

DRAFT

OVERVIEW OF THE CARIBBEAN SOCIAL SECTOR

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1. INTRODUCTION

1.01 This paper is entitled *Overview of the Caribbean Social Sector*, and its aim is to provide a comprehensive overview of current major social issues in the Caribbean. Within the social sector, several key areas are reviewed: population, health, housing, education and poverty. Throughout the paper, the term 'Caribbean' is employed in reference to the Caribbean Development Bank's (CDB) Borrowing Member Countries^{1/} (BMCs) unless otherwise stated.

1.02 The structure of the paper might suggest to the reader that the foregoing social sub sectors are treated as separate entities with little or no influence on the others. Far from it. The selected sub-sectors are closely intertwined. For example, if a child is poor, she will likely go to school hungry or poorly fed, compromising her ability to learn. Her family, busy at eking out a living, might not be aware of her educational needs. She will likely live in an unsafe and unhealthy environment, and will lack proper medical attention. As suggested by the research, the life of the poor generally lack a number of important elements, such as quality education, access to land, credit and other productive resources, health and the prospect of longevity, family and community support, and access to opportunity. In the face of such enormous challenges, escaping poverty becomes difficult.

1.03 A well-known adage recounts that the greatest power is the power to choose. However, not every citizen enjoys the same degree of freedom to choose. Among the many theoretical definitions of poverty, one most adhered to points to **capability failure**, that is, a limited ability to freely enjoy what society offers to fulfill one's potential and expectations. This reflects Amartya Sen's definition of poverty in terms of "lack of freedoms".^{2/} The essence of his theory is that poverty analysis should focus on an individual's potential to function rather than merely the results the individual obtains from functioning. This insightful theoretical contribution injects an ethical dimension to the discussion. It emphasizes the importance of the degree of freedom that each citizen has to enjoy the services offered by existing institutions and to engage in the pursuit of happiness.

1.04 The basic configuration and the characteristics of some of the developmental challenges of the Caribbean countries are well known. The Region is comprised of countries with small open economies; vulnerability to natural disasters and external shocks; relatively high rates of rural and rising urban poverty; unsatisfactory output from the education system; an inadequately trained human resource base and high unemployment. In a region as small and vulnerable as the Caribbean, poverty is in constant transition and each social sub-sector is constantly challenged by new threats. Add to this the subjective element of 'poverty' (as many reject such a label) and one will quickly conclude that the subject of poverty is complex indeed.

^{1 /} As of 2008, CDB's BMCs are the following: Anguilla; Antigua and Barbuda; The Bahamas; Barbados; Belize; British Virgin Islands; Cayman Islands; Dominica; Grenada; Guyana; Haiti; Jamaica; Montserrat; St. Kitts and Nevis; St. Lucia; St. Vincent and the Grenadines; Trinidad and Tobago; and Turks and Caicos Islands.

^{2/} From Amartya Sen's *Development as Freedom*, 1999.

1.05 The aim of this study is to present an overview of the social sector. However, during the course of the research and the collection of datasets, several important issues worth mentioning in this introduction have emerged. Collection of social statistics has been challenging. Harmonisation of data continues to be a serious issue. Greater coordination among development agencies and improved communication with national governments need to be constantly encouraged. Better alignment between data findings and social policy will have to be pursued; and the need for national governments to maintain commitment to long-term social policies and poverty reduction strategies is vital.

1.06 The first section of the paper recognises that the Caribbean population is undergoing a demographic transition. One important upshot is the process of ageing, which is occurring at a rate faster than the rates recorded in the past by today's developed countries.^{3/} The environment in which this process is taking place is marked by reduced economic flexibility, institutional weaknesses, high levels of poverty and vulnerability. Population dynamics and ageing in particular have significant impact on the health sector, which is the topic covered in the second section of this study. The third section presents an assessment of the housing sector within the BMCs; while the fourth section analyses the education sector with special emphasis on the issue of the quality of education, which is the focus of a survey conducted by the Bank. The findings of the survey are presented in this section. Finally, the last section examines the issue of poverty within the Region.

^{3/} Source: ECLAC's "Older persons in Latin America and the Caribbean: Situation and Policies, p. 1, 2003

2. POPULATION

“Take care of the population and the population will take care of itself”.
United Nations motto

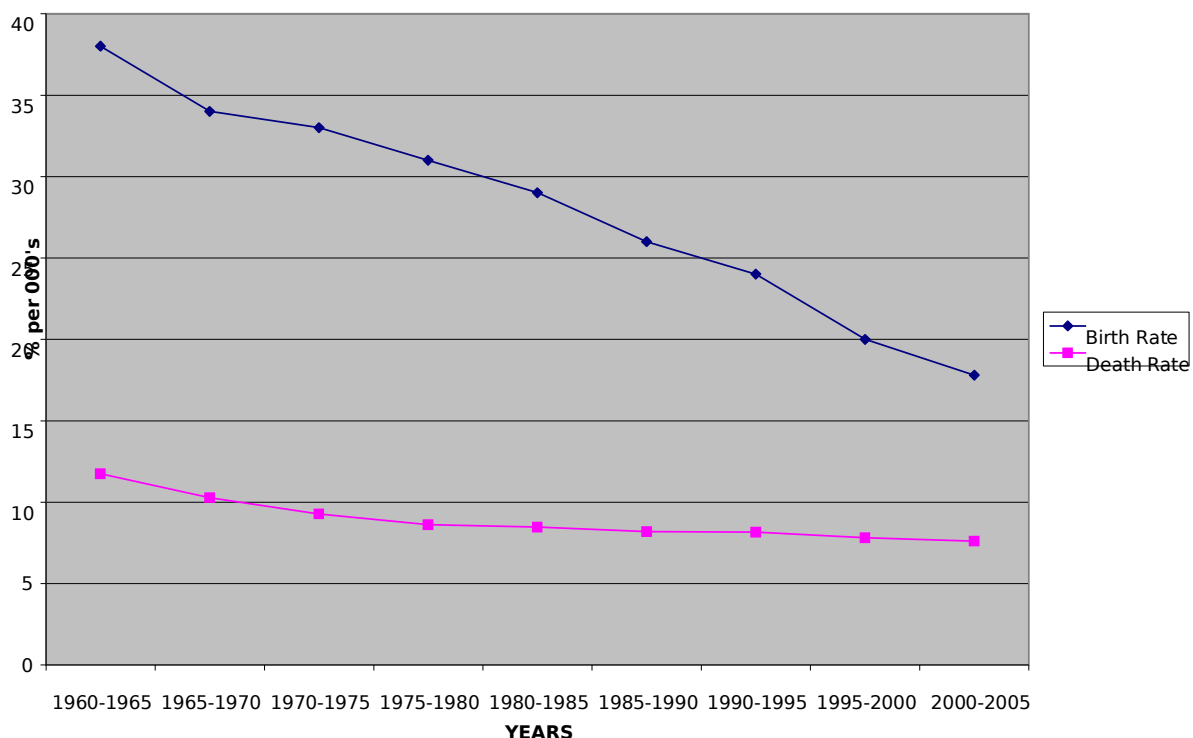
2.01 Transformations in population growth underpin the structural arrangements of society in both the social and economic spheres. In the past 30 years, population growth has slowed in most parts of the world, especially in developed countries, and a demographic^{4/} transition is under way in all regions (UNESCO 2005, ECLAC 2007). The annual population growth fell from its peak of 87 million (mn) per annum in the late 1980s, to a low of 75 mn per annum in 2002, at which it stabilised and started to slowly rise again to 77 mn per annum in 2007 (Nielsen, 2007). Growth remains high in the Middle East; South Asia; Southeast Asia; Latin America; and primarily in Sub-Saharan Africa (United Nations, 2008). In some countries there is negative population growth (ie. net decrease in population over time) due to sub-replacement fertility rates, especially in Europe (mainly due to low fertility rates) and Southern Africa (due to the high number of HIV-related deaths). Population decline is much more visible in industrialised countries where the number of births has reached unprecedented low levels. The present rates of fertility (the average number of children per woman) differ considerably across regions of the world. In developed countries, it ranges from historically low levels of 1.2 in Germany and Italy, to highs of 4.9 in African developing countries.

2.02 The demographic shift is caused by a decline in two important variables: death rates (people live longer) and crude birth rates (lower fertility rates).

2.03 The phenomenon of falling birth rates is widespread and Caribbean countries are no exception. Excluding Haiti, which combines one of the highest birth rates with the highest population, many Caribbean countries are experiencing a decline in the mortality rate and, to a greater extent, in the birth rate. Since 1960, trends of population decline have begun to emerge, albeit not at the same pace as in developed countries. Figure 1 depicts the demographic transition in the BMCs. The chart shows a steep decline in the birth rate, whereas the death rate is gradually stabilising. The current situation is in contrast to the reality a few decades ago when the Caribbean fertility rate was considered among the highest in the world and the “typical Caribbean family” consisted of many children.

⁴ / Demography is the study of the population and affords insights on the size, structure and distribution of populations, and spatial and/or temporal shifts in response to birth, death, migration, and aging.

FIGURE 1: DEMOGRAPHIC TRANSITION IN BMCs



Various Sources: UNDP 2007, CARICOM 2007, PAHO 2005.

2.04 In the Caribbean, the success in providing improved health care and basic social services has resulted in enhanced life-expectancy and declining death rates.

TABLE 2.1: CARIBBEAN FERTILITY RATE, 1980-85, 1990-95 AND 2000-05

	1980-85	1990-95	2000-05
Total Fertility Rate (Child/woman)	3.2	2.3	2.1

Source: PAHO, Special Program for Health Analysis, Health Situation in the American, Basic Indicators 2005

2.05 Post neonatal mortalities, often attributed to infectious diseases, such as pneumonia, tetanus and malaria, have been declining. Another deciding factor in keeping child mortality rates low has been a marked improvement in the number of births attended by skilled health personnel, as indicated by Table 2.3. In the Caribbean, Haiti has the highest infant mortality rate. Although the level remains high, the decline in infant mortality corroborates the improvement in measured adult literacy and awareness of child nutrition needs. The infant mortality rate dropped dramatically from 148 per 1,000 live births in 1970 to 79 per 1,000 in 2002.

TABLE 2.2: DEMOGRAPHIC INDICATORS FOR THE CARIBBEAN, 1996-2002

Indicators	Year/Period	Caribbean
Population (in thousands)	2006	13.457.00 ^a
Population growth rate (%)	1996-2002	0.7
Birth Rate (per 1,000 pop)	1996	19.9
	2002	18.2
Life Expectancy at Birth (years)	1996	73
	2002	73.9
Infant Mortality rate (per 1,000 live births)	1996	23.7
	2002	21.3
Mortality rate (per 1,000 population)	1996	6.4
	2002	6.4
Ratio of adults to elderly persons ^b	1996	9.0
	2002	9.1

Source: PAHO Epidemiological Bulletin, Vol. 23, No 3 September 2002

^a Caribbean population from the following countries: Anguilla; Antigua and Barbuda; The Bahamas; Barbados; British Virgin Islands; Dominica; Grenada; Haiti; Jamaica; Montserrat; St. Kitts and Nevis; St. Lucia; St. Vincent, and the Grenadines; and Trinidad and Tobago.

^bThe ratio of adults to elderly persons is the number of people between 15 and 64 years of age per person aged 65 or older

TABLE 2.3: PERCENTAGE OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL

Country	Percentage of Births Attended by Skilled Health Personnel			
	Survey Year	%	Survey Year	%
Antigua and Barbuda	...	...	2001	100
Barbados	1995	91	2005	100
Belize	...	...	2005	83
Dominica	...	...	2005	100
Grenada	...	...	2005	100
Guyana	...	...	2005	86
Haiti	1994	20	2005	24
Jamaica	1994	82	2005	97
St. Kitts and Nevis	...	...	2005	100
St. Lucia	...	...	2005	99
St. Vincent and the Grenadines	...	...	2005	100
Trinidad and Tobago	1994	98	2005	96

Source: HDI, UNDP, 1994, 2007/2008

TABLE 2.4: INFANT MORTALITY RATE (per 1,000 live births)

Country	1970	2005
Barbados	40	11
The Bahamas	38	13
St. Kitts and Nevis	-	18
Antigua and Barbuda	-	11
Trinidad and Tobago	49	17
Dominica	-	13
St. Lucia	-	12
Belize	-	15
Grenada	-	17
St. Vincent and the Grenadines	-	17
Guyana	-	47
Jamaica	49	17
Haiti	104	62

Source: UNDP 2007

TABLE 2.5 : INFANT MORTALITY IN HAITI, 1980-2002

Year	1 980	1 990	1 995	2000	2 002
Mortality rate (per 1,000 live births)	148	132	102	91	79

Source: World Bank Social Development Report, D. Verner, 2008

2.06 In addition to improvements in health care, the regional demographic transition is attributed to several of the fundamental features of modern society intrinsically linked to gender. Fertility rates, for instance, have been influenced by multiple factors linked, among other things, to improvements in living and working conditions and lifestyle enhancements. Birth control technology, family planning and reproductive health service delivery have vastly improved. Attention to gender equality and the empowerment of women has significantly bolstered the socio-economic status of women and the opportunity costs of having large families. Limiting numbers of children is a response to the higher cost of living and the growing imperative for women to seek work (Peake and Tortz 1999, 2001). Women have had greater upward mobility as economic opportunities have become more available. There has been a shift in the structure of employment, which in turn has led to greater social mobility among workers (ECLAC 1991). Especially significant in this regard has been the entry of women into non-manual urban jobs, particularly in the services sector.

2.07 Also, an inverse relationship has been noted between female education and fertility levels (Cochrane 1979). Research (Danns and Parsad 1988) shows that some women are opting to defer marriage because it increases their chances of completing education (often through sponsorship and opportunities abroad) and accessing the job market on equal terms with males. Women are appreciating the

benefits of completing academic careers before having children. Increasing numbers of females are entering higher education. This is associated with a higher age at marriage. With increasing female education correlated with rising labor force participation, another major factor contributing to fertility decline is employment outside of the home. In addition, higher education levels are positively correlated with contraceptive use (Seiver 1982, Schultz 1985).

2.08 There is a strong negative correlation between family income and fertility (Simon 1977, Kelley 1980, Williamson 1985). It is noted that large family size has been and still is characteristic of low-income families, especially those who engage in labor-intensive economic activities. However, a large number of families within the middle and also low-income brackets have realised that the costs of supporting a large family are very high. A single income is no longer adequate to maintain the household and to enhance the life chances of children through adequate education. Furthermore, parents would have more difficulties in finding the resources to educate a larger family. In fact, there is substantial evidence that children from large families have lower educational attainment and reduced levels of health in developed as well as developing countries^{5/} (Rosenzweig 1982).

2.09 In addition to declining mortality and fertility rates, the nature and magnitude of migration in the Region continues to have significant effects on Caribbean population dynamics. Over the last 50 years, the Caribbean has lost more than five million people^{6/} (United Nations, 2003). CARICOM has noted that migration slows population growth (CARICOM, 2003) as the number of emigrants substantially exceeds the number of immigrants. In the Region, migration is also concentrated among the young, both male and female, thereby contributing to the aging of the population. Furthermore, the composition of migration affects the number of women of childbearing age and hence the number of births.

Population and Ageing

2.10 A significantly reduced fertility rate, as shown in Table 2.1, contributed to the demographic transition of which an important component is population ageing as evidenced by the growing number of citizens over 60 (see Table 2.6). While the Caribbean is still characterised as having a rather young population, several social indicators suggest that there is an increasing predominance of older persons (Table 2.7). Life expectancy at birth for the Region as a whole is 73.9 years, ranging from 62.4 years (Guyana) to 79.2 years (Cayman Islands), and it has increased by approximately 5 years in the past 2 decades (PAHO, 2005).

2.11 According to estimates published by United Nations Population Divisions (UNDP, 2006), fertility rates in the Caribbean have reached close to replacements levels of 2.1 children per woman in two countries - Barbados and Trinidad and Tobago- while many other countries will follow suit in the next 5 to 10 years. Haiti remains the only Caribbean country in which the fertility rate is above 3, with 3.4 children per woman. Research shows that, if demographic trends continue to

⁵ As cited in Meier Rauch, 2005, page 250.

⁶ Based on the data on migration provided by the United Nations Population Division (United Nations, 2002) the net-migration rate for the Caribbean is one of the highest world-wide.

unfold at this pace, by 2025 the elderly (>60 yrs) will constitute 17.1% of the Caribbean population (PAHO, 2004). In 2050, the population aged 60 and over will be 1.5 larger than that aged 10-14. In 2000, there was one older adult per 6.5 economically active persons (15-59). In 2025, there will be one older adult per 3 active persons and, in 2050, the ratio will be one to two (UNFPA, 2005). According to a recently published ranking of all 183 United Nations member states, there are two Caribbean countries with a percentage of the population aged 60 years and over among the first 25% of countries: Barbados (13%), and Trinidad and Tobago (11%); Jamaica; and St. Lucia (10%), Suriname and St. Vincent and the Grenadines (10%) are among the first 50% of the world's countries with regard to population ageing.^{7/}

2.12 The current social literature is surprisingly silent about this demographic shift in the Region (ECLAC 2006, 2007). In the Caribbean, the full impact of the demographic shift with its potential adverse implications will be more visible by 2030 (ECLAC 2007) as the age structure of the population will be significantly different. It is essential, however, that governments are prepared.

2.13 In developed countries, demographic ageing is increasingly recognised as an important challenge. There is growing awareness about the implications that ageing is having for wider economic and social-policy making, especially in relation to employment, productivity and social cohesion. Age plays a major role in one's life decisions. Capacity for employment is reduced. There is less degree of physical movement; heavier reliance on social services; and increased dependency upon relatives for safeguarding life standards.

2.14 Ageing affects all societies today but more so the developed world (see Table 2.6), which has generally experienced it for a longer period. The upsurge in the elderly is occurring at a fast rate in Italy, Japan, France, Germany and the United States. Concerns about the challenges posed by ageing populations have moved to the forefront of the public policy debate in these countries. The process of societal ageing has been influenced by a set of variables: reduced fertility; increasing economic well-being; public-health interventions leading to improved sanitation; access to better nutrition, potable water, better health care; and greater use of contraception. Only recently in some developing countries has the trend of a demographic shift towards the elderly emerged, and is being studied. According to a recent United Nations Population Division study,^{8/} many developing countries are experiencing a rapid demographic shift visible in the increasing number of senior citizens. It is expected that the proportion of the population aged 60 and older in the less-developed regions will rise from 8% in 2005 to close to 20% by 2050. Presently, developing countries are increasing their working populations and the financial burden of ageing is not expected to hit fully until 2050 (Bynoe, Di Liberto, Fogarty, 2006).

**TABLE 2.6 : DEMOGRAPHIC TRENDS
(1995 Population = 100)**

^{7/} As cited in *Population ageing in the Caribbean: a four country study*, ECLAC 2007, p. 9.

^{8/} / United Nations Population Division, (2006a). Department of Economic and Social Affairs; World Population Policies, 2005.

Country	1995	2000	2010	2020	2030	2050
United States:						
Population	100.0	104.8	113.0	119.8	124.7	127.2
Elderly dependency ratio	19.2	19.0	20.4	27.6	36.8	38.4
Very elderly ratio	42.7	46.3	45.8	40.5	45.8	55.6
Total dependency ratio	52.7	52.0	50.5	57.4	68.0	68.8
Japan:						
Population	100.0	101.3	102.2	100.6	97.6	91.6
Elderly dependency ratio	20.3	24.3	33.0	43.0	44.5	54.0
Very elderly ratio	37.8	38.3	44.5	47.2	56.3	58.1
Total dependency ratio	43.9	47.2	56.7	67.8	70.5	84.0
Germany:						
Population	100.0	100.0	97.2	94.2	90.6	81.2
Elderly dependency ratio	22.3	23.8	30.3	35.4	49.2	51.9
Very elderly ratio	40.7	42.7	41.8	48.3	44.1	59.7
Total dependency ratio	46.3	46.7	50.0	57.3	75.1	81.3
France:						
Population	100.0	102.2	104.9	106.9	107.8	106.1
Elderly dependency ratio	22.1	23.6	24.6	32.3	39.1	43.5
Very elderly ratio	39.2	43.4	49.6	41.9	48.8	56.5
Total dependency ratio	52.2	52.8	51.2	59.6	67.9	73.6
Italy:						
Population	100.0	100.1	98.2	95.3	91.9	82.6
Elderly dependency ratio	23.8	26.5	31.2	37.5	48.3	60.0
Very elderly ratio	38.5	42.8	47.9	48.4	48.0	60.9
Total dependency ratio	45.6	47.8	51.5	58.8	72.7	89.6

Source: Bos et al. (1994)

Notes: The *elderly dependency ratio* is defined as the population aged 65 and over as a percent of the population aged 15-64. The *very elderly ratio* is defined as the population aged 75 and over as a percent of the population aged 65 and over. The *total dependency ratio* is defined as the population aged 0-14 and 65 and over as a percent of the population aged 15-64.

TABLE 2.7: PERCENTAGE DISTRIBUTION OF THE POPULATION AGED 60 YEARS AND OVER IN SELECTED CARIBBEAN COUNTRIES FOR 2000, 2025 and 2050

Countries	Percentage of Population Aged 60 and Over		
	2000	2025	2050
Haiti	5.7	8.1	16.2
Belize	6.2	9.9	21.4
Guyana	7.0	15.2	31.0
The Bahamas	7.9	15.6	23.3
Jamaica	9.6	14.5	24.0
Suriname	8.2	14.2	29.0
Trinidad and Tobago	9.6	20.0	33.3
Barbados	13.5	25.0	35.4

Source: ECLAC, Demographic Projections 2003

2.15 As reported in a 2006 survey conducted by UNDP,^{9/} many Caribbean countries view this demographic shift with major concern. On the one hand, the changing age structure of the population poses significant challenges to the health and social security systems throughout the Caribbean. On the other hand, however, a transition in population age structure does also represent a 'demographic window of opportunity' (ECLAC 2007a), an unprecedented situation in which the majority of the population (two thirds) is in an economically active age (15-59) with increasingly small shares of younger and older groups to be sustained. On the assumption that this economically active group stays healthy, substantial economic and social rewards are to be reaped. The formal and informal contribution that older people, as economically, politically and socially active citizens, can make to a Region's economic and social development should not be overlooked. Governments are encouraged to capitalise on this demographic shift by creating employment, ensuring payments to pension and social security mechanisms and, whenever possible, encouraging their nationals to set up private pension schemes. Demographic ageing can provide opportunities for accelerating economic growth and strengthening social inclusion by strengthening the labor force, developing entrepreneurs, and expanding services and markets for older people.^{10/} Also, the elderly have the potential to be a significant living "cultural repository" of knowledge and social practices to be treasured and passed down to future generations.

2.16 With regard to health, population ageing has far-reaching implications, and will require a substantial shift in health responses. Studies suggest that economic benefits can be gained if the upward trend of lifestyle-related ailments is controlled. In short, opportunities can be taken advantage of when the challenges are addressed appropriately and in a timely manner. The challenges of a growing senior population include the creation of a supportive and friendly environment for the increasing number of elderly and senior citizens through sustainability of pension schemes; access to adequate and appropriate health care and social support services; affordable housing; and cultural acceptance of the elderly as valuable and valued contributors to society (PAHO 2004, UWI Health and Welfare Report, 2000). In order to address the needs of those older persons with no family support networks, some countries have engaged in programs to provide day-care in homes and in institutions to those in need. In addition, churches, service agencies, and retired professionals are forming support groups. There are also initiatives linking older persons in the communities with younger members. It is worth noting, however, that empirical data regarding the quality of life of the elderly in the Caribbean is still too little, and increased information on this subject is both desirable and necessary.

⁹ / United Nations (2006), Department of Economic and Social Affairs, Population Division; World Population Policies 2005, STA/ESA/SER.A/254. New York.

¹⁰ / J. Burniaux, R. Duval and F. Jaumotte, 'Coping with Ageing: A dynamic approach to quantify the impact of alternative policy options in future labour supply in OECD countries', *Economics Department Working Papers* No. 371, OECD, Paris, June 2004

3. HEALTH

3.01 Three of the eight Millennium Development Goals (MDGs) refer explicitly to health and all of them, in different ways, relate to health issues. The collective recognition and acceptance of the role of health and the increasing thrust toward MDGs fulfilment before 2015, place health at the core of the social and economic development agenda.

A. Causes of Mortality

3.02 Over the past 30 years, Caribbean countries have achieved a generally good health status, doing away with several basic health concerns that characterise the developing world. Transmissible and infectious diseases, with the exception of HIV, have been almost entirely eliminated and, as shown in Table 3.1, do not surface in the 10 leading causes of death in the Region.

3.03 The health situation in the Caribbean is characterised by a continuing transition from communicable diseases to chronic non-communicable diseases (NCDs). Research on mortality factors conducted over the past 20 years reveals a consistent trend in which NCDs have become the most prevalent causes of death and morbidity. These include heart diseases, cancers, cerebrovascular diseases, and diabetes mellitus. Heart disease, cancers, cerebrovascular disease and diabetes mellitus ranked in the first four causes of death in 2002. Hypertensive disease ranked 6th (see Table 3.1). Expectedly, these illnesses are associated with the ageing process. Recent research studies, however, paint an unwelcome picture in which a blend of multiple factors contributes to the onset of NCDs from an early age. A pattern of unhealthy diets and lifestyles is passed down to generations resulting in children developing these diseases very early in life. Besides inappropriate diets and sedentary lifestyles, use of light drugs and alcohol are considered modifiable risk factors for the occurrence of NCDs. A study conducted by the University of the West Indies reveals that 17% of Jamaican children, aged 3 and 4 years old, are clinically obese. Obesity and predisposition to NCDs is likely to follow children to adulthood (Gabay, UWI, 2008). An increasing number of children are showing signs of Type Two diabetes, commonly found in adults. This is an alarming emerging trend which stretches, to varying degrees, across the Region. The emergence of these types of health threats to children has been explained by drastic changes in lifestyles. There has been a significant decrease in outdoor activities and exercise as many children spend much of their time in sedentary activities such as watching television, using the Internet and playing videogames (UWI Report on Obesity, 2007).

3.04 In the developed world, obesity is the subject of mounting public debate. Obesity-related illnesses are rapidly spreading across middle and low-income countries. Overshadowed for decades by infectious disease and under-nutrition, obesity has reached deep into the health of the poor, and it is no longer just a problem of the wealthy. The total number of obese persons is projected to grow by 50% in the next 10 years, and this will mainly take place in developing countries. The Latin American and Caribbean region is increasingly affected by the rise in obesity. Facilitated by the food trade, a diet of simple and traditional foods has been replaced by eating habits more reliant on processed food, animal-

source foods, fat and sugar.^{11/} Other factors such as changes in urbanisation, reduced manual labor, and more motorisation of transportation have also contributed to higher obesity rates by reducing physical activity.

3.05 According to a 2000 survey, in Barbados 90,000 people were overweight (almost 1 in 3) and there were 24,300 reported cases of diabetes mellitus, equivalent to about 9% of the population. Among older adults (45+), about 16% of the population had diabetes (43,200) and among the elderly (65+), about 22%, (59,400 cases) had diabetes (Chronic Disease Center, 2008). Forty percent of persons over 40 years had hypertension; among older adults (45+), about one-half of the population had hypertension (135,000 cases); among the elderly (65+), about two-thirds of the population had hypertension (180,000). Fifty-seven percent of men were overweight; obesity was reported at 64% for women (aged 18-99) and 57% for men (Barbados Food Consumption Survey, 2000).

3.06 In the Caribbean, cardiovascular disease, including hypertension, coronary artery disease and stroke; diabetes mellitus and cancer accounted for 51% of deaths in the 1990s. Epidemiological transitions have resulted from a sedentary lifestyle with unhealthy diets, alcohol use, tobacco consumption (relatively low in the Caribbean among young people as compared to the Americas, according to Global Youth Tobacco surveys) and inadequate utilisation and knowledge of preventive health services. NCDs remain the major causes of mortality, and will continue to increase (CPC, CAREC, PAHO, 2004). Table 3.1 shows that the leading causes of death for both sexes in the Caribbean are ischemic heart disease, cerebrovascular disease, cancers and diabetes. The Caribbean has one of the highest mortality rates from diabetes in the Americas. It also has the highest rate of HIV/AIDS mortality in the American continent, at 37.7 per 100,000 population among the general population, 48.3 per 100,000 among males (fourth leading cause of death), and 27.3 among women (fifth leading cause of death).

