

**CARIBBEAN SUBREGIONAL MEETING TO ASSESS THE
IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE
INTERNATIONAL CONFERENCE ON POPULATION AND
DEVELOPMENT (ICPD)**

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REPRODUCTIVE HEALTH AND RIGHTS

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LIST OF ACRONYMS

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| ALTA | Adult Literacy Tutors Association |
| ASRH | Adolescent Sexual and Reproductive Health |
| CARICOM | Caribbean Community |
| CCNAPC | Caribbean Coalition of National AIDS Programme Coordinators |
| CFPA | Caribbean Family Planning Affiliation |
| CHAA | Caribbean HIV/ and AIDS Alliance |
| CPR | Contraceptive Prevalence Rate |
| CRN+ | Caribbean Regional Network of People Living with HIV/AIDS |
| CSW | Commercial Sex Worker |
| DFID | Department for International Development |
| FPA | Family Planning Association |
| HFLE | Health and Family Life Education |
| ICPD POA | Int. Conference on Population & Development Programme of Action |
| IPPF | International Planned Parenthood Federation |
| MARPs | Most at Risk Populations |
| MSM | Men Who Have Sex with Men |
| PANCAP | Pan Caribbean Programme on HIV/AIDS |
| PAHO | Pan American Health Organisation |
| PLHIV | Person Living With HIV/AIDS |
| RHCS | Reproductive Health Commodity Security |
| UNECLAC | United Nations Economic Commission |
| UNFPA | United Nations Population Fund |
| UWI | University of the West Indies |

INTRODUCTION

Several documents provided reference points for this discussion. These include

(A) The 1994 ICPD POA

Chapter 7: Basis for Action

- 7.2 Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.
- 7.3 Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.
- 7.41 The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self determination and to share responsibility with women in matters of sexuality and reproduction
- 8.19 Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world.....

(B) Millennium Development Goal 5

The target "to achieve universal access to reproductive health by 2015" added in 2007

(C) Declaration of the Caribbean Subregional meeting to assess the implementation of the Programme of Action on the ICPD 10 years after its adoption, Port of Spain, Trinidad and Tobago, 12th November, 2003:

"Recognise the rights of adolescents and youth to access youth-friendly sexual and reproductive health information, education and services and call upon all countries to fully involve them in the design, implementation and evaluation of these programmes "

“.....attention to reducing maternal morbidity and mortality.....”

(D) The November 2003 Review and Appraisal of the Implementation of the Cairo Programme of Action in the Caribbean states that “While most countries report on progress made in providing reproductive health services, the need to promote and protect reproductive rights has remained of much concern. It has been repeatedly noted that access to comprehensive and quality reproductive health services needs to be enhanced in the all sectors of society. The impact of the Health Sector Reform processes on the delivery of sexual and reproductive health services is yet to be assessed. Furthermore, the reproductive health needs of persons with disabilities and older persons, including the adoption of a life cycle perspective, need to be taken into consideration. Although maternal mortality levels are low in most countries, the incipient upward trend being recorded in several countries needs to be further analysed and addressed. Several Caribbean countries are short of health personnel since many migrate overseas looking for better professional opportunities, which poses a significant risk in the delivery of services and in the effective implementation of Health Sector Reform processes.”

(E) The draft background document prepared by UNFPA and UNECLAC for this meeting.

However, the country reports are not all in as yet and there is much information to be added. It is anticipated that with the additions, the background document can be augmented accordingly. Therefore in this presentation, I will not focus on the figures per se nor on which country has developed which policy. I will simply extract the key issues in the draft report and discuss them within the context of progress, successes, challenges, gaps and best practices.

The questions raised in this discussion (for which we do not yet have answers) point to the way forward, i.e.

