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Healthy Caribbean Coalition

Healthy Caribbean Youth

Guidance on Meaningful Engagement of Youth

Including Young People Living with Non-Communicable Diseases in NCD-Related Health Decision-Making Across CARICOM

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July 2026

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Acknowledgements

This Guidance Note was developed to strengthen the meaningful engagement of youth, including young people living with non-communicable diseases (PLWNCDs), in NCD-related health decision-making across the Caribbean Community (CARICOM). It builds on regional commitments to participatory governance and aligns with the Healthy Caribbean Coalition's Strategic Plan 2025–2030, contributing to ongoing efforts to address the growing burden of non-communicable diseases (NCDs) through people-centred and rights-based approaches.

The development and coordination of this Guidance Note was led by the Healthy Caribbean Coalition (HCC) in collaboration with regional partners, civil society stakeholders, and youth advocates. The document was informed by a review of global frameworks and guidance on meaningful engagement, social participation and participatory health governance in the context of NCD-related policies, programmes, and services. This was complemented by interviews, and consultations with youth advocates, young people living with NCDs, health professionals, civil society leaders, and representatives of regional and national institutions. These consultations drew on perspectives from across CARICOM, including Antigua and Barbuda, The Bahamas, Barbados, Belize, The Cayman Islands, Grenada, Guyana, Jamaica, Montserrat, Saint Lucia and Trinidad and Tobago, helping to ensure that the Guidance Note reflects a broad range of lived, institutional, and regional experiences.

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Finally, we recognise the ongoing efforts of advocates, practitioners, policymakers, and institutions across the region who continue to work toward forms of engagement that enable young people to contribute to, shape, and influence NCD-related policies, programmes, and services through accountable and sustained partnerships.

Executive Summary

The Caribbean Community (CARICOM) faces a persistent and growing burden of non-communicable diseases (NCDs), which continue to account for the majority of premature deaths across the Region. At the same time, CARICOM remains a young region, with a significant proportion of its population under the age of 30. These realities make youth engagement in NCD-related health decision-making not optional, but essential. Young people are affected by NCDs in multiple ways: as individuals living with NCDs, as caregivers within households and communities, and as a generation increasingly exposed to preventable risk factors early in life. Yet, their participation in health decision-making related to NCDs remains uneven and limited.

This Guidance Note responds to that gap. Developed alongside a companion youth handbook, it is grounded in the recognition that effective and equitable decision-making on NCDs and related health policies, programmes, and services cannot be designed for youth, including young people living with NCDs, without being shaped with them. It builds on regional commitments and reflects growing global consensus that meaningful engagement strengthens the relevance, responsiveness, and effectiveness of NCD-related health decision-making processes. It also recognises lived experience as a form of expertise that can improve how policies, programmes, and services are designed, implemented, and reviewed.

The purpose of this Guidance Note is to establish a shared understanding of what meaningful engagement of youth, including young people living with NCDs, requires in practice across CARICOM. It clarifies the concept of meaningful engagement, examines common barriers that prevent participation from translating into influence, and sets out five core principles to guide practice: dignity and respect; power-sharing and equity; inclusion and fair representation; transparency and accountability; and institutionalization and sustainability. It then translates these principles into practical enablers for institutions and outlines a spectrum of engagement models to help actors select approaches that are credible, context-appropriate, and aligned with institutional readiness and intent.

A central message of the Guidance Note is that meaningful engagement depends on more than goodwill. It requires institutional commitment, clear pathways to influence, accessible and inclusive participation, recognition of lived experience, appropriate support and resourcing, and mechanisms for feedback and accountability. Without these conditions, engagement risks becoming tokenistic, extractive, or unsustainable. The Guidance Note therefore encourages institutions to move beyond one-off consultation and towards more deliberate, structured, and accountable forms of partnership with youth. It also highlights that different engagement models may be appropriate in different contexts, but that these must be matched honestly to institutional readiness and the level of influence genuinely being offered.

This Guidance Note is intended for two primary audiences. For institutions and decision-makers involved in NCD-related health governance and action, including regional institutions, ministries of health and other government sectors, NCD and mental health commissions and other coordinating mechanisms, youth-serving institutions, civil society organisations, development partners, and programme implementers, this Guidance Note offers a shared framework for strengthening how youth engagement is planned, supported, and carried through in NCD-related health decision-making. For youth, including young people living with NCDs, it provides a framework for understanding what meaningful engagement should look like, identifying barriers, and strengthening advocacy and accountability. A

companion youth handbook, *Caribbean Youth Voices: A Guide to Meaningful Engagement in NCD-Related Health Decision-Making* Across CARICOM, translates these concepts into practical tools and guidance to help young people navigate decision-making spaces with greater clarity, confidence, and purpose.

Together, these resources seek to support a shift in health governance across CARICOM: from symbolic inclusion toward sustained partnership, and from consultation toward influence. In doing so, it aims to contribute to more responsive, equitable, and people-centred health systems across the Region.

Acronyms

CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
NCD	Non-communicable Disease
NCDA	NCD Alliance
PAHO	Pan-American Health Organisation
PLWNCDs	People Living with Non-Communicable Diseases
WHO	World Health Organization

Glossary

This Guidance Note brings together actors from diverse sectors, disciplines, and lived experiences. To support meaningful collaboration across these different perspectives, the glossary below establishes shared definitions that promote consistency, accountability, and mutual understanding. The definitions clarify how central concepts are used within this document and across relevant literature, supporting a common language for youth, including those living with NCDs, institutions, and partners engaged in strengthening youth engagement in health decision-making across CARICOM.

Capacity Building: Capacity building is the provision of knowledge, skills, commitment, partnerships, structures, systems, and leadership to enable effective health action.[1]

Health Decision-Making: Health decision-making in health governance is a structured, evidence-based, and multi-stakeholder process aimed at formulating, implementing, and monitoring policies to improve public health.[2]

Health Equity: Health equity is the absence of unfair, avoidable or remediable differences in health status among population groups defined socially, economically, demographically or geographically.[1]

Health Governance: Health (systems) governance refers to the processes, structures, and institutions that are in place to oversee and manage a country's healthcare system. It manages the relationships between different actors and stakeholders involved in healthcare, including government agencies, healthcare providers, patients and their families, people and communities, civil society organizations, and private sector entities.[3]

Health Policy: Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.[1]

Lived Experience: What someone has experienced themselves, especially when it gives the individual knowledge or understanding that people who have only heard or learnt about such experiences do not have.[4]

Mental Health Conditions: Mental health conditions refer to disorders that affect mood, thinking, and behaviour, including depression, anxiety disorders, and trauma-related conditions. Mental health is integral to overall health and is closely associated with the prevention, management, and lived experience of NCDs.[5]

Non-Communicable Diseases (NCDs): Non-communicable diseases are chronic conditions that are not transmitted from person to person and tend to be long in duration and the result of a combination of genetic, physiological, environmental, and behavioural factors. The main types are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as asthma), and diabetes.[6]

Privilege: Typically unearned, exclusive benefits given to people who belong to specific social groups.[4]

Power: The ability to influence and control material, human, intellectual and financial resources to achieve a desired outcome. Power is dynamic, played out in social, economic and political relations between individuals and groups.[4]

Public health: An organised activity of society to promote, protect, improve, and – when necessary – restore the health of individuals, specified groups or the entire population. A combination of science, skills and values that functions through collective societal activities and involves programmes, services and institutions for protecting and improving the health of all people.[1]

Stigmatization: A complex, multilevel, social process in which individuals are labeled, stereotyped, separated, or discriminated against based on a particular characteristic, condition, or identity, often resulting in loss of status or opportunities.[7]

Tokenism: Tokenism refers to the superficial or symbolic inclusion of individuals or groups without meaningful influence over decisions or outcomes.[8]

Youth: Youth is commonly understood as the period of transition from dependence of childhood to independence of adulthood. For the purposes of this Guidance Note, youth refers to those 15 to 30 years of age, consistent with many Caribbean youth policies and recognising that definitions vary across Member States.[9]

Young People Living with Non-Communicable Diseases (NCDs): Young people living with NCDs are youth who have been diagnosed with one or more non-communicable diseases, including cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, or mental health conditions.

