Building Synergies for the Implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health in Latin America and the Caribbean.

CARIBBEAN CONSULTATION

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Executive Summary

Sixty-four participants from 18 countries, including the First Ladies of Belize and Trinidad & Tobago, were convened by the regional interagency coordinating mechanism Every Woman Every Child for Latin America and the Caribbean (EWEC-LAC) in St. Philip, Barbados on June 1-2 2017 to arrive at a multi-stakeholder, multi-institutional understanding of the Global Strategy for Women’s, Children’s and Adolescents’ Health and its implications in the context of the Caribbean.

Key actors from government and civil society of Anguilla, Antigua & Barbuda, British Virgin Islands, Cayman Islands, Bahamas, Barbados, Belize, Bermuda, Dominica, Grenada, Guyana, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname, Trinidad & Tobago, and Turks & Caicos, representatives of agencies and the Caribbean Community (CARICOM) and other sub-regional associations, discussed and formulated recommendations for adaptation and implementation of the Global Strategy in the sub-region. Her Excellency Reema Carmona, First Lady of the Republic of Trinidad & Tobago, and her Excellency Kim Simplis Barrow, First Lady of Belize and Special Envoy for Women and Children of the Every Caribbean Woman, Every Caribbean Child Initiative, participated actively during the two-day meeting.

Recognizing the sub-region’s historic commitment to issues of maternal and child health, the participants examined some of the gaps and what is needed to go further. They highlighted the relevance of the Global Strategy for the Caribbean. In particular, the focus on equity and gender equality, human rights, and adolescents. Diversity is a characteristic of the sub-region that presents challenges related to social inclusion and participation, which the participants considered to be cornerstones for healthy, equitable and sustainable development in the sub-region. Addressing the wide range of social determinants of the Global Strategy, ranging from climate change to poverty reduction, education, health and enabling environments requires construction of new alliances and strengthened approaches of multi-sectoral action.

In examining the areas of action of the Global Strategy, the participants also identified ongoing initiatives and practices that may potentially provide opportunities for scaling-up, knowledge sharing, adoption, adaptation and linking to build synergies for implementation of the Global Strategy in the Caribbean. Specific recommendations in each action area were proposed to guide and inform action by national, sub-regional and regional actors, working towards the health of women, children and adolescents. The expectation was to actively contribute to the development of a roadmap for Latin America and the Caribbean. The next approaching milestone is the high-level interagency meeting in Santiago, Chile, convoked by President Michelle Bachelet, which will be held in La Moneda Palace on July 3-4 2017.
1. Introduction

“Every Woman Every Child” (EWEC) is the call to action of an unprecedented global movement to mobilize and intensify international and national action of governments, multilateral organisms, the private sector and civil society to address the challenges of health and health inequities faced by women, children and adolescents. The President of Chile, Michelle Bachelet, the Prime Minister of Ethiopia, Hailemariam Desalegn, and the Secretary General of the United Nations (UN), António Guterres, are the co-chairs of the high-level steering committee.1

In September 2015, during the United Nations Sustainable Development Summit, a new Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) was launched by the former UN Secretary General.2 The Global Strategy (GS) builds on the success of the 2010 EWEC movement and Strategy, and puts women, children and adolescents at the heart of the new UN Sustainable Development Goals (SDGs).

The GS envisions a world in which very woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies.

To realize this vision, the GS focuses on three objectives:
1) **Survive**: end preventable deaths;
2) **Thrive**: ensure health and well-being; and
3) **Transform**: expand enabling environments

The GS highlights:
1) **Equity**: It is broader and more ambitious, and is more focused on equity than the previous Strategy. It focuses on reaching the most vulnerable without leaving anyone behind.
2) **Adolescents**: for the first time adolescents are included at the center of the strategy, together with women and children.
3) **A Life course approach**: To achieve the maximum degree of health and wellbeing at all stages of life.
4) **An integrated and multi-sectoral approach**: It recognizes the multi-disciplinary factors that contribute to improving and maintaining health and wellness, including nutrition, education, social protection, safe water, clean air, sanitation, and infrastructure.

The following **nine areas of action** are proposed for implementation of the GS:
- Country leadership
- Financing for health
- Health systems resilience
- Individual potential
- Community engagement
- Multi-sectoral action
- Humanitarian and fragile settings
- Research and innovation
- Accountability for results, resources and rights

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Following the GS’s launch, an Operational Framework was developed, presented to and endorsed by the World Health Organization (WHO) Member States during the 69th World Health Assembly in May 2016.\(^3\) An indicator and monitoring framework was also developed.\(^4\)


The A Promise Renewed for the Americas (APR-LAC) initiative and the Global Strategy in Latin America and the Caribbean

In order to support the Region of the Americas in the adaptation and implementation of the GS within their context, seven agencies, including the Pan American Health Organization (PAHO), UNICEF, UNFPA, UNAIDS, the United States Agency for International Development (USAID), the World Bank Group and the Inter-American Development Bank, have been taking steps towards a coordinated and integrated approach. A key decision in this respect was the consensus to transition an existing interagency coordinating mechanism called “A Promise Renewed for the Americas” (APR-LAC), into becoming the regional arm of EWEC, EWEC-LAC. The APR-LAC movement was created in 2013 with the objective to provide countries in Latin America and the Caribbean (LAC) with technical and political support towards achieving universal health and reducing the profound inequities in reproductive, maternal, neonatal, child and adolescent health.\(^5\)

While individual agencies and Governments in the Americas have committed to and taken action for implementation of the Global Strategy, so far a comprehensive regional dialogue, interpretation and prioritization has not yet taken place.

For the first six months of 2017, the agencies agreed to jointly implement a regional process to facilitate the review and consensus building on implementation of the GS in the Americas, which included stakeholder consultations in three sub-regions: Central America, South America and the Caribbean. The stakeholder consultations were jointly facilitated by the regional partners. The participants included stakeholders from a range of sectors, comprising health, education, social protection and development, gender and human rights, and civil society.

Consultation in the Caribbean

The Consultation in Barbados was one of three sub-regional meetings that were held between May and June 2017, together with Consultations in Central America (Lima) and South America (Lima). The purpose was to obtain contextualized input and to facilitate building synergies for the adaptation and implementation of the GS, as part of a process that takes into account the specificities of the sub-regions. The Caribbean Consultation took place in St.Philip, Barbados on June 1-2 2017. The expected


\(^5\) Every Women, Every Child in Latin America and the Caribbean. [http://www.apromiserenewedamericas.org/](http://www.apromiserenewedamericas.org/)
results were to arrive at a common multi-sectoral understanding of the GS and its implications in the context of the Caribbean.

The objectives of the meeting included:
- To present the Global Strategy and discuss its implementation in the Caribbean context.
- To formulate recommendations for adaptation and implementation of the Global Strategy at the sub-regional and national level in the Caribbean.
- To present the Global Strategy Equity monitoring framework within the context of Latin America and the Caribbean and to generate inputs to improve accountability.
- To facilitate alliances between stakeholders working on women’s, children’s and adolescents’ health in the Caribbean.