- studies that need to be undertaken so we can gain a better grasp of the nature and extent of the challenges and gaps that still exist
- identification of initiatives required over the next five years if ICPD is to be achieved by 2020

KEY ISSUES

1 Availability and Accessibility of Reproductive Health Education and Services

2 Sexual and Reproductive Rights and Health of Young People

3 Maternal Mortality

4. HIV/AIDS

5 Ageing

As other presenters are dealing with HIV/AIDS and ageing, I will not discuss these in any detail but simply flag a few key aspects relevant to reproductive health and rights.

1. Availability and Accessibility of Reproductive Health Education and Services

The 2009 draft UNFPA/UNECLAC report states that “In the Caribbean there is the right to choose and although contraceptives are available, there is still a high unmet need...”

We know that over the last 15 years governments in the region have increased the availability of reproductive health services. In addition to the Ministries of Health, UNFPA, IPPF, FPAs, National AIDS Programmes are all among the agencies that have stepped up to the plate and promoted and or contributed to service delivery and commodity supply.

However there are questions we still need to ask ourselves, the answers to which will show us where the gaps persist. These include:

- Services are available but are they accessible to all who need them?
- Several facilities charge fees but nominal though they may be, are these fees prohibitive to some, given the pockets of poverty that still exist in our region?
- Emergency contraception is available but is promotion sufficient to alert those who need this service?
- Are persons with special needs sufficiently considered?

The rights of persons with disabilities to access information and services

This is a group whose rights to a large extent have not received sufficient attention.

- Are facilities accessible to people with disabilities?
- Are the clinics fitted with ramps? Are doorways wide enough to accommodate wheelchairs?
- How are people in institutions (dealing with both mentally and physically disabled) served?

Information and services for persons who cannot read

Literacy rates in the region are not as high as official figures suggest. For example in Trinidad and Tobago, research conducted by UWI and ALTA in 1994 and 1995 showed that 22 % of adults could not cope with everyday reading

and writing. I rather suspect that the situation may be similar in many Caribbean countries. Have we taken this into consideration when producing information materials?

Sexual and reproductive health of men

The region has made tremendous efforts to encourage men to become willing partners in contraceptive decisions that the couple makes. This is evidenced by the increasing number of information campaigns targeted to them and the establishment of services specially for men, including the “For Men Only” clinics of the FPAs.

In this region, we have high rates of prostate cancer. Have there been sufficient efforts at also encouraging men to take responsibility for their own sexual and reproductive health e.g. timely medical examination of the prostate gland, the requisite laboratory investigation, good nutrition and exercise?

Successes and best practices in relation to availability of reproductive health services

- Increased sustainability of programmes and projects due to strong collaboration and partnership among governments/UNFPA/other UN and international agencies/University of the West Indies/CARICOM/NGOs
- The 2003- 2006 UNFPA/EU “Joint Programme in Sexual and Reproductive Health” implemented by governments and NGOs in Jamaica and Suriname with a focus on safe motherhood, family planning, sexually transmitted Infections including cancer of the cervix and HIV/AIDS prevention. In Jamaica, initiatives in working with disabled persons were successful as these persons along with the government minister responsible (who himself had a disability) played a key role in the development of activities for themselves. Certainly this initiative is worthy of replication.
- Comprehensive condom programming that deals with demand, supply and support. There is now wide availability of inexpensive and free condoms in the region, however, until recently, the female condom has been expensive and not well promoted and utilized. UNFPA has now spearheaded a female condom initiative as part of its Caribbean Sub regional initiative to enhance RHCS in order to increase access to and the use of female condom. This is important as female condoms are the only female controlled preventative tool for HIV prevention.

2. Sexual and Reproductive Health and Rights of Young People

This region played a very strong role in getting and keeping this issue on the ICPD agenda. Several people in this room served as NGO delegates or served on the government's delegations in Cairo and understand the issues well. So what is the problem?

PAHO studies have confirmed that almost 50 % of young people had their sexual debut before the age of 15. Consistent contraceptive use is low among this group.

Approximately 20% of all births in the region are to young people between the ages of 15-19.

Much of the sexual activity among young people is in fact not consensual as there are issues of incest, coercion, transactional sex.