3.07 In 2004, the first three leading causes of death (ischemic heart disease, cerebrovascular disease and diabetes) accounted for 33.6 per cent of total population mortality. After the age of 60, the three leading causes of death for the total population are ischemic heart disease (17.2%), cerebrovascular disease (14.1%) and diabetes (12.5%). Mortality rates are higher for men in the first two causes; among women, rates are higher for diabetes. Among men >60 yrs these causes are followed by prostate cancer and hypertensive disease; among women, by hypertensive disease and heart failure (PAHO, 2006).

3.08 In 2007, CARICOM launched a regional campaign against chronic diseases. CARICOM's leaders pledged to crack down on unhealthy lifestyles, chronic diseases and their associated healthcare costs. As well as promoting healthier habits, member states signed up to a 14-point declaration calling for higher alcohol and tobacco taxes, new rules for food imports and domestic food production; a new pricing regime to allow for cheaper quality foods; and improved food labeling with added nutritional information. CARICOM leaders also pledged to set up special commissions in each country to implement public policy. Promises to ratify and

¹¹ / C. Monteiro et al., Obesity and Inequities in Health in the Developing World (2004), *International Journal of Obesity and Related Metabolic Disorders* 28, no. 9 (2004): 1181-86.

pass necessary legislation tied to the International Framework Convention on Tobacco Control were also made, along with allocation of added revenues from tobacco taxes to the health budget and the introduction by mid-2008 of more systematic screening programs. Nevertheless, it is not clear that higher overall spending immediately translates into better outcomes in chronic disease.

3.09 The following four Tables show the prevalence of chronic diseases in four selected countries (Antigua and Barbuda; St. Lucia; St. Vincent and the Grenadines; and Trinidad and Tobago). With regard to gender differences in the occurrence of the listed ailments, the countries follow global trends with higher incidence rates in women. Hypertension is found to be more prevalent in women (and often occurs in persons with type 2 diabetes) whereas men carry a higher risk of stroke, cancer and kidney diseases. In these countries, more than 45% of the elderly report suffering from at least one long-term disease, such as hypertension, arthritis, diabetes and asthma. The tables also show that Trinidad and Tobago appears to have somewhat lower prevalence of chronic diseases, possibly linked to less popularity of processed food in rural areas. In the other three countries, hypertension represents the biggest health threat; in Trinidad and Tobago, arthritis seems to be the dominant impediment to health and well-being.^{12/}

^{12/} As reported in ECLAC (2007a), p. 60.

**TABLE 3.1 : TEN LEADING CAUSES OF DEATHS ALL GENDERS - 10
SELECTED CARIBBEAN COUNTRIES*, 1990, 1995, 2000**

1990				1995				2000			
Cause of Death	No.	%	Rate	Cause of Death	No	%	Rate	Cause of Death	No	%	Rate
Heart disease	6,629	17.5	109.5	Heart Disease	7,206	16.7	114.0	Heart Disease	6,764	15.7	102.5
Cancers	4,943	13.1	81.6	Cerebrovascular disease	6,056	14.0	95.8	Cancers	6,301	14.6	95.5
Cerebrovascular disease	4,804	12.7	79.3	Cancers	5,593	12.9	88.5	Cerebrovascular disease	4,286	10.0	64.9
Diabetes mellitus	3,025	8.0	50.0	Diabetes mellitus	3,280	8.0	51.9	Diabetes mellitus	4,264	10.0	64.6
Hypertensive disease	1,869	4.9	30.9	Hypertensive disease	1,983	5.0	31.4	HIV disease (AIDS)	2,624	6.0	39.8
Acute respiratory infections	1,354	3.6	22.4	Accidents	1,649	4.0	26.1	Hypertensive Disease	2,596	6.0	39.3
Accidents	1,273	3.4	21.0	Acute Respiratory infections	1,506	3.0	23.8	Accidents	1,524	4.0	23.1
Diseases of the urinary system	896	2.4	14.8	HIV disease (AIDS)	1,238	3.0	19.6	Assault (homicide)	1,147	3.0	17.4
Nutritional Deficiencies and nutritional anemia	703	1.9	11.6	Assault (homicide)	1,190	3.0	18.8	Acute Respiratory infections	1,060	2.0	16.1
Intestinal infectious diseases	602	1.6	9.9	Diseases of the urinary system	744	2.0	11.8	Chronic lower respiratory diseases	783	2.0	11.9
Symptoms, signs and ill-defined conditions	3,375	8.9		Symptoms, signs and ill-defined conditions	2,094	4.8		Symptoms, signs and ill-defined conditions	1,778	4.2	
All other deaths	8,382	22.1		All other deaths	10,680	24.7		All other deaths	9,899	23.0	
Total Deaths	37,855	100		Total Deaths	43,219	100		Total Deaths	43,036	100	

Note: Refer to CAREC ranking list (Appendix C) for details on the ICD9/ICD 10 groupings used for the above as they may differ from those used in other listings

* Antigua and Barbuda, The Bahamas, Barbados, Dominica, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago.

TABLE 3.2 : PERCENTAGE OF THE POPULATION OF ANTIGUA AND BARBUDA WITH SELECTED, SELF-REPORTED CHRONIC DISEASES, BY SEX (%)

Item	Male	Female	Total
Arthritis	3	6	4
Asthma	4	4	4
Diabetes	3	4	4
Hypertension	5	9	7
Other ¹	5	6	6

Source: 2001 Census (multiple responses)

^{1/} The category 'Other' comprises a merge of the following categories" 'Sickle', 'Heart', 'Stroke', 'Kidney', 'Cancer', 'HIV', 'AIDS', 'Lupus', 'Carpal', 'Other', and 'Not Stated'.

TABLE 3.3 : PERCENTAGE OF THE POPULATION OF ST. LUCIA WITH SELECTED, SELF-REPORTED CHRONIC DISEASES, BY SEX(%)

Item	Male	Female	Total
Arthritis	3	5	4
Asthma	3	3	3
Diabetes	2	3	3
Hypertension	3	8	5
Other	2	3	2

Source: 2001 Census, ECLAC analysis

TABLE 3.4 : PERCENTAGE OF THE POPULATION OF SVG WITH SELECTED, SELF-REPORTED CHRONIC DISEASES, BY SEX

Item	Male	Female	Total
Arthritis	3	7	5
Asthma	4	5	4
Diabetes	2	5	3
Hypertension	4	10	7
Other	5	6	5

Source: 2000 Census, ECLAC analysis

TABLE 3.5 : PERCENTAGE OF THE POPULATION OF TRINIDAD AND TOBAGO WITH SELECTED, SELF-REPORTED CHRONIC DISEASES, BY SEX

Item	Male	Female	Total
Arthritis	3	5	4
Asthma	3	3	3
Diabetes	3	4	4
Hypertension	3	5	4
Other	4	5	4

Source: 2000 Census, ECLAC analysis

B. HIV/AIDS

3.10 Globally, the number of new HIV infections declined from 3 mn in 2001 to 2.7 mn in 2007. There are an estimated 33 mn people living with HIV worldwide, with 2 mn reported to have died from HIV/AIDS in 2007. Since 2001 in the Caribbean, there has been a fair drop in the number of deaths related to HIV.

3.11 In 2000, the HIV/AIDS pandemic became a major cause of death, behind NCDs. The primary mode of HIV transmission in the Region is unprotected intercourse between sex workers and clients. According to the Caribbean

Commission on Health and Development (Report 2005) and UNAIDS/CAREC (2003), there are more than 260,000 people living with HIV/AIDS in Caribbean, the highest prevalence rate in the Americas, second only to sub-Saharan Africa. Nine of the 12 countries with highest prevalence of HIV infection in the Americas are in the Caribbean. The statistics show a high percentage of mortality in young productive males and a rising prevalence rate among young women. All the data presented in this section are based on reported cases. However, a serious concern in the Region is the high level of under-reporting of HIV infection (Bryan, 2007). This makes it difficult to estimate the real size of the problem. It is also problematic to make reliable comparisons across countries when methods of definition and reporting of HIV cases are not standardised in the Caribbean (USAIDS 2000, Bryan 2007).^{13/} In 2007, there were 230,000 reported cases of HIV/AIDS; 21,000 cases of new infections were reported and 14,000 HIV-related deaths occurred (UNAIDS 2008). This represents a drop from 2006, when the annual morbidity rate reached 41.7 per 100,000 with 27,000 new reported cases. In 2003 and 2004, the disease killed 36,000. This shows that there has been a significant gain in reducing the number of HIV/AIDS cases.

3.12 Five countries have national prevalence levels of at least 2%: The Bahamas (2.8%); Belize; Guyana; Haiti; and Trinidad and Tobago. Barbados is at 1.5%. Prevalence in Haiti is at 3.8%. Overall, both the availability of treatment and access to it are showing encouraging results as more infected persons are willing to receive antiretroviral treatment. Other registered successes include a slowing down of HIV cases in Haiti and the research studies indicate that the Caribbean is the only region in the world where the overall number of people living with HIV has not continued to increase (World Bank 2007). Boosted by these achievements, governments and international agencies alike cannot afford to slow down, and need to continue to step up efforts to further fight the disease. Much remains to be done in the area of treatment delivery in rural areas; information dissemination; health education and reduction of stigma; and discrimination associated with the virus and directed at groups at risk such as homosexuals, sex workers and drug users, thereby fuelling the epidemic and driving it underground.

3.13 Jamaica's epidemic appears to have stabilised with an estimated HIV prevalence of 1.5% in 2005. Encouraging signs come from studies on HIV knowledge among women: 60% of surveyed adult women 18 years > correctly identified two prevention methods, up from 47% in 2004 (UN Theme Group on HIV/AIDS and Government of Jamaica, 2005). It remains unclear, however, whether such knowledge is translated into safe behaviour. Patterns of sexually unsafe conduct appear to be rooted in social (especially gender) inequalities and discriminatory socio-cultural systems (Ministry of Health Jamaica, 2007). The sex trade continues to flourish in all 14 parishes of Jamaica, and remains an important factor in the country's epidemic (Gebre et al., 2006). Important gains include the high level – 90% - of pregnant women attending public antenatal clinics who are screened for HIV infection, a seven-fold increase since 2002 (USAIDS Report 2007, p. 5). Also approximately 80% of HIV-positive mothers attending clinics receive antiretroviral treatment to prevent transmission of HIV to their children, compared

^{13/} / As cited in *No Island is an Island, the Impact of Globalization on the Caribbean Commonwealth*, ed. by G. Baker, 2007, p. 60.

with 65% in 2005. The rising level of awareness about the benefits of treatment will have to reach the remaining 20%.

3.14 With some 190,000 people living with HIV, Haiti is the Caribbean country most affected by HIV/AIDS. The epidemic is fuelled by endemic poverty and high illiteracy rates. In Haiti, HIV is primarily transmitted through heterosexual contact, followed by mother-to-child transmission. In 2005, there were 16,000 reported deaths related to HIV/AIDS. Approximately 55% of those with HIV/AIDS are women. The recent drops in HIV infection are mainly to be found in urban areas, and have been attributed to behavioural changes in sexual practices: fewer partners; delayed sexual initiation; increased knowledge of HIV transmission and risks; and increased condom use. In Haiti's rural communities, however, HIV infection levels have not declined due to low use of condoms among those surveyed. This shows that increased levels of awareness about HIV modes of transmission and safety measures are sensitive to poverty, limited education and low exposure to HIV/AIDS prevention information among the population. Research reveals that treatment can be delivered in impoverished areas even though only 39% of people in need of treatment received antiretroviral therapy in 2006. Despite the availability of the treatment in rural areas, low use of condoms may be explained by poverty and lack of education among the rural population: 54% enrolment rate at the primary level and only 15% at the secondary school. The overall literacy rate at 53% is the lowest in the Western hemisphere. In addition to low levels of education, continued political instability, high internal migration rates, high prevalence of sexually transmitted infections, and weakened health and social services are perceived as factors with potential negative impacts on the epidemic.^{14/}

3.15 In Trinidad and Tobago, improved HIV screening contributed to better information dissemination among the population which in turn has resulted in a slight drop in HIV prevalence, from 1.9% in 2000 to 1.6% in 2005. Wide access to antiretroviral therapy has helped to reduce the number of AIDS-related deaths (by 53% between 2002 and 2006). In St. Vincent, a major anti-HIV virus and health protection campaign has been launched.

3.16 In Barbados, the occurrence of HIV/AIDS reported cases has remained steady since the late 1990s. The number of deaths related to HIV declined by 85% between 2001 (just before free antiretroviral therapy was introduced) and 2006. Recently, the World Bank approved a US\$35 mn loan for a HIV/AIDS Prevention and Control project.^{15/}

¹⁴ / The largest donor contributions in the fight against HIV/AIDS come from the United States Department and the United States President's Emergency Plan for AIDS Relief (PEPFAR). Under the emergency plan and to support comprehensive HIV/AIDS prevention, PEPFAR treatment and care programs provided the government of Haiti \$84.8 mn in 2007 and approximately \$100 mn is expected in 2008.

¹⁵ / In 2001, the Barbados HIV/AIDS Project became the first program approved by the World Bank. The objective of the 2008 Second HIV/AIDS Project for Barbados supports the implementation of the national strategic plan for HIV prevention and control 2008-2013, specifically to increase: (a) adoption of safe behaviors, in particular amongst key populations at higher risk; and (b) access to prevention, treatment and social care, in particular for key populations at higher risk. (<http://go.worldbank.org/J38DDM2NI0>)

3.17 Guyana has an adult HIV/AIDS prevalence rate of 2.4%. HIV/AIDS is the leading cause of death among the 15-44 age group; about 28% of these cases are female. In the age group 19-24, females account for the majority of cases. Research shows that HIV transmission is occurring primarily through unsafe sexual intercourse (USAIDS^{16/}, 2007). Data show that there is a low use of condom or other form of contraception, especially among low-income groups. The incidence of HIV among pregnant women has dropped to 1.6% from 2.3% in 2004. It is interesting to note that prevalence in urban areas (2.2%) is almost double that reported in rural areas (1.2%) and, in the greater Georgetown area, approximately 80% of Guyana's HIV infections have been reported to date. This trend can be partly explained by a higher activity of sex workers in the urban areas and the high prevalence of people aged 15-44 in the greater Georgetown area.

3.18 Surveys and studies conducted in the country show a high level of HIV prevalence among specific population groups. In the Georgetown area, up to 27% of female sex workers and 21% of men who have sex with men have been found to be HIV-positive (Ministry of Health Guyana, 2005). This suggests that a more targeted approach to HIV prevention is needed, with a focus on those groups more at risk, especially in urban areas. According to a 2006 survey, approximately 80% of pregnant women accepted prevention of mother-to-child transmission services when they were offered (Ministry of Health Guyana, 2007).

3.19 HIV/AIDS poses a significant socio-economic threat to Guyana, as to the other Caribbean countries. The disease affects primarily the most productive age group (20-49) and, since many of the reported cases often include either the sole income earner or the main contributor to income in the family, HIV/AIDS drives families into economic vulnerability and poverty. In addition, social and economic disruption attributed to sickness and death related to HIV/AIDS is evidenced by the following negative effects: fall in productivity; increased absenteeism; increasing number of parentless children (4,200 orphans as a result of HIV, UNICEF, 2004); increased health expenditure by the government and pressure on government capacity to divert resources from elsewhere. General information confirms that the epidemic has become more than a public health issue. It is also a sustainable development issue, taking its toll on the productive human resources in the country and the rest of the Region.

3.20 In the Eastern Caribbean countries, between 31% and 45% of young people (aged 15-24 years) reported having had multiple non-regular sex partners, and condom use varied from 16% in St. Kitts and Nevis to 44% in Dominica (USAID, FHI & PAHO, 2007). In Antigua and Barbuda, women aged 15 to 29 are the fastest growing population of HIV/AIDS infected persons. According to the Ministry of Health, Sports and Youth Affairs (2007), there are between 4,000 to 5,000 sex workers in a country with an overall population of 75,000. These data imply that the possible risk of transmission is high. While Antigua offers free antiretroviral treatment, however, these high figures suggest that there might be many cases of HIV infections which go unchecked, and treatment cannot be delivered to undocumented persons.

^{16/} USAIDS, Annual Report 2007, page 7.

3.21 According to the latest 2008 International Labour Organization (ILO) Report,^{17/} new programmes have been designed to step up action against HIV/AIDS in the workplace. Five Caribbean States – Barbados; Belize; Guyana; Jamaica; and Trinidad and Tobago – working with the ILO’s SHARE (Strategic HIV/AIDS Responses in Enterprises) project have put in place policies and programs addressing discrimination and behaviour change in the workplace.^{18/}

3.22 The epidemic of HIV/AIDS is also to be analysed within the context of regional social and cultural stigma and discrimination, especially towards vulnerable groups, making it difficult to gather precise figures on the epidemic at any time and to tailor public health control programmes accordingly. HIV-related stigma and discrimination remain an enormous barrier to efficiently fighting the epidemic. Fear of discrimination, fuelling anxiety and prejudice against the most affected groups, often prevents people from admitting their HIV status and publicly-seeking treatment for AIDS.^{19/} In some cases, prejudice towards people living with HIV is linked with homophobia; sex between men carries a high risk of HIV transmission and, as elsewhere, people in the Caribbean often associate HIV with homosexuality, despite the fact that the majority of infections occur through heterosexual sex. Stigmatisation and discrimination causes a great deal of stress and suffering to people who are living with HIV and their families, who often face social isolation and harassment. Stigma can be a powerful force in that it might prevent people who are at risk of infection from accessing information on prevention and testing, and reduces their willingness to buy condoms or alter their sexual behaviour. It also prevents people from accessing counseling services, support groups and treatment.^{20/}

3.23 The economic impact of HIV/AIDS is difficult to quantify. The spread of the epidemic in the Caribbean, a region so dependent on tourism in which people travel a great deal both intraregionally and externally, affects the region’s image and popularity across the world, impacting its marketability in the international tourism industry. It is likely to continue to do so if the virus goes unchecked. Sex tourism also offers greater chances of virus infection, placing young men and women (locals and visitors alike) at risk. The growing tourism industry and a consequent interest in the tourism sex industry have led to the growth in both male

17 / The report was launched in Barbados in May 2008 along with a companion film entitled *Creating Change*, featuring success stories from SHARE project countries around the world.

18 / In Guyana, the Guyana Sugar Corporation (GuySuCo), the largest employer in the country, has adopted an HIV/AIDS workplace policy, and offers HIV services to workers and managers. In Jamaica, Barbados, Belize and Trinidad, large enterprises have signed up to the project (www.ilo.org/aids).

19 / A mismatch between knowledge and behaviour is evident in the high levels of stigma that persist. In the Eastern Caribbean, most respondents (on average seven in ten) are aware of the main transmission routes for HIV and are aware that sharing a meal with a HIV-infected person carries no risk of infection. Yet, fewer than 2 in 10 said they were willing to buy food from an HIV-infected shopkeeper. A mere 15% of respondents expressed accepting attitudes towards persons living with HIV (CAREC *Behavioural surveillance surveys in six countries of Eastern Caribbean States: 2005-2006*. March, Trinidad).

20/ From <http://www.avert.org/aids-caribbean.htm>.

and female prostitution. Efforts to promote safe health practices among travellers and those involved in the sex trade have been put in place. However, the number of those involved in the sex industry and the consequent risk of infection remain serious concerns.

3.24 The Pan Caribbean Partnership Against HIV/AIDS (PANCAP) was established in 2001, with the aim of preventing the spread of HIV and alleviating the suffering it causes across the Caribbean. PANCAP brought together governments, non-governmental organisations, private sector groups, faith-based organisations and donor agencies to co-ordinate both prevention and treatment efforts.⁹ It also contributed to the establishment of the Caribbean Regional Strategic Framework for HIV/AIDS, under which PANCAP members have made significant progress in drawing attention to the crisis and establishing dialogue between separate groups. During the 29th Meeting of the Conference of Heads of Government of CARICOM,^{21/} all the participants endorsed the Caribbean Regional Strategic Framework on HIV and AIDS (2008-2012). Funds for this initiative will be sought from Government contributions and various sources including the Global Fund to Fight AIDS, Malaria and Tuberculosis.

C. Communicable disease

3.25 Despite the predominance of chronic non-communicable diseases, communicable diseases are still important causes of morbidity and have the potential to be major causes of mortality (CAREC Annual Report 2006). For instance, outbreaks of gastroenteritis were reported by several Caribbean countries during 2006 (see section below) and there were 288 confirmed cases of dengue, which occurred in epidemic form^{22/} (Caribbean Commission on Health and Development, 2005 and CAREC, 2006). In 2007, Dengue Fever and Dengue Hemorrhagic Fever stretched the resolve of health services and vector control in the Caribbean to unprecedented levels. In Guyana, 400 confirmed cases of dengue were reported in 2007 and up to April 2008, 103 cases have been reported (9 up from same period in 2007). Dengue has been on the increase in the Eastern Caribbean islands. In countries such as Puerto Rico and Martinique, outbreaks were also reported with 6,000 new cases in the Dominican Republic. As a result, St. Kitts and Nevis and British Virgin Islands were forced to mount heavy surveillance in airports and ports (Pan American Health Organization and the US Centers for Disease Control and Prevention, November 2007).

3.26 There were outbreaks of malaria in two countries (The Bahamas and Jamaica in 2006) and tuberculosis. Malaria is not a health risk in most of the Caribbean islands; but it is still present in Haiti where it is of moderate to low risk. In Guyana, malaria continues to pose a significant threat to the health of its citizens. In 2007, 30,000 cases of malaria were reported (Ministry of Health Guyana 2007).

^{21/} The XXIX CARICOM Meeting was held in Bolans, Antigua and Barbuda, July 1-4, 2008.

²² / When an illness assumes epidemic form it means that a large number of cases of that particular disease occurs at the same time.

3.27 Through the Expanded Programme on Immunization, one of the achievements in the past decade in the Caribbean region has been the absence of reported cases of poliomyelitis, measles and rubella. Coverage by immunization against diseases remains high. Since 1995, no cases of Congenital Rubella Syndrome or diphtheria have been reported (CAREC, 2006).

3.28 Foodborne illnesses^{23/} continue to be serious causes of morbidity as shown in Table 4.6. Foodborne diseases (FBDs) are a major cause of human illnesses, economic burden and public health concern in the Caribbean (CAREC 2006), as evidenced by the number of reported cases of gastroenteritis. In 2005-2006, there were 52,385 cases in persons of <5 years and 53,303 cases in persons >5 years. *Salmonella*²⁴ continued to be the most common reported foodborne pathogen causing illness (728 cases from 14 countries), followed by *Ciguatera*^{25/} (358 cases in 6 countries) and *Shigella*^{26/} (156 cases in 10 countries). A marked decrease in the total number of *Salmonella* cases in 2006 from the previous year cases was detected: 728 in 2006 and 1068 in 2005. The majority of reported cases were from Barbados; Suriname; Jamaica; and Trinidad and Tobago. Data collected from CAREC member countries indicated that there were 21 reported gastroenteritis outbreaks that were food or waterborne related in 2006 (CAREC, p. 66, 2006). Outbreaks were reported in Barbados (6 outbreaks), The Bahamas (1), Jamaica (7), Suriname (6) and Dominica (1). CAREC has implemented an FBDs security programme, initiated in 2003, to prevent the emergence of these diseases and increase knowledge among the population.^{27/}

TABLE 3.6: REPORTED CASES OF GASTROENTERITIS AND FDB PATHOGENS BY COUNTRY, 2005-06

Country	Gastroenteritis		Gastroenteritis		Campylobacter		Ciguatera		Salmonellosis		Shigellosis		Hepatitis A			
	< 5 years		> 5 years		2005		2006		2005		2006		2005		2006	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Anguilla	72	158	122	345	-	0	19	22	4	6	1	0	-	0	-	0
Antigua & Barbuda	444	831	910	9788	-	0	194	169	12	4	2	0	-	0	-	0
Aruba	-	-	-	-	-	-	-	-	8	0	-	-	-	-	-	-
The Bahamas	849	1,419	2,394	3,328	0	-	175	9	17	10	11	6	5	3	-	3
Barbados	420	824	773	1,532	35	26	-	-	291	182	0	5	-	-	-	-

²³ / Foodborne disease occurs when an individual becomes ill from consuming contaminated food and/or contaminated water.

²⁴ *Salmonella* is a gram-negative, rod-shaped bacillus that can cause diarrheal illness in humans.

²⁵ / *Ciguatera* is a food borne illness poisoning in humans caused by eating marine species whose flesh is contaminated with a toxin known as ciguatoxin.

^{26/} *Shigella* is a bacterium that causes food poisoning and diarrheal illness

²⁷ / In 2006, the FDB program continued to strengthen integrated surveillance systems for FBD at regional and country levels through implementation, planning of control activities with CAREC's Epidemiology Division; assessment of status and impact of FBD via surveys and analysis of FBD data from member countries; in-country technical support and training in surveillance systems and investigation of outbreaks. In 2007, the program played an important role in the preparation for Cricket World Cup 2007 by enhancing knowledge on mass gatherings surveillance in four hosting countries. (www.carec.org)

Bermuda	164	138	186	768	0	15	4	0	40	53	2	1	2	0
Belize	72	3,336	1,193	2,767	0	0	0	0	7	3	1	0	15	8
BVI	-	-	-	-	-	-	8	-	1	0	3	-	0	-
Cayman Islands	237	432	628	1,067	-	0	10	0	7	3	1	0	15	0
Dominica	178	666	181	1,332	-	0	0	0	2	0	4	1	1	0
Grenada	763	824	693	683	-	-	0	-	-	-	0	-	0	-
Guyana	-	-	-	-	-	-	-	-	9	4	2	-	12	-
Jamaica	11,111	28,045	10,091	16,799	1	1	23	136	255	200	27	18	2	0
Montserrat	28	44	41	132	-	0	21	7	0	0	0	0	0	0
St. Kitts	121	351	296	911	-	-	0	0	1	6	0	-	-	-
St. Lucia	61	1,547	167	2,338	-	0	-	0	36	10	9	16	0	0
St. Vincent	709	518	1,024	776	1	1	0	0	8	4	0	-	-	-
Suriname	2164	641	2,219	315	-	0	-	0	182	132	84	91	4	0
Turks and Caicos Isl	360	302	350	426	-	0	1	0	2	6	7	3	0	0
Trinidad and Tobago	8066	12,309	13,390	18,806	-	0	0	0	196	97	29	13	0	0
Total	25,819	52,385	34,658	53,303	37	43	453	358	1,078	728	183	156	41	11

Source : CAREC Annual Report 2006

D. Crime, Violence, Injuries and Illnesses

3.29 The inclusion of a sub-chapter on Crime and Violence in the Health section is somewhat restrictive. Crime and violence are a development issue on their own and deserves a greater focus.^{28/} In the Caribbean, the escalating rates of crime and violence are having direct effects on human welfare in the short-run and long run effects on economic growth and social development.^{29/} The cost of crime and violence go beyond the health burden. Crime and violence drive away investment, both foreign and domestic, reduces productivity, earnings, savings, tourism industry capacity, and consequently leads to slower growth. Most importantly, violence disproportionately affects the poor and erodes their livelihoods and assets. As Moser^{30/} (1996) argues, the more assets an individual or household can acquire and the better they manage them, the less vulnerable they are. Violence, however, severely hampers the poor's ability to accumulate assets. As regards the health sector, the consequence of crime and violence has significant impact on the effectiveness and delivery of the health systems. A high incidence of crime induces the population and policy-makers to divert resources from other productive purposes.

3.30 Violence remains a significant public health problem and a core development and health issue in the Caribbean. The impact of violence goes far beyond individual injury and death, and has devastating effects on human development overall. Death and injury from violence constitute a major threat to public health, one which is at times difficult to quantify in terms of the costs of health responses and even more difficult to quantify in terms of economic, social and cultural impact on society. Although violence tends to be discussed in terms of homicide rates, domestic violence is in fact among the most pervasive types of

^{28/} For the purpose of this paper it is worth observing, albeit briefly, the impact that crime and violence have on the social sector.

