

National Population and Sustainable Development Policy

Revision of National Population Policy and Programme of Action

June 2021

Table of Contents

1 LIST OF ABBREVIATIONS.....	4
2 ACKNOWLEDGEMENTS.....	6
3 MESSAGE – DIRECTOR GENERAL	7
4 EXECUTIVE SUMMARY	8
4.1 INTRODUCTION AND BACKGROUND	8
4.2 PURPOSE	9
4.3 POLICY DEVELOPMENT PROCESS	10
4.4 NATIONAL POPULATION AND SUSTAINABLE DEVELOPMENT POLICY	10
4.4.1 Principles.....	10
4.4.2 Vision Statement.....	11
4.4.3 Policy Goals	11
4.5 GOVERNANCE FRAMEWORK FOR NATIONAL POPULATION AND SUSTAINABLE DEVELOPMENT POLICY AND PROGRAMME OF ACTION	12
4.6 POLICY COHERENCE	12
4.7 FINANCIAL CONSIDERATION	13
5 INTRODUCTION AND BACKGROUND.....	14
5.1 SUMMARY OF THE DEMOGRAPHIC SITUATION.....	17
5.2 RATIONALE.....	21
5.3 POLICY DEVELOPMENT PROCESS	22
6 NATIONAL POPULATION AND SUSTAINABLE DEVELOPMENT POLICY	23
6.1 PRINCIPLES	23
6.2 VISION STATEMENT	25
6.3 POLICY GOALS.....	25
7 GOVERNANCE FRAMEWORK FOR POLICY AND PROGRAMME OF ACTION	36
7.1 INSTITUTIONAL ROLES AND FUNCTION.....	37
8 POLICY OVERSIGHT, PROGRAMME COORDINATION AND MONITORING STRUCTURES	39
<i>MONITORING AND EVALUATION FRAMEWORK</i>	43
8.1 PROGRAMME OF ACTION	43
8.2 POLICY AND LEGISLATIVE COHERENCE.....	44
8.3 FINANCIAL CONSIDERATIONS	57
9 OVERALL SITUATION ANALYSIS.....	58
9.1 DEMOGRAPHIC SITUATION.....	58
9.1.1 Population Growth, Size and Structure.....	58
9.2 ECONOMIC SITUATION.....	63
9.3 JAMAICA’S POPULATION AND DEVELOPMENT SITUATION.....	66
HEALTH	73
SPECIAL TARGET GROUPS	74
10 REFERENCES.....	79
11 APPENDICES	83

APPENDIX 1: THE DEMOGRAPHIC DIVIDEND	83
<i>Conditions to Reap the Demographic Dividend</i>	85
<i>Pillars for reaping the demographic dividend in Jamaica</i>	88
<i>Public Health</i>	88
<i>Education</i>	88
<i>Economic and Labour Reforms</i>	88
<i>Good Governance and Accountability</i>	90
<i>Security</i>	91
APPENDIX 2: GLOSSARY OF TERMS	92
APPENDIX 3: ORGANIZATIONS & PERSONS CONTACTED.....	95

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1 LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASYCUDA	UNCTAD Automated System for Customs Data
BOL	Build-on-Own Land
CPR	Contraceptive Prevalence Rate
DF	Distance to Frontier (Business Environment indicator)
ECLAC	Economic Commission for Latin America and the Caribbean
FDI	Foreign Direct Investment
GBV	Gender-based Violence
GDI	Gender Development Index
GDP	Gross Domestic Product
GII	Gender Inequality Index
GOJ	Government of Jamaica
GPI	Gender Parity Index
HDI	Human Development Index
HELP	Home Enhancement Loan Plan
HIV	Human Immunodeficiency Virus
HQI	Housing Quality Index
ICPD	International Conference on Population and Development
IDB	Inter-American Development Bank
ILO	International Labour Organization
IMWG	Inter-Ministerial Working Group on Agenda 2030
JSLC	Jamaica Survey of Living Conditions
GGKMA	Greater Kingston Metropolitan Area
MDGs	Millennium Development Goals
MFAFT	Ministry of Foreign Affairs and Foreign Trade
MICS	Multiple Indicator Cluster Survey

MSME	Micro, Small and Medium Enterprises
MTF	Medium Term Socio-Economic Policy Framework
NWGPD	National Working Group on Population and Development
NER	Net Enrolment Ratio
NGOs	Non-Government Organizations
NHT	National Housing Trust
NPGE	National Policy for Gender Equality
NRCA	Natural Resources Conservation Authority
NSWMA	National Solid Waste Management Authority
NWC	National Water Commission
PIOJ	Planning Institute of Jamaica
Pop TWG	Population Thematic Working Group
PPCC	Population Policy Co-ordinating Committee
PSA	Population Situation Analysis
PTF	Population Task Force
RHS	Reproductive Health Survey
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
SPPRD	Social Policy Planning and Research Division
STATIN	Statistical Institute of Jamaica
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WGI	Worldwide Governance Indicators
WHO	World Health Organization

2 ACKNOWLEDGEMENTS

The development of the National Population and Sustainable Development Policy was spearheaded by the Planning Institute of Jamaica (PIOJ), under the guidance of the Population Thematic Working Group (PoP-TWG) for Vision 2030 Jamaica – National Development Plan (Vision 2030 Jamaica). Secretariat services were provided by the Population and Health Unit in the Social Policy, Planning and Research Division (SPPRD). The invaluable support, technical advice and commitment of all stakeholders is a demonstration of the commitment to the continued development of Jamaica.

The PIOJ expresses sincere gratitude to the Pop-TWG for its consistent contribution and support in guiding the policy development process. A profound depth of appreciation is extended to our stakeholders from ministries departments and agencies (MDAs), private sector, civil society organizations (CSOs) and academia who participated in various rounds of consultations and reviewed and provided inputs in the formulation of the policy.

We are highly appreciative of the European Union (EU) for providing financial support for the consultancy in the development of the policy. The continued dedication and commitment in addressing and strengthening population and development issues by all stakeholders in Jamaica are remarkable and exemplary.

3 MESSAGE – DIRECTOR GENERAL

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4 EXECUTIVE SUMMARY

4.1 Introduction and Background

The National Population and Sustainable Development Policy was developed to advance the achievements attained by the success of the 1995 National Population Policy, as well as target areas, which require further intervention. The Population Situation Analysis prepared to inform the revised policy showed that some of the goals of the 1995 Policy are yet to be achieved. Additional areas to be achieved include: gender equality; further improvement in the well-being of children, elderly and persons with disabilities; strengthening of the role of the environment in population and development; as well as the more effective planning and management of both internal and international migration.

The policy aims to assist with, among others, the achievement of the population goals of the Vision 2030 Jamaica – National Development Plan, and by extension population targets of the 2030 Agenda for Sustainable Development (2030 Agenda). Vision 2030 Jamaica proposes that people are the centre of development. It recognizes the tremendous worth of each individual, and commits to the goal of enabling each person to achieve their fullest potential. Against the background of the Programme of Action (PoA) of the International Conference on Population and Development (ICPD) Cairo, 1994; the Montevideo Consensus on Population and Development for Latin America and the Caribbean, 2013; the 2030 Agenda; and Vision 2030 Jamaica, the Government of Jamaica is committed to ensuring the integration of population dynamics into all aspects of development planning in the revised Population and Sustainable Development Policy. This is particularly so given that demographic dynamics are integral in all dimensions of sustainable development (social, economic and environmental).

The goals, targets and indicators articulated in the aforementioned platforms of action and the critical role of demographic factors in their achievement, underscore the importance of the policy for sustainable development. Jamaica is also signatory to human rights-based and gender-responsive conventions that impact population dynamics, including sexual and reproductive health and reproductive rights, promoting dignity and gender equality through laws, policies and practices that eliminate stigma, discrimination and other intolerances. These are also integral to this policy.

4.2 Purpose

Since the formulation of the revised National Population Policy in 1995 and its subsequent implementation to date, the demographic situation (demographic size, structure, composition and distribution) of the country has changed markedly in a number of critical areas, including:

- Substantial reduction in population growth and the potential risk of a declining future population
- Substantial reduction in the child population (under 15 years) and major increases in the working age (15–64 years) and elderly populations (60+ years)
- Increase in life expectancy at birth to almost 75 years
- Reductions in fertility among all reproductive age groups (15–49 years) including adolescents (15–19 years)
- Higher levels of urbanization and growth in medium-sized urban centres
- Continuing high levels of international migration among professionals and skilled workers

The current population situation of Jamaica indicates a crucial point in the country's demographic history. The decline in fertility means that there are fewer children and young people to support, reflecting a smaller number of these dependents in the population. At the same time, the country does not yet have an overly large dependent elderly population, as the majority of the population is still in the working age group (15–64 years). This creates a favourable demographic position that can lead to a “demographic dividend”. The demographic dividend can be defined as the economic growth potential that can result from shifts in a population age structure, mainly when the share of the working age population (15–64 years) is larger than the non-working age share of the population (under 15 years and 65+ years). To leverage the favourable demographic situation and harness its benefits for development, appropriate social and economic development policies, with a strong focus on human capital development and job creation will need to be implemented with due urgency.

In charting a new course of action towards realizing Vision 2030 Jamaica, the revised policy will place special emphasis on the following:

- Sustainable development as the framework for population policy and programme interventions

- Managing population dynamics to achieve the desired population size, structure and distribution to improve the well-being of the Jamaican population
- Reduction in fertility among adolescents and youth as a strategy to break the inter-generational transmission of poverty, inequality and deprivation
- Mobilization of the large working age population (15–64 years) to boost sustained economic growth and sustainable development
- Further reduction in infant, child and maternal mortality, HIV/AIDS and NCDs
- Integration of population ageing in all national and sub-national development processes
- Incorporation of population growth and distribution in urbanization and climate change policies and planning
- Incorporating international migration and the diaspora in national development planning processes
- Ensuring human rights and gender issues are integrated in all policies, plans and programmes.

4.3 Policy Development Process

The rapid changes in Jamaica’s demographic landscape necessitated a comprehensive revision of the 1995 National Population Policy. The revision is expected to be completed in three distinct stages. The revision so far has completed two stages. The first stage resulted in the preparation of a comprehensive population situation analysis (PSA). The second stage completed a final draft of the revised policy based on the PSA and extensive islandwide and technical consultations. The final stage in the process will include: submission of the draft Policy to Cabinet for approval as a Green Paper; then approval as a White Paper; and subsequent tabling of the Policy in Parliament. The two first stages of the policy development process were supported by the Joint Government/EU Co-operation Fund project.

4.4 National Population and Sustainable Development Policy

4.4.1 Principles

The National Population and Sustainable Development Policy is guided by the following eight principles:

1. Respect for human rights
2. Inclusive and participatory development

3. Gender equality and equity
4. Empowerment and personal responsibility
5. Evidence-based decision making
6. Resilience in the natural, built, social, cultural and economic environments
7. Transparency and accountability
8. Reproductive rights and the power of choice

4.4.2 Vision Statement

A stable and productive population that contributes to the sustainable development of the country.

4.4.3 Policy Goals

The overall goal of the National Population and Sustainable Development Policy is to ensure that “population dynamics are managed to achieve the desired population size, structure and distribution to improve the well-being of the Jamaican population in all dimensions of a sustainable, equitable and just society.” The realization of the overall policy goal is dependent on the achievement of the following:

Sub-Goals:

Goal 1: By 2030, Jamaica’s population size, growth and age-sex structure and spatial distribution are aligned to support sustainable development in all dimensions (social, economic and environmental).

Goal 2: By 2030, replacement level fertility of 2.1 is maintained.

Goal 3: Full integration and expansion of quality sexual and reproductive health (SRH) care services.

Goal 4: To achieve by 2030, life expectancy at birth of at least 75 years for males and 80 years for females and reduce the survival gap between males and females.

Goal 5: By 2030, international migration (immigration and emigration) is managed and mobilized to support Jamaica’s national development.

Goal 6: Internal population movement and distribution are inter-linked with developmental policies and strategies for ensuring a balanced rural-urban development.

Goal 7: By 2030, equal and equitable access to opportunities, resources and rewards for males and females is achieved in all spheres of society.

Goal 8: By 2030, provisions are in place to enable the older population (60 years and over) to lead fulfilling, functional and productive lives.

Goal 9: By 2030, all children, adolescents and youth shall be empowered to fulfill their fullest potential in all areas of life.

Goal 10: Strengthen institutional capacities and interoperable information, communication and technology (ICT) systems, to facilitate the provision of relevant, accurate, timely and comprehensive demographic data.

Goal 11: By 2030, the demographic dividend is effectively mobilized to facilitate sustainable development.

Goal 12: Effective implementation of the National Population and Sustainable Development Policy and Programme of Action (PoA) in all areas of national development.

4.5 Governance Framework for National Population and Sustainable Development Policy and Programme of Action

The Population Thematic Working Group (Pop-TWG) will serve as the main mechanism for coordinating and monitoring the implementation of the Population component of Vision 2030 Jamaica – National Development Plan (NDP)/Medium Term Socio-Economic Policy Frameworks (MTFs). This current Pop-TWG will be strengthened and renamed Population and Sustainable Development Thematic Working Group (PSD-TWG). The PSD-TWG will provide the intersectoral governance framework for monitoring the implementation and evaluation of the new National Population and Sustainable Development Policy and all other matters related to population and development policy and planning in the country.

4.6 Policy Coherence

The National Population and Sustainable Development Policy is aligned with Vision 2030 Jamaica, its Vision 2030 Population Sector Plan 2009-2030 and the Medium-Term Socio-Economic Policy Framework. It is also congruent with policies and development frameworks such as: the National Senior Citizens Policy; National Policy on Poverty; the National Poverty Reduction Programme; the Social Protection Strategy, National Policy on International Migration and Development, National Gender Policy, National Youth Policy, and National Policy on Persons with Disabilities, among others. The Policy is also consistent with international and regional platforms of action to which the country has adopted. These include the ICPD Programme of

Action, Montevideo Consensus, 2030 Agenda for Sustainable Development and the Compact for Safe, Orderly and Regular Migration.

4.7 Financial Consideration

The population and development intervention strategies contained in the Programme of Action of the National Population and Sustainable Development Policy will not require extensive additional government budgetary support for implementation. This is so, as MDAs and all other relevant sectors (including academic institutions, private sectors and NGOs) will be responsible for integrating priority actions of the policy into their budgets, corporate and operational planning frameworks for implementation.

Programme of Action (PoA)

The Programme of Action is directly linked to the goals and objectives of the National Population and Sustainable Development Policy and proposes strategies and broad action areas for implementation of the policy. The PoA includes indicators to monitor the progress for each action area.

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5 INTRODUCTION AND BACKGROUND

In 1963, the Government of Jamaica adopted a National Five-Year Plan (1963–1968), which highlighted the gravity of the effects of rapid population growth and its consequences. The plan included a proposition to policy makers to initiate solutions towards the reduction of the high fertility rate. This was the first official population policy statement of its kind, even though private initiatives to decrease fertility existed for several decades. In response, the Government established the National Family Planning Board (NFPB) in 1967 to lead the process of fertility reduction. In 1983, Jamaica became the first English-speaking Caribbean country and one of the first developing countries to formulate and adopt an explicit National Population Policy.

After a lengthy review of the social and demographic conditions in the early 1990s, the Population Policy Co-ordinating Committee (PPCC) led a national process for the revision of the National Population Policy, which was approved by the Cabinet and adopted by Parliament in June 1995. The goals of the 1995 Population Policy were set for the period 1995–2015. The policy was a continuation of the 1983 policy, covering population growth and size, fertility, mortality, external and internal migration, special demographic age groups and population and the environment.

The objectives and recommendations of the 1995 Policy followed the guiding principles of the 1994 International Conference on Population and Development (ICPD) and its landmark Programme of Action (PoA). The ICPD PoA was a major step forward for putting reproductive health and gender issues on the international development agenda. An extensive global review of the ICPD Agenda took place at the end of 2014 and resulted in the ICPD Beyond 2014 Agenda, aiming to continue working towards commitments that were not achieved since 1994. The importance of human rights, equality and sexual and reproductive health (SRH) and reproductive rights were reaffirmed as guiding principles in all areas of development. A regional PoA for Latin America and the Caribbean (LAC) was also developed (Montevideo Consensus). The Montevideo Consensus was adopted by 38 countries in the region.¹ It advocates the full implementation of the ICPD PoA and the strengthening of the integration of population dynamics into sustainable development with equality and respect for human rights. It, however, took into consideration the

¹ ECLAC (2013), Montevideo consensus on population and development. First session of the Regional Conference on Population and Development in Latin America and the Caribbean Full integration of population dynamics into rights-based sustainable development with equality: key to the Cairo Programme of Action beyond 2014. 12-15 August 2013. Montevideo.

peculiarities of the LAC region, which includes many small island developing states (SIDS) that are prone to natural disasters and recognizes the special vulnerability of afro-descendants in Latin America. The Montevideo Consensus also advocates for more investments in youth, social protection systems for the elderly, sexual and reproductive health, gender equality and equality in general.

In 2000, the UN adopted the Millennium Development Goals (MDGs) for which specific targets were set, ranging from halving extreme poverty to improving maternal health and ensuring environmental sustainability.² The MDGs was the first attempt by the UN to develop an integrated sustainable development framework for the global community. This framework was further elaborated in 2015 with the adoption of the 2030 Agenda for Sustainable Development (2030 Agenda), by the 193 Member States of the UN and provides a shared blueprint for the achievement of peace and prosperity for people and planet through attainment of the SDGs by the year 2030. The SDGs entail an inclusive agenda to tackle economic, social and environmental issues, and plan for a positive change to guide humanity on the road to sustainable and equitable development.

In 2009, Jamaica adopted its first long-term development plan, Vision 2030 Jamaica— National Development Plan (Vision 2030 Jamaica). Vision 2030 Jamaica recognizes the tremendous worth of each citizen and proposes that people are at the center of development and thus the plan commits to making “Jamaica, the place of choice to live, work, raise families and do business”. Vision 2030 Jamaica is built on four strategic goals for Jamaica’s development. These are as follows:

1. Jamaicans are empowered to achieve their fullest potential,
2. The Jamaican society is safe, cohesive and just,
3. Jamaica’s economy is prosperous, and
4. Jamaica has a healthy natural environment.

Vision 2030 Jamaica plans to achieve 15 national outcomes and is implemented through 31 sector plans based on the three sustainable development pillars: social, economic and environmental dimensions. The Population Sector Plan is one of those sector plans and aims to ensure that population growth, size, structure, distribution and characteristics are mainstreamed into national sustainable development plans, programmes, policies and projects. The specific

² Retrieved from: <http://www.un.org/millenniumgoals/>

vision articulated in the sector plan is “A population which meets the sustainable development needs of the country.” The Government of Jamaica has made a commitment to ensure the integration of population dynamics into all aspects of development planning.

