



Spotlight Initiative

To eliminate violence against women and girls



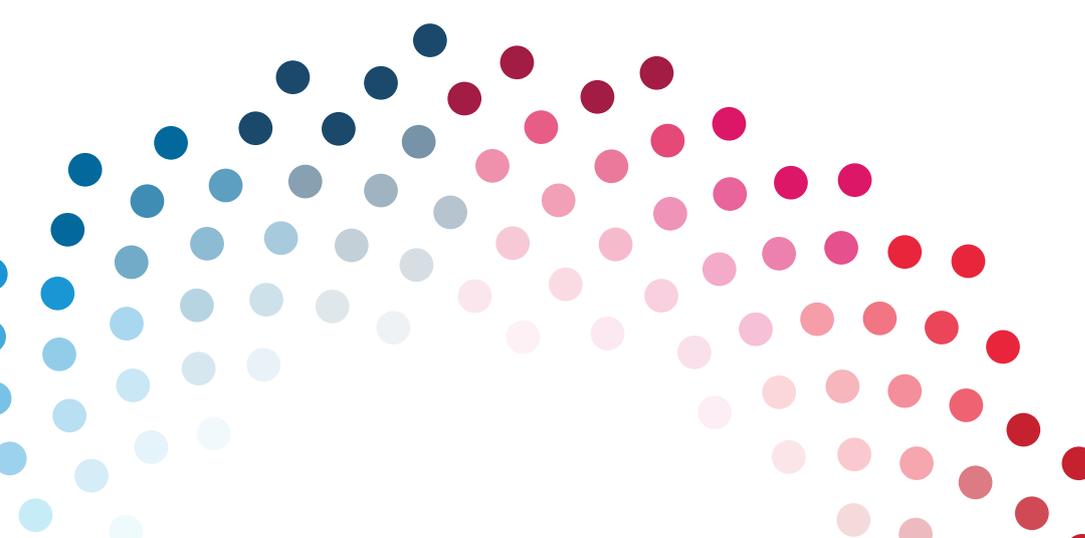
SEXUAL AND REPRODUCTIVE HEALTH LANDSCAPE IN THE CARIBBEAN: Situational monitoring

POLICY BRIEF

An initiative of the United Nations funded by the European Union



Caribbean Observatory on Sexual and Reproductive Health and Rights
Monitoring • Mobilising • Advocating



INTRODUCTION

Together communities, organized civil society, governments, and development partners can achieve national goals and meet regional and international commitments to end gender-based violence (GBV) and fulfill the sexual and reproductive health and rights (SRHR) of all. The Caribbean Observatory on SRHR is a virtual platform for information sharing and monitoring to advance evidence-informed advocacy and responsive laws, policies and practices.

This is a living document¹ that seeks to provide an evidence-base for ongoing dialogue between communities, subject matter experts, and national

governments to review and track progress. Such dialogue and mutual accountability is an effective practice for translating human rights commitments into substantive national change that promotes women's ability to exercise their human rights.² This is an open invitation to strengthen relationships of mutual trust and communication between civil society, governments and development partners to iteratively collect and share data, improving the evidence-base on SRHR and GBV in the Caribbean region and to make that data available to inform and monitor the progress towards our common goals.

SITUATIONAL ANALYSIS

Progress

The States of the Caribbean region³ have made binding international and regional commitments to realize the right to health, including sexual and reproductive health, and to end discrimination against women and children, including ending one of the most prevalent violations of human rights, gender-based violence. Overall, the region has also made impressive strides towards ensuring univer-

sal coverage of essential maternal health services, ramped up testing and treatment for people living with HIV, and reduced maternal mortality and seen a decline in births to adolescent mothers over the past decade.⁴ The majority of health services and commodities that have enabled this progress are funded by national budgets, rather than overseas development assistance or multilateral donors.

Gaps

Nevertheless, despite progress, reductions in maternal mortality have stalled in the LAC region, and the Caribbean has the second highest rates of adolescent pregnancy and HIV prevalence in the world—both remain unacceptably high for middle and upper-middle income countries. There are critical legal, policy, and service delivery gaps that are barriers which must be addressed to spur onward progress towards realizing existing international, regional and national commitments to achieve SRHR and end GBV, and which threaten the gains already made.

