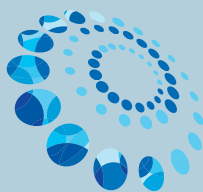




UNITED NATIONS

ECLAC



**First session of the
Regional Conference on
Population and Development in
Latin America and the Caribbean**

Montevideo, 12 - 15 August 2013

Implementation of the Programme of Action of the International Conference on Population and Development in Latin America and the Caribbean

Review of the period 2009-2013
and lessons learned

**SUMMARY AND
OVERVIEW**



ICPD =

International Conference on
Population and Development
Beyond 2014

RIGHTS
+
DEVELOPMENT



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This document was prepared under the supervision of Dirk Jaspers_Fajjer, Chief of the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC. The work was coordinated by Jorge Rodríguez, research assistant in the Area of Population and Development of CELADE, and Fabiana del Popolo, expert in the Area of Demographics and Population Information of CELADE. Support was provided by Ana María Oyarce, Katherine Páez, Javiera Rauld and Miguel Ojeda, consultants with CELADE. The authors are grateful for support and substantive inputs received from the United Nations Population Fund (UNFPA). Valuable contributions were received from the preparatory meeting for the first session of Regional Conference on Population and Development in Latin America and the Caribbean, held at ECLAC headquarters in Santiago, on 20 and 21 May 2013, which was attended by representatives of the Presiding Officers of the Ad Hoc Committee on Population and Development, and by experts from the United Nations Population Fund (UNFPA), civil society, academia and several division of ECLAC.

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Summary

Summary

This report systematizes and summarizes available information on key areas of progress in implementing the Programme of Action of the International Conference on Population and Development (ICPD-PA) in Latin America and the Caribbean. It also draws attention to the activities that have facilitated such progress, and identifies those objectives of the ICPD-PA where there has been little or no progress, or even some backsliding. The report also identifies a series of lessons learned over nearly 20 years of implementing ICPD-PA in the region—relating to achievements and objectives fulfilled as well as to pending issues and emerging challenges—with a view to generating inputs for the population and development agenda beyond 2014.

The report has four chapters. The first provides an introduction, with background that is relevant for understanding its nature, scope and objectives, and describes its link with the more detailed report, which is the reference document for the first session of the Regional Conference on Population and Development in Latin America and the Caribbean. The second chapter sets forth a frame of reference with a series of criteria used in the review that is the heart of the document. The third chapter examines the implementation of ICPD-PA on the basis of review and analysis of the actions that countries have taken to this end. It identifies gaps and shortcomings, and tracks and assesses the indicators for the (relatively few) quantitative targets established in ICPD-PA. The fourth and final chapter presents the lessons learned from nearly 20 years of experience with application of ICPD-PA. These are considered essential for future agreements and work on population and development in the region.



Chapter I

Background, mandate and objectives of the report

A. Background

The ECLAC Ad Hoc Committee on Population and Development has been responsible for official follow-up to implementation in Latin America and the Caribbean of the Programme of Action of the International Conference on Population and Development since it was adopted at the Conference, which was held in Cairo in September in 1994. As part of this follow-up, the Committee's technical secretariat —the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC— has prepared subregional reports, for the Caribbean in particular, and regional reports, with support from the United Nations Population Fund (UNFPA). These documents have been based on reports by governments and other stakeholders, studies produced by consultants, and updating of the system of indicators prepared specifically for monitoring fulfilment of the ICPD Programme of Action in the region.

Those reports have been presented and discussed at the five-year review meetings on implementation of ICPD-PA and at intervening events¹ of the Committee. These meetings have normally been intergovernmental in nature and have included active participation by non-governmental organizations and other institutions interested in ICPD-PA. UNFPA has provided support for all these activities conducted in follow-up to ICPD-PA in Latin America and the Caribbean.

This systematic monitoring effort has been much more than a routine activity or an academic exercise, and has in fact helped to reaffirm the consensus surrounding ICPD-PA since 1994. It has also served to strengthen South-South cooperation and has facilitated participation by many stakeholders, including civil society, in evaluating fulfilment of ICPD-PA. Recognition of successful policies and national best practices, as well as identification of gaps and weaknesses in implementing ICPD-PA, have been key to strengthening the political will and the practical efforts needed to achieve the Programme's objectives in the region.

B. Mandate

At the meeting of the ECLAC Ad Hoc Committee on Population and Development, held in Quito on 4-6 July 2012, participating countries adopted agreement 1, in which the Committee was renamed Regional Conference on Population and Development in Latin America and the Caribbean. In the agreement, the countries also accepted the offer of the Government of Uruguay to host the first session of the Regional Conference. This was reflected in resolution 670(XXXIV), "Ad Hoc Committee on Population and Development of the Economic Commission for Latin

America and the Caribbean”, adopted at the thirty-fourth session of ECLAC (held in San Salvador in August 2012), which endorsed the above-mentioned name change and approved the other provisions contained in agreement 1. Resolution 670(XXXIV) also welcomed agreement 2, “Population, territory and sustainable development and other priority activities”, whose paragraph 43 requested ECLAC, “in collaboration with the United Nations Population Fund, to provide the necessary technical support to countries in the operational 20-year review of the implementation of the Cairo Programme of Action, to prepare a regional report on the achievements, pending issues and emerging challenges for the future and, in the light of the outcome of this study to update the proposed regional agenda on population and development post-2014, for presentation and discussion at the first session of the Regional Conference on Population and Development in Latin America and the Caribbean in the second half of 2013.”

Further to that request, the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC prepared this report in its capacity as technical secretariat of the newly Regional Conference on Population and Development in Latin America and the Caribbean. The report takes as its background the unofficial report² published in 2012, monitoring progress of ICPD-PA over the period 2009-2011 (Páez, 2012), the Global Survey on ICPD Beyond 2014 Review (hereinafter referred to as the Global Survey), and its draft regional report,³ as well as a variety of regional and national sources that contributed input for the evaluation (United Nations, 2013). This report was prepared in close coordination with the Regional Office for Latin America and the Caribbean of the United Nations Population Fund (UNFPA), and with the cooperation of various ECLAC divisions. It also reflects input and contributions from other stakeholders, including civil society.

C. Objectives

The primary purpose of this paper is to provide a useful working summary highlighting the key emphases, arguments and themes contained in the report entitled “Implementation of the Programme of Action of the International Conference on Population and Development in Latin America and the Caribbean: Review of the period 2009-2013 and lessons learned”⁴ (Spanish only), presented as a reference document at the first session of the Regional Conference on Population and Development in Latin America and the Caribbean. The present report also has at least two additional objectives: (i) to take stock of implementation of the ICPD Programme of Action during its original period of validity (1994-2014) in the region; and (ii) to provide a first link between the five-year evaluation and the 20-year review, on the one hand, and the post-2014 population and development agenda for Latin America and the Caribbean, on the other.

These are both ambitious objectives, but the fact that they are preliminary eases the level of urgency. In fact, both objectives will have to be addressed in other processes, in particular the one leading to a global evaluation of implementation of the Programme of Action, which will culminate in the special session of the General Assembly on 22 September 2014,⁵ and indeed they are covered in other documents now in preparation. In particular, the post-2014 population and development agenda for Latin America and the Caribbean is addressed in another working document of the first session of the Regional Conference on Population and Development in Latin America and the Caribbean, to which this document has a number of links.



Chapter II

Points of reference for reviewing implementation of the ICPD Programme of Action in Latin America and the Caribbean

The report monitoring implementation of ICPD-PA in Latin America and the Caribbean between 2004 and 2009⁶ identifies some specific features of the region that must be taken into account in the evaluation. In general, those features are still present and will therefore become cross-cutting elements of the examination. These are:

- (i) The region's high degree of socioeconomic inequality, which goes hand-in-hand with other forms of inequality, such as gender and ethnic. This feature means that caution must be exercised in analysing averages and that the indicators and the scope of the actions must be evaluated in a disaggregated manner for different socioeconomic groups, and it adds to the focus on universal observance of rights as a key parameter of the analysis;
- (ii) The progress made in demographic and urban transitions, which have advanced under different development strategies and public policies. This feature highlights the importance of structural forces in relation to implementation of some aspects of ICPD-PA, and points to the complex relations that exist between policies and outcomes. As well, it suggests that greater priority should be given, in the regional review, to certain matters associated with these processes, such as ageing, the epidemiological transition, and the system of cities;
- (iii) The region's cultural diversity and complexity, which has not always been taken into account but is now increasingly recognized and valued. Because of this, the review must consider ethnic inequality, to the extent that existing data allow, and must pay special attention to the ethnic and cultural relevance of measurements and actions;
- (iv) The institutional weakness and "implementation deficit", as well as other deficits related to weak technical capacities, insufficient resources, lack of monitoring and evaluation mechanisms, and difficulties in designing policies for the medium and long terms.⁷ This feature makes it necessary to look beyond official statements and reports or the mere confirmation that measures have been adopted, and to look for evidence that actions are effectively being implemented. This report seeks to fulfil that requirement by considering unofficial inputs and background provided by non-governmental stakeholders in the countries and the region.

In addition to these features, there are four elements pertaining to the period under review that are relevant for the analysis. The first is the global economic crisis, which has had a direct impact on some of the ICPD-PA objectives (for example, those relating to international migration) and has important financial implications for ICPD-PA as a whole, with the cutback in international cooperation.

The second, directly linked to the first, is the macroeconomic resiliency that the region has demonstrated in weathering this crisis, and which —together with political commitment and a countercyclical and socially stabilizing policy focus in most countries— has been crucial in cushioning the impact of the crisis on the issues addressed in ICPD-PA.

The third element is the growing identification by governments in the region with ICPD-PA and its principles, contents, objectives and proposed actions. The region never wavered in its commitment to ICPD-PA —although some countries recorded reservations to the programme at Cairo and there were occasional signs of cracks in regional support for the programme— but in recent years there has been greater acceptance and indeed some countries have gone beyond the actions called for in ICPD-PA.

The fourth element relates to parallel progress with other agendas, some of a more ambitious and higher-profile nature such as the Millennium Development Goals (MDGs) and those relating to sustainable development, and others more specific, such as gender, and still others that are conceptually related but have few political linkages, such as climate change, or that correspond to matters addressed in ICPD-PA, such as older persons' and international migrants, that have taken on a life of their own. Collaboration across agendas has been key for progress on various fronts during the period, but there have also been instances of competition that have worked to the detriment of the population agenda. This experience is important, considering the global discussions now under way with respect to the post-2015 development agenda.



Chapter III

Implementation of ICPD-PA in Latin America and the Caribbean: achievements, progress, shortcomings and issues pending for 2009-2013

A. Introduction and overall assessment

The Programme of Action of the International Conference on Population and Development has only three⁸ quantitative targets. These have to do with: (a) reducing overall mortality, which implies an increase in life expectancy, and reducing specific mortalities, in particular infant, child and maternal mortality; (b) universal access to education, especially for girls; and (c) universal access to reproductive health services, including family planning. The first five-year review of ICPD-PA (1999) identified key actions for further implementation, specified some targets and added others, relating in particular to controlling the HIV/AIDS epidemic and providing care and treatment for persons living with HIV. In 2000 the MDGs were adopted, incorporating some of the targets from the Cairo Programme of Action, and seven years later these were expanded to include the target of universal access to reproductive health services, with four specific indicators.⁹ Target 1A of the MDGs —Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day—¹⁰ is fully consistent with the general spirit of ICPD-PA, although the latter contains no specific targets on this point.

The contrast between the scope of ICPD-PA issues and objectives and the scant number of quantitative targets and indicators has implications for reviewing its implementation. The main one is that the review must focus on the measures —laws, regulations, policies, programmes, plans, projects and other actions— that countries have taken and that are consistent with the objectives or actions proposed in ICPD-PA.¹¹ These measures have been the subject of attention in previous reports reviewing implementation of ICPD-PA, and this report is no exception. On the whole, considering the dual coverage of this report —recent years, and the entire period— in this case the tables and graphs used for monitoring the targets and presenting the indicators will be more numerous and extensive than in previous reports. This is feasible thanks to the availability of microdata from the 2010 round of censuses and from recent specialized surveys, which make it possible to update some of the official indicators and to offer additional indicators on some of the ICPD-PA and MDG targets that relate to population matters.¹² Tables and graphs with indicators will be included in a few sections of this chapter, specifically those where ICPD-PA establishes targets and indicators. Presentation of the indicators will be useful for an initial evaluation of the Programme's implementation. The fact that this monitoring is followed by a review of measures might lead to hasty and superficial interpretations

of the link between actions and outcomes. For many reasons —the complexity of relationships, the multi-causality of results, and the time lag between policies and effects, among others— such an association is risky, and will be avoided in this report, except when the available evidence is truly compelling.

Considering the scope of the issues covered in ICPD-PA, to review progress with its implementation by looking at the measures applied by countries is both a laborious task, given the magnitude of the investigation, and a complex one, given the need to evaluate the relevance of each measure to ICPD-PA. Consequently, the measures were reviewed in the following sequence: (i) initial compilation of measures using a broad range of procedures and sources;¹³ (ii) update of the database on measures created for the unofficial 2009-2011 report (Páez, 2012); (iii) selection of measures according to their link to specific ICPD-PA objectives and actions; (iv) identification of measures that are particularly noteworthy because of their scope, effects, novelty, and so forth, and their specific analysis using evaluations by other stakeholders (academics and civil society); (v) detection of gaps, shortcomings and undesired effects of policies, again from the viewpoint of different stakeholders.

In light of the foregoing, before moving to a review of implementation of each substantive chapter of ICPD-PA, this report offers a general evaluation of progress overall.

The general conclusion is that the period under review has seen a continuation of the progress recorded in the previous period, with significant movement in some areas, a degree of backsliding in others, and a number of pending issues. This encouraging overall picture results, in part, from a broad range of measures that countries have taken (and which are summarized in the various sections of this chapter and discussed in greater detail in the full report presented for the first session of the Conference) and that were facilitated by macroeconomic developments and by active social policies and the political will prevailing at the national and regional levels. However, the regional averages conceal large differences between countries, and in fact some countries have made only hesitant progress and in certain cases show evidence of setbacks.

Despite this generally positive conclusion, the report finds a number of inadequacies, many of them brought to light by civil society or academia. Consequently, continued progress with ICPD-PA in the region will have to focus on a cluster of pending objectives, which will need to be supplemented with a set of emerging issues for establishing the post-2014 population and development agenda for Latin America and the Caribbean.

Lastly, it should be noted that many of the advances achieved in the reference period —and, generally, during the entire life of the ICPD-PA in the region, as will become evident in the last section of this report on lessons learned— are not irreversible, as all of them may well be subject to tensions and pitfalls. The risks of backsliding come from different sources, although they may be mutually reinforcing: the global economy, the thrust of policies (in particular macroeconomic and social policies), and the correlation of ideological forces, in particular the tension between “conservative” and “progressive” visions. This last consideration is key to progress on gender and family issues, sexual and reproductive health, and international migration, where ideological confrontation is particularly sharp. Thus, the population and development agenda beyond 2015 must consider these tensions and challenges and at the same time must recognize the crucial role of social stakeholders in driving forward (or holding back) all programmes of action on population and development matters, whether at the global, regional or national level.

B. Mainstreaming population matters in economic and social planning and in poverty reduction efforts

The first substantive chapter of ICPD-PA identifies three areas, with their respective objectives and actions. The first concerns mainstreaming population factors into all aspects of the promotion, planning and management of economic and social development;¹⁴ actions to this end must include the creation and implementation of appropriate institutional mechanisms. The second refers to the adoption of population and development policies and programmes geared to improving living standards.¹⁵ The third has to do with strengthening policies for sustainable development to reflect the interrelationships between population, environment and poverty, and to consider the prevention of adverse fallout on the environment from demographic factors, production and consumption patterns, and the linkages between them.¹⁶

During the period of reference, there was considerable progress in the first and third areas described above, facilitated by two phenomena: (i) a renewed appreciation of the value of planning;¹⁷ and (ii) the consolidation of public policies of a strategic nature, for which population factors are an essential and unavoidable consideration.¹⁸ A prime example of this is the commitment made in 2012 in the outcome of the United Nations Conference on Sustainable Development (Rio+20): “We commit to systematically consider population trends and projections of our national, rural and urban development strategies and policies. Through forward-looking planning, we can seize the opportunities and address the challenges associated with demographic change, including migration” (*The Future We Want*, paragraph 144). In practical terms, this has been reflected in several countries including population factors in their strategies, plans and programmes for sustainable development. Among those countries are some with a long tradition in this area, such as Mexico,¹⁹ others (e.g. the Dominican Republic, Panama and Peru) with a more irregular track record, and still others with more recent experience, such as Uruguay.²⁰ Uruguay deserves mention for having created a specific institution, the Population Sector Commission,²¹ to achieve this integration. That Commission has prepared a roadmap describing the country’s demographic dynamics, laying out probable scenarios, presenting the social ideal to which the country aspires,²² and identifying the key aspects that interact with demographic dynamics and with that ideal. The roadmap also sets forth and substantiates strategic guidelines for population activities, details succinctly the medium- and long-term policy areas, and offers principles and guidelines for action.

To the foregoing may be added the insertion on the public agenda of long-term demographic phenomena and processes and their direct impact in different social, economic and environmental spheres: these include the decline in family size as fertility rates fall, greater individual longevity as life expectancy rises, the ageing of the population as the demographic transition advances, and changes in production and consumption patterns and in the likelihood of natural disasters as urbanization continues. There is special emphasis on taking advantage of the demographic dividend as the basis for policies to boost investment and social protection during the formative phases of the life cycle, on facilitating women’s entry into the labour market and on reconciling work and family responsibilities, and on the establishment of social safety nets and protective mechanisms for the elderly: all these issues are examined in subsequent sections of this document.

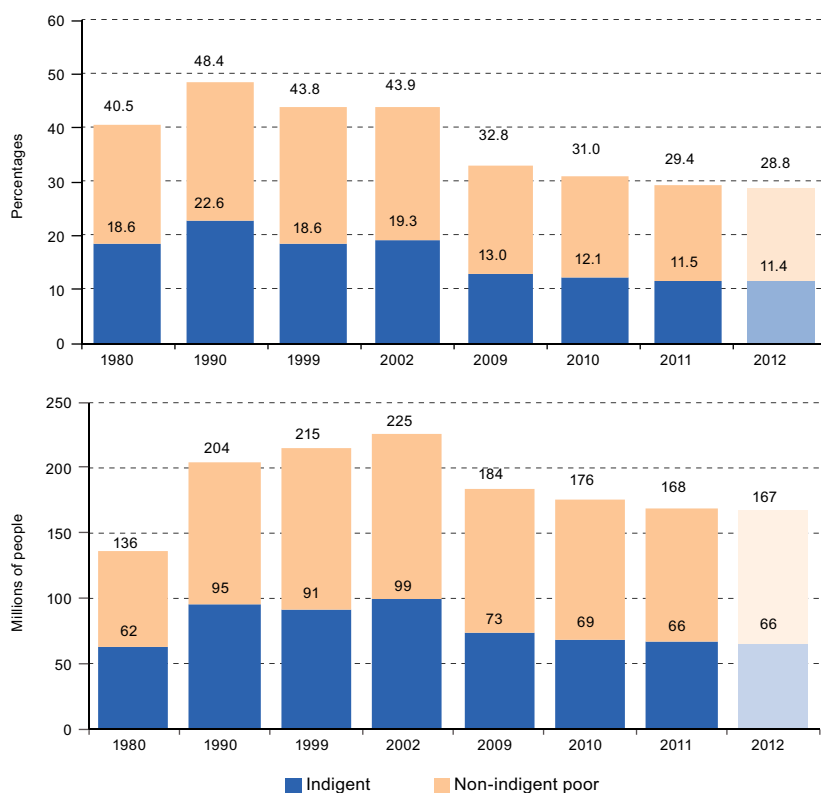
Another area where there has been undeniable progress in the region, as recognized in previous ICPD-PA reviews, is the growing use of sociodemographic information, indicators and knowledge as the basis for public policies, programme management, investment allocation, impact assessments and even private business decisions, in most countries of the region. The recent wave of census microdata from the 2010 round has encouraged this use, as will be explained in one of the later chapters of this report. The new importance attached to census data is increasing the need for such information. Indeed, microdata are now a prerequisite for a variety of decisions with practical, short-term effects: at the same time, working with microdata makes it easier to foresee eventual problems and inconsistencies in that information.

Despite these encouraging observations, the general conclusion concerning progress with ICPD-PA in this area is fairly critical. In effect, the review period was marked by a weakening of the agencies responsible for population and development and of explicit population policies.²³ While nearly all countries have an official agency for this issue, those agencies in many cases have few resources, little influence, and not much to show for their efforts. In other countries, the official entity was in virtual hibernation during the reference period: this is the case, for example, with Brazil and its National Commission on Population and Development (CNPD).²⁴ In Paraguay, for example, a formal population policy exists but it has no funding and the entity responsible for implementing it, the Ministry of the Interior, has other priorities. In extreme cases, there is no official agency responsible for the issue or for monitoring ICPD-PA: this is true of Chile, for example, which nevertheless implemented various measures relating to ICPD-PA during the reference period. In the end, institutions in the area of population and development are generally weak, and (with the exceptions of Mexico and Uruguay, and perhaps Peru) those devoted to comprehensive population and development measures are virtually non-existent.

In terms of mainstreaming population and development issues, a functional option for the routine and regular incorporation of demographics in sector and inter-sector policies and management, there has again been no progress, largely because of the lack of appropriate institutions and a shortage of personnel equipped to integrate population factors into development policies and programmes; worse yet, during the reference period no proper training facilities emerged in this area.²⁵

The second area of this chapter of the ICPD-PA is closely related to the MDGs, and in particular to target 1A on reducing poverty and hunger. The Cairo+15 report (ECLAC, 2010b) cited the decline in poverty as the principal achievement of this period, from an integrated ICPD-PA and MDG perspective, but it warned of the threats that the onset of the 2008 financial crisis in the United States posed for continuing this downward trend.²⁶ Four years after that report, with the economic and fiscal crisis in developed countries far more widespread than had been expected, it is encouraging to find that poverty in the region has continued to fall during the period covered by this report. According to the latest figures available to ECLAC, poverty declined from 32.8% in 2009 to 28.8% in 2012 (see figure 1). It is quite likely that the Caribbean has not followed this trend, for it has been more deeply affected by the global financial crisis, as reflected in negative per capita GDP growth and rising unemployment for the period under review.

Figure 1
Latin America: poverty and indigence, 1980-2012^a
(Percentages and millions of people)

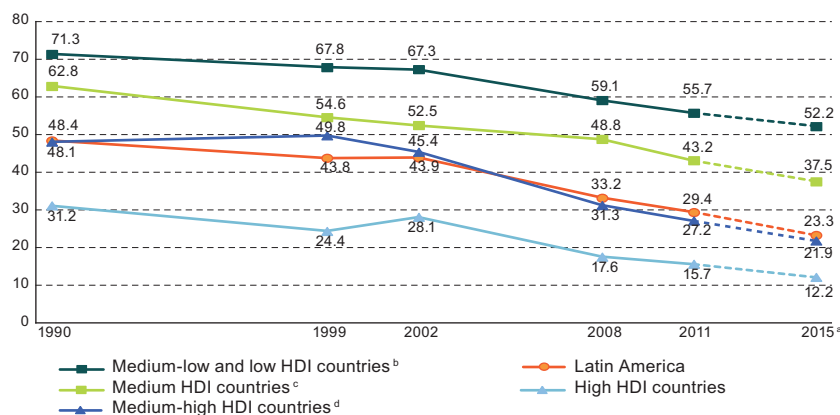


Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America 2012* (LC/G.2557-P), Santiago, Chile, 2013.
^a The figures for 2012 are projections.

Although poverty and extreme poverty (indigence) are at the lowest levels ever recorded in the region, it is estimated that there were 167 million poor Latin Americans in 2012, and of that number 66 million were extremely poor, with incomes inadequate to support a proper diet (see figure 1).²⁷ This enormous poor population also reveals the limitations of international classifications, in which Latin America and the Caribbean are ranked in the “middle income” category based on statistical averages that are misleading when applied to the world’s most inequitable region. To adopt policy priorities and to distribute international cooperation funds on the basis of these averages is in effect to overlook the fate of millions of poor people in Latin America and the Caribbean. For this reason, ECLAC has called for revising the conventional approaches to international cooperation and has proposed a new approach that will provide backing for the continuity and reinforcement of this cooperation in the region.²⁸

Another auspicious observation is that the ECLAC figures confirm a downward trend in inequality,²⁹ even though the region remains the most unequal in the world, according to various parameters. This combination of lower poverty and less inequality suggests that, if current trends persist, the region will meet the corresponding MDG target in 2015, as shown in figure 2.

Figure 2
**Latin America (selected country groupings): poverty trends
 by Human Development Index (HDI), 1990-2015**
 (Percentages)



Source: United Nations, *Sustainable Development in Latin America and the Caribbean: Follow-up to the United Nations development agenda beyond 2015 and to Rio+20. Preliminary versión* (LC/L.3590/Rev.1), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), April 2013, figure III.1.

^a The 2011-2050 projection is calculated under the growth-income-distribution hypothesis.

^b Guatemala, Haiti, Honduras, Nicaragua and Plurinational State of Bolivia.

^c Colombia, the Dominican Republic, El Salvador and Paraguay.

^d Argentina, Chile, Costa Rica, Cuba, Mexico and Uruguay.

The factors that explain the downward trend in poverty have to do with: (i) relatively solid economic growth, with a positive impact on employment and wages, a link that has been strengthened by governments' fiscal and labour policies;³⁰ the Caribbean, once again, seems to be an exception in this regard, as "growth has not been as job-creating as it could be" (ECLAC, 2013b, p. 19); (ii) the extension and strengthening of the non-contributory pillar of social protection in particular through the expansion of conditional cash transfer (CCT) programmes and non-contributory pensions;³¹ and (iii) the same demographic shifts that have produced three dividends during this period: the classic demographic dividend, through the decline in the dependency ratio,³² the child demographic dividend, through stagnation or decline in the birth rate and in the child population,³³ and the gender dividend, through the opening of options (especially educational and occupational) that for women imply decreasing fertility and the exercise of reproductive rights.³⁴

Figure 2 shows the poverty situation and its projection to 2015, based on the trend of recent years. It will be noted that a decline in poverty has taken place in all four groups constructed by level of human development. However, the smallest decline occurred in countries with the lowest human development scores. Worse yet, "the rate of extreme poverty reduction slowed between 2008 and 2011 in some countries, especially in those countries where it is highest (Guatemala, Honduras, Nicaragua, Paraguay and the Plurinational State of Bolivia). These countries are unlikely to achieve MDG target 1.A" (United Nations, 2013, p. 18). Because of this, disparities among countries in the region have not narrowed, and a group of countries comprising Guatemala, Honduras, Nicaragua, Paraguay, Haiti and the Plurinational State of Bolivia is lagging steadily behind.³⁵ In those countries, even under the auspicious scenario of a continued downtrend in poverty over the reference period, the majority of the population would still be poor in 2015, in sharp contrast to the 12% predicted for 2015 in the case of the region's relatively more developed countries, if they continue to follow the trend observed in 2008-2012.