^{29/} *Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean*, World Bank 2007.

^{30/} As cited in Heinemann and Verner, 2006.

violence in the Caribbean. The World Health Organization Report (2002) on global violence suggests that, although organised forms of crime have received greater attention from governments on a regional and global scale and from the media, domestic violence; silenced forms of physical abuse; unobserved forms of violence; and any form of self-directed, interpersonal and collective violence and injury represent a 'bigger portion of fatal violence around the world'. Physical abuse is common; the Caribbean Adolescent Health Survey (2000) in six countries found that 11% of females and 9% of males had experienced sexual abuse.

3.31 Murder rates in the region –at 30 per 100,000 population annually- are higher than for any other region in the world³¹. Assault rates are also significantly above the world average (World Bank, 2007). In 10 selected Caribbean countries, homicide and motor vehicle accidents account for 9.3% of the years of Productive Life Lost (PPYL), second only to HIV/AIDS. Homicides at 19.8% are the leading cause of death among people aged 15-24. Homicides alone account for 5.9% of PPYL and represent the third most important contributor to productive life lost. For many countries, the incidence of murders continues to rise. The highest prevalence of mortality due to murders is in Jamaica with 50 deaths per 100,000 people, followed by the US Virgin Islands with 38.7, St. Kitts and Nevis at 35.5 and Belize at 32.2.

³¹ The data include the Dominican Republic and Cuba.

TABLE 3.7 : THE REGION – NUMBER OF MURDERS

Country	Population	2004	2005	% Change	2006	% Change	Murder rate^a 2006
Jamaica	2,644,600	1,445	1,674	15.8	1,335	-20.3	50.5
St. Kitts and Nevis	47,900	11	8	-27.1	17	112.5	35.5
Belize	282,600	83	78	-6.0	91	16.7	32.2
Trinidad and Tobago	1,290,600	260	386	48.5	369	-4.4	28.6
St. Lucia	162,400	37	37	0	39	5.4	24.0
Guyana	751,400	131	142	8.4	153	7.7	20.4
Puerto Rico	3,913,100	571	732	28.2	739	1.0	18.7
The Bahamas	320,700	44	52	18.2	60	15.4	18.7
British Virgin Islands	21,700	5	3	-40.0	4	33.3	18.4
Antigua and Barbuda	80,100	3	3	0	12	300.0	15.0
St. Vincent and the Grenadines	100,600	27	26	-7.1	13	-50.0	12.9
Grenada	104,500	6	11	83.3	12	9.1	11.5
Barbados	272,400	28	26	-7.1	30	15.4	11.0
Dominica	70,400	8	8	0	5	-37.5	7.1
Suriname	487,000	n.a	10	n.a	23	130.0	4.7

^a Rate per 100,000

Sources: UNODC's Crime Trends Survey and Interpol and police statistics. For Trinidad and Tobago, Ministry of National Security.

3.32 Since 1990, intentional and unintentional injuries have emerged as significant topics of concern in the Caribbean as the number of reported cases has grown steadily. However, morbidity from violence and injury represents only the tip of the iceberg as mortality data do not offer insight into the vast amount of cases that result in hospitalisation or visits to accident and emergency units of public hospitals. Crimes suffer from severe underreporting, especially crimes such as domestic violence and the abuse of children and the elderly. The Jamaican Injury Surveillance Unit reports that injuries associated with intentional violent acts (domestic violence and sexual abuse) are the leading cause of admission to public hospitals (Caribbean Commission on Health and Development Report, 2007). The incidence of violence and injury is highest in main urban areas, and primarily affects people in their prime working years.

3.33 During the 1970s, the leading cause of mortality among young people (15 yrs to 24) was death from natural causes. In the 1980s and 1990s, HIV/AIDS and violence and injury became the main causes of mortality for the same age group. This pattern intensified in the new millennium with an evident acceleration in the incidence of violence and injury. In 2002, HIV/AIDS, violence and injury (including suicides) and motor vehicle accidents, (9%) accounted for 47% of all cases of

mortality in the 15-24 age group. In 2002, Latin America and the Caribbean region recorded 2,055,000 traffic-related injuries with an average mortality rate of 16 per 100,000 population. Males in the most economically active age group make up the largest proportion of reported victims of road crashes. Worldwide, road fatalities are still a leading cause of death. Road fatalities are expected to continue to increase with a fatality toll between 900 thousand and 1.1 mn in 2010 and reach between 1.1 mn and 1.3 mn in 2020 (World Bank, 2007).

3.34 Lack of data regarding the impact of traffic-related injuries on social life in the Caribbean is a problem. However, the characteristics and the hazards of road traffic environment in many Caribbean countries are widely known. Barbados ranked in the top 10 countries with accident victims according to the size of the populations (Economic Intelligence Unit 2008) at an annual rate of 763 victims for every 100,000 people.^{32/} Suriname; Belize; Jamaica; and Trinidad and Tobago are the countries which recorded the highest rate of road fatalities. In Belize, the 2006 death rate per 100,000 people was 26.7; in Trinidad and Tobago the rate was 14.9, while Jamaica had a death rate caused by road accidents of 14.8. Most of these deaths are avoidable as lack of policies compatible with country needs exacerbates the problem. Fatalities, however, represent the 'tip of the road casualty iceberg', and much more priority needs to be given to the collection of road injury data. This information can then be used to assess the relative importance of the problem from both an economic and social viewpoint and to take corrective action.

TABLE 3.8: MORTALITY CAUSED BY TRAFFIC ACCIDENTS, SELECTED COUNTRIES

Country	Year	Rate (per 100,000 population)
Belize	2006	26.7
Jamaica	2003	14.8
Trinidad and Tobago	2003	14.9
United States of America	2000	14.6

Source: PAHO, 2007

3.35 In the region, it is widely acknowledged that road conditions are poor, and in many countries road quality does not expand as fast as automobile sales. Lack of traffic management; a high number of vehicles driven at excessive speed; inappropriate conduct by drivers; inadequate parking facilities; and poor road conditions often result in need of frequent repair and change of vehicles. All contribute to general congestion and a high accident rate. In addition, many roads are shared by pedestrians, bicycles, cars, public buses and pushcarts and animal-drawn vehicles. It comes as no surprise that the highest number of fatalities include pedestrians and bicyclists. In 2003, in Jamaica and St. Lucia, the largest group of road users that died from traffic accidents was pedestrians, with over

³² / A contributing factor to Barbados road accident picture may be the number of cars: 305 cars per 1000 people, 33rd in the world. In 2003, Barbados was among the countries with the "densest" road networks, ranked sixth in the world with 62.6 vehicles per kilometer of roads (EIU, 2008)

25%. For the same year in Trinidad and Tobago, motorcyclists and passengers were the groups with the highest death rate. Also road mortality and morbidity have a disproportionate impact on males throughout the Region (ECLAC 2007). Between 75% and 80% of deaths were among males. Adults aged 15-29 represent 40% of mortality caused by road accidents, followed by adults aged 30-44 with 25%.

3.36 Road injury and/or fatality can result in incalculable long-term economic and social costs for families and for the health sector. Traffic management and traffic planning strategies -such as road design focusing on the need of the entire transit population not just on motorised users; traffic norms and regulations for different road users- are required. Actions seeking to improve road safety and lower the rates of morbidity and mortality caused by road accidents will have to address the physical, institutional and technical context within which road injuries occur. Comprehensive traffic-planning strategies and interventions targeting the behaviour of all road users are required.

3.37 Another problem to be resolved in order to improve traffic planning is the lack of reliable data relating to accidents and deaths from the various sectors (such as transportation, police and health care). With the recent introduction of seat-belt legislation in many Caribbean countries, deaths and injuries from road accidents are beginning to show a modest downward trend. However, with this small reduction in casualties from road accidents, more safety measures are required. When other means of transportation are unavailable, many are forced to travel on foot by the side of the road in poor lighting conditions or in total darkness, thus putting their own lives and those of the motorists at risk. A large number of pedestrians either perish or remain permanently maimed due to a lack of sidewalks or clearly signed pedestrian walkways along main roads or highways. Also, increasing sources of deadly road accidents are caused by stranded cattle and other wandering animals. The increasing number of deaths and injuries caused by careless driving; absence of pedestrian space and crossings necessitate better city planning (e.g. many busy circulation arteries run through crowded urban areas); more vigilant road control and policing; and tougher sanctions against code violations.

3.38 Domestic violence is also perceived to be a serious cause of morbidity. However, it tends to be significantly underreported. Reported rates are sensitive to the level of trust in the local authorities and the willingness of the victim to report domestic violence in particular. Spousal violence and violence against women and girls affect a significant level of women in the Region. Police statistics offer a very limited picture as to the depth of the problem as many victims are unwilling to report. The extent of physical abuse is partially highlighted by the frequent coverage in the media of reported acts of violence against women. A victimisation report (Halcon et al. 2003) reveals that 48% of adolescent girls' sexual initiation was "forced" or "somewhat forced" in nine Caribbean countries. In Jamaica, 38,135 cases of injuries were reported in 2003. In the same year, there were 12,585 motor vehicle accidents in which 391 people were killed and 4,041 people injured.

3.39 Assessments of the economic burden of violence and injury are difficult to make. However, the direct and indirect costs are considered high, and they divert attention and resources from other health issues. The effects of violence and injury have lasting consequences on the education and tourism sector; agriculture; mental and reproductive health. Data on the costs and the impact of violence on the economy are scant and only recently research studies are beginning to emerge. In Latin America and the Caribbean, the cost of treating injuries has been estimated to vary from 1 to 5% of GDP (ECLAC, 2005). Victims of violence constitute a source of output loss and consequently of income provision for the household. In 2003, a rough approximation of the overall cost of injuries in Jamaica placed the burden at nearly US\$38 mn annually (US\$15.30 per person per year, equivalent to 0.8% of GDP).

E. Health Systems Infrastructure, Health Spending and Health and the Poor

3.40 Many Caribbean countries have achieved a comparably good health status; provision of primary health care has been granted; increased public financing has gone into health; and Ministries of Health have achieved greater control over spending and administration. Nevertheless, over the past decade, complaints about the deterioration of the quality of services, the high costs associated with medication and the tendency of the system to focus on providing cures rather than targeting the causes, point to the inability of health administrators to respond effectively to the changing needs of the users (ECLAC, 2006).

3.41 Analysis of the health systems and services shows that although most countries have health plans, their development and execution are often stymied by deficiencies in the allocation of resources to public health services; the impact of the application of “user fees” on low income groups; and poor data systems and inadequate availability of data to policy-makers. The inadequate provision of data on which public health policy is based remains a major challenge. In order to counterbalance the impact of the introduction of user fees, some countries are in the process of examining the feasibility of introducing graduated health charges for some services with exemption for the poor. The outcome is still to be evaluated but, given the growing number of elderly citizens and the increased number of diseases that require prolonged care and continuous use of medication, proper implementation of such plans will be extremely important for the delivery of health services to disadvantaged groups.

3.42 Caribbean countries appear to have made significant progress in health, having achieved impressive levels of public spending in health care (Swaroop, 1997). Overall, total health spending from national governments has increased in the past 30 years. However, many of the health systems in the Caribbean remain under-funded³³ and, as a consequence, pressure for higher and better allocation of resources has been gaining momentum. Health financing consumes a significant share of the region’s GDP. On average, public health spending accounts for over 5% of the GDP of most countries (see Table 3.8). Countries with the highest shares are The Bahamas; Barbados; Grenada; Haiti; and Suriname. Haiti and Trinidad

^{33/} Kairi 2005, p. 23.

and Tobago are the only two countries in which private spending is higher than public spending.^{34/} In Guyana, the state is responsible for more than 80% of health expenditure.

3.43 Average expenditures on health in the Caribbean, as a percentage of GDP, are higher than in other developing countries. However, there remains the contentious issue of allocation of funds as an important benchmark in order to show how funds translate into results. Studies have shown that expenditure allocation would generally demonstrate whether the poor are benefiting from health care services. Further analysis on the health system and the poor is highly desirable. Additionally, a cursory look at regional spending on healthcare suggests that high expenditures do not automatically lead to improved health outcomes. For example, Suriname reports health expenditure at 7.8% of GDP, close to developed-world levels, but the incidence of cardiovascular disease is the third worst in CARICOM. Health spending must translate into better health education, readily available information on healthy lifestyle and ways to prevent diseases associated with bad nutrition and potentially hazardous habits such as excessive drinking, lack of exercise and, unbalanced diets. Thus, the thrust of a government's intent on getting better returns from health expenditure will focus more on prevention. The importance of preventing avoidable diseases will have to be considered more seriously, especially given the increase of NCDs, the growing number of elderly citizens and bad lifestyle choices that are made due to lack of information.

3.44 The organisation and quality of the health services also depend on capacity in the areas of health planning, management, financial and budgetary arrangements, human resources and location facilities. Most countries in the Caribbean have national strategic health plans that are being reviewed for implementation. These plans have highlighted the need to address cross-cutting issues, and have all indicated also the need to work with various stakeholders and partners in the private sector, NGOs and international aid agencies. One common need is the provision of data and information technology in order to facilitate long-term public policies on a national and a regional scale. The Caribbean Commission of Health has warned that problems such as management of human resources; the exodus of nurses; information systems; and public health leadership are all areas that need to be addressed.

³⁴ / Nine specialised UN agencies have offices in Haiti; six of them work in the health sector. In addition, the United States Government is the largest donor, providing over one-third of all humanitarian and development assistance to Haiti. United Nations; Taiwan; Canada; Japan; and France are other major contributors. The European Union currently has an approximate pipeline of \$300.

TABLE 3.8 : HEALTH EXPENDITURE TOTAL % OF GDP, 2004-05

Country	Public Sector, Total Health Expenditure as % of GDP		Private Health Spending as % of Public Health Expenditure	Health Expenditure per Capita (US\$)
	2004	2005	2004	2005
Antigua and Barbuda	4.8	4.8	29.4	503
The Bahamas	6.8	6.7	49.9	1224
Barbados	7.1	6.8	36.5	725
Belize	n.a.	n.a.	46.2	n.a.
Dominica	5.9	6.5	28.7	288
Grenada	6.9	7.2	27.2	342
Guyana	5.3	5.4	16.5	60
Haiti	7.6	6.2	61.5	27.61
Jamaica	5.2	4.7	45.7	170
St. Kitts and Nevis	5.2	5.5	36.8	478
St. Lucia	5.0	5.9	35.0	323
St. Vincent and Grenadines	6.1	6	36.8	218
Suriname	n.a.	n.a.	54.0	n.a.
Trinidad and Tobago	3.5	4.5	61.1	513.1

Source: WHO Global Insight Research, 2004 WDI, 2007

4.44 Governments have long recognised the importance of preventive health care in improving the welfare of their population as a whole. The development of the CARICOM Single Market and Economy (CSME) hinges on a set of new arrangements envisaged in the face of increasing social challenges. In the 2001 Nassau Declaration and in subsequent statements (2003 Montego Bay conference), CARICOM Heads of Government recognised that the health status of Caribbean people constitutes a prerequisite for the region's wealth. A healthy population is an essential ingredient for economic growth and stability of the Caribbean (Caribbean Commission on Health and Development vii: 2005). Recent studies in economics have shown that there is an increasing link between health and wealth (CCHD Report, 2005) a notion, as argued by qualitative reports, strongly accepted by the interviewed that a healthy life paves the way for a more productive and opportunity-ridden professional path (Wint, 2007). For instance, adequate health services have been found to have direct impact on foreign direct investment (FDI) -such as the case of Trinidad and Tobago- and the tourism industries (in Barbados increased public expenditure on health is associated with an increase in tourist arrivals), two of the major contributors to Caribbean economies (CCHD, 2005). The literature has established a strong link between a healthy work force and injection of FDI into the Region. Foreign operators and investors are more likely to initiate business in a healthy milieu. Similarly, a healthy environment will increase the value of the Region as a 'holiday destination', and will appeal to the tourism industry. Countries that have succeeded in providing adequate health programs and reducing child mortality rates have been shown to have higher economic growth rates (World Bank, 1997).

3.45 In seeking to improve the health status of the population, a set of recommended general measures has taken priority on the regional agenda. These include: improved water supply; sewage disposal; sanitation and housing (Kairi 2005, xii); creation of infrastructure for physical exercise; promotion of healthy lifestyle and diets; maintaining and expanding user charges to ensure rational use of resources, with exemptions for the poor and the indigent; development of partnerships with the private sector without compromising access of the poor to publicly funded health services; information system development and analysis including application of information technology in tracking morbidity from birth to adulthood and to ensure equity in the health system (Kairi, 2005); mental health program development; HIV/AIDS response expansion; non-communicable disease management; reduction of violence and injury; improving the capacity of public health systems to respond to natural disasters and to allocate provisions for the most vulnerable; human resource and skills enhancement; environmental health and related communicable disease improvements.

3.46 The present demographic transition results in new challenges for the health system of the Region as a whole. The classic health indicators show improvements in life standards, reduction of communicable diseases and primary health care availability. However, health gains have not been equally achieved and enjoyed. To assess the quality of publicly provided services, it is useful to examine expenditure allocation between basic, secondary and tertiary levels. This would reveal whether the poor are really benefiting from public education and health care services. Despite the paucity of data on secondary and tertiary health care, several studies have shown that government subsidies for services at the tertiary level, such as hospital-based curative care, disproportionately benefit higher-income families who could afford to pay a significant portion, if not all of the cost of such services. Research shows that health problems affect the poorer sectors of the population to a greater degree than other income groups (Phipps 2003, Bloom et al 2004). For instance, the incidence of non-communicable diseases (NCDs) is higher among low income groups. This can be explained by the difficulty in leading a healthy lifestyle; lack of knowledge; and the inability to seek and receive preventive care. Furthermore, many of the poor are aware of dietary needs, but are unwilling or unable to observe requirements (Health and Poverty in the Caribbean, Kairi 2005, xi).^{35/}

TABLE 3.9 : COMPARATIVE HEALTH INDICATORS

Indicator	AN T	BA R	BVI	DO M	GU Y	JA M	Hait i	St. Lucia	Japa n	US A
Life Expectancy at birth (years)	72.5	76.5	72.8	77.3	63.5	74.7	54.2	75	82.8	76.8
Rural pop w/access to safe water (%)	89	100	97.8	91	83	69	56	98	100	100
Rural pop w/access to excreta disposal (%)	n.a	100	96	80	n.a	92	n.a	n.a	100	99
National Health Expend. Per capita (US\$)	503	421	n.a	198	60	76	27.6 1	323	1,86 4	2,72 5
National Health Expend. (% of GDP)	4.8	6.8	3.9	6.5	5.4	4.7	6.2	5.9	7.8	15.4
Physicians per 1,000 pop. –	0.17	1.21	1.59	0.50	0.48	0.85	0.25	5.17	1.98	2.56

^{35/} *Health and Poverty in the Caribbean*, Kairi 2005, xi.

density										
Hospital beds per 1,000 pop. – density	3.9	7.4	n.a.	3.6	2.9	2.3	0.8	2.8	16.4	5.2
Dentists per 1,000 pop.- density	0.19	0.24	n.a.	0.05	0.04	0.08	0.01	0.06	0.71	1.63

Source: WHO Health Statistics, 2007

3.47 Collectively, CARICOM governments are committing themselves to ensuring that they preserve the gains of the health sector of the past 30 years, and that they guarantee health services standards with particular regard to the poor and the indigent. Governments are therefore invited to implement action plans that address the imbalance of accessibility to health services. In fact, most inequalities in health between income groups reflect an unfair distribution of access to health services (ECLAC, 2007). Inequalities in health access and health services provision translate into manifest gaps in health indicators such as childhood malnutrition and maternal mortality. Negative health indicators are more present in the poorest households as low-income groups are more likely to be exposed to a set of disadvantages. In short, those who are poor tend to die earlier. The nexus between health and poverty has been widely analysed. The notion of a vicious cycle of ill health and poverty has been identified:

“Poverty leads to ill health through increased personal and environmental risk, increased malnutrition and food insecurity, less access to knowledge and information, and a reduced ability to access health care, while ill health causes poverty by reducing household income and lowering people’s learning ability, productivity and quality of life” (WHO, 2001).

3.48 Health and wellness promotion increase greater self-responsibility for changing one’s own living conditions and can lead to changes in patterns of morbidity and mortality. A paradigm shift in the approach to health has been recommended. This would represent a change in behavioural patterns, in knowledge acquisition and in policy-making.

TABLE 3.10 : PARADIGM SHIFT

FROM	TO
Focus on those who are sick/exposed	Focus on the whole population
Avoidance/alleviation of illness and suffering	Promotion of higher standards of health for all
Benevolent problem-solving	Empowerment and increased autonomy
Professionals in and of institutions	Leaders in and of communities
Pedantic teaching/instructing	Stimulating/Guiding/Supporting

Source: *Health and Poverty in the Caribbean*, Kairi, 2005

3.49 In conclusion, the general consensus on the causes of ill health and the strain that ill health is putting on governments’ expenditure capacity is shifting attention from exclusively improving health facilities to encouraging healthy lifestyles and continuing a commensurate upgrading of health care services.

Health and wellness literacy is and will remain the ultimate safeguard and “would empower the poor and non-poor to protect and improve their health status”.^{36/}

4. **HOUSING**

"In no economically advanced country--a sadly neglected matter--does the market system build houses the poor can afford".

- J.K. Galbraith

A. Earth as Urban Planet^{37/}

4.01 The earth is becoming more and more an urban planet. The closer reach to social services such as education and healthcare, job opportunities and the lure, illusory or real, of a better life under city lights exert an unrelenting pull on people throughout the planet.

4.02 We are living in a world of unprecedented demographic change. After growing very slowly for most of human history, the world's population more than doubled in the last half century to reach 6 bn in late 1999. By 2006 it had reached 6.7 bn. Lower mortality, longer life expectancy and a youthful population in countries where fertility remains high, all contributed to the rapid population

³⁶ *Study on Health and Poverty in the Caribbean*, Kairi, 2005, page 110.

^{37/} From UN Millennium Project: “A Home in the City”, 2005

growth of recent decades. According to the UN, the world population is expected to rise in the next 43 years by 2.5 bn, to reach a total of 9.2 bn in 2050. The increase is equivalent to the total world population in 1950 (UNFPA, 2007). Essentially all of the growth will take place in the less developed countries, and will be concentrated among the poorest populations in urban areas.

4.03 Approximately one-half (urban population: 48.7%) of the world's population (world population: 6,464.7 bn)^{38/} now lives in urban areas. The places with the fastest population growth are cities and urban settlements of the middle and low-income countries. However, urban reality hits hard as many cities cannot possibly fulfill all of their promises. Cities are unprepared for the needs of all new-comers, and many migrant workers must live in poverty or extreme poverty, swelling the ranks of informal economy. An increase in urban populations places a strain on the availability and quality of housing and social services; creates overcrowding, poor housing conditions and sanitation facilities; informal employment and high levels of criminal activity. These are the classic features of urban poverty. An estimated 900 mn urban residents live in poor housing conditions; non-existent sanitary facilities; unsafe shelter; and have no access to drinking water. Overcrowding and the rapid expansion of urban areas in the attempt to accommodate new settlers pose new challenges to the lives of urban residents. Towns and cities, under the weight of the process of urban growth, are in danger of becoming what a sociologist describes as places of "basic instincts, subterranean fears and unspoken desires, a place which reveals the savage basis of the human condition and the frailty of civilised society."^{39/}

4.04 The urban population of CARICOM countries has expanded significantly over the last 30 years, albeit not at the same rate observed in other developing regions of the world. Studies suggest that urban growth in the CARICOM countries is likely to continue at a faster pace in the next two decades than it has since 1975. The proportion of the urban population comprised 61% of the Caribbean's population in 1995 and it increased to 64% by 2005. On present indications, the urban population would be 67% in 2020, amounting to 10.5 mn persons in comparison with 7.7 mn in 2005 (see table 4.2). In some countries this process is occurring very rapidly: The Bahamas, Barbados, Haiti, Suriname and Guyana. In these countries, very large segments of the populations (up to 71%)^{40/} tend to be located in or near metropolitan centers. In St. Lucia, for instance, the Government's intent to diversify the economy through investments in tourism and other service industry has resulted in a change in the country's settlement patterns. In 1995, 36% of the population lived in Castries and its environs. It increased to 41% in 2005.^{41/} According to the United Nations, (UNDP, 2005) only in two English-speaking Caribbean countries (St. Kitts and Nevis and Belize) a mild process of de-urbanization occurred. Trinidad and Tobago is the Caribbean country with the lowest percentage of population living in urban areas with 12.2%. The Bahamas has the highest level of urbanisation at 90.4 %.

^{38/} Both statistics provided by *The Economist*, 2007 est.

^{39/} J. R. Short (1991): *Imagined Country: Society, Culture, Environment*

^{40/} Since 2000...

^{41/} CDB's Annual Economic Review 2007, p. 10.

TABLE 4.1 : POPULATION OF CAPITAL CITIES IN SELECTED CARIBBEAN COUNTRIES (2006)

Country	Population	Capital City (POP.)^a	%
The Bahamas	330,549	210,832	63.7
St. Lucia	172,884	61,400	35.5
St. Kitts and Nevis	42,696 (2005)	15,000 (2000)	35.1
Barbados	279,000	96,578	34.6
Grenada	110,000	33,000	30
Antigua and Barbuda	82,786	24,226	29.6
Guyana	769,095 (2007)	213,705 (2002)	27.7
Jamaica	2,651,000 (2005)	651,880 (2001)	24.5
St. Vincent	120,000 (2008)	15,900	13.2
Trinidad and Tobago	1,305,000 (2005)	110,000 ¹	8.4

Source: CIA Fact books

^a Capital District or Greater Metropolitan Area

¹ Percentage of population of Port of Spain and St. Fernando

TABLE 4.2 : LEVELS OF URBANISATION IN THE CARIBBEAN, 2000-25

Year	Percentage of Total Population Living in Urban Areas
2000	64.6
2005	67.9
2010	70.0
2015	72.1
2020	74.1
2025	75.9

Source: United Nations (1999)

4.05 The impact and the effects of the process of urbanization on social services and shelter conditions have not been extensively investigated. However, there are certain socio-demographic aspects to the urban growth phenomenon that are immediately striking. The present day urban residents are mainly the poor, especially those who settle in inner cities (as described in the section below 'housing and the poor') in search of better employment opportunities and a higher quality of life. Urban areas no longer appear to be predominantly places of residence for the affluent. Middle and upper income groups have generally migrated to newly-created suburban residential districts in the rural periphery or on hillsides previously occupied by the poor⁴².

^{42/} From Pres. Compton Bourne's address at Caribbean Development Bank's 2007 Annual Board Meeting.

4.06 The most favorable upshot of the process of urbanisation and its subsequent leverage on social services, infrastructure and societal development in general is that it has brought the housing issue to the fore of the public policy agenda. Housing, inevitably linked to environmental development, has come to be regarded as a priority development issue for many Caribbean governments. The influx of people converging in and around urban areas has increased the demand for housing.

4.07 Housing plays a prominent role in the lives of Caribbean people. It is a key component of a community's quality of life. Homes provide a foundation for obtaining employment, for raising children and for building relationships with neighbors and the broader community. Housing that is well maintained and suited to the needs of occupants contributes to general health, well-being, and social interaction. Furthermore, housing that is affordable leaves households with sufficient financial resources to participate fully in the community at large.

4.08 Despite the well documented process of urbanisation, housing issues in the region affect urban and rural areas alike. While urban shelters might suffer from conditions of overcrowding and health and safety, rural housing conditions are still poorly serviced. In Jamaica, for example, in 2002 the Ministry of Water and Housing noted that 96% of Kingston Metropolitan Area had access to piped water, while access in the rural areas stood at 40%. In 2008, still only 71% of households had access to piped water with a significant disparity between urban and rural areas.

