021. Devastatingly pervasive: 1 in 3 women globally experience violence.

63 UNFPA. Gender-based Violence. Available at: https://www.unfpa.org/gender-based-violence

64 Spotlight Initiative. 2023. Caribbean Regional Annual Narrative Programme Report 1 January 2022-31 December 2022

65 Harrigan, JR. "'SAFE' launches new psychosocial support hotline". The Anguillian. March 15, 2021. Available from https://theanguillian.com/2021/03/safe-launches-new-psychosocial-support-hotline/ [Consulted November 14, 2023]

66 Directorate of Gender Affairs, Antigua & Barbuda Support and Referral Centre. https: genderaffairs.gov.ag

67 https://www.arubavolunteers.org/o/Fundacion-Contra-Violencia-Relacional [Consulted November 14, 2023]

68 Royal Bahamas Police Force https://www.royalbahamaspolice.org/crimeprevention/helpandsupport.html

69 Ministry of People's Empowerment and Elder Affairs. [Consulted November 14, 2023]

https://www.cepal.org/sites/default/files/document/files/uneclac_observatory.pdf [Consulted November 14, 2023]

70 Spotlight Initiative. Belize: Annual Narrative Programme Report 01 January 2022-31 December 2022. Available from https://mptf.undp.org/sites/default/files/documents/2023-09/spotlight_initiative_belize_annual_report_2022.pdf [Consulted November 14, 2023]

71 https://evaw-global-database.unwomen.org/en/countries/americas/belize/1993/shelters-for-victims-of-violence [Consulted November 14, 2023]

72 National Women's Commission. NWC Partners with Belize Police Department to Launch Gender-Based Violence Hotline. January 1, 2021. https://www.nwcbelize.org/post/

nwc-partners-with-belize-police-department-to-launch-gender-based-violence-hotline [Consulted November 14, 2023]

73 https://globalvoices.org/2014/09/04/bermuda-only-safe-house-domestic-violence-closes-lack-of-funding/ [Consulted November 14, 2023]

74 Centre Against Abuse. https://www.centreagainstabuse.bm/home [Consulted November 14, 2023]

75 National Domestic Violence Protocol for the Virgin Islands. Commissioned by the Office of Gender Affairs, Ministry of Health and Social Development. No Date. Available from http://www.bvi.gov.vg/media-centre/know-your-worth-domestic-violence-awareness#:~:text=Additional%20emergency%20contacts%20for%20persons,Gender%20Affairs%20at%20468%2D3415. [Consulted November 14, 2023]

76 ibid

77 Ministry of Health and Social Development. http://www.bvi.gov.vg/media-centre/know-your-worth-domestic-violence-awareness. [Consulted November 14, 2023]

78 Cayman Islands Crisis Centre. https://www.cicc.ky/ [Consulted November 14, 2023]

79 Curaçao Chronicle. "PAR wants an evaluation plan against domestic violence". June 7, 2021. Available from https://www.Curaçaochronicle.com/post/local/par-wants-an-evaluation-plan-against-domestic-violence/ [Consulted November 14, 2023]

80 United States of America Department of State. 2022 Trafficking in persons report: Curaçao. Available from https://www.state.gov/reports/2022-trafficking-in-persons-report/Curaçao/ [Consulted November 14, 2023]

81 Curaçao Chronicle. "Curaçao will receive a reporting code for child abuse and domestic violence", February 1, 2023. Available from https://www.Curaçaochronicle.com/post/main/Curaçao-will-receive-a-reporting-code-for-child-abuse-and-domestic-violence/ [Consulted November 14, 2023]

82 Dominica National Council of Women. https://www.ngocaribbean.org/dominica-national-council-of-women/

83 No More Global Directory: Dominica. https://nomoredirectory.org/dominica/ [Consulted November 14, 2023]

84 No More Global Directory: Grenada https://nomoredirectory.org/grenada/ [Consulted November 14, 2023]

85 Spotlight Initiative. Country Programme Document: Grenada. October 2019. Available from https://mptf.undp.org/sites/default/files/documents/40000/grenada_spotlight_country_programme_document_final.pdf [Consulted November 14, 2023]

86 Help & Shelter. https://www.ngocaribbean.org/help-shelter/ [Consulted November 14, 2023]

87 Spotlight Initiative. *Guyana launches app offering gender-based violence assistance.* January 22, 2022. Available from https://www.spotlightinitiative.org/news/guyana-launches-app-offering-gender-based-violence-assistance [Consulted November 14, 2023]

88 Ministry of Culture, Gender, Entertainment and Sport. Grange opens second government shelter for women. December 15, 2021. https://mcges.gov.jm/index.php/gender [Consulted November 14, 2023]

89 Ministry of Social Development and Gender Affairs. https://socialdevelopment.gov.kn/contact-us/

90 Garden of Rebirth. https://cpdcngo.org/ngo-resource-hub/ngo-country-overview/garden-of-rebirth-st-kitts-nevis/; Experts of the Committee on the Elimination of Discrimination against Women Commend Saint Kitts and Nevis on Adopted Policies, Ask about Women in Agriculture and Human Trafficking , October 13 2022 https://www.ungeneva.org/en/news-media/meeting-summary/2022/10/experts-committee-elimination-discrimination-against-women [Consulted November 14, 2023]