In several countries abstinence only programmes have mushroomed with funding support from agencies in the US , leaving young people without adequate preparation for making choices based on their reality.

The Legislative Context

Age of consent

The difference in the age of consent for sexual intercourse and the age of majority for medical services poses a problem for health personnel who provide reproductive health services for young people. Most countries have been discussing the need to review these laws but the status of these initiatives in the region is uncertain .

Laws regarding Marriage

Laws regarding age of marriage differ in Trinidad, Guyana and Suriname where there are large Hindu and Muslim communities. In Trinidad and Tobago, in the Hindu Marriage Act, females may marry at the age of 14 and males 18. In the Muslim Marriage and Divorce Act, females may marry at age 12 and males at the age of 16. The Children's Act 46:01 is an act relating to the protection of children and young persons and defines "child" as a person under the age of 14. Under the Sexual Offences Act, T & T 1986, while the age of consent is 16, it is an offence to have sex with a female under 14 who is not the male's wife and no unmarried female under 14 can consent. This is all very confusing.

What are the health implications for the 12 year old married Muslim girl or the 14 year old married Hindu girl who becomes pregnant while not yet physiologically or emotionally mature?

Achievements include:

- Youth friendly spaces in several countries where information and services are freely available e.g. the Adolescent Health and Wellness Unit in the Ministry of Health, Guyana, which was established with some support by UNFPA; “D living room”, a facility that provides information and services for young people, at the Trinidad and Tobago FPA; the Youth Advocacy Movements (YAMs) in all the FPAs in the Caribbean.
- Implementation of the CARICOM HFLE curriculum throughout most of the region
- Written guidelines to enable health personnel to provide reproductive health services to sexually active young people under the age of consent in Jamaica
- Implementation of the 2003-2006 Government/NGO/ UNFPA/OPEC Fund project to decrease the incidence of HIV/AIDS among youth in especially difficult circumstances in Belize, St. Lucia, Guyana. This was an excellent example of establishing strong partnerships, strengthening of national capacities at central and local levels, involvement of youth, promotion of a rights-based approach and sustainability.

Examples of publications specifically designed with and for young people

- The CFPA has been prolific in creating materials specially designed to serve young people throughout the Caribbean and are distributed via the FPAs and Government clinics
- In 2000 UNFPA and UNICEF collaborated to undertake 5 research studies on adolescent behaviour in Jamaica. They produced 2 reports, including an adolescent friendly version describing the thoughts, feelings, aspirations of young people in their own words
- One of the outcomes of the Government of the Jamaica/UNFPA VIP Youth project which formed part of the first UNFPA post Cairo Programme of Assistance (1997-2001) to the Caribbean, was the production of an ASRH Youth Manual and a Peer Educators Training Manual
- In 2008, Family Care International/UNFPA/CARICOM collaborated to produce a manual for use in the entire region, “ You, Your Life, Your dreams”

Challenges/Gaps

- Persistent shame and secrecy in the region shrouding sex and sexuality

- Early initiation of sexual activity with its higher chances of unsafe sex practices; poor perception of risks for STIs and pregnancy; completion of education compromised; inadequate preparation for motherhood
- The need to be more open about the incidence of incest, coercion and transactional sex in the region and to develop relevant interventions
- Regarding the issue of the CARICOM HFLE :
 - are the issues of sex and sexuality adequately addressed?
 - how effective and comprehensive is the teacher training?.
 - is this an integral part of all teacher training or is it taught as an “add on” later on
 - how is the programme monitored? Has any evaluation been undertaken?

Maternal Mortality.

This is one of the most important aspects of reproductive health and rights. The UNFPA/ECLAC background document for this meeting states that “... but maternal mortality ratios have shown no significant decrease over the last 18 years (taking as reference 1990). However the profile of maternal deaths has changed, there is a higher concentration now among adolescents and as a result of life style, indirect causes such as obesity, diabetes and HIV and AIDS.