4.09 The need for action in the housing sector resonating from other corners of the globe and fortified through the application of the written principles of human rights as stated in the Universal Declaration, has prompted many governments and development agencies alike to redirect their attention to shelter conditions of low-income groups. The housing market, operating on a demand basis, cannot cater for the needs of the low-middle and low income groups; in absence of favorable housing solutions, these groups continue and will continue to resort to self-help and informality (World Bank, 2008).

4.10 Despite widespread recognition of the human right to adequate housing, the UN Centre for Human Settlements estimates that over one bn people worldwide live in inadequate housing and 100 mn are homeless.

4.11 As called for in the MDG number 7 on ensuring environmental sustainability through achieving significant improvement in lives of at least 100 mn slum dwellers by 2020, it is essential that we find ways to create alternative responses to new slum formation, the housing needs of the poor and slum dwellers. With the high density of people in urban settings and the poor inhabitants in rural areas, housing needs remain a priority for the entire population. International development agencies are acting on the premise that a place of residence should not "decide whether you live or whether you die."^{43/} In this powerful dictum resides the noble vision that housing conditions must not be regarded as luxury or as a force dictating the course of people's lives.

^{43/} From DATA, Debt Aids Trade Africa, 2005.

B. Housing as a Human Right

4.12 The issue of adequate housing has come to the fore of public policy debate. The attention that has been given to securing a satisfactory habitat for the population by policy makers and international agencies alike, has stemmed from the realisation that to live in a place, and to establish one's own personal or collective habitat with dignity and security, should neither be considered a luxury, a privilege nor purely the good fortune of those who can afford it. Rather, the imperative of adequate housing for personal security, privacy, health, safety, protection from the elements and many other attributes of a shared humanity, has led the community of nations to recognise adequate housing as a basic human right.

4.13 The recognition and promotion of the human right to adequate housing by the United Nations effectively began immediately following the creation of the organisation itself, during the drafting of the Universal Declaration on Human Rights. Since the adoption of the Universal Declaration in 1948, the human right to adequate housing has been subsequently reaffirmed and strengthened, with the United Nations placing considerably expanding attention on various measures designed to promote and protect these rights in recent years. In recognition of the indispensable importance of adequate housing for individuals to live a full life and to enjoy and benefit from all human rights, this right now finds legal substance within many international and national legal texts.

4.14 The human right to adequate shelter includes the following indivisible, interdependent and interrelated human rights:

- The human right to an adequate standard of living;
- The human right to access to safe drinking water and sanitation;
- The human right to the highest attainable standard of physical and mental health;
- The human right to a safe and healthy environment;
- The human right of the child to an environment appropriate for physical and mental development;
- The human right to access to resources, including energy for cooking, heating, and lighting;
- The human right of access to basic services, schools, transportation and employment options;
- The human right to affordability in housing so that other basic needs are not threatened or compromised;
- The human right to freedom from discrimination in access to housing and related services based on sex, race, or any other status;
- The human right to choose one's residence, to determine where and how to live and to freedom of movement;
- The human right to freedom from arbitrary interference with one's privacy, family or home;
- The human right to security, including legal security of tenure;
- The human right to protection from forced evictions and the destruction or demolition of one's home including in situations of military occupation,

- international and civil armed conflict, establishment and construction of alien settlements, population transfer, and development projects; and
- The human right to equal protection of the law and judicial remedies for the redress of violations of the human right to adequate housing.

4.15 The phrase such as 'the right to adequate housing' could invoke connotations of the direct governmental provision of a house to all citizens invoking this right, or be taken at the most superficial level to imply that it is the State and only the State which bears any responsibility for securing adequate housing for a given population. Among the core areas of the State's role in realising the human right to adequate housing are provision of security of tenure; prevention (reduction) of discrimination in the housing sphere; prevention of illegal and mass evictions; elimination of homelessness and promotion of participatory processes for individuals and families in need of housing. In specific cases, the State may have to provide direct assistance, including provision of housing units, to people affected by disasters (natural and man-made) and to the most vulnerable groups in society.

BOX 1: WHAT IS ADEQUATE HOUSING?

Adequate housing should not be understood narrowly as having a roof over one's head. Rather, it should be seen as the condition of living somewhere in security, peace and dignity. This condition has a number of components, including the following:

- (i) Legal security of tenure: everyone should enjoy legal protection from forced eviction, harassment and other threats;
- (ii) Habitability: housing must provide inhabitants with adequate space and protection from the elements and other threats to health;
- (iii) Location: housing must be in a safe and healthy location which allows access to opportunities to earn an adequate livelihood, as well as access to schools, health care, transport and other services;
- (iv) Economic accessibility: personal or household costs associated with housing should be at such a level that the attainment and satisfaction of other basic needs are not compromised;
- (v) Physical accessibility: housing must be accessible to everyone, especially vulnerable groups such as the elderly, persons with physical disabilities and the mentally ill;
- (vi) Cultural acceptability: housing must be culturally acceptable to the inhabitants, for example, reflective of their cultural preferences in relation to design, site organisation and other features; and
- (vii) Availability of services, materials, facilities and infrastructure that are essential for health, security, comfort and nutrition, such as safe drinking

4.16 Many of the core contents of housing rights are effectively cost-free and require few positive interventions by governments, other than a commitment to implementing human rights duties and the necessary political will. Examining housing rights obligations from the perspective of duties to respect, protect, promote and fulfill these rights, reveals that the majority of such legal requirements do not oblige States to devote substantial financial resources towards securing these rights in order to fulfill their legal obligations. The provision of security of tenure and land title, measures of land reform, revision of national legislation, instituting systems of tax credits, enforcing non-discrimination provisions, supporting appropriate incentives to the private sector, allowing community-based and non-governmental organisations to operate and organise freely and so forth will not stifle economic progress.^{44/}

C. Housing Infrastructure in the Caribbean

4.17 The little literature available on housing in the Caribbean is symptomatic of the heterogeneous nature of the housing market, which results in considerable variation in the estimated indicators of housing needs across countries and across different locations within a country. However, after close scrutiny of the Tables presented in the national censuses, a pattern of regional housing constraints with marked similarities across countries emerges. Housing conditions, especially in the Eastern Caribbean States, all present striking similarities.

4.18 The **age** and **quality** of the housing stock, together with living conditions and availability of amenities such as safe drinking water, clean fuels for cooking, lighting, toilet facilities are the focus of census enquiries. Housing quality is one of the most important indicators of development within a country.

4.19 Housing conditions are measured by several indicators, which fall into two broad categories. One is the physical characteristics of the housing stock, such as structure types; size of units (number of rooms or bedrooms); age of structures; adequacy of plumbing; presence of physical defects; and cost (rent level or value). The second category centers on the occupants of the house, i.e. the number of people, the kinship, age, their income, needs and status. This set of variables measures households' fit to their housing units. Overcrowding belongs to a second set of characteristics. Household fit characteristics include the level of crowding

⁴⁴ / (People's Movement for Human Rights Education:
www.pdhre.org/rights/housing.html).

(persons per room) and the level of affordability (percentage of household income spent on the rent or mortgage).

4.20 **Overcrowding** has long been identified as an important housing problem. Overcrowding is a highly complex problem, and studying its effects causes much perplexity among researchers. Historically, the dynamics of what causes overcrowding have been studied in relation to the income level of the household. A major concern is imposing a particular majority standard as to what defines an overcrowded household. In short, how much crowding is excessive? The tables provide useful information with respect to the size of household (Table 4.3) and the number of bedrooms (Table 4.4). In order to measure *overcrowding*, the objective indicator of occupants per room must be paired with a normative standard that identifies unacceptably high household densities. Overcrowding standards reflect somewhat arbitrary judgments about acceptable household densities. A scientific basis for establishing overcrowding standards has never existed, and determining an appropriate cutoff has become even more difficult as nations have grown more diverse.

4.21 Overcrowding increases health and safety concerns and stresses the condition of the housing stock and infrastructure. Overcrowding is strongly related to household size, particularly for large households and especially very large households and the availability of suitably-sized housing. Overcrowding impacts both owners and renters; however, renters are generally more significantly impacted.

4.22 While family size and tenure are critical determinants in overcrowding, household income also plays a strong role in the incidence of overcrowding. As a general rule, overcrowding tends to decrease as income rises, especially for renters. The rate of overcrowding for low-income households is generally nearly three times greater than for 95% of middle-income households. As with renters, owner households with higher incomes have lower rates of overcrowding.

4.23 The typical Caribbean household lives in an Undivided Private House.^{45/} Table 4.3 presents data on the type of tenure. It is worth noting that all houses are mainly owned by occupants with the prominent exceptions of Grenada; Montserrat; and British Virgin Islands. It is important to stress, however, that in the censuses, this question referred to the legal ownership of the dwelling unit and not the land. This explains the very low number (or the absence of data) of squatters recorded in the Census.

**TABLE 4.3 : PERCENTAGE DISTRIBUTION OF HOUSEHOLDS BY SIZE OF HOUSEHOLD:
2000 ROUND OF CENSUSES**

Country	Year	SIZE OF HOUSEHOLD					Total Househo	Average Size of
		One Perso	Two Perso	Three Perso	Four Perso	Five or		

⁴⁵ Undivided private house refers to single occupancy (either of individual or family) of any type of dwelling.

		n	ns	ns	ns	More Perso ns	lds	Househ old
Anguilla	2001	27.1	21.2	16.0	14.6	21.0	100	3.1
The Bahamas	2000	21.0	20.0	16.8	15.8	26.4	100	...
Barbados	2000	24.7	23.0	18.5	15.8	18.0	100	3.2
Belize	2000	12.0	12.9	14.8	16.2	11.1	100	4.5
British Virgin Islands	2001	41.7	15.6	13.4	10.2	19.0	100	...
Dominica	2001	29.0	19.6	15.2	13.6	22.6	100	3.1
Guyana	2002	12.3	14.5	16.8	19.1	37.3	100	...
Jamaica	2001	22.6	18.2	16.7	14.9	27.5	100	3.5
Montserrat	2001	31.9	19.2	16.7	14.3	17.8	100	...
St. Kitts and Nevis	2001	33.3	18.6	14.6	13.0	20.6	100	...
St. Vincent and the Grenadines	2001	24.3	16.6	15.0	14.9	29.2	100	...
Suriname	2004	15.0	16.2	16.5	18.1	34.2	100	3.9
Trinidad and Tobago	2000	15.2	17.3	18.0	19.6	29.9	100	3.7
Turks and Caicos	2001	29.7	25.6	17.7	11.3	15.8	100	...
Member States (Average)		19.8	17.8	16.9	16.5	29.0	100	

Source: Population and Housing Census, 2000-2001 of the Commonwealth Caribbean

**TABLE 4.4 : PERCENTAGE DISTRIBUTION OF HOUSEHOLDS BY No. OF BEDROOMS:
2000 ROUND OF CENSUSES**

Country	Year	No Bedroom	One Bedroom	Two Bedroom	Three Bedroom	More Than Three Bedroom	Not Stated/Don't Know	AVG No. of Bedrooms	AVG Size of the Household	Total Households	AVG No. of Persons Per Bedroom
ANG	2001	...	15.9	31.0	30.9	16.7	5.5	...	3.1	100	...
ANT	2001	0.8	14.8	37.9	34.8	1.5	0.1	...	...	100	...
BAH	2000	...	6.3	13.9	26.3	53.5	...	...	...	100	...
BAR	2000	...	11.2	30.1	48.1	10.6	...	...	3.2	100	...
Belize	2000	4.7	23.5	36.5	24.9	10.4	0.0	...	...	100	0.0
BVI	2001	0.0	11.9	24.2	31.5	32.3	0.0	...	...	100	...
DOM	2001	...	5.5	24.1	27.5	42.8	...	...	3.1	100	...
GRE	2001	3.2	16.3	43.4	28.9	8.2	...	2.0	3.3	100	1.7
GUY	2002	0.0	29.6	37.6	25.3	7.5	0.0	...	...	100	...
JAM	2001	...	35.7	35.1	17.7	11.6	...	2.1	3.2	100	1.5
MON	2001	...	19.1	39.9	24.9	7.4	8.7	...	...	100	...
SKN	2001	0.0	6.3	18.1	25.1	50.6	0.0	...	...	100	...
STL	2001	2.9	28.0	35.0	21.4	12.7	...	2.0	3.2	100	1.6
SVG	2001	...	6.1	18.3	28.8	46.7	...	2.7	3.5	100	1.3
Trinidad	2000	1.2	14.3	31.8	36.7	14.8	1.2	...	...	100	...
TCI	2001	10.9	37.6	23.7	15.7	12.1	...	1.5	2.7	100	1.5
Member States (Average)		0.6	25.6	32.9	25.4	15.2	0.2			100	

Source: Population and Housing Census, 2000-2001 of the Commonwealth Caribbean

TABLE 4.5 : PERCENTAGE DISTRIBUTION OF HOUSEHOLDS BY TYPE OF DWELLING

Country	Year	Undivided Private House	Part of private house	Flat/Apt. Condo	Townhouse	Double House/duplex	Combined Business & Dwelling	Barracks	Total Households	Other
ANG	2001	72.7	5.1	15.3		3.4	3.4		100	0.2
ANT	2001	89.0	3.3	5.3	-	0.9	1.1	0.1	100	0.3
BAH	2000	61.8	1.6	16.6	-	19.7	-	-	100	0.3
BAR	2000	88.0	-	11.2	-	-	0.6	0.1	100	0.1
BZ	2000	83.7	5.3	2.7	-	3.9	2.6	1.3	100	0.5
BVI	2001	30.7	12.9	51.3	0.4	0.4	2.1	0.6	100	1.6
DOM	2001	80.7	10.1	4.8	0.1	2.2	1.7	0.3	100	0.3
GRE	2001	90.3	5.4	1.5	0.2	0.3	2.0	0.1	100	0.2
GUY	2002	71.0	14.2	7.4	0.8	2.9	2.3	0.2	100	0.8
JAM	2001	81.2	-	16.8	-	-	0.7	-	100	1.3
MON	2001	77.9	4.9	4.0	-	7.8	1.0	-	100	4.5
SKN	2001	79.4	9.9	5.8	0.1	1.1	2.0	1.0	100	0.7
STL	2001	80.1	9.3	6.2	0.5	0.5	2.0	0.4	100	1.0
SVG	2001	85.3	9.6	2.2	0.0	0.1	1.5	0.9	100	0.4
T & T	2000	77.3	1.0	13.6	0.7	3.8	1.3	0.1	100	2.0
TCI	2001	48.1	0.8	37.2	1.4	3.0	...	5.8	100	3.6
Member States (Average)		77.9	2.9	14.2	0.2	2.3	1.1	0.2	100	1.2

Source: Population and Housing Census, 2000-2001 of the Commonwealth Caribbean

**TABLE 4.6 : PERCENTAGE DISTRIBUTION OF HOUSEHOLDS BY TYPE OF TENURE:
2000 ROUND OF CENSUSES**

Country	Year	Owned	Squatted	Rented-Private/Gov't	Leased	Rent-Free	Total Households	Other
ANG	2001	67.1	...	30.0	...	2.3	100	0.6
ANT	2001	63.1	...	32.8	...	2.7	100	1.4
BAH	2000	55.5	...	36.6	...	7.7	100	0.2
BAR	2000	74.6	...	22.0	...	2.7	100	0.8
Belize	2000	62.6	...	24.0	...	12.2	100	1.1
BVI	2001	35.1	0.0	58.2	0.2	4.6	100	0.7
DOM	2001	71.2	...	18.9	...	8.4	100	1.5
GRE	2001	2.3	60.8	0.8	0.7	26.6	100	8.8
GUY	2002	63.8	2.3	14.8	0.5	17.4	100	0.2
JAM	2001	57.0	0.0	23.2	0.0	15.8	100	4.0
MON	2001	36.5	0.5	44.9	0.7	11.5	100	3.9
SKN	2001	61.7	0.6	26.9	0.1	7.4	100	0.8
STL	2001	74.7	...	18.1	...	5.4	100	1.8
SVG	2001	75.7	0.4	12.9	0.1	9.0	100	1.6
T&T	2000	75.8	0.5	15.2	0.6	6.9	100	0.5
TCI	2001	35.6	0.1	57.6	0.2	6.4	100	0.1
Total Member States (Average)	...	63.3	0.6	21.1	0.2	12.3		2.2

Source: Population and Housing Census, 2000-2001 of the Commonwealth Caribbean

4.24 Construction material and outer walls, household access to safe drinking water, improved sanitation conditions including toilet facilities, household fuel facilities are indicators used to monitor and evaluate housing conditions of the Caribbean dwelling. Table 4.7 shows a transition from the traditional Caribbean house made almost entirely of wood to a dwelling built with more durable materials. Countries such as Jamaica; St. Kitts; and Nevis; and St. Vincent and the Grenadines have a high percentage of houses made of concrete as opposed to wood as recorded in previous censuses. The proportion of dwellings constructed entirely of wood remains high in Antigua and Barbuda; Belize; Grenada; and St. Lucia.

4.25 A positive, albeit slow, change is shown in Table 4.9 with regard to the distribution of water supply. Previous census data showed that the communal public standpipe represented the predominant form of water supply for very large proportions of households in many countries. The last census shows that 37% of Caribbean countries have water supplied to their dwellings through the public pipe. Data also reveal that in Belize; Guyana; and other Eastern Caribbean countries, the public standpipe is still very much part of daily life. Regionally, 8.6% receive water through a public stand-pipe.

TABLE 4.7 : PERCENTAGE DISTRIBUTION OF HOUSEHOLDS BY TYPE OF MATERIALS AND OUTER WALLS: 2000 ROUND OF CENSUSES

Member States	Wood	Concrete	Wood & Concrete	Stone	Brick/concrete Block	Adobe	Wood/Con. block/Galv./Stucco	Make shift	Other	Not stated/Don't know	Total Households
Anguilla	2.7	93.4	2.6	0.5	...	.....	...	...	0.8	0.0	100
Antigua	44.1	33.0	21.7	0.2	0.1	0.0	0.0	0.0	0.9	0.0	100
The Bahamas	15.2	76.0	2.9	2.0	0.1	3.4	...	...	0.4	...	100
Barbados	26.9	1.9	2.2	1.8	44.3	...	22.7	...	0.2	...	100
Belize	44.1	40.3	4.3	...	0.1	...	...	0.1	11.2	...	100
British Virgin Isl	8.7	82.8	6.1	0.1	0.1	...	...	0.4	1.7	...	100
Dominica	35.9	48.1	14.8	0.1	0.1	0.0	0.0	0.8	0.2	0.0	100
Grenada	41.1	40.9	17.5	0.1	0.1	0.0	...	0.3	0.0	...	100
Guyana	61.6	14.8	19.0	0.3	0.4	1.8	...	0.0	1.9	0.1	100
Jamaica	18.7	68.8	7.6	0.7	1.6	0.4	0.5	0.0	1.6	0.0	100
Montserrat	25.4	55.2	9.3	0.0	0.1	0.0	...	0.0	9.8	0.1	100
St. Kitts	18.4	66.0	13.6	0.3	0.0	0.0	0.0	0.5	1.1	0.0	100
St. Lucia	39.9	41.0	17.5	0.1	0.3	0.2	...	0.0	1.0	...	100
St. Vincent	19.2	71.6	7.7	0.3	0.1	0.3	...	0.7	0.2	...	100
Trinidad	11.9	18.1	...	...	67.0	0.4	2.0	...	0.2	0.4	100
Turks & Caicos	26.3	55.0	11.3	0.9	...	...	5.1	01	1.3	...	100
Total Member States (Average)	24.8	44.3	11.0	0.6	15.4	0.6	1.8	0.0	1.5	0.1	100

Source: Population and Housing Census, 2000-2001 of the Commonwealth Caribbean

4.26 The distribution of households by type of toilet facilities is presented in Table 4.8. The Table shows that 33.6% of Caribbean household still use pit latrines with a higher incidence in Guyana; Belize; St. Vincent; Jamaica; and St. Lucia. However, it is important to note that since 2000, the year the Census was complete, there has been a significant increase of water closet (W.C.) in those countries, especially in Guyana; and St. Vincent. In Dominica, the Housing Development Programme^{46/} includes widespread installation of washroom facilities. Results on this improvement across countries will be presented in 2010, the next census year. Notable also is the proportion using the modern method of water closet linked to sewer line, with a clear majority in Anguilla and Antigua and Barbuda. In many countries, where the traditional sewer system was constructed 60 or 70 years ago, the only available means to modernise has been by connecting the sewer line to a septic tank. This type of sewer is likely to increase.

⁴⁶ / The housing development programme was launched in 2005. Several funding agencies and governments (China and Venezuela) are contributing to the so-called 'housing revolution' in Dominica. The programme includes several components: home repair and maintenance programs; installation of washroom facilities; purchase of model houses with assistance from the government; squatter regularization programme.

TABLE 4.8 : PERCENT DISTRIBUTIONS OF HOUSEHOLDS BY TYPE OF SANITATION FACILITIES: 2000 ROUND OF CENSUSES

COUNTRY	YEAR	W.C. LINKED TO SEWER	W.C. CESSPIT/ SEPTIC TANK	PIT LATRINE	N ONE	OTHE R	NOT STATE D	TOTAL HOUSEHOL DS
Anguilla	2001	89.9	0.7	3.9	2.1	3.5	0.0	100.0
Antigua and Barbuda	2001	72.7	0.0	25.3	1.4	0.6	0.0	100.0
The Bahamas	2000	11.4	75.8	6.2	1.2	5.4	0.1	100.0
Barbados	2000	0.5	81.3	16.5	0.6	0.5	0.6	100.0
Belize	2000	15.1	34.7	44.0	4.3	1.6	0.2	100.0
British Virgin Islands	2001	24.5	72.5	1.0	0.9	1.0	0.0	100.0
Dominica	2001	13.5	40.2	28.3	16.0	2.0	0.0	100.0
Guyana	2000	4.2	36.2	57.6	1.8	0.1	0.0	100.0
Jamaica	2001	21.1	35.9	36.5	2.5	0.0	4.0	100.0
Montserrat	2001	15.2	71.8	7.3	3.6	2.0	0.0	100.0
St. Kitts and Nevis	2001	0.8	78.1	17.7	3.2	0.3	0.0	100.0
St. Lucia	2001	5.5	47.4	35.3	10.9	1.0	0.0	100.0
St. Vincent and the Grenadines	2001	0.6	51.4	44.3	3.5	0.2	0.0	100.0
Trinidad and Tobago	2000	21.7	50.3	26.8	0.4	0.9	0.0	100.0
Turks and Caicos	2001	0.0	68.3	27.6	3.7	0.5	0.0	100.0
Total Member States (Average)		17.0	44.6	33.6	2.3	0.6	1.9	100.0

Source: Population and Housing Census, 2000-2001 of the Commonwealth Caribbean

**TABLE 4.9 : PERCENT DISTRIBUTIONS OF HOUSEHOLDS BY TYPE OF WATER
SUPPLY:
2000 ROUND OF CENSUSES**

COUNTRY	YEAR	Piped into Dwelling	Piped into Yard	Public Piped into Dwelling	Private Catchments: Not Piped	Private Catchments: Piped	Public Standpipe	Public Well or Tank	Total Households	Other
Anguilla	2001	52.7	5.4	0.0	33.5	0.0	1.6	0.7	100	6.1
Antigua	2001	65.7	10.0	0.5	0.0	3.8	18.3	0.0	100	1.6
The Bahamas	2000	87.6	2.1	0.0	3.3	0.0	5.5	0.7	100	0.9
Barbados	2000	90.9	5.6	0.0	1.9	0.0	0.7	0.0	100	0.8
Belize	2000	29.9	17.0	0.0	27.3	0.0	0.0	0.0	100	25.8
British Virgin Isls	2001	27.7	2.9	44.7	2.9	16.2	0.1	0.7	100	4.9
Dominica	2001	51.4	11.7	0.0	2.3	0.0	27.3	1.2	100	6.0
Guyana	2000	0.0	33.8	25.7	3.0	0.0	4.6	2.6	100	30.3
Jamaica	2001	6.3	16.3	45.8	9.9	0.0	10.5	0.0	100	11.2
Montserrat	2001	0.6	9.5	85.3	0.0	0.1	3.2	0.1	100	1.1
St. Kitts	2001	1.9	12.0	77.8	0.4	0.6	5.4	0.3	100	1.5
St. Lucia	2001	61.6	19.3	0.0	1.2	0.0	8.5	0.3	100	9.0
St. Vincent	2001	1.7	17.1	52.3	2.9	5.3	14.7	0.5	100	5.6
Trinidad and Tobago	2000	4.5	8.8	60.5	8.3	0.0	9.6	0.0	100	8.3
Turks and Caicos Isls	2001	21.8	0.0	0.0	67.9	0.0	0.0	6.0	100	4.3
Total Member States (Average)		18.7	15.2	37.3	8.1	0.2	8.6	0.4	100	11.5

Source: Population and Housing Census, 2000-2001 of the Commonwealth Caribbean

4.27 Types of fuel for domestic consumption are indicators of standard of living. Data recorded in Table 4.10 indicate that 86.7% use electricity for lighting, while kerosene accounted for 10.3 % of regional domestic fuel consumption. This is indicative of good standard, where such fuel for lighting is an integral part of modern households.

TABLE 4.10 : PERCENT DISTRIBUTIONS OF HOUSEHOLDS BY TYPE OF FUEL USED FOR LIGHTING: 2000 ROUND OF CENSUSES

COUNTRY	Y EAR	Gas	Kerosen e	Electrici ty	Other	Total Househo lds	Not Stated
Anguilla	2001	0.0	2.5	93.6	0.9	100	2.9
Antigua and Barbuda	2001	0.3	2.8	94.1	2.1	100	0.8
The Bahamas	2000	1.0	0.0	95.9	3.2	100	0.0
Barbados	2000	0.1	2.2	96.5	0.6	100	0.7
Belize	2000	2.1	13.2	81.7	2.9	100	0.2
British Virgin Islands	2001	0.2	0.1	99.3	0.2	100	0.1
Dominica	2001	0.3	7.9	86.0	5.8	100	0.0
Grenada	2001	0.2	11.1	86.3	2.4	100	0.0
Guyana	2002	5.4	24.3	68.4	1.9	100	0.1
Jamaica	2001	0.0	10.6	87.0	2.4	100	0.0
Montserrat	2001	0.0	1.0	95.9	2.0	100	1.1
St. Kitts and Nevis	2001	0.3	4.2	93.5	1.1	100	0.8
St. Vincent and the Grenadines	2001	0.2	12.8	82.4	3.7	100	0.9
Trinidad and Tobago	2000	0.2	7.4	91.3	0.5	100	0.6
Turks and Caicos	2001	0.3	2.3	95.6	1.8	100	0.0
Total Member States (Average)		0.8	10.3	86.7	2.0	100	0.2

Source: 2000-2001 Population and Housing Census of the Commonwealth Caribbean

D. Housing in the Caribbean - Constraints

4.28 There are several problems and constraints in the housing sector in many Caribbean countries. Adverse housing conditions include: the deterioration of housing stock and overcrowding; lack of adequate levels of soft finance especially to meet the needs of the low-income households (access to mortgage finance is severely restricted given the income of the household and the rates of interest charged); paucity of serviced plots for housing and consequent costs for maintenance and infrastructural support services, given the location of buildings (steep terrain) and the limited amount of funds allocated by governments.^{47/} These unfavourable circumstances have come about within a process of development which drove up demand and limited the supply for the housing sector in the Region.

^{47/} Kendall, Howell, Petracco, Durrant and Harris, 2006.

4.29 The latter half of the past century witnessed a new demand for land in many countries. Land for tourism development in the form of hotels, and land for manufacturing through the introduction of industrial areas alongside the already vibrant agricultural sector, meant that there were increasingly competing economic interests for acquisition of land. The new increase in demand for land was necessary in order to nurture the new engines of economic growth such as tourism, manufacturing and the expanding commercial sector. As a result of the economic transformation, there was a significant shift in agricultural land from farming estates to industrial estates, from agricultural production to hotel and housing developments. As if the demands imposed by the rapid economic transition were not enough, the development of many Caribbean societies, the desire for improvement in social amenities and the concentration of labour around urban areas, led to an escalating demand for housing in urban areas.

