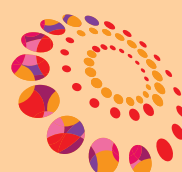


Draft first regional report on the implementation of the Montevideo Consensus on Population and Development



**Third session of the
Regional Conference on
Population and Development in
Latin America and the Caribbean**
Lima, 7-9 August 2018

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Draft first regional report on the implementation of the Montevideo Consensus on Population and Development



UNITED NATIONS

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

Lima, 7-9 August 2018

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EXECUTIVE SUMMARY

Executive summary

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

Bibliography

Objectives

This draft report seeks to give an account of progress in the implementation of the priority measures of the Montevideo Consensus on Population and Development in the region, as well as the differences between countries in terms of the degree of implementation. By highlighting relevant national experiences, it also seeks to facilitate the exchange of good practices among countries so that they can benefit from each other in their efforts to advance the implementation of the actions of the Montevideo Consensus.

Executive summary

At the special meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Santiago in November 2017, the countries of the region renewed their commitment to implementing and monitoring the Montevideo Consensus on Population and Development, and recognized the contribution of the Regional Conference on Population and Development in Latin America and the Caribbean to the global follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014.¹

They also recognized the contribution of national and regional monitoring of the Montevideo Consensus to the follow-up and review of the 2030 Agenda for Sustainable Development, in accordance with resolution 700(XXXVI), adopted by the Economic Commission for Latin America and the Caribbean (ECLAC) at its thirty-sixth session.²

At that meeting, the Presiding Officers requested the secretariat, in collaboration with the United Nations Population Fund, to prepare the draft first regional report on the implementation of the Montevideo Consensus on Population and Development³ for consideration by the third session of the Regional Conference on Population and Development to be held in Lima in the third quarter of 2018, and for the report to be the regional contribution to the global review and appraisal of the Programme of Action of the International Conference on Population and Development beyond 2014, to be undertaken in 2019 at the fifty-second session of the United Nations Commission on Population and Development.⁴

The draft report was prepared by the secretariat, with the support of UNFPA, on the basis of information from official sources, such as national population censuses and national surveys, national reports submitted by countries, governments' voluntary presentations at the special meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, country information systematized and compiled by ECLAC, databases of United Nations system agencies, the Global Sustainable Development Goals Indicators Database, voluntary national reviews on the implementation of the SDGs and a comprehensive literature from livelihood documentation produced by ECLAC and the United Nations system, as well as academic and research documents of civil society on the various topics.⁵

This executive summary presents the main findings, conclusions and recommendations set forth in each of the sections of the draft first regional report on the implementation of the Montevideo Consensus on Population and Development.

¹ See [online] https://crpd.cepal.org/1e/sites/crpd1e/files/17-01123_mdp-e_agreements.pdf.

² *Ibid.*, para. 2.

³ *Ibid.*, para. 13. The report was to be based on the national progress reports on the implementation of the Montevideo Consensus on Population and Development submitted by the countries and taking into account the report of the special meeting of the Presiding Officers and the list of indicators contained in the *Final report of the ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development* (LC/MDP-E/3), endorsed at the special meeting.

⁴ *Ibid.*, para. 6.

⁵ Paragraph 12 of the agreements of the Presiding Officers of the Regional Conference stipulates that "the countries that decide to submit their national progress reports on the implementation of the Montevideo Consensus on Population and Development do so before 31 March 2018, so that the reports can be taken into consideration in the preparation of the draft first regional report on the implementation of the Montevideo Consensus on Population and Development". It should be noted that at the time of writing of the draft regional report (17 April 2018), the voluntary national reviews of Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Panama, Peru, Suriname and Uruguay had been received for editorial review. Some additional information taken from national reports received while the document was being edited, such as that of Mexico, was also included.

A. Full integration of population dynamics into sustainable development with equality and respect for human rights

The priority measures agreed in chapter A of the Montevideo Consensus on Population and Development relate to the three pillars (social, economic and environmental) of sustainable development and the integration of population issues into public policies and planning in pursuit of such development. In addition to outlining the regional vision for sustainable development, this section highlights the contribution that can be made by a knowledge of demographic dynamics and their integration, within a human rights framework, into programmes and actions aimed at the eradication of poverty and inequality, bearing in mind the imperative that the needs of current generations are not to be met in a way that compromises the capacity of future generations to meet theirs.

In the light of the information available while this report was being prepared, the follow-up of the priority measures contained in this chapter of the Montevideo Consensus will seek to take in all their dimensions, although two specific areas will be particularly stressed. The first concerns priority measures 1, 2, 4, 5 and 6, dealing with public policies and actions to eradicate poverty, exclusion and inequality and the centrality of human rights and sustainability. The second concerns priority measures 3, 99 and 107 (the latter two belonging to chapter J of the Montevideo Consensus), dealing with public institutions responsible for population and development issues and the participation of civil society in implementing and following up the Montevideo Consensus. The other areas covered by this chapter are also taken into account, on the basis of available information.

In the aggregate, the region experienced a considerable reduction in poverty and extreme poverty from the 2000s until recent years. The figures for 2015 and 2016, however, reveal an increase in general poverty levels, mainly because of the influence of countries with large populations or large rises in poverty.

Income inequality, while still higher than almost anywhere else in the world, continued to trend downward, albeit less rapidly than in the previous period, and has risen in only a few countries.

Conditional transfer programmes are among the most widely used social protection mechanisms in the region and have played a leading role in the decline in poverty discussed. Although they do not all have the same scope, coverage and impact, they are important for the most vulnerable population groups and indispensable at times of economic crisis for preventing large sections of the population from falling into extreme poverty. As the figures show, however, they are not always enough to stop poverty rising at times of economic crisis.

As regards the dimensions of health care, education, work, services and infrastructure associated with different priority measures of the Montevideo Consensus, the region has evinced continuous progress, the challenges entailed by which are indicated in the sections dealing with specific population groups (B, C, E, F, H and I).⁶ Economic circumstances in countries with large populations have meant a slower rate of progress in recent years, chiefly where labour market participation in South America is concerned. Furthermore, new challenges have arisen with health care and the problem of persistent violence in many countries. Follow-up of the environment and human settlements, dealt with in section G, remains a challenge for future reports.

The countries where poverty has declined have made reforms to their health-care systems, pension systems (including use of non-contributory transfers) and education systems, which reveals the importance of social protection programmes in the areas of health, education, housing and basic infrastructure, among others, and multisectoral actions to reduce poverty and endow people with capabilities.

The countries' reports also mention first job programmes and training and skills programmes for young people in situations of vulnerability (as specified in chapter B of the Montevideo Consensus) and for specific population groups. Considering inequality levels and the age structure of the countries of the region, which include a large proportion of young people, these programmes are essential for breaking the generational cycle of poverty.

⁶ These include, among others, priority measures 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 14, 17, 25, 26, 30, 32, 33, 35, 37, 40, 41, 42, 43, 46, 54, 59, 65, 69, 72, 78, 79, 87 and 95 of the Montevideo Consensus.

When it comes to institutionalizing population and development issues in governments and giving them greater weight, major advances have been made in the region, and this has facilitated implementation of the Montevideo Consensus itself. However, progress has been uneven, with national characteristics often resulting in differences of pace. The same can be said of the institutionalization of civil society participation and the mechanisms needed to make this participation effective. There are still great obstacles to institutionalization and a need to ensure that the mechanisms in operation can continue to have a decisive effect on public policies with a view to sustainable development.

Population dynamics have become increasingly important to governments. This can be seen most plainly in the national reports, in relation to topics such as changes in the age structure, population ageing, international migration, urbanization and internal migration. They are also a factor in concerns about local planning and the need for short-, medium- and long-term population estimates and projections. For different reasons, all the countries routinely consider population projections, but it is not clear to what extent these are projections of the total population, with its sex and age distribution, or of specific population segments as part of development planning. One reason for this deficit might be a lack of standardized routines, formal protocols or public manuals.

The difficulty of obtaining information for a regional aggregate means there is a need to improve the definitions of the indicators monitored, but also to produce data at the national level. Demographic censuses are essential as follow-up frameworks, but there needs to be greater use of high-quality annual surveys and administrative records with good coverage. Accordingly, there is a pressing need for ongoing human resources training and allocation of financial resources for the production of appropriate data on each national situation.

In any event, the region plainly still has a long way to go in all areas of the population and development agenda touched on in this section. Progress requires strong political will that translates, among other things, into sustained policies that can build on progress, ensuring this does not halt or go into reverse.

Several reports lack information that is disaggregated by territory or region, by urban and rural area, by race and ethnicity or by disability status, among other variables. The production of information, including the development of plans for cooperation between a country's different data producers, with specification of thematic priorities, data periodicity, levels of disaggregation, data collection responsibilities and the financial resources allocated for the process, is essential if the data needed for the agreed regional follow-up indicators are to be forthcoming. Furthermore, institutional peculiarities and national thematic priorities should be explicitly included in national reports so that the countries can describe their progress and any failures with policies and actions in the different spheres in forthcoming reports. Advance planning is required if the countries are to meet the challenge of producing the information and indicators of each chapter of the Montevideo Consensus on Population and Development for the forthcoming national progress reports on implementation of the Consensus.

B. Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth

Three areas will be followed up in this chapter of the Montevideo Consensus. The first corresponds to priority measures 7, 9, 10 and 16, which contain aspirations for the group's general welfare that are shared with the 2030 Agenda and other international agendas.⁷ The second is more specific to the Consensus (although it is also shared with the regional youth agenda and other agendas) and relates to priority measure 8, which is to ensure that adolescents and young people participate actively in society and decision-making, particularly on matters that concern them. The third comprises priority measures 11 to 15, relating to comprehensive sex education, sexual and reproductive health and sexual and reproductive rights of adolescents and young people, subjects which are dealt with in other international agendas but which in the Montevideo Consensus are expressed in aspirations of unrivalled depth and scope.

⁷ These priority measures concern a life free of poverty, violence and discrimination; investment in youth for a universal, free, public, secular, high-quality intercultural education free of discrimination; and implementation of labour market and employment policies and special youth training programmes.

The Montevideo Consensus on Population and Development strengthened the presence of children, adolescents and young people on the “social agenda,” both by identifying and highlighting a set of adverse situations that particularly affect people in this group and compromise their subsequent life courses and welfare (along with the future of their societies) and by encouraging a rights-based approach in policies relating to this population segment.

In the reference period, the region’s countries implemented multiple measures to improve this group’s living conditions. Indeed, despite the economic crisis, child mortality and child labour were reduced, basic education became virtually universal and rates of completion of secondary and tertiary education also rose. However, these efforts were not enough to prevent a rise in poverty, although they probably moderated this.

These improvements aside, education opportunities remain limited for a very substantial proportion of children, adolescents and young people. Rates of completion of secondary education are still generally low among children and adolescents and only a minority manage to go on to some post-secondary level. Results in standardized international knowledge tests are still poor in the region, and both access to and the quality of education remain very unequal between social and ethnic groups. Besides the educational challenge, adolescents and young people experience persistently high levels of exclusion from the labour market, with unemployment rates that are much higher than those of other age groups and actually rose in recent years because of the economic crisis, particularly in Brazil. Violence, which affects this group in different ways, is still a great concern and shows no sign of diminishing.

A number of methods for promoting participation by adolescents and young people in the region’s countries were implemented during the reference period. Besides public bodies that work directly with the young (youth secretariats, national youth institutes or the like) and seek to represent them within governments, different mechanisms of representation, participation and consultation have been established, such as youth cabinets and parliaments, youth ambassadors, adolescent and youth advisory councils (often sectoral, particularly in the areas of health care and education), youth conferences and open national or local consultations on a variety of matters. Considering that scepticism, disaffection and lack of respect for institutions are usually quite widespread among young people, the countries should make redoubled efforts to promote their participation and measure it in a way consistent with the content of the Montevideo Consensus on Population and Development and its regional follow-up indicators. Because the relevant metadata are still unavailable, it is not possible to estimate the evolution of this participation in the reference period.

The Montevideo Consensus on Population and Development did a great deal to give prominence to adolescents and young people as special groups and to stimulate action on their behalf and guarantee their rights. This contribution has been particularly salient when it comes to sexual and reproductive health and rights, as a range of national legal, intersectoral, sectoral and programmatic actions have been taken since 2013 to put it into effect, together with regional and subregional initiatives to promote sexual and reproductive health and ensure that adolescents’ and young people’s sexual and reproductive rights are respected. These efforts have led to a reduction in adolescent fertility in the great majority of countries of the region, and to increased contraceptive use, specialized and adolescent-friendly health service coverage and retention of adolescent mothers and mothers-to-be in schools.

These advances and achievements notwithstanding, enormous challenges remain because adolescent fertility in the region remains high by world standards, extremely unequal and generally unwanted by the adolescent girls who become pregnant. This is largely due to persistent barriers to timely contraceptive access (including emergency contraception), inadequate availability of the most effective contraceptive methods (including intrauterine devices and implants) and inefficient use of contraception. All this suggests there are challenges with the coverage and quality of comprehensive sex education and guidance services for sexual and reproductive health and rights in schools, clinics, surgeries and adolescent-friendly health-care facilities.

Pregnancy among girls aged under 15 continues to be a dramatic situation and calls for decisive action. Males remain relatively invisible from a statistical and health-care point of view, and there is as yet no clear sign of a new masculinity involving symmetrical distribution of tasks and egalitarian gender relations. At the same time, great numbers of adolescent girls still drop out of school because of pregnancy, while early unions, which are particularly common among poor groups, indigenous peoples and the Afrodescendent population (see sections H and I), show no sign of any sustained and significant decline.

Lastly, the lack of progress with priority measure 11 relating to comprehensive sex education has meant, among other things, a high frequency of risky sexual behaviours, some of which result in unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS, which, as section D shows, ceased to decline in this group during the reference period.

C. Ageing, social protection and socioeconomic challenges

In the Montevideo Consensus on Population and Development, countries recognized the urgent need to rethink social protection in order to urgently respond to the impact of demographic changes and prepare to meet the needs of a population in transition. They thus agreed on 15 priority actions on ageing and social protection (priority actions 18 to 32). Some of the topics covered by the priority measures include participation, social insurance, education, health, care, dignified death, work, violence, discrimination and savings.

Social protection systems for older persons require the integration of three basic pillars: pensions, basic health care and social services that foster autonomy. The three pillars act in concert to close gaps in protection and build capacities. The pensions and health pillars are the minimum social standards that must serve as a social protection threshold, which must be guaranteed directly by the State. Social services that foster autonomy focus on prevention and reparation; they must be seen as a government responsibility and maintained via a protection network that links the social protection threshold to other social and health benefits designed to improve the well-being of older persons (Huenchuan, 2013).

A large proportion of older persons currently have no old-age pensions to protect them against the risk of income loss as they age. Furthermore, social security coverage of the employed population is highly unequal, increasing the likelihood that future generations will lack economic protection. The region has seen notable progress with regard to the expansion of non-contributory pensions, which help to reduce some of the economic risks arising in older age. However, it is necessary to continue strengthening mechanisms to enhance protection in old age, especially for older women and rural populations.

Latin American and Caribbean countries are trying to deal with the problems of coverage in different ways, but the trend is clear: the policy that appears to be having the greatest impact is the expansion of non-contributory pensions. In addition to its impact on coverage, this policy change can have significant long-term effects in countries with ageing populations. This is particularly important in countries where the low coverage of contributory social security is complemented by non-contributory pensions, in a context of low contribution coverage and density among the working-age population.

Health-care systems have been slow to adapt to the increased demand resulting from demographic, epidemiological and technological changes. This translates into escalating health-care costs and spending and the lack of universal access to appropriate and good-quality health services. Health-care coverage is uneven, and even if older persons have health insurance they may be unable to go to a medical facility when they need to. As the current generation of older persons becomes less self-sufficient, they worry about access to medicines at an affordable price, to efficient health-care services that meet their needs, and to supervised long-term care that respects their fundamental rights and freedoms as they become more dependent.

In this context, while the health care of older persons has been improving over time, there are still few countries that meet their international human rights obligations. The right to health involves obligations; one of them is the obligation to guarantee that right by means of legislative, administrative, budgetary and other measures. As expressed by WHO in its *2015 World Report on Ageing and Health*: "Comprehensive public-health action on ageing is urgently needed. Although there are major knowledge gaps, we have sufficient evidence to act now, and there are things that every country can do, irrespective of their current situation or level of development. The first step will be to focus on optimizing functional ability: the goal of *Healthy Ageing*" (WHO, 2015, p. 211).

In parallel, long-term care must be improved. Population ageing heightens the risk of dependence, and older persons may need to be cared for by other persons owing to a disability, chronic illness or trauma, any of which could limit their ability to carry out basic personal care activities or day-to-day tasks.

Although the long-term care situation has improved in recent years, there is still work to be done. Both the general and specific legal frameworks in the region's countries and the range of social programmes for the protection of older persons reveal a growing concentration of care-related risks in families. This increases the vulnerability of those in need of care and those providing it, who as things stand are directly affected by inequality in the distribution of resources by family background. As a result, one of the greatest challenges between now and 2030 is achieving recognition and inclusion of care in public policies within a framework of solidarity and equality. ECLAC has insisted on the need for social protection to be recast so that it can immediately respond to the consequences of demographic shifts and pre-empt the demands of a constantly changing population (ECLAC, 2017a).

Against this backdrop, the establishment of a public long-term care policy, consistent with priority measure 31 of the Montevideo Consensus, is more important than ever. The reasons go beyond even demand, as care for older persons can represent a growing contribution to employment in many countries' economies.⁸ In addition, the almost complete lack of provision for this type of care in social protection systems may mean that older persons may not receive the help they need in an appropriate, accessible and timely manner. The result is that a considerable percentage of the population is excluded from social services, and their assets and income may be jeopardized as they seek help to carry out basic activities of daily living.

A failure to capitalize on the current situation and make changes will affect the possibilities for providing universal social protection. Unlike in 2013, when the Montevideo Consensus on Population and Development was adopted, there is now a legally binding instrument that facilitates its implementation: the Inter-American Convention on Protecting the Human Rights of Older Persons. The Convention facilitates the standardization of laws, policies and practices in States and, at the same time, helps to close gaps in the protection and enforcement of this group's human rights. It also provides common definitions with a view to conceptualizing human rights in the context of an ageing population, as well as the opportunity to bring about a paradigm shift. Beyond the legal obligations it establishes, the Convention is an instrument for promoting effective public policies and a sound tool for implementing human rights of older persons by raising awareness at the national level of the responsibilities in respect of those rights.

Lastly, a field that has not been developed in the same way as others analysed in this section is palliative care. Despite the pressing need for it, there remains much to be done. Palliative care consists of the provision of the most basic concept of care. However, discrimination against older persons has so entrenched non-respect of their as dignity as human beings that even they see it as natural and expect no other treatment in old age. Changing this perception of old age is of paramount importance to ensure that older persons can live autonomously until the time of death, by respecting their wishes with regard to how they die and providing all necessary support for a dignified death.

D. Universal access to sexual and reproductive health services

Sexual and reproductive health and rights—which, by their nature, are cross-cutting to almost all themes—are present in more than one chapter of the Montevideo Consensus on Population and Development; they present very important synergies and are closely linked with chapters B, E and A. To reflect the topics covered, section D of the present draft report is organized around two major themes: (i) sexual and reproductive health, including issues relating to the prevention of sexually transmitted infections and self-care in respect of these infections, family planning, prenatal and birth care, maternal mortality and the voluntary termination of pregnancy; and (ii) sexual and reproductive rights.

⁸ For example, taking into account population ageing and the expected decline in the availability of family caregivers, it is estimated that demand for long-term care in OECD countries will require a doubling of the number of long-term care workers as a percentage of the active population by 2050 (Colombo and others, 2011).

Currently, data for most of the countries are only available on some 30% of the 22 agreed monitoring indicators for this chapter. Some of these data are still approximate, and the great bulk cannot be disaggregated by population groups. This does not mean that the current situation cannot be appropriately mapped in all the fields mentioned, however, albeit incompletely.

Since the Montevideo Consensus on Population and Development was approved in 2013, substantial progress has been made on priority measures relating to sexual and reproductive health and rights. As pointed out at the beginning of the report, the five years of implementation have not been a favourable period economically and politically for some countries, and this has created an even greater challenge for the rights agenda, chiefly when it comes to the progress needed to achieve universal access to sexual and reproductive health services.

With regard to sexual health, prevention and treatment of infections of the reproductive system, chiefly HIV/AIDS, have progressed more slowly than hoped. There has been progress towards the 90-90-90 goal as agreed by the countries. The main achievement has been a high level of viral suppression in people undergoing treatment, but there are groups in which adherence to treatment is very low, such as female sex workers, drug users and gay men and other men who have sex with men. Nor has progress been as great as hoped when it comes to detection levels, especially in the Caribbean countries. The good news is the almost complete elimination of mother-to-child transmission. However, a great challenge lies ahead: integrating prevention and treatment of reproductive system infections, including HIV/AIDS, with other sexual and reproductive health services.

Access to family planning has improved, mainly thanks to increased use of modern contraceptive methods and a wider range of available methods, allowing more demand to be met. However, family planning is an ongoing activity that cannot be allowed to flag whatever the economic, political or social circumstances, since failure in contraception is a breach of rights that has serious consequences for individuals and society. Also part of family planning are conception services for people in need of assisted reproduction technology, which is at a very early stage in almost all the countries. There remains, then, the great challenge of improving access to and the quality of family planning services in order to reduce the number of unwanted pregnancies through more appropriate use of contraceptive methods and to make wanted pregnancies possible by using appropriate conception methods. Methods must meet the specific needs of each population segment in an effective and timely way, and generational differences, diversity and interculturality must all be taken into account. In particular, it is vital for there to be action to expand services and information in a way that recognizes the needs of adolescent and young people in all countries, given the high rates of early fertility discussed in chapter B.

The provision of resources so that people can implement their reproductive preferences, from prevention of unwanted pregnancies to skilled attendance in antenatal care and at births, is essential to reduce maternal morbidity and mortality, which is still very high in the region. The indicators show a continuing improvement in access to prenatal check-ups and skilled care during childbirth, but these high levels of access do not square with the high maternal mortality seen in most of the region's countries. This mortality is due partly to the quality of the services provided in the prenatal period and during childbirth, partly to care standards when pregnancies are voluntarily terminated. There thus remains the great challenge of expanding access to harm reduction services in the event of complications from unsafe abortions and of extending coverage of high-quality care and information services in the prenatal period and during childbirth to the whole population, especially those living in poverty and in hard-to-reach areas and those suffering any form of discrimination.

Both access to appropriate and timely information and discrimination-free service provision must involve comprehensive sex education in people's early years and, in general, over the whole life cycle. There has been little progress in the five years for which the Montevideo Consensus on Population and Development has been implemented, as section B shows, so this remains one of the greatest challenges facing the region. It is a policy that if properly implemented affects all the areas dealt with in this chapter, from sexual and reproductive rights to access to sexual and reproductive health services. A great deal of progress still needs to be made on this in the region, and some countries have fallen back in certain ways. There are recent initiatives to change education for health and family life that do not address issues of sexuality comprehensively, for example by dealing with negative gender stereotyping in schools. The countries need to pursue greater integration between the spheres of education and health when planning and implementing comprehensive sex education so that sexuality can be covered in all its aspects.

Major progress has been made with the realization of sexual and reproductive rights, particularly in the legislative sphere. In countries where progress has been made, though, there is still a need to implement these legal frameworks and to ensure that ground is not lost because of politically and culturally unfavourable circumstances.

There are some large gaps in this implementation monitoring report for the Montevideo Consensus on Population and Development. This is not only because the implementation of priority measures may still be in the early stages, but also because national reports do not mention these areas or provide data. The first gap concerns measures to involve men in reproduction-related processes. The Montevideo Consensus on Population and Development states emphatically that men should be an integral part of actions associated with reproductive processes. After five years' implementation, however, no systematic data are available at the regional level or included in the great majority of the countries' progress reports. Another piece of information that is missing concerns the financial resources allocated to sexual and reproductive health and rights. It is essential to move ahead and expand the financial commitment made to policies in these areas so that change is sustained and intensified until access to sexual and reproductive health and rights is universal. Also missing in most of the reports is information disaggregated by territories or regions, by urban or rural area, by race or ethnicity and by disability, among other variables. The challenge with regard to the information and indicators in this section, given their specific characteristics, is for the countries to plan and organize data production in advance (using demographic and health surveys and administrative records, for example) for their next national reports on progress in implementing the Montevideo Consensus on Population and Development.

E. Gender equality

The chapter on gender equality of the Montevideo Consensus on Population and Development, with its 19 priority measures, cuts across all the other chapters. The corresponding section of the first regional report focuses on priority measures 47, 48, 49, 52, 54, 56, 57, 58, 61, 64 and 65 of the Montevideo Consensus, organized using the conceptual framework laid down by the Gender Equality Observatory for Latin America and the Caribbean on the basis of the three autonomies described in the chapter: decision-making autonomy, economic autonomy and physical autonomy.

There have been substantial legal advances with public institutions and real results in reducing gender inequality in Latin America and the Caribbean. Women have not only gained access to primary and secondary education, but have made progress in higher education, in a region where until just a few decades ago there were great barriers. In the area of health, likewise, women's life expectancy is now greater than men's, and advances in sexual and reproductive health are milestones on the way to universal access to reproductive rights. These advances have continued and intensified since the adoption of the Montevideo Consensus on Population and Development and coexist with substantial challenges in the region's countries.

In the area of institutional mechanisms for the construction of development policies with gender equality and follow-up and resource allocation systems, particular progress has been made with the political participation of women in decision-making spheres, where the region is a global pacesetter thanks to quota and parity laws that have driven progress in representation within national legislative bodies. Nonetheless, some countries still have a great deal of ground to make up. Monitoring of the indicators shows what efforts still need to be made in this area, especially when it comes to women's participation in decision-making positions in the executive, particularly in cabinets and at local level. Even those countries that have progressed towards parity at the national level need to realize what the barriers are and overcome them. Harassment and political violence against women, both when they are candidates and once they have taken up positions, are widespread problems in the region, as are difficulties in obtaining financing and a culture hostile to parity in many political parties. Furthermore, progress at national level is not always replicated at the local level. With regard to decision-making positions in the labour market, the trends from 2013 to 2015 were not very encouraging, and in many countries there has been a tendency for women's presence in managerial positions to diminish,

which reveals problems with the sustainability of what has been achieved to date. Regarding the allocation of budgets for equality policies, while some steps have been taken to give greater visibility to the issue, this is an area that requires further development. It also remains important to strengthen statistical information that reflects gender inequalities and brings out the diversity of men's and women's situations and to enhance institutional mechanisms for the creation of public policies to close gender gaps.

As regards economic autonomy, just one in two women of working age in the region has or is seeking employment, i.e., is economically active, and those who do join the labour market are concentrated in low-productivity sectors and, often, in insecure and informal employment. The unequal footing on which women participate in the labour market is subsequently reflected in lower access to pensions and in smaller pensions, something that is particularly important in a context of ageing.

Again, women's mix of paid and unpaid work remains very different from men's, which directly affects their ability to attain to decision-making positions and leaves them more exposed to the effects of crises, in the form not only of economic problems in the country but of demographic changes in the age structure as well. Their labour market participation obviously depends on how well the country's economy does; some countries' performance has contributed to the narrowing of participation gaps, but this has not been the case in others. Irrespective of how the economy does, though, the value of reproductive, domestic and care work needs to be reflected in satellite accounts for unpaid work, as indeed has been happening in more and more countries. This also makes it easier to cope with one of the greatest challenges States face, that of population ageing. In this context, dealing with growing demand for care means developing high-quality public services that can free up time for female carers and thus enable them to access greater employment opportunities. At the same time, there needs to be progress in redistributing care work, not only between the State, the labour market and families, but between men and women in the domestic sphere.

In most of the countries, meanwhile, a favourable demographic dependency ratio offers a window of opportunity up until 2035, something that has proved essential for progress with gender equality, with women participating more in the paid employment market. While women are the majority of the population and are substantially better educated than before, however, they do not yet participate equally in the market for decent employment, as access problems are compounded by a persistent pay divide and occupational segmentation, even in formal jobs. It is therefore essential to make greater use of the female demographic dividend over the coming years, as this will help to improve living conditions for the whole population of the region. Implementing policies focused on greater access to decent work and higher productivity, requires addressing employment components in a way that is complementary to and coordinated with the demand for care, a crucial area when it comes to attaining gender equality.

Besides the challenges mentioned, there are those of physical autonomy which, in the context of gender violence, is a serious and widespread problem that persists despite greater public visibility, growing citizen mobilization over recent years and actions implemented by States. These actions have actually only highlighted part of the problem, since in this area there is still the great challenge of adequately quantifying the problem. Given this situation, there is a need to standardize surveys on violence against women and improve administrative records in order to fully capture this persistent phenomenon. Stronger measures of prevention, assistance, protection and redress for the women affected are also necessary. The more that gender divides in all areas narrow, the better off Latin American societies will be. This closing of divides is especially urgent when it comes to femicide, the most extreme manifestation of gender violence and discrimination and a daily cause of avoidable female deaths in the region.

Gender equality and women's autonomy, as development policy goals, require the dismantling of social structures that are at the heart of inequality in Latin America and the Caribbean. Accordingly, both the Montevideo Consensus and the 2030 Agenda for Sustainable Development address gender equality as a specific goal and also as an approach that permeates the totality of the two agreements, something that is reflected in the different subject areas analysed in this report. Similarly, there needs to be a comprehensive approach to the different areas in which gender inequality is manifested by way of coordinated, synergistic public actions that can overcome the difficulties entailed by intersectoral work.

F. International migration and protection of the human rights of all migrants

This chapter and its 10 priority measures deals with all international migration issues —as addressed in regulations, policies and agreements between countries— with a long-term perspective, focusing on the protection of the human rights of migrants, which by definition includes not only combating xenophobia and discrimination, but also eradicating irregular migration, trafficking in persons and migrant smuggling. The chapter also covers issues related to refuge and humanitarian responses. All these thematic priorities and the actions required to address them are without distinction as to migration condition or status, and their rationale is based on international human rights law. The countries adopted these guidelines, in the conviction that this guiding principle represents a value held by the region.

The Montevideo Consensus on Population and Development was adopted before the Declaration of the High-level Dialogue on International Migration and Development, adopted in October 2013, the 2030 Agenda for Sustainable Development and the definitions and goals of the consultation and negotiation process on a global compact for safe, orderly and regular migration, which began in 2017. Its priority measures have clearly been forerunners for other global agendas, and while the region can draw on this strength, it also has a purpose to fulfil.

A certain dissonance is apparent in the achievements of the Montevideo Consensus on Population and Development. It is important to discuss whether the progress made in protecting migrants in the region's countries may be attributed to the Consensus or if it is still too early to assess these actions. At the very least, there is value in the greater awareness in the region, and countries have recognized that the human rights approach is the best path towards well-managed policies. However, the overall picture of vulnerability of migrants remains a matter of concern and various migration routes continue to provide evidence in this regard.

As a baseline, in their original form, the priority measures were designed in 2013 in preparation for the Second High-level Dialogue on International Migration and Development. At that meeting, the countries expressed their commitment to working for the protection of migrants and the facilitation of migration, thus indicating the emergence of a global response to the enormous challenges faced by migrants and the challenge of States to address these. As the meeting's resolution lacked an action plan or monitoring and follow-up initiatives, the Montevideo Consensus on Population and Development emerged as an important alternative in the region inasmuch as it recognized, at an early stage, the problems of child and adolescent migrants, women at different stages of the migration process, and the vulnerabilities of persons in migratory cycles (such as forced return and transit, two growing problems), and of the pressing needs for the inclusion and social protection of immigrants and emigrants, persons in transit and deportees, victims of human trafficking and unaccompanied minors, among other aspects.

These problems have become increasingly visible, and the governments in the region are making strenuous efforts to address them. To do so they must maintain momentum in the implementation of some of the measures —as reflected in the available national reports— and make special efforts to address measures that are lagging.

Chapter F of the Montevideo Consensus on Population and Development includes many of the challenges still pending in the countries. In any event, the region must undertake major tasks. Countries need to develop and maintain the guarantees that can lead to the long-term consolidation of national policies and regulations, both for the continuous adaptation of the existing institutional framework (supported by the intersectoral principal and the national migration systems) and for building the required capacities to be able to anticipate the demands associated with migration processes.

Two key factors must be considered: (i) fulfilling the priority measures requires the preparation of indicators, which in the case of this chapter are quite complex and difficult to define in relation to the Sustainable Development Goals; and (ii) these measures demand sustained compliance, for which the development of the intersectoral principle and the role of civil society organizations must be duly recognized.

Thus, the priority measures covered in this chapter and the proposed indicators are based on the international human rights framework, the regional consensuses (including the participation of civil society) and the general proposals of the 2030 Agenda for Sustainable Development. Furthermore, they are aligned with the conclusions of the Latin American and Caribbean Regional Preparatory Meeting of International Migration Experts on the global compact for safe, orderly and regular migration held in August 2017 at ECLAC headquarters, in Santiago, as a part of the regional consultations of the global compact, which emphasized the need to put an end to the criminalization of irregular migration and address, among other things, violence as the factor that triggers and accompanies migration processes in some subregions, especially in the countries of the Northern Triangle of Central America (ECLAC, 2018a).

Lastly, ECLAC draws attention to the fact that many migrants on several migratory routes —whether during their outward journey or their return— continue to face the same hardships they faced in their countries of origin: inequality, violence and discrimination in different contexts. Migration is now one of the most pressing issues in the region. All the countries face great challenges in addressing the infringement of migrants' rights (reflected in the multiple dimensions of the violence they face) and the discrimination they suffer in the course of their journeys, integration into their host country and their return. Furthermore, the huge development opportunities afforded by migration exchanges are also part of present day migration governance in the region.

G. Territorial inequality, spatial mobility and vulnerability

This chapter focuses on three major areas of interest. The first is the design and execution of territorial management plans, policies and programmes, and instruments at different subnational, urban and city-system levels, based on rights, and incorporating environmental sustainability, the gender perspective and interculturalism. It includes priority measures 76, 78, 80, 81 and 84, the last of which promotes the use of georeferenced sociodemographic analysis disaggregated by population group to improve territorial planning and management. The second is the development and well-being of people in different dimensions and in all territories, and includes priority measure 77, which makes clear reference to the promotion of people's well-being and access to basic services, and priority measure 79, which addresses citizen security and creative leisure pursuits as means of preventing social problems. This area is also directly linked to the 2030 Agenda, particularly Goals 1, 3, 6 and 11, and to the New Urban Agenda of the United Nations Human Settlements Programme (UN-Habitat), which include several of the aspects addressed in chapter G, especially since they incorporate the idea that to leave no one behind, poverty in all its forms and dimensions must be eradicated; equal rights and opportunities must be guaranteed; habitability, education, food security and nutrition, health and well-being must be improved; security must be promoted and discrimination and all forms of violence must be eliminated; public participation must be guaranteed through safe and equal access for all; and equitable access for all to physical and social infrastructure and basic services, such as adequate and affordable housing, must be facilitated. The third theme relates to environmental issues and socioenvironmental disasters, and includes the follow-up of implementation of priority measure 82 referring to disasters caused by natural and socioenvironmental events, and priority measure 83 on the development of natural resources. The 2030 Agenda, the New Urban Agenda and the Sendai Framework for Disaster Risk Reduction 2015-2030 also converge on this subject. Considerations are mainly related to disaster risk reduction and climate change adaptation and mitigation in territorial and urban planning and management processes, which take into account the specific characteristics of age and gender.

Since the Montevideo Consensus on Population and Development was adopted, it has been recognized that territory is a determining factor of inequality in the region and that the rural population is at a clear disadvantage according to most indicators of social well-being. This problem is systematic, although the percentage of households with access to basic services has improved. It highlights a persistent lack of access to basic rights in the most underdeveloped territories.

The actions, policies and programmes implemented by the States in terms of financing and improvement of infrastructure to provide water and sanitation have been significant but insufficient, given that gaps in access to these services remain and exacerbate income inequalities and gaps between rural and urban areas, including within the same cities (ECLAC, 2018b). The situation of countries with the lowest levels of availability of drinking water, particularly in rural areas, highlights the fact that water is an urgent need and that governments must implement programmes to supply it. Furthermore, if drinking water is considered a right of the people, States must respect minimum thresholds and establish plans of action that ensure full access.

Urban segregation, as a spatial manifestation of inequality, creates pockets of poverty and unequal access to housing, public services and adequate urban infrastructure (ECLAC, 2014; Montero and García, 2017). Slums are an expression of this reality. Although the percentage of the population living in slums is lower in Latin America and the Caribbean than in other developing regions, trends are mixed from one country to the next in this region.

In the period under review, States implemented various measures, including programmes to improve access to decent housing and neighbourhoods with infrastructure for the provision of basic services. One of the goals of these programmes is to help people to move out of the slums and to better housing through relocation, implementing comprehensive strategies that incorporate the eradication of slums, in coordination with public and private entities. Other improvements have been made to provide adequate housing solutions that include accessibility and the necessary conditions to address diverse population groups (persons with disabilities, older persons or vulnerable persons). States must continue to advance towards the implementation of urban development strategies that include vulnerable groups, to ensure the viability of the measures incorporated at different levels of the urban network, and taking into account different sources of financing.

Bearing in mind that natural disasters are a significant barrier to the reduction of poverty and of socioterritorial inequality, especially in developing countries with fewer resources for a timely response to these events, countries must increase their focus on disaster prevention and on the reduction and transfer of risks through financing instruments and by linking the private sector with disaster risk management. They must also update their policies and improve coordination between agencies at the central and subnational levels of the respective governments, and invest to reduce, contain and transfer these risks (ECLAC, 2016).

To achieve real territorial development in the region by improving or adjusting legal, fiscal and institutional mechanisms that govern planning and public policies, countries must: (i) update development plans, adapting them to the needs of the territories; (ii) clarify the functions and competencies of institutions and policies when deciding measures for territorial development, thus improving coordination, optimizing the use of public resources and avoiding the duplication of functions; (iii) promote participation of subnational authorities in regional development planning systems, contributing in particular to the strengthening of intermediate levels and technical capacity for planning, territorial management, administration and budgets at the municipal and local levels, which is a strategic and essential action for territorial governance and planning at multiple levels, because it confirms the legitimacy and relevance of territorial assessments and increases the effectiveness of policies; and (iv) deepen decentralization processes, incorporating into legal, fiscal and institutional mechanisms a systemic vision of the whole, which is able to anticipate the exacerbation of interregional asymmetries (ECLAC, 2017b).

H. Indigenous peoples: interculturalism and rights

The present century has been characterized by the emergence and increasing protagonism of indigenous people in international, regional and national agendas, especially in Latin America. The Montevideo Consensus undoubtedly reinforces the commitment of States to guaranteeing the individual and collective rights of these peoples. In recent years, significant progress has been made in the recognition of rights, policies and programmes, and the improvement of living conditions of indigenous peoples. National reports reveal a range of initiatives carried out by the countries, which in several cases point to a deepening focus on rights and interculturalism. Nonetheless, these processes have been hampered by contradictions and some setbacks that have triggered warnings for the current decade and that could have significant negative impacts and weaken the progress made until now.

Although significant advances have been made in health and education, inequalities based on ethnicity persist and in some countries remain profound, with an especially negative impact on indigenous women, young people, boys and girls. Epidemiological polarization is reflected in the coexistence of diseases such as tuberculosis and high maternal mortality with chronic and degenerative diseases. In terms of education, there are still gaps which show indigenous youth lagging behind in terms of the completion of secondary education and access to tertiary and university education. The intergenerational loss of indigenous language, which is a fundamental element of these peoples' identity, is also evident, and the quality of intercultural education remains a challenge. There are also implementation gaps between regulations and the situation of indigenous peoples in terms of political participation, territorial rights and prior, free and informed consent relating to the actions of the State that affect these groups.

The picture becomes more complex when considering the limits facing economic and social development and the heavy dependence of economic growth in the region on natural resources and their international prices, while weak governance of these resources puts considerable pressure on indigenous peoples' territories, resulting in increasing conflict and militarization of these territories. In particular, and although information is fragmentary, indigenous girls, boys and women are facing serious violence.

Overcoming the issues outlined is an enormous and urgent challenge for the countries of the region and for that reason, efforts to implement each priority measure of the Montevideo Consensus on Population and Development must be doubled, from the adaptation of legal frameworks to the rights of indigenous peoples to the generation of information to design and implement policies and accountability. A synergistic approach is needed to develop sectoral policies, without neglecting the collective dimension of the situation of indigenous peoples. In particular, the system of cultural beliefs of indigenous people and women with respect to different aspects of well-being must be taken into account for policies and programmes to be effective. Hence, the State must guarantee the deliberative —and not just consultative— participation of indigenous peoples.

The national reports by countries describe unresolved challenges in more detail, and it is clear that political will is needed to consolidate progress to move on from “new deals” to “new compacts”. Many of the gains in the region were made with the considerable and systematic support of the United Nations system and other cooperation agencies; it is essential to continue and strengthen this support.

Ancestral knowledge, innovations and traditional practices of indigenous peoples for the conservation and sustainable use of biodiversity, as well as the development of new, collective forms of indigenous economies, provide a unique opportunity for building a new development paradigm based on structural change for equality and sustainability. Accordingly, the contribution of indigenous peoples to addressing the challenges facing the future of a prosperous and sovereign Latin America must be recognized.

I. Afrodescendants: rights and combating racial discrimination

Afrodescendants are present in all the region's countries but have been largely overlooked in the public agendas of all but a few. This makes their explicit inclusion in the Montevideo Consensus on Population and Development very significant, particularly in the light of that instrument's strong, pioneering content relating to government agreements to guarantee Afrodescendants' rights, divided into seven priority measures. As in the case of indigenous peoples, the goal is also to highlight the situation of Afrodescendent men, women, children, young people and older persons transversally in all the chapters of the Montevideo Consensus.

In Latin America, people belonging to the African diaspora, whether enslaved or free, remained in a disadvantageous position over the centuries, a process that was entrenched with the creation and consolidation of nation States, carried out in a way that disregarded the Afrodescendent contribution to the social and cultural development of the Latin American nations. Despite the adverse context the Afrodescendent population

has had to face, its struggle and resistance, which began with slavery, have endured down to the present. Currently, the structural inequality that constrains their status as citizens and the exercise of their human rights continues to mobilize Afrodescendent women, men and communities, who have acted through their organizations to develop different strategies for conveying their political demands and claims to governments and to the institutions that stand surety for citizen rights and positioning them on national, regional and international agendas, chiefly during the current century.

In recent years, the countries have made differing degrees of progress in creating regulatory and institutional frameworks for combating racial discrimination and also for applying affirmative action and inclusion policies with an ethnic-racial approach. Afrodescendent organizations, for their part, have continued to struggle and press for the closing of implementation gaps between legal frameworks and the day-to-day reality of Afrodescendants, who encounter numerous obstacles to the effective exercise of their rights.

The censuses of the 2010 round and other data sources revealed the presence of Afrodescendent populations in all the countries of Latin America; other than in a few countries such as Brazil, Colombia and Ecuador, however, these populations' living conditions and the disadvantageous situation they are in have hitherto been one of the least visible axes of the social inequality matrix. Information is a key tool for ending that invisibility and lack of recognition. It is consequently essential to carry on strengthening national statistical systems so that they provide for Afrodescendent self-identification and the disaggregation of timely, high-quality indicators. The information challenges are great and need to be addressed urgently for the sake of policy and programme follow-up, accountability and the exercise of human rights.

Despite its limitations, this report has been able to bring to light the systematic ethnic and racial divides affecting Afrodescendants in areas such as health care, education and employment, together with the conjunction and overlap of ethnic-racial and gender characteristics that usually leave Afrodescendent women most disadvantageously placed. Instruments such as the Montevideo Consensus, the 2030 Agenda with its commitment to leaving no one behind and the International Decade for People of African Descent have placed before us the urgent challenge of guaranteeing Afrodescendants' welfare and the full exercise of their rights through sustained actions that recognize equality in diversity.

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CHAPTER

I

Background on the process
for regional follow-up of
the Montevideo Consensus:
preparation of the draft first
regional report

At the special meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Santiago from 7 to 9 November 2017, the countries of the region renewed their commitment to implementing and monitoring the Montevideo Consensus on Population and Development and recognized the contribution of the Regional Conference on Population and Development in Latin America and the Caribbean to the global follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014.¹

They also recognized the contribution of national and regional monitoring of the Montevideo Consensus to the follow-up and review of the 2030 Agenda for Sustainable Development, in accordance with resolution 700(XXXVI), adopted by the Economic Commission for Latin America and the Caribbean (ECLAC) at its thirty-sixth session.²

On that occasion, the Presiding Officers asked the secretariat, in collaboration with the United Nations Population Fund, to prepare the draft first regional report on the implementation of the Montevideo Consensus on Population and Development.³

This draft report will be examined by the countries at the third session of the Regional Conference on Population and Development, to be held in Lima, in the third quarter of 2018, and will also be the regional contribution to the global review and appraisal of the Programme of Action of the International Conference on Population and Development beyond 2014 to be undertaken in 2019 at the fifty-second session of the United Nations Commission on Population and Development.⁴

The Montevideo Consensus on Population and Development was the outcome of the first session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Montevideo from 12 to 15 August 2013. Thanks to the board support it attracted in the region, the Montevideo Consensus on Population and Development brought the implementation of the Programme of Action of the International Conference on Population and Development beyond 2014 into confluence with regional needs. This was recognized in resolution 2014/1 adopted by the United Nations Commission on Population and Development, which took note of the outcome documents from the regional conferences on population and development, and recognized that they provided region-specific guidance on population and development beyond 2014.

Although the Montevideo Consensus on Population and Development covers all the major population and development issues in Latin America and the Caribbean, and forms the basis for a comprehensive, up-to-date roadmap for the future of regional action in this area, it became necessary to make it into an operational agenda through the *Operational guide for the implementation and follow-up of the Montevideo Consensus on Population and Development*,⁵ endorsed by the member States in the second session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Mexico City in 2015.⁶

The *Operational guide* represented a significant step forward, not only in terms of implementing the Montevideo Consensus on Population and Development at the national level but also in terms of establishing synergies with other international instruments or forums, such as the 2030 Agenda for Sustainable Development, the meetings of the Regional Conference on Women in Latin America and the Caribbean and the Regional Intergovernmental Conferences on Ageing and the Rights of Older Persons in Latin America and the Caribbean.

¹ See para. 1 of the agreements [online] see https://crpd.cepal.org/1e/sites/crpd1e/files/17-01123_mdp-e_agreements.pdf.

² *Ibid.*, para. 2.

³ *Ibid.*, para. 13. This report would be based on the national progress reports on the implementation of the Montevideo Consensus on Population and Development submitted by the countries and taking into account the report of the special meeting of the Presiding Officers and the list of indicators contained in the *Final report of the ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development*, endorsed at the same meeting.

⁴ *Ibid.*, para. 6.

⁵ LC/L.4061(CRPD.2/3).

⁶ See [online] http://repositorio.cepal.org/bitstream/handle/11362/38937/1/S1500859_en.pdf.

At its second session, the Regional Conference on Population and Development also established an ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development, which it stipulated would be open-ended, geographically representative, composed of government-appointed experts and coordinated by Mexico.⁷

The working group's purpose was to prepare, in consultation with all the members of the Conference, a proposal of the indicators to be used for the regional follow-up of the Montevideo Consensus based on a review of the indicators suggested in the *Operational guide*, as well as in the proposals for the follow-up of the 2030 Agenda for Sustainable Development and of the Programme of Action of the International Conference on Population and Development beyond 2014.⁸ ECLAC, with the support of the United Nations Population Fund, would serve as technical secretariat of the ad hoc working group, which would include representatives of civil society and other stakeholders in its tasks, whose opinions would be considered in the preparation of the working group's recommendations.⁹

The ad hoc working group presented a progress report at the third meeting of the Presiding Officers of the Regional Conference on Population and Development, held in Santiago from 4 to 6 October 2016. On that occasion, the Presiding Officers reviewed the preliminary proposal on the indicators contained in the progress report and reached agreements which served for the ad hoc working group to update its report.¹⁰

It is important that convergence be achieved between the regional review of the Montevideo Consensus and the preparation of national reports. Although they are different processes, the national reports are crucial inputs for the regional follow-up. Accordingly, it was recommended that the countries should take into account the indicators proposed by the ad hoc working group in their national reports, and this recommendation has in fact been reflected in the reports received to date by the secretariat.

The national reports will be presented in the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, and part of their content was already presented at the special meeting of the Presiding Officers in November 2017.

The draft first regional report on the implementation of the Montevideo Consensus on Population and Development is presented in the sections that follow. The scope of work has been determined by the availability of the necessary information to report on the activities carried out by the countries and on the indicators associated with the priority measures of the Montevideo Consensus. It will be noted that many indicators approved for regional follow-up still lack necessary data and, in some cases, their metadata have yet to be defined.

The report was prepared on the basis of information from official sources in the countries, such as the national population censuses and surveys, the national progress reports on the implementation of the Montevideo Consensus presented by the countries,¹¹ the voluntary presentations made by governments at the special meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, information from the countries systematized and compiled by ECLAC, databases of United Nations bodies, the Sustainable Development Goal Indicators Database, voluntary national reports on the fulfilment of the Sustainable Development Goals and a large bibliographical corpus of ECLAC and United Nations documents, as well as academic research and documentation produced by civil society on various topics.

⁷ See para. 13 of resolution 1(II) adopted at the second session of the Regional Conference on Population and Development of Latin America and the Caribbean [online] https://www.cepal.org/sites/default/files/news/files/c1600275_report_crpdp_2.pdf.

⁸ *Ibid.*, para. 13.

⁹ *Ibid.*, para. 14.

¹⁰ See para. 12 of the agreements [online] http://repositorio.cepal.org/bitstream/handle/11362/40645/1/S1601050_en.pdf.

¹¹ In paragraph 12 of the agreements adopted at their special meeting, the Presiding Officers of the Regional Conference on Population and Development agreed that "the countries that decide to submit their national progress reports on the implementation of the Montevideo Consensus on Population and Development do so before 31 March 2018, so that the reports can be taken into consideration in the preparation of the draft first regional report on the implementation of the Montevideo Consensus on Population and Development" (see [online] https://crpd.cepal.org/1e/sites/crpd1e/files/17-01123_mdp-e_agreements.pdf). By 17 April 2018, the deadline for the draft regional report prior to the beginning of the editorial review process, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Panama, Peru, Suriname and Uruguay had submitted their voluntary national reports. It was also possible to include some information from national reports, such as that of Mexico, which were received during the editorial review process.

The information, diagnostics and analytical resources of ECLAC have been fundamental in the preparation of this first report, given the vast stock of knowledge built up by the Commission not only through its work with governments in the region, but also on the basis of the agendas developed by its subsidiary bodies, including the Regional Conference on Population and Development in Latin America and the Caribbean itself, as well as the Regional Conference on Women in Latin America and the Caribbean, the Regional Conference on Social Development in Latin America and the Caribbean, the Statistical Conference of the Americas, and other regional forums such as the Regional Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean.

From a methodological perspective, this document is not intended to establish a direct or definitive causality between the policies that have been implemented and the status of the areas addressed in the chapters of the Montevideo Consensus. The evolution of an indicator is not necessarily the direct consequence of having implemented certain actions. However, on the basis of the information compiled, it may be inferred that improvements in certain conditions for the population are associated—to a greater or lesser extent—with the implementation of particular policies.

Lastly, acknowledgement must be made of the quality of the national reports, which reflect the countries' efforts in compiling, systematizing or producing the necessary information to document the state of the art and the extent to which the priority measures of the Montevideo Consensus are being implemented in each country. These efforts have contributed significantly to the preparation of this draft report.



CHAPTER



The demographic context in Latin America and the Caribbean

Introduction

A. Major trends

Bibliography

Introduction

Since the late 1960s, profound changes in the demographic dynamics of most Latin American and Caribbean countries have affected the growth, age structure and territorial distribution of population. The region is also characterized by marked demographic heterogeneity between countries, territories and population groups.

It is essential, therefore, to discern the consequences these dynamics may have for public policies in areas such as health, household formation, family budgets and spending, child-rearing, the establishment of migrants' rights, the integration of women into paid work, care provision, the time people spend in education, intergenerational and inter-ethnic relations and residential segregation. Furthermore, demographic dynamics and their effects powerfully influence and are influenced by the implementation of the priority measures agreed in the Montevideo Consensus on Population and Development, particularly since many of these priority measures are aimed at dealing with anticipated changes in demography or with some of their consequences.

A. Major trends

1. Mortality has been declining and life expectancy rising

Lower mortality has been the trigger for the demographic transition in the region. This change has been mainly due to socioeconomic and cultural shifts, improvements in living conditions, the increase in urban population, higher levels of education and the greater availability of health-care technology. In the 1950s and 1960s, a number of countries in the region implemented successful basic health and environmental sanitation policies, including programmes of maternal and infant health care, mass vaccination, oral rehydration, de-worming and nutrition, and the expansion of sanitary services, particularly drinking water and sewerage. The result was unprecedented progress in the control of infectious and parasitic diseases and of maternity-related, perinatal and nutrition-linked health conditions (Di Cesare, 2011; ECLAC, 2008 and 2015a).

Lower mortality has meant a large increase in life expectancy at birth, initially accounted for by reduced infant mortality and subsequently by lower mortality at other ages. Life expectancy increased steadily throughout the twentieth century, and the process continues to this day (ECLAC, 2016), with the average rising from about 51 years between 1950 and 1955 to 76 in the current quinquennium. The population has gained an average of 25 years of life in the last 65 years, or almost 2 years per quinquennium. There have been large increases in life expectancy in all the countries, although significant differences remain between them. Women in the region can expect to live an average of 6.4 years longer than men, a difference similar to that prevailing in the most developed countries (United Nations, 2017). The difference between men's and women's life expectancy is greater in South America (7 years) than in Central America and the Caribbean (5.1 and 5.4 years, respectively).

2. Overall fertility has been dropping, but adolescent fertility remains high

Lower fertility was the main characteristic of the region's demographic transformation in the second half of the twentieth century. Between 1965 and 1970, the region moved from a very high fertility rate by world standards (5.5 children per woman) to a level below the replacement rate¹ (United Nations, 2017) in the current quinquennium (2.04 children per woman, which is lower than the world average). This decline has occurred in all the region's countries, albeit with significant differences between them as regards the point at which the process began, the periods of fastest change and the time when replacement level was or will be reached.

¹ The replacement level is an overall fertility rate of about 2.1 children per woman.

The fertility decline began earliest in some Caribbean and South American countries and was under way by the late 1960s in most of them. Elsewhere, such as in Belize, Guatemala, Haiti and the Plurinational State of Bolivia, it did not begin until the 1980s.

According to the most recent population projections from the United Nations (2017), the region will reach replacement rate in the current quinquennium and the fertility rate will be 1.8 children per woman by 2050. Rapid convergence has greatly narrowed the differences between the countries with the lowest and highest fertility. However, differences in the timing of this decline mean that stabilization is expected to occur at widely separated intervals. Guatemala and the Plurinational State of Bolivia, for example, are expected to reach replacement level in the period between 2045 and 2050, i.e. 65 years later than Barbados and Cuba.

One characteristic of the region's fertility is that, despite a sharp decline, rates remain higher among indigenous populations,² the lowest socioeconomic strata with the least education, and adolescents (ECLAC, 2016). Adolescent fertility in Latin America and the Caribbean, estimated at 61.3 live births per 1,000 women aged 15 to 19 in the period 2015-2020 (United Nations, 2017), is the second highest in the world after Africa, and it has fallen by much less than overall fertility. This rate is clearly higher than would be expected from the region's level of social development. As section B of this report notes, however, recent data show that adolescent fertility has diminished since 2013 in the great majority of the countries.

3. The population will grow until mid-century while its age structure becomes older

The decline in fertility has greatly slowed the region's population growth. According to United Nations projections, the region's total population will carry on growing until it peaks at 787 million inhabitants in 2060 (United Nations, 2017), giving an increase of around 22% between 2017 and 2060. Among the subregions, Central America (including Mexico) will grow most, with its population rising until 2067, at which point it will be 35% larger than in 2017. The population of South America will continue growing until 2058 (18% larger than in 2017) and that of the Caribbean until 2046 (only 9% larger than in 2017).

The region's countries are still at very different stages of the demographic transition. Growth rates for the period 2015-2020 are below 0.6% in the countries where the demographic transition is most advanced, such as Barbados and Cuba, and over 1.5% in the countries at a moderate stage of the transition, such as Guatemala and Honduras.

The intensity, starting point and speed of the fertility decline have varied between the countries, leading to heterogeneity in population ageing and in the dynamics of the demographic dividend.³ Population growth in the region over the coming 40 years will be mainly due to demographic inertia, defined as populations' capacity to carry on growing once fertility has fallen to replacement level.

Besides the impact on population size and growth, falling fertility, in conjunction with rising life expectancy, has wrought large changes in the age structure, reflected in an increased proportion of older people and a decreased proportion of children. Regionwide, the number of people aged 60 and over is expected to exceed the number of children and adolescents aged under 15 for the first time in 2036 and to continue growing until 2080 (United Nations, 2017).

At the same time, the proportion of children and adolescents aged under 15 in the overall population is expected to have declined from 40% in 1950 to about 25% in 2017, 19% in 2040 and less than 15% in 2100. In absolute figures, the under-fifteen group peaked in 2000 at 169 million people, since when it has been decreasing. Meanwhile, changes in the population share of people aged 15 to 59 are very important, since

² In the case of indigenous adolescents, motherhood at very early ages can be related to traditional cultural practices that encourage early marriage and childbearing. The fact that these are well-established practices, though, does not mean that they are beneficial to individuals or take precedence over their sexual and reproductive rights (ECLAC, 2016).

³ The demographic dividend refers to the economically favourable period in which the potentially active population grows faster than the overall population (ECLAC, 2009).

this is theoretically the economically active group. It represented about 54% of the region's population in 1950, and this share increased steadily until it peaked at 63% in 2017 before beginning a gradual decline. It is estimated that people aged 15 to 59 will account for 60% of the region's population by 2040 and for only 49% by 2100. In absolute terms, the group of young people and adults of working age should peak in 2040 at 457 million and then start declining. Consequently, the population share represented by the group of people aged 60 and over has been increasing: from just 5.6% of the region's population in 1950, it had risen to 12% by 2017 and is expected to reach 21% by 2040 and almost 37% by 2100, peaking in absolute terms at 269 million in 2090 (ECLAC, 2018).