Participants

Key national actors from 18 countries in the Caribbean, including the First Ladies of Belize and Trinidad and Tobago, were present in Barbados and other people connected though a Webex link. The national participants comprised Chief Executive Officers, directors, and senior advisors from Ministries of Health and Education, government planning offices, gender institutions, heads of community health and hospital services, youth leaders, universities and civil society organizations. Representatives from CARICOM, the Caribbean Family Planning Association, the Healthy Caribbean Association, ECLAC as well as, the seven agencies part of EWEC-LAC were involved.

3. Proceedings

Dr. Godfrey Xuereb, PAHO/WHO Representative of Barbados and Eastern Caribbean Coordination, opened the meeting. He pointed out the propitious political scenario for joining forces to insure the health and well-being of every woman, every child and every adolescent in the Caribbean, manifested in
the presence of the First Ladies, Reema Carmona of Trinidad and Tobago and Kim Simplis Barrow of Belize, CARICOM, Chief Executive Officers of Ministries, and other key government and civil society actors. Dr. Xuereb emphasized the Global Strategy’s inclusion of adolescents as being central for the success of the 2030 Sustainable Development Agenda globally and in the Caribbean. “A healthy adolescent translates to a secure future; an unhealthy adolescent puts everything we have achieved at risk”, he said, acknowledging that the situation of adolescents in the Caribbean is of special concern. It is largest cohort of adolescents in history, yet indicators of adolescent pregnancy, suicide, violence and obesity forewarn an adolescent population with health burdens if action is not taken.

In his welcoming remarks, Dr. Luis Andrés de Francisco Serpa of PAHO/WHO stated that the purpose of this consultation and the others conducted in other sub-regions was to bring together institutional and individual strengths that we have in Latin America and the Caribbean (LAC) to gather ideas, establish contacts and leverage networks to help move forward the work with countries and within countries for the implementation and adaptation of the GS in the region.

Her Excellency Reema Carmona, the First Lady of Trinidad and Tobago, commended the organizing agencies for convening this timely and necessary gathering of representatives from diverse institutions, who have “a shared trust to make this world a better place for all” with a view towards the effective and constructive implementation of the GS, in the context of the English and Dutch speaking Caribbean. She recalled that during the launch of the GS in September 2015, “One defining motif resonated, no one should be left behind”. Her own work as an advocate of Autism Speaks champions “genuine inclusivity of the differently-abled in national development, so that indeed, no one is left behind”.

In her remarks, her Excellency Kim Simplis Barrow, First Lady of Belize and Special Envoy for Women and Children, stated that “Each of us here are necessary for moving this agenda forward. We have different mandates, but ultimately one goal. The challenges are many”. She was optimistic that the region could really move forward with the agenda of putting our women, children, adolescents first, through the type of transformational, solutions-oriented dialogue and collective action, represented in this gathering.

Ms. Beverly Reynolds, representative of CARICOM, affirmed the timeliness of the GS for the Caribbean, particularly its vision, which resonates with the ethos of Caribbean youth and need for transformative change to address the threats of violence, sexual, drug and gun violence, among other health challenges. She emphasized that the GS aligns with several Caribbean cooperation initiatives, such as the Health framework for coordinated action 2012 – 2017, the CARICOM action plan for youth, the Strategic framework to reduce teen pregnancy and the Every woman, every child plan. The question, she framed for the meeting deliberations was: How to maximize alignment and synergies of different institutional strategies for common goals and objectives, with clearly identified roles for national and regional partners? Finally, she reminded participants, “There is a missing generation out there, find them, you better find them. They are dying, disappearing out there and if we don’t find them surely they will find us. If we don’t find them there will be no generation out there.”

Dr. Karen Broome of the Ministry of Health of Barbados, thanked the participants for sharing their expertise to move the historically deep concerns for maternal and child health towards the GS targets of survive, thrive and transform. Its broad framework for multi-sectorial action drives a coordinated approach, partnerships and the need to address the social determinants of health, to identify interventions that are practical, affordable and aligned with the culture of the sub-region.

On behalf of EWEC-LAC, Dr. Sheila Roseau, Deputy Regional Director of UNFPA welcomed the participants.
The consultation was structured in **five sessions** with presentations and spaces for discussions and deliberation in plenary and in round table working groups.

**Session 1: The GS and its guiding principles** began with a presentation by Dr. de Francisco on the GS. Dr. de Francisco described the history, rationale, objectives and other contents of the strategy. He also explained the interagency coordination mechanism and the process being developed to gather inputs to contextualize the adaptation and implementation in LAC, which includes this consultation. To achieve these goals the region faces the double challenges of 1) scaling up proven, effective, and evidence-based interventions; and 2) designing and incorporating methods that will allow us to move from survive mode, to thrive and transform mode. In addition, it is crucial that we transfer good practices and lessons learned from LAC to other regions.

The presentation by Dr. Sonia Caffe, *The Health of Women, Children and Adolescents and their determinants in the Caribbean: Survive, Thrive and Transform*, provided an overview of trends in critical areas of health and health inequalities for these groups. She asked that we keep in mind that the babies that are born now will be adolescents at the end of the SDG era. Among the differences between countries she examined are changes in life expectancy for women, reduction of poverty, maternal deaths and NCD risk factors, emphasizing the importance of looking at and learning why some countries have faster progress in certain health areas. In terms of reducing maternal deaths, the Caribbean did not reach the MDG target and in fact had the lowest decline in all regions of the world. Dr. Caffe also emphasized the need to look beyond mortality to near misses in maternal health outcomes and at women’s health in other areas such as cancer and NCDs. Alcohol and drugs, gaps in child development and teenage pregnancies are other critical issues for Caribbean children and youth.

**Linkages of the GS with Caribbean Priorities.** Her Excellency Kim Simplis Barrow, the First Lady of Belize, stated that the GS builds on the EWEC initiative. A dedicated group of spouses of CARICOM Heads of State and Government has been working diligently to translate this global initiative into a Caribbean reality. The Every Caribbean Woman, Every Caribbean Child (ECWECC) initiative is committed to reducing inequities through the implementation of GS. It provides a platform for advocacy and action to focus on the social determinants of health that negatively impact on development in the region, cognizant of the importance of multi-sectoral and intersectoral collaboration in meeting global targets. High political support is imperative. The ECWECC initiative aligns with several international human rights and development frameworks, as well as regional goals and objectives of CARICOM. These include the reduction of adolescent pregnancy, cervical cancer, elimination of mother-child transmission of HIV/AIDS, human trafficking. Additional challenges are expanding access to good-quality health services and education, reducing exposure to violence, and overcoming discrimination, particularly gender-related discrimination. FL Barrow described several initiatives of Belize’s national response to WCA health and gender inequalities, including the National Gender Policy, inclusion of the HPV vaccine, the Inspiration Center to provide services and insure rights of children with disabilities, a state of the art pediatric and neonatal intensive care unit and ongoing women’s empowerment rallies, among others. Her Excellency, Reema Carmona, First Lady of Trinidad and Tobago, expressed a sense of privilege to participate in the opportunity to discuss and share transformational solutions and to gain insight from the experts gathered here. She reiterated the commitment of the First Ladies and Spouses ECWECC network to continue to assist the work of UNFPA, PAHO, UNICEF and other stakeholders in the implementation of a Caribbean strategy for WCA health. FL Carmona spoke of her understanding as a trained economist that a healthy population translates into developmental progress. Some of the insights gained from Trinidad and Tobago include responses to issues of hospice care, drug approval,
NCDs, child marriage, childhood obesity and social media as they impact on the ability in the Caribbean to enhance development plans, outreach and quality of life.