Yet the region will face many threats and uncertainties in maintaining this great achievement in the future. The Cairo+15 report (ECLAC, 2010b) highlighted the external threat posed by the global financial crisis that hit the United States in September 2008. The resilience demonstrated by the region in the last four years is no guarantee of immunity —as demonstrated by the impact that the 2008 crisis had on poverty reduction in 2010— particularly if, instead of disappearing, the crisis should extend to other parts of the world. In fact, the region's dependence on commodity and raw material exports has intensified, leaving it exposed to the vagaries of economies that are heavy consumers of these exports. As ECLAC has noted, this tendency towards "reprimarization" of the economy does not bode well for sustainable development. Together with it, there are other risks associated with the region's structural characteristics, such as inequality, the political, technical and financial weaknesses of the State, the limited capacity

to provide a quality education to children, adolescents and young people and inadequate capacities to create decent jobs and reduce production heterogeneity. In short, the challenges facing efforts to reduce poverty further will be more complex in the coming years, and at the same time the measures taken to date (such as CCT), which have been successful over the period covered by this report, may produce diminishing returns. Moreover, the region is far from overcoming the structural inadequacies—for example, in terms of decent job creation, productivity, resource distribution, universal access to high-quality services and innovation—that limit sustainable development with equality and that tend to reproduce inequality, poverty and vulnerability. It is clear that to attack these shortcomings will demand structural measures such as the introduction of universal and effective social safety nets, progressive tax reforms, production diversification, and embedding technical knowledge into economic activities.

This section closes with conditional cash transfers (CCTs), drawing a link among the three areas of this chapter of ICPD-PA. In fact, CCTs have had little connection with population and sustainable development issues. During the period under review there have certainly been some attempts, if rather timid, to make such connections in the case of sexual and reproductive health, as will be seen below. However, the general conclusion is that the various population and development issues—including sexual and reproductive health, the gender division of labour, especially on the household front, and the formation of healthy and environmentally friendly habits and conduct—that could be the centrepiece of CCT arrangements and benefits, are addressed only on an exceptional basis, if at all.

C. Gender equality and women's empowerment

ICPD-PA considers three issues in this chapter: empowerment and status of women; the girl child;³⁶ and male responsibilities and participation. During the period under review, countries of the region instituted various measures to achieve the objectives associated with these issues.³⁷ These efforts have benefited from the impetus of previous reference periods,³⁸ from structural processes of social and cultural change (such as the drive for “modernity”, one component of which is the growing participation of women in all social fields), from the existence of specific conventions on gender issues, with clearly defined and workable monitoring mechanisms,³⁹ from the explicit and active commitment of various stakeholders, in particular the women's movement, from the ICPD-PA objectives and those of other global platforms on this matter, and from agreements between countries with respect to the road to follow in relation to gender equity and the status of women. The Regional Conference on Women in Latin America and the Caribbean, the foremost regional forum for publicizing and promoting the gender agenda and women's empowerment,⁴⁰ has been a central factor in this progress.

Generally speaking, the greatest expression of progress in fulfilling the ICPD-PA objectives in this area has been the gradual improvement in the economic and social status of women, together with the progressive transformation of gender relations in the region toward greater equality between the sexes.⁴¹ Beyond the symbolic milestones that speak to the growing activism of women in all spheres of public life—four countries in the region (Argentina, Brazil, Costa Rica and Jamaica) elected female presidents during the period covered by this report—⁴² the fundamental fact is that the gender agenda has permeated society and the institutions of countries in the region, albeit with specific national traits, and progress with that agenda is the result not only of the efforts of a specific government agency but of a more effective mainstreaming of the gender focus and a political will that unites the various political and institutional sectors and players.

The Global Survey confirms this forward movement: for the great majority of countries it identifies progress in eradicating violence against women, in boosting women's participation in politics and public life, and in encouraging their participation in the economy and the labour market. However, fewer countries reported progress in incorporating the gender focus into public policies and regulatory frameworks or establishing co-responsibility of men and women and the fair sharing of domestic chores. This reflects asymmetric progress in implementing ICPD-PA and points to pending issues that will have to be included on the population and development agenda beyond 2014.

The review of national experience shows that countries have developed programmes of wide scope for strengthening gender equity, the status of women and women's rights.⁴³ Caribbean countries have begun to prepare national gender policies: Jamaica, Antigua and Barbuda, and Belize now have initial drafts, Dominica has started to implement its national gender policy, and Suriname has developed a National Gender Policy and Strategic Plan 2013-2017 (ECLAC, 2013b, p. 30).

Violence against women has become a priority issue: far from tending to disappear with the changes in gender relations discussed above, it has acquired greater visibility. Because of this, several countries instituted legal changes and programmes to quantify,⁴⁴ prevent and punish this form of violence during the period under review.⁴⁵ Several such initiatives, some of them in the Caribbean,⁴⁶ have been targeted at training and awareness-raising for the police, who are crucial in preventing and punishing violence as well as in protecting victims. Media campaigns have been conducted to bring such violence to public attention. In some countries, the issue is also being included in the school curriculum to help children form attitudes against gender violence.

There has also been widespread promotion of women's participation in the workforce. For example, "the majority of Caribbean countries have policies aimed at encouraging women's participation in the formal economy" (ECLAC, 2013b, p. 24). Women's admission to the corridors of power has been supported by various instruments, including laws or regulations setting minimum quotas for female representation in several countries of Latin America⁴⁷ and in at least one Caribbean country: Guyana (ECLAC, 2013b, p. 24). The impact of such measures is of course not guaranteed, as they can be neutralized by many intervening structures. This seems to be the case with political parties, where leadership is still heavily male-dominated. Lastly, women's health has been promoted through various initiatives, which will be described in chapters of this report on sexual and reproductive health and on general health.

The issue of caregiving has acquired growing importance on national gender agendas, as this responsibility tends to be unilaterally assigned to women.⁴⁸ The review period was marked by efforts to measure and draw attention to the unpaid work that women perform.⁴⁹ In Mexico, this calculation has shown that women's unpaid work amounts to 23% of GDP.⁵⁰ A growing number of countries have now recognized unpaid work in their legislation (Colombia, Ecuador and Peru) and other countries, including Costa Rica, Ecuador and Uruguay in particular, have made efforts to promote policies covering caregiving (Calderón, 2013). In recognition of the heavy burden borne by women of the region—which has increased with greater female participation in the workforce and in the absence of any significant change in the sexual division of domestic chores—a limited number of pioneering measures have been taken recently to reconcile paid with unpaid work, in particular the work involved in raising and caring for children. These measures in fact address two of the objectives of this chapter of ICPD-PA: enhancing the status of women, in this case by facilitating access to employment, and encouraging male responsibility and participation, in this case essentially by facilitating men's involvement in child rearing.⁵¹

Despite the progress made in fostering gender equity and improving the status of women, gender inequalities still persist in all walks of life and women now face discrimination and disadvantages of a different kind (as noted in the Brasilia Consensus)⁵², which are apparent from comparative surveys on a global scale⁵³ as well as from certain key indicators: for example, in 2012 only 23.2% of national parliamentarians were women (United Nations, 2012, p. 31). Some disadvantages, such as the heavy burden of domestic chores and caregiving, are historic and the progress of recent years has not succeeded in eliminating them; moreover, experience in countries that now have the greatest levels of gender equality (e.g. Scandinavia) suggests that a major political, economic and cultural effort will be needed to level that playing field (Thévenon, 2011). Other problems, such as violence against women, certainly existed in the past but they were "invisible" in cultural and even in legal terms: the fact that they still exist despite efforts to prevent and punish them betrays both the limitations of those efforts and the structural factors that foster such violence and for which structural remedies are required. Women's workforce participation is still far below that of men, and when women's higher education levels are taken into account it must be concluded that the region and its women are not reaping the benefits of the effort that has produced those higher education levels.

At the same time, the achievement of a certain degree of quantitative equality between the sexes—for example, in school attendance and completion—may conceal persistent qualitative gaps (for example in wages and salaries), which should be a matter for attention and specific targets. As a further illustration of the two faces of this progress, some of the measures that have promoted achievement of the ICPD-PA targets and objectives—such as CCTs or legislation extending maternity leave—are clearly maternalist in orientation, betraying the assumption that it is only women who are responsible for domestic life, caregiving and child rearing.⁵⁴ Obviously, steps to address these pending issues and to assume the emerging challenges will have to figure on the population and development agenda beyond 2014, which is intimately linked with the future gender agenda for the region. The regional and global experience of institutionality for driving the programmes of action forward and for engaging civil society will also be vital for promoting the post-2014 population and development agenda in the region.

D. The family, its roles, rights, composition and structure

ICPD-PA defines two broad issues concerning families, each with its own objectives and actions.⁵⁵ These are very broad issues that can embrace nearly all social policies. Consequently, in the Global Survey countries report a wide range of actions adopted for implementing them. For example, nearly all countries cite innovations, improvements or the introduction of new measures for the delivery of health, education and social welfare services to families. They reiterate the actions described in other chapters, either because these are part of efforts to combat poverty (such as CCTs) or to improve general living conditions, or because these measures are targeted at certain population groups, some of which receive special treatment in ICPD-PA, and will therefore be examined in other sections.

Some countries have adopted comprehensive laws to protect the family. This is the case in Colombia, for example, where Law no. 1361 of 2009 on comprehensive protection of the family seeks to strengthen and guarantee the integrated development of the family as the basic unit of society, and at the same time to establish the provisions needed to develop a public policy for the family. To this end it defines a series of duties of the State to the family, introduces some innovations —such as creation of the Family Observatory (see [online] <https://observatoriodefamilia.dnp.gov.co/EIObservatorio.aspx>), and calls upon the Ministry of Social Protection to prepare a national policy to support and strengthen the family.

Other countries have targeted specific types of family, including single-parent households, that are explicitly considered in ICPD-PA.⁵⁶ Within the region this type of family is fairly common, especially in the Caribbean; moreover, single-parent families represent a growing share of total households and they tend to be more vulnerable, again in the Caribbean in particular (ECLAC, 2013b). As the single parent is very likely to be a woman, the dual burden she bears of running the household and raising the children is bound to be heavy. On the other hand, the absence of paternal figures is a disadvantage in raising children, although in some cases the family will be better off without a parent who mistreats or abuses its members. Whatever the case, the many and varied programmes targeted at these households during the period under consideration⁵⁷ constitute not only measures for social promotion of the family but also efforts to recognize family diversity and to overcome stigmas.

On the other hand, few countries have made much progress in reconciling productive and reproductive work. According to the Global Survey, five countries in the region have introduced measures aimed at achieving this reconciliation, based for the most part on guaranteeing and extending maternity leave provisions, expanding public day care facilities, and strengthening regulations to protect working mothers.⁵⁸ This issue is particularly important in the Caribbean, because of the complex situation of single-parent families with no male support.

One innovative approach that has recently emerged involves measures to strengthen parenting functions and skills and thereby enhance child development.⁵⁹ Such measures, which are still in their infancy, are helping to give shape to a new masculinity and a new concept of fatherhood that is more involved with child-rearing. There is clearly a need for much greater effort on this front.

When it comes to building more symmetric relations within the family, including protecting and empowering their typically most disadvantaged members, several countries have taken steps to punish and prevent intra-family violence, especially against women (as demonstrated in the section on gender equality and women's empowerment) and children, and to address child abuse and abandonment.⁶⁰

Lastly, with respect to the recognition of family diversity, there are three matters —in addition to recognition and support for single-parent households, discussed above— on which a number of countries have taken recent steps. The first has to do with family separation and reunification, an issue that has become more frequent and requires new forms of public intervention and legal and practical approaches to avoid stigmatization or harmful bureaucratic rigidities. The second relates to *de facto* unions which, as they are becoming an increasingly common alternative to legal marriage for many families, deserve new treatment by government —a conclusion reinforced by recent court rulings and new legislation recognizing the rights of such unions. The third matter that has irrupted onto the public agenda relates to homosexual couples, both in terms of their statistical visibility (for example in the census questionnaires in Brazil and Chile) and legal recognition (two countries in the region, Argentina and Uruguay, accorded recognition to homosexual marriage during the period of reference).⁶¹

Several governments have introduced programmes of bonuses and subsidies to encourage couples to have children. These programmes seek to achieve two objectives. The first is to provide support for children and child-rearing, and the second is to encourage maternity, in a setting where the fertility rate in several countries is already below the replacement rate. Yet it is doubtful that monetary incentives will have much impact on maternity, as the cost of raising children is much higher than the subsidies provided by governments. This is a complex issue, and one where the region has much to learn from countries that have been striving for decades to boost fertility and that, when they have succeeded, have found not only that the financial cost was enormous but also that fertility rates have merely returned to replacement levels, and never beyond (Thévenon, 2011).

Despite the contributions they represent, some of the measures discussed above, such as maternity leave, have a gender bias, seeking merely to facilitate reconciliation of work and family life in the case of women, and thereby tending to confirm that child-rearing is basically a female responsibility and doing little to address the well-documented phenomenon of women's "double working day". The natural alternative, which is to extend these benefits to fathers (for example by making provisions for paternity leave) will normally have little impact in the short run, because of cultural and institutional pressures (sometimes enshrined in law) that make women primarily, if not exclusively, responsible for raising children. Consequently, the challenge here involves two issues: on one hand, facilitating the reconciliation of work and family responsibilities for women and at the same time encouraging men to become involved in family tasks, with a view to achieving an equitable distribution of child-rearing responsibilities.

E. Demographic structure, generations and other population groups

This chapter looks at a general issue addressed in ICPD-PA: age structure. It considers some specific age groups (children, young people and older persons) and the situation of other population groups that are defined by non-age characteristics and that have specific rights (indigenous people and persons with disabilities). Given the variety of approaches, the objectives and actions proposed differ widely.

With respect to the age structure, the objective⁶² has been met at the regional level and for nearly all countries. In recent years, the demographic transition has in fact been progressing steadily,⁶³ and has resulted in three great changes to the age structure of the region's population: (a) a decline in the relative weight—and in some countries, in the absolute numbers—of the child population (the child demographic dividend); (b) a quantitative and relative increase in the working age population (the classic demographic dividend); and (c) a quantitative and relative increase in the older population (ageing).

The declining weight of the child population has not diminished the priority accorded that group in countries' social agendas, owing to a combination of two factors. On one hand, there are persistently higher levels of poverty among children in comparison to other age groups, a situation directly linked to the insecurity and vulnerability of their families and to the younger and higher fertility among poor groups. On the other hand, social researchers and advocates tend to underline the benefits of caring for, protecting and investing in children and their rights. This implies a continued heavy injection of resources, which could in fact be facilitated by the reduced pressure on the public finances occasioned by stabilization or reduction in the child population.

The classic demographic dividend offers a historic opportunity, and taking advantage of it will depend not on demographics but on public policies and on countries' capacity to generate opportunities for the population, in particular decent jobs, an area in which the region has not been particularly successful. As ECLAC has proposed on several occasions, the decline in regional unemployment in recent years has been an important factor for reducing poverty, but the quality of jobs—measured by their remuneration and their formality, among other indicators—is still unsatisfactory. In this respect, seizing the demographic dividend and generating decent jobs will be focal points of the population and development agenda beyond 2014 in the region, in particular for women, but also for young people, a population group that faces systematically higher unemployment rates and needs special support for finding and keeping employment.

Population ageing has generated a broad range of responses that include regional agreements, the adoption or strengthening of legislation, institutions, policies and programmes geared specifically towards older persons, and the establishment in some countries of social security and pension systems planned for a steadily ageing population. All of these points will be examined in greater detail in the section of this chapter on older persons.

With respect to **children, adolescents and young people**, ICPD-PA objectives address priorities linked to the different phases involved in this portion of the life cycle.⁶⁴ A number of actions have been taken to meet these objectives. According to the Global Survey, at least eight countries of the region have implemented policies and programmes during the period under consideration, targeted at this group.⁶⁵ Some of those programmes have taken as their frame of reference the Convention on the Rights of the Child (CRC),⁶⁶ which has been ratified by all countries of Latin America and most Caribbean countries, and consequently those actions have stressed fulfilment of the rights established for this age group. In addition, broadly based social protection programmes, intended to guarantee prenatal health and nutrition, early childhood stimulation, early education (preschool and school) and protection and respect for their rights in general, have been introduced, taking advantage of South-South cooperation.⁶⁷ The alarming phenomenon of violence against children, including pederasty and peer violence,⁶⁸ has been widely publicized, thereby raising awareness of its frequency and the enormous damage it causes. Various measures have been taken in response, ranging from the introduction of courses or workshops designed to foster appropriate treatment in schools, to increased penalties and the definition of new crimes. As well, with the objective of discouraging forced marriage and encouraging the postponement of marriage, some countries (e.g. Argentina) have raised the minimum legal age for contracting marriage.⁶⁹ In the Caribbean, several countries have made or are considering similar changes.⁷⁰ Yet since most early marriages are informal, legal changes of this kind have only limited impact; in effect, they need to be supplemented with programmes for empowering girls to resist imposed marriage, and to overcome the social and cultural factors that encourage early marriage by broadening the educational, employment and lifestyle options available to girls.

Access to education for children and adolescents of both sexes has been promoted through various actions, including compulsory education laws, enrolment campaigns targeted at traditionally excluded groups, linguistic diversification for meeting the needs of indigenous children, increased education budgets, the establishment of long-term education spending commitments (for example, as a percentage of GDP), school construction or expansion programmes and education reforms aimed at making the system more effective.⁷¹ In the Global Survey, five Caribbean governments reported progress with education infrastructure (such as improved toilet facilities and adequate transportation), while four other countries cited achievements in keeping more children and adolescents in the education system; equal access for girls to all levels of education; facilitating school completion for pregnant girls; and promoting non-formal opportunities for education and literacy. Among Latin American countries, 10 point to progress in keeping girls and adolescents within the education system while six report success in facilitating school completion for pregnant girls and another six mention the promotion of non-formal opportunities for education and literacy.

A specific group of actions has been implemented in the area of CCT programmes, many of which benefits conditional upon school attendance.⁷² As some of these programmes include a component for impact monitoring (a good practice for other social programmes, with due regard to the applicability and cost of such monitoring), they have generally been found successful in improving interim indicators, such as school attendance and retention or attendance at mother-and-child check-ups. However, their scope is limited and they do not take proper account of crucial supply aspects (such as the quality of services or care) that can affect the final outcome: satisfactory education and health care (Cecchini and Madariaga, 2011). Be this as it may, these measures have helped bring the region closer to universal coverage in primary education and have significantly expanded the coverage of secondary and higher education.⁷³

Notwithstanding the progress reported with respect to children, there are still some enormous gaps in this area. The most dramatic is the increasing proportion of children among the poor population, both in Latin America and the Caribbean,⁷⁴ as this bespeaks limitations on the exercise of rights from birth and casts a cloud over the future of new generations. This phenomenon is no happenstance: it can be explained by the reproductive inequalities that still exist in the region and that manifest themselves in higher and (as will be seen below) earlier fertility among the poor. The increasing prevalence of childhood poverty, then, can be attributed to failure to achieve the target of universal access to sexual and reproductive health services.

Yet other shortcomings are linked either with access to education, and to secondary and higher education in particular, which in many countries is still low and highly unequal in socioeconomic terms, or with the quality of education, which is very uneven and far from satisfactory for broad segments of the school population, especially the poor. The child demographic dividend, which results from stabilization or even a decline in the school-age population, offers a unique opportunity: the resources freed up by this dividend (together with additional resources commensurate with the challenges) can be used to universalize the coverage and improve the quality of public education, thus reducing or even eliminating the enormous inequalities in educational access and quality.

There are also persistent shortcomings in health, training and care. These are evident in the rates of avoidable morbidity and mortality (a matter examined later), still-low public investment in supporting the initial phases of life, and high levels of violence and child abuse, often within the family.

Lastly, it has already been noted that ICPD-PA accords special treatment to girls, in response to ideologies and social practices that openly conspire against their welfare, their development and the exercise of their rights. This discrimination is present in the region as well, but in a more subtle and even underhand manner—which does not prevent them from affecting women and from helping to perpetuate the cultural substratum of gender inequalities. Nevertheless, formally and politically speaking, the discourse of gender equality prevails in the region. At the same time, boys too need special attention because they receive mixed signals, especially when it comes to gender equality, and they face particular risks associated with violence, crime, school dropout, and stigmatization. This is a key point for the post-2014 population and development agenda, because achieving real gender equality and solid social cohesion will require that new generations actually practice this gender equality and feel integrated into their society.

With respect to **young people**, many countries have recently taken initiatives on the institutional front, creating new agencies or strengthening existing ones.⁷⁵ Countries have also adopted laws or implemented national plans in support of youth, and some of these refer particularly to ICPD-PA.⁷⁶ The Ibero-American Convention on the Rights of Youth⁷⁷ has been taken as a benchmark for these policies in Costa Rica, El Salvador, Guatemala and Honduras. The case of Costa Rica is of special interest, for it is structured around the concept of youth, recognizing the group's internal heterogeneity and diversity of demands and needs. Several countries have also taken action to promote the rights of youth and guarantee their exercise.⁷⁸

Countries have recognized that youth unemployment above the general average constitutes a paradox⁷⁹ facing young people in the twenty-first century, standing as it does in direct contradiction to their rising education levels and much greater skills in information and communication technologies. Governments have therefore stepped up their efforts to improve training for youth, to enhance their employability, and to foster their entrepreneurship.⁸⁰

One area where some countries have been particularly active is in the prevention of violence, a key issue for adolescents and youth who are particularly exposed to risks of this kind.⁸¹ Several countries have also made efforts to encourage healthy and constructive use of free time: these include initiatives to promote volunteerism, mass participation in sports, involvement in civic affairs, artistic activities, and the use of ICTs. An especially noteworthy example is youth orchestras, with the Bolivarian Republic of Venezuela being emblematic in this regard.

Yet despite all these efforts, significant numbers of Latin American youth are still faced with a set of paradoxes (ECLAC/OIJ, 2004) that are eroding their potential and generating resentment, mistrust and withdrawal from the society in which they live. These paradoxes include the fact that they constitute the most highly educated generation ever, and probably the first that can be properly called “digital”, and yet they continue to face serious difficulties in finding work and asserting their independence, in avoiding risks and exercising their sexual and reproductive rights, and in shielding themselves from violence. To resolve these paradoxes will be one of the greatest challenges confronting the region in the future. Some of them, especially those relating to access to sexual and reproductive health and the exercise of sexual and reproductive rights, will figure prominently on the population and development agenda beyond 2014.

The situation of **older persons**⁸² and their specific agenda acquired fresh importance regionally and internationally during the period under review. On the international front, the United Nations General Assembly adopted resolution 65/22 on 21 December 2012, setting up an Open-Ended Working Group on Ageing. More recently, on 13 February 2013, the General Assembly adopted resolution 67/139, “Towards a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons”, in which it decided among other things that, as part of its mandate, the Working Group should consider proposals for an international legal instrument to promote and protect the rights and dignity of older persons, starting with its fourth session to be held in 2013. There has been a similar move in the Inter-American sphere, with the creation of a working group on the human rights of older persons within the Organization of American States (OAS) which, pursuant to resolution AG/RES 2654 (XLI-O/11), was given the task of preparing a draft Inter-American convention for the advancement and protection of the rights of older persons, for submission to the forty-third regular session of the OAS General Assembly in 2013. In both of these forums, the issue was promoted by countries of Latin America and the Caribbean, in keeping with the Brasilia Declaration (2007) and the San José Charter on the rights of older persons in Latin America and the Caribbean.

This charter was approved at the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, held in San José on 8-11 May 2012, which took stock of progress, pending issues and remaining challenges in relation to living conditions and rights of older persons in the region. The San José Charter represents a clear move toward the objectives proposed in ICPD-PA, and constitutes direct input for debate on the population and development agenda beyond 2014 in the region.

This interest in the rights of older persons in the region has led to numerous initiatives in the region. In the Global Survey, 12 Latin American and 8 Caribbean countries reported progress in enabling older persons to live independently and to make full use of their skills and abilities; 11 in Latin America and 8 in the Caribbean cited health care and services; 8 in Latin America and 3 in the Caribbean mentioned pensions and income support; 8 in Latin America reported progress in addressing neglect, abuse and violence against older persons; and 7 in Latin America and 5 in the Caribbean referred to institutions and participation in development planning. This massive effort (which dates from the end of the twentieth century and whose most outstanding programmatic expression to date, recognized in previous ICPD-PA reviews for the region, has been the introduction of various non-contributory pension programmes in several countries) is due in part to population ageing, which is gradually increasing the proportion of this group within the overall population and is boosting its visibility and its social and political impact. In fact, in the countries with the highest proportion of older people it is not unusual to find activities geared to meeting various requirements of older persons or to address their different rights and needs in such areas as social protection, health care and assisted living.⁸³ But this is not the only reason, and in fact initiatives targeting this group also exist in countries with moderate or incipient ageing.⁸⁴ Even in countries with long-standing social security systems, as in the Caribbean, there is concern over the impact of ageing and over the fact that a significant portion of the population falls outside those systems, which cover essentially persons who have worked in the formal sector of the economy (ECLAC, 2013b, p. 52). Thus, government action in this area is being driven by growing concern over this group's economic security⁸⁵ and, at the same time, the growing conviction that their rights must be guaranteed and their potential tapped.

On the institutional front, most countries already had some kind of agency responsible for older persons' issues before the period under review (ECLAC, 2012, pp. 74-78). What is new at this time is not the creation of institutions (although there have been some instances of this, as in Ecuador and Uruguay⁸⁶), but rather their progressive strengthening⁸⁷ and adaptation to a broader framework of requirements and rights associated with this group. These rights go far beyond the issues of medical care and pensions that were the primary focus of the first wave of institutions responsible for older persons. In practical terms, this means that it is more appropriate for these institutions to be placed under the ministries of social development, planning or economic and social inclusion than to leave them as part of the health or social security sectors.

Notwithstanding this progress, the region betrays some important lags and enormous challenges in guaranteeing the well-being and the rights of older persons. Some of these have to do with the traditional core requirements associated with this group: health care and pensions. The health-care systems are not yet on a footing to respond to the epidemiological change that comes with population ageing, while the social security systems still have serious problems of coverage and the pensions they pay are generally low. The mass introduction of non-contributory pensions has been an important innovation in some countries, and has brought some financial relief to the older poor, but its contribution is limited. In the Caribbean, the situation is similar: "Many, although not all, countries have introduced non-contributory pensions intended for those who are not eligible for a contributory pension. However the levels of support provided, with the exception of the non-contributory pensions in Trinidad and Tobago and Barbados, are very low, and these pensions provide considerably less income than is necessary to achieve a standard of living equal to or better than the national poverty line" (ECLAC, 2013b, p. 53). One of the objectives of the Cairo Programme of Action on which there has been little progress was to prevent discrimination and violence against older persons: the approach to achieving that objective has tended to be reactive, whereas in fact it is part of the broader challenge of instilling a new vision of ageing. This new vision would mean adapting to the new scenario of increasingly aged societies and addressing the needs of older persons, not from a welfare perspective but as a matter of rights (ECLAC, 2012). Among the emerging challenges is the question of elder care: in the past this was dealt with in a piecemeal manner, and left largely to the private sector or the family, but today it demands a rights-based approach and government assumption of the costs entailed.