1. Introduction

As the Caribbean Community (CARICOM) continues to face a growing non-communicable disease burden, the question is no longer whether youth should be engaged in NCD-related health decision-making, but whether health systems are structured to engage them meaningfully. Non-communicable diseases (NCDs), including cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental health conditions, account for the majority of premature deaths in the Region, with growing implications for young people as individuals living with NCDs, as caregivers within affected households, and as a generation increasingly exposed to early and preventable risk factors.[10–12]

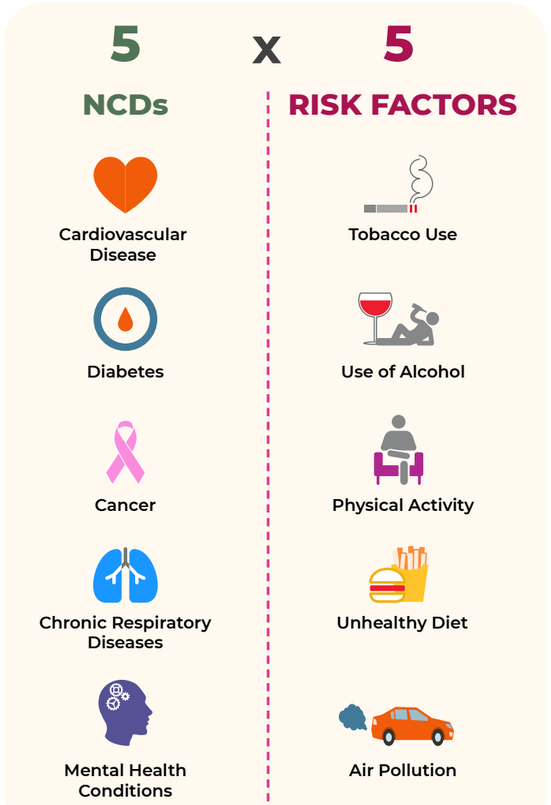


Figure 1. Non-communicable disease and risk factors

This challenge is sharpened by the Region's demographic reality. CARICOM remains a young region, with approximately 60 per cent of its population under the age of 30.[13] These two realities, a high NCD burden and a young population, create a critical policy paradox. While young people bear a growing share of the social, economic, and health consequences of NCDs, they remain inconsistently and inequitably involved in shaping the policies and programmes intended to respond to those realities.[14] Where engagement does occur, it is often consultative rather than influential, episodic rather than sustained, and insufficiently linked to decision-making or accountability.

At the level of regional commitment, however, CARICOM has articulated a different vision. The Declaration of Paramaribo recognises young people as assets to the Region, whose energy, creativity, and innovation are essential to collective progress.[15] Realising this vision in health governance requires more than inviting youth into existing spaces. It requires intentional structures and systems that value lived experience as expertise, address stigma and power imbalances, and create clear pathways for youth perspectives to shape decisions and influence outcomes.[4,16]

This is particularly important in the context of NCDs. Young people living with NCDs and those caring for relatives or navigating NCD-related risks in their communities, bring knowledge that institutions cannot obtain from technical evidence alone.[4,17] Global guidance increasingly recognises that engaging people with lived experience can improve the relevance, responsiveness and effectiveness of policy, support implementation, strengthen accountability, and contribute to more people-centred and resilient health systems.[16,18] Meaningful engagement is therefore not only a rights-based imperative, it is also a practical approach to better health governance.

Against this backdrop, this Guidance Note responds to a practical and strategic need across CARICOM: to move beyond symbolic inclusion and toward engagement that is intentional, equitable, transparent, and sustained. It is grounded in the understanding that effective health policy cannot be designed for youth, including young people living with NCDs, without being shaped with them.

What is the objective of this Guidance Note?

This Guidance Note aims to strengthen NCD-related health decision-making across CARICOM by establishing a shared understanding of what meaningful engagement of youth, including young people living with NCDs, requires in practice. It positions such engagement as a practical means of improving the equity, and effectiveness of health policies, programmes, and services related to NCDs and their wider determinants. By recognising lived experience as expertise and promoting more transparent, inclusive, and accountable decision-making, meaningful engagement can support better policy design, more grounded implementation, greater trust in health systems, and more people-centred health governance. The Guidance Note therefore sets out practical recommendations and core principles to support engagement that is respectful, equitable, inclusive, transparent, accountable, and sustainable across contexts and levels of decision-making.

Who is this Guidance Note for and how should it be used?

Meaningful engagement is a shared responsibility between institutions and youth. Reflecting this, the Guidance Note is intended for two primary audiences.

For institutions and decision-makers involved in NCD-related health governance and action, including regional institutions, ministries of health and other government sectors, NCD and mental health commissions and other coordinating mechanisms, youth-serving institutions, civil society organisations, development partners, and programme implementers, it provides guidance for strengthening how youth engagement is planned, supported, and carried through in NCD-related health decision-making. It can be used to inform new policies and programmes, strengthen existing mechanisms, and support reflection on the quality and accountability of engagement practice.

For youth, including young people living with NCDs, this document helps you understand what meaningful engagement should look like, recognise barriers you may face, and know what you can reasonably expect from institutions. It can also support your advocacy by providing shared language and benchmarks to hold decision-makers accountable. A companion resource, *Caribbean Youth Voices: A Guide to Meaningful Engagement in NCD-Related Health Decision-Making Across CARICOM*, has been developed to complement this Guidance Note by translating its principles into practical tools and guidance for young people navigating decision-making spaces.

By speaking to both groups, the Guidance Note promotes a shared language, mutual expectations, and more equitable partnerships. It does not prescribe a single model of engagement; rather, it offers adaptable guidance that can be applied across NCD-related contexts, sectors, and levels, from regional and national policy processes to community-based action, in alignment with regional and national priorities.

Dr. Carla Barnett, CARICOM Secretary-General, International Youth Day 2025

2. Understanding Meaningful Engagement

What do we mean by meaningful engagement?

Meaningful engagement does not have a single, universally applied meaning. Its interpretation and practice are shaped by context, power, identity, and lived experience. Across global guidance, however, there is broad agreement that meaningful engagement goes beyond presence, consultation, or information-sharing. It requires intentional, inclusive, and mutually respectful processes through which people are able to influence decisions that affect their lives.[4,18]

In the context of health decision-making spaces, meaningful engagement must be understood not simply as participation but as sustained influence. It means that the knowledge, perspectives, and lived realities of those engaged are recognised as valuable and are reflected in how priorities are set, how policies and programmes are designed, how implementation is approached, and how accountability is maintained. For youth, including young people living with NCDs, meaningful engagement also depends on whether institutions are willing to share power, create enabling environments, and demonstrate how participation contributes to action.[4,17,19]

For this Guidance Note, meaningful engagement of youth, including young people living with non-communicable diseases, can be understood as:

A sustained, intentional, and reciprocal process that enables youth to influence health decision-making. It recognises lived experience as expertise, creates safe spaces for authentic participation, addresses power imbalances, embeds mutual respect and systems learning, and requires institutional commitments to transparency, feedback, and accountability so that participation results in visible action and shared responsibility for outcomes.