Session 2 and 3: The GS: Action Areas from a Caribbean Perspective. Dr. Julia Terborg, of the Latin American and Caribbean Women’s Health Network, LACWHN, and President of the Board of Foundation Lobi Suriname, which provides family planning services among others, presented Community Engagement. She examined the specific actions of the GS and the contributions of LACWHN at the regional level and of Foundation Lobi in Suriname. Additionally, she presented some challenges and proposals on the way forward. Among the contributions are capacity strengthening of youth leaders and youth oriented organizations specialized in sexual and reproductive rights, monitoring used to keep governments accountable but also to mobilize political will, information sharing, awareness raising, and education. Key ideas to move forward included: using a human-rights approach in all health policies and programs, integrating of principles of nonviolence, gender equality, etc.; strengthening Civil Society Organization (CSO) capacity and involvement in ensuring the working of solid and structural accountability mechanisms at the various levels of decision making; ensuring structural agreements of formal involvement of CSO in decision making processes; and enabling the consistent and continuous implementation of informed policies. Youth leadership in health and strong alliances with CSO were highlighted as critical for expanding participation and community engagement.

Dr. Luiz Fonseca of FIOCRUZ, Brazil presented the theme Multisector Action for WCA health, based on the conclusions of a regional expert meeting implemented by EWEC-LAC earlier in the year. During this meeting, experts from seven countries, civil society and a UN regional office examined multi-sectorial approaches in national programs, including: a school feeding national program and family health program (Brazil); Chile grows with you, a comprehensive system of child protection (Chile); Childhood Care Foundation, an intersectoral network for public policies (Colombia); Health and Nutrition Centers (Costa Rica); Cuba’s integration of health and education to achieve SDG 3 (Healthy lives for all at all ages); a preventive program for adolescent pregnancy, integrating health, education and social protection (Jamaica) and Mexico’s Prospera social inclusion program. Bottlenecks related to areas of governance, financing and allocation of resources, joint monitoring and accountability, and prospective evaluation of impact were analyzed with specific recommendations for each. The general recommendations include: 1) Multisectoriality should become a central aim of new policies, including health and its social determinants; 2) Multisectoral action is built politically, technically and operationally; 3) Multisectoral efficiency in governance, monitoring and accountability is inclusive; 4) Leadership of multisectoral strategies does not fall within a single sector, rather decision-making is carried out jointly; and 5) It is important for objectives and expected results to be reflected positively across sectors, aligning priorities.6

The area of Individual Potential was examined by Ms. Alain Olliverre, Founder-Director of I am a Girl Barbados, who began by posing key questions: How does society and country leaders unlock the full potential of children, adolescents and women? How to ensure that unnecessary barriers are not hindering progress for communities and the political and economic landscape of society, both in the present and for the future, within the region? The key action pillars to unlock individual potential are identified in the GS, such as investment in child and adolescent development, supporting WCA as agents for changes, removing barriers to realizing individual potential, and protection from violence and discrimination. I am a Girl Barbados is a concrete example of action to overcome legal deficiencies.

education barriers and health risks for girls. Within I am a Girl programs there is a lot of focus on capacity building. For example, sometimes girls only recognize that they have been abused once they have been taught what is not normal and are able to recognize their own rights. This is something that governments and/or UN agencies can partner with civil society to work on, together with the private sector.

In the discussion, several participants commented on the importance of adolescents and difficulties in laws regarding adolescent access to health services. Careful attention must be made to these recommendations going forward. For example, Jamaica has a policy that adolescent mothers can return to school. Without this opportunity they will not be able to progress. However, in other places the environment is not enabling for young mothers to return to school.

Ms. Claudia Pescetto of PAHO/WHO presented the areas Health System Resilience and Financing for Health. She pointed out that resilience is an attribute of a well-performing health system moving towards universal health. The four strategic lines of action defined within the PAHO Strategy for Universal Access to Health and Universal Health Coverage provide the overarching framework for building resilience in health systems. Some of the health systems challenges in the region relate to: the model of care; segmentation in financing (people insured, not insured, out of pocket spending) and fragmentation; inefficiencies, poor quality of care; lack or limited financial protection; low fiscal priority for health; disease outbreaks: frequent and recurring; and natural disasters and climate change, among others. Universal health implies that all people and communities have access, without any kind of discrimination to comprehensive, quality health services, without exposing users to financial difficulties. It requires sufficient organizational mechanisms and financing to cover the entire population. PAHOs UH strategy is a comprehensive and integrated approach that emphasizes the need to increase investments in health, in particular strengthening the first level of care, and moving decisively toward health service integration and strengthening financing systems to reduce health inequities through expanded access to comprehensive and quality care, and improvement of social determinants of health and well-being. Increasing equity and efficiency in health financing, two joint objectives, requires a functional approach to resource collection, pooling and allocation and purchasing.

The area of Humanitarian and Fragile Settings was introduced by Dr. Marion Bullock DuCasse, Consultant, Emergencies Program. The Americas is the second most affected region by disasters, after Asia. The most common events were related to water and climate, and in this period caused 5.6% of deaths but more than 73% of damage caused by disasters. The impact in health and well-being of disasters is important in the Caribbean. The inclusion of humanitarian and fragile settings in the GS is one of the main areas that sets it apart from its predecessor, Every Woman, Every Child. The actions proposed include supporting use of health risk assessments, human rights and gender-based programming to better protect the specific needs of women, children and adolescents in humanitarian settings, to fully integrate emergency response into health plans and provide essential health interventions; and to address gaps in the transition from humanitarian settings to sustainable development. There are a number of international and regional frameworks for disaster risk reduction and health care relevant to this action area.

Following the presentations, the participants formed six Round Tables, one for each of the six action areas discussed. The main purpose of the round tables was to have an in-depth discussion on the Action Areas proposed in the GS, their relevance for the Caribbean, and linkages with existing programs and initiatives, in order to make recommendations for implementation at the regional, sub-regional and
country levels. Report back was done in plenary (see section 3 for a summary of the input presented during plenary). The specific questions were:

1) Please indicate which of the proposed actions under this area are critical, relevant, or less relevant in the context of the Caribbean, and explain why. Please add actions not proposed by the GS which you consider critical or relevant.

2) With focus on the actions identified by the group as critical or relevant, please list any existing programs and/or initiatives ongoing in the Caribbean, which already address these actions. Please provide details on these programs and/or initiatives.

3) Please make recommendations on how these actions can be implemented on regional (Americas), sub-regional (Caribbean), and country level. Be as specific as possible.

4) Priority areas for technical and financial support for implementation of the actions identified as critical or relevant.

Day 2 began with a summary of previous day by Ms. Cathy Cuellar, PAHO/WHO.

