



Championing Our Wealth: Promoting the Health and Well-Being of Adolescents and Youth in the Caribbean

Road Map

FIRST CARIBBEAN CONGRESS ON ADOLESCENT AND YOUTH HEALTH
Port of Spain, Trinidad and Tobago, 14–17 October 2019







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14 - 17 October 2019



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ACKNOWLEDGEMENTS



ACKNOWLEDGEMENTS

The First Caribbean Congress on Adolescent Youth and Health (CCAYH) expresses profound gratitude to participants, presenters, and session chairs for their attendance and contributions.

The Congress Steering Committee is indebted to all the persons who worked behind the scenes to ensure that the Congress was a success.

Preparation, publication, and launch of this document were financially supported by the Pan American Health Organization along with the support of other partner organizations.

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The document reflects feedback from participants from the CCAYH at its meeting in Trinidad and Tobago on 14–17 October 2019 and the CCAYH Steering Committee.





CONGRESS CALL TO ACTION

CONGRESS CALL TO ACTION

TOWARD AN ADOLESCENT AND YOUTH HEALTH ROAD MAP FOR THE CARIBBEAN

We, stakeholders including adolescents and youth, health care professionals, and regional and development partners, educational, communication, and other professionals of the First Caribbean Congress on Adolescent and Youth Health convened at the Hyatt Regency Hotel, Port of Spain, Republic of Trinidad and Tobago, on 14–17 October 2019, to endorse the Call to Action and recommendations for an Adolescent and Youth Health Road Map for the Caribbean;

Taking into consideration the International Conference on Population and Development (ICPD) Programme of Action (1994); the Montevideo Consensus on Population and Development 2013; the United Nations Convention on the Rights of the Child (1989); Convention on the Elimination of All Forms of Discrimination against Women (1979); Convention on the Rights of Persons with Disabilities (2006); Regional Strategy for Improving Adolescent and Youth Health (2008); Plan of Action on Adolescent and Youth Health 2010–2018; the Sustainable Development Goals; Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030; Global Accelerated Action for the Health of Adolescents Framework; Caribbean Cooperation in Health IV; CARICOM Youth Development Action Plan; among others, all of which Member States have endorsed;

Aware that according to 2015 United Nations population estimates, there are 10.8 million young people (10–24 years) in the Caribbean, representing 25% of the total population, and 7.2 million adolescents (10–19 years), representing 17% of the total population.¹ That we continue to recognize the disparities in the burden of poverty, underemployment and unemployment, secondary school enrolment and completion rates, financial and societal barriers young people face in accessing health information and quality health services that respond to their needs. Special attention must be paid to vulnerable youth who face additional levels of marginalization, such as adolescents with disabilities, HIV-positive youth, migrant and socially displaced adolescents, incarcerated young people, those in state care, and those who identify along the LGBTIQI spectrum;

Conscious that fostering of an environment in which Caribbean adolescents and youth not only survive, but thrive, requires concerted efforts from not only the health system, but also education, social protection, the private sector, civil society, communities, families, and young people themselves so that transformation can occur;

¹ United Nations, Department of Economic and Social Affairs, Population Division (2015). *World population prospects: the 2015 revision*. Available from: <https://esa.un.org/unpd/wpp/>

Recalling the Nassau Declaration (2001) that “the health of the Region is the wealth of Region,” which underscored the importance of health and youth to development;

Inspired by the successes of our joint and several efforts that resulted in the Caribbean being the first Region in the world to eradicate poliomyelitis, measles, and smallpox and is on the way to eliminating mother-to-child transmission of HIV and syphilis;

Affirming the main recommendations of the regional consultations on adolescent and youth health and the proposed seven strategic areas for action, the Plan of Action on Adolescent and Youth Health, inter alia, Strategic information and innovation; Enabling environment for adolescents and youth health and development using evidence-based policies; Integrated and comprehensive health systems and services; Human resource capacity-building; Family, community, and school-based interventions; Strategic alliances and collaboration with other sectors; and Social communication and media; as well as the role of health promotion in ensuring adolescent health and development;

Impelled by a determination to ensure that adolescents and youth survive, thrive, and transform;

Fully convinced that a future-oriented regional response to the health of adolescents and youth must include the following three core dimensions: Reducing preventable adolescent and youth morbidity and mortality, their risk factors and determinants, and the risk factors for premature adult mortality; Promoting positive adolescent and youth health development; and Promoting youth engagement and involvement in all aspects of the response;

Seized with the spirit of optimism, courage, and determination in creating an equitable Caribbean in which all adolescents and youth can survive, thrive, and transform;

Recommend that:

- ▶ **Member States invest in adolescent and youth health and development to ensure that young people survive, thrive, and are integrally involved in the transformation of the countries in the region. Key strategic areas that can promote significant returns on investment and realize triple dividends include investment in mental health, sexual and reproductive health, mitigating climate change, and healthy lifestyles.**
- ▶ **Youth must also be facilitated to actively engage in processes including advocacy, planning, data collection, and monitoring and evaluation.**

YOUTH COMMITMENTS

We, the young people present at the Congress commit to:



- *Support existing programs and initiatives that promote youth and adolescent health.*

- *Advocate for the inclusion of adolescents and youth in discussions to develop adolescent and youth health strategies.*



- *Utilize networks and social media platforms for youth to assist with the dissemination of information (reports, surveys, campaigns, media kits, etc.).*

- *Partner with and utilize youth and youth organizations to create and host safe spaces for youth development.*



ORGANIZATION OF THE DOCUMENT AND KEY MESSAGES



ORGANIZATION OF THE DOCUMENT

This document aims to provide a road map for adolescent health and well-being with recommendations and implementation considerations for policymakers and planners in Member States to develop adolescent-centred, evidence-based strategies for addressing adolescent health. It also includes a youth-led advocacy component to facilitate adolescents' involvement in decision-making, planning, designing, monitoring and evaluation of programs and interventions. The document is divided into the following chapters:

- ▶ Chapter 1 provides the background and conceptual framework for the First Caribbean Congress on Adolescent and Youth Health (CCAYH), congress objectives and structure.
- ▶ Chapter 2 presents the Recommendations emanating from the presentations and discussions of each of the Congress Tracks.
- ▶ Chapter 3 presents the key regional and national implementation issues to be addressed to improve the health of adolescents in the Caribbean region.
- ▶ Chapter 4 sets out the Road Map Outcomes at the regional and national levels indicating, "How will we know we have brought the congress actions to life."

Context

According to 2015 estimates, there are 10.8 million young people (10–24 years) in the Caribbean, representing 25% of the total population, and 7.2 million adolescents (10–19 years), representing 17% of the total population. The World Health Organization defines adolescence as a period of human growth and development that occurs after childhood and before adulthood, involving multi-dimensional changes. It is a time of opportunity and risk where adolescents are expected to navigate this important period along the life course and emerge as a healthy, productive adults.

Ban Ki-moon described young people as “our greatest untapped resources.”

The Lancet Commission recognized adolescent health and well-being as a triple dividend, with potential benefits for the adolescent, their future adult life, and even future generations. Both statements give credence to the importance of tapping this untapped resource and investing in their health and well-being.

Adolescents play multiple roles at school, in their families, and within communities and are exposed to risky behaviours with significant consequences. While recognition of the importance of this age group exists and is referenced in various regional and national policy documents, the time has come for the health of this population group to be given the attention it deserves. In this respect, the First Caribbean Congress on Adolescent and Youth Health was held on 14–17 October 2019 in Port-of-Spain, Trinidad and Tobago, under the theme “Championing Our Wealth: Promoting Health and Well-Being of Adolescents and Youth in the Caribbean.” The Congress provided a forum for several regional and international youth development agencies, youth-serving organizations, and adolescents from across the Caribbean to identify and discuss issues around adolescent and youth health and propose recommendations the region should act on to enhance the health of this crucial population group.

Summary of Main Recommendations

During the course of the Congress, participants engaged in discussions on four thematic areas. The following list summarizes the main recommendations identified as essential for improving the health of adolescents under the themes:

Mental Health, Substance Use, Violence and Injuries

- ▶ Urge governments to implement institutional, legal, financing, and service arrangements to ensure that the needs of adolescents are met.
- ▶ Develop evidence-based and multisectoral approaches to address risk factors, support prevention, and develop primary, secondary, and tertiary health and social care services.
- ▶ Develop or strengthen national and regional systems for generating comprehensive and standardized data and information to guide evidence-based decision-making on adolescent and youth health, including the involvement of youth.
- ▶ Develop alternate models of health services that are innovative, provide quality care, take into consideration gender, vulnerable young people including those with disabilities, migrant populations, indigenous youth, and those displaced by civil unrest and disasters.

Sexual and Reproductive Health and Rights, HIV and STIs

- ▶ Undertake efforts with governments and planners to formulate laws and policies to increase adolescent access to contraceptive information and services, including emergency contraceptives without mandatory parental and guardian authorization or notification.
- ▶ Consider the inclusion of curriculum-based sexuality education and family planning aimed at reducing unwanted pregnancies and optimizing age at first pregnancy and birth intervals.
- ▶ Involve young people in the design, monitoring, and evaluation of services that enhance sexual and reproductive health and rights in areas such as confidentiality and reduction of stigma and discrimination.

Nutrition, Physical Activity, Sports and Youth Development

- ▶ Address major systemic policy, cultural, and environmental barriers in the achievement of improved nutritional health for children, adolescents, and youth.
- ▶ Encourage governments to provide funding support to communities and organizations in the public and private sectors to ensure access to safe, fun, and inclusive youth sports activities.