4.30 Housing is one the most important sectors of the economy with large externalities in terms of public health and safety; economic growth; local and regional development; tourism sector activity; and societal stability at large. In the Caribbean, housing represents a major policy issue for all the countries. Over the last 10 years, in the public sector, there has been an increase in construction projects arising from the common vision of CARICOM countries to attract further investment for housing projects and infrastructural development.^{48/} Many countries in the Region are seeking to develop and implement policies that will support the provision of affordable housing solutions. Despite the recent thrust towards affordable housing outputs, major constraints in the housing sector continue to thwart the Region's capacity to design and implement housing and shelter policies that will provide affordable solutions to its inhabitants.

4.31 In many Caribbean countries, the housing sector faces a set of economic, geographical, social and structural challenges. The first and critical issue is housing **affordability**. Affordability cuts across all the challenges that the housing sector faces. When land becomes available, prices are driven up by demands from large investors, skewed land ownership and limited supply of land for housing development within a small territorial size. This means that a large segment of the population is excluded from entering the housing market. In the case of the private sector, the escalating costs of construction and the significant rise in property values has made it difficult for first-time buyers to enter the property market. The Ministry of Housing and Land of Barbados reports that, while in 1992 land was sold at less than BDS\$8 per sq. ft. in the most expensive area, in 2008 the cost of an un-serviced lot can range from BDS\$15.00 per sq. ft. to BDS\$40.00 (Ministry of Housing, 2008).^{49/} These impediments have virtually removed the single buyer from the housing market, as two incomes are now generally needed to qualify for a mortgage.

⁴⁸ / The Vision 20/20 of the Government of Trinidad and Tobago focuses on the improvement in the construction sector with an increase of 5.2% in 2007 in industrial, commercial and residential projects.

⁴⁹ / Frederick "The importance of land to socioeconomic development of Barbados and an analysis of its cost", 2008.

4.32 Another constraint is access to finance. The housing finance opportunities available in the Caribbean countries, like those in other developing nations, are such that the urban and rural poor, on their existing income, are entirely excluded. Given the price of housing and land in the formal sector, the possibility of obtaining a mortgage eludes the poor. The mortgage process and the need for purchasers to save enough funds to pay for the deposit together with the high legal and mortgage costs associated with property purchase and obtaining a loan represent a substantial challenge for would-be buyers. IDB reports that, at the moment, the housing market in the Caribbean “may work well” in the upper economic strata where private entities provide lands and houses for sale to individuals whose financial assets or loan funds permit the purchase of a house. However, the low and lower middle income groups, the aged and other vulnerable groups are excluded by the eligibility criteria for accessing funds. Many national mortgage markets have adequate providers but they tend to be traditionally very conservative and operate within a limited range of housing options.^{50/} Weak private land markets, as well as absence of appropriate mortgage facilities in commercial banks, has limited the possibilities for the private sector playing a greater role in solving the housing shortage. In general, the policy framework to date has not encouraged the private sector sufficiently in this direction.

4.33 Another issue that complicates access to credit is the legal process. Even with credit approved, attorneys can take 3 to 6 months to complete a transaction. Although there are ways of improving the system, most lenders operate with a cartel of approved legal firms which require three sets of attorneys in the process. According to the Caribbean Countries Comparison Criteria,^{51/} based on the perceived difficulty of purchasing a property, St. Kitts and Nevis; Grenada; Dominica; and the Cayman Islands are at the top end of the spectrum; British Virgin Islands and Barbados are at the bottom.

4.34 In terms of housing finance, the Caribbean region presents a fragmented system of lending between various lenders (trusts, building societies, commercial banks, state-owned enterprises, etc.) lacking coordination and integration. This is evidenced by a lack of standardisation in underwriting practices and loan products that limit the development of a market for affordable housing, especially for the benefit of low-income households. Also the administrative process for mortgage applications can be lengthy with high punitive fees charged by lenders. The most punitive charge is for mortgage indemnity insurance which is an upfront cost to all purchasers borrowing above 75% loan-to-value, and which has no benefit to the borrower with no claims against this insurance.^{52/}

4.35 In the effort to overcome some of the constraints in terms of housing provision for a large segment of the population that is unable to meet financial requirements, governments are called upon to provide housing solutions that all socio-economic levels can afford. In the face of a reality marked by a constant

⁵⁰ / For example, no lender is likely to offer a product for the first-time buyer and there are no interest-only loans, low-start loans, tracker rate loans and buy-to-let mortgages.

⁵¹ / Caribbean Land and Property, 2008.

⁵² / Clarence Hiles from *Caribbeanmortgages*.

need for low-income properties, national governments are required to meet the twofold challenge of operating both as provider and enabler.

4.36 The ultimate goal for the Caribbean countries will be that everyone will occupy dwelling that complies with minimum quality and service standards. The Region is facing a series of constraints, which are not impossible to overcome, but do require a concerted effort for governments, and development agencies, and a sustainable partnership with other key stakeholders.

E. Housing and the Poor

“too poor to purchase land and build a house within reasonable time, unwilling to continue to pay rent for decaying accommodation or perhaps unable to find a room for his own family, the migrant is impelled towards the illegal occupation of land, to become a squatter” (Seong-Kyu Ha, 2001)

4.37 Lack of affordable housing for the lower and lower-middle income sectors of the population poses a significant threat to the Caribbean region’s ability to tackle the twin issues of poverty and economic development. Most poor people are disadvantaged and endangered by the places and physical conditions in which they live. They experience precarious shelter; problems of overcrowding; sewage and pollution; seasonal exposure to harsh conditions; insecurity of person and property; remoteness; non-existent or inadequate infrastructure, including inadequate access to drinking water; and stigma. Poor housing reflects - and deepens - deprivation.

4.38 The housing sector is intrinsically linked to poverty in the Caribbean, (Potter 1992; Watson 1998; Rajack Barhate 2004; Wint 2007) as low income groups have little opportunity for ownership or to access the rental market, and tend to live in informal settlements. The housing constraints identified in high costs for purchasing have a greater impact on those at the lower end of the spectrum. The concept of social vulnerability is associated with citizens lacking or having limited access to services such as safe and sustainable shelter conditions.

4.39 Caribbean countries, to various degrees, all share common housing issues in both rural and urban areas. Legacies of colonial domination; economic crisis of the early and late 20th Century; exposure to natural disasters; high construction costs and inadequate shelter provisions at national levels have contributed to the creation of a serious, regional housing problem (Ishmael 1989, Potter Conway 1997). Population growth and urbanisation patterns demonstrate that the poor groups within societies have become increasingly marginalised and excluded from the formal housing sector. Consequently, those with low income have had no option but to provide their own shelter by informal means (Potter, 1997). As a result, there has been a rapid surge of squatter settlements. Shanty towns have become more common especially on steep hills or poorly drained and serviced land or precarious terrain conditions. Similarly, population growth and urbanisation patterns over the last 30 years have diverted rapid, uncontrolled development away from rural areas and into overcrowded, urban belts. Low-income groups have settled in legal or illegal land subdivisions on the peripheries of the cities

where they have gradually built their houses and have eventually obtained provision of urban services; or they have rented rooms in subdivided formal housing in areas previously inhabited by higher income groups in the centre of large cities.

4.40 In the past decades, the poor have resorted to all sorts of means to house themselves in the face of housing industry and policies that failed to provide them with affordable options and natural hazardous conditions that threaten to demolish their precarious housing arrangements on a seasonal basis. The practice of self-help housing has resulted in vast housing settlements which have been the subject of the scrutiny of governments and society in general. In the Region, squatters and illegal land subdivisions are a large part of housing for the poor and are frequently termed informal settlements due to their lack of property titles and their non-conformity to municipal urban plans, norms, and regulations.

4.41 The countries of the Region face four key challenges in providing affordable housing for its inhabitants: inadequate access to credit; low wage levels and incomes; the high cost of land; and the high cost of construction of affordable housing. Housing finance opportunities have largely eluded many middle and low-income groups as mortgage costs, due to housing and land costs, cannot be afforded by 60% of income earners: “the onus of producing housing has remained firmly and squarely on the poor themselves” (Potter, 1997).

4.42 During the economic recession of the 1980s, many Caribbean countries became increasingly unable to provide adequate shelter for low income groups, generating an extensive expansion of informal settlements, especially around cities. The demand for housing in the urban areas outweighed the ability of Caribbean governments to supply proper shelter. Throughout the Region, local forms of housing have often been overlooked in favour of more costly and inappropriate solutions using imported technologies (Potter 1992, Watson 1998). Structural economic adjustments in the 1980s to mid-1990s forced Caribbean governments to reduce their outputs on public spending, thus exacerbating forms of poverty including reduced access and service to land. The State has had significant influence on the operations of the land market, given the high proportion of publicly-owned land in some countries (Trinidad and Tobago - 55%; Dominica - 66%; Guyana - 78%; St. Kitts and Nevis - 82%). On the other hand, in other countries, there is a vast level of private ownership (Barbados - 99%; Grenada - 90%; Suriname -67%; Jamaica - 78%; St. Lucia - 62%^{53/}) with highly-skewed patterns of land ownership and control inherited by the elites from colonial times.

4.43 The first direct symptom of this has been rural/urban shift and informal settlements around urban areas where land is being increasingly occupied by the poor since, due to cost inflation and rising land values, they cannot either apply for mortgages or acquire land. In the fragile ecosystems and unique biodiversity of the rugged and hilly terrains of the Windward Islands, competition for the limited land resources is generally high coupled with inefficient land management and shelter provisions (Potter 1997, Mycoo 2004). In addition, the inability to attract

⁵³ Sources: UWI Housing and Urban Managements in the Caribbean, 2005

foreign investments in housing projects for low-income groups has furthered the imbalance between demand and supply of affordable housing.

4.44 A number of issues and constraints facing the housing sector, with varying incidence, have been identified in the literature. These include the absence of 'proactive urban planning' which relates to a condition in which planning that has been done has not attempted to allow for cohesive goals and objectives at a national level, nor to link their attainment with economic and financial policies. This has amounted to sectoral planning strategies in isolation from integrated approaches to national development and with little consideration as to how the plans are to be implemented through communities and the private sector (House Plans and Strategy, Guyana 2005). Proactive planning requires rationalisation of the use of available resources for improvement of the local economy within the context of a market oriented economy. The unavailability and low quality of infrastructure facilities have also been problematic. Good infrastructure is essential for the creation and maintenance of a safe, efficient and developed environment, suitable for sustaining community life.

4.45 In countries like Suriname; Guyana; and Haiti, little or inadequate maintenance projects have resulted in a major infrastructure problem evidenced by a large number of poor roads and badly operated transport system. Traffic flows due to the enormous increase of automobiles, heavy duty trucks and machines, with the present use of heavy duty containers for the movement of goods, exacerbate damage to poorly maintained roads. Expanding boundaries of urban areas have placed severe strain and pressure on drainage systems, due to the increased floods and limited capacity of the drainage infrastructure to cope. In many countries, frail and old sewer disposal systems, inadequate power supplies and unreliable supply of potable water have created a clear public health hazard. Inadequate waste disposal and refuse collection systems in urban centers are also serious constraints as large amounts of waste are being dumped away and outside the identified dump sites, creating nuisance and health hazards.

4.46 The Caribbean lies in the path of hurricanes. This makes the regional housing sector particularly vulnerable to occurrences of natural disasters. In 2007, two earthquakes and 14 named storms (2 reaching category 5 hurricane status) caused water damage to Jamaica and Haiti. In Haiti and Belize, hurricane Dean caused flooding and infrastructural damage and in Dominica, it severely affected the agricultural sector and caused widespread damage to the island's infrastructure. The damage was estimated at 20% of GDP⁵⁴; the preliminary estimated damage, to the infrastructure only, in Dominica, was US\$36.51 mn and US\$7 mn to housing alone).^{55/} The 2008 hurricane season caused extensive damage to infrastructure in Haiti, Turks and Caicos, Jamaica and The Bahamas. In Haiti, hurricanes Ike and Gustav left one million people homeless.^{56/} Tropical storm Gustav left 11 people dead and 1,000 homeless in

⁵⁴ Source: Caribbean Net News, 02/08/2008

⁵⁵ From CDERA 2008

⁵⁶ Statement of Haiti's Prime Minister Michele Pierre-Louis as reported on news.bbc.co.uk on 13 September 2008. Officials also estimate that 500 people have died in the tropical storm Hanna.

Jamaica. The damage to the island's road network has been devastating, and repairs are currently estimated to be around J\$3 bn.^{57/} Disaster preparedness and mitigation continue to be tested as the Region's vulnerability to catastrophic damage from hurricanes and other natural disasters represents a great constraint in the development of the housing sector. It is the poor who are severely affected when natural disasters occur as their shelters are precariously pegged on hillsides and sloped terrains. More recently, hurricanes Hanna and Ike caused extensive infrastructure damage, wiping out hundreds of wooden buildings leaving many people homeless, in Turks and Caicos; Jamaica; and Haiti where Hurricane Ike caused 61 deaths.^{58/}

4.47 With respect to low-income urban housing, there have been pragmatic development interventions through the design of programs of squatter regularisation and upgrading. The last decade has seen Caribbean countries embarking on housing strategies and policies based on the recognition that solutions to shelter need to come from a broader understanding of economic and social community within national contexts. This new view was supported by research projects conducted by academics and consultants on a regional scale, and has generated proposals for comprehensive structural re-organisations and increased government involvement in housing policies and programs and in the provision of housing subsidies.

4.48 Improving housing conditions is seen as a key step towards addressing poverty in the 21st Century and for the preservation of the human right to housing.^{59/} There is new hope that shelter projects and national housing programs will be determined by objective analysis of national growth patterns and actual housing demands (as advocated by the Dominica National Shelter Policy Report, HABICO: 2007). The guiding principles for shelter policy and development (Dominica; Trinidad and Tobago; Jamaica) have enlarged the housing policy agenda, and placed increasing emphasis on development strategies which address affordability issues; environmental concerns; cultural restoration needs; patterns of social integration into the community; social services availability; formal and informal economic opportunities; maximisation of various forms of capital for shelter development; local economic development and housing sustainability. The essence of this inclusive approach is the improvement of social, economic, physical and governance conditions; thereby creating the enabling environment required for individuals to lift themselves out of an unfavourable housing situation.

4.49 This revised approach to housing provisions bears witness to the recognition that housing quality is part of a broader framework of human rights and poverty reduction for the population. As identified earlier, housing does not simply involve physical components such as land, infrastructure and building, but rather it includes a set of variables in the sphere of human development at the community and national levels such as financial capacity; economic development;

^{57/} As reported by the Coup Magazine on September 9, 2008.

⁵⁸ / Haiti has endured the onslaught of four tropical storms in a three-week period, causing 331 deaths. As reported in <http://news.bbc.co.uk/2/hi/americas/7603319.stm>.

⁵⁹ / This vision is invigorated by the introduction of the New MDGs in an attempt to establish a set of international sustainable development projects.

environmental health; urban architecture; and cultural values within the institutional policy framework. Overall, the encouraging impact of this new approach is the emphasis which has been placed on salvaging what informal settlements have to offer to society. A wide range of mobilisation of capital within the community, cultural significance and the tourist appeal of the traditional vernacular Eastern Caribbean house (such as the Chattel house in Barbados), are all part of the contribution given to a city/region's development (Potter, 1997). Whenever possible, the new model of housing development rests on upgrading and regularising informal settlements in many countries of the Caribbean rather than dismantling or removing squatter settlements or undesirable informal self-made dwellings. They are places of residence in which social cohesion and economic networks have been established, and need to be taken into consideration for future upgrading. For this reason, regeneration through improvement in the physical environment and increased access to infrastructure services is regarded as a superior approach to resettlement. The historical and cultural heritage of the cities have value in their own right, and if salvaged and properly promoted, can offer social and psychological rewards to the national community and improve the countries' range of tourism products and value as a tourist destination (Potter 1997, 2005).

4.50 Over the past 20 years, there has been gradual involvement by the state in the housing sector. Initially, the state intervened directly when the demand for land for commercial purposes suggested the need for clearing squatters and low-income groups from particular residential areas (Potter, 1995). More recently, local governments decided to become more actively involved in housing projects for low-income groups, especially for those whose dwellings are severely threatened by environmental disasters. Local governments have become increasingly involved in low-income housing programs (Barbados; St. Kitts and Nevis; Dominica; Trinidad and Tobago; and Jamaica), and designed action plans to increase housing production whilst containing or lowering the costs in order to satisfy the high demand for home ownership. However, the extent of success of these newly designed plans has yet to be assessed. New development strategies devised by local governments aim at higher provision of low cost housing on serviced lots; existing squatter regularisation by improving living conditions; and implementing cooperative building programs in association with the private sector and NGOs.

4.51 In Trinidad and Tobago, the revised shelter policy plan has been designed on the basis of the well-documented need for increased involvement and spending on housing in order to reactivate a comprehensive approach to housing through rationalisation of public agencies; regularisation sheltering programs with streamlined institutional functions for land identification; and development approval (*Showing Trinidad & Tobago a New Way HOME* Report, 2003). The proposals resolve to identify and introduce research projects to provide structured, standardised up-to-date data for policy formulation and implementation. This last guideline echoed the regularisation guideline suggested by UNECLAC (2004), urging institutional and financial support for regular data collection and analysis, crucial to well-targeted policies and successful programmatic interventions in the Region. Jamaica will have a revised policy plan in place, in partnership with the World Bank and the private sector, by the end of 2008 which is intended to cover

all types of housing in a well designed environmentally friendly community.^{60/} In Barbados, the National Housing Corporation has undertaken joint-venture partnership programs with the private sector. The Primary Homes program, the leading initiative in housing development, seeks to provide housing solutions to lower-middle and middle-income residents.

^{60/} Housing Minister Dr. Chang, as reported on Caribbean Net news 03/02/ 2008.

BOX 1:

Barbados: Private Vs Public housing developments



Newly-built housing developments owned by the private sector, Barbados, St. Peter.

These houses are being built only 400 yards away from public shelter units (pictured below) provided by the government to low-income groups: two different realities within a few hundred yards.



F. The Need for Solutions

4.52 The CPAs and the analysis of the housing Censuses in the Caribbean indicate that the challenge of providing adequate housing solutions for low income earners has not been solved and, in some cases, the situation is reported to be worsening, especially in urban settlements. In the interest of long-term sustainability,

countries are advised to continue to develop comprehensive national policies. The key issue of affordability must be examined not only from a technical perspective of construction costs, technologies, material inputs and labor costs, but also from a wider angle of legal, regulatory, social and economically sustainable frameworks.^{61/} Considering housing for the poor a prime responsibility, governments have largely focused attention on development of large numbers of houses and allotted them to the poor. Funds have been obtained from governments for the development of such units, with the remaining cost shared between banks and the beneficiaries.

4.53 Demand for residential property among the urban poor is increasing because of rapid urbanisation. Since there is a shortage of land in cities, an effective urban policy is required to optimise land use. Out of the current debates surrounding housing alternatives for low-income groups, certain guidelines have been outlined. Housing policies must meet broader economic goals in the best way, thereby ensuring regulated urban development. Governments should look towards developing an adequate stock of rented housing for the poor. The rents will seldom be an additional burden on the poor, as they pay high prices (for their means) per month for dingy huts in slums, without access to basic facilities. Moreover, residents will not suffer from the problem of uncertainty in tenure. Seeing the large demand for lower income housing units and the pool of long-tenure financing prospects, these ventures offer large potential for builders. Contracts can be signed with private builders to develop these housing units for the poor. Build-operate-transfer contracts for tenure of 15-20 years can be an attractive proposition. They can collect pre-determined rents and the rental subsidy from the government can be directly transferred to the builders. This can ensure better focusing of the subsidies.

4.54 There is need for collaboration with key stakeholders and for the creation of an enabling environment and institutional arrangements to promote partnerships with the private sector. Governments can be much bigger players if they are more aggressive as property providers and work in partnership with other players in the property and home ownership market. Governments can provide tax incentives to developers and builders operating in the low to middle-income property market. They can also provide land at much lower prices than current market value, and can work with lawyers, lenders and mortgage brokers to provide cheaper and better products to assist property purchase.

4.55 In February 2007, a regional seminar on housing issues held in Barbados, was organised jointly by the IADB and by CDB. Several heads of housing authorities, private sector representatives and high-level officials of 16 Caribbean countries discussed and identified possible solutions to the ongoing housing problem. These include:

Subsidies: ensuring that the subsidy is passed on to the homeowner and that there is a strict system for allocating it.

⁶¹ / Key note speech of Minister of Housing and Lands of Barbados, the Hon. Reginald Farley, IDB and CDB Housing Policy Seminar, Feb 22 2007.

Grants: exploring the possibilities of allocating grants for the more vulnerable groups of the population.

Political will: mobilisation of the community to promote and engage in public policy debates in order to strengthen political will to make decisions.

Participation of all stakeholders: establishing a broad constituency of political support from lenders, NGO's and multilateral organizations.

Squatting: putting in place formal solutions to address issues of squatting.

Best practices and exchange between countries: possible replication of best practices across countries.

Land tenure: stronger participation of governments since much of the land in the Caribbean is in the hands of the private sector.

Rationalisation of housing agencies: a system with transparent processes whereby the same procedure is applied to all the housing agencies, to save time and cut expenses.

Streamlining and simplifying administrative procedures: this is identified as one the major constraints to improving housing affordability. There are many delays in receiving approval of projects, subdivision approval, titling, etc.

Information and Communication Technology: ICTs can be used in the housing sector to facilitate communication between stakeholders and allow for collaboration and sharing of experiences and practices.

5. EDUCATION

“Education is central to development and a key to attaining the MDGs” (K. Annan, 2001).

5.01 The increasing liberalisation of trade, global technological advances and the development of ICTs, have made economies increasingly complex and dependent upon each other. Successful participation in the globalised economy requires the basic building blocks offered by efficient and effective education systems.

5.02 Over the past 15 years, concern has been expressed about several features of the education systems in English-speaking Caribbean countries. Universal access to primary education has largely been achieved. Attention therefore has shifted to the secondary and tertiary levels of the Caribbean education systems. The Caribbean Community’s vision of “a modern education system” requires that more emphasis be placed on the development of human capital. The strategy of CARICOM countries clearly hinges on the widespread recognition that, to survive and to compete in the global marketplace, education systems should ensure the quality of human resources. Within a climate of rapid economic and technological changes, education reforms of the past decade have prompted a reassessment of the social and economic roles of the sector, particularly at secondary and tertiary levels, as a device for reducing poverty, social inequalities and fostering a skilled workforce that can compete regionally and globally. The approach to education from the public and private sectors alike is changing as a result. Investments have gone into education and skills training of the workforce. CARICOM Governments have also recognised that education-for-all policies are crucial to addressing social inequalities. Education has been hailed as an efficient device to break poverty cycles by targeting the poor, by social inclusion through subsidised education of those traditionally marginalised. It is only in recent years that social analysts, in view of the existing challenges and opportunities of the regional integration project, are beginning to consider the significance of the impact of education on society and its implications on economics, politics, environment and culture (Sociology of Education: Research in the Caribbean 2002). Countries are confronted with challenges that are increasingly intertwined in the process of economic and social interdependence.

5.03 There has been significant recognition on the part of many Caribbean countries that the demands of a changing labour market require promoting a ‘culture of learning’ in societies (CTF, 2000). There has been strong mobilisation of national resources in support of basic education. Primary education advancements have been made in all regions of the world, most noticeably in Latin America and the Caribbean (Schooling Access to Learning Outcomes, World Bank Report, 2006). This is confirmed by the increased total public spending of CARICOM countries, averaged at 6.5% of GDP for the period 1999-2004 (World Bank World, WDI 2006), with more than 85% of total investments coming from the public sector (CTF, 2000). Investments have led to significantly improved access to primary education through the construction of new schools, better resources, teacher training and a more active involvement at the community level together with a significant reduction of financial and social barriers.

5.04 In 1997, the CARICOM Secretariat conducted extensive research on how best to implement a set of education policies across the Region (CARICOM, 1997). The findings and the subsequent strategies defined the new direction for education in a context of international economic mobility. As a result, many countries have begun and continue to adopt a 'philosophy of education' rooted in the fundamental principle that human resource development is crucial to social, economic, political and cultural growth. While almost all CARICOM countries have achieved universal access to basic education, the challenges remain the improvement in the quality of educational product (IBE, UNESCO); reduction of the lag in the reform of the education system at the secondary and tertiary levels to keep pace with economic and technological changes; and reliability of the educational system as a mechanism for reducing poverty. Improving the relevance of curricula and programs to evolving social and economic realities is viewed as an area of great concern as all countries in the Region undertake comprehensive reform strategies (CARICOM Education Strategy, OECS Education Reform Strategy). The reform programs that are being implemented target critical common areas such as legislation; special education; social equity; early childhood and primary education (Belize; Suriname; and Jamaica); infrastructure; resources and training; teacher empowerment; curriculum; national certification; secondary and tertiary education.

5.05 Within the framework of helping educators in the English-speaking Caribbean to promote democratic values and practices in their classrooms, schools and communities, the recent signing of the Memorandum for Distance Course on Education for Democratic Citizenship between the Organization of American States (OAS) and West Indies Open Campus (UWIOC) took place with a view to ensuring that future generations of Caribbean citizens continue to embrace democratic values and practices. Member States from the Region have requested further assistance for capacity building in education and support for educators to nurture the values and skills needed by students to be active citizens in their communities (Executive Secretary of OAS Ambassador Alfonso Quiñonez, 2008).

A. Education in the Caribbean, primary and secondary level

5.06 Net enrolment rates at the primary and secondary levels are summarized in Table 5.1. With the exception of Anguilla; Dominica; Grenada; Haiti; Trinidad and Tobago; and Turks and Caicos Islands, all the countries show rates of net enrolment above 90 %. With a regional average of 94 %, excluding Haiti (UNESCO 2005), close to universal education has been achieved at the primary level. However, Table 5.1 shows that in Dominica, Grenada and Trinidad and Tobago over 15% of primary level students are not in school. Unless significant action is taken, these pupils will likely remain outside the education system and resort to informal income-generating activities. While the Region has made significant gains in recent years at the secondary level with respect to enrollment, none of the listed country attains the 96% secondary level enrolment rate, which is the average rate for the first twenty high human development countries listed in the HDI. At the secondary level, excluding Haiti, the regional average enrolment rate is 79.6%. This average places the Region outside the first forty high human development countries on the HDI.

5.07 In the Region, especially for countries like Jamaica and Barbados, concern has been voiced about the output of secondary education, generally but especially as regards the performance of male students. Boys display disenchantment towards formal education (Bailey, Bernard, 2003). Many students leave the education system with minimal literacy and numeracy skills. Only a small portion of secondary graduates succeeds in certifying examinations giving access to the tertiary level. Furthermore, lack of technical and vocational training leaves most secondary graduates without the practical skills appropriate to the job market or active entrepreneurship.

5.08 Completion rates of upper secondary education are - like low drop-out rates - an important indicator of success in education systems. The completion of upper secondary level education is considered as increasingly important, not just for successful entry into the labor market, but also for allowing students access to the learning and training opportunities offered by higher education.

TABLE 5.1: NET ENROLMENT RATIO AT PRIMARY AND SECONDARY LEVEL IN SELECTED CARIBBEAN COUNTRIES, 1991 AND 2005

	Primary Enrolment rate (%)			Net Secondary Enrolment Rate (%)	
	1991	2005		1991	2005
	Net	Gross*	Net	Net	Net
Anguilla	...		88.6	...	80.8
The Bahamas	...	100	90.2	...	83.8
Barbados	80.0	99.7	98.0	...	96.0
Belize	...	121	99.5	...	71.3
British Virgin Isls	...	...	95.1	...	88.2
Dominica	...	91	84.0	...	91.8
Grenada	...	92	84.0	...	79.0
Guyana	89.0	125	...	66.0	
Haiti	46.0	...	49.6	20.0	19.6 ^a
Jamaica	...	94.9	90.2	...	78.3
Montserrat	...	...	96.3	...	95.8
St. Kitts and Nevis	...	99	93.4	...	86.1
St. Lucia ^b	95.0	113	97.0	...	64.6
St. Vincent & the Grenadines	...	111	90.4	...	63.9
Trinidad and Tobago	91.0	94	84.6	...	65.1
Turks and Caicos Is.	...	...	78	...	70.2

^a Net Attendance Rate

^b Data from 2006

* The gross enrolment ratio is the total enrolment at a given educational level, regardless of age, divided by the population of the age group that typically corresponds to that level of education. The specification of age groups varies by country.