During the period under review, nearly all countries have taken steps to achieve the ICPD-PA objectives for **indigenous peoples**.⁸⁸ In Latin America, those objectives must be extended, at least partially, to Afro-descendants,

another ethnic group that has suffered exclusion and requires special treatment. At the present time, 671 indigenous peoples—numbering over 46 million individuals—are officially recognized by the State in Latin America, either directly through legislation or through policy instruments. There is also a large population of Afro-descendants, estimated at more than 120 million, most of them living in Brazil, although in relative terms the Caribbean has the greatest representation of Afro-descendants, who constitute the majority in many of the small island states.

According to the Global Survey, the majority of Latin American countries have introduced measures to recognize the rights, participation, traditions and culture of indigenous peoples, to combat discrimination against them, to promote their access to education and health services in culturally appropriate terms (including use of the native language), to provide training and support for production activities, entrepreneurship and employment, and to ensure their statistical visibility.⁸⁹ In the Caribbean, with a lesser indigenous presence, this issue appears on the public agenda in only a minority of countries, but those countries reported significant progress during the period.⁹⁰

This wide-ranging effort represents continuation of the progress recorded in previous ICPD-PA reviews, and reflects two parallel processes that are not without tensions. On one hand are measures to strengthen indigenous stakeholders at the national level. Platforms for indigenous affairs are no longer confined to improving living conditions and social inclusion but extend to the recognition of indigenous rights to land, territory and natural resources, full participation and free and informed consent on all matters concerning indigenous people, respect for their culture and their right to self-determination, among other matters. On the other hand, indigenous peoples and their representatives are gaining growing recognition and presence on the international front through supranational coordination mechanisms or multilateral forums where indigenous people can present and seek recognition of their demands. These revolve around a series of widely recognized international agreements such as the Universal Declaration of Human Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, International Labour Organization (ILO) Convention 169 and the United Nations Declaration on the Rights of Indigenous Peoples.⁹¹ It is clear that the progress achieved depends greatly on the political will of national governments: the new century has been marked by such a will (not without some lapses), whereby the national authorities have established dialogue and accepted some of the demands of indigenous peoples; moreover, indigenous people and politicians committed to indigenous causes have been making their way into government.

Consistently with this political will, many countries have recently taken steps to meet the ICPD-PA objectives cited above. For example, the promulgation in 2009 of the new constitution of the Plurinational State of Bolivia marks a historic milestone: it recognizes the country's plurinational nature and addresses a series of historic indigenous demands. In addition, the "Law of Mother Earth and Integral Development for Living Well" consolidated 11 rights to the land and proposed an innovative, cross-cutting institutionalization of the ethnic focus and the worldview of indigenous Bolivians, superseding the previously specific institutional arrangements, a bold step that warrants greater study in the future.

On the institutional front, along with legal and regulatory changes, this period also saw the creation of specific agencies for working with and channelling the voice of indigenous peoples⁹² and Afro-descendants, either through new institutional spaces or through the mainstreaming of ethnic issues in a broad range of sector-specific government bodies. Nearly all countries have developed specific policy guidelines to guarantee equality of opportunities and access to government goods and services, to respect the rights of these groups, to guarantee their participation and to strengthen their forms of organization and governance. It is noteworthy that the laws, policies and development programmes of Ecuador, Mexico and the Plurinational State of Bolivia have rethought the notion of development, moving beyond an economic-centred concept to one that embraces social and cultural dimensions such as well-being and prosperity. As well, the period under review also saw successful implementation of bilingual and culturally relevant health and education programmes.⁹³

Special initiatives have been taken in other countries, such as the law relating to the cultural heritage of indigenous peoples and communities adopted in 2010 by the Bolivarian Republic of Venezuela and Mexico's general plan for indigenous health 2010-2012.

There was also progress in giving effect to ILO Convention 169, particularly in those countries that are recent signatories. This represents a key step, recognizing that mere adherence to an international instrument is not enough to ensure proper compliance: in fact, there has been much tension and dispute in several countries over how to

implement the convention, and the ultimate usefulness of this instrument will depend on how these issues are resolved. On this point, four countries in the region have adopted laws and decrees requiring prior consultation as a means of acknowledging and respecting the views of indigenous peoples.

In terms of sociodemographic information, the great majority of censuses from the 2010 round included one or more questions on ethnic origin, usually on the basis of self-identification. This promises to produce a solid information base with ample possibility for geographical disaggregation, something that is essential for targeting public policies for this population group. Population census information, which can be used to locate, quantify and characterize the indigenous population, should be supplemented with information from other sources relating to their territory and natural resources, so that measures can be designed to protect the various peoples, guarantee their rights, and safeguard their habitat and natural heritage.

Yet indigenous peoples and Afro-descendants still face great inequality in accessing opportunities and exercising their rights, as can be seen in their welfare indicators, which trail far behind those for the rest of the population. Efforts to establish an institution responsible for the matter have not always been successful, and in some countries there are questions about their workings and their effectiveness. Moreover, within countries there are still habits and practices that denigrate and discriminate against indigenous peoples and the Afro-descendant population, which means that there is a latent threat of political backsliding from the progress achieved during the period under review. Finally, there has been no adequate response to some of the more far-reaching demands, such as social and political recognition, rights to ancestral lands (including the subsoil resources) and recognition of interculturalism as a pillar of a truly integrated society.

The challenge, then, is to build democratic and pluricultural (and plurinational, in some cases) societies in which ethnic inequalities are eradicated and in which the identity and world views of the region's indigenous peoples are acknowledged.

ICPD-PA identifies **persons with disabilities** as a social group that is vulnerable in various areas—including health, education and employment—and that tends to suffer discrimination. The Programme also recognizes that, like the rest of the population, this group has potentials and rights, and consequently the policies and programmes targeted at them should facilitate their social integration and the enjoyment of their rights. In fact, they constitute a sizeable group: according to the latest available data, 12% of the region's population is living with some form of disability.⁹⁴

The importance that ICPD-PA affords this group is shared by the countries of the region, several of which have for some years had a special agency for persons with disabilities, and nearly all of which have ratified the Convention on the Rights of Persons with Disabilities. Moreover, during the period under review a great variety of public actions were taken to achieve ICPD-PA objectives for this group,⁹⁵ starting with the most essential: consideration of their rights in new constitutions,⁹⁶ as well as creation of institutions to address the needs of persons with disabilities,⁹⁷ the issuance of a series of specific laws and regulations to support and promote their integration, non-discrimination,⁹⁸ attention to their specific needs, and guarantee of their rights.⁹⁹ Moreover, various initiatives have been taken to promote integration and support for persons with disabilities in specific areas, such as employment and income, education, health, time use, and care.¹⁰⁰ Special mention should be made of efforts to adapt the daily functioning of societies to the needs of persons with disabilities, as seen in construction standards, modes of service to the public, access to buildings and facilities, public and private transportation equipment and operations, special sporting activities, and so forth.

Nevertheless, there remain many problems and challenges for the effective social integration of this group and for guaranteeing its rights. Countries have recognized the situation: the Global Survey recorded various future priorities relating to this issue. One of them is education, recognizing that there are still barriers to the full educational development of persons with disabilities and that greater efforts must be made to take advantage of new technologies, to revise curricula, to improve infrastructure and to train teachers and support staff, among other issues. Much remains to be done as well in adapting infrastructure and services for persons with disabilities: in fact, progress in this area is often piecemeal or confined to pilot projects, without taking into account the opinions and experience of persons with disabilities. Access for this group to the labour market and social protection needs to be promoted more effectively, as well. In this regard there are lessons to be learned from the special employment programmes already implemented. New technologies and medical advances hold enormous promise for mitigating or even reversing disabilities in some cases, but these innovations are still largely inaccessible to those with disabilities, especially among the poor. In short, the pending issues relating to the social integration of persons with disabilities, together with those regarding exercise of their rights and their social participation, will have to figure on the population and development agenda beyond 2014.

F. Reproductive rights and sexual and reproductive health

Developments in this area were more positive during the reference period than in earlier periods. For example, in the period 1999-2004, reproductive rights and health were excluded from the MDG framework and important international players raised doubts about the respective chapter of ICPD-PA, thus diverting the focus from achieving the objective to defending it and reaffirming it politically. Conversely, in the more recent period meaningful action was taken on the five issues¹⁰¹ considered in chapter VII of ICPD-PA. This outcome facilitated by a re-commitment of the region's governments to this chapter of ICPD-PA. In fact, in the Global Survey eight governments in the Caribbean (of the 12 responding) and 15 in Latin America (of the 19 responding) reported progress in access to counselling, information and sexual and reproductive health services.

The measures taken to achieve such progress include, in particular, formal recognition of reproductive rights and access to sexual and reproductive health services in some of the recently promulgated constitutions.¹⁰² Several countries have introduced specific plans and programmes in this area.¹⁰³ As well, conditional cash transfer (CCT) schemes have begun to incorporate this topic, very incipiently.¹⁰⁴ Among the measures that have contributed to progress regarding one of the key objectives of ICPD-PA, which was subsequently adopted as target 5B of the MDGs (Achieve, by 2015, universal access to reproductive health), has been the issuance of regulations for implementing laws in this area. As explained in the frame of reference for this report, the implementation gap is one of the greatest problems in fulfilling ICPD-PA, and having such regulations in place is essential for giving effect to legislation. Two iconic examples, evocative in their very names, are the regulatory decree for Law 18,426 on "Defence of the right to sexual and reproductive health" in Uruguay (2008) and the regulatory decree for Law 20,418, which "sets standards on information, guidance and services for the regulation of fertility" in Chile, which came into force on 28 May 2013.

In general, all these actions have served to expand sexual and reproductive health services and make them more accessible, and also to instil the notion that reproductive rights are part of human rights. At the same time, public intervention has sought to expand the options available to women in particular, with respect to the provision of contraception, as well as to offer suitable services to certain groups such as those with ethnic sensitivities.¹⁰⁵ In a move that has occasionally aroused controversy and difficulties, several countries have included emergency contraception among the available options, although this is in general reserved for special cases (Morán, 2010; Villanueva, 2008).

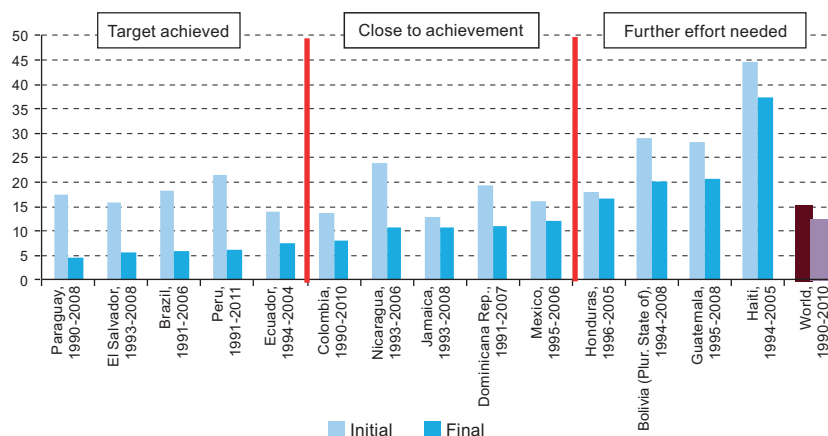
In several countries, sexual and reproductive health programmes have included measures to address a broad range of issues, including prevention of sexually transmitted infections (STIs) and of cervical, ovarian and breast cancers. The promotion of immunization against some of these diseases, in particular the human papilloma virus (HPV), was another innovation during the period under review in countries such as Mexico and Peru, although the region has yet to see any experiments with large-scale public programmes in this area. An exception at the subnational level is the HPV vaccination campaign launched in December 2008 by the Government of the Federal District of Mexico.¹⁰⁶

Some countries in the region, including Argentina, Guatemala, Mexico and Uruguay, have established observatories for tracking this issue, reflecting the need to generate greater evidence in order to make policies more effective and to engage the public more actively in giving effect to rights (GTR, 2012).

These efforts seem to be reflected in key indicators contained in ICPD-PA and in the Millennium Development Goals.¹⁰⁷ In fact, the great majority of the region's countries have reduced the proportion of unmet demand for family planning services (see figure 3), achieving values of between 4.7% and 12%, although all these figures fall short of the world average, which is 12.4%. Nevertheless, four of 14 countries with available data show a high level of unmet demand, with figures ranging from 17% to 37%: these countries are Honduras, Guatemala, Haiti and the Plurinational State of Bolivia. The levels of unmet demand in the Caribbean are high because of the impact of Haiti on the averages, and because the two most populous English-speaking countries of the subregion—Jamaica and Trinidad and Tobago—have levels of unmet demand that exceed the averages for Latin America (ECLAC, 2013, p. 34).

Notwithstanding the reduction in unmet demand for family planning services, the pace of progress observed for individual countries suggests that only five of the 14 shown in the figure (Paraguay, El Salvador, Brazil, Peru and Ecuador) will meet the universal family planning target by 2050,¹⁰⁸ and that those countries with the highest levels of unmet demand (Guatemala, Haiti, Honduras and the Plurinational State of Bolivia) will fall far short of the goal.¹⁰⁹

Figure 3
Latin America and the Caribbean (countries with available data):
unmet demand for family planning



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of Demographic and Health Surveys (DHS) and STATCompiler; for Mexico 1995 and 2006: Encuesta Nacional de la Dinámica Demográfica (ENADID) of INEGI and world average, United Nations, *Millennium Development Goals Report 2012*, New York, 2012; for Brazil: Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher (PNDS 2006); for Ecuador: Encuesta Demográfica y de Salud Materna e Infantil (ENDEMAIN 2004); for El Salvador: Encuesta Nacional de Salud Familiar 2008 (FESAL2008); for Guatemala: Encuesta Nacional de Salud Materno Infantil 2008/09 (ENSMI-2008/09); for Nicaragua: Encuesta Nicaragüense de Demografía y Salud (ENDESA 2006/07); for Paraguay: Encuesta Nacional de Demografía y Salud Sexual y Reproductiva 2008 (CEPEP: ENDSSR 2008); for Peru: Encuesta Demográfica y de Salud Familiar (ENDES 2011).

It should be noted that most Latin American countries are reducing the gap between social sectors in terms of unmet demand for family planning, as it relates both to area of residence and to level of education of women in consensual unions (see tables 1 and 2). However, this gap remains wide in several countries. The education gaps would be sharper than those shown in table 2 if women with the highest education level were differentiated, which is not possible to do for all countries with the data available for this report. For example, in Colombia, Peru and the Plurinational State of Bolivia, the gaps between women with no education and those who have some tertiary or university education (whether completed or not) is more than twofold, according to the latest available survey (unmet demand for women with no education is between 2.5 and 2.7 times greater than that for women with tertiary education).

Table 1
Latin America and the Caribbean (countries with available data): unmet demand
for family planning by area of residence

Country/date	Initial year		Final year		Rural/urban gap ^a	
	Urban	Rural	Urban	Rural	Initial	Final
Bolivia (Plurinational State of), 1994 and 2008	22.4	38.3	15.5	27.4	1.7	1.8
Colombia, 1990-2010	11.7	18.5	7.6	9.2	1.6	1.2
Dominican Republic, 1991-2007	16.4	24.5	11.2	11.0	1.5	1.0
Ecuador, 1999-2004	7.2	14.3	5.3	10.4	2.0	2.0
El Salvador, 2003-2008	6.8	11.3	3.9	7.5	1.7	1.9
Guatemala, 1995-2008	20.9	32.8	14.7	25.4	1.6	1.7
Haiti, 1994-2005	41.5	46.5	34.9	39.1	1.1	1.1
Honduras, 1996-2005	11.5	24.8	14.2	19.2	2.2	1.4
Nicaragua, 1993-2006	15.1	34.4	10.5	10.9	2.3	1.0
Paraguay, 1990-2008	14.1	21.3	4.2	5.4	1.5	1.3
Peru, 1991-2011	15.7	36.4	5.5	7.5	2.3	1.4

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of Demographic and Health Survey (DHS) and STATCompiler; for Brazil 2006: United Nations Statistical Division (UNSTAT); for Mexico 1995 and 2006, Encuesta Nacional de la Dinámica Demográfica (ENADID) of INEGI and world average, United Nations, *Millennium Development Goals Report 2012*, New York, 2012; for Ecuador: Encuesta Demográfica y de Salud Materna e Infantil (ENDEMAIN 2004); for El Salvador: Encuesta Nacional de Salud Familiar 2008 (FESAL2008); for Guatemala: Encuesta Nacional de Salud Materno Infantil 2008/09 (ENSMI-2008/09); for Nicaragua: Encuesta Nicaragüense de Demografía y Salud (ENDESA 2006/07); for Paraguay: Encuesta Nacional de Demografía y Salud Sexual y Reproductiva 2008 (CEPEP: ENDSSR 2008); for Peru: Encuesta Demográfica y de Salud Familiar (ENDES 2011).

^a Ratio of rural to urban rates of unmet demand in each period.

Table 2
Latin America and the Caribbean (countries with available data): unmet demand for family planning among married women aged 15-49^a years, by level of schooling

Country	Women's level of education			Relative gap ^b
	No schooling	Primary	Secondary and more	
Bolivia (Plurinational State of), 1994	38.1	34.5	19.2	2.0
Bolivia (Plurinational State of), 2008	27.8	23.9	14.4	1.9
Colombia, 1990	23.1	15.6	10.7	2.2
Colombia, 2010	14.1	8.1	7.8	1.8
Dominican Republic, 1991	31.4	21.1	14.1	2.2
Dominican Republic, 2007	12.2	10.7	11.4	1.1
Guatemala, 1995	34.0	29.7	11.8	2.9
Guatemala, 2008	28.7	21.2	11.5	2.5
Haiti, 1994	43.8	47.4	40.4	1.1
Haiti, 2005	38.1	40.1	33.1	1.2
Nicaragua, 1998	24.7	19.7	12.0	2.1
Nicaragua, 2006	12.6	11.3	9.3	1.4
Paraguay, 1990	22.5	20.0	10.9	2.1
Paraguay, 2008	8.3	6.0	3.0	2.8
Peru, 1991	36.0	27.5	15.2	2.4
Peru, 2011	9.2	7.5	6.0	1.5

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of Demographic and Health Surveys (DHS) and STAT Compiler; for Guatemala: Encuesta Nacional de Salud Materno Infantil 2008/09 (ENSMI-2008/09); for Nicaragua: Encuesta Nicaragüense de Demografía y Salud (ENDESA 2006/07); for Paraguay: Encuesta Nacional de Demografía y Salud Sexual y Reproductiva 2008 (CEPEP: ENDSSR 2008); for Peru: Encuesta Demográfica y de Salud Familiar (ENDES 2011).

^a With the exception of Paraguay, where the data refer to women aged 15 to 44 years who are non-users and at risk of unwanted pregnancy. The term "married women" refers to women in either legal or consensual unions.

^b Ratio between unmet demand for women with no schooling and unmet demand for women with secondary education and more.

In the case of indigenous peoples, only Guatemala has information on this indicator, and the trend is also downward: in 2002, the rate of unmet demand was 39.3% for indigenous women in union, but by 2008 this rate had declined to 29.6%. However, the relative gap with respect to non-indigenous women increased, and was nearly twofold in 2008.¹¹⁰

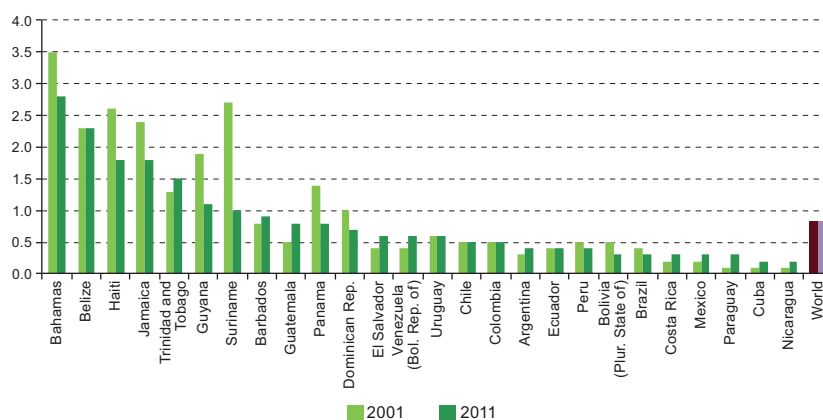
With some variations between countries, the region has been very active in combating HIV/AIDS. Steps have been taken to fulfil the objectives set forth in ICPD-PA,¹¹¹ as noted in previous ICPD-PA monitoring reports, in the MDG monitoring reports, and in the indicators section of this report, which shows that the rate of infection has stabilized and that the coverage of antiretroviral treatment is well ahead of the world average. This picture is confirmed by the Global Survey, in which eight of the 12 Caribbean countries and nine of the 18 Latin American countries responding reported achievements in preventing and treating HIV and STIs.

Nearly all countries in the region have taken steps consistent with the ICPD-PA objectives for HIV/AIDS and STIs during the period under consideration. Several countries have issued laws and regulations guaranteeing the rights of infected persons, not only with respect to their health, treatment and care but also with regard to their personal integrity, non-discrimination, and respect for confidentiality and privacy.¹¹² In terms of eradicating vertical transmission and other modes of non-sexual transmission of HIV/AIDS, many countries have launched specific programmes¹¹³ which seem to be having an impact, given the decline in new cases of vertical transmission.¹¹⁴ At the same time, several countries have promoted HIV screening, with rigorous respect for rights, through a variety of initiatives.¹¹⁵ Specific programmes in support of infected persons and their families have also been introduced in some countries.¹¹⁶ When it comes to prevention, mass publicity campaigns have been conducted¹¹⁷ and AIDS prevention protocols have been integrated into sexual and reproductive health services.¹¹⁸

The Caribbean, which has the highest prevalence of HIV/AIDS in the world after sub-Saharan Africa, has garnered a vigorous response based on expanding voluntary screening and counselling services, free access to antiretroviral treatment, post-exposure prophylaxis and prevention of vertical transmission. These efforts have been backed by campaigns for prevention and to counter discrimination against persons living with HIV/AIDS. Lastly, several countries have moved forward in integrating HIV/AIDS care services and reproductive health. External support has been key to this progress, particularly through the supply of medications for controlling the disease, a topic that will remain prominent on the population and development agenda beyond 2014 (ECLAC, 2013b, pp. 40-45).

These efforts seem to have had an impact on the indicators used for monitoring ICPD-PA and MDG targets. Figure 4 shows the prevalence of HIV among the population of childbearing age: of 26 countries, 10 have reduced the prevalence rate over the period 2001-2011, some of them significantly (such as Guyana, Panama and Suriname), and another five have retained the same rates. Thus, more than half of these countries (15 of 26) are on the way to meeting MDG target 6A; if the present trend continues, they will have halted the spread of HIV. On the other hand, in 11 countries the prevalence rate has risen, although in most of them the figures are among the lowest in the region. The great majority of countries with available data (19 of 26) fall below the world average. Moreover, in interpreting these data it must be recognized that prevalence rates may be inflated by the survival of those who contract the illness.¹¹⁹

Figure 4
Latin America and the Caribbean (countries with available data): prevalence of HIV among the population aged 15-49 years (Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ELCAC, on the basis of Joint United Nations Programme on HIV/AIDS (UNAIDS), *UNAIDS Report on the Global AIDS Epidemic 2012*, and United Nations, *The Millennium Development Goals Report 2012*, New York, 2012.

Finally, adolescents became a priority for attention during the period. Several countries in the region have passed legislation, established policies and implemented programmes to guarantee the sexual and reproductive rights of adolescents and to expand sexual and reproductive health services for them, with particular emphasis on preventing pregnancy.¹²⁰ Crucial principles for the exercise of sexual and reproductive rights and for providing specialized sexual and reproductive health care, such as confidentiality, have been established by law, in some cases after many years of debate.¹²¹ The perception of “barriers to access” to these services —economic, cultural, legal and regulatory, institutional and family factors, gender inequality, limitations of the health team, and so forth— has found its way into policy design, thereby fostering government action to overcome them. Understanding of adolescents’ need for specific approaches has broadened and is being reflected in programmes. A noteworthy example in this regard is the increasing emphasis on “adolescent-friendly health services”, especially in primary care, with a view to offering specific and generationally relevant care to adolescents.¹²² Another innovative strategy introduced during the period under review, and one that is fully consistent with the preventive approach to health (the most relevant and effective approach), involves universal health checks for adolescents, in which their sexual and reproductive health is assessed, they are offered counselling, and are referred for treatment if necessary.¹²³ Countries also report various initiatives to expand and improve comprehensive sexual education.¹²⁴ On this point, the Caribbean has a long tradition of providing school instruction about health and family life, and there have been recent efforts to update that instruction, recognizing that the materials used sometimes tend to reproduce stigmas and to disregard the rights of children and adolescents.¹²⁵

These efforts seem to be producing effects, after several years of backsliding, especially in terms of adolescent fertility and maternity. Table 3 shows a clear contrast between the decade of the 1990s, when teenage fertility rates remained virtually constant in the region, and the first decade of this century, when they fell by 10%. However, this reduction is much more modest than that in total fertility, and the region still has the highest adolescent fertility rate in the world after sub-Saharan Africa. With regard to adolescent maternity,¹²⁶ and in particular the percentage of mothers in the 15-19 age group, the decline in recent years is even more pronounced. After rising during the 1990s,

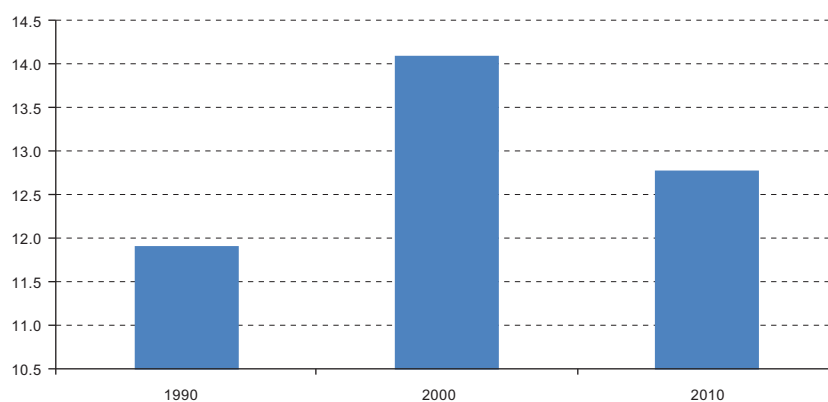
the percentage of mothers in the 15-19 age group fell in the first decade of this century, although in 2010 it was still higher than it had been 20 years earlier (see figure 5). As regional trends can be greatly influenced by Brazil and Mexico, the authors examined all countries with available census and survey data and found that, while there was an overall increase in adolescent maternity rates between 1990 and 2010, the tendency was towards decline after the year 2000 (see table 4).

Table 3
Major world regions: estimated specific fertility rate, women aged 15-19, and percentage change, 1990-2010

	1990	2000	2009	Change 1990-2010	Change 2000-2010
World	59	51	49	-14.2	-4.7
Northern Africa	43	33	29	-23.0	-14.1
Sub-Saharan Africa	126	122	120	-2.9	-2.0
Latin America and the Caribbean	91	88	79	-3.4	-10.9
The Caribbean	80	78	69	-2.5	-12.8
Latin America	92	88	80	-3.6	-10.7
Eastern Asia	15	6	6	-62.1	3.3
Southern Asia	88	59	46	-33.8	-27.2
South-Eastern Asia	54	40	45	-24.8	9.8
Western Asia	63	51	48	-19.6	-5.0
Central Asia and the Caucasus	44	28	29	-36.3	3.4

Source: United Nations, Millennium Development Goals Report 2012, Statistical Annex [online] <http://millenniumindicators.un.org/unsd/mdg/Host.aspx?Content=Data/Trends.htm>.