Complications due to abortion are also one of the major causes of maternal death, although not always reported as such. Indicators on the availability and use of obstetric care facilities, as opposed to the often under or mis-reported maternal health figures, reveals that the health care system is overburdened and have limited capacity. In addition, there are also cultural and gender related factors that prevent women in need of those services to seek health care. Quality of care seems to be deficient as demonstrated by the fact that the presence of skilled attendants at birth is virtually universal for most countries in the region and yet maternal mortality rates do not decline accordingly. This may be due to the equation of “skilled attendants’ with “institutional deliveries” .

This report leaves many questions unanswered, for example,

- What are the “cultural and gender related factors” that prevent women from using available services?
- Are services actually accessible for all?
- What is the quality of that service?
- How has the “brain drain” of skilled nursing and medical personnel from the region affected quality of care at institutions that provide obstetric services
- Are adequate measures in place to prevent, detect and manage high risk pregnancies and births and if so, are they utilized routinely?
- Should we be dealing with this grave issue on a country by country basis or should efforts and interventions be regional in nature and scope?

- What further collaboration, technical support, advocacy and funding are required by the governments of the region in order to effect change?
- Are data collection and analysis systems sufficient and efficient enough to produce the evidence required for meaningful intervention?

One of the strategic objectives of the “Government /EU/UNFPA Joint Reproductive Health Programme” that was implemented in Suriname and Jamaica, was safe motherhood and focussed on “the provision of, improving access to, and use of antenatal care, particularly among women with high risk pregnancies to improve maternal mortality and morbidity, including services to improve perinatal and neonatal outcomes”.

It would be useful to consider the assessment of this programme, including outcomes and lessons learned and determine if it should be replicated or used as best practice in the region.

Unsafe abortion

The extent of unsafe abortion is not known as it is difficult to extract accurate information from institutional records and also many such procedures are not carried out in any institution. Even though legislation has been changed in Barbados, Guyana and St. Lucia, for the most part abortion laws in this region can be ambiguous and do not always provide clear guidelines.

Several countries are trying to come to terms with this issue. For example, the Trinidad and Tobago FPA recently published a legal clarification of the current abortion law in order to provide guidance for health personnel. They also undertook and published an analysis of unsafe abortion in Trinidad and Tobago.

Lesson learned

The best deterrent against unsafe abortion is the availability of safe contraceptive supplies, informed communities and consistent practice of contraception. There is often much cultural resistance to changing laws and policies regarding issues such as unsafe abortion and homosexuality. Furthermore, the existence of laws and policies does not always guarantee the introduction of practices that uphold the rights of people.

However there is much that governments, civil society, NGOs and donors can do together to effect change and improve the reproductive health of citizens, such as advocacy, developing written guidelines and undertaking joint programmes.

4. HIV/ AIDS

Since my fellow panelists will be dealing with this subject I will flag only a few issues that I felt received insufficient attention in the draft report. Issues include :

- Persistent stigma and discrimination
- Insufficient work with MARPS, including MSM and CSWs. Are services adequate and user friendly for MSM and CSWs?
- Weak integration of HIV/AIDS programming into reproductive health programmes

There is very little mention of these issues in the draft document . We do know though that several countries and agencies e.g CVC, CHAA and CRN + are undertaking novel initiatives to reduce the spread of HIV . A few examples include:

Caribbean HIV and AIDS Alliance (CHAA)

- This organisation has been working to encourage and offer BCC, rapid testing, counselling and condom use to CSWs and MSM in Antigua, St. Kitts and Nevis, St. Vincent, Barbados. In partnership with COIN, CHAA is also working with Spanish speaking sex workers in St. Kitts and Antigua.
- With support from the World Bank , CHAA is at this time implementing a CARICOM/PANCAP anti stigma and discrimination HIV/AIDS project to produce toolkits targeted to FBOs, health personnel, educators, the tourism and private sectors, PLHIV, parliamentarians and policy makers. Some toolkits already exist in the region but are geared towards a general audience and are not specific to various groupings.