91 UNFPA. 2020. United Nations Joint Programme on Essential Services for Women and Girls Subject to Violence. St. Lucia: Country Report. Available from https://serviciosesenciales-violencia.org/wp-content/uploads/2020/03/Saint-Lucia-Report-FINAL.pdf [Consulted November 14, 2023]

92 World Bank. 2022. "Tackling Gender-Based Violence in Sint Maarten", April 22, 2022. Available from https://www.worldbank.org/en/news/feature/2022/04/22/tackling-gender-based-violence-in-sint-maarten.

93 St. Vincent Planned Parenthood Association. St. Vicents and the Grenadines 2021 UPR: Submission from St. Vicent Planned Parenthood. Available from https://uprdoc.ohchr.org [Consulted November 14, 2023]

94 UNDP. 2020. "Government of Canada Supports Efforts to Tackle Gender-Based Violence and COVID-19 in Saint Vincent and the Grenadines", July 31, 2020. Available from https://www.undp.org/barbados/press-releases/government-canada-supports-efforts-tackle-gender-based-violence-and-covid-19-saint-vincent-and-grenadines [Consulted November 14, 2023]

95 Bakboord, C. 2022. Assessment of Essential Services in the Health, Social, Justice and Police Sector, December 2022. UNFPA: Paramibo, Suriname. Available from https://suriname.un.org/sites/default/files/2023-09/Assessment%20of%20essential%20services%20for%20women%20and%20girls%2C%20subject%20to%20violence%20in%20the%20health%2C%20social%2C%20justice.pdf [Consulted November 14, 2023]

96 UNFPA. 2020. United Nations Joint Programme on Essential Services for Women and Girls Subject to Violence. Trinidad & Tobago: Country Report. Available from https://serviciosesencialesviolencia.org/wp-content/uploads/2020/03/Trinidad-_-Tobago-Report-English-FINAL.pdf [Consulted November 14, 2023]

97 Department of Gender Affairs, Government of Turks and Caicos. https://gov.tc/genderaffairs/ [Consulted November 14, 2023]

98 Spotlight Initiative. 2023. Caribbean Regional Annual Narrative Programme Report 1 January 2022-31 December 2022

99 Nurse, M. 2023. "Member States move forward with agree Minimum Standards for measurement of Violence Against Women and Girls Administrative Data", October 4, 2023. *Caricom Today*

100 UN Women and WHO, 2022.

101 UNFPA. Gender-based violence and natural disasters in Latin America and the Caribbean. Available at: https://lac.unfpa.org/sites/default/files/pub-pdf/UNFPA%20version%20ingles%201.pdf

102 Spotlight Initiative. 2023. Caribbean Regional Annual Narrative Programme Report 1 January 2022-31 December 2022

103 World Bank. New World Bank country classifications by income level: 2022-2023, July 1, 2022. Available from Update in Classifications https://blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2022-2023

104 Spotlight Initiative. 2019. Country Programme Document: Grenada, October 2019.

105 United Nations Joint Programme on Essential Services: St. Lucia Country Report.

106 Bakboord, C. 2022. Assessment of Essential Services in the Health, Social, Justice and Police Sector. Paramaribo, Suriname, December 2022. UNFPA.

107 Government of Turks and Caicos, Department of Gender Affairs. Beijing + 24 Report.

108 Totapally S. Agarwal A., Jayaram S. Imperative to Invest. Dahlberg

109 Krebs E, Zang X, Enns B, Min JE, Behrends CN, Del Rio C, Dombrowski JC, et al. The impact of localized implementation: determining the cost-effectiveness of HIV prevention and care interventions across six United States cities. AIDS. 2020 Mar 1;34(3):447-458.

110 Wolf LL, Ricketts P, Freedberg KA, Williams-Roberts H, Hirschhorn LR, Allen-Ferdinand K, Rodriguez WR, et al. The cost-effectiveness of antiretroviral therapy for treating HIV disease in the Caribbean. J Acquir Immune Defic Syndr. 2007 Dec 1;46(4):463-71.

111 Health Policy Plus Project, Dollars and sense article by Jay Gribble http://www.healthpolicyplus.com/DollarsSenseBlog.cfm#:~:text=More%20than%20a%20decade%20ago,many%20 countries%2C%20it%20saved%20much; Cost-benefit analysis of investing in family planning in Guatemala, 2008, Valladares, Jaramillo, University Research Corporation

112 Care. Counting the Cost: The price society pays for Violence Against Women, 2018.

113 UN Women. 2019. Gender Responsive Budgeting: A Tool for Enhancing Parliamentary Oversight and Accountability

114 WHO. Promoting Health in All Policies and intersectoral action capacities. Available from https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities

Spotlight Initiative

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