This definition draws on regional consultations with youth and people living with non-communicable diseases (PLWNCDs), alongside global frameworks that emphasise mutual respect, power-sharing, inclusion, and accountability as core features of meaningful engagement.[4,17,18] It is grounded in the realities of Caribbean states, where communities are closely connected; stigma and social visibility shape whose voices are heard, and health and institutions often operate within resource and capacity constraints.

Meaningful Engagement of Youth

Across the Caribbean, definitions of youth vary, though most national policies use the range of 15 to 30 years. Youth have long been recognised as a driving force for transformation and champions of social, economic, and political progress across the Region.[15,20] Their perspectives reflect both present realities and future consequences of decisions being made today. Their engagement in health decision-making is therefore not only appropriate, but necessary to responsive and sustainable governance.[20,21]

Youth engagement in health decision-making takes place across formal and informal spaces, including youth councils, civil society organisations, advocacy networks, political youth arms, national youth parliaments, and regional consultative forums (Box 1).[19] Yet the existence of these spaces does not, on its own, guarantee meaningful engagement. In many cases, youth participation remains limited to consultation, with unclear roles, weak feedback loops, and few mechanisms to ensure that input influences decisions.

Meaningful engagement of youth requires more than inviting young people to speak on youth-related issues or to simply be present in decision-making spaces. It requires structured opportunities to contribute across the policy and programme cycle, including agenda-setting, design, implementation, monitoring, and review. It also requires support: accessible information, clear expectations, capacity strengthening, and environments in which young people can participate without being dismissed, patronised, or expected to perform expertise on unequal terms. Meaningful youth engagement is therefore best understood as influence with support, rather than presence without power.[18,19,22]

"Meaningful youth engagement is consistent, it's intentional, it's open, and it's reciprocal. I want to, on a regular basis, be able to give my feedback. I want to know that you're hearing me, and I want to be heard. And I want those communications to result in action."

Former CARICOM Youth Ambassador, Montserrat, 2026

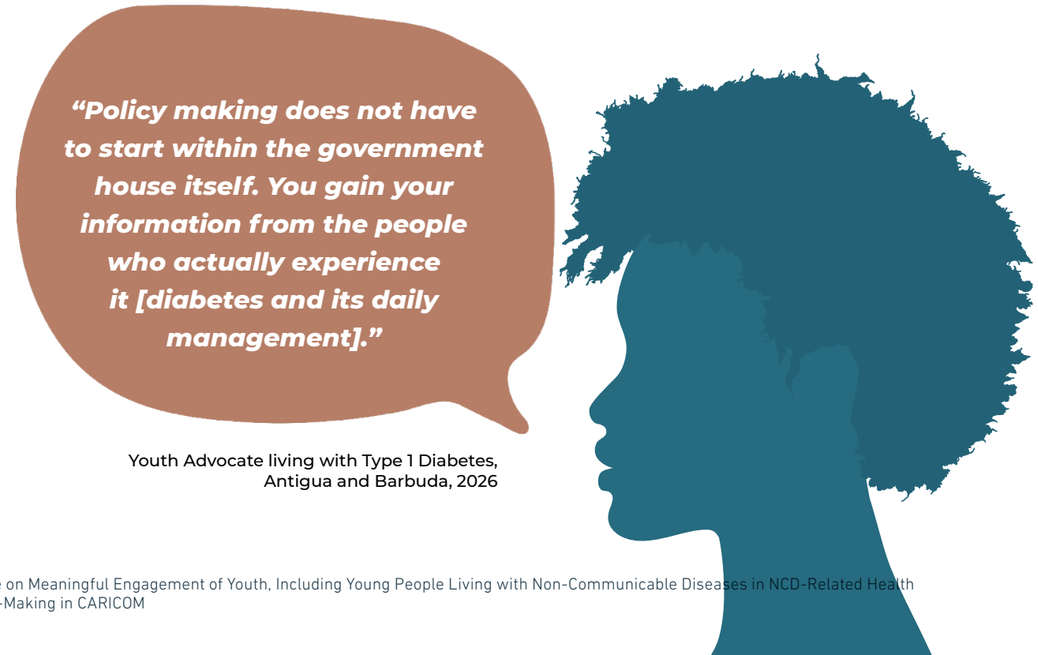
Meaningful Engagement of People Living with Non-Communicable Diseases (PLWNCDs)

Non-communicable diseases account for the majority of premature morbidity and mortality across CARICOM, with growing implications for individuals, families, and health systems.[10] Young people living with NCDs, and young people caring for relatives and loved ones with these conditions, bring critical insight into barriers to prevention, diagnosis, treatment, continuity of care, stigma, and the everyday realities of living with chronic illness. Their perspectives are particularly important because they reveal how policies and services are experienced in practice, not only how they are intended to function.[16,17]

Engagement of people living with NCDs often takes place through peer groups, condition-specific associations, community organisations, and regional civil society networks (Box 1). These spaces can offer support, solidarity, and "filter-free" environments where lived experience can be shared without judgement. They can also serve as entry points into national and regional policy forums.[16] Despite these opportunities, participation of young people living with NCDs remains limited, and many face barriers that prevent sustained involvement.

At the same time, engagement of PLWNCDs remains largely siloed and insufficiently embedded within formal decision-making structures. Persistent stigma, particularly in healthcare and community settings, can discourage disclosure and limit open participation.[16,23] Even among PLWNCDs who hold policy-influencing or policymaking roles, there can be hesitation to draw on their own lived experiences in the decision-making processes, reflecting the sensitivities that can surround disclosure, stigma, and the place of personal experience in policy spaces.

Meaningful engagement of young people living with NCDs, therefore, requires more than simply including them in existing processes. It requires safe and respectful environments, attention to confidentiality and disclosure preferences, and clear institutional willingness to treat lived experience as expertise rather than as a personal story offered at the margins of decision-making.[4,24]



Youth Advocate living with Type 1 Diabetes, Antigua and Barbuda, 2026

Box 1. Examples of Engagement Mechanisms in the Caribbean

Youth Engagement

- CARICOM Youth Ambassador Programme
- Caribbean Regional Youth Council
- PAHO Youth for Health Group
- OECS Youth Empowered Society
- UN Youth Advisory Group for Barbados and the Eastern Caribbean
- UNICEF Adolescent and Young People Action Board
- National Youth Parliaments
- National and Regional Youth Advocacy Networks like:
  - Jamaica Youth Advocacy Network
  - Healthy Caribbean Youth

PLWNCDs Engagement

- National NCD Commissions
- National Mental Health Commissions
- Local Civil Society or Condition-Specific Organisations like:
  - Diabetes Associations
  - Heart Foundations, or
  - Cancer Societies
- Regional Networks like:
  - Healthy Caribbean Coalition

3. Barriers to Meaningful Engagement

Meaningful engagement does not fail because of a lack of interest. It falters when systems, resources, and power structures do not enable participation to translate into influence. Across health governance and social participation literature, recurring barriers include weak institutionalization, unequal power, tokenistic practice, limited accessibility and resourcing, stigma and discrimination, and insufficient support for both participants and institutions. Recognising and addressing these barriers is a necessary step toward designing engagement processes that are effective, equitable and sustainable.[4,25]