Session 4: Continuation of the GS: Action areas from a Caribbean Perspective began with a presentation of the conclusions of the regional expert meeting Applying an equity lens to the monitoring and indicator framework of the GS, by Dr. Patricia Frenz, School of Public Health, University of Chile. During this regional meeting, the experts reviewed and validated the methods and work of the Metrics and Monitoring Group (MMWG) of EWEC-LAC and identified practical ideas to support countries in monitoring equity and universality in WCA health. The main recommendation was that reducing inequities requires faster progress for the disadvantaged, which must be captured in the monitoring and indicator framework. The main criteria for the selection of indicators and stratifiers proposed by the experts were relevance and sensitivity to measuring differences among social groups and usefulness for informing policy and program action. The third more pragmatic criterion was availability of data, which if relevant and not available should lead to investment in data collection. An exercise of applying these criteria yielded a preliminary set of potential indicators for the region, which the MMWG is refining in consultation with countries. A sub-regional workshop on equity analysis and technical assistance to develop national healthy equity profiles is planned for the Caribbean in 2018.

Accountability for resources, results and rights is a GS action area, which was reviewed by Ms. Nicole Bidegain, Officer of Social and Gender Affairs, ECLAC. Accountability stages include monitoring, reviewing and acting at country, regional and global levels. To minimize the reporting burden on countries the use of regional commitments, peer review tools and bodies. The actions within this area to support countries’ efforts to strengthen monitoring and reporting results include harmonizing monitoring and reporting and strengthening civil registration and vital statistics, as well as promotion of multi-stakeholder engagement to monitor, review and act and to provide a platform for parliamentarians, civil society, citizen’s voices to be heard. In the framework for follow-up and review of the 2030 Agenda ECLAC is coordinating the monitoring of the SDG indicators. Another tool for accountability is the Gender Equality Observatory for LAC, which aims to contribute to strengthening national machineries for the advancement of women, to make official information from the governments of the region available to the public in a single website, and to facilitate follow up to international agreements on women’s rights. The GS and the three actions of the accountability are very much in line in terms of what the region is doing regarding accountability.
**Research and Innovation** was presented by Dr. Michelle Charles, Deputy Permanent Secretary, Ministry of Education, Innovation and Gender Relations, St. Lucia. She began with key definitions. Research is the studious inquiry, examination, investigation, experimentation or collection of information about a particular subject. Why: to discover and interpret facts, to review previously accepted theories given new facts, trends, innovations and/or the practical application of new theories and laws. Research is necessary for the adaptation and implementation of the GS, it is needed to understand and overcome the barriers to health for WCA – systematic barriers, lack of qualified and skilled health professionals, physical, psychological. The role of research in the GS for WCA health is to understand and overcome the barriers to health; lead to stronger health systems; and improved quality, efficiency and effectiveness. Reviews of evidence are necessary for developing interventions and combating emerging challenges. Whereas, innovation is a new idea, product, method, process or service, the starting point of a process that translates powerful new ideas and scientific evidence into effective, widely used interventions and commodities. Innovation is needed to transform not only health service delivery but to also build institutional capacity and to reduce inequities. Some specific recommendations for the Caribbean are to consider the pivotal role academia can play; to leverage technology in order to achieve desired outcomes; to embrace innovation in education that allows for the integration of technology in instruction of learning; and to pay close attention to our school feeding programs, among others.

A second series of **Round Tables** followed around the themes of session 4. The specific questions were:

1) How could the **monitoring of health inequalities** be implemented in health information systems in the country? What additional aspects are required by the countries for the monitoring and evaluation of the strategy?

2) How can the integration of **accountability** in the implementation of the Global Strategy be improved? (i.e. data disaggregation analysis, focus on vulnerable populations, etc.)

3) What actions do you consider relevant to strengthen the **country leadership**, both for the development and for the implementation of the strategy?

4) What do you recommend to strengthen **research and innovation** in the implementation of the Global Strategy (i.e social epidemiology differences among population groups, analysis/qualitative data usage, etc.)?

For this second series, Groups 1-3 and 4-6 combined their conclusions for the report back plenary discussion.

**Session 5: Implementing the GS in the Caribbean: Collective Agenda.** Dr. de Francisco presented a summary of priority issues and perspectives from the meeting deliberations and the next steps in the process of consensus building for implementation. He then led the plenary discussion. The consultation was closed by Dr. Sheila Roseau of UNFPA.
3. Recommendations for adaptation and implementation of the GS

The multi-institutional actors confirmed that adoption and adaptation of the GS to leave no woman, child or adolescent behind was relevant for the Caribbean considering the political will to move forward, the historic commitment to women’s and children’s health, persisting equity gaps, and the particular importance for development of adolescents, the missing generation. It was emphasized that a truly relevant sustainable development agenda for the Caribbean must place special focus on adolescents.

The main health and health equity priorities raised during the consultation included sexual and reproductive health, early pregnancy, cervical cancer, HIV/AIDS, violence (including sexual violence) and injuries, alcohol and drug abuse, mental health, obesity and NCDs.

Some of the specific challenges that the sub-region faces to achieve the vision of health and well-being for ECWECC, identified in the course of the consultation, relate to: 1) inequities (including gender inequalities); 2) data, measurement, monitoring and evaluation; 3) legislation, implementation and enforcement issues; 4) access to medicine and integrated care; 5) empowerment and Social Protection; 6) development plans and investment in health; 7) unlocking potential; 8) models of care and communities; 9) intersectorality and partnership mechanisms; and 10) accountability.

A set of elements and recommendations on implementation of the GS, contextualized in LAC, emerged during the round table and plenary discussions.

**General recommendations to move forward in the sub-region**

One cross-cutting issue is to continue and to deepen intersectoral commitment to gender, ethnic equality and human rights, diversity, inclusion and participation in countries.

Another idea is to strengthen sub-regional collaboration mechanisms through CARICOM. For this purpose, lessons could be learned from the Central American integration system, COMISCA.

Improvement of interagency alignment, by linking and building synergies with existing initiatives, was seen to be critical for moving forward effectively through scale-up and development of new programs.

It was acknowledged that much of the work with marginalized groups and communities in the Caribbean involves civil society partnerships. Hence, the importance of establishing connections with the different Caribbean coalitions. It was viewed as critical to support the development of a regional civil society engagement strategy for WCA health. One of questions asked was: what are civil society representatives taking away from the meeting looking forward?

**Specific recommendations by Action Area**

**Action Area 1: Community engagement**

The action “Promote laws, policies and social norms” that advance women’s, children’s and adolescents’ health” was deemed critical. While the Caribbean has made some advances, its advances are stymied by outdated policies and legislation which fail to address current realities. Without addressing laws, policies and social norms it will not be possible to truly advance further. In some contexts, there is a need to
address monitoring and enforcement of existing policies and legislation, in instances where they exist, as well as the need to adequately sensitize the public on such policies and legislations.

In relation to the action “Strengthen inclusive community action that recognizes the roles of different groups”; gaps exist in engaging communities which results in communities not having a sense of ownership. Strengthening community engagement and ensuring community ownership is important in the Caribbean context. Too often there is failure to adequately engage the community in understanding what needs exist within the community, in targeting the right beneficiaries within the community, and in engaging the appropriate partners within the community, inclusive of recognizing the role and rights of community leaders. The use of a bottom up empowerment approach is important to ensure the success of health interventions.