Climate Change and the Environment

- ▶ Implement measures that specifically target adolescents and youth, as they have the potential to reduce the impacts of climate change.
- ▶ Promote multisectoral collaboration with communities that rely on the natural environment for sustenance and livelihood.
- ▶ Strengthen surveillance of climate-sensitive health conditions and linkages between climate and health information systems, involving youth in the generation and utilization of strategic information for prevention and adaptation.

This Road Map focuses on the holistic development and growth of adolescents by focusing on their physical, mental, and social well-being, substance use, violence and injuries, nutrition, climate change, and the environment. Implementation of the main recommendations requires that key actions be taken at both the regional and national levels.

Regionally, Member States should:

- ▶ Increase inter-agency action to support the implementation of the CCAYH Road Map.
- ▶ Institute policies that respect, protect, and fulfil adolescents' rights within education and health care.
- ▶ Review legislation regarding child marriage with an aim to promote information regarding early marriage and access to family planning services.
- ▶ Recognize that adolescents can be agents of change and ensure that they are at the centre of climate change strategies and response actions.

Nationally, governments should:

- ▶ Ensure by law that all persons including adolescents can access appropriate, comprehensive medical care regardless of gender and status.
- ▶ Address the root causes of violence, such as gender inequality and sociocultural norms that tolerate violence, by empowering women and young people and ensuring access to comprehensive education.
- ▶ Institute government regulation and standards to enforce the implementation of health-related food and nutrition policies.

The implementation of the recommendations and implementation issues presented within this document will serve to improve the health of adolescents across the Caribbean and requires the involvement of youth and adolescents as well as the commitment and collaboration of regional governments and institutions.





INTRODUCTION



1. INTRODUCTION

1.1 Status of Adolescent Health in the Caribbean

According to the United Nations World Population Prospects (2015),² young people (10–24 years) comprise 25% or 10.8 million of the total Caribbean population, with adolescents (10–19 years) constituting 17% (7.2 million) of the total population.

The Caribbean shows major disparities in the health of adolescents, caused by the financial, societal, and health-systems barriers young people face to access health information and quality health services that respond to their needs. For instance, the Caribbean includes countries that are among those with the highest adolescent suicide rates worldwide (Guyana, Suriname) and the highest adolescent fertility rates globally (the Dominican Republic). It is also the second region globally with a generalized HIV epidemic, where the HIV prevalence in young people is steadily increasing, even in the face of available, effective treatment options. Within the group of young people, there are subgroups who face additional levels of marginalization, such as those who identify along the LGBTQI spectrum.

While stakeholders recognize the importance of adolescent health, efforts to improve adolescent health outcomes remain limited and fragmented. There is an absence of timely and complete data on critical aspects of adolescent health specific to the region, thereby limiting our ability to appreciate the incidence, prevalence, and key drivers of the actual challenges faced by adolescents and youths. Monitoring and evaluation systems that illustrate program efficiency and effectiveness also require attention (establishment or strengthening).

² United Nations, Department of Economic and Social Affairs, Population Division (2015). *World population prospects: the 2015 revision*. Available from: <https://esa.un.org/unpd/wpp/>

Several countries and territories have developed adolescent health strategies or plans, but the lack of assigned human and financial resources curtails their implementation and effect. Furthermore, adolescents continue to face significant legal, policy, health-systems, and societal barriers to access the full range of age-appropriate, evidence-based, and multisectoral preventive and curative services and interventions in families, schools, communities, and the health system, that adolescents need to not only survive, but thrive. Where programs and services exist, they may be fragmented and not aligned with the health care needs of young people (i.e., mental health, substance use, etc.). Moreover, efforts to identify and target the most vulnerable groups of young people with evidence-based interventions remain limited.

A Caribbean Congress on Adolescent and Youth Health was identified as a strategy to highlight the urgent need to direct greater focus on adolescent health and highlight the importance of strategic investment in the health and development of adolescents, in order to achieve the Sustainable Developmental Goal targets and to enable adolescents to achieve their full potential for assuring the future of generations to come.

1.2 Background

The International Association for Adolescent Health (IAAH) is a global, multidisciplinary nongovernmental organization that aims to improve the health, development, and well-being of young people. The IAAH is governed by the IAAH Council, established through elections every four years. The organizational structure includes regional vice presidents, including one representing the Caribbean. Every three to four years, the IAAH organizes a World Congress on Adolescent Health to bring together people from around the globe who work with and for young people, as well as young people themselves.

Typically, in the years between global congresses, regions organize regional congresses, thus extending and adapting the global efforts to the regional level and context. Following the 2017 global congress, a group of stakeholders from the Americas, including the Caribbean vice president and PAHO/WHO, agreed that a Caribbean congress would be timely and beneficial to help accelerate progress toward the improvement of the health and well-being of young people in the Caribbean, in a collaborative effort.

The Caribbean has a strong tradition of collaboration through the subregional integration mechanism of the Caribbean Community (CARICOM). This extends into the area of health, as illustrated in the Caribbean Cooperation in Health (CCH IV), a mechanism through which Member States of the Caribbean Community collectively focus action and resources over a given period toward the achievement of agreed objectives in priority health areas of common concern. The Pan Caribbean Partnership against HIV/AIDS (PANCAP), a globally recognized best

practice through which the Caribbean Community addresses HIV, is another important example of the Caribbean history of regional cooperation. The development of a Caribbean road map for adolescent health builds on these existing approaches with political and technical leadership to improve the health of adolescents in the region.

1.3 Youth Participation and the Use of Social Media

The participation of young people in issues affecting their lives is not only a right, as enshrined in the Convention on the Rights of the Child and other global and regional instruments and agreements; youth engagement is also a cross-cutting theme in the 2030 Agenda for Sustainable Development.

The United Nations Secretary General noted that young people are “a vast source of innovation, ideas and solutions, who push for the needed changes in technology, climate action, inclusivity, and societal justice.”

He further stated that, “to fulfil the 2030 Agenda for Sustainable Development, we need young people to lead.”

Youth involvement was a central tenet of the First Caribbean Congress on Adolescent and Youth Health, which included their participation in the preparation and implementation of the Congress. Active youth participation was realized through outreach to existing youth networks and mechanisms, such as the CARICOM Youth Ambassadors, the PANCAP Youth Leaders, the PAHO Youth for Health group, the Youth Advocacy Movement, the Caribbean Regional Youth Council, NCD Child, other youth-led and youth-serving organizations, and youth activists. Special abstract-writing workshops were organized to support young people with abstract preparation, and several partners offered scholarships to young people for their participation in the Congress. As a result, more than 80 young people participated in the Congress, and young people were included as presenters in every congress session, including the plenary and break-out sessions. Young people also took the lead in the formulation of the congress Call to Action, and the articulation of Youth Commitments for implementation of the Road Map.



1.4 Organization of the Congress

Under the theme “Championing Our Wealth: Promoting Health and Well-Being of Adolescents and Youth in the Caribbean,” the Caribbean Congress on Adolescent and Youth Health was successfully convened over the period 14–17 October 2019 in Port-of-Spain, Trinidad and Tobago. The first of its kind to be held in the Caribbean, the Congress was very ably planned and executed by a wide cross section of youth and development agencies, who came together to form a consortium. PAHO/WHO provided seed funds to maintain a Congress Secretariat for seven months.

Fuelled by its commitment to place youth issues in the spotlight, the Congress received the support at the very highest level of the Trinidad and Tobago Government, namely the Office of the President of the Republic of Trinidad and Tobago, Her Excellency Paula-Mae Weekes ORTT, and the Office of the Prime Minister of Trinidad and Tobago, and Congress Patron Mrs. Sharon Rowley, wife of the Prime Minister of Trinidad and Tobago. Civil society and nongovernmental organization actors also formed a key component of the Congress through the representation of Caribbean Regional Youth Council, NCD Child, Girls Not Brides, Young Leaders for the Lancet Global Mental Health Commission, Caribbean Vulnerable Communities Coalition, and Foundation Botnar. A list of collaborating agencies can be found in Appendix I.

A main goal of the Congress was to mobilize greater investment and connect, collaborate, and align efforts in the Caribbean for the promotion and protection of the health and well-being of all adolescents and young people.

It provided a forum for the advocates, health and social workers, policymakers, academia, clinicians, and young people from countries across the Caribbean to review current challenges facing youth and recommend a road map for improving their health and well-being for the future development of the region.

A total of 250 participants engaged in the Congress, the majority of whom were young people (10–25 years) from 19 countries across the region, from Belize in the north to Guyana in the south. Participants represented a cross section of areas to reflect the multidisciplinary and intersectoral nature of adolescent and youth health and development. Among the participants were public health leaders, social activists, youth development leaders, and regional civil society representatives sharing best practices as well as challenges on youth health programs currently implemented in their countries. Special attention was placed on especially vulnerable youth including those with disabilities, migrant youth, youth living with HIV and chronic conditions, LGBTQI youth, and youth in juvenile justice centres.

1.5 Congress Priority Areas and Objectives

The aim of the Congress was to develop a Caribbean Road Map for Adolescent Health that is fully aligned with the Sustainable Development Goals, the Global Strategy for Women's, Children's, and Adolescents' Health, and the PAHO Regional Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030, which was approved by Member States in 2018.

The Congress Objectives were:

1. To achieve regional commitment through the development of a clear vision and core principles to address the health needs of adolescents and youth ages 10–24 years in the Caribbean.
2. To empower champions in adolescent and youth health at the regional and country level with increased knowledge and awareness of current best practices, new tools, and skills-sets applicable to our Caribbean context.

3. To discuss and agree on a Regional Road Map for Action grounded in evidence on current and emerging priorities for adolescent and youth health and developed collaboratively with perspectives across an array of sectors.