Structural and Institutional Barriers

How systems are designed and governed

In many settings across the Caribbean, health decision-making remains centralised within ministries and technical units, with limited formal pathways for external participation. While engagement may be encouraged in principle, it is not consistently embedded across policy, planning, implementation, and review processes. Where mechanisms exist, they are often ad hoc and dependent on individual champions rather than on clear mandates, dedicated resources, and established mechanisms for sustained input.[25] In the Caribbean, regional health governance includes multiple institutions, committees, and processes, but coordination and uptake are not always consistent across Member States. Where governance arrangements for NCDs are fragmented or weakly linked to broader participation systems, continuity and collective influence can be limited. Without formalised mechanisms and clear processes showing how participation informs decisions and follow-through, engagement is likely to remain episodic, and uncertain in its impact.[20,25–27]

Unequal Power and Influence in Decision-Making

Who holds influence and whose knowledge counts

Meaningful engagement is often constrained by unequal power relations that shape whose voices are heard, acknowledged, and acted upon. Hierarchies linked to age, professional status, and institutional authority shape whose perspectives are prioritised in decision-making spaces.[23] In small island contexts, these dynamics are intensified by social class, economic power, and the influence of community power holders, thought leaders, informal brokers, and others whose proximity to decision-makers confers access and legitimacy. Cultural norms rooted in colonial legacies continue to shape perceptions that youth are inexperienced, not ready, or should be 'seen and not heard'. In practice, technical credentials are often treated as more legitimate than lived experience, reinforcing inequities for those without formal qualifications. These biases are further reinforced by informal networks where who you know can matter as much as institutional pathways. Without deliberate power-sharing and recognition of experiential knowledge as expertise, participation remains unequal and rarely translates into influence.[4,16,20]

Tokenism and Extractive Engagement Practices

How participation is used rather than enabled

Engagement is often limited to one-off consultations, with little clarity about purpose, scope of influence, or next steps. Youth and young people living with NCDs may be included in decision-making spaces for visibility or representation without meaningful roles or real influence in decision-making. Participants may be asked to share personal experiences without being positioned as contributors to solutions. A consistent feature of tokenistic engagement is the absence of feedback and accountability. When institutions do not explain how input was used, or why it was not reflected, participation can become extractive rather than collaborative. This lack of transparency is a pervasive system flaw that can be particularly discouraging for youth, who are often excluded from follow-up communication. Repeated experiences of tokenism erodes trust, reduces motivation, and discourages sustained participation over time.[4,23,25]

Social, Economic, and Accessibility Barriers

Who can show up and remain engaged

Participation requires time, resources, and support, assets that are often unevenly distributed. Youth unemployment, underemployment, uneven access to education and skills development, caregiving responsibilities, and health-related costs can limit participation. These conditions affect whether youth can consistently participate in unpaid or insufficiently supported engagement processes, particularly where involvement requires travel, digital access, time away from work or caregiving, or confidence navigating formal systems. Accessibility barriers further shape who is able to participate fully. These include the timing and format of meetings, inaccessible physical or virtual spaces, lack of accommodations for disability or health-related needs, use of highly technical language, and limited resources for youth-led engagement. Accessibility barriers, including meeting times, virtual access, and the use of technical language, further restrict inclusion. Without intentional support, engagement tends to privilege those with greater socioeconomic stability, stronger networks, and prior exposure to policy spaces. These dynamics systematically exclude marginalised youth and undermine the diversity and continuity needed for meaningful participation.[4,20,28,29]

Discrimination, and Stigma

Why some voices are excluded or silenced

Discrimination and stigma shape both access to decision-making spaces and experiences within them. For young people living with NCDs, stigma encountered in schools, workplaces, healthcare settings, and communities can discourage disclosure and limit open participation.[29] Fear of judgment or breaches of confidentiality can contribute to self-censorship, even when individuals are present. In small island contexts, high social visibility can intensify these risks. Lived experience tied to illness, disability, or other marginalised identities may be dismissed or undervalued, reinforcing exclusion. Discrimination may also intersect with age, gender, disability, socioeconomic status, ethnicity, religious belief and other forms of marginalization, shaping whose knowledge is valued and whose concerns are acted upon. Without intentional efforts to create safe, inclusive, and affirming environments, engagement processes risk reproducing existing inequities.[4,28]

Capacity Gaps

Who can participate effectively and who is left behind

Capacity gaps affect both the ability of youth to engage meaningfully and the ability of institutions to support engagement effectively. Among youth, differences in health literacy, governance knowledge, and familiarity with policy processes influence confidence and ability to participate effectively. These gaps often reflect unequal access to education, information, mentoring and prior opportunities, rather than a lack of interest. Institutions also face capacity gaps. They may underestimate the support required for meaningful engagement, lack experience in inclusive facilitation, or fail to resource the communication, preparation, and follow-up needed to make participation effective. Capacity is cumulative and cannot be built through one-off efforts. Meaningful engagement requires sustained investment in both youth development and institutional readiness.[4,20,28]

4. Principles of Meaningful Engagement

Meaningful engagement of youth and young people living with non-communicable diseases in health decision-making requires more than consultation or representation. It requires intentional, respectful, inclusive, and sustainable ways of working that enable young people to contribute to, influence, and help shape decisions across agenda-setting, design, implementation, monitoring, and review. In this Guidance Note, meaningful engagement is understood not simply as participation, but as participation that is linked to influence, trust, transparency, and tangible outcomes.

The following principles are drawn from global and regional guidance on meaningful engagement, including youth engagement, lived-experience engagement, disability-inclusive engagement, and participatory governance, as well as consultations with youth advocates, people living with NCDs, and practitioners across the Caribbean. Together, they provide a shared framework for how institutions and young people can work together so that engagement is credible, equitable, and sustained in practice.[4,18–22,30,31]