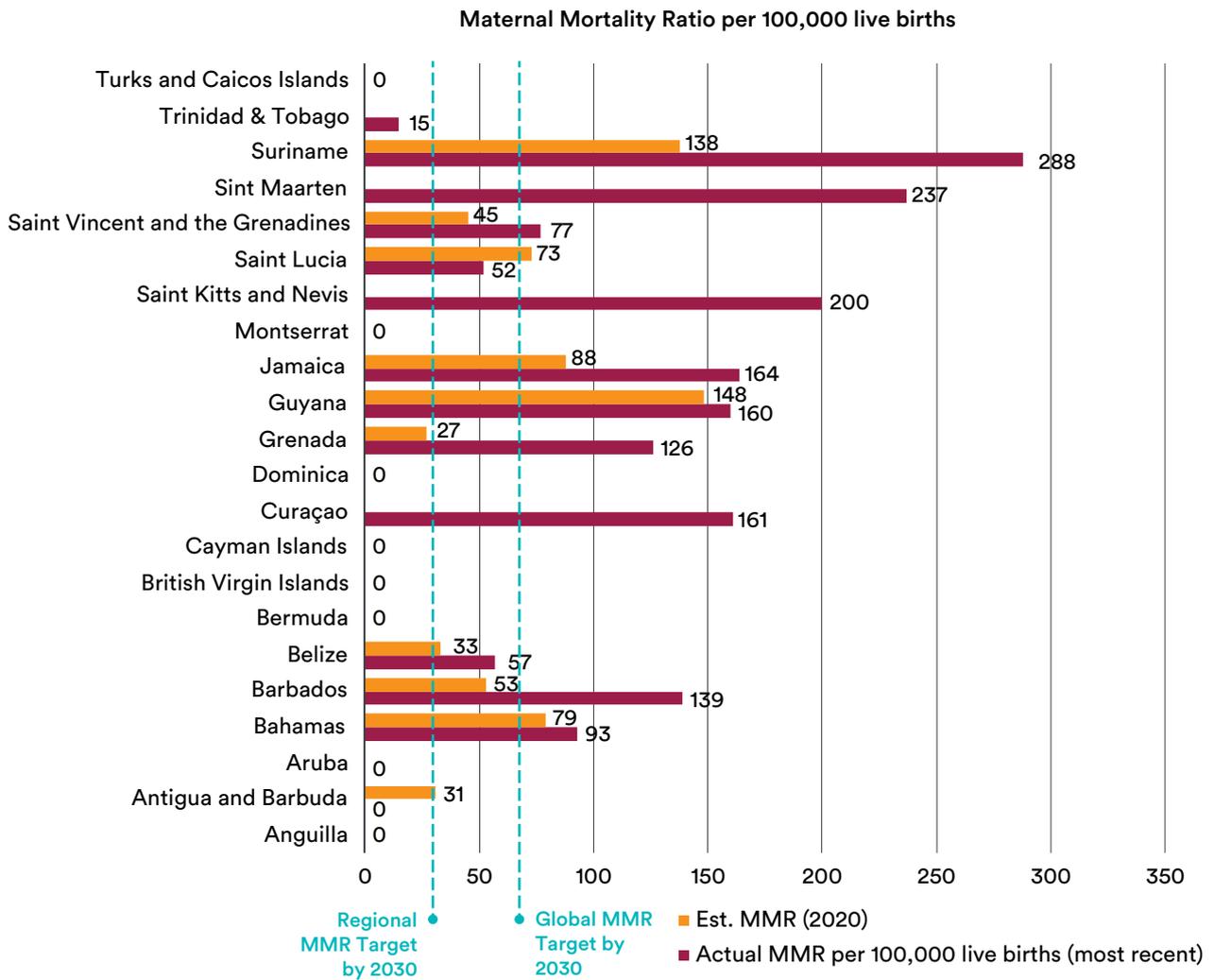
A core commitment of a human rights approach articulated in the Sustainable Development Goals is to “leave no one behind”. **Yet, we do not have the disaggregated data necessary to understand and respond to health inequities.** Aggregate reporting of regional progress obscures significant health and rights disparities based on age, socio-economic status, ethnicity, residence (urban or rural), disability and other factors. For example, girls from families in the lower wealth quintiles, with lower levels of education, and from Indigenous and Afro-descendant communities are disproportionately

affected by adolescent pregnancy. In Guyana and Suriname, the adolescent birth rate of those with the lowest educational level is 97 times those with a higher educational level.⁵ And, these vulnerable populations are the least likely to have effective access to the optimal tools for pregnancy prevention. Among contraceptive methods, long-acting reversible contraceptives (LARC) are the most effective and most cost-effective (for individuals and governments). Yet, in the region, youths aged 15 to 17, Indigenous and Afrodescendant women, and those in the lowest wealth quintiles, living in rural areas, and without formal education are the least likely to use LARC.⁶