Guiding Principles

In a concerted effort to achieve its objectives, the Congress Steering Committee, guided by its stakeholders and beneficiaries, developed the following Guiding Principles for the congress plenary and parallel sessions.

- ▶ **Research, Science, and Evidence** — to provide a platform for the presentation of global, regional, and national scientific research on adolescent and youth health to inform key decisions and recommendations.
- ▶ **Training, Professional Development, and Skills-Building** — to expose participants to new tools and model approaches in adolescent and youth health to address the main causes of death and disease burden, and the promotion of optimal development of adolescents.
- ▶ **Innovative Approaches, Promising Practices, and Emerging Areas of Interest** — to showcase and discuss successful initiatives in low- and middle-income countries to facilitate and assess options that can be adopted in the Caribbean.
- ▶ **Strategic Advocacy and Partnership-Building** — to create a regional forum to present and discuss Caribbean-specific issues, challenges, and opportunities to advance the adolescent and youth health agenda at the policy and program levels.

1.6 Congress Overview

The Congress Steering Committee engaged a group of approximately 30 representatives of the consortium of agencies in the planning and structure of the Congress through the hosting of weekly conference calls. During these sessions, broad topics affecting adolescent health were considered and consensus achieved on the main Tracks, which serve as the main areas of focus for the Congress.

The following Tracks served as the thematic focus areas of the Congress:

- ▶ Track 1: Mental Health, Substance Use, Violence and Injuries.
- ▶ Track 2: Sexual and Reproductive Health and Rights, HIV and STIs.

- ▶ Track 3: Nutrition, Physical Activity, Sports and Youth Development.
- ▶ Track 4: Climate Change and the Environment.

Panellists for the plenary sessions were proposed and identified through a similar steering committee engagement process where there was strong commitment to the representation of at least one youth representative on each panel.

Poster and Parallel Sessions. A scientific committee was established to coordinate the call and selection of topics for this aspect of the Congress. A Call for Abstracts was issued, which resulted in approximately 68 abstracts. The scientific committee reviewed blinded abstracts. The reviewers determined whether the abstract, based on its scientific merit and topic relevance, would be accepted for oral presentation, poster presentation, or rejected. All reviewer comments were shared with authors, and they were asked to address these comments before finalizing their content for presentation at the Congress. The topics of these selected papers then determined the Congress Tracks and consequently, the number of presentations per Track. A special webinar was organized by PANCAP to provide youth abstract authors with an orientation and training on abstract preparation.

Special Sessions/Side Events were also organized based on requests by partners/stakeholders, who were solely responsible for the content and facilitation. Side Events ran concurrently on both days. Themes included: skills-building in the area of leadership development; mental health literacy; awareness-building on the child bride issue; youth and noncommunicable diseases (NCDs). They also fostered collaboration through participation in the Caribbean Association for Adolescent Health—an important mechanism for facilitating activism and action beyond the Congress. The detailed congress program can be found in Appendix II. A content summary of the plenary and special sessions can be found in Appendix III.





CONGRESS RECOMMENDATIONS



2. CONGRESS RECOMMENDATIONS

The Congress Steering Committee and the consortium of agencies paid special and deliberate attention to the documentation of the content and discussions that occurred during the plenary sessions, parallel sessions, poster sessions, special sessions, side events, and knowledge cafés. During these engagements around the congress themes there was rich sharing of country experiences, practices, challenges, and solutions. The following Recommendations emerged from each parallel session, were presented during the final plenary session, reviewed, and refined, and are set out here to facilitate further consideration and action planning.

The Recommendations are broad, as they seek to provide strategic guidance on actions Member States should take to address adolescent health in their local setting. Corresponding operational actions for each thematic area are detailed subsequently in the Action Plan. A set of Outcomes: “How will we know we have brought the congress actions to life” is also proposed in the final section of this Road Map.

Mental Health, Substance Use, Violence and Injury

- ▶ Urge governments to implement institutional, legal, financing, and service arrangements to ensure that the needs of adolescents are met.
- ▶ Urge Member States to improve legal and operational frameworks to address violence including mechanisms to improve enforcement. Attention should be paid to survivors and perpetrators of

gender-based violence (GBV) and intimate partner violence (IPV) and to the most vulnerable, including children, adolescents (especially girls and young women), persons with disabilities, and migrants, and to strengthening/implementing inter-institutional coordination for this purpose.

- ▶ Collaborate with ministries of justice to improve the process of reporting GBV, IPV, and all forms of sexual assault/abuse and their incidence among children and adolescents, and increase willingness to report same (youth friendly approach for justice system).
- ▶ Develop or strengthen national and regional systems for generating comprehensive and standardized data and information to guide evidence-based decision-making on adolescent and youth health with youth involvement.



- ▶ Ensure timely access to services through the establishment of a children/family/juvenile court with staff sensitive to these issues and ensure the inclusion of multidisciplinary teams.
- ▶ Develop alternate models of health services that are innovative, provide quality care, take into consideration gender, vulnerable young people including those with disabilities, migrant populations, indigenous youth, and those displaced by civil unrest and disasters.
- ▶ Implement evidence-based adolescent and youth prevention programs that address alcohol, substance abuse, and mental health including treatment and care.
- ▶ Develop services to address persons with a need for psychosocial support, mental health, and substance abuse therapies, day care, residential care, shelter, and refuge.
- ▶ Promote a multisectoral and community-wide approach to violence and injuries among adolescents and youth that utilize evidence-based prevention strategies to reduce the risk and vulnerability.

- ▶ Include age-appropriate psychosocial services for adolescents living with and affected by substance abuse and their parents.
- ▶ Train caregivers and personnel who serve children (e.g., teachers, health care workers) on common signs of mental health, substance use problems, self-harm, and suicide.
- ▶ Create awareness on the risk factors for high-risk substance and alcohol use and on protective factors for substance and alcohol use among adolescents.
- ▶ Develop evidence-based and multisectoral approaches to address risk factors, support prevention, and develop primary, secondary, and tertiary health and social care services.

Sexual and Reproductive Health and Rights, HIV and STIs

- ▶ Undertake efforts with governments and planners to formulate laws and policies to increase adolescent access to contraceptive information and services, including emergency contraceptives without mandatory parental and guardian authorization or notification.
- ▶ Ensure access for adolescents and youth, irrespective of legal citizenship status, to comprehensive and age-appropriate information, education, and adolescent-friendly comprehensive services to be able to make informed choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, sexually transmitted infections (STIs), and HIV (including elimination of mother-to-child transmission of HIV and syphilis – EMTCT), and to be able to transition safely and happily into adulthood.
- ▶ Involve young people in the design of services that enhance sexual and reproductive health and rights in areas such as confidentiality and reduction of stigma and discrimination.
- ▶ Advocate for adolescent pregnancy prevention among all stakeholders including nongovernmental organizations and faith-based organizations through interventions such as information provision, sexuality and health education, life-skills building, contraceptive counselling and service provision, and creation of supportive environments.

- ▶ Consider the inclusion of curriculum-based sexuality education and family planning aimed at reducing unwanted pregnancies and optimizing age at first pregnancy and birth intervals.

Nutrition, Physical Activity, Sports and Youth Development

- ▶ Address major systemic policy, cultural, and environmental barriers to the achievement of improved nutritional health for children, adolescents, and youth.
- ▶ Utilize balanced approaches to policies on weight-control measures developed to address overweight/obesity stigma and potential for lowered self-esteem, body image, and development of disordered eating behaviours.
- ▶ Implement community and school-based initiatives to address micronutrient deficiencies and emerging issues of overweight and obesity.
- ▶ Encourage governments to provide funding support to communities and organizations in the public and private sectors to ensure access to safe, fun, and inclusive youth sports activities.
- ▶ Advocate for improved physical activity in school settings.
- ▶ Advocate around the issue of women and girls in sport, focusing on issues of sexual harassment, recognition, and remuneration.

Climate Change and the Environment

- ▶ Mentor and train youth leaders and engage youth in decision-making and strategic planning on issues of climate change and the environment and its impact on health.
- ▶ Implement measures that specifically target adolescents and youth, as they have the potential to reduce the impacts of climate change.
- ▶ Promote multisectoral collaboration with communities that rely on the natural environment for sustenance and livelihood as well as populations living in most susceptible areas to improve resilience.

- ▶ Develop and implement policies that identify priorities and sector-based interventions specific to children's and adolescents' needs and rights to deliver maximum impact and social benefits.
- ▶ Increase accessibility to climate change curriculum and educational resources in school settings.
- ▶ Strengthen surveillance of climate-sensitive health conditions and linkages between climate and health information systems, involving youth in the generation and utilization of strategic information for prevention and adaptation.

Cross-Cutting Issues

- ▶ Provide youth a seat at the table in decision-making spaces.
 - ▶ Foster an environment of intergenerational collaboration.
 - ▶ Utilize appropriate network and social media platforms frequented by youth to facilitate information dissemination and engagement.
 - ▶ Expand and develop youth capacity for technical and civic engagement in the development of strategies for addressing adolescents' needs.
 - ▶ Define a research agenda and collaborate with institutions, universities, and partner organizations to collect and analyze data to support evidence-based interventions for improving adolescent and youth health.
 - ▶ Facilitate political commitment and support throughout the process.
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**IMPLEMENTING THE ADOLESCENT
AND YOUTH HEALTH IN THE
CARIBBEAN ROAD MAP**



3. IMPLEMENTING THE ADOLESCENT AND YOUTH HEALTH IN THE CARIBBEAN ROAD MAP

The adolescent and youth participants of the First Caribbean Congress on Adolescent and Youth Health, through their consideration of presentations from thematic experts, peer sharing, and joint discussion and collaboration, agreed on the following Plan of Action for moving forward toward promoting the health and well-being of adolescents and youth in the Caribbean.