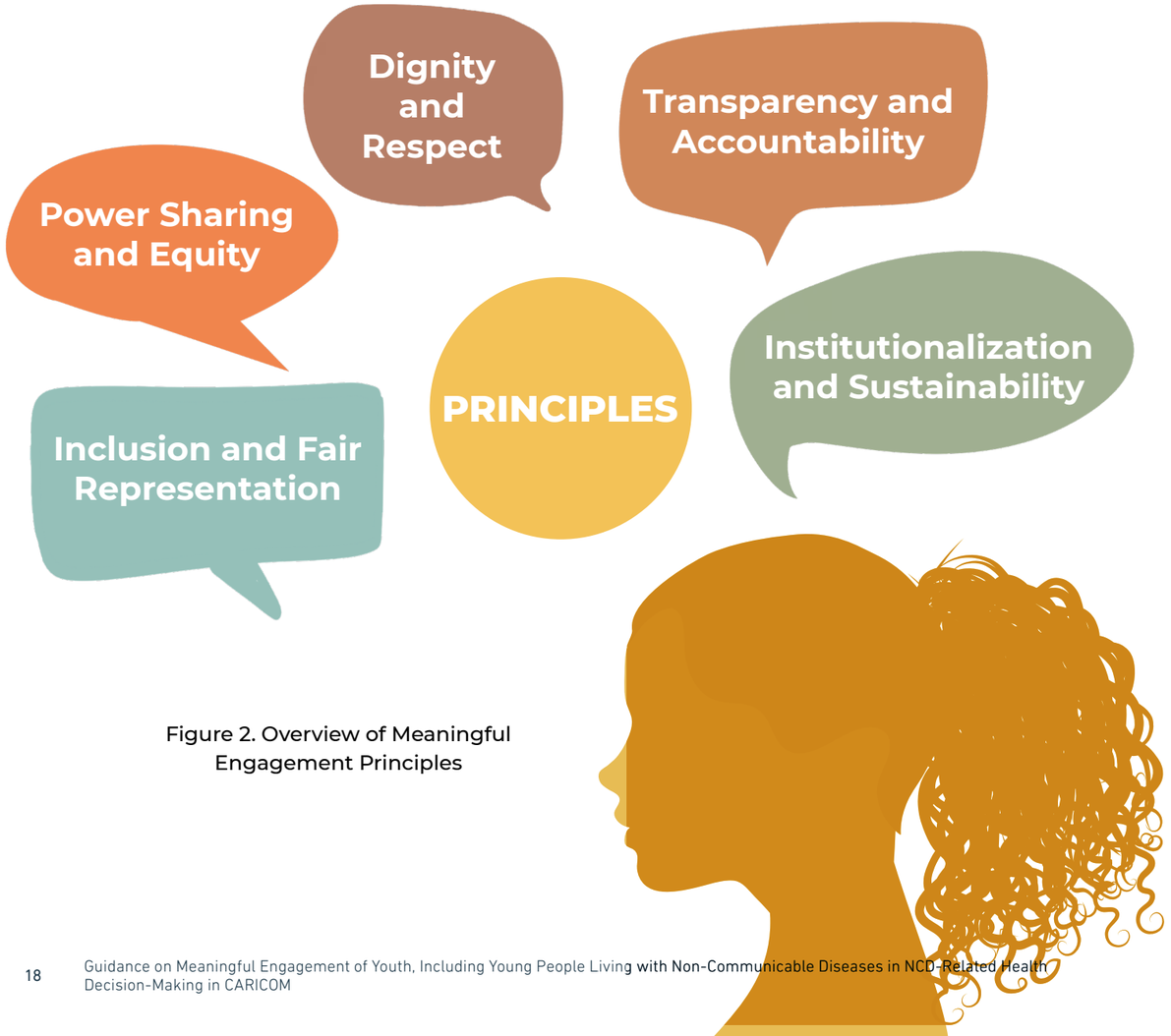
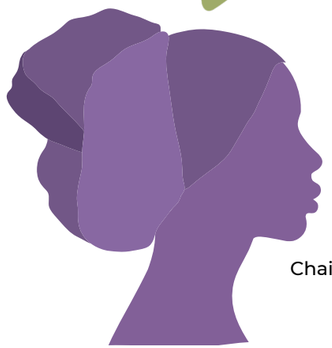


Figure 2. Overview of Meaningful Engagement Principles

Dignity and Respect

The lived experience of young people, whether living with NCDs, at risk, or serving as caregivers, is valid expertise deserving of respect. Engagement must affirm youth, including young people living with NCDs, as rights-holders and co-creators, not merely beneficiaries or symbolic participants. This requires creating conditions where young people can participate safely, authentically, and without fear of judgment, with attention to their emotional and psychosocial well-being throughout the process.

> ***"There needs to be respect between both parties. There needs to be understanding that I have knowledge as a youth that you don't have; you have knowledge as an experienced adult that I don't have. Working together, there'll be a better product."***



Chair, Trinidad and Tobago NCD Alliance, 2026

Power Sharing and Equity

Meaningful engagement requires more than being heard; it requires genuine opportunities to influence decisions. This means sharing power across agenda-setting, design, implementation, monitoring, and review. Power imbalances shaped by age, status, political hierarchy, disability, gender, and socioeconomic position must be actively acknowledged and addressed. This means creating genuine opportunities for young people to shape agendas, challenge decisions, and lead when appropriate. It also requires institutional willingness to examine assumptions about whose knowledge is seen as credible and to recognise that lived experience brings insights that technical expertise alone cannot provide.

Inclusion and Fair Representation

Meaningful engagement is strengthened when it reflects the full diversity of young people across age, gender, geography, socioeconomic background, religious belief, disability, ethnicity, and lived experience of NCDs. This requires intentional outreach beyond familiar networks to reach those typically excluded: youth from smaller island states, indigenous youth, those with caregiving responsibilities, those navigating stigma or discrimination, and those who may not self-identify as advocates but whose perspectives are no less essential. Inclusion is not only about who is invited into the room, but whether those present are able to participate fully and meaningfully.

> ***"We need more spaces, more direct communication with policymakers and decision makers, and more meaningful inclusion of young people on policy that affects them."***

Indigenous Youth Advocate, Dominica, 2026

Transparency and Accountability

Meaningful engagement requires clarity of purpose, openness about what is possible and mutual accountability between institutions and participants. From the outset, participants should understand why engagement is taking place, what decisions are open to influence, how input will be used, and how outcomes will be communicated. Accountability operates in both directions: institutions are responsible for acting on input or explaining their decisions, while participants share responsibility for engaging constructively and representing perspectives faithfully. Clear feedback on how contributions informed decisions, or why they did not, helps to sustain trust, credibility, and continued participation.

Institutionalization and Sustainability

Engagement is most effective when embedded within governance structures rather than dependent on individual champions or short-term projects. This requires dedicated resources, defined roles, documented pathways to influence, and succession planning that ensures engagement outlasts any one leader, advocate, or initiative. Sustained investment in capacity-building for both youth and institutions is also essential. When engagement is institutionalized and supported over time, it becomes a durable feature of decision-making rather than a discretionary or symbolic exercise.

"Meaningful engagement is having a structured approach to how things are being done, how young people are being incorporated, how they're being informed, and how this whole process is sustained to assist them to be a part of that decision-making process."

Youth Development Practitioner, CARICOM, 2026

For real-world examples of these principles in action, see the case studies in Appendix B, which showcase how organizations across the Caribbean are embedding meaningful engagement within their structures and practices.

Key source frameworks for the principles of meaningful engagement:

- **WHO framework for meaningful engagement of people living with non-communicable diseases, and mental health and neurological conditions:** Principles of Meaningful Engagement
- **Global Consensus Statement on Meaningful Adolescent and Youth Engagement**
- **Our Common Agenda Policy Brief on Meaningful Youth Engagement in Policy and Decision-making Processes**
- **UNICEF Child and Youth Councils: Guidance to Support Meaningful Participation**
- **Youth2030 Action Guide for United Nations Country Teams:** Leadership and culture in United Nations Country Teams for meaningful youth engagement

5. Operationalising Meaningful Engagement

While principles establish shared expectations, they do not, on their own, change practice. Operationalising meaningful engagement requires institutions to translate these principles into concrete structures, processes, and ways of working. This means creating the conditions under which participation is not only invited, but supported, influential, and sustained over time.

The barriers outlined in Section 3 show that meaningful engagement is shaped by more than good intentions. Weak institutional mechanisms, unequal power, tokenism, limited accessibility and resourcing, stigma, and capacity gaps all affect whether participation translates into influence. Responding to these barriers requires deliberate institutional action that embeds engagement within governance and decision-making processes.

The enablers below translate the principles of dignity and respect, power-sharing and equity, inclusion and fair representation, transparency and accountability, and institutionalization and sustainability into practical institutional conditions. Together, they represent the minimum conditions needed for engagement to be credible, inclusive, and consequential. Although implementation will vary by context, the absence of these conditions increases the risk that engagement will remain symbolic, inconsistent, or extractive.