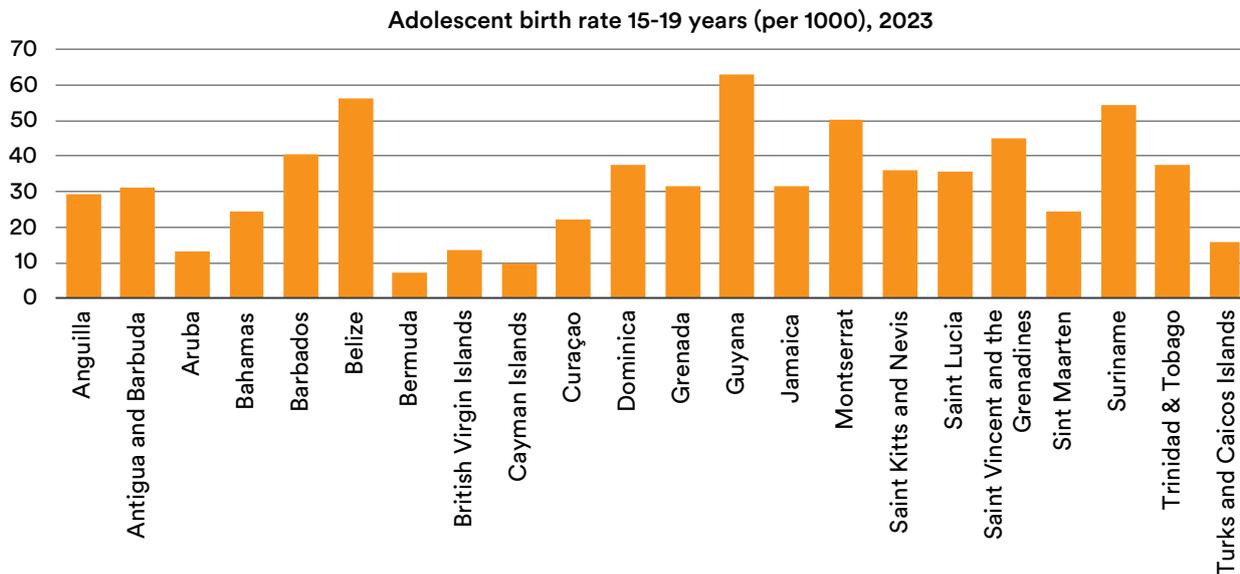
Similarly, HIV prevalence is 1.2% among the general population in the Caribbean, but it is much higher among key and vulnerable populations. For example, the limited data available (2 countries) estimates regional median HIV prevalence at 39.4% among transgender people.⁷ In 2023, PAHO noted that no substantive progress has been made on data disaggregation for key SRH indicators.⁸ And in many cases, as will be appreciated in the Situational Monitoring Report, no data is available

at all through regional or international sources.
Closing data gaps and then using the information to make smart investments in evidence-based

interventions is an urgent priority for advancing SRHR and ending GBV in the region.



Sources: Actual MMR (most recent): PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023; Est. MMR 2020: WHO, UNICEF, UNFPA, WB Group, UNDESA. 2023. *Trends in maternal mortality 2000-2020*. Geneva: WHO.



Source: PAHO. Health in the Americas. Available from <https://hia.paho.org/>. Consulted November 8, 2023.

As illustrated in Table 1, there is still progress to be made on meeting the need for contraception, preventing new HIV infections, reducing the adolescent birth rate, and for many countries, reducing the maternal mortality rate to less than 30 maternal deaths per 100,000 live births, which has been established as the target for the region. Unfortunately, this analysis identified key policy gaps to guide

Opportunities

The fact that all States have committed to realizing SRHR and ending GBV through regional and international conventions, as well as making progress on domestic legislation is a significant opportunity. Through CARICOM, the Organization of Eastern Caribbean States, and regional initiatives such as PANCAP and the Spotlight Initiative, many regionally adapted resources for fulfilling SRHR and ending GBV and other forms of discrimination have been developed. These include model anti-discrimination legislation, and common standards for integrating GBV into the health, police and justice sectors as well as common standards for collecting and using GBV administrative data. Engaging with international and regional human rights moni-

nations towards achieving these goals, including the lack of national guidance on post-abortion care in all but 1 country; uneven progress on establishing comprehensive sexuality education curricula, and a large number of countries without a current SRH National Plan or Policy and/or a GBV National Plan or Policy.

toring mechanisms, such as Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Mechanism to Follow Up on the Implementation of the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women - Belém do Pará Convention - (MESECVI) are also important opportunities for technical dialogue and spurring progress. Finally, for all areas reviewed in this situational analysis, there are countries that stand out as having made exceptional progress in alignment with international best practice. This provides ample opportunities for intra-regional collaboration and technical knowledge exchange.