The Action Plan with its corresponding strategic objectives and key actions is organized around the four thematic areas and is aligned to each specific recommendation.

Mental Health, Substance Abuse, Violence and Injury

Key actions would include:

1. Recognizing the right of every person, throughout the life course, to seek and receive information and care.
2. Establishing legal, procedural, and human resource management procedures to protect rights to privacy and confidentiality during the receipt of medical care and services.

3. Reviewing legislation regarding child marriage with an aim to promote information regarding early marriage and access to family planning services.
4. Reviewing definitions of sexual assault, sexual violence, rape, and child abuse, which recognize that these can take place in marital and same-sex relationships, and ensuring that relevant laws and regulations are drafted or revised, as required.
5. Raising awareness and reinforcing the role of society as a whole in preventing and responding to violence, including sexual violence, from a human rights-based perspective.
6. Convening national sessions geared at creating awareness on GBV, IPV, and sexual assault/abuse, where to report such instances, and assistance available to victims.
7. Developing and implementing violence-prevention programs and rape-awareness programs for school and college/university students.
8. Changing social and cultural gender norms through media sensitization campaigns.
9. Strengthening in-country surveillance of mental health, substance abuse, and violence and injury incidence and prevalence, including key populations at risk and vulnerable populations.
10. Developing evidence-based multisectoral approaches to address risk factors, support prevention, and develop comprehensive health and social care services.
11. Strengthening capacity and knowledge of health care professionals to provide quality services for adolescents, including adolescents from vulnerable, disadvantaged, and hard-to-reach groups.
12. Incorporating mental health, sexual and reproductive health and rights, substance abuse, and violence and injuries education into curricula for all relevant educational and health-service personnel and social workers.
13. Ensuring by law that all persons including adolescents can access appropriate, comprehensive medical care regardless of gender and status.
14. Providing evidence-based information about available methods of contraception so that clients can make fully informed decisions.
15. Establishing mechanisms for providing comprehensive education to less easily accessible groups, such as out-of-school children and adolescents, migrants and refugees, persons with disabilities, indigenous populations, people from disadvantaged socioeconomic groups, and those with a limited education.

16. Involving a wide range of relevant partners, including parents, young people, and professionals with educational, violence and injuries, and human rights expertise in content development, delivery, and evaluation of comprehensive education programs.
17. Addressing the root causes of violence, such as gender inequality and sociocultural norms that tolerate violence, by empowering women and young people and ensuring access to comprehensive education.
18. Combating negative male gender roles and stereotypical images of masculinity linked to the use of violence and a lack of respect for human rights.
19. Tackling, including through use of the media, existing and newly emerging myths and misconceptions about sexual, child, and intimate-partner violence and injuries.
20. Ensuring the provision of and access to counselling and evidence-based treatment for substance abuse.
21. Introducing a system of competency training in comprehensive education in mental health, substance use, self-harm, and suicide for teachers, educators, and health professionals, including peer education and life skills.
22. Providing age-appropriate, scientifically accurate and comprehensive sexuality education in order to develop decision-making, communication and risk reduction skills among the adolescent population.



Sexual and Reproductive Health and Rights, HIV and STIs

Key actions would include:

1. Removing medical and financial barriers to contraceptive use through the application of evidence-based eligibility guidelines.
2. Providing information and contraceptive services that are evidence-based, effective, and acceptable and affordable to adolescents.
3. Creating enabling environments to enhance adolescents' access to and use of sexual and reproductive health services.
4. Providing information and services for adolescents, persons of socioeconomic disadvantage, those living in institutions, migrants and asylum seekers, people living with HIV, persons with disabilities, LGBTQ+, drug users, and people engaged in sex work.
5. Ensuring that health care personnel are educated and trained to provide appropriate sexual and reproductive health services and not jeopardize adolescents' access to these services.
6. Establishing training and awareness for religious leaders, community-based organizations, and nongovernmental organizations in order to enhance their knowledge and skills for providing comprehensive education and counselling.
7. Increasing the ability of relevant institutions, parents, families, and caregivers to support children and young people in making informed, healthy sexual and reproductive health decisions.
8. Instituting policies that respect, protect, and fulfil adolescents' rights within education and health care.
9. Incorporating human rights and gender equality concepts in comprehensive sexuality education in school curricula and in non-school settings or programs aimed at young people.
10. Engaging young people in the design, monitoring, and evaluation of sexual and reproductive health services.
11. Establishing mechanisms for providing comprehensive education to less easily

accessible groups, such as out-of-school children and adolescents, migrants and refugees, persons with disabilities, people from disadvantaged socioeconomic groups, and those with a limited education.

Nutrition, Physical Activity, Sports and Youth Development

Key actions would include:

1. Instituting government regulation and standards to enforce the implementation of health-related food and nutrition policies.
2. Ensuring planning and implementing regulations to limit the availability of fast-food outlets near preschools, nurseries, and schools.
3. Acknowledging the importance of multilevel approaches to implement strategic, coordinated government action such as: incentives/disincentives for consumers, the food industry, and organizations; standards for food additives such as sodium, trans fat, and sugars; use of schools and worksites to promote healthier eating; the incorporation of nutrition standards for the marketing of foods and beverages to children and adolescents; requiring fast-food outlets to list calories and other nutritional information on their menus; adopting front-of-pack labelling to guide consumer decision-making.
4. Removing the sale and distribution of sugar-sweetened beverages from school environments.
5. Ensuring that nutrition education is being integrated into Health and Family Life, Home Economics, Physical Education, and Food and Nutrition curricula (including teachers, parents, social workers, and other persons who may interact with adolescents).
6. Providing technical support to national media houses to develop and implement public awareness campaigns.
7. Supporting research into the root causes of overweight and obesity, including changes in the food system in the past decades, and research on the availability of healthy foods, methods, and strategies to ensure the provision of year-round access to food that meets nutritional needs.

8. Setting standards and guidelines for the provision of food at preschools/nurseries, early childhood development centres, schools, and hospitals.
9. Encouraging the public and private sectors to work in partnership to increase the range of after-school activities to engage the attention of young persons and get them active.
10. Collaborating to hold more age-appropriate competitive events to provide schools and other community youth groups pathways to participate in competitive sports.
11. Encouraging the private sector to support school sporting programs or activities through financial support, donation of sporting equipment, or training of high-quality coaches and other sporting officials.
12. Using social media to get youth involved in structured, organized, informal community sporting activities.
13. Providing “giving back” opportunities for high-performance athletes to visit schools and communities to inspire and motivate participation in sport.
14. Including youth in the design of their sport to ensure that sporting activities appeal to young persons from differing backgrounds.
15. Raising awareness of the appropriate levels of physical activity for children and young people with clear messaging to parents and teachers.
16. Reviewing teacher training to ensure it equips teachers to deliver high-quality lessons on physical exercise.
17. Building awareness and strategizing around the issue of women and girls in sport, focusing on issues of sexual harassment, recognition, and remuneration.

Climate Change and the Environment

Key actions would include:

1. Placing emphasis on the inclusion of climate change and its impact in education systems through the provision of materials and sources of information to educators.
2. Recognizing that adolescents can be agents of change and ensuring that they are at the centre of climate change strategies and response actions.

3. Supporting their collaboration with other young persons on issues of importance to them.
 4. Providing financial and regulatory support for youth-led online and offline environmental campaigns, publications, and events.
 5. Supporting peer-to-peer education, training, and capacity building.
 6. Encouraging youth engagement in decision-making through national online consultations.
 7. Including adolescents in community resource mapping to identify climate change adaptation and local environmental issues.
 8. Involvement of youth in surveillance and health information systems focused on climate-sensitive health conditions as an important approach to generating much-needed strategic information in this area.
 9. Collaborating to reduce the root cause of vulnerabilities of individuals and communities who depend on crops, livestock, fisheries, and trees.
 10. Implementing disaster risk prevention and mitigation technologies and good practices to strengthen agricultural livelihoods, reduce impact from disasters, and enable communities to bounce back better and faster.
 11. Conducting collaborative research, particularly in the area of new and emerging climate adaptive technologies.
 12. Identifying and incorporating policies and interventions led by different sectors as essential to national health strategies.
 13. Encouraging adolescent involvement in making schools and communities sustainable through school-based projects such as planting of trees, introducing solar water pump projects, harvesting rainwater, installing wind pumps, improving waste management, and upgrading community recreational spaces.
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4

ROADMAP OUTCOMES: HOW WILL WE KNOW WE HAVE BROUGHT THE CONGRESS ACTIONS TO LIFE?



4. ROAD MAP OUTCOMES: HOW WILL WE KNOW WE HAVE BROUGHT THE CONGRESS ACTIONS TO LIFE?

At the Regional Level

Regional organizations such as CARICOM, the Caribbean Public Health Agency (CARPHA), and PAHO are encouraged to collaborate in the provision of support to countries in the generation of the following Regional Public Goods.

1. Joint collaboration around the implementation of policies that respect, protect, and fulfil adolescents' rights within education and health care.
2. Regional lobby resulting in legislation regarding child marriage being reviewed/repealed with an aim to promote information regarding early marriage and access to family planning services.
3. Adolescents positioned at the centre of climate change strategies and response actions as agents of change through the engagement of regional entities.
4. CCAYH Road Map implemented through coordinated inter-agency action.