Table 1. Enablers for Operationalising Meaningful Engagement[4,18,21–23,25,32]

Enabler	What this requires in practice
Institutional Commitment and Governance *Addresses: Structural and Institutional Barriers; Tokenism and Extractive Engagement Practices*	★ Visible, sustained leadership commitment to engagement at senior levels ★ Dedicated and sustained resources, including time, personnel, and budget, to operationalise engagement ★ Formal mechanisms for engagement within policy and programme structures, such as youth advisory boards, defined seats within decision-making committees ★ Engagement embedded in governance processes, thereby reducing reliance on ad hoc approaches or individual champions
Safe and Inclusive Participation *Addresses: Discrimination and Stigma; Social, Economic, and Accessibility Barriers*	★ Accessible participation modalities accommodating disability, language, caregiving responsibilities, geographic constraints, technology access, and health-related needs ★ Measures to protect confidentiality, accommodate disclosure preferences, particularly for young people living with NCDs ★ Proactive efforts to address stigma and discrimination within engagement spaces, including facilitation approaches that affirm lived experience and mitigate power imbalances including facilitation approaches that affirm lived experience and mitigate power imbalances
Clear Roles and Pathways to Influence *Addresses: Tokenism and Extractive Engagement Practices; Unequal Power and Influence in Decision-Making*	★ A clearly defined purpose for engagement, with roles and responsibilities established for youth participants and institutions before, during, and after engagement ★ Transparent and equitable processes for participant selection or representation ★ Clarity on which decisions are open to influence, including any constraints or limitations ★ Defined pathways showing how input informs policy, programme, or project decisions, ensuring participation translates into influence
Compensation and Recognition *Addresses: Social, Economic, and Accessibility Barriers; Unequal Power and Influence in Decision-Making*	★ Recognition of lived experience as a form of expertise, valued alongside technical and professional knowledge ★ Clear policies on stipends, honoraria, and reimbursement (eg. transportation, data, accommodation, meals) ★ Transparent communication about what compensation is available and how to access it ★ Consideration of the financial and emotional costs of participation to reduce burnout and enable sustained engagement
Capacity Building *Addresses: Capacity Gaps; Unequal Power and Influence in Decision-Making*	★ Ongoing capacity-building for youth and young people living with NCDs in advocacy, public speaking, health literacy, governance literacy and policy processes ★ Parallel capacity-building for institutions on inclusive facilitation, power-sharing, and valuing lived experience as expertise ★ Structured peer mentoring and intergenerational learning opportunities that enhance advocacy and leadership skills ★ Recognition that capacity-building is cumulative and requires sustained opportunities to apply skills in real decision-making contexts
Feedback, Monitoring, and Accountability *Addresses: Tokenism and Extractive Engagement Practices*	★ Established feedback mechanisms to communicate decisions, actions, and the rationale for how input was used or not used ★ Integration of engagement indicators into monitoring and evaluation frameworks to track both youth participation and influence ★ Documentation of lessons learned and iterative improvement engagement ★ Mechanisms that support mutual accountability between institutions and participants

These enablers are interdependent and mutually reinforcing. For example, accessible participation without clear pathways to influence may still result in tokenism; capacity-building without institutional commitment may leave youth better prepared but no more influential; and participation without feedback can erode trust even when engagement appears inclusive. Meaningful engagement therefore requires coordinated action across governance, practice, and culture.

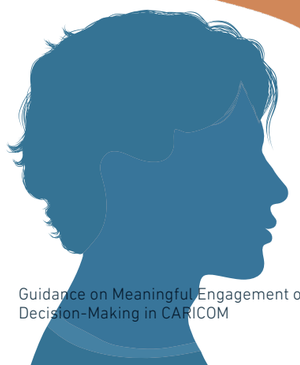
Key reference frameworks for operationalising meaningful engagement:

- **WHO Framework for Meaningful Engagement of People Living with Non-communicable Diseases, and Mental Health and Neurological Conditions:** Enablers for operationalization of meaningful engagement
- **WHO Social Participation for Universal Health Coverage Technical Paper**
- **WHO Voice, Agency, Empowerment: Handbook on Social Participation for Universal Health Coverage**
- **Meaningfully Engaging with youth: Guidance and Training for UN staff**
- **UNICEF Child and Youth Councils: Guidance to Support Meaningful Participation**

"In terms of real engagement, it has to be ongoing. It can't just be a stakeholder consultation that says, 'Come and tell me your problems, and maybe we'll figure out a policy.'

It is to actually say, 'We're going to work together to find something that helps.' And when we're implementing the policy, you're part of the implementation—because that way there is an accountability mechanism built in."

Health Advocate, International Development Professional, PLWNCDs Advisory Committee, 2026



6. Selecting and Applying Engagement Models

Meaningful engagement is not a one-size-fits-all process. Institutions must choose approaches that match both their readiness and their genuine intent for engagement. A model that is too limited may underuse the knowledge and leadership of youth, including young people living with NCDs. A model that overstates the level of influence available may create unrealistic expectations and reinforce distrust. The goal is not to select the most ambitious model in principle, but the most credible and appropriate model in practice, while remaining open to deepening engagement over time.[4,21]

For the purposes of this Guidance Note, **engagement models** are structured ways of organising participation that define the level of influence youth hold across a decision-making process. These models exist along a spectrum of influence, from consultation to youth-led initiatives, and reflect increasing levels of shared power, responsibility and accountability.[21]

Readiness is multidimensional. It includes the extent to which an institution's culture welcomes youth participation, whether young people's contributions are seen as credible and valuable, whether leadership is willing to share influence, and whether sufficient time, staff, resources, and skills are in place to support engagement well.[33]

Intent refers to what an institution genuinely seeks to achieve through engagement. In some cases, the purpose may be to gather perspectives to inform decisions. In others, it may be to involve youth directly in shaping priorities, co-designing responses, supporting implementation, participating in monitoring, or leading action themselves.

Meaningful engagement depends on honest alignment between this intent, the model selected, and the level of influence that can realistically be supported. The following sections provide tools to support this alignment. They begin with a readiness check to help institutions assess whether the conditions for meaningful engagement are in place, then outline the main engagement models, and finally offer guidance on how to match models to context, capacity, and purpose.

Readiness Check: Are We Prepared for Meaningful Engagement?

Before selecting an engagement model, institutions should candidly assess their own readiness across key dimensions: institutional climate, prevailing attitudes and practice, commitment to change, and capacity to implement.[33]

This reflection helps to match readiness with intent, and intent with action, so that expectations are managed across all stakeholders. The questions on the next page in Figure 3 are designed to help you take stock of where your institution stands today and identify where further investment or preparation may be needed.

If the answers to these questions reveal significant gaps, for example, an inability to point to recent examples of inclusive participation or clear pathways through which youth input shapes outcomes, this suggests that readiness is still developing. In such cases, the immediate task is to strengthen institutional conditions before launching an engagement process that risks becoming extractive or symbolic.

Institutional Climate

- ☐ How are young people typically framed in our organization's internal communications – as beneficiaries, advisors, partners, leaders, or something else?
- ☐ Has our organization taken any steps to identify or address norms or practices that might discourage youth participation?

Attitudes and Current Practice

- ☐ What are our prevailing beliefs about young people's capacity, particularly those living with NCDs, to contribute to health decision-making?
- ☐ How have young people been involved in our organization's health-related decisions or programs in the past two years? What worked well and what did not?

Commitment to Change

- ☐ Has our senior leadership publicly supported or taken action to advance youth engagement in the past year? If yes, what did they do?
- ☐ When youth perspectives challenge existing practice, how does the organization typically respond?