It is estimated that the group of persons aged 60 and over in Latin America and the Caribbean will increase by almost 87 million between 2015 and 2040, while the population aged 20 to 59 will increase by almost 63 million. Conversely, the population aged under 20 will be 26 million lower in 2040 than in 2015. In relative terms, growth rates will be higher for the elderly. The population aged 60 and over in Latin America and the Caribbean is predicted to rise at a rate of 3.4% a year in the period 2015-2040, which is much higher than the rate for the population aged 20 to 59, this being expected to rise by 0.5% a year, and the population aged under 20, expected to decline by 0.5% a year (ECLAC, 2018).

4. Intraregional migration is growing

Latin America and the Caribbean has been primarily a region of emigration in recent decades. Up until the 1990s, the main emigration flows were from the countries of the Caribbean, Mexico and Central America to the United States. Emigration then increased sharply and Spain became very important as a destination country, while other developed countries also began to receive large flows (those of Western and Eastern Europe, Australia, Canada and Japan) (ECLAC, 2016).

The 2008 financial crisis greatly affected the economies of the developed countries and reduced the flow and number of Latin American migrants to many of them. A strong return trend also began, leading in the case of Mexico to a negative net flow of migration to the United States within just a few years (Pew Hispanic Center, 2015). Some migration flows switched to destinations within the region, and the extraregional emigration trend has recently resumed.

Another of the region's peculiarities is that some countries are net recipients of migration, mainly from elsewhere in the region. Different factors explain the rise in intraregional mobility: restrictive policies on entry and residency in developed countries, economic crises in Europe and the United States, and greater employment opportunities and less restrictive regulatory frameworks in the region.

United Nations estimates for the current quinquennium are of a net migration rate in the region of 0.5 per 1,000 inhabitants, which indicates a prevalence of emigration. The Caribbean is the region with the highest net emigration, having a rate of -2.8 per 1,000, while Central and South America record rates of -0.7 and 0.2, respectively. In terms of volume, the negative net migration flow⁴ in 2015-2020 is expected to surpass 1.5 million people, with 600,000 coming from the Caribbean, 600,000 from Central America and 450,000 from South America.

The number of Latin Americans living in the United States, Europe and Latin American and Caribbean countries other than their country of birth remains very large, as can be seen from the ratio of emigrants from the region's countries relative to their resident populations. According to the data from the United Nations Population Division (United Nations, 2017), over 30 million people from Latin America and the Caribbean were living outside their home countries in 2015: 1 in every 3 Caribbean people, 1 in every 10 Central Americans and 1 in every 40 South Americans.

Migration of such magnitude alters population sizes in both the origin and destination countries, at least locally, and affects the age structure, usually reducing the economically active population in the countries of

⁴ Net migration is the difference between the number of immigrants and the number of emigrants.

origin, which can affect the duration of the demographic dividend in both the origin and destination countries. The main economic effects of migration include the contribution made by emigrants' remittances to their home communities, the role of emigrants and returnees in introducing business skills and technologies, and the contribution made to the social and economic reproduction of societies in the host countries (ECLAC, 2016).

Migration is now one of the most important issues in the region. All the countries face huge challenges with infringements of migrants' rights (violations they encounter are reflected across multiple dimensions) and the discrimination they suffer on their journeys, in their efforts to fit into destination countries and on their return to their countries of origin. At the same time, the huge development opportunities created by migration flows also form part of the region's migration governance today.

5. Territorial inequality persists

The spatial distribution of the population presents certain distinctive features in Latin America and the Caribbean, most particularly a high level of urbanization and the opportunities and risks this entails; the continuing rural exodus; limited options for developing rural areas and small towns and villages; the tendency for population and activities to concentrate in a few dynamic centres; and the segregation and vulnerability affecting the poor because of their spatial location (ECLAC, 2015b).

Latin America and the Caribbean is a region whose urban transition is taking place at an enormous speed. Specifically, the urban share of the population has risen from less than 45% in 1950 to 80% in the current quinquennium, making this the second most urbanized region in the world.

Migration from rural to urban areas is still going on, but more moderately. Internal mobility is now largely a matter of migration between urban areas. The region presents a complex combination in which large cities (except for the very largest) retain their level of attraction, medium-sized cities are still becoming more attractive, and small cities are constantly losing population. Forecasts suggest that the urbanization of the region will continue, albeit at a slowing pace.

6. The demographic diversity of indigenous and Afrodescendent peoples in a context of inequality

There are over 800 indigenous peoples in Latin America, with a population estimated at no less than 48 million as of 2015. That same year, the Afrodescendent population was over 125 million.⁵ Both groups present great demographic, social, territorial and political diversity within and between countries. Nonetheless, there is a common denominator: higher levels of material poverty and exclusion as a result of long historical processes. The classist and racist hierarchical structure of the colonial era meant that indigenous peoples and Afrodescendants occupied a secondary position and that the inequalities affecting them were accumulated during the creation of nation-States and have been carried over to the present day.

It transpires from the 2010 census round that Brazil is the country with the largest Afrodescendent population, representing over half the national total. Next comes Colombia, with almost 5 million Afrodescendent people (10.5% of the total), Cuba, with slightly over 4 million (36%) and the Bolivarian Republic of Venezuela, Ecuador and Mexico, where the Afrodescendent population is about a million and represents 3.4%, 7.2% and 1.2% of the total, respectively. As far as indigenous peoples are concerned, Mexico heads the ranking with 17 million indigenous persons (15.1% of the total), followed by Peru with 7 million (24%), Guatemala with about 6 million (41%) and the Plurinational State of Bolivia with slightly over 4 million (42.2%).

⁵ These estimates were obtained from the indigenous and Afrodescendent population percentages in the latest population and housing censuses available from each country, which yielded an 8% share for indigenous peoples and 20% for Afrodescendants in Latin America. These are considered to be minimum estimates because continuing problems with ethnic and racial self-identification tend to result in these populations being underestimated.

The indigenous population remains predominantly rural, although a majority of indigenous persons live in cities in 4 of the 10 countries for which information is available. Within countries, furthermore, the different indigenous peoples display a marked heterogeneity. Thus, even in countries where the indigenous population lives mainly in rural areas, particular indigenous peoples have settled mainly in urban ones. The Afrodescendent population, on the other hand, is eminently urban in all the region's countries. Although censuses show that both the indigenous and Afrodescendent populations are distributed throughout virtually the whole national territory of the countries, each has its peculiarities, with indigenous people often clustering in settlements on their ancestral lands and Afrodescendants on the territories where slaves first arrived.

As regards the age and sex structure, while the demographic transition has advanced in indigenous populations, they remain younger than non-indigenous ones, which implies higher potential growth. The information available shows that the new generations' population share has been diminishing, which indicates a shift in reproductive patterns, at least as regards the average number of children indigenous women are having now, a trend that is borne out by recent demographic and health censuses and surveys. Conversely, Afrodescendent populations are at a full or advanced stage of demographic transition, mainly because of a very large drop in fertility, but also because of lower mortality and increased life expectancy.

The demographic situation briefly contextualized here needs to be considered in detail in the design and implementation of any policies developed to improve the living conditions of Afrodescendent and indigenous women and men and to guide public investment. It is also essential to include the collective rights dimension in the analysis, since the demographic dynamics of indigenous and Afrodescendent peoples and communities are diverse and need to be interpreted in a way that takes account of the different sociocultural and territorial contexts in which they are taking place.

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CHAPTER



Regional follow-up of implementation of the Montevideo Consensus on Population and Development

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

A. Full integration of population dynamics into sustainable development with equality and respect for human rights

1. Introduction

The priority measures agreed in chapter A of the Montevideo Consensus on Population and Development relate to the three pillars (social, economic and environmental) of sustainable development and the integration of population issues into public policies and planning in pursuit of such development. In addition to outlining the regional vision for sustainable development, this section highlights the contribution that can be made by a knowledge of demographic dynamics and their integration, within a human rights framework, into programmes and actions aimed at the eradication of poverty and inequality, bearing in mind the imperative that the needs of current generations are not to be met in a way that compromises the capacity of future generations to meet theirs.

It is well recognized that changes in population dynamics bring challenges and opportunities for sustainable development. Accordingly, it is essential for demographic dynamics to be integrated into the whole national planning process from formulation to implementation, always provided this is on a basis of human rights and respect for nature in all its diversity. Chapter A of the Montevideo Consensus on Population and Development is comprehensive, encompassing the priority measures of the other chapters, and accordingly Sustainable Development Goal (SDG) indicators relating to the different dimensions of well-being, such as health, education, work, the environment, basic services, infrastructure, human settlements and participation (ECLAC, 2017a), were employed for the purposes of regional follow-up.

From this perspective, and in the light of the information available while this report was being prepared, this chapter's follow-up of the priority measures of the Montevideo Consensus will seek to take in all their dimensions, although two specific areas will be particularly stressed. The first concerns priority measures 1, 2, 4, 5 and 6, dealing with public policies and actions to eradicate poverty, exclusion and inequality and the centrality of human rights and sustainability. The second concerns priority measures 3, 99 and 107 (the latter two belonging to chapter J of the Montevideo Consensus), dealing with public institutions responsible for population and development issues and the participation of civil society in implementing and following up the Montevideo Consensus.

Although the region has progressed towards the chapter A goals, many challenges remain. This chapter, like other related ones, will go into greater detail on developments in the region in the years since the adoption of the Montevideo Consensus agreements, on the basis of national reports and regional follow-up indicators:

- (i) Economic circumstances have not favoured Latin America and the Caribbean in the five years for which the Montevideo Consensus has been implemented. In this period, and mainly its latter part, the declining poverty trend observed in the past decade has been reversed and income inequality has narrowed more and more slowly. This is due to a sharp rise in poverty in some countries with large populations. Nonetheless, poverty and income inequality have continued to decline in most of the region's countries, albeit more and more slowly.
- (ii) Negative macroeconomic results in some countries have been reflected in rising unemployment and continuing high levels of informality. Conversely, basic electricity and running water infrastructure, whose coverage was already high, has continued to expand. Nonetheless, the deficiencies of basic sanitation services remain a huge challenge for the region, not only because of the health implications, but also because of the issue of environmental damage.
- (iii) The region's countries have not taken full advantage of a demographic situation in which the age structure is favourable to economic growth. However, there has been considerable progress in local planning and in the integration of population issues into the development agenda, chiefly as regards medium- and long-term planning for population ageing.

- (iv) The institutions responsible for population and development issues have moved up government hierarchies in many countries, with increasing recognition of the importance of these issues for intersectoral national agendas and their interconnections with the 2030 Agenda for Sustainable Development, although the rate of progress and the institutional structures involved have varied by country.

2. The situation regarding full integration of population dynamics into sustainable development with equality and respect for human rights

This section presents regional follow-up results since the adoption of the Montevideo Consensus, particularly with regard to the main issues characterizing the regional vision for development. It first provides poverty and inequality data associated with the Montevideo Consensus priority measures on the eradication of poverty and the breaking of cycles of exclusion and inequality, human rights-oriented development and sustainable development (priority measures 1, 2, 5 and 6). It then deals with the dimensions of services and infrastructure, health care and employment related to the priority measures mentioned, but also with measures from other chapters (priority measures 28, 52, 54, 57, 58, 68, 77, 79 and 87). The final subsections address the dimensions relating to institutional mechanisms for population and development issues (priority measures 3, 86 and 99), civil society participation in this process (priority measures 3, 85, 86, 99 and 107) and the integration of population issues into public policies and planning (priority measures 4, 19 and 86).

This analysis presents information on the base year and the current situation, drawing on the most recent data available, when the indicator so permits. Some indicators do not yet have an agreed definition, so that no estimates are available for regional monitoring. However, this does not detract from the importance of the issues concerned, and they will be analysed at the appropriate time. In other cases where there are no regional estimates, only country-level data are presented.

(a) Eradicating poverty and breaking cycles of exclusion and inequality

With regard to priority measures 1, 2, 5 and 7 of chapter A of the Montevideo Consensus, five indicators were adopted to follow up aspects related to poverty and inequality, including some indicators already used in the SDGs¹ (ECLAC, 2017a). The countries observed that these five indicators, as defined, were inadequate and that a multidimensional approach² to poverty was needed, but that there was as yet no agreed definition. To supply this lack, at the countries' request and on the basis of the consideration that indicator A.4 (which refers to poverty in all its dimensions) was inadequate by itself, the Gini coefficient was incorporated (A.5) so that inequality could be better analysed. Some countries also pointed out that the recommended disaggregations could not always be calculated for the entirety of the indicators. For all these reasons, the indicators presented in this regional report are not wholly comparable and need to be interpreted with due caution.

The international poverty line indicator series (SDG 1.1.1), which permits regional and country comparisons, with estimates for all regions³ and by sex, can be used to obtain a picture of achievements and challenges in relation to poverty reduction during the years for which the Montevideo Consensus has been implemented, as can the national poverty line indicator (SDG 1.2.1), which provides more specific estimates. Besides the trends of these indicators, the monitoring basis used was the recent analytical work by ECLAC summarized

¹ Sustainable Development Goal (SDG) indicators 1.1.1, 1.2.1, 1.2.2 and 10.2.1.

² Because the region's countries apply different criteria when measuring multidimensional poverty, and considering that ECLAC was working on a methodology that would be applicable at the regional level, it was considered advisable to leave the definition of a common criterion for later.

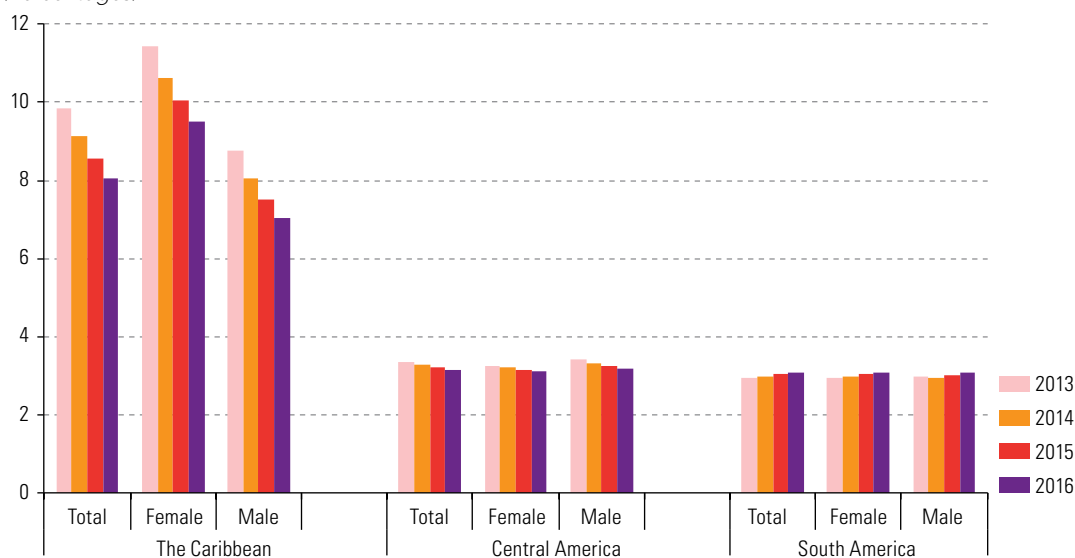
³ Of two SDG indicators available (1.1.1a, estimated by the World Bank, and 1.1.1b, estimated by the International Labour Organization (ILO)), the second has been selected for monitoring purposes, even though it covers only the working population, because it provides the most complete series, takes in the Montevideo Consensus on Population and Development monitoring period and is disaggregated by sex and age group.

in the *Social Panorama of Latin America, 2017* (ECLAC, 2017c). This provides an up-to-date examination of poverty in the countries of Latin America that includes the evolution of income poverty and the factors in its recent trends, among other aspects.⁴

Figure III.1 presents the percentage of the working population living below the international poverty line of US\$ 1.90 a day (at 2011 international prices), by sex, in the subregions of Latin America and the Caribbean.⁵ The Caribbean has the largest proportion of the working population below the poverty line; nonetheless, this proportion declined greatly in the period 2013-2016 for both men and women. Among employed women, those of the Caribbean remain the most affected by extreme poverty, with a figure of 9.5% in 2016, although this represents a drop of 17% from 2013. This reduction in poverty between 2013 and 2016 occurred in all the countries of the subregion, usually to a greater extent among men than women. The greatest decline in poverty among the employed population was in Haiti, a country with high poverty levels, where 29.5% of employed women and 24.5% of employed men were below the poverty line in 2016.

Figure III.1

Latin America and the Caribbean: proportions of the employed population living below the international poverty threshold,^a by sex and subregion, 2013-2016
(Percentages)



Source: United Nations, SDG Indicators Global Database [online] <http://unstats.un.org/sdgs/indicators/database/> (accessed on 20 February 2018).

^a US\$ 1.90 a day at 2011 international prices.

The situation also shows some positive signs in Central America, as there has been a tendency for extreme poverty to decline for both men and women, and since 2013 the proportion of employed people living on less than US\$ 1.9 a day has been less than 3.5%. This subregional average masks differing trends at the country level, such as the 2.4% rise in poverty among employed women in Belize and the levelling off of declines in Costa Rica and Mexico. The largest reductions in the period studied were in Nicaragua (-17.1%), Honduras (-12.6%) and Panama (-11.9%).

In South America, although only a small proportion of the employed population (some 3%) lives in extreme poverty, estimates indicate an upward trend since 2014, largely driven by Brazil (3.8%) and the Bolivarian

⁴ "Figures obtained from national measurements are used to describe the levels and recent trends of poverty in the individual countries, in most cases, drawing on the official statistics used to monitor this issue. (...) The poverty figures estimated by ECLAC are generated with the aim of achieving the greatest possible comparability for various analytical purposes; and, given their different objectives and uses, they certainly do not seek to replace the national figures to describe poverty levels and trends in each country. As both data sets display similar trends, it is considered appropriate to use the national figures to describe the behaviour of poverty in each country. Meanwhile, comparable poverty measurements are used to construct regional aggregates and analyse the drivers of poverty and how different population groups are affected by it" (ECLAC, 2017c, p. 79).

⁵ These subregions are divided up according to the definition used by the United Nations for the SDG indicators, with Cuba, the Dominican Republic and Haiti being placed in the Caribbean subregion, Belize in Central America and Guyana, French Guiana and Suriname in South America.

Republic of Venezuela (46.6%). Ecuador and Argentina also present increases in the period (of 2.2% and 1.3%, respectively). It should be noted that in all the countries where poverty levels have risen, they have done so most among women; broadly speaking, the demographic transition led to more women entering the labour market, and they are the first to leave it at times of economic crisis.

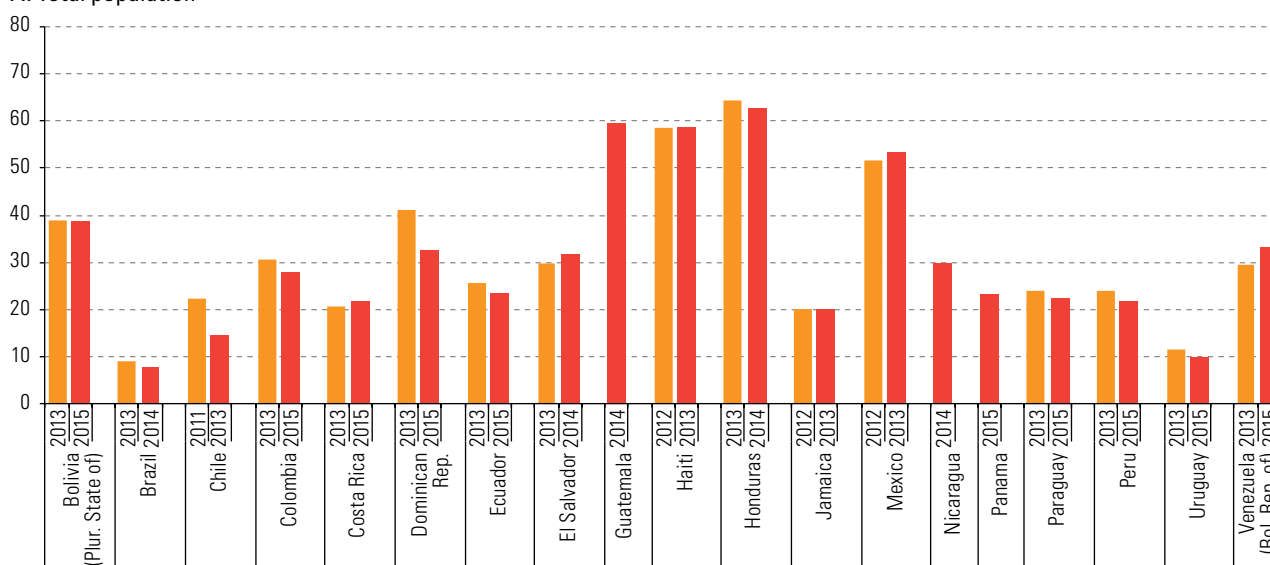
The national poverty threshold indicator shows over 50% of the population of Guatemala, Haiti, Honduras and Mexico living in households below the poverty line, while in other countries such as Brazil and Uruguay the figures are below 10% (see figure III.2). Poverty levels are lower among people living in households in urban areas, with Honduras and Mexico being the only countries where over 50% of the urban population is below the poverty threshold. Rural areas are a great challenge, as the proportion of people below the poverty line exceeds 20% in all the countries studied except Uruguay and is over 60% in five of them. Uruguay is actually the only country where the proportion of people below the poverty threshold is higher in urban than in rural areas. As regards recent trends, in the 15 countries with data available for more than one period, there was a tendency for poverty to diminish to a greater or lesser degree in 8, but it rose in 4. Trends in urban and rural populations are not always convergent; in Honduras and the Plurinational State of Bolivia, for example, urban poverty has been rising and rural poverty falling, which could be a result of selective migration from country to city.

To understand recent trends, it is important to study the evolution of the previous decade, as is done in the *Social Panorama of Latin America* (ECLAC, 2017c). According to this analysis, measured aggregate poverty diminished in the region between 2002 and 2014; the rate of reduction tailed off over the period, however, and the declines were smaller in some countries with large populations. The downward trend in poverty continued in most of the countries. However, the number of people in extreme poverty was up by 8 million in 2016.⁶ This was partly because of continuing population growth resulting from demographic inertia (a large number of women of childbearing age generating a large number of births) despite population dynamics characterized by declining fertility, but mainly because the fertility rates of the poorest in the region have remained above the replacement rate. Similarly, the absolute number of poor people was much the same in 2016 as in 2008, when poverty percentages were higher. These demographic shifts need to be taken into account by the countries when development-oriented programmes and policies are designed. The most up-to-date figures in the report indicate that “there were 186 million poor in Latin America in 2016, representing 30.7% of the population, while 61 million people or 10% of the population were living in extreme poverty” (ECLAC, 2017c, p. 80).

Figure III.2

Latin America (selected countries): population below the national poverty line
(Percentages)

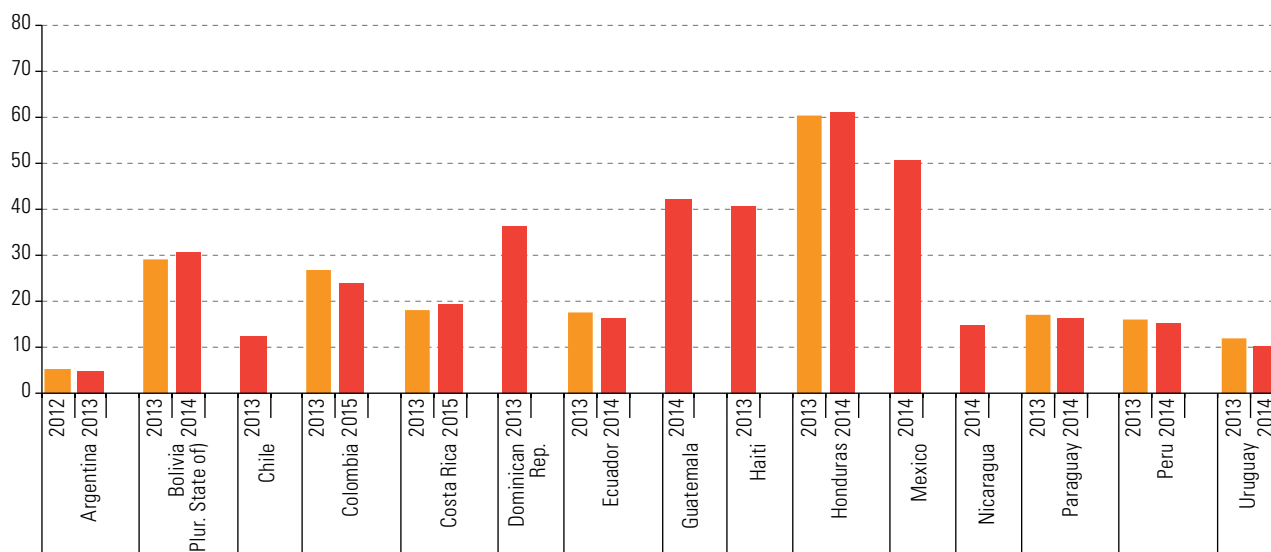
A. Total population



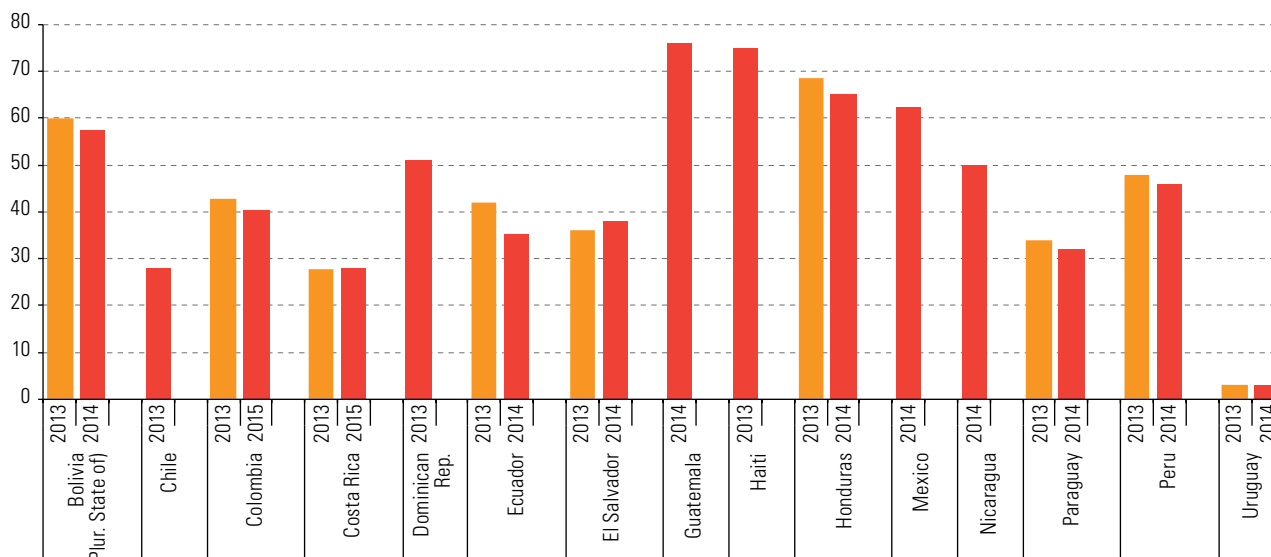
⁶ This estimate is subject to revision, as figures that were not available at the time of calculation were estimated by ECLAC (2017c) from changes in gross domestic product (GDP), this being done for the Bolivarian Republic of Venezuela, Brazil, Chile, Guatemala, Nicaragua and the Plurinational State of Bolivia. These approximations may be modified once survey values are included.

Figure III.2 (conclusión)

B. Urban population



C. Rural population



Source: United Nations, SDG Indicators Global Database [online] <http://unstats.un.org/sdgs/indicators/database/> (accessed on 20 February 2018).

Note: The period considered varies by country depending on data availability, the figures used being those for the two most recent years available. Data for more recent trends are not available in all the countries, with the most recent figures for Argentina, Chile, Haiti and Mexico being from 2013 and the most recent figure for Brazil being from 2014.

As ECLAC argues (2017c, p. 90), poverty does not affect all people alike. There are population groups that are more vulnerable to poverty and extreme poverty. At times of economic crisis, these groups are more likely to remain or fall below the poverty line. Where the different stages of the life cycle are concerned, as the conclusions of ECLAC studies and section B of this chapter indicate, children and young people are more vulnerable than adults, while among those of productive age, women are more vulnerable than men. As regards area of residence, people in rural areas are more vulnerable than those in urban areas. These findings are consistent with those of indicators A1 and A2, as analysed.

Poverty is multidimensional, and so were the factors in its decline between 2002 and 2014. On the basis of the results analysed, ECLAC (2017c, p. 83) notes that poverty reduction has been associated with economic growth but has also been a result of the social protection and labour market policies implemented in the countries. In fact, in recent years a number of countries in the region have developed comprehensive poverty reduction strategies aimed at linking cash transfers for families with children or older members with universal access to social services and the labour and productive inclusion of young people and adults of working age (ECLAC, 2017b, p. 85). There has also been a great increase in pension system membership and contributions, which has lifted many families out of poverty and extreme poverty. For this reason, when the countries submit their national Montevideo Consensus reports, they present their social protection programmes as important mechanisms for reducing poverty and inequality.

Some of the most common types of social protection programmes in almost all the countries are conditional transfer programmes, which have played an important role in reducing poverty in the region. These programmes do not always have the same scope, coverage or impact, but they are always very important for the most vulnerable population groups, especially at times of economic crisis, being sometimes the only mechanisms preventing large sections of the population from falling into extreme poverty. Peru's national report, for example, points to a steady decline in levels of extreme poverty and total poverty between 2013 and 2016 thanks to the social programmes implemented as part of the "Include to Grow" National Development and Social Inclusion Strategy, which is the national policy for social inclusion and development (Government of Peru, 2018).

Social protection programmes in the areas of health, education, housing and basic infrastructure should also be highlighted. The reports of countries where poverty has been reduced detail reforms made to health and pension systems, in some cases involving non-contributory transfers, and to the education system with a view to increasing not only the coverage but the quality of education. Uruguay, for example, has reported an improvement in poverty indicators and highlighted the implementation of non-contributory cash transfer instruments (family allowances under the Equity Plan, the "Uruguay Social" card) that have extended the coverage of public transfers to the most disadvantaged households. Chile mentions social support programmes that include the "Chile Seguridades y Oportunidades" subsystem and its components, designed for families in situations of extreme poverty and vulnerability. Furthermore, country reports (those of Chile, Costa Rica and Guatemala, among others) highlight training and skills programmes for vulnerable young people, first job programmes and programmes targeted at specific population groups. Bearing in mind the levels of inequality in the region and what is still a large percentage of young people in the age structure, these programmes are essential for breaking the generational cycle of poverty and dealing with population ageing, which is already occurring in some countries and will carry on intensifying over the coming years, as discussed in section C of this chapter.

To monitor actions intended to break the cycles of exclusion and inequality referred to in priority measures 1, 2 and 7 of the Montevideo Consensus, use is made of income inequality figures prepared from the Gini index⁷ of household income (regional follow-up indicator A.5 of the Montevideo Consensus on Population and Development) for Latin America and the Caribbean⁸ (see figure III.3). Although poverty levels in some countries (mainly in South America) rose over the most recent period, income inequality continued to decline on aggregate in the region, from 0.476 in 2011/2012 to 0.471 in 2013/2014 and 0.467 in 2015/2016.⁹ As in the previous decade, however, the rate of decrease tended to tail off (ECLAC, 2017c).

⁷ The values of the Gini index range from 0 (no inequality) to 1 (maximum inequality).

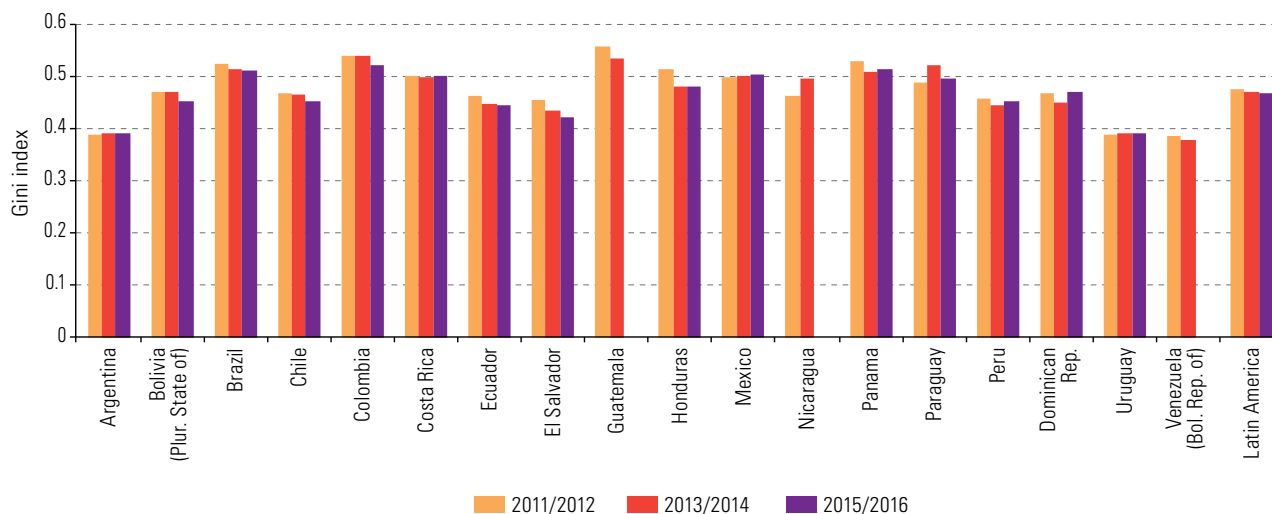
⁸ The most recent Gini index values for the Caribbean countries all predate the Montevideo Consensus; nonetheless, the scale of inequality in the region makes it important to record the figures available, and the countries are encouraged to acquire the capability to produce these data.

⁹ Aggregate figures for Latin America (figure III.3A), which does not include most Caribbean countries.

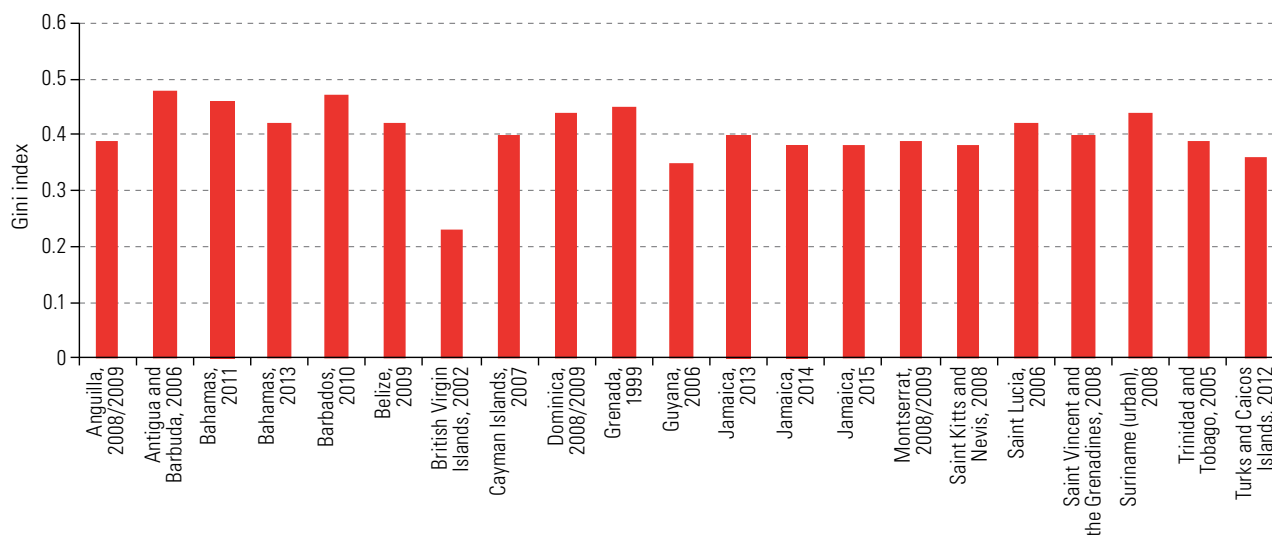
Figure III.3

Latin America and the Caribbean: Gini index of household income inequality

A. Latin America (18 countries), 2011-2016



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America, 2017* (LC/PUB.2018/1-P), Santiago, 2017 and CEPALSTAT [online database] <http://estadisticas.cepal.org/cepalstat/Portada.html?idioma=english>.

B. The Caribbean (18 countries)^a

Source: Surveys of Living Conditions; MDG Progress Reports (Guyana and Suriname); Labour Force and Household Income Survey (Bahamas), 2009 and 2011; Household Expenditure Survey (Bahamas), 2013; Caribbean Development Bank (CDB), *Strategic Plan 2010-2014*, May 2010; and *The Changing Nature of Poverty and Inequality in the Caribbean: New Issues, New Solutions*, 2016.

^a The most recent estimates for this indicator in each Caribbean country are used.

At the same time, there are large internal differences in the region. Inequality levels vary between countries, with values above 0.50 in Brazil, Colombia, Guatemala, Mexico and Panama and values below 0.40 in almost all the Caribbean countries, Argentina, the Bolivarian Republic of Venezuela and Uruguay. Trends over the period also differ. Although aggregate figures for the region show income inequality diminishing, countries such as Mexico, Nicaragua and Uruguay have been registering slight increases in income inequality since 2012/2013, while in another group of countries (Costa Rica, the Dominican Republic, Panama and Peru) income inequality increased in the latest period considered. A decline in income inequality may reflect either

an increase in the average income of the poorest or a decrease in that of the wealthiest.¹⁰ Analysis of the last 15 years reveals that the decline of inequality in the region's population was due to developments at the bottom of the income distribution (ECLAC, 2017c). Apart from lower poverty levels, the countries have pointed to the inequality-reducing effects of the employment and social protection policies implemented. However, the ECLAC report adds that other information sources in addition to household surveys show there to have been no redistribution of income at the upper end of the distribution and consequently states that "there is an urgent need for initiatives to give new impetus to income distribution and to build fairer and more just societies" (ECLAC, 2017c, p. 43).

(b) The situation regarding the dimensions of services and infrastructure, health care and employment

As already mentioned, conditional transfer programmes are important mechanisms for reducing poverty and inequality in the region's countries, but their impact on household incomes depends on interventions that are further-reaching than transfers alone, helping beneficiaries find decent jobs. Thus, some of these programmes have included components that encourage participation in the productive economy, but they have not as yet yielded any significant results (ECLAC, 2016). For the more vulnerable segments of the population to gain access to decent jobs with social protection, there is a need for training initiatives that can make good some of the education and training deficiencies of this population without paid employment, comprised mainly of women and the young.

There is a need for proper planning of sectoral policies, and public policies and programmes generally, to foster sustainable development and well-being. Accordingly, the priority measures identified in the proposed regional agenda for population and development (ECLAC, 2013b) need to pursue greater inclusion in basic services, with universal access to basic infrastructure, health care, education, employment and social protection, and measures to ensure sustainable production and consumption and prevent climate change from worsening. A set of 15 indicators (A.6 to A.20) was agreed to monitor the results in these areas at the regional level. This section sets out to provide a brief overview of these and indicate some recent trends.

With regard to follow-up of the results of actions to expand access to basic infrastructure services related to priority measures 1, 2, 7 and 77, indicator A.6 (SDG 1.4.1), which measures the proportion of the population living in households with access to basic services (water, electricity, rubbish collection and some excreta disposal system), can provide an initial overview of these services, although it obviously does not furnish information about their quality. However, it is difficult to arrive at a definition of these services that would enable their characteristics to be compared across countries or the different regions of a given country, e.g., between urban and rural areas. The indicator is thus still at the design stage, although there are some proxies for it that apply to certain countries in the region, and these will be discussed in section G. Access to basic infrastructure has improved in the last decade, with electrification at levels of over 90% in almost all the countries with data available and close to 100% in seven (the Bolivarian Republic of Venezuela, Brazil, Chile, Costa Rica, Mexico, Paraguay and Uruguay) (ECLAC, 2018a). As regards running water, the situation is likewise quite encouraging: the great majority of households (some 90% or more) have access to this, although in countries like El Salvador and the Plurinational State of Bolivia some 30% of households did not have running water in 2016. Conversely, the situation with excreta disposal services is very unsatisfactory in the region, with serious consequences not only for the population's health but for the quality of rivers and river systems.

Basic infrastructure services and access to health care, education and social protection require adequate resources as well as efficient policies. Government spending in these areas is an important sentinel indicator.

¹⁰ To carry out this follow-up, it is important to establish indicators for income concentration by percentile, like indicator A.4 (proportion of people living below 50% of median income, by sex, age and persons with disabilities), which corresponds to SDG 10.2.1, and also to monitor other dimensions of poverty using indicator A.3 (proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions), which corresponds to SDG 1.2.2. Neither indicator has an agreed definition as yet.

The proportion of total public spending going on essential education, health and social protection services¹¹ (indicator A.7) reveals that outlays on these have increased in the region, and indeed they rose from 12.3% of GDP in 2013 to 13.0% in 2015, a figure that represents 47.3% of public sector spending. Of course, just as this value varies from country to country (by around 40%), there are also differences in the efficiency with which resources are applied. In the national reports, just three countries (Peru, Suriname and Uruguay) mentioned public social spending trends, usually to report a large rise in spending in these areas. The Government of Peru stated that public spending on essential services had risen from 35.3% to 39.6% of total spending between 2013 and 2016 and the Government of Uruguay that social spending had increased greatly since the previous decade, rising by 25% of GDP between 2006 and 2016. The Government of Suriname reported separately an increase in education spending as a share of total expenditure (29.56%), and likewise of social protection spending (3.90%), and a reduction in health-care spending, which had the smallest budget (1.62%), in the period from 2014 to 2017.

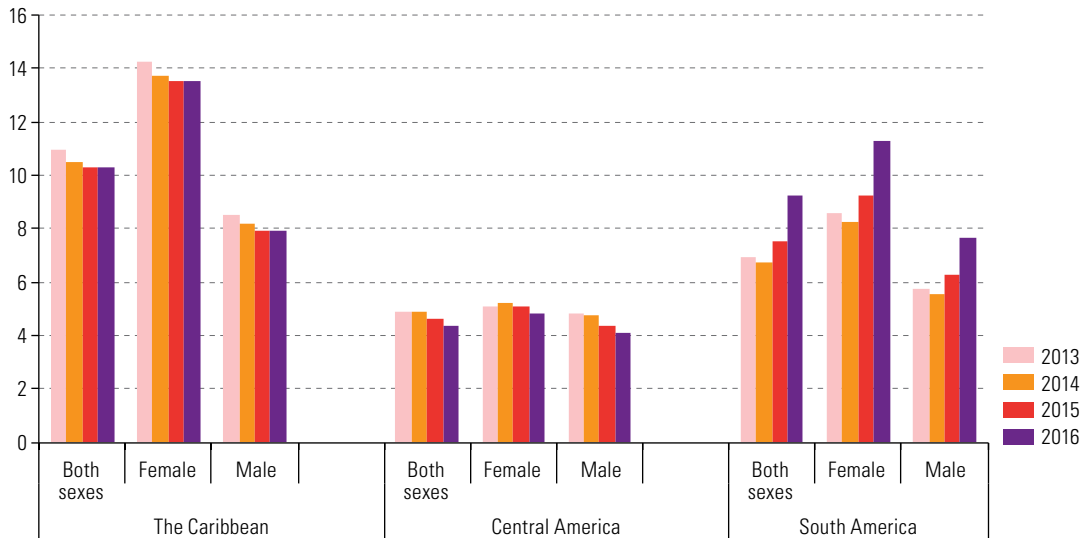
The resources invested in basic sanitation and health services have translated into a considerable reduction in infant mortality, which has positively affected indicators of life expectancy at birth (indicator A.8). Life expectancy in Latin America and the Caribbean is high given the region's development level and continues to rise, since the average of 74.6 years for the two sexes in the period from 2010 to 2015 was 1.2 years greater than in the previous quinquennium. The sex differential of life expectancy remains strongly favourable to women, averaging about 6.5 years, and is a challenge for the region in a scenario of progressive population ageing. It is essential to monitor the proportion of the population with high household health expenditure as a percentage of total household spending or income (Montevideo Consensus on Population and Development regional follow-up indicator A.9 and SDG indicator 3.8.2) for the Montevideo Consensus to be implemented over the coming years, given the changes in the burden of morbidity attributable to the greater longevity that large proportions of older people imply.

Besides universal access to basic services, which provide a minimum of well-being for the exercise of rights, the population also needs opportunities of decent work and social security coverage (ECLAC, 2017c), which means that progress in the labour market needs to be monitored. The unemployment rate (regional follow-up indicator A.14 of the Montevideo Consensus on Population and Development and SDG indicator 8.5.2), especially if broken down by sex, can provide important indications of recent labour market trends, which are the immediate result of macroeconomic and employment policies implemented in the countries. Figure III.4 presents aggregate unemployment rates for the population aged 15 and over in the three subregions of Latin America and the Caribbean (South America, the Caribbean and Central America) between 2013 and 2016. Many of the regions' countries had unemployment rates of around 5% in this period, which can be considered close to full employment; Central America (except Panama) maintained this, with unemployment of just 4% among the population aged 15 and over. The Caribbean continued to have rates of over 10%, although unemployment tended to drop between 2013 and 2016. South America, which had close to full employment at the start of the period, experienced a large and rapid rise in unemployment because of the situation in certain countries such as Brazil, offset in the aggregate by large declines in a number of countries, such as Chile, Colombia, the Dominican Republic and Uruguay. With the exception of Central America, unemployment was higher among women than men in this period: female unemployment was about 14% in the Caribbean, while in South America women's unemployment rates clearly rose by more than men's when joblessness increased, mainly between 2015 and 2016.

¹¹ See the CEPALSTAT database [online] <http://estadisticas.cepal.org/cepalstat/Portada.html> (based on government information).

Figure III.4

Latin America and the Caribbean: unemployment rate among the population aged 15 and over, by sex and subregion, 2013-2016
(Percentages)



Source: United Nations, "SDG 8.5.2", SDG Indicators Global Database [online] <http://unstats.un.org/sdgs/indicators/database/> (accessed on 20 February 2018).

Employment quality can be analysed using two other Montevideo Consensus follow-up indicators: the proportion of informal employment in non-agricultural employment (A.12; SDG indicator 8.3.1) and average hourly earnings of employees (A.13; SDG indicator 8.5.1). While estimates are not available for all the countries in the period of analysis (from 2013 to 2016), the available statistics clearly illustrate two of the region's most serious problems: the high percentage of jobs not protected by employment laws, and low average incomes.¹² For the priority measures to really improve access to decent work as defined by the International Labour Organization (ILO), the trends of these indicators in the region's countries need to be monitored. The most recent estimates (2013) for SDG indicator 8.3.1 show that the proportion of informal non-agricultural employment exceeds 50% for both women and men in 8 of 12 countries and is as high as 70% in 2 of them. Furthermore, non-agricultural informal employment is usually higher among women than among men. The trend of informal employment was downward in the countries before 2013, with modest variations.

In this context, the countries' efforts to incentivize the formalization of employment should be highlighted. ECLAC points out that "countries have facilitated the formalization of own-account workers and of micro- and small businesses through such measures as: tax simplification to encourage registration by such businesses or expand access to social security for micro-entrepreneurs and own-account workers (such as the single-tax regime for low-income self-employed taxpayers (*Monotributo*) in Argentina and Uruguay and, in Brazil, the *Simplex* simplified single-tax regime for small- and medium-sized companies, the *Super Simplex* simplified single-tax regime for small businesses and the individual micro-entrepreneur (MEI) act); and strengthening labour administration and labour inspection" (2017b, p. 101).

Citing information from the Non-contributory social protection programmes in Latin America and the Caribbean database, ECLAC also states that "at least 68 labour and productive inclusion programmes are currently being implemented in 21 countries in the region. Most of these programmes are implemented by ministries of labour or social development, or else on a cross-sector basis (in conjunction with national training institutions or services, for example)" (2017b, p.103).

¹² Average earnings per hour worked are expressed in local currency, so their trend is not analysed at present.

Rural workers in the region are significantly less likely to be enrolled in social security systems than their urban peers, as ECLAC (2017b) points out, explaining that in part “this stems from different forms of production organization and different labour market characteristics (...). To address this situation, countries such as Brazil have taken significant strides through major programmes to provide basic infrastructure (for example, the ‘Cisterns’ programme, aimed at ensuring a supply of water for both household consumption and production, and the ‘Light for all’ programme to expand electrification), as well as a programme for pension coverage in rural areas (*Previdência Rural*)” (ECLAC, 2017b, pp. 90-91).

A wide-ranging comparison of pension policies shows that increased access to pension systems between 2002 and 2015 was largely driven by falling unemployment and a relative and absolute increase in wage employment among the working population (ECLAC, 2017c). ECLAC states, furthermore, that this process particularly benefited women, and that policies for incorporating the self-employed into pension systems were highly positive, but many challenges remain to be met. Conversely, if the older population has gained access to social protection through pension systems (sometimes non-contributory ones), population ageing poses major challenges for the continuity of these policies, which require planning to make them sustainable, as detailed in section C of this chapter.

(c) The situation regarding mechanisms for institutionalizing population and development issues and civil society participation

The integration of population dynamics into government sustainable development planning is central to population and development activities. Accordingly, it should involve the different government institutions responsible, such as those dealing with planning, health, education, pensions and gender. The participation of this wide range of public agencies in population and development issues underscores the need to designate a permanent coordinating body within the government (priority measure 3) to ensure that population and development issues are dealt with comprehensively. This body should explicitly include mechanisms to guarantee the participation of civil society, including academia (priority measures 3, 86 and 99).

The *Operational guide for implementation and follow-up of the Montevideo Consensus on Population and Development* advises that, for this national body to properly exercise its powers, there is a need to: (i) define the institutions that are to form part of it and their roles, (ii) designate the institution that will be responsible for coordination, (iii) create it with legal or formal backing to the extent possible, (iv) include civil society organizations and (v) allocate budgetary resources for its operation (ECLAC, 2015, p. 12). Regional follow-up of the priority measures is carried out in accordance with these recommendations on the basis of the country reports, presentations made at the special meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean (held in Santiago in November 2017) and, occasionally, formal documents provided by governments.

Where lead institutions are concerned (see table III.A1.1 of annex III.A1), these bodies are organized differently in each country, in the form of commissions, committees, groups, mechanisms and boards of a national, inter- or multisectoral and inter- or multidisciplinary character, and are coordinated by a specific government agency empowered to act as technical secretariat and as the focal point vis-à-vis the Regional Conference on Population and Development. To a lesser extent, there are cases where the formation of a specific mechanism has not been notified, from which it is assumed that none has been formed since 2013. The Montevideo Consensus recommends having permanent government structures in charge of population and development issues, but this is also rare. Sometimes there is an existing body,¹³ set up pursuant to the Programme of Action of the International Conference on Population and Development or earlier, examples being Mexico’s National Population Council (CONAPO), the Planning Institute of Jamaica (PIOJ), Brazil’s National Committee on Population and Development (CNPD), Argentina’s National Population Directorate¹⁴ and other

¹³ These longer-established bodies have undergone changes over the years, both in terms of organization, coordination and budgetary allocation and in the way they deal with population and development issues at the national level and participate in international forums.

¹⁴ Argentina has advised that the National Population Directorate will revitalize the Federal Population Council (COFEPO) “to promote population management, acting as a liaison between the national executive and provincial administrations”. See [online] <https://www.argentina.gob.ar/registro-nacional-de-las-personas/cofepo>.

more recent ones such as the Sectoral Commission on Population and Development (CSP) created by Uruguay in 2010, Honduras's National Population Council (CONAPO) (2013), Cuba's Government Commission (2013) and Chile's National Montevideo Consensus Coordinating Committee (CCNCM) (2017).

In this respect, and in terms of their degree of consolidation, these bodies are very heterogeneous. Some were set up specifically to prepare the national report, but there is no sign of any explicit mechanism to give them continuity once this task is complete. Others seem to play a more regular and permanent role over and above the requirements of the Regional Conference on Population and Development.

As regards the role played in these bodies by non-governmental organizations, it seems to be of two kinds: a more comprehensive one, in the mechanisms and agencies responsible for coordinating population and development issues nationally, and a more sectoral, issue-based one, with mechanisms differing depending on the ministry or area of government where the coordination is taking place. During the stages of preparation of the first national progress report on implementation of the Montevideo Consensus on Population and Development, civil society sometimes explicitly included bodies associated with academia and women's, youth and indigenous organizations, with different degrees and levels of participation, mainly in those agencies that had been set up for the purpose of preparing the report. Participation types are summarized in table III. A1.1 of annex III.A1.

As regards the degree of consolidation of mechanisms for participation by civil society organizations and their continuity and regularity over time, the situation appears to be much the same as with population and development institutions: sectoral and issue-based work seems to be the best consolidated and longest established.

(d) The situation regarding the integration of population issues into public policies and planning

The integration of population dynamics into sustainable development planning on a national and subnational scale is one of the essential priority measures of the Montevideo Consensus, giving it a distinctive identity. The subject is bound up with each of its chapters, particularly development and land-use planning (priority measure 4) and planning that takes account of changes in the age structure (priority measure 19) in the different sectoral policies, and likewise with the dynamics of specific populations, such as indigenous peoples (priority measure 86). One effect of past or expected changes in the region's age structure on national policies is the impact on social security, as noted and exemplified in ECLAC reports:

The analysis of the demographic context is crucial to determine the contribution capacity of cohorts of working age and the potential demand for benefits by older cohorts. Demographic changes involve quantitative and qualitative shifts in the social organization and they must be borne in mind for planning social protection and security policies. The demographic dependency ratio is currently declining in the region, a characteristic of the demographic dividend period. This represents an opportunity to invest in production and increase social investment in health, education and poverty reduction (ECLAC, 2017c, p. 11).

Thus, knowledge of past and current demographic dynamics, and chiefly of possible future scenarios, is essential if human rights-based public policies and actions are to be planned in a more economically efficient and effective way and have a real social impact. Regional follow-up of this aims to quantify the existence of development plans that incorporate population projections into their formulation (Montevideo Consensus follow-up indicator A.24) as a sentinel indicator, for while this is not the only aspect to consider, it is an indication that demographic information is being used in development planning. This indicator has not yet been consolidated in the region,¹⁵ but the information can be anticipated in two ways: by seeing whether population changes

¹⁵ A source of information for this future follow-up is Population Situation Analysis (PSA), a methodology proposed by the United Nations Population Fund (UNFPA) to incorporate demographic dynamics, reproductive health and gender issues into national development strategies by explicitly adopting a human rights, cultural and gender perspective. This activity is intended to meet the demand from the countries for international cooperation to promote capacity-building and recognize national ownership and leadership as prerequisites for development, in accordance with the principles agreed at the International Conference on Population and Development held in Cairo in 1994, in the Montevideo Consensus on Population and Development and in the 2030 Agenda for Sustainable Development.

have been considered in the future visions set out in national development plans reported by the countries or, very approximately, by considering information from the population policies survey conducted by the United Nations Population Division in the countries.

As regards development planning, recent plans discussed in national reports present a high degree of synergy with the Montevideo Consensus and place the main population issues among their priorities. In the case of El Salvador, mention is made of restoring State planning with the Five-year Development Plan 2014-2019: for a productive, educated and safe El Salvador. In Costa Rica, the National Poverty Reduction Strategy of the Secretariat of Population emphasizes the Joint Institute for Social Aid (IMAS) Bridge to Development of 2015-2018. In Guatemala, the National Development Plan K'atun: Our Guatemala 2032 analyses consistency between the Montevideo Consensus and the national plan and notes the opportunity the demographic dividend might give the country to "enhance its productivity in consequence of a shift in its population structure" (Government of Guatemala, 2017).

The World Population Policies database, published by the Policy Section of the United Nations Population Division, provides information on governments' vision and policies regarding key aspects of population.¹⁶ In the absence of more accurate systematized information from elsewhere, this database provides an overview of how the governments of the region's countries see population issues. If some of these governments' policy positions on population growth, fertility, migration and ageing are analysed, it can be said that their outlook on demographic issues reflects a degree of unawareness of demographic dynamics, with restrictive approaches continuing to hold sway. Of the 33 countries in Latin America and the Caribbean, 16 had no official policy and took no action whatever in 2015 in relation to population growth, while 8 stated that they had policies to maintain, increase or reduce fertility. Of those 16 countries, 14 had policies to maintain, reduce or increase immigration and 10 had policies to maintain or reduce emigration. Population ageing was declared to be a major concern in 24 countries, but 2 stated that they had not taken any measures to deal with it in the previous five years, and 8 selected just one measure among the possible responses (raising the retirement age, increasing worker contributions, introducing non-contributory pensions at advanced ages and promoting private sector retirement saving schemes). A subject on which there were numerous positive responses was the issue of measures taken in relation to population distribution, chiefly concerning movement from rural to urban areas.

3. Conclusions

1. In the aggregate, the region experienced a considerable reduction in poverty and extreme poverty from the 2000s until recent years. The figures for 2015 and 2016, however, reveal an increase in general poverty levels in the region, mainly because of the influence of countries with large populations or large rises in poverty.
2. Income inequality, while still higher than almost anywhere else in the world, continued to trend downward, albeit less rapidly than in the previous period, and has risen in only a few countries.
3. Conditional transfer programmes are among the most widely used social protection programmes in the region and have played a leading role in the decline in poverty discussed. Although they do not all have the same scope, coverage and impact, they are important for the most vulnerable population groups and indispensable at times of economic crisis for preventing large sections of the population from falling into extreme poverty. As the figures show, however, they are not always enough to stop poverty rising at times of economic crisis.
4. As regards the dimensions of health care, education, work, services and infrastructure associated with different priority measures of the Montevideo Consensus,¹⁷ the region has evinced continuous progress, the challenges entailed by which are indicated in the sections dealing with specific population groups

¹⁶ This database is of long standing, with comparable information dating from the 1970s. Although the answers to the questions need to be analysed with caution, since they can often be imprecise, the aggregate data do provide a basis for some important inferences about governments' visions or conceptions of population policies.

¹⁷ These include, among others, priority measures 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 14, 17, 25, 26, 30, 32, 33, 35, 37, 40, 41, 42, 43, 46, 54, 59, 65, 69, 72, 78, 79, 87 and 95.

(C, F, H and I). Economic circumstances in countries with large populations have meant a slower rate of progress in recent years, chiefly where labour market participation in South America is concerned. Furthermore, new challenges have arisen with health care and the problem of persistent violence in many countries. Follow-up of the environment and human settlements, dealt with in section G, remains a challenge for future reports.