Source: UNDP 2007/2008, UNESCO Institute for Statistics Estimate, UNICEF 2007

5.09 The general thrust towards higher rates in successful completion of secondary level education are meant to address certain trends in globalisation and the continuous demands placed on the workforce. Access to higher education has been and remains the challenge as the Region is confronted with significant disparities in enrollment rates at secondary and tertiary academic institutions. The regional average of enrollment at the tertiary level is 15.1% (UNESCO). The UNDP education index (adult literacy and years of schooling) puts countries like Trinidad and Tobago and Barbados into the category of countries with high educational development whereas Haiti is placed in the lowest group of education attainment.

5.10 For the Caribbean Secondary Education Certificate (CSEC) January 2007 sitting, there has been a marked increase in the number students entering subjects (compared to 2003) such as Social Studies, Principles of Business and Mathematics (CXC Statistical Bulletin, 2007). It is interesting to note, however, that comparison between the CSEC May-June sittings of 2006 and 2007, reveals that Trinidad and Tobago and St. Lucia had a drop of 8% in candidate entries; British Virgin Islands of 5% and Barbados of 2%. On the other hand, the Cayman Islands showed an increase of 52 % in candidate entries, Turks and Caicos an increase of 16 % and St. Kitts and Nevis and Grenada an increase of 13 %.

5.11 Understanding the importance of modernizing higher level education cannot be underestimated as an appropriate career path, one which would include certain core competencies, will determine the future of a student. The successful Asian economies represent a useful model of success. The Asian Tigers, (South Korea; Taiwan; Singapore; and Honk Kong), in their effort to enhance the skills of their workforce, created a set of key competencies that graduate students should possess before entering the job market. These include ICTs skills, language and communications skills and mathematics. Raising the educational attainment of entry level workers in relevant subjects (or key competencies) is important to the performance of specific sectors in the Region. It is widely perceived that Caribbean countries have a low-skilled and poorly experienced workforce in Science and Technology. It is expected therefore that higher enrolment rates and passing grades in Maths, Biology, Chemistry or Psychics and Computer Science would yield a better prepared regional labour force. Of course, students must be guided in choosing subjects that fit their own personal capacities and interests.

5.12 Table 6.2 shows the number of students that entered and passed selected subjects at the CSEC 2007 January sitting at the regional level. Subjects such as Chemistry, English A, Human and Social Biology, Information Technology and Mathematics show a higher than 45% failure rate. It is also interesting to note that, with the exception of Physics, females outnumber male students in terms of the amount of pupils entering the selected subjects. The gender element needs to

be investigated further as it is not clear whether the number of girls is simply reflective of demographics or whether there are other forces at play.

5.13 The demand for skills opens doors to qualified workers, but carries downside risks. Fewer low skilled and manual workers will be sought or needed, and those school leavers with unneeded competencies are more likely to remain unemployed. This can lead to marginalisation of such groups which, in turn, can lead to their engagement in socially deviant behaviors. On the other hand, the increased demand for skills generates great opportunities for improving living conditions in the OECS. The new positions are expected to be better remunerated, and therefore lead to an improvement in living standards and reduction in poverty (World Bank: 2007). Furthermore, the report argues that the education system is not adequately preparing young people for the new skilled jobs. School leavers often do not possess the skills required for the service jobs in the new economy. Despite having received up to 11 years of formal education, school leavers often have no diploma or marketable skills, as indicated, for example, by the results of the Caribbean Examination Council exams in English and Mathematics. In particular, in this group of school leavers, some struggle with daily use of basic skills, such as reading, writing and arithmetic. Many face difficulties in demonstrating behavioral life skills that are valued by employers, such as team work, pro-activeness, critical thinking, and effective communication. Most have not acquired professional skills linked to a specific career or technical skills in demand, such as knowledge and use of ICTs.

**TABLE 5.2 : CSEC REGIONAL CANDIDATE PERFORMANCE BY SUBJECT,
GENDER AND GRADES AWARDED JANUARY SITING 2007**

Subject		Subject	
Biology:		Chemistry:	
Male	281	Male	327
Female	436	Female	355
Total entering subject	717	Total entering subject	682
Total writing exam	603	Total writing exam	569
Total % of passes	66	Total % of passes	54.1
Male passes as % of total	40	Male passes as % of total	51
passes		passes	
Female passes as % of total	60	Female passes as % of total	49
passes		passes	
English A:		Human and Social	
		Biology:	
Male	5,43	Male	364
	8		
Female	8,02	Female	1,66
	8		6
Total entering subject	13,4	Total entering subject	2,03
	66		0
Total writing exam	12,2	Total writing exam	1,67
	74		3
Total % of passes	46.6	Total % of passes	46.7
Male passes as % of total	36.9	Male passes as % of total	16
passes		passes	
Female passes as % of total	63	Female passes as % of total	84
passes		passes	
Information Technology:		Mathematics:	
Male	258	Male	5,24
			4
Female	1,66	Female	9.21
	6		1
Total entering subject	2,03	Total entering subject	14,4
	0		55
Total writing exam	1,67	Total writing exam	12,6
	3		51
Total % of passes	46.7	Total % of passes	43.8
Male passes as % of total	43	Male passes as % of total	39
passes		passes	
Female passes as % of total	57	Female passes as % of total	61
passes		passes	
Physics:			
Male	505		
Female	235		
Total entering subject	740		
Total writing exam	647		
Total % of passes	55.2		
Male passes as % of total	70		
passes			
Female passes as % of total	30		
passes			

Source: CXC Statistical Bulletin for the Meeting of Council, 2007

^a Passes are Grades I to III

5.14 Several countries, in their bid to compete efficiently in the global economy, have introduced a number of Education Development Plans (EDPs) designed to upgrade the technological competencies of the workforce, expand the depth of specific knowledge to be taught in school and generally modernize the education system (Anguilla, 2005-2010). These target-based concerted efforts by national governments are accompanied by the increasing influx of aid from international agencies financing education projects and addressing education-related issues such as infrastructure, curricula, technology, teaching equipment, etc. (IBE Unesco, 2000). In order to offset the trend of regional disparities, a number of education projects have been initiated by the multilateral and bilateral partners and by NGOs. It is useful to note also that in Latin America and the Caribbean, involvement of civil society in education has increased more than eightfold (Human Development Network, 1990-1999). In Haiti for instance, 90% of primary schools are non-public and managed by local communities, religious institutions and NGOs (see Box below).

BOX 1: THE CASE OF HAITI

Education indicators in Haiti are very weak. Close to half of Haitian adults are illiterate (45 per cent of males are illiterate and 49 per cent females); only about one child (12-15 years old) in five attends secondary school. The country faces severe shortages of education supplies and qualified teachers and the rural population remains significantly underrepresented both at the primary and secondary levels. Without qualified teachers or adequate textbooks, the quality of education is generally poor. This has resulted in poor test scores, grade repetition and high dropout rates. In addition to all these barriers, school fees are also expensive—an estimated US\$70 to US\$80 per child each year in a country with a per capita GDP of US\$480.

Education in Haiti is provided by public and private schools, and access to education largely depends on the income level of the household. However, due to the rise of NGOs and projects supported by international agencies, primary level education has increased among poor households (90% of primary schools are non-public and run by Community Based Organisations (CBOs), religious organisations and/or NGOs). It is estimated that non-state schools educate approximately 90% of the students at secondary level (Haiti Country Profile, 2006).

There is a difference in the enrolment rate between the poor living in urban areas (70 per cent access to primary education) and the rural poor with a 54 per cent enrolment rate (Lamaute-Brisson, 2004). The enrolment rate for primary schools is 67% of which less than 30% reach 6th grade. One of the reasons is that the cost of schooling can be high for many families in Haiti, where public funding supports only about 10 percent of the nation's 15,000 primary schools. The enrolment rate for the secondary level is about 20% (USAIDS 2007). The literacy rate of 53% is the lowest in the Western Hemisphere.

The joint Haitian Government-World Bank *Education for All* program sought to enroll 15,000 new first graders in 2007. With additional financing from the Canadian International Development Agency (CIDA), the program is said to have achieved enrolment rates twice the intended number of students. The program which covered some 30,000 children increased coverage to a total of 45,000 in the new school year, beginning in September 2008. The World Bank is partnering with CDB and the Canadian International Development Agency (CIDA), which as of March 2008, contributed an additional US\$10 mn and US\$1.2 mn, respectively.

B. Public Spending on Education

5.15 Increased financial contributions from the public purse are being invested in schools, in programmes and activities aimed at improving the achievements and results of students. These range from extended school hours, to the development of national strategies, to increasing capital investment in schools throughout the Region. At the heart of recent developments in schools has been a workforce

reform which seeks to maximise efficiency at all levels within the education system, by ensuring that as much money as possible gets through to the frontline of the delivery of services.

5.16 Over the past 20 years, Caribbean countries have achieved impressive levels of public spending in education. Between 1991 and 1995, Barbados invested 13% of GDP; Belize and Jamaica 8%; Trinidad and Tobago 7% (World Bank Report on Education, 1996). Government education expenditures are high in the Caribbean compared to other countries. Caribbean governments spent an average of 4.9% of GDP on education and US\$330 per capita over the period 1995-2002, with the highest US\$860 per capita in Barbados. In 2005, the average public spending on education in the Region rose to 5.8% of GDP (excluding Haiti).

TABLE 5.3 : PUBLIC EXPENDITURE ON EDUCATION

Country	Public Expenditure on Education			
	As a % of GDP		As % of Total Government Expenditure	
	1991	2005	1991	2005
Jamaica	4.5	5.3	12.8	8.8
Barbados	7.8	6.9	22.2	16.4
St. Kitts and Nevis	2.7	9.3	11.6	12.7
Antigua and Barbuda	...	3.8	...	...
Trinidad and Tobago	4.1	4.2	12.4	13.4
Dominica	...	5.0 ^a	...	...
St. Lucia	...	5.8	...	...
Grenada	4.9	5.2	11.9	12.9
Guyana	2.2	8.5	6.5	14.5
Haiti	1.4	1.7	20.0	...

Source: UN Human Development Report 2007/2008

^a Year 2001

5.17 This average ranks considerably high compared to the level of public spending on education in most high human development countries. Countries such as Japan (3.7%), Spain (4.3%), Germany (4.6), Australia (4.7%), Italy (4.7%) and the United Kingdom (5.4%) all present national public spending rates lower than the regional average of the Caribbean. Government spending on education and enrolment rates, however, tell us very little as to the degree of success of the education sector. Also, research is required on the allocation of resources and on whether the poor have been significant beneficiaries of government expenditures.

C. Quality of Education

5.18 The key to human resource development is not just educating a higher number of students but also ensuring that students receive quality education. In many Caribbean countries, the process of learning is hampered by several factors: curricula deficiencies; lack of teaching material; poor parental engagement;

inequality in student enrolment rates between urban and rural areas; poorly trained and unmotivated teachers; paucity of school material and adequate infrastructure.

5.19 The quality of education is a permanent priority of the education sector. Quality learning and teaching lead to the personal development of students; enhanced human resources and skills; and societal progress overall. In addition, the quality of education should satisfy public trust in the sector and secure its position as a public good. According to Juran (1993), the quality of education is reflected in its ability “to be used”. Crosby (1988) defines quality as following the demands of the users, and is reflected in its ability to fulfil their expectations. Along the same lines, the International Standards Organization (ISO) defines quality as the number of features and characteristics of a product/service which allows the latter to satisfy expressed or implicit needs.

5.20 Presently, the quality of education and training is considered in all BMCs to be a concern of the highest priority. High levels of knowledge, competencies and skills are viewed to be very basic conditions for active citizenship, employment and social cohesion. High-quality education is essential in the light of, among others, labour market requirements, the free movement of workers and the expressed need of BMCs for skills enhancement of its labour force.

5.21 The study *Monitoring Education Performance in the Caribbean* by the World Bank (2002) was the second attempt at providing a comprehensive quantification of educational outcomes in the Caribbean region. The study by the World Bank *Access, Quality and Efficiency in Caribbean Education* conducted in 1992, represented the first effort at the regional level among English-speaking countries to highlight the strong commonality of the education sector across the Region as a response to the Caribbean Group for Cooperation in Economic Development’s request to formulate a Caribbean human resource development strategy. Following heightened awareness of the need to create a regional pool of information on the education sector, the 2002 study was designed with the objective of improving the benchmarking of educational outcomes through the development and monitoring of operationally relevant comparable education indicators. The benchmarking was applied to three main areas: coverage, efficiency and quality. As regards quality, an important recommendation underlined the need for Caribbean countries to start producing and monitoring relevant indicators. Little information, it was noted, was available on possible determinants of educational achievement in the Region, thus limiting the possibility of designing and implementing quality-enhancing interventions.^{62/}

D. Caribbean Development Bank’s Survey on Quality of Education in its BMCs

5.22 In July 2008, the CDB decided to undertake a quality assessment of the education system in its BMCs through a questionnaire on a number of variables

^{62/} / *Monitoring Educational Performance in the Caribbean*, World Bank, Human Development Department Caribbean Country Management Unit Latin America and the Caribbean Region, 2002.

that define the quality of education at primary and secondary levels.^{63/} This exercise should be considered as a 'pilot' project. The underlying objective of the project is to foster greater communication between CDB and the relevant Ministries of Education across the Region with respect to this important policy issue.^{64/}

5.23 The survey was sent to CDB's BMCs Ministries of Education. A set of variables has been investigated. These include: student/teacher ratios; levels of teacher training; teachers' salaries; repetition rates; curriculum compliance and the existence and availability of student support programs for the acquisition/use of textbooks. The data collected are suggestive rather than definitive. Indicators should be regarded as a starting point, unlimited in their implications for further research and analysis. The aim of the data is not to set standards or targets but rather to provide researchers and policy-makers with points of comparison. The selected indicators are used to identify issues which need to be investigated further and to suggest possible policy agenda.

⁶³ / In this questionnaire Primary level is defined as the first 7 years of basic education, from 5+ yrs to 11 yrs. Secondary level is defined as the 5 years of schooling following primary level, from 12 to 17 yrs.

⁶⁴ / This study intends to be the first step toward addressing and monitoring the quality of education through a systematic gathering of chosen quality indicators. Future research endeavours will focus on variables such as infrastructure quality; accessibility; transportation; parents' participation, etc. Attempts at monitoring the quality of education should foster cooperation at the regional level via exchange of best practices.

TABLE 5.4 : STUDENT/TEACHER RATIO BY GENDER AT PRIMARY AND SECONDARY LEVELS

Country	Primary Level			Secondary Level		
	Student/Teacher ratio (total)	Student/Male Teacher Ratio	Student/Female Teacher Ratio	Student/Teacher ratio (total)	Student/Male Teacher Ratio	Student/Female Teacher Ratio
Anguilla	17:1	223:1	19:1	11:1	40:1	15:1
Antigua	18:1	297:1	19:1	14:1	44:1	20:1
Barbados	16:1	n/a	n/a	16:1	n/a	n/a
Belize	13:1	41:1	n.a	14:1	n.a	n.a
Cayman*	12:1	n.a	13:1	9:1	26:1	13:1
Dominica	17:1	116:1	20:1	15:1	47:1	21:1
Guyana	26:1	108:1	15:1	20:1	32:1	15:1
Haiti	n/a	n/a	109:5	n/a	n/a	n/a
Jamaica	30:1	n/a	n/a	21:1	n/a	n/a
Monsterrat	9:1	n/a	20:1	11:1	12:1	18:1
St. Lucia	23:1	181:1	13:1	17:1	50:1	17:1
St. Vincent	21:1	n.a.	13:1	n.a.	n.a	20:1
Trinidad	18:1	75:1	23:1	15:1	41:1	24:1
TCI	14:1	133:1	n/a	10:1	29:1	15:1

*Includes private and government schools

5.24 Table 5.4 shows the student-teacher ratio by gender in selected Caribbean countries at the primary and secondary levels. The ratio refers to the number of teachers in a school with respect to the number of students who attend the institution.^{65/} This question is an attempt to 'go inside the classroom' to assess a key indicator of the quality of education. It is arguable that classes with too many students per teacher are likely to deliver a lower quality of education because of limited oversight per student on the part of the teacher. A large number of students in a class also can result in a very diverse field of pupils, with varying degrees of learning ability and information uptake. Consequently, the teacher is likely to spend more time on specific students, when that time could be spent progressing through the curriculum. Furthermore, overcrowded classrooms can be noisy and a distracting environment for students. A large number of students under a single tutor might affect the teacher's ability and desire to teach, and the quality of teaching, under these circumstances of stress, can be severely diminished.

5.25 In almost all the BMCs women teaching at the primary level greatly outnumber their male colleagues. At the post-secondary and higher education levels, however, male teachers outnumber their female colleagues (UNESCO 2005). At the primary level, an interesting indication is inferred from the student/male teacher ratio. The responses for most countries, such as Anguilla; Antigua; Dominica; Guyana; and St Lucia, indicate a significant gender imbalance evidenced by the presence of one male teacher per over 200 pupils. Since males tend to lean toward secondary teaching, this causes a critical shortage of male teachers at the primary level. The absence of a male role model might have a

^{65 /} In order to assess student/teacher ratio improvements over academic years, it will be important to follow the students and teachers growth rates.

negative impact on boys as they need male teachers as positive role models (Sumsion, 2000). At the secondary level, even though in some countries the ratio of female to male teachers is lower, the gender gap is still significant.

5.26 At the primary level, the student-teacher ratio average for the BMCs stands at 20. This average compares favorably with all the other developing regions of the world, and is close to the average of most Asian countries. The primary level ratio, however, is still higher than most European countries (by an average of 3 points). At the secondary level, in the countries for which data were available, the average number of students per teacher is 18 to 1, at the regional level. While this represents the lowest ratio in developing regions of the world, and compares favorably with other middle income countries where the World Education Indicators mean is 21.1, it remains somewhat higher than the European countries, the United States and Japan (see Table 5.4).

TABLE 5.4: STUDENT-TEACHER RATIOS, SELECTED COUNTRIES, 2006

Country	Primary Level	Secondary Level
Italy	11	10.9
Spain	14	11
Switzerland	13	14
United Kingdom	18	15 ^a
United States	14	15.9
Japan	19	16
BMCs of CDB¹	20	18.1
Korea	27 ^b	22
Mexico	28	18
Brazil	21 ^a	36.2

Source: OECD/UNESCO/WEI 1999/2006

¹ Countries included are the countries listed in the previous Table excluding Haiti, SVG, St. Kitts, and Montserrat. Data from Academic Year 2006/2007.

^a 2005.

^b 2007.

5.27 The role of the quality of the teacher in the process of education, especially at the primary and secondary level, has often been underestimated. A useful indicator of the quality of teaching is the percentage of teachers with appropriate academic qualifications. A second important indicator of quality is the type of teaching qualification possessed by teachers both at the primary and secondary levels. The first indicator gives information on the knowledge capacity of the teacher to teach at specific levels, while the second relates to the ability to effectively pass on knowledge. Table 5.5 shows that, at the primary level, five countries have a percentage of teachers with no specific teacher training higher than 50%. The regional average stands at 39.7 % of primary level teachers without a teacher training qualification. This is the highest average rate among middle and low income countries. At the secondary level, of the countries for which data was available, only Guyana and Haiti show a rate of no teacher training qualification higher than 50%. The regional average rate for the secondary level with no teacher training is 39.1 %.

5.28 At the primary level, Barbados has a low level of full-time teachers with teacher training qualification. However, 49% of those without specific teacher qualification have a university diploma, and 25% hold a university degree. Sixteen per cent have a secondary school certificate, and 10% are specialist teachers. Lack of teacher training and appropriate level of academic qualification are considerable in Guyana where 33% of primary level teachers are without a training qualification and only hold a primary level certificate. Thirty percent of those without teacher training have secondary school certification. Antigua has 52% at the primary level and 35% at the secondary level without formal teacher training qualification. Sixty-five percent of these have a secondary school certificate while 26.3% hold a University Diploma with 8.2% having a University Degree. In recent years, Jamaica and Trinidad and Tobago have increased the level of qualification of their teachers. These countries show a clear pattern of a high level of teacher training qualification and academic skills. In the Cayman Islands, all teachers in the public sector must be trained and have a Bachelors degree. Overall, for the Region however, data provided show a pattern of low teacher training qualification. European countries, for instance, have taken drastic measures to ensure that the level of teacher training matches the demands placed on the education system. In most European countries, teacher training courses are mandatory at the secondary level.^{66/}

TABLE 5.5: PERCENTAGE OF FULL-TIME TEACHERS WITH TEACHER TRAINING QUALIFICATIONS FOR 2006-07

Country	Primary Level		Secondary Level	
	No Teacher Training	Certificate in Teacher Training	No Teacher Training	Certificate in Teacher Training
Anguilla	27	73	26	74
Antigua and Barbuda	52	4.3	35.3	4.4
Barbados	72.6	n/a	59.6	n/a
Belize	64	36	n/a	n/a
Cayman Islands	n/a	n/a	n/a	n/a
Dominica	40	60	63	37
Guyana	57.3	46.7	55.6	44.4
Haiti	84	16	n/a	n/a
Jamaica	18	82	64	36
Montserrat	35	65	3	97
St. Kitts and Nevis	37	63	36	64
St. Lucia	9	91	10	90
St. Vincent and the Grenadines	15.5	84.5	n/a	n/a
Trinidad and Tobago	5	95	0	100
Regional Average	39.7	59.7	44	60.7

⁶⁶ After the 2000, Education European Legislation, teacher training courses have been designed to cover the knowledge base of secondary level subjects; acts and regulation affecting education; curriculum modifications and guidelines; and improvement of communication skills.

5.29 Another indicator of quality pursued in this study is repetition rates. It is interesting to note that at the primary level, with the exception of Haiti (10 to 15 % repetition rate), Belize with a repetition rate of 7.4% and Trinidad and Tobago at 5.6%, all the other countries have a primary level repetition rate of less than 5%. At the secondary level, the rates of repetition grow considerably. Guyana and Dominica show rates in excess of 10% with Belize at 9.8%. Antigua, Haiti and SVG exhibit repetition rates between 6 % and 9 %. The rates shown in Table 5.6 suggest that there is a considerable amount of students advancing through the levels of education in many countries. However, this tells little as to the relevance of the material taught, the difficulty of exams and the level of learning achieved by the student. Also, further research as to the reasons behind high repetition rates and the level of drop-outs will be required.

TABLE 5.6 : REPETITION RATES

Country	Primary Level				Secondary Level			
	0 to 5%	6 to 9%	10 to 15%	16 to 20%	0 to 5%	6 to 9%	10 to 15%	16 to 20%
Anguilla	√				√			
Antigua and Barbuda	√					√		
The Bahamas								
Barbados	√				√			
British Virgin Isls								
Belize		7.4				9.8		
Cayman Islands*	√				√			
Dominica	√						√	
Grenada								
Guyana	4 ^{1/}						11 ^{1/}	
Haiti			√ ^{3/}			√ ^{3/}		
Jamaica	3.3 ^{1/}				1.1 ^{1/}			
Montserrat	√							
St. Kitts and Nevis	√				√			
St. Lucia	√				√			
St. Vincent & the G	√					√		
Trinidad and Tobago		5.6 ^{2/}			1.14 ^{2/}			
Turks and Caicos Isls								

^{1/} 2006-07^{2/} 2005-06^{3/} 2003

5.30 Another indicator of quality is curriculum compliance. A useful insight is afforded by answers to the following question: *when and to what extent is the curriculum being implemented?* Answers to this question are indicative of the current status of satisfaction by regional Ministries of Education. However, the results to this question also include a considerable degree of subjectivity as it is difficult to assess with scientific clarity to what extent curricula are being implemented. Also, programs taught in schools have come under pressure in recent years as many high schools graduates lament the lack of acquisition of skills and competencies which would make them less vulnerable in regional and international labour markets. Higher education students should exit the education sector with the skills necessary to find jobs, and should be easily integrated into additional training schemes when required by employers. In the past five years, many Caribbean countries have been diversifying their curricula at the secondary level. There has been increased pressure on the core curriculum with a renewed emphasis on subjects like English and Mathematics. Also, there have been calls also to allocate more time to effective learning of technical and other practical subjects.

5.31 According to the responses presented in the survey, most countries updated their curriculum at the primary level between 2005 and 2007. In Haiti, a country where almost 90% of schools are privately owned, the last national review of the primary level curriculum was conducted in 1982. At the secondary level, a new educational national programme was introduced at the beginning of the 2006/2007

academic year but, according to the Ministry of Education, only partially implemented. In Barbados, the last official review of the curriculum, at both the primary and secondary level, took place in 2000. In Belize and the Cayman Islands, a new national curriculum has been developed, and it is expected to be fully introduced in September 2008. St. Lucia and Trinidad and Tobago have recently reviewed both curricula. In Antigua, updates on the curriculum for the upper secondary level are conducted by subject area at different times. In Montserrat, the revision of a new secondary level national curriculum is underway. Dominica's secondary level curriculum has not been updated recently, and the Ministry of Education reports that it has been implemented satisfactorily.

5.32 Supplies of education materials, another important indicator of the quality of the education, have been deficient for many years in virtually all the Caribbean countries. From 1980 to 1992, public expenditure on books and class materials averaged under US\$13 per student in secondary schools (World Bank, 1992). Since then, there has been a marked improvement in availability and access to school material as more contributions from the public purse have been allotted to textbooks and other teaching materials. In Jamaica, the absence of textbooks, materials and resources was considered a major problem in many schools.^{67/} The reason for this was that parents could not afford to purchase books. Prior to government's interventions, in the Caribbean, on average only 20% of new secondary school students owned textbooks (arts and mathematics textbooks were owned by 17% in OECS, Evans 2001). The recent escalating costs of books made it virtually impossible for low-income families to purchase schools books, and governments had to step in by implementing support programs that varied from subsidised texts to rental schemes or book loans.

5.33 The responses with respect to the availability of textbooks are positive as many countries are dealing with the inclusion issue quite aggressively by providing different types of support for less advantaged students. All the countries involved in the study have reported some level of textbook student support either at the primary or secondary level or both. St Vincent and the Grenadines does not have a low-income students support scheme for the acquisition of textbooks at the primary level. In Trinidad and Tobago, textbooks are provided through rental programs accessible to all students. St. Kitts confirms that fewer than 10% of primary and secondary level students own textbooks as the government purchases the relevant material which is loaned to pupils as needed. In the Cayman Islands, a small amount of students in either Government primary or secondary school actually owns textbooks as they are provided by the schools. In Guyana, Mathematics, English, Science and Social Studies textbooks are provided by the government at the primary and secondary levels. Belize has book scholarship programs for underprivileged children at the secondary level. In Barbados, the Ministry of Education informs that, while at the primary level the government has provided textbooks for the pupils, no secondary level student owns books as a textbook loan scheme is in place. In Antigua, all textbooks are provided by the government to all students without charge. However, the books are returned at the end of each academic year.

^{67/} H. Evans's *Inside Jamaican Schools* (2001) p. 87.

G. Tertiary Education

5.41 Table 5.7 gives a glimpse of the growth of tertiary enrolments in the different Commonwealth regions.

TABLE 5.7 : GROSS ENROLMENT RATIO (%)* TERTIARY EDUCATION

Item	1 980	1 997	2 005
Sub-Saharan Africa	1.7	3.9	5
Latin America and the Caribbean	13.7	19.4	28.6
East Asia and the Oceania	3.8	10.8	19.6
South Asia	4.3	7.2	9.7
CDB's BMCs¹	n.a.	n.a.	15.1

Source: World Bank EduStats, 2005

*The gross enrolment ratio is the total enrolment at a given educational level, regardless of age, divided by the population of the age group that typically corresponds to that level of education. The specification of age groups varies by country. ¹ Excluding Haiti.