Attitudes and Current Practice

- ☐ What are our prevailing beliefs about young people's capacity, particularly those living with NCDs, to contribute to health decision-making?
- ☐ How have young people been involved in our organization's health-related decisions or programs in the past two years? What worked well and what did not?

Figure 3. Meaningful Engagement Readiness Check

For additional Readiness and Reflection Tools, see Appendix A.

Understanding Engagement Models

The model of youth engagement can take many forms along a spectrum of influence. These models are not rigid categories, but reference points to help institutions choose an approach that is credible, context-appropriate, and aligned with both readiness and intent.[21]

- In a **consultative** model, youth are invited to share perspectives, experiences, or feedback in relation to the project or programme, or a specific dimension within. Youth influence proceedings, but they do not hold decision-making authority or direct control over outcomes.
- In a **contributory** model, youth take on defined roles in planning, design, implementation, or monitoring processes with structured responsibilities and influence at specific stages. They may contribute to specific tasks, working groups, or stages of a programme while institutions retain primary control over final decisions and outcomes.
- In a **partnership** or **co-leadership** model, youth and institutions share decision-making authority across multiple stages of a process. Partnership and co-leadership enable youth to influence, challenge, and engage with both the process and the outcome.
- In a **leadership** model, youth are responsible for all stages of the process, from initiation to planning, implementation, as well as monitoring and evaluation. Institutions and partners act as facilitators, enablers, or resource providers.

Different models may be appropriate at different stages of decision-making. For example, a consultative process may suit early issue identification, while a contributory or partnership model may fit programme design or implementation. What matters most is that the model chosen is clearly communicated, realistically supported, and proportionate to the level of influence institutions are genuinely prepared to share.

The classification of youth above refers to youth and young people living with NCDs

Figure 4. Spectrum of Youth Engagement Models

Matching Engagement Model to Readiness and Intent

The choice of engagement model must be a deliberate match between an institution's current readiness and its genuine intent for engagement.

When readiness is developing—organizational climate not yet fully welcoming, attitudes toward youth capacity still evolving, commitment emerging but not yet tested, resources limited—institutions should avoid framing engagement as partnership or leadership. A well-designed consultative or contributory process may be a more appropriate and credible starting point. Importantly, if the long-term goal is to deepen engagement over time, this trajectory should be communicated to youth participants so they understand that the current model is a foundation, not a ceiling, and that their contributions will help shape what comes next.[21,33]

When readiness is stronger—organizational climate welcomes youth participation, attitudes affirm young people's capacity, leadership commitment is visible and sustained, resources are dedicated—institutions should move beyond consultation toward partnership or co-leadership. Defaulting to consultative models out of habit or caution underestimates what young people can contribute, stifling innovation and squandering the unique expertise that only lived experience can provide.[21,33]

Misalignment between intent and model of engagement carries significant risks. Over-promising influence, for example, framing a process as a partnership while delivering only consultation breeds cynicism and erodes trust, reinforcing the very barriers this guidance seeks to dismantle. Conversely, failing to offer the level of influence that institutional capacity could support signals that youth contributions are not genuinely valued and reinforces power imbalances.[4,21]

Institutions should therefore communicate the chosen model clearly, including the scope of influence, the rationale for the model, and any constraints that shape what is possible. Honest framing helps manage expectations, supports trust, and creates a stronger basis for accountability. It also creates conditions for engagement to deepen over time. As institutional readiness strengthens and relationships mature, engagement can evolve from consultation toward partnership and leadership, moving along the spectrum in response to growing trust, capacity, and demonstrated commitment on all sides.

7. Conclusion

The burden of non-communicable diseases in CARICOM is not a challenge that can be solved for young people; it must be solved with them. The energy, creativity, and lived expertise of youth and young people living with NCDs are not merely assets to be consulted but are foundational to the development of effective, equitable, and sustainable health policies. Moving from the Declaration of Paramaribo's vision to lived reality requires a fundamental shift in how health institutions operate. It demands a move away from episodic, symbolic inclusion toward the sustained, intentional, and well-resourced partnerships that define meaningful engagement. The principles of dignity and respect, power-sharing and equity, inclusion and fair representation, transparency and accountability, and institutionalization and sustainability are not abstract ideals; they are the practical guardrails for a new way of working.

Achieving this vision is a shared responsibility. For institutions, it means committing to reflection, dedicating the necessary resources, and institutionalising feedback loops so that participation translates into influence and tangible outcomes. For youth and young people living with NCDs it means continuing to organise, advocate, and bring your indispensable perspectives to these spaces, holding institutions accountable to their commitments. This Guidance Note is intended as a living resource to support that journey. By embedding these principles and practices across the policies, programmes and services, governments and institutions across CARICOM involved in NCD decision-making can build health systems that are not only more responsive to the needs of their people but are actively co-created by them, ensuring a healthier, more inclusive, and prosperous future for the entire Region.

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APPENDICES

Appendix A: Readiness and Reflection Tools

The tools in this appendix are designed to help institutions reflect on their readiness for meaningful engagement and identify areas for strengthening. Each tool aligns with the five principles of meaningful engagement (Section 4) and the six enablers for operationalization (Section 5). Readers are encouraged to return to these sections for deeper guidance on specific dimensions.

A1. Readiness Check: Is This Engagement Likely to Be Meaningful?

This reflection pathway is designed as a practical tool for both institutions and youth stakeholders. Institutions can use it to reflect on readiness before launching engagement. Youth and young people living with NCDs can use it to determine whether an invitation to participate is likely meaningful or risks being tokenistic.

START: Is there a clear purpose for engagement? (Principle: Transparency and Accountability)
YES → Continue
NO → STOP. Clarify the purpose first.

Has the purpose been communicated to all stakeholders? (Principle: Transparency and Accountability)
YES → Continue
NO → STOP. Transparency is foundational.

Is there visible commitment at the senior leadership level? (Principle: Sustainability and Institutionalization)
YES → Continue
NO → PROCEED WITH CAUTION. May not be sustainable.

Have dedicated resources (time, personnel, and budget) been allocated? (Principle: Sustainability and Institutionalization)
YES → Continue
NO → STOP. Without dedicated resources, engagement risks being ineffective.

Are you prepared to share meaningful decision-making power with youth participants? (Principle: Power Sharing and Equity)
YES → Partnership or Leadership models may be appropriate
NO → Are you clear about what decisions ARE open to influence?

YES → A consultative model may be appropriate
NO → STOP. Without clarity on influence, expectations cannot be managed.

Have you identified groups who are typically excluded from participation (e.g., based on geography, disability, socioeconomic status, type of NCD? (Principle: Inclusion and Fair Representation)
YES, and we have strategies to reach them → Continue
PARTIALLY → PROCEED WITH CAUTION. Inclusion requires intentional outreach.
NO → STOP. Engagement that excludes marginalised voices cannot be meaningful.

Have structural and social barriers to participation been identified and addressed? (stigma, accessibility, costs, timing, language, safety) (Principle: Inclusion and Fair Representation)
YES, with accommodations → Continue
PARTIALLY → PROCEED WITH CAUTION
NO → STOP. Participation that excludes or marginalizes cannot be meaningful.

Do engagement processes enable youth to participate safely, authentically, and without fear of judgment? (Principle: Dignity and Respect)
YES → Continue
NO → STOP. Without safety and dignity, participation cannot be meaningful.

Are clear mechanisms in place to provide timely feedback on how youth input was used? (Principle: Transparency and Accountability)
YES → Continue
NO → STOP. Without feedback, engagement becomes extractive.