“Ensure women and girls can fully participate, and engage men and boys in health programs” was also considered important. The enhanced sensitization of men and boys on sexual and reproductive health and rights issues will enable men and boys to better understand the important role they play in addressing the health and well-being of themselves as well as women and girls. Men and boys must be actively involved, allowing for personal and group empowerment.

Additional action deemed critical in the Caribbean context: Multi-stakeholder mechanisms to ensure accountability of all health actors, including policy and decision makers and civil society organizations in developing, monitoring and implementing health strategies. It was recognized that interventions, which engages all relevant stakeholders, often lag behind due to bottlenecks in governance, financing, joint monitoring and accountability and evaluation. Sometimes good policies and programs are created but little or poor implementation takes place resulting in little tangible results. For this reason, multi-stakeholder accountability mechanisms operating at community, national, regional and sub-regional levels were deemed critical.

The existing programs and/or initiatives identified were:

1) To promote laws, policies and social norms
   - Current efforts to address policies and legislation which has seen the development of a Draft OECS Model Reproductive Health Care Protection & Services Bill as well as efforts to have the Draft OECS Model Bill adopted by national governments. This includes reference to the Gillick Competency Test for guiding delivery of services to adolescents.
   - Efforts to develop National Sexual and Reproductive Health Policies in all countries. Currently, approved policies exist in Grenada and Suriname and draft policies exist in Anguilla and St. Lucia. Efforts are being made to have policies developed in St. Kitts & Nevis and the BVI.
   - Public sensitizations to address gender norms, gender roles, sexual and reproductive health and rights issues, anti-discrimination, and human rights issues.
   - Delivery of comprehensive sexuality education to in-school and out-of-school youth.

2) To strengthen inclusive community action
   - CSOs are active partners in advocating for, championing, delivering services, and monitoring implementation, including providing shadow reports on sexual and reproductive health and rights issues.
   - The work of CSOs in supporting the implementation of all actions with respect to HIV/AIDS can be viewed as a model. So too can the work of family planning associations in supporting health interventions at community levels.
3) Ensure that women and girls fully participate and engage men and boys
   - Reintegration of adolescent girls into schools in Suriname and Jamaica.
   - Male Gender Transformative Programming which is intended to be youth led and youth conducted. This should involve peer outreaches and will see youth assessing male behaviors and responding with appropriate interventions. This is being reviewed in Antigua, Jamaica, and Trinidad & Tobago.

4) Strengthening accountability
   - Efforts are being advanced to have multi-stakeholder mechanisms established at national levels to address the development of national development plans that are reflective of the various treaties, frameworks and conventions, such as the SDGs, which Caribbean governments have signed on to. Such mechanisms will address the development as well as the implementation and monitoring of such national development plans. Belize and Jamaica are examples.
   - Introduction of multi-disciplinary community teams working together to address/assess health needs at community levels. For example, in St. Vincent.

   - Involvement of Media at local, regional and sub-regional levels in capacity building initiatives, as well as information sharing and communication initiatives.
   - Involvement of males in Maternal and Child Health: Reorientation of Services to accommodate the involvement of men
   - Empowering (which is understood as not only capacity strengthening but also providing the formal authority to take or influence decisions) communities to design, develop, and implement programs; allowing for communities to take ownership.
   - Strengthening advocacy to enhance political will at national, regional and sub-regional levels
   - Engaging and empowering young people.
   - Supporting development of a regional civil society engagement strategy for the GS in the Americas.

Priority areas for technical and financial support for implementation of the actions identified as critical or relevant:

   - Support for institutional strengthening of civil society organizations so as to enhance implementation of activities. This can be done by having formal agreements executed between CSOs and governments; allowing for CSOs to benefit from financial support for services provided as well as the strengthening of referral mechanisms and protocols of cooperation.
   - Direct support for communities in developing and implementing their own programs related to healthy lifestyle, health education and empowerment
   - Technical and financial assistance for the bottom-up development, implementation, enforcement and monitoring of legislations and policies
   - Technical and financial assistance for creating multi-stakeholder mechanisms geared at addressing strategies for enhanced accountability.

An additional comment by the round table was:

“Empowerment (which is understood as not only capacity strengthening but also providing the formal authority to take or influence decisions) is a cross-cutting approach that should be applied in any and all community-focused actions, policies and programmes.”
**Action Area 2: Health system resilience**

The round table reviewed the GS area of action of health system resilience. The three specific actions for these areas were considered critical and relevant for the sub-region: 1) Equip the health workforce everywhere to provide good quality, non-discriminatory care, and 2) Prepare all parts of the health system to cope with emergencies Ensure UC of essential health interventions and life-saving commodities.

The **existing programs and/or initiatives** identified were:

1) Equip the health workforce everywhere:
   - Training of human resources, for examples, health care professionals,
   - Development of standard operation procedures (SOP) for health professionals in relation to cases of physical and sexual abuse,
   - European Union funded training programs for nurses in St. Lucia,
   - Provision of health services to migrant communities in Turks and Caicos, e.g. Haitians, presents a language barrier. Interpreters are used to translate the language,
   - The Border initiative in Belize – Pregnant women from Guatemala go over to Belize to deliver their babies because it is easier for them to do so.

However, the group acknowledged an important gap. They could not identify programs to meet the needs for gender and cultural diversities, and WCA with disabilities, and language barriers, etc.

2) Prepare the health system to cope with emergencies:
   - Electronic medical records,
   - Establishment of memorandums of understanding (MOUs) between public and private health facilities to share resources and supplies,
   - Development of disaster plans, and
   - Simulation exercises and drills.

3) Ensure UC of essential health interventions and life-saving commodities:
   - System of preparing at risk groups ahead of impending disasters,
   - Contraceptives provided at a minimum cost but not withheld if clients cannot afford.

Recommendations on **how these actions can be implemented** at regional (Americas), sub-regional (Caribbean), and country levels:

- Social safety net programs to assist the most vulnerable
- Mandatory reporting and prosecution
- Clearly identified programs for vulnerable groups
- Garner political support
- Non-judgmental attitude towards adolescents seeking health care services and commodities.

Priority areas for **technical and financial support for implementation** of the actions identified as critical or relevant were:

- Development of SOPs and guidelines;
- Training to identify at risk adolescents/women.

**Action Area 3: Multisectoral Action**

All of the actions of the area were considered to be critical and relevant for the Caribbean:
1) Adopt a multisector approach to improving the health and well-being of women, children, and adolescents
2) Build governance and capacity to facilitate multisector action and cross-sector collaboration
3) Monitor the impact of multisector action and cross-sector collaboration on health and sustainable development

The reasoning was that a multi determinant issue requires a multisectoral approach. Thus, a human development approach requires a multisectoral approach. It provides for effective coordination. In the absence of national development plan, a multisectoral approach can be useful, in that it ensures effective use of resources and provides for a holistic approach. However, frequent changes of government challenge continuity.

The existing programs and/or initiatives identified in the Caribbean were:
- Jamaica: Integrated Strategic Framework approach for Adolescent Pregnancy,
- ECWECC initiative: CARICOM ISF for the prevention of Adolescent Pregnancy,
- Belize: Early Childhood Development Strategy Social Safety net system Incentives for boys to stay in school,
- Anguilla: PAVE (Violence prevention) NCD Commission ISF for the Prevention of Adolescent Pregnancy
- BVI: NCD program Bahamas: Health in all policies, and
- Antigua and Barbuda: Crisis center – multisectoral approach working with health, social and justice system.