Figure 5
Latin America: percentage of women aged 15-19 years^a who are mothers around 1990,^b 2000^c and 2010^d
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of special processing of census microdata.

^a Based on census results (mothers 15 to 19 years —no response treated as no birth— and women 15 to 19 years).

^b Argentina, 1991; Bolivarian Republic of Venezuela, 1990; Brazil, 1991; Chile, 1992; Colombia, 1993; Costa Rica, 1984; Ecuador, 1990; El Salvador, 1992; Guatemala, 1994; Honduras, 1988; Mexico, 1990; Panama, 1990; Paraguay, 1992; Peru, 1993; Plurinational State of Bolivia, 1992; Uruguay, 1985.

^c Argentina, 2001; Bolivarian Republic of Venezuela, 2001; Brazil, 2000; Chile, 2002; Colombia, 2005; Costa Rica, 2000; Dominican Republic, 2002; Ecuador, 2001; Guatemala, 2002; Honduras, 2001; Mexico, 2000; Nicaragua, 1995; Panama, 2000; Paraguay, 2002; Plurinational State of Bolivia, 2001; Uruguay, 1996.

^d Argentina, 2010; Bolivarian Republic of Venezuela, 2011; Brazil, 2010; Costa Rica, 2011; Dominican Republic, 2010; Ecuador, 2010; El Salvador, 2007; Mexico, 2010; Nicaragua, 2005; Panama, 2010; Peru, 2007; Uruguay, 2010.

Table 4
Latin America and the Caribbean (countries with available data): levels and changes in adolescent maternity^a

Level in 2010	Change 1990 a 2010		Change 2000 a 2010	
	Upward	Downward	Upward	Downward
Higher (13% or more)	Argentina, Bolivia (Plurinational State of), Colombia, Dominican Republic, Ecuador, El Salvador, Venezuela (Bolivarian Republic of)	Guatemala, Honduras, Nicaragua, Panama	Argentina, Bolivia (Plurinational State of), Colombia, Ecuador, Dominican Republic, Guatemala	El Salvador, Honduras, Nicaragua, Panama, Venezuela (Bolivarian Republic of)
Lower (less than 13%)	Brazil, Haiti, Mexico, Peru, Uruguay	Costa Rica, Jamaica	Mexico	Brazil, Costa Rica, Haiti, Jamaica, Peru, Uruguay

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of special processing of census microdot, Demographic and Health Surveys (DHS) and STATCompiler; for Argentina: basic tabulations provided by the National Institute of Statistics and Censuses (INDEC); for Jamaica: Jamaica Contraceptive Prevalence Survey (CPS 1993) y Reproductive Health Survey (RHS, 2002); for Nicaragua: Encuesta sobre Salud Familiar de Nicaragua, 1992-1993; for Peru: Encuesta Demográfica y de Salud Familiar (ENDES 2011).

^a Women aged 15-19 years.

The fact that adolescent fertility and maternity rates have been falling only slowly, if at all, is in itself a matter of concern and a challenge for the future, and is compounded by the historical social and geographical disparities that still persist. As will be seen from table 5, adolescent maternity is systematically higher in the countryside than in the cities. The sharpest geographical gaps are to be found in Peru and in the Plurinational State of Bolivia, where the percentage of young mothers in rural areas is nearly twice that in urban areas. There is also a marked association between education level and the proportion of young mothers, and here the inequalities are even greater. In nearly half of countries with available data, the adolescent maternity rate among girls who did not go beyond primary school is more than three times the rate among those with at least a secondary education.

Table 5
Latin America (countries with available data): mothers aged 15-19 years, by area of residence and level of schooling
(Percentages)

Country	Year	Area of residence		Level of schooling		Relative gaps ^a	
		Urban	Rural	None and primary	Secondary and more	Rural / Urban	No schooling or up to primary schooling / Secondary or higher
Bolivia (Plurinational State of) ^b	2008	11.1	20.6	26.9	9.1	1.86	3.0
Brazil ^c	2010	11.1	15.5	18.8	7.2	1.40	2.6
Colombia ^b	2010	13.8	22.2	42.0	13.4	1.61	3.1
Costa Rica ^c	2011	10.1	13.5	25.3	7.7	1.34	3.3
Dominican Republic ^c	2010	18.4	23.5	37.0	16.9	1.28	2.2
Ecuador ^c	2010	15.1	20.0	30.5	13.4	1.33	2.3
El Salvador ^b	2008	14.2	22.1	32.3	12.9	1.56	2.5
Guatemala ^b	2008	14.8	19.7	23.9	10.0	1.33	2.4
Haiti ^b	2005-2006	9.3	13.7	15.0	6.7	1.47	2.2
Honduras ^b	2005-2006	13.8	21.3	26.3	7.8	1.54	3.4
Mexico ^c	2010	11.8	14.3	26.6	10.5	1.22	2.5
Nicaragua ^b	2006-2007	15.4	25.0	30.7	11.7	1.62	2.6
Panama ^c	2010	12.2	21.2	34.7	11.4	1.74	3.0
Peru ^b	2011	7.9	15.6	29.1	8.3	1.97	3.5
Uruguay ^c	2011	9.4	11.2	s/d	s/d	1.19	s/d
Venezuela (Bolivarian Republic of) ^c	2011	14.0	20.6	s/d	s/d	1.47	s/d

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of special processing of census microdata; Demographic and Health Surveys (DHS) and STATCompiler; for Jamaica: Jamaica Contraceptive Prevalence Survey (CPS 1993) and Reproductive Health Survey (RHS 2002); for Nicaragua: Encuesta sobre Salud Familiar de Nicaragua 1992-1993; for Peru: Encuesta Demográfica y de Salud Familiar (ENDES 2011).

^a Ratio between the percentage of rural and urban adolescent maternity and ratio between the percentage of maternity among adolescents with no schooling and those with secondary schooling or more.

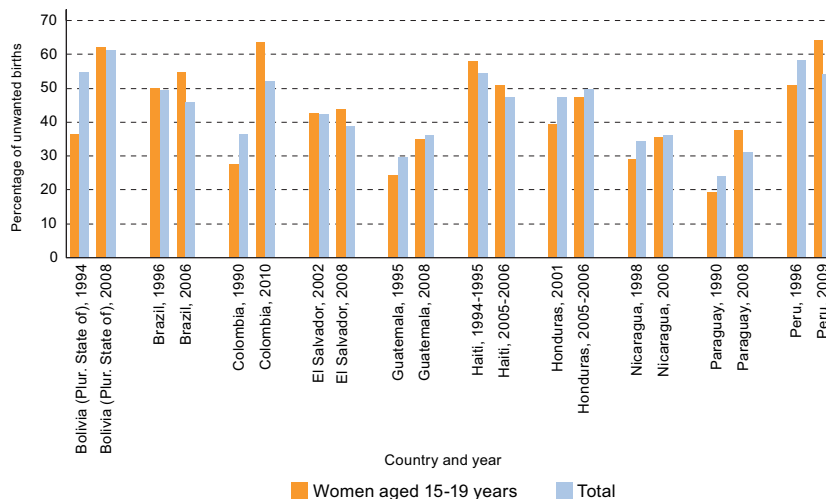
^b Survey data.

^c Census data.

A point of concern here is that rising adolescent maternity rates are increasingly associated with a violation of rights, as nearly all countries with available data report an increase in the percentages of unwanted¹²⁷ adolescent pregnancies. Unlike in the past, these percentages are now higher among adolescent mothers than mothers of other ages (see figure 6).

The factors behind the region's high adolescent fertility rates are complex and are a matter of some debate. They represent a combination of specific psychosocial features of this age group and economic, social and cultural factors, institutional factors, ideological variables and public policy shortcomings. The few instances of available data suggest that between 20% and 38% of single girls, and between 14% and 26% of girls living in a union, want to control their fertility but are not using contraceptive methods.¹²⁸

Figure 6
Latin America and the Caribbean (selected countries): unplanned or unwanted births in the five years preceding the survey (including women who were pregnant at the time of the survey), by age of mother at birth



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of Jorge Rodríguez, "High adolescent fertility in the context of declining fertility in Latin America", 2011 [online] http://www.un.org/esa/population/meetings/egm-adolescents/p01_rodriguez.pdf.

Despite the progress made, there are still some gaps and some new challenges for the future. The main gap is that, as is evident in figure 3, the official Cairo target of universal access to reproductive health will not be met if current trends in most countries continue. Efforts to ensure this universal access will therefore have to continue in the future, and will have to include a greater number of indicators, recognizing that sexual and reproductive health care is not confined to meeting the demand for family planning. Another significant gap has to do with the typically limited range and quality of services, particularly those provided by the public sector, as noted in various independent reports.¹²⁹ This is a matter of equity, but also one of rights, as in extreme cases the poor quality of services can place a person's sexual and reproductive health at risk. Among the constraints on the range of services are problems in accessing contraceptive implants (which can be especially useful in the case of adolescents) and emergency oral contraceptives, which are still banned or subject to unjustified restrictions in some countries, and difficult to obtain in others.¹³⁰

A major difficulty in achieving universal access to sexual and reproductive health lies in the capacities of services at the subnational and local levels.¹³¹ Strengthening these services will require an effort to build up community oversight capabilities, including monitoring of budget execution related to population issues and to sexual and reproductive health in particular. Among the sexual and reproductive health topics where further work is needed, especially at the local level, is that of improving systems for delivering inputs to local dispensaries in poor areas. Countries of the region have made significant progress with the purchase and stockpiling of inputs, but they often fail to reach the places where women with unmet family planning needs live.

There is also much room to improve care for specific groups. There are still financial and human resource constraints on the provision of culturally appropriate sexual and reproductive health care to indigenous peoples and migrants. This is also a problem for groups¹³² who suffer discrimination because of their sexual orientation, and who face medical, social, cultural and legal barriers in accessing the sexual and reproductive health services they need. At the same time, and despite efforts to encourage male involvement in sexual and reproductive health care,¹³³ males, including adolescents, still tend to be an elusive target group for sexual and reproductive health services, and this serves to perpetuate the gender bias when it comes to preventing STIs and unwanted pregnancies.

With respect to controlling HIV/AIDS, the principal source of concern is that the "stability" of the epidemic reflects the slow pace at which new infections and AIDS-related deaths are being reduced. There remain some great challenges, then, for the effective control of the infection, especially in terms of preventing risky conduct (still very widespread), in raising awareness among groups increasingly affected by HIV/AIDS, such as women and indigenous peoples, in

achieving universal coverage for antiretroviral treatment, in recording and tracking those who are infected or ill with a focus on rights and with clear standards of confidentiality and consent, and in eliminating the associated stigma and discrimination. More comprehensive and updated legislation, more funding for information, awareness-raising, prevention and treatment activities, and greater efforts to find new treatments for infected persons are essential topics for the post-2014 population and development agenda in the region.

Adolescent fertility rates remain very high and the proportion of unwanted pregnancies is rising sharply. In some countries teenage fertility has increased in recent years and in certain cases, such as Mexico, this has been accompanied by a standstill in access to modern contraception. Moreover, among adolescents the group with the most stubborn fertility is that between 15 and 17 years, an age when girls should be attending school. As well, recent studies have drawn attention to mothers aged under 15 (Rodríguez, 2013; Gómez, Molina and Zamberlin, 2011), whose pregnancies are frequently the result of sexual violence and abuse, often within the family. Beyond the matter of their numbers, these extreme cases call for a special prevention strategy that includes a component of public protection against a home environment that is uncaring or, worse, harmful.

High-risk behaviour (with respect to unwanted pregnancy and STIs) is still widespread, reflecting a complex set of factors including persistent barriers of access to sexual and reproductive health services. Many countries have yet to make progress with adolescent-friendly services or with applying the principle of confidentiality. In the Caribbean, for example, “family planning information and services are generally not available to adolescents under 16 unless they are accompanied by a parent” (ECLAC, 2013b, p. 36). Comprehensive sexual education, despite public declarations in favour of it, is still very weak and in some countries its availability decreased during the period under review.¹³⁴

Much also remains to be done in the area of institutions, policies and consideration of the specific characteristics of adolescent males and females. There has certainly been some progress—with adolescent-friendly health services, training and empowerment through discussion and sharing of experience, counselling for teenagers, and so forth—but in contrast to the age brackets on either side of them, adolescents still lack clear legal, social and institutional recognition. Because of this, guaranteeing sexual and reproductive rights and access to sexual and reproductive health services for adolescents will remain a priority for the population and development agenda beyond 2014 in the region.

Lastly in terms of emerging issues, the region cannot avoid the matter of sexual rights, which was the subject of heated debate in 1994 and remains a controversial topic, although in a different scenario. It will be recalled that, in the face of objections, sexual rights were excluded from ICPD-PA for the sake of international consensus; nevertheless, the notion of sexual rights has been widely accepted by countries in the region and has been given official recognition in various forms. Mention has already been made of the recent constitutions adopted by the Plurinational State of Bolivia and by Ecuador, in which these rights are explicitly enshrined.¹³⁵ Several countries have passed laws creating or referring specifically to sexual rights,¹³⁶ others have adopted policies and programmes to the same effect,¹³⁷ and in many countries these rights are afforded recognition through institutional arrangements relating to health, education, and gender equality. It may be said, then, that the region has already made partial progress in recognizing these rights. Regional recognition, including an explicit definition of the contents of these rights, will probably be one of the matters for consideration on the population and development agenda beyond 2014 in Latin America and the Caribbean.

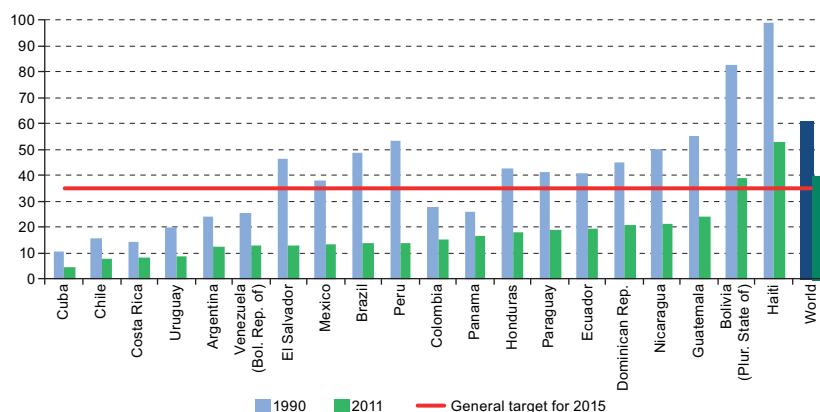
G. Health, morbidity and mortality

This chapter of ICPD-PA encompasses four broad topics: primary health care and the health care sector; child survival and health; women’s health and safe motherhood; and human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS). Several of these have been addressed in other chapters of this report, in particular those concerning population structure and groups and reproductive rights and sexual and reproductive health. The spectrum of policies relating to these issues in fact frequently exceeds the limits of this report. Moreover, this is one of the few ICPD-PA chapters containing specific targets and indicators. Because of this coincidence of factors, the review presented below will emphasize the indicators and focus on maternal-child health.

ICPD-PA calls upon countries to expand efforts to promote children’s health and to improve their nutrition, and to reduce disparities within and among countries, while setting specific targets for reducing mortality levels in the first year of life. With respect to progress in the region, figure 7 shows significant declines in child mortality rates in Latin America

and the Caribbean between 1990 and 2011, ranging from 36% in Panama to 74% in Peru. With the exceptions of Haiti and the Plurinational State of Bolivia, all Latin American countries are now below the general target for infant mortality (35 deaths per 1,000 live births) established for 2015. In fact, the great majority of countries have infant mortality rates lower than 20 per 1,000, well below the world average. If it maintains the downward trend of the last 21 years, the Plurinational State of Bolivia should reach this target in 2015. Haiti will not do so without stepped-up efforts, however.

Figure 7
Latin America and world: infant mortality rate
(Per 1,000 live births)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of Child Mortality Estimates (CME) [online] <http://www.childmortality.org>; and United Nations, The Millennium Development Goals Report 2012, New York, 2012.

Both ICPD-PA and the Regional Plan of Action call upon countries to reduce child mortality gaps within their borders: this means that the decline will have to be faster among the more disadvantaged population groups. Available data from demographic and health surveys show that most countries have succeeded in reducing child mortality differentials by area of residence and education level, although in the latter case the relative gaps remain very wide (see table 6). However, in five countries differentials have grown, sometimes independently of the mortality rate (El Salvador, Haiti, Honduras and the Plurinational State of Bolivia, with respect to the urban-rural gap; and El Salvador, Guatemala, Haiti, Nicaragua and the Plurinational State of Bolivia, when comparing women with no education with those who have at least secondary schooling).

Table 6
Latin America (countries with available data): infant mortality gaps, by area of residence and mother's education level

Country and survey date	Rural/urban gap ^a		Gap between women with no schooling/secondary schooling or higher ^b	
	Initial	Final	Initial	Final
Bolivia (Plurinational State of), 1994-2008	1.54	1.74	2.54	2.97
Brazil, 1991-2006	1.32	1.33	3.61	1.53
Colombia, 1990-2010	0.81	1.00	2.97	2.53
Dominican Republic, 1991-2007	1.46	0.95	1.81	1.67
Ecuador, 1987-2004	1.51	1.10	2.65	1.58
El Salvador, 1993-2008	1.26	1.63	1.13	2.69
Guatemala, 1995-2008	1.39	1.41	2.67	2.82
Haiti, 1994-2005	1.07	1.32	1.26	1.61
Honduras, 1990-2005	1.23	1.35	2.11	2.15
Mexico, 1990-2009	1.90	1.21	2.41	2.40
Nicaragua, 1998-2006	1.28	1.28	2.00	2.22
Paraguay, 1990-2008	1.19	0.85	2.28	1.83
Peru, 1991-2011	1.89	2.36	2.95	3.00

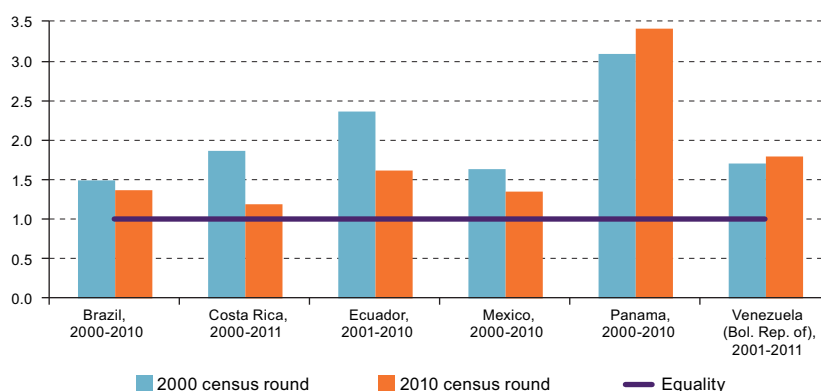
Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of Demographic and Health Surveys (DHS) and STATCompiler; for Brazil: Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher (PNDS 2006); for Mexico: Encuesta Nacional de Dinámica Demográfica (2009); for Peru: Encuesta Demográfica y de Salud Familiar (ENDES 2011).

^a Ratio between rural and urban child mortality.

^b Ratio between the mortality rate of children born to mothers with no schooling and to mothers with at least secondary education.

ICPD-PA included the target of eliminating the infant mortality gap between indigenous peoples and the rest of the population. The latest available information suggests that this target is far from being achieved, except in the case of Costa Rica, where the differentials are relatively small (see figure 8). It may be noted, however, that ethnic gaps have been reduced in six of the eight countries for which such information is available (see figure 8). These child mortality differentials reflect the structural inequities afflicting indigenous people in the region and not merely the fact that these people are more likely to live in rural areas: this can be confirmed by comparing rates for indigenous and other city dwellers. What is needed, then, is not only to address the precarious living conditions of indigenous people, their difficulties of access to health centres (because of distance or lack of transportation), the poor or inadequate quality of health services, and unequal access to formal education, but also to take further steps to offer health services that are culturally appropriate for indigenous people, recognizing that they tend to shun the system because of mistrust, linguistic difficulties (most programmes are offered in the official language), and their general lack of empowerment and participation.

Figure 8
Latin America (selected countries): gaps between indigenous and non-indigenous infant mortality rates, census rounds of 2000 and 2010

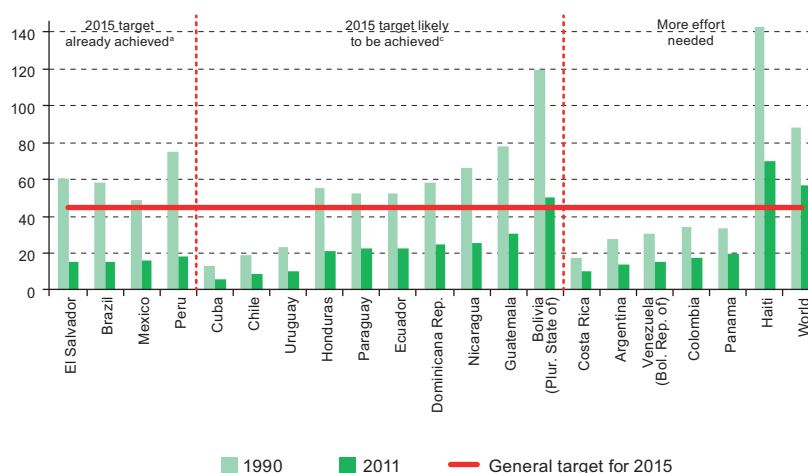


Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of special processing of census microdata from the respective countries.

ICPD-PA also sets specific targets for reducing child mortality, while MDG target 4A calls for reducing by the under-five mortality rate by two thirds between 1990 and 2015. Latin America has seen a significant decline in the child mortality rate: in 2011 all countries, with the exception of Haiti and the Plurinational State of Bolivia, were well below 45 per 1,000, the general target set in ICPD-PA for the year 2015 (see figure 9). Moreover, 70% of countries are in a position to achieve the MDG target of a two-thirds reduction, if the trends observed between 1990 and 2011 continue. In fact, Brazil, El Salvador, Mexico and Peru have already exceeded this target. At the other extreme, Costa Rica, Argentina, the Bolivarian Republic of Venezuela, Colombia, Panama and Haiti will require greater efforts to meet the MDG target (in these countries, the reduction in child mortality was between 41.3% and 51.5%). As with infant mortality, there is no apparent association between the initial level of child mortality and the degree of progress toward the target. Some countries, including Chile and Cuba, are likely to achieve the target on time despite having already-low child mortality rates.

With respect to maternal mortality, the reduction of which is “a moral and human rights imperative as well as a crucial international development priority” (UNFPA, 2004a, p. 51), ICPD-PA calls for reducing its level as well as the gap between social sectors. In examining the data, it must be recognized that this is a difficult target to evaluate, as there are serious shortcomings in most countries’ vital statistics and, a fortiori, in certification of the cause of death. Moreover, in many countries the information is derived from indirect estimates and may have high margins of uncertainty. For this reason, the trends must be analysed with caution.

Figure 9
Latin America: under-five mortality and status with respect to target 4A of the Millennium Development Goals
 (Per 1,000 live births)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of Child Mortality Estimates (CME) [online] <http://www.childmortality.org>.

^a Countries which reduced the under-five mortality rate by at least two thirds between 1990 and 2011.

^b Countries which between 1990 and 2011 reduced mortality in a manner proportionately to the 1990-2015 target.

^c Countries where the rate of decline in under-five mortality would not be sufficient to achieve a two-thirds reduction.

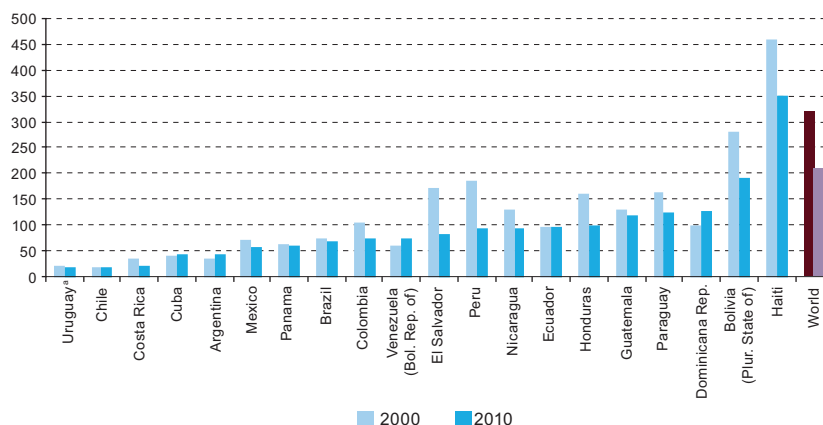
Generally speaking, while maternal mortality in the region is below the world average (with the exception of Haiti, all countries have rates below 210 maternal deaths for every 100,000 live births), there were still great intraregional variations in 2010, ranging from 17.7 maternal deaths per 100,000 live births in Uruguay to 190 in the Plurinational State of Bolivia and 350 in Haiti. Worse yet, recent available evidence points to a significant lag in achieving this target, primarily because the downtrend has flattened out. Table 7 summarizes the regional picture, for countries with available information, in terms of levels and trends. Recalling that ICPD-PA sets the target of a 50% reduction in maternal mortality between 2010 and 2015, Costa Rica, Colombia, El Salvador, Peru, Honduras and the Plurinational State of Bolivia would achieve this target if current trends persist. The remaining countries will need to redouble their efforts to achieve the agreed goals; this will be more difficult for those countries that have low maternal mortality rates, although the data show that the change experienced in the past 10 years is relatively independent of the absolute mortality rate. Despite the lack of systematic information on differences between social sectors, available data on indigenous women suggest that their maternal mortality rates are higher than those for other women (ECLAC/PAHO/UNFPA, 2010; Rojas, 2006; Oliveira, 2003).

Table 7
Latin America and the Caribbean (selected countries): maternal mortality levels and trends in relation to the target of the Programme of Action of the International Conference on Population and Development

Maternal mortality level in 2010	Reduction 2000-2010		Increase
	30% or more	Less than 30%	
Below 60	Costa Rica	Uruguay	Cuba
		Chile	Argentina
		Mexico	
		Panama	
60 to 100	Colombia	Brazil	Venezuela (Bolivarian Republic of)
	El Salvador	Nicaragua	
	Peru	Ecuador	
100 and more	Honduras	Guatemala	Dominican Republic
	Bolivia (Plurinational State of)	Paraguay	
		Haiti	

Source: For Bolivia (Plurinational State of), Guatemala, Haiti, Honduras and Nicaragua: Maternal Mortality Estimation Inter-agency Group (MMEIG); for Uruguay: figures from the Comisión Nacional para el Monitoreo y Reducción de las Muertes de Mujeres por Causa del Embarazo, Parto, Cesárea, Puerperio y Aborto, Dirección de Programación Estratégica (DPES), Ministry of Public Health and Registry Office; remaining countries: Pan American Health Organization (PAHO), "Basic Indicator Database", February 2011 and 2012 [online] http://ais.paho.org/hip/viz/maternal_health_estimacionesdiversasfuentes_esp.asp; and "Regional Health Observatory" http://ais.paho.org/hip/viz/maternal_health_estimacionesdiversasfuentes_esp.asp.