Vision 2030 Jamaica is being implemented on the basis of a 3-year MTF cycle for planning and monitoring. At the time when this revised population policy was being formulated, the country was in the process of developing its fourth MTF for the period 2018–2021. The four ‘Medium Term Themes’ to be addressed under the current MTF are: (i) Development and Protection of Human Capital; (ii) National Security and Justice; (iii) Economic Stability; Growth and Employment; (iv) Environmental Sustainability and Climate Change Response. From these four themes, eight Priority National Outcomes are derived for the current MTF. The first one, “A healthy and stable population”, includes the sector strategy: “Strengthen policies, plans, and programmes for integrating population into development planning.” The current revision of the 1995 National Population Policy into a National Population and Sustainable Development Policy forms part of this outcome.

In 2014, a comprehensive review of the 1995 National Population Policy was undertaken. The results indicated that there were:

- Significant progress in legislation and policy reforms relating to *inter alia* children, adolescent, youth, the elderly, persons with disabilities, trafficking in persons, sexual offences, international migration and development
- Substantial reduction in population growth and the potential risk of a declining future population
- Substantial reduction in the child population (under 15 years)
- and major increases in the working age (15–64 years) and elderly populations (60+ years)
- Increase in life expectancy at birth to almost 75 years
- Reductions in fertility among all reproductive age groups (15–49 years) including adolescents (15–19 years)
- Reductions in infant, child and maternal mortality
- Substantial reductions in mother-to-child transmission of HIV and deaths due to HIV/AIDS
- Universal access to quality affordable health services

- Advances in gender equality and equity
- Universal access to primary and secondary education
- Reduction in average household size; and
- Higher levels of urbanization and growth in medium-sized urban centers.

In light of these achievements and the response to the implementation of the policy, Cabinet gave approval for the revision to be undertaken.

Jamaica takes a multi-sectoral approach to the development of policies, and that was consistent in the revision of the 1995 National Population Policy, to ensure that it reflects national consensus on all relevant dimensions. As a result, the revision to the policy is being done within the framework of the ICPD PoA, the Montevideo Consensus, Vision 2030 Jamaica and the 2030 Agenda. Population dynamics are integral in the SDGs as they impact and are impacted by the 17 goals, 169 targets and 230 indicators, and therefore, underscores the importance of the population policy in supporting the imperatives of sustainable development.

5.1 Summary of the Demographic Situation

Jamaica's population was 2,734,100 at the end of 2019, with an average annual population growth rate of 0.0 per cent.³ The demographic situation is characterized by low fertility and low mortality.⁴ Due to the changes in fertility, mortality and migration, the age structure of the country is changing rapidly. Between 2001 and 2019, the percentage of the population below age 15 years declined from 32.2 to 20.9. Concurrently, the population in the working age (15–64 years) increased from 60.0 per cent in 2001 to 69.3 per cent in 2019, while the percentage of older persons aged 65 years and over increased from 7.6 per cent in 2001 to 9.6 per cent in 2019.⁵

With regard to the measurement of fertility, the most recent Jamaica Multiple Indicator Cluster Survey (MICS) 2011⁶ indicated that the total fertility rate (TFR)⁷ was estimated at 2.2 children per woman. According to the earlier 2008 Reproductive Health Survey (RHS),⁸ the TFR

³ Economic and Social Survey of Jamaica 2019, Planning Institute of Jamaica

⁴ Ibid

⁵ Ibid

⁶ STATIN and United Nations Children's Fund (2013), Jamaica, Multiple Indicator Cluster Survey 2011: Final Report. Kingston, Statistical Institute of Jamaica and UNICEF.

⁷ The Total Fertility Rate (TFR) gives the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to the observed set of age-specific fertility rates. The measure is sometimes simply referred to as 'total fertility'.

⁸ Serbanescu F, A. Ruiz and D.B. Suchdev (2010), Reproductive Health Survey Jamaica 2008: Final Report. Atlanta and Kingston.

was somewhat higher in rural than in urban areas, 2.7 compared with 1.9 children per woman in the Greater Kingston Metropolitan Area (GKMA) and 2.3 in Other Urban Areas. As indicated, fertility in the GKMA had reached below replacement level in 2011. In addition, the 2011 Population and Housing Census shows that the total number of households in Jamaica was 881 000, reflecting an average household size of 3.1 persons⁹ which would support the level of reduction in fertility observed in recent years.

Despite a reduction in the adolescent birth rate (15–19), there is still a major concern about the perceived level. Data from the most recent Reproductive Health Survey (2008) revealed that the adolescent fertility rate declined to 72 births per 1 000 women 15–19 years in 2008 from 79 births in 2002 and 112 births in 1997.¹⁰ Health practitioners, however, indicate that the rate is not yet at the SDGs target level of 44.0 births per 1 000 women and as a result, sexual and reproductive health of adolescents and young people is still a matter of great concern.

The health situation of the population shows some areas of concern, particularly due to the rise in non-communicable diseases (NCDs), as well as other epidemiological issues such as HIV/AIDS. A major reason for the rise of NCDs is the growing prevalence of morbidity-related illnesses in the general population such as obesity. Preliminary data from the third Jamaica Health and Lifestyle Survey (2016-2017) showed that 54.0 per cent of the population was overweight or obese, while 33.8 per cent were hypertensive and the prevalence of diabetes among the population was 12.0 per cent.¹¹ Estimates for 2016 indicated that Jamaica's HIV prevalence in the population was 1.7 per cent, reflected in an estimated 30,000 persons living with HIV, 12.0 per cent of whom were unaware that they were infected¹².

However, there have been improvements in other areas of the health of the population. The proportion of pregnant women who received antenatal care at least four times was 85.6 per cent in 2011 and skilled health personnel assisted almost all births. In spite of the improvements in ante

⁹ STATIN, 2011 Population and Housing Census

¹⁰ Planning Institute of Jamaica, *International Conference on Population and Development Beyond 2014: Jamaica National Report – Review and Appraisal of the Implementation of the ICPD Programme of Action in Jamaica*, (Kingston: PIOJ, 1994–2014), p.82.

¹¹ Ministry of Health; Preliminary Key Findings 2016/17 Jamaica Health and Lifestyle Survey, 2018

¹² Ministry of Health, HIV, Epidemiological Profile 2016

and post-natal care, however, the maternal mortality ratio in Jamaica has remained high at around 87.1 maternal deaths per 100,000 births.¹³

The island has also seen high rates of internal migration, as persons move from rural to urban areas to find jobs and better living conditions. The trend since 1996 has shown increased urbanization across the island. More than half of the population of Jamaica now lives in urban areas, 54.0 per cent in 2011, up from 52.0 per cent in 2001.¹⁴ UN-Habitat has projected that the share of persons living in urban areas globally will reach 57.7 per cent in 2025.¹⁵ Urbanization has had some positive and negative consequences. On the positive side, it has resulted in a greater level of development and a higher standard of living especially for most urban citizens. On the negative side, some urban developments have taken place without proper planning. This has led to, among other things, environmental degradation and the proliferation of informal/squatter settlements.

For the last decades, Jamaica has experienced large net emigration rates. Since the start of the century, the net outflow of international migrants has been around six per thousand population. The consistently high levels of emigration create a large Jamaican diaspora, which is roughly estimated at around 1.3 million people (first generation migrants).

The Migration Profile (Thomas-Hope, 2018) for Jamaica also highlighted that emigration is a key reason for the shortage of clinical staff, especially nurses and, to a lesser extent, medical doctors, midwives and dentists. It is also an important factor in the reduction of overall population growth and – in the near future – of the projected population decrease.

The economy of Jamaica is highly dependent on services, which accounted for more than two thirds of the GDP in 2019.¹⁶ Unemployment remains a problem, over the last few years, the unemployment rate has declined slightly, but remains high at an estimated 7.7.¹⁷ The Government of Jamaica has pursued the implementation of policies to protect the poorest and most vulnerable, evidenced by increased budgetary allocations to social protection programmes and initiatives¹⁸. This has borne fruit, and has resulted in a reduction in the prevalence of the poverty rate for 2018,

¹³ Statistical Institute of Jamaica, Jamaica-Voluntary National Review Report on the Implementation of the 2030 Agenda for Sustainable Development: Statistical Annex (Kingston: STATIN, 2018).

¹⁴ Statistical Institute of Jamaica, 2012. General Report, Population and Housing Census 2011

¹⁵ UN-Habitat, World Cities Report 2016 (Nairobi: UN-Habitat, 2016).

¹⁶ STATIN (2019), National Income and Product 2017

¹⁷ ESSJ 2019

¹⁸ <https://jis.gov.jm/allocation-for-social-protection-increases-to-20-billion/>

despite an uptick in the poverty rate in the previous year. Overall, the trend of the poverty rate when viewed from the perspective of a broader timeframe is downward.

Guided by its philosophy “Every Child Can Learn, Every Child Must Learn”, the Government of Jamaica through the Ministry of Education, Youth and Information (MOEYI) has put in place mechanisms and programmes to improve the literacy level in the country. As a result, Jamaica is well on its way to achieve full enrolment in primary level education. However, enrolment in secondary level education is much lower, with approximately two out of every three boys and girls enrolled in secondary school. The proportion of the population enrolled in tertiary level education was estimated at 39.2 per cent in 2018.¹⁹

The prevalence of crime and violence is a serious deterrent to economic growth, and has influenced the reluctance of doing business in a low-trust society. This phenomenon has also resulted in, among others, potential reduction in tourist arrivals, negative international rating and ‘capital flight.’ Reduction of crime and violence and improvement in security are important targets of Vision 2030 Jamaica. The homicide rate for the island reached 49 per 100,000 inhabitants in 2019,²⁰ moving from a high of 60 per 100,000 population in 2017. Despite the decline, the rate still ranked high in comparison to other countries globally. Gender-based violence (GBV) is also very high in the country: some 25.0 per cent of women have experienced physical violence by a male partner, and close to 8.0 per cent reported being victims of sexual abuse, initiated by their male partners.²¹

As a small island developing state, Jamaica similar to its neighbours across the Caribbean, is vulnerable to natural disasters particularly hydro-meteorological events and the potential impact of climate change. Over the period 1999–2017, the island has experienced many hydro-meteorological disasters, which resulted in approximately 127.95 billion of dollars in losses.²² The concentration of settlements and infrastructure within the coastal zone has increased the country’s vulnerability to threats posed by sea level rise, storm surges and hurricanes.

¹⁹ ESSJ 2018

²⁰ ESSJ 2017 and 2019

²¹ STATIN (2017) , Women’s Health Survey, 2016

²² PIOJ, (2018), Jamaica National Report: Implementation of the Montevideo Consensus on Population and Development, 2013–2017

5.2 Rationale

Jamaica has adopted the perspective that a population policy is integral to and interconnected with development as articulated in the 1974 World Population Programme of Action. This perspective underpins Jamaica's first and subsequent National Population Policy since 1983. In the past, a population policy was understood as the set of measures taken by a government to influence the population dynamics within the country. In the context of the SDGs, the approach to population policies has shifted further to a more integrated and human rights-based approach, with a focus on promoting the well-being of current and future generations as the central objective of sustainable development. Consequently, the population policy is being revised and expanded as a National Population and Sustainable Development Policy, ensuring adequate focus on the three dimensions of sustainable development: social, economic and environmental. The reduction of poverty, a rise in living standards and improvements in well-being are integrally related to sustainable development and correspondingly, an increase in the production and distribution of goods and services. Also, notably, economic development cannot be decoupled from environmental change, such as those related to climate change and population dynamics. The general purpose of the National Population and Sustainable Development Policy is, therefore, to develop a framework and strategies for the continued integration of population dynamics into the development process.

Jamaica will strengthen initiatives to fully integrate human rights-based and gender-responsive approaches to address population dynamics, including SRH and reproductive rights, promoting dignity and gender equality through laws, policies and practices that eliminate stigma, discrimination, coercion and violence. These initiatives are guided by the recommendations of the Report of the Global Thematic Consultation on Population Dynamics,²³ as well as the Framework of Actions for the follow-up to the PoA of the ICPD.²⁴

²³ UNFPA, UNDESA, UN-HABITAT, IOM (2013), Population Dynamics in the Post-2015 Development Agenda: Report of the Global Thematic Consultation on Population Dynamic. The World We Want

²⁴ United Nations (2014), Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014. Report of the Secretary-General.

5.3 Policy Development Process

The rapid changes in Jamaica’s demographic landscape necessitated a comprehensive revision of the 1995 National Population Policy. The revision commenced in 2017 in the context of recommendations made in Vision 2030 Jamaica – National Development Plan (Vision 2030 Jamaica), the Montevideo Consensus on Population and Development (Montevideo Consensus), and the 2030 Agenda for Sustainable Development (the 2030 Agenda). The revision is expected to be completed in three distinct stages. The revision so far has completed two stages. The first stage resulted in the preparation of a comprehensive population situation analysis (PSA). The second stage completed a final draft of the revised policy based on the PSA and extensive island-wide and technical consultations. The draft policy was renamed Population and Sustainable Development Policy. Both stages were supported by a team of consultants funded under the Joint Government/EU Co-operation Fund project.

The drafting process of the policy involved extensive islandwide stakeholder consultations. Representatives from ministries, departments and agencies (MDAs); non-government organizations (NGOs), international development partners (IDPs); private sector; academia and the general public participated. Regional consultations were also convened in Manchester, Kingston and St. James in 2018, to ensure there was broad consensus on what Jamaicans would like to see covered in the new policy. In 2019, several stakeholder engagements and technical reviews were also conducted with specialists in the field of population and development to refine and finalize the policy (See appendix 3).

The final stage in the process will include: (i) submission of the draft Policy to Cabinet for approval as a Green Paper; (ii) final national consultations; (iii) submission of the draft final policy to Cabinet for approval as a White Paper; and (iv) tabling of the Policy in Parliament.

6 NATIONAL POPULATION AND SUSTAINABLE DEVELOPMENT POLICY

6.1 Principles

The National Population and Sustainable Development Policy embraces eight core principles, which form the basis for empowering individuals, families and communities to achieve their full potential and thereby contribute to holistic national development.

1. Respect for Human Rights

The Policy reaffirms fundamental human rights and dignity of all citizens, as set out in the Jamaican Constitution, and in keeping with international commitments, protocols and covenants to which Jamaica is signatory. The policy objectives and actions are consistent with a human rights-based approach with non-discrimination based on age, sex, race, social class, colour, disability, religion, political opinion, place of origin, health or other statuses. Everyone has the right to life, liberty and security of person.

2. Inclusive and Participatory Development

The coordination of efforts to promote population and development shall be based on national multi-sectoral and subnational partnerships. Congruent with Vision 2030 Jamaica—National Development Plan, Jamaica’s first long-term national development plan, which benefits from sustained bi-partisan support, the success of this Policy will depend on robust and high-level political support; national ownership by stakeholders at all levels; shared understanding of objectives; broad and clear understanding of roles in policy development and implementation; and responsibilities and participation within a set time period.²⁵ Critical to Vision 2030 Jamaica, is the achievement of ‘inclusive growth and sustainable development,’ which is also fundamental to the 2030 Agenda, demonstrated by its principle of "leaving no one behind" and promoting equity, social justice and strengthening social cohesion, placing these pillars at the centre of policy development, implementation, monitoring and evaluation.

²⁵ Global Migration Group (2010), Mainstreaming Migration into Development Planning. A Handbook for Policy-Makers and Practitioners. Retrieved from:
<https://www.unfpa.org/sites/default/files/resourcepdf/Handbook%20on%20Mainstreaming%20Migration.pdf>

The Road Map for the Implementation of the SDGs in Jamaica indicated an over 90.0 per cent alignment between Vision 2030 Jamaica and the 2030 Agenda and its Sustainable Development Goals (SDGs)²⁶. The MTF is the primary vehicle for monitoring the implementation of Vision 2030 Jamaica and the SDGs. The national coordination mechanism for the 2030 Agenda is multi-tiered and integrated in the Vision 2030 Jamaica framework.

3. Gender Equality and Equity

The population policy is built on the premise of gender equality and equitable access to all information, interventions and services for women, girls, men and boys. Gender mainstreaming is integral for this achievement.

4. Empowerment and Personal Responsibility

The policy acknowledges the principle that all individuals, regardless of age, sex, race, origin and ethnicity or other statuses should be empowered and equipped with the knowledge of their role and responsibility. To do so, they need to be empowered with the skills and opportunities so that they can achieve their potential, fully support, and contribute to development.

5. Evidence-based Decision Making

This policy recognizes the importance of a monitoring and evaluation framework to ensure the achievement of set targets. Monitoring and evaluation is a rigorous and systematic information gathering and assessment process. This policy is grounded in empirical evidence, which is established by research and informed by verifiable experience.

6. Resilience in the Natural and Built Environment

The Policy recognizes the importance of the natural and built environment for sustainable livelihoods and development, and therefore promotes environmental stewardship, through the sustainable management and use of natural resources and increasing capacity to adapt to climate change.

7. Transparency and Accountability

The Policy promotes ownership of responsibility on the part of the Government and its partners for the implementation, monitoring and evaluation of the National Population and Sustainable Development Policy and Programme of Action.

²⁶ United Nations Development Fund, A Roadmap For SDGs Implementation In Jamaica (Kingston: UNDP, 2017), 12

8. Power of Reproductive Choice

Within the context of Jamaican laws, the ICPD PoA and the Montevideo Consensus, is based on the principle that couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and have the information, education and means to do so.

6.2 Vision Statement

A stable and productive population that contributes to the sustainable development of Jamaica in all dimensions.

6.3 Policy Goals

Overall Goal:

The overall goal of the National Population and Sustainable Development Policy is to ensure that “population dynamics are optimised to achieve the desired population size, structure and distribution to improve the well-being of the Jamaican population in all dimensions of a sustainable, equitable and just society.” The realization of the overall policy goal is dependent on the achievement of the following 12 sub-goals:

Population Size and Growth

Goal 1: By 2030, Jamaica’s population size, growth, age-sex structure and spatial distribution are aligned to support sustainable development in all dimensions.

Preamble

Development of a country is closely aligned with its population size, age-structure and distribution. Jamaica’s population is experiencing major changes with respect to its age and sex structure, which have created major demographic shifts. This process, referred to as population dynamics, include declines in the annual number of deaths, high rates of emigration and in particular, declining fertility levels. Sustained low fertility rates, to a greater extent have contributed to an increasing older population (60 years and over).

There has been a declining trend in the population growth rate over several decades. In 2017, data from the Economic and Social Survey of Jamaica (ESSJ), revealed that the growth rate dropped to 0.0 per cent for the first time (Planning Institute of Jamaica 2017, 20.1). The growth rate accounted for 0.1 per cent in the previous year. This reduction is mainly attributed to declines in fertility and high levels of external migration.

Objectives

Objective 1.1: To ensure that population growth, size, structure and distribution are mainstreamed into national sustainable development policies, plans, programmes and projects.

Objective 1.2: To promote the integration of population and demographic issues into policy development planning and research.

Objective 1.3: To promote bi-partisan political support and commitment to population and development issues.

Fertility

Goal 2: By 2030, replacement level fertility of 2.1 is maintained.