Recommendations on how these actions can be implemented at regional (Americas), sub-regional (Caribbean), and country levels:
- Situational analysis of multisectoral approaches in the region,
- Integration of programs from international financial institutions (IFIs),
- Establish a clear governance structure,
- Identify champions from different Ministries to provide leadership,
- Encouragement of private sector and CSOs including faith-based organizations (FBOs),
- Financing NCDs initiatives,
- To include academic institutions and think tanks, and
- Accountability framework with key performance indicators.

Priority areas for technical and financial support for implementation of the actions identified as critical or relevant were:
- Technical:
  - Capacity development in project design and management
  - Monitoring and evaluation – indicators and surveys
  - Support in developing a Communications strategy
- Financial
  - Support for various projects and programs including coordinating mechanism and sustainability
  - Involve and strengthen Public Private Partnerships.

An additional comment by the round table was:
- To strengthen and build on existing infrastructure for multisectoral action.
**Action Area 4: Humanitarian and Fragile Settings**

The four actions of this area were considered critical and/or relevant for Caribbean countries. In terms of “Support the use of health risk assessments, human rights and gender-based programming to better protect the specific needs of women, children and adolescents in humanitarian settings”, it was noted that all Caribbean countries have some form of disaster. Regarding risk assessment, the importance of having plans in place and funding available to guide proper planning and resource allocation and rapid response was highlighted. The round table also highlighted the identification of vulnerable groups and the need to provide Mental Health services and other support for the groups across the life course (NCD patients, etc.) of victims of disasters.

The group commented that the action to “Fully integrate emergency response into health plans and provide essential health interventions” provides the basis to have a minimal initial health package in place for persons affected (that should be country specific).

The action to “Address gaps in the transition from humanitarian settings to sustainable development” was considered relevant (not critical). This aids in preventing persons being marginalized after the crisis period is over.

Finally, the action to “Integrate Disaster Risk reduction and climate change adaptation and action” was viewed to be critical. The comment was that most countries are fragile due to climate change and in some cases the damages can be more than the country’s GDP (e.g. Dominica).

The **existing programs and/or initiatives** identified in the Caribbean were:

- **PAHO Plan** of Action for Disaster Risk Reduction 2016-2021: Understanding the risks is an essential component of this plan that should be adopted by all Ministries of Health.
- The Caribbean Disaster Emergency Management Agency, **CDEMA**, which works with National Disaster Committees, consists of multi sectorial partners in each country. Health is an integral partner of these committees, which provides an opportunity for this strategy to be implemented.
- International Health Regulations (IHR) National Focal Point led by the Ministries of Health also constitute multi sectorial group and complements CDEMA/ National Plans,
- Caribbean Cooperation in Health (CIH) Strategy which is the regional health framework that looks at disaster management and the vulnerable populations,
- Current country programs that have risk assessments as part of routine activities for program planning (e.g. immunization, MCH).

Recommendations on **how these actions can be implemented** at regional (Americas), sub-regional (Caribbean), and country levels:

- All critical areas identified can be incorporated in CDEMA as strategies for operationalization at the country level through their work plans-
- The University of the West Indies (UWI) through its main campuses and open campus in the various countries can include disaster risk reduction in their courses and develop training modules. Similar actions can be incorporated by the national universities.
- The national disaster plans should incorporate private sector to financially support the plan.
- National plan should include the involvement of CSOs to address some of the critical areas in the plan. E.g. psychological first aid, working with children and other vulnerable groups.
The Caribbean Public Health Agency (CARPHA) as a public health agency can support the capacity building of MOH and other relevant sectors; strengthening lab surveillance and early warning systems.

Priority areas for technical and financial support for implementation of the actions identified as critical or relevant were:

- Development of plans with appropriate budget allocations,
- Capacity building/training for priority areas,
- Monitoring and evaluation of plans and the national disaster response,
- Strengthening of surveillance system for timely and accurate reporting for decision making,
- Implement standardize HIS framework and program to support the disaster response and recovery program,
- Forge linkages with the private/public sector to financially support the national plan and with civil society as well, and
- Coordination of allocation of resources to prevent duplication of efforts.

Additional comments and recommendations related to the area of action:

- Ministries of Health need to establish:
  - programs to maintain identified areas of shelters
  - Ensure continuity of care for all programs post disaster including displaced persons, sexual and reproductive health, NCDs
- Establish Risk Communication strategies
- Need to emphasize political will support to national plans
- Incorporation of National Disaster plans in the Legal framework

**Action Area 5: Individual potential**

The action to “Invest in child and adolescent health and development” was considered critical because of demographic changes. These groups will determine the future since by 2030 they will be the adults and adolescents. The data indicates significant health issues that impact on wellbeing and development: infant mortality, early child development (ECD) service availability, HIV, nutritional issues: under and over nutrition, low rates of exclusive breastfeeding, adolescent pregnancy.

The action to “Support women, children, and adolescents as agents for change” was deemed relevant because there is an empowerment gap. Over time there needs to be a shift in the thinking/perception around adolescents and children. Their rights need to be recognized as equal to those of adults. Men and boys need to be part of the equation as champions for change under the concept of shared responsibility.

Finally, the action to “Remove barriers to realizing individual potential and protect from violence and discrimination” was supposed to be a critical action because it entails removal of fear and intimidation to expose injustices and abuse. Among other activities it requires a review of legislation and policies that gives voice to different orientations/beliefs.

The existing programs and/or initiatives identified in the Caribbean were:

- Family Planning Centers (affordable health care)
- Women’s Shelters
- Single Mothers Support Programs (SMILES, St. Lucia; Women across Differences, Guyana)
– Teenager Mothers Programs (Suriname, Belize, Guyana)  
– Adolescent centers (Come together, Suriname)  
– School health clubs in Guyana  
– Suriname’s Adolescent Health Plan  
– Citizens Action Program, Trinidad and Conscious Youth Development Program in Belize (gang intervention)  
– Home for HIV positive children in Trinidad,  
– Skills-based Health and Family Life Education (HFLE) in schools  
– Hotlines: suicide prevention, GBV and child abuse  
– Coalition for the Rights of the Child in Trinidad  
– Family Courts  
– Pre-natal care for Women with HIV –Elimination of transmission from mother to child (EMTCT)  
– Roving Caregivers Program  
– Care for Child Development in Belize  
– Gender Advocates in Belize

Recommendations on how these actions can be implemented at regional (Americas), sub-regional (Caribbean), and country levels:
– Engaging parliamentarians  
– Review legislation, Capacity Building in related areas for a concerted multisectoral approach  
– Community Policing as a method of improving relationship with communities  
– Strengthening and building synergies with civil society  
– Public Private Partnerships (PPP)  
– Empowering Woman: re-integrating skills, etc.  
– South-South technical cooperation: exchanges of information, learning from best practices, country study tours  
– Placing issues Should be a high priority item on the CARICOM, Heads of Government, Ministers agenda  
– Build synergies at the various levels

Priority areas for technical and financial support for implementation of the actions identified as critical or relevant were:
– Funding and technical support to address commercial sex exploitation of children issues esp. among the indigenous people of Guyana.  
– Funding and technical support for an Integrated approach to teenage pregnancy reduction  
– Legislative and policy review  
– Advocacy for the implementation of comprehensive sexuality education Integrated information databases for the region  
– Monitoring and evaluation of the health framework  
– Evidence based research.