Figure 10
Latin America and the Caribbean and the world (countries with available data): maternal mortality ratio
(Maternal deaths per 100,000 births)



Source: For Guatemala, Haiti, Honduras, Nicaragua and Plurinational State of Bolivia: Maternal Mortality Estimation Inter-agency Group (MMEIG); for Uruguay: figures provided by Comisión Nacional para el Monitoreo y Reducción de las Muertes de Mujeres por Causa del Embarazo, Parto, Cesárea, Puerperio y Aborto, Dirección de Programación Estratégica (DPES), Ministry of Public Health and Registry Office; other countries: Pan American Health Organization (PAHO), "Basic Indicator Database," February 2011 and 2012 [online] http://ais.paho.org/hip/viz/maternal_health_estimacionesdiversasfuentes_esp.asp; and "Observatorio Regional de Salud" [online] http://ais.paho.org/hip/viz/maternal_health_estimacionesdiversasfuentes_esp.asp [date of reference: 24 February 2013].

^a Ratio between the average of maternal deaths 2009-2011 and the average of births for the same period.

The shortfall in meeting the maternal mortality target was already noted in previous ICPD-PA reviews, and was recently confirmed in the preliminary monitoring reports for the MDGs (ECLAC, 2013). However, the virtual stagnation of recent years is noteworthy because it stands in contrast to a set of other health indicators considered in ICPD-PA, including life expectancy, which continued to improve during the period under review and which, according to calculations, would allow the region to meet the ICPD-PA target of 75 years in 2015, with only a few countries falling below that goal. Moreover, to the indicators that suggest a generalized improvement in public health conditions must be added an intermediate one that is usually considered key for maternal health: this is institutionally assisted childbirth, which continued to rise during the period under review. In addition, many countries mention steps to improve maternal health and reduce maternal mortality during that period.¹³⁸ In fact, in the Global Survey 11 of 19 Latin American countries reported progress in care during pregnancy.

Why, then, is maternal mortality not falling? The specialized literature offers various hypotheses. Some are methodological and have to do with the lack of robustness in measurements and the change in the quality of measurements over time. Others suggest that, as with adolescent fertility, improving maternal health requires specialized and targeted programmes. It is also argued that the quality of prenatal and obstetrical health services, in particular emergency services, has not kept pace with the expansion of their coverage. Lastly, there is the argument that few countries have taken steps to guarantee satisfactory health conditions in cases of induced abortion, given its legal prohibition (Juárez, 2013; González, 2011). The evidence is too fragmentary to discard or accept any of these hypotheses, all of which are the subject of debate. The greatest controversy is over the effect of abortion on maternal mortality. On one hand there is scientific debate over the empirical relationship between abortion and mortality, in particular when maternal mortality could be reduced through the provision of safe abortion services. On the other hand, there is a political and ideological debate with respect to which the wording of paragraph 8.25 of ICPD-PA represents a compromise.¹³⁹ As with other ICPD-PA issues that relate to principles, the region has taken a stance, as can be appreciated from paragraph 6.f of the Brasilia Consensus adopted at the eleventh session of the Regional Conference on Women in Latin America at the Caribbean.¹⁴⁰ At the same time, during the review period some countries took positions on abortion, either legalizing it or decriminalizing it¹⁴¹ or, to the contrary, stiffening its prohibition.¹⁴² Indeed, certain federally organized countries in the region have seen diverging trends internally, with some states or provinces legalizing abortion and others amending their constitution to ban it more harshly.¹⁴³

Beyond all ideological debate, the fact is that a number of women in the region (particularly among the poor) find themselves compelled to resort to clandestine and typically unsafe abortion. Still others, perhaps fewer in number, notwithstanding that every case counts, are obliged to continue with pregnancies that result from rape or where

the foetus is unviable, placing at risk not only the mother's health but also her dignity and her integrity as a human being. If for these reasons alone, the issue must figure on the future population and development agenda and must not be subject to veto a priori.

H. Population distribution, urbanization and internal migration

ICPD-PA identifies a number of topics under this heading, with their respective objectives. The first relates generally to population distribution and sustainable development;¹⁴⁴ the second refers to population growth in large urban centres;¹⁴⁵ and the third, to internally displaced persons.¹⁴⁶

The Cairo+15 Report had already noted the virtual disappearance of explicit policies and programmes for dealing with internal migration, a situation that persisted during the period under review, as shown in the document *Population, territory and sustainable development* presented at the last meeting of the ECLAC Ad Hoc Committee on Population and Development at Quito in June 2012, and as became patently clear in the Global Survey, in which no country mentioned actions of this kind.

Of course, internal migration remains a matter of interest within the region¹⁴⁷ and it is still linked with the objectives of promoting economic and social growth, realizing the potential of all subnational areas, and reducing social disparities between them. Yet this interest has not been reflected in large-scale programmes like those of the past—like those targeting colonization, resettlement or relocation of the capital city—for various reasons, including the primacy of the right to free movement within the territory;¹⁴⁸ the enormous economic, social, cultural and environmental costs that these policies generated in the past (ECLAC, 2012b) and the idea that such policies are not sustainable in themselves, and that their objectives can be achieved more efficiently through measures to promote the sustainable development of subnational spaces.

Because of the foregoing, this lack of explicit policies governing internal migration coexists with a growing concern over territorial issues. In fact, in the new constitutions of Latin America, the territorial issue takes on great importance, as does the more specific matter of indigenous territories.¹⁴⁹ As well, several countries have adopted regional development and territorial planning policies that have an influence on migratory patterns and on the geographical location of population.¹⁵⁰ Some have begun to consider the issue of internal migration and population location in the context of natural disaster prevention—in the cases of Haiti and Chile, following the earthquakes (accompanied by a tsunami in Chile) of January and February 2010, respectively¹⁵¹—and mitigating the effects of climate change.

A number of governments have also launched initiatives with the simultaneous objective of promoting development and attracting population to settlements of various kinds—for example, intermediate-sized cities, border zones, rural areas, or the centres of large cities—or to specific parts of the country, for various reasons such as exploiting their potential or because they are deemed strategic for national development.¹⁵² As well, and with a direct link to the objective of reducing the pressures that drive migration, various governments have taken steps—such as enhancing connectivity, improving services and infrastructure, and earmarking special resources—to mitigate those factors in areas of high emigration.¹⁵³ The success of these efforts is not immediate, and it is difficult to measure their real impact. Moreover, these policies are subject to shifting government priorities or to changes in the public agenda associated with government succession, and their continuity is often at risk. Because of this, there is to date little documentation on the impact that most of the measures recently taken have had on migration.

With respect to metropolitan areas, the array of policies is wide and varied, and they include efforts to identify more accurately the metropolitan territory, to improve the governance and functioning of large cities, to reduce their social and infrastructure deficits, and to address some of their most serious problems, such as pollution, congestion, poverty and insecurity. Twelve of the 19 Latin American countries responding to the Global Survey mentioned progress in urban planning, decentralization, and environmental management and protection.¹⁵⁴ A similar number of countries indicate that they have taken specific measures to expand access to basic services,¹⁵⁵ to housing¹⁵⁶ and to public transport in large cities.¹⁵⁷ In many cases, these programmes were launched before the period under review, but their continuity has been important for reaping results.¹⁵⁸ It is noteworthy that in at least two cases—the Federal District of Mexico and Santiago, Chile—programmes designed to restore the residential attractiveness of city centres produced concrete results during the period (ECLAC, 2012b).

Governments have continued with programmes for slum improvement (the principal MDG target relating to housing), leading to a gradual reduction in the population of slum dwellers. Moreover, since implementation of the flagship programmes of the late 1990s —such as *Favela-Barrio* and *Chile-Barrio*— programmes targeted at such settlements are increasingly working with a multi-sector approach (so as to deal simultaneously with the various problems facing slum dwellers), a rights perspective (in particular, recognizing long-term occupation as a basis for permanent settlement, land title, and neighbourhood improvement), and a participatory approach for including the resident population.

Internally displaced persons are still a particularly vulnerable population group in several countries of the region where domestic conflicts persist. The most important situation of this kind, in terms of the size of the displaced population, is in Colombia, where there has for several years been an institutionalized effort under way to identify, enumerate and support displaced persons. At least three other countries with forcibly displaced populations have also taken steps to provide them with health, education, training and employment support. An urgent issue here is to address displacements caused by non-traditional factors that, while they existed in the past, are today more visible and relevant. These include displacements due to organized crime and drug trafficking (as well as indiscriminate actions to repress them) (CIDEHUM, 2012), those produced by large-scale public and private investment projects (in infrastructure, the extractive industries, manufacturing and urbanization),¹⁵⁹ and those that result from natural disasters and climate change.

Notwithstanding the efforts described above, the region's cities still face enormous problems and challenges of the kind already identified in the Cairo+15 Report (ECLAC, 2010b) and documented in a wide range of recent studies (ECLAC 2012b). Most large metropolitan areas lack specific planning and governance bodies, and this impedes integrated strategic urban planning and day-to-day management. In many cities transport is a pressing problem that is eroding quality of life and diminishing people's budgets. Residential segregation in the cities has become more visible, yet no steps have been taken to reduce or attenuate its effects. As well, there is growing awareness of the negative effects of policies for mass construction of social housing around urban peripheries, yet such policies remain in place, supported by the argument that they are the most effective way to reduce the housing shortage. Lastly, with respect to slums, while improvements in marginal neighbourhoods have reduced the proportion of slum dwellers, their numbers have increased in absolute terms from 106 million to 111 million (ECLAC, 2013, p. 82). As well, during the period under review there were documented cases of slum clearance projects driven by policing or commercial considerations, without any social or environmental justification, that uprooted slum dwellers without consultation or consent and sparked urban conflicts.¹⁶⁰

The future population agenda will have an urban bias, not only because of the numbers of people involved but also because, as all the forecasts suggest, urbanization in the region will continue and, under current conditions, the flight from the countryside will persist. If urban living conditions and the overall functioning of cities are to be improved, the accumulated deficits will have to be addressed with greater resources, comprehensive and multi-sector planning, better regulations, and more robust interventions. This will also require dealing with powerful interests associated with the status quo, which have a decisive influence on the prices of urban land and buildings, on the location of services and infrastructure, and on the functioning of transport. As well, some clear and strategic choices will have to be made with regard to public services, as the sustainability of cities depends heavily on their proper management. Lastly, there are some issues that were scarcely mentioned by respondents to the Global Survey, such as the governance of metropolitan areas, their formal delimitation and residential segregation, which will have to be included as priority topics, recognizing their importance for the democratic, inclusive and efficient development of the region's cities.

I. International migration

Four topics comprise this chapter of ICPD-PA,¹⁶¹ the central theme of which has been growing in importance and visibility in the region. This reflects a generalized increase in international emigration during the first five-year periods of ICPD-PA (trends which date from earlier years in several countries) and a series of phenomena relating to human rights, the economy of countries and of households and linkages to the rest of the world, associated with the region's new status as a source of emigration, which contrasts sharply with the net immigration that prevailed

during much of the twentieth century. Thus, with variations between countries, as not all have become net sources of emigration, policies had to give priority to new objectives at the end of the twentieth century. Issues such as human trafficking and illicit smuggling of migrants, protection of migrants' rights, combating racism and xenophobia, links to the diaspora, remittances, their use and effects, and agreements relating to social security have become topics on government agendas. More recently, in response to the economic crisis, several countries have adopted initiatives and regulations concerning the return of migrants in a spectrum that ranges from assistance to promotion. As to rights, it must be noted that the region has the greatest percentage of countries that have ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.¹⁶² Moreover, the period under review saw concerted action in the region to ratify and implement the Ibero-American Multilateral Agreement on Social Security,¹⁶³ the agreements and instruments adopted within the Southern Common Market (MERCOSUR), the Andean Community, the Caribbean Community (CARICOM) and the Central American Integration System (SICA), and the signature and implementation of various bilateral agreements.¹⁶⁴

The case of MERCOSUR warrants special attention because it reflects the intent to address the migration issue within a multilateral framework of consensus at the regional level, the Agreement on Residency for Nationals of States Party (known as "Free Residency"), in force since 4 December 2009. Broadly speaking, it provides that nationals of Argentina, the Plurinational State of Bolivia, Brazil, Chile, Paraguay and Uruguay are free to reside and work in any of the other states for two years, regardless of the activity they choose to pursue, with the sole requirement that they can prove their nationality and have a clean police record. In operational terms, while the process of adhesion has been different in each country, it has resulted in facilities of all kinds for migration and has minimized the risks of irregularity. Colombia, Ecuador and Peru have subsequently joined. This initiative represents a migration policy that will lead to greater regional integration and to the co-responsibility that is needed for managing migration.

The Global Survey also confirms the importance of migration and the reorientation of national priorities relating to it. In fact, the principal achievements mentioned by governments have to do with protecting migrants and with combating the trafficking and smuggling of migrants. Several governments mentioned steps to protect and support refugees and displaced persons, and two countries (Colombia and Mexico) listed measures to facilitate the flow and use of remittances. The issue of return appears on the agenda of five countries with significant numbers of émigrés (Cuba, Paraguay, Peru, Plurinational State of Bolivia and Uruguay) and the emphasis is on policies geared to facilitating and promoting their reintegration into their society of origin. A smaller number of countries mentioned questions relating to documenting migrants and regularizing their status.

During the period under review, some countries strengthened their strategic approach to the issue. In Argentina, regulations were issued to Law 25,871 (by means of Provision 616/2010) allowing for full enforcement, at all levels of the State, of a series of existing laws: Law 25,871 on Migration (2004), Law 26,165 on Refugees (2006), and Law 26,364 on Human Trafficking (2008), considered milestones in the area of human rights, integration, protection, access to services (especially health and education) and mobility of migrants.¹⁶⁵ In addition, Argentina has been very active in affording temporary residency to migrants, and the Migrants Commission, created in 2008 under the Office of the Public Defender, has been doing important work with those groups within the immigrant community that are particularly vulnerable. In Costa Rica and Mexico, this period saw the adoption of a new legal framework for migration. Costa Rica's General Law on Migrants and Foreign Nationals (2009), together with its subsequent regulations (2011), as well as Mexico's Migration Law (2011) focus on migrants during all phases of the migration process, promoting social integration and protection of rights and freedoms in the context of human rights and the international conventions ratified by both countries. Another initiative that both countries took during 2011 was to adopt regulations on asylum and the smuggling of refugees. In its Regulations on Refugees, Costa Rica created an asylum, restricted and consular visas unit to provide technical and administrative support to applicants for refugee status in a way that guarantees applicants' confidentiality and security. Mexico adopted the Law on Refugees and Supplementary Protection, laying the basis for caring for refugees, with a view to guaranteeing their human rights, and establishing requirements for regulating the status of refugee. In some countries, the results were mixed. Chile, for example, did not resolve important long-standing issues such as voting rights for nationals abroad, but it did issue a new refugee law and broadened immigrants' access to services (education and health in particular).¹⁶⁶ Other countries made little or no progress, and strategic issues in this area have remained pending.

One area on which progress was made during review period relates to migration agreements between countries. The Ecuador-Peru permanent migration statute is an example: it is intended to regularize the status of Peruvian

migrant workers, granting them the same labour rights as those stipulated by law for nationals. This statute also allows Peruvians and Ecuadorians to enter Ecuador and Peru to work as migrants for six months in any activity, requiring only an identity document.

During the period under review, Chile, El Salvador, Guatemala and Mexico established rules for preventing, combating and controlling human trafficking.¹⁶⁷

In 2010, the Plurinational State of Bolivia adopted the Law against Racism and All Forms of Discrimination, thus addressing one of the main problems facing migrants in their host society.¹⁶⁸ That legislation is noteworthy in that it not only establishes preventive mechanisms but also punishes acts of racism and discrimination in different spheres of society, promoting action to build a culture of tolerance, respect and integration. Just as this report was being finalized, approval of a new Migrations Law (Law 370) was announced, the first in Bolivian history. The challenge now is to adopt regulations for enforcing it.

One point that deserves close attention is the fact that, while international migration involves two States, arriving migrants make geographical choices that will determine their ultimate destination within the host country. For this reason, growing numbers of subnational governments are acquiring a role and adopting measures in this matter.¹⁶⁹ The thrust of these measures may diverge from national policy, and for the migrants such measures can have a more immediate impact than national provisions. This is an emerging issue for consideration in the future agenda.

The progress recounted must not be allowed obscure the great distance that the region must still go to achieve the ICPD-PA objectives in this area. For many emigrants, leaving their country of origin is still the only option they have, amid lack of opportunities at home. The vulnerability and discrimination facing migrants in countries of destination are far from disappearing. The criminal rings that deceive and abuse migrants are still operating in some countries, for example Mexico, and during the period of reference public opinion was outraged by the killings of migrants. There are still barriers and constraints to the exercise of rights such as family reunification and, more worryingly still, there are many signs of lack of due process and the detention of migrants under inhumane conditions, especially in destinations beyond the region.

When it comes to remittances, the sharp declines caused by the economic crisis have been followed by a modest recovery, but the latest available figures suggest that current volumes are still below those observed in 2008, confirming the risks inherent in depending on such flows. Moreover, there is still no conclusion to the debate over policies and programmes for the productive use of these funds. Remittances, then, are bound to be a topic on the population and development agenda beyond 2014.

To all these issues must be added those that surfaced during the period under review and that relate to the return (not in large numbers as yet) of migrants from developed countries hit by the global economic crisis. That return flow, together with traditional intraregional migration and the incipient arrival of immigrants from other latitudes, poses once again the question of tolerance and acceptance of others in the Latin American and Caribbean countries. The good legal and institutional practices cited earlier are far from being adopted in all countries of the region, and the prevailing social values and attitudes are not always welcoming of new arrivals or tolerant of different cultures. These questions, in any case, have been considered matters of generalized interest in the regional consultation processes and, more recently, in the initiatives proposed by the Community of Latin American and Caribbean States (CELAC).¹⁷⁰

J. Population, development and education

This chapter of ICPD-PA has three objectives, two of which were addressed in previous sections of this report.¹⁷¹ The third objective —“To introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive health; and gender equity” (par. 11.5c)— has been examined only in passing. Consequently it will be the exclusive focus of the following analysis, with special reference to sexual education.

The Global Survey indicates that one matter uniting countries around this issue is that of sexual education and mainstreaming of the gender perspective in school instruction. In particular, eight countries cite progress with sexual education and sexual and reproductive health counselling.¹⁷² Five countries mention the promotion of age-appropriate sexual education and counselling in schools; another eight refer to the incorporation of information on population

and on sexual and reproductive health into teacher training curricula; and four report the inclusion of comprehensive sexual education in young people's formal education. Along these same lines, five countries cite progress in including gender equity contents in the school curriculum.

This effort in the area of sexual education is fully consistent with the Mexico City Ministerial Declaration on Educating to Prevent,¹⁷³ which seeks to ensure comprehensive sexual education as a means of preventing HIV, sexually transmitted infections, and unwanted pregnancies, and which was hailed as progress on a regional scale in the Cairo+15 Report (ECLAC, 2010b). Monitoring of efforts to fulfil the targets of that declaration¹⁷⁴ has fallen to civil society organizations¹⁷⁵ (as no intergovernmental mechanism was established for doing so), and has revealed widely varying progress among countries, with some receiving achievement scores as high as 80%, but most being rated below 30%.

The example of Chile illustrates the importance of political decisions for moving forward in this area. Law 20,418, cited above, requires schools to include sexual education for secondary students, consistent with the beliefs of the institution. An elective model was developed according to which the Ministry of Education selected seven sexual education programmes (differentiated by ideological considerations, among others) from which schools were to choose one and pay for its delivery. The selection process has thus become an ideological matter and, owing to its cost, of limited feasibility (a fund was set up to subsidize the cost, but the resources earmarked for it were insufficient). As a result, implementation of the law must be rated as "just beginning" (Dides and others, 2012).

To sum up, sex education and, in general, the provision of information on sexual and reproductive health is still limited in the region and is still subject to ideological considerations that conflict openly with the formal readiness of governments to move forward in this area. These shortcomings are expressed in the high levels of adolescent fertility discussed in the indicators monitoring chapter of this report. All available evidence suggests that comprehensive sex education is a key component for preventing teenage pregnancy, but it is important that such education should also address emotional and relational dimensions, including the treatment of gender asymmetries and the kinds of conduct that are particularly relevant in puberty and adolescence (Vivo, López-Peña and Saric, 2012).

Lastly, the training of human resources for dealing with population issues remains a major challenge for the region. This is obviously true in the case of sex education, where effective delivery depends on the availability of properly trained teachers, counsellors or facilitators. But it is also valid for education on population issues in general, for which there is currently much more in the way of available information and technological resources, but not necessarily enough teachers trained to impart it. At a different but equally important level, the technical, professional and academic issues involved in population and development require specialized human resources, which are not being adequately allocated. The problem does not lie at the academic level, as various universities within and beyond the region are already offering postgraduate courses. Rather, it has to do with the shortage of technicians and professionals trained in routine demographic analysis in public and private agencies, and for the regular work of population estimation and projection in national statistical institutes. The revival by CELADE-Population Division of ECLAC of the intensive regional courses on demographic analysis for development during the period under review was a forward step, but it is not sufficient to meet the region's requirements, and in any case it is geared more to training demographic technicians rather than population and development professionals. Such professionals could be drawn from the academic world, but that would require incentives to attract them as well as adaptation to the routines typical of the public service.

K. Technology, research and development

This chapter of ICPD-PA focuses on the data and analyses needed for an adequate understanding of population and development issues, and government action in response to them.¹⁷⁶ In this respect, there was significant progress during the review period with respect to two of the three conventional sources of population data.

The first source is the population and housing censuses, which were conducted in 13 Latin American countries between 2010 and 2013. If the four countries that conducted censuses between 2005 and 2010 are included, a total of 17 countries out of 20 have already completed the 2010 census round, in addition to all the countries of the Caribbean.¹⁷⁷ In most cases these censuses were financed¹⁷⁷ from the national budget, reflecting the growing fiscal strength of countries in the region. In line with the move to make access to census data broader and more

democratic (already cited as progress in previous ICPD-PA reviews), at least 10 of these countries have published their microdatabases and have set up systems for online consultation and processing of census microdata by users of all kinds.¹⁷⁸ As well, census data have been widely disseminated in all countries and are being used for many purposes, some technical (such as updating sample frameworks or population projections), others policy-related (such as definition of programmes, territorial allocation of resources, and identification of population groups such as indigenous peoples), and still others information-related (such as updating the national and subnational population profile). An important achievement during the period under review was to strengthen coordination and forums where countries of the region can share experiences, problems and doubts relating to the various phases of census undertakings.¹⁷⁹

The second source relates to the household surveys that are conducted in various formats in all countries of the region, and that enable the updating of population characteristics and the monitoring of governments' national or international commitments. Special mention should be made of the specialized surveys —such as demographics and health surveys— that in some countries (such as Brazil and Peru) have become basically nationwide.

Notwithstanding these achievements, there remains at least one important gap where there has been scant progress and even some backsliding, and which warrant inclusion on the future agenda.

That gap relates to vital statistics, which most countries of the region have yet to consolidate as sources of timely and reliable information. In some countries those statistics are highly robust, while in other countries the quality of records varies according to the event or the region. In many cases, recording is simply limited overall. As these records serve as the basis of demographic information, this gap must be seen as compromising, among other things, the accuracy and the timeliness of population estimates and projections, which have to be based exclusively on the census or on surveys. This is in fact a major challenge, for producing high-quality records requires a broad and efficient network for the regular collection and processing of information. The new technologies will no doubt be of great use in the operation of the network, and in general for the functioning of registries. But they will not be a solution by themselves: the main problem is the habit of recording events, which depends basically on the readiness and incentives to report information. Thus, strengthening vital data records, in the context of building or consolidating the national statistics system, will be a key theme on the future population agenda.

What progress there has been to date has been with what are known as prospective or panel surveys, which are highly useful for more sophisticated studies and analysis. Several countries have announced implementation of surveys of this kind, but few actually carried them out during the review period.

There have also been setbacks, paradoxically, with respect to census reliability, since at least two countries (Chile and Paraguay) have seen their results subjected to serious questioning, in part because the census changes introduced in those countries (and in others, such as Uruguay) entailed enormous conceptual, logistic and operational challenges that far exceeded the capacity of the agencies responsible for conducting the census. The lesson to be drawn from these cases is not that changes to the census should be avoided, but rather that the time needed to implement them must be carefully thought out and that experience from other countries considered. Above all, the implications of the changes on the census and beyond must be taken into account: for example, what is involved, in terms of paperwork and legal considerations, in hiring an army of census enumerators. Another key lesson is that the new technologies, for example personal digital assistants, also entail challenges and are not a solution in themselves. They will certainly have to be incorporated into the census, but they will have to be accompanied by proper training for census enumerators and adequate information for public in general.

Lastly, in the area of research many of the policies discussed above involve diagnostic assessments, studies or operational research for the design and implementation of measures.¹⁸⁰ In some cases, research extends to assessing the measure, although this practice remains rare in the region. The availability of population and development researchers has improved, thanks to the expanded supply of postgraduate courses, which has made it possible to field the necessary experts for this research. In addition, the Latin American Population Association (ALAP), which brings together specialists from across the region, has been active with events and publications: during the period under review it held two congresses (in Cuba in 2010 and in Uruguay in 2012) which attracted a large numbers of participants at the senior academic level, raised visibility with governments and media, and drew stakeholders and media from other regions. Data from the 2010 round of censuses will be a key source for sociodemographic research: indeed, they are already being mined, and various publications have made use of them.

Despite this progress, in most countries of the region trained population researchers are scarce or non-existent, and population research is wholly dependent on foreign experts or those trained abroad. Moreover, funding for sociodemographic research is scanty and has scarcely grown, and consequently there are few examples of internationally recognized research projects in the region. The establishment of networks among the region's researchers and institutions will have to be a priority if research projects of greater scope and complexity are to succeed.

L. Financing

ICPD-PA includes a number of financing targets. For example, paragraph 13.15 provided that global investment in programmes related to population and reproductive health should reach US\$ 20.5 billion in 2010 and US\$ 21.7 billion in 2015. As explained in the Cairo+15 report, these estimates fell short because they did not take into account emerging issues such as the HIV/AIDS pandemic, the rising cost of health care, the higher cost of data collection, and the declining value of the United States dollar. This meant that the amounts required to meet the ICPD-PA objectives had to be revised upwards.

Consequently, UNFPA reformulated these estimates, at the global and regional levels, for the years between 2009 and 2015. The estimated investment was divided into three broad items: the first was sexual and reproductive health and family planning, including the direct costs of family planning, the direct costs of maternal health, and costs related to programmes and systems. The second item was HIV/AIDS, and the third referred to the costs relating to applied research, data and policy analysis. The bulk of investment goes to the first two items.