5. The countries where poverty has declined have made reforms to their health-care systems, pension systems (including use of non-contributory transfers) and education systems, which reveals the importance of social protection programmes in the areas of health, education, housing and basic infrastructure, among others, and multisectoral actions to reduce poverty and endow people with capabilities.
6. The countries' reports also mention first job programmes and training and skills programmes for young people in situations of vulnerability (as specified in section B) and for specific population groups. Considering inequality levels and the age structure, which includes a large proportion of young people, these programmes are essential for breaking the generational cycle of poverty.
7. When it comes to institutionalizing population and development issues in governments and giving them greater weight, major advances have been made in the region, and this has facilitated implementation of the Montevideo Consensus itself. However, progress has been uneven, with national peculiarities often resulting in differences of pace. The same can be said of the institutionalization of civil society participation and the mechanisms needed to make this participation effective. There are still great obstacles to institutionalization and a need to ensure that the mechanisms in operation can continue to have a decisive effect on public policies with a view to sustainable development.
8. Population dynamics have become increasingly important to governments. This can be seen most plainly in the national reports, in relation to topics such as changes in the age structure, population ageing, international migration, urbanization and internal migration. They are also a factor in concerns about local planning and the need for short-, medium- and long-term population estimates and projections. For different reasons, all the countries routinely consider population projections, but it is not clear to what extent these are projections of the total population, with its sex and age distribution, or of specific population segments as part of development planning. One reason for this deficit might be a lack of standardized routines, formal protocols or public manuals.
9. The difficulty of obtaining information for a regional aggregate means there is a need to improve the definitions of the indicators monitored, but also to produce data at the national level. Demographic censuses are essential as follow-up frameworks, but there needs to be greater use of high-quality annual surveys and administrative records with good coverage. Accordingly, there is a pressing need for ongoing human resources training and allocation of financial resources for the production of appropriate data on each national situation.
10. In any event, the region plainly still has a long way to go in all areas of the population and development agenda touched on in this chapter. Progress requires strong political will that translates, among other things, into sustained policies that can build on progress, ensuring this does not halt or go into reverse.
11. In most of the reports, information is not disaggregated by territory or region, by urban and rural area, by race and ethnicity or by disability status, among other variables. The production of information, including the development of plans for cooperation between a country's different data producers, with specification of thematic priorities, data periodicity, levels of disaggregation, data collection responsibilities and the financial resources allocated for the process, is essential if the data needed for the agreed regional follow-up indicators are to be forthcoming. Furthermore, institutional peculiarities and national thematic priorities should be explicitly included in data production plans so that in forthcoming national reports the countries can describe their progress and any failures with policies and actions in the different spheres. Thus, advance planning is required if the countries are to meet the challenge of producing the indicators of each chapter of the Montevideo Consensus on Population and Development for the forthcoming national progress reports on implementation of the Consensus.

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Annex III.A1

The following is a summary of information on national population and development institutions and civil society participation provided by the countries in their national reports and governments' voluntary presentations at the special meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean held in Santiago from 7 to 9 November 2017 (ECLAC, 2018b).

Table III.A1.1

Latin America and the Caribbean: population and development institutions and civil society participation

Argentina	The National Population Directorate , belonging to the National Registry of Persons (RENAPER), which comes under the Ministry of the Interior, maintains dialogue with national and provincial bodies concerned with the follow-up of population issues. It reports on civil society participation.
Bolivia (Plurinational State of)	The National Commission , formed of representatives of different ministries and government areas. It reports on civil society participation.
Brazil	The National Committee on Population and Development (CNPD) is the body responsible for formulating public policies and implementing integrated actions relating to population and development. It has been coordinated since December 2017 by the Strategic Affairs Secretariat of the Office of the President of the Republic and comprises a number of sectoral ministries, the Brazilian Geographical and Statistical Institute (IBGE), sectoral councils and academic organizations. Civil society participates through a number of bodies and mechanisms, such as public policy councils and national conferences.
Chile	The National Montevideo Consensus Coordinating Committee (CCNCM) is formed of ministries and autonomous agencies. It was coordinated until 2018 by the Ministry of Health and thereafter by the National Institute of Statistics (INE). It reports on civil society participation through the Civil Society Councils, an autonomous consultative mechanism.
Colombia	The Ministry of Foreign Affairs is the focal point coordinating the work done by different agencies in connection with the international commitments associated with the population and development agenda at national level and their positioning in the country. The national report was prepared under the auspices of an interinstitutional committee formed by the National Planning Department (DNP), the Ministry of Foreign Affairs, the Ministry of Health and Social Protection and the National Administrative Department of Statistics (DANE) with support from the national office of the United Nations Population Fund (UNFPA). Two meetings were held in Colombia with the participation of a wide range of national and local civil society organizations, academia, sectoral bodies and thematic experts.
Costa Rica	The High Level Steering Committee for implementation of the Montevideo Consensus is formed by the Ministry of National Planning and Economic Policy (MIDEPLAN), with support from the National Institute of Statistics and Censuses (INEC) and UNFPA, and has working subcommittees to coordinate public institutions and civil society organizations. MIDEPLAN set up its Technical Department for Population in 2017. To prepare the national report, a Technical Working Group (GTT) comprising different government institutions and civil society organizations was set up. Civil society organizations formed a Montevideo Consensus Follow-up Committee.
Cuba	The Government Commission is chaired by a deputy chair of the Council of Ministers and deals with matters relating to demographic dynamics and the relationships between population, development and the economy. The Multidisciplinary Working Group was set up in 2013 as a mechanism for follow-up of the International Conference on Population and Development and is participated in by government agencies, civil society and academic and research centres.
Dominican Republic	The Coordinating Committee is made up of public institutions, civil society organizations and UNFPA and is chaired by the Ministry of the Economy, Planning and Development (MEPyD). To support the Committee, an ad hoc Technical Committee made up of specialists from MEPyD and UNFPA has been formed. The national report was prepared in coordination with sectoral institutions, and consultation workshops were held with representatives of government institutions, civil society organizations, academia and international organizations.
Ecuador	The National Secretariat for Planning and Development (SENPLADES) is the focal point vis-à-vis the Regional Conference on Population and Development in Latin America and the Caribbean. It reports on national dialogues involving sectoral councils, academia and civil society.
El Salvador	A number of government bodies participated in the interinstitutional process for the preparation of the country's national report, including the Ministry of Health as the liaison and coordinating institution. Civil society was involved in the process through a consultation workshop participated in by numerous organizations.
Guatemala	Tripartite coordination mechanism comprising the Secretariat for Planning and Programming of the Office of the President (SEGEPLAN), the Presidential Secretariat for Women (SEPREM), the Cairo+20 Advocacy Group and UNFPA. To prepare the national report, two consultation arrangements were organized, using the same information-gathering instrument: consultation with public institutions on progress in implementing the priority measures of the Montevideo Consensus and workshops with civil society representatives.

Table III.A.1.1 (concluded)

Guyana	There is no planning unit or agency to continuously address the issues of population dynamics and their integration into national planning and sectoral policies. There is a mechanism under the Ministry of Social Protection (National Steering Committee on the implementation of the Montevideo Consensus) responsible for broad participation, including non-governmental organizations (NGOs), as part of the public institution responsible for coordinating population and development issues.
Honduras	The public institution that handles population and development issues is the Secretariat for Human Rights, Justice, Governance and Decentralization, specifically the Department of Governance and Decentralization in its capacity as Executive Secretariat of the National Population Council (CONAPO). CONAPO is made up of 17 representatives of the State and 18 of civil society, and is thus a widely participatory mechanism for population issues.
Jamaica	There is a permanent institutional structure devoted to population and development issues. The Planning Institute of Jamaica (PIOJ) is the national focal point for population and development issues. In 1983, Jamaica established a multisectoral Population Policy Coordinating Committee to monitor the implementation of its National Population Policy. In 2007 this mechanism was renamed the Population Thematic Working Group (PopTWG) of Vision 2030 Jamaica . The membership of the PopTWG is drawn from a cross-section of stakeholders with technical interest in and knowledge of population issues including relevant government ministries, departments and agencies, private sector bodies, academia, civil society, key individuals and international development partners.
Mexico	The National Population Council (CONAPO) comprises 17 departments and agencies of the federal public administration plus the 32 states. Civil society participates in the specific thematic arrangements relating to the chapters.
Panama	The Technical Secretariat of the Social Cabinet (STGS) coordinated the preparation of the national report. To draft the report, workshops were held with the support of UNFPA and participated in by the institutions forming part of the Population Technical Committee (COTEPO), other public institutions, civil society organizations and United Nations agencies. COTEPO, which advises the Social Cabinet on population and development issues, has been operating since 1987.
Paraguay	Preparation of the national report was coordinated by the Technical Secretariat for the Planning of Economic and Social Development , which reports to the Office of the President of the Republic, through discussions between State institutions, civil society organizations and private sector firms.
Peru	The Multisectoral Commission for follow-up and evaluation of the implementation of the Montevideo Consensus is a standing body. It is chaired by the Ministry of Women and Vulnerable Populations and its members are another 17 national public sector bodies. The Technical Secretariat of the Commission comes under the Department of Population, Development and Volunteering of the Ministry for Women and Vulnerable Populations. Representatives of civil society were interviewed to prepare the national report, in particular the Sexual and Reproductive Rights Oversight Committee.
Suriname	The Ministry of Home Affairs acts as the national coordination mechanism for the Regional Conference on Population and Development and is responsible, inter alia, for the civil status and population accounts in all Suriname. The Centraal Bureau voor Burgerzaken (CBB) is responsible for carrying out this task, which includes the sustainable delivery of reliable and complete civil registration, integration and integration policies and registration of foreigners. The ministry is also responsible for the optimal participation of women in the development process in Suriname and ensures a balanced emancipatory women's policy. The preparation of Suriname's national report for the Montevideo Consensus was led by the Ministry of Home Affairs. In gathering data, both government reports and reports from civil society and non-governmental organizations were consulted. Various ministries and non-governmental organizations provided information depending on their tasks. In finalizing the report, validation meetings were held in which both government and non-governmental organizations participated.
Uruguay	The Sectoral Commission on Population and Development (CSP) was created by the Office of Planning and the Budget. For operating purposes, it has two components: a plenary, with representatives from the executive branch, parliament, academia, international cooperation agencies and civil society organizations, and an executive committee, made up of representatives of government agencies. The CSP advises the executive branch on the creation of a medium- and long-term national vision for demography and population and a strategy to attain this, and it is responsible for following up the Montevideo Consensus and acting as a liaison with the Regional Conference on Population and Development. Its composition at the government level is interinstitutional, and it is participated in by parliamentary population committees, civil society and academia, with technical advice from UNFPA.
Venezuela (Bolivarian Republic of)	A number of progressive actions have been undertaken with a view to creating national coordinating mechanisms for the operationalization of the Montevideo Consensus. A technical committee for initial coordination has been established and is participated in by the Ministry of Foreign Affairs, UNFPA and the National Institute of Statistics. In addition, a participatory working methodology has been developed, and public sector bodies, a citizens' organization and an international cooperation agency have participated on this basis.

B. Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth

1. Introduction

The reference group for this section are three stages of life that are quite different from one another but closely connected and indeed overlapping, with childhood transitioning to adolescence and adolescence to youth. Although the official definitions are based on age, they are too simplistic and still a subject of debate (Sawyer and others, 2018), and childhood (ages 0 to 18) largely coincides with adolescence (ages 10 to 19), and this with youth (ages 15 to 29). Consequently, some of the priority measures in the chapter might be accomplished by actions aimed at two of the three subgroups or even all of them, and this is a peculiarity that will be considered when actions and indicators are reviewed.

The child, adolescent and youth population peaked recently, in 2015, at 325 million (51.5% of the regional population). The outlook from that point on is for an absolute and relative decline that is expected to bring the number down to 310 million by 2030 and 207 million by 2100 (United Nations, 2017). This decline in no way diminishes the importance of this age group and the need to invest in it, since its rights will remain just as enforceable (particularly those that are not fully respected at present, as shown in this report) and its members will retain their position as the replacement generation. In fact, this demographic reduction is an opportunity, since resources will be less stretched on a macro- and microsocial scale. It is with good reason that age has been included as a key marker of the life cycle among the axes of the social inequality matrix for Latin America prepared by ECLAC (2017a, p. 26), since, as this section explains, a number of the reference group's rights are currently unrealized, and it faces specific adversities and risks.

Three areas will be followed up in this section. The first corresponds to priority measures 7, 9, 10 and 16, which contain aspirations for the group's general welfare that are shared with the 2030 Agenda for Sustainable Development and other international agendas.¹⁸ The second is more specific to the Montevideo Consensus on Population and Development (although it also shares some elements with the regional youth agenda, the Convention on the Rights of the Child and other agendas) and relates to priority measure 8, which is to ensure that adolescents and young people participate actively in society and decision-making, particularly on matters that directly concern them. The third comprises priority measures 11 to 15, relating to comprehensive sex education, sexual and reproductive health and sexual and reproductive rights of adolescents and young people, subjects which are found on other international agendas but which in the Montevideo Consensus on Population and Development are expressed in aspirations of unrivalled depth and scope.

Following up on this distinction, and bearing in mind the synergies with other agendas in the case of the first area, the lack of information and unmet challenges in the second area and the specificities of the third area and the prominence given to it in the Montevideo Consensus on Population and Development, this section is based on national reports and regional data and analyses for the first area, on national reports and regional information for the second area and on national reports and newer and more detailed regional and national information, studies and data for the third area, which will mean more detailed follow-up of this third area.

¹⁸ These priority measures concern a life free of poverty, violence and discrimination; investment in youth for a universal, free, public, secular, high-quality intercultural education free of discrimination; and implementation of labour market and employment policies and special youth training programmes.

2. The situation regarding the priority measures in the chapter

(a) Priority measures relating to the general welfare of children, adolescents and youth

Priority measure 7 of the Montevideo Consensus on Population and Development establishes a number of dimensions relating to welfare, living conditions and exercise of rights for children, adolescents and youth. Some of them are included in other priority measures of the Montevideo Consensus, and almost all can be measured by a variety of indicators, some of them from other agendas, including the 2030 Agenda for Sustainable Development. More broadly, a number of countries have taken measures to protect and support the development of children, young people and adolescents by way of laws, policies, plans, programmes and specific institutions, among other steps, in fulfilment of priority measure 7.¹⁹ On a more specific level, combating poverty and reducing poverty indices are among the foremost aspirations of the Montevideo Consensus on Population and Development, fully shared with other instruments. In the case of children, adolescents and young people, two factors make this aspiration all the stronger: (i) this group presents particularly high levels of poverty, as mentioned in the previous chapter and confirmed recently by ECLAC (2018a, figure II.7), largely because overall fertility remains considerably higher among the poor (Rodríguez, Di Cesare and Páez, 2017, table 2); and (ii) there is an academic and political consensus that experiences during the early stages of life are critical for the rest of it, particularly when it comes to interrupting the intergenerational reproduction of poverty.²⁰

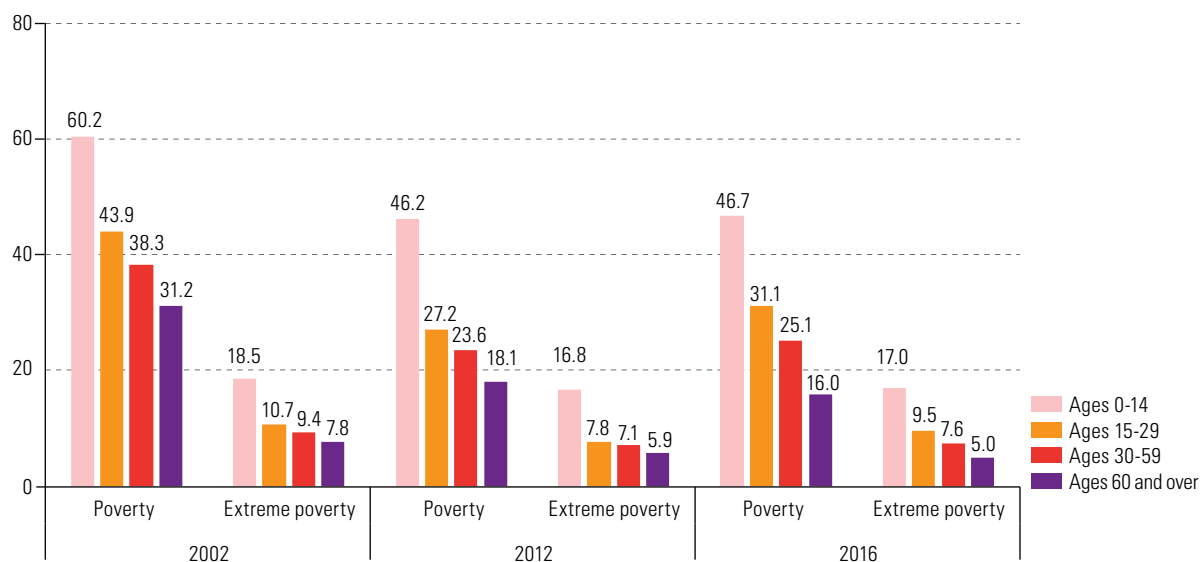
The macroeconomic context and general employment and wage policies influence poverty levels in the reference group, as these depend first and foremost on family employment and wages (in the case of young people, the relationship between poverty and employment conditions is even clearer). Second, the group's poverty levels also depend on the scope and scale of social protection for their families, including income transfers, and this protection is not unaffected by macroeconomic factors (ECLAC, 2017a, p. 41). The actions undertaken in the region's countries, in the form both of countercyclical policies (ECLAC, 2017a, p. 43) and of transfers, employment and wages (ECLAC, 2017a, section III.E), seem to have at least partly offset the macroeconomic headwinds of the reference period as discussed in section III.A of this report. According to the official indicator of the Sustainable Development Goals (SDGs), poverty among workers aged 15 to 24 did not increase between 2013 and 2016, but actually fell slightly from 3.8% to 3.7%. According to the most recent ECLAC estimates, however (see figure III.5), regional poverty increased in this age group, mainly because of the influence of the Bolivarian Republic of Venezuela and Brazil. In the group aged 0 to 14, the increase was small (from 46.2% in 2012 to 46.7% in 2016), which could suggest that the impact of the crisis was contained to some degree by conditional transfer programmes and other contingent support measures. Even so, poverty in this group is considerable and a great cause for concern, given the effects it is having and will have in future on today's children and the region as a whole. Meanwhile, the increase in poverty among adolescents and young people was more marked, as it rose from 27% in 2012 to 31% in 2016 (see figure III.5). This suggests that the policies and programmes aimed at them were much less effective at containing it. Nonetheless, the rising proportion of household income provided by conditional transfer programmes and other transfers did serve to cushion the effects of the adverse business cycle (ECLAC, 2018a, p. 97) and meant that poverty reduction could continue in many countries, if not in the region as a whole.

¹⁹ As shown by the information on laws, policies, plans and programmes included in countries' national reports. Some examples are: Law No. 548, the Children's and Adolescents' Code in the Plurinational State of Bolivia (2014) (see [online] <http://www.derechoteca.com/gacetabolivia/ley-no-548-del-codigo-nina-nino-y-adolescente-vigente-y-actualizado/>); Law No. 9220 on the National Children's Care and Development Network of 2014, the National Agenda for Children and Adolescents 2015-2021 and the Public Policy for Young People and its Plan of Action 2014-2019 in Costa Rica; the 2014 creation of the National Children's Council in Chile; the National Policy of Comprehensive Protection for Children and Adolescents (PNPNA), the National Action Plan of the National Policy of Comprehensive Protection for Children and Adolescents 2014-2017 and the National Youth Policy 2010-2024 in El Salvador; the General Law on the Rights of Children and Adolescents (LGDNNA or General Law) passed in Mexico in December 2014; the National Strategic Plan for Children and Adolescents in Panama (2015); the ongoing implementation and enhancement of the Uruguay Grows with You programme since 2012; the National Plan for the Comprehensive Protection of Children and Adolescents 2016-2019 in the Bolivarian Republic of Venezuela; the National Strategic Plan for Pre-adolescents and Adolescents 2011-2016 in Jamaica; and the National Youth Policy adopted by the Guyanese National Assembly in 2016.

²⁰ Although total fertility has fallen in all social groups and there is somewhat of a trend towards reproductive convergence (ECLAC, 2014, section B.4).

Figure III.5

Latin America (18 countries): poverty and extreme poverty rates by age group, 2002, 2012 and 2016
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America, 2017* (LC/PUB.2018/1-P), Santiago, 2018; *Social Panorama of Latin America, 2016* (LC/PUB.2017/12-P), Santiago; *Social Panorama of Latin America, 2002-2003* (LC/G.2209-P), Santiago; and special tabulations of data from official household surveys.

Note: Weighted averages of the following countries: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

Besides the contribution of conditional transfer programmes to reducing poverty or mitigating its rise, as described in section III.A, these programmes make further contributions in the case of this group because they include other benefits directly targeted at children and adolescents (nutrition, health check-ups, birth registration, identity documents, etc.), leading to improvements in these dimensions, which are covered by a number of other priority measures of chapter B of the Montevideo Consensus on Population and Development, such as numbers 7, 9 and 10. In addition, because requirements are laid down for children and adolescents in exchange for benefits (vaccination, school attendance, participation in training courses, etc.), they have also contributed to fulfilment of other priority measures of the Montevideo Consensus on Population and Development.²¹ Lastly, these programmes' direct relationships and regular, multifaceted interactions with historically underdeveloped and excluded populations have enabled them to act as a bridge towards incorporation into a wider network of protection and have multiplied and broadened out this group's opportunities for social integration and the exercise of rights (ECLAC, 2017a, p. 60).

The multidimensional character of these programmes (which was consolidated in the reference period) and specific actions of a sectoral or thematic nature have contributed to fulfilment of priority measures 7, 9 and 10 of the Montevideo Consensus on Population and Development, despite the adverse business cycle in the period examined. This is the case with childhood mortality,²² which declined systematically at the regional level from 18.7 per 1,000 in 2013 to 18.3 in 2014 and 17.9 in 2015; with child labour, which declined from 8.8% in 2012 to 7.3% in 2016;²³ and with primary and secondary education coverage, which expanded not only at the aggregate

²¹ There are also specific conditional transfer or support programmes for this age group, such as Youth in Action, which contributes to the maintenance of young people receiving occupational training in institutions such as the National Apprenticeship Service (SENA) in Colombia, the Mi Beca Segura programme of study grants in Guatemala and the Cuna Más national programme in Peru, which aims at improving the all-round development of children aged under 36 months.

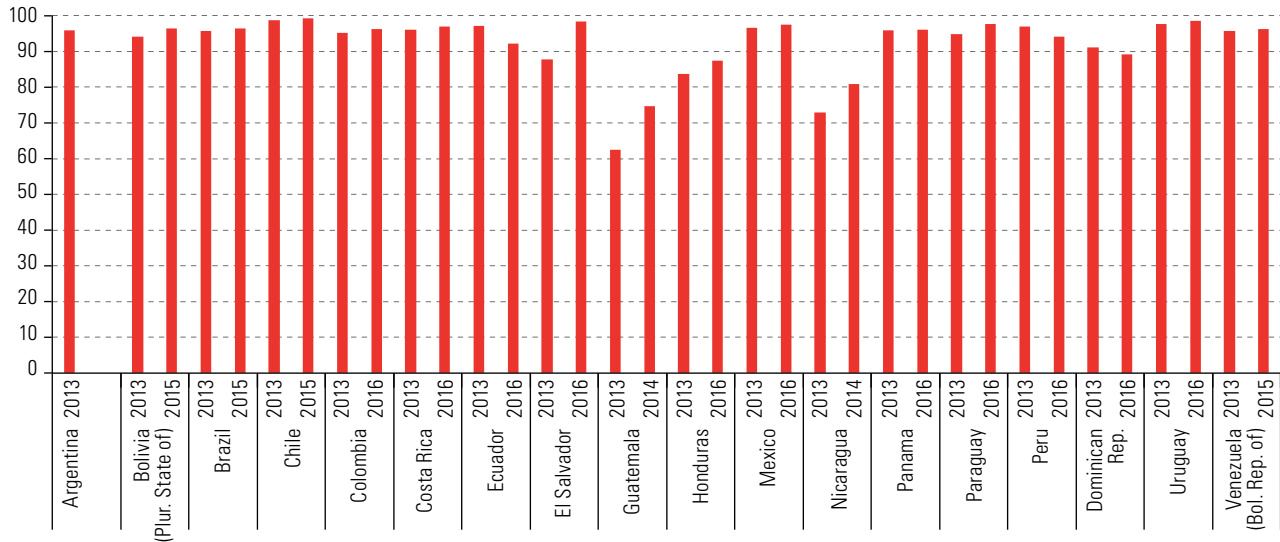
²² Indicator B.1 of the Montevideo Consensus on Population and Development and 3.2.1 of the SDGs: under-five mortality rate.

²³ Indicator B.2 of the Montevideo Consensus on Population and Development and 8.7.1 of the SDGs: proportion and number of children aged 5-17 years engaged in child labour, by sex and age. There are no trend data on the official site, so use was made of ILO, 2017, figure 6, p. 30.

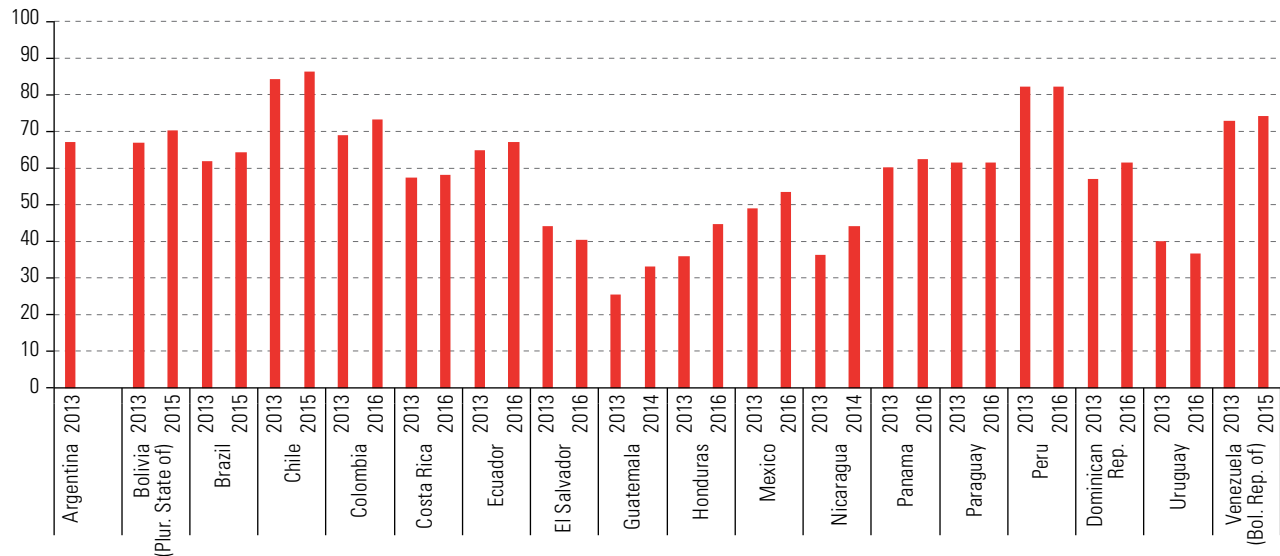
regional level, but in almost every country (see figure III.6).²⁴ Likewise, the university studies completion rate (five years) increased from 8.8% to 9.1% in the cohort aged 25 to 29.²⁵ These are important advances in areas that governments have moved up their agendas, demonstrating both resoluteness and executive capacity.

Figure III.6
Latin America (18 countries): primary and secondary school completion rates, 2013 and 2016
(Percentages)

A. Primary school



B. Secondary school



Source: Youth Observatory for Latin America and the Caribbean (JUVELAC) [online] <http://dds.cepal.org/juvelac/estadisticas> for 2013 and special tabulations of household survey data for 2016.

Note: Indicator 73 in ECLAC (2017b).

²⁴ Since metadata for the indicators used to evaluate priority measure 9 of the Montevideo Consensus on Population and Development (B.5 and B.6) are still lacking, indicator 73 of ECLAC (2017b) is used.

²⁵ Fifteen countries (Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Peru, Paraguay, the Plurinational State of Bolivia and Uruguay), weighted values. Youth Observatory for Latin America and the Caribbean (JUVELAC) and special tabulations of household survey microdata prepared by the Social Development Division of ECLAC.

A combination of the adverse macroeconomic context, inadequate policy coordination, the limitations of a number of policies and a lack of effective action had the effect in the reference period of hindering the fulfilment of aspirations contained in priority measures 7, 9, 10 and 16. The following aspects, among others, may be highlighted:

- (i) Violence involving the reference group, which has at least two manifestations. First, there is direct violence against the group, with the perpetrators taking advantage of its dependency and vulnerability. In this case, the aggressors may be anyone from criminal gangs to neighbours and relatives. The State itself might be the perpetrator, whether by action or omission, something that is well documented in a number of countries, particularly when it comes to the most vulnerable children, left in its care because their own families find it hard or impossible to take care of them or have lost or abandoned them (UNICEF, 2013).²⁶ Numerous measures have been taken since 2013 to prevent such violence and punish the aggressors in the region's countries, and there are clear signs of increased social awareness and denunciation of such violence by the media.²⁷ Nonetheless, the regional indicators are a source of great concern, since almost two in every three children under 17 suffered some type of punishment or aggression during the month preceding the survey date.²⁸ According to a recent survey in Chile, 34% had been victims of ill-treatment by their parents or carers during the previous year.²⁹ And second, there is violence with criminal characteristics involving adolescents and young people, usually as victims. Here too the countries have deployed a wide range of actions, ranging from prevention and protection to direct measures to repress and punish such violence.³⁰ Nonetheless, the results so far do not look very encouraging, and indeed the majority of the countries refer to the issue as a major challenge.³¹
- (ii) Secondary school completion and inequality. Figure III.6B shows that, despite improved coverage, completion of this level, which in many respects is crucial in today's society (ECLAC, 2017a, pp. 32-33 and 63-64; Bárcena and Prado, 2016, pp. 65-66), is far from universal in any of the countries and is below 50% in some. Although the countries with the lowest secondary school completion rates are usually those with a lower socioeconomic level, there are exceptions, such as Uruguay, that reveal systemic national specificities and show that improvements require political and institutional decisions, since there is no guaranteed path to universal graduation at this level. One finding that does not seem to admit of exceptions is the huge socioeconomic inequality in secondary education completion rates. According to the latest data from the Youth Observatory for Latin America and the Caribbean (JUVE-LAC), the rate is almost three times as high in the top quintile as in the bottom quintile (85% and 34%, respectively, in 2014). It should be pointed out that completion of secondary education is linked to other aspirations in priority measure 10, concerning the enhancement of young people's

²⁶ This is accepted by Chile in its national report, which acknowledges "the appalling situation in Sename children's homes" (Government of Chile, 2018, p. 226). As a rule, this group is among those considered by the Committee on the Rights of the Child to be vulnerable and discriminated against (United Nations, 2000).

²⁷ Actions additional to the general laws and policies mentioned earlier include: (i) more specific laws and policies, such as Colombia's Law No. 1620 of 2013 creating the national system of school community life and training for human rights, sex education and prevention and mitigation of school violence (see [online] <http://wsp.presidencia.gov.co/Normativa/Leyes/Documents/2013/LEY%201620%20DEL%2015%20DE%20MARZO%20DE%202013.pdf>); (ii) specific policies and plans such as: the National School Community Life Policy 2015-2018 and the Plan for Good Treatment and Eradication of Violence against Children and Adolescents implemented in Chile in 2016; the Inter-Agency Strategic Youth Plan in Panama, whose third strategic pillar concerns prevention of violence, citizen security and access to justice; Costa Rica's Law No. 9406 on measures to strengthen legal protection for girls and female adolescents against situations of gender violence associated with abusive relationships and the reform of the Penal Code, the Family Code, the Organic Law of the Supreme Electoral Tribunal and Civil Registry and the Civil Code in 2016; (iii) the establishment or strengthening of specific institutions, such as the national youth institutes and multisectoral councils mentioned earlier in Chile and El Salvador; (iv) programmes and campaigns with specific objectives, such as preventing bullying and encouraging harmony and tolerance in schools, such as: the Safe School plan in Chile; the declaration of 2016 as the year of action against bullying in Costa Rica (see [online] <http://www.mep.go.cr/noticias/mep-profundizara-acciones-contra-abuso-violencia-espacios-educativos>); specific content in the Early Childhood Education and Comprehensive Development Model and the Integrated System of Full-time Inclusive Schooling in El Salvador; the Guidelines for Prevention of Child Abuse in the Family of 2016 in Mexico; and the Judicial Policy for the Special Protection of Children and Adolescents (2015-2019) of the Guatemalan judiciary.

²⁸ SDG indicator 16.2.1: proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (see [online] <https://unstats.un.org/sdgs/indicators/database/>).

²⁹ See National Children's Council [online] www.consejoinfancia.gob.cl/2018/02/01/consejo-de-la-infancia-presenta-primera-encuesta-de-polivictimizacion-en-ninos-ninas-y-adolescentes/.

³⁰ For example, El Salvador has created the Sub-Cabinet for the Prevention of Violence, which operates nationally and is being used to implement the National Violence Prevention Strategy and the Safe El Salvador Plan. This is an inter-agency body run by the Ministry of Justice and Public Security and participated in by the Ministry of the Interior and Territorial Development, the National Civil Police, the Ministry of Education, the Ministry of Health and the National Institute for Youth (INJUVE), among others. A leading programme in Chile is Opening Paths, aimed at children and adolescents whose significant adult is in prison. Civil society also plays an important role. In Jamaica, for example, the "Nuh Guh Deh" or "Don't go there" campaign to combat sexual violence against girls began in November 2015.

³¹ Although there are no recent data for indicator A.18 (16.1.1 of the SDGs), used to follow up priority measure 16 (disaggregated by age), there is a consensus in the specialist literature that the region's homicide rates are too high relative to the rest of the world (Chioda, 2016).

capacities and employment opportunities, and in priority measures 12 to 14, concerning prevention of adolescent pregnancy. This is a further incentive to prioritize secondary education and its completion, in view of its apparent extended and additional effects.

- (iii) Education quality. Progress with education system access is not being reflected in education quality or in the formation of the skills needed for the modern world (ECLAC, 2017a, p. 150). Although gauging education quality is difficult (ECLAC, 2017a, p. 140), the scores of all the countries in the region that participate in the tests of the Organization for Economic Cooperation and Development (OECD) Programme for International Student Assessment (PISA) rank near the bottom. Students when surveyed are likewise often critical of the education they have received.³² Improving education quality is undoubtedly a major challenge, and steps have been taken towards this. Nonetheless, only a very few countries have pointed to tangible progress in this area in their national reports.
- (iv) Access at the beginning and end of the educational cycle. The Montevideo Consensus on Population and Development and the indicators adopted for its follow-up in the region make no explicit reference to preschool or tertiary education. However, priority measure 9 and indicator B.6 do leave room for both education levels. There can be no doubt as to their importance, given the cumulative effects of the former (ECLAC, 2017a, p. 57) and its linkages to other aspirations in the priority measures regarding gender equality, for example, and the growing need for the latter (whether at universities or technical institutions) in modern societies. The substantial efforts made in a number of the region's countries since 2013 have expanded coverage, especially for preschool education, where it is now higher than in secondary education (ECLAC, 2017a, p. 58). Nonetheless, preschool education is still far from universal, particularly in lower-income countries, while its quality is still inadequate and too little advantage is being taken of its potential for the multidimensional development of minors. In the case of university education, the latest figures from household surveys conducted around 2016 indicate that 10% (simple average) of the population aged 25 to 29 completed the post-secondary cycle (five or more years of education), with only a few countries having a figure as high as 20% in this cohort (Argentina, Bolivarian Republic of Venezuela, Chile) and several having proportions of the order of 5%.³³ Furthermore, the inequalities revealed by this indicator are immense, since less than 2% of the bottom socioeconomic quintile completed this cycle, as against some 25% of the top quintile. Thus, tertiary education is still for the few in most of the countries. And while coverage has increased, in many countries this has been achieved by charging students, which limits access for poorer adolescents and young people and forces a large proportion of the new intakes into debt, something that goes against what was agreed in priority measure 9 of the Montevideo Consensus on Population and Development. Expanding higher education coverage and decoupling it from the socioeconomic situation of adolescents and the young would also help to bring down adolescent fertility, youth unemployment and the still large proportion of adolescents and young people not in education, work or training.³⁴ This situation should not be stigmatized but recognized as a potential waste of individual and social capacities.
- (v) Youth unemployment. Despite ongoing initiatives and the implementation of new ones to improve the youth labour supply, make labour intermediation services better suited to the young and create jobs for this population segment (ECLAC, 2017a, p. 104 and section III.C),³⁵ this index, which remains much higher

³² See [online] www.unesco.org/new/es/media-services/single-view/news/latin_america_and_the_caribbean_the_education_that_young_pe/.

³³ Special tabulations prepared by the Social Development Division. For earlier years, see JUVeLAC.

³⁴ The figure was 21.8% in 2014, according to JUVeLAC, which relies on official national surveys (see [online] <http://dds.cepal.org/juvelac/estadisticas>).

³⁵ Chile strengthened its youth employment subsidy programme and innovated with two programmes aimed at the young in rural areas: the National Programme of Support for Rural Youth (2017) and the Young Rural Entrepreneur programme, which provided financing to 3,088 young people in 2016. Colombia began to implement the 40 Thousand First Jobs programme in 2015, while the Projovent Act, which aims to promote job creation and youth entrepreneurship, was passed in May 2016. In Costa Rica, the Ministry of Public Education has been implementing the pilot plan "Dual model: institutionalization of an option for strengthening the education system and youth employment in Costa Rica" since 2017, while in 2016 El Salvador established the Jóvenes con Todo programme, which has improved the employability of several thousand young people, and that same year Guatemala launched the My First Job grant. Mexico is applying the Strategic Partnership for Youth Work and Employment (EMPLEO JOVEN), with ILO support. Uruguay set up its Inter-Agency Commission for the Promotion of Decent Work for the Young in 2015, and this has addressed a number of issues, such as how to successfully combine work and study, while Law No. 19133, which subsidizes the hiring of young workers, has been applied since 2013. Jamaica has implemented a programme to enable young workers in the subcontracting sector to complete their studies and acquire formal and soft skills for their jobs. In Suriname, the *Kari-Yu!* programme has a skills and job-seeking component that has resulted in 1,300 young full-time employees being taken on since 2013. Lastly, in March 2018 Guyana signed a memorandum of understanding with the Organization of American States (OAS) for an investment of some US\$ 83 million to be used to develop vocational training and technical programmes.

than for other age groups, was not immune to the adverse macroeconomic environment and rose during the reference period, heavily influenced by developments in Brazil.³⁶ The Caribbean has one of the world's highest youth unemployment rates, something that can be put down to a number of factors, such as the low quality of education and training, which are not suited to the needs of the labour market.³⁷ Improving the supply of jobs for the young also helps to fulfil other priority measures of the Montevideo Consensus on Population and Development, as it facilitates poverty reduction, empowers youth, lets people make better life plans and, consequently, means parenthood is more likely to be postponed.

(b) Priority measures relating to the participation of adolescents and youth in society and decision-making

A recent ECLAC study (Trucco and Ullmann, 2015) revealed a deficit of legitimacy in institutions and doubts about the ability of today's democracies to represent the interests of majorities and solve their problems. Indices of conventional and electoral participation among young people are low and there is little interest in politics. Indeed, democracy is associated in the youth imaginary with individual liberty and freedom of expression, while collective deliberation and genuine choice between alternative governments, which are another key dimension of democracy, are relegated to the background. Conversely, young people tend to have a greater proclivity than adults to mobilize around core issues of the Montevideo Consensus on Population and Development, such as health care, education and better jobs and opportunities. This is found alongside a greater willingness to engage in direct action in the form of mobilizations and in other ways, even if the majority are unenthusiastic or reluctant when it comes to participating in traditional or formal mechanisms. A striking finding is that the countries with the highest levels of trust in institutions at the beginning of the century (Costa Rica, Uruguay, Chile) went through a process of disengagement and distancing from institutions, while others experienced the opposite. These variations aside, the region's countries have implemented a wide range of actions to encourage such participation, both that of voters in elections (and elected representatives) and that of citizens in mechanisms for dialogue and for consultative and even deliberative participation (Trucco and Ullman, 2015, p. 248).

One aim of the Montevideo Consensus on Population and Development is to promote and facilitate full participation by adolescents and young people in their societies. The countries have reported on a number of initiatives implemented since 2013 to promote and institutionalize such youth participation over and above exclusively political participation. Besides public bodies that work directly with the young (youth secretariats, national youth institutes and the like) and seek to represent them within governments, different representation, participation and consultation mechanisms have been implemented, such as youth cabinets and parliaments, adolescent and youth advisory councils (which are often sectoral, particularly in the areas of health and education), youth conferences and open national or local consultations on a variety of issues.³⁸ Given that the country reports do not include indicators B.3 and B.4 and there are no metadata for these as yet, it is impossible to prepare comparative tables for the region. Mexico presents data on young people's participation in decision-making positions, and the findings for the recent period are rather discouraging.³⁹ Because of this lack of information, a quantitative regional follow-up of this priority measure is unviable as yet and stands as a challenge for the next Montevideo Consensus on Population and Development regional follow-up report.

³⁶ Indicator A.14 disaggregated by age (15-24) and 8.5.2 of the SDGs for Latin America and the Caribbean: 14.5% in 2010 and 17.2% in 2016.

³⁷ ECLAC, 2017a, p. 63.

³⁸ Bolivarian Republic of Venezuela: Presidential Council for Youth and Students and the Youth Committees of the Communal Councils. Chile: Youth Cabinet of the National Youth Institute, Adolescent and Youth Advisory Council of the Ministry of Health and the "My opinion is my right" campaign, aimed at debating and gathering inputs for the National Policy on Childhood. El Salvador: youth centres (where policies for the young are implemented), the Children's and Adolescents' Advisory Council (CCNA) and the National Young Persons' Council (CONAPEJ). Mexico: Children's and Adolescents' Opinion (OpiNNA), a systematic standing mechanism whose purpose is for the voice of this group, in its different age bands, to form part of public opinion that must be given a hearing and be reflected in public actions (Government of Mexico, 2018), and the Mexican Dual Education Model, which promotes tie-ups between education centres and the labour market. Panama: Children's and Adolescents' Advisory Councils at the municipal level. Peru: Children's and Adolescents' Advisory Councils (CCONNA), whose promotion by the Ministry of Women and Vulnerable Populations raised the participation of the reference group in public policy cycles for issues involving or concerning it from 4% in 2013 to 7.3% in 2015. Uruguay: Departmental Youth Boards and Juy! National Youth Conference. In addition to all these initiatives, there are youth parliaments in Suriname, Jamaica and Guyana (in this last, young people are also involved in preparing the new National Youth Policy mentioned earlier) and the CARICOM Youth Ambassadors programme in the Caribbean.

³⁹ According to the national youth participation index, young people's participation in the federal government declined constantly between 2014 and 2016: in the former year, 3 of every 10 decision-makers were young, but the figure had dropped to 1 in 10 by 2016, the lowest level since 2012.

(c) Priority measures relating to the sexual and reproductive rights and health of children, adolescents and young people

The Montevideo Consensus on Population and Development raised political awareness and acted as a catalyst for sexual and reproductive health care for adolescents and young people and for knowledge and fulfilment of their sexual and reproductive rights. In fact, a wide variety of actions contributing to implementation of priority measures 11 to 15 were undertaken in the reference period.

In the particular case of adolescents, it strengthened the argument about the specificity of this group and the need for specialized care that was sensitive to its peculiarities. It also consolidated the argument about this group's sexual and reproductive rights, including appropriate health care and respect for the principles of confidentiality and privacy.⁴⁰ Certainly, this progress has not been free of strains and threats, since there is still controversy in some countries about sexual and reproductive rights in general, and most particularly those of adolescents. Thus, establishing national legal frameworks that specify and guarantee adolescents' sexual and reproductive rights remains a challenge everywhere in the region.

The implementation or strengthening of actions to prevent adolescent pregnancy, in compliance with priority measures 12, 14 and 15 in particular, was a particularly notable advance in the period. Indeed, policies and programmes for the prevention of adolescent pregnancy and access to contraception were implemented, expanded or strengthened in almost all the region's countries.⁴¹ Since the implementation of the Andean Plan for the Prevention of Adolescent Pregnancy (PLANEA), there has been progress in applying similar instruments in other subregions, facilitating South-South cooperation and the sharing of experience.⁴² A mainstay of these actions to prevent adolescent pregnancy has been the creation of specialized and differentiated health services,

⁴⁰ Chile: Comprehensive National Adolescents' and Young Person's Health Programme and 2012-2020 Action Plan, National Sexual and Reproductive Health Policy launched in 2018. Costa Rica: Executive Decree 39088 of 2015: National Ministry of Health standard for comprehensive health care for adolescents, sexual health and reproductive health component. Guatemala: K'atun National Development Plan: Our Guatemala 2030, which establishes the universalization of sexual and reproductive health care in the population of childbearing age as a priority, with an emphasis on sex education for adolescents and young people, promoting the exercise of their sexual rights and their ability to take free and informed decisions. Jamaica: National Strategic Plan for Adolescents and Pre-adolescents 2011-2016. Mexico: Special Programme of Action for Adolescents' Sexual and Reproductive Health 2013-2018. Panama: National Strategic Plan for Children and Adolescents: Panama 2015, fourth axis: Children's and Adolescents' Human Development: the Right to Comprehensive Health Care and to Healthy Life Plans, sub-axis: Education for Sexual and Reproductive Health. Paraguay: National Adolescent Health Plan 2016-2021. Plurinational State of Bolivia: Law No. 548, Children's and Adolescents' Code, article 22 of which refers to the right to sexual and reproductive health.

⁴¹ Bolivarian Republic of Venezuela: Inter-Agency Technical Board responsible for formulating the National Plan for the Prevention and Reduction of Pregnancy at Early Ages and in Adolescence and the "We do talk about sexuality" Early Pregnancy Prevention project. Chile: circulars on contraception for adolescents and treatment of unaccompanied adolescents (2016). Colombia: Comprehensive Care Strategy for Children and Adolescents with an Emphasis on the Prevention of Child and Adolescent Pregnancies 2015-2025. El Salvador: Inter-Agency National Strategy for the Prevention of Child and Adolescent Pregnancies, 2017-2027. Guatemala: National Plan for the Prevention of Adolescent and Youth Pregnancies (PLANEA) 2013-2017. Honduras: National Strategy for the Prevention of Adolescent Pregnancy in Honduras (ENAPREAH) of 2012 and the Multisectoral Plan for Adolescent Pregnancy of 2015. Mexico: National Strategy for the Prevention of Adolescent Pregnancy (ENAPEA), 2015, with follow-up reports in 2015 and 2016. Peru: Multisectoral Plan for the Prevent of Adolescent Pregnancy 2013-2021. Plurinational State of Bolivia: Law No. 548, article 23 of which provides for actions to prevent adolescent pregnancy, and Plurinational Plan for the Prevention of Pregnancies in Adolescents and Young People (PPEAJ) 2015-2020 (see [online] [https://consejoderedaccion.org/webs/opendata/docs/PLAN%20PLURINACIONAL%20PREVENCIÓN%20EMBARAZO%20ADOLESCENTE%20\(3\).pdf](https://consejoderedaccion.org/webs/opendata/docs/PLAN%20PLURINACIONAL%20PREVENCIÓN%20EMBARAZO%20ADOLESCENTE%20(3).pdf)). Uruguay: Intersectoral Strategy for the Prevention of Unintended Adolescent Pregnancy of 2016. Adolescent pregnancy is also a concern in the Caribbean, and accordingly priority has been given to implementing, with support from the United Nations Population Fund (UNFPA), the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean, whose objectives include creating common standards on issues that are sensitive in the subregion such as the minimum legal age for forming nuptial unions and independently accessing health services, including sexual and reproductive health services, or the inclusion of comprehensive sex education in the school curriculum.

⁴² The Declaration of Honduras: Partnership for the Prevention of Adolescent Pregnancy of the first Summit of First Ladies and Women Ministers of Health held in 2014 (Honduras, 2018), the Regional Strategic Plan for the Prevention of Adolescent Pregnancy in Central America and the Caribbean, the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean and an informal multinational and intersectoral strategic framework to prevent and reduce adolescent pregnancy, developed by the countries of the Southern Cone (PAHO/UNICEF, 2018). Jamaica has reported on implementation of a programme to reduce adolescent pregnancy headed by the Women's Health Network and supported by the Inter-American Development Bank (IDB).

known as adolescent-friendly services, centres or spaces, in most of the countries.⁴³ Although the adolescent-friendly health services model predates the Montevideo Consensus on Population and Development and was already being applied by 2013 in a number of the region's countries, its explicit inclusion in priority measure 12 helped to strengthen and universalize it. These are services that generally reflect national and regional standards, even though their operating procedures, scope and resources vary between countries, as does the type of guidance and the range of contraceptives they offer.⁴⁴ In any event, they have facilitated access to guidance, particularly regarding sexuality and reproduction, and particularly to contraception for adolescents and young people. Most of the countries have little information about indicator B.14.⁴⁵ Mexico carries out follow-up within the framework of what might be considered "good practice": the annual follow-up of the National Strategy for the Prevention of Adolescent Pregnancy (ENAPEA), whose 2016 review indicates, for example, that sexual and reproductive health services were provided on just over 1.8 million occasions to the 826,055 adolescents who used adolescent-friendly services during 2016, and that almost 307,000 of them consisted in the prescribing of ordinary contraceptive methods and 16,624 in the prescribing of emergency contraception.⁴⁶ Chile's national report provides specific data on the scope of these facilities and the public effort they represent; their number multiplied from 54 in 2013 to 253 in 2017, reaching the great majority of the country's communes. In the case of Uruguay, 71 centres of this type are reported, equivalent to almost 14 centres for every 100,000 adolescents. Lastly, Colombia has also referred to the process of expanding these centres to all the country's departments and enhancing the service they offer, although without precise quantitative data.

These efforts have borne fruit. The specific adolescent fertility rate in the region dropped from 68.4 births per 1,000 women aged 15 to 19 in 2013 to 64.1 in 2016.⁴⁷ This trend depends on intermediate variables.⁴⁸ The most recent studies available suggest that sexual initiation has continued to become earlier and is occurring more and more often in adolescence (Rodríguez, Di Cesare and Páez, 2017, section IV.C). The obvious effect of this trend would be to increase adolescent fertility, but this has not happened, largely because of the increase in contraceptive

⁴³ Argentina developed the Adolescent Population Health Services Plan of the SUMAR programme (adopted in 2012). Although in 2015 there were 8,871 health-care providers under contract, actual coverage was just 25% of the target population (40% of the youth population) (Ministry of Health of Argentina, 2016, pp. 70-71). In addition, a guide to adolescent health care was published with the title *Guía de recomendaciones para la atención integral de adolescentes en espacios de salud amigables y de calidad* (see [online] www.msal.gov.ar/images/stories/bes/graficos/0000000890cnt-Atencion-en-espacios-amigables.pdf). In Brazil, there are no adolescent-friendly services at the national level, but some states such as Bahia have them (see [online] www.paho.org/bra/index.php?option=com_content&view=article&id=876:inaugurados-servicos-diferenciados-amigaveis-e-confidenciais-para-adolescentes-na-bahia&Itemid=499). In Chile, the adolescent-friendly spaces component of the Programme to Strengthen Primary Health Care, with an emphasis on reproductive sexual health, succeeded in raising the number of adolescent-friendly spaces from 54 in 2014 to 263 in 2017. That latter year, a national operation was implemented to evaluate the quality and coverage of adolescent-friendly spaces (2017). In Colombia, the Adolescent- and Youth-friendly Services Model had almost 800 centres in 2015, distributed around all the country's departments after seven years' implementation. In El Salvador, the Adolescent- and Youth-friendly Health Services strategy was implemented by the Ministry of Health. In Honduras, this strategy was reinforced by implementation of the National Strategy for the Prevention of Adolescent Pregnancy (ENAPREAH). In Mexico, Adolescent-friendly Services were reinforced with the National Strategy for the Prevention of Adolescent Pregnancy (ENAPEA) of 2015 and, according to the country's national report, there is now a network of just over 2,100 adolescent-friendly services run by the Secretariat of Health and 3,685 rural adolescent care centres (CARA) run by the IMSS-Prospera programme, so that 76.3% of all the country's municipalities have at least one specific facility for adolescents. Panama implemented its Adolescent-friendly Health Services programmes from 2012 with support from UNFPA. In Paraguay, while the National Adolescent Health Plan 2016-2021 presents services reorganized for more comprehensive adolescent-friendly care, as of 2016 there were just 20 facilities, located in 12 of the 18 health regions forming part of the State portfolio. In the Plurinational State of Bolivia, there were about 50 centres as of 2009 operating with "services providing differentiated care to adolescents", in accordance with the National Plan for the Comprehensive Health Care of Bolivian Adolescents and Youth 2009-2013 (point 8), and in 2013 the *Guía nacional para la atención integral y diferenciada de adolescentes y jóvenes* was published. In Uruguay, as part of the National Adolescent and Youth Health Programme of 2007, an adolescent health-care card, adolescent health spaces and a system of referring physicians were implemented, in some cases during the reference period of this report (Bistock, 2016, pp. 37 and 38). In some Caribbean countries, such as Jamaica, the Integrated Strategic Framework on the Reduction of Adolescent Pregnancy is considered to provide the vital guidance needed for adolescent health prevention strategies, for programmatic activities in this area by the key ministry (health, education) and for the reorientation of some services towards an adolescent-friendly approach. Jamaica has also reported on the preparation of a set of standards to ensure the quality of adolescent health care that is already being applied in six health centres and the installation of a large adolescent-friendly information centre in the main Kingston transport terminal. In Guyana, the Ministry of Health launched the Adolescent and Men-Friendly Health Programme in a number of the country's regions in 2017, and 39 adolescent-friendly health centres are reported to have been set up across the country, with inauguration of several more planned for 2018.

⁴⁴ See the glossary of the reference document *Proposed indicators and metadata for regional follow-up of the Montevideo Consensus on Population and Development* (ECLAC, 2018b).

⁴⁵ Number of health centres with adolescent-friendly services or facilities per 100,000 adolescents.

⁴⁶ See [online] <https://www.gob.mx/cms/uploads/attachment/file/221292/informe-2016-ENAPEA.pdf>.

⁴⁷ See [online] https://unstats.un.org/sdgs/indicators/database/?area=MDG_LAC [date of reference: 23 January 2018].

⁴⁸ Sexual activity (union), contraception and abortion. See Bongaarts (2015) for further details of these variables. In principle, they have adolescent-specific aspects (Rodríguez, Di Cesare and Páez, 2017) and can be captured in an approximate way using indicators B.11 and B.12, D.6, D.7, D.17 and one additional one (use of contraception in the first sexual relationship).

protection.⁴⁹ There are unfortunately no regional data on the subject and SDG indicator 3.7.1 on satisfied family planning needs is not available by age. However, the country-level analysis that follows provides useful evidence.

In countries that have reliable data for the period, the reduction in adolescent fertility has been even sharper (see table III.1). There are also a number of countries where it has been only small, while in some cases it has actually increased. Disentangling national trends and their determinants is far beyond the scope of this report, but the data in tables III.1 and III.2 can be used to draw some preliminary conclusions that are very suggestive for policy.

Table III.1

Latin America and the Caribbean (18 countries): specific fertility rates by age group (Montevideo Consensus on Population and Development follow-up indicator B.10), before (around 2010), at the time of and after the Montevideo Consensus on Population and Development

Country	Age (years)	Before the Montevideo Consensus on Population and Development	At the time of the Montevideo Consensus on Population and Development	After the Montevideo Consensus on Population and Development
Argentina (2010, 2013 and 2014; SDG Indicators Global Database)	15-19	67.2; 72.6 (censo 2010)	68.1	68.3
Belize (2011 and 2015/2016; Multiple Indicator Cluster Surveys (MICS))	15-19	64.0		74.0
Bolivia (Plurinational State of) (2008, 2012 and 2016, census, National Institute of Statistics (INE)-Demographic and Health Survey)	15-19	88.0	78.1	71.0
Brazil (2010, 2013 and 2015, SDG Indicators Global Database)	15-19	67.4; 71 (censo 2012)	63.1	61.7
Colombia (Demographic and Health Surveys, 2010 and 2015)	15-19	84.0		75.0
Cuba (2010, 2013 and 2016, vital statistics)	15-19	51.9	52.8	50.8
	10-14	1.1	1.3	1.4
Chile (2010, 2013, 2015, vital statistics)	15-19	53.9	47.0	39.3
	10-14	1.5	1.5	1.2
Costa Rica (2010, 2013 and 2016, vital statistics)	15-19	62.8	61.6	53.2
	10-14	2.2	2.5	1.9
Dominican Republic (2007, 2013, 2014, Demographic and Health Surveys and MICS)	15-19	92; 116 (censo 2010)	90.0	89.0
Ecuador (2009, 2013 and 2014, SDG Indicators Global Database)	15-19	64.56; 102 (Censo 2010)	59.6	56.5
El Salvador (2008/2009 and 2014, National Family Health Survey (FESAL) and MICS)	15-19	89.0		74.0
Guatemala (2008-2009 and 2014, National Mother and Infant Health Survey (ENSMI) and MICS)	15-19	98.0		92.0
Guyana (2009 and 2014, Demographic and Health Surveys and MICS)	15-19	101.0		74.0
Haiti (2012 and 2016/2017, Demographic and Health Surveys)	15-19	66.0		55.0
Mexico (2009 and 2014 for ages 15-19, National Survey of Demographic Dynamics (ENADID); 2010, 2013 and 2016 for ages 10-14, National Population Council (CONAPO), official)	15-19	69.5; 80.1 (censo 2010)		77.6
	10-14	1.7	1.9	2.2
Paraguay (2008 and 2016, Demographic and Health Surveys and MICS)	15-19	63.0		72.0
Peru (2010, 2013 and 2016, Demographic and Family Health Survey (ENDES))	15-19	68.0	65.0	61.0
Uruguay (2010, 2013 and 2016, vital statistics)	15-19	59.9	60.9	50.3
	10-14	1.4	1.5	1.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, SDG Indicators Global Database [online] <https://unstats.un.org/sdgs/> and official information, vital statistics submitted by the countries, Demographic and Health Surveys (DHS), surveys on sexual and reproductive health, Multiple Indicator Cluster Survey (MICS), National Survey of Demographic Dynamics (ENADID), Demographic and Family Health Surveys (ENDES) and indirect estimation of the 2010 census round.

Note: According to the Mexican national report, vital statistics show the fertility of the group aged 15 to 19 dropping from 76.5 per 1,000 in 2013 to 74.4 per 1,000 in 2015.