5.42 Between the years 1999 and 2004, gross tertiary enrollment rates varied from 17.9% in Jamaica to 7.6% in Guyana and to 2.3% in Belize (World Bank, 2006). Unlike at the school level, enrollment in tertiary education in the Caribbean has been historically low, and is an obstacle to achieving the goal of a knowledge driven economy. Average enrollment rates rose from 5% to about 15% over 1980-2000, but except for Barbados (41%), it remains well below the Latin American average of 24% or the world average of 26% (World Bank, 2008). In 2006 in St. Lucia, enrollment at the tertiary level reached 7.9%; in Guyana 11.5% and in the Cayman Islands 21.3% (USAID, 2006).

5.43 It is clear that the demand for tertiary education is rising. In 2008, the Ministry of Education, Youth and Culture of Jamaica reported that 20% of the population is seeking advanced education each year at the island's institutions for higher learning. This figure has surpassed the CARICOM target of 15% enrollment in member states by 2005. In the 2001/2002 academic year, 32,168 students applied for a higher education course both at public and private institutions; for the academic year 2002/2003 the number rose to 41,671. The rise in number of students was accompanied by a greater contribution to tertiary education from the public purse. In 2000/2001 the government's allocation was J\$3.3 bn and in 2004/2005 this increased to J\$ 5.6 bn. It is noteworthy that in the academic year 2006/2007 the Jamaican government provided over J\$15 mn in scholarships. Governments and policy-makers are aware of this impending surge, and policies and plans are being developed to meet this challenge at the national level. Recent increases in enrollment rates are attributed to a shift in the global economy toward information intensive, knowledge-based technical training; a demand from employers for graduate and postgraduate degrees; and a marked interest from individuals to upgrade their skills in order to increase their earning power.

5.44 Over the past 30 years, there has been much policy discourse, research and planning to support the development of higher education systems and support in the Region. The establishment of UNESCO offices in the Ministries of Education across the Region and the introduction of the framework for policy action, UNESCO World Forum for Higher Education, has prompted funding agencies such as CDB, IDB, USIAD, EU to work alongside national governments in preparing country strategy papers and higher education assessments in order to support, finance and devise appropriate measurements for the improvement of tertiary level education. Collaboration among agencies and regional and national governments has been forged to implement higher education improvement measures in the Caribbean territories.^{68/} Increasing need for collaborative partnerships is expressed by stakeholders. Efforts are needed in higher/tertiary education policy to maximise implementation efficiency and avoid duplication of efforts in the wake of already scarce resources.^{69/} One such effort is the establishment of the Caribbean Knowledge and Learning Network (CKLN) whose objective is to provide greater awareness of the different forms of tertiary level collaborations for online and distance learning that exist locally, regionally and internationally. With enrolment in tertiary education in the Caribbean at 15.1%, there is a significant need for increased access to more and quality tertiary education across the Region.

5.45 The development of ever expanding global communication networks and the idea of a contracting world challenge Caribbean educators with the reality that they too are a part of a global discourse and their practices part of a global trend. Societal changes, the diversification and ‘massification’ of tertiary education have influenced tertiary education in the Region and its quality assurance policies and practices. However, recent debate over the role of tertiary education suggests that Caribbean nations are opposed to full-scale liberalisation of the Region’s tertiary education sector. As voiced by several CARICOM Member States,^{70/} tertiary education must be viewed and protected as a public good. As Altbach (2001) remarked, Tertiary Level Institutions (TLIs) are perceived as independent and sometimes critical institutions that ‘preserved and interpreted and expanded the history and culture of society’. The argument suggests that academia can afford ‘a significant degree of insulation from the pressures of society (academic freedom) precisely because it serves the broader good of society.’ This argument runs counter to the perception that many student leaders and academics have of TLIs’ agenda and its entrepreneurial nature. Academic boards, for instance, can be political and might tend to perpetuate an elitist view. This perception is grounded in the preoccupation that conservative forces operate in the interest of maintaining the status quo and stalling progress to promote the interest of the institution. For instance, there have been calls for stakeholders to protect the essential role of TLIs as a public good and “not to support the subordination to market forces that will undermine accessibility and exacerbate social inequalities.”^{71/}

⁶⁸ E. Ali *Higher/Tertiary Education in the Caribbean: Evaluation, Accreditation, Qualifications and Certification Systems*, p. 3, 2008.

⁶⁹ p. 4, 2007.

⁷⁰ Source: Prime Minister Hon. Dr. Denzil L. Douglas’s address at the 2008 Caribbean-New York Conference, as reported by St. Kitts ...

⁷¹ Ibid. 2008.

5.46 Roberts^{72/} (2001), however, urges key Caribbean stakeholders and policy makers in tertiary education to balance their thrust for institutional autonomy and academic freedom with attention to professional development and responsibility and commitment to quality. Improving the quantity and quality of tertiary education is a prerequisite for creating an economically successful, socially advanced, culturally literate, and internationally conscious society, in which transparency and good democratic practices can take place. Also, it implies a greater sense of citizenship and realisation of democratic values and openness to a healthy society.^{73/} Research has shown that better educated people possess higher mobility in terms of job access, promotion and income-generating power than those who are not. A higher degree of education also promises greater productivity. This must be viewed as places of learning where the advancement of knowledge, its relevance to the individual and society, and the continuous drive for improvement become the ethical guiding principles.

5.47 Gender equity constitutes a challenge towards full educational development as research findings are pointing toward the tendency of growing gap in participation rates. Boys are being outnumbered by girls at tertiary levels. The UWI ratio is 67:33 in favor of females (Caribbean Education Task Force, 2000), and although recent studies have emphasised the need for measures to be taken to reverse the growing disparity, it remains uncertain as to how the Region is dealing with gender inequity in the education sector.

H. New Strategy in Education and Core competencies

5.34 There has been a clear realisation that education and training systems are becoming an integral part of the overall effort to contribute to national development by strengthening skills and improving economic and social competencies. Significant strides have been made particularly with respect to access to basic education and virtually all countries have ensured high standards for compulsory education (Global Institute for Statistics, UNESCO 2004). However, much remains to be done at the higher education level.

5.35 For secondary education, the defining objectives in CARICOM countries should include the following: expanding access to secondary education and improving school access particularly in rural areas: attainment of competitiveness of the labor force by secondary level completion and achievement of necessary qualifications and skills for the agriculture, industrial and service sectors (UNIDO, Report on Preparatory Assistance for Strengthening of training Capability of the Caribbean Sub-Region for Human Resources Development, 2003); improving social equity and income, based on a clearer recognition of the importance of social equity in the schooling system across the Region in order to foster a fair and inclusive environment (EDP, Anguilla 2005). Evidence demonstrates that there is inadequate access to education services for the poor and that poor families are less

⁷² V. Roberts, *Global Trends in Tertiary Education Quality Assurance: Implications for Anglophone Caribbean*, 2001.

⁷³ Oliver Mills *Improving the Quality of Tertiary Education*, commentary appeared on caribbeannetnews.com 24/09/2008.

involved in the educational process. Further qualitative research is required in this area as data are not often available and reasons for the 'falling behind' of the poorest segments of the population remain unexplored).

5.36 Many Caribbean countries are currently expanding access to secondary education as they view provision of places as an integral part of broad reform efforts. In an effort to diversify training and resource distribution and to meet the demand of skills requirements, special attention has been paid to areas such as science, technology and management.

5.37 In the wake of the impact of globalisation and rapid advances in technological innovation, education and training do have a direct impact on the labour force that the Region is producing. A great number of higher education students also join the international labour force of migrants. In the mid-90s, the size of the Caribbean diaspora reached six million, not including undocumented migrants (Nurse 1996, 2002). For instance, many labour migrants of the Caribbean do require additional training in countries such as Canada and United States to perform jobs that they have already been performing for a number of years in the Region (Rhone, 2007). Instead of being able to continue in their chosen profession, however, a large number of immigrants face obstacles such as a lack of recognition of qualifications obtained at home, social and ethnic status, problems in assimilation and the process of acculturation.

5.38 Most recent educational strategies are based on acknowledgment of the importance to acquiring a set of new core competencies (Tsang, Fryer, Arevalo, 2002) as a key ingredient in the transformation of modern work-places operating at the global level. A concern, however, is whether the economy can uniformly absorb the increasing number of trainees and whether their educational path has offered them the necessary skills to fit into the labor market. This is a point of contention for social analysts. The shift from 'old skills' to new ones reflects the fundamental structural changes of the transnational nature of economics. The increasing pressure for liberalisation of trade and the advent of a new set of sought-after labor skills will most likely and irreversibly require a swift strategic response from national governments to coordinate the education and training systems and equip citizens with the latest skills. Such required competencies as envisaged by the European Commission (1995, 2002) include the following: technical, methodological, social and behavioral. Despite some arbitrariness in defining these competences, there is a general recognition that education development plans should include all necessary core competencies (IADB, 2002) in response to the rapid shift in the requirements of the international market. In addition to the foregoing core skills, *transnational competencies* (Tsang, Fryer, Arevalo, 2002) have also been identified. These will enhance individual capacity to communicate effectively with people from diverse cultures and backgrounds. They might include: ability to imagine, analyse, and creatively address the potential of local economies/culture; knowledge of commercial/technical/cultural developments in a variety of locales; understanding of local customs and negotiating strategies; technical skills in business, law, public affairs, and/or technology, and awareness of

how they differ in different cultural contexts; facility in English and at least another major language; and computer skills.^{74/}

5.39 CARICOM, through a prolific effort of information-sharing on issues and possibilities, has embarked upon strategic plans for education reform in which knowledge is seen as the driving force behind human development, in what is now generally known as 'knowledge society'. However, in the OECS, firms still struggle to fill skilled positions because of a lack qualified candidates, while the number of unemployed low-skilled workers is growing. This paradox affects especially youth. Even during recent economic booms, youth unemployment has remained high, indicating a mismatch between skills acquired in school and the critical skills demanded by the labor market. There is a clear need for more relevant education and training to prepare young people for the demands of the workplace.

5.40 The 2007 World Bank Report *Does the Eastern Caribbean Education System Adequately Prepare Youth for the Global Economy* looks at the state of current education and skills training options in the OECS. As suggested, economic transformation of the Eastern Caribbean increases the demand for skills, which creates both great opportunities and risks. Services have been the most important source of growth in the OECS, and private and public services now account for almost four-fifths of the economy. The service sector relies heavily on skilled labor to prosper and pay adequate salaries. Even niche manufacturing and agriculture are changing, and now require more skills because of changes in crops, demands for quality improvements, and increased need for management. Shortages of skilled workers appear to be severely hindering firm competitiveness in the OECS. Education and training are essential for job creation, competitiveness and economic growth.

⁷⁴ From Task Force for Transnational Competence, 1997.

6. POVERTY

A. What is Poverty?

6.01 During the past 50 years, economic and social achievements have been attained through of CARICOM Governments' commitment to emerge as strong nation states out of the decolonisation process. More recently, in the context of the MDGs endorsed by the leaders of 189 United Nations Member States and in response to increasing global economic competition and international financial volatility, Caribbean national and regional institutions have been pushing towards further higher economic growth and enhanced social development. The eradication of poverty remains at the top of the list of social priorities with gains in the field of education, housing and health all proving to be essential in the attainment of human progress.

6.02 Eradicating extreme poverty and hunger is at the top of the list of MDGs. Poverty stands as the centrepiece of social analyses and development projects. However, there has been extensive debate over what poverty actually is and which indicators are to be used to best measure it. Theoretical analysis of poverty is a crucial issue in that understanding poverty helps to set the basis for policies, strategies and programmes that have efficient and sustainable poverty reduction impacts.

6.03 The World Bank's approach to estimating the extent, distribution and trend of global income poverty (one-dollar a day for extreme poverty and two dollars for poverty as lineal measures) has been criticised heavily for implying a purchasing power neither well defined nor appropriate for poverty assessments (Pogge, Reddy 2005, Wint 2007). Furthermore, a poverty analysis that concentrates only on income might fail to capture the main causes of poverty, and does not provide any empirical guidance regarding the genesis and prevalence of deprivation (Sen, 1992). Relative approaches to poverty, on the other hand, have gained prominence over the last decade as the analysis of poverty itself has undergone significant changes. In this context, measuring poverty requires a new assumption (i.e. many factors contribute to poverty), and implies a poverty threshold likely to change over time and space and applicable to different scenarios. Poverty, in this new theoretical context, is seen as **capability failure**.⁷⁵

According to the capability approach, an individual is defined as poor if he or she lacks basic capabilities. Basic capabilities can relate to health, education, shelter, clothing, nutrition and clean water. From a capability perspective, poverty arises when basic capability failure is caused by inadequate command over resources,

⁷⁵ / Poverty may be [absolute](#) or [relative](#). Absolute poverty refers to a set standard which is consistent over time and between countries. An example of an absolute measurement would be the percentage of the population eating less food than is required to sustain the human body (approximately 2000-2500 [kilocalories](#) per day). Relative poverty, in contrast, views poverty as economically and/or socially defined and dependent on the [social context](#). One relative measurement would be the comparison of the total wealth of the poorest one-third of the population with the total wealth of the richest 1% of the population. In this case, the number of people counted as poor could increase while their income rise.

whether through markets, public provision or other non-market channels. It is safe to say therefore that, poverty represents the gap between a human being's expectations and potentials and their realisation. This theoretical poverty framework emphasises that there is a manifest scarcity of sustainable livelihood opportunities.

6.04 Hence, poverty measurement models include a set of variables that go beyond income levels. Low income is not the only factor in creating or defining poverty. Income is not the only instrument constraining the capabilities of the poor. Inadequate services, provision of goods, access to education, health care and housing conditions are also contributing factors. It is therefore recognised that the relationship between low income and low capability will vary in different countries, within communities and even households. Gender, for instance, may affect a person's capabilities. A boy and a girl from the same family may seemingly have the same income advantage (or disadvantage). But if the boy attends school and the girl does not, then her capability deprivation is larger than his and her opportunities to achieve a better life without education are smaller.

6.05 An incisive theoretical contribution on the poverty debate is afforded by Amartya Sen.^{76/} Sen views poverty as a condition of deprivation of basic capabilities and freedoms. In Sen's words, poor people are in a condition of *unfreedoms*. The essence of Sen's approach is that in measuring poverty and trying to fight it, too much attention has been paid to the generation of income as the way to fix social ills. Sen suggests that, in studying poverty, the concepts of entitlements and capabilities in establishing the importance of not merely food requirements, but also freedom from hunger, freedom to self-actualisation through available and attainable means should be introduced. Economic inequality is much more than income inequality. Factors such as a lack of education, an unfavorable environment and ill health contribute to economic inequality. Income in development is only valuable to the extent that it contributes to the expansion of people's capabilities and thus to their freedom to achieve various lifestyles. In view of these arguments, it would not be appropriate to base any definition of poverty (or rural poverty) solely on income levels in order to describe and analyse poverty patterns. Therefore, when assessing the diagnostic definitions of poverty, it is necessary to discern the distinctions between absolute poverty and relative poverty, although the divide between the two models is not as sharp as it has been portrayed in the past (Potter, 1986, 1997). On the one hand, absolutist methods of analysis, while still widely used within international development agencies, have been criticised because of the inability to reflect the dynamics of the changing world and to explain differentiation, contextual differences and disparities. The new conceptualisations suggest that a broader understanding of poverty is based on the assumption that goods and services are essential to the well-being of an individual. These can be found within boundaries set by the institutional infrastructure, and are outside the individual's control. The World Bank acknowledges that poverty is "multidimensional, extending from low levels of

^{76/} Sen, in *Development as Freedom (1999)*, describes five requirements that should ideally work together in order to achieve true empowerment of the poor: political freedom, economic facilities, social opportunities, transparency guarantees and protective security.

health and lack of education, to other non-material dimensions of well-being, including gender gaps, insecurity, powerlessness and social exclusion."^{77/}

6.06 The characteristics associated with poverty are not merely personal deficiencies that need to be repaired or reformed, but are rather products of the economic and social forces within which poor people function that require institutional and structural change. These characteristics associated with poverty do not exist in isolation but relate to each other in very dynamic ways, thereby creating conditions that contribute to the complexities associated with poverty. For example, variables that impact on poverty include economic shocks, seasonality of incomes and natural hazard events, creating what is referred to as vulnerability or transient poverty. As shown by the data in the later section, this type of poverty is recurrent in the Caribbean. Many households move in and out of deprivation with varying degrees of regularity as a result of unexpected events.

^{77 /} The relativist approach to the study of poverty was greatly influenced by cultural perspectives (*The Culture of Poverty*, Lewis 1966). A number of theories suggest that a lack of vision on the part of the poor, resulting in reduced ambitions and aspirations, trap them at the bottom end of the social scale with limited social participation and chance for emancipation.

6.07 Poverty assessments in the Caribbean have taken into consideration both qualitative and quantitative measurements for both regional studies and single country analysis. In the attempt to broaden the understanding of poverty, caution is required when dealing with standardised methods of poverty identification. The World Bank uses incomes of US\$1.00 (Purchasing Power Parity) and US\$2.00 per day per individual as standards for describing 'severe' or extreme and 'moderate' poverty respectively. However, while the dollar-a-day line might reflect domestic poverty lines in low income countries, it might fail to match the same poverty intensity in middle income countries (Bersley, Burgess, 2003). This becomes even more relevant for a socially diverse region like the Caribbean in which the poor of a country, like Barbados, might be better off than those considered poor in other countries – like Guyana or Haiti. Cross-country analyses, as a result, have come under criticism for not accurately depicting the disparities in the Region where contextualisation needs to be applied. Aware of the limitations of cross-country absolute poverty measurements, researchers pursue theoretical frameworks for defining poverty that are flexible and dynamic.^{78/} Whether a lack of income, lack of basic needs or a self-expressed definition of poverty, poverty can be viewed as a lack of multiple resources leading to a condition of deprivation (World Bank, 1999).

6.08 The CDB recognises that poverty is a complex, dynamic, multi-sectoral, multi-dimensional human phenomenon that is difficult to define, measure and eradicate. It is a condition where people lack essential assets and opportunity to improve their living conditions and to achieve a quality of life they consider acceptable. Hence, consistent with contemporary thought and theoretical definitions of poverty as a capability deficiency, CDB recognises that poverty is not just an economic condition, nor do international indicators, such as the United Nations HDI or Physical Quality of Life Index (PQLI) represent it in totality. Rather, it involves human and social elements set within the context of a particular country, that contribute to the lack of capability and the absence of opportunity to change one's conditions.

6.09 Given the subjective and objective nature of poverty, the accuracy of adopted poverty measurements in low and middle income countries has been questioned. There is growing consensus over the need to include many variables for developing an appropriate theoretical outline: poverty is quantifiable and, consequently measurable; however, given the complexity of poverty definitions, the theoretical boundaries within which poverty exists become increasingly blurred. Data provided by recent CPAs relying on participatory and qualitative methods of research offer useful insight as to whether economically poor people in Caribbean countries identify themselves as 'poor'. The findings of the surveys suggest that some people see themselves as poor but many others reject the label. More than half of the respondents do not see themselves as poor on account of several elements: home ownership by the respondents in the community; level of cooperation with neighbors; being better off than in the past or being better off

⁷⁸ / The International Conference on Population and Development (ICPD) was held in Cairo from September 5-13, 1994. The Conference was convened under the auspices of the United Nations and was organized by a secretariat composed of the Population Division of the UN Department for Economic and Social Information and Policy Analysis and UNFPA. Three board theoretical frameworks for understanding Poverty were used: income-based definitions, basic needs approaches and participatory definitions.

than others.^{79/} This exercise shows that poverty remains a relative and multi-dimensional concept and, as such, requires a broader framework of analysis based on the individual's capacity to access services and on the amount and quality of resources needed to attain self-realisation.

⁷⁹ / *A New Perspective on Poverty in the Caribbean: the Strength of a Participatory Approach*, Ed. Melville and Wint, p. 29, 2007.

B. Measuring Poverty in the Caribbean

6.10 It remains problematic to outline an appropriate theory to fully understand poverty across heterogeneous countries like the Caribbean. Theoretical generalisations about poverty in the Region, which includes economies ranging from Haiti, the poorest country in the Western Hemisphere, to The Bahamas (with a per capita income of more than US\$12,000 World Bank 2005) can be misleading. In fact, given the plethora of economic and social accomplishments and challenges, no single review can do justice to the wide variation in country conditions. Nevertheless, there are strong social resemblances throughout the Caribbean English-speaking countries. Current poverty definitions applied to the Region are a corollary of the many similarities of Caribbean countries: all the countries are small economies; they have similar cultures and ethnic biographies; they are vulnerable to natural disasters, and they share a similar political and economic history. Poverty in the Caribbean has been chiefly associated with two defining characteristics: deprivation and vulnerability. In both cases, poverty refers to a condition in which the standard of living of a person falls below an accepted and defined level. This accepted level can be determined on the basis of material conditions (e.g. income level, food basket, PPP) or other given indicators intended to measure any relevant form of deprivation.

6.11 In social sciences, theories of poverty have been generally regarded as being part of two main strands: the economic theory, relying mainly on economic variables to explain poverty and sociological theories of poverty, which point to social and cultural factors as driving forces behind poverty. Recent theoretical contributions (Patton 2002, Wint 2007) in the sociology of the poverty in the Caribbean have demonstrated that progress has been made from viewing poverty largely as a family characteristic to considering it a more complex and multi-dimensional phenomenon. As shown, most definitions of poverty now go beyond economic status, and account for numerous intrinsic non-economic arrangements such as physical, cultural, psychological factors. As a result, based on a wider range of social and economic indicators, there are various analytical approaches to poverty creation, perpetuation (and eradication) from which a theory of Caribbean poverty can greatly benefit (James, 1999).

TABLE 6.1: CPAs CONDUCTED IN BMCs BY YEAR AND THE DEVELOPMENT ORGANISATIONS INVOLVED

N o.	Country	Year	Development Organisation
1.	Anguilla	2002/3	CDB
2.	Antigua and Barbuda	2005/6	CDB
3.	The Bahamas	2001	IDB
4.	Barbados	1996/7	IDB
5.	Belize	1995 and 2002	CDB, DFID
6.	British Virgin Islands	2002/3	CDB
7.	Cayman Islands	-	-
8.	Dominica	2002/3	CDB
9.	Grenada	1998/9	CDB
10.	Guyana	1994, 1999 and	WB, UNDP, WB

11.	Jamaica	Annual SLC from 1989	2005	WB/Gov't of the Kingdom of the Netherlands
13.	St. Kitts and Nevis		2000	CDB
14.	St. Lucia		1995, 2005/6	CDB
15.	St. Vincent and the Grenadines		1995	CDB
16.	Turks and Caicos Islands		1999	CDB
17.	Trinidad and Tobago		1992, 1997, 2005	WB, IDB

Source: CDB 2008

6.12 The most current information available on living conditions in the Caribbean is offered by the CPAs^{80/} which have been undertaken by the CDB in partnership with its BMCs. These studies provide data, estimates and indicators on living conditions in the BMCs. These reports are available to governments, institutions, development agencies and citizens in the attempt to create a framework for poverty discussion and reduction strategies in the Region. The continued evolution of poverty measurement/assessment methodologies reflects the constant shift of socioeconomic and cultural characteristics of poverty and the many strategies used to overcome it. More emphasis is being placed on the poor themselves allowing for a greater degree of voice in: (a) defining poverty and understanding poverty; and (b) focusing on adequate ways to deal with it. Qualitative social research methods such as participatory poverty assessments and living standard measurements allow people to define their own social economic conditions at the household and community levels. These findings have been integrated into the positivist and quantitative poverty measures such as core welfare indicators with a view to achieving a comprehensive representation of the nature and dynamics of poverty.

BOX 1: IMPROVEMENTS IN POVERTY MEASUREMENTS IN THE CARIBBEAN

Since 1995, CDB, the World Bank and the Inter-American Development Bank have been commissioning several poverty assessment studies. These analyses not only include quantitative poverty assessment in terms of per capita consumption terms but also an assessment of institutional capacity to deliver poverty reducing services to low-income groups. These studies have the specific objective of delivering action plans with a view to identifying policies, strategies, programs and projects that would reduce the extent of poverty and improve the overall quality of life in the selected countries.

Usually a national sample survey is conducted within a four to eight week period, and involves an interview of approximately one hour with selected households. The surveys obtain data on demographics, income, health, housing, education, employment, migration and anthropometrics.^{81/} A multi-disciplinary team of experts hired by CDB provides technical guidance in conducting the sample surveys in partnership with national assessment teams in each country.

The strategy for data collection involves the conduct of a sample survey drawn with PPS (probability proportional to size of enumeration districts selected). Upon completion of collection of data, the information is keyed into computers by data entry personnel to produce the requisite databases required for derivation of food, non-food and total expenditure aggregates, in addition to the processing of other components of the SLC questionnaires. At a technical level, all the studies derive the food component of the poverty line on the notion that every individual must satisfy certain basic nutritional requirements for survival. (Using software developed by the Caribbean Food and Nutrition Institute (CFNI). The basket of goods is selected in such a way as to maximise a

⁸⁰ / The poverty line is a measure of the minimum spent in order to meet food and non-food needs. The methodology for data collection and analysis combines quantitative and qualitative measures to describe both income and non-income poverty.

⁸¹ / Anthropometry refers to the measurement of living human individuals for the purposes of understanding human physical variation. Modern anthropometric studies are conducted for health care purposes; assessment measures are used in medical anthropology and epidemiology.

person's nutrient intake at the lowest possible cost, given general prevailing consumption patterns

Many studies also use the technique of averaging the adult equivalent per capita non-food expenditure for the bottom two quintiles and adding this value to the indigence line to derive the overall poverty line. Other poverty indicators such as the headcount, disaster risk reduction (GAR), poverty severity (FGT) are derived from this computed line. (From *Some Quantitative Methods and Practices of Poverty Measurements and Poverty Statistics in the Eastern Caribbean* by Edwin St. Catherine, 2004).

F. Poverty in the Caribbean

6.13 The Caribbean is multi-lingual and multi-cultural, composed of small island states, multi-island states, and mainland states with a population of 13.4 mn (2006). Individual country land mass size varies from 104 square miles in St. Kitts and Nevis to 83,000 square miles of Guyana. The population ranges from 4,500 in Montserrat to 8,528,000 in Haiti.

6.14 Progress has been made during the past ten years to curb constraints which denied satisfactory living conditions to thousands of people in the Caribbean. Progress has been made with lowering poverty levels in some countries. Jamaica moved from 24% in 1993 to 20% in 2002; Guyana from 43% in 1993 to 35% in 1999. Advances are also reflected in better ranking of many countries in the HDI. This is evidenced by a marked improvement in economic and social indicators such as *per capita* incomes; life expectancy; literary rates; education enrollment rates, access to utilities (electricity; telephones; water; sanitation) and lower mortality rates.

6.15 The HDI provides a composite measure of three dimensions of human development: living a long and healthy life (measured by life expectancy), being educated (measured by adult literacy and enrolment rates at the primary, secondary and tertiary level) and having a decent standard of living (measured by purchasing power parity, PPP, income).^{82/} The United Nations HDI provides a broadened prism for viewing human progress and the complex relationship between income and well-being. The ranking of Caribbean countries on the index ranges from a high of .892 for Barbados (ranking of 31 on the list) to a low of .529 for Haiti^{83/} (ranked 146th out of 177 countries). The OECS countries all rank in the high or medium range – from Antigua and Barbuda at .833 to St. Lucia at .728. The human development ranking positions give an insight into the level of well-being in each country. As shown in Table 6.2, the strides made by many Caribbean countries in improving their life expectancy at birth and reducing infant mortality have boosted several countries' rankings on the HDI (Dominica; Belize; and Grenada).

6.16 Caution is needed, however, when interpreting macro indicators. Data may mask inequalities and social deprivation both within and between countries. While many countries have made considerable progress in the attainment of important benchmarks set by the international community, there are challenges to overcome in reducing poverty. Countries' ability to sustain their human and social

^{82/} The HDI is a index combining normalized measures of life expectancy, literacy, educational attainment and a GDP per capita. It is not in any sense a comprehensive measure of human development. It does not, for example, include important indicators such as gender or income inequality and more difficult to measure indicators like respect for human rights and political freedoms and well-being. The basic use of the HDI is to rank countries by level of human development, a concept applied to determine whether a country is developed, developing or underdeveloped.