Is there a plan to sustain engagement beyond the current initiative? (Principle: Sustainability and Institutionalization)
YES → Well-positioned for meaningful engagement
NO → PROCEED WITH CAUTION. Document lessons, acknowledge limitations.

Note for Youth and Community Stakeholders

While this tool primarily guides institutions in assessing readiness for meaningful engagement, youth and community actors may also find it useful for reflection. A parallel set of reflection questions and prompts for youth is available in the companion youth handbook (*Caribbean Youth Voices: A Guide to Meaningful Engagement in Health Decision-making Across CARICOM*).

Appendices

A2. Readiness Reflection Worksheet

Use this worksheet alongside *Figure 3: Meaningful Engagement Readiness Check* to guide reflection across key dimensions of institutional readiness for meaningful youth engagement.

Dimension	Current State: What is working well?	Gaps: What could be strengthened?	Priority Level: What must happen first versus what can wait?	Action Steps: What specific actions will close this gap?	Ownership: Who will lead or coordinate each action?	Timeline: By when will this be addressed? What are key milestones?	Success Measure: How will we know this gap has been meaningfully addressed?
Institutional Climate (culture, norms, leadership openness)							
Attitudes and Practice (beliefs about youth capacity, past engagement experience)							
Commitment to Change (willingness to adapt processes and share power)							
Capacity to Implement (budget, staff time, skills, resources)							

Appendix B: Principles in Practice Case Studies

This appendix presents illustrative examples of meaningful youth engagement from organizations across the Caribbean. Each case highlights key principles and engagement models from the Guidance Document and demonstrates how these are applied in practice. Reflection questions are included to support learning and adaptation.

Case Study 1: Youth Health Summit 2026

Organization:	Heart & Stroke Foundation of Barbados – Childhood Obesity Programme
Country:	Barbados
Institution Type:	Civil Society Organization
Engagement Focus:	Youth engagement in school health advocacy and healthier school environment planning

Element	Description
Purpose	To empower secondary school students to understand the importance of safeguarding their health and contribute to healthier school environments.
Participants	59 secondary school students from public and private schools, selected based on leadership roles within their schools.
What happened	Youth advocates led the planning and execution of a one-day summit, including agenda design, educational sessions, presentations, and social media strategy. Activities included an open mic session with an expert panel and group work on designing healthier school environments.
Outcome	Students generated practical ideas for healthier schools and initiated plans for student-led health initiatives.

What This Example Illustrates

Principle of Meaningful Engagement	How It Was Demonstrated
Dignity and Respect	Youth led creative design, sessions, presentations, and communications.
Power Sharing and Equity	Youth held defined roles and contributed to key planning and implementation decisions.
Inclusion and Fair Representation	Participation included students from diverse school types, with inclusive planning spaces for contribution.

Engagement Model Alignment

This case best aligns with the Contributory Model, with elements of Partnership/Co-leadership. Youth held defined roles across planning and implementation and influenced key decisions, though overall coordination remained institution-led.

Practice Insight

Meaningful engagement is strengthened when youth are involved early, given clear roles, and supported to translate into action. Collaborative planning and shared responsibility for implementation build ownership and confidence.

Reflection Questions

- How might the ideas generated during the summit be carried forward into ongoing engagement?
- What feedback mechanisms could show students how their input influenced decisions?
- How could this model be adapted to better include young people living with NCDs more intentionally?

Case Study 2: Inter-ministerial Technical Advisory Committee for Adolescent Health Concerns

Organization:	Ministry of Health and Wellness
Country:	The Bahamas
Institution Type:	Government
Engagement Focus:	Adolescent health policy development through inter-ministerial collaboration

Element	Description
Purpose	To develop immediate, actionable interventions for adolescent health in response to the Bahamas' Global School Health Survey findings.
Participants	A National Youth Ambassador (aged 25–30, with a public health background) engaged as a member of the Technical Advisory Committee (TAC).
What happened	The TAC collaboratively developed a policy work plan by conducting jurisdictional scans, identifying evidence-based, culturally-relevant interventions, and refining each proposed action through collective feedback and consensus in a series of structured meetings.
Outcome	The policy document was approved by the Minister of Health and Wellness and is progressing through the national review process.

What This Example Illustrates

Principle of Meaningful Engagement	How It Was Demonstrated
Power Sharing and Equity	The youth member had equal influence over priorities, timelines, and implementation responsibilities.
Inclusion and Fair Representation	Youth held defined roles and contributed to key planning and implementation decisions.
Dignity and Respect	The youth member advised on which action items would resonate with youth, ensuring the work plan reflected youth perspectives.
Transparency and Accountability	Collective feedback and consensus were used to refine each proposed action.

Engagement Model Alignment

This case aligns with the Partnership/Co-leadership Model. The youth member participated as an equal partner across agenda-setting and policy development, with shared decision-making authority.

Practical Insight

Participatory policymaking—actively involving those affected in shaping decisions—is both practical and essential for creating relevant and effective outcomes. Meaningful engagement means young people have genuine influence, not just a seat at the table, so they take ownership of policies and share accountability for their impact.

Reflection Questions

- How might organizations ensure a diversity of age representation when engaging youth in policy processes?
- What structures could support the inclusion of broader youth feedback beyond a single representative?
- How might this model of youth engagement in inter-ministerial committees be adapted for other Caribbean countries?

Case Study 3: Diabetes Association Health Internship Programme

Organization:	The Diabetes Association of Trinidad and Tobago (DATT)
Country:	Trinidad and Tobago
Institution Type:	Civil Society Organization
Engagement Focus:	Structured youth engagement in diabetes education, outreach, mentorship, and leadership development

Element	Description
Purpose	To provide sixth form students with hands-on experience, mentorship, and exposure to diabetes care while developing future health professionals and advocates.
Participants	Students aged 16–18 from secondary schools across Trinidad and Tobago, including those with personal or family exposure to diabetes.
What happened	Participants engaged in a structured internship including training, mentorship, and hands-on education and outreach. Activities included research, marketing projects, community outreach, and interaction with healthcare professionals and persons living with diabetes.
Outcome	Participants developed skills and confidence, with many pursuing health careers and remaining engaged in advocacy. The programme has been sustained over multiple years and led to the establishment and expansion of DATT's youth arm.

What This Example Illustrates

Principle of Meaningful Engagement	How It Was Demonstrated
Dignity and Respect	Youth are valued as active contributors; supportive spaces created for learning and expression.
Transparency and Accountability	Clear roles, expectations, and continuous feedback were embedded throughout the programme.
Institutionalization and Sustainability	The programme has a structured, multi-year model and established a youth leadership pathway.

Engagement Model Alignment

This case aligns with the Contributory Model, with progression toward Partnership/Co-leadership. Youth hold defined roles and are supported through mentorship, with opportunities to transition into ongoing leadership within the organization.

Practical Insight

Meaningful engagement is strengthened when organizations create sustained, structured programmes with clear roles, mentorship, and pathways for continued participation and leadership over time.

Reflection Questions

- How could youth be given opportunities to shape programme direction or decision-making?
- What structures could support youth to move from skill development to influencing policies or institutional decisions?
- How might this internship model inform other organizations seeking to build sustained engagement over multiple years?

Note on Case Study Collection

These case studies represent an initial collection of examples from organizations across the Caribbean. As the Guidance Note is used and adapted, additional case studies will be collected to reflect a wider range of contexts, approaches, and models of meaningful engagement. Readers with examples to share are encouraged to contact the Healthy Caribbean Coalition at hcc@healthycaribbean.org.

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