Preamble

The Government of Jamaica recognises the reproductive-rights-based principle that couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. In accordance with this, the role of the government is to provide an enabling environment in which people can make informed choices about the role of children in their lives and have the effective means and conditions to realize their choices.

Objectives

Objective 2.1: To achieve universal access to family planning commodities and services by 2030.

Objective 2.2: To increase male involvement in the practice of family planning decision-making.

Objective 2.3: To improve the provision of services to address infertility in men and women.

Objective 2.4: To strengthen support to families with children in the areas of, health, education, employment and social protection.

Objective 2.5: To reduce the level of adolescent fertility to the global average of 44 per 1000 females 15 to 19 years by 2030.

Sexual and Reproductive Health

Goal 3: Full integration and expansion of quality sexual and reproductive health (SRH) care services.

Preamble

Indicators of reproductive and sexual health showed improvements over the last decades. At the same time, gaps in service provision and adverse conditions were identified in the Population Situation Analysis, including insufficient levels of antenatal care, relatively high adolescent fertility, below-standard levels of screening for cervical and breast cancer and sexually transmitted diseases, including HIV/AIDS, and a stagnation in the decline of maternal mortality. At the regional level, strengthening is needed for the sustainability of the Contraceptive Logistic Management Information System. However, at other levels there is a lack of relevant data on sexual and reproductive health issues.

Objectives

Objective 3.1: To expand sexual and reproductive health programmes and services including comprehensive screening and treatment for gynaecological and urogenital conditions of women and men.

Objective 3.2: To monitor sexual and reproductive health in the country, focusing on timely collection and analysis of primary and secondary data and effective response to the findings (eg. RHS).

Objective 3.3: To enable universal access of females to comprehensive health care during the reproductive process and specifically to skilled, institutional, compassionate obstetric (secondary and tertiary) care during pregnancy, childbirth and the post-natal period.

Objective 3.4: To reduce the maternal mortality ratio to below the global goal of 70 per 100 000 live births by 2030.

Objective 3.5: To promote the prevention and timely detection of and universal access to comprehensive treatment for HIV/AIDS and other sexually transmitted infections.

Mortality

Goal 4: To achieve by 2030, life expectancy at birth of at least 75 years for males and 80 years for females and reduce the survival gap between males and females.

Preamble

Although significant progress in life expectancy has been made overtime, life expectancy is still below the level observed in many developed nations. This may be attributable to the high rates of premature deaths among males (40–60 years old), high homicide rates among males (15 to 29 years) as well as deaths related to non-communicable diseases (NCDs). Premature deaths and disabilities from non-communicable diseases affect the healthy life years. Gains in longevity can be attributed to a number of factors, including progress in health care, as well as improved education, socio-economic conditions and lifestyle. Years added to life should be accompanied by good health and functional status, not only at older ages, but throughout the life course. This implies the need for a preventive and curative health care system that responds to the age-dependent needs of the population.

Objectives

Objective 4.1: To promote the development of human resources for health to address the changing health needs of the population to improve life expectancy and productivity.

Objective 4.2: To further develop programmes, policies and services and human capital that address the challenges of the changing demographic and epidemiological profile.

Objective 4.3: To develop and strengthen programmes and plans to improve disability adjusted life years.

Migration

Goal 5: By 2030, international migration (immigration and emigration) is managed and mobilized to support Jamaica’s national development.

Preamble

Reducing the need to emigrate as a livelihood strategy provides people with freedom to balance individual, family, social and economic considerations in migration decision making. In the context of the UN Global Compact for Safe, Orderly and Regular Migration (GCM),

international migration should be facilitated and managed to benefit the migrants and their families, national development and the countries to which they go.

Objectives

Objective 5.1: To create the conditions for making migration a matter of choice.

Objective 5.2: To develop and/or strengthen national laws, regulations and mechanisms, as well as harness multilateral and bilateral agreements to leverage international migration for development and support the rights and needs of migrants.

Objective 5.3: To leverage the contribution of the diaspora and returned residents for national development.

Objective 5.4: To improve the integration of immigrants and re-integration of returnees in Jamaica.

Objective 5.5: To establish a migration data management system to monitor and inform migration and policy development.

Internal Migration, Urbanization and Spatial Distribution

Goal 6: Internal population movement and distribution are inter-linked with developmental policies and strategies for ensuring a balanced rural-urban development.

Preamble

Urbanisation represents the largest share of internal migration in Jamaica. It is the response to spatial inequalities in opportunities, services and facilities and in turn creates demands where people concentrate. Whereas urbanisation often raises the standard of living of migrants in urban areas and tends to increase the level of development in the country, negative consequences include inappropriate and haphazard development, inadequate provision of basic services, poor physical infrastructure, urban congestion, inadequate waste management, environmental degradation and susceptibility to natural hazards. Residents in both urban and rural areas should therefore have equal opportunities for development. In this regard, greater emphasis should be placed on diversifying the rural economy, expanding basic services and amenities and urban renewal and upgrading.

Objectives

Objective 6.1: To create more balanced social and economic development in urban and rural areas, while ensuring the sustainable use of natural resources and protection of the environment.

Objective 6.2: To improve infrastructure and services, within urban and rural areas as a measure to make migration a matter of choice.

Objective 6.3: To ensure sustainable land use and development planning in urban and rural areas.

Objective 6.4: To reduce the risk of loss of life, health, habitat and livelihood in disaster-prone areas.

Objective 6.5: To reduce or eliminate settlement in environmentally sensitive areas.

Gender Equality and Empowerment of Women and Girls

Goal 7: By 2030, equal and equitable access to opportunities, resources and rewards for males and females is achieved in all spheres of society.

Preamble

In many areas, specifically labour market performance – women lag behind men, while in other areas – such as educational attendance and attainment – men are at a disadvantaged position. Such gender-based inequalities pose barriers to the realisation of individual and national development.

Objectives

Objective 7.1: To support women’s empowerment and gender equality in all spheres of public and private life by ensuring that gender is mainstreamed in all policies, plans, programmes and projects of the government and its partners.

Objective 7.2: To promote and empower women to effectively participate in leadership and decision-making in all areas of political, social and economic life.

Objective 7.3: To eliminate all forms of discrimination against women and girls as well as men and boys.

Objective 7.4: To promote equal participation of male and female at all levels in the education system, with particular reference to the secondary and tertiary levels.

Objective 7.5: To support programmes geared towards eliminating human trafficking and the protection of male and female victims.

Objective 7.6: To eliminate all forms of gender-based violence including sexual assault, domestic violence and intimate partner violence.

Older Population (60 years and over)

Goal 8: By 2030, provisions are in place to enable the older population (60 years and over) to lead fulfilling, functional and productive lives.

Preamble

The population situation analysis showed that the population (60 years and over) will grow to an increasing share of the population in the coming years. Consequently, this requires a re-engineering of societal structures, processes and programmes in the health care system, the economy and labour market, social security systems and in housing and related infrastructure for this burgeoning population.

Objectives

Objective 8.1: To raise the awareness of an ageing society, its social, economic and environmental implications, the diverse capabilities of older persons and the needs associated with their age.

Objective 8.2: To facilitate the representation and active involvement of older persons in civic and social life.

Objective 8.3: To facilitate labour market engagement of older persons in accordance with their preferences and capabilities.

Objective 8.4: To strengthen and sustain mechanisms, inclusive of public-private partnerships, that provide older persons with pensions and other social security benefits and entitlements.

Objective 8.5: To ensure access to adequate, affordable and appropriate health care services tailored to the needs of an ageing population.

Objective 8.6: To improve accessibility to buildings, transportation, other infrastructure and services for older people.

Objective 8.7: Strengthen policy-relevant data collection and analysis on ageing in Jamaica.

Children, Adolescents and Youth

Goal 9: By 2030, all children, adolescent and youth shall be empowered to fulfill their fullest potential in all areas of life.

Preamble

Continued development requires investment in children, adolescent and youth with special attention given to their survival, protection and social wellbeing. This investment must also consider education and training relative to the labour market, age appropriate sexual and reproductive health, as well as socio-emotional development for a cohesive, well-functioning society.

Objectives

Objective 9.1: To support the physical and psychological health among children, adolescent and youth.

Objective 9.2: To enable equitable access to quality education and gainful employment.

Objective 9.3: To promote positive parenting practices.

Objective 9.4: To enhance the holistic development of children, adolescent and youth.

Objective 9.5: To strengthen mechanisms to ensure the safety and protection of children, adolescent and youth.

Objective 9.6: To facilitate the active participation and contribution of children and youth to national development.

Objective 9.7: To integrate human rights and dignity for all in all development initiatives.

Demographic Data and Information System

Goal 10: Strengthen institutional capacities and interoperable information, communication and technology (ICT) systems, to facilitate the provision of relevant, accurate, timely and comprehensive demographic data.

Preamble

For sectoral situation assessments, policy and programme monitoring and evaluation, accountability and transparency, the availability of up-to-date and disaggregated data and information is an essential condition. The Population Situation Analysis identified this as a major

challenge in the field of demographic dynamics, including internal and international migration information and to a varying extent in other development domains.

Objectives

Objective 10.1: To strengthen the institutional capacities and systems for better measurement, analysis and dissemination of demographic data.

Objective 10.2: To support the establishment and implementation of the National Statistical System.

Demographic Dividend

Goal 11: By 2030, the demographic dividend is effectively mobilized to facilitate sustainable development.

Preamble

During the 1960s and the early 1970s, the Total Fertility Rate (TFR) in Jamaica was well above five children per woman. Currently, fertility has decreased to around replacement level,²⁷ this is, the level at which a couple has only enough children to replace themselves, or about two children per woman. The decline in fertility means that there are less children and young people to support, thus, a smaller number of dependents. This fertility decline, together with relatively high life expectancies at birth, has led to an expansion in both absolute and relative numbers of people in the active age group (15–64 years). This is a unique period in Jamaica’s history.

In 2017, the dependency ratio²⁸ in Jamaica stood at a low of 43.6 dependents per 100 persons of working age. According to the population projections, the current dependency ratio is expected to continue up to 2030. In recent history, no country in the world that has attained replacement level fertility has experienced any significant rebound in its fertility level. Therefore, it can be expected that for the foreseeable future, Jamaica will be characterized by below

²⁷ Replacement level fertility occurs when a woman has an average of 2.1 children who would replace their mother and father, once all children survived to reproductive age. The 0.1 is needed to offset the effects of premature mortality and the unbalanced sex ratio at birth. See Donald T. Rowland, *Demographic Methods and Concepts* (New York: Oxford University Press, 2003).

²⁸ The age dependency ratio represents the ratio of the combined child population (0–14 years) and aged population (65+ years) to the population of intermediate age (15–64 years). See Jacob Siegel/David A. Swanson, eds., *the Material and Materials of Demography, Second Edition* (San Diego: Elsevier Academic Press, 2004).

replacement level fertility. As a result, the impact of the continued growth of the older population (65 years and over) will create the condition for the dependency ratio to start to increase again.

The above description of Jamaica’s population dynamics indicates a crucial point in the country’s demographic history. The demographic trends, characterized by low and declining fertility and mortality rates, mean that Jamaica’s low dependency ratios will soon be reversed, thereby commencing a phase of increases in the dependency ratios and consequently eliminating the favourable demographic situation. However, this final stage is still some years away, consequently, Jamaica’s demographic situation is still quite favourable with a relatively large working age population. The demographic dividend can be defined as the economic growth potential that can be derived owing to changes in a population’s age structure, chiefly when the share of the working-age population (15–64 years) is larger than that of the non-working-age (under 15 and 65 and older).²⁹ Jamaica is therefore in a unique demographic position to leverage its favourable age structure to improve economic growth and increase the well-being of its people. However, this potential demographic dividend can only be activated if the country adopts and implements the relevant policies and measures to catalyse and harness the dividend, consistent with Jamaica’s Vision 2030 National Development Plan.

Objectives

Objective 11.1: To invest in equitable and quality education and training, gender parity and lifelong learning opportunities for all (See Goal 9).

Objective 11.2: To improve education completion rates at all levels.

Objective 11.3: To strengthen the business environment for sustained and inclusive growth and job creation.

Objective 11.4: To reduce informality (informal sector, employment and practices) within the economy.

Objective 11.5: To strengthen investment in technology, innovation and infrastructure for increased productivity, decent work for all and economic growth.

Objective 11.6: To encourage and facilitate opportunities for foreign direct investments.

²⁹unfpa.org/demographic-dividend (UNFPA 2016)

Objective 11.7: To strengthen financial inclusion, especially among micro, small and medium enterprises (MSME), to facilitate the expansion of savings, pension and investment.

Objective 11.8: Strengthen the diversification of Jamaica's economy to facilitate faster, inclusive and more resilient growth and job creation.

Objective 11.9: Promote sustainable use of natural resources for economic development.

Objective 11.10: To improve safety and strengthen security infrastructure to reduce crime.

Objective 11.11: To improve the prospects for income security with significant expansion of social insurance and pension coverage within the working-age population.

Objective 11.12: To promote systematic, inclusive participation in all aspects of society.

Objective 11.13: To enhance accountability systems for national population programmes.

Goal 12: Effective implementation of the National Population and Sustainable Development Policy and Programme of Action (PoA) in all areas of national development.

Objectives

Objective 12.1: To further the mainstreaming of population dynamics into development planning.

Objective 12.2: To provide greater resource allocation to population and development programming.

Objective 12.2b: To review existing laws to ensure congruency with the implementation of the policy.

Objective 12.3: To strengthen public-private partnership in the implementation of the policy.

Objective 12.4: To strengthen institutional capacities for the implementation, monitoring and evaluation of policies.

7 GOVERNANCE FRAMEWORK FOR POLICY AND PROGRAMME OF ACTION

The National Population and Sustainable Development Policy is comprehensive, integrated and multi-sectoral in focus and therefore, recognizes the critical inter-linkages with social, economic and environmental development dimensions. Consequently, the governance framework for monitoring the implementation of the revised policy will involve many actors at different levels, with varying roles and responsibilities from the planning and implementation to the monitoring and evaluation stages.

In 1983, Jamaica established the National Population Policy Coordinating Committee (PPCC) to coordinate the implementation of the first National Population Policy. In 2007, the Population Task Force (PTF)—a multi-sectoral group comprising representatives from all relevant government, private sector and non-government organizations—was established by the PIOJ, to develop the National Population Plan under Vision 2030 Jamaica. After the publication of the Population Sector Plan in 2009, Cabinet endorsed a proposal from the PPCC to reconstitute its responsibilities to the Population Thematic Working Group (Pop-TWG) under Vision 2030 Jamaica.

We are proposing that the current Pop-TWG continues to provide the governance framework for monitoring the implementation and evaluation of the new National Population and Sustainable Development Policy and all other matters related to population and development policy and planning in the country. The PIOJ will, however, continue to lead and provide secretariat services to the Pop-TWG.

The country is currently in a historically unique position, in which, the working age population is relatively larger than its dependent age groups (children under 15 years and adults 65 years and over). In order to maximize the benefits from this demographic position, a standing Sub-Committee on the Demographic Dividend is being proposed. This should enable the country to mobilize this favourable demographic position for national development. This position, however, is transitional and must be given top priority.

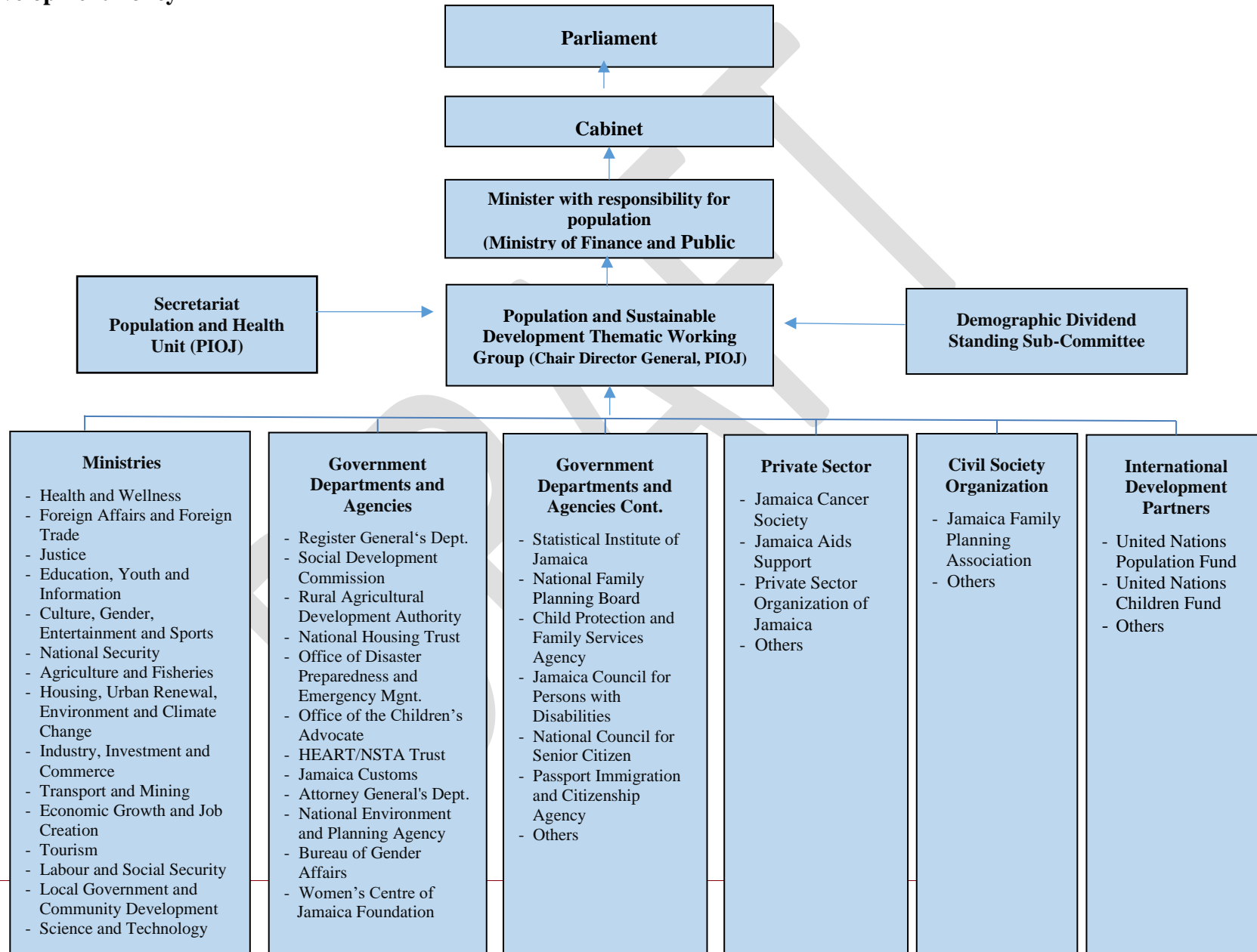
7.1 Institutional Roles and Function

The monitoring of the implementation of the National Population and Sustainable Development Policy depends on a sound institutional framework and active political, administrative and technical support for the translation of the goals, objectives and strategies outlined in the policy into actual programmes at all levels of society. The collective responsibility of all stakeholders is required to operationalize the policy purposefully within the Jamaican situation. To this end, a solid institutional framework is necessary through which all activities relating to the policy are coordinated and monitored. The Pop-TWG, under Vision 2030 Jamaica, has already been established and adjusted to serve this purpose.