At the National Level

Mental Health, Substance Use, Violence and Injury

By the number of countries:

- ▶ Whose governments implement institutional legal, financing, or service arrangements that ensure the needs of adolescents are met through the provision of information and targeted care.
- ▶ That review legislation regarding child marriage.
- ▶ That improve legal and operational frameworks, including mechanisms to improve enforcement, and protection of victims of all forms of violence and abuse, particularly most vulnerable adolescents, both males and females.
- ▶ Engaged in raising awareness and reinforcing the role of society in preventing and responding to all forms of violence.
- ▶ That demonstrate collaborative action with ministries of justice to improve the process of reporting on GBV, IPV, and all forms of abuse of children and adolescents.
- ▶ That convene national sessions geared at creating awareness of GBV, IPV, and sexual assault/abuse, where to report such instances, and assistance available to victims.
- ▶ Implementing violence prevention programs and rape-awareness programs for school and college/university students.
- ▶ Engaged in actions aimed at changing the social and cultural gender norms through media sensitization campaigns.
- ▶ With strengthened national systems for generating comprehensive and standardized data and information to guide evidence-based decision-making on adolescent and youth health, ensuring the involvement of youth in the process.
- ▶ That demonstrate timely access to services through the establishment of a children/family/juvenile court with staff sensitive to these issues, and ensure the inclusion of multidisciplinary teams.

- ▶ That developed alternate models of health services that provide quality care to all youth and adolescents including those made vulnerable by the circumstances in which they were born, grow, and live.
- ▶ That implemented multisectoral, evidence-based adolescent and youth prevention programs which address alcohol, substance abuse, and mental health, including treatment and care.
- ▶ That demonstrate a multisectoral and community-wide approach to violence and injuries among adolescents and youth.
- ▶ Delivering age-appropriate psychosocial services for adolescents living with and affected by substance abuse and their parents.
- ▶ That provided training to caregivers and personnel who serve children on the common signs of mental health, substance use problems, self-harm, and suicide.
- ▶ That created awareness of the risk factors for high-risk substance and alcohol use.



Sexual and Reproductive Health and Rights, HIV and STIs

By the number of countries:

- ▶ Engaged in the formulation of laws and policies to increase adolescents' access to contraceptive information and services, including emergency contraceptives without mandatory parental and guardian authorization or notification.
- ▶ Where adolescents and youth have access, irrespective of legal citizenship status, to comprehensive and age-appropriate information, education, and adolescent-friendly comprehensive services to be able to make informed choices about their sexuality and reproductive health, to be able to transition safely and happily into adulthood.
- ▶ Actively advocating for adolescent pregnancy prevention among all stakeholders through interventions such as information provision, sexuality and health education, life-skills building, contraceptive counselling and service provision, and creation of supportive environments.
- ▶ Demonstrating the inclusion of curriculum-based sexuality education and family planning aimed at reducing unwanted pregnancies and optimizing age at first pregnancy and birth intervals.
- ▶ With adolescents and youth involved in the design, monitoring, and evaluation of sexual and reproductive health services.

Nutrition, Physical Activity, Sports and Youth Development

By the number of countries:

- ▶ Addressing major systemic policy, cultural, and environmental barriers in the achievement of improved nutritional health for children, adolescents, and youth by implementing the CARPHA 6-Point Policy Package on Childhood Obesity.
- ▶ Implementing balanced approaches to policies on weight-control measures developed to address overweight/obesity stigma.
- ▶ Implementing community and school-based initiatives to address micronutrient deficiencies and emerging issues of overweight and obesity.

- ▶ Governments providing funding support to communities and organizations in the public and private sectors to ensure access to safe, fun, and inclusive youth sports activities.
- ▶ Demonstrating improved physical activity in school settings.
- ▶ Demonstrating government–private sector action to expand opportunities for sports participation and development, recognizing the specific challenges faced by women in sport.

Climate Change and the Environment

By the number of countries:

- ▶ Mentoring and training youth leaders and engaging youth in decision-making and strategic planning on issues of climate change and the environment and its impact on health.
 - ▶ Implementing specific measures that target adolescents and youth in initiatives to reduce the impacts of climate change.
 - ▶ Promoting multisectoral collaboration with vulnerable communities and those that rely on the natural environment for sustenance and livelihood to improve their resilience.
 - ▶ Implementing policies that identify priorities and sector-based interventions specific to children’s and adolescents’ needs and rights to deliver maximum impact and social benefits.
 - ▶ Providing complete accessibility to climate change curriculum and educational resources in school settings.
 - ▶ Demonstrating enhanced surveillance and health information systems for monitoring climate-sensitive conditions and linkages.
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5

CONCLUSION



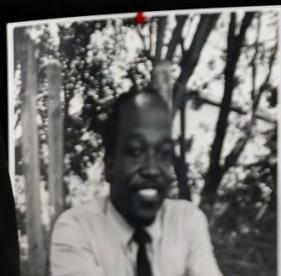
5. CONCLUSION

Plenary feedback sessions and an anonymous, online post-congress survey indicated that the Congress was very well received and generated momentum among stakeholders vis-à-vis the health of young people. While these types of congresses are typically held once every three to four years, congress participants urged the committee to organize the next congress within two years, in order to maintain the momentum created by this first congress. It was therefore decided that the next Caribbean Adolescent and Youth Health Congress would take place in 2021. Participants also provided some key considerations to support the planning of the next conference. These included:

- ▶ Make the congress schedule less packed and overwhelming, with more scheduled breaks between sessions, and time for networking, in particular considering youth participants.
- ▶ Include more youth presenters and experiences in plenary sessions.
- ▶ Allocate more time for questions, discussion, and interactive dialogue.
- ▶ Find innovative ways to make scientific sessions more “youth-friendly.”
- ▶ Live-stream the full congress so more (young) people can benefit.
- ▶ Ensure that logistics, including arrangement of meeting rooms and room temperature, are properly arranged.

The First Caribbean Congress on Adolescent and Youth Health successfully provided a forum for regional and international youth development agencies, youth-serving organizations, and adolescents from across the Caribbean to identify and discuss issues around adolescent and youth health. Collective action is required by regional governments to operationalize the key recommendations which emanated from the Congress to enhance the health of this crucial population group.





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CARICOM Plan for Adolescent Health



APPENDICES





7. APPENDICES

Appendix I. List of Collaborating Agencies

- Caribbean Association for Adolescent Health
- Caribbean Coalition for Sexual and Reproductive Health
- Caribbean Development Bank
- Caribbean Institute for Health Research, UWI
- Caribbean Regional Youth Council
- Caribbean Vulnerable Communities Coalition
- CARICOM Youth Ambassadors
- CARICOM Youth Department
- Commonwealth Youth Council
- Dance4Life Barbados
- Family Planning Association of Trinidad and Tobago
- Healthy Caribbean Coalition
- International Association for Adolescent Health
- Lancet Commission on Global Mental Health and Sustainable Development's Youth Campaign
- NCD Child
- PAHO/WHO
- PANCAP
- PANCAP Youth Advocacy Network
- Spouses of CARICOM Leaders Action Network
- UNAIDS
- UNFPA
- UNICEF

Appendix II. Congress Program

Table 1: First Caribbean Congress on Adolescent and Youth Health

14–17 October 2019 AGENDA

	Opening Ceremony: Monday 14 October 2019
	Masters of Ceremony: Tijani Christian and Kylah Ciego
17:45	Arrival of Dignitaries
17:55	Arrival of the President of the Republic of Trinidad and Tobago Her Excellency Paula-Mae Weekes ORTT.
18:00	National Anthem: Shell Invaders Steel Orchestra
18:05	Welcome Remarks: Mrs. Sharon Rowley - Congress Patron & Spouse of the Prime Minister of Trinidad and Tobago;
18:10	Special Address: The Honourable Terrence Deyalsingh, Minister of Health, Republic of Trinidad and Tobago
18:20	Feature Address: Her Excellency Paula-Mae Weekes ORTT. President of the Republic of Trinidad and Tobago
18:30	Remarks: Mrs. Kim Simplis-Barrow, Chair Spouses of CARICOM Leaders Action Network (SCLAN). Video presentation Ms. Alison Drayton, Director UNFPA Caribbean Sub-Regional Office
18:45	Video presentation: Adolescent and Youth Voices of the Caribbean
18:55	Keynote Address: Ms. Terez Lord, CARICOM Youth Ambassador Dr. Carissa Etienne, Director PAHO/WHO Ambassador Irwin LaRocque, Secretary-General of the Caribbean Community, CARICOM
19:35	Presentation of Award Champion for Adolescent and Youth Health
19:45	Musical Performance: Jadel Lutchman
19:55	Announcements and Closing Remarks Dr. Asha Pemberton, Chair Congress Planning Committee
20:00	Cocktail Reception Entertainment: Shell Invaders Steel Orchestra

Track 1	Mental Health, Substance Use, Violence and Injuries	Track 3	Nutrition, Physical Activity, Sports and Youth Development
Track 2	Sexual and Reproductive Health and Rights, HIV and STIs	Track 4	Climate Change and Environment
YOUTH-LED ACTIVITIES AND YOUTH ZONE			