⁴⁹ This increase was incentivized because the sexual activity that is on the increase tends to be prior to union (and much prior to marriage), and in the overwhelming majority of cases there is no reproductive intent (Rodríguez, Di Cesare and Páez, 2017). The rise in sexual activity prior to union is deduced from the fact that while sexual activity in adolescence is becoming more frequent, union in adolescence is becoming a little less so. According to indicators B.12 of the Montevideo Consensus on Population and Development and 5.3.1 of the SDGs for Latin America and the Caribbean, the proportion of women in unions before the age of 15 fell from 7.67% in 2010 to 6.82% in 2015 and the proportion in unions before the age of 18 fell from 30.28% in 2010 to 28.88% in 2015 (see [online] https://unstats.un.org/sdgs/indicators/database/?area=MDG_LAC).

Table III.2

Latin America and the Caribbean (five countries): women aged 20 to 24 who had their first child, first union or first sexual intercourse before the age of 20 (Montevideo Consensus on Population and Development follow-up indicators B.11, B.12 and B.13), ad hoc indicator of protected sexual initiation and proportion of women aged 15 to 19 in unions whose demand for family planning is met with modern methods (before and after the Montevideo Consensus on Population and Development)

(Percentages)

Country	Survey	Year	Proportion of women aged 20 to 24 who:										Proportion of women aged 15 to 19 in unions whose demand for family planning is met with modern methods			
			Had first child before the age of 15	Had first union before the age of 15	Had first intercourse before the age of 15	Had first child before the age of 18	Had first union before the age of 18	Had first intercourse before the age of 18	Had first child before the age of 20	Had first union before the age of 20	Had first intercourse before the age of 20	Had first intercourse before the age of 20 and used a condom that time				
Bolivia (Plurinational State of)	National Institute of Statistics (INE)-Demographic and Health Survey	2016	2.2			17.1			33.8							
		2008	1.8	3.2	6.6	20	21.7	40.1	37.3	35.8	62.5	13.8			33.7	
		2015-2016	1.2	6.3	5.8 ^a	17.3	33.5								48.0 ^b	
Belize	Multiple Indicator Cluster Survey (MICS)	2011	2.1	3.4	5.3 ^a	16.8	25.9								53.7	
		2015	2.1	4.9	17	19.5	23.4	65	35	39.6	86.3	53.8			72.2	
		2010	2.3	5.6	13.8	19.7	23	60.3	36.4	37.2	82.2	48.5			65.4	
Colombia	DHS	2014-2015	1.6	6.2	8.2	20.2	29.5	38.4	38.7	45.3	58.1				50.4	
		2008-2009	2.1	7.1	9.9	21.7	30.3	39.0	40.9	46.3	57.4	14.8 ^c			56.1 ^c	
		2014	1.1	3.7	4.8	15.6	21.4	36.5	31.6	36.1	60.9	50.4			62.4	
Mexico	National Survey of Demographic Dynamics (ENADID)	2009	1.2	2.2	4.4	13.5	16.2	29.8	28.8	30.4	52.4	40.5			59.8	
		2016	1.2	2.7	7.7	15.7	19.5	44.8	31.4	33.9	68.4				91.3	
		2013	1.2	2.9	7.6	15.6	20.4	41.9	32.6	35.3	65.7				78.6	
Peru	ENDES	2010	1.1	3.0	6.8	15.2	20.1	41.2	33.2	37.1	65.0	22.5			51.4	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of specialized surveys: Demographic and Health Surveys (DHS), surveys on sexual and reproductive health and Multiple Indicator Cluster Surveys (MICS); and national surveys: National Survey of Demographic Dynamics (ENADID) and Demographic and Family Health Survey (ENDES).

Note: The Mexico data were provided by the National Population Council (CONAPO), which uses the methodology of Bradley and others (2012), proposed by the United Nations for estimating unmet need for contraception on the basis of Demographic and Health Surveys. The 2009 finding is not strictly comparable with those from previous surveys because the survey did not include enough questions to apply the methodology, so an adjustment was made.

^a Group aged 15 to 24.

^b All methods.

^c Use of condom, pill or injection in the first sexual relationship among women aged 15 to 24.

The first is that a tendency already visible in the censuses of the 2010 round spread and intensified from 2013: adolescent fertility fell in most of the countries, and for the first time there are countries with rates below the world average of some 43 per 1,000.⁵⁰ Three countries that stand out are Chile, Cuba and Uruguay, where determined prevention strategies and the expansion and improvement of adolescent-friendly spaces led to a large increase in access to contraception for adolescents as soon as they initiated sexual activity (including emergency contraception⁵¹ and effective modern methods such as implants) and access to abortion.⁵² This increase fully offset the stubborn trend towards earlier sexual initiation, and was thus the key factor behind this historic development (which was stronger in Chile and Uruguay than in Cuba). Besides these three countries, adolescent fertility fell in a number of others, such as Brazil, Colombia, Costa Rica, El Salvador, Guyana, Haiti, Peru and the Plurinational State of Bolivia, in some cases sharply, although it remains above the world average. Active policies to prevent adolescent pregnancy were implemented in almost all these countries, leading to an increase in contraceptive protection that once again is the key intermediate variable behind the reduction in adolescent fertility. Colombia is a very good example, as table III.2 shows. Although sexual initiation and nuptial unions in adolescence (before the age of 20) increased, adolescent motherhood fell because of the increase in contraceptive protection from sexual initiation onward and because family planning needs and demand were met using modern methods. In Peru, the reduction in adolescent motherhood was furthered by a rise in contraception and a reduction in early unions, as sexual initiation in adolescence increased. In Costa Rica, there is no recent evidence on intermediate variables, but according to the 2011 Multiple Indicator Cluster Survey (MICS), a substantial proportion of girls had no access to contraception, and female adolescents were largely uninformed about sexual matters. One public response to these shortcomings, which was also intended to implement priority measure 11 of the Montevideo Consensus on Population and Development, was the implementation from 2013 of the Comprehensive Sex and Affectivity syllabus, part of the diversified education level of the third general education cycle, which was reinforced with expanded and updated material in 2017.

The second is that fertility has fallen only marginally or even increased in a number of countries. Argentina, Belize, the Dominican Republic, Guatemala, Mexico and Paraguay are in this position. They are very differently placed from one another, as a number of these countries implemented active prevention policies in the reference period, Mexico's ENAPEA of 2015 being a particular case in point, suggesting that it is probably too soon for these measures to have taken effect. The case of Argentina merits more in-depth research because its indices of contraception and protected sexual initiation are high, and programmatic and operational advances have been made with prevention, so that the small increase in the period is surprising and may perhaps be associated with a hard core of adolescent fertility in a context of acute social inequality.

The third is that many countries do not have indicators on the recent evolution of adolescent fertility (Bolivarian Republic of Venezuela, Honduras, Nicaragua and Panama) or the specialized sources needed to estimate the intermediate variables for this fertility and the Montevideo Consensus on Population and Development follow-up indicators associated with them, at least in recent periods. Ecuador is a special case, as the official figures on the SDG site suggest a downward trend and levels of the order of 65 per 1,000 in 2009, something that does not tally with other official sources, such as the 2010 census, which suggests a rate of the order of 100 per 1,000 for the late 2000s. For part of the reference period, furthermore, the official prevention policy neglected the contraception component, which is the key to reducing adolescent fertility, as highlighted earlier. Because of this shortcoming, a number of countries do not appear in the tables of this chapter and merit special support when it comes to indicators for following up the future implementation of priority measures 11 to 15 of the Montevideo Consensus on Population and Development.

⁵⁰ In the 2015-2020 quinquennium (see [online] <https://esa.un.org/unpd/wpp/Download/Standard/Fertility>).

⁵¹ For which no prescription has been required in Chile since 2015.

⁵² Legal in Cuba and Uruguay and decriminalized in Chile when carried out on three grounds since November 2017, so that it did not have any great effect in the reference period.

The fourth preliminary policy conclusion relates to the Caribbean, whose overall adolescent fertility rate is similar to Latin America's but conceals a very marked contrast between a few countries that are large by subregional standards and have rather high rates (Belize, Guyana and Jamaica) and a majority of countries with much lower rates (including a large one, Trinidad and Tobago, with a rate of about 30 per 1,000) but generally few inhabitants (such as Aruba, Guadeloupe and Martinique, with levels of some 20 per 1,000). In these countries it is usually possible to monitor rates using vital statistics and estimates based on them. Conversely, indicators for intermediate variables, wanted and unwanted pregnancies or the situation of men are difficult to calculate because of a lack of regular specialized surveys and the sampling limitations of such surveys as there are when it comes to disaggregation by age and other attributes. Nonetheless, tables III.1, III.2 and III.3 include some Caribbean countries with MICS surveys, even though only one estimate is available in some cases. As table III.2 shows, the rates of precocious unions (before the age of 15) and early unions (before the age of 18) are high in Belize and rose between 2011 and 2016. In other countries, such as Barbados and Guyana, a single year's figures confirm that precocious and early unions are a cause for concern. According to the 2014 MICS, the percentage of precocious unions among women aged 20 to 24 in Guyana was 3.6% and the percentage of early unions 30.2%. In Barbados, according to the 2012 MICS, the rates were 7.7% for precocious unions and 29.2% for early unions. Conversely, levels are much lower in Jamaica (2011 MICS) and Trinidad and Tobago (2011 MICS). Whatever the case, countries with higher levels of adolescent fertility and early unions clearly need to redouble their efforts, and they can learn from the experience of other countries in the subregion with much lower levels of adolescent fertility and unions.

Regarding maternity-related school dropout rates,⁵³ the countries had already implemented school retention programmes and projects for pregnant adolescents and adolescent mothers, and rules excluding or expelling them for this reason had been abolished prior to the Montevideo Consensus on Population and Development.⁵⁴ These efforts have continued since the Montevideo Consensus on Population and Development, and a number of countries have reported significant school retention initiatives for pregnant adolescents and adolescent mothers, which will probably make these less likely to drop out.⁵⁵ However, an estimate derived from tabulations of household surveys by the Social Development Division of ECLAC suggests that unions and reproduction (and the resulting domestic tasks) are still among the leading reasons to drop out of school (29.5% of all cases), providing further arguments for action to prevent early unions and maternity.

⁵³ Priority measure 13 and its indicator B.16.

⁵⁴ E.g., Peru's Law No. 29600 of 2010.

⁵⁵ Chile: School Retention Support Programme (PARE) of 2013 for pregnant students and the 2015 Protocol for retention of pregnant students and adolescent parents in the school system. Panama: Inter-agency Strategic Plan for Youth and Law No. 60 of 2016 on protection for pregnant adolescents. Guyana: programmes for reincorporating adolescent mothers into the school system. Jamaica: National Policy for the Reintegration of School-age Mothers into the Formal School System, implemented in 2013.

Table III.3 Latin America and the Caribbean (12 countries): women aged 15 to 19 who have become mothers or are pregnant for the first time (adolescent fertility in the case of El Salvador), by socioeconomic quintile (level of education in the case of Cuba), two points in time if available, otherwise most recent time following the Montevideo Consensus on Population and Development (Percentages)

Country	Survey	Total	Quintile I (lowest)	Low education level	Intermediate education level	High education level	Quintile V (highest)	Inequality Quintile V/Quintile I or Low education level/tertiary education level
Belize	Multiple Indicator Cluster Surveys (MICS) 2015-2016	14.7	19.6	20.3	13.9	12.3	4.7	4.2
Bolivia (Plurinational State of)	National Institute of Statistics (INE)-Demographic and Health Survey (DHS), education, 2016	14.2		40.3 (Low)		13.6 (Secondary)	6.8 (Higher)	8.2
	DHS, education, 2008	17.9	31.3	31.9 (Low)	17.7	12.7 (Secondary)	4.3 (Higher)	8.2
Colombia	DHS 2008	17.9	31.3	22.8	17.7	16.3	7.8	4.0
	DHS 2015	17.4	27.2	25.2	16.6	9.8	4.7	5.8
Cuba Education	DHS 2010	19.5	28.9	27.6	19.0	13.5	7.4	3.9
	MICS 2014	8.9		16.4 (Secondary)		6.5 (Technical)	0.6 (Higher)	-
Dominican Republic	MICS 2011	14.1		23.2 (Secondary)		11.4 (Technical)	-	-
	MICS 2014	21.2	41.1	27.7	23.6	12.7	4.7	8.7
El Salvador	DHS 2013	20.5	35.1	26.3	17.1	17.1	8.7	4.0
	DHS 2007	20.6	36.9	29.4	19.8	13.6	7.8	4.7
El Salvador (specific adolescent fertility rate)	MICS 2014	19.2	27.9	20.6	18.9	16.7	9.5	2.9
	MICS 2014	74.0	118.0	76.0	80.0	59.0	35.0	3.4
El Salvador (specific adolescent fertility rate)	National Family Health Survey (FESAL) 2009	89.0	131.0	110.0	93.0	66.0	43.0	3.0
Guatemala	DHS 2014-2015	20.7	28.4	26.7	21.7	15.2	11.1	2.6
Guyana	MICS 2014	14.9	25.3	24.2	8.0	7.9	9.5	2.7
	DHS 2016-2017	10.0	18.5	11.9	11.5	6.8	4.0	4.6
Haiti	DHS 2012	14.2	15.1	17.1	19.5	15.6	5.3	2.8
	MICS 2014	19.7	20.6	28.2	19.4	15.5	8.9	2.3
Paraguay	MICS 2016	16.2	31.1	20.2	18.6	7.3	2.2	14.1
Peru	Demographic and Family Health Survey (ENDES) 2016-2017	12.7	23.9	17.0	11.8	7.5	3.6	6.6
	ENDES	13.9	23.0	18.0	12.4	10.8	5.6	4.1
	ENDES 2010	13.5	22.4	19.0	12.4	10.2	4.2	5.3

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of specialized surveys: Demographic and Health Surveys (DHS), surveys on sexual and reproductive health and Multiple Indicator Cluster Surveys (MICS), and national surveys: National Survey of Demographic Dynamics (ENADID), Demographic and Family Health Surveys (ENDES) and Demographic and Health Survey (EDSA).

Looking beyond this preliminary picture, which shows the region and most of its countries in a favourable light, many challenges remain. Mention may be made of the following:

- (i) The sex education deficit, revealed in box III.1 and by the available AIDS indicators.⁵⁶ These reveal that there is little knowledge of the epidemic and how AIDS can be contracted and prevented, a shortcoming that connects to other challenges on this list.⁵⁷
- (ii) Maternity in the group of girls aged 10 to 14, due in the overwhelming majority of cases to situations of sexual violence and abuse. Although the rates are low by comparison with the 15-19 age group, every case is a drama, and the trend cannot be said to be towards eradication. This precocious motherhood is heavily concentrated in the most excluded groups in society and requires specific initiatives, for example regarding emergency contraception and abortion, where the law permits, in addition to universal initiatives in the areas of sex education and the prevention and punishment of sexual violence and abuse.
- (iii) Access to contraception, which has increased but is still inadequate in most of the countries owing to the persistence of different types of barriers to access and limitations in the public network.⁵⁸ Supply remains constrained, since the most advanced and effective methods play only a secondary or marginal role⁵⁹ and are still being used inefficiently, because of both the quality of the methods and the difficulties entailed by their use among adolescents, male and female.⁶⁰ Thus, deficiencies in sex education (see box III.1), gender equality and women's empowerment are crucial and should be urgently addressed.
- (iv) The impossibility of calculating the agreed indicator for access to emergency contraception, which is an efficient resource for exercising reproductive rights in emergency situations.
- (v) Uncertainty about the continuity and future improvement of key programmes, such as adolescent-friendly spaces, that is directly connected to the challenge of expanding and improving efficient and timely contraception for adolescents. Even countries where these spaces have expanded recently, such as Argentina and Colombia, "need continued support to sustain the gains and have lasting impact" (PAHO/UNICEF, 2018, p. 37). In countries with fewer resources, such as Suriname, it is mentioned that most initiatives and efforts to improve the ability of health service workers to provide adolescent-friendly services were funded by donors and in the form of temporary programmes or projects, which obviously entails risks to financial sustainability (Government of Suriname, 2018).
- (vi) Inequality, which remains very high, as shown in table III.3, according to a proxy version of indicator B.18.⁶¹ The scale of inequality varies considerably between countries, but in most the percentage of mothers or first pregnancies is at least four times as high in the poorest socioeconomic quintile as in the richest. As disturbing as this inequality is the fact that in countries where adolescent fertility fell in the latest period, inequality rose (Colombia, Peru), meaning that adolescent motherhood declined more slowly among the poorest. This confirms once again that reducing adolescent motherhood means redoubling efforts to bring down barriers to contraceptive access for poor adolescent girls.

⁵⁶ These are not the ones agreed to for follow-up of priority measure 11 of the Montevideo Consensus on Population and Development, since metadata are still lacking.

⁵⁷ In the Demographic and Health Survey conducted in Colombia in 2015, for example, less than half of all men and women aged 15 to 19 were categorized as having "accurate comprehensive knowledge about HIV" (see [online] www.measuredhs.com).

⁵⁸ They include the requirement for parental authorization to receive sexual and reproductive health care that still applies to under-eighteens in a number of the region's countries (UNAIDS, 2017). These countries include several in the Caribbean, such as Jamaica, whose national report explicitly recognizes a dissonance of the law with the age of consent and the age of access to services. Medical care can only be provided with the patient's consent. Since persons below the legal age of majority (18 years) are presumed to be legally incapable of consent, and parental permission is used as a substitute for the minor's consent, in order to prevent civil liability for trespass (sometimes known as battery but more often called an assault). The age of consent, however, remains at 16 years old and this poses a challenge for the administration of sexual and reproductive health services in these instances (Government of Jamaica, 2017).

⁵⁹ Like implants and intrauterine devices (IUDs), which are often surrounded by stigmas lacking any scientific basis (although they can admittedly have side-effects and certainly do not protect against risks other than pregnancy). The exceptions are Chile and Uruguay, where there are programmes and initiatives to provide access to high-quality methods, with the requisite ethical and health protocols.

⁶⁰ Argentina is an extreme example, since although a national survey in 2013 recorded high levels of protected sexual initiation, this did not translate into a reduction in adolescent fertility. The limitations of the indicator aside, this suggests ineffective use (Binstock, 2016, table 5). In any event, less effective contraceptive use by adolescents is not peculiar to Argentina but typical of adolescents in all countries of the region and indeed the world (Rodríguez, Di Cesare and Páez, 2017, p. 11).

⁶¹ Use is made in this case of information from specialized surveys, which includes first pregnancies.

- (vii) Unwanted fertility, which greatly predominates among adolescents. This translates into de facto breaches of reproductive rights, which have been on the increase, according to specialized surveys conducted since the Montevideo Consensus on Population and Development, albeit more slowly than in the past in certain countries, such as Colombia. Some recent research (Rodríguez, 2017) has emphasized that unwanted fertility is also high among adolescents of a low socioeconomic level, so that the high indices of adolescent motherhood among them constitute a mass violation of reproductive rights and suggest that the sex education deficit and barriers to contraceptive access are greater for this group.⁶²
- (viii) Early sexual and nuptial initiation, as this is usually associated with greater risks of all kinds, including the risk of abuse, and greater power asymmetries in relationships. Regarding early nuptial initiation, forced marriage is infrequent in the region and usually punishable by law. In addition, the legal age of marriage in most of the countries is 18.⁶³ Nonetheless, this is not preventing many adolescent females (and adolescent males, but fewer) from entering into unions before they are 18 (29% in 2015, according to the SDG follow-up system), particularly in poorer and more excluded groups. This has been considered paradoxical by some specialists (Esteve and Florez-Paredes, 2014), since unions would be expected to be delayed. Multisectoral action is needed, not just legal action: it is vital to give adolescents choices in the spheres of education, employment and life generally, enhance their autonomy and decision-making capacity so that they are not pressured into early unions and eradicate cultural practices of female submission. Although most of the countries have legislation dealing with early sexual initiation, these limits are not enough to prevent it.⁶⁴ Above the age of consent, the focus should be on sound sex education that empowers adolescents, male and female, to take free, informed and safe decisions.
- (ix) The still secondary importance given to men's sexual and reproductive health, especially when it comes to data and research. Healthy spaces and adolescent-friendly services have helped to narrow some divides because they cover both sexes on the same terms, at least in theory. Nonetheless, women use them more than men.⁶⁵ However it may be, this report presents little information on adolescent males' sexual and reproductive health, basically owing to a lack of data. The data available are partial and patchy and not suitable for comparative regional follow-up. This is a shortcoming and a challenge, both for the countries and for the second Montevideo Consensus on Population and Development regional follow-up report.

Box III.1

Comprehensive sex education, an uncompleted task

In a 2015 study, the United Nations Population Fund (UNFPA) found that comprehensive sex education (CSE) was formally present in all the countries of Latin America and that education ministry syllabuses included CSE content in 89% of those consulted. However, there was no indication of the scope of this or whether CSE met the international standards and criteria agreed in the Montevideo Consensus on Population and Development. Accordingly, the Regional Office for Education in Latin America and the Caribbean (OREALC) of the United Nations Educational, Scientific and Cultural Organization (UNESCO) carried out a detailed study to evaluate fulfilment of priority measure 11 of the Montevideo Consensus on Population and Development in some 20 countries of the region, particularly the dimension measured by indicator B.8, albeit tentatively given that metadata for this have yet to be prepared. The study's main conclusions are:

- The CSE concept is well positioned in Latin America but not in the English-speaking Caribbean, where the notion used is health education and skills for family life, such as the Kari Yu! Basic Life Skills in Suriname and Health and Family Life Education (HFLE) in Jamaica, which includes CSE as one of its components.

⁶² The regional database on maternity (MATERNILAC) of the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC shows, on the basis of data from 10 census rounds in 2010, that over 60% of women aged 20 with 8 or fewer years of education had already become mothers, a proportion that fell to about 40% among those with 9 to 12 years' education and less than 10% among those with 13 or more years' education.

⁶³ Elsewhere, as in Suriname, the age is lower (15).

⁶⁴ The minimum age is 14 in a number of countries, and before this age it is deemed rape. While there is a justified desire to protect this minimum age, it may lead in some cases to consensual relationships being criminalized, e.g. early romantic relationships, and this should be taken into account in legal proceedings and rulings.

⁶⁵ In Mexico (the only country with official data), 62.5% of the beneficiaries of adolescent-friendly services were female in 2016.

Box III.1 (concluded)

- The existence of well-established and designed laws and syllabuses, although vital, does not necessarily guarantee effective application of CSE. The reasons may be formal (lack of regulation and follow-up), political (power struggles between different levels of government, ideological differences), technical (limitations of teaching material, trainers not well prepared or too few in number) and financial. The case of Chile, whose Law No. 20418 of 2018 establishes, among other points, that State-recognized educational establishments must include a sex education syllabus in the secondary education cycle, is an example of different interpretations of the law and a lack of regulation that have prevented its goal from being attained. Brazil has laws to support CSE and guidelines for its provision that considerably predate the Montevideo Consensus on Population and Development. However, the plan proposed in 2014 (National Education Plan 2014–2024, Law No. 13005/2014) was challenged in the Chamber of Deputies, there is not yet a policy as such, and in many schools this education is not provided because of local decisions, ideological biases or lack of material and human resources. Argentina has a national policy regarded as comprehensive and sound by specialists, such as UNESCO (OREALC, 2017); Law No. 26150, enacted in 2006, established the right for all students to receive CSE, created the National Programme of Comprehensive Sex Education to be run by the Ministry of Education, provided curricular guidelines for all schools and made priority provision for the training of trainers. However, its application has been limited in some provinces for political and ideological reasons. Mexico, for its part, has embarked on a novel though still incipient experiment in the form of the Sectoral Agenda for Comprehensive Sex Education, derived from ENAPEA, which seeks to educate citizens so that they possess knowledge and values and are equipped for a healthy, full and responsible sex life as part of the life plans they construct for themselves.
- The wide variety of curricular approaches entails differences in the scope, depth and effectiveness of the CSE provided, and only a few countries have specific CSE programmes with an increasingly sophisticated and horizontally and vertically coordinated curriculum.
- Rights and gender approaches have begun to be developed, but they are still the exception and remain superficial. They are also a source of great tension, which makes them hard to consolidate.
- Little use is made of scientific evidence.
- There is a lack of systematic evaluation to gauge the gap between the theory and the classroom reality or to evaluate compliance with syllabus goals. Uruguay is an exception, as it conducted an evaluation of its Sex Education Programme during the second half of 2015 and the first half of 2016. This showed that there was good coverage but that numerous issues had to be dealt with for its goals to be fully met, including modification of certain behaviours to do with risk, self-care and behaviour towards others.
- Key concepts are unevenly taught. In some cases, they are dealt with very superficially, female and male contraception being an example, while in others only the risks and stigmas of sexual activity are emphasized and not its potential as a normal, responsible and pleasurable form of conduct at a certain age in adolescence, while certain subjects, such as sexual diversity, are sometimes omitted.

Owing to all the foregoing points, the study maintains that, although CSE is better positioned and formally more highly valued by Latin American authorities and social actors, it has often not come to anything in practice because of conservative pressures, fading political support and a lack of technical capacity. Consequently, CSE remains a task in hand and a gap in the implementation of the Montevideo Consensus on Population and Development. This has undoubtedly influenced some of the indicators on adolescent fertility and inefficient contraceptive use discussed earlier. It is also reflected in gender violence and sexually transmitted diseases, including AIDS, which in some countries (including many in the Caribbean) is particularly prevalent among adolescents and the young. The decline in infection rates in the youth and adult population has levelled off or even halted in some countries over recent years (see [online] <https://www.avert.org/professionals/hiv-around-world/latin-america/overview>).

Source: UNESCO Regional Office for Education in Latin America and the Caribbean (OREALC), “Educación integral en sexualidad y currículo en Latinoamérica y el Caribe. Revisión documental de la inclusión de la Educación Integral en Sexualidad (EIS) en los programas educativos oficiales con miras al cumplimiento de los compromisos del Consenso de Montevideo”, Santiago, November 2017, unpublished; Mira que te Miro, national reports [online] <https://www.miraquetemiro.org/>; and G. Binstock, *Fecundidad y maternidad adolescente en el Cono Sur: apuntes para la construcción de una agenda común*, Buenos Aires, United Nations Population Fund (UNFPA), 2016.

3. Conclusions

The Montevideo Consensus on Population and Development strengthened the presence of children, adolescents and the young on the so-called social agenda, both by identifying and highlighting a set of adverse situations that particularly affect people in this group and compromise their subsequent life courses and welfare (along with the future of their societies) and by encouraging a rights-based approach in policies relating to this population segment.

In the reference period, the region's countries implemented multiple measures to improve this group's living conditions. Indeed, despite the economic crisis, child mortality and child labour were reduced, basic education became virtually universal and rates of completion of secondary and tertiary education also rose. However, these efforts were not enough to prevent a rise in poverty, although they probably moderated this.

These improvements aside, education opportunities remain limited for a very substantial proportion of children, adolescents and young people. Rates of completion of secondary education are still generally low among children and adolescents, and only a minority manage to go on to some post-secondary level. Results in standardized international knowledge tests are still poor in the region, and both access to and the quality of education remain very unequal between social and ethnic groups. Besides the educational challenge, adolescents and young people experience persistently high levels of exclusion from the labour market, with unemployment rates that are much higher than those of other age groups and actually rose in recent years because of the economic crisis, particularly in Brazil. Violence, which affects this group in different ways, is still a great concern and shows no sign of diminishing.

A number of methods for promoting participation by adolescents and young people in the region's countries were implemented during the reference period. Besides public bodies that work directly with the young (youth secretariats, national youth institutes or the like) and seek to represent them within governments, different mechanisms of representation, participation and consultation have been implemented, such as youth cabinets and parliaments, youth ambassadors, adolescent and youth advisory councils (often sectoral, particularly in the areas of health care and education), youth conferences and open national or local consultations on a variety of matters. Considering that scepticism, disaffection and lack of respect for institutions are usually quite widespread among the young, the countries should make redoubled efforts to promote their participation and measure it in a way consistent with the content of the Montevideo Consensus on Population and Development and its regional follow-up indicators. Because the relevant metadata are still unavailable, it is not possible to estimate the evolution of this participation in the reference period.

The Montevideo Consensus on Population and Development did a great deal to give prominence to adolescents and young people as special groups and to stimulate action on their behalf and guarantee their rights. This contribution has been particularly salient when it comes to sexual and reproductive health and rights, as a range of national legal, intersectoral, sectoral and programmatic actions have been taken since 2013 to put it into effect, together with regional and subregional initiatives to promote sexual and reproductive health and ensure that adolescents' and young people's sexual and reproductive rights are respected. These efforts have led to a reduction in adolescent fertility in the region and in the great majority of countries and to increased contraceptive use, specialized and adolescent-friendly health service coverage and retention of adolescent mothers and mothers-to-be in schools.

These advances and achievements notwithstanding, enormous challenges remain because adolescent fertility in the region remains high by world standards, extremely unequal and generally unwanted by the adolescent girls who become pregnant. This is largely due to persistent barriers to timely contraceptive access (including emergency contraception), inadequate availability of the most effective contraceptive methods (including intrauterine devices and implants) and inefficient use of contraception. All this suggests there are challenges with the coverage and quality of comprehensive sex education and guidance services for sexual and reproductive health and rights in schools, clinics, surgeries and adolescent-friendly health-care spaces.

Pregnancies among girls aged under 15 are a drama that has not diminished and that calls for decisive action. Males remain relatively invisible from a statistical and health-care point of view, and there is as yet no clear sign of a new masculinity involving symmetrical distribution of tasks and egalitarian gender relations. At the same time, great numbers of adolescent girls still drop out of school because of pregnancy, while early unions, which are particularly common among poor groups, the Afrodescendent population and indigenous peoples (see sections H and I), show no sign of any sustained and significant decline.

Lastly, the lack of progress with priority measure 11 relating to comprehensive sex education has meant, among other things, a high frequency of risky sexual behaviours, some of which result in unwanted pregnancies and sexually transmitted diseases, including AIDS, which, as section D shows, ceased to decline in this group during the reference period.

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C. Ageing, social protection and socioeconomic challenges

1. Introduction

Social protection refers to the set of actions that public and private entities undertake to ease the burden of risks and needs borne by households and individuals throughout the life cycle (Cichon and others, 2004). The term falls under the wider concept known as social risk management, which concerns the ability to prevent and cope with vulnerable situations, understood to mean the likelihood that individuals or families will be affected adversely by unexpected or unavoidable events (Serrano, 2005).

In Latin America and the Caribbean, wider access to social protection systems remains a challenge. The region is the most unequal in the world in terms of income distribution; this is reflected in various aspects of development, and social protection systems are no stranger to the phenomenon. In theory, social protection should adapt not only to changes in the labour market and the economy in general, but also to the changing population age structure. Social protection institutions in the region tend to be weak, although they play a significant role in the overall performance of social protection systems and their ability to adapt to new realities (Bertranou, 2006).

Adapting social protection systems to older persons involves integrating three basic pillars: pensions, basic health care and social services that foster autonomy. The three pillars act in concert to close gaps in protection and build capacities.⁶⁶ The pensions and health pillars are the minimum social standards that must serve as a social protection threshold, which the State has the direct responsibility to guarantee. Social services that foster autonomy focus on prevention and reparation; they must be seen as a government responsibility and maintained via a protection network that links the social protection threshold to other social and health benefits designed to improve the well-being of older persons.

The capacities of the countries in the region to meet these challenges also depend on a demographic context that determines the contribution capacity of cohorts of working age and the potential demand for benefits by older cohorts (ECLAC, 2017a). The region's over 60 population will continue to grow steadily over the next few years, in both absolute and relative terms, but there are still structural constraints limiting the entry of the youngest cohorts of the active population into the labour market and this makes it impossible to take full advantage of the demographic dividend (Saad and others, 2012).

According to United Nations estimates and projections, there were 76.3 million older persons in Latin America and the Caribbean in 2017, representing 11.8% of the regional population. By 2030, this population will reach 121 million, or 16.6% of the total regional population. By 2050, when practically all the countries of the region will have an ageing population, older persons will make up 25.4% of the regional population, numbering some 242 million.

Between 2017 and 2030, the older adult population will grow at an average annual rate of 3.5%, which is well above the total population growth rate, and in 2030-2035, will grow at a rate of 2.9%. Ultimately, the older adult population is the group that is growing the most in the region; within that group, the cohort comprising persons of an advanced age (80 and over) will show the largest increase in the coming decades, reaching a growth rate of 4.8% between 2030 and 2035. Women outnumber men among older persons and projections indicate that this will continue to be the case. At present, the femininity index (number of women per 100 men) of older people is 122.8, and this figure will remain unchanged for the next 12 years.

⁶⁶ It is fundamental to close gaps in protection because the way social security systems currently operate perpetuates socioeconomic inequality. Access to pension systems has tended to be heavily contribution-dependent, meaning that old-age benefits are generally only available to groups of workers that have been better positioned in the labour market (Bertranou, 2006; ECLAC, 2006; and ECLAC, 2010). The idea behind capacity-building is that existing capacities can be engaged to achieve a greater level of well-being. Activating responsibility, autonomy and independence will empower individuals in decision-making and related processes (Serrano, 2005; Huenchuan, 2013).

The Montevideo Consensus on Population and Development includes 15 priority measures on ageing and social protection (priority measures 18 to 32) that are related to issues such as participation, social security, education, health, care, dignified death, work, discrimination and violence, among other matters.

This section of the report gives a general overview of the implementation of the priority measures of chapter C of the Montevideo Consensus on Population and Development. It is based primarily on statistical information processed by the Economic Commission for Latin America and the Caribbean (ECLAC), databases of the World Health Organization (WHO) and the International Labour Organization (ILO), reports on national progress in the implementation of the Montevideo Consensus and country statements at the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, organized by ECLAC and the Government of Paraguay in June 2017.⁶⁷

2. Expanding income security in old age

The Montevideo Consensus includes two priority measures that are specifically related to income security for older persons: priority measure 30, on promoting “the development of allowances and services relating to social security”, and measure 32, on extending “social protection and social security systems, with a gender perspective”. While both include broader provisions, for the purposes of this analysis, it was considered that these measures best represent the topic of this section.

In most countries of Latin America and the Caribbean, the entitlement and guarantee of rights to lifelong income security are issues still pending on the social agendas and economic uncertainty continues to dominate the day-to-day lives of much of the region’s population (Huenchuan, 2009).

The different social and labour realities among countries have resulted in pronounced heterogeneity of contributory social security coverage across the region. Between 2008 and 2015, the percentage of workers affiliated to or contributing to pension systems climbed from 44.7% to 50.3%. Among wage earners, this figure jumped from 59.7% to 64.7%, an increase of 5 percentage points. By contrast, despite the rise in the affiliation of non-wage earners in 14 countries in the region, it was less than 18% around 2015. Although access to pension systems among non-wage earners is limited throughout the region, the situation is slightly more favourable in some countries as there are marked differences in coverage. Notable examples are Uruguay, where 42.9% of non-wage earners contribute to the pension system, followed by Costa Rica (39.2%) and Brazil (30.6%) (ECLAC, 2018).

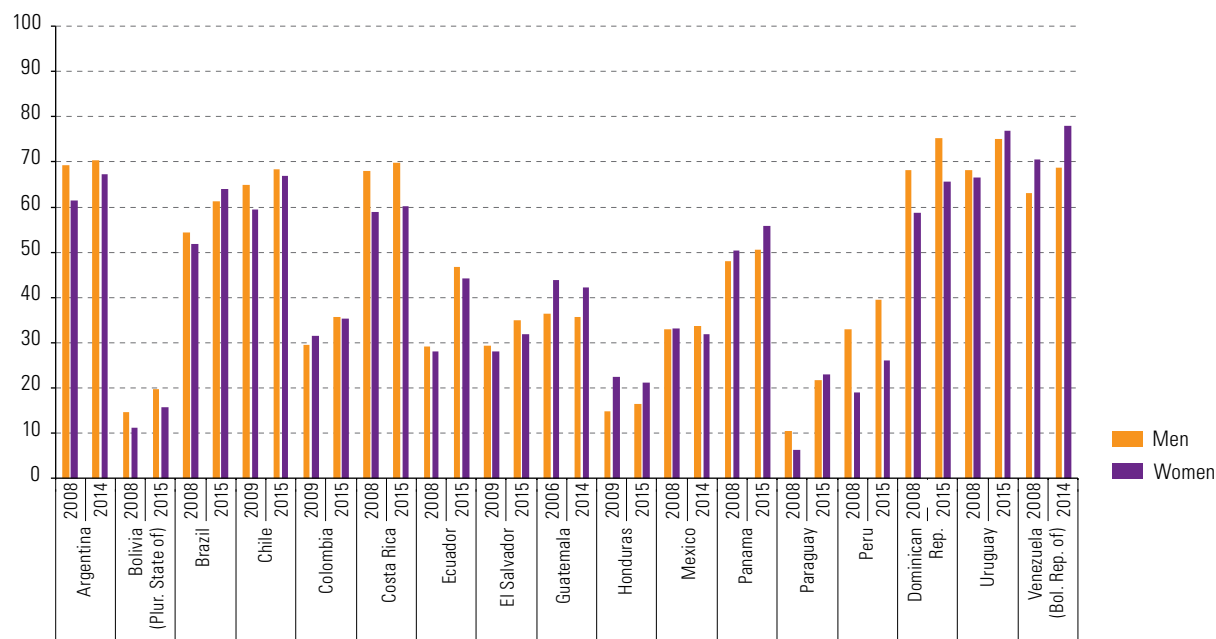
There has been very little progress, however, with regard to gender gaps in contributory coverage. In 2015, this indicator was lower among women than among men except in four countries (Bolivarian Republic of Venezuela, Brazil, Panama and Uruguay). The gender gap remains wide, even in countries where coverage exceeds the simple average (see figure III.7). In Argentina and Chile, rates of contributory coverage remain lower among women than among men, even though the gap has narrowed. By contrast, in Costa Rica, the difference is almost 10 percentage points in favour of men. In countries that are below the regional average, the disparity is even more pronounced, especially in El Salvador and the Plurinational State of Bolivia.

In 2015, one third of the region’s population aged over 65—an estimated 14,690,000 older persons— did not have income from social security. According to available household survey data, 70.8% of the Latin American population aged 65 and over received some type of contributory or non-contributory pension, with an increase in the trend over time. Total pension coverage climbed by 8.3 percentage points between 2008 and 2015. According to available national data, this increase stemmed largely from the expansion of non-contributory pension systems (ECLAC, 2018).

⁶⁷ To access country reports, see Economic Commission for Latin America and the Caribbean (ECLAC), “Statements by the countries” [online] <https://conferenciaenvejecimiento.cepal.org/4/en/programme/statements-countries>.

Figure III.7

Latin America (17 countries): pension system affiliation or contributions of workers by sex, around 2008 and 2015
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

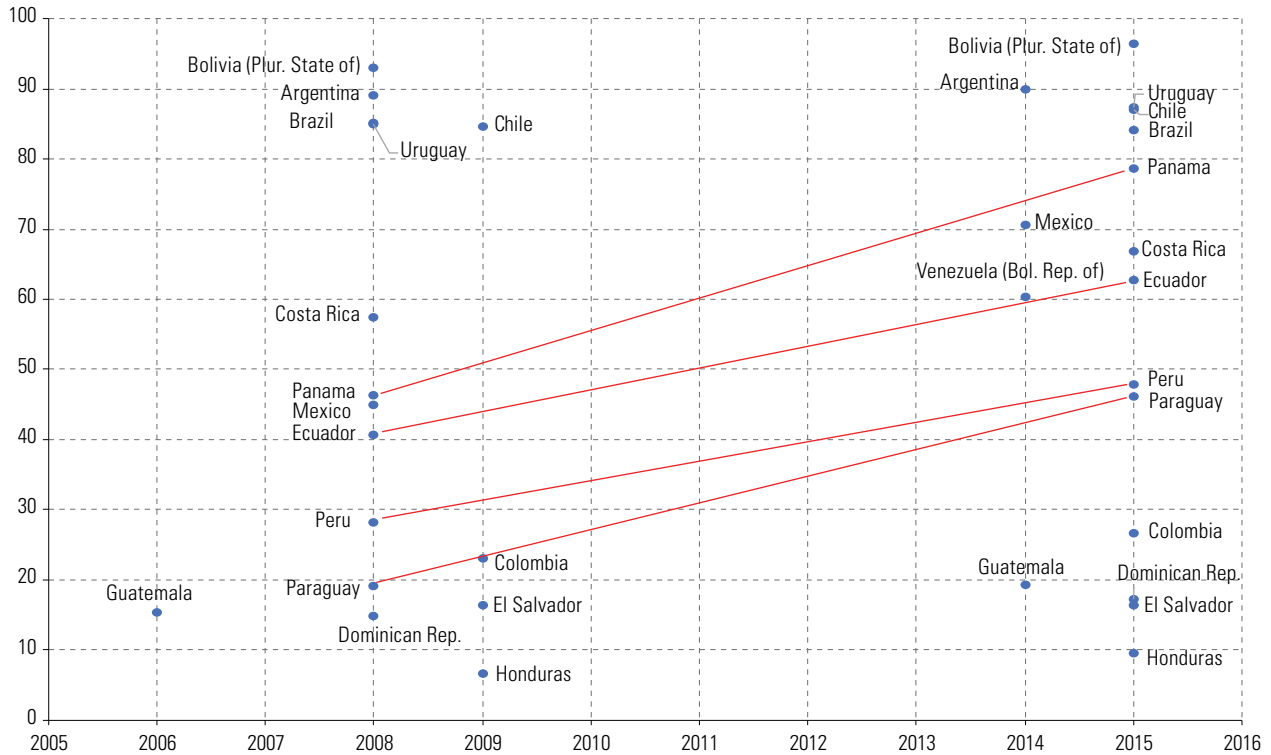
The greatest increases in coverage were recorded in Peru (19.6%), Ecuador (22.1%), Mexico (25.6%), Paraguay (27.1%) and Panama (32.2%). All of these countries were below the regional average in 2008, but managed to expand income security in old age through the implementation of non-contributory pension programmes (see figure III.8). The situation of other countries such as Guatemala, Honduras and the Dominican Republic is a cause for concern since they had coverage rates below 15% at the beginning of the period under review (2008) and in 2015, those had increased by less than 5 percentage points.

The limited coverage of social security systems in some countries in the region results in a marked lack of protection and consequently a considerable proportion of adults aged 60 years and over find themselves without any income of their own; this is more apparent among women than among men. Although the situation has improved since 2012, when 25% of older women in Latin America had no income of their own, social protection systems continue to face significant challenges. According to the latest available data, the proportion of women aged 60 or over who lack their own income in Latin America stands at 17.8%, or over 6 million older women.

In countries that have a universal-type social security matrix and in which actions have been undertaken to protect old age, there is an overall drop in these figures. In Argentina, Brazil, Chile, the Plurinational State of Bolivia and Uruguay, the proportion of women aged 60 years or over without income of their own is less than 15%. In some countries, however, these figures remain high, as in the case of Colombia, Costa Rica, El Salvador, Guatemala, Honduras and Paraguay, where the percentage of older women without income accounts for more than a quarter of the older female population (see figure III. 9)

Figure III.8

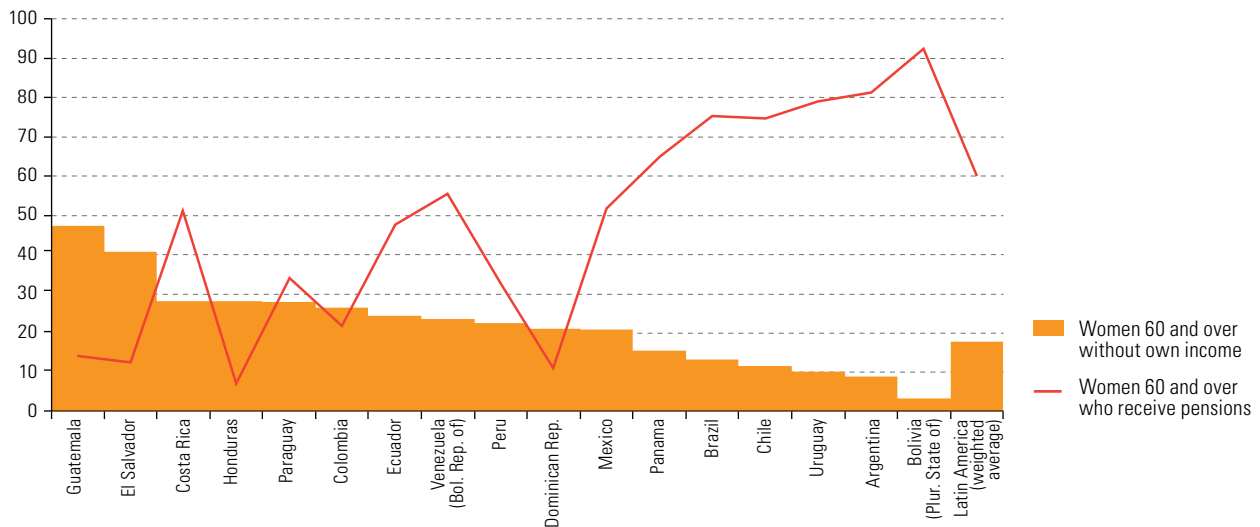
Latin America (17 countries): total contributory and non-contributory pensions received by persons aged 65 years and over, around 2008 and 2015
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

Figure III.9

Latin America (17 countries): proportion of women aged 60 and over without their own income and proportion of women aged 60 and over who receive pensions, around 2015^{a,b}
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of household surveys of the respective countries.

^a Data refer to 2015, except in the cases of Argentina, the Bolivarian Republic of Venezuela, Guatemala, Mexico and Nicaragua, which refer to 2014.

^b The data refer to national totals, except in the case of Argentina, where they represent 31 urban agglomerations.

In its national report, Chile described the implementation of the Basic Solidarity Old-age Pension, a benefit that provides a specified sum of money to individuals who are not entitled to a pension under any pension system. Women, who have traditionally not contributed to pension systems because they perform unpaid labour, are the main beneficiaries of the scheme as it gives them access to an old-age pension. El Salvador reported that since 2013, it has been investing in its *Comunidades Solidarias* programme: the rural arm of the programme has given access to a basic universal pension to 28,000 older persons, 54% of whom are women, while the urban arm has provided benefits to 4,800 persons, 58% of whom are women.

Meanwhile, through its Social Protection Programme for Older Adults, known as “Colombia Mayor”, Colombia provides bimonthly subsidies to pay for the basic necessities and improve the quality of life of more than 1.4 million persons in vulnerable situations. In Jamaica, more than 60,000 older persons received bimonthly cash grants in the last fiscal year (2016/17) under the social assistance programme of the Ministry of Labour and Social Security. In its report, Uruguay noted that there was a high level of social security coverage in retirement, with 87.9% of persons aged 65 and over receiving pensions and retirement benefits in 2016. Mexico reported that as part of its National Inclusion Strategy, efforts were made to include older persons in the *Pensión para Adultos Mayores* (pension for older adults) programme. Furthermore, as part of efforts to provide financial support to older persons, the statutory age for receiving a social pension was lowered from 70 to 65, resulting in an additional 2.3 million beneficiaries of the pension programme since 2012. The programme currently covers 5.4 million older persons.

3. Improvement and extension of social protection in health

The most salient feature of demographic patterns in all of the region’s countries in the next few decades will be a growing older population and a shrinking young population. Of course, the timing of this shift will not be the same in all the countries as they progress towards more advanced stages of the demographic transition, but most of them still have a window of opportunity in which to make the institutional, programmatic and practical changes required by population age structure trends and the resulting changes in sectoral demands. One of the most obvious changes will be in demand for health care (Huenchuan, 2013).

The Montevideo Consensus on Population and Development includes specific measures on social protection covering health. One such measure is priority measure 26, in which States agree to bring health policies into line with the challenges of the epidemiological profile arising from ageing and the epidemiological transition, reinforcing the fight to eradicate communicable diseases and implementing actions for the prevention and treatment of non-communicable diseases.

These recommendations are being implemented in a heterogeneous group of countries. ILO figures point to vast differences in social protection in health in the region. At the end of the last decade, some countries —like Uruguay— had attained extensive coverage of the population, while in others, less than one third of the population had social protection. This was true of the Dominican Republic (26.5%), Guyana (23.8%), Paraguay (23.6%), Ecuador (22.8%), El Salvador (21.6%), Jamaica (20.1%) and Saint Vincent and the Grenadines (9.4%) (ILO, 2018).⁶⁸

In its national report, Colombia notes that the proportion of persons aged 60 years and over affiliated with the Social Security in Health system had risen to almost 96% in 2014. El Salvador’s report cites the Older Adults Comprehensive Services Act, which provides for interventions targeted at older persons, their families and communities, through the promotion of health, disease prevention, early diagnosis, treatment and rehabilitation. Thus, in the area of preventive health, 800 older persons’ clubs have been set up in community family health centres, catering to more than 20,000 older persons. Through its Comprehensive Health Care Model based on Family and Community, Peru has been providing differential services in 11 regions across the country. In addition, there are 314 primary health care establishments that offer differential comprehensive

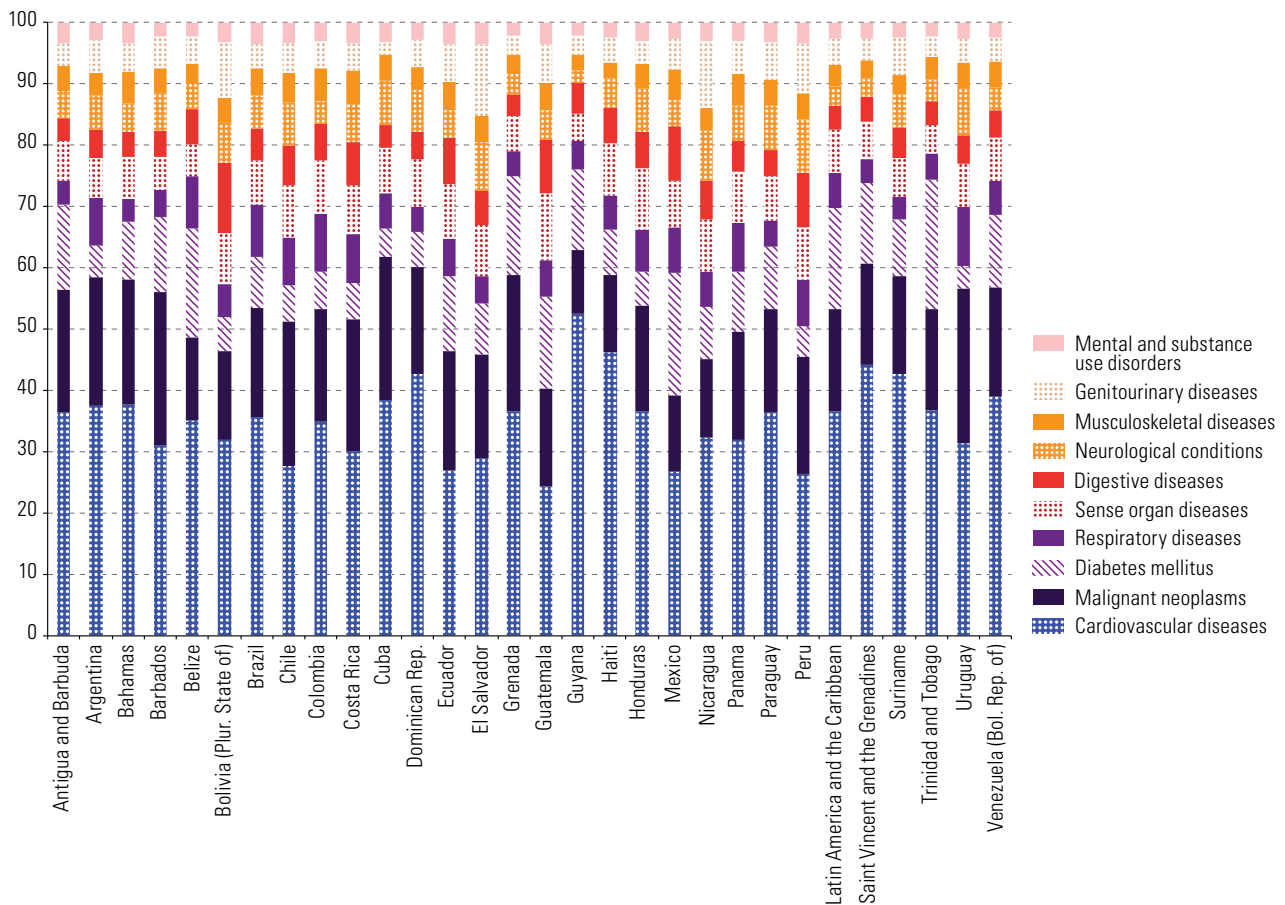
⁶⁸ In 2016, the percentage of persons with severe disabilities receiving disability allowances ranged from 100% in Brazil and Chile to less than 5% in Guatemala, Peru and the Plurinational State of Bolivia (ILO, 2018).

health care to older persons. Mexico, meanwhile, implemented an institutional policy for the comprehensive care of older persons, whose objectives include promoting the active participation of older persons in social, cultural, economic and political life. It also encourages activities that offer older persons new opportunities for paid work and for participation in family and community life; and provides comprehensive care with a view to maintaining functional capacities by involving them in self-care to improve their quality of life, well-being and integration into the family, community and society.

One way to understand the magnitude of the challenge countries face in the implementation of priority measure 26 is by examining the “years of life lost” indicator. This is a measure of the disorders that kill older people and the average potential years of life that they will, on average, be deprived of by these disorders (WHO, 2015). Non-communicable diseases have replaced communicable diseases as the leading cause of morbidity, disability and death in old age. Cardiovascular diseases, malignant neoplasms, diabetes mellitus, respiratory diseases and sense organ diseases have become the main factors in premature deaths (see figure III.10).

Figure III.10

Latin America and the Caribbean: number of years of life lost per 100,000 individuals from non-communicable diseases in populations aged 60 years and older, 2010
(Percentages)



Source: World Health Organization (WHO), “Global Health Observatory Data Repository”, [online] <http://www.who.int/gho/database/en/>.

It is worth noting that mental disorders and neurological conditions—including Alzheimer’s disease—are among the leading causes of death and are one of the foremost health challenges of the day. The current prevalence of dementia in the Americas is an estimated 6.4%, and projections point to a proportional increase of 67% by 2030 and 216% by 2050 (ADI, 2015). This type of disease has enormous personal, social and financial repercussions as it increases the cost of long-term care borne by governments, communities, families and individuals and generates productivity losses in economies. Regionally, the cost of care for persons with dementia in 2010 was estimated at more than \$46 billion. The highest percentage of costs are those relating to informal care (35%), followed by direct medical costs (34%) and social care (31%) (ADI, 2016).

Chile, Costa Rica, Cuba and Peru have developed national plans for the treatment of mental illnesses. Peru passed Law No. 30.020 establishing the National Plan for Alzheimer’s Disease and Other Dementias. In Cuba, where population ageing was more advanced than in the rest of the region, older persons were provided with comprehensive health care following the implementation of strategies in all areas of society that addressed every aspect of ageing, including issues related to long-term care, social security and a culture of respect for older persons. Meanwhile, the Ministry of Health of Barbados expanded its HIV care and treatment programme to include older persons, entitling them to treatment at community polyclinics, as well as the Ladymeade Clinic, which is the central hub of clinical HIV care in the country.

In many cases, premature death in old age caused by communicable diseases is linked with poverty and inequality. Difficulties in accessing health-care services increase as the socioeconomic status of older persons decreases; consequently, persons from lower socioeconomic backgrounds are more likely to die from preventable causes. For example, data from the National Epidemiology Directorate show that preventable diseases continue to be the leading cause of death in the indigenous territories of Mexico and the National Commission for the Development of Indigenous Peoples has stated that elderly indigenous persons live the “last stage of their lives subsisting in undignified conditions, [that can be] characterized by poverty, loneliness, disease and marginalization” (Moreno, 2015).

4. Palliative care and dignified death in old age

Priority measure 29 of the Montevideo Consensus on Population and Development underscores the need to “foster the development of and access to palliative care, to ensure a dignified, painless death”. As one of the most avant-garde and complex measures in the chapter, some preliminary clarifications with regard to its content and interpretation in the light of existing international instruments are necessary before further details are given.

The Inter-American Convention on protecting the human rights of older persons defines palliative care as “active, comprehensive, and interdisciplinary care and treatment of patients whose illness is not responding to curative treatment or who are suffering avoidable pain, in order to improve their quality of life until the last day of their lives. Central to palliative care is control of pain, of other symptoms, and of the social, psychological, and spiritual problems of the older person. It includes the patient, their environment, and their family. It affirms life and considers death a normal process, neither hastening nor delaying it” (OAS, 2015).⁶⁹

Access to palliative care is a legal obligation of States.⁷⁰ However, most countries of the region do not meet the demand for palliative care and fail to recognize it as a discipline or to include it in public or private health-care systems. Fewer still have legislated for it, and funding and continuity have been impaired as a result. The majority of national palliative care programmes in the region were created in the late 1990s, meaning

⁶⁹ The ultimate goal of the Convention in this area is not ensuring a good death, but maintaining a good life until the end. It is for this reason that the instrument addresses palliative care so extensively, not only in article 6 on the right to life and dignity in old age, but also in article 12 on the rights of older persons receiving long-term care, article 19 on the right to health and article 11 on the right to give free and informed consent on health matters.

⁷⁰ Before the adoption of the Inter-American Convention on Protecting the Human Rights of Older Persons, this obligation had already been recognized by the Committee on Economic, Social and Cultural Rights in general comment No. 14 (United Nations, 2000) and by the Committee on the Elimination of Discrimination against Women in general recommendation No. 27 (United Nations, 2010). Similarly, the Special Rapporteur on torture established in a 2013 report that denying pain relief could constitute inhuman and degrading treatment, according to the definition of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (United Nations, 2013).

the approach is fairly recent. There are isolated initiatives resulting from local efforts, but few countries have a national public policy guaranteeing access to palliative care.

In countries that do have national palliative care programmes, they are linked primarily to oncological diseases, which makes them difficult to access for non-cancer patients, such as those living with HIV/AIDS or suffering from other chronic or terminal illnesses. The law does not require the provision of palliative care for these patients and pain management with analgesics depends on whether doctors are authorized to prescribe opioids.

The lack of national policies has led to the emergence of private initiatives to provide care for the terminally ill, but at a very high cost, which debars low-income patients from access. There are also non-profit foundations that provide support and pain relief, although they lack duly accredited personnel. This situation threatens the sustainability of these activities, which are carried out mainly by volunteers and with resources from charitable and non-governmental organizations (NGOs).