Due to the multi-faceted and cross-cutting nature of population issues and the factors that impact on them, the implementation of this policy and the achievement of its goals and objectives will be the responsibility of the entire government, the private sector, civil society, and indeed all Jamaicans.

Figure 1 illustrates the governance framework for monitoring of the implementation and evaluation of the revised National Population and Sustainable Development Policy and Programme of Action on Population and Development (see Appendix for a complete listing of the membership).

Figure 1: Institutional Framework for Monitoring of the Implementation and Evaluation of the Population and Sustainable Development Policy



8 POLICY OVERSIGHT, PROGRAMME COORDINATION AND MONITORING STRUCTURES

Population and Sustainable Development Thematic Working Group

The Pop-TWG will continue to serve as the main mechanism for coordinating and monitoring the implementation of the Population component of Vision 2030 Jamaica/MTF. This current Pop-TWG will be strengthened and renamed Population and Sustainable Development Thematic Working Group (PSD-TWG). The working group will undertake the following:

- a. Provide policy and technical advice on population and development to Cabinet, Parliament and all other levels of decision-making;
- b. Monitor and review progress in the implementation of population and development programmes, in relation to agreed goals, objectives, targets and indicators and provide relevant advice as required;
- c. Advance programme and strategy mapping exercises and gap analyses to identify where interventions are required and funding gaps exist as well as promote complementarities and minimise duplication;
- d. Improve coordination and programming for the area of population in Jamaica, this should include regular and timely exchange of information on all aspects of programme development and delivery by various partners;
- e. Provide inputs into other thematic working groups and committees established under Vision 2030 Jamaica for specific time bound actions to accelerate implementation of population strategies and activities;
- f. Provide input and review global and regional platforms of action and other relevant agendas in the area of population and development;
- g. Facilitate the creation of partnerships and act as a forum for stakeholders concerned with Population and development to share expertise, experiences, best practices and information for planning and monitoring purposes;
- h. Facilitate the delivery of international development assistance through programme-based modalities such as Sector Wide Approaches (SWAPs); and

- i. Determine additional activities to be undertaken as relevant to the mandate of the Pop-TWG and recommend the composition of sub-groups and working groups to deliver and provide feedback accordingly.

Planning Institute of Jamaica (PIOJ)

The PIOJ has the ultimate responsibility and accountability to Cabinet for the monitoring and evaluation of the implementation of the National Population and Sustainability Development Policy. The Director General or his designate will chair the PSD-TWG. The Population and Health Unit at the PIOJ will provide Secretariat services. The Secretariat under the guidance of the PSD-TWG is responsible for ensuring the integration of the goals of the Policy into Vision 2030 Jamaica, the Montevideo Consensus on Population and Development, post-2015 development agenda, as well as programmes and projects and for undertaking appropriate research to facilitate these functions.

National Family Planning Board

Governed by the Family Planning Act of Parliament, 1970, the National Family Planning Board (NFPB) has the responsibility for preparing, conducting and promoting sustainable family planning services in Jamaica. The mission of the NFPB is “to provide guidance, leadership and advocacy and implementation of quality equitable sexual health education and services to enable all Jamaicans to achieve optimal sexual health outcomes throughout their life course”. The NFPB is also tasked with the responsibility for conducting analysis of the Reproductive Health Survey (RHS), which is one of the main instruments for the measurement of fertility and contraceptive prevalence in the country.

Ministry of Health and Wellness

The Ministry of Health and Wellness (MOHW) is responsible for ensuring a “healthy and stable population” under Vision 2030 Jamaica. The Ministry is mandated “to ensure the provision of quality health services and to promote healthy lifestyles and environmental practices”. The Ministry, together with its Regional Health Authorities (RHAs), agencies and related organizations is responsible also for monitoring all areas of the Population and Sustainable Development Policy relating to life expectancy, infant and maternal mortality and related areas.

Registrar’s General Department

The Registrar General's Department (RGD) is an Executive Agency and Jamaica’s sole repository of birth, death (including fetal deaths) and marriage records. The RGD is the only

organisation in Jamaica which is responsible for registering vital events—births, deaths and marriages. Guided by its Mission Statement, the agency aims “to support national planning and development through the provision of accurate and timely statistics as well as, provide excellent customer service in the registration of life events, secured record keeping and other related services.”

Objectives of the Registrar General's Department are:

1. Maintain an island-wide network of Local District Registrars and Marriage Officers to ensure accurate and timely registration of all vital events.
2. Ensure that the public is fully informed of registration procedures to enable them to promptly and accurately give notice of all vital events to effect registration.
3. Provide a central national facility for effective authentication and safekeeping of public records so that there is a secure repository for all data, concerning the registration and recording of vital events (including adoptions, naturalizations and deed polls).
4. Provide access to certified copies of public documents to customers, in a timely fashion, on the payment of the appropriate fees.
5. Provide timely statistics and analyses, categorized according to international standards, to support demographic planning by Government.

Statistical Institute of Jamaica (STATIN)

The Statistical Institute of Jamaica (STATIN) was established under the Statistics (Amendment) Act 1984 on April 9, 1984³⁰. The Institute has been invested with all the powers formerly vested in the Department of Statistics and previously the Bureau of Statistics (which came into existence in 1946). The main functions of the Institute are:

- to collect, compile, analyse, abstract and publish statistical information relating to the commercial, industrial, social, economic and general activities and condition of the people;
- to collaborate with public agencies in the collection, compilation and publication of statistical information including statistical information derived from the activities of such agencies;

³⁰ <https://statinja.gov.jm/About.aspx>

- to take any census in Jamaica; and generally to promote and develop integrated social and economic statistics pertaining to Jamaica and to co-ordinate programmes for the integration of such statistics, in accordance with the provisions of the Statistics Act.

In the area of Population and Development, STATIN will continue to provide demographic data and statistics for monitoring the implementation of the policy. In this regard, STATIN will conduct the Population and Housing Census, publish the annual demographic statistics and prepare long-term population projection for Jamaica.

Line Ministries/Agencies

The Line Ministries are responsible for implementing aspects of the Policy specific to their portfolio responsibilities. The PIOJ will collaborate closely with them to ensure alignment of their policies and programmes with those of Vision 2030 Jamaica and Agenda 2030. These include:

- Ministry of Finance and the Public Service
- Ministry of Foreign Affairs and Foreign Trade
- Ministry of Justice
- Ministry of Education, Youth and Information
- Ministry of Health and Wellness
- Ministry of Culture, Gender, Entertainment and Sport
- Ministry of National Security
- Ministry of Agriculture and Fisheries
- Ministry of Housing, Urban Renewal, Environment and Climate Change
- Ministry of Industry, Investment and Commerce
- Ministry of Transport and Mining
- Ministry of Tourism
- Ministry of Economic Growth and Job Creation
- Ministry of Labour and Social Security
- Ministry of Local Government and Community Development
- Ministry of Science, Energy and Technology
- Private Sector, Development Partners, NGOs, CBOs, FBOs, PVOs, Civil Society

Non-Governmental Organizations/Civil Society/Private Sector/IDPs

NGOs, including both local and international, which have a focus on population are key partners in monitoring the implementation of the National Population and Sustainable Development Policy. NGOs can provide data and information as well as qualitative analyses from their people-centred approaches and assessments through collaboration with the GOJ.

Research Institutions

Academic institutions will be integrated into the planning and monitoring mechanisms for the implementation of the National Population and Sustainable Development Policy. This contribution will be focused primarily through research on population and population-related policy impact assessment studies, agreement on appropriate methodologies and models for incorporating population objectives into sustainable development planning and policies.

Monitoring and Evaluation Framework

A monitoring and evaluation (M&E) Framework to guide and monitor policy and programme implementation and track programme outcomes will be developed. The M&E Framework will be designed to synchronize with the MTF of Vision 2030 Jamaica and will be supported by a results-based monitoring and evaluation logical model. The M&E framework will identify key indicators, targets, deliverables, responsible partners/actors, and timelines. It will also detail the institutional arrangement for implementation and monitoring, as well as the reporting and communication formats and frequency, inter alia. The baseline measurements will be included in the M&E framework. The monitoring and evaluation framework will also assist in tracking the progress towards the goals of the Policy as well as those of Agenda 2030, the ICPD and the Montevideo Consensus.

In the monitoring of progress towards the achievement of each objective, a profile of indicators from the aforementioned platforms of action has been developed.

8.1 Programme of Action

The Programme of Action is directly linked to the goals and objectives of the National Population and Sustainable Development Policy and proposes strategies and broad action fields for implementation of the policy. The plan includes indicators to monitor the progress for each action field. A number of specific actions need to be taken to realize the goals and objectives of the policy. The PoA shows the type of interventions needed for each objective (Appendix 1). Next to the specification of the interventions, indicators for monitoring the interventions are provided.

The determination of concrete steps to be taken and the timing of the interventions as well as a lead organization will be specified in the monitoring and evaluation framework.

8.2 Policy and Legislative Coherence

The draft National Population and Sustainable Development Policy is closely aligned with existing government mandates³¹, policies, plans and strategies in all areas of national development.

These include:

- National Senior Citizens Policy
- National Policy on Poverty
- National Policy on International Migration and Development
- Draft Diaspora Policy
- National Gender Policy
- National Youth Policy
- National Policy on Persons with Disabilities
- Agricultural Land Use Policy
- Draft Youth in Agriculture Policy
- Compulsory Education Policy
- Safe Schools Policy
- Special Education Policy
- National Lifelong Learning Policy
- National Housing Policy
- National Infant and Young Child Feeding Policy
- Foreign Trade Policy
- Jamaica Hazard Mitigation Policy
- Draft National Water Policy
- National Transport Policy
- National Policy for Gender Equality
- National Youth Policy
- National Food and Nutrition Security Policy
- Draft National Spatial Plan
- Growth Inducement Strategy

As stated above, the Policy is also consistent with international and regional platforms of action to which the Country has adopted. These include the ICPD Programme of Action, Montevideo Consensus on Population and Development for Latin America and the Caribbean, 2030 Agenda

³¹ Vision 2030 Jamaica–National Development Plan; the Government's Broad Strategic Development Goals; and other government strategic priorities.

for Sustainable Development and Compact for Safe, Orderly and Regular Migration. In addition to the policies presented in Table 1, other supportive policies include:

Table 1: National policies and programmes aligned to selected goals of the Population and Sustainable Development Policy

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
<p>Goal 1: By 2030, Jamaica’s population size, growth and age-sex structure are aligned to support sustainable development in all dimensions.</p>	<p>Vision 2030 Jamaica: National Outcome 1: A Healthy and Stable Population</p>
<p>Goal 2: By 2030, replacement level fertility rate of 2.1 children per woman is maintained.</p>	<p>Vision 2030 Jamaica:</p> <ul style="list-style-type: none"> ▪ Goal 1: Jamaicans are empowered to achieve their fullest potential <p>Vision 2030 Jamaica Gender Sector Plan:</p> <ul style="list-style-type: none"> ▪ Strategy 3.2 Ensure that men and women have the freedom to exercise their sexual and reproductive rights and have access to quality reproductive health services throughout the life cycle <p>National Sexual and Reproductive Health Policy (Draft):</p> <ul style="list-style-type: none"> ▪ Objective: To provide to all Jamaicans by 2030 universal access to comprehensive sexual and reproductive health services.

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
<p>Goal 3: Full integration and expansion of quality sexual and reproductive health (SRH) care services.</p>	<p>Vision 2030 Jamaica Health Sector Plan:</p> <ul style="list-style-type: none"> ▪ Goal 2: High quality facilities for health services delivery ▪ Goal 4: World class and accessible health service delivery <p>Vision 2030 Jamaica Population Sector Plan:</p> <ul style="list-style-type: none"> ▪ Contraceptive Prevalence Rate (CPR): CPR should increase to at least 71 per cent by 2010 and 75 per cent by 2030 <p>National Youth Policy 2017 – 2030:</p> <ul style="list-style-type: none"> ▪ Goal 2: Increased access to sexual, reproductive and mental health care services among youth cohort <p>National Sexual and Reproductive Health Policy (Draft):</p> <ul style="list-style-type: none"> ▪ Objective: To make available to all men, women, boys and girls by 2030 comprehensive, age-appropriate, evidence-based and rights-centred SRH information to guide decision-making and self-care across their life-cycle. ▪ Objective: To create an effective regulatory and governance framework for sexual and reproductive health.
<p>Goal 4: To achieve by 2030, life expectancy at birth of at least 75 years for males and 80 years for females and reduce the survival gap between males and females.</p>	<p>Vision 2030 Jamaica Population Sector Plan:</p> <ul style="list-style-type: none"> ▪ Mortality: Life expectancy at birth should reach 72 years for males and 77 years for females by 2015 and 75 years for males and 80 years for females by 2030 <p>Vision 2030 Jamaica Health Sector Plan:</p> <ul style="list-style-type: none"> ▪ Goal 1: Social, cultural, physical and economic conditions that support the health and wellbeing of the Jamaican society ▪ Goal 2: High quality facilities for health services delivery

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<ul style="list-style-type: none"> ▪ Goal 4: World class and accessible health service delivery ▪ Goal 5: Sustainable, equitable, efficient and effective public health financing accessible by all <p>Disability Act, 2014</p>
<p>Goal 5: By 2030, international migration (immigration and emigration) is managed and mobilized to support Jamaica’s national development.</p>	<p>Vision 2030 Jamaica Population Sector Plan and existing government mandates³²:</p> <ul style="list-style-type: none"> ▪ Migration: Emigration should decline from the current level of 18,000 in 2005 to 16,000 by 2015 and 12,000 by 2030 <p>National Policy on International Migration and Development:</p> <ul style="list-style-type: none"> ▪ Goal 2: By 2030, the state will ensure measures are in place to safeguard the human rights and dignities of all migrants in accordance with the Constitution, other national laws and policies including international obligations. ▪ Goal 3: By 2030, Jamaica will have in place mechanisms to facilitate mutual agreements for the portability, transferability and provision of minimum social protection guarantees for all migrants. ▪ Goal 4: The Jamaican Diaspora is fully and effectively engaged in national development through strategic partnerships by 2030. ▪ Goal 6: By 2030, there are modern mechanisms in place to facilitate global technological advances in remittance

³² Vision 2030 Jamaica–National Development Plan; the Government's Broad Strategic Development Goals; and other government strategic priorities.

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<p>transmissions, regulation, measurement and management to promote and engender investment opportunities.</p> <ul style="list-style-type: none"> ▪ Goal 7: By 2030, mechanisms are in place to fully integrate or reintegrate migrants in an environment where they can contribute to the development of Jamaica. ▪ Goal 8: By 2030, an orderly, safe and secure environment is enhanced through efficient and effective management of the migration process, thereby contributing to national development. ▪ Goal 10: By 2030, there is a reliable statistical infrastructure that is compliant with national, regional and international standards to inform policy, decision-making, planning, implementation and monitoring and evaluation. <p>National Diaspora Policy (Green Paper):</p> <ul style="list-style-type: none"> ▪ Overall Policy Goal: National development and improved well-being of Jamaicans at home and abroad are facilitated through mutually beneficial strategic partnerships by 2030.
<p>Goal 6: Internal population movement and distribution are inter-linked with developmental policies and strategies.</p>	<p>Vision 2030 Jamaica:</p> <ul style="list-style-type: none"> ▪ Strategy: Create sustainable urban centres, including urban renewal and upgrading. ▪ Strategy: Create vibrant and diversified rural areas. ▪ Strategy: Hazard risk reduction and climate change adaptation ▪ Strategy: Sustainable management and use of natural resources <p>Vision 2030 Jamaica Population Sector Plan:</p>

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<ul style="list-style-type: none"> ▪ Goal 7: Optimal spatial distribution of the population for sustainable development ▪ Goal 8: Achievement of a balanced rate of population growth in urban centres to satisfy sustainable development needs in these areas <ul style="list-style-type: none"> ▪ Disaster Risk Management Act, 2015 ▪ Climate Change Policy Framework ▪ Protected Areas System Master Plan ▪ Draft National Housing Policy ▪ Draft Water Sector Policy ▪ Draft National Land Policy
<p>Goal 7: By 2030, equal and equitable access to opportunities, resources and rewards for males and females in all spheres of society.</p>	<p>National Policy for Gender Equality, and existing government mandates³³:</p> <ul style="list-style-type: none"> ▪ Objective 1: To reduce all forms of gendered discrimination and promote greater gender equality and social justice ▪ Objective 2: To strengthen institutional mechanisms and develop the skills and tools required to mainstream gender in cultural, social, economic, and political institutions, structures and systems. ▪ Objective 3: To promote sustainable behaviour change and improve organizational effectiveness and the capacity of public sector entities to develop, implement and

³³ Vision 2030 Jamaica–National Development Plan; the Government's Broad Strategic Development Goals; and other government strategic priorities.

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<p>monitor gender responsive plans, projects, programmes, and policies.</p> <p>Vision 2030 Jamaica Gender Sector Plan:</p> <ul style="list-style-type: none"> ▪ A society free of sex and other forms of discrimination in all spheres that creates and maintains a socioeconomic, cultural, political and legal environment, in both the public and private domains free of sex discrimination, where all males and females, at all stages of the life cycle can enjoy full human rights and develop their full potential as productive citizens. <p>National Strategic Action Plan to Eliminate Gender-Based Violence in Jamaica:</p> <ul style="list-style-type: none"> ▪ Goal: To eliminate GBV in Jamaica, with particular focus on violence against women and girls.
<p>Goal 8: By 2030, provisions are in place to enable the older population (60 years and over) to lead fulfilling, functional and productive lives.</p>	<p>Vision 2030 Jamaica Population Sector Plan:</p> <ul style="list-style-type: none"> ▪ Goal 4: Adequate provision for the empowerment, protection and well-being of senior citizens and enable them to contribute to national social and economic development. <p>Green Paper National Policy for Senior Citizens, 2018:</p> <ul style="list-style-type: none"> ▪ Goal 1: Increased participation of senior citizens in all spheres of the society ▪ Goal 2: Improved income security and social protection coverage for senior citizens ▪ Goal 3: Adequate and supportive health and welfare systems for senior citizens

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<ul style="list-style-type: none"> ▪ Goal 4: Improved independence, security and safety for senior citizens ▪ Goal 5: Enhanced family support systems and community solidarity, from interaction with senior citizens ▪ Goal 6: Strengthened institutional and infrastructural networks for partnership, collaboration and governance. <p>Vision 2030 Jamaica Health Sector Plan:</p> <ul style="list-style-type: none"> ▪ Goal 1: Social, cultural, physical and economic conditions that support the health and well-being of the Jamaican society <p>Jamaica Social Protection Strategy:</p> <ul style="list-style-type: none"> ▪ Ensure access and opportunity for elderly persons to attain income security and an adequate living standard.
<p>Goal 9: By 2030, all children, adolescent and youth shall be empowered to fulfill their fullest potential</p>	<p>Vision 2030 Jamaica, and other existing government mandates³⁴:</p> <ul style="list-style-type: none"> ▪ Strategy: Strengthen the families’ capacity to care for their vulnerable members. <p>National Youth Policy 2017 – 2030:</p> <ul style="list-style-type: none"> ▪ Goal: 5 Minimize the number of at-risk and vulnerable youth <p>Vision 2030 Jamaica Population Sector Plan:</p> <ul style="list-style-type: none"> ▪ Goal 2: Full realization of the rights, survival and holistic development of the child so that he or she can become a productive and well-integrated member of the family and society.