Day 1: Tuesday 15 October 2019				
6:00 – 8:00	Exhibits	Start the day right! Join other participants for some exercise, meditation, or prayer		
9:00 – 10:30		Moderators: Faith B Yisrael & Sheila Forrester Plenary Session I: Global and Regional Perspectives on Adolescent and Youth Health Panelists: <ul style="list-style-type: none"> • Dr. Susan Sawyer: Global perspectives on adolescent and youth health. • Dr. Carissa Etienne: Universal Health Coverage and Access for Young People. • Dr. Douglas Slater: Adolescent and youth health in the Caribbean context. • Kobe Smith: Engaging young people in the improvement of their own health. 		
10:45 - 12:00		Session 1A. Adolescent and Youth Mental Health Moderators: Jessica Anthony and Asha Pemberton <ol style="list-style-type: none"> 1. Claudina Cayetano: The mental health of young people in the Caribbean. 2. Rondell Trim: Mental wellness among the youth in the Caribbean region. 3. Yifeng Wei: The implementation and evaluation of “Go-To” Educator Training and Mental Health Literacy Curriculum Guide in the Bahamas. 4. Shellie-Ann John: Phenomenological exploration of the lived experiences of females between the ages 18–35 who engaged in deliberate self-harm and their journey to recovery. 	Session 1B. The Sexual and Reproductive Health and Rights of Young People Moderators: Latoya Charles and Aurora Noguera-Ramkissoon <ol style="list-style-type: none"> 1. Dona Da Costa Martinez: CHAMP for Families – A community collaborative youth focused HIV/AIDS prevention Strategy. 2. Caroline Allen: Evaluation of dance4life Barbados: an intervention for youth sexual and reproductive health and empowerment. 3. Sara Louanne Scott: Family planning among adolescents at GPHC Antenatal Clinic: a knowledge, attitude and practices survey. 4. Julio Sabido: Formative assessment of menstrual hygiene management (MHM) among adolescent girls in primary and secondary schools in Belize. 	Session 1C. Nutrition and Physical Activity Moderators: Stephen Andrews and Susan Kasedde <ol style="list-style-type: none"> 1. Danielle Walwyn: Beyond the student – using the socioecological approach to better understand the physical activity context in secondary schools in Antigua. 2. Prithiviraj Bahadursingh: Obesity and weight concerns in children with special needs. 3. Colanne Alexander: The influence of understanding and motivation on the successful management of the obese child. 4. Leah Lewis: Childhood obesity through behaviour change – a modern day initiative.
12:00 – 1:00		LUNCH BREAK		

12:45 – 14:00		<p>Special Session I:</p> <ol style="list-style-type: none"> World Health Organization (WHO): AAHA! – Evidence-based planning for adolescent health. Andre Thomas (Youth Leader): The source of your leadership. Giselle Ramose, National Centre for Persons with Disabilities, and Derek Springer: Addressing the sexual and reproductive health needs of young persons with disabilities. 		
		PARALLEL SESSIONS		
14:15 – 15:45	Exhibits	<p>Session IIA. Violence and Injuries</p>	<p>Session IIB: HIV and STI in Young People in the Caribbean</p>	<p>Mini Workshop: Early Intervention for Reduction of NCDs in the Caribbean (2.00:pm – 6:00pm)</p>
		<p>Moderators: Andre Browne & Abigail Harris</p> <ol style="list-style-type: none"> Asha Pemberton: Strengthening the public health approach to youth violence in the Americas: results from an expert consultation. Gabriela Polanco: Linking the public health and education sectors to tackle the culture of violence in the Dominican Republic. Officer Derrick Sharbodie: Police Youth Club as a strategy to engage youth in violence prevention. Jacqueline Sharpe: The impact of violence on mental health. 	<p>Moderators: Alexis D’ Marcus Renatta Langlais</p> <ol style="list-style-type: none"> Russell B. Pierre: Risk factors and outcomes of sexually acquired HIV/AIDS in Jamaican children and youth. Caroline Allen: Youth perceptions of HIV testing quality and barriers to access in six Eastern Caribbean countries. Sandra Jones: Access to sexual and reproductive health services for adolescents: critical element to the maintenance of the elimination of the mother-to-child transmission of HIV and syphilis strategy in the Caribbean. Russell Pierre: Achieving the WHO’s 90-90-90 objectives in a paediatric and adolescent HIV/AIDS cohort, University Hospital of the West Indies. 	<p>Purpose: To provide an overview of noncommunicable diseases and how they affect children and adolescents in the CARICOM region, identify NCD priority areas and propose potential solutions involving advocacy and educational programs at the national and community levels.</p> <p>Presenters:</p> <ul style="list-style-type: none"> Mychelle Farmer Barbara McGaw Pierre Cooke Alafia Samuels
16:00 – 17:00	KNOWLEDGE CAFÉ			
	<p>YOUTH ZONE Design-sprint, Instagram Live, Facebook Live, etc.</p>			
19:00 – 21:00	Cultural evening: bring your cultural attire			

Day 2: Wednesday 16 October 2019			
6:00 – 8:00		Start the day right! Join other participants for some exercise, meditation, or prayer	
9:00 – 10:30		Plenary Session II: Accelerating improvement of the health and well-being of young people Moderators: Georgette Grootfaam and Susan Kasedde	
		<ul style="list-style-type: none"> • Valentina Baltag: Comprehensive and standard-driven health services and programs for adolescents. • Alison Drayton: Improving and protecting the sexual and reproductive health and rights of young people in the Caribbean. • Christina Williams: How safe spaces can make sexual and reproductive health safer. • Dennis Glasgow: Leaving no young person behind – reaching young people in situations of vulnerability. 	
10:45 – 12:00		Session IIIA: Substance Use in Adolescents and Youth Moderators: Karina Nanan and Dereck Springer	Session IIIB: Youth Participation and Digital Technology Moderators: Terry Ann Roy and Travis Freeman
			Session IIIC: Sports and Youth Development Moderators: Kurba-Marie Questelles and Asha Pemberton
	Exhibits	<ol style="list-style-type: none"> 1. Maristela Monteiro/ Claudina Cayetano: Alcohol use among adolescents in the Caribbean. 2. Amrita Gill: Neighbourhoods and adolescent polysubstance substance use in Jamaica. 3. Sonja Caffè: A family-based approach toward substance use prevention in adolescents. 4. Kimberly Gilbert: Sex, drugs, and soca. 	<ol style="list-style-type: none"> 1. Akeem Lovell: Facing our realities: the everyday lives of youth in the Caribbean captured in images. 2. Bhupendra Sheoran: Hashtags for health: a primer on youth-centered social media. 3. Shakira Emtage-Cave: Meaningful youth participation in sexual and reproductive health and rights. 4. Zuwena Perry: #disaintnew but it could be: how to effectively use social media as a tool for meaningful engagement.
			<ol style="list-style-type: none"> 1. Zahra Gaskin: Diary of a teen athlete in the Caribbean. 2. Derrick Simon: Illuminating pathways for youth development in sport. 3. Mark Mungal: Rapid assessment of physical activity capacity of primary schools in Trinidad and Tobago. 4. Renette Toolsiram: Skills training as a tool for youth development: a case study of the Citizen Security Strengthening Programme.
12.00 – 14:00		LUNCH BREAK	

		Special Session II – Side Events		
12:45 – 14:00		<p>PAHO: The Mental Health Literacy Program.</p> <p>Girls not Brides: Stronger together to end child marriage to support girls to fulfil their potential.</p> <p>Caribbean Development Bank: NCDs and youth: innovating a healthier future together.</p> <p>Asha Pemberton: Caribbean Association for Adolescent Health.</p>		
		PARALLEL SESSIONS		
14:15 – 15:45	Exhibits	<p>Session IVA: Adolescent and Youth Suicide</p> <p>Moderators: Dexter Wilson and Sandra Jones</p> <ol style="list-style-type: none"> Hanif Benjamin: Dynamics and approaches to adolescent and youth suicidal behaviour in the Caribbean. Jessica Anthony: Risk and protective factors for suicide amongst in school youth in Guyana. Yifeng Wei: The impact of blended “Go-To” Educator and Mental Health Literacy Curriculum Guide training in Belize. Grace Gatera: Building youth engagement in global mental health through the youth-led campaign My Ming Our Humanity. 	<p>Session IVB: Adolescent Pregnancy</p> <p>Moderators: Khadijah Moore and Suzanne Serruya</p> <ol style="list-style-type: none"> Pilar de la Corte Molina: Current status of adolescent pregnancy in the Caribbean. Ricardo Baruch: Sexual and reproductive rights of adolescents in four countries in the Caribbean. Cynthia Pitter: Pregnant and abused adolescents: the underserved population in Jamaica. Mona-Lee Belizaire: The impact of programmes and policies on adolescent mothers. 	<p>Session IVC: Climate Change and the Environment</p> <p>Moderators: Arianna Seeraj and Sheila Forrester</p> <ol style="list-style-type: none"> Laura Lee Boodram: Climate change-impact on regional health security. Susan Kasedde: Adolescent participation on monitoring of the air quality in Belize: an Air Quality Champions Initiative. Myriam Narcisse: Empowering vulnerable girls to navigate an ever changing and challenging environment. Mareeka Dookie: Hop aboard the Waste Train (virtual interactive presentation).
		<p>KNOWLEDGE CAFÉ Shanti Singh-Anthony</p>		
16:00 – 17:00		<p>YOUTH ZONE Design-sprint, Instagram Live, Facebook Live, etc.</p>		
19:00 – 21:00		<p>Karaoke night: come and showcase your talent!!</p>		

Day 3: Thursday 17 October 2019			
6:00 – 8:00	Exhibits	Start the day right! Join other participants for some exercise, meditation, or prayer	
9:00 – 10:45		Plenary Session III: From Commitment to Action Moderators: Nathalia Joseph and Dona Da Costa Martinez	
		<ul style="list-style-type: none"> • Sonja Caffè: Changing the paradigm: positive youth development. • Christopher Gilkes: Vision and commitments of Caribbean youth to advance SRHR in the Caribbean: accelerating the Promise of the International Conference on Population and Development. • Annica Gayle-Geddes: (Re)Centering social inclusion and gender equality in the mainstream of adolescent and youth health. • Veronica Cenac: Legislation gaps in accessing SRH services and securing SRH rights in the Caribbean for adolescents. • Susan Kasedde: Youth participation in health. 	
		GROUP DISCUSSIONS	
		Session VA: A road map toward adolescent and youth health in the Caribbean: innovative approaches, promising practices & emerging areas of interest. Moderators: Zuwena Perry and Dereck Springer	Session VB: A road map towards improving adolescent and youth health in the Caribbean: Strategic Advocacy & Partnership building. Moderators: Lucien Govaard and Asha Pemberton
13:00 – 14:00		LUNCH BREAK	
14:00 – 15:30	CLOSING CEREMONY		

Appendix III. Summary of Congress Plenary and Parallel Sessions

Plenary Session I. Global and Regional Perspectives on Adolescent and Youth Health

Dr. Susan Sawyer noted the Lancet Commission on Adolescent Health which stated the importance of investment and attention to this life stage. Depicting it as a transformative period in the life course, she noted that investing in the “Triple Dividend” (adolescents) generated a triple benefit. She lobbied for adolescent health to become more visible, requiring improvement in the measurement of all aspects of adolescent health issues. Global data must reflect the Caribbean, which currently they do not. Dr. Sawyer further noted the importance of having young people at the table, not in a tokenistic manner but with a voice that is listened to and incorporated. Governments also need to be held accountable and they must be a part of this process.