A 2014 WHO study (Connor and Sepúlveda, 2014) presents a classification of progress with palliative care around the world. That year, most countries in Latin America and the Caribbean were in the early stages of developing this type of programme. For example, a large number of Caribbean countries (Antigua and Barbuda, Grenada, Saint Kitts and Nevis and Saint Vincent and the Grenadines) were classified at the lowest level, with no known palliative care activity (see table III.4).

Table III.4

Latin America and the Caribbean: level of development of palliative care programmes, 2014

Level of development of palliative care programmes	Countries and territories
Group 1: No known activity	Anguilla, Antigua and Barbuda, Aruba, Falkland Islands (Malvinas), French Guiana, Grenada, Martinique, Montserrat, former Netherlands Antilles, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Turks and Caicos Islands, United States Virgin Islands.
Group 2: Capacity-building	Bahamas, British Virgin Islands, Dominica, Haiti, Honduras, Nicaragua, Plurinational State of Bolivia, Suriname.
Group 3a: Isolated provision	Barbados, Belize, Bermuda, Bolivarian Republic of Venezuela, Brazil, Cayman Islands, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guadeloupe, Guatemala, Guyana, Jamaica, Panama, Paraguay, Peru, Mexico, Saint Lucia, Trinidad and Tobago
Group 3b: Generalized provision	Argentina
Group 4a: Preliminary integration	Chile, Costa Rica, Puerto Rico, Uruguay
Group 4b: Advanced integration	

Source: S. Connor and M. Sepúlveda (eds.), *Global Atlas of Palliative Care at the End of Life*, London, World Health Organization/Worldwide Palliative Care Alliance (WHO/WPCA), 2014.

Cuba is one of the countries in the region that stands out in this area. The Pain Management and Palliative Care Programme (PADCP) for cancer patients is part of the free universal national health system. Under PADCP, home care is provided by multidisciplinary teams of doctors, nurses and psychologists. It also covers free hospitalization and medication during treatment. Palliative care training, meanwhile, has been officially accredited since 2010 in the form of a diploma in palliative care for adult patients and a national diploma in cancer management. Faculties of medicine also include palliative care content in their curricula.

5. More and better long-term care services needed

In many parts of the world, long-term care policies are based on the assumption that informal networks such as communities and families can provide care for older persons, and do not factor in the limitations faced by caregivers (most of whom are women) or the impact this could have on the quality of unpaid care, on the income of caregiving families or on caregivers' health and employment prospects.

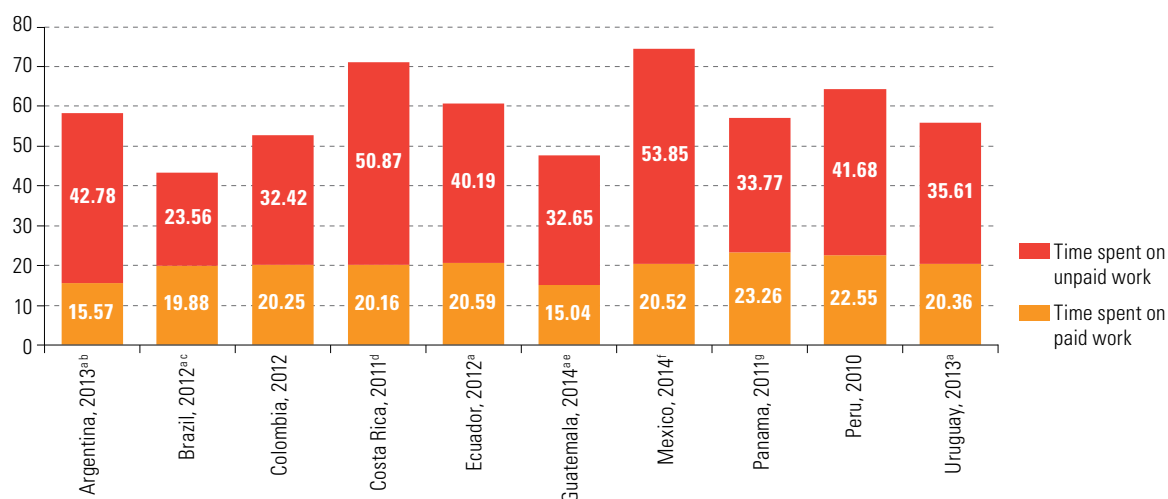
To address this problem, the Montevideo Consensus on Population and Development specifically incorporates long-term care in social protection in priority measures 30 and 31, recommending, inter alia,

the development of allowances, social and health-care services and economic benefits that maximize autonomy, in particular for older persons.

Time-use surveys in some Latin American countries show that women spend a large amount of time on unpaid work (including caring for dependent persons). In Mexico, they spend more than 53 hours per week on this type of activity, while the figures are 50.8 hours per week for Costa Rica and roughly 40 hours per week for Argentina and Peru (see figure III.11). In Chile, one in four persons aged 60 and over is dependent to some extent, according to the National Service for Older Persons (SENAMA). In 86% of cases, the older person is cared for by a woman (usually the spouse or a daughter or daughter-in-law), with care time averaging more than 12 hours per day.

Figure III.11

Latin America (10 countries): average amount of time spent on paid and unpaid work by women aged 15 and over, latest period available
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys of the respective countries.

^a Paid work excludes time spent looking for work, as this was not asked about in the survey.

^b Time-use module only covers persons aged 18 and over.

^c Unpaid work includes only unpaid household activities.

^d Survey conducted only in the greater metropolitan area.

^e Unpaid work excludes support for other households.

^f The disaggregation of unpaid working activities in the 2009 survey meant that hours were overestimated. This did not occur with the 2014 survey, where these activities were aggregated.

^g Survey conducted in urban areas only.

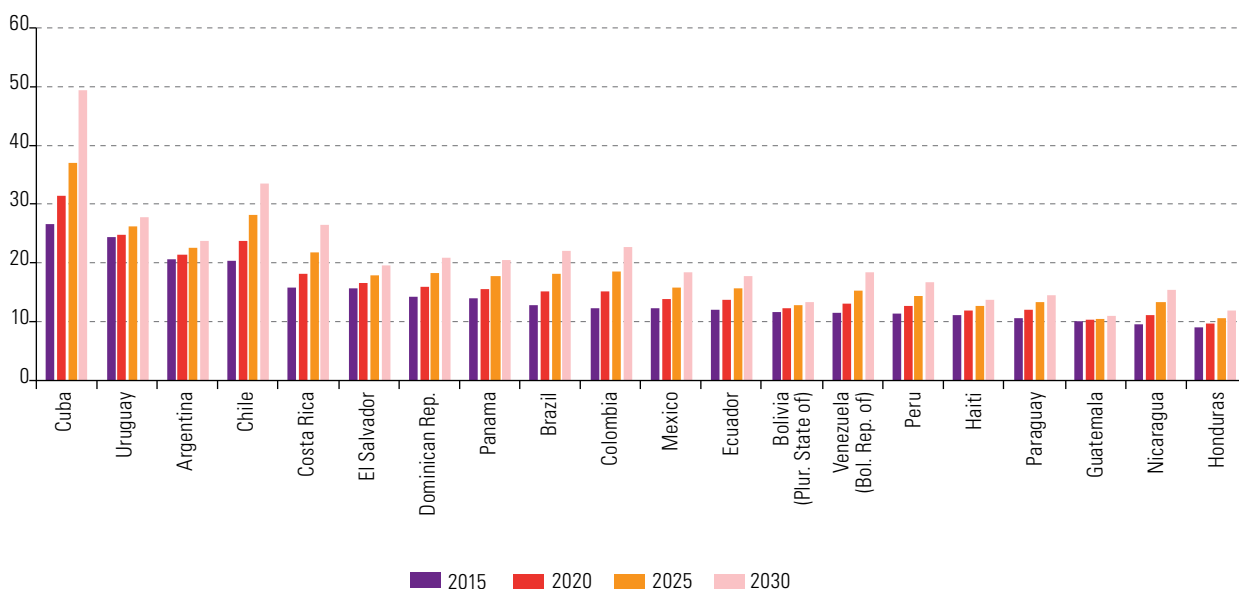
Many unpaid caregivers are older persons themselves, often caring for their spouses, family members or friends. In Mexico City, older persons play a prominent role in caring for their contemporaries and they spend even more time caring for those at high risk of dying within the year, with 77% of elderly caregivers assisting this at-risk group (Huenchuan and Rodríguez, 2015). In Cuba, those caring for centenarians are often aged 60 and over (64.2%) (Selman-Houssein and others, 2012). Most of these carers are the older persons' children (66.5% of the total), followed by their grandchildren (7.1%) and non-family members (6.8%) (Fernández, 2016). In Colombia, the 2015 Health, Well-being and Ageing (SABE) survey revealed that 83.9% of those caring for older persons were women and 16.7% of these were aged 60 and over (MINSALUD/ COLCIENCIAS, 2015).

At the same time, demand for caregivers is growing. Using the number of informal caregivers estimated for Norway as a benchmark (87.2 informal carers for every 100 persons aged 65 and over), an assessment of the region's countries shows that the situation is fairly mixed. Cuba is the most affected: assuming there is no change in the trend, 50% of the economically active population younger than 65 will have to care for older persons by 2030, which is practically double the 2015 figure. Another country faced with a testing situation is Colombia, where the economically active population required to carry out care tasks is also forecast to

double (see figure III.12). The countries of the English-speaking Caribbean are also at a difficult juncture, given that a qualitative study conducted in six of them confirmed major problems of coverage and access in the area of care services (Cloos and others, 2009). Several countries face difficulties recruiting and retaining workers (ECLAC, 2017b).

Figure III.12

Latin America (20 countries): share of the economically active population aged under 65 needed to provide informal care, 2015-2030
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of "Estimaciones y proyecciones de población total, urbana y rural, y económicamente activa", Santiago, 2017 [online] <https://www.cepal.org/es/temas/proyecciones-demograficas/estimaciones-proyecciones-poblacion-total-urbana-rural-economicamente-activa>; United Nations, *World Population Prospects: The 2015 Revision*, New York, 2015.

Several countries are implementing actions in this regard, including Uruguay, Chile, Ecuador, Barbados and Saint Kitts and Nevis. In 2015, Uruguay set up the National Comprehensive Care System, which provides tele-assistance services as part of home-based care, day centres, long-term care centres and personal assistance services, among other things. In Chile, the Ministry of Health implements the Home Care for Severely Dependent Persons programme, as outlined in its national report. In addition, 15 communes in Chile offer home care services and, in 2017, four new long-term care centres and four day centres were built. Paraguay opened the Residential Centre to Support and Help Older People in December 2016, providing social and health care to 175 retirees and recipients of benefits from the Social Security Institute (IPS), who live there permanently. The Undersecretariat of Intergenerational Care of the Ministry of Economic and Social Inclusion of Ecuador provides direct care to older people in 14 geriatric care centres. In two Caribbean countries, Barbados and Saint Kitts and Nevis, the State provides basic nursing care in the home as part of a home care or other programme. This may include a range of services: from dressing wounds or checking blood pressure and glucose levels to providing advice on nutrition, sanitary regulations and other health problems. Caregivers are also trained to detect and report illnesses and cases of neglect, abuse and malnutrition. Argentina and Costa Rica are also carrying out actions in this area.

Honduras states in its national report that 2015 saw the opening of day centres for the care of older adults (CE-CUIDAM), established to provide comprehensive care for older persons living in extreme poverty, vulnerability and social risk. Currently, there are 19 centres in 13 departments throughout the country, benefiting more than 4,000 older persons. In 2016, Uruguay passed Law no. 19353 on the National Comprehensive Care System, establishing the National Care Plan 2016-2020 and recognizing the shared responsibility of the family, the State, the community and the market regarding care activities. Among the different programmes

and services designed to provide care for and improve the quality of life of older persons, the national report of the Bolivarian Republic of Venezuela highlights *gerogranjas* (contraction in Spanish for gerontologic farms, in which older persons are encouraged to engage in gardening, farming, and outdoor activities) and *aldeas de encuentro* (community centres) which promote the physical and psychosocial well-being of older persons, through occupational therapy and spaces for social interaction.

6. Expanding protection of the human rights of older persons

The Montevideo Consensus on Population and Development places emphasis on human rights in its general principles. This focus becomes clear in the majority of the 15 priority measures outlined in chapter C, and particularly in the preamble thereto, which recognizes that the empowerment of older persons is a key element in enforcing their human rights.

One of the most notable the indicators proposed by the ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development, is indicator C.1: “The country takes actions that benefit older persons and help to achieve the purposes of the Inter-American Convention on Protecting the Human Rights of Older Persons.” It is a structural indicator that examines the States’ acceptance, intention and commitment to applying measures in keeping with their human rights obligations with respect to older persons.

For this indicator, Argentina, Chile, Costa Rica, El Salvador, the Plurinational State of Bolivia and Uruguay have ratified the Inter-American Convention on Protecting the Human Rights of Older Persons, while other countries are taking steps towards that end. At the national level, some countries have adopted legislation on older persons in recent years. For example, the Plurinational State of Bolivia and Peru had passed older persons acts, Law No. 369 and Law No. 30,490, on 1 May 2013 and 21 July 2016, respectively.

The Convention also promotes the implementation of measures to prevent discrimination and violence against older persons. Both issues are covered in the Montevideo Consensus, which reinforces the provisions of the Convention. In that regard, in 2015 the Dominican Republic created a specialized unit to prevent violence against older persons, which works in coordination with the National Council for Older Persons (CONAPE) and other agencies, such as the National Directorate for the Comprehensive Care of Victims, public prosecutors’ offices and other specialized offices. In Chile, Law No. 21,013 of 6 June 2017 makes elder abuse an offence and protects older persons from violence outside the family unit, including care outside the home, or from abuse in long-term residential care centres; it complements Law No. 20,609 of 2012 on discrimination, which makes discrimination on the grounds of age illegal.

Brazil’s national report highlights the recent establishment of the National Secretariat for the promotion and protection of the rights of older persons and the Violence and Accidents Surveillance System in the Ministry of Health. In Guatemala, the Attorney General’s Office established a section dedicated to the protection of the rights of older persons, which promotes the prevention and eradication of domestic violence and provides legal and administrative guidance on protection of the rights of older persons. Guatemala also has an Office for the Defence of Older Persons in the Office of the Human Rights Procurator. In Uruguay, the National Institute of Older Persons (INMAYORES) established in 2013 a service for victims of domestic violence to respond to cases of violence against older persons in Montevideo and the metropolitan area.

Caribbean countries have extensive experience in the treatment of violence and abuse experienced by older persons. Despite this, neglect, abuse and violence are an ongoing problem in the subregion. According to a recent report by the ECLAC subregional headquarters for the Caribbean, Caribbean countries should identify the remaining obstacles to tackle this problem, by conducting research, surveys and studies and collecting data disaggregated by age, sex and type of offences, in order to give visibility to this often-unnoticed violence which, in many instances, occurs in family and long-term care settings. The findings could be used to develop further action. More needs to be done to provide measures to support older persons who are victims of violence, neglect and abuse, from a gender and disability perspective. This should include not only emergency shelters, but also counselling centres, free helplines and preferential access to justice (ECLAC, 2017b).

7. Conclusions

Mainstreaming older persons into social protection systems from an equality perspective is based on the fact that demographic changes are creating both opportunities and new constraints as the roles of the family, the market and the State are redefined. Consequently, social protection needs to be rethought in order to urgently respond to the impact of demographic changes and prepare to meet the needs of a population in transition, consistent with the provisions of chapter C of the Montevideo Consensus.

There are a number of hurdles to be overcome. As documented in this section, a large proportion of older persons have no old-age pensions to protect them against the risk of income loss as they age. Furthermore, social security coverage of the employed population is highly unequal, increasing the likelihood that future generations will lack economic protection. The region has seen notable progress with regard to the expansion of non-contributory pensions, which help to reduce some of the economic risks arising in older age. However, it is necessary to continue strengthening mechanisms to enhance protection in old age, especially for older women and rural populations.

Latin American and Caribbean countries are trying to deal with the problems of coverage in different ways, but the trend is clear: the policy that appears to be having the greatest impact is the expansion of non-contributory pensions. In addition to its impact on coverage, this policy change can have significant long-term effects in countries with ageing populations. This is particularly important in countries where the low coverage of contributory social security is complemented by non-contributory pensions, in a context of low contribution coverage and density among the working-age population.

Health-care systems have been slow to adapt to the increased demand resulting from demographic, epidemiological and technological changes. This translates into escalating health-care costs and spending and the lack of universal access to appropriate and good-quality health services. Health-care coverage is uneven, and even if older persons have health insurance they may be unable to go to a medical facility when they need to. As the current generation of older persons becomes less self-sufficient, they worry about access to medicines at an affordable price, to efficient health-care services that meet their needs, and to supervised long-term care that respects their fundamental rights and freedoms as they become more dependent.

In this context, while the health care of older persons has improved over time, there are still few countries that meet their international human rights obligations. The right to health involves obligations; one of them is the obligation to guarantee that right by means of legislative, administrative, budgetary and other measures. As expressed by WHO in its 2015 *World Report on Ageing and Health*: "Comprehensive public-health action on ageing is urgently needed. Although there are major knowledge gaps, we have sufficient evidence to act now, and there are things that every country can do, irrespective of their current situation or level of development. The first step will be to focus on optimizing functional ability: the goal of *Healthy Ageing*" (WHO, 2015, p. 211).

In parallel, long-term care must be improved. Population ageing heightens the risk of dependence, and older persons may need to be cared for by other persons owing to a disability, chronic illness or trauma, any of which could limit their ability to carry out basic personal care activities or day-to-day tasks.

Although the long-term care situation has improved in recent years, there is still work to be done. Both the general and specific legal frameworks in the region's countries and the current range of social programmes for the protection of older persons reveal a growing concentration of care-related risks in families. This increases the vulnerability of those in need of care and those providing it, who as things stand are directly affected by inequality in the distribution of resources by family background. As a result, one of the greatest challenges between now and 2030 is achieving recognition and inclusion of care in public policies within a framework of solidarity and equality. ECLAC has insisted on the need for social protection to be recast so that it can immediately respond to the consequences of demographic shifts and pre-empt the demands of a constantly changing population (ECLAC, 2017a).

Against this backdrop, the establishment of a public long-term care policy, consistent with priority measure 31 of the Montevideo Consensus, is more important than ever. The reasons go beyond even demand, as care for older persons can represent a growing contribution to employment in many countries' economies.⁷¹ In addition, the almost complete lack of provision for this type of care in social protection systems may mean that older persons may not receive the help they need in an appropriate, accessible and timely manner. The result is that a considerable percentage of the population is excluded from social services, and their assets and income may be jeopardized as they seek help to carry out basic activities of daily living.

A failure to capitalize on the current situation and make changes will affect the possibilities for providing universal social protection. Unlike in 2013, when the Montevideo Consensus on Population and Development was adopted, there is now a legally binding instrument that facilitates its implementation. The Inter-American Convention on Protecting the Human Rights of Older Persons facilitates the standardization of laws, policies and practices in States and, at the same time, helps to close gaps in the protection and enforcement of this group's human rights. It also provides common definitions with a view to conceptualizing human rights in the context of an ageing population, as well as the opportunity to bring about a paradigm shift. Beyond the legal obligations it establishes, the Convention is an instrument for promoting effective public policies and a sound tool for implementing human rights of older persons by raising awareness at the national level of the responsibilities in respect of those rights.

Lastly, a field that has not been developed in the same way as others analysed in this section is palliative care. Despite the pressing need for it, there remains much to be done. Palliative care consists of the provision of the most basic care services. However, discrimination against older persons has so entrenched non-respect of their as dignity as human beings that even they see it as natural and expect no other treatment in old age. Changing this perception of old age is of paramount importance to ensure that older persons can live autonomously until the time of death, by respecting their wishes with regard to how they die and providing all necessary support for a dignified death.

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⁷¹ For example, taking into account population ageing and the expected decline in the availability of family caregivers, it is estimated that demand for long-term care in OECD countries will require a doubling of the number of long-term care workers as a percentage of the active population by 2050 (Colombo and others, 2011).

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D. Universal access to sexual and reproductive health services

1. Introduction

The Programme of Action of the International Conference on Population and Development (ICPD), agreed upon in Cairo in 1994, represented a huge step forward in the progress of humanity, as it emphasized that reproductive rights, already recognized in many countries' laws and in internationally agreed documents, formed part of human rights and were therefore to be treated as one of the most important pillars of the new population and development paradigm adopted. This created a framework that was crucial in establishing the terms on which States should guarantee universal access to high-quality sexual and reproductive health care as one of the most critical areas in people's lives—indispensable for ensuring not only respect for human rights, especially those of women and girls, but a sustainable and equal basis for countries' development.

Another important and integral part of this framework are sexual rights, which were not included in the ICPD agreements but were recognized in Latin America and the Caribbean 19 years later by the 2013 Montevideo Consensus on Population and Development. With that commitment, the region as a whole played a pioneering role in recognizing sexual and reproductive rights as all-inclusive and indivisible, which makes this section particularly important from the point of view of monitoring the progress achieved.

With regard to the aim of universal access to sexual and reproductive health care, the Montevideo Consensus on Population and Development recognized that progress had been made in a number of areas in most of the region's countries, albeit at differing speeds and on different levels (ECLAC, 2013). However, many pending challenges were identified and recognized in the region, and 14 priority measures were established for regional monitoring, based on 23 indicators (ECLAC, 2018). These include sexual and reproductive rights and access to sexual and reproductive health care, which encompasses self-care and prevention of sexually transmitted diseases, contraception to prevent unwanted pregnancies, maternal mortality, voluntary termination of pregnancy, and care in the prenatal period and childbirth. All these subjects tie in with access to health services, and thus also with the relevant legal and institutional frameworks. This section seeks to give an account of these issues using the monitoring indicators available, the information provided by the countries in their national reports and some data from other sources.

Where comprehensive access to sexual and reproductive health care is concerned, it can be said broadly that major progress has been made in the region over recent years. For example, there has been a decline in mother-to-child transmission of sexually transmitted diseases such as HIV and syphilis. As against this, progress in eliminating HIV transmission, chiefly among young people, has been slower than expected. Where comprehensive access to family planning for all is concerned, the use of modern methods has increased. However, there remains a need to provide women and men with appropriate and timely contraception, including emergency contraception, as well as better information on the proper use of this, since there are still a great many unintended pregnancies (unwanted or unplanned) and high rates of abortion. The region has for some time been at an advanced stage as regards care in the prenatal period and childbirth, with the great majority of births being attended by health-care professionals in hospitals. Nonetheless, there are still countries where maternal mortality is high.

There has been progress with sexual and reproductive rights in a number of the region's countries, mainly in the area of legislation, but there are as yet no data on indicators of service availability and the number of people provided with care in all fields. Regarding comprehensive sex education, much remains to be done in the region, and there have even been some setbacks. Nonetheless, there have been recent initiatives aimed at transforming education for health and family life, dealing, for example, with negative gender stereotypes in schools.

Sexual and reproductive health and rights are dealt with in more than one chapter of the Montevideo Consensus on Population and Development, since this is a cross-cutting issue with very substantial synergies that is closely connected to chapters B and E, as well as chapter A, which relates to all the others. Furthermore,

the priority measures of chapter D of the Consensus, which are examined in this section and which concern sexual rights, reproductive rights, sexual health and reproductive health, overlap in a number of ways. To reflect all this, the section is organized around two major themes: (i) sexual and reproductive health, which encompasses prevention and self-care of sexually transmitted diseases, family planning, care in the prenatal period and childbirth, maternal mortality and voluntary termination of pregnancy, and (ii) sexual rights and reproductive rights.

The regional monitoring indicators agreed on for the priority measures of chapter D of the Consensus relate, first, to regulatory frameworks and, second, to the results of implementing these frameworks in respect of the services available and the target population. The indicators for the legal framework, while not guaranteeing that this has been implemented and is working properly, do accurately map the situation in terms of rights recognized and pathways of action. The process and result indicators, viewed in the light of the policies and programmes implemented, flag up possible biases in situations of non-realization of rights. For this section, data are only available on some 30% of the 23 agreed monitoring indicators for most of the countries. Furthermore, some of these data are still approximate, and the great bulk cannot be disaggregated by population groups. This does not mean that the current situation cannot be appropriately mapped in all the fields mentioned, however, albeit incompletely.

2. The situation regarding universal access to sexual and reproductive health services

The definitions of sexual and reproductive health show how difficult it is to lay down parameters for monitoring the extent of progress in providing access to high-quality services in this area, as urged by priority action 37 of the Montevideo Consensus on Population and Development, particularly if this is to be done across all population groups. According to the definition originally supplied by the World Health Organization (WHO) and then ratified in the ICPD Programme of Action, “reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so” (United Nations, 1995, p. 40). Sexual health, as defined by WHO, “is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”⁷² Sexual health and reproductive health are therefore closely related and influence each other. The following subsections present progress and shortcomings in these areas, without exhausting all their dimensions.

(a) Sexual health

(i) Self-care and prevention

Priority measures 38, 39 and 41 deal with prevention and care in relation to sexually transmitted diseases. The first two of these measures specifically concern HIV/AIDS, given the scale of this. Priority measure 41 refers to men in particular in order to give greater visibility to this population group in respect not only of sexual health, but also of reproductive health, as this is always closely associated with women’s health, particularly at reproductive ages.

Sexual and reproductive health services are generally regulated or legislated for in most of the Latin American countries. In some countries there is actually provision for them in the constitution, and this right has in many cases been established since the ICPD. When the United Nations eleventh inquiry among governments on population and development (United Nations, 2014) was conducted in 2013, all the governments in the region stated with

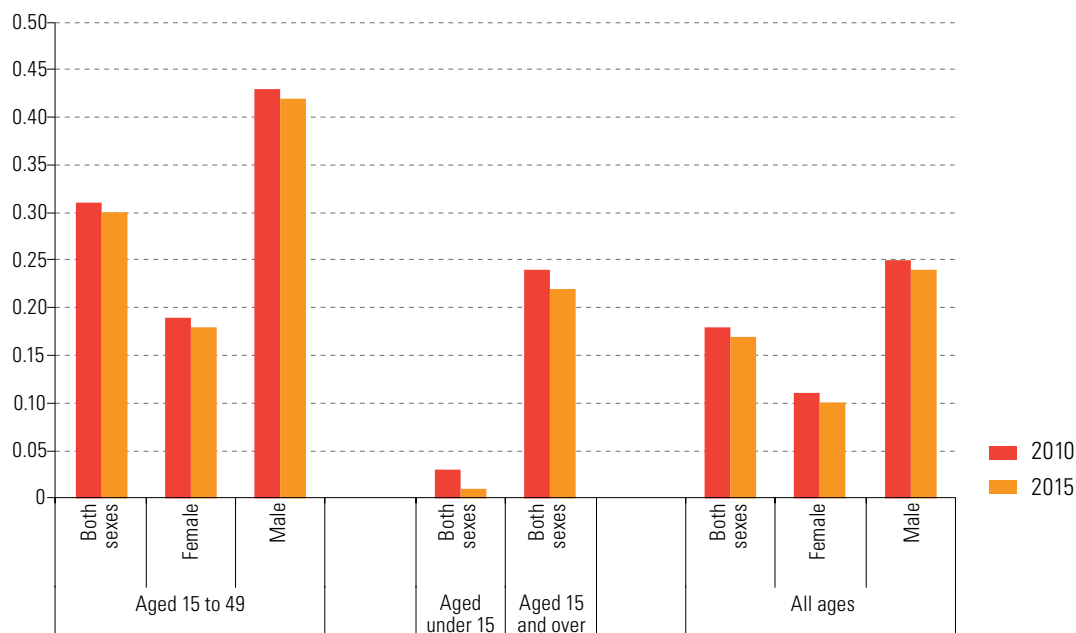
⁷² See World Health Organization (WHO), “Sexual health” [online] http://www.who.int/topics/sexual_health/.

regard to self-care and the prevention of sexually transmitted infections that HIV/AIDS was an issue of great concern in their country. Twenty-two of the respondents stated that their countries had adopted measures to deal with the epidemic, such as blood screening, information and education campaigns, antiretroviral treatment, promotion of condoms, prevention of mother-to-child transmission and legal provisions preventing discrimination against those infected (although 11 of the countries did not adopt this last measure). The results of the measures adopted in the past decade have been reflected in a decline in the number of new infections in the region.

Figure III.13 shows the first indicator, namely the number of new HIV infections for every 1,000 uninfected persons, which corresponds to indicator D.1 of the Montevideo Consensus on Population and Development and indicator 3.3.1 of the Sustainable Development Goals (SDGs). The chart shows a continued decline in the infection rate over the most recent period (up to 2015) for both women and men, although infection rates are considerably higher for the latter. Women are affected by the epidemic principally in their reproductive years, which are usually from ages 15 to 49. Differences between countries have diminished but are still quite substantial, and the Caribbean countries have the highest infection rates. There are large numbers of infected people in Brazil and Colombia because of the size of their populations. According to the information available in the indicator database of the Sustainable Development Goals (SDGs) for 2015, the rate has held steady for men in Brazil and risen in Colombia. Thus, according to PAHO/UNAIDS (2017), the number of new infections among adult men in the region is estimated to have increased between 2010 and 2016. Furthermore, according to the same source, young people aged 15 to 24 continued to account for a third of all new HIV infections in 2016, and there are estimated to have been 120,000 new HIV infections in the region that year.

Figure III.13

Latin America and the Caribbean: new HIV infections by sex and age, 2010 and 2015
(Number per 1,000 uninfected persons)



Source: United Nations, "SDG Indicators Global Database" [online database] <https://unstats.un.org/sdgs/indicators/database>.

There has been a decline in the rate of new infections among both men and women in all age groups, although this has been slower than expected in the population aged 15 to 24, which accounts for a third of new infections (PAHO, 2017). Among children (aged under 15), however, there has been a large relative drop in the infection rate (see figure III.13), largely owing to better control of mother-to-child transmission (MTCT) and to actions undertaken with the twofold objective of eliminating the transmission of HIV and syphilis (PAHO, 2017). The Pan American Health Organization (PAHO, 2017, p. 9) has summed up the situation with mother-to-child transmission:

In 2015, 42 countries and territories reported having national plans for the elimination of mother-to-child transmission of HIV and syphilis. This represents progress in the sustainability of the elimination efforts beyond the end of the 2010 resolution [...]. In addition, in 2015, 44 countries and territories had information systems to monitor perinatal HIV, and 39 countries and territories had systems to monitor congenital syphilis.

[...]

In 2015, 22 countries and territories in the Region of the Americas reported data compatible with achievement of the goal and targets of HIV MTCT elimination (same number as in 2014), and 20 reported data compatible with elimination of MTCT of syphilis (two more than in 2014). Of these countries and territories, 18 (one more than in 2014) reported data indicating the elimination of MTCT of both HIV and syphilis.

The great challenge accepted by the countries of putting an end to the epidemic translates into indicator D.3 (for monitoring the end of the epidemic), whereby the countries undertake to achieve the 90-90-90 goal by 2020, with 90% of people living with HIV being aware of their serological status, 90% of people diagnosed with HIV receiving ongoing antiretroviral therapy and 90% of people receiving this therapy being virally suppressed. The challenge of preventing, detecting and treating HIV for all those affected is an effort that requires resources. Latin America and the Caribbean made great progress towards this goal between 2013 and 2016, with 81% of people living with HIV being aware of their serological status by the latter year. As regards access to antiretroviral treatment, 72% of those diagnosed with HIV were in treatment, which indicates that 58% of all those living with HIV were being treated. Consequently, UNAIDS (2017) has called for accelerated efforts to reach those not yet in treatment because their infection has gone undetected. Some 79% of those receiving treatment, furthermore, were virally suppressed. Nonetheless, UNAIDS (2017, p. 133) reports weaker treatment adherence among female sex workers, people who inject drugs, and gay men and other men who have sex with men. There is a need, then, to reach groups whose retention in HIV care is low because of stigmatization and discrimination. The figures for the 90-90-90 goal in the Caribbean are 64%, 81% and 67%, respectively, which highlights the need to increase detection and adherence to treatment programmes in the region.

(b) Reproductive health

(i) Reproductive behaviour and preferences

The fertility transition in the Latin American and Caribbean countries, briefly described at the beginning of this report, took place in different social, economic and political contexts, at different speeds and with differing intensities. In all the countries, though, this transition was connected to profound changes in the sexual and reproductive behaviour of the population, with people seeking to realize their reproductive preferences in one way or another. Once infant mortality had begun to fall, the increase in the number of surviving children drove demand for greater control over the number of live births. At that time, only traditional and ineffective contraceptive methods were available for regulating fertility in most countries, at least among the poorer population, the result being large numbers of voluntary terminations, as documented in several surveys (CELADE/CFSC, 1972; Simmons, Conning and Villa, 1982). These terminations were often carried out in insalubrious conditions, with high rates of maternal mortality.

The situation has changed, mainly because of the increasing availability of modern contraceptive methods and the adoption of family planning policies and programmes designed to ensure that all women and girls have access to these methods. Currently, with fertility rates around replacement in the great majority of the region's countries, it might be inferred that family planning needs are being met in accordance with the guidelines laid down at the ICPD in 1994. It might also be inferred that pregnancies are planned, that their timing and number are as desired, and that maternal mortality and unsafe abortion are no longer problems in the countries for any section of the population. In 2013, however, the region's countries acknowledged that universal access to sexual and reproductive health care had not been achieved for the whole of their populations and that sexual rights and reproductive rights were not fully guaranteed. Consequently, a number of p measures of chapter D of the Montevideo Consensus on Population and Development are aimed at effectively meeting these aspirations.

Furthermore, in a context of low fertility, when greater convergence of rates in all population segments might be expected, fertility differentials by socioeconomic level and geographical area are still very much in evidence in the region. This reveals problems with the realization of reproductive preferences that call for differentiated public policies. On the one hand, one section of the population's reproductive rights are not being realized because they are having more children than desired. This is the case chiefly among the poorest, those living in places with less access to goods and services, and populations where less progress has been made because of ethnic and cultural discrimination. On the other hand, these rights are not being realized for people who have fewer children than desired, most of whom are more educated women. Rights are unrealized in both situations: in the one because of problems in obtaining appropriate and timely contraception, and in the other because of constraints often arising out of gender inequality or a lack of policies to enable women to have children and participate in the labour market on the same terms as men, as will be analysed in section E.

Another important aspect is that women in developed countries, besides choosing to have fewer children, are usually having them later in the reproductive cycle, generally after completing their education and entering the labour market. As important as having the desired number of children, then, is to have them at the most convenient time of life, as recommended in the ICPD Programme of Action. As can be seen in chapter B, adolescent fertility is high in Latin America and the Caribbean, both in itself and compared to overall fertility, which is around the replacement level. Furthermore, not only is adolescent fertility found to be higher in the region, but the whole timing of reproduction is very early by comparison with countries that have similar levels of fertility. Most children are born before the mother is 25, whereas in developed countries most births take place when women are at later stages of the reproductive cycle, often after the age of 30.

Early fertility entails two problems for the region. The first is that women are overburdened with reproductive work when very young, and this competes with their prospects of obtaining a fuller education, entering the market for decent work and building a professional career, and often means that reproduction is associated with the perpetuation of the cycle of poverty down the generations. The second problem is that women wishing to have few children and having them early are left with a long time in which they have to protect themselves against unwanted pregnancies in their reproductive cycle. Thus, low and early fertility has to be associated with the use of long-term modern contraceptive methods with a very low chance of failure if it is not to result in an unwanted birth or a voluntary termination under insalubrious conditions.

(ii) Family planning

Contraceptive prevalence is high in most of the countries of Latin America and the Caribbean, more so in some cases than in developed countries. However, part of this high prevalence is sometimes due to the use of traditional methods. For this reason, priority measure 44 of the Montevideo Consensus on Population and Development calls upon States to "guarantee effective access to a wide range of culturally relevant, scientifically sound, modern contraceptive methods, including emergency oral contraception" (ECLAC, 2013). Although more progress is clearly needed, there are currently no regional data available to compare prevalence before and after the Montevideo Consensus on Population and Development was implemented. In any event, it is important to record the most recent situation known for each country in the region, and it can be said that women who are married or in stable relationships use modern methods for their reproductive self-determination in the great majority of them (see figure III.14).^{73 74} Peru and the Plurinational State of Bolivia are exceptions, with the share of traditional methods still high. In the latter, indeed, the total prevalence of contraception among women who are married or in stable relationships is only 60%.⁷⁵

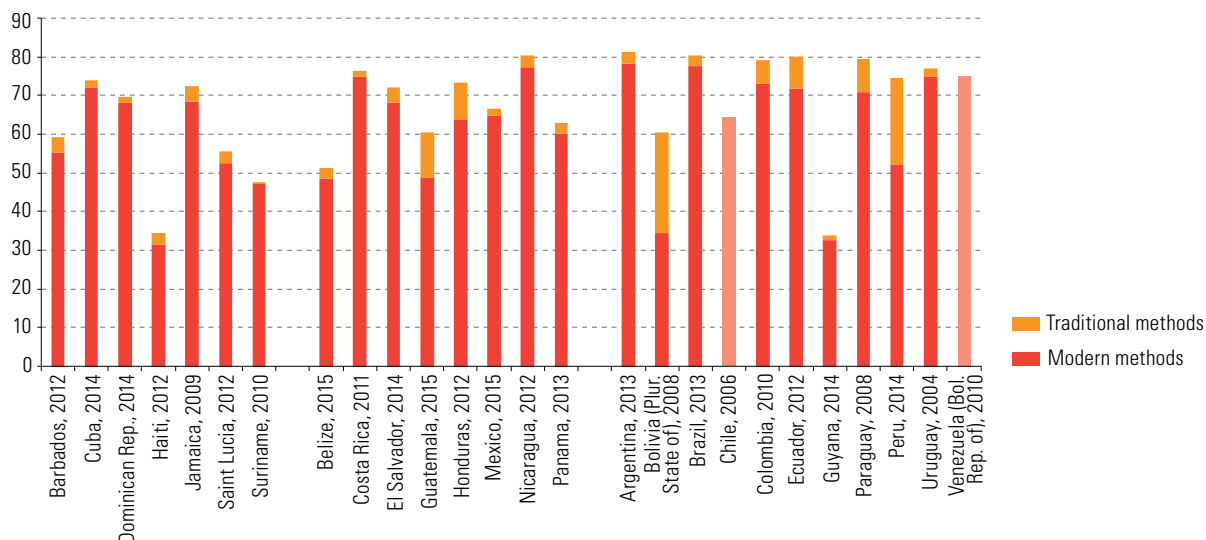
⁷³ The proposed follow-up indicator includes all sexually active women, not just those in marriages or stable relationships, and the indicator for men is the same. This information is not currently available in comparable form, however.

⁷⁴ Some countries are not included in figure III.14 because their information is very out of date. Others do not present information disaggregated by type of method. Indicator D.6, the prevalence of contraceptive use by women and men by type of method (modern or traditional), is important for monitoring the reach of family planning programmes and a variety of priority actions.

⁷⁵ A 2012 estimate put the proportion of unplanned births at 45%, with 26% being untimely and 19% unwanted (Sedgh, Singh and Hussain, 2014).

Figure III.14

Latin America and the Caribbean: prevalence of modern and traditional contraceptive methods among women of childbearing age in marriages or stable relationships^a
(Percentages)



Source: United Nations, "World Contraceptive Use 2017" (POP/DB/CP/Rev2017), New York, 2017 [online database] <http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2017.shtml>.

Note: Figures for the Bolivarian Republic of Venezuela and Chile indicate total prevalence without specifying the type of method.

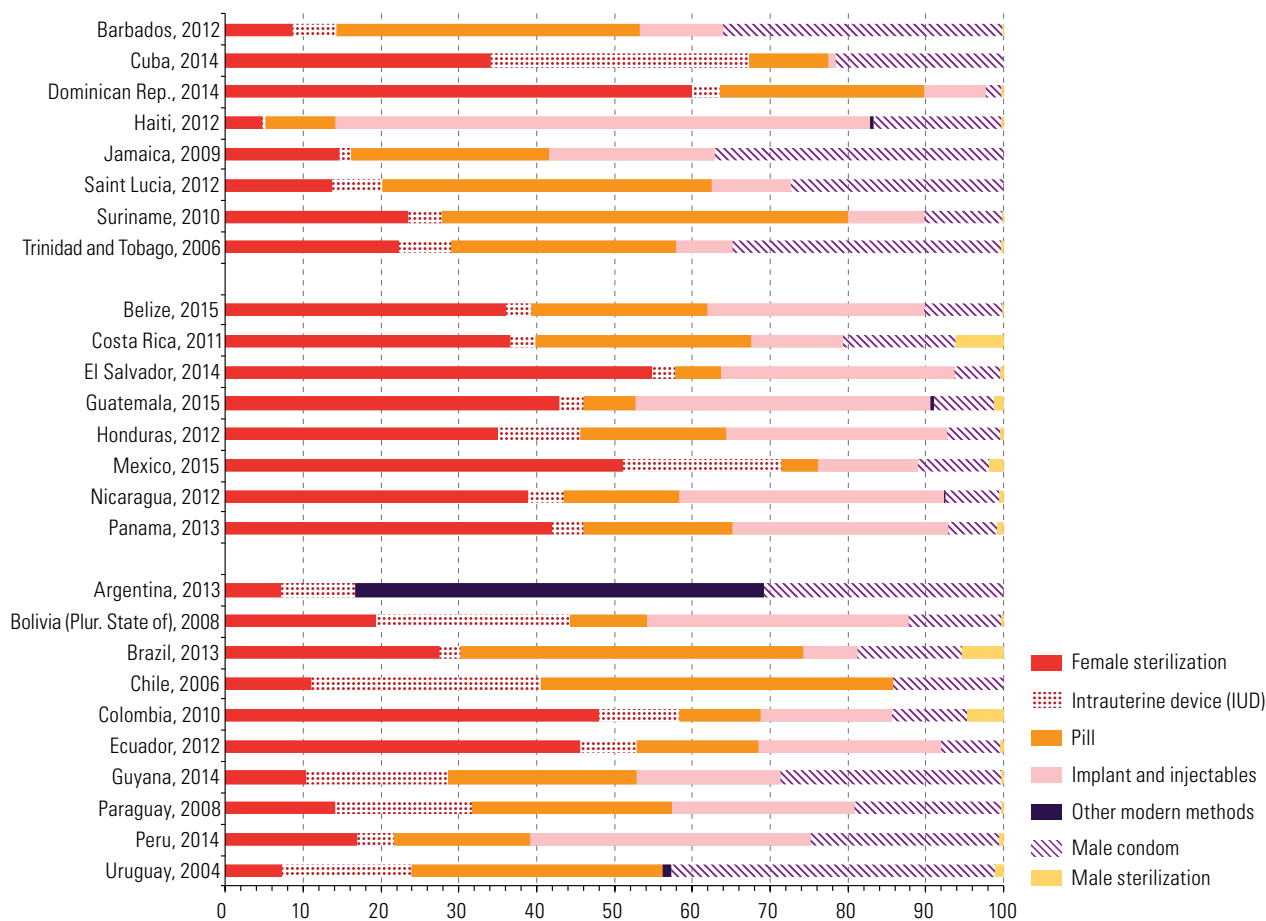
^a The years shown are the most recent for which figures are available.

The range of contraceptive methods in use is generally restricted. Although all methods are available in the region, two or three dominate heavily in most of the countries (see figure III.15). For example, female sterilization is widespread in many countries, being used in some of them by upward of 40% of women in marriages or stable relationships. In fact, the share is some 55% in El Salvador and Mexico and 60% in the Dominican Republic. Hormonal methods, including the pill, implants and injectables, are heavily used everywhere in the region except Argentina, Cuba and Mexico. Intrauterine devices (IUDs), conversely, are not much used in many countries but are one of the most prevalent methods in Chile, Cuba, Mexico and the Plurinational State of Bolivia. The choice of method is affected by couples' reproductive preferences, age profiles and even economic circumstances. However, "the provision of contraceptive services in the countries and the history of reproductive planning implementation may explain the prevalence of a handful of methods" (Cavenaghi, 2009, p. 46). Furthermore, women's prolonged exposure to the risk of unwanted pregnancy, as mentioned, may lead them to opt for more effective methods. In any event, to realize their reproductive rights, people need to have access to the methods best suited to their demographic and health profiles and their preferences as regards the spacing of their children or the ending of the reproductive stage in their lives.

Emergency contraception is legal in all the region's countries except Honduras. Jamaica's report states that while it is legal and can be purchased in pharmacies, the State does not make it available to the population. Furthermore, the reports of many countries such as Brazil, Costa Rica, El Salvador, Guatemala and Peru mention that, while emergency contraception has become more widely used in recent times, it is very hard indeed to obtain in the public sector.

Figure III.15

Latin America and the Caribbean: distribution of modern contraceptive methods among women of childbearing age in marriages or stable relationships^a
(Percentages)



Source: United Nations, "World Contraceptive Use 2017" (POP/DB/CP/Rev2017), New York, 2017 [online database] <http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2017.shtml>.

Note: Other modern methods include the female condom, vaginal barrier methods, lactational amenorrhoea and emergency contraception.

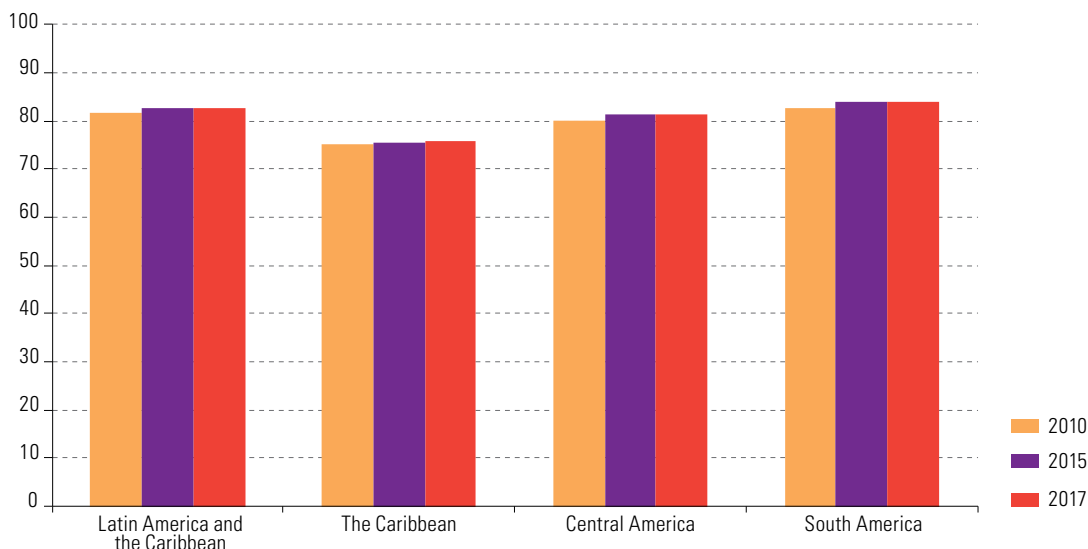
^a The years shown are the most recent for which figures are available.

Another important issue around the supply of contraception can be monitored from the percentages of people stating that their demand for contraception has been met. Although there are differences between countries, figure III.16 presents this indicator for the region in the aggregate and its subregions so that recent trends can be followed. The extent to which demand for family planning has been met has increased slightly in recent years, with the regional average rising from 81.6% in 2010 to 82.8% in 2017. Whereas 84.0% of the demand for contraception in South America is met,⁷⁶ the figure is only 75.7% in the Caribbean. In other words, 24.3% of women in marriages or stable relationships in the Caribbean who did not want more children or did not wish to have them at that time were not using a modern contraceptive method, and in some countries, such as Haiti, the figure was as high as 35%. Furthermore, contraceptive methods that are not permanent or long-lasting can fail in the absence of proper information on how to use them.

⁷⁶ The indicator may be different for sexually active individuals who are not in stable relationships, this being a common situation in Latin America and the Caribbean, especially among the young.

Figure III.16

Latin America and the Caribbean: women of childbearing age in marriages or stable relationships whose family planning needs are being met with modern methods, 2010, 2015 and 2017^a
(Percentages)



Source: United Nations, “SDG Indicators Global Database” [online database] <https://unstats.un.org/sdgs/indicators/database>.

^a Women’s childbearing period is considered to be from the ages of 15 to 49.

(iii) Conception, prenatal care and childbirth

Comprehensive health care throughout the reproductive process is essential to guarantee reproductive rights. As stipulated by priority measures 43 and 45 of the Consensus, anyone becoming a mother must be guaranteed access to high-quality, compassionate obstetric care both in the prenatal stage and during childbirth and puerperium, and assisted fertility treatments must be available to those wishing to become pregnant.

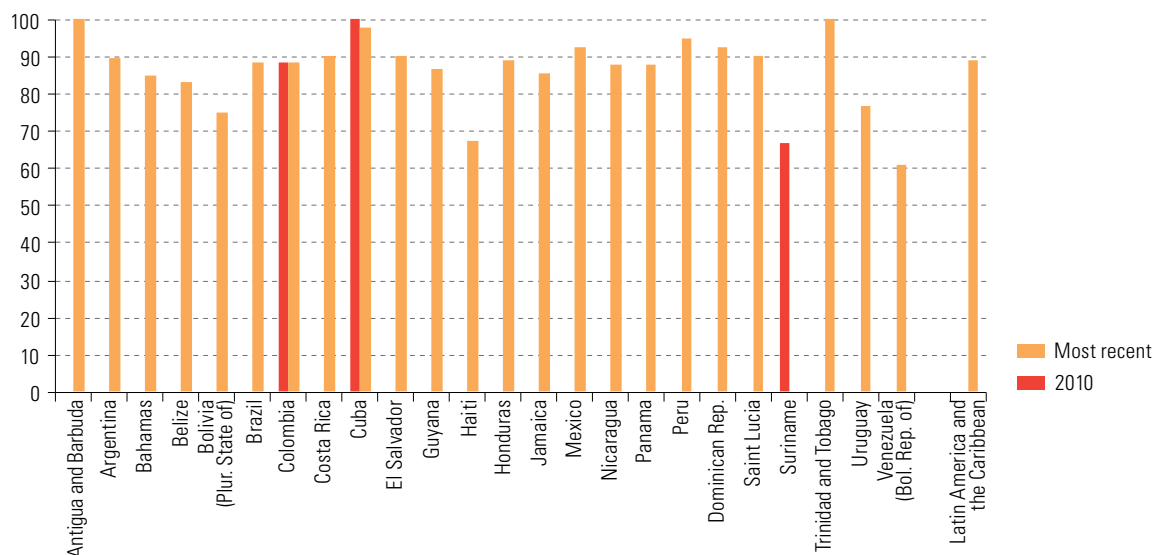
Fertility services are fairly new and are not much mentioned in the national reports, which reveals problems with the comprehensiveness of many countries’ family planning programmes, since assisted fertility treatments are available for people who are better placed financially. There are no monitoring indicators available for any country; the few indications available for this area were discussed in the section on reproductive rights.

The indicators selected to monitor care in the prenatal period and childbirth show that the situation is fairly positive in the region and indeed has generally improved over the last decade. However, information is not available for all countries or for all years. Still, the proportion of live births preceded by four or more prenatal check-ups for the mother is over 90% in most of the countries, the exceptions being the Bolivarian Republic of Venezuela, Haiti and Suriname, where the figure is around 60% (see figure III.17). As regards care during childbirth, 94.8% of births in the region are attended by a trained health professional.⁷⁷ The indicators do not measure the quality of the care provided, a matter that merits investigation, since the high level of care identified in the prenatal period and childbirth does not square with the high rates of maternal mortality in some of the region’s countries.

⁷⁷ The estimates by country are available from CEPALSTAT. The data source for this indicator is United Nations, “SDG indicators global database” [online database] <https://unstats.un.org/sdgs/indicators/database>.

Figure III.17

Latin America and the Caribbean: coverage of prenatal care with at least four check-ups, 2010 and most recent year (Percentages)



Source: United Nations, "SDG Indicators Global Database" [online database] <https://unstats.un.org/sdgs/indicators/database>; Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] <http://estadisticas.cepal.org>.

(iv) Maternal mortality

Rates of maternal morbidity and mortality are still very high in some countries of Latin America, and their reduction is one of the Millennium Development Goal targets that were not met in the region. It is a cause of death that can be avoided in the great majority of cases if proper care is received during the prenatal period, the birth itself and the period just after it. Consequently, priority measure 40 of the Montevideo Consensus on Population and Development recommends that sexual and reproductive health services should be comprehensive and available to all pregnant women, including care both around childbirth and after abortion, based on the risk and harm reduction strategy. Although there are problems of estimation because of incomplete recording of reproduction-related causes of death,⁷⁸ it can be said that the maternal mortality rate remains high and actually increased on aggregate in the region in the period from 2013 to 2016, rising from 50.6 deaths per 100,000 births in 2013 to 57.9 in 2016 (see figure III.18).

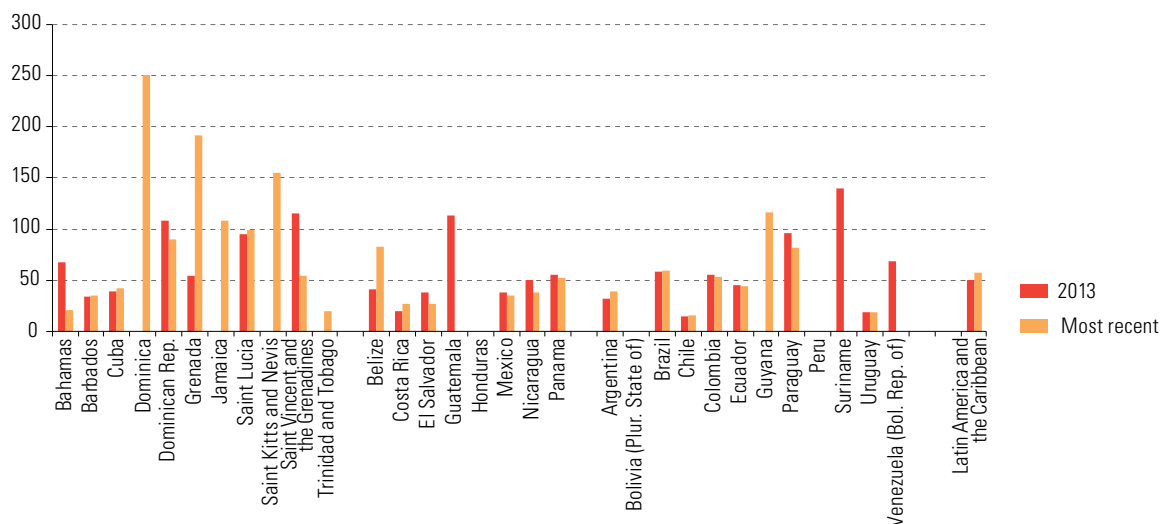
The average maternal mortality rate masks large differences, since there are countries such as Chile and Uruguay with rates below 20 deaths per 100,000 births, while in some Caribbean countries the figure exceeds 150. The reports of the Governments of Brazil and Colombia state that mortality differs by age and that maternal deaths are very frequent among young women.⁷⁹ For this reason, avoiding unwanted pregnancies, which are more common among adolescent and young women, may reduce maternal mortality. The Government of Guatemala has provided an important summary of the cumulative situations leading to the deaths of women: (i) lack of information, (ii) gender inequality, (iii) difficulty in accessing services because of inadequate communication and transport infrastructure and (iv) inadequate and delayed institutional care. These cumulative deficiencies, which put the lives of the poorest women and those living in hard-to-reach places at high risk, call for integrated and comprehensive policies to guarantee reproductive rights for all women.

⁷⁸ To provide this information, preference is given to estimates supplied by the countries and systematized by PAHO, although these differ from the estimates reported in SDG indicator 3.7.1, which are based on modelling. The maternal mortality ratio is an indicator whose denominator is the number of births and not the number of pregnant women: the latter would better reflect the universe at risk, since many deaths are known to occur when abortions are carried out under insalubrious conditions. Indeed, voluntary termination of pregnancy is one of the main causes of maternal death.

⁷⁹ The high rates in these countries (about 50%) result in a great many deaths, raising the regional average.

Figure III.18

Latin America and the Caribbean: maternal mortality ratio, 2013 and most recent year^a
(Number of maternal deaths per 100,000 births)



Source: Pan American Health Organization (PAHO), Health Information Platform for the Americas (PLISA) [online database] http://www.paho.org/data/index.php/es/?option=com_content&view=article&%20id=515.

^a National data provided to the Pan American Health Organization (PAHO).

(v) Voluntary termination of pregnancy

The ban on abortion in most of the countries and the stigma attached to it affect the gathering of data on its frequency, as women usually prefer not to volunteer information. Follow-up of priority measures 40 and 42 thus presents an additional difficulty. Not all national reports directly answer the questions included in indicator D.11 about whether the country has legislation permitting voluntary termination of pregnancy for the following causes: (i) the sole discretion of the woman, (ii) rape or incest, (iii) danger to the woman's life, (iv) danger to the woman's health and (v) other causes. However, the subject is reported on in the United Nations inquiry among governments on population and development. The information on 2013 and 2015 is systematized in annex III.A2, which also includes more recent data gathered in the national reports. The table in the annex shows that abortion is permitted under any circumstances in just four countries: Cuba, Guyana, Mexico (certain states) and Uruguay. There are another two countries where it is permitted even for economic or social reasons: Barbados and Saint Vincent and the Grenadines. In El Salvador and Nicaragua, abortion is not currently permitted under any circumstances. There have been small shifts since 2013, for example in the Dominican Republic, where abortion to save the woman's life has been allowed since 2015. In some countries where abortion is not permitted, it is mentioned that it takes place anyway and there are no penalties; this is a great cause for concern, as abortions are usually carried out under unsafe conditions, which increases maternal mortality rates. For example, the Government of Colombia (2018) reports that abortion is the third greatest cause of maternal deaths, accounting for 16%.⁸⁰

As regards the monitoring indicators for the number of hospitalizations resulting from complications arising after abortion, by age group (D.10) and the percentage of health centres that have medications for abortion and trained personnel and materials for carrying out safe abortions and providing post-abortion care (D.12), there is almost no information available, although it can be compiled from the administrative records of the health system. The information for indicator D.10 in Brazil is that the number of hospitalizations dropped from 195,233 in 2013 to 184,776 in 2016. It is also reported that there are 77 registered facilities for legal abortion,

⁸⁰ It is important to mention a recent study finding that abortion is less safe for women in places where laws are more restrictive (Singh and others, 2018).

but the legislation allows any hospital with an obstetric service to carry out the procedure. The number of applications for legal abortion is reported to be small, however. In the case of Peru, the Government reports that 311 therapeutic abortion procedures were carried out in 2016, but that this figure greatly understates the prevalence of abortion, and underreporting means that the real extent of the problem in the country cannot be analysed. Suriname reported that surveys put the proportion of women aged between 15 and 24 who had had an abortion at 8%, and that the highest figures were among indigenous women (24%), Creole women (15%) and mixed-race women (10%).