³⁴ The Government's 10 Broad Strategic Development Goals; and other government strategic priorities.

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<ul style="list-style-type: none"> ▪ Goal 3: Empowerment and protection of adolescents and youth to enable them to fully realize their social, cultural and human rights and fulfil their physical, economic and social aspirations <p>Jamaica Social Protection Strategy:</p> <ul style="list-style-type: none"> ▪ Promote optimal development of all children in all spheres necessary to ensure their well-being and enhance the potential for their eventual productive engagement in the labour market. ▪ Prepare young persons for adulthood by equipping them for employment and the attainment of income security, and the knowledge and attitudes necessary to lead responsible independent lives. ▪ Promote the discharge of parental responsibilities. <p>Early Childhood Development Sector Plan</p> <ul style="list-style-type: none"> ▪ To provide parents with accessible and high-quality parent education and support allowing for optimal development of children.
<p>Goal 10: Strengthen institutional capacities and interoperable information, communication and technology (ICT) systems, to facilitate the provision of relevant, accurate, timely and comprehensive demographic data.</p>	<p>Vision 2030 Jamaica Population Sector Plan:</p> <ul style="list-style-type: none"> ▪ Goal 5: Accurate measurement, timely analysis and provision of data on persons with disabilities for policy, planning and programme development purposes. ▪ Goal 6: International migration is adequately measured, monitored and influenced to serve the development needs of Jamaica ▪ Goal 11: Adequate capacities and systems for the measurement, analysis and dissemination of good quality

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<p>demographic data and information for policy, planning and research.</p> <p>National Policy on International Migration and Development:</p> <ul style="list-style-type: none"> ▪ Goal: By 2030, there is a reliable statistical infrastructure that is compliant with national, regional and international standards to inform policy, decision-making, planning, implementation and monitoring and evaluation. <p>Vision 2030 Jamaica Gender Sector Plan:</p> <ul style="list-style-type: none"> ▪ Strategy 4.2: Ensure consistent disaggregation of data by sex to guide policy and programme implementation at national, regional, parish and local levels.
<p>Goal 11: By 2030, the demographic dividend is effectively mobilized to facilitate sustainable development.</p>	<p>Vision 2030 Jamaica National Development Plan:</p> <ul style="list-style-type: none"> ▪ p. 19: “This increase in the working-age population of almost 200,000 persons represents a unique one-off opportunity to increase the size and productive potential of Jamaica’s human capital that will not be repeated in the foreseeable future. However, the country faces higher costs associated with an aging population and increased longevity and must use the opportunity for economic growth presented by its demographic dividend to prepare for these long-term trends.” ▪ p. 39: “The current and expected ‘bulge’ in the population of working age is regarded by demographers as a ‘window of opportunity’ or ‘demographic dividend’. This means that there is a higher proportion of persons in the

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<p>working age relative to the dependent ages (child 0-14 years and elderly 65 and over). We must position our society to use our surplus population optimally for development.”</p> <p>National Youth Policy 2017 – 2030:</p> <ul style="list-style-type: none"> ▪ Goal 1: Improved access to quality Secondary, Tertiary Education and Vocational Training Opportunities ▪ Goal 3: Increased number of youth who have access to decent employment and entrepreneurship opportunities ▪ Goal 4: Maximize youth participation in national and political decision-making processes <p>National Policy on Poverty:</p> <ul style="list-style-type: none"> ▪ Goal 1: Extreme (food) poverty eradicated by 2022. ▪ Goal 2: National poverty prevalence reduced significantly below 10.0 per cent by 2030. <p>Jamaica Social Protection Strategy:</p> <ul style="list-style-type: none"> ▪ Prepare young persons for adulthood by equipping them for employment and the attainment of income security, and the knowledge and attitudes necessary to lead responsible independent lives. ▪ Acknowledging that the working age population is the productive base of the economy, ensure that persons of working age have opportunities for adequate employment and income, with conditions of work that are satisfactory for health and general well-being, and that capacity exists for the attainment of their income security.

Goals of the National Population and Sustainable Development Policy	Related Policies and Programmes
	<ul style="list-style-type: none"> ▪ Ensure that all residents have shelter, water, sanitation and physical access to goods and services that meet agreed standards of quality and security, in harmony with the natural environment. <p>Promote the attainment of living standards of persons or households above levels that are considered as being in poverty based on accepted national criteria</p>
<p>Goal 12: Effective implementation of the National Population and Sustainable Development Policy and programmes.</p>	<p>Institutionalization of population and development issues across MDAs and all other respective sectors.</p>

Some of the international agreements that address population and development issues to which the GOJ is a signatory include:

- ICPD Programme of Action on Population and Development
- The International Covenant on Economic, Social and Cultural Rights;
- Convention on the Elimination of all Forms of Discrimination Against Women;
- Convention on the Rights of the Child;
- Convention on the Rights of Persons with Disabilities;
- Montevideo Consensus on Population and Development;
- The 2030 Agenda on Sustainable Development Goals;
- Global Compact for Safe, Orderly and Regular Migration.

The National Population and Sustainable Development Policy, therefore, seeks to strategically translate Jamaica’s international agreements, legislative and policy commitments into comprehensive statements of priority national actions. Box 1 and 2 show the goals of the 2030 Agenda for Sustainable Development (SDGs) and the relevant Thematic Areas of the Montevideo

Consensus on Population Development for Latin American and the Caribbean (2013). During the formulation of the National Population and Sustainable Development Policy, special attention was given to ensure that the policy would be in line with the goals and actions specific to these agreements to facilitate congruence in reporting at national, regional and global levels.



Box 1: Goals of the 2030 Agenda for Sustainable Development (SDGs, 2015)

- Goal 1: End poverty in all its forms everywhere
- Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3: Ensure healthy lives and promote well-being for all at all ages
- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5: Achieve gender equality and empower all women and girls
- Goal 6: Ensure availability and sustainable management of water and sanitation for all
- Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10: Reduce inequality within and among countries
- Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12: Ensure sustainable consumption and production patterns
- Goal 13: Take urgent action to combat climate change and its impacts
- Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Box 2: Relevant Themes of the Montevideo Consensus on Population Development for Latin American and the Caribbean (2013) specific to Jamaica

- A. Full integration of population dynamics into sustainable development with equality and respect for human rights
- B. Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth
- C. Ageing, social protection and socioeconomic challenges
- D. Universal access to sexual and reproductive health services
- E. Gender equality
- F. International migration and protection of the human rights of all migrants
- G. Territorial inequality, spatial mobility and vulnerability

8.3 Financial Considerations

The population and development intervention strategies contained in the Programme of Action of the National Population and Sustainable Development Policy will not require extensive additional government budgetary support for implementation. This is so, for the reason that MDAs and all other relevant sectors (including academic institutions, private sectors and NGOs) will be responsible for integrating priority actions of the policy into their budgets, corporate and operational planning frameworks for implementation.

9 OVERALL SITUATION ANALYSIS

9.1 DEMOGRAPHIC SITUATION

9.1.1 Population Growth, Size and Structure

Jamaica's population was 2,734,100 at the end of 2019, with an average annual population growth rate of 0.0 per cent.³⁵ The number of females living in the country was slightly higher than the number of males: 1.382 million against 1.352 million, reflecting a sex ratio of 97.6 males per 100 females.³⁶ The number of live births recorded in 2019 was 34,900 compared with 39,700 reported in 2011, a 12.1 per cent decline. On the other hand, deaths for 2019 accounted for 19,200, compared with 2011 when the number of deaths recorded was 16,900, an increase of 13.6 per cent.³⁷ Over the years, the reduction in death rates have led to an increase in the number of years a person is expected to live (life expectancy). Life expectancy at birth was estimated to be at around 75 years, up from 74.2 years in 2011,³⁸ compared with 68.5 years in 1970 and 37.9 years in 1921³⁹. Jamaica's Human Development Index (HDI) was 0.734 giving the country a rank of 101 out of 189 countries and territories used in the international classification.⁴⁰

Because of changes in fertility, mortality and migration overtime, the age structure has changed significantly. Between 2001 and 2019, the percentage share of people below age 15 years declined by 11.3 percentage points to 20.9 per cent, from 32.2 per cent. At the same time, the share of the working age population (15–64 years) increased considerably. The share of persons in this age group increased to 69.3 per cent in 2019 from 60.0 per cent in 2001. In addition, the percentage of older persons aged 65 years and over increased from 7.6 per cent in 2001 to 9.6 per cent in 2019.

These shifts in the age structure continue to highlight a downward trend of the age dependency ratio (ADR).⁴¹ In 2001, the ADR accounted for 61 per 100 persons of working age, declining to 44.0 per 100 persons in 2019.⁴² As the dependent elderly age group (65+ years)

³⁵ Economic and Social Survey of Jamaica (ESSJ) 2019, Planning Institute of Jamaica (PIOJ)

³⁶ Ibid

³⁷ Ibid

³⁸ STATIN, Census General Report

³⁹ PIOJ, 2010, Population Sector Plan, Vision 2030 Jamaica-National Development Plan

⁴⁰ UNDP, Human Development Report, 2020

⁴¹ The ratio of the population in the dependent ages, that is, those under 15 years, plus 65 and over to those in the working ages, 15-64 years

⁴² ESSJ, 2001 and 2019

increases, relative to the dependent under 15 age group, the ADR is expected to increase again. With the current ADR, Jamaica is in a favourable demographic position for productivity and growth.

Fertility

With regards to the measurement of fertility, the most recent Jamaica Multiple Indicator Cluster Survey (MICS) 2011⁴³ indicated that the total fertility rate (TFR)⁴⁴ was estimated at 2.2 children per woman. According to the earlier 2008 Reproductive Health Survey (RHS),⁴⁵ the TFR was somewhat higher in rural than in urban areas, 2.7 compared with 1.9 children per woman in the Greater Kingston Metropolitan Area (GKMA) and 2.3 in Other Urban Areas. As indicated, fertility in the GKMA had reached below replacement level in 2011. In addition, the 2011 Population and Housing Census show that the total number of households in Jamaica was 881 thousand, reflecting an average household size of 3.1 persons⁴⁶, which would support the level of reduction in fertility, observed in recent years.

Contraceptive Prevalence

The most recent RHS, 2008 indicated that the contraceptive prevalence rate was estimated at 72.5 per cent of women 15–49 years who were in a union and who were using a method of contraception during the period of 30 days before the survey. This was an increase compared to 2002, when 69.1 per cent were using contraceptive methods. The most common contraceptive method used by Jamaican women in a union was condoms, about a quarter of women (25.3 per cent). This was followed by the pill (17.3 per cent), injectables (13.8 per cent) and female sterilization (10.0 per cent). Unmet need for contraception was recorded at 7.2 per cent of female 15–49 years.

Mortality

⁴³ STATIN and United Nations Children’s Fund (2013), Jamaica, Multiple Indicator Cluster Survey 2011: Final Report. Kingston, Statistical Institute of Jamaica and UNICEF.

⁴⁴ The Total Fertility Rate (TFR) gives the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to the observed set of age-specific fertility rates. The measure is sometimes simply referred to as ‘total fertility’.

⁴⁵ Serbanescu F, A. Ruiz and D.B. Suchdev (2010), Reproductive Health Survey Jamaica 2008: Final Report. Atlanta and Kingston.

⁴⁶ STATIN, 2011 Population and Housing Census

Deaths were estimated at 19,200 in 2019, an increase of 1.6 per cent when compared to 2009 (18,900). The crude death rate (CDR) accounted for 7.0 deaths per 1 000 population in both years. The Government of Jamaica continues to implement strategies to reduce the mortality levels. Over the last five years, the incidence of Non-communicable Diseases (NCDs) continued to be among the leading cause of deaths among males and females. The strategic priorities for the reduction and control of NCDs are being guided by the National Strategic and Action Plan for the Prevention and Control of NCDs in Jamaica (2013–2018). The goal of the Plan is to "reduce the burden of preventable morbidity and disability and avoid premature mortality due to non-communicable diseases and injuries by 25.0 per cent by 2025." Average life expectancy at birth, based on the 2011 Population and Housing Census is 74.2—70.4 for males and 78.0 for females. In order to reduce premature deaths among males, which is one of the main factors behind the differential, and to further increase female life expectancy, several strategic interventions were undertaken. These focused on: risk reduction and health promotion management of NCDs; and improving surveillance, policy development, advocacy, governance and capacity building.

Another area that has continued to impact negatively on the health status of the population is the level of infant, under-five and maternal mortality. In the last five years, the number of maternal deaths declined from 94.4 per 100,000 live births in 2010 to 87.1 per 100,000 live births in 2015. With respect to the infant mortality rate, it decreased from 16.7 per 1,000 live births in 2010 to 15.5 per 1,000 live births in 2015. The under-five mortality rate was 23.1 per 1,000 live births in 2015. In an effort to further reduce maternal, infant and under-five child mortality, the Programme for the Reduction of Maternal and Child Mortality (PROMAC) commenced implementation in 2013. The PROMAC focuses on (i) newborn and emergency obstetric care; (ii) quality primary health services and referral systems; (iii) health workers training and research; and (iv) support to health seeking behaviour of the target population and the role of civil society. Several actions undertaken include: constructing high dependency units; increasing the cadre of specialized skilled health practitioners; conducting baseline research on the causes and risk factors pertaining to premature births; and distribution of midwives bags for maternal and child care at the community level.

Migration

Migration is a key factor in Jamaica’s population dynamics, but also plays a prominent role in the economic and social development of the country. Since the 1950s, Jamaica’s international migration profile has been characterized by high levels of net external migration, this has been influenced by the relatively low-income levels in the country, better work opportunities abroad, a long-standing tradition of migration and transnationalism, large working age population and high crime rates. Since the year 2000, the net outflow of international migrants seems to stabilize at around 6 per 1,000 population.

The consistently high levels of emigration have created a large Jamaican diaspora, which is estimated at over 1.3 million people (based on the emigration levels since the 1950s). Data revealed that, the United States of America is the main destination for emigrants from Jamaica, followed by the United Kingdom and Canada. The estimated Jamaican migrant stock in the USA was 765,000 in 2013, followed by the United Kingdom and Canada with 146,000 and 143,000, respectively. Disaggregation of the data indicated that the migration streams are highly represented by young adults, highly educated and skilled people, particularly from the education and health sectors.

This emigration pattern has continued to reduce the benefits of the demographic dividend by negatively affecting the loss of critical human resources necessary for economic growth and also productivity. Emigration can also result in a reduction in the tax base that is required to invest in the country’s future, as this phenomenon reduces the returns on investments and impedes the enhancement of services that are essential for social development.

In spite of the negative consequences of migration, the inflows of remittances from the diaspora have played a substantial role in supplementing household incomes and by extension economic and social development. The National Policy on International Migration and Development notes that remittance inflows have been associated with poverty reduction, investment in education and health, and macroeconomic stability. In the period since 2006, remittances transferred through official channels contributed approximately 15.0 per cent of the annual GDP. However, the direct impact of remittances to the Jamaican economy has not been fully explored. One study⁴⁷ found that only 6.0 per cent of remittances were spent on investments or businesses.

⁴⁷ Ramocan, E.G. (2011), Remittances to Jamaica. Findings from a National Survey of Remittance Recipients. Kingston, Bank of Jamaica.

Immigration is an emerging area of interest in Jamaica's migration in recent years. Although the data on foreign-born nationals in Jamaica are evidently incomplete, the existing data indicates that 73.0 per cent are labour immigrants. The 2011 Census recorded 23.5 thousand foreign-born residents in the country, which corresponded to 0.9 per cent of the total population.⁴⁸ In the period 2007–2016, they worked mainly as professionals, senior officials and technicians. One possible explanation for this concentration is the need to fill gaps in the local labour force, which at least partly compensate for the loss through emigration of qualified Jamaican nationals. People from North America were the largest group of the immigrant stock according to the 2011 Census. Nevertheless, immigration from Asia has grown significantly. In the 2000–2010 period, Chinese and Indian immigrants represented 52.0 per cent of the total immigration flows.

Compared to foreign immigrants, returning Jamaicans make up approximately 21.0 per cent of the total number of immigrants in the period 2010–2016. Of these, 71.0 per cent are persons who were deported from the host country. The increase in these numbers became noticeable in the 1990s, doubled in the period 2000–2009 to around 3.3 thousand per year and then dropped to lower levels thereafter. Similar to information about the numbers of involuntary returned migrants, statistics about voluntary returnees are also far from adequate, as relevant information about the duration of stay abroad and intended stay in Jamaica is not systematically captured and recorded. In many cases, these returnees are part of a transnational and circular migration pattern that involves brief durations of stay in both the destination and home countries.

Internal Migration and Spatial Distribution

In the absence of a population register or a continuous administrative record on residence in the country, the population census is the main source of information about internal migration. According to the 2011 Census, just over one quarter (27.0 per cent) of residents born in Jamaica live outside of the parish in which they were born. The percentage of people residing in but born outside of the parish was highest in St. Catherine (39.0 per cent) and St. Andrew (38.0 per cent), and lowest in St. Elizabeth (13.0 per cent) and Westmoreland (15.0 per cent). Kingston is by far the parish from which most internal migrants moved out since birth. The Census figures indicate that 175,000 people (74.0 per cent) born in this parish now live somewhere else in the country, most of whom moved contiguously to St. Catherine and St. Andrew.

⁴⁸ STATIN (2012), Population and Housing Census 2011. General Report, Volume I. Kingston, Statistical Institute of Jamaica.

With respect to spatial distribution, the population is unevenly distributed across the island, with the Kingston and St. Andrew, and St. Catherine being the most populous areas with 669.8 and 521.2 thousand people, respectively.⁴⁹ Both regions accounted for 24.6 and 19.1 per cent of Jamaica’s total population, while the least populated parishes are St. Thomas, Portland, Trelawny, and, Hanover, with each inhabited by less than 100,000 persons.⁵⁰

9.2 ECONOMIC SITUATION

Business Environment

The 2020 report of the World Bank “Doing Business in Jamaica”⁵¹ points out that Jamaica is ranked 71 among 190 countries regarding the ease of doing business. The “Distance to frontier” (DF),⁵² reflected on a scale from 0 to 100 that the frontier is 67.3 for Jamaica, one of the best figures in the Caribbean. Jamaica ranks 5 among 190 countries for the ease of starting a business, with a DF of 97.3 compared to a regional average of 78 in Latin America and the Caribbean. Recently, Jamaica made starting a business faster by reinstating next-day service for company registration. Getting credit is also easier than in the region: the DF is 80 and worldwide Jamaica ranks 6th among 190 countries. However, Jamaica’s performance is less impressive regarding dealing with construction permits (DF: 67.2, rank 98), protecting minority investors (DF: 55.0, rank 81), registering property (DF: 53.7, rank 128), or enforcing contracts (DF: 51.9, rank 127).