Additional comments and recommendations:  
Special focus should be given to adolescents and infants born HIV Positive.

Action Area 6: Financing for Health

The actions of this area were considered critical for implementation of the GS in the Caribbean. The action to “Mobilize sufficient and sustainable resources” implies thinking about resources in broadest context i.e. Beyond financial. Advocating for a broader fiscal space for Health.
In addition, “Mobilize sufficient and sustainable financial resources to increase financial protection for WCA living in poverty” was also critical and it addresses equity issues. Providers are often prone to engage in wealth seeking activities which prove to be costly for the health system. Integrating other sources of sustainable financial resources will reduce the need for out-of-pocket payments, thus providing financial protection.

The action to “Ensure value for money (Efficiency in use of resources)” was also supposed critical because resources are limited and countries are already highly indebted.

Finally, to “Adopt integrated and innovative approaches to financing” was also deemed critical because the sub-region is resource constraint.

1) Mobilize sufficient and sustainable resources:
   - “Sin” tax, financial transaction taxes, etc.
   - Human Resources for Health Initiative
2) Mobilize sufficient and sustainable financial resources to increase financial protection for WCA in poverty.
   - Jamaica Drug for Elderly Program (JADEP)
   - Chronic Disease Assistance Program (CDAP) in Trinidad
   - Conditional Cash Transfer Programs (CCTP) in Latin America
   - Fast Track
3) Ensure value for money
   - The OECS’s Pool procurement of drugs program
   - PAHO’s Strategic Fund for medicine & PAHO Revolving Fund for vaccines
   - South/South initiative involving the purchase of antiretroviral drugs
4) Adopt integrated and innovative approaches to financing
   - Public-Private Partnership using the Social Enterprise Model involves selling reproductive health services to private sectors at a premium and using profit to subsidize others.
   - Agreement with donors/agencies/partners to have required resources built into annual work plan.
   - Involvement of other key sectors that can operationalize the integrated and multi-sectorial approaches on a more sustainable basis (Ministry of Planning, Ministry of Social Development, etc.)

Recommendations on how these actions can be implemented at regional (Americas), sub-regional (Caribbean), and country levels:
1) Mobilize sufficient and sustainable resources:
   - Illustrating the Cost of inaction through necessary studies
   - Technical support for the conduct of studies to aid in the advocacy effort (eg in HRH & Making the investment case)
2) Mobilize sufficient and sustainable financial resources to increase financial protection for WCA in poverty.
   - Programs to be adapted to Caribbean context
   - Technical and Financial support required for implementation
3) Ensure value for money:
   - Comprehensive information system to track use, expenditure etc.
– Pooled procurement
– More extensive use of generic drugs
– Build actions/programs in country program agreement with IDPs
– Partnerships with Pharmaceutical companies
– Public – Private partnerships (incentives)
– Improving the efficiency of the approvals process for the Health technologies (pharmaceutical)

4) Adopt integrated and innovative approaches to financing
– Programs to be adapted to Caribbean context

Priority areas for **technical and financial support for implementation** of the actions identified as critical or relevant were:
– Technical support for the conduct of studies to aid in the advocacy effort (eg in HRH & Making the investment case)
– Advocacy strategies for efficiency actions.

Additional comments and recommendations:
– Ensure vulnerable groups are captured e.g. those with disabilities

**Action Area 7: Monitoring of health inequalities**

The round table recommendations focused on how monitoring of health inequalities could be implemented in health information systems in the country and the additional aspects required for the monitoring and evaluation of the GS.
– Critical issues – Lack of capacity which is a function of the human resource availability (under-resourced). There is also the issue where they get the training but the infrastructure is not in place for them to execute the training
– To build/strengthen a culture of inequality and inequity monitoring and a commitment from countries to collect the data.
– Need for standardized indicators across territories in the Caribbean. For example, utilize the health Information Framework (which was developed last year for the Caribbean) e.g Perinatal Information System to collect information which will allow for national and regional analysis.
– Countries need to conduct assessments of existing indicators currently being collected
– Formalized coordination mechanisms between local and national levels with wider partners.
– A need for a feasible monitoring approach for monitoring the approach. Given some of the current methods outlined, this may not be feasible for some territories.
– Improvements in health information system through participatory monitoring and evaluation as well as improvements in the collection and analysis of disaggregated data (by gender, by ethnicity, by geography, etc.). This must entail the engagement of multi-stakeholders in the monitoring and evaluation processes, including civil society and vulnerable groups, including indigenous
– To strengthen the engagement of communities, inclusive of indigenous communities, in monitoring and evaluation initiatives.
– To enable the engagement of communities by having indicators translated to the local realities of communities; operationalizing the indicators.
– Data collection efforts must be reflective of both qualitative as well as quantitative data. Particular emphasis should be placed on capturing maternal deaths and near misses. Investments should also be made in improving surveillance as well as strengthening capacity in community led research.
Lack of coordination across sectors (info collected and shared across sectors) Recognizing the shortcomings take advantage of existing studies that will allow for the gathering of this information on a regular basis.

Greater involvement of academia and other research entities to support the work of the national agencies.

Surveys were considered to be a good data source for health inequality and WCA equity monitoring. Specific recommendations were:

- Use existing surveys but the risk of responder fatigue is a real issue in a small island context.
- Use existing surveys and piggy-back on them but adding questions for more efficient use of resources, taking advantage of all the economies of scale to be derived and by way of externalities provide an opportunity for building partnerships.
- Consensus and consistency in the definition and classification at the design phase that will contribute to the collection and disaggregation by gender ethnicity, age, socio-economic status, geographical area/rural/urban.

Some existing programs and/or initiatives in the Caribbean were mentioned:

- The survey of living conditions out of Jamaica is done annually but in addition to the standard poverty indicators they will select one particular issue to drill down further for more information.
- CICAD does a biannual survey both in and out of schools as it relates to drugs from time to time they will add other issues....
- The CARICOM Youth Development Action Plan covers a number of the areas we are looking.
- Work was done with UNICEF to develop an M&E system.

Priority areas for technical and financial support for implementation of the actions identified as critical or relevant were:

- Technical support and capacity building from UN agencies to facilitate the monitoring and evaluation strategy
- Support from academic institutions
- Funding in a phased approach
- Technical support will be necessary to identify key indicators to identify key indicators to monitor health inequalities at the national level and to analyze and produce reports in a timely manner (possibly every two years)

Action Area 8: Accountability

The recommendations of the round tables addressed how the integration of accountability in the implementation of the GS could be improved:

- Need for effective accountability mechanisms across all sectors and actors (inclusive of donor organizations)
- Strengthening of the enforcement of accountability. It has been noted that for some of the Agreements which our Governments have signed on to mandatory reporting is not required. Reporting should be mandatory.
- Data collection should capture vulnerable communities such as the elderly, adolescents/youth, indigenous peoples, ex delinquents, migrants, etc.
- The active engagement of all stakeholders in the monitoring and evaluative processes.
Monitoring and evaluation needs to be a component of all interventions.
One of the ways for the integration of accountability to be improved is to exploit fuller, issues of horizontal and vertical accountability and the use of a central coordinating mechanism (emphasis on multi-sectoral) (drawing on the approaches that came out of ECLAC’s 2030 Agenda Coordinating mechanism)
Importance of setting milestones and regular and reasonable reporting schedules to ensure continuous monitoring.
Effective feedback is important.