With regard to Uruguay, the recent legalization of abortion means that the data presented are for the number of abortions carried out.⁸¹ According to the report, there were 8.6 abortions for every 1,000 women aged 15 to 49 in 2013, a figure that rose slightly to 11.5 per 1,000 in 2016, with a higher rate among women aged 15 to 19 (12.3 per 1,000 in 2016). The report states that abortion facilities have been established throughout the country, but there are places where a high proportion of professionals have opted out on conscientious grounds, making access more difficult. However, health centres are obliged to transport a woman requiring an abortion to a place where this can be carried out.

3. The situation regarding sexual and reproductive rights

Reproductive rights were recognized at the 1994 ICPD, and their definition is well known. They were restated at the fourth World Conference on Women in 1995. Sexual rights were recognized, after lengthy and wide-ranging discussion, in the Montevideo Consensus on Population and Development, where they were defined as those embracing the right to a safe and full sex life and the right for people to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence (ECLAC, 2013, p. 21). The same document includes an agreement on guaranteeing people's right to information and the resources necessary for their sexual health and reproductive health. Several priority measures of the Montevideo Consensus on Population and Development, especially 33, 34 and 36, recognize that people should have assured sexual and reproductive rights, without any type of coercion, discrimination or violence, irrespective of sexual orientation or gender.

Because of the complexity of the concept of sexual rights and their recent recognition in the regional population and development agenda, together with the multiplicity of elements making up reproductive rights, the great majority of national reports did not give estimates for the monitoring indicators in these areas, with a few exceptions that will be mentioned.⁸² For this reason, it is not currently possible to carry out a regionwide analysis of the subject. However, the regulatory frameworks, laws, standards and policies ascertained from the national reports and other sources are important as indications of the progress that has indeed taken place recently in the region's countries and also serve to explain some ongoing challenges.

(a) Sexual rights

Only three countries in the region, namely Ecuador, the Plurinational State of Bolivia and Uruguay, explicitly recognize sexual rights in their constitutions or in specific laws.⁸³ Meanwhile, the right not to be discriminated against on any grounds, including sex, sexual orientation, identity or the expression of gender and sexual characteristics, is recognized and guaranteed by some current legal framework (constitution, codes, primary or secondary legislation or case law) in the great majority of countries (15), the exceptions being Guatemala, Jamaica and Paraguay.

⁸¹ The Government of Uruguay (2017) has reported that abortion has been legal on request up to the twelfth week of gestation since 2012, following the passage of Law no. 18987 on the Voluntary Termination of Pregnancy. The period is extended to 14 weeks when the pregnancy is the result of rape, and there is no restriction when there is a severe risk to the pregnant woman's health or a malformation that makes the fetus unviable.

⁸² Indicators D.17 to D.22 are the ones in chapter D considered to be directly linked to fulfilment of the priority actions relating to sexual and reproductive rights, in relation both to legal frameworks and to rights enforcement outcomes.

⁸³ The source of this affirmation is the Mira que te Miro platform, which provides data on sexual rights legislation, among other information. See [online] <https://www.miraquetemiro.org>. The countries included in this source are Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

Equal marriage has been legislated for in some of the countries whose constitutions explicitly mention sexual rights. Uruguay's national report states that the country's equal marriage legislation was passed in 2013 and that there is also a 2008 law "recognizing concubinary partnerships of two persons regardless of their sex or sexual identity, orientation or choice" (OPP, 2018, p. 8). The Government of Chile (2018) also reports progress on this matter with the 2015 enactment of Law No. 20830 creating the Civil Partnership Agreement, which empowers two people sharing a home, whether of the same sex or not, to regulate the legal effects deriving from their affective life together. The reports of Argentina, Brazil and Colombia do not provide information on the subject, but Argentina was the first country in Latin America to legislate nationally for the right of two persons of the same sex to marry. This recognition came in 2010 with the Civil Marriage Act (Law No. 26618, better known as the Equal Marriage Act). In Colombia, the Constitutional Court has expanded the rights of homosexual couples since 2007, and in 2016 marriage between persons of the same sex was legalized throughout the country. In Brazil, the judiciary recognized the rights of same sex couples living in partnerships in 2011, and in 2013 equal marriage was legalized nationwide. The Government of the Bolivarian Republic of Venezuela has stated that there is a bill before the National Assembly to amend the Civil Code and extend marriage to homosexual couples in the light of jurisprudence from the Supreme Court of Justice, which in 2016 ruled that it was unconstitutional to prohibit marriage between persons of the same sex. It has also stated that the capital, Caracas, has been declared a territory free of homophobia and transphobia.

It is important to mention that some advances have been made in other countries because sexual rights have been upheld in legal proceedings and by human rights ombudsman services. Some national reports detail other legal advances in relation to sexual rights. The Government of Chile, for example, has indicated that the Programme of Sexual Health and Reproductive Health has been reformulated in a way that incorporates specific health-care strategies for the LGBTI population. These include the Clinical Approach to Bodily Adaptation in Persons with Divergence between Physical Sex and Gender Identity, which supports clinical measures, including hormone therapy and surgery, that may be opted for by people requiring this (Government of Chile, 2018). This strategy has been implemented gradually in four regions of the country.⁸⁴

The introduction of comprehensive sex education is important not only as a way of recognizing sexual and reproductive rights, but so that the youth population can be familiarized with sexuality and gender identity issues and act in a non-discriminatory way. The report of Colombia contains an interesting example, as the National Demographic and Health Survey (ENDS) conducted in 2015 included questions designed to ascertain whether the population was for or against certain sexual rights. Thus, according to the findings of the survey (Government of Colombia, 2018), when asked whether homosexuals had the same rights as heterosexuals, over 80% of people said they did, but when asked whether they agreed that the rights of same sex couples should be recognized, only about 60% said they should. This proportion declined yet further, to about 30%, when the question was whether same sex couples should be able to adopt children.⁸⁵

(b) Reproductive rights

For all reproductive rights to be guaranteed, it is important that States review legislation, standards and practices restricting access to sexual health and reproductive health services for any population group (priority measure 35). Data from the United Nations (2015) indicate that direct support for family planning is provided in the great majority of countries, the exceptions being Costa Rica and Suriname. In some countries, however, there are access restrictions that apply to particular population groups (mainly the young) or certain types of contraceptives (especially emergency contraception).⁸⁶ There has also been progress in expanding the supply of health services for young people, and in recent times youth-friendly facilities have been created, as

⁸⁴ It is important to note that there are similar laws and standards in other countries, but only those included in national reports are mentioned here, covering mainly recent changes.

⁸⁵ There are fairly modest differences between men's and women's responses, with women being more favourable to equal rights.

⁸⁶ There is a minimum age for accessing contraception in Granada, Jamaica and Trinidad and Tobago. There are also six countries (Bahamas, Barbados, Belize, Costa Rica, Mexico and Panama) where minors must have their parents' consent. There are restrictions on access to the morning after pill in Costa Rica and Honduras. Costa Rica's report (Government of Costa Rica, 2017) mentions that access to emergency contraception is a challenge the country needs to resolve.

mentioned in chapter B. There are no data available for indicator D.21, which measures whether people (aged 10 and over) are aware of their rights and the conditions of access to sexual and reproductive health care.

There is no information on State guarantees of access to sexual and reproductive health services and to information and education on these topics, something that is measured by indicator D.18 (indicator 5.6.2 of the SDGs). This is because the data-gathering methodology is still being worked out. The Government of Colombia (2018) has provided partial information that is currently usable, reporting that in the 2015 National Demographic and Health Survey (ENDS), just 65.5% of women aged 15 to 49 said they had received information on the side-effects of modern contraceptive methods and only 54.8% claimed to be aware of the measures they should take if they experienced these effects (Government of Colombia, 2018). Similar findings have been obtained in other countries that have demographic and health surveys, confirming a widespread information deficit. Proper provision of contraceptive methods to reduce the number of unwanted pregnancies is thus an issue that merits government attention.

Besides the availability of sexual and reproductive health services for which provision is made, another aspect associated with fulfilment of reproductive rights (and sexual rights too) is whether women have enough autonomy to take their own informed decisions. Indicator D.17 of the Montevideo Consensus on Population and Development (SDG indicator 5.6.1) quantifies fulfilment of this right. The information for this indicator needs to be gathered in household surveys, and data comparable with those for the rest of the world are currently only available for four countries in the region. Table III.5 shows that women all over the world still have very little decision-making autonomy when it comes to the exercise of sexual and reproductive rights, and that Latin America does not lag that far behind developed regions. Nonetheless, there are countries where barely more than 50% of women say they have this autonomy.

Table III.5

Proportion of women aged 15 to 49 taking their own informed decisions about sexual relations, contraceptive use and reproductive health care according to the latest survey

Regions and countries	Year	Percentage
World	2012	51.8
Europe and North America	2012	79.7
Latin America and the Caribbean	2012	69.6
Dominican Republic	2007	77.0
Haiti	2012	56.3
Honduras	2012	70.3
Guyana	2009	71.3

Source: United Nations, "SDG Indicators Global Database" [online database] <https://unstats.un.org/sdgs/indicators/database>.

With regard to the State guaranteeing and providing access to assisted reproduction (priority measure 43), facilities providing this type of treatment have recently expanded in the region's countries.⁸⁷ The Chile report states that the standards governing assisted fertilization were adjusted in 2015 (Government of Chile, 2018). In Costa Rica, performance of the in vitro fertilization and embryo transfer assisted reproduction technique was authorized by executive decree in 2015 (Government of Costa Rica, 2017). In Uruguay, a law regulating assisted human reproduction techniques and the requirements for approved public and private institutions to carry out these procedures was enacted in 2013 (OPP, 2018, p. 50). Other countries such as El Salvador (Government of El Salvador, 2017) have mentioned the challenges they face in implementing an assisted reproduction programme.

Other reproductive rights, chiefly those concerning access to reproductive health care, are guaranteed by law in a number of countries, particularly when it comes to non-discrimination on the basis of sexual orientation, disability, adolescence and membership of intercultural groups. An example of this can be found

⁸⁷ Other countries have regulations predating the Montevideo Consensus on Population and Development that are not mentioned here.

in the report by the Government of Colombia (2018), which mentions a resolution dealing with the exercise of the disabled population's sexual and reproductive rights and recognizing that everyone is a rights-bearer capable of taking decisions. Compliance with laws, standards and resolutions is not wholly guaranteed, and the reason is sometimes that the personnel responsible are not in a position to provide appropriate care. Accordingly, a number of countries mention training and information courses for health-care professionals.

4. Conclusions

Since the Montevideo Consensus on Population and Development was approved in 2013, substantial progress has been made on priority measures relating to sexual and reproductive health and rights. As pointed out at the beginning of the report, the five years of implementation have not been a favourable period economically and politically for some countries, and this has created an even greater challenge for the rights agenda, chiefly when it comes to the progress needed to achieve universal access to sexual and reproductive health services.

With regard to sexual health, prevention and treatment of infections of the reproductive system, chiefly HIV/AIDS, have progressed more slowly than hoped. There has been progress towards the 90-90-90 goal as agreed by the countries. The main achievement has been a high level of viral suppression in people undergoing treatment, but there are groups in which adherence to treatment is very low, such as female sex workers, drug users and gay men and other men who have sex with men. Nor has progress been as great as hoped when it comes to detection levels, especially in the Caribbean countries. The good news is the almost complete elimination of mother-to-child transmission. However, a great challenge lies ahead: integrating prevention and treatment of reproductive system infections, including HIV/AIDS, with other sexual and reproductive health services.

Access to family planning has improved, mainly thanks to increased use of modern contraceptive methods and a wider range of available methods, allowing more demand to be met. However, family planning is an ongoing activity that cannot be allowed to flag whatever the economic, political or social circumstances, since failure in contraception is a breach of rights that has serious consequences for individuals and society. Also part of family planning are conception services for people in need of assisted reproduction technology, which is at a very early stage in almost all the countries. There remains, then, the great challenge of improving access to and the quality of family planning services in order to reduce the number of unwanted pregnancies through more appropriate use of contraceptive methods and to make wanted pregnancies possible by using appropriate conception methods. Methods must meet the specific needs of each population segment in an effective and timely way, and generational differences, diversity and interculturality must all be taken into account. In particular, it is vital for there to be action to expand services and information in a way that recognizes the needs of adolescent and young people in all countries, given the high rates of early fertility discussed in chapter B.

The provision of resources so that people can implement their reproductive preferences, from prevention of unwanted pregnancies to skilled care in the prenatal period and in childbirth, is essential to reduce maternal morbidity and mortality, which is still very high in the region. The indicators show a continuing improvement in access to prenatal check-ups and skilled care during childbirth, but these high levels of access do not square with the high maternal mortality seen in most of the region's countries. This mortality is due partly to the quality of the services provided in the prenatal period and during childbirth, partly to care standards when pregnancies are voluntarily terminated. There thus remains the great challenge of expanding access to harm reduction services in the event of complications from unsafe abortions and of extending coverage of high-quality care and information services in the prenatal period and during childbirth to the whole population, especially those living in poverty and in hard-to-reach areas and those suffering any kind of discrimination.

Both access to appropriate and timely information and discrimination-free service provision must involve comprehensive sex education in people's early years and, in general, over the whole life cycle. There has been little progress in the five years for which the Montevideo Consensus on Population and Development has been implemented, as chapter B showed, so this remains one of the greatest challenges in the region. It is a policy that if properly implemented affects all the areas dealt with in this section, from sexual and reproductive rights to access to sexual and reproductive health services. A great deal of progress still needs to be made on

this in the region, and some countries have fallen back in certain ways. There are recent initiatives to change education for health and family life that do not address issues of sexuality comprehensively, for example by dealing with negative gender stereotyping in schools. The countries need to pursue greater integration between the spheres of education and health when planning and implementing comprehensive sex education so that sexuality can be covered in all its aspects.

Major progress has been made with the realization of sexual and reproductive rights, particularly in the legislative sphere. In countries where progress has been made, though, there is still a need to implement these legal frameworks and to ensure that ground is not lost because of politically and culturally unfavourable circumstances.

There are some large gaps in this implementation monitoring report for the Montevideo Consensus on Population and Development. This is not only because the implementation of priority measures may still be in the early stages, but also because national reports do not mention these areas or provide data. The first gap concerns measures to involve men in reproduction-related processes. The Montevideo Consensus on Population and Development states emphatically that men should be an integral part of actions associated with reproductive processes. After five years' implementation, however, no systematic data are available at the regional level or included in the great majority of the countries' progress reports. Another piece of information that is missing concerns the financial resources allocated to sexual and reproductive health and rights. It is essential to move ahead and expand the financial commitment made to policies in these areas so that change is sustained and intensified until access to sexual and reproductive health and rights is universal. Also missing in most of the reports is information disaggregated by territories or regions, by urban or rural area, by race or ethnicity and by disability, among other variables. The challenge with regard to the information and indicators in this section, given their specific characteristics, is for the countries to plan and organize data production in advance (using demographic and health surveys and administrative records, for example) for their next national reports on progress in implementing the Montevideo Consensus on Population and Development.

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Annex III.A2

Legal grounds for abortion^a

Country	2013	2015	New developments as per national reports
Antigua and Barbuda	1	1	
Bahamas	1,2,3,4,5	1,2,3,4,5	
Barbados	1,2,3,4,5,6	1,2,3,4,5,6	
Belize	1,2,3,5,6	1,2,3,5,6	
Cuba	1,2,3,4,5,6,7	1,2,3,4,5,6,7	
Dominica	1	1	
Dominican Republic	None	1	
Grenada	1,2,3	1,2,3	
Guyana	1,2,3,4,5,6,7	1,2,3,4,5,6,7	
Haiti	1	1	
Jamaica	1,2,3	1,2,3	Sections 72 and 73 of the Offences against the Person Act (1864) make it a criminal offence to procure or assist in procuring an unlawful abortion (Government of Jamaica, 2018).
Saint Kitts and Nevis	1,2,3,4	1,2,3,4	
Santa Lucia	1,2,3,4	1,2,3,4	
Saint Vincent and the Grenadines	1,2,3,4,5,6	1,2,3,4,5,6	
Suriname	1	1	Abortion is illegal in all circumstances under the Surinamese Penal Code, without exception. The Government of Suriname has stated that women have access to abortion because the Penal Code is not applied (Government of Suriname, 2018).
Trinidad and Tobago	1,2,3	1,2,3	
Costa Rica	1,2,3	1,2,3	
El Salvador	None	None	"Pursue a debate in the country and legislature on reforming article 133 of the Penal Code to give consideration to four circumstances in which abortion would not be punishable, in the light of the need to harmonize the Penal Code with the Special Comprehensive Law for a Life Free of Violence for Women and the Law on Equality and Equity and Eradication of Discrimination against Women" (Government of El Salvador, 2017, p. 30).
Guatemala	1	1	
Honduras	1	1	Current legislation in Honduras does not authorize therapeutic abortion in any form and bans the use of emergency contraceptives. There are rules on high-risk pregnancies and trained personnel (Government of Honduras 2018).
Mexico	1,2,3,4,5,6,7	1,2,3,4,5,6,7	
Nicaragua	None	None	
Panama	1,4,5	1,4,5	
Argentina	1,2,4	1,2,4	
Bolivia (Plurinational State of)	1,2,3,4	1,2,3,4	
Brazil	1,4	1,4	Following the ruling by the Federal Supreme Court, abortion is authorized in the country in cases of anencephaly (Government of Brazil, 2018).
Chile	None	None	Permitted for grounds 1, 4 and 5 under Law No. 21030 Regulating the Legalization of Voluntary Termination of Pregnancy on Three Grounds (September 2017) (Government of Chile, 2018).
Colombia	1,2,3,4,5	1,2,3,4,5	
Ecuador	1,2,3	1,2,3	
Paraguay	1	1	
Peru	1,2,3	1,2,3	Abortion is illegal in Peru, but therapeutic abortion has been allowed since 1924 (Government of Peru, 2018).
Uruguay	1,2,3,4,5,6,7	1,2,3,4,5,6,7	
Venezuela (Bolivarian Republic of)	1	1	"Abortion continues to be a criminal offence under articles 430 and 431 of the Venezuelan Penal Code" (Government of the Bolivarian Republic of Venezuela, 2018).

Source: United Nations, "World Population Policies Database", 2015 [online database] https://esa.un.org/PopPolicy/wpp_datasets.aspx; Government of El Salvador, "Informe de El Salvador sobre el avance en la implementación del Consenso de Montevideo sobre Población y Desarrollo", San Salvador, 2017 [online] https://crpd.cepal.org/1e/sites/crpd1e/files/informe_el_salvador.pdf; Government of the Bolivarian Republic of Venezuela, "Informe Nacional sobre el Avance en la Implementación del Consenso de Montevideo sobre Población y Desarrollo", Caracas, 2017; Government of Brazil, "Relatório brasileiro de acompanhamento da implementação do Consenso de Montevideo", Brasília, 2018, unpublished; Government of Honduras, "Informe nacional sobre el avance en la implementación del Consenso de Montevideo sobre Población y Desarrollo", Tegucigalpa, 2018, unpublished; and the national reports of the countries concerned.

^a The legal grounds numbered 1 to 7 are as follows: 1. To save the woman's life. 2. To preserve the woman's physical health. 3. To preserve the woman's mental health. 4. Rape or incest. 5. Fetal disability. 6. Economic or social reasons. 7. On demand.

E. Gender equality

1. Introduction

There has been very substantial progress on a number of aspects of gender equality and women's autonomy in Latin America and the Caribbean over recent decades, with greater advances in some areas than others, and with the pace of progress tending to accelerate in the early years of the twenty-first century. Many of the divides affecting women and girls in education, health care and sexual and reproductive health have been narrowed. These advances have been the result of international agreements committing the countries to the pursuit of gender equality and of success in implementing policies that have contributed positively to the elimination or reduction of barriers in the public and private spheres, as indicated by the countries in their national progress reports on implementation of the Montevideo Consensus on Population and Development. As the countries have also spelt out, however, there are still great disparities in the region, with gender inequality being aggravated by other kinds, such as ethnic and generational inequality.

The region still has structural divides, perpetuated by poverty and inequality, that make sustainable development much harder than it ought to be. Combined with the economic and political situation in many of its countries, this could jeopardize the advances won in recent years (ECLAC, 2016a). Mainstreaming gender equality and women's and girls' autonomy in public action is an essential step towards a comprehensive transformation of structural inequality and the workings of the State, as established in the priority measures of the Montevideo Consensus on Population and Development. Gender equality and social and economic development thus cannot be treated as though they were unconnected, let alone antagonistic (Duflo, 2011). It is consequently important to close existing divides, not only as part of a rights agenda, but also in order to attain economic development and reduce poverty and inequality, as mentioned in chapter A of the Consensus.

The global gender equality agenda is wide-ranging and has been discussed, agreed and monitored within different frameworks. Besides the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), a human rights treaty ratified by all the countries in the region, two of the most globally important normative instruments are the Beijing Platform for Action of the Fourth World Conference on Women (Beijing, 1995) and the more recent 2030 Agenda for Sustainable Development. This agenda includes a commitment to gender equality and women's rights, set out specifically in SDG 5, which is to achieve gender equality and empower all women and girls, and transversally in all the SDGs. It is in this framework, indeed, that monitoring of the Montevideo Consensus seeks synergies and interrelationships for regional follow-up, without losing sight of the specificity of Latin America and the Caribbean.

In the regional sphere, gender equality has been debated at the intergovernmental level, and States have been committed to implementing it for the last four decades (ECLAC, 2017d). These political commitments, from the first Regional Conference on the Integration of Women into the Economic and Social Development of Latin America (Havana, 1977) to the thirteenth Regional Conference on Women in Latin America and the Caribbean (Montevideo, 2016), constitute the Regional Gender Agenda, the most important framework of intergovernmental agreements for gender equality, autonomy and women's rights in the region. Forming part of the Agenda are the regional consensuses that have been agreed, such as the Quito Consensus (2007), the Brasilia Consensus (2010), the Santo Domingo Consensus (2013) and, most recently, the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030, adopted at the thirteenth Regional Conference (ECLAC, 2017a). The Division for Gender Affairs of the Economic Commission for Latin America and the Caribbean (ECLAC) is the Secretariat of the Regional Conference on Women in Latin America and the Caribbean, and its current working framework is the Montevideo Strategy, the main tool for progress with the situation of women in the context of development (ECLAC, 2017d).

Chapter E on gender equality of the Montevideo Consensus on Population and Development, with its 19 agreed priority measures, is an important area for the follow-up of the set of actions proposed in the population and development agenda. Gender equality is addressed transversally in the other chapters of the Consensus, chiefly those that chapter E has the greatest interaction with and that precede it in this report, such

as chapter B (Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth) and chapter D (Universal access to sexual and reproductive health services). Since follow-up cannot be separated from the broader regional agenda and, as in other subject areas, regional indicators are still few and far between, the analysis in this section of the Montevideo Consensus monitoring report focuses on aspects and indicators selected for their importance. Additionally, the vast labour performed by ECLAC has been drawn on to reflect the broader context, particularly the work done in the framework of the Gender Equality Observatory for Latin America and the Caribbean (OIG) and the studies carried out by the Division for Gender Affairs.⁸⁸ Lastly, national Montevideo Consensus progress reports have been used as inputs for this section.

This section will report on priority measures 47, 48, 49, 52, 54, 56, 57, 58, 61, 64 and 65 of the Montevideo Consensus, organized using the conceptual framework laid down by OIG on the basis of the three autonomies: decision-making autonomy, economic autonomy and physical autonomy.⁸⁹ With regard to decision-making autonomy, institutional mechanisms have allowed remarkable progress to be made in the institutional underpinnings of gender policies, with significant results in the implementation of gender mainstreaming strategies in different sectors and levels of States. On top of this has come increased female participation in decision-making, mainly because of the development of positive action policies, such as quota or parity laws, with major reforms in the electoral systems of some countries of the region. However, the degree and speed of progress have differed from one country to another and between the different subnational levels. Furthermore, greater institutional and budgetary stability is required to ensure that progress is not at the mercy of business cycles. Where economic autonomy is concerned, the region's women still participate in the labour market on an unequal footing relative to men, since they continue to bear most of the burden of unpaid work. This directly affects their potential access to decision-making positions and makes them more exposed to the effects of crises, whether resulting from economic problems or demographic changes in the age structure. In addition to all these challenges, there is the issue of physical autonomy. Only modest progress has been made on gender violence, despite the actions implemented since this came to be considered a public issue. In fact, these actions have brought only some of the difficulties to light, since in this area there remains the great challenge of properly measuring the problem.

Lastly, a great lack that needs to be noted in this first regional monitoring report relates to priority measure 59: "Broaden the access available to men, including boys, adolescents and young men, to sexual and reproductive health-related information, counselling and services and promote the equal participation of men in care work through programmes for raising men's awareness of gender equality, and foster the development of new masculinities." This is achieved by giving men access to information, particularly in the form of core content in basic and secondary education curricula.

2. The situation regarding priority measures for gender equality

Women currently make up just over half the population of Latin America and the Caribbean. As of 2017, there were 7 million more women than men in the region. Although fewer females are born, they become a majority of the population in adult life because male mortality is higher. As a result of women's higher life expectancy, the population aged 60 and over is 55% female in the region, according to estimates by the United Nations (2017b).⁹⁰ The region's countries are all in much the same situation, notwithstanding some differences associated with their different stages in the demographic transition and degrees of population ageing, among other factors.

⁸⁸ See the studies, laws and indicators reported by the Gender Equality Observatory (OIG) [online] <https://oig.cepal.org/>.

⁸⁹ In this analytical and thematic parallel, it is important to take note of the concept of autonomy as described by OIG: "Autonomy means for women to have the capacity and conditions to freely make decisions impacting their lives. To achieve a greater autonomy, different issues must be addressed, including freeing women from the exclusive responsibility of reproductive tasks and care, which implies ensuring the exercise of reproductive rights; ending gender violence and taking all necessary actions for women to participate in decision-making in equal conditions" (see Gender Equality Observatory (OIG), "Autonomies" [online] <https://oig.cepal.org/en/autonomies>).

⁹⁰ Life expectancy is the number of years the average person can be expected to live after birth.

Women may be a majority of the population, but the same cannot be said of their representation in politics, the economy, employment or, most especially, decision-making positions. This is despite a huge transformation in education, as women have moved from having very limited access to this to outnumbering men at almost all levels, including university graduates, in most of the countries (Duryea and others, 2007; Alves, Cavenaghi and Martine, 2013). This section aims to give an account of three dimensions connected to the priority measures of the Montevideo Consensus, which calls for measures to break down the barriers that are maintaining gender inequality: (i) the institutional mechanisms used to construct development policies with gender equality, (ii) participation in the labour market and the sexual division of labour and (iii) gender violence.

(a) Institutional mechanisms for the construction of development policies with gender equality

Social development is remarkably effective in reducing gender inequalities, although this is not an automatic process. The divides that are a legacy of discrimination against women in society highlight the need for specific mechanisms to break down the structural nexuses of gender inequality, including socioeconomic inequality and poverty, patterns of discrimination and violence against women and the sexual division of labour and unjust social organization of care, and to consolidate a parity democracy (ECLAC, 2017d). To ensure that progress continues and ground is not lost, therefore, it is essential for there to be institutional mechanisms that can establish legal frameworks and public policies with gender equality goals, endowed with the necessary budgetary funding. Women's participation in policymaking and policy implementation in all spheres of public administration and in high-level decision-making is likewise important.

One of the monitoring indicators for the priority measures of the Montevideo Consensus guaranteeing institutional mechanisms for the construction of development policies with gender equality (priority measures 47, 48, 51 and 52) is whether a country has systems to follow up gender equality and the empowerment of women and to allocate public funds for this (indicator E.1). Although this indicator does not contain metadata as yet, it is possible to carry out a proxy analysis using the hierarchy of mechanisms for the advancement of women (the institutional mechanisms created since the 1980s to guide and coordinate gender equality policies in the States of Latin America and the Caribbean). According to the OIG definition, these hierarchical levels indicate qualitatively what status the countries confer on these mechanisms: the highest rank is that of a ministry or similar, with the representative or minister participating in the presidential cabinet; the intermediate level is assigned when the mechanism comes under the office of the president but there is no cabinet participation; and the lowest level is when the mechanism comes under a lower-ranking ministry or authorities.⁹¹

Table III.6 shows the results for Latin America and the Caribbean and reveals that most of these mechanisms are not currently of the highest rank in the region as a whole. The situation in the Caribbean merits particular attention, as 84.2% of the countries have low-level mechanisms whereby the highest authority dealing with gender equality is the head of a department or other body reporting to a minister. Half the 20 countries in Latin America currently have mechanisms for the advancement of women at the highest level (ministry). At the same time, five have mechanisms of the lowest level. The status of mechanisms for the advancement of women has generally improved over time, but this does not eliminate the risk that proposed reforms might adversely affect their situation, even leading to their being placed under the authority of another ministry.

⁹¹ The definition is similar in the case of States that have a prime minister and not a president, considering that the rank of prime minister is the highest in the country.

Table III.6

Latin America and the Caribbean: mechanisms for the advancement of women, by hierarchical level, latest period available
(Percentages of countries)

Latin America (20 countries)		
I	Ministry or body whose head is of ministerial rank	50.0
II	Body attached to the office of the president or mechanism whose head is directly responsible to the office of the president (offices attached to the office of the president, secretariats, national institutes, etc.)	25.0
III	Bodies reporting to a ministry (deputy minister's offices, departments, institutes, councils, etc.)	25.0
The Caribbean (19 countries)		
I	Ministry or body whose head is of ministerial rank	10.5
II	Head of a mechanism not of ministerial rank but directly responsible to the prime minister	5.3
III	Head of a department or other body responsible to a minister	84.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean (OIG), "Indicators" [online] <https://oig.cepal.org/en/indicators>.

The national reports document the implementation of these institutional mechanisms for the construction of gender-equal development policies at a high institutional level in response to women's demands in periods prior to the Montevideo Consensus, but there are also countries where ministries have been created more recently. The Government of Chile has reported on the 2015 creation of the Ministry for Women and Gender Equity, while the Government of Jamaica has mentioned an upgrading of a department that formerly had divisional status. Other countries have referred to progress in creating institutional structures in local government.⁹² For example, Guatemala has reported that municipalities are now required to have higher-ranking municipal women's offices in the local government structure and Honduras has stated that 96% of municipalities have local gender mechanisms.

Also very important as a gauge of gender equality is to ascertain how many women are in charge of sectoral portfolios other than mechanisms for the advancement of women. To assess changes in this area during recent years, there is the indicator for the percentage of women in ministerial cabinets over the last three presidential terms (CEPALSTAT).⁹³ Although the rank of the institutions referred to above differs substantially between the Latin American and Caribbean countries, there are no very great subregional differences in the percentages of women in ministerial cabinets. The proportion of female ministers ranges from a low of 11.1% to a high of 57.1% in Latin America in the latest period, while in the Caribbean the range is from 7.7% to 40.0%. It is important to note that at least one country in both subregions has approached parity (or even slightly exceeded it) during the last three presidential terms, although there are also countries that had virtually no female ministers in the two terms before the latest one. The Government of Chile has reported in detail on the creation of gender units in ministerial structures, for example in the ministries of education, health and agriculture, and on intersectoral gender actions shared by the different ministries.

Nonetheless, the upward trend in women's participation as ministers of State in each of the countries over the periods has not continued. For example, the percentage of female ministers declined in all periods in 5 of the 13 Caribbean countries with data available. Of the 20 countries in Latin America, 6 are in this same situation, with a decline of up to 50% in female representation in ministries. Again, there are cases of increases followed by declines (and vice versa) in women's participation in ministries, and cases where this increased in all the periods (mention may be made of Guatemala, Nicaragua, Peru, the Plurinational State of Bolivia and Uruguay). These executive appointments depend by their nature more on the preferences of

⁹² This refers to priority measures 47 and 81, monitored by indicator E.3 (percentage of municipal and local governments with gender mechanisms for women's development), and systematized data are not yet available.

⁹³ See CEPALSTAT [online database] <http://estadisticas.cepal.org/cepalstat/portada.html?idioma=english>. The indicator estimates are produced by ECLAC with data validated by mechanisms for the advancement of women, using official government figures. If information is not submitted by mechanisms for the advancement of women, the data are compiled directly from government and ministry websites.

elected governments and party and other negotiating arrangements than on any institutional frameworks operating in other areas. This means that civil society organizations have a particularly important role to play here in following up on levels of female participation in decision-making positions.

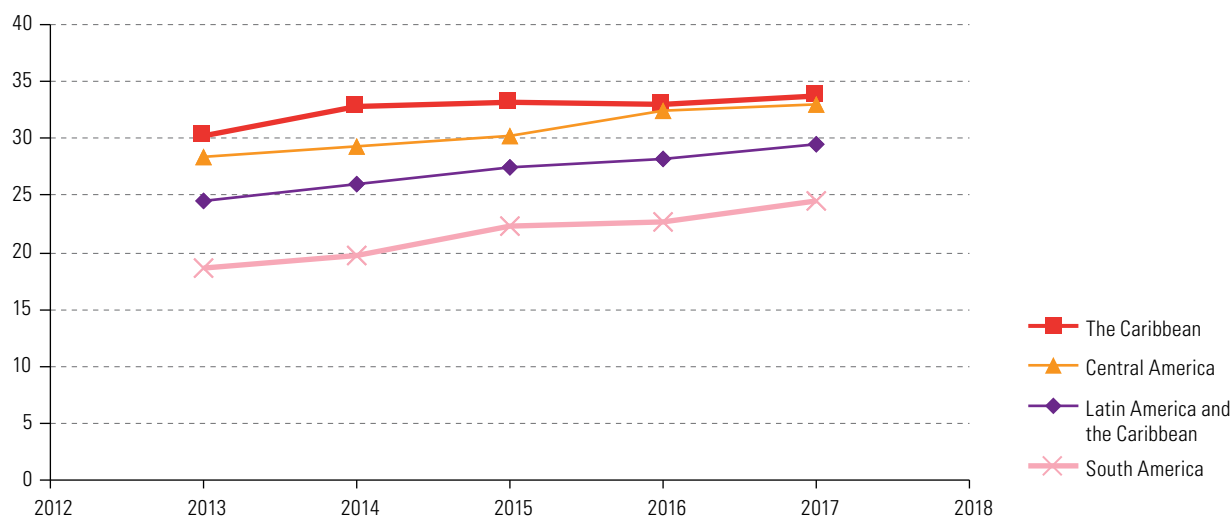
Progress in this area will depend on public funding for actions aiming at gender equality and women's autonomy. Although many countries struggle to arrive at estimates of the percentages of government budgets specifically allocated to gender equality measures (indicator E.2, priority measures 47 and 49), a number of governments have identified explicit measures taken to identify these resources in national budget plans, and some have even submitted figures, such as Peru, whose report indicates that the budget for the country's gender authority, the Ministry of Women and Vulnerable Populations (MIMP), represents 0.4% of public spending, and Jamaica, which estimates the figure at 0.04% of the national budget. The Honduran report mentions the implementation of a gender approach in the public budget since 2015.

Women's participation in parliaments is also essential, both to secure a female presence in decision-making processes and because of the role that female parliamentarians have played in promoting a gender equality agenda (priority measures 48 and 52). In this area, and as a result of quota, parity and alternation laws passed in recent years, Latin America and the Caribbean has set a good example to the other regions of the world when it comes to electing women to parliament. This achievement can be seen in the indicator for the proportions of seats held by women in national parliaments and local governments (indicator E.6), which provides estimates for subregional aggregates and shows that there has been an upward trend on average in Latin America and the Caribbean since 2013 and that the proportion of women in national parliaments was 30% in 2017. This proportion is higher in Central America and the Caribbean, which already had an average for the subregions of 35% in the aggregate by 2015 (see figure III.19).

Figure III.19

Latin America and the Caribbean: seats held by women in national parliaments, 2013-2017

(Percentages)



Source: United Nations, SDG Indicators Global Database [online] <https://unstats.un.org/sdgs/indicators/database/> [reference date: 20 February 2018].

On the other hand, there are countries that have not yet managed to overcome the barriers to women being elected to parliament, even though some have implemented legislation intended to ensure that female candidates are put forward. In Brazil, for example, where candidacy rules have been brought in to increase female participation in the electoral process, the proportion of women elected to the Chamber of Deputies is

around 10% and has not changed significantly since 2013.⁹⁴ In other countries where legislation guarantees a substantial proportion of female candidates, whether by a parity requirement or some other mechanism, the results seem to have been quite positive, examples being Costa Rica and the Plurinational State of Bolivia.

After analysing the policy of gender parity and alternation in elected States bodies and intermediate institutions of the Plurinational State of Bolivia, Benavente and Valdés (2014) argue that it was a response to the difficulties faced by women in elections even after the implementation of quota policies. In their analysis, these authors also argue that an important factor in the country has been the Political Harassment and Violence against Women Act, passed in 2012, which stipulates penalties for anyone carrying out acts of political harassment and violence against women in elected positions. The Plurinational State of Bolivia has achieved striking results in this way, having had parity in elected State bodies and intermediate political institutions since 2010. The proportion of women in elected positions reached 25.8% in 2013, and in 2015 the gender gap was reversed with a rise to 53.1% (ECLAC, 2013a).

The policy implemented in Costa Rica was designed to do away with the inequalities and discrimination affecting women's ability to succeed in elective positions, with an initial quota law in 1996 and different approaches over the period, as pointed out by Benavente and Valdés (2014). The country currently applies the principle of gender parity in lists and an alternation mechanism established in 2009 (Law no. 8765). However, even with this, by 2017 women accounted for 35.09% of representatives in the national parliament, a substantial figure but still some way from parity of 50% as provided by the law.

In 2014, Mexico also reformed its electoral system by an amendment to article 41 of the Constitution that included the principle of parity in the registration of candidates for the national Congress and state legislatures. During the 2014-2015 election process, 42.4% of deputies in the Chamber were already women. In the case of Chile, after years in which the proportion of women in parliament was below 16%, 23.8% of those elected in 2017 were women (UIP, 2018), following the 2016 reform to the binomial electoral system (Law no. 20840).⁹⁵ This reform was mentioned by the country in its report as a legislative advance that introduced a requirement for lists of candidates to the national Congress to include no less than 40% and no more than 60% of each sex.⁹⁶

At the local level, female participation in elections to executive positions can be gauged from the percentage of women mayors elected, using estimates available from OIG. Progress has been slower and more modest at the local level than nationally, something that, as the United Nations Development Programme (UNDP) puts it, "is problematic since subnational positions have acquired levels of political authority and fiscal autonomy that are historically unprecedented in the region."⁹⁷ Recent local trends in the region are analysed as follows by OIG:

The average proportion of women mayors in the region is usually less than half the female proportion of members of ministerial cabinets, parliaments and higher courts of justice. The proportion of elected women mayors is below 15% in most (19) of the Latin American and Caribbean countries, and the Latin American average for 2016 was just 13.4%, a slight improvement on the 12.1% seen in 2014. The figure is over 30% in just two countries of the region (Cuba with 39.3% and Nicaragua with 40.1%), this being the proportion usually regarded as a critical mass sufficient to bring about change. Another two countries, Suriname and Jamaica, approach this threshold with figures of over 25%.⁹⁸

The proportion of women magistrates sitting on the highest court of justice or supreme court, given by OIG, is another important aspect of women's participation in high-level positions.⁹⁹ Women present high

⁹⁴ Law no. 12034 of 2009, which is still in force, provides that each party or grouping must present a minimum of 30% and a maximum of 70% of candidates of each sex. However, since 30 political parties are vying for places and there is no system of closed lists with alternation of the sexes, most party resources go to men, and this makes it harder for women to be elected, as analysed by Araújo and Alves (2007).

⁹⁵ Law no. 20840 Replacing the Binomial Electoral System with One of an Inclusive Proportional Character and Enhancing the Representativeness of the National Congress. See [online] https://oig.cepal.org/sites/default/files/2015_ley20840_chl_0.pdf.

⁹⁶ Guaranteeing a minimum and maximum for one of the sexes without stipulating which sex is to have the greater or lesser percentage is a gender criterion, i.e., neither men nor women are prioritized.

⁹⁷ See Economic Commission for Latin America and the Caribbean (ECLAC), "Poder local: porcentaje de mujeres alcaldesas electas", Santiago, Gender Equality Observatory (OIG) [online] <https://oig.cepal.org/es/indicadores/poder-local-porcentaje-mujeres-alcaldesas-electas>.

⁹⁸ Ibid.

⁹⁹ ECLAC data based on information provided by national mechanisms for the advancement of women or, failing this, official information published online by the highest court or supreme court of justice. See [online] <https://oig.cepal.org/en>.

percentages in these positions when they are filled by merit systems, approaching or attaining parity. One reason for this progress is women's level of education. According to the information available, the situation in other countries (such as Argentina and Mexico) is that there has been less progress with women's participation in the highest court of justice than in politics.

Again, although some countries are still struggling to attain gender parity in public spaces, somewhat more progress has been made in other spheres. Thus, in 2015, many of the countries presenting data, including some where political participation was low, reported that about 40% of managerial positions were filled by women, a variable that is measured by indicator 5.5.2 of the SDGs (indicator E.7 of the Montevideo Consensus on Population and Development).¹⁰⁰ However, trends from 2013 to 2015 were not very encouraging and in many countries there has been a tendency for the number of women in managerial positions to decline, indicating problems of sustainability with their achievements. Furthermore, women's labour market participation remains more concentrated in care occupations and in informal and insecure employment, and they work fewer paid hours on average than men.

An important step in improving countries' ability to take measures that contribute to the full exercise of women's rights and do away with gender discrimination was the adoption at the General Assembly in 1999 of the Optional Protocol to CEDAW. Not all the countries in the region have signed or ratified the Protocol, which obliges signatory States to recognize the competence of the Committee on the Elimination of Discrimination against Women to hear and consider complaints from individuals or organized civil society groups. According to OIG data, in the Caribbean only Antigua and Barbuda, Belize and Saint Kitts and Nevis have ratified the Protocol.¹⁰¹ Most of the Latin American countries have signed it, but 3 of the 17 that have done so have yet to ratify it (Chile, Cuba and El Salvador). As part of the commitments accepted in the Montevideo Consensus on Population and Development regarding the elimination of gender inequities, ratifying the Protocol is an important step for all the countries.

(b) The situation regarding economic autonomy

Gender inequalities, which feed into other inequalities, often have to do with labour market participation, which is also associated with the traditionally unequal sexual division of labour. Accordingly, the quest for economic autonomy, which is the ability to generate income and resources through access to paid work on equal terms for men and women (ECLAC, 2011), is one of the priority measures of the Montevideo Consensus on Population and Development. Women are currently overrepresented in low-productivity sectors and, to a great degree, in insecure and informal work, while wage gaps and segmentation persist even in formal jobs. Only one working-age woman in two in the region has or is seeking work, i.e., is economically active (ECLAC, 2016b). Also important is what is established concerning progress in recognizing reproductive work with productive value. In this context, priority measure 54, which corresponds to goals 5.4, 8.5 and 10.3 of the SDGs, is for States to "promote legislation and design and strengthen public policies on equality in the labour market in order to eliminate gender discrimination and asymmetries in relation to access to decent employment, job security, wages and decision-making on labour issues, as well as to recognize the productive value of unpaid domestic work and care work".

When it comes to increasing labour productivity, a number of countries have referred in their reports to plans and actions to increase the employability of vulnerable populations. All the country reports mention efforts to get young people into their first decent jobs, whether through programmes to help the unemployed find their first job or through education and training actions for people who are underemployed or have yet to enter working life (national reports of the Bolivarian Republic of Venezuela, Brazil, Chile, Costa Rica, Colombia, El Salvador, Guatemala, Honduras, Jamaica, Panama, Peru, Suriname and Uruguay). The reports make special mention of young people who are neither in paid work nor studying, most of whom are female. Over half of young people who are neither studying nor in paid work dedicate themselves to unpaid domestic work and

¹⁰⁰ See United Nations, "SDG Indicators Global Database" [online database] <https://unstats.un.org/sdgs/indicators/database>.

¹⁰¹ See Economic Commission for Latin America and the Caribbean (ECLAC), "Countries that have signed and ratified the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women", Santiago, Gender Equality Observatory (OIG) [online] <https://oig.cepal.org/en/indicators/countries-have-signed-and-ratified-optional-protocol-convention-elimination-all-forms>.

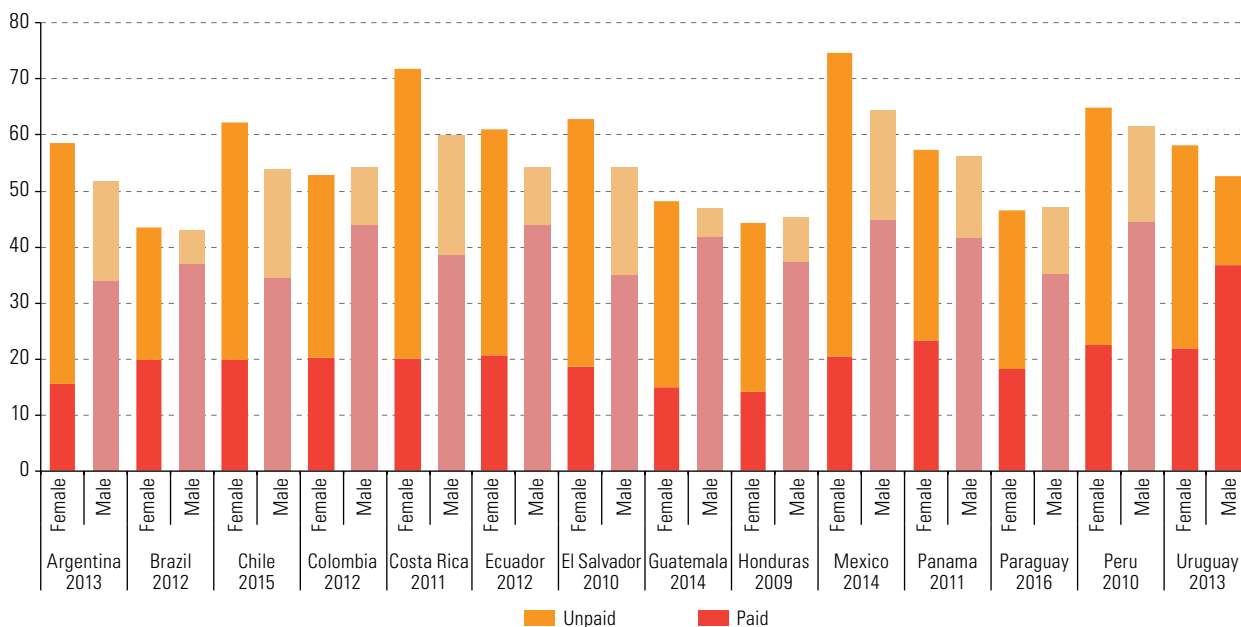
care tasks (ECLAC, 2016b). Young women make up over 90% of this group and are responsible for caring for children, siblings or older adults (ECLAC, 2016b).

Besides programmes to close generational and gender divides, the countries' reports mention programmes for specific populations, such as people with disabilities (Chile and Suriname), women in rural areas (Chile, El Salvador and Jamaica) or indigenous and other populations (Bolivarian Republic of Venezuela and Guatemala). All these programmes are important for reducing inequalities in access to decent work.

To build up a picture of gender inequality in the labour market, the Montevideo Consensus on Population and Development considers total working time (paid and unpaid) in hours per week, as declared by the population aged 15 and over, by sex, for 14 countries in Latin America (see figure III.20).¹⁰² In all the countries, women's total working time is at least as great as men's. Hours worked are very similar for the two sexes in Brazil, Colombia, Guatemala, Panama and Paraguay, but in other countries women's total average workload exceeds men's by at least three hours a week, and in some, such as Costa Rica and Mexico, their total weekly working time exceeds men's by as much as 10 hours.

Figure III.20

Latin America (14 countries): average time spent on paid and unpaid work by the population aged 15 and over, by sex, latest period available
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys in the respective countries.

Differences in time use show that women's employment on paid and unpaid work is the reverse of men's. Women spend less than half their working week on employment with some remuneration and men over two thirds. The counterpoint to this, then, is unpaid work: in all the countries, women spend up to four times as many hours per week on unremunerated employment.

Almost all unpaid work is on domestic and care tasks, i.e., is related to reproduction. The decline in the number of children in households because of lower fertility has been a determining factor in the reproductive workload and time spent on these tasks, along with access to transport and care services. However, the changing age structure, population ageing and increased longevity are having the effect of increasing time

¹⁰² Although the time-use surveys of the region's countries are not comparable because of methodological differences, it is possible to observe tendencies common to all.

spent on care work that is likewise a responsibility assigned by society to women. Consequently, it is essential for there to be policies and actions consistent with priority measures 53 and 61 to alter the unequal situation that still exists in the region and is actually tending to worsen with rapid population ageing.¹⁰³

Thus, where the distribution of the burden of care is concerned, changes are needed in two areas to do away with these inequalities in unpaid work. First, men need to participate actively in care work, since roles and workloads in the private sphere have not changed in a way consistent with women's participation in the public sphere. Second, progress needs to be made in recognizing and valuing the economic contribution that unpaid care work makes to economies by constructing satellite accounts for this type of work within the System of National Accounts (SNA), as indicated by priority measure 64 of the Montevideo Consensus on Population and Development, which, in recognition of the productive character of this work, establishes the need to "consider measuring the care economy using specialized accounts and the creation of satellite accounts on unpaid work, and the incorporation of such accounts in the system of national accounts" (ECLAC, 2013b, p. 25).

In this area, some countries in the region (Colombia, Ecuador, Guatemala, Mexico and Peru) have made progress by introducing satellite accounts for unpaid household work in order to give visibility to the contribution of household work to the economy, or at least quantify it. Other countries that have presented reports have indicated that planning for this is ongoing. This is stated directly in the report of Panama, which indicates that a time-use survey has now been carried out but another similar study is required for unpaid work satellite accounts to be prepared, and in that of Jamaica, which mentions a pilot study and progress with capacity-building. This, then, is an issue that requires efforts with methodology and data production in all the countries, since "the process has been difficult at times considering that it requires a common language to eliminate institutional mistrust, strengthen the capacity of the institutions involved and enable both to take ownership of the process and the results that will be disseminated and used" (ECLAC, 2017b, p. 193).

Another way of gauging the relationship between paid and unpaid hours of work, for women and men, is to analyse the percentage of time each spends on unpaid work. Figure III.21 presents the indicator of time spent on unpaid domestic and care work in 14 countries of Latin America. Irrespective of variations in the total hours' work declared in each country, the division of domestic and care work in the region can be analysed. In 7 of the 14 countries analysed, women aged 15 and over claim to spend an average of over 20% of their time each day, or 3.5 hours, on unpaid domestic and care work. The corresponding time for men is less than 10%.

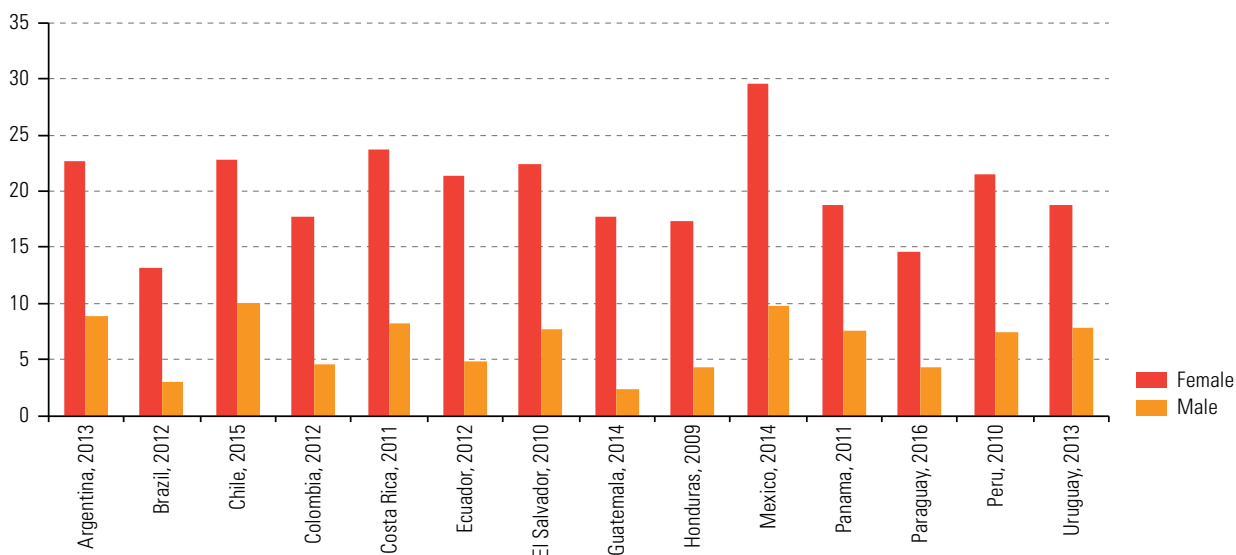
Women's excessive burden of unpaid work and the relatively small amount of time left over for paid work act as a barrier to participation on equal terms in the labour market and indeed to participation in other public spheres, such as those where decisions are taken. Thus, the disproportionate amount of time they spend on unpaid work restricts their access to the economic resources they need for greater autonomy and even subsistence. In Latin America, women aged 15 and over who neither receive individual monetary incomes nor study make up an average of 31.1% of the non-studying female population aged 15 and over, as compared to 11.4% of men, according to OIG data.¹⁰⁴ The situation persists in old age, as women are less likely than men to receive retirement pensions, and the amounts are less when they do (ECLAC, 2017b).

¹⁰³ Priority measure 53 is: "Develop and strengthen policies and universal care services based on the highest human rights standards, from a gender equality and intergenerational perspective, in order to share the delivery of services between the State, the private sector, civil society, families and households and between men and women and facilitate dialogue and coordination between all the parties involved" (ECLAC, 2013b, p. 24). Priority measure 61 is: "Ensure the sharing of responsibility between the State, the private sector, the community, families, women and men for unpaid domestic and care work, incorporating care into social protection systems through allowances, services and benefits that maximize women's autonomy and guarantee their rights, dignity, well-being and enjoyment of free time" (ibid., p. 25).

¹⁰⁴ Data from the Economic Commission for Latin America and the Caribbean (ECLAC), based on household surveys in the countries and the Household Survey Data Bank (BADEHOG).

Figure III.21

Latin America (14 countries): time spent on unpaid domestic and care work, population aged 15 and over, by sex, latest period available
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys in the respective countries.

Comprehensive childcare systems are essential to narrow gender gaps while enabling women and men to exercise their reproductive rights. Only a few country reports mention actions to expand access to public services for this type of care, and where such actions are carried out they are invariably aimed at women and often do not include full-day services or children of all ages. Furthermore, the coverage of such services as are provided is quite modest. Among their family responsibilities and care measures, some countries' reports mention laws to extend maternity leave and only a few make reference to progress in including men at the time of birth with paternity leave, which is still very rare and only lasts a few days.

With rapid population ageing, care services for older persons are an important part of integrated care systems. They are only just beginning to be established in the region, with some advances in specific countries, as examined in chapter C on population ageing, social protection and socioeconomic challenges.

The challenges involved in narrowing the region's gender gap in domestic and care work are enormous. Besides this type of unpaid work, remunerated domestic work too is usually a female responsibility. Jobs of this type are generally not protected by employment laws, although some countries are exceptions, such as Argentina and Uruguay, which have been making progress in this area. With regard to the more recent progress mentioned in the reports, following some of the recommendations of the International Labour Organization (ILO) Convention on Domestic Workers, 2011 (No. 189), Brazil, Chile and Jamaica have reported having laws to protect workers in private domestic service. For El Salvador, mention is made of the importance of signing the ILO convention to protect women employed under verbal contracts, whose working hours are regulated differently and who have no right to the minimum wage or basic social provision.

The changes needed to achieve greater equality in the labour market, mainly in the sexual division of labour, involve not only the legal and political framework but also cultural aspects. There is a particular need to incorporate a gender equality approach into education. There are as yet no regionwide data for monitoring policies and actions indicative of change in this area, which means there is a need to produce and systematize the data required for indicators E.10 (incorporation of gender equality into minimum required content of basic and secondary school curricula, including the issue of discrimination on the basis of gender identity and sexual orientation) and E.11 (incorporation of new concepts of masculinity into the minimum required content of basic and secondary school curricula). All these measures are important not only to reduce gender inequality in the workplace, but also because women's lack of economic autonomy jeopardizes their physical autonomy.

Chile's national report presents a long list of laws that incorporate issues of gender, sexuality and sexual orientation into syllabuses, and Brazil's report states that, while gender equity is not mentioned in the 2014 National Education Plan, action is being taken on this.¹⁰⁵

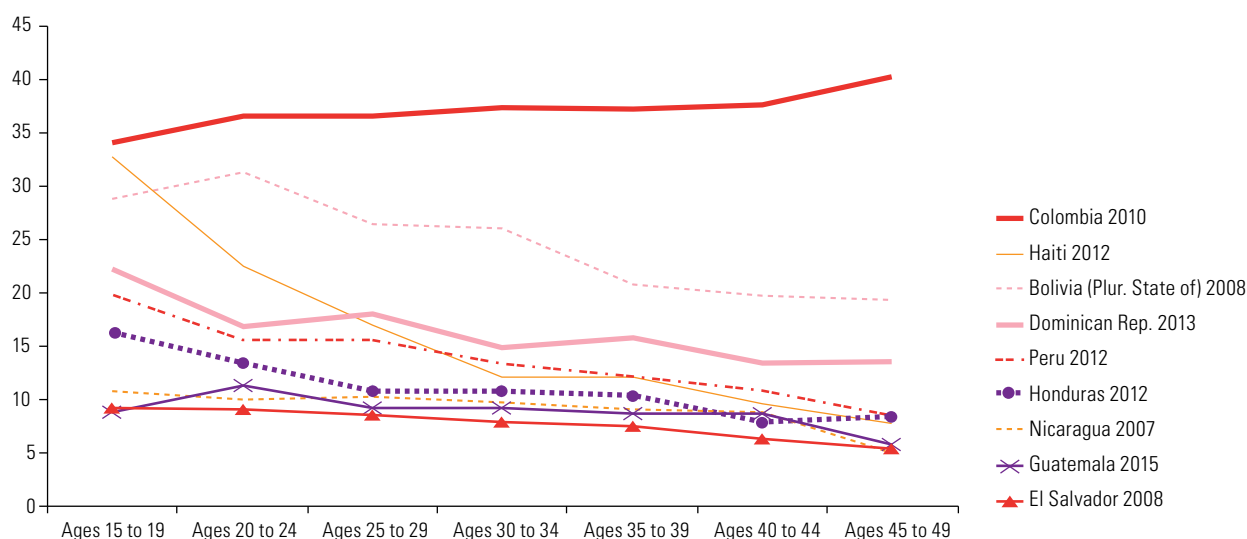
(c) The situation regarding physical autonomy and gender violence

Violence is an issue meriting a great deal of attention in a number of the region's countries, and gender violence in particular is a major social problem, for while the data available are inadequate and incomplete, they reveal a situation that imperils the physical autonomy of women and girls, and indeed boys, in all segments of society. Gender violence tends to present in multiple forms that are generally cumulative over the life cycle, including psychological, physical and sexual violence. As well as being among the severest violations of people's rights in itself, such violence sets up a vicious circle of inequality when it takes place in a context of poverty.