When it comes to trading across borders, Jamaica ranks only 130 among 190 countries, with a DF of 61.5, less than the regional average (DF: 68.7). In particular, costs to import and export for border compliance (clearance and inspections) are high compared to the region. But recently, Jamaica reduced the time for documentary compliance for importing by implementing a web-based customs data management platform, ASYCUDA World.

Foreign Direct Investments

⁴⁹ ESSJ, 2019

⁵⁰ ESSJ, 2019

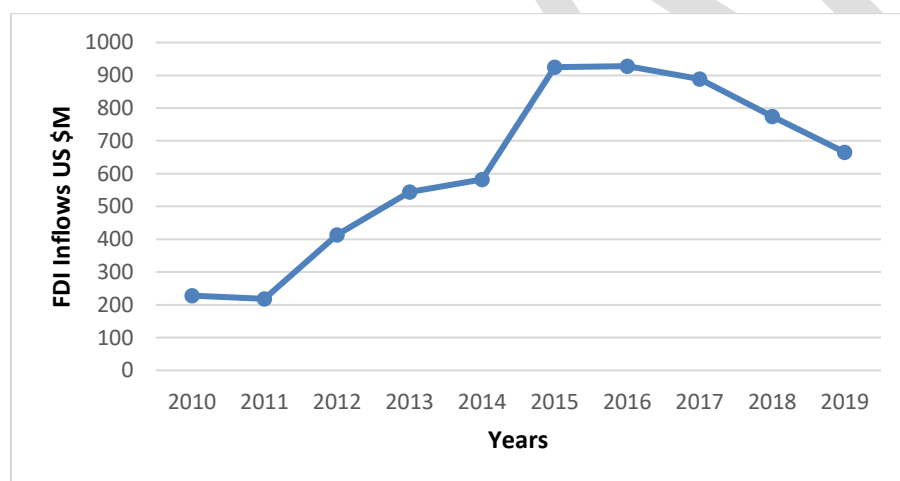
⁵¹ World Bank Group (2020), Doing Business 2020 – Reforming to Create Jobs – Economy Profile – Jamaica.

⁵² According to the World Bank definition: ‘The distance to frontier score helps assess the absolute level of regulatory performance over time. It measures the distance of each economy to the “frontier,” which represents the best performance observed on each of the indicators across all economies in the Doing Business sample since 2005. An economy’s distance to frontier is reflected on a scale from 0 to 100, where 0 represents the lowest performance and 100 represents the frontier.’ <http://www.doingbusiness.org/data/distance-to-frontier>.

According to the World Bank’s “*Doing Business 2017*” report⁵³, Jamaica boasts the highest ranking in the Caribbean and sixth place in Latin America and the Caribbean. The country made significant improvements in resolving insolvency, following the passage of new bankruptcy legislation and now ranks in the top 20 in starting a business and getting credit. The country is ranked the third best country to do business in Latin America and the Caribbean according to the 2016 Forbes Best Countries for Business Report.

After five consecutive years of declining inflows, foreign direct investment (FDI) in Jamaica reached a high of approximately \$928.0 million in 2016, it however, decreased to \$665.4 million in 2019⁵⁴ (See Figure 2). Jamaica continued to attract diversified FDI activities. The World Investment Report 2018⁵⁵ reports that \$299 million acquisition of a bauxite mining company, Alpart, resulted in an additional investment of \$160 million for expansion in 2017 and a strong uptick in Jamaica’s alumina production. In addition, Gansu Province of China, the owner of Alpart, has agreed to provide financial support to develop a \$6 billion industrial park. The stock of FDI amounted to almost \$16 billion in 2017.

Figure 2: Foreign Direct Investment US \$M



Source: Bank of Jamaica (BOJ)

Jamaica is attracting ever more greenfield projects. Within the Caribbean region, Jamaica continued to attract the highest value of announced greenfield projects in 2017. In 2015, reported greenfield FDI projects amounted to 221 million US dollars, and this amount more than doubled

⁵⁴ Compiled and provided by Bank of Jamaica as at August 3, 2020.

⁵⁵ World Investment Report (Geneva: UNCTAD, 2018) 93.

in 2016 to 454 million US dollars. Among the seven Small Island Developing States (SIDS) with registered projects, Jamaica was the most successful in attracting diversified FDI. Jamaica's leading position is also confirmed by the sectoral distribution of its FDI stock and the cumulative value of announced greenfield projects. Furthermore, Jamaica has attracted the majority of infrastructure public-private partnerships in energy and transport among SIDS in the region.

Informal Sector

The extent of unreported and unrecorded economic activity is cause for concern in any modern economy, as activities in the informal sector can negatively impact the efficiency and functioning of the formal sector.⁵⁶

Generally, the informal economy is defined as market-based production and exchange that escapes official detection, deliberately or otherwise. As a result, informal economic activities are not recorded in the gross domestic product (GDP). The Inter-American Development Bank (IDB) estimates the share of the informal economy in the GDP between 38.0 per cent and 44.0 per cent, depending on the methodology used.⁵⁷ This represents an important loss of tax income for the state budget. Other negative consequences are that firms that work in the informal sector tend to stay small and avoid growth in order not to be detected by the authorities. In addition, the protection of workers, including labour contract and social protection is usually not arranged in the informal economy. Because of the lack of regulation, child labour is usually high in the urban informal sector. Finally, the accuracy of statistical data is jeopardized as it is not reflecting the real economic production and growth.

The Fourth Industrial Revolution and the Labour Force

An important development issue pertains to the availability of appropriate technology as it is connected to technology-enabled growth. Innovative technology can play an important role in creating opportunities for entrepreneurship, improving access to information and decision-making systems, the development of new sectors in the economy and enhance citizen participation in decision making processes. However, the process of the adoption of new technology can easily lead to increased inequalities between groups that have and do not have access to specific technologies. The process of technology adoption must be well managed to mitigate discrepancies

⁵⁶ Peters, A. (2017), Estimating the Size of the Informal Economy in Caribbean States. Inter-American Development Bank. Technical note n° IDB-TN-1248.

⁵⁷ Ibid, Peter, A (2017)

in access to new technologies across different groups within society. Important aspects to avoid inequalities should include universal availability and access to new technologies and equity in education, training and skills development. Investment in the digital economy also needs to be promoted as this is becoming an increasingly important part of the global economy. The sector offers many new opportunities for inclusive and sustainable development. In its 2017 World Investment Report,⁵⁸ UNCTAD noted that better internet access is widely acknowledged to be instrumental for the achievement of many SDG targets. Investment in digital economy provides an enabling environment for companies to develop their business activities locally and internationally.

9.3 Jamaica's Population and Development Situation

The HDI is a composite indicator that is used to categorize countries according to their level of social and economic development. In 2019, among 189 countries and territories, Jamaica ranked 101, with an HDI score of 0.734. The Gender Development Index (GDI) is an index, which quantifies gender differences in human development by looking at differences between both sexes within the same dimensions of human development as in the HDI. The GDI is a clear indicator of how much women lag behind men and how much needs to be done to close the gender gap. The 2019 female HDI value for Jamaica is 0.730 compared with 0.735 for males, resulting in a GDI value of 0.994, placing the country into Group 1⁵⁹. The GDI is calculated for 167 countries.

For Jamaica to capitalize on the fourth industrial revolution, access to education and training for the large working age population is critical in these areas. Education is the way through which one generation passes its knowledge, experience and cultural legacy onto the next in an institutional environment. The Net Enrolment Ratio (NER) for children in primary-education age (6–11 years old) shows that Jamaica is well underway to reach full enrolment. The NER for primary education stood at 89.4 per cent in 2018. Enrolment ratios for lower and upper secondary⁶⁰ education indicate that still more work needs to be done to reach universal coverage. In 2018, the NER for lower secondary education (12–14 years) was 70.7 per cent. Enrolment for upper

⁵⁸ UNCTAD, World Investment Report 2017. Investment and the Digital Economy. Geneva.

⁵⁹ Countries are divided into five groups by absolute deviation from gender parity in HDI values. Group 1 comprises countries with high equality in HDI achievements between women and men (absolute deviation of less than 2.5 percent).

⁶⁰ Planning Institute of Jamaica and Statistical Institute of Jamaica, *Jamaica Survey of Living Conditions* (Kingston: PIOJ & STATIN, 2017)

secondary comprises two stages the 15–16 and 17–18 age groups. The NER for the former stage was 96.0 per cent, while the latter stage accounted for 49.6 per cent. It is interesting that in Jamaica, educational attainment is considerably higher for females than for males. Examination by sex revealed that a larger proportion of males 25–54 years were uncertified compared with their female counterparts (JSLC 2018).

The labour market forms the direct link between population dynamics and economic development. Out of an estimated population of 2.7 million, 2.1 million were in the working age group 14 years and over. Of these, 1.3 million (64.4 per cent) were in the labour force. The labour force participation rate for men (71.0 per cent) was considerably higher than for women (58.5 per cent)⁶¹. It is important to note that children were also involved in the labour market. A study in 2016 by the Statistical Institute of Jamaica and the International Labour Organization found that a total of 38,000 children were engaged in child labour. Unemployment remains a problem in Jamaica. Over the last few years, the unemployment rate has decreased slightly, but remains high at 11.3 per cent. Unemployment and people's position on the labour market are closely related to poverty. During the period 1990 to 2007, the number of persons living below the poverty line was reduced from 28.4 per cent to 9.9 per cent. The 2008 economic crisis meant that soon after poverty rates re-grew and increased to 21.2 per cent in 2015. The main provider of employment in Jamaica is wholesale & retail trade; repair and installation of machinery and equipment service industry. It accounted for 19.6 per cent of the employed population in 2019 thus far. Data revealed that, 15.2 per cent of employed persons work in agriculture, hunting, forestry and Fishing; 8.7 per cent in the construction sub-industries; and 8.8 per cent in hotels and restaurant. Agriculture contributed 7.1 per cent of the gross added value to the economy in 2019, while the transport, storage and communication sectors contributed 11.0 per cent (ESSJ 2019).

The reduction of crime and increased security are important targets as reflected in the SDGs and Vision 2030 Jamaica. In Jamaica, the homicide rate has been declining, it moved to 49 per 100,000 inhabitants in 2019, from a high of 60 per 100,000 population in 2017. As most killings are gang-related, the characteristics of victims and perpetrators are quite similar—young and male. Crime and violence are serious deterrents for, human well-being, social development and economic growth in Jamaica. Crime and violence impacts: health costs by public health system

⁶¹ ESSJ 2019

and citizens; production due to mortality and injury; public and private expenditures due to implementation of security measures and investment.

The country's political context and quality of governance are important factors for ensuring effective implementation of the national population policy. The Worldwide Governance Indicators (WGI) from the World Bank, covering more than 200 countries, provide the most wide-ranging measures of quality of governance. The WGIs for Jamaica show a diverse picture of Jamaica's governmental landscape. The country scores highest in 'Voice and accountability' where 70.0 per cent of countries in the world score lower than Jamaica. The largest gains in the last 20 years were made in the field of government effectiveness. Much less favourable is the fact that Jamaican people consider public corruption to be high. In 2014, 78.1 per cent of citizens of Jamaica opined that corruption is common among government officials.

Due to internal migration and changes in the age structure of the population, Jamaica is experiencing a serious deficit in available housing. The demand for affordable housing is highest for low-income households. It is estimated that there is a net annual deficit of 6,200 units.⁶² A major limiting factor remains the difficulty for poor households to obtain loans through the formal financial system. The high demand for housing especially among the lowest socio-economic groups requires urgent policy, programmatic interventions and legislative action.

Jamaica continues to record moderate improvements in overall housing quality.⁶³ Adequate housing means more than just a roof over one's head. It entails adequate privacy, adequate living space, physical accessibility, security of tenure and suitable access to basic amenities. According to the 2011 population and housing census, some 60.0 per cent of households owned their dwelling, 20.0 per cent rented, and 1.0 per cent squatted. However, 14.0 per cent had no kitchen facilities, 10.8 per cent had no bathroom facilities, 2.0 per cent no toilet facilities.⁶⁴

Several initiatives have been taken by the Government of Jamaica to improve access to adequate housing, such as the Housing Public-Private Partnership Policy, the Sugar Workers

⁶² Planning Institute of Jamaica (2018), Jamaica Voluntary National Review on the implementation of the 2030 Agenda for Sustainable Development June 2018.

⁶³ In Jamaica, the quality of housing is measured through the Housing Quality Index, which is measured using indicators walls of block & steel, indoor tap/ pipe as main source of drinking water, electricity for lighting, exclusive use of water closet, exclusive use of kitchen and number of persons per habitable room. The HQI indicated that in 2014, 72.8 per cent of the housing stock was of acceptable quality. Between 2004 and 2014 the HQI increased from 66.0 per cent to 72.8 per cent. Most improvement was made in the number of persons per habitable room (JSLC, 2014)

⁶⁴ STATIN (2012), Population and Housing Census 2011. Jamaica. General Report, Vol. I.

Housing Programme, the Indigent Housing Programme or the First Step Homes Programme launched in 2012. The National Housing Trust (NHT) continues to spearhead Jamaica’s effort to provide improved access to adequate housing by consistently being the main producer of housing in Jamaica. Between 2007 and 2013 the NHT contributed an average of 61.0 per cent of all housing starts and 54.0 per cent all housing completions in Jamaica.⁶⁵ In 2019, the NHT was responsible for 8,120 units of housing starts, accounting for a share of 69.5 per cent of total housing starts for the year.⁶⁶

According to the 2011 Population and Housing Census, 1.45 million people, representing 54.0 per cent of the population of Jamaica lived in urban areas. This proportion is growing; it was 52.0 per cent in 2001 and is projected to reach 58.0 per cent in 2030. Internal migration and intra-parish movements are the main drivers of urban growth in Jamaica.⁶⁷ Urbanization has had some positive and negative consequences. On the positive side, urbanization has resulted in a greater level of development and a higher standard of living for urban citizens. On the negative side, urbanization has been largely unplanned or poorly managed. This has led to, among other things, environmental degradation and the proliferation of informal/squatter settlement communities. These communities are generally situated in areas vulnerable to natural and man-made disasters and prone to crime and violence. The upsurge of squatter settlements in and around prime tourism development areas is of major concern.⁶⁸ The Census (2011) revealed that households in 88,000 thousand household units (4.0 per cent of all housing units) were squatting on the land.

The UNDP’s Sustainable Urban Strategy notes that traffic is one of the major development problems in urban areas and a major contributor to greenhouse gas emissions. The development options to ease traffic include expansion of housing, mass transit public transport, increased car-centric road transportation or shared economy solutions.⁶⁹ More attention also needs to be placed on the sustainable development of rural areas to create viable livelihood alternatives and reduce the need to move to urban centres or to commute daily to these cities and towns for better job opportunities and access to services.

⁶⁵ Jamaica National Report for the United Nations 2016 Third Conference on Housing and Sustainable Urban Development (HABITAT III). November 2014.

⁶⁶ ESSJ 2019

⁶⁷ PIOJ (2010), Vision 2030 Jamaica-National Development Plan, Population Sector Plan, 22.

⁶⁸ Ibidem, 23.

⁶⁹ UNDP (2016), Sustainable Urbanization Strategy. UNDP’s Support to Sustainable, Inclusive and Resilient Cities in the Developing World.

Adequate and secure infrastructure such as water supply, sanitation and waste management facilities are critical for sustainable development. According to the Jamaica Survey of Living Conditions 2018, some 78.4 per cent of households reported using an improved drinking water source.⁷⁰ To this end, indoor tap/pipe was used by 50.9 per cent, while 13.4 per cent used outside private tap/pipe and 4.5 per cent used a public standpipe. Safe drinking water is a fundamental necessity recognized by Vision 2030 Jamaica’s goal to provide universal access for all Jamaicans.

Despite having excellent and relatively abundant water sources, only 60.9 per cent of households in Rural Areas reported having access to a source less than 500 meters away, compared with 65.2 per cent in Other Towns. All households in the GKMA reported travelling less than 500 metres to source. In addition, although the average number of water lock-offs⁷¹ experienced by households with piped water during the 30-day period was 7.6, Rural Areas reported 9.0 while in GKMA it was 6.9 and in Other Towns, 6.5.⁷² The Water Sector Plan developed as part of the Vision 2030 Jamaica, aims to work towards an integrated water resource management system. The Government of Jamaica has committed to the target of 85.0 per cent access to potable water by way of in-house and communal taps by 2020.

Adequate sanitation and drainage are imperative to good public health, especially in urban areas where population densities are high. The Water Sector Policy (2004) commits the Government to deliver the minimum standards of water and sanitation services necessary for the sustenance of life and good health at an affordable price. In 2018, 86.3 per cent of households reported having exclusive use of an improved sanitation facility.⁷³

A lack of proper waste management may pose serious risks to the environment and public health due to pollution of soil, water and air. The 2018 Jamaica Survey of Living Conditions indicates that 70.5 per cent of Jamaican households reported using a collection system (public or private) as the main method of garbage disposal; 29.6 per cent used informal or unregulated garbage disposal such as burning, burying or dumping. The National Solid Waste Management Authority (NSWMA) has the sole jurisdiction for solid waste management in the country. In 2019,

⁷⁰ STATIN and PIOJ (2018), JSLC 2018, p.5.7. Improved source: water from indoor or outdoor tap/pipe, public standpipe, bottled water, and trucked water from the National Water Commission.

⁷¹Ibid. A ‘lock off’ is a disruption of water supply regardless of length of time of disruption. One per calendar day is counted

⁷² Ibid

⁷³ Ibid. Improved sanitation facilities guarantee the hygienic separation of human excreta from human contact and includes pit latrine.

it was estimated that 1,006,271 tonnes of solid waste (from residential and some commercial sources), relative to 744,283 tonnes in 2018, were collected at waste sites managed by the NSWMA.⁷⁴ Garbage collection in urban areas uses mostly waste disposal on dumpsites as method of treatment and disposal. However, these dump sites do not generally have adequate physical capacity and management capabilities.⁷⁵ None of the dump sites are equipped with sanitary landfills to provide for systematic sorting of wastes for recycling, re-use, confined storage of hazardous waste, or to support the development of energy from waste. In rural areas, the main method of treatment and disposal is burning. Other disposal methods include burying and dumping on open lots and in gullies. NSWMA estimates indicate that in the years 2010–2013, between 20.0 to 30.0 per cent of the country’s solid waste was uncollected,⁷⁶ due to lack of funds to cover fuel and maintenance costs for the fleet of garbage trucks, inaccessibility and improper waste management practices.