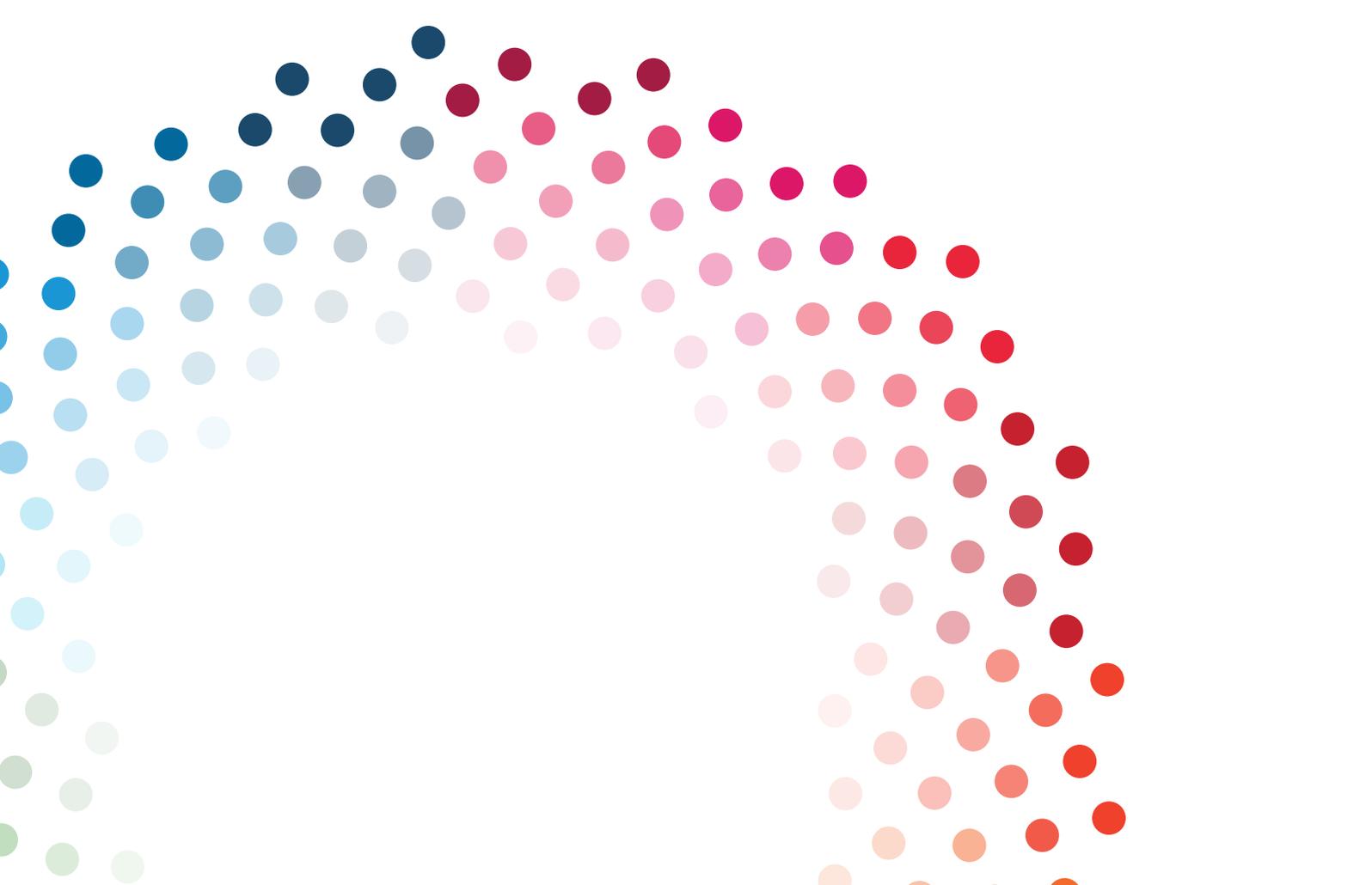


TABLE 1: SELECTED INDICATORS SRHR AND GBV IN THE CARIBBEAN

Country	FP Unmet need ^{1,9}	New HIV Infections ^{2,10}	Most recent MMR ^{3,11}	Est. MMR (2020) ¹²	Natl Guid-ance PAC ^{4,13}	Ado birth rate ^{5,14}	CSE (% topics covered) ^{5,15}	Current SRH Natl.Plan/Policy ¹⁶	Current GBV Natl.Plan/Policy ¹⁷
Anguilla	27%	6.3	0	ND	ND	29	ND	Draft	ND
Antigua and Barbuda	23%	48.0	0	21 (2020)	ND	31.2	0%	No	No
Aruba	ND	38.5	0	ND	ND	13.3	ND	ND	ND
Bahamas	21%	27.5	93 (n=7)	77	ND	24.5	ND	No	ND
Barbados	25%	33.7	139 (n=3)	39	ND	40.7	0%	Not specific	No
Belize	28%	38.7	57 (n=4)	130	ND	56.4	100%	Yes	In approval process
Bermuda	ND	4.7	0	ND	ND	7.4	ND	No	ND
BVI	ND	6.4	0	ND	ND	13.7	ND	No	ND
Cayman Islands	ND	3.0	0	ND	ND	10	ND	No	ND
Curacao	ND	50.7	161 (n=3)	ND	ND	22.3	ND	No	ND
Dominica	22%	9.6	0	ND	ND	37.6	ND	Not specific	No
Grenada	24%	21.5	126 (n=6)	21	ND	31.5	ND	No	No
Guyana	44%	35.6	160(n=17)	112	YES	63.1	100%	Yes	No
Jamaica	20%	28.3	164(n=57)	99	ND	31.6	100%	Yes	Yes
Montserrat	22%	68.3	0	ND	ND	50.2 (2022)	ND	No	ND
St. Kitts and Nevis	25%	48.3	200 (n=1)	ND	ND	36.1	ND	No	No
St. Lucia	24%	21.1	52 (n=1)	73	ND	35.8	100	Draft-not specific	No
Sint Maarten	ND	ND	237 (n=1)	ND	ND	45.2	ND	Draft	ND
St. Vincent and the Grenadines	20%	40.4	77 (n=1)	62	ND	24.3	100	No	No
Suriname	30%	96.8	288(n=30)	96	ND	54.3	0	Yes	No
Trinidad and Tobago	24%	32.2	15 (n=2)	27	ND	37.4	100%	Yes	No
Turks and Caicos	36%	24.1	0	ND	ND	15.9	ND	No	ND

1 Unmet need for family planning: the number of fecund, sexually active women aged 15-49 years who do not want a(nother) child or do not want a(nother) child within the next two years who are not using a modern method of contraception (%)

2 Number of new HIV infections per 100,000 uninfected population

3 Most recent maternal mortality ratio (MMR) (dates between 2018-2022): number of maternal deaths per 100,000 live births. 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

4 PAC is post-abortion care for induced or spontaneous abortion (miscarriage). Existence of national guidance/guidelines.

5 Number of births to 15-19 years olds per 1000 female adolescents in this age range.