The new estimates for investment in Latin American programmes relating to population dynamics and reproductive health indicate that the amounts should have been set at US\$ 6.366 billion in 2009, US\$ 7.436 billion in 2011, US\$ 7.699 billion in 2013, and US\$ 8.320 billion in 2015 (see table 8).

Table 8
Latin America and the Caribbean: revised cost estimates of financial resources for the implementation of the Programme of Action of the International Conference on Population and Development, 2009-2015
(Millions of dollars)

	2009	2010	2011	2012	2013	2014	2015
Sexual and reproductive health	3 132	3 401	3 627	3 837	3 922	4 119	4 347
Family planning, direct costs	310	343	378	414	452	492	518
Maternal health, direct costs	958	1 182	1 431	1 706	2 009	2 340	2 680
Programmes and systems, related costs	1 864	1 876	1 818	1 717	1 461	1,286	1 150
HIV/AIDS	3 072	3 461	3 562	3 630	3 703	3,770	3 867
Basic research, data, policy analysis	162	729	250	309	74	78	106
Total	6 366	7 591	7 439	7 775	7 699	7 966	8 320

Source: United Nations, *The Flow of Financial Resources for the implementation of the Programme of Action of the International Conference on Population and Development. Report of the Secretary-General (E/CN.9/2009/5)*, 2009; United Nations Population Fund (UNFPA), *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report*, New York, 2009.

According to the latest consolidated data available (which are for the year 2009),¹⁸¹ international cooperation flows to countries of Latin America and the Caribbean in 2009 amounted to US\$ 645 million, to which may be added US\$ 77 million in regional programmes. The countries receiving the greatest assistance in that year were Guatemala (US\$ 43 million), Nicaragua (US\$ 51 million), Peru (US\$ 70 million) and Haiti (US\$ 139 million). If domestic mobilization of funds, which is calculated at to US\$ 4.684 billion,¹⁸² is factored in to these amounts, then the region would have spent a total of US\$ 5.3 billion in this area, well below the US\$ 6.366 billion estimated as necessary for that year. In short, there is a real financing deficit, which is hindering fulfilment of ICPD-PA objectives. To reverse that deficit will be one of the many challenges on the population and development agenda beyond 2014.



Chapter IV

Lessons learned from the implementation of ICPD-PA in the region

Experience with ICPD-PA in Latin America and the Caribbean offers a wide range of lessons in addition to the pending issues and emerging challenges identified in the previous chapter. All these elements will have to be considered on the population and development agenda beyond 2014 in Latin America and the Caribbean.

The principal lesson from the experience of the past 20 years is that the region showed itself capable of moving forward with most of the agreements and targets established in ICPD-PA. While this was facilitated by the greater availability of resources, thanks to the favourable economic situation that prevailed (despite some ups and downs) in the region from 2003 on, the crucial factors were the united front that the region showed in favour of ICPD-PA when it was seriously questioned,¹⁸³ the reform of public policies to incorporate the principles of universality and guaranteeing respect for human rights, and the growing policy convergence among governments of the region around the principles, contents and objectives of ICPD-PA.

The allegory of the pendulum has been used to illustrate political support for ICPD-PA. The pendulum has been positioned on the pro-ICPD-PA side in recent years, but there is no guarantee that it will remain there. Given that the political and ideological tensions surrounding ICPD-PA are unlikely to disappear in the short term, one great challenge is to consolidate and institutionalize this support so that the measures taken to implement the Programme will be understood as State policy. This is a complex matter for reasons that are not only operational but also ideological, and the progress and the commitments achieved to date are not guaranteed, as they depend on political will and on constellations of power within countries, and many of the ICPD-PA chapters generate ideological position-taking.

The inclusion in national budgets of funding earmarked for ICPD-PA issues is a crucial move forward, as it will provide a more solid foundation for implementing ICPD-PA and will safeguard its continuity, at least partially, from the vagaries of the business cycle and of politics. This is considered in ICPD-PA, at least for certain selected issues, in particular sexual health and reproductive services (paragraph 13.14), yet estimating achievement of this goal with any degree of rigour remains a very complicated matter and requires mechanisms and monitoring mechanisms that are not yet in place in most countries of the region. To move forward in this direction is no doubt a challenge for the population and development agenda beyond 2014 in Latin America and the Caribbean.

The strengthening of multilateral forums was essential, for it was there that the international or regional agreements were reached to reaffirm and move forward with ICPD-PA, and where the ways and means for implementing it were established. Such positions had a direct impact on countries which, generally speaking, were spurred on to act in accordance with what was internationally agreed.

National mechanisms for publicizing and promoting ICPD-PA were haphazard and rather weak in the few countries that established them. Generally speaking, those mechanisms were promoted and implemented not by governments but by other stakeholders, and mainly by civil society. In nearly all cases the attention that these stakeholders paid to ICPD-PA was highly selective. This is not surprising, recognizing that ICPD-PA includes a set of agendas behind which there are specific players and interests that, quite legitimately, are focused on their own priorities. But the lack of national mechanisms for promoting and monitoring ICPD-PA as a whole has undermined its comprehensiveness.

The implementation deficit persists in the region and demands a redoubling of efforts to make the agreements clearer and more operational, to monitor them effectively, and to ensure that there are mechanisms of accountability. All these require broad participation.

The Latin American and Caribbean region presents a set of specific demographic, sociocultural and political features that deserve special treatment and cannot that easily be considered within a global programme of action. Matters such as the advanced state of its demographic, epidemiological and urban transitions, its high level of inequality, its great ethnic diversity, and the limited quality of its services must be included not only in the background to programmes of action but also in the targets and their monitoring. These are powerful reasons for moving towards instruments for operationalizing the population and development agenda beyond 2014 in Latin America and the Caribbean.

The region combines pending issues from the framework set by ICPD-PA and the MDGs with emerging challenges that are more demanding and will require a broadening of both agreements.¹⁸⁴ This diversity and complexity of situations also lends weight to proposals for a regional agenda on population and development.

The relationship between population and development needs to be updated, at least in terms of understanding it as a relationship between population and the sustainable, egalitarian development of the region. Development must be seen from the outset as a process that involves various components, some of which go beyond the economic sphere, and on which population acts in multiple ways. Consolidating and expanding this comprehensive and interactive perspective is essential for driving ICPD-PA forward as a diverse but integrated agenda. Ensuring that people can, by exercising their rights, contribute to sustainable development with equality in the region, and that, at the same time, the fruits of sustainable development contribute to the fulfilment of human rights—including sexual and reproductive rights—is the foremost challenge for the population agenda beyond 2014 in the region.

There is an obvious interconnection between the population agenda (ICPD-PA) and other agendas. While this is positive in that it means options for dialogue and mutual reinforcement, it also implies risks because it could encourage competition among programmes, which would be politically and financially wasteful, or could lend support to a global agenda that might have standardized goals but would not adequately represent the specific agendas. For this reason, a key lesson for future efforts on population and development in the region is the need to find synergies among the different agendas, or possibly to merge them into a single agenda that adequately represents all of them.

Within the area of population and sustainable development there are also various agendas being pursued—such as those for older persons, indigenous peoples and migrants—that will need to be taken as input to the more general population and development agenda, but without losing their autonomy. In fact, the 2015 milestone will be a key opportunity to integrate major lines of action, but this does not mean doing away with the specific agendas, since they have their own dynamics which warrant specific, more in-depth and complex actions than can be captured in a common development agenda.

Monitoring of ICPD-PA, as with all international agreements, requires efforts at the regional, subregional and national levels. At the regional level there was an official forum for this monitoring (the ECLAC Ad Hoc Committee on Population and Development, now the Regional Conference on Population and Development in Latin America and the Caribbean) which met regularly, but there was no counterpart at the national level. It will therefore be important to include explicit mechanisms for monitoring and evaluating ICPD-PA at the national scale. These same mechanisms should serve as the basis for national representation in international forums and in the intergovernmental mechanisms for monitoring ICPD-PA and, in due course, a regional action plan.

Monitoring is easier when there are quantitative targets—providing there are reliable data for evaluating their achievement—and those targets must of course be compatible with the rights-based approach adopted in ICPD-PA. Targets must be properly defined, with appropriate indicators that can be obtained in all countries.

Monitoring and evaluation involves more than an adequate group of indicators and an appropriate measuring arrangement, however. It requires a review of the measures implemented by countries to achieve the targets. In the population and development area there are unlikely to be impact evaluation methodologies available for these purposes, but existing databases on policies and their evaluations should support timely and substantiated reviews.

During the entire process of implementing ICPD-PA (including its formulation and adoption), the participation of non-governmental stakeholders —civil society, academia, local representatives and social communicators— has been essential in driving forward the population and development agenda and shaping the review. This must be recognized as an essential contribution, and explicit mechanisms will have to be designed for ensuring it continues at both the regional and the national levels. Reviews based exclusively on government information —which will, of course, still be essential for evaluation— may be seen as too forgiving or even negligent. The idea, of course, is not to opt unconditionally for one source or another, but to consider carefully the viewpoints of all the stakeholders contributing to fulfilment of ICPD-PA.

Population and development issues have a high profile and are considered strategic by countries of the region. This is not for the same reasons as in the past, however, when rapid population growth and relentless urbanization were the main focus. Today, governments and societies are concerned with a variety of population issues. Many of them relate to human rights in general or to specific rights for certain population groups or peoples, an unmistakable sign of the degree to which the principal message of ICPD-PA has permeated thinking. Others relate to the demographic processes underway, with their vast and complex social implications. There are also issues involving knowledge and information for public policies and social decisions in general. Whatever the case, there is a sharp contrast in the region between the growing importance attached to population issues, on one hand, and shrinking international financing and weak institutional support for addressing them, on the other. Public institutions and budgets will have to be strengthened and modernized in order to achieve comprehensive treatment of population and development issues.

Lastly, and in line with the foregoing, the systematic incorporation of population factors into development policies demands systematic and regular routines and procedures, which in turn require appropriate technical capacities —in other words, qualified human resources— in government departments. It will also require institutions with clear mandates and real capacities for dealing with population and development issues. Until these conditions are met, consideration of population factors in development planning will depend on circumstances or on transitory initiatives, and will therefore not be assured.

Notes

- ¹ The first meeting, held in Santiago in 1999, established six priority themes for the region: the relationship between policies and population; gender equity, full equality of opportunities and women's empowerment; full exercise of reproductive and sexual rights; strengthening civil society; international collaboration; and continued monitoring of progress against the ICPD-PA objectives (ECLAC/CELADE, 1999). In 2001 a special session was held to examine systems of indicators for permanent monitoring of ICPD-PA. In 2004, two meetings were held, one in Santiago in March and the other in San Juan in June, in which ICPD-PA was reaffirmed and its links to other agendas, such as the gender agenda, were reinforced. In October 2009, a high-level seminar was held, the results of which served as input for a meeting of the Ad Hoc Committee on Population and Development in March 2010: that meeting identified significant progress in implementing ICPD-PA, at a time that was relatively favourable to public well-being and to the economies of the region, and a number of pending issues were also flagged. The conclusions from that meeting afforded priority to the issue of inequality and to concrete implementation of the declarations, laws and policies established for fulfilling ICPD-PA.
- ² Unofficial in the sense that there was no official mandate for its preparation.
- ³ See the regional report on the Global Survey (LC/L.3634).
- ⁴ LC/L.3642.
- ⁵ "Decides that the special session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development will be held on 22 September 2014 in New York [...]" (resolution 67/250 of the United Nations General Assembly).

6 For conciseness, this will be referred to in the rest of this document as the Cairo+15 report (ECLAC, 2010b).
7 On this point, the Montevideo statement of the Latin American Population Association declares that “there are factors that have obstructed implementation of the Cairo agenda, relating to technical and institutional weaknesses, human resource shortages, shortcomings in the production of social and demographic statistics, and the lack of a strong commitment on the part of public sector institutions.” (see [online] www.alapop.org/Congreso2012Docs/Pronunciamento%20de%20Montevideo%20ALAP%2025%20octubre%202012.pdf).

8 The scarcity of explicit quantitative targets and indicators is not incompatible with the existence of a broader set of implicit indicators in ICPD-PA. In fact, several exercises along these lines have been performed since 1994. However, the systems for monitoring ICPD-PA have focused on these targets and their indicators, because they are the only ones that are explicit, precise and clear.

9 To the foregoing must be added some of the targets from the Latin America and Caribbean Regional Plan of Action on Population and Development, which afforded special attention to social inequality, a matter that receives little consideration in other platforms.

10 See United Nations Development Group (2006).

11 It should be noted that these national measures may omit, or simply not have, any explicit link to the ICPD-PA. In this respect, the review selects measures in light of their anticipated effects, rather than their formal recognition of ICPD-PA.

12 See annex for further details on the targets and indicators. This quantitative monitoring is subject to several caveats, however. First, the information sources do not always allow for rigorous and time-bound monitoring, and this will be noted as appropriate. Second, obtaining regional values is frequently complicated by differences in sources between countries. Third, as these regional values are heavily influenced by the figures for Brazil and Mexico, a review by country is essential. And, fourth, use of diverse sources can generate confusion, recognizing that, for various reasons, the systems of indicators for monitoring global summits are not 100% aligned.

13 Internet searches, review of published materials (official, academic, press, civil society), review of the Global Survey forms; previous reports, unofficial evaluation 2009-2011, and the database created therein (Páez, 2012); regional reports from other agendas (MDG+15, Rio+20, Beijing+20), regional consensuses from the Regional Conference on Women in Latin America and the Caribbean; regional contacts network, including the Regional Office and national offices of the United Nations Population Fund.

14 Specifically, the objectives are to integrate population concerns fully into: (a) Development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life, of present and future generations; (b) All aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development (Programme of Action, par. 3.4 (a) and (b)).

15 Such measures include interventions to reduce poverty and promote sustained economic growth by investing in human resources, job creation, health services (especially sexual and reproductive health), and the elimination of gender inequalities.

16 Noteworthy among such measures are some that directly link ICPD-PA to the Agenda 21 Programme approved at the Earth Summit in Rio de Janeiro in 1992; others aimed at consideration of demographic factors and population data in environmental impact assessments, environmental and land-use planning, the care of fragile and vulnerable zones; and several that call for broad participation by stakeholders in public policies and decisions relating to population, environment and natural resources.

17 This does not imply a return to the rigid, top-down planning of the past, but rather the rehabilitation of planning as a democratic political exercise and as an essential technical discipline for establishing short, medium and long-term horizons and objectives, and instruments for achieving them. This revival of planning presupposes a greater deployment of resources by the State, which must be strengthened and made more efficient in performing its essential functions of strategic guidance, promotion and regulation of economic activities. It also requires solid, transparent and active markets. As well, it demands participation by organized social players in order, among other things, to define the objectives and evaluate progress toward them. This new appreciation of planning was recently highlighted by ECLAC (2010a): “The idea of a fiscal covenant is something akin to vindicating the notion of development planning, which in turn reflects the desire for a comprehensive design of public policies [...] Planning for development must be reinforced” (United Nations, 2013, par. 265); and through international agreements at the highest level: “We underline the need for more coherent and integrated planning and decision-making at the national, subnational and local levels as appropriate and, to this end, we

call on countries to strengthen national, sub-national and/or local institutions or relevant multi-stakeholder bodies and processes, as appropriate, dealing with sustainable development, including to coordinate on matters of sustainable development and to enable effective integration of the three dimensions of sustainable development” (General Assembly resolution 66/228, “The future we want”, par. 101).

18 Planning requires anticipating future scenarios, including the demographic one, because of the importance of people as the basic resource and the principal beneficiary of economic and social development. To this must be added the greater predictability of demographic trends in comparison with other socioeconomic trends and the crosscutting relationships of demographic dynamics with key issues of economic and social development. For their part, inter-sector actions require a grasp of population factors, whether because knowledge of demographic dynamics is useful for identifying their objectives, priorities and measures, because demographic data are necessary for diagnostic assessment, because population forecasts are crucial for preparing scenarios or simulating effects associated with the intervention, or because citizen participation requires or is facilitated by information on the population involved.

19 With its National Population Programme 2008-2012, “Toward demographic change for development”, in the context of the National Development Plan 2007-2012. See [online] www.conapo.gob.mx/es/CONAPO/2008-2012. Vision, objectives and strategic guidelines for implementing population policies in Uruguay (Population Sector Commission, 2011, Montevideo [online] www.unfpa.org.uy/userfiles/publications/70_file1.pdf).

21 The Population Sector Commission (CSP) was created by the Office of Planning and Budget through resolution 180/2010 of 3 August 2010 (see [online] http://medios.presidencia.gub.uy/jm_portal/2011/mem_anual/presidencia/opp.pdf).

22 “A country where the people can fully enjoy their social, civil, cultural, economic and political rights; where the people assume their social responsibility, in harmony with the environment and the territorial space as a whole, within an integrated and diverse society.” (CSP, 2011, p. 7).

23 In fact, during the period under review only three Latin American countries formulated plans, programmes or strategic documents on population: Mexico (National Population Programme 2008-2012), Peru (National Population Plan 2010-2014) and Uruguay (Vision, objectives and strategic guidelines for implementing population policies in Uruguay).

24 This body was reorganized and reactivated by decree 8009 of 15 May 2013, which provided that “The National Commission on Population and Development shall become part of the structure of the Secretariat for Strategic Affairs of the Office of the President”, identified its functions, specified its members, set broad guidelines for its functioning, and established time limits for preparing its bylaws (*Diário Oficial da União*, Section 1, No. 93, 16 May 2013).

25 The Intensive Regional Course on Demographic Analysis run by CELADE-Population Division of ECLAC, which resumed in 2012 and will be discussed in another chapter of this paper, does not provide this type of training, but is confined to more technical matters.

26 “The current financial crisis could jeopardize achievement of ICPD-PA targets and the MDGs in various countries of the region, through the impact of two forces: the increase in poverty and the inability of governments to satisfy the growing demand for public services” (ECLAC, 2010c, p. 15).

27 The Cairo+15 Report (ECLAC, 2010b) set the poor population at more than 180 million and the indigent population at more than 70 million, indicating that during the period under review in this report there was a decline not only in the percentage of poor people but also in their absolute numbers.

28 The criterion for allocating ODA (which represented only 0.22% of the region’s gross national income (GNI) in 2011) by per capita income disregards the heterogeneity or internal structural gaps countries face, and simply assumes that countries grouped in the same per capita income category should be relatively homogenous. But structural gaps are a hallmark of Latin American countries and of middle-income countries in general. Accordingly, ECLAC has proposed that this criterion should be reviewed to redirect financing and address the specific vulnerabilities of each of the countries in the region. This entails explicitly incorporating an evaluation of needs and shortcomings that are not captured by income indicators but reflect a range of challenges in terms of inequality and poverty, investment and saving, production and innovation, infrastructure, education, health, fiscality, gender and the environment, among others. It is also essential to look at introducing innovative financing mechanisms to close structural gaps. These include: advance market commitments, debt-for-health swaps such as the Debt2Health initiative and debt-for-nature swaps. But innovative financing mechanisms should be considered for development in general, such as global taxes, particularly on financial transactions (United Nations, 2013, p. 33).

- 29 “The past 10 years have seen positive trends in economic growth, job creation and formalization, a reduction in extreme poverty and an improvement in the region’s high income distribution inequality” (United Nations, 2013).
- 30 “In addition, countries pursued minimum-wage policies, which resulted in a median 3.6% increase in real minimum wages across 16 countries. Thus, the evolution of real wages, both as an average and in the lowest echelons, helped to stabilize the purchasing power of wage-earners’ households. Secondly, a number of countries made an effort to protect jobs. In fact, formal employment grew slightly despite contraction of the region’s GDP in 2009 [...] Labour market policies that were already in place or were implemented during the crisis also played a role in protecting jobs or compensating for job loss. Unemployment insurance, emergency job programmes, and transfers or social programmes for the poorest and most vulnerable sectors helped to maintain or increase aggregate demand and shorten the contractionary phase, acting countercyclically on employment and income” (United Nations, 2013, p. 43).
- 31 “CCTs began to be introduced in the second half of the 1990s and were gradually adopted by most of the countries in the region during the first decade of the 2000s. Today, CCTs play a key role within social protection systems by shoring up the income of the poorest households and driving progress in human capital accumulation [...] To fill these vacuums, most countries have gradually developed non-contributory pension schemes, financed out of general revenues, to provide a minimum income to older persons without access to pensions or retirement benefits” (United Nations, 2013, pp. 48 and 54). CCTs have also been applied in the Caribbean, where some programmes appear to have been particularly successful. For example, in Jamaica, the Programme for the Advancement through Health and Education (PATH) has been able to make a difference, especially in the lives of children (ECLAC, 2013b, p. 20). Be this as it may, there is general agreement that CCTs have limitations and problems (Cecchini and Madariaga, 2011), and there is considerable debate about their long-term effects.
- 32 Thus, the number of consumers (dependent population) declines relative to the number of producers (working population), leading to an increase in labour income relative to consumption, all other things being equal (ECLAC, 2008a).
- 33 At the aggregate level this dividend reduces demographic pressure on various sectors (in particular health and education) that are geared to meeting the requirements of the child population. Far from downplaying the priority of these needs, this window of opportunity should be seized both to expand the coverage of services and to improve their quality. This dividend also works in favour of family budgets: with fewer children, households can invest more resources in each child, other things being equal.
- 34 Which, like the classic demographic dividend, represents a potential and not a definite reality, as it depends on the existence of classroom space and of jobs for women who now have greater possibilities to work.
- 35 Within this group, the performance of the Plurinational State of Bolivia was a special case, as it recorded faster progress in reducing poverty. In the case of Haiti, the devastating earthquake of January 2010 limits the availability of data and exogenously alters the path that poverty was taking in the country.
- 36 The topic of the girl child will not be addressed specifically in this chapter as it will be covered in the chapter on the age structure when examining the “children” group.
- 37 Those objectives are to achieve gender equality and equity, to enhance women’s contribution in all spheres, to improve women’s well-being, to guarantee the exercise of their rights, to eliminate discrimination and violence against women, to ensure that the disadvantages that women face are not passed on to their daughters and new generations, and to ensure that men take responsibility for their sexual and reproductive behaviour and their social and family roles.
- 38 For example, the Brasilia Consensus adopted at the eleventh session of the Regional Conference on Women in Latin America and the Caribbean (Brasilia, 13-16 July 2010) declares as follows: “Recognizing that over the 15 years since implementation of the Platform for Action of the Fourth World Conference on Women (Beijing, 1995) countries have made significant strides in particular as regards the increase in women’s access to education and health, the adoption of egalitarian legal frameworks for building and strengthening machineries for the advancement of women, the design of plans and programmes for gender equality, the definition and implementation of national equal opportunity plans, the enactment and enforcement of legislation which deters and penalizes perpetrators of all forms of violence against women and which guarantees the human rights of women, the growing presence of women in decision-making positions and action taken to fight poverty”.
- 39 Specifically, the Convention on the Elimination of All Forms of Discrimination against Women. Nearly all countries of the region have signed this convention and have submitted progress and implementation reports

as required. During the period under review such reports were submitted by Argentina, Guatemala, Haiti, Bahamas and Dominica (see [online] <http://www2.ohchr.org/english/bodies/cedaw/sessions.htm>).

40 For further details on the background and proceedings of this conference, see [online] <http://www.cepal.org/cgi-bin/getProd.asp?xml=/mujer/noticias/paginas/1/28701/P28701.xml&xsl=/mujer/tpl/p18f-st.xsl&base=/mujer/tpl/top-bottom.xslt>.

41 The continuation of this transformation is not guaranteed because it depends on political will. In fact, it was the product of social struggles (by the feminist movement, in particular), the outcomes of mechanisms for the advancement of women in government, and the opportunities and constraints inherent in countries' institutional and political systems (Montaño and Gúzman, 2012).

42 Laura Chinchilla in Costa Rica (2010-2014); Dilma Rousseff in Brazil (2010-2014); Cristina Fernández in Argentina (2011-2015) and Portia Simpson-Miller in Jamaica (2012-2017). In the Caribbean over the past 15 years there have been several female prime ministers: Dame Eugenia Charles in Dominica, Janet Jagan in Guyana, Portia Simpson Miller in Jamaica and Kamla Persad Bissessar in Trinidad and Tobago (ECLAC, 2013b, p. 25).

43 For example, Chile with its 2011 plan for equal opportunities between men and women (see [online] www.interior.gob.cl/media/2012/01/Plan_de_Igualdad_de_Oportunidades_2011_2014.pdf); Colombia with its 2012 guidelines for a national gender equity policy (see [online] www.equidadmujer.gov.co/Documents/Lineamientos-politica-publica-equidad-de-genero.pdf); Ecuador with its 2013 gender equality agenda (see [online] http://elciudadano.gob.ec/index.php?option=com_content&view=article&id=39477:s-enplades-el-buen-vivir-se-consigue-con-igualdad-de-genero&catid=40:actualidad&Itemid=63); El Salvador with its 2012 institutional policy on gender (see [online] www.isdemu.gob.sv/index.php?option=com_content&view=article&id=531%3Aapgr-lanzan-politica-de-genero-para-hacer-valer-los-derechos-de-las-mujeres&catid=1%3Anoticias-ciudadano&Itemid=77&lang=es); Honduras with its second plan for gender equality and equity 2010-2022 (see [online] www.americalatinalgenera.org/es/documentos/centro_gobierno/Honduras_II_Plan_de_igualdad_y_equidad_de_genero.pdf); Mexico with its national policy for equality between women and men 2009-2012 (see [online] http://cedoc.inmujeres.gob.mx/documentos_download/100919.pdf); and Peru with its national gender equality plan 2012-2017 (see [online] www.mimp.gob.pe/files/planes/planig_2012_2017.pdf).

44 In many cases with the support of international agencies, which have been working to raise the profile of this issue. The Gender Equality Observatory for Latin America and the Caribbean, for example, includes a section on this topic (see [online] www.cepal.org/oig/).

45 El Salvador: Plan to address violence against women, introduced in 2009. Guatemala: Decree 9-2009 intended to prevent, punish and eradicate sexual violence, exploitation and human trafficking, to protect the victims and to compensate for damage and injury. Uruguay: Law 18561 (2009) to prevent and punish sexual harassment and to protect its victims. Chile: Law 20480 amending the Penal Code and making femicide a more serious felony. Panama: creation in 2009 of the Gender Violence Observatory (OPVG). Peru: National Plan to counter violence against women 2009-2015. Costa Rica: Law 8688 creating the National System for care and prevention of violence against women and family violence. The Gender Equality Observatory for Latin America and the Caribbean offers detailed information on these laws and programmes (www.cepal.org/oig/).

46 Training of police officers was conducted throughout the Caribbean in collaboration with UN-Women. The training involved the management of cases of sexual offences and intimate partner assault, legal issues around domestic violence and victim support. Institutions participated from Antigua and Barbuda, Belize, Grenada, Guyana, Jamaica, Saint Kitts and Nevis and Saint Vincent and the Grenadines (ECLAC, 2013b, p. 27).

47 Costa Rica: Law 8765 (2009). Dominican Republic: Resolution 4-2010 on female quotas. Ecuador: Organic elections law and Democracy Code, 2009. Plurinational State of Bolivia: Law 4021 (2009), Laws 18 and 26 (2010) on the electoral system. Uruguay: Law 18.476 (2009). All these pieces of legislation set minimum electoral quotas for women. Similarly, Paraguay's Plan for equality and non-discrimination in the civil service, which has been in force since 2011, promotes equality and guarantees non-discrimination in access, opportunities and job continuity in the country's civil service. For further details, see United Nations (2012).