Dr. Carissa Etienne, Director, PAHO/WHO, noted that millions of persons are without health care and highlighted the need for governments to take the responsibility to guarantee access to care, including care for all young people. She stressed the importance of Universal Health Care and noted that affordability must not be a barrier to care. In order to move to universal care, she said, health services must be transformed. Health must not be the absence of illness but must also include a focus on people’s well-being. In keeping with the Alma Ata Declaration, which emphasizes care for all, interventions must address the social determinants of health. Youth have a diversity of health needs and we must strive to meet the needs of all groups, including rural and LGBTI youth.

Dr. Douglas Slater, Assistant Secretary-General, Directorate for Human and Social Development, CARICOM, shared his perspective on adolescent health and noted the important role of young people in placing pressure on health providers to demand HPV and other vaccines that are available and can save their lives. He highlighted the issue of teenage pregnancy and noted the importance of understanding the phenomenon and how it can be addressed. Special mention was made of the effects of alcohol on youth as well as the increased incidence of road traffic accidents. Youth engagement as either perpetrators or victims of crime and violence across the entire region, as well as the unacceptable school dropout rates, were also highlighted as a serious issue for youth and he called on the Congress to carefully consider these issues and the strategies required to address them with the involvement of youth. He noted that CARICOM is

working on a human resource development plan in which it is expecting to develop a segment responding to youth issues. The agency continues to implement the Caribbean Youth Action Plan. The CARICOM Youth Ambassadors program is expected to play a critical role in its implementation; their participation at the Congress facilitates the cross-fertilization of planning and implementation.

Mr. Kobe Smith, the Youth Representative on the panel, shared his interest in lobbying and actioning issues related to women and girls. Influenced by the loss of his mother to cancer, he developed a passion for women's health. He highlighted the need to focus on Comprehensive Sexuality Education (CSE) as a necessary tool for addressing youth sexual issues including gender-based violence. He called on the Congress to focus especially on how males are socialized to think of and treat women, as there is need to address the social blaming, for example, of girls for teenage pregnancy or sexual violence. He noted the importance of pushing back against the international anti-abortion policies in light of their lasting negative effects on women. He called on the young people present to engage in transformative movement building, to be annoying and disruptive on rights-based issues, to be informed, organized, and prepared to engage the system by acting responsibly and taking example from Greta Thunberg.

Plenary Session II. Accelerating Improvement of the Health and Well-Being of Young People

Ms. Valentina Baltag established the tone for the day's discussions by highlighting the need for comprehensive and standards-driven health services and programs for adolescents, which entails the delivery of a spectrum of care and the use of a range of resources to respond to the full range of adolescent health problems. She profiled the health situation among adolescents, indicating the top five global causes of death among adolescents as AIDS, infectious diseases, meningitis, road accidents, and self-harm. She called on the Congress to focus on both the risk and the protective factors in order to prevent future burden on health. She stressed that the focus of services for adolescent health needs to move from the traditional to a broader, more comprehensive health agenda. Health care for adolescents should offer a full range of services from health promotion and prevention targeting the full spectrum of problems at all levels of care (primary care, secondary care). Services should be age-appropriate and delivered by care providers trained in adolescent engagement. We can be guided by the new WHO/UNESCO initiative, which seeks to make every school a health-promoting school by promoting a standards-driven approach.

Comprehensiveness of a national health policy or plan or strategy would address the full range of health problems for adolescents. It will look at all the elements of the health problems and will address a set of standard themes: leadership, workforce, HMIS, and accountability.

Dr. De La Cortez, UNFPA, presented an overview of adolescent fertility rate trends in the Caribbean, which has a low adult fertility rate but a much higher adolescent fertility rate, with Trinidad and Tobago, Guyana, and Saint Lucia having the lowest rates of contraceptive use. The highest rates of unmet need for family planning services were in Haiti, Guyana, and Suriname. Early marriage was also profiled as a significant issue facing adolescents in Suriname and a number of other countries throughout the Caribbean, requiring careful examination and strategic response. Early initiation of sex also came into sharp focus during this plenary, which highlighted student health survey results that showed 56% of girls and 79% of boys had sex before the age of 14, with Antigua and Guyana reporting the highest rates in the region. The role of sexual abuse and the need for a protective response was stressed. Further profiling the regional situation, the Congress learned that almost half of persons age 14–15 do not have adequate knowledge of HIV and unsafe abortion rates continue to be quite high in the region, given its legal environment. The importance of devising individual, societal (legal), and socioecological model based approaches to addressing these issues was highlighted.

Ms. Christina Williams, youth panellist, shared a model that was developed and implemented in Jamaica (Safe Hub) which focused on highlighting how safe spaces could be used to facilitate the delivery of sexual and reproductive health information to the population. Situated close to the main transportation hub in Kingston, Jamaica, the Hub is a youth-designed, youth friendly space that offers free Internet and printing services via a bank of computers; comprehensive development sessions for youth accessing the hub; support with the physical, emotional, and academic well-being of adolescents; and has demonstrated impact in reaching and counselling and health, providing services in a fun, age-appropriate environment.

Mr. Dennis Glasgow, youth panellist, reminded youth attendees to be mindful of the issue of representativeness, that they do not and cannot represent all youth but rather, those that they have engaged and have actual similarities with. He cautioned congress participants to refrain from talking about youth through statistics without reflecting or providing a space to hear their actual voices, to understand the humanity of the diversity of youth, including indigenous youth, those who are ill, those with disabilities, rural youth, LGBTQI, and their varying abilities to achieve universal access within a health equity context. Mr. Glasgow highlighted the need for diversity in the representation of young persons and repeated the mantra, “nothing for us without us.” The full use of technology in the engagement of youth was also highlighted. He encouraged congress attendees to make full use of the opportunity to interact with each other, to share experiences, and to learn from each other.

Plenary Session III. From Commitment to Action

Dr. Sonja Caffè spoke on the issue of changing the paradigm to one of positive youth development, allowing this approach to influence how we view and engage youth. She noted that in the past, adolescent and youth health focused on deficits/challenges. Adolescence was previously classified as a problem decade in the life course. There is a need to rethink and redefine the paradigm under which we are operating to one that is more positive, one that sees young people's social and moral competence, a time of significant bonding among youth and the potential this presents. Applying a positive development approach means applying what is termed the five Cs, of Connection, Confidence, Caring, Character, Competence, where the sixth C, Contribution, will follow. Positive development adolescent health programs are those that are comprehensive, connect the different programs in fostering assets in young people rather than preventing risk, and those that engage parents, schools, and communities.

Mr. Christopher Gilkes spoke on the vision and commitments of Caribbean youth to advance sexual and reproductive health and rights (SRHR) in the Caribbean based on the Promise of the International Conference on Population and Development. He reminded the Congress of the strides the Caribbean has made with youth development and continued to advocate for young people to have access to sexual and reproductive health in schools. Mr. Gilkes encouraged the Congress to recommit to SRH rights for all, including the right to be represented in the development of legislation.

Ms. Annica Gayle Geddes promoted social inclusion and gender equality as imperatives for action in the mainstreaming of adolescent and youth health. She indicated that the Caribbean Development Bank (CDB) adopts a life cycle approach of the youth cohort. The agency's Gender Policy and Operational Strategy contains five pillars, including eliminating gender-based violence; building the resilience of people; social inclusion; the process of improving the terms by which individuals interact in society: ability, competence, assets opportunity, and dignity; gender equality—equal power in social programming to shape their own lives. She highlighted the fact that, in order for programs in health to be responsive, we must consider the importance of integrating human rights based approaches, ensuring the understanding of social inclusion and gender equality, responding to intersecting and overlapping systems of privilege and exclusion, and leveraging technology and innovation in the area of service provision. It is also important to facilitate authentic youth participation, support multipart and intergenerational partnership, and provide capacity building of health care workers.

Ms. Veronica Cenac, in her presentation of the results of an examination of the existing legislation gaps in accessing sexual and reproductive health services and securing SRH rights for adolescents, indicated that the law operates at different levels and ought to open doors, but

in many instances, as it relates to aspects of adolescent health, it does not. She noted the issue across the region of the inconsistency between the age of marriage and the age of consent, as well as the situation regarding access to safe abortions. She went on to provide a summary of the problematic laws that continue to exist across our region impacting on adolescent health access and protection and called for the Congress to coalesce to pressure governments to make essential legislative changes.