Violence arises in all kinds of situations (within the family, at work and in public spaces), which brings an extra level of complexity to the actions needed to eliminate it. The regional monitoring indicator for this area is the proportion of women aged 15 and over who have suffered physical, sexual or psychological violence in the previous 12 months, broken down by the type of violence and by age, and by whether the perpetrator of the violence was a current or former partner or not. In the absence of estimates for this indicator, a different and more restrictive one is currently used for domestic violence of two types: physical or sexual violence perpetrated against women aged 15 to 49 by their current or a former partner, as established by SDG indicator 5.2.1, for which there are currently survey data on nine countries from times close to the Montevideo Consensus on Population and Development.¹⁰⁶ For recent dates, this indicator reveals how serious the problem is in the nine countries with data available, since between 10% and 35% of women stated in the surveys that they had been subjected to physical or sexual violence by their partners in the 12 months prior to the interview (see figure III.22). Physical or sexual violence is also found to be most serious among younger women, with the exception of Colombia, which presents high levels of physical and sexual violence, according to this indicator, for all age groups.

Figure III.22

Latin America (9 countries): women and girls aged 15 to 49 suffering physical or sexual violence from their current or a former husband or partner in the 12 months prior to the survey, 2007-2016, latest data available (Percentages)



Source: United Nations, SDG Indicators Global Database [online] <https://unstats.un.org/sdgs/indicators/database/> [reference date: 20 February 2018].

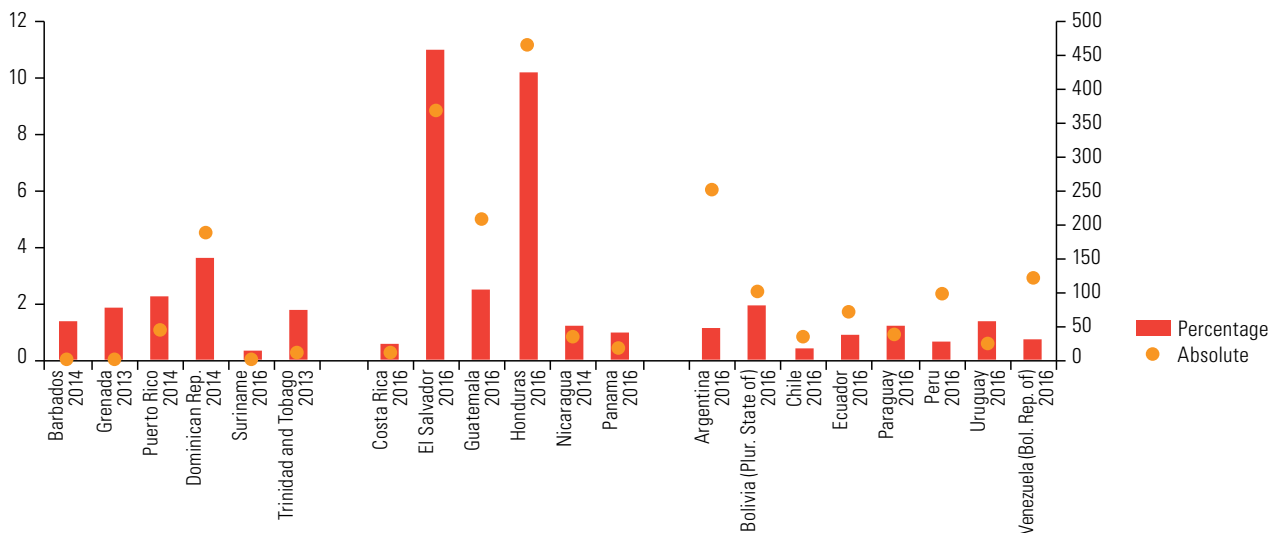
¹⁰⁵ The government mentions in its report that it is looking for other initiatives to increase inclusiveness in the discussion of gender relations at schools, for example by including gender perspectives in public education policies and by emphasizing the participation of women in the sciences and in academic courses with greater barriers to female participation.

¹⁰⁶ It is important to note that these estimates are only available for a few countries and even then not for the two or more points in time needed to observe trends over the period and, most importantly, to be able to monitor the indicator for the period of implementation of the Montevideo Consensus on Population and Development.

The lives of women and girls subjected to gender violence for many years often end tragically. To change this, and in line with international recommendations, the region's countries have taken major steps: 18 have passed laws or made changes to their penal codes to create the specific offence of murdering a woman simply for being a woman (what is known as "femicide" or "feminicide") and apply severer penalties in these cases.¹⁰⁷ On the basis of information from national sources, OIG is tracking the number of deaths of women due to gender violence notified by the institutions of the judiciary, the national police or other national agencies responsible for recording this. Figure III.23 presents the most recent data since 2010 for 20 countries in the region, with absolute values and rates. According to the information reported by 16 countries of the region (13 in Latin America and 3 in the Caribbean), a total of 1,496 femicides were recorded in Latin America and the Caribbean in 2013, while in 2016 the figure was 1,831.¹⁰⁸ The largest number was in Honduras, with 466 femicides in 2016 alone. Rates can be upward of 10 deaths for every 100,000 women aged 15 and over, and the highest rate in 2016 was in El Salvador (11.2 per 100,000), which is also the country with the most homicides in the region.

Figure III.23

Latin America and the Caribbean (20 countries): femicide or feminicide, latest year available
(Absolute numbers and rates per 100,000 women)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official information from the countries.

The challenges involved in eradicating gender violence, particularly when it leads to the ultimate consequence, the death of a woman, are enormous in the region. As OIG notes regarding the high rates of femicide in some countries and the problems of measuring this: "This figure is a strong reminder of the need to sustain and increase efforts at the country level to end this scourge. Besides concrete measures of prevention, assistance, protection and redress, another challenge on the way to eradicating violence is information availability itself."¹⁰⁹

On another front in the challenge of eliminating violence against women, some countries have implemented policies and programmes to improve the way women are treated both when lodging a complaint and when receiving hospital care from health-care professionals. Brazil reports that in 2013 it adopted a decree laying down guidelines for the treatment of victims of sexual violence by law enforcement bodies and the public health network. The Chilean report mentions the 2014 creation of a Ministerial Health and Gender Violence

¹⁰⁷ According to national legislation, femicide, feminicide or gender-aggravated homicide is an offence independent of others already provided for in the penal laws and carries severer penalties. See Gender Equality Observatory (OIG) [online] <https://oig.cepal.org/en>.

¹⁰⁸ See Gender Equality Observatory (OIG) [online] <https://oig.cepal.org/en>.

¹⁰⁹ See Economic Commission for Latin America and the Caribbean (ECLAC), "Feminicidio", Santiago, Gender Equality Observatory (OIG) [online] <https://oig.cepal.org/es/indicadores/feminicidio>.

Commission, which recognizes gender violence as a public health problem and has moved to bring in new measures to deal with it in public services as well as changing some perspectives in national gender plans and programmes. The countries also mention the activities of violence reporting services, some of which have been operating for years while others are more recent, as in Uruguay, whose report highlights an increase in complaints of violence and trafficking as a result of the “Nunca Más a mi Lado” campaign.

It is important to mention that the issue of gender violence against the LGBTI population remains very challenging in the region. Only a few countries (Brazil, Costa Rica, Jamaica and Suriname) touch on problems with discrimination based on sexual orientation and gender identity. Furthermore, only Brazil and Costa Rica make reference in their national reports to measures, laws and standards for dealing with the problem of violence based on sexual orientation and gender identity. Inclusion of the subject of the rights of the LGBTI population in the regional population and development agenda is one of the advances achieved with the Montevideo Consensus on Population and Development and, as mentioned in section D, for gender equality to be achieved, it is important to monitor whatever advances may be consolidated in the coming years in relation to the measures agreed (priority measures 36 and 58).

3. Conclusions

In Latin America and the Caribbean, there have been substantial legal advances with public institutions and real results in reducing gender inequality. Women have not only gained access to primary and secondary education, but have made progress in higher education, in a region where until just a few decades ago there were great barriers to access at this level of education. In the area of health, likewise, women’s life expectancy is now greater than men’s, and advances in sexual and reproductive health are milestones on the way to universal access to reproductive rights. These advances have continued and intensified since the adoption of the Montevideo Consensus on Population and Development, although they coexist with substantial challenges in the region’s countries.

In the area of institutional mechanisms for the construction of development policies with gender equality and follow-up and resource allocation systems, particular progress has been made with political participation in decision-making spheres, where the region is a global pacesetter thanks to quota and parity laws that have driven progress in representation within national legislative bodies. Nonetheless, some countries still have a great deal of ground to make up. Monitoring of the indicators shows what efforts still need to be made in this area, especially when it comes to participation in decision-making positions in the executive, particularly in cabinets and at local level. Even those countries that have progressed towards parity at the national level need to realize what the barriers are and overcome them. Harassment and political violence against women, both when they are candidates and once they have taken up positions, are widespread problems in the region, as are difficulties in obtaining financing and a culture hostile to parity in many political parties. Furthermore, progress has not always been as great at the local level as nationally. With regard to decision-making positions in the labour market, the trends from 2013 to 2015 were not very encouraging, and in many countries there has been a tendency for women’s presence in managerial positions to diminish, which reveals problems with the sustainability of what has been achieved to date. Regarding the allocation of budgets for equality policies, while some steps have been taken to give greater visibility to the issue, this is an area that requires further development. It also remains important to strengthen sources of statistical information capable of reflecting gender inequalities and bringing out the diversity of men’s and women’s situations and to enhance institutional mechanisms for the creation of public policies to close gender gaps.

As regards economic autonomy, as already mentioned, just one in two women of working age in the region has or is seeking employment, i.e., is economically active, and those who do join the labour market are concentrated in low-productivity sectors and, to a large degree, in insecure and informal employment. The unequal footing on which women participate in the labour market is subsequently reflected in lower access to pensions and in smaller pensions when they do receive them, something that is particularly important in a context of population ageing.

Again, women's mix of paid and unpaid work remains very different from men's, which directly affects their ability to attain to decision-making positions and leaves them more exposed to the effects of crises, in the form not only of economic problems in the country but of demographic changes in the age structure as well. Their labour market participation obviously depends on how well the country's economy does; some countries' performance has contributed to the narrowing of participation gaps, but this has not been the case in others. Irrespective of how the economy does, though, the value of reproductive, domestic and care work needs to be reflected in satellite accounts for unpaid work, as indeed has been happening in more and more countries. This also makes it easier to cope with one of the greatest challenges States face, that of population ageing. In this context, dealing with growing demand for care means developing high-quality public services that can free up time for female carers and enable them to access greater employment opportunities. At the same time, there needs to be progress in redistributing care work, not only between the State, the labour market and families, but between men and women in the domestic sphere.

In most of the countries, meanwhile, a favourable demographic dependency ratio offers a window of opportunity up until 2035, something that has proved essential for progress with gender equality, with women participating more in the paid employment market. While women are the majority of the population and are substantially better educated than before, however, they do not yet participate equally in the market for decent employment, as access problems are compounded by a persistent pay divide and occupational segmentation, even in formal jobs. It is therefore essential to make greater use of the female demographic dividend over the coming years, as this will help to improve living conditions for the whole population of the region. To implement policies focused on greater access to decent work and higher productivity, employment components need to be addressed in a way that is complementary to and coordinated with the demand for care, a crucial area when it comes to attaining gender equality.

Besides the challenges mentioned, there are those of physical autonomy. Gender violence is a serious and widespread problem that persists despite greater public visibility, growing citizen mobilization over recent years and actions implemented by States. These actions have actually only highlighted part of the problem, since in this area there is still the great challenge of adequately quantifying the problem. Given this situation, there is a need to standardize surveys on violence against women and improve administrative records in order to fully capture this persistent phenomenon. Stronger measures of prevention, assistance, protection and redress for the women affected are also necessary. The more that gender divides in all areas narrow, the better off Latin American societies will be, and this closing of divides is especially urgent when it comes to femicide, the most extreme manifestation of gender violence and discrimination and a daily cause of avoidable female deaths in the region.

To attain gender equality and women's autonomy, as development policy goals, it is necessary to dismantle social structures that are at the heart of inequality in Latin America and the Caribbean. Accordingly, both the Montevideo Consensus and the 2030 Agenda for Sustainable Development address gender equality not only as a specific goal but also as an approach that permeates the totality of the two agreements, something that is reflected in the different subject areas analysed in this report. Similarly, there needs to be a comprehensive approach to the different areas in which gender inequality is manifested by way of coordinated, synergistic public actions that can overcome the difficulties entailed by intersectoral work.

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F. International migration and protection of the human rights of all migrants

1. Introduction

This chapter of the Montevideo Consensus on Population and Development and its 10 priority measures deals with all international migration issues—as addressed in regulations, policies and agreements between countries—with a long-term perspective, focusing on the protection of the human rights of migrants, which by definition includes not only combating xenophobia and discrimination, but also eradicating irregular migration, trafficking in persons and migrant smuggling. The chapter also covers issues related to refuge and humanitarian responses. All these thematic priorities and the actions required to address them are without distinction as to migration condition or status, and their rationale is based on international human rights law. The countries adopted these guidelines in the Montevideo Consensus on Population and Development, in the conviction that these guiding principles represent a value held by the region.

The intention enshrined by Latin America and the Caribbean in this chapter was a precursor to a global trend towards the governance of migration in the terms described above, clearly set forth in two global initiatives: on the one hand, the 2030 Agenda for Sustainable Development, adopted in 2015, which includes specific migration-related targets; and on the other, the process leading to a global compact for safe, orderly and regular migration, as proposed in the high-level plenary meeting on addressing large movements of refugees and migrants, held on 19 September 2016, at which Member States, with the adoption of the New York Declaration for Refugees and Migrants, invited the holding of consultations and stressed their commitment to begin intergovernmental negotiations. These negotiations are being held in 2018 amid discussions on the zero draft made available to the countries in January that year.

The Montevideo Consensus on Population and Development is thus an instrument clearly aligned with these initiatives. It can both benefit from and contribute to them, through the progress and challenges identified in the implementation of its priority measures and the construction of its indicators. In fact, some of the measures and indicators proposed for the follow-up of the Consensus are aligned with the Sustainable Development Goals (SDGs), or have been adapted from them during the process of constructing them in the framework of the Regional Conference on Population and Development in Latin America and the Caribbean. Such is the case of indicator F.3 (the country has applied migration policies based explicitly on rights protection)—associated with several priority measures and adapted from indicator 10.7.2 of the SDGs (number of countries that have implemented well-managed migration policies)—which has the distinction of offering a broad range of possibilities for countries to formulate specific content, and links in with the ultimate aim of the global compact being negotiated in 2018.

As instances of convergence, the Montevideo Consensus on Population and Development and the Regional Conference on Population and Development in Latin America and the Caribbean must also contribute to the follow-up of the global compact now being negotiated.

Follow-up to the 10 priority measures agreed under chapter F of the Montevideo Consensus on Population and Development shows that implementation is characterized by progress, specific achievements and huge challenges in providing continuity to the many initiatives involved. This much can be inferred from the national reports available at the time of writing, and from recent studies (see bibliography of this section).

2. Brief overview of migration in the region

International migration in the region can be examined by differentiating between the subregions of Mexico and Central America, the Caribbean and South America. The analysis herein highlights several of the aspects revealed in the country reports and in recent literature.

In the case of Mexico and Central America, migration to the United States in the past two decades has gone through different phases depending on the impact of the economic crisis on migratory flows from different points of origin. Migration from both grew steadily until January 2007 in the case of Northern Triangle countries of Central America, and until November 2008 in the case of Mexico. Both flows slowed at the onset of the financial crisis, and then began to decrease. The numbers of Central American Northern Triangle country nationals resident in the United States fell by almost 6% between January 2007 and April 2009. From then onward, migration resumed its previous growth pattern, and by June 2017 the resident population from these countries in the United States had grown by more than 35% on a cumulative basis. In the case of the Mexican population in the United States, the migration standstill produced by the economic crisis lasted longer, until early 2014. This phenomenon has been described as the “zero net migration phase” and has been a fertile area for study (Canales and Rojas, 2018).

Migration plays a strong role in the Caribbean, varying depending on the size of territories and populations. Joint figures on immigrants and emigrants reveal significant differences in countries' shares of migrants, which tend to increase in the case of smaller territories, where the shares for both groups tend to be bigger. The subregion's decision to establish an intergovernmental forum on migration sets it apart and represents a decisive step in terms of migration governance. However, this is a complex issue for the Caribbean, as in 2015 up to 77.5% of its emigrant population was concentrated in the United States and Canada. Flows of migrants from Haiti to South America, mainly to Brazil and Chile, have also increased significantly (Mejía, 2018).

Migration between South American countries is clearly becoming more important in migratory patterns, albeit in a context of transformations in which many countries are involved in emigration, immigration, transit or repatriation. These trends may be attributed to stricter security and control policies in the countries of the north—leading to the emergence of alternative destinations within the subregion, such as Chile—and to the progress made in economic and political integration, which has created favourable conditions for the movement and residence of people in the subregion. The Agreement on Residence for Citizens of the States Parties of MERCOSUR (2002), which includes some associate member States and others more recently acceded, aims to facilitate the movement and residence of persons within this geographical area and constitutes a specific example that the subregion can show the international community. The increase in the number of immigrants has also been driven by changes in some countries' legislation, which have recognized the right to migrate and guaranteed the protection of human rights of migrants (Stefoni, 2018). Migration of Venezuelans towards traditional destinations as well as new ones in the subregion has also intensified, with recent studies showing that these flows are among the fastest-growing in the region (Martínez Pizarro and Orrego Rivera, 2016; IOM, 2018). In some countries, including Brazil, these trends have given rise to joint initiatives, such as the Crisis Working Group created by the government with the support of the International Organization for Migration (IOM), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA) and other United Nations agencies, to provide technical assistance and coordinate activities (training, shelter management and regularization) (IOM, 2018).

3. The situation regarding the priority measures

The countries have reported significant progress in fulfilling several of the chapter's priority measures and their commitment to the follow-up process has been encouraging, as shown by their reference to the initiatives under way. These run the gamut from new regulations and migratory codes, the creation of

dedicated directorates, commissions, councils and working groups, as well as the formulation of presidential instructions and protocols, the establishment of bilateral agreements with broad thematic coverage and the building of care centres and shelters, to simple tasks such as one-stop shops to provide assistance to migrants with specific needs.

A large part of this work has been boosted by the intersectoral coordination of State agencies and services, with the involvement of ministries, secretariats and undersecretariats, commissions, services, institutes and national migration directorates. In some cases, civil society organizations have also taken part in an advisory capacity.

The 10 priority measures of this chapter are examined from a regional perspective by degree of implementation, and certain indicators are presented in more detail.

A distinction can be made between priority measures in an advanced state compared to 2010 or 2013 (measures being implemented) and those that are lagging and show less evidence of progress. Regardless, each country assesses its progress differently and the analysis herein seeks to provide an overall picture for the region.

(a) Priority measures being implemented

The following priority measures can be categorized as being implemented around 2018:

- 66. Ensure that international migration issues, including migration regularization policies are fully incorporated into global, regional and national post-2015 development agendas and strategies;
- 68. Prepare comprehensive global and regional strategies to prevent infringement of the human rights of migrants, as well as to take advantage of the benefits and face the challenges arising from migration, including those relating to remittances and skilled migration in high-demand sectors, as well as the differential participation of men and women and the transnationalization of care.

The inclusion of migration in global agendas is of the utmost importance, something the region acknowledged explicitly through its commitment to the 2030 Agenda for Sustainable Development and even earlier, in the Montevideo Consensus on Population and Development itself. There is increasing consensus on the importance of regularizing migration, as migratory status is objectively associated with vulnerability and lack of protection. At the Latin American and Caribbean Regional Preparatory Meeting of International Migration Experts on the global compact for safe, orderly and regular migration, held in 2017, for example, it was recognized that migration was a crucial issue for countries (ECLAC, 2018). In turn, priority measure 68 is very complex as it covers several fronts.

As far as these two measures are concerned, countries reported a variety of initiatives, including recognition of the need to address irregular migration, the facilitation of documentation, the provision of access to justice and, in general, social protection, as parts of a set of factors consistent with social inclusion. Interest is evident almost across the board in expanding target populations, with measures aimed at emigrants, immigrants, returnees, victims of human trafficking and people smuggling, unaccompanied children and adolescents, persons in transit and asylum-seekers.

Many of these initiatives are being implemented in a cross-sectoral manner, through the creation or continuation of programmes, plans, strategies, national boards and directorates, working groups and technical councils, which have developed protocols for specific services provided to populations described as vulnerable or set out guiding principles for State agencies and services.

In the Caribbean, Jamaica reported on its participation in global initiatives for the inclusion of migration in national development strategies through its National Policy and Plan of Action on International Migration and Development, established in 2017, and through other related initiatives, such as the biennial Jamaican Diaspora Conferences, studies conducted outside the country and follow-up of the Law against Human Trafficking, among others.

In the past two decades, some Central American countries have become major transit routes for migrants and asylum-seekers from that region, or from countries in other regions and continents, such as migrants from Africa and Asia, as well as Haiti and Cuba. This is in addition to the complex situation regarding returnees, which the countries involved see as a matter of priority. States have implemented many initiatives for the migrant population, and international agencies and civil society organizations are also striving to compensate for the shortcomings of the current system, by providing humanitarian aid, family search, advice, support and legal representation (Canales and Rojas, 2018).

Some countries, such as El Salvador and Guatemala, have reported on numerous initiatives —increasing the number of consulates, establishing mobile consulates and facilitating documentation abroad, for example— including developing a migration code (Guatemala in 2016), and proposing national plans for potential migrants to stay in their countries (for example, through the *Quédate* (“Stay”) training centres in Guatemala). As reflected in the reports, the Northern Triangle Countries of Central America, together with Honduras, have made commitments in this regard, including the Plan of the Alliance for Prosperity in the Northern Triangle, aimed at promoting the coordination of actions between 2016 and 2020. Honduras enacted regulations against human trafficking in 2012 and in 2014 adopted the Protection of Honduran Migrants and their Families Act, which includes several provisions related to the institutional framework, among other matters, as was complemented by the Migrant Child Joint Task Force, which served to formalize the coordination of repatriation, protection, reintegration, monitoring and support of unaccompanied migrant children. Honduras also reported the establishment of the National Institute for Migration in 2016.

Since the turn of the new century, the migration transit through Mexico —mainly from Central America— has become a critical issue for that country’s efforts to guarantee and protect human rights. This has influenced its policy design, which has sought to provide a comprehensive, human-rights-based approach, with due consideration for the different modalities of migration (Canales and Rojas, 2018). The actions that may emerge from these initiatives must be strongly encouraged.

Costa Rica reported on the Comprehensive Migration Policy for Costa Rica, 2013–2023, spearheaded by the National Council for Migration, which aims to establish a State-led inter-agency coordination system to promote an effective migration management framework that is consistent with the country’s requirements in the areas of comprehensive development, national security and the respect for human rights.

South American countries reported on their progress and growing engagement in support of migrant populations. New inter-agency opportunities have emerged and in some countries, such as Chile and Uruguay, civil society has been encouraged to play a significant advisory role, despite the fact that the Chilean advisory body was dissolved in April 2018. Despite some tension, the strong commitment to access to rights has been evident in presidential directives (Chile, 2015 and 2018) and in existing and recently enacted legislation.

Colombia reported on the establishment, albeit dating back to 2003, of the National Intersectoral Migration Committee, which is the agency responsible for coordinating and guiding the implementation of its migration policy. The report also highlights its leadership in establishing emigrant outreach programmes and to the Ministry of Foreign Affairs strategy in supporting local governments as they serve returnees (through nine inter-agency networks), which seeks to promote the coordinated actions of public and private institutions and of social and professional organizations at the municipal and state levels so as to establish support, care and services networks for returnees.

Among numerous initiatives, Peru reported on its multisectoral strategy to combat human trafficking and migrant smuggling. New regulations came into effect in 2013 and 2016 to support and assist returnee reintegration (among other things, to provide assistance for persons who have been deported). The country also adopted a national policy on migration for 2017–2025, aimed at ensuring respect and protection for the rights of migrants and addressing four areas: population wishing to emigrate, Peruvian emigrants, returnees

and immigrants. In addition, under the comprehensive principle and with input from an intersectoral working group, a law on migration was enacted (Legislative Decree No. 1350) seeking to protect rights and strengthen national security. In the same subregion, the report submitted by the Bolivarian Republic of Venezuela rejected the link between migration policy and security, while Brazil reported on the enactment of its new migration act (2017), based on the guiding principles of non-discrimination and the affirmation of migrant persons.

The report from Chile refers to a migration bill submitted by the government to parliament in 2017, based on the protection of rights among other pillars. The incoming government, which took office in March 2018, proposed changes to the bill on migration and aliens, seeking to adapt it—according to the authorities—to the country's current requirements, with two main goals: first, “to welcome and give fair and humane treatment to migrants arriving in Chile who want to be part of our society and contribute to the development of our country, giving them the opportunity to pursue their lives and contribute to our society”; second, “to adopt tougher migrant trafficking measures and efficient and safe measures to avoid irregular entry, preventing persons with criminal records and criminal intentions from entering Chile. To this end, clear admission requirements will be established, together with an administrative procedure that follows due process.”¹¹⁰ This initiative was the subject of intense discussions at the time of writing, touching on various issues, including new visa requirements for Haitian nationals and proposals for new types of visas, such as the “democratic responsibility visa” for Venezuelans.¹¹¹

Much has been said about the Agreement on Residence for Citizens of the States Parties of MERCOSUR (2002), which is intended to allow the nationals of one State party wishing to reside in the territory of another State party to obtain legal residence in the latter by facilitating administrative procedures, eliminating requirements linked to migrants' employment or social status, conferring equality between nationals of State parties, and allowing family reunification and the transfer of remittances. Attention has been brought to the increased vulnerability faced by those who are not nationals of the bloc's member countries, including nationals of Africa, Haiti and the Dominican Republic. Despite the agreement being in force since 2009, not all countries have fully implemented its terms in relation to all the signatories (Stefoni, 2018).

While all these actions contribute to compliance with or implementation of the priority measures of the Montevideo Consensus on Population and Development, some weak points remain. For example, not all countries have achieved similar progress nor do they all have clearly distinguishable baselines. Chile's case is quite striking as—despite the existence of migration bills, as well as policy and intersectoral initiatives, and important administrative rulings (such as access to temporary work visas)—in April 2018 the government proposed new regulations and administrative provisions that were in sharp contrast with existing ones and will likely be a major topic of discussion in the coming months. In June 2017, after extended discussions that brought the issue to the forefront of public debate, Brazil approved its new regulatory framework on migration. The country's next challenge will be to adopt this regulation as soon as possible in order to fully implement its provisions.

In Argentina, the government issued Decree No. 70/2017, which modified basic aspects of the Migration Act (No. 25871). Amendments included increasing the impediments to permanent residency and the grounds for cancelling residency on the basis of criminal conviction, by reducing the minimum sentence for its application. These decisions led to intense discussions that culminated in March 2018, when the Fifth Federal Administrative

¹¹⁰ See *La Tercera*, “Migraciones hoy y mañana”, 14 April 2018 [online] <http://www.latercera.com/opinion/noticia/migraciones-hoy-manana/132540/>.

¹¹¹ As the government affirms, the law proposes the creation of a National Migration Service and a Migration Policy Council. Furthermore, it includes the right to health and education for migrants, under the same conditions as Chilean nationals, regardless of migratory status. It also proposes modernizing the system for the recognition of educational qualifications and includes proposals from the bill prepared by the previous government, such as that of non-criminalization. The proposed changes, it is argued, are aligned with current realities and take into account the suggestions and criticisms raised by civil society, academics and parliamentarians, among others, during the 20 months of prelegislative work in which more than 750 comments were received. The discussion has intensified and strong questions have been raised by the sectors mentioned, who allege discrimination.

Chamber ruled that Decree No. 70/2017 was “constitutionally non-valid”. According to the judges, the decree “not only appropriated legislative powers without legitimate constitutional grounds, but contained provisions in its articles that were inconsistent with the constitutional and human rights standards prevailing in the international instruments on the matter.”¹¹²

As correctly stated by Costa Rica, the social inclusion of immigrants remains a challenge from a sustainable development perspective, and actions aimed at promoting the elimination of all forms of discrimination suffered by migrants needed to be strengthened.

The national reports clearly illustrate the intersectoral efforts made by the countries, which should be seen as a step towards ensuring the future fulfilment of priority measures for international migration. However, it could be said that countries might pay more attention to information issues, including the improvement of existing information sources and creation of new ones, such as the national migration surveys implemented in Costa Rica and the Dominican Republic. The Economic Commission for Latin America and the Caribbean (ECLAC) and the International Labour Organization (ILO) have called for action in this respect. Uruguay has led an interesting initiative through its Sectoral Commission on Population and Development (CSPD), one of whose lines of work is to improve administrative records to include migration information, with a view to enhancing the responsiveness and capacity of public policy to anticipate migratory flows.

As regards remittances —related to priority measure 68 of the Montevideo Consensus on Population and Development— indicator F.4 (adapted from indicator 10.c.1 of the SDGs) has been defined as the cost of remittances, measured as a percentage of the amount remitted. Documentation of the Regional Conference on Population and Development refers to SDG target 10.c which states: “By 2030, reduce to less than 3% the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5%”

The national reports do not provide much information on the status of remittances in the region, although these represent a major inflow of resources to the region (estimated at approximately US\$ 78 billion in 2018). Globally, remittances contracted from 25% of total transfers to developing countries to a figure possibly below 17% in 2018. Two situations are striking in the region: Mexico ranks fourth in terms of remittances received (close to US\$ 30 billion in 2016), while Haiti is one of the five countries with the largest share of in GDP (25% in 2015) (Fundación BBVA Bancomer/CONAPO, 2017).

In terms of the cost of a transfer as a percentage of the amount remitted (considering an average transfer of US\$ 200), estimates suggest a drop from 8% in 2014 to 7.4% in 2016 globally. Latin America and the Caribbean recorded below average figures of 6.0% and 6.1%, respectively (see figure III. 24)

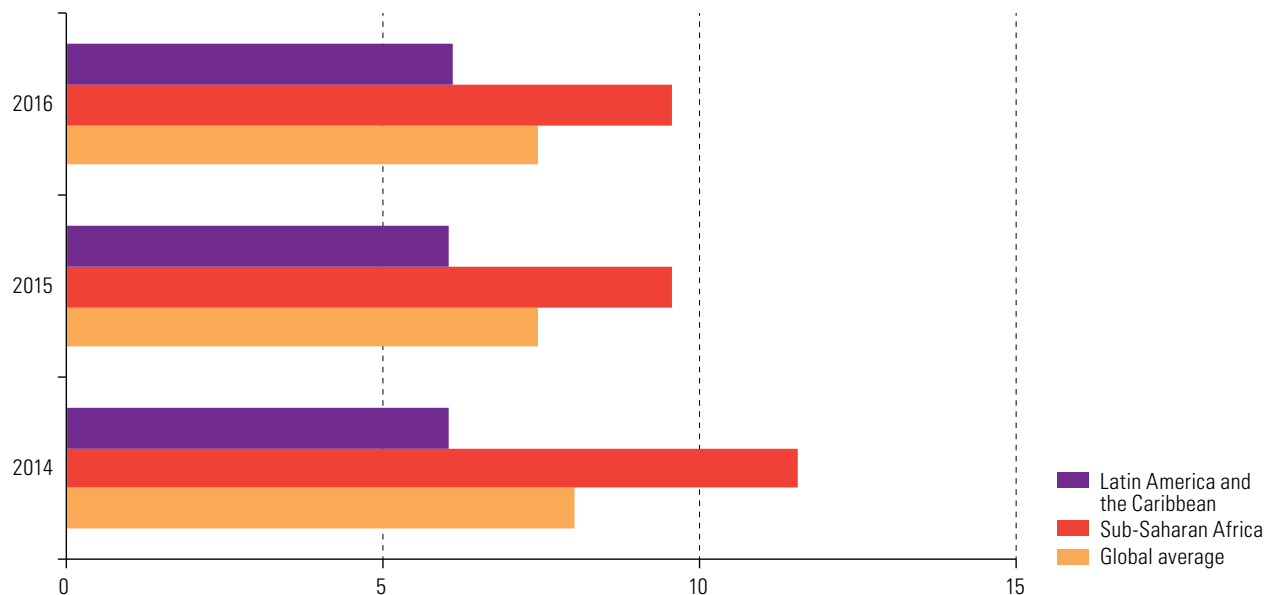
On the basis of information for 2016, percentages for most countries stood below the regional average, with only Guyana, Jamaica, Haiti, Brazil and Suriname, in that order, recording figures above 6.1%. The case of Mexico is unique in that it receives a large volume of remittances and is one of the countries with the lowest transaction costs (see figure III.25 and box III. 2).

Considering that average remittance costs in South Asia stand at just over 5%, the countries in the region —except those which have already achieved values close to or below said percentage— have a clear target to beat.

¹¹² See [online] <https://www.cels.org.ar/web/wp-content/uploads/2018/03/fallo-camara-migrantes.pdf>.

Figure III.24

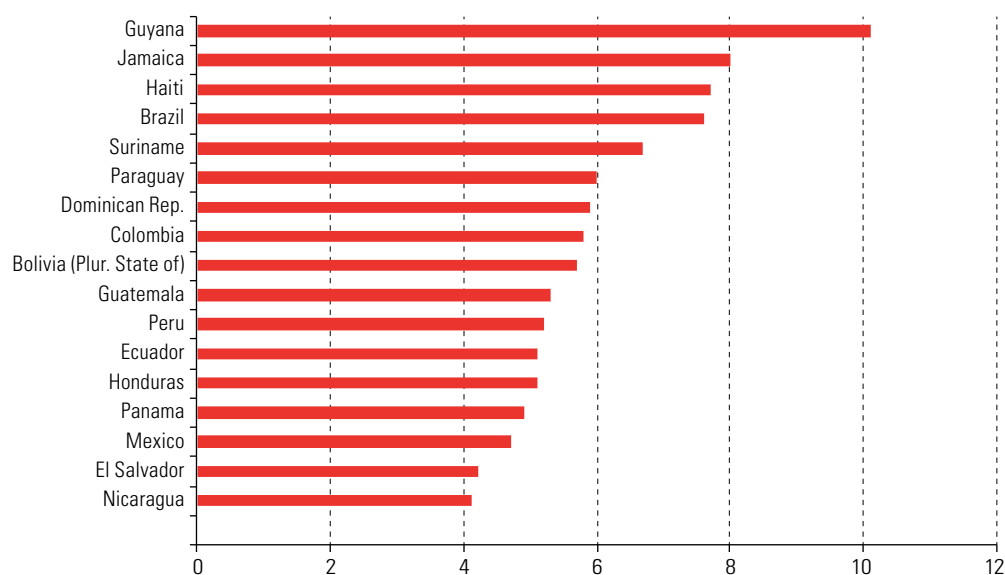
Latin America, the Caribbean and other regions: total average cost of a US\$ 200 remittance, 2014–2016
(Percentage of amount remitted)



Source: Fundación BBVA Bancomer/National Council for Population (CONAPO), Anuario de Migración y Remesas: México 2017, Mexico City, 2017.

Figure III.25

Latin America and the Caribbean (17 countries): total average cost of a US\$ 200 remittance, 2016
(Percentage of amount remitted)



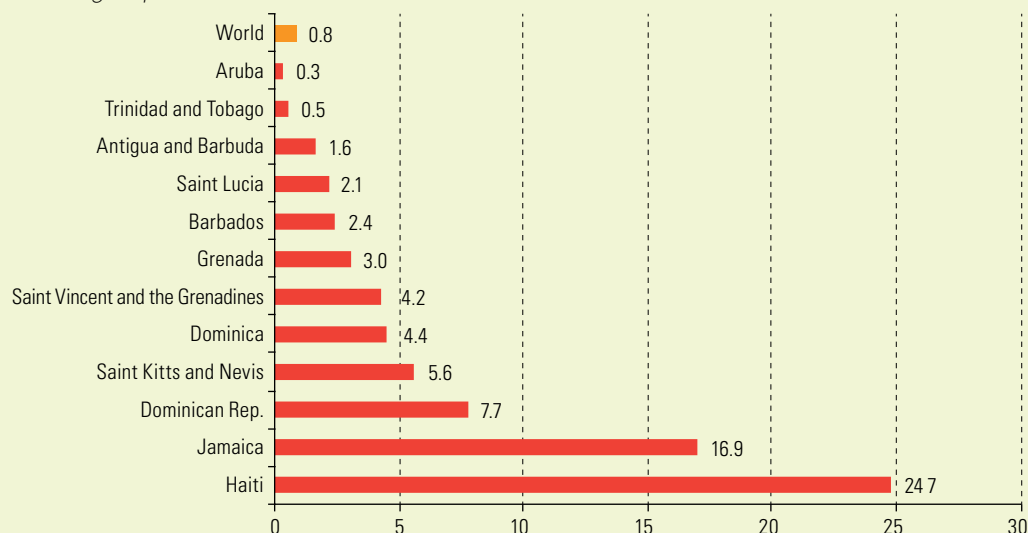
Source: Fundación BBVA Bancomer/National Council for Population (CONAPO), Anuario de Migración y Remesas: México 2017, Mexico City, 2017.

Box III.2**Remittances in the Caribbean, 2015**

The importance of remittances received in the Caribbean, measured as a percentage of GDP, varies significantly across the subregion, from countries where they represent less than the global average to others, such as Haiti and Jamaica, where they account for a significant share of GDP. Between 2011 and 2016, in 11 of the 14 countries for which information was available, remittances received trended upwards, albeit at very different rates, with Barbados, Curaçao and Sint Maarten as the exceptions. The Dominican Republic and Haiti recorded the highest growth rates.

The Caribbean (12 countries): importance of remittances received, 2015

(Percentages of GDP)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Bank, "Personal remittances, received (% of GDP)" [online] <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>.

The cost of remittances tends to affect the size of the amount remitted and, in any case, has an impact on the amounts received by beneficiaries. In the first quarter of 2011, the average cost of sending a remittance to the subregion was 7.3% of the amount remitted (remittance of US\$ 200 as reference), while in the same period in 2017 it stood at 7.8%, higher than fees to both Central America (4.7%) and South America (6.0%). These averages hide large variations depending on points of origin and destination, and even between channels and operators for the same origin and destination. The table shows the average cost of remittances in corridors analysed by the World Bank. Attention is drawn to the fact that costs in the most expensive corridor (from the United States to Cuba) are double that of the lowest cost option (from Spain to the Dominican Republic).

Average total cost (fee plus exchange-rate spread) for a US\$ 200 remittance, in corridors analysed by the World Bank, second quarter of 2017

(Percentage of amount remitted)

Corridor	Total cost
From Canada to Haiti	9.02
From the United States to Haiti	5.55
From France to Haiti	8.85
From the Dominican Republic to Haiti	9.69
From Canada to Jamaica	9.32
From the United States to Jamaica	7.75
From the United Kingdom to Jamaica	8.62
From the United States to the Dominican Republic	6.62
From the Netherlands to the Dominican Republic	8.09
From Spain to the Dominican Republic	5.45
From the United States to Cuba	10.92

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Bank, "Remittance prices worldwide: making markets more transparent [online] <http://remittanceprices.worldbank.org/en/countrycorridors> [date of reference: 15 July 2017].

Source: W. Mejía, "Panorama de la migración internacional en el Caribe: documento elaborado en el marco de la Reunión Regional Latinoamericana y Caribeña de Expertas y Expertos en Migración Internacional preparatoria del Pacto Mundial para una Migración Segura, Ordenada y Regular", Population and Development series, No. 122 (LC/TS.2018/28), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2018.

- 69. Promote the signing of bilateral and multilateral social security conventions to enable migrant workers to accumulate years of service.

The Ibero-American Multilateral Agreement on Social Security, ratified by 13 countries in the region (Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay¹¹³) is the most important example of the progress made with respect to this measure. Although an analysis has yet to be made of progress and the difficulties encountered in the countries that have taken action to implement the Convention (that is, those mentioned above, except for four which have yet to do so¹¹⁴), the important thing is that this measure has been included in the zero draft of the global compact for safe, orderly and regular migration.

Several countries have reported entering into bilateral agreements, based on reciprocity, while others did not refer to such arrangements. Other agreements are long-established, such as the CARICOM Agreement on Social Security—covering all the countries of the Caribbean Community apart from Haiti and Suriname—which has been in force since 1996 and protects the entitlements of migrant workers in the subregion by totalling all the contributions paid to the respective social security organizations in the member States (Mejía, 2018).

Most countries have yet to report on the number of beneficiaries covered by the Ibero-American Multilateral Agreement or by bilateral agreements. This means that work is still pending for indicator F5, referring to the percentage and number of direct beneficiaries covered by the Ibero-American Multilateral Social Security Convention in each country of immigration in relation to the total number of immigrant workers in the labour force.

- 73. Give priority, in each country, to strengthening coordination channels between sectors and between countries, to reinforcing intergovernmental cooperation mechanisms in order to guarantee the exercise of the human rights of all migrants, regardless of their migration status, from a gender-based perspective;
- 74. Strengthen cooperation between countries of origin, transit and destination to address the causes and challenges of irregular migration, so as to generate safe, orderly, humane migration conditions through bilateral arrangements for labour force mobility and ensure protection of the human rights of migrants.

As mentioned in the analysis of other measures above, both priority measures are being implemented, and there is also evidence of numerous coordination and cooperation efforts as regards the agreements and initiatives of the Regional Conference on Migration and the South American Conference on Migration, as well as in subregional integration forums. Of particular interest is the fact that these organizations have provided an example for work at the hemispheric level and within the Latin American and Caribbean community.

This evidence refers to both joint declarations that include guiding principles, establish pension portability agreements and recognize competencies and qualifications, and protocols on assisting vulnerable persons—especially women, victims of human trafficking and unaccompanied minors—among others. In its report, Jamaica indicated that the Ministry of Labour and Social Security had undertaken the follow-up of safe and orderly migration by establishing programmes for circular migrants in countries such as the United States and Canada.

Another clear example of progress is the intended establishment of the Caribbean Migration Consultations (CMC), as reflected in recent initiatives in which several countries acknowledge the need to compile data, exchange information and analyse matters related to migration; the need for systematic consultation on migration policies; and the need to share good practices on refugees and migrants in vulnerable situations. If it succeeds in setting up a forum for permanent intergovernmental consultation, the Caribbean would be taking a significant step forward in the subregional governance of migration. In its report, Guyana stated such a willingness, as reflected in its participation in numerous bilateral and multilateral cooperation agreements covering several migratory matters in the context of its strong commitment to subregional integration.

¹¹³ See Ibero-American Social Security Organization (OISS), “Convenio Multilateral Iberoamericano de Seguridad Social” [online] <http://www.oiss.org/Estado-de-Situacion.html>.

¹¹⁴ Ibid.

- 75. Ensure that the Second High-level Dialogue on International Migration and Development, to be held in New York on 3 and 4 October 2013, leads to the adoption of a consensual outcome document and, in that regard, to submit for consideration the question of whether it would be appropriate to propose the contents and guidelines of an international convention on migration.

This priority measure has already been achieved. However, its proposal on an international convention on migration can be assimilated into the regional follow-up of the global compact for safe, orderly and regular migration. Thus, it should be revised in relation to the interests of countries and the possibility of establishing a regional forum.

In their reports on this priority measure, some countries indicated their commitment to the negotiations of the global compact and to the subsequent follow-up process in the coming years.

(b) Priority measures lagging behind

There are several measures on which progress remains unclear or still faces many challenges, either because the countries have not ratified the respective international instrument or, if they have done so, they have yet to fully implement it for different reasons. In addition, these measures involve negotiations with other countries, whose outcomes may be unpredictable and pose special complexities, despite also offering opportunities.

- 67. Provide assistance and protection to migrants regardless of their migration status, especially vulnerable groups, with full respect for their rights and in accordance with the provisions of the International Convention on the Rights of All Migrant Workers and Members of their Families and those of the Vienna Convention on Consular Relations, highlighting the need to afford them comprehensive attention in countries of transit and destination;
- 70. Incorporate principles of consistency and reciprocity in dealing with the various situations faced by emigrants from the countries in the region, at all stages of the migration process, whether at the intraregional level or outside the region;
- 71. Achieve concrete results through dialogue and international cooperation relating to migration, human rights and development in regional forums as well as in forums linked to other regions of the world, in particular North America and the European Union, with a view to reducing existing asymmetries in this area and asserting the interests of Latin American and Caribbean countries;
- 72. Protect decisively the human rights of all migrants, avoiding any form of criminalization of migration, and guarantee migrants access to basic social services in education and health, including sexual health and reproductive health, where appropriate, regardless of their migration status, with special attention to highly vulnerable groups, including unaccompanied minors, displaced persons in an irregular situation, women who are victims of violence, victims of trafficking, returnees and forcibly displaced asylum-seekers.

The measures listed are obviously ambitious and their fulfilment depends on several factors, basically because they include elements of multilateralism based on principles of international law, reciprocity, cooperation, dialogue and negotiations in many spheres.

This group of measures includes legal and regulatory elements which together embody a frame of reference. They consist largely of several conventions and other instruments, which include the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and several other ILO conventions (for example, the ILO Domestic Workers Convention, 2011 (No. 189), to which many Latin American and Caribbean countries have acceded, although some have yet to ratify it).

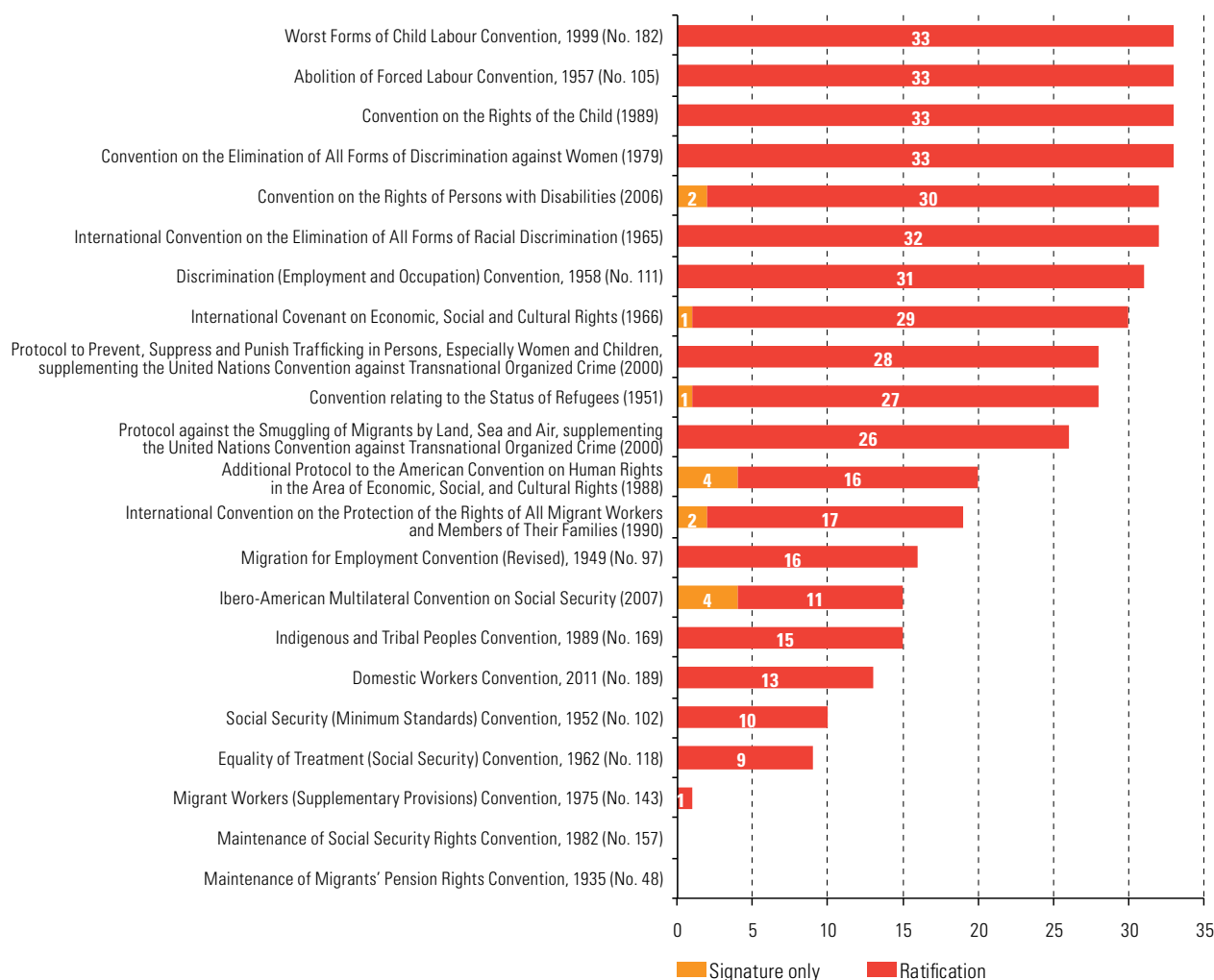
With regard to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, in 2016 the Bolivarian Republic of Venezuela became the eighteenth State party in the

region to ratify it, but other countries have yet to do so.¹¹⁵ However, countries such as Suriname have reported several positive guarantees and obligations, as well as the implementation of migration policies based on the protection of rights, albeit without adopting clear guidelines on future migration, some of which may support the descendants of Surinamese nationals living overseas who wish to contribute to the country's development.

In general, the region's countries have ratified a large number of international conventions on human rights, and it is thus worth encouraging their accession to all of them, especially the aforementioned Convention. As shown in figure III.26, many instruments have been broadly ratified but others are largely pending. Ratification is important for a number of reasons, in particular because of the framework for reciprocity it provides and because it gives an indication of the direction countries will take in terms of terms of regulation, plans, programmes, strategies and policies, for example in situations of emergency, violence, extortion, disappearances, reprisals, crisis and other "humanitarian" contingencies.

Figure III.26

Latin America and the Caribbean (33 countries): signature and ratification or accession to covenants, conventions and agreements on economic, social and cultural rights, and on the rights of migrants, 2018
(Number of countries)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official information from the respective countries.

¹¹⁵ See the United Nations Treaty Collection [online] https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-13&chapter=4&clang=_en [date of reference: 18 March 2018].

4. Conclusions

- The Montevideo Consensus on Population and Development was adopted before the declaration of the Second High-level Dialogue on International Migration and Development, adopted in October 2013, the 2030 Agenda for Sustainable Development and the definitions and goals of the consultation and negotiation process on a global compact for safe, orderly and regular migration, which began in 2017. Its priority measures have clearly been forerunners for other global agendas, and while the region can draw on this strength, it also has a purpose to fulfil.
- A certain dissonance is apparent in the achievements of the Montevideo Consensus on Population and Development. It is important to discuss whether the progress made in protecting migrants in the region's countries may be attributed to the Consensus or if it is still too early to assess these actions. At the very least, there is value in the greater awareness in the region, and countries have recognized that the human rights approach is the best path towards well-managed policies. However, the overall picture of vulnerability of migrants remains a matter of concern and various migration routes continue to provide evidence in this regard.
- As a baseline, in their original form, the priority measures were designed in 2013 in preparation for the Second High-level Dialogue on International Migration and Development. At that meeting, the countries expressed their commitment to working for the protection of migrants and the facilitation of migration, thus indicating the emergence of a global response to the enormous challenges faced by migrants and the challenge of States to address these. As the meeting's resolution lacked an action plan or monitoring and follow-up initiatives, the Montevideo Consensus on Population and Development emerged as an important alternative in the region inasmuch as it recognized, at an early stage, the problems of child and adolescent migrants, women at different stages of the migration process, and the vulnerabilities of persons in migratory cycles (such as forced return and transit, two growing problems), and of the pressing needs for the inclusion and social protection of immigrants and emigrants, persons in transit and deportees, victims of human trafficking and unaccompanied minors, among other aspects.
- These problems have become increasingly visible, and the governments in the region are making strenuous efforts to address them. To do so they must maintain momentum in the implementation of some of the measures—as reflected in the available national reports—and make special efforts to address measures that are lagging.
- Chapter F of the Montevideo Consensus on Population and Development includes many of the challenges still pending in the countries. The region must undertake major tasks, and countries need to develop and maintain the guarantees that can lead to the long-term consolidation of national policies and regulations, both for the continuous adaptation of the existing institutional framework (supported by the intersectoral principal and the national migration systems) and for building the required capacities to be able to anticipate the demands associated with migration processes.
- Two key factors must be considered. First, fulfilling the priority measures requires the preparation of indicators, which in the case of this chapter are quite complex and difficult to define in relation to the Sustainable Development Goals. Second, these measures demand sustained compliance, for which the development of the intersectoral principle and the role of civil society organizations must be duly recognized (see box III.3).
- Thus, the priority measures covered in this chapter and the proposed indicators are based on the international human rights framework, the regional consensuses (including the participation of civil society) and the general proposals of the 2030 Agenda for Sustainable Development. Furthermore, they are aligned with the conclusions of the Latin American and Caribbean Regional Preparatory Meeting

of International Migration Experts on the global compact for safe, orderly and regular migration held in August 2017 at ECLAC headquarters, in Santiago, as a part of the regional consultations of the global compact, which emphasized the need to put an end to the criminalization of irregular migration and address, among other things, violence as the factor that triggers and accompanies migration processes in some subregions, especially in the countries of the Northern Triangle of Central America (ECLAC, 2018).

- Lastly, ECLAC draws attention to the fact that many migrants on several migratory routes—whether during their outward journey or their return—continue to face the same hardships they faced in their countries of origin: inequality, violence and discrimination in different contexts. Migration is now one of the most pressing issues in the region. All the countries face great challenges in addressing the infringement of migrants' rights (reflected in the multiple dimensions of the violence they face) and the discrimination they suffer in the course of their journeys, integration into their host country and their return. Furthermore, the huge development opportunities afforded by migration exchanges are also part of present day migration governance in the region.

Box III.3

Civil society and the defence of migrants

Civil society organizations play a key and potentially synergistic role with governments in each national context and within regional and subregional groupings, as regards migrant protection. There are many examples in the region.

Networking is very important in Central America. The first initiatives were launched in 1996, with the establishment of the Regional Network of Civil Organizations for Migration (RROCM). The Network advocates human rights from a gender equity perspective and respect for the dignity of migrants and non-discrimination, among other aspects geared towards aligning public policies with international law. Civil society organizations in the region also take part in initiatives with government departments and international agencies, such as the Latin American Observatory on People Smuggling and Trafficking in Persons. Among the national networks worthy of note is the non-governmental National Forum on Honduran Immigration (FONAMIH)—established in 1997 as an initiative led by Pastoral Group on Human Mobility—which brings together representatives of the Centre for Investigation and Promotion of Human Rights (CIPRODEH), the Non-Governmental Agencies Association (ASONOG) and the Office of the National Human Rights Commissioner (CONADEH), and aims to be a forum for reflection, research, dialogue, consultation, proposals and impact on national and international public policies regarding migration, on the basis of the respect for human rights. The National Round Table on Migration in Guatemala (MENAMIG), established in 1999 and currently consisting of civil society organizations and some State agencies, aims to have an impact on policymaking on national and international migration. Similarly, the Civil Society Convening Group on Guatemalan Migration, made up of more than 30 non-governmental organizations and other members from Guatemala, Mexico and the United States, is committed, through its mission and vision, to migration issues and makes up a common platform for dialogue, analysis and development of joint actions in services, research, training, information and political impact.

The National Round Table on Migration and Refugees in the Dominican Republic (MENAMIRD) is a forum coordinating the actions of 29 civil society organizations working on migration issues (emigration and immigration). Together with organizations from the other countries party to the Regional Conference on Migration, it belongs to RROCM. Uniquely, this group is made up of, among other types of bodies, associations of migrants and refugees, academic institutions, feminist and human rights organizations, and representatives of various religious organizations.^a

In Mexico, civil society organizations have increasingly made their political impact felt through organizations such as the Working Group on Migration Policy (GTPM), the Migration Collective for the Americas (COMPACTA) and others, which for many years have been creating mechanisms to generate greater impact on Mexico's migration policy. The rise in violence and in the infringement of migrants' human rights exposed by these organizations has led to their active participation in citizens' forums within government agencies, where they have nonetheless faced numerous restrictions and resource constraints.

Box III.3 (concluded)

In South America, civil society organizations have developed an important platform for policy impact and for direct work with the migrant population. Their network strategy affords them a decisive voice in voicing complaints and in the formulation of standards and policies, and they have played an increasingly visible role in the proposals for the global compact for safe, orderly and regular migration. Through its organized action, the Latin American bloc has had a positive impact on the compact, whose proposals emphasize the need to ensure access and the full exercise of the rights of migrants, regardless of migration status or origin. This guarantee of rights also encompasses access to justice for migrants who have been victims of crime during migration, a particularly complex situation on account of the climate of xenophobia and tolerance of unlawful actions.

The governments in the region could tap these capacities of these organizations better, on aspects ranging from oversight of policies and agreements to the compilation of information and preparation of studies and proposals, taking advantage of their direct work with the migrant population. In this sense, civil society organizations must participate in migratory governance at the different stages of the decision-making process, beyond a mere consultative role.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of A. Canales and M. Rojas, “Panorama de la migración internacional en México y Centroamérica: Reunión Regional Latinoamericana y Caribeña de Expertas y Expertos en Migración Internacional preparatoria del Pacto Mundial para una Migración Segura, Ordenada y Regular”, *Population and Development series*, No. 124, Santiago, ECLAC, 2018, forthcoming; W. Mejía, “Panorama de la migración internacional en el Caribe: documento elaborado en el marco de la Reunión Regional Latinoamericana y Caribeña de Expertas y Expertos en Migración Internacional preparatoria del Pacto Mundial para una Migración Segura, Ordenada y Regular”, *Population and Development series*, No. 122 (LC/TS.2018/28), Santiago, ECLAC, 2018, and C. Stefoni, “Panorama de la migración internacional en América del Sur: documento elaborado en el marco de la Reunión Regional Latinoamericana y Caribeña de Expertas y Expertos en Migración Internacional preparatoria del Pacto Mundial para una Migración Segura, Ordenada y Regular”, *Population and Development series*, No. 123 (LC/TS.2018/32), Santiago, ECLAC, 2018.