48 Colombia's Law 1413 of 2010 is illustrative, as it includes the care economy in the national accounts system. This imposes the need to conduct an official survey on time use.

49 Over the past 10 years, 18 countries in the region conducted surveys or polls to measure time use, and a growing number of countries are using this information to calculate satellite accounts on unpaid work (Aguirre and Ferrari, 2013).

- 50 See National Accounts System of Mexico, Satellite account on unpaid household work in Mexico 2003-2009 [online] www.inegi.org.mx.
- 51 Plurinational State of Bolivia: Supreme Decree 0012 of 2009 established job security for both parents, from gestation until the child is one year old; Supreme Decree 1212 of 2012 established three working days of paternity leave; Law 006 of 2010 protected unemployed mothers with a maternity allowance for up to 45 days before and after childbirth. Chile: Law 20545 of 2011 granted working mothers six weeks of maternity leave before childbirth and 12 weeks after it. The father is also entitled to five days' paid leave during the first month of the baby's life; Law 20399 of 2009 supports care for children under two years of age by requiring employers to pay for nursery day care. Ecuador: the organic law reforming the civil service and amending the Labour Code provides for 12 weeks of paid maternity leave and 10 days of paid paternity leave for civil servants. Peru: Law 29409 of 2009 grants paid paternity leave to public and private employees.
- 52 "Recognizing also the persistence of obstacles which show the need to redouble efforts to eliminate all forms of violence against women and which limit or prevent full gender equality, such as the feminization of poverty; the sexual division of labour; the lack of social protection and of full access to education and health care, including sexual and reproductive health care; unpaid domestic work; racial and ethnic discrimination; and unilateral measures contrary to international law and to the Charter of the United Nations whose basic consequences fall disproportionately on women, adolescents and girls."
- 53 "The World Values Survey indicated that 25% of respondents from Trinidad and Tobago specified that men have a greater right to a job in times of job scarcity and similar figures were seen with regard to the importance of university education for females" (ECLAC, 2013b, p. 24).
- 54 Cecchini and Madariaga (2011) set out the arguments surrounding CCTs. On one side are those who maintain that "these programmes fail to introduce public policies and services to create autonomy in terms of women's employment, and reproduce a 'maternalistic' vision of access to public resources", and on the other side are those who find no firm evidence for conclusions ("few impact studies have presented conclusive results on the effects of incorporating a gender perspective into CCTs") or who argue that CCTs have a favourable impact on women because they raise women's incomes or "increase female employment" or, in some cases, they include measures to encourage men's involvement in domestic chores, to foster changes in the perception of women's role in the home, and to prevent domestic violence. Beyond this debate, the authors recognize that "one of the main criticisms directed at CCTs is the limited or nil consideration of strategies to reconcile paid and domestic work, as well as compensation for women who are overburdened with domestic work while carrying out joint responsibilities" (Cecchini and Madariaga, 2011, p.145).
- 55 The first recognizes the diversity of family structure and composition, encourages policies to support families in their social function, in the context of social changes and the increasing cost of child-rearing, and promotes equality of opportunity for family members. The measures proposed for achieving these objectives include those that will facilitate compatibility between labour force participation and parental responsibilities and those that will protect and empower the family members who are typically most disadvantaged (women and children). The second objective relates to socioeconomic support for the family, in particular the most vulnerable ones.
- 56 "Particular attention should be paid to needy single parents" (par. 5.4).
- 57 For example, among the 12 Caribbean countries that responded to the Global Survey, the actions most frequently cited had to do with assistance for families having members with disabilities, HIV/AIDS or other specific problems; support (both social and financial) for single-parent families; and delivery of health, education and welfare services to families.
- 58 Discussed above in the section on gender equality and women's empowerment.
- 59 Panama: Strengthening the family (2010), whose objective is to give families the opportunity to live in an environment where they can provide the care and education needed for optimal development of their members (see [online] www.senniaf.gob.pa/modulos/mod_fichagenerica/pub/ficha.php?id=6&zona=programas); Re-education measures (2010), whose objective is to establish a re-education measures centre to take preventive measures and to publicize the rights of children, adolescents and parents, offering assistance to parents in the re-education and guidance of their children, and to the under-12 population and that between 12 and 15 committed by the juvenile courts for re-education, thus ensuring the rights of children and adolescents (see [online] www.senniaf.gob.pa/modulos/mod_fichagenerica/pub/ficha.php?id=8&zona=programas). Chile: Opening Roads scheme of 2009, aimed at providing specialized child-care counselling services to families where one of the parents is in prison (see [online] www.chilesolidario.gob.cl/abriendo_caminos/programa/prog1.html). Mexico: the DIF network model for peaceful

settlement of family disputes (2012), aimed at preventing child abuse and protecting and caring for children and adolescents who are victims of violence (see [online] sil.gobernacion.gob.mx/Archivos/Documentos/2013/01/asun_2934181_20130123_1358954422.pdf). Uruguay: National strategy for strengthening family capacities (2013), aimed at building family capacities in the care, socialization, upbringing and development of their members, and to help them access social benefits and services (see [online] www.mides.gub.uy/innovaportal/v/21948/3/innova.front/estrategia_nacional_de_fortalecimiento_de_las_capacidades_familiares_cercanias).

60 For example, the *Programa Abrazo* in Paraguay (begun in 2007 and expanded in recent years) seeks to gradually reduce child labour.

61 Others however, such as Colombia, have formally rejected it.

62 "...to facilitate the demographic transition as soon as possible in countries where there is an imbalance between demographic rates and social, economic and environmental goals, while fully respecting human rights" (ICPD-PA, par. 6.3).

63 This of course reflects a process that predated the period of reference: it was already under way in 1994 and has continued through structural changes and government actions. In general, those actions were not geared to the ICPD-PA objective but were aimed rather at reducing unwanted pregnancies and lowering mortality rates.

64 "(a) To promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources, in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child; (b) To meet the special needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services; (c) To encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce associated mortality and morbidity."

65 For example, Costa Rica's national policy or the national plans of Peru and Uruguay.

66 ICPD-PA recognizes the guiding role of this Convention in designing measures and taking action in favour of children and adolescents (Programme of Action, par. 6.7).

67 As with the scheme *Chile crece contigo* ("Chile grows with you") programme, which has been taken as a benchmark for similar programmes in other countries of the region, including Uruguay (*Uruguay Crece Contigo* — "Uruguay grows with you" — 2012), designed to establish a system of comprehensive protection in early childhood through a policy that guarantees adequate care and protection for pregnant mothers and the development of children under age four, from a rights perspective.

68 Such as recurrent intimidation, harassment and bullying.

69 Law 26,579 of 2009, which sets this age at 18. In other countries of the region, similar legislation has been proposed (Colombia) or is under discussion (Ecuador, Nicaragua).

70 Guyana reformed its marriage act in 2005 to prohibit marriage below the age of 16. In Suriname there are plans to increase the legal age of marriage to 18 for both men and women from the current 15 for girls and 17 for boys; while in Trinidad and Tobago consultations will be carried out on standardizing the age limit (ECLAC, 2013b, p. 28).

71 Argentina: Resolution 155, which provides for an inclusive culture in all education institutions (2012). Plurinational State of Bolivia: the "Avelino Siñani" law of 2010 makes education compulsory through the baccalaureate; "*Programa Síguele*" (2009) to prevent dropouts and offer guidance and vocational counselling. Brazil: Indigenous School Education consist of policies that promote equality of opportunity in education, social inclusion, sustainable and environmentally appropriate growth, towards a society that is less unequal and is more caring and compassionate (2009); Mexico: a teacher training programme to encourage social, linguistic and cultural diversity in education (2010).

72 These programmes, whose scope and replication have extended well beyond the region's borders, aim to break the chain of intergenerational transmission of poverty by building human capacity in the most vulnerable families. To that end, CCT schemes provide direct cash transfers that are tied to certain conditions being met, mainly in the areas of school attendance and medical check-ups (Cecchini and Madariaga, 2011, p. 5).

73 For further details, see ECLAC (2008b, chapter III).

74 A hallmark of poverty in the Caribbean is its impact on children and young people. In all countries where data were available, children and young people are more likely than older persons to be living in poverty (ECLAC, 2013b, p. 17).

- 75 Nearly all countries in the region now have some official entity at the senior or intermediate level tasked with improving the situation of youth, meeting their needs and listening to their ideas, something that was fairly rare 20 years ago.
- 76 For example, the Plurinational State of Bolivia passed youth legislation in 2012, covering young people between the ages of 16 and 26. National youth programmes were adopted in 2009-2013 in several countries, including Paraguay, Uruguay and Peru: in this last case, ICPD is cited as a benchmark.
- 77 Of 19 countries (including Spain and Portugal but excluding Haiti), seven have ratified it and another nine have signed it and are in the process of ratification.
- 78 For example, *Estação Juventude* in Brazil (2010), the public policy for young people in Costa Rica (persons aged 12 to 35), the national youth policy 2010-2015 in Guatemala, the public policy for youth in Haiti (2012) and the national youth policy in Honduras (2012).
- 79 As explained in detail in ECLAC/OIJ (2004).
- 80 The Young Entrepreneurs Programme of the Ministry of Industry of Argentina provides funding (up to US\$ 15,000 in the 2010 round) to persons aged 18 to 35 who submit a project idea or a business plan in the areas of industry, industrial services, ICTs and R&D. Brazil's national agenda for decent work for youth (2010) focuses on four priorities: more and better education, reconciliation of study, work and family life, decent employment with equal opportunities and pay; and social dialogue on youth, work and education. Costa Rica's PROJOVEM programme is designed to reduce poverty and unemployment by supporting young entrepreneurs who are disadvantaged economically, socially or educationally. In Chile, the special vocational training programme for youth supplements existing assistance for entrepreneurship, work subsidies and training. In Honduras, the "My first job" scheme, which has been in place since 2009, targets 15-19-year-olds in urban areas who are poor and unemployed but are enrolled in an alternative education programme. It combines free training, practical experience and subsequent help in finding a job; as well, participants receive a transport and meals voucher for each class attended, thus addressing the most basic causes for dropping out of the programme.
- 81 For example, Brazil has a programme for preventing violence against black youth (2011) and El Salvador has a project to involve youngsters aged 15 years and over in preventing violence at an early age (2013).
- 82 Population aged 60 and older, consistent with the official United Nations definition. The ICPD-PA objectives for this group are: (a) To enhance, through appropriate mechanisms, the self-reliance of elderly people, and to create conditions that promote quality of life and enable them to work and live independently in their own communities as long as possible or as desired; and (b) To develop systems of health care as well as systems of economic and social security in old age, where appropriate, paying special attention to the needs of women (Programme of Action, para. 6.17).
- 83 For example, Argentina has a comprehensive national plan for older persons, a programme for vulnerable seniors ("day clubs") and a national plan for preparation for retirement. Chile has a comprehensive policy for positive ageing, a programme to prevent violence against the elderly, and a law that pays "golden wedding" bonuses to seniors who have been married or partnered for more than 50 years. Costa Rica has a national policy on ageing 2011-2012, an assisted living network for the elderly, and a national care network that covers other age groups as well. In the Caribbean, where a large proportion of older persons live alone, there are programmes such as home help services, home nursing care, day care and activity centres, and for those older persons who are unable, or do not wish to live independently, long-stay institutions (ECLAC, 2013b, p. 58).
- 84 For example, El Salvador and Nicaragua have launched programmes and adopted laws focusing on the rights of older persons. In other countries where ageing is incipient, these programmes seek to increase incomes for vulnerable seniors. The "100 a los 70" programme in Panama delivers 100 balboas (equivalent to US\$ 100) to persons over the age of 70 who have no retirement or pension benefits. In Paraguay, Law 3728 provides a stipend for poor persons over 65. Peru's "Programa Gratitud" is aimed at poor people over 75 years. In the Bolivarian Republic of Venezuela, the "Misión en Amor Mayor" pays non-contributory pensions to women after the age of 55 and to men after the age of 60 living in households with incomes lower than the national minimum wage (among other stipulations). In Saint Vincent and the Grenadines, the Elderly Assistance Benefit was introduced in 2009, as a small non-contributory old-age pension (ECLAC, 2013b, p. 54).
- 85 As ECLAC has emphasized in various documents on social protection and ageing, including ECLAC (2006) and ECLAC (2012). This vulnerability derives from the greater care needs and the lower incomes and higher

health costs that older people face, as well as from the inability of public institutions to absorb the anticipated future increase in the demands of this age group. This last factor is aggravated, from a financial viewpoint, by the fact that, because of the weakness and informality of the labour market and low prevailing average wages, most of those who will be entering this age group in coming decades will have accumulated little or nothing by way of resources for coping with old age. To round out this complicated picture, it must be noted that families (which historically have played a crucial role in caring for the elderly) are undergoing changes and redefinitions that for various reasons limit their capacity to continue providing this support.

86 In Ecuador, the Ecuadorian Social Security Institute created a National Commission for Older Persons in May 2009 (resolution CD 262); in Uruguay, the National Institute for Older Persons (INAM) was created by Law 18.617 of October 2009.

87 This presupposes a chain with at least three links: a clear legal framework and legal mandate, an adequate budgetary allocation, and a policy or plan for coordinating institutional workings (ECLAC, 2012).

88 ICPD-PA speaks of the “indigenous voice” and of “indigenous populations” in referring to these groups. At the present time, the preferred expression among people involved in these issues is “indigenous peoples”, which will be treated as the official term in this report. Paragraph 6.24 of ICPD-PA lists the following objectives: (a) To incorporate the perspectives and needs of indigenous communities into the design, implementation, monitoring and evaluation of the population, development and environment programmes that affect them; (b) To ensure that indigenous people receive population- and development-related services that they deem socially, culturally and ecologically appropriate; (c) To address social and economic factors that act to disadvantage indigenous people.

89 In some countries, such as Mexico, Panama and the Plurinational State of Bolivia (all of which have sizable indigenous populations), progress has taken place on several fronts simultaneously, as in education; land tenure and ownership; employment; rights, participation, memory and cultural recognition; health and sexual and reproductive health; prevention of discrimination; protection of ecosystems; production of social and demographic information; creation of specific institutions; and economic development.

90 This is the case in Belize, Dominica, Guyana, Saint Vincent and the Grenadines, and Trinidad and Tobago, where progress has been reported in securing legal recognition for indigenous peoples’ rights to their land and its use, in guaranteeing public education with no discrimination of any kind, and in ensuring its cultural relevance (including the use of the native language).

91 Three United Nations bodies have mandates with respect to indigenous peoples: the Permanent Forum on Indigenous Issues, the Expert Mechanism on the Rights of Indigenous Peoples, and the Special Rapporteur on the Rights of Indigenous Peoples. There are also the Committee on the Elimination of Racial Discrimination (CERD) and a Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, both linked to the Office of the United Nations High Commissioner for Human Rights.

92 In 2010, Argentina created the Department for Affirmation of Indigenous Rights within the National Institute of Indigenous Affairs, to promote indigenous peoples’ participation in the development of policies that affect them as well as to foster these communities’ understanding of their rights and the tools for exercising them. In 2011, Honduras created the Secretariat of State for the Development of Indigenous Peoples and Afro-Hondurans, an institution with ministerial rank.

93 During the period 2009-2013, initiatives were identified in Colombia, El Salvador, Mexico, Peru and the Plurinational State of Bolivia: several of these are associated with policies and laws concerning linguistic rights. In Mexico, for example, the Ministry of Education’s special indigenous education policy (2008-2011) is explicit in its support of indigenous rights, the construction of appropriate learning environments, and the provision of teaching tools for students with different educational needs (see [online] <http://basica.sep.gob.mx/dgei/pdf/inicio/infoPublica/avancesDGEI.pdf>). This policy is complementary to the programme for reviving and developing the use of indigenous languages, run by the National Institute of Indigenous Languages (2008-2012) (see [online] www.inali.gob.mx/pdf/PINALI-2008-2012.pdf, among others).

94 5.4% in the Caribbean and 12.4% in Latin America, with disability being much more prevalent among women, older adults, rural dwellers, indigenous peoples and Afro-descendants, and those with lower incomes. The challenge in this area is therefore twofold, since socially disadvantaged groups exhibit higher rates of disability: (ECLAC, 2013a, p. 184).

95 “(a) To ensure the realization of the rights of all persons with disabilities, and their participation in all aspects of social, economic and cultural life; (b) To create, improve and develop necessary conditions that will ensure

equal opportunities for persons with disabilities and the valuing of their capabilities in the process of economic and social development; (c) To ensure the dignity and promote the self-reliance of persons with disabilities” (Programme of Action, par. 6.29).

- 96 Article 47 of the 2008 Constitution of Ecuador requires that “The State shall guarantee policies for prevention of disabilities and, together with society and the family, shall provide equal opportunities for persons with disabilities and their social integration”. This is followed by recognition of 11 rights; next comes article 48, followed by seven measures, and finally article 49, on State recognition and support of the tasks of the family in caring for persons with disabilities. In the new Constitution of the Plurinational State of Bolivia (2009), articles 70 to 74 identify the rights of persons with disabilities (5), prohibit discrimination against them and provide for the adoption of affirmative action measures to support their development and full incorporation into society and for the implementation of treatment and rehabilitation programmes.
- 97 Chile: National Disability Service (SENADIS, 2010); Ecuador: National Directorate for Disabilities, Rehabilitation and Special Care, within the Ministry of Health (2012); Mexico: National Council for the Development and Integration of Persons with Disability (2011); Paraguay: National Secretariat for the Human Rights of Persons with Disabilities (2012); Uruguay: Honorary National Commission on Disabilities (CNDH) (amended in 2010 as part of Law 18,651 on the comprehensive protection of persons with disabilities).
- 98 For example, through laws that normally cover a broad range of grounds for discrimination. Chile promulgated Law 20,609 (2012) banning arbitrary acts of discrimination on grounds of racial or ethnic origin, nationality, socioeconomic situation, language, ideology or political opinion, religion or belief, membership or participation in labour organizations, sex, sexual orientation, gender identity, civil status, age, filiation, personal appearance, and illness or disability (see [online] www.leychile.cl/Navegar?idNorma=1042092). In Colombia, Law 1482 of 2011 guarantees protection for the rights of any person, group of persons, community or people vulnerable to acts of racism or discrimination (see [online] <http://wsp.presidencia.gov.co/Normativa/Leyes/Documents/ley148230112011.pdf>).
- 99 Plurinational State of Bolivia: General Law on persons with disabilities (2012), guaranteeing them full exercise of their rights and duties under equality of conditions and opportunities and preferential treatment under a system of comprehensive protection. Chile: Law 20,422, promulgated in 2010 and regulated in 2011, setting standards on equality of opportunity and social inclusion for persons with disabilities. Costa Rica: National Policy on Disabilities 2011-2021. Ecuador: *Misión Solidaria Manuela Espejo*, a study to identify and locate all persons with disabilities in the country, and a subsequent programme to assist mothers or families of persons with disabilities and social vulnerability; the latest available data indicate that 293,578 persons with disabilities have been geo-referenced, and of these 17,435 have received care of some kind (see [online] www.manuelaespejo.com.ec/). In 2013, Ecuador also published the Organic Law on Disabilities, establishing rights and affirmative action measures for the inclusion of persons with disabilities. Mexico: National Programme for the Development of Persons with Disability; Panama: National Disabilities Policy (2009) and Strategic National Plan for Social Inclusion of Persons with Disabilities and their Families 2011-2014; Peru: Plan for Equal Opportunities for Persons with Disabilities 2009-2018; Uruguay: Law 18,651 on Comprehensive Protection of Persons with Disabilities.
- 100 ECLAC (2013a) offers an up-to-date status report on these policies and programmes in the region. By way of illustration, Decree 312/2010 in Argentina imposes a quota of 4% for persons with disabilities across the three branches of State and their constituent bodies. Other examples: the work plan of Peru’s national office for the employment of disabled persons; Panama’s “Agora” project, and Uruguay’s occupational training programme support training and employment opportunities for disabled persons (with the Agora project, persons with visual disabilities). With respect to incomes, the *Renta Solidaria* for persons with disabilities in the Plurinational State of Bolivia (Supreme Decree 1133 of 8 February 2012) provides an annual grant of 1,000 bolivianos to the severely disabled who have a special disability card. In Panama, the “Guardian Angel” Project pays a special benefit to the persons with disabilities. With respect to education, in 2009 Mexico introduced the non-school baccalaureate for students with disabilities, to offer them an alternative education of equivalent quality at this level.
- 101 Reproductive rights and reproductive health, family planning, sexually transmitted diseases and prevention of human immunodeficiency virus (HIV), human sexuality and gender relations, adolescents.
- 102 Article 66 of the Political Constitution of the Plurinational State of Bolivia, promulgated in 2009: “guarantees to women and men the exercise of their sexual and reproductive rights” (see [online] www.gacetaoficialdebolivia.gob.bo/normas/view/36208). Article 32 of the Constitution of Ecuador, promulgated in 2008: “Health is a right

guaranteed by the State whose fulfilment is linked to the exercise of other rights, among which the rights to water, food, education, sports, work, social security, healthy environments and others that support the good way of living. The State shall guarantee this right by means of economic, social, cultural, educational and environmental policies; and the permanent, timely and non-exclusive access to programmes, actions and services promoting and providing integral healthcare, sexual health and reproductive health”.

103 For example, the national strategic plan for sexual and reproductive health 2009-2050 in the Plurinational State of Bolivia; the national policy on sexuality 2010-21 in Costa Rica; the policy for sexual and reproductive health in El Salvador; the national programme for reproductive health in Guatemala; and the national plan for sexual and reproductive health 2009-2013 in Paraguay.

104 CCTs typically make attendance at health discussion sessions a condition for receiving transfers (Cecchini and Madariaga, 2011) and in some countries (e.g. Colombia, Mexico and Peru) the topics addressed in those sessions include sexual and reproductive health, with information and the provision of contraceptives to female participants upon request. For more information on the *Juntos* programme in Peru, see Perova and Vakis (2010).

105 Five countries have developed sexual and reproductive health programmes for women and indigenous peoples: these include the programme of the Health Ministry of Honduras to promote sexual and reproductive health among the Garifuna people.

106 During the period 2008-2009, 279,000 doses were applied in 109 health centres, reaching a target of around 100,000 girls vaccinated, with an investment of 100 million pesos. In June 2010, the vaccination campaign incorporated the second generation of 11-year-old girls with no social security, vaccinating 30,351 girls, thereby raising the total to nearly 131,000 girls protected. By the end of 2011, it was estimated that 161,364 girls had been vaccinated (see [online] www.salud.df.gob.mx/ssdf/index.php?option=com_content&task=view&id=158).

107 See box 1 of the full report submitted as the reference document for the first session of the Regional Conference on Population and Development in Latin America and the Caribbean.

108 To determine future scenarios, a logistic projection was performed to 2015 using data on unmet demand observed in each country since 1990. This showed that the target would be met by countries with unmet demand of 5% or less according to the 2015 projection; countries with figures between 6% and 10% would be close by 2015; and those with figures between 16% and 31% would have to make greater efforts.

109 There is a high, inverse correlation between effective access to family planning methods and unmet demand, and those countries with lower demand achieve rates for the use of contraceptive methods ranging between 72.3% and 81% (El Salvador and Brazil, respectively); by contrast, countries with higher levels of unmet demand fall into a range of contraceptive prevalence from 32% (Haiti) to 65% (Honduras). It should be noted that nearly all countries excluded from the chart because of lack of information—in particular, Argentina, Chile, Costa Rica, Cuba and Uruguay—could be achieving the unmet demand target, as they have high rates of contraceptive use. Although measurements are still fragmentary, Cuba reported a rate of 72.6% in 2005, and Costa Rica reported 82.2% in 2010.

110 For other countries in the region it is possible to determine the prevalence of contraceptive use, which as noted above bears an inverse relationship to unmet demand. In those countries there are significant differences in the prevalence of contraceptive use between indigenous women and others. Those differences should not be interpreted only as a question of inequitable access to sexual and reproductive health, as they also reflect, in part, distinct cultural concepts about the importance of maternity or the number of children desired, or doubts about collateral effects or injury that such methods may produce. For a more thorough understanding of the reasons why the use of contraceptives among indigenous peoples is low, further research will be needed to explore the social and cultural factors in play.

111 Those objectives are set forth in two sections of ICPD-PA. The first is section 7.C, on HIV/AIDS and other STIs, par. 7.29 of which sets as an objective “to prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS, and the complications of sexually transmitted diseases such as infertility, with special attention to girls and women”. Section 8.D returns to this issue and, in section 8.29, poses three objectives which, broadly stated are: (a) To prevent, reduce the spread of and minimize the impact of HIV infection; (b) To ensure that HIV-infected individuals have adequate medical care and are not discriminated against; (c) To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.

112 For example, Law 135-11 on HIV/AIDS in the Dominican Republic, promulgated in 2011.

113 Strategy for elimination of perinatal transmission of HIV in Argentina; Strategy for elimination of congenital syphilis and the reduction of vertical transmission of HIV in the Plurinational State of Bolivia; Strategic plan for

the elimination of mother-child transmission of HIV and congenital syphilis in Colombia; National multisector plan to prevent mother-child transmission of HIV and syphilis 2009-2014 in Panama; Programme to prevent mother-child transmission of HIV and to eradicate congenital syphilis in the Bolivarian Republic of Venezuela.

114 “The estimated coverage of antiretroviral treatment for pregnant women living with HIV increased from 55% in 2008 to 70% in 2011 (67% in Latin America and 79% in the Caribbean). Consequently, new cases of HIV infection among children dropped by 24% in Latin America and by 32% in the Caribbean between 2009 and 2011 (PAHO, 2013). In fact, a recent position paper claims that “Our region has the potential to become the first region in the developing world to achieve the elimination targets. PAHO and UNICEF remain committed to support countries to ensure that all children in our region are born free of HIV and syphilis”, (see [online] http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=20908&Itemid=270).

115 For example, the screening and counselling programmes *Fique Sabendo* and *Quero Fazer* in Brazil (2013), the HIV screening programme in Guatemala, and the HIV screening standard for women of childbearing age available through the family planning services in Peru.

116 For example, the National Strategic Plan for HIV and AIDS 2011-2015 in Costa Rica.

117 Plurinational State of Bolivia: ministerial resolution 72 of 4 February 2013, designating the year 2013 as the year for STI/HIV/AIDS prevention (see [online] <http://www.sns.gob.bo/index.php?ID=Inicio&resp=1072>); Brazil: the *Fique Sabendo* and *Quero Fazer* programmes, which specifically aim to increase condom use (see [online] <http://www.aids.gov.br/es/noticia/2013/el-ministerio-de-salud-lanza-una-campana-nacional-de-prevencion-de-las-its-y-el-sida-pa>); Mexico: guidelines for free distribution of male and female condoms through state programmes and civil society organizations working on HIV/AIDS (see [online] http://www.censida.salud.gob.mx/descargas/com_accesibilidad_condones.pdf).

118 El Salvador: HIV prevention project for young people not in school.

119 It would be better to work with incidence indicators, but here there is no available information. The data presented were reported by each country.