PANCAP

- Was established in 2001 as a response to the need to coordinate efforts to reduce the incidence of HIV/AIDS in the region. Its most recent (2008-2012) Caribbean Regional Strategic Framework (CSFR) has been published.
- The “Champions for Change” initiative, the project on Law Ethics and Human Rights and the recently established Stigma Unit within AID INC in Barbados (with DFID funding) are among PANCAP’s efforts to reduce stigma and discrimination in the region .

Suriname

- Since the early 1990s, the organization, Maxi Linder has been working with CSWs in an attempt to encourage them to live healthy and safe lives.

Trinidad and Tobago

- One month ago in Trinidad and Tobago an organisation called Coalition Advocating for the Inclusion of Sexual Orientation (CAISO) was formed with the hope of educating policy makers and advocating for policy reform. It represents members of the gay, lesbian, bisexual and transgender community.

The above examples represent some of the work that is being done in the region. It is hoped that over the next few weeks, information on initiatives from the country reports that address these issues will be included in the final report so that they can be examined for use as best practices or improved or replicated.

Challenges

We know that a UNAIDS commissioned study showed that there are still 80 out of a 132 reporting countries worldwide where homosexuality is prohibited. Overwhelmingly both CHAA's 2009 qualitative studies and PANCAP's 2007 research in 6 countries have shown homophobia to be a major factor in the persistence of HIV/AIDS stigma and discrimination, further driving the situation underground.

I wish I could say that the following initiative occurred in the Caribbean but it did not, though it is certainly an initiative we can aspire to and advocate for. I quote,

“On 2nd July 2009, the High Court of New Delhi, Delhi made history by ruling that consensual acts of adults in private should no longer be criminalized. In so doing, it took a major step forward in the fight against AIDS. This ruling concerned section 377 of the India Penal Code which punished “carnal intercourse against the order of nature” and could require imprisonment of homosexuals, lesbians and transgendered people for 10 years to life. One of the conclusive arguments put before the high court was the impact of the law in impeding efforts to counter HIV.”

Should we as a region not be finding out how this was achieved? Who were the advocates? What role did the communities themselves play?

4. Ageing

Again my fellow panelists will explore this subject the but I'd like to flag a few reproductive health issues of concern. These include the high incidence of prostate cancer in men of this region and cervical cancer and breast cancer in post menopausal women who may no longer be availing themselves of reproductive health services.

Regarding HIV/AIDS among this age group, last year, a collaborative venture between Help Age International and UNFPA and conducted by Hope Enterprises “A knowledge , Practice and Behaviour study on HIV AIDS in Jamaica” was undertaken among the 50-75 year age group. One conclusion was that “Overall, the survey indicates a deficiency in the existing mechanisms used to target that sector of the population deemed to be most at risk of contracting HIV/AIDS and an equally vulnerable group such as older persons”.

Summary of Overall Challenges, Gaps

- The need to improve and standardise data collection and analysis systems so that timely evidence based interventions can be developed
- The need to identify the reasons for the persistent high ratios regarding maternal mortality
- The need to undertake situation analysis regarding the extent of unsafe abortion
- Slow implementation following the completion of research
- Early sexual initiation coupled with low contraceptive prevalence in the 15-19 year age group
- The ongoing high percentage of teenage pregnancy; average of 20 % of live births in the region
- Increased focus on reproductive health of men required
- Need for information and services that respect and accommodate the rights of persons with special needs such as disabled persons and persons who cannot read
- The need to integrate HIV/AIDS programming into RH programmes, both because it is an integral part and also as a means of reducing stigma and discrimination
- The need for consistent and standardized reproductive health studies, including CPRs throughout the region
- The need to continue to work to demystify and destigmatise the use of emergency contraception
- Research into best practices regarding working with MARPS, including MSM and CSWs so that these can be shared and replicated
- Research required to unearth information about the emerging issue of trafficking of women in this region
- Separating the issues of CSW and trafficking of women as they are different issues
- The need for strategies to address the problem of “brain drain” of health personnel from the Caribbean