Action Area 9: Country leadership

The question addressed by the round tables was: What actions do you consider relevant to strengthen the country leadership, both for the development and for the implementation of the strategy?

- Public sensitizations and empowerment of communities, inclusive of civil society organizations, to hold their political leaders accountable.
- Strengthened advocacy can mobilize the political will needed. Investments in creating awareness and strengthening the capacity of members of parliament and politicians to address issues addressed in the strategy; inclusive of their adequate involvement in policy development.
- Emphasis has to be placed on the Monitoring and Evaluation as a component of strengthening the strategy Identify potential champions in government, ensure that they see the issue as a national priority and remains on the public agenda.
- Ensuring the engagement of youth and potential youth leaders.
- Actively involve the media in the monitoring of politicians and the advocacy for specific issues. Strengthen capacity on development of tools for stronger advocacy. For example, policy briefs).
- Early engagement and sensitization of political leadership to include parliamentarians, opposition, civil society. The strategy we propose is developing them as advocates (small core group who will take responsibility for advocating on the importance of this strategy to their peers in each group) for example First Ladies who will be leading the discussion with their groups, and this translates across various groups.
- The intention is that this strategy would then lead to high level policy commitment and also more efficient implementation of the global strategy.
- Systematic use of Youth Ambassadors as champions will be critical to this strategy.

Action Area 10: Research and innovation

The round tables discussed the question: What do you recommend to strengthen research and innovation in the implementation of the Global Strategy (i.e social epidemiology differences among population groups, analysis/qualitative data usage, etc.)?

- Strengthening of local data collection, analysis, and reporting systems to allow for informed decision making by planners, policy and decision makers. There is need for additional human resources, capacity building of available human resources, as well as implementation of additional data collection systems. Establish and strengthen research and development departments within Governments.
- Application of innovation in research methodologies by adopting/introducing bottom-up research methodologies.
- Need for investments in modern technologies to enhance research efforts.
- Partner with Ministry of Education to address gender and sexuality for improved adolescent health
- Create and focus building networks of champion in schools
- Build and expand best practice experiences with academia
- Governments and regional agencies need to develop programs that incentivize innovation.
- Conduct local research and dissemination of results on exclusion and inclusion of groups that are being left behind.
- Strengthen partnerships through greater involvement of academia as a key part of the strategy, using the mechanism to inform the content of the program inculcating a culture of research;
- Building a cadre of persons who are trained and sensitized as to the importance of research and information to inform decision making. Key elements of the strategy could be infused into the curriculum.
- Engage and empower young people and other marginalized groups in collecting data or engaging in research within their cohorts using innovative approaches including ICTs. For example mental health, STIs and HIV, stigma and discrimination and poverty reduction.
- Leveraging technology to expand services to remote areas.
- The global nature of the strategy may provide expanded opportunities for research practice by researchers and students in other countries.
- A key function of academia will also be quality control provides an opportunity to ensure that the research is done properly and adheres to the rigors of ethical research standards.
- Build a repository where the many studies already carried out in the Caribbean could be readily accessed. This would allow for understanding what is happening in the region and to identify knowledge gaps. Perhaps UWI could support this. There is a need to look at different ways of disseminating this information to different audiences.

4. Next steps

Dr. de Francisco of PAHO explained the next steps in the process of consensus building on implementation of the GS in the Americas, which includes the upcoming high level interagency meeting in Chile, convened by President Bachelet on July 3-4 2017. With this endorsement and the inputs from consultations, it is expected that the agencies in alliance with countries and other partners will establish a roadmap to support taking the strategy to action.

The participants emphasized the importance of advocacy to move the agenda forward. Specifically, the support of the First Ladies and Spouses of Heads of State and governments of the Caribbean, as champions of the ECWECC initiative, manifest in the presence of First Ladies Barrow and Carmona in the consultation. Other champions should be identified including celebrities, faith leaders and youth leaders. The advocacy strategy have more emphasis on media and social media channels.

Finally, personal commitment was deemed important. Each person on returning to their countries should try replicate on a small scale what was done here to raise awareness of GS and its implications. One action that could spark an agenda for change.
### Annex: List of Participants

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<thead>
<tr>
<th>No.</th>
<th>Country/Organization</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>1</td>
<td>Anguilla</td>
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<td>Health Planner</td>
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<td>2</td>
<td>Antigua &amp; Barbuda</td>
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<td>Public Health Nursing Supervisor</td>
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<td>3</td>
<td>British Virgin Islands</td>
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<td>4</td>
<td>Cayman Islands</td>
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<td>Barbados/I Am A Girl</td>
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<td>Youth Leader</td>
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<td>Barbados Ministry of Health</td>
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<td>Belize</td>
<td>Excellency Kim Simplis Barrow</td>
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<td>Bermuda</td>
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<td>Dominica</td>
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<td>18</td>
<td>Guyana</td>
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<td>22</td>
<td>St. Lucia</td>
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<td>Officer in charge, Penney Hospital</td>
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<td>23</td>
<td>St. Vincent and the Grenadines</td>
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<td>24</td>
<td>Suriname</td>
<td>Mr. Inder Gajadien</td>
<td>Head of Family and Community Health</td>
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<td>Ms. Cecilia Hutson</td>
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<td>Turks &amp; Caicos</td>
<td>Ms. Savita Ramkellowan</td>
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<td>Dr. Julia Terborg</td>
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<td>Dr. Luiz Eduardo Fonseca</td>
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<td>Dr. Adler Bynoe</td>
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<td>Mrs. Jessie Schutt-Aine</td>
<td>Subregional Program Coordinator, Caribbean</td>
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<td>PAHO HQ</td>
<td>Dr. Luis Andres de Francisco Serpa</td>
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<td>Dr. Sonja Caffe</td>
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<td>Ms. Claudia Pescetto</td>
<td>Advisor, Health Economics and Financing</td>
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<td>Mrs. Mayra Lituma</td>
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<td>Coordinating Mechanism in LAC</td>
<td>Ms. Marcela Barrios</td>
<td>Program Specialist, A Promise Renewed for the Americas</td>
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<td>Ms. Maria Alejandra Berroteran</td>
<td>Communications Coordinator for A Promise Renewed for the Americas</td>
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<td>Ms. Elaine King</td>
<td>Adolescent /Education Specialist</td>
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<td>ECLAC-CEPAL-Division of Gender Affairs</td>
<td>Ms. Nicole Bidegain</td>
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<td>VIDS-Association of Indigenous Village Leaders in Suriname</td>
<td>Mr. Maximiliaan Ooft</td>
<td>Indigenous Representative</td>
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<td>Healthy Caribbean Coalition</td>
<td>Dr. Maisha Hutton</td>
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<td>Emergencies Program</td>
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