^a See [online] <http://mmn-rd.blogspot.com.co>.

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G. Territorial inequality, spatial mobility and vulnerability

1. Introduction

The varying degrees of development seen within each Latin American and Caribbean country are a clear expression of the inequalities in the region. Various poverty, inequality and sociodemographic indicators systematically conceal stark differences between rural and urban areas, or between major and minor administrative divisions, including within the same city or metropolitan area (ECLAC, 2017). There are wide development gaps between rich territories and poor territories in the region. ECLAC has stated that in this part of the world, “place does matter”: being born in a given locality or residing there does have a major impact on the distribution of opportunities for well-being (ECLAC, 2010). This territorial heterogeneity is caused by “uneven settlement patterns and major disparities in the distribution of wealth and of opportunities for material well-being”. It has emerged both in areas with successful territorial development dynamics and in a considerable number that have not managed to escape the trap of stagnation and remain characterized by high and persistent levels of poverty (ECLAC, 2016b, p.59).

Around 80% of Latin American and Caribbean people currently live in urban areas. Urbanization has shaped the region considerably and continues to do so, albeit at a slower pace owing partly to the high levels of development already achieved in some countries. Factors behind this strong urbanization trend include the concentration of economic and sociocultural opportunities in urban areas and the forces driving inhabitants away from rural areas, which remain active and operate in both scenarios of production lag and production modernization. This persistent urbanization increases the already significant gravitation towards urban issues in national development agendas, which must in no way detract from the precarious situation in rural areas, still home to 20% of the region’s population (ECLAC, 2012).

The Latin American and Caribbean population, particularly boys and girls, persons with disabilities, older persons, indigenous peoples and Afrodescendants who live in poverty, are highly vulnerable to disasters and experience their effects disproportionately and increasingly. In the first decade of the twenty-first century, there were 68 socioenvironmental disasters per year on average, and most of these events were related to meteorological and hydrological phenomena (hurricanes, storms, floods and drought). Earthquakes are also responsible for a large number of deaths in the region (as was the case in Haiti in 2010 and in Ecuador in 2016) (ECLAC/UNICEF, 2017).

The Montevideo Consensus on Population and Development takes account of these particular characteristics of the region and the specific challenges that countries face in dealing with these issues, and recognizes the advances to date and the experience built up in the region over the past few decades with respect to decentralization, development planning and territorial planning, while expressing concern over the high costs of various kinds imposed on the region by natural and socioenvironmental disasters (ECLAC, 2015).

Several international agreements converge on issues of territorial inequality, spatial mobility and vulnerability, including, in particular, the 2030 Agenda for Sustainable Development, the New Urban Agenda adopted at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III), and the Sendai Framework for Disaster Risk Reduction 2015-2030. Each case reflects the consolidation of intergovernmental agreements with a focus on territorial problems and the way in which global, regional, national and territorial dimensions are defined and coordinated. These agreements also express the increasing relevance of more comprehensive and complex approaches to development, as space in its various dimensions (urban, rural, regional) is a concrete manifestation of this complexity (ECLAC, 2017).

This section is subdivided into three major themes. The first is the design and execution of territorial management plans, policies and programmes, and instruments at different subnational, urban and city-system levels, based on rights, and incorporating environmental sustainability, the gender perspective and interculturalism. This area includes priority measure 76, which involves general aspirations relating to territory; priority measure 78, which refers to decentralization and citizen participation at the local level;

priority measures 80 and 81, which address territorial management and urban planning from the perspective of sustainable urban development and strengthening of city systems and their rural surroundings, as well as from the perspective of prevention and mitigation of the impact of socioenvironmental disasters and environmental vulnerability; and lastly priority measure 84, which promotes the use of georeferenced sociodemographic analysis disaggregated by population group in territorial planning and management. This theme is related to other international agendas—including the New Urban Agenda adopted at Habitat III and the 2030 Agenda for Sustainable Development—which can help to create synergies to achieve the ambitions expressed in these measures. They all target the same goals: sustainable and inclusive urbanization; participatory, integrated and sustainable planning and management of human settlements that take into account the specific characteristics of age and gender; investment in sustainable, safe and accessible urban mobility for all; and disaster risk reduction and management policies that decrease vulnerability, increase resilience and responsiveness to natural and human-made threats, and promote climate change adaptation and mitigation.

The second theme is the development and well-being of people in different dimensions and in all territories, and includes priority measure 77, which makes clear reference to the promotion of people's well-being and access to basic services, and priority measure 79, which addresses citizen security and creative leisure pursuits as means of preventing social problems. This area is also directly linked to the 2030 Agenda, particularly Sustainable Development Goals (SDGs) 1, 3, 6 and 11, and to the New Urban Agenda of the United Nations Human Settlements Programme (UN-Habitat), which include several of the aspects addressed in this section, especially since they incorporate the idea that to leave no one behind, poverty in all its forms and dimensions must be eradicated; equal rights and opportunities must be guaranteed; habitability, education, food security and nutrition, health and well-being must be improved; security must be promoted and discrimination and all forms of violence must be eliminated; public participation must be guaranteed through safe and equal access for all; and equitable access for all to physical and social infrastructure and basic services, such as adequate and affordable housing, must be facilitated.

The third theme relates to environmental issues and socioenvironmental disasters, and includes the follow-up of implementation of priority measure 82 referring to disasters caused by natural and socioenvironmental events, and priority measure 83 on the development of natural resources. The 2030 Agenda, the New Urban Agenda and the Sendai Framework for Disaster Risk Reduction 2015-2030 also converge on this subject. Considerations are mainly related to disaster risk reduction and climate change adaptation and mitigation in territorial and urban planning and management processes, which take into account the specific characteristics of age and gender. The actions proposed in the international instruments mentioned focus on monitoring, evaluation and understanding of disaster risks and on sharing that information and the way it is generated; the strengthening of disaster risk governance and coordination in relevant institutions and sectors; and the full and meaningful participation of relevant actors at the appropriate levels.

2. Situation of the region regarding the priority measures

(a) Priority measures relating to territorial management plans, policies and programmes, and instruments at different subnational levels, based on rights and incorporating environmental sustainability

The basic principles of territorial integrity and ethnic, cultural and natural diversity of territories, which are also incorporated into the 2030 Agenda, are expressed in the Montevideo Consensus on Population and Development more specifically, mainly in relation to territorial policy goals. The Montevideo Consensus on Population and Development is the first regional agreement to establish the most fundamental principles and guidelines for territorial development policies (ECLAC, 2017).

In this context, five priority measures (76, 78, 80, 81 and 84) that respond to the need to plan and manage territory and the city system through territorial management policies and instruments will be examined. These priority measures are aimed at making territories more inclusive—by reducing existing socioterritorial

inequalities— and more sustainable —by anticipating the impact of socioenvironmental disasters. The recommended strategies are also outlined, with an emphasis on the role of decentralization, deconcentration and development planning at the local and subnational levels. This provides a broad and complete set of guiding principles for public initiatives focused on territory and the means to implement them. Reference is made to territorial integrity, cohesion and equity, in addition to equality. As regards means of implementation, different planning instruments and, crucially, social participation, public-private partnerships and coordination between levels of government to combine territorial development efforts, play a significant role (ECLAC, 2017).

For the countries of the region, these new international guidelines imply the need to understand and implement this new development agenda, which requires a multiscale approach to territorial development (ECLAC, 2017), mainly because social, economic, political and environmental problems and processes affect different areas in the region in different ways. ECLAC (2017, p. 12) highlights the fact that “territory plays the role of cell and building block, pillar of a complex framework in which the most varied elements of geography and human activity must come into play”.

The indicators¹¹⁶ that track these priority measures have not yet been systematized and in several cases are also SDG indicators which have not been fully defined or for which the necessary data are unavailable on a territorial scale. Hence, this analysis is based on a recent study entitled “Panorama del desarrollo territorial en América Latina y el Caribe, 2017: agendas globales de desarrollo y planificación multinivel”, prepared by ECLAC and the Latin American and Caribbean Institute for Economic and Social Planning (ILPES), as well as on the information provided by countries in national reports sent to the technical secretariat of the Regional Conference on Population and Development in Latin America and the Caribbean and on the systematization of information from a public policy database maintained by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

Priority measures 78, 80 and 81 mention the importance of territorial development and urban planning, and the policies that can be designed in pursuit of more balanced and sustainable territorial development at different geographical levels. In the region, progress in territorial development policies in the past five years has been hindered by various problems, which were identified in a survey carried out to prepare an ILPES document (ECLAC, 2017) and in several country reports presented to the technical secretariat of the Regional Conference on Population and Development in Latin America and the Caribbean. The obstacles to more balanced and sustainable territorial development can be grouped into several major categories. The first is decentralization: Cuba and Panama have pointed out the need for greater decentralization to ensure the participation of subnational authorities in territorial development planning, and the implementation of working formats that would incorporate input from subnational levels in these processes and strengthen the development of local initiatives. The second category of obstacles relates to capacity and the need to strengthen conditions and technical skills for institutional coordination, territorial administration and management, planning and budget management. In Guatemala, Honduras and Panama, this need arises mainly at the municipal and local levels. A third type of obstacle is inequality, which is reflected in intra- and inter-territorial gaps in well-being and development. The concentration of production activities, jobs and good-quality health and education services in only a few areas, which produces asymmetries in regional development, is also highlighted. The fourth category relates to problems of institutional, horizontal and vertical coordination, which undoubtedly remain a major challenge for States and are one of the biggest tests of planning in the twenty-first century. They include the lack of political will to encourage regional strategies and of stronger governance of existing territorial development policies, the need to incorporate the territorial focus into national public programmes, in other words, into the programmes of the State in general, and the need for more and better mechanisms for planning and strengthening participation in development planning, especially the participation of multi-stakeholders and the community (ECLAC, 2017).

¹¹⁶ Indicator G.1 (percentage of metropolitan, city or local governments that have information systems and use new technologies in territorial planning and management decisions); indicator G.6 (proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city); indicator G.7 (percentage of urban and territorial development plans that incorporate the rights, gender and intercultural perspectives); indicator G.13 (the country has integrated mitigation, adaptation, impact reduction and early warning through the implementation of multidimensional strategies and policies); indicator G.15 (the country has sustainable consumption and production national action plans mainstreamed as a priority or a target in national policies which cover, inter alia, wastewater treatment); and indicator G.16 (percentage of municipal or local master plans that, in their preamble, provide for disaggregated and georeferenced sociodemographic analysis).

There has been some progress in territorial development policies and strategies in the past five years, although not of the same magnitude in all the countries. Overall, since 2013 several countries have improved their existing policies or introduced new ones. The preparation of this analysis included research on the existence of national territorial development policies or strategies in the countries.¹¹⁷ Colombia and Uruguay indicated that they lack this definition and their legislation, plans or strategies only mention some themes relating to territory. The other countries have some type of territorial development policy or strategy (see table III.7). According to the information available, only three countries have a national territorial development policy: Argentina, Brazil and Ecuador. In the remaining countries, initiatives are included in national policies or linked to those that include definitions of territorial development although they do not represent a clear national policy or strategy (see table III.7).

Table III.7

Latin America and the Caribbean: territorial development policies and strategies

Country	Strategy or policy
Argentina	Strategic Territorial Plan
Bolivia (Plurinational State of)	Law No. 777 of the Comprehensive State Planning System and the Economic and Social Development Plan in the framework of the 2016-2020 Integrated Development for Living Well plan
Brazil	National Policy on Regional Development
Chile	2014-2018 Programme of the Government of Michelle Bachelet
Colombia	Law No. 152 of 1994 and the 2014-2018 National Development Plan entitled "Todos por un Nuevo País"
Costa Rica	Included in the 2015-2030 State Policy on Rural Territorial Development
Cuba	Included in the Constitution of the Republic of Cuba
Dominican Republic	Included in the 2030 National Development Strategy
Ecuador	National Territorial Strategy (complementary to the 2017-2021 National Plan for Living Well)
Guatemala	Included in the National Development Plan entitled "K'atun: Nuestra Guatemala 2032" and the National Policy on Comprehensive Rural Development
Honduras	Included in the 2010-2038 Vision for the Country and the 2010-2022 National Plan
Mexico	Law on Planning and the 2013-2018 National Development Plan
Nicaragua	Law No. 7 on National Planning and the 2012-2016 National Human Development Plan entitled "A seguir transformando Nicaragua"
Panama	Related to Law No. 66 which amended Law No. 37 of 2009, which decentralized public administration and established other provisions
Paraguay	Decree No. 2794 of 2014 and the Paraguay 2030 National Development Plan
Peru	Strategic national development plan entitled "Plan Bicentenario: El Perú hacia el 2021"
Uruguay	Uruguay 2050 National Development Strategy
Venezuela (Bolivarian Republic of)	2013-2019 "Plan de la Patria" national development plan

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Regional Observatory on Planning for Development in Latin America and the Caribbean [online] <https://observatorioplanificacion.cepal.org/en> and the public policy database of the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

There are various notable examples in the countries of the region of relevant progress and initiatives relating to the promotion of relationships among different levels of government and territorial development experiences. Brazil has programmes under the 2016-2019 Multi-Year Plan which consider territory a key element of sustainable development and of human coexistence and the reduction of territorial inequalities. The 2012-2015 Multi-Year Plan incorporated the major challenge of following up the national development

¹¹⁷ Data derived from the public policy database of CELADE-Population Division of ECLAC, the Regional Observatory on Planning for Development in Latin America and the Caribbean of ILPES (see [online] <https://observatorioplanificacion.cepal.org/en>) and national progress reports presented by the countries to the technical secretariat of the Regional Conference on Population and Development in Latin America and the Caribbean.

strategy, which aimed to reduce inequalities between regions and between rural and urban areas and to continue the environmentally sustainable production transformation through job creation and income distribution (Government of Brazil, 2017). Among other initiatives, Colombia is implementing an interesting strategy entitled “PASE al Desarrollo”, which is described in detail in box III.4. Costa Rica has a national framework for the coordination of rural development, the National Strategy for Poverty Reduction entitled “Puente al Desarrollo” and the programme entitled “Tejiendo Desarrollo”. That country’s national report also highlights as good practices the territorial and regional rural development councils created and coordinated by the Rural Development Institute (INDER) under a programme established in 2015. These councils are regional forums which involve the participation of public entities and civil society organizations whose purpose is to coordinate territorial rural development in the planning regions established by INDER (MIDEPLAN, 2017). El Salvador has created and strengthened inter-institutional and citizen forums at the local level to address issues of socioeconomic development and citizen security in the territories, departmental management offices and citizens’ assemblies, which aim to develop and promote the use of participation instruments (Government of El Salvador, 2017). Ecuador has introduced initiatives to deconcentrate some national institutions, and especially, to decentralize competence in planning, road construction and management, and local micro-planning for the provision of some basic services (Government of Ecuador, 2017). In Honduras, 45 municipalities participated in regional territorial development planning for the Gulf of Fonseca. In Panama, the Ministry of Social Development implemented a territorial network programme (Redes Territoriales) to strengthen capacity in areas of poverty. Another notable example is the response of the National Secretariat of Science, Technology and Innovation (SENACYT) to the water supply crisis with a community-led approach to water basin management. The country also reported on the decentralization of public administration, so that municipalities can take charge of essential public services. The Ministry of Housing and Territorial Management has developed and promoted the use of citizen participation instruments in planning to ensure that it has regulations in place to facilitate decentralization. Training was provided to the technical staff of that ministry and of municipalities, both rural and urban, in aspects relating to decentralization (Government of Panama, 2017). Mexico has implemented several programmes, policies and plans relating to development and territorial management, including the 2013-2018 National Development Plan and the 2013-2018 Sectoral Programme for Agricultural, Territorial and Urban Development. In this context, and as part of interinstitutional and intergovernmental activities to promote territorial management and planning as facilitators of the population’s well-being and efficient land use, the country developed a new methodology with the support of the German Agency for International Cooperation (GIZ) to create and update municipal urban development programmes. This methodology promotes the direct link between the natural and urban environments (Government of Mexico, 2018). Peru reported that the Ministry of Housing, Construction and Sanitation is preparing the National Policy on Housing and Urban Management, which aims to promote sustainable urban-territorial development of cities and other population centres in the country, creating centres that are inclusive, compact, participatory, safe and competitive, and that provide access to adequate housing and good living conditions (Government of Peru, 2018).¹¹⁸ The Dominican Republic created 155 municipal development councils and prepared development plans for 50% of the country’s municipalities (Government of the Dominican Republic, 2016). Uruguay manages national transfers to subnational governments through programmes promoted by the Office of Planning and the Budget. The cases mentioned refer to concrete experiences that translate into learning at the local level and, if disseminated, into inspiration for other countries. They are also an example of countries’ territorial development efforts.

With respect to urban planning and particularly the governance of cities and urban agglomerations, which is included in priority measures 78 and 80, the marked decentralization trend in the region in the past decade has not been accompanied by the strengthening of administrative capacity and the transfer of resources at the local level (Montero and García, 2017). As a result, urban governance, which is the mechanism for management and coordination of urban centres, is hindered by the absence of inclusive urban policies and financial resources. However, decision-making by local governments is also complex, owing to the scarcity

¹¹⁸ In Peru, the main difficulties of implementing sustainable urban-territorial development policy include the weakness of territorial planning and management, the limitation of subnational governments’ capacity to develop planning and management instruments, the lack of coordination between land registry and tax systems and the property register, the failure to include the relationships between territorial and urban dynamics and the economy in plans, and the failure to implement plans.

and in some cases the absence of data at the territorial level, which is a relevant factor considered in priority measure 84 on the promotion and use of georeferenced sociodemographic analysis to improve territorial planning and environmental risk management. Only some large agglomerations have observatories and collect urban data systematically. Intermediate or small cities lack quantitative instruments to discuss, debate and justify urban planning, and to allocate resources efficiently (Montero and García, 2017).

Box III.4

The "PASE al Desarrollo" strategy

"PASE al Desarrollo" is a strategy created in Colombia by the United Nations Population Fund (UNFPA) and the Universidad Externado de Colombia, in partnership with national entities responsible for development planning, territorial management and health. Its aim is to strengthen the capacities of people, institutions, organizations and society for knowledge management in relation to population trends, and to incorporate this knowledge into the comprehensive management of development, in keeping with the agenda of the International Conference on Population and Development, and the country's principles of institutional coordination according to the Paris Declaration.

The strategy takes into account a participatory conceptual and methodological model which involves groups of local experts on population and development, including institutional actors and civil society organizations, who receive training to identify and understand demographic trends and their relationships with the dimensions of sustainable development (environmental, social and economic), and on that basis formulate comprehensive responses using development planning instruments at the territorial level.

The model is based on technical assistance and active training programmes in around 130 municipalities in the country, where the analyses of demographic trends have been essential and have provided evidence for the formulation of development plans and the review of territorial management plans in the last seven years. These analyses were used to prepare guides and guidelines for development planning.

The strategy was also adapted as "PASE a la Equidad en Salud" and adopted by the Ministry of Health as a national guide for territorial planning processes in the health sector. The aim of this strategy is to achieve the goals relating to inequality reduction and the right to health established in the 2012-2021 Ten-Year Public Health Plan, at the municipal and departmental levels, and based on the analysis of the social determinants of health, with the convergence of various sectors of society, both institutional and community-based. As a result of this process, the formulation of territorial planning processes in health between 2016 and 2019 in 32 departments, 5 districts and close to 1,000 municipalities in the country incorporates the analysis of relational demographic trends contained in basic analysis documents.

The experience of "PASE al Desarrollo" has been shared within the framework of cooperation with other countries such as Paraguay, where a programme was carried out in eight municipalities^a to formulate development plans and territorial management plans and a national guide was prepared by the country's national planning authorities.^b

The experience also motivated exchanges with participants in programmes in Mexico and Cuba, where considerable progress was made in this area. In Mexico, the programme was carried out with the support of the UNFPA office in that country to formulate development plans focused on people in 217 municipalities in the State of Puebla, 82 in the State of Hidalgo, and one in the State of San Luis Potosí. In Cuba, the exchange focused on the experiences in 22 municipalities of 8 provinces with UNFPA and the Centre for Demographic Studies of the University of Havana in association with national entities, which were in the systematization phase.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Population Fund (UNPF)/Universidad Externado de Colombia, *Segundo Encuentro Nacional: Dinámicas de Población, Desarrollo y Territorio*, Bogotá, 2012 [online] <http://colombia.unfpa.org/es/publicaciones/din%C3%A1micas-de-poblaci%C3%B3n-desarrollo-y-territorio>.

^a Coronel Oviedo and Doctor Juan Eulogio Estigarribia, in the department of Caaguazú; Caazapá and San Juan Nepomuceno, in the department of Caazapá; Carmen del Paraná, in the department of Itapúa; Carapeguá, in the department of Paraguari, and Villa Ygatimí, in the department of Canindeyú.

^b Technical Secretariat of Economic and Social Development Planning and Secretariat of the Environment of Paraguay.

(b) Priority measures relating to development and well-being of the population at different territorial levels

This section focuses on priority measures 77 and 79. Two indicators will be used to follow up priority measure 77.¹¹⁹ The first is indicator A.6 (proportion of the population living in households with access to basic services), which in this case will be disaggregated by urban or rural area, with the aim of showing the gaps between these areas and thus evaluating whether inequalities persist or have been reduced. The second is indicator G.8 (SDG indicator 11.1.1; proportion of the urban population living in slums, informal settlements or inadequate housing) and is an indirect (proxy) indicator to measure segregation, as different pillars and spheres of urban socioterritorial inequality intertwine in territories where there are slums.

(i) Increasing availability of access to basic services, but with persisting urban-rural gaps

As regards full access to basic services, the selected indicator (A.6) makes sense in this analysis if the data are disaggregated by urban or rural area, as they reveal whether inequalities in access remain, have worsened or have improved, taking into account that access to basic services is crucial for the social well-being of the population and sustainable development (ECLAC, 2016a). Bear in mind that water and sanitation, in particular, are rights in themselves (human right to water and sanitation) and are essential to the fulfilment of all human rights (Bautista, 2013), especially the right to housing and to health. During the 2010 decade, various regulations and institutional frameworks were incorporated at the international level that require the countries of the region to implement public policies guaranteeing the human right to water and sanitation and to regulate the practices of private and State agents that provide services relating to drinking water and sanitation. Therefore, the improvement or deterioration of this indicator also reveals countries' fulfilment of these rights for their people.

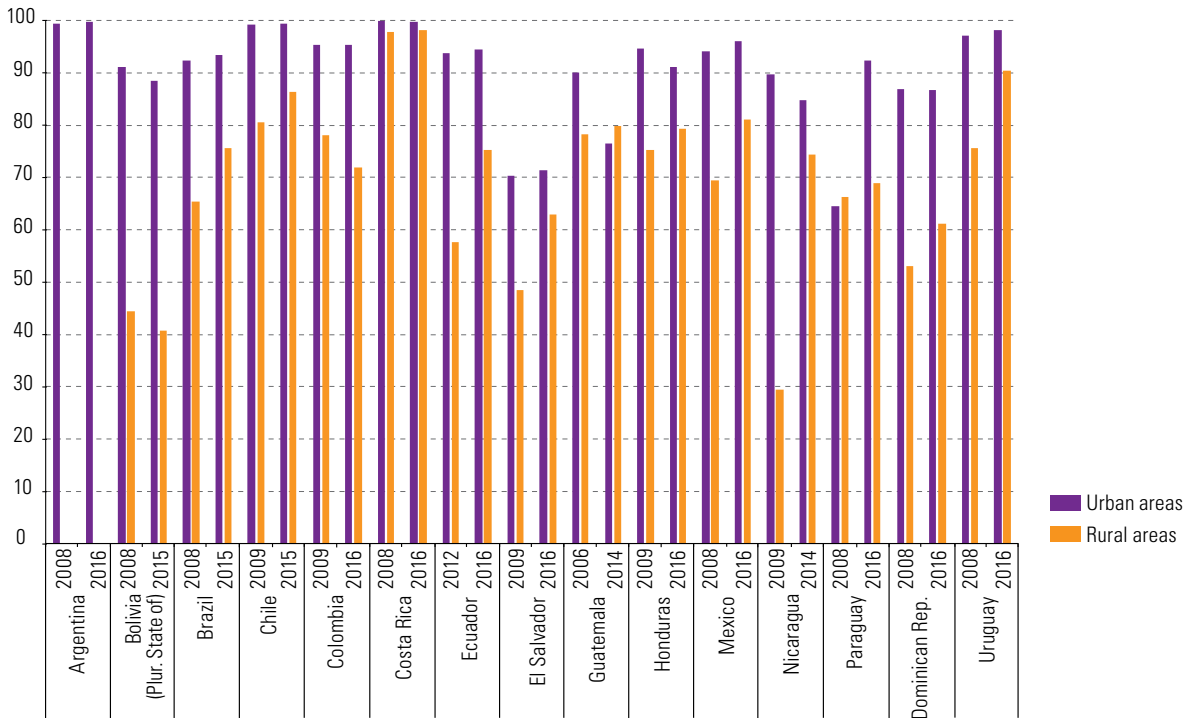
The available data to review progress in the population's access to basic services cover two periods. The first ranges from 2006 to 2009, long before the adoption of the Montevideo Consensus on Population and Development. The second period, 2014-2016, follows the adoption of the Montevideo Consensus. As a result, the older data are more useful for reference purposes while those collected after the adoption of the Montevideo Consensus on Population and Development reveal the situation of the region and the countries. The information comes from household surveys carried out in 16 countries and was processed by the Household Survey Data Bank (BADEHOG).

Generally speaking, there has been an improvement in the proportion of households with access to basic services in Latin America (see figure III.27), but although the gap in access between urban and rural areas has narrowed (according to data for 14 countries), inequalities remain, reflecting a persistent deficit in access to basic rights in the most neglected territories. It is crucial to determine which measures implemented in 2013-2018 could have increased access and narrowed gaps, even in cases where inequalities were not eliminated, but at least do not appear to have worsened.

¹¹⁹ This measure is also followed up by indicators G.2 (average travel time to work, in minutes), G.3 (percentage of households that report being assaulted, suffering aggression or being the victim of a crime in the past 12 months, by minor administrative area), G.9 (proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by city), G.11 (proportion of the rural population who live within 2 km of an all-season road) and G.12 (houses in hazardous locations: number of housing units built in hazardous locations per 100,000 housing units). However, some still cannot be calculated, have no metadata or only have data at the national level. This is why indicator A.6 is used in this instance.

Figure III.27

Latin America (15 countries): basic services available in dwellings, urban and rural areas, around 2008 and 2015
(Percentages of total households)

A. Availability of piped drinking water**B. Availability of electricity**

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from the Household Survey Data Bank (BADEHOG).

On average, more than 98% of households have access to electricity in urban areas, compared with slightly more than 85% in rural areas. These figures show that at the regional level, countries have made efforts to improve access, and created programmes that increase the availability of this service. The main lines of action implemented in the region are primarily linked to three areas: energy policies targeting infrastructure construction in that sector; programmes to help the lower-income population meet the costs of energy services, especially in remote geographical locations; and programmes to provide more modern and efficient electricity services.

The countries of the region differ in this area. For example, electricity coverage is considerably more limited in rural areas than in urban areas in Nicaragua, Honduras, El Salvador, the Plurinational State of Bolivia and Paraguay, in that order, reflecting gaps of more than 20 percentage points. Nicaragua reflects the largest gap between urban and rural areas, of more than 40 percentage points. It is important to highlight the narrowing gap between urban and rural areas in Honduras and the Plurinational State of Bolivia in the past ten years. Meanwhile, the smallest gaps between urban and rural areas in terms of access to electricity, lower than 5 percentage points, were recorded in Brazil, Chile, Costa Rica, Ecuador, Mexico and Uruguay.¹²⁰ In all these countries, more than 90% of households had access to electricity, indicating that programmes to increase access to this service have led to an improvement. Indeed, these programmes target urban areas more frequently than rural areas. Although there are programmes to improve electricity services in rural areas, sometimes the accessibility, distance and geography of these territories affects the ability to provide broader coverage.

Access to piped drinking water also increased in both urban and rural areas between 2006-2009 and 2014-2016, especially in rural areas, where the percentages of availability were fairly low for several countries of the region before 2013. In 2014-2016, coverage among urban households exceeded 91%, compared with 75% among rural households. The measures identified in the region in this area include: (i) programmes to build, expand and update infrastructure, and to support the operational and financial sustainability of water service providers; (ii) programmes to improve access to drinking water and sanitation in rural areas with cost-effective and sustainable solutions; (iii) programmes to promote and support the development of measures to expand access to clean water for human use and consumption; (iv) programmes to provide access to drinking water in remote areas, and (v) programmes to provide cash subsidies to families or households to improve their access to water.

The largest gaps between urban and rural areas in terms of access to this service are reflected in the Plurinational State of Bolivia, the Dominican Republic, Colombia and Paraguay, in that order. The gaps are wider than 20 percentage points, and in the Plurinational State of Bolivia, is wider than 40 percentage points. In the Dominican Republic, public investment has been focused on the most advanced regions and large cities, especially Santo Domingo, which perpetuates territorial imbalances and results in stark differences between the levels of economic activity, employment, income, poverty and quality of life in dynamic areas and in depressed or underdeveloped areas. Rural populations are the most affected (Government of the Dominican Republic, 2016). Colombia implemented the “Water for Prosperity” programme to achieve the targets set for the drinking water and basic sanitation sector, and allocated considerable budgetary resources between 2011 and 2014 to the provision of water, sewage and hygiene services to the inhabitants of regions where there were gaps in coverage (Government of Colombia, 2018). In 2010 the Plurinational State of Bolivia launched a peri-urban water and sewage programme to increase access to drinking water and sewage services in the areas of El Alto, La Paz, Cochabamba, Santa Cruz, Tarija and other cities,¹²¹ while large projects were also implemented under the “My Water” programme in rural areas.

In the period under analysis, the gap in Nicaragua narrowed, from close to 60 percentage points to less than 12 percentage points, given a sharp increase in the availability of piped water in rural areas, from 29% to 74%. Although figure III.27 does not include information on Guyana, the report presented by that country describes the implementation in rural areas and precarious settlements of a programme to improve water supply and sanitation infrastructure, which aims to improve access to sanitation services for people with low incomes. Peru also reported that the percentage of households with access to basic services increased

¹²⁰ In Brazil, Chile, Costa Rica and Uruguay, 80% or more of the population live in urban areas, so their high percentages of access thanks to various programmes to improve access to electricity are not striking. However, these programmes have also focused on rural areas, which has led to an increase in coverage and access in the past few years.

¹²¹ This may have worsened inequalities in access between urban and rural areas.

between 2013 and 2016. Moreover, the proportion of public spending on basic services in that country rose from 35.3% in 2013 to 39.6% in 2016. It is important to consider that the inability to access drinking water owing to poverty, ethnicity, race, membership in a particular social group or, in this case, residence in a specific place, is a violation of the human right to water and sanitation. In this context, the situation of countries with the lowest levels of availability of drinking water, particularly in rural areas, highlights the fact that water is an urgent need and that governments must implement programmes to supply it. Nonetheless, a rights-based assessment suggests that each person has the human right to water and sanitation, implying that the subjects are active, able to demand and implement decentralized action that forces public authorities to respect minimum thresholds and to establish plans of action that ensure full access (Bautista, 2013). One example is Uruguay, where access to drinking water is enshrined in the constitution as a fundamental right, which partly explains the high percentages of availability in the country (see figure III.27) and the reduction of gaps.

Bear in mind that some of the solutions to improve access to and availability of drinking water do not always ensure quality of service, mainly in rural areas. There are differences between high- and low-income households, as for some lower-income households access is intermittent, control over the quality of the water supplied is limited and the water provided is not always properly disinfected (ECLAC, 2018).

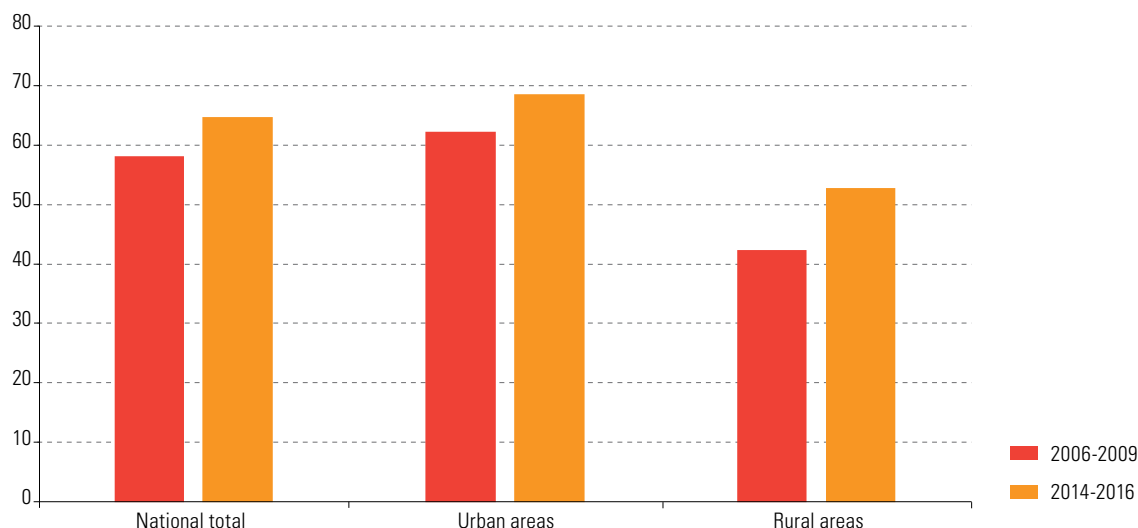
Sanitation is considered one of the inherent uses of water and access to it is not only fundamental to human dignity, but also to protecting the quality of water resources (Bautista, 2013). Although this concept is not as developed from a regulatory standpoint, the situation is beginning to change in the human rights field, in light of factors relating to human dignity that highlight the need for sanitation to be considered more than an accessory to the human right to water, and moreover, given the role of sanitation as a fundamental requirement for the sustainability of that human right, as it limits water pollution. Sanitation is understood as a system to collect, transport, treat and eliminate or reuse human waste and the corresponding promotion of hygiene (Bautista, 2013).

Basic sanitation is the service which reflects the most limited coverage in the region. The percentage of households with access to sanitation is just under 70% in urban areas, compared with 53% of households in rural areas (see figure III.28). Although the beginning of the period of analysis is much earlier than the date of adoption of the Montevideo Consensus on Population and Development, the regional average showed an increase of 8.5 percentage points between 2006-2009 and 2014-2016, and a reduction from 20 to 16 percentage points in the gap between urban and rural areas. Between 2013 and 2018 some measures taken in the region improved sanitation, including: (i) construction and refurbishment of water supply and sanitation systems to guarantee coverage; (ii) investment in and management of sanitation systems to guarantee the quality and sustainability of the service; (iii) subsidies to pay for sanitation services (through differentiated tariffs based on socioeconomic status or geographical location), and (iv) management programmes that guarantee that waste water is sufficiently treated and reused in appropriate public health conditions.

Analysis at the national level is complex owing to the different definitions of adequate sanitation on which figures are based. As a result, the gap between urban and rural areas is reversed in some countries, which makes it more difficult to draw comparisons. These differences in indicator accuracy create comparability issues among countries of the region. Hence, the standardization of definitions and sources of data is recommended to deepen the analysis of this indicator both on an aggregate scale and on the basis of geographical disaggregation. The countries describe the progress made or new measures taken in their reports. According to Uruguay, access to safely managed sanitation—including infrastructure for the washing of hands with soap and water—is a fundamental service, which is available to more than 99% of that country's population (Government of Uruguay, 2017). Guyana reported on the implementation of a programme to improve water supply and sanitation infrastructure and indicated that the increase in access to sanitation services for people with low incomes is associated with the replacement of pit latrines with septic tanks (with toilets) (Government of Guyana, 2017). Brazil reported that there were not only inequalities in access to sanitation between urban and rural areas, but also between the country's major regions: in the north east of Brazil, the most disadvantaged region based on various indicators, access to sanitation is more limited, although gaps have been narrowing, according to 2015 figures (Government of Brazil, 2017). Mexico reported that access to and quality of drinking water, sewage and sanitation services were improved through its PROAGUA programme and investments were made in wastewater treatment plants through the 2014-2018 National Water Programme (Government of Mexico, 2018).

Figure III.28

Latin America: availability of sanitation services in dwellings, urban and rural areas, 2006-2009 and 2014-2016
(Percentages of total households)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from the Household Survey Data Bank (BADEHOG).

In the Caribbean, for which data are not included in figure III.28, ECLAC has indicated that “water is scarce, according to the benchmark indicator of 1,000 m³ per capita per year” given that “on average, freshwater resources in the subregion are 2,532 m³ per capita, which is considerably less than in other regions with small island developing States”. Overall, while the subregion has made significant progress in improving access to water and sanitation, considerable institutional weaknesses and fragmentation remain, both with regard to policies and regulations and to service delivery, owing to the state of the infrastructure. As a result, 85% of wastewater entering the Caribbean Sea remains untreated and 51.5% of households lack sewer connections, while only 17% of households are connected to treatment systems. This not only has a negative impact on biodiversity and ecosystems, but also further degrades water quality by polluting ground and surface waters (ECLAC, 2016a).

The actions, policies and programmes implemented by the States in terms of financing and improvement of infrastructure to provide water and sanitation have been significant but insufficient, given that gaps in access to these services remain and exacerbate income inequalities, disparities in the ability to access water freely and gaps between rural and urban areas, including within the same cities (ECLAC, 2018).

(ii) Slums, precarious settlements or inadequate housing, an expression of socioterritorial urban segregation

Indicator G.8, which corresponds to SDG indicator 11.1.1, monitors the progress made with respect to priority measure 77, particularly relating to the well-being of people in all territories and specifically to the equalization of opportunities within cities. In the region, one of the characteristics of the urban population with a low socioeconomic status is their location in peri-urban areas, especially outside the largest cities. This is typically disadvantageous, since these groups are subject to more precarious conditions in terms of housing, basic services and community infrastructure, and they suffer greater exposure to security risks (ECLAC, 2014a and 2014b). At the other end of the spectrum there are wealthier socioeconomic groups, who tend to live in the exclusive areas of cities, where there are fewer socioenvironmental risks and better basic and social services. Residential segregation is a clear expression of socioterritorial inequality in cities. Slums,¹²²

¹²² UN-Habitat defines a “slum household” as “a group of people living under one roof in an urban area that does not meet one or more of the following five conditions: (i) the house is hard-wearing, permanent, and protects against adverse weather conditions; (ii) it has a large enough living space, meaning no more than three people sharing a bedroom; (iii) there is easy access to enough drinking water at a reasonable price; (iv) there is access to adequate sanitation: private or shared public toilet for a reasonable number of people; and (v) there is security of tenure against forced evictions” (UN-Habitat, 2012, p. 64). In the region, “slum” also refers to precarious homes, which are known as *campamentos*, *villas miseria* and *favelas*, among other terms (ECLAC, 2016b, p. 71).

which are a part of the segregation phenomenon, are those territories where the different axes and aspects of socioterritorial inequality intersect the most. They lack public services, adequate access-ways, transport systems, schools, parks and other spaces, recreation areas and other public goods. They do not offer their tenants secure or stable tenure and, in many cases, the land use is informal or illegal. Slums are located in run-down central areas characterized by environmental risks or in peripheral zones, poorly connected to and far from services and opportunities, which increases the risk of social problems (violence and health) for their inhabitants (UN-Habitat/CAF, 2014; UN-Habitat, 2012).

In Latin America and the Caribbean in 2014, one in every five urban residents lived in inadequate housing, according to data for 16 countries (see figure III.29). Although figures are lower than those of other developing regions on average,¹²³ performances are mixed from one country to the next. Haiti is the country with the highest percentage of the population living in slums: in 2005 this figure stood at 70% and almost 10 years later it had risen to 75%.¹²⁴ The corresponding figure in the Plurinational State of Bolivia was also higher than the regional average. However, unlike Haiti, the percentage declined between 2005 and 2014, from 50% to 43%. Meanwhile, in Ecuador, Guatemala, Guyana and Peru, figures were higher than 30% in 2014. In Ecuador, the percentage increased from 22% to 36% in the last 10 years. Costa Rica and Suriname were the countries with the lowest percentage of the population living in slums, at less than 10% in 2014. While the figure in Costa Rica declined sharply between 2005 and 2014, it rose in Suriname, from 4% to 7%. Belize and Mexico recorded percentages close to 10% (11% in both cases) and both have seen this figure decrease steadily in the past 10 years. In Chile, although there are no recent records, already in 2005 this figure was lower than 10%. Several of these countries with low percentages of the urban population living in slums have implemented various programmes to improve access to decent housing and neighbourhoods with infrastructure for the provision of basic services. Some programmes help people to move out of the slums and to better housing through relocation, implementing comprehensive strategies that incorporate the closure of gaps, in coordination with public and private entities. Other improvements have been made through programmes that provide adequate housing solutions that include accessibility and the necessary conditions to address diverse population groups (persons with disabilities, older persons or vulnerable persons).

Some of the actions or programmes implemented by the countries are described below. Guatemala implemented a policy for the comprehensive improvement of slums, under the responsibility of the Ministry of Communications, Infrastructure and Housing. This instrument guides and facilitates decision-making, coordination of initiatives and management of intervention and improvement resources for precarious human settlements. Overall, these efforts did not reduce the percentage of the population living in slums, although if this policy had not been implemented figures would probably have been much higher (Government of Guatemala, 2017). Chile reported that its “Campamentos” programme launched the development of 25 master plans in precarious settlement areas, with the aim of consolidating, rebuilding or developing large urban areas. The country also implemented a portfolio of 75 projects to improve former slum areas, including the construction of new public spaces such as squares, community centres and sports arenas. As regards access to housing, programmes for rural habitability and social and territorial integration also contributed to greater territorial equity in terms of development and well-being, while allowing an improvement in the standards of housing built with State support in urbanization, location, surface, quantity, use and distribution of facilities, and preparation of housing schemes (Government of Chile, 2018). In the Bolivarian Republic of Venezuela, the chapter of the Constitution on social and family rights stipulates that each person has the right to adequate housing and basic services. As a result, the State prioritizes families with low incomes and guarantees their access to social policies and credit to build, acquire or expand housing (Government of the Bolivarian Republic of Venezuela, 2017). El Salvador is developing a programme for housing and comprehensive upgrading of precarious urban settlements to improve housing conditions for the low- and middle-income population segments (Government of El Salvador, 2017). In Panama, the Ministry of Housing and Territorial Management is developing initiatives to create housing policies that improve the quality of housing and fulfil standards of quality and technical requirements

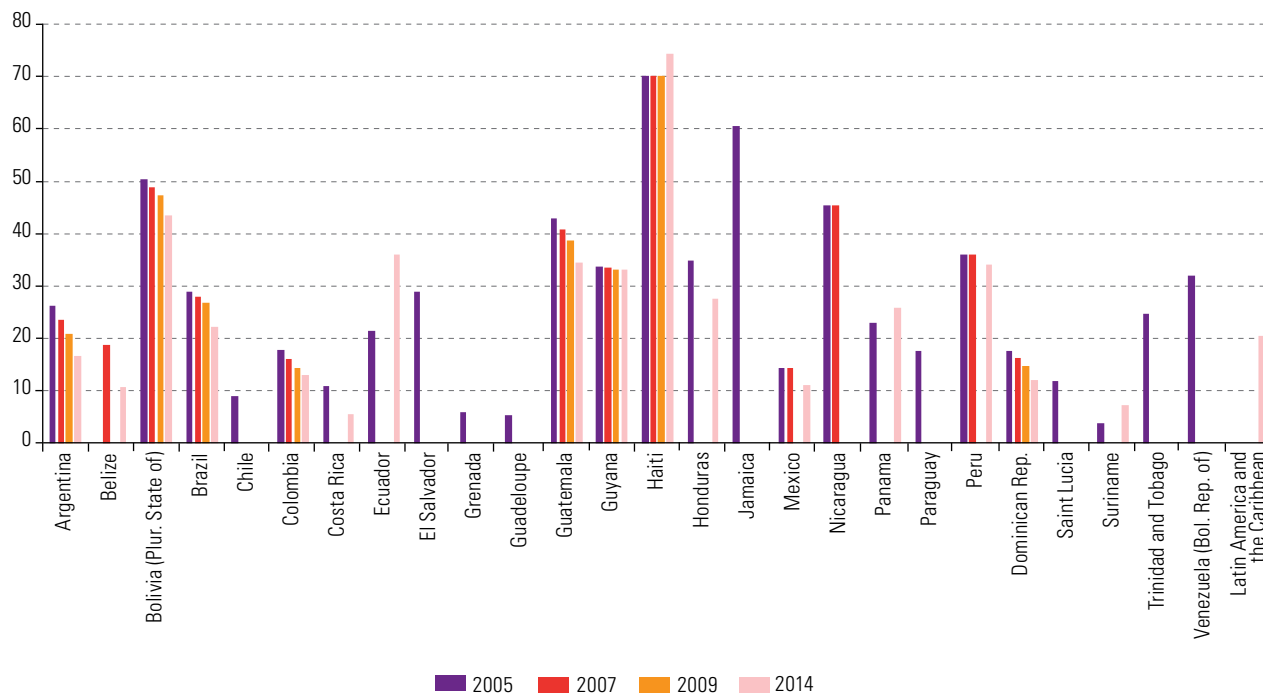
¹²³ According to data from the United Nations Statistics Division for 2014, the percentage of the population living in slums in South Asia was 30.7%.

¹²⁴ One of the causes of the increase in the number of people living in slums in Haiti was the earthquake in 2010, which caused significant damage to housing across the country, and particularly in urban areas with high population density.

for physical safety, and facilitate the construction of new homes adapted to the needs of all people (which is reflected in the more than 60,000 social housing units built). It is also developing comprehensive projects that include the construction of housing, infrastructure, basic services, schools and other facilities, for the benefit of the population (Government of Panama, 2017).

Figure III.29

Latin America and the Caribbean (26 countries): urban population living in slums, 2005-2014
(Percentages)



Source: United Nations, "Millennium Development Goals indicators" [online database] <http://mdgs.un.org/unsd/mdg/Default.aspx>. "Annex: Millennium Development Goals, targets and indicators, 2015: statistical tables", New York, 2015 [online] <https://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2015/Statannex.pdf>.

iii) Citizen security, creative leisure activities and citizen participation as means of preventing social problems

In some cases, the indicators suggested to follow up priority measure 79¹²⁵ examine the situation at the national level and do not reflect the differences between urban and rural areas, or between major and minor administrative divisions. In other cases, the information available is not up to date and does not allow follow-up from 2013 onward. What follows is general regional information to describe some situations relating to this measure.

As regards public spaces, a recent document on urban development in the region stated that "good-quality public spaces are concentrated in high-income areas. In Santiago, there is a correlation between the location of social housing and of deteriorated green spaces" (Montero and García, 2017, p. 32). In the cities of the region, public spaces are generally either virtually absent or abandoned, although they are used mainly by the most vulnerable groups. The areas where these groups live in the cities can become the most dangerous and provide very limited space for people to meet and carry out leisure activities. This is relevant given that

¹²⁵ The follow-up indicators of priority measure 79 are G.3 (percentage of households that report being assaulted, suffering aggression, or being the victim of a crime in the past 12 months, by minor administrative division) and G.4 (percentage of the population participating in community recreational activities, by age group and minor administrative division).

the lack of shared public spaces contributes to considerable mistrust among citizens, and indeed, requires governments to create or improve such spaces to reduce inequalities within territories (Montero and García, 2017). The reports submitted by the countries contain no references to improvements or increases in green spaces. Another relevant theme considered in this priority measure is violence and inequality. Although the crime rate can be influenced by a variety of factors, many studies find a solid link between criminality and inequality; the most equitable cities are generally the safest. These inequalities are expressed in the extent to which different social groups are affected by insecurity and violence in different ways. Hence, it is a challenge for countries to obtain the information needed to calculate the indicators associated with this issue and to report the situation in cities, minor administrative divisions and the rest of the territories.

(c) Priority measures relating to environmental issues and socio-environmental disasters

This section examines the situation relating to two priority measures, 82 and 83, linked to environmental issues and socioenvironmental disasters. Five indicators¹²⁶ have been selected to follow up these two measures, but data are available only for indicator G.10. The other indicators lack information or are still being discussed, and as a result, no metadata are available.

With respect to socioenvironmental disasters in Latin America and the Caribbean, there is consensus that the countries of the region are exposed to extreme natural events that can trigger disasters, depending on the conditions of vulnerability of each one. Indeed, the territories at highest risk are those with a high level of social vulnerability. There is no doubt that disasters have increased in the past few decades. In the first decade of the twenty-first century alone, there were 68 disasters in the region. A disaster disrupts community life and countries' economic activity. Therefore, it is essential to incorporate disaster prevention policies into public policies for sustainable development (ECLAC/UNICEF, 2017).

Several studies highlight among the contributing factors of disasters: population growth, urban expansion to areas unsuitable for construction, overexploitation of natural resources, increasing environmental degradation and, probably, the effects of climate change. This has resulted in an increase in human and economic losses owing to disasters in the past few decades. There is consensus in the region on the importance of cooperation to mitigate the impacts of natural disasters. This issue is of considerable importance given that natural disasters cost the region, in the 2010 decade, more than US\$ 115 billion, which is more than double the figure seen in the previous decade, with the largest impact on the Caribbean and Central America.¹²⁷

For that reason, economic and social mitigation measures to reduce the population's exposure and restore infrastructure, employment and damaged productive and capital assets, are becoming increasingly necessary (ECLAC, 2016a). The region's countries recognize that the transition from threats to disasters is by no means an exclusively natural process. It is linked to human activity and depends on social determinants.

Growing risk and exposure to disasters, especially among vulnerable groups,¹²⁸ is not always perceived as a real risk by much of the population. As a result, there is little political mobilization to demand immediate measures from government or to assume the economic costs needed to strengthen disaster protection. Box III.5 includes the instruments currently being used to protect vulnerable populations in disaster situations in Latin America and the Caribbean. These include cash transfers to families, public employment programmes and microinsurance (ECLAC, 2016a).

¹²⁶ These include indicators G.10 (SDG indicator 11.6.2) (annual mean levels of fine particulate matter (for example PM2.5 and PM10) in cities (population weighted)); G.12 (houses in hazardous locations: number of housing units built in hazardous locations per 100,000 housing units); G.13 (the country has integrated mitigation, adaptation, impact reduction and early warning through the implementation of multidimensional strategies and policies); G.14 (percentage of energy generated through sustainable, clean and renewable production processes), and G.15 (the country has sustainable national consumption and production action plans mainstreamed as a priority or a target in national policies which cover, inter alia, wastewater treatment).

¹²⁷ See Economic Commission for Latin America and the Caribbean (ECLAC), "Desastres naturales, tema discutido en la IV Cumbre de las Américas", Santiago, 21 March 2012 [online] <https://www.cepal.org/es/notas/desastres-naturales-tema-discutido-en-la-vi-cumbre-de-las-americas>.

¹²⁸ These vulnerable groups include children, older persons and persons with disabilities.

Box III.5

Social protection instruments and disasters in Latin America and the Caribbean

Cash transfers to families aim to improve, to some extent, the immediate economic situation of disaster-struck households, thus discouraging families from engaging in survival strategies such as child labour, which could impair current and future human capacities. Despite being an effective, low-cost instrument for governments, they are only a partial solution and must be complemented with support for the supply of basic essential goods in order to reactivate local economies without creating inflationary pressures caused by the increased money supply. The regulations governing conditional transfer programmes should include provisions for a temporary expansion of coverage in cases of disasters, together with a temporary suspension of the monitoring and verification procedures used to ensure the fulfilment of conditionalities. Examples of this are the initiatives undertaken by the Government of Chile following the 2010 earthquake and the flooding in the north of the country in 2014 and the emergency grant distributed to disaster-struck households by the Government of Ecuador.

The region has gained some initial experiences of labour market inclusion programmes for working-age adults who have suffered the consequences of a disaster. Such disaster-related public employment programmes have been introduced following the official declaration of an emergency situation in Colombia, Mexico, Peru and the Plurinational State of Bolivia. After the 2010 earthquake in Haiti, emergency employment programmes—with an emphasis on young people and in coordination with child labour prevention measures—were implemented that involved major rationalization and coordination efforts by the national government and active participation by international agencies. In this regard, it is important to define operational criteria that prevent the violation of labour rights, particularly through the provision of sufficient wages to meet basic needs during the emergency period. A start has been made in Colombia, Haiti and Mexico on creating microinsurance for vulnerable households or farmers who are not usually insured against catastrophes by private institutions. In this case a public-policy proposal would be for the region's countries to start formulating solidarity-based schemes on a permanent basis, to prevent the total loss of productive and capital assets of vulnerable persons who suffer disaster damage. Countries of the region that are located in zones of major seismic activity should consider implementing a collective insurance policy that provides coverage to socially vulnerable households funded through cross-subsidies or solidarity financing based on contributions from higher-income households. An example of one such scheme has been introduced in the Manizales municipality in Colombia.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Inclusive social development: the next generation of policies for overcoming poverty and reducing inequality in Latin America and the Caribbean (LC.L/4056/Rev.1)*, Santiago, 2016.

Priority measure 83 is linked not only to the Goals of the 2030 Agenda for Sustainable Development and their targets, but also to the Rio Declaration on Environment and Development. In that Declaration, the countries proclaimed that each person has the right to knowledge, that is, access to information concerning the environment that is held by public authorities, including information on hazardous materials and activities in their communities. This right is formulated in Principle 10 of the Declaration. Hence, it is important to have information on these issues. A relevant source of information highlighted by Montero and Garcia (2017) are pollutant release and transfer registers. These registers are publicly accessible databases of disaggregated and standardized data on potentially harmful chemicals released or transferred to the environment. According to the authors, these registers have presented multiple benefits for all sectors of society since their creation. Despite this, only two countries in the region—Chile and Mexico—currently have active pollutant release and transfer registers that are used to prepare periodic reports. Nonetheless, other countries in the region are at different phases of developing this instrument.

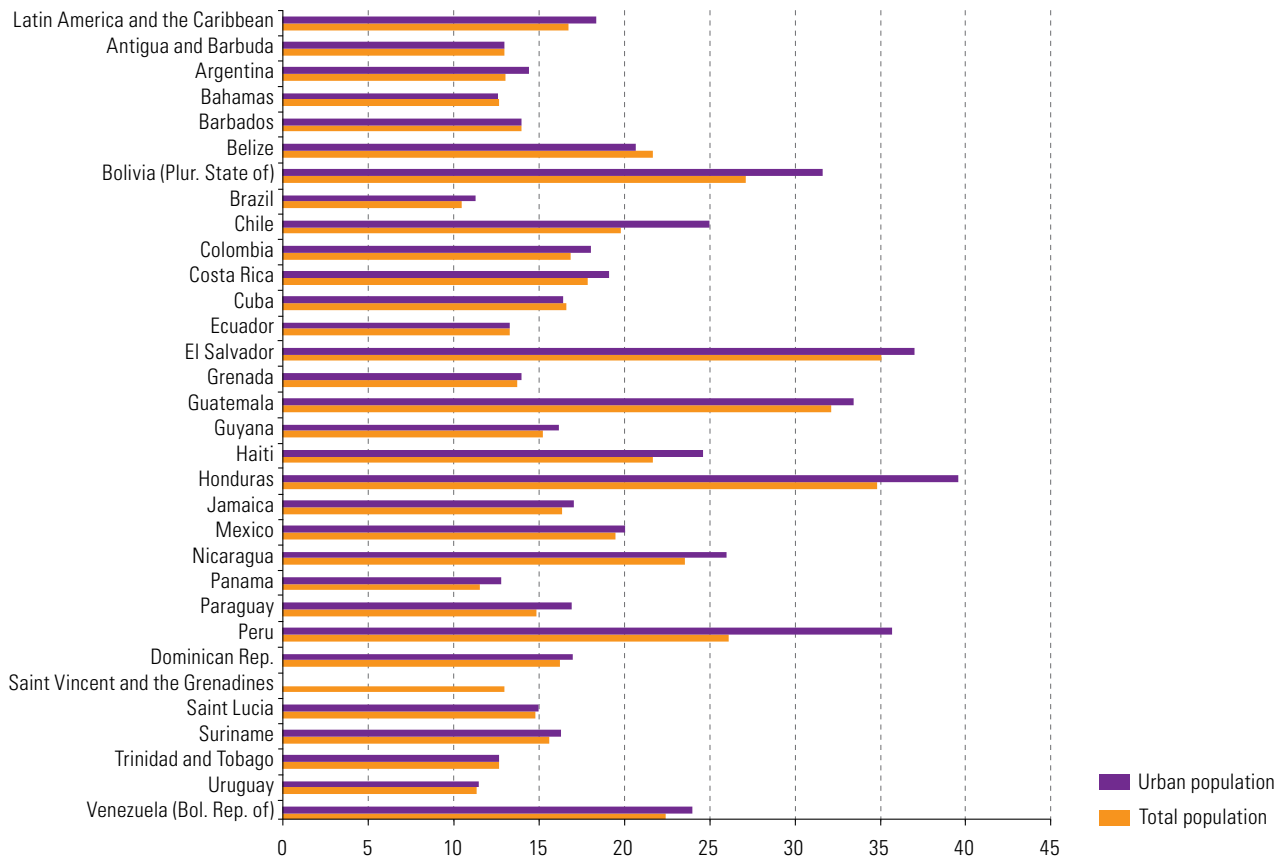
(i) Air pollution in the cities of the region

One of the biggest health problems in human settlements is air pollution. Different population groups (children, older persons, immunocompromised persons) are affected by respiratory illnesses, of which the symptoms and even the associated risk of death are accentuated or exacerbated by environmental pollution. In the past few years there has been a marked increase in respiratory illnesses among children in Bogotá and in Santiago during the winter season (Montero and García, 2017), which highlights the threat to public health posed by air pollution. Moreover, these illnesses have a greater impact on low-income groups of people who live in the most polluted or at-risk areas. As a result, they face a double environmental injustice, as they consume the least owing to their scarce economic resources, and thus contribute the least to pollutant emissions (Montero and García, 2017).

The United Nations database of SDG indicators provides information on the annual mean levels of fine particulate matter (PM_{2.5}) in micrograms per cubic metre of air for 2012. The average for Latin America and the Caribbean as a whole is 16.8 micrograms per cubic metre, and there are no major variations from one country to the next. The highest values correspond to Honduras