6 CSE is Comprehensive Sexuality Education. Curriculum topics are evaluated based on alignment with evidence-based International Technical Guidance on Sexuality Education (UNESCO 2018).

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.¹⁸* 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. *Investments 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 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 organization.** 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.

ENDNOTES

- 1 Caribbean Observatory on SRHR, IPPF, and Spotlight Initiative, UNFPA. Situational Monitoring Report on the State of SRHR in the Caribbean, November 2023.
- 2 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.
- 3 For this policy brief, region refers to 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
- 4 PAHO. Core Indicators Database. Available from
- 5 UNFPA. Family Planning, 2023. Available at www.caribbean.unfpa.org
- 6 Gomez Ponce de Leon R, Ewerling F, Serruya SJ, Silveira MF, Sanhuesa A, Moazzam A, et al. Contraceptive use in Latin America and the Caribbean with a focus on long-acting reversible contraceptives: prevalence and inequalities in 23 countries. *Lancet Glob Health*. 2019;7(2):e227-235t
- 7 UNAIDS. (2023). UNAIDS Data 2022. Available at www.unaids.org
- 8 PAHO. 2023. Status of Access to Sexual and Reproductive Health Services. CD60/INF/4, July 25, 2023
- 9 PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023
- 10 PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023
- 11 PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023
- 12 WHO, UNICEF, UNFPA, WB Group, UNDESA. 2023. *Trends in maternal mortality 2000-2020*. Geneva: WHO
- 13 WHO. Global Abortion Policy Database. Consulted Nov. 10, 2023.
- 14 PAHO. Core Indicators Portal. Region of the Americas. Consulted Nov. 8, 2023
- 15 WHO. SDG Indicators Database, (S.3.C.9) (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 (%). Consulted Nov. 5, 2023.
- 16 UNFPA. 2022. *Reproductive Health Commodity Security Assessment for the Caribbean, 2020*. UNFPA, 2022
- 17 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)
- 18 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>

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