The National Water Commission (NWC) is the entity responsible for providing wastewater services and operates the largest number of plants for wastewater treatment. In addition, there are several other entities – hotels, private companies, hospitals, public housing development agencies – that own and operate wastewater treatment facilities. However, due to issues such as improper plant designs, old technology, overloading, lack of maintenance and improper operations, the sewage effluent quality from most treatment plants does not meet the standards set by the Natural Resources Conservation Authority (NRCA) for sewage effluent. The percentage of sewage treatment plants that comply with the national standards decreased from 40.0 per cent to 25.0 per cent between 2010 and 2013. The treatment problems are also observed for industrial wastewater treatment facilities in the agro-industrial sector, for instance in the sugar and coffee industry, and in distilleries and abattoirs. Codes of practice have been developed for the coffee and sugar industries that aim to improve the quality of effluents and to reduce the quantity of effluent released into the environment.

Like its neighbours across the Caribbean, Jamaica is vulnerable to natural disasters including hurricanes, flooding and the effects of climate change. The report “The State of the

⁷⁴ PIOJ, ESSJ 2019

⁷⁵ National Environmental and Planning Agency (2013), State of the Environment Report 2013. Kingston.

⁷⁶ *Idem*.

Jamaican Climate 2015”⁷⁷ analyses the situation and risks created by climate change in Jamaica. The report noted that in general, for the island as a whole, the intensity and occurrence of events of extreme rainfall have been increasing over the seventy-year period 1940–2010.

Most measurements of Atlantic hurricane activity show a substantial increase since the early 1980s. Since 2010, Jamaica has experienced four hurricanes. The preferred path of hurricanes that impact Jamaica is from the southeast to northwest, with the majority approaching from the south of the island. This makes the south coast of Jamaica more vulnerable to the highest wind, rain and surge events associated with hurricane passage. Based on the level of consistency among climate models, it is likely that tropical cyclone related rainfall will increase with greenhouse warming.

Jamaica experienced severe droughts around the year 2000, and again in 2010. All regions in Jamaica display more inter-annual swings of extreme conditions such as more flood and droughts since the 2000s as opposed to the decades before. In 2017, for example, Jamaica experienced flood rains in May, which was estimated to have resulted in damages totalling \$4.05 billion Jamaican dollars.⁷⁸

Global mean sea levels continue to show a sustained increase, almost doubling from 1.7 mm/year to 3.1 mm/year through the 20th century. Recent satellite altimetry indicated global rates of 3.3 ± 0.4 mm per year from 1993 to 2016. Trends within the Caribbean closely follow the global trend. Current satellite altimetry shows that Caribbean trends are approximately 2.5 ± 0.4 mm/year. The concentration of settlements and infrastructure within coastal zones has increased the country’s vulnerability to the threats posed by storm surge and sea level rise. During the 2015 El Niño, sea level within the Caribbean reached a maximum of 11.3 cm above the mean.

Climate change is also a national security issue because it exacerbates local vulnerabilities and interferes with economic development. Increasing temperatures, sea level rise and more frequent storms can lead to increased incidence of violence or protests due to competition for scarce resources, insufficient relief interventions and population displacement. Extreme temperatures, droughts and other climate variables may result in (among other things) heat stress in livestock and poultry, resulting in declines in egg, milk and meat quantity and quality. Climate

⁷⁷ Planning Institute of Jamaica (2017). The State of the Jamaican Climate 2015. Prepared by Climate Studies Group Mona University of the West Indies for the Planning Institute of Jamaica.

⁷⁸ Planning Institute of Jamaica, 2018, Jamaica National Report on the Implementation of the Montevideo Consensus on Population and Development for Latin America and the Caribbean. 94

change directly impacts the tourism industry through decline in tourist arrivals, increased incidents of beach erosion and the degradation of the natural environment and near shore water quality. Tourism infrastructure is also vulnerable to sea level rise and hurricanes and increasing temperatures will lead to heat related illnesses among workers and guests and higher operational costs for cooling aids. Continued coastal development, which sometimes involves the removal of natural barriers such as mangroves and coral reefs, for roads, bridges and human settlements increases vulnerability to sea level rise and storm surges.

Health

The public sector provides the bulk of health care in Jamaica. Currently, the public sector delivers health services through a network of primary, secondary and tertiary health care facilities, comprising 24 hospitals and 318 health centres. Total health expenditure as a percentage of the GDP was recorded at 6.2 per cent in 2015. Two-thirds of this total was financed by government and one third by private sources, including 17.5 per cent by out-of-pocket payments. A health-sector assessment that was undertaken in preparation for the new strategic plan for the Ministry of Health and Wellness identified a shortage of medical staff as one of the challenges for service delivery. Although the availability of medical staff improved between 2012 and 2016, they are not enough to achieve the requirements of the Sustainable Development Goal 3 to ‘Ensure healthy lives and promote well-being for all at all ages’. Migration is a key reason for the shortage of clinical staff, especially nurses and, to a lesser extent, medical doctors, midwives and dentists. Reasons behind this persistent situation include better social and living conditions, higher remuneration and greater career opportunities abroad.

A major reason for the rise of NCDs is the growing prevalence of obesity in the general population. In 2000, 45.0 per cent of the population was overweight/obese, by 2008 this had grown to 53.0 per cent and by 2018, 54.0 per cent. It has been estimated that 67.0 per cent of all deaths are linked to obesity. This obesity epidemic presents an important barrier to the realization of the possible demographic dividend, which partly depends on a healthy population.

Up-to-date information about sexual and reproductive health is seriously hampered by the delay in conducting what was initially five-year Reproductive Health Surveys. According to the latest survey (2008),⁷⁹ the contraceptive prevalence rate was 72.0 per cent, close to the 2015 target

⁷⁹ Serbanescu F, A. Ruiz and D.B. Suchdev (2010), Reproductive Health Survey Jamaica 2008: Final Report. Atlanta and Kingston.

of 75.0 per cent. The 2008 survey also recorded a relatively low unmet need for family planning of 7.2 per cent, a gradual decrease from 13.7 per cent in 1993.

The proportion of pregnant women who received antenatal care at least four times during their pregnancies was 85.6 per cent in 2011. This implies that one in seven pregnant women did not receive adequate antenatal care. Skilled health personnel assisted virtually all births in Jamaica (99 per cent). The percentage among teenage mothers and mothers from the poorest quintile were slightly lower (around 96.0 per cent). Adolescent fertility remains relatively high, despite its drop from 122 births per thousand women aged 15–19 in 1983 to 70 in 2010. An estimated 21 per cent of new born babies were delivered by caesarean section, which is well above the 10.0 per cent that is recommended at population level by the WHO. With regard to the maternal mortality ratio, the most recent estimate of 87.1 maternal deaths per 100,000 live births may reflect issues relating to measurement and definition.

Cervical cancer ranks as the second most frequent cancer among women in Jamaica and the second most frequent cancer among women between 15 and 44 years of age. Estimates indicate that every year on average, 392 women are diagnosed with cervical cancer and 185 die from the disease. Services to detect cervical cancer are below-standard, as 2008 estimates indicated that only 62.0 per cent of women in the reproductive ages of 15–49 years had received a Pap smear test to screen for cervical cancer.

Between 1982 and 2015, over 34,000 cases of HIV had been reported with a total cumulative number of 95,000 AIDS deaths. Estimates for 2013 indicated that Jamaica had over 29,000 persons living with HIV or 1.8 per cent of the adult population. Approximately 19.0 per cent of the infected persons were unaware that they were infected, indicating that more exhaustive testing is required. This is also the case for testing of sexually transmitted infections (STIs) other than HIV.

Special Target Groups

Poverty is the greatest human tragedy of our time. Poverty is not only the lack of income, property or amenities, but is related to a whole group of factors that affects peoples' health and well-being. Currently, in the Caribbean region, Jamaica belongs somewhat to the lower echelons of poverty, with a poverty rate of 12.6 per cent. If the female head of household is not in a stable union, the household is more likely to be poor. Households with heads that work in agriculture and fishing are more likely to be living in poverty. Lack of higher education, having a household

member living with a disability and households with more (especially young) family members are also contributing factors to poverty.

Empowering all women and girls and achieving **gender equality** is one of the goals of the 2030 Agenda (Goal 5). Internationally, various indicators are used to measure the position of women in society. The Gender Inequality Index (GII) is one such indicator, focusing on women's empowerment, and measures the extent to which gender inequality remains a major challenge for human development, based on three important aspects of development: reproductive health, empowerment and economic status. Internationally, Jamaica holds the rank of 88th on the Gender Inequality Index (GII), with a score of 0.396 out of 162 countries in the 2019 index. Compared to other countries in the region, Jamaica is situated somewhere in the middle. The GII for the country is lower than the world average but slightly above the regional average. The Gender Parity Index (GPI) shows the ratio of female to male for a given indicator, including social, economic, cultural and demographic characteristics of the population.⁸⁰ On average women have completed more years of schooling than men: the GPI related to the proportion of persons with at least some secondary education amounts to 1.13 and 1.65 for the proportion with a university degree. However, women's participation in the labour force is much lower than that for men (GPI = 0.83), and their unemployment rate is much higher (GPI = 1.90), even for young females aged 14–24 years (GPI = 1.48). In addition, women earn much less than men as their estimated gross national income is one third less (GPI = 0.66). Despite their higher educational attainment, women occupy less positions at the managerial and professional level than their male counterparts (GPI = 0.62). A similar situation is observed in political life, as women occupy only 16.7 per cent of the seats in Parliament.

With reference to gender equity, it is presumed that women and girls are at a disadvantage to men and boys in all areas of comparison. In Jamaica, however, this presumption is not correct in a number of cases. In the area of violence and crime, men account for the majority of perpetrators and also the majority of victims. Concerning school dropout and educational attendance and attainment, male youth perform substantially poorer than their female peers.

Gender-based violence is the most extreme form of gender inequality. It is a serious public health problem, inhibits equal rights of women and prevents inclusive social and economic

⁸⁰ A GPI equal to 1 indicates that parity exists between females and males. A value of the GPI of less than 1 specifies the value of the indicator is lower for women than for men, and a value greater than 1 indicates the contrary.

development. The 2016 Women’s Health Survey reported that 25.0 per cent of women have experienced physical violence by a male partner, and close to 8.0 per cent have been sexually abused by their male partner. Lifetime prevalence of intimate physical and/or sexual violence was 28.0 per cent. There was no significant difference across rural and urban areas or by union status. However, women who had entered into a live-in partner relationship at an early age (under 19 years) had a higher prevalence of lifetime intimate partner physical violence—45.0 per cent compared with 24.0 per cent for those who had entered into such relationships at age 19 years and older. The RHS 2008 also reported that women in consensual unions reported higher levels of physical abuse than women who were legally married (21.0 per cent against 11.0 per cent).

According to the 2008 RHS, some 31.0 per cent of women had ever experienced verbal abuse, 17.0 per cent had been physically abused, and 8.0 per cent had been abused sexually by their partner. Thirty-five per cent of women had experienced at least one of the three types of abuse; and 17.0 per cent experienced a combination of the three types of abuse during the last 12 months. The same survey revealed that 12.0 per cent of women 15–49 years old had ever been forced to have sexual intercourse (with penetration) against their will. In 2013, some 814 cases of rape were reported to the police, 56.0 per cent consisted of girls between 10 and 19 years old (Harriott and Jones, 2016). The fact that for the period January–September 2013, 1 225 cases of sexual assault were seen at the hospitals and recorded in the Jamaica Injury Surveillance System, indicate that there is most likely a serious under-reporting of rape cases.

Although Jamaica is an ageing country, the **youth** (15–24 years old) still occupies a fairly large segment of the population. The total number of youth in 2019 was 483,074, among whom 245,911 were young males and 237,163 were females. Through education, adolescents (15–19 years) can acquire the skills they need for effective participation in the labour market. While Jamaica has attained universal enrolment in primary and first stage secondary education, enrolment in second stage secondary education is much lower: only two out of three boys and girls (15–16 years old) are enrolled in school. The proportion of the population with tertiary education was approximately 10.4 per cent as reported in the 2011 population and housing census.

Sexual and reproductive health of **adolescents and young people** remains a matter of concern in Jamaica and calls for the promotion of healthy sexual behaviour and the protection against sexual exploitation. The 2008 RHS reported that almost half of all sexually active females,

15–24 years old, had been coerced into having sex the first time they ever had sex.⁸¹ Child sexual exploitation, transactional and age-disparate sex are also quite common, and have been linked to poverty, income inequality and the inadequate enforcement of protection by the authorities despite clear legal provisions.

The share of dependent **elderly** persons (aged 65 and over) increased from 7.6 per cent in 2001 to 9.7 per cent in 2019. A growing share of older people will require a restructuring of the economy and society, for example in terms of social security, health services, the labour market, housing and physical infrastructure. Whereas 72.0 per cent of older people aged 60 and over reported having at least one chronic illness, only 23.0 per cent were covered, while coverage in the poorest quintile was only 10.0 per cent. People over 85 years old are more likely to live with disabilities: about 50.0 per cent have trouble in walking, seeing, climbing stairs and carrying things. In addition to physical problems related to old age, a significant proportion of older persons suffer from mental health problems. In a similar context, a study conducted in 2012 by Eldemire Shearer et al. reported that only 23.7 per cent of older people benefit from the National Insurance Scheme and only 15.4 per cent had a pension from the government.⁸² This shows the vulnerability of the older population and signifies the urgent actions that are needed to improve the health and social and economic position of older persons.

Vision 2030 Jamaica recognizes the need for action to improve the situation **of persons living with disabilities**. The 2011 Census recorded that 1.4 per cent of the population lived with a disability related to seeing, 0.5 per cent with a disability related to hearing, 1.2 per cent had difficulties walking, 0.4 difficulties communicating, 0.8 per cent difficulties with self-care and 0.7 per cent found it hard to remember or concentrate. In general, 3.4 per cent of all person 5 years and older reported having some form of disability. The prevalence rate was higher for females than for males: 3.8 per cent and 2.9 per cent respectively. As expected, age-specific disability rates were much higher for older than for younger persons. The full implementation of the Disabilities Act (2014) which was designed “to promote, protect and ensure the full and equal enjoyment of persons with disabilities, of privileges, interests, benefits and treatment, on equal basis with others and to establish the Jamaica Council for Persons with Disabilities; and for

⁸¹ National Family Planning Board (2010), Reproductive Health Survey Jamaica 2008. Final Report. Kingston, National Family Planning Board.

⁸² Eldemire-Shearer, D., K. James, N. Waldron and K. Michelle-Fearon (2012), Older persons in Jamaica. Mona Ageing and Wellness Centre. UWI, Mona Campus. Funded by National Health Fund.

connected matters”,⁸³ will play a major role in the creation and provision of services for the disabled community.

An important objective of the **Micro, Small and Medium Enterprises and Entrepreneurship** Policy of the Ministry of Industry Investment and Commerce is the provision of “full inclusion, opportunities and support for persons with disabilities within the business community” through various strategies aimed at enabling persons with disabilities to develop and sustain their own businesses. It is unclear whether this objective is being followed by businesses. Other social assistance programmes are available to persons living with a disability through the Ministry of Labour and Social Security and Jamaica Council for Persons with Disabilities, in keeping with strategies outlined in Vision 2030 Jamaica Poverty Reduction Strategic Plan and the Jamaica Social Protection Strategy.

⁸³ Disabilities Act, Jamaica (13-2014)

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11 APPENDICES

Appendix 1: The Demographic Dividend

During the 1960s and the early 1970s, the Total Fertility Rate (TFR) in Jamaica was well above five children per woman. Currently, fertility has decreased to around replacement level⁸⁴, this is, the level at which a couple has only enough children to replace themselves, or about two children per woman. The decline in fertility means that there are less children and young people to support, thus, a smaller number of dependents. This fertility decline, together with relatively high life expectancies at birth, has led to an expansion in both absolute and relative numbers of people in the active age group (15–64 years). This is a unique period in Jamaica’s history.

In 2017, the dependency ratio⁸⁵ in Jamaica stood at a low of 50.4 dependents per 100 persons. According to the population projections, the current dependency ratio is expected to continue up to 2030. In recent history, no country in the world that reached replacement level fertility has experienced any significant increases in its level of fertility. Therefore, it can be expected that for the foreseeable future, Jamaica will be characterized by below replacement level fertility. As a result, the impact of the continued growth of the older population (65 years and over) will create the condition for the dependency ratio to start to increase again.

The above description of Jamaica’s population dynamics indicates a crucial point in the country’s demographic history. The demographic trends, characterized by low and declining fertility and mortality rates, mean that Jamaica’s low dependency ratios will soon be reversed and thereby commencing a phase of increases in the dependency ratios and consequently eliminating the favourable demographic situation. However, this final stage is still some years away, thereby, indicating that Jamaica’s demographic situation is still quite favourable with a relatively large working age population. The demographic dividend can be defined as the economic growth potential that can be derived owing to changes in a population’s age structure, chiefly when the

⁸⁴ Replacement level fertility occurs when a woman has an average of 2.1 children who would replace their mother and father, once all children survived to reproductive age. The 0.1 is needed to offset the effects of premature mortality and the unbalanced sex ratio at birth. See Donald T. Rowland, *Demographic Methods and Concepts* (New York: Oxford University Press, 2003).

⁸⁵ The age dependency ratio represents the ratio of the combined child population (0–14 years) and aged population (65+ years) to the population of intermediate age (15–64 years). See Jacob Siegel/David A. Swanson, eds., *the Material and Materials of Demography, Second Edition* (San Diego: Elsevier Academic Press, 2004).

share of the working-age population (15–64 years) is larger than that of the non-working-age (under 15 and 65 and older).⁸⁶ At this moment, Jamaica is in a unique position to use its favourable age structure to create rapid economic growth and increase the well-being of its people. However, economic growth related to the changing age structure is not automatic. The demographic dividend can only be achieved if the country adopts the right measures. The demographic dividend is important to the achievement of Jamaica’s Vision 2030 National Development Plan, therefore, it is critical for the country to enact the relevant policies to catalyse and harness the dividend. In addition to population measures, actions will be required in the areas of the economy, education, security and governance to realize the dividend.

This demographic phenomenon stands central in the broad field of population and development and is of extreme importance for economic growth.

If Jamaica is able to use the window of opportunity of its favourable age structure and create rapid economic development, it would result in a plethora of important benefits. Two major benefits to be derived that would help the country move towards developed country status with a more equitable, safe and sustainable economic and social system based on human rights and mutual respect are:

1. The country will be better equipped to cater to the needs of its citizens, especially, vulnerable groups. Comprehensive social support structures such as universal health insurance, a universal pension system, and unemployment insurance are still largely unavailable. The financial means generated by the demographic dividend would enable the country to provide these and other essential benefits to the population. The importance of harnessing the dividend as a national priority needs to be seen in the context that the dividend is transitional and the country is entering the earliest growth phase of the older population (60 years and over).
2. If an ageing population lives in an economic prosperous environment that harnessed the current demographic dividend, it can generate a second demographic dividend. The benefit of this second dividend may be even greater and longer lasting than the first. As people prepare for retirement, they may be motivated to save more money in order to live comfortably as senior citizens. This makes them less dependent on the active age group.