^{83/} From United Nations HDI 2005

development remain extremely feeble as large segments of the Caribbean population continue to face life cycle vulnerabilities and social insecurities.^{84/}

TABLE: 6.2: HDI RANKING IN SELECTED BMCs

Countries with HDI Ranking Position		
High Human Development	2002	2005
Barbados	29	31
The Bahamas	51	49
St. Kitts and Nevis	39	5
		4
Antigua and Barbuda	55	5
		7
Trinidad and Tobago	54	5
		9
Medium Human Development		
Dominica	95	71
St. Lucia	71	7
		2
Belize	99	8
		0
Grenada	93	8
		2
St. Vincent and the Grenadines	87	93
Guyana	104	9
		7
Jamaica	79	10
		1
Human Development		
Haiti	146	146

Source: UNDP Human Development Report 2007/08

⁸⁴ / As social analysts point to the need to understand poverty in terms of lack of opportunities rather than solely through income figures (Hills 2005), researchers call for a new perspective on poverty in the Caribbean, one which recognises the importance of people's perspectives (Renard, Wint 2007). This newly established concept must recognise the multi-dimensional character of poverty. These studies view poverty in the Caribbean as a multi-dimensional, social phenomenon in which many factors contribute to the creation of poverty. Persisting elements such as gender; geographical locations; natural hazards, international economic volatility; cultural impediments, are all part of the framework in which poverty is examined. An important component of poverty definition is that poverty is also a state of mind: it is the perception that communities have about themselves; it creates a practice of recurrent low self-esteem and self-worth, and it obstructs a path to cultural and physical emancipation. This approach, heavily influenced by the relativist theorists and the contribution of poverty participatory analysis in the developing world, presents problems for present poverty assessment analysis as it makes it difficult to monitor poverty over time and leads to questions of validity and representation.

6.17 Levels of poverty in the Region vary from 65% in Haiti to 9.3% in The Bahamas. Across the Region, excluding Haiti, approximately 25% of the total population is poor (World Bank, Poverty Assessments: Latin America and the Caribbean, 2006). These estimates place the Caribbean close to the world's average of poverty in developing countries. In terms of poverty measured by the ability to finance a basic consumption basket of food and non-food items such as education, housing and transportation, Haiti and Suriname are at the high end of the spectrum of poverty incidence with an estimated 65% and 63% respectively of the populations below the poverty line. Clustered in the 30 - 40% group are Belize; Dominica; Grenada; Guyana; St. Kitts and Nevis; and St. Vincent and the Grenadines. Between 20% and 29% are Anguilla; British Virgin Islands; St. Lucia; Trinidad and Tobago; and the Turks and Caicos Islands. Barbados had a poverty rate of 14% in 1997 and Jamaica a poverty rate of approximately 20% in 2002. With the exception of The Bahamas with the lowest poverty rate of 9.3%, Barbados; Jamaica; and Trinidad and Tobago, all the other countries have overall poverty levels well above 20%. Table 3.2 also indicates that indigence levels are higher than 10% in Grenada; St. Kitts and Nevis; Belize; Guyana; St. Vincent and the Grenadines; and Dominica.

6.18 The concept of **indigence** is premised on the notion that every individual must satisfy certain basic nutritional requirements for survival. A basket of goods is selected so as to maximise one's nutrient intake at the lowest possible cost. Households unable to meet the cost of obtaining this basket of food items are categorised as critically poor or indigent. The market cost of the basic food basket (the indigence line) represents a lower limit of poverty, and is considered the critical poverty line. The minimum cost of obtaining the basic food requirement (2,400 kilocalories)^{85/} is established using prices collected at the time of the Survey of Living Conditions/Household Budgetary Survey for various foods readily available at food distribution outlets.

TABLE 6.3 : POVERTY INDICATORS IN SELECTED CARIBBEAN COUNTRIES

Country	Survey Year	Indigence Headcount		Poverty Line Headcount		Poverty		Vulnerability (%)
		H'holds (%)	Population (%)	H'holds (%)	Population (%)	Poverty Gap	Gini (%)	
Barbados	1996	1	1	9	14	2.3	39	n/a
Jamaica	2001	n/a	n/a	n/a	18	n/a	38	n/a
Antigua	2006	3.1	3.7	13.4	18.3	6.3	48	10
Trinidad	2005	n/a	1.2	n/a	15.4	n/a	43	9.2
Tobago	2005	n/a	-	n/a	19	n/a	n/a	3.2
BVI	2002	1	1	16	22	4.1	23	n/a
Anguilla	2002	2	2	20	23	6.9	31	n/a
St. Lucia	2005	1.2	1.6	21.4	28.8	n/a	42	40.3
TCI	1999	3	3.2	18.3	26	5.7	37	n/a
St. Kitts	1999	4.3	11	16	30.5	2.5	40	n/a
Nevis	1999/20	n/a	17	16	32	2.8	37	n/a

^{85/} / The Caribbean Food Nutrition Institute (CFNI) has estimated 2,400 calories per day to be the necessary intake level for the adult male.

Grenada	00 1998	11	12.9	24	32.1	15.3	45	n/a
Belize	1996	10	13	25	33	8.7	51	n/a
St. Vincent	1995	20	26	31	38	12.6	56	n/a
Dominica	2002	11	15	29	39	10.2	35	45
Guyana	1999	n/a	28	n/a	43	n/a	n/a	n/a

Source: CPAs, CDB

6.19 As indicated in Table 6.3, indigence, poverty, inequality and social exclusion remain frustrating features of the economic and social development of the Region. While average income inequality in the Caribbean, as measured by the Gini coefficient at 38%, is lower than in Latin America, some countries, such as Haiti (65%), St. Vincent and the Grenadines (56%); Antigua and Barbuda (48%); and Grenada (45%), suffer from higher inequality. Twelve out of 14 BMCs have reported Gini Coefficients greater than 35%. Only two OECS countries report Gini coefficient less than 35%. The Gini estimates place the Caribbean at a lower range than other continental aggregate averages of income inequality in developing countries. In Latin America, the Gini coefficient varies from 25% to 60% with an average of approximately 50%; Sub-Saharan Africa averages 46% (World Bank 2007). The poverty gap index^{86/} also indicates that the disparity between the poor and non-poor is relatively high. It varies from 15.3 in Grenada to 2.3 in Barbados. For seven of the countries for which this indicator was available, the poverty gap index is above 5.0. Income inequality tends to be greater in the Eastern Islands where economies are more vulnerable to sudden changes such as natural hazards or an economic shock. These countries possess a higher number of poor or informally employed persons referred to as the *working poor*.^{87/} These men and women experience difficulty in obtaining quality jobs, engage in low-wage employment activities, and tend to shift in and out of poverty. They lack the technical and social skills required to respond to labor market demands. Income inequality is further propelled by inequalities of assets, including education, land and credit. In countries where data are available, it has been found that children of the poor tend to drop out of school early, and lack the necessary family environment or the social requirements necessary for their education (food, health, school material).

6.20 Compounding the problem of inequality is the issue of **social exclusion**. Exclusion, in this context, represents a situation of chronic scarcity of opportunities^{88/} in which not all peoples can enjoy equal access to 'the activities of societies' such as employment, education, health care, basic and quality services,

^{86/} / The Poverty Gap Index measures the depth of poverty in a country or region, based on the aggregate poverty deficit of the poor relative to the poverty line. The poverty gap index is the mean over the population of the proportionate poverty gap, where the poverty gap is given by the distance of the poor below the poverty line, as a proportion of the line. The non-poor are counted as having zero poverty gap. (World Bank definition)

^{87/} / According to the Statistical Report on the Working Poor in the Caribbean, UWI 2006 p. 2, the working poor comprise "individuals engaged in either paid or self employment who belong to households with an adult equivalent per capita household expenditure (or income) that falls below a specified poverty line".

labor markets and credit, and adequate housing conditions. Those socially excluded groups in the population share poverty, experience cumulative disadvantages and rank consistently lower in terms of progress towards the MDGs (Bouillon, Buvinic 2003). Variables such as gender, race, age, ethnicity, disability and HIV/AIDs are important elements in the study of social exclusion in the Caribbean.

G. The Characteristics and Causes of Poverty in the Caribbean

6.21 A recurrent and fundamental characteristic of poverty in the Caribbean is its constant exposure to risk and insecurity. Many people are vulnerable to natural hazards and disasters because of where they live or because they lack the necessary capabilities and community support to survive and thrive after disaster strikes. **Vulnerability** can be defined as the proportion of population susceptible to falling into poverty as a result of an unanticipated event such as a natural disaster or economic shock. Vulnerability defines significantly the character of poverty in this region of the world, and it can be understood on two major levels: vulnerability to economic exposure and susceptibility to weather events. Particularly in the OECS countries, vulnerability levels reach up to 45% as the incidence of natural hazard events and economic shocks remain high, and are likely to have a greater impact on the population.^{89/} Vulnerability is a primary factor in explaining poverty in the Region as it impacts on household's desire and capacity to invest in their future and to improve their economic and social conditions. Also economic and natural hazard shocks might have significant knock-on effects as they may lead to children dropping out of school; dysfunction or anti-social behavior; family disintegration; regional and international migration; health hazards and even permanent social and emotional destabilisation.

6.22 Vulnerability is associated with the concept of transitory poverty. This applies to those who are especially vulnerable to changes caused by social, economic, political and environmental instability, like the working poor (IFAD, Regional Strategy Paper, 2002). These individuals who may be employed at particular times may suddenly become jobless or poorer due to exposures to the unpredictability of industries such as tourism, agriculture, construction. Often unskilled and unprepared for the formal labor market, they are excluded from high quality jobs, and engage in the informal sector to seek alternative sources of income.

⁸⁸ / In the social sciences, the term 'social exclusion' is relatively new. Emerged in the late 80s in theoretical discussions on social development in Western Europe, social exclusion, not only referring to poverty in relation to low income, relates to the systematic undermining of individuals' access to rights, opportunities and resources, such as housing, employment, education, healthcare, civic engagement, democratic participation, personal safety and cultural integration and participation.

⁸⁹ / In the CPAs, vulnerability is measured using an estimate of 25% above the poverty line (e.g. in St. Lucia it is EC\$6,357.50 per annum, which classifies 40.3% of the population as vulnerable. That is, in addition to the poor, 28.8%, an additional 11.5 % of the population is considered vulnerable to shocks that would place them below the poverty line).

6.23 The increases in competition stemming from global changes in trade; the erosion of preferential market access; the vulnerability of the tourist industry to various shocks and competition from other destinations; and decline in official capital flows from bilateral sources all present particularly difficult challenges for the Caribbean. Small island countries, like those in the Eastern Caribbean, with limited natural resources, poorly diversified economies and limited access to larger markets are more likely to experience poverty with their extreme vulnerability. Small countries are also much more vulnerable to shocks from the global economy. Moreover, the Region is often faced with shocks from natural disasters such as hurricanes and earthquakes, which further disrupt economic activity and reinforce patterns of poverty. Recovery from such situations is much more difficult for smaller countries. Many vulnerability indexes rank Caribbean countries amongst highly vulnerable developing countries, based on high susceptibility to external conditions, dependence on imported energy, export concentration, dependence on tourism, dependence on a single crop, reliance on external finance, susceptibility to natural disasters, and environmental fragility (Wint 2007).

6.24 Regionally, other compounding factors that contribute to the increasing vulnerability of Caribbean countries can be found in the growing economic disparities within countries and communities; incidence of health issues especially the HIV/AIDS pandemic; low levels of education attainment; increased crime and violence; impacts of environmental degradation and agricultural uncertainty in the provision of livelihoods; changes in personal consumption habits (such as diets leading to obesity); the weakening of the 'traditional family' as an institution and consequent economic and social impact on single-parent households and the elderly.

6.25 Low wages in the informal sector, low returns to rural self-employment activities, under-employment, and, in some cases, protracted periods of unemployment are characteristics of poverty in the Region. The poor are affected by limited job growth and absorption capacity in the formal sector. High labor costs in the formal sector lead to overexpansion of a low-productivity informal sector, putting downward pressure on wages in the informal sector (where many of the poor work). Poverty in the Caribbean also results from the reduced capacity of the State to address its citizen's concerns and ambitions thereby contributing to migration, depleting the Region of valuable skills.

6.26 In countries with relatively higher rates of poverty (in Suriname 63% live under the poverty line, in Haiti 65%, in Dominica 39%, Guyana 35%),^{90/} the poor rely heavily on the public sector; have high rates of malnutrition; inadequate education; poor access to preventive care; limited access to potable water and sewage; and particularly in urban areas, often live in unsanitary, overcrowded conditions.

E. Who Bears the Brunt of Poverty?

^{90/} / *A New Perspective on Poverty in the Caribbean: the Strength of a Participatory Approach*, Ed. Melville and Wint, 2007.

6.27 In the Region, vulnerable and poor groups include the elderly, children, the disabled, young males, small-scale farmers, unskilled workers, indigenous populations, and in some countries, female-headed households and the under-employed or unemployed, many of whom are school leavers who have few skills with which to enter the labor market.

6.28 Empirical evidence leads to the conclusion that gender is an important element in poverty analyses. While the linkage between gender and poverty shows that subgroups among both women and men are vulnerable, there is an established tendency for poorer households to be headed by women. As indicated by several CPAs, in many poor households females have the major responsibility for the welfare of their families and for meeting their own economic needs as well as those of family members. In Trinidad and Tobago, for instance, 38 % of the poorest households were headed by women compared to a national average of 33%.^{91/} In particular for women in some countries, there are problems of discrimination in the labor market, limited rights to land and property ownership. Poor women are also faced with domestic violence, high fertility rates including teenage pregnancy. Many teenage females become pregnant, with little or no resources to care for themselves and their infants. Wages for unskilled workers are low, often inadequate for supporting a family. In Belize; St. Lucia; and Trinidad and Tobago, the incidence of poverty among female-headed households is high, particularly in urban areas. This has been attributed to high unemployment, wage discrimination, and time constraints due to child-rearing activities.

6.29 The majority of the employed poor work in the informal sector, in rural areas as small-scale farmers or as agricultural laborers and in urban areas as wage employees. Small farmers, particularly banana farmers in the OECS, face a particularly difficult period as preferential access to markets continues to erode. Although unemployment rates throughout the Region are high and thus affect the poor, levels of unemployment are similar among the poor and non-poor. The duration of unemployment is, however, longer for the poor. The elderly, with the erosion in the value of lifetime savings and pension benefits, are also particularly vulnerable to macroeconomic changes. In addition, with the high levels of migration in the region, elderly parents are often left with no family support system or regular source of income. Many are also not eligible for social assistance. The Inter-American Development Bank (IADB) estimates that in Jamaica 7% of those in the bottom income quintile are 65 years or older and 17% of those older than 65 years are in the bottom quintile (IADB, 2003). In light of the changes taking place in the age structure of the population, the proportion of poor among the elderly is likely to increase.

6.30 The children (0-15) living in poor households are highly vulnerable to poor nutrition, insufficient day care, low-quality education, and limited parental care. These impediments can have a lasting negative impact on children's lifetime opportunities, making it impossible for them to break the poverty cycle. Males are also considered vulnerable because boys in the Caribbean have high dropout rates, low educational attainment and are vulnerable to alcoholism and drug use. They also lack male role models, and are confronted with high unemployment rates.

^{91/} From *Analysis of the Trinidad & Tobago Survey of Living Conditions*, Kairi, 2005.

With few skills, it is difficult for them to find jobs and they become susceptible to gang membership, drugs and criminal activity. With high unemployment rates throughout the Region, unskilled youth, particularly early school leavers, have little opportunity to enter the labor force.

6.31 Many unskilled workers participate in the informal sector where employment is irregular, and there is no form of social insurance. Most of the poor in the Region live in rural areas, with the majority working in agriculture engaging in small-scale farming activities. Many of these farmers have micro plots and face problems of inadequate legal land titling, inequitable distribution of land, limited access to markets, and in some countries, unequal access to basic health and education services. In Dominica, Guyana and Suriname, the incidence of poverty is particularly high among indigenous groups, as is the prevalence of illness and malnutrition. They represent the groups with the highest poverty levels in the Region. In the case of Belize, 77% of Mayans are poor. Seventy per cent among the Caribs or Kalinago people in Dominica and 79% of the Amerindians in Guyana are also poor. This is in part due to the limited access that these individuals have to basic services such as education and health care. Indigenous groups often live in remote areas which are poorly linked to urban areas and commercial centers. Finally, the disabled, although they constitute a relatively small proportion of the population, are particularly vulnerable due to their reduced ability to access education, employment, and long-term medical care in many countries. Though they are eligible for assistance through the safety net, benefit levels are inadequate.

F. Rural Poverty

6.32 CPAs and surveys of living conditions conducted in many Caribbean countries between 1998 and 2005 (Wint 2007) provide the basis for assessing the incidence of poverty in the Region. Although findings suggest that poverty remains a primarily rural phenomenon, these studies also indicate that urban poverty is increasing. The urban poor are relatively more dependent on income generating activities. One of the main push factors for migrating towards urban areas is the pressing need to find employment. Rural poverty is not as impacted by income opportunities as the urban poor. However, the rural poor in the Caribbean deal with several structural factors such as deficiencies with regard to access to basic services and heavy reliance on agricultural output. In rural areas, communities are more isolated and the local economy is heavily dependent on a handful of products.

6.33 Tables 6.4 and 6.5 show the percentage of poor by geographical area in St. Lucia and Antigua and Barbuda. St. Lucia, like other Caribbean countries with an active rural economy, is predominately rural with a large part of its population inhabiting the coast or the hinterland. As a result rural poverty is relatively high. Table 6.5 indicates that, in the case of Antigua and Barbuda, the majority of the population lives in and around the capital St. Johns where a greater proportion of the poor can be found.

TABLE 6.4 : POVERTY INDICATORS BY GEOGRAPHICAL AREA, ST. LUCIA 2006

Geographical Area	Percent Poor	Percent Indigent	Percent Vulnerable
St. Lucia	28.8	1.6	40.2
Castries City	13.1	22.2	45.2
Castries (other)	22.2	/	/
Rural parishes	36.7	77.8	54.8

Source: CPA Report 2007

TABLE 6.5: POVERTY INDICATORS BY GEOGRAPHICAL AREA, ANTIGUA AND BARBUDA, 2007

Geographical Area	Indigent	Percent Poor (but not indigent)	Vulnerable
St. John's	78.90	61.0	64.1
Rural Parishes	21.10	37.6	33.6
Barbuda	0	1.4	2.3

Source: CPA Report 2007

6.34 Approximately half of the population in the Caribbean lives in rural areas where the incidence of poverty is also highest, particularly in Guyana, and Haiti. In general, a large proportion of the rural poor are employed in agriculture as wage earners or are self-employed as small-scale farmers (World Bank, 2006). In addition to having low incomes, the rural poor have limited access to quality health and education services, physical infrastructure, and in some cases, farmable land. The quality of social services is often low overall. An urban bias in public funding towards expensive hospital-based medical care and the more elite secondary schools has channeled resources away from the facilities that provide basic services in rural areas. Frequently, health centers, health posts, and schools in rural areas lack basic supplies and trained staff. Although the extent of urban bias in public spending varies substantially from country to country, it is an important equity issue for many countries of the Region. Poverty in rural areas is often manifested by several factors such as poorly serviced roads; inadequate access to basic services (water, electricity, sewage-telecommunication); high unemployment; poor quality housing and low returns on agricultural production⁹². In 2004, in Dominica only 75% of the rural population had access to improved sanitation services. In Guyana, only 60% had access to improved sanitation and in Haiti as low as 14% of the population living in rural areas had access to improved sanitation.^{93/}

6.35 New forms of rural poverty are affecting the food security of the Caribbean, especially in countries directly involved in the set of global market arrangements relating to traditional export crops. As the preferential markets for traditional crops such as bananas erode, small farmers, particularly in the OECS countries, face a transitional period making their economic future even more uncertain. It is extremely difficult for small and vulnerable agricultural economies to benefit from some of the critical gains of increased trade (Ford, Khaira 2007). What is peculiar to the Caribbean countries in relation to trade issues that increasingly deepen poverty in the Region are physical vulnerability, small population size, openness of the economy, high dependence on food imports, limited range of export

⁹² CDB's Annual Economic Review, p. 10, 2007.

^{93/} World Health Organization Report, 2007.

commodities, high transport costs and lack of competitiveness within small and fragmented local markets. The impact of natural disasters has been somewhat underestimated as the incidence of natural hazards has devastating effects on the rural poor as floods, hurricanes and earthquakes can hit unexpectedly the already economically weak labor force, and infrastructure rebuilding and recovery costs and rebuilding are difficult to meet.

6.36 The concept of new forms of rural poverty is premised on the notion that food security^{94/} is the basic principle for assessing the extent of rural poverty. In a nutshell, the concept of food security rests on four key principles: accessibility, availability, stability and utilisation (Ford, Rawlins 2007). These determinants affect capacity to respond to changes occurring within domestic boundaries and to grasp opportunities generated from the external trading environment, i.e. participation in trading opportunities. Given the high dependence of the rural sector on the external markets (for 9 countries agricultural exports represent more than 40% of agricultural GDP)^{95/} and limited capacity of small island developing states to diversify agricultural output, Caribbean countries have increasing difficulty in adjusting to the changes in trading arrangements (i.e. erosion of trade preferences). As a result, Caribbean economies are increasingly vulnerable to food insecurity (Ford, 2007).

6.37 In terms of poverty reduction strategies, the focus has been placed on initiatives in agriculture and rural development in an attempt to address rural poverty. Many CPAs, conducted in BMCs, concluded that poverty is more extensive in rural and marginal areas where the poor are engaged in primary production in agriculture, fishing, mining and other farming activities. Moreover, fluctuations in prices and the removal of trade preference agreements on selected products, coupled with the risk of natural hazards, have increased the income vulnerability of the rural poor.

6.38 Inadequate land titling for small farmers also affects the rural poor. Much of this relates to the historical land use patterns before independence where plantations predominated. Following independence, governments bought large estates which are still state-owned (for example in Jamaica; St. Kitts and Nevis; and Guyana). The remaining agricultural land is generally privately operated under a dual system of customary use and a formal legal framework. The distribution of land is, however, somewhat inequitable with the majority of farmers only owning a small proportion of agricultural land. In addition, in some countries, most of the land occupied by small farmers is in mountainous areas or hillside slopes and the parcels are relatively small. In Guyana, small rural farmers who own plots on former sugar and coffee estates are constrained by the deterioration of drainage and irrigation systems originally designed for management by one land owner.

G. Urban Poverty

^{94/} / Food security is “a situation that exists when all people, at all times, have physical, social, and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life” FAO (2002a).

^{95/} Barbados; Belize; Dominica; Grenada; Guyana; Jamaica; St. Lucia; St. Vincent; source : FAOSTAT, 2006

6.39 A new development in many Caribbean countries is the growth of urban poverty, often associated with migration from rural areas, with feelings of economic insecurity and negative environmental impacts on health and safety. The urban population of Caribbean Community (CARICOM) countries has expanded enormously over the last 30 years. Urban growth has been on an upward trend since 1975, with faster growth rates in the period 1995-2005 than any previous decade. The urban population, from a percentage of 61% in 1995, has increased to 65% in 2005. At this rate, the prediction for the year 2020 would be 67%, amounting to 10.5 mn persons in comparison with 7.7 mn in 2005 (ECLAC 2006).

6.40 Urban poverty is more visible and socially destabilising than rural poverty. The poor in urban areas are relatively more vulnerable to changes in the local and national economy as devaluation, inflation, and privatisation are expected to have a larger impact on them (Rajack Barhate 2004). A contemporary development is the growth of squatter settlements. In 2003, there were 595 squatter sites in Jamaica of which 95 were in the Kingston and the St. Andrew metropolitan district. An estimated 600,000 squatters, equivalent to 25% of the total population, have been estimated in Jamaica (Tindigarukayo, 2004). Trinidad and Tobago had 251 registered squatter settlements in 1998; Guyana had 216 recorded settlements in 2001. In St. Lucia, Guyana and Trinidad and Tobago a growing number of registered squatter settlements has also been reported, and has raised serious concerns about the quality of life of inner city residents.

6.41 The urban poor, because of mere proximity, tend to have easier, though still limited access to basic services like social welfare, health care, education and utilities, commercial activities and to greater income-earning opportunities in the informal sector than their rural counterparts. Like the rural poor, however, poor people clustering around urban belts tend to have larger families and dependents, and household heads are not likely to be educated beyond primary level. Generally, middle income and upper income groups have migrated to newly created suburban residential districts whereas cities have increasingly experienced a concentration of the poor and disadvantaged (Roberts 2004, p. 26). These men and women, impelled to move towards urban areas, experience difficulty in obtaining quality jobs, engage in low-wage employment activities and as such constitute the group of employed persons referred to as the working poor.^{96/}

6.42 The World Health Organization indicates that between 10% and 34% of the urban population in 7 of the 14 countries (for which data could be obtained for 2004) had no access to drinking water. In Haiti, 76% of the population has no access to improved drinking water. In 4 of the same 14 countries, 11% to 29% did not have access to improved sanitation, with the proportion being as high as 43% in Haiti. In Jamaica in 2001, 24% of urban units lacked formal access to electricity; in St. Lucia, 20% did not have access. In some urban areas, residents are exposed to derelict and contaminated sites, poor drainage, exposed sewers and

⁹⁶ / The *working poor* comprise “individuals engaged in either paid or self employment who belong to households with an adult equivalent per capita household expenditure (or income) that falls below a specified poverty line”. *Statistical Report on the Working poor in the Caribbean*, Labour Market and poverty Studies unit, Dept. of Economics, UWI, St. Augustine, Trinidad and Tobago, April 2006 pg 2.

unregulated solid waste deposits. Urban environmental hazards (such as air and water pollution) and overcrowding exacerbate the already low living standards of the poor.

6.43 In addition to economic pressures and crowded conditions, many of the urban poor are faced with a breakdown of the traditional family characterised by a high proportion of absentee parents and single-parent households. Children in these households often lack sufficient supervision, stimulation, and nurturing. The combination of economic pressures, overcrowded living conditions, the breakdown of the family and informal employment contribute to social problems in urban areas, including widespread incidences of street crime, gang violence, and drug use.

6.44 A steady increase in crime and violence has degraded the quality of life to a varying extent throughout the Caribbean. Although individuals of all socioeconomic groups are affected, the urban poor are particularly vulnerable to these social problems. In cities such as Belize City, Kingston, and Port of Spain, stories of shootings; gang killings; minor disputes that turn violent; sexual attacks; robberies; aggravated assaults; and domestic violence have degraded the population's sense of trust; eroded social capital; raised the level of fear and anxiety, and in some cases have broken down communities.

6.45 Although extremely difficult to quantify, crime and violence have serious economic costs as well. An increasing proportion of public resources is required to strengthen police enforcement; support the growing prison population; finance the demands placed on the judicial system; and provide health care for persons injured by violence. Other costs include the expensive security systems and guards now required by businesses and homes; the loss in potential revenues from foreign investors and tourists who have sought other destinations as a result of the threat of crime; and the migration of the urban middle class.

6.46 Levels of crime are highest in urban areas, with the larger cities experiencing the greatest problems. The most prevalent type of criminal activity is crime against property (burglary, robbery), followed by violent crime (murder, rape, and assault), and drug-related crime. In addition, there is a problem of gang violence in the larger cities, usually related to a struggle for power within a gang, or between gangs, or to attacks on others that often serve the group's purposes. Much of the gang violence is politically motivated or drug-related. Jamaica, for example, has one of the Region's highest murder rates, with 1,500 homicides and 272 police killings in 2007. Amnesty International has reported that criminal gang activities are seriously affecting people's lives to the extent that "children do not go out to school and adults do not go to work because transport is suspended".^{97/}

⁹⁷ / Amnesty International's Fernanda Doz Costa, as reported on 1 April 2008: <http://news.bbc.co.uk/2/hi/americas/7325128.stm>

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