Summary of Overall Successes, Best Practices

- Strong collaboration, partnership and integration of programmes among governments/UN agency/other international agencies/NGO/UWI result in more successful and sustainable efforts as evidenced by examples given throughout this paper
- Relevance of studies being undertaken by PAHO, UNFPA and other UN agencies, PANCAP, CHAA, Help Age International and other international agencies e.g. the July 2006 report, "Sexual and Reproductive Health and Rights in the English-Speaking Caribbean: A study of Abortion, Maternal Mortality and Health Sector Reform in Barbados, Jamaica, Suriname and Trinidad and Tobago undertaken by Development Alternatives with Women for a New Era (DAWN) with support of the Ford Foundation, John D. and Catherine T. MacArthur, PAHO (Washington and Jamaica offices) and UNIFEM Caribbean
- Improved Reproductive Health Commodity Security
- New thrust on female condom programming (UNFPA)
- Increase in youth friendly spaces for young people in both government and NGO facilities
- Increasing recognition of the rights of persons with disabilities and new initiatives regarding the provision of information and services with and for them
- Increasing recognition of the human rights including reproductive rights of MARPS as evidenced by the work of organizations such as CHAA, CVC and Maxi Linder
- In the absence of changes in laws regarding issues such as age of consent, age of marriage, abortion and homosexuality, collaboration among civil society, donors, FBOs and NGOs to advocate for rights, services and education could result in the improvement of the reproductive health of communities
- Development of written guidelines to guide the work of health personnel where existing laws militate against the provision of services for groups with special needs such as adolescents
- The change in the "tone" of messages regarding HIV/AIDS.....they are now more positive and have moved away from the cross/skull bones/blood/death of the past
- Success in Prevention of Mother to Child Transmission of HIV/AIDS initiatives
- Increasing recognition that reproductive health needs do not end at menopause (the Help Age International/UNFPA study is a good beginning)

CONCLUSION

DAWN's July 2006 publication "Sexual and Reproductive Health and Rights in the English-Speaking Caribbean: A study on Abortion, Maternal Mortality and Health Sector Reform in Barbados, Jamaica, Suriname and Trinidad and Tobago" acknowledges the role of ICPD thus, "ICPD is widely acknowledged as having forged a new path with its groundbreaking Programme of Action, which underscored the links between reproductive health and women's rights and empowerment".

Yesterday at the opening ceremony, Marsela Suazo, Director of, the UNFPA LAC Regional Office". stated that "Population growth has decreased, fertility rates are largely at replacement level and life expectancy is at a high level".

It is clear that over the last 15 years, we have made great strides regarding the issue of reproductive health and rights. Couples and individuals now have the right and wherewithal to choose number of children they wish to have.

Within the past 5 years, further strides have been made with respect to prevention and treatment of HIV/AIDS, establishment of youth friendly spaces for young people, emerging recognition of the reproductive rights of people with disabilities, Reproductive Health Commodity Security, dialogue about laws and policies that militate against the provision of sexual and reproductive health information and services, increasing recognition of the need for initiatives with MARPs and strengthened government/donor/civil society/private sector partnership.

However, several gaps and challenges remain.

The linkages among sexual and reproductive health and rights, HIV/AIDS, gender issues and poverty need to be consistently reinforced. It must be recognised across the board that implementation of the ICPD POA is key to achieving the MDGs. That reproductive rights are an essential element of human rights also needs to be stressed.

Much of what we have achieved consists of planting firm and deep roots and we may at this time be seeing only some of the trees. So we must agree on what research needs to be undertaken over the next 5 years to help us gain evidence based understanding of the issues outlined in the gaps above. We must plan discrete and related initiatives that are achievable within the next five years. However our lives are not limited to the next five years, so the seeds for the years following ICPD + 20 must be planted now. Finally we must recognise and nurture what we have achieved and accelerate the momentum so that what has been gained over the last 15 years will not be lost .

Thank you.