120 Some examples are the Programme to prevent adolescent pregnancy 2009-2013 of the Plurinational State of Bolivia; document 147 of the National Economic and Social Policy Council (CONPES) of Colombia, “Guidelines for developing a strategy to prevent adolescent pregnancy and to help children and youth ages 6 to 19 to plan for their future”; and the 2011 National inter-sector strategy for family planning and prevention of adolescent pregnancy of Ecuador.

121 Chile and Ecuador provide two examples. In Chile, article 6 of the regulations on Law 20,418 provides that “where an emergency contraceptive method is requested by a person under 14 years, the responsible service provider, in either the public or private sector, shall deliver such medication, and shall subsequently inform the father, mother or responsible adult indicated by the minor, for which purpose the data needed to fulfil this obligation shall be provided” (see [online] www.leychile.cl/Navegar?idNorma=1049694&idParte=0&idVersion=2013-05-28). In March 2013 Ecuador issued regulations governing access to and availability of contraceptive methods in the national health system: article 2 provides that “establishments of the national health system shall provide information and counselling on the use of contraceptive methods, and shall deliver them in accordance with the level of care, including emergency oral contraception, to the population in general, and especially to adolescents, youth, men and women who so request (see [online] www.lexis.com.ec/webtools/biblioteca_silec/documentos/noticias/2013-04-22-Acuerdo%20Ministerial%202490.pdf). Approaching the issue from another angle, the Constitutional Court of Peru, in ruling 0008/2012 PI/TC, declared unconstitutional article 173 (3) of the criminal code, which penalized consensual sexual relations between adolescents aged 14 to 18, thereby allowing this issue to be addressed from the viewpoint of public health rather than through the courts.

122 Especially in Andean countries, where an official resolution was issued in 2007 by the Andean Health Organization Hipolito Unanue (ORAS-CONHU), calling for preparation of an Andean plan to prevent adolescent pregnancy (resolution REMSAA XXVIII/437 [online] www.orasconhu.org/documentos/Resolucion%20xxviii%20437.pdf). The plan includes provisions to strengthen youth-friendly health services (see [online] <http://planandinopea.org/?q=node/14>). Colombia has around 1,000 adolescent-friendly health services throughout the country, most of which are part of the public health service network (see [online] www.unfpa.org.co/menuSuplZqui.php?id=16). Chile has established 112 youth-friendly facilities since 2008 (58 with financing from the health ministry and 54 with municipal funding), and has increased the number of facilities for providing differentiated care to adolescents, with the specific purpose of preventing teenage pregnancy (MINSAL, 2013). In the

Caribbean, Barbados, Guyana and Suriname have developed youth-friendly facilities for delivery of services and information (ECLAC, 2013b).

123 The 2012-2020 Action Plan of the National Programme of Comprehensive Health for Adolescents and Youth, of the Ministry of Health of Chile includes the introduction of comprehensive health check-ups for adolescents aged 10 to 19 years, and explicitly addresses sexual and reproductive health aspects (see [online] <http://www.minsal.gob.cl/portal/url/item/c908a2010f2e7dafe040010164010db3.pdf>). In 2012, it undertook to conduct 150,000 health checks across the country, increasing total coverage to 7.12%. The idea is to continue expanding this coverage gradually until 2020. The programme is implemented by the municipalities, which in Chile are responsible for primary care services; accordingly, the Ministry of Health adopted an index of primary health care activities associated with implementation of the programme, making it a priority with high probability of implementation (see [online] <http://www.minsal.gob.cl/portal/url/item/c908a2010f2e7dafe040010164010db3.pdf>).

124 The topic of sex education is revisited in the section on “population, development and education”.

125 Health and Family Life Education (HLFE). For further detail, see ECLAC 2013b.

126 ICPD-PA and the MDGs refer to adolescent fertility, but what really changes the lives of boys and girls is maternity, i.e. having a first child. Beyond this substantive and political value, maternity has a technical advantage: its trend is affected by the decline in childbearing within adolescence, which does influence the adolescent fertility trend. It is important to note that for the calculations made in this document, non-response was equated to no children. The figures and their trends could vary if other assumptions were made. For more details, see Rodríguez (2008).

127 Unwanted either because they did not want to be mothers at the time their children were born, or because they did not want to have any, or any more, children.

128 These figures are for Brazil, 2006, and the Dominican Republic, 2007, respectively.

129 See Amnesty International (2012); the “shadow” reports monitoring the ICPD Programme of Action, such as those prepared by the Health Network of Latin American and Caribbean Women (see [online] www.reddesalud.org/actualidad/act1_int.php?id=387), and the reports and statements of “Articulación Regional de Sociedad Civil de Latinoamérica y Caribe hacia Cairo+ 20” (see [online] www.mujieresdelsur-afm.org.uy/index.php?option=com_content&view=article&id=260:articulacion-regional-de-america-latina-y-el-caribe-hacia-cairo-mas-20).

130 “Most countries allow access to emergency oral contraception, although in some such access is restricted; there is one country, however, where it is legally prohibited to prescribe, use or sell EOC or to provide information about it.... There are barriers that impede women’s access to emergency contraception” (Távora Orozco, 2012).

131 ICPD-PA states explicitly that this access should be offered through the primary health care system, which in many cases depends on subnational and local authorities.

132 Frequently known by the acronym GLTB (gays, lesbians, transsexuals and bisexuals).

133 For example, in the Caribbean, family planning associations such as those of Antigua and Barbuda and Dominica “have implemented a number of community programmes that involve men in family planning together with men’s health programmes which encompass components of family planning. CARIMAN has looked at the issues associated with caring men, committed to partnering with women to create a just world where all people achieve their fullest potential” (ECLAC, 2013b).

134 See the section on “Population, development and education”.

135 In Ecuador, article 66 (9) of the Constitution, without using the expression “sexual rights”, is nevertheless eloquent, since it provides that: “The following rights of persons are recognized and guaranteed: The right to freely take informed, voluntary, and responsible decisions on one’s sexuality and one’s sexual life and orientation. The State shall promote access to the necessary means so that these decisions take place in safe conditions”.

136 For example, Colombia (in Decree 2968 of 2010) created the Intersectoral Commission for the Promotion and Guarantee of Sexual and Reproductive Rights.

137 Costa Rica’s National Policy on Sexuality 2012-2021 (2010) includes “sexual citizenship” among its areas of action: this is to be achieved by “reinforcing the individual and social exercise of the right to sexuality and fostering active participation by citizens in the defence and enforcement of their sexual and reproductive rights”. The national strategic plan for sexual and reproductive health of the Plurinational State of Bolivia (2009) “recognizes that sexual and reproductive rights are part of the human rights that all persons are entitled

to enjoy, regardless of their sex, colour, age, sexual orientation, religion or political party. Their purpose is to ensure that human beings can lead a life of dignity and achieve their full potential without discrimination, risk, threat, coercion or violence in the area of sexuality and reproduction" (Ministry of Health and Sports of the Plurinational State of Bolivia, General Directorate of Health, Health Services Unit, Technical and Regulatory Documents Series). In Colombia, Decree 2968 of 2010 created the Intersectoral Commission for the Promotion and Guarantee of Sexual and Reproductive Rights.

138 Argentina: Operational plan for reducing mortality among mothers and infants, women and adolescents (2010); Bolivarian Republic of Venezuela: "Project Mother" (2010). As well, more "technical" guidelines have been prepared in support of plans (general or specific to sexual and reproductive health) that have the reduction of maternal mortality as a general or specific objective; Brazil: *Rede Cegonha* ("Stork Network"), 2010; Chile: Women and Maternity Programme: "Committed to Life" (2011); Dominican Republic: Mobilization Plan for reducing maternal-infant mortality (2012); Guatemala: Healthy Maternity Act, Decree 32-2010, and Action Plan for reducing maternal-neonatal mortality and improving reproductive health 2010-2015 (2012); Mexico: Strategy for reducing maternal mortality (2011); Peru: Strategic national plan for reducing maternal and perinatal mortality 2009-2015 (2009); Colombia (2011): "Clinical Safety Model" for emergency obstetrical care; El Salvador (2011): Technical guidelines of care for women in the entire period from preconception to postpartum, and the newborn child; Guatemala (2011): Manual for the provision of comprehensive maternal-infant care; Peru (2011): Technical Manual for the care, diagnosis and treatment of obstetrical conditions as part of the basic universal insurance plan; Plurinational State of Bolivia: Strategic national plan to improve maternal, perinatal and neonatal health, 2009-2015.

139 This is a sensitive topic and one that is addressed specifically in ICPD-PA par. 8.25, which combines various messages including the need to expand access to sexual and reproductive health in order to avoid abortion, recognition that the legal status of abortion depends on national legislative processes, the obligation to offer adequate service where abortion is legal, and the right of all women to receive suitable care for complications arising from abortion.

140 "To review laws that punish women who have undergone abortions, as recommended by the Platform for Action of the Fourth World Conference on Women, including the further initiatives and actions identified for the implementation of the Beijing Declaration and Platform for Action, as well as the Programme of Action of the International Conference on Population and Development and the general observations of the Committee against Torture of the United Nations, and ensure that abortions are performed safely where authorized by the law."

141 Uruguay: Law 18,987 of 2012, decriminalizing voluntary interruption of pregnancy; Argentina, 2012, abortion decriminalized in case of rape (see [online] www.cij.gov.ar/scp/index.php?p=interior-nota&nid=8754); Brazil: abortion decriminalized where the foetus is anencephalic.

142 Within the region, Chile, the Dominican Republic, El Salvador, Honduras and Nicaragua prohibit abortion without exception. The Dominican Republic joined this group during the period under review (González, 2011).

143 For example in Mexico, the Federal District legalized abortion while the states of Oaxaca and Guanajuato amended their constitutions in 2009 to include an article on the "right to life from conception".

144 The objectives are "To foster a more balanced spatial distribution of the population by promoting in an integrated manner the equitable and ecologically sustainable development based on respect for human rights, especially the right to development, and to reduce the role of the various push factors as they relate to migration flows".

145 The objective is "to enhance the management of urban agglomerations through more participatory and resource-conscious planning and management, review and revise the policies and mechanisms that contribute to the excessive concentration of population in large cities, and improve the security and quality of life of both rural and urban low-income residents" (Programme of Action, par. 9.13).

146 The objectives are: (a) to offer adequate protection and assistance to persons displaced within their country, particularly women, children and the elderly, who are the most vulnerable, and to find solutions to the root causes of their displacement in view of preventing it and, when appropriate, to facilitate return or resettlement; and (b) to put an end to all forms of forced migration, including "ethnic cleansing" (Programme of Action, par. 9.20).

147 As demonstrated by the results from the latest survey on population policies, conducted by the United Nations Population Division, most countries want to see "changes" in the spatial distribution of their population and in internal migration patterns: 13 countries want major changes, 17 countries want minor changes, according to tabulated data for 2011 for Latin America and the Caribbean (see table 24 [online] www.un.org/en/development/desa/population/publications/pdf/policy/WPP2011/Summary_Tables/Table24.pdf).

- 148 The foregoing does not, of course, mean abandoning these policies, but rather recognizing that they cannot restrict this right. There are in fact grounds for limiting exercise of this right, but they relate to exceptional situations to which national policies and programmes of internal migration should not be applied. An illustration of the many and intricate aspects of these issues can be found in the new Constitution of Ecuador, article 40 of which recognizes for all persons the right to migrate, while article 258 limits that right and others: “For the protection of the special district of Galápagos, the rights to internal migration, work or any other activity, whether public or private, which might affect the environment, shall be restricted.” Article 392 vindicates State policies on migration: “The State shall [...] exercise leadership of migration policy through the competent body, in coordination with the different levels of government. The State shall design, adopt, implement, and evaluate policies, plans, programmes, and projects and shall coordinate the action of its bodies with that of other States and civil society organizations that work on human mobility at the national and international levels. Of course, the Constitution merely sets the general framework: concrete public action implies administrative and political decisions that will vary depending on governments.
- 149 The new constitution of the Plurinational State of Bolivia establishes specific powers in this area for each level of the State, giving constitutional recognition to territorial planning policies (article 297), to land use plans (article 300, and to zoning plans and management (article 304).
- 150 Argentina: Strategic Territorial Plan (2010); Brazil: New National Policy for Regional Development - PNDR II (2013); Costa Rica: national land use policy (2012); Ecuador: National territorial strategy (2009) and organic code for territorial planning, autonomy and decentralization (COOTAD, 2010); Paraguay: National master plan for territorial development and planning (2011); Uruguay: Land use plan, pursuant to law 18,308 on land use planning and sustainable development (2009).
- 151 Chile: reconstruction plan and the update of planning regulations (2010) (see [online] www.minvu.cl/opensite_20111122105648.aspx); Haiti: reconstruction plan (UNOPS, 2011); Colombia: Law 1523 of 2012, adopting a policy and system for national management of disaster risks; Peru: Supreme Decree of 2013 adopting the national disaster risk management policy and making its observance mandatory for all entities of the national government.
- 152 For example, Ecuador’s “City of Knowledge”, covering an area of 4,270 hectares, on which construction began in 2011 in the Canton of San Miguel de Urcuqui in the northwest portion of the province of Imbabura in northern Ecuador. The project falls under the National Secretariat of Higher Education, Science, Technology and Innovation (SENESCYT), but it also has authorities at both the central and local levels. Its latest achievement was construction of the Experimental Technology Research University (see [online] www.yachay.ec).
- 153 For example, in Mexico the plan for employment creation in marginal zones (PCEZM) of the Ministry of Economy, to promote the establishment and operation of production centres in poor localities which meet the conditions for the development of enterprises that will represent permanent sources of employment (see [online] www.economia.gob.mx/files/marco_normativo/A540.pdf).
- 154 Chile: National Urban Development Policy (PNDU, 2013, (see [online] <http://politicaurbana.minvu.cl/>); Mexico: Urban Development Law of the Federal District (2010).
- 155 Such as the periurban water and sewerage programme in the three most populous cities of the Plurinational State of Bolivia (La Paz-El Alto; Cochabamba and Santa Cruz de la Sierra); the Strategic Institutional Plan 2010-2015 of the Water and Sewerage Corporation of Santo Domingo (Dominican Republic, 2010); and Uruguay’s Law 18,610 (2009) establishing a national water policy (see [online] www.rondauruguay.gub.uy/LinkClick.aspx?fileticket=U91yKLPB6Qk%3D&tabid=219&mid=871).
- 156 With respect to housing, ambitious programmes were implemented in Brazil (the *Minha Casa Minha Vida* programme (MCMV), which has already delivered 1 million dwellings and aims to construct 3.4 million units by 2014); Colombia (free housing programme under Law 5037 of 2012); El Salvador (“Homes for All” Programme of 2009); Honduras (“Ramón Villeda Morales” social housing programme of 2009); Paraguay (national housing plan of 2012) and the Bolivarian Republic of Venezuela (*Misión Gran Vivienda* housing programme of 2011).
- 157 Various countries pursued the overhaul of their public transport systems, strengthening their central coordination, integrating surface and underground means of transport, and offering incentives and subsidies for mass transit use. Generally speaking, the construction or expansion of subway systems and the establishment of exclusive lanes for buses have had a positive impact on day-to-day urban commuting, but they have not succeeded in curbing the growing use of private automobiles, and traffic congestion remains high in most of the region’s major cities and public transport costs are still high in relation to average wages.

158 For example, in reducing environmental pollution indices in Santiago and Mexico City, in lowering crime rates and improving public transport in cities such as Bogota, or in urban planning and expanding access to services in Lima and Quito (ECLAC, 2012b). Of course, the mere continuity of policies is no guarantee that they will achieve their objectives, as illustrated by the case of Transantiago, in Chile, which despite its improvements is still far from fulfilling some of its main purposes.

159 This may result in direct expulsion, through changes in land use, or in indirect expulsion, through pollution or the appropriation or exhaustion of natural resources. Indigenous communities in particular are affected by this type of forced displacement.

160 On this topic, academic entities, such as the “Metropolitan Observatory” in Brazil (see [online] www.observatoriodasmetropoles.net/) and civil society organizations, such as the Habitat International Coalition (see [online] www.hic-net.org/es_index.php) or Red Habitat, have reported several specific instances.

161 International migration and development; Documented migrants; Undocumented migrants; and Refugees, asylum seekers and displaced persons. In general, the objectives are to encourage dialogue between countries in order to maximize the benefits of migration, to provide support for new arrivals and for returning migrants, to protect migrants, to eliminate discrimination against them and ensure respect for their rights, to prevent human trafficking and smuggling, and to ensure support for refugees.

162 The fact that 17 of the 45 States that have ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families are from the region constitutes a good example of this concern with migrant rights. Indeed, many countries have taken major steps to reform their constitutions, regulations or institutions (ECLAC, 2012c). In addition, various regional forums have encouraged countries to adhere to these international legal instruments. For example, resolution 615 (XXXI) adopted at the thirty-third session of ECLAC, “urges the Governments that have not yet done so to consider the possibility of signing and ratifying the legal instruments of the United Nations whose object is to promote and protect migrants’ human rights as a mechanism for full social integration, and also invites Governments that have signed these instruments to ensure their full enforcement”.

163 This Agreement was signed by Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Paraguay, Peru, the Plurinational State of Bolivia, Portugal, Spain, and Uruguay, at the seventeenth Ibero-American Summit of Heads of State and Government, held in Santiago in 2007. During the review period, it was ratified by Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Ecuador, El Salvador, Paraguay, the Plurinational State of Bolivia, Portugal, Spain and Uruguay. According to this instrument, Ibero-American workers contributing to the social security systems of several countries of the area may collect their pension or enjoy social coverage in the country where they retire (Maguid and Salinas, 2010).

164 Ministry of Foreign Affairs of Chile, Decree 164 (2010, Objective: Social Security agreement between Chile and Argentina, and the agreement amending it (see [online] www.leychile.cl/Navegar?idNorma=1009790&idParte=&idVersion=2009-12-31).

165 Good practices in this field include a new law on migration enacted in Argentina in 2004, which restructured the country’s immigration policy around two main axes: a regional perspective that emphasizes the regularization of migrants from countries of the region and a human-rights-based approach (ECLAC, 2012c, p. 10).

166 In 2009 it was decided that the public health system should continue to provide care for immigrants enrolled in the National Health Fund (FONASA) whose application for a residency permit is pending and whose identity card has expired. The Government of Chile recently submitted the bill on migration and foreign nationals to Parliament.

167 El Salvador, in its national guidelines for strengthening institutional coordination to combat trafficking in persons (2011), Guatemala, in Decree 9-2009 (2009), and Mexico, in its law on preventing and punishing trafficking in persons (2011), all adopt a multidimensional approach to preventing and punishing trafficking in persons. Most notably, however, these legislations also emphasize treatment and reparation for victims.

168 To this should be added the legislation against discrimination in Chile (2012) and in Colombia.

169 A few examples in this regard are the Directorate for Migrants and their Families run by the Mexico City government’s Rural Development and Community Equity Department (see [online] www.sederec.df.gob.mx/dahmyf/); the Paraná State Committee for Refugees and Migrants (CERM) in Brazil (see [online] www.aen.pr.gov.br/modules/noticias/article.php?storyid=68538&tit=Governo-cria-comite-paranaense-para-refugiados-e-migrantes); the migrant programme of the state government of Chiapas in Mexico (see [online]

<http://www.chiapas.gob.mx/migrantes>); and the agreement on migrant issues signed by two central municipalities in the Chilean capital, Estación Central and Santiago, and the Ministry of Health in 2013 (see [online] <http://www.latercera.com/noticia/nacional/2013/04/680-521256-9-servicio-de-salud-y-municipios-de-santiago-y-estacion-central-firman-convenio.shtml>).

170 Paragraph 38 of the Declaration of Santiago (Summit of the Community of Latin American and Caribbean States (CELAC), held on 27 and 28 January 2013) states: “[We] welcome the holding of the First Meeting on Migrations of CELAC, held on 20 and 21 August 2012 in Comayagua, Republic of Honduras, and highlight the recommendations emanated from this event, which set the foundations to develop in that regional forum a CELAC strategy on migrations that is based on the perspective of migrant persons as subjects of rights and articulates a common position of our region with respect to the dialogue processes in other regional and global forums (see [online] www.gob.cl/media/2013/01/Declaracion-de-Santiago.pdf).

171 Paragraph 11.5 of the Cairo Programme of Action sets forth three objectives. The first two have to do with universal access to education, including technical and vocational education, with gender equity, while the third addresses education and population issues, including education on reproductive health and gender equity.

172 For example, since 2008 Argentina has been applying curriculum guidelines for comprehensive sexual education under a programme created by article 2 of Law 26,150 of 2006. In Costa Rica, the National Policy on Sexuality 2010-21 includes comprehensive education in sexuality, guaranteeing access to sexual education for the entire population; Guatemala introduced the National Sexual Education Campaign in 2010 (see [online] www.osarguatemala.org/userfiles/Educacion%20Sexual%202011.pdf); Paraguay set up the “healthy schools” programme in 2009; and in 2010 Peru conducted a campaign to strengthen comprehensive sexual education in schools.

173 Strictly speaking, this was a biministerial declaration, because it was signed by ministers of health and education of 30 Latin American and Caribbean countries in Mexico City in August 2008, prior to the seventeenth International AIDS Conference (see [online] <http://prevenirconeducacion.org/sitio/index.php/declaracion>).

174 This Declaration includes two quantitative targets: (i) to reduce by 75% the number of schools that have failed to institutionalize comprehensive sex education; (ii) to reduce by 50% the number of adolescents and young people who are not covered by health services that address their sexual and reproductive health needs appropriately (see [online] <http://prevenirconeducacion.org/sitio/index.php/declaracion>).

175 For example, the 2011 evaluation for the countries of South America (see [online] www.ippfwhr.org/sites/default/files/SudamericaEvaluacionDeclaracionMinisterial2011.pdf) and Central America (see [online] http://coalicionmesoamericana.org/sites/default/files/Evaluacion_2011_0.pdf) by the International Planned Parenthood Federation.

176 The topics dealt with in this chapter are: (i) basic data collection, analysis and dissemination; (ii) reproductive health research; and (iii) social and economic research.

177 Argentina, 2010; Bolivarian Republic of Venezuela, 2011; Brazil, 2010; Chile, 2012; Costa Rica, 2011; Cuba, 2012; Dominican Republic, 2010; Ecuador, 2010; Mexico, 2010; Panama, 2010; Paraguay, 2012; Plurinational State of Bolivia, 2012; and Uruguay, 2011, to which may be added El Salvador and Peru in 2007, for a total of 15 out of 20 Latin American countries with recent censuses. In the Caribbean, all countries completed census surveys during the 2010 round.

178 The Redatam WebServer is being used for this purpose in Argentina, the Bolivarian Republic of Venezuela, Costa Rica, Dominican Republic, Ecuador, Panama and Saint Lucia. Aruba, Belize, Uruguay and Trinidad and Tobago are moving in the same direction. Brazil, Mexico and Uruguay are publishing data and they allow online processing with other systems. Ecuador is the only country that has an installable version (including microdata in Redatam) and it is working with Argentina and the Dominican Republic in this area.

179 CELADE-Population Division of ECLAC, given its mandate and its status as focal point of the technical secretariat for the Working Group on Censuses of the Statistical Conference of the Americas of ECLAC, was a key player in this coordination, to which UNFPA and MERCOSUR also made key contributions.

180 For example, Costa Rica’s National Policy on Sexuality 2010-2021 includes as a priority area “information, research and monitoring: generation of knowledge and monitoring for analysis, execution and evaluation in the area of sexuality” (Páez, 2012, p. 45).

181 See Resource Flows Web Site [online] www.resourceflows.org.

182 This breaks down into US\$ 2.759 billion in public spending, US\$ 96 million from NGOs, and US\$ 1.829 billion in consumer spending (Resource Flows Web Site [online] www.resourceflows.org).

- ¹⁸³ This is no small factor, considering that several countries of the region presented reservations to the final text of ICPD-PA.
- ¹⁸⁴ “The MDG agenda was successful as a common framework for action —but it will need adapting to regional and national specificities. Development is not all about the one dimension of economic growth [...] Interdependence, transversality and the integration of efforts are essential: growth needs equality and equality needs growth” (statement by Alicia Bárcena, Executive Secretary of ECLAC, in Bogota, 7 March 2013 [online] http://www.eclac.cl/rio20/noticias/paginas/6/48936/130307_PRESENTACION_FINAL_BOGOTA_EN.pdf).

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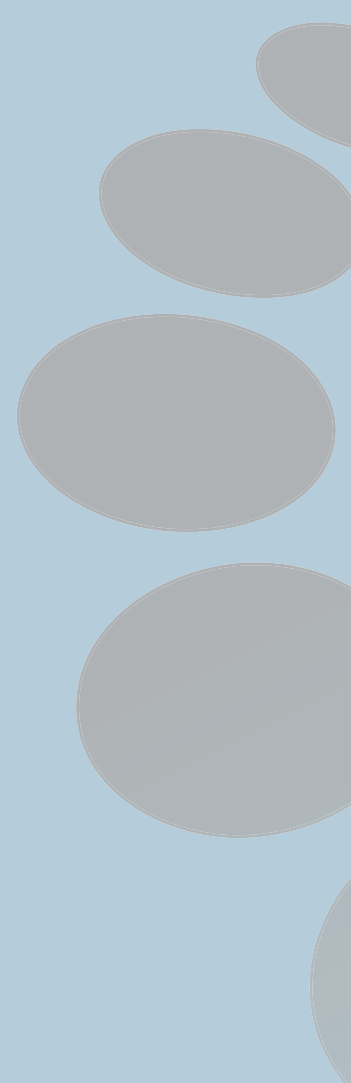
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Annex

Goals and targets of the Programme of Action of the International Conference on Population and Development and selected indicators

Targets	Indicators
Reproductive and sexual health	
1. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015.	Indicators for targets 2, 3, 4 and 8.
2. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law.	Unmet family planning needs. Rate of prevalence of contraceptive use.
3. To prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS.	Prevalence of HIV/AIDS in the population of reproductive age.
4. To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS. To substantially reduce all adolescent pregnancies.	Percentage of adolescent mothers. Percentage of births that are unwanted or unplanned, by age of mother at birth.
Health and mortality	
5. Over the next 20 years, countries should strive to reduce their infant mortality rate by one third, or to 50 per 1,000 live births, whichever is less, by the year 2000. By 2005, countries should aim to achieve an infant mortality rate below 50 deaths per 1,000. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births.	Infant mortality rate.
6. Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the developed and the developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated. Countries with indigenous people should achieve infant and under-5 mortality levels among their indigenous people that are the same as those of the general population.	Infant mortality rate by area of residence, ethnic status and mother's level of schooling.
7. Countries should strive to reduce their under-5 mortality rate by one third, or 70 per 1,000 live births, respectively, whichever is less, by the year 2000. By 2005, countries should aim to achieve an under-5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an under-5 mortality rate below 45 per 1,000.	Child mortality rate.
8. Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. All countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.	Maternal mortality rate. Births attended by skilled personnel.
9. Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years and by 2015 a life expectancy at birth greater than 70 years.	Life expectancy at birth.
10. Reduction of morbidity and mortality differentials between males and females as well as among geographical regions, social classes and indigenous and ethnic groups.	Life expectancy at birth by sex.



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