⁸⁶ unfpa.org/demographic-dividend (UNFPA 2016)

Moreover, they may invest their money in the next generations to improve their education and help them with their economic ventures.

The current age structure of Jamaica places the country in a favourable position to reach these goals in the next decade. If the opportunity of the favourable demographic conditions to generate rapid economic development is not leveraged, the country may face serious consequences. Two phenomena closely connected to the current population dynamics that may turn the demographic dividend into a demographic burden follows:

- I. Due to high rates of fertility in the past, each year many young persons continue to enter the labour market. If the economy is not able to create sufficient new jobs and absorb this change, this could lead to high youth unemployment and underemployment, increased levels of poverty, political unrest, rising crime levels and social upheaval. The fact that more young people – especially young women – pursue higher education means that jobs will have to be created that fulfil the aspirations and qualifications of this group of young professionals.
- II. Owing to the expected rapid growth of the older population, the country will be confronted with much higher costs in elderly care and health services. As disability is closely related to age, the number of persons living with disabilities will increase substantially, placing even more pressure on the health sector. If the demographic dividend is not harnessed, it may become much harder to deal with the consequences of ageing.

Social empowerment is defined as people's ability to achieve awareness and control of their personal, social, economic and political ability to take measures to improve their lives. This is indispensable to achieve a high quality of life and to reach one's full potential. People's empowerment depends on their ability to meet basic needs through access to basic services (including shelter, water, food, housing) and is strongly influenced by their individual assets (such as land, housing, livestock, savings) and capabilities of all types: (i) human (such as good health and education), (ii) social (such as social belonging, a sense of identity, leadership relations) and (iii) psychological (self-esteem, self-confidence, the ability to imagine and aspire for a better future). In order to reap the full benefits of the demographic dividend, no population group should be left behind, and the most vulnerable people should be empowered, to actively contribute to the country's development.

The highest attainable standard of health, the right of couples and individuals to decide free from discrimination, coercion and violence on the number and timing of children they want, access to free and quality education and decent work and being protected against injustice, violence and crime are all basic human rights on which the international community has agreed upon in the Universal Declaration of Human Rights and in a number of international conventions. The strategy to reap the demographic dividend in Jamaica, does not only open the door for macro-economic success, but would in many ways support the government's aim to improve the living conditions within the country.

Conditions to Reap the Demographic Dividend

Vision 2030 Jamaica recognizes the importance of the demographic dividend for development: *“The current and expected “bulge” in the population of working age is regarded by demographers as a “window of opportunity”...The society is therefore, optimally positioned demographically to utilize its surplus population for development”*⁸⁷. In light of this recommendation, the demographic dividend has been prioritized as a key element of the Population and Sustainable Development Policy.

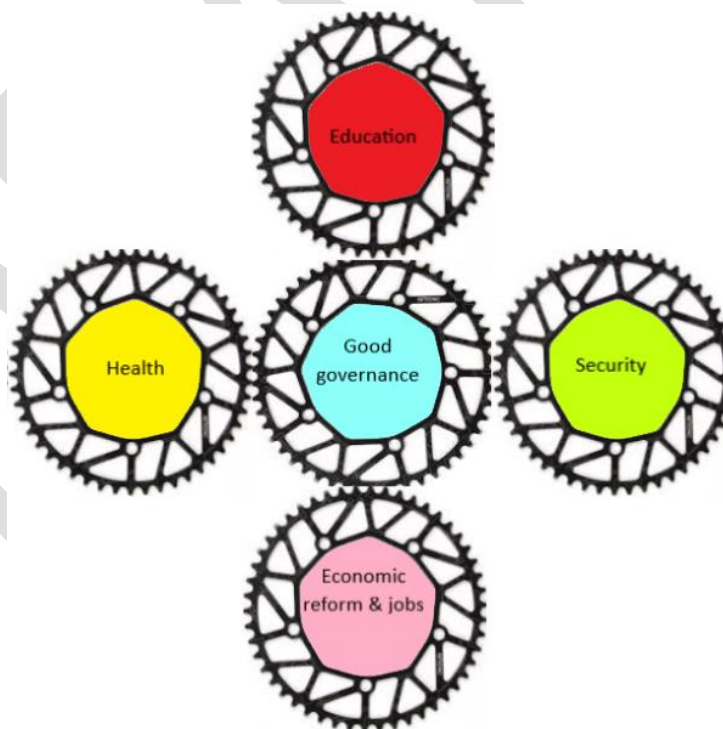
A standing sub-committee will therefore be established and spearheaded by the PIOJ, with key stakeholders of all relevant sectors represented. The Sub-Committee will focus on five (5) critical areas of the intervention (see **Figure 1**), these are:

- a) **Public health and Family planning:** It is crucial that the health and well-being of the work force is ensured; as the demographic dividend depends on a favourable age structure, low fertility should be attained by individuals and couples that are empowered to decide on the number, timing and spacing of their offspring;
- b) **Good governance and accountability:** Good governance and accountability are essential factors to reap the demographic dividend. Good governance includes equitable allocation and distribution of public resources and the efficient delivery of public services. Good governance is free from corruption and other illegal practices within the government apparatus and creates a favourable environment for investment and economic growth.

⁸⁷ Population Task force (2010), Vision 2030 Jamaica, National Development Plan, Population Sector Plan, 8.

- c) **Education:** The labour force must be well trained to perform high quality jobs in a demanding environment. Education provides young people with the expertise and skills to acquire decent jobs, earn higher wages and gain social and economic mobility.
- d) **Economic and labour market reform policies:** The right economic policies and investments are needed to create new jobs and the necessary infrastructure supplied to allow rapid economic growth.
- e) **National Security:** In Jamaica, another critical area that needs consideration to reap the demographic dividend is **security**. Vision 2030 Jamaica recognizes that a society with high levels of crime and violence and inequitable dispensation of justice impedes social, economic and cultural progress. Therefore, appropriate measures need to be taken to address crime and violence in order to guarantee the safety of all citizens and create a secure investment and business environment.

Figure 1: Pillars for reaping the demographic dividend in Jamaica



Pillars for reaping the demographic dividend in Jamaica

Public Health

Improved health care can influence economic growth and can have an impact on the demographic dividend. Improvements in the health of the working population has the potential to:

- (i) increase labour productivity;
- (ii) lead to a longer working life and postponed retirement; and
- (iii) allow people to become economically active members in society and shift them from being financially dependent to independent.

Education

To harness the demographic dividend, actions need to be taken to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”⁸⁸. The overall goal of education to support the demographic dividend is to improve quality, to produce graduates ready for the world of work and life. Education can have an effect on the demographic dividend through different ways, these are as follow:

- (i) the demand for schooling may encourage parents to limit the number of children they want, to maximize the educational level of their offspring; and
- (ii) improvements in education increase human capital that is needed to reap the benefits of the demographic dividend.

To have a maximal effect on the demographic dividend, the educational system should operate in a way that allows for lifelong learning in professional, personal and civic matters.

Economic and Labour Reforms

To translate Jamaica’s favourable age structure into sustained economic development, measures such as the following are necessary to be employed:

- a) Improvement of the business environment is key to establish a favourable setting for companies to develop and create employment, as well as to offer opportunities to young entrepreneurs. Efforts should be made to ensure that the business environment provide companies with a predictable, transparent, simple, and inexpensive way to anticipate and comply with regulations. This will enable governments to open markets to competition;

⁸⁸ Planning Institute of Jamaica, Economic and Social Survey of Jamaica (PIOJ: 2018)

- strengthen the competitiveness of firms in the international marketplace; increase investment; reduce corruption; safeguard public goods; and save scarce public resources.
- b) Attracting foreign direct investments (FDI) is essential to complement national investment and promote economic growth and job creation. In recent years, the GoJ has developed an ambitious policy to attract foreign investment.
 - c) It has been argued that some degree of flexibility⁸⁹ in the labour market is important to reap the demographic dividend⁹⁰. Flexibility can however, increase job instability, and can lead to less investment in human capital and reduce incentives for productivity. Therefore, consideration must be taken of the country's labour market context while determining the degree of, and approach to flexibility.
 - d) An important consideration is for the informal sector to gradually be incorporated in the formal economy. Most jobs in the informal sector are vulnerable, without social protection, and does not contribute to the government finances through payment of taxes.
 - e) Migration is another phenomenon that impacts the Jamaican economy, which has to be taken into consideration in order to harness the demographic dividend. Emigration – especially of skilled workers and professionals' is likely to impact growth and development in the Jamaican economy. However, migrants subsidize growth in the national economy through remitting remittances from overseas.
 - f) The demographic dividend creates opportunities to develop domestic savings and investment, and thus, to increase the productive capacity of the economy. However, ensuring that investments contribute to sustainable development is a priority. As recommended by the United Nations Conference on Trade and Development (UNCTAD), an investment policy should be developed in coherence with other policy areas, including, overall private sector or enterprise development, and policies in support of technological advancement, international trade and job creation⁹¹. Key sectors for sustainable development include basic infrastructure (roads, rail and ports; power stations; water and

⁸⁹ Flexibility in this context, means that employers can expand and contract their labour force and rotate workers across departments as necessary.

⁹⁰ Bloom, David E. (2003), *The demographic dividend: a new perspective on the economic consequences of population change* / David E. Bloom, David Canning, Jaypee Sevilla.

⁹¹ UNCTAD (2015), *Investment Policy Framework for Sustainable Development*. UNCTAD/DIAE/PCB/2015/5.

sanitation), food security (agriculture and rural development), climate change mitigation and adaptation, health, and education, as SDG related sectors⁹².

- a) The High-Level Development Working Group on the work of the Private Investment and Job Creation Pillar in its final report, recommends engaging in efforts to increase the job content of investment and growth, in terms of both quantity and quality, including through ILO employment targeting methodologies, to meet the immediate and long term sustainable development challenges, as well as to promote and facilitate Green Investment (investment supporting green growth objectives and that creates green jobs)⁹³.
- b) The Vision 2030, Jamaica plans to move the country into the realm of a green economy, measures should be taken to effectively manage the country’s environmental and natural resources. Many countries have shown the economic benefits of recycling waste materials and the efficient production and use of renewable energy (hydropower, wind, solar, biomass and waste-to-energy).

Good Governance and Accountability

The Vision 2030, Jamaica recognizes that *‘economic, social and environmental problems and solutions are all inter-connected and that an integrated approach, underpinned by good governance, to addressing these issues will ensure that our development is sustainable’*. The plan envisages seven national strategies that will take the country on a path of good governance, these are to:

1. Strengthen the process of participation of citizens in governance
2. Reform the justice system
3. Ensure tolerance and respect for human rights and freedoms
4. Engage in constitutional reform
5. Strengthen public institutions to deliver efficient and effective public goods and services
6. Foster equity in all spheres of society
7. Strengthen accountability and transparency mechanisms

⁹² UNCTAD. Ibidem

⁹³ “Promoting responsible investment for sustainable development and job creation”. Final report to the High-Level Development Working Group on the work of the Private Investment and Job Creation Pillar. Mexico Summit – June 2012.

Good governance will guarantee equality and non-discrimination, by adopting laws and policies to protect all individuals, without distinction of any kind (in the exercise of their social, cultural, economic, civil and political rights), and assure the full and equal participation of vulnerable groups in social, economic and political life.

Security

High levels of crime and violence have been determined to be a main factor for the low-growth, low-productivity trap in which the Jamaican economy has been caught since the 1970's. Policy measures should, to a large extent, concentrate on unattached youth, as they disproportionately make up victims and perpetrators of violent crime. Crime has adverse effects on economic growth in various ways:

- it creates a negative perception of Jamaica as a tourist destination;
- it increases operation costs for companies due to high costs for security and losses due to crime;
- it has a negative effect on foreign and local investments;
- it causes people to migrate to countries with a more certain environment; and
- crime diverts limited resources from other social services to crime prevention.

Appendix 2: Glossary of Terms

The Adolescent Fertility Rate is equal to the age-specific fertility rate for women in the age group 15 – 19 years old.

The Average Annual Growth of the total population is the rate of growth per year from one year to the next, expressed as a percentage.

The Contraceptive prevalence is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used. It is usually reported for married or in-union women aged 15 to 49.

The Crude Birth Rate (CBR) is equal to the number of births divided by the mid-year population

The Crude Death Rate (CDR) is calculated as the number of persons dying in a particular year, divided by the mid-year population.

The Demographic Dividend is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working age population (15-64years) is larger than the non-working age share of the population (UNFPA definition).

Demographic Transition is the transition from high birth and death rates to low birth and death rates in a country. The demographic transition coincides with changes from a preindustrial to an industrialized economic system in the country.

Disability is a situation where a person is at a greater risk than the general population of experiencing restrictions in performing routine activities (including activities of daily life) or participating in roles (such as work) if no supportive measures are offered

Educational Attainment is the highest grade/standard/diploma/degree completed in the education system of the country where the education was received. It covers both public and private institutions accredited by the government.

Emigrant person who departs from one country to take up residence in another.

Foreign direct investment (FDI) is an investment which gives controlling ownership in a local business by a private or public entity from another country.

The Gender Parity Index (GPI) is the ratio of female to male values of a given indicator. GPI equal to 1 indicates parity between females and males. In general, a value less than 1 indicates a disparity in favour of boys and a value greater than 1 indicates a disparity in favour of girls. However, the interpretation should be in the other way around for indicators that should ideally approach 0 per cent (e.g. repetition, dropout, illiteracy rates, etc.). In these cases, a GPI of less than 1 indicates a disparity in favour of girls and a value greater than 1 indicates a disparity in favour of boys (UNESCO).

Gross domestic product (GDP) is an aggregate measure of production equal to the sum of the gross values added of all resident institutional units engaged in production (plus any taxes, and minus any subsidies, on products not included in the value of their outputs). The sum of the final uses of goods and services (all uses except intermediate consumption) measured in purchasers' prices, less the value of imports of goods and services, or the sum of primary incomes distributed by resident producer units. (UNSD)

The Gross Enrollment Rate (GER) is the number of children enrolled in a level (primary or secondary), regardless of age, divided by the population of the age group that officially corresponds to the same level (UNESCO, 2004).

The Homicide Rate indicates the number of homicides in a population per 100,000 persons.

The Human Development Index (HDI) is a single indicator that serves as a reference for social and economic development. The index is based on the level of life expectancy, level of schooling and Gross National Income (GNI) of a country. The HDI places a minimum and a maximum for each development dimension, called goalposts, and then makes a list of countries showing where each individual country stands in relation to these goalposts, expressed as a value between 0 and 1.

The Infant Mortality Rate is defined as the probability of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period.

Immigrant is a person who move into a country for the purpose of taking up residence.

The Labour Force Participation Rate is the ratio between the number of people in the labour force in a particular age group and the overall size of the total population in the same age group. This is an important indicator as it represents the proportion of the population that is economically active.

Life expectancy at birth is the average number of years that a newborn baby is expected to live if the mortality conditions of the year corresponding to the life table remain constant.

The Literacy Rate is the percentage of people who can both read and write with understanding a short simple statement on their everyday life.

The Maternal Mortality Ratio is calculated as the number of maternal deaths per 100,000 live births.

The Natural Growth Rate indicates the growth per 1,000 persons in the population due to fertility and mortality. It is the difference between the CBR and the CDR.

The Neonatal Mortality Rate is the probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to age-specific mortality rates of that period, expressed per 1000 live births.

The Old-Age Dependency Ratio is the ratio of older dependents (people aged 65 and over) per 100 persons of working-age (those aged 15-64).

The Potential Support Ratio is the number of persons aged 15-64 per person aged 65 and over.

Replacement Level represents the average number of children a woman would need to have to reproduce herself by bearing a daughter who survives to childbearing age.

The Sex Ratio indicates the number of males per 100 females in a given population.

The Total Dependency Ratio relates the number of persons in the dependent age groups, that is, children (aged 0-14) and older persons (aged 65 and over), to the working-age population (aged 15-64). It is expressed per 100 persons in the working age group. The total dependency ratio is equal to the sum of the youth dependency ratio and the old age dependency ratio.

The Total Fertility Rate (TFR) gives the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to the

observed set of age-specific fertility rates. The measure is sometimes simply referred to as ‘total fertility’.

The Unemployment Rate is calculated by expressing the number of unemployed persons as a percentage of the total number of persons in the labour force. The labour force (formerly known as the economically active population) is the sum of the number of persons employed and the number of persons unemployed.

Unmet Need for Family Planning is the number or per cent of women currently married or in union who are fecund and who desire to either terminate or postpone childbearing, but who are not currently using a contraceptive method

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Appendix 3: Organizations & Persons Contacted

Name	Organization
Candice Rochester	Attorney General’s Chambers
Karen Small	Bureau of Gender Affairs
Kristal Tucker-Clarke	Bureau of Gender Affairs
Dr. Siddier Chambers	Bureau of Gender Affairs
Deniece Aiken	Caribbean Maritime University
Sharen Reid	Caribbean Maritime University
Monica Brown	Caribbean Vulnerable Communities Coalition
Gloria Goffe	Child Disabilities Association
Claudia Fletcher	EVE for Life
Dr. Pauline Russell-Brown	FAMLAN
Henry Mooney	Iner-American Development Bank
Kimberley Sherlock	Jamaica Association for the Deaf
Dr. Dianne Grande	Jamaica Bauxite Institute
Ciaron Walker	Jamaica Bauxite Institute
Dr. Christine Hendricks	Jamaica Council for Persons with Disabilities
Adrienne Pinnock	Jamaica Council for Persons with Disabilities
Lloyd McEvon Junior	Jamaica Customs Agency
Gary Wong	Jamaica Library Services
Sharon Gibson	Jamaica Money Market Brokers
Shunelle Nevers	Jamaica Social Investment Fund
Rhian Holder	Jamaica Social Investment Fund
Winsome Gordon	Jamaica Teaching Council, Ministry of Education, Youth and Information
Prudence James	Management Institute of National Development
Yvonne Jones-Nelson	Mico University College
Damion Gordon	Ministry of Economic Growth and Job Creation
Sancia Shaw-Henry	Ministry of Economic Growth and Job Creation
Tamara Milles	Ministry of Education Youth and Information
Peter L Gordon	Ministry of Education, Youth and Information
Phillipa Livingston	Ministry of Education, Youth and Information

Terron Francis	Ministry of Finance and Public Service
Dale James	Ministry of Foreign Affairs and Foreign Trade
Andrew Francis	Ministry of Foreign Affairs and Foreign Trade
Deniese Sealey	Ministry of Foreign Affairs and Foreign Trade
Dr. Karen Webster-Kerr	Ministry of Health and Wellness
Dr. Judith Leiba	Ministry of Health and Wellness
Joi Chambers	Ministry of Health and Wellness
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