Ms. Susan Kasedee, youth representative on the panel, addressed the issue of youth participation in health noted in the 2016 Global Strategy for Women's, Children's, and Adolescents' Health, which articulates the commitment to improving global health by ensuring that women, children, and adolescents have fundamental access to basic health, education, and quality health care services. She noted that adolescents in the Caribbean have great need for contraception and are challenged with mental health, as the region reflects the highest adolescent suicide rates. She noted the issue of bullying, including cyber bullying, as a troubling and pervasive problem and called on young people to join the movement to change this situation through the use of digital tools to ensure that they are mobilized in directing social change. Youth participation was also seen to be essential in improving their own capacity, advocacy strategies, and evidence generation. She highlighted the role of arts and theatre as effective approaches to engage youth to impact leaders in order to foster critical changes highlighted at the Congress.

Parallel Sessions

Track 1: Mental Health, Substance Use, Violence and Injuries

Mental Health, Substance Use, Violence and Injuries proved to be the Congress Track for which most of the abstract submissions were made and was therefore the area in which most of the presentations centred, particularly the area of mental health. The profile of mental health among young people of the Caribbean, both by regional experts as well as youth representatives, highlighted the importance of this underserved area of youth and adolescent health. An understanding of adolescent risk and protective factors for suicide was also exposed, particularly against the backdrop of the high rates of suicide, with leading global prevalence in Guyana and Trinidad and Tobago. The Congress noted the need for evidence-informed intervention programs in these settings.

The significant impact of violence on mental health and adolescent development was particularly highlighted by experts actively engaged in this arena. The drivers of suicide and the concept of suicidality were discussed along with the need to improve reporting and data on the

manifestation of the various mental health issues facing youth across the Caribbean. Notably, the Congress was exposed to the ‘Go-To’ Educator Training and Mental Health Literacy Curriculum Guide and its success in the Bahamas and Belize. It noted this approach as a useful, available option for enabling mental health competencies within the school environment.

In the area of violence and injuries, the Congress considered approaches for strengthening the public health approach to youth violence, and participants were engaged on the dynamics in the Dominican Republic and the role the public health and education sectors were collaboratively playing in that setting to tackle the culture of violence—an issue, the meeting agreed, that pervades throughout the Caribbean. The cross sectoral/ministerial actions, including the engagement of Police Youth Clubs was especially highlighted. Alcohol and polysubstance use in the region came into sharp focus as the Congress noted the proposal for a family-based approach to substance use prevention among adolescents.

Track 2: Sexual and Reproductive Health and Rights, HIV and STIs

Discussions and expositions in this track/thematic area included youth-led strategies for achieving their participation in sexual and reproductive health and rights, which included the full appreciation and promotion of the use of social media (hashtags for health) to facilitate information sharing, collaboration, and meaningful health engagement. The Congress itself, with its continuous coverage of sessions, live-streams, Facebook and Instagram pages, was noted as an example of workable strategies for engaging social media in highlighting youth events and information sharing. The use of images to capture and showcase the everyday lives and the sometimes grim realities of youth was also highlighted, utilizing an effective text-free presentation illustrating the power of images and media in depicting the challenges that remain unaddressed.

Research being a core element of the Congress, this track highlighted the results of assessments and evaluations of youth-centred programs and brought attention to promising strategies such as the CHAMP for Families community collaboration and the dance4life intervention for youth sexual and reproductive health and empowerment. The results of surveys brought to the fore issues of menstrual hygiene management among adolescents, youth perceptions of HIV testing quality and barriers to access in the Eastern Caribbean subregion, as well as the important need to ensure continued access to sexual and reproductive health services for adolescents if the region’s EMTCT elimination status is to be maintained. Access was found to be determined not only by geographic location and opening times but by quality issues such as perceived confidentiality and staff attitudes toward young people. The issue of teenage pregnancy,

including pregnancy among underaged girls and its legal implications, was highlighted as critical for attention and action. The current status of adolescent pregnancy in the Caribbean was profiled and presented as well as research results on the impact of programs and policies on adolescent mothers, providing details on promising strategies.

Jamaica's policy for the reintegration of school-age mothers into the formal school system revealed that more teen mothers are attending school through this reintegration policy and that the policy is largely achieving its goal of reintegration and completion of secondary education. However, for some girls, other social needs have to be addressed if they are going to benefit from a second chance at education. Both policies and programs are integral to adolescent mothers becoming contributing members of society, which includes the needs of adolescent mothers, considering their socioeconomic and cultural standing. More research on existing policies and programs is needed in similar or varying contexts to create best practices for meeting the needs of adolescent mothers.

Track 3: Nutrition, Physical Activity, Sports and Youth Development

The Congress gained insights into the burden of childhood obesity and the use of the socioecological approach to better understand the physical activity context within which secondary schools operate in Antigua. This provided useful insights into issues of the school physical environment, teacher attitude toward exercise, and traditional gender norms related to sport as issues driving the engagement of children in physical activity in school. A recognition of these research-identified barriers, both the physical and cultural, served as the basis for the proposal of strategies for overcoming them.

A better understanding of some of the sexual and reproductive health (SRH) challenges that currently face workers and employers is essential to the well-being of an organization's workforce. These challenges include: HIV and AIDS; lack of male health-seeking behaviour; environmental factors; biological influences; gender-based violence for both women and men; and illegal activities.

Issues related to obesity among persons with disabilities were also highlighted at the Congress. It is even more difficult for persons with disabilities to eat healthily, exercise regularly, and control weight; this includes persons with Down's syndrome, who tend to have a lower metabolic rate. The presenters highlighted the lack of understanding and resources targeting these persons to encourage exercise and called on authorities to also focus on this aspect of obesity control. Another strength of the Congress was its exposition of research results that

highlighted successful approaches and models for responding to adolescent health issues. One such example was the implementation of a behaviour change model used in Trinidad and Tobago to control childhood obesity. Core elements of the model were highlighted along with the success realized among its target audience, thereby showcasing a workable model that can be brought to scale and transferred to other countries.

Track 4: Climate Change and Environment

As a new and emerging area of concern in the region with scope for increasing research output and developing promising practices, Climate Change and the Environment received the lowest number of abstract submissions in the lead-up to the Congress. This is not to take away from the Congress' recognition of its significance, as the Caribbean feels its effect in the growing strength of hurricanes and rising sea levels. Session presenters highlighted climate change as affecting human health in multiple ways, including air pollution, nutritional deficiencies, increased demands on human health systems, displaced populations, mosquito-borne diseases, vulnerable populations, and mental health. Attendees learned that what is required is education, action, political will, establishing sustainable partnerships and networks, and the provision of relevant evidence to decisionmakers.

Considerations of adolescent participation in monitoring air quality and serving as Air Quality Champions demonstrated, in practical terms, the important role the youth across our region can play in influencing the actions of their society and holding policymakers accountable for responding to the urgent issue. Successful approaches taken in Belize were highlighted. The role of the Waste Train as a promotional and practical example for the reuse of waste in Trinidad and Tobago was also highlighted.

Appendix IV. CCAYH Images and Artwork

<https://www.flickr.com/photos/pahowho/albums/72157711477710596>

<https://www.flickr.com/photos/pahowho/albums/72157711478422972>

<https://pancap.org/pancap-events/caribbean-congress-on-adolescent-and-youth-health/>

<https://www.facebook.com/CCAYH/>





15 - 17
October
2019

**Port of Spain,
Trinidad And
Tobago**

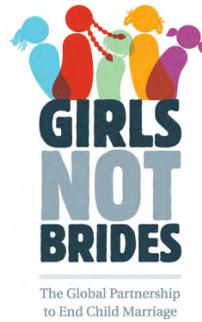
“Championing our wealth: Promoting the health and well-being of adolescents and youth in the Caribbean”



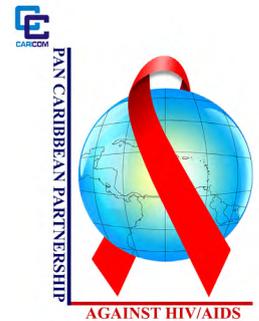
Artwork symbolism:

The artwork developed for the first ever Caribbean Congress on Adolescent and Youth Health first and foremost celebrates young people in all their diversity, as shown by the many faces of young people. It recognizes key elements that bind us as a region - our geography; our history; our strides and struggles- and places coming together as one people, one fist at the center of our upward movement! It wants to remind us that out of the waters of the Caribbean sea, that connect our countries, new generations of talent and potential continue to be birthed. These should, through our efforts, be set on a path to reach sunnier horizons and endless skies. The artwork is original and authentic; it was conceptualized and designed by a team of Caribbean youngsters. Special thanks to designers Nicholas Thomas and Lucien Govaard!

Partners and Donors



International Association for Adolescent Health



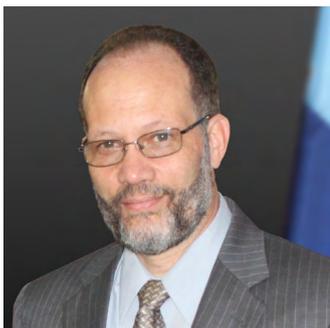
Keynote Speakers and Remarks



Her Excellency Paula-Mae Weekes
President of the Republic of Trinidad
and Tobago



Terrence Deyalsingh
Minister of Health Trinidad and Tobago



Irwin LaRocque
Secretary-General of the Caribbean
Community CARICOM



Dr Carissa F. Etienne
Director of the Pan American Health
Organization



Professor Susan Sawyer
President of the International
Association for Adolescent Health



Ms. Alison Drayton
Director UNFPA Caribbean Sub-
Regional Office



Mrs. Sharon Clark-Rowley
Congress Patron & Spouse of the Prime
Minister of Trinidad and Tobago



Mrs. Kim Simplis-Barrow
Chair Spouses of CARICOM Leaders
Action Network (SCLAN)



Terez Lord
CARICOM Youth Ambassador Of
Trinidad And Tobago

Caribbean Congress on Adolescent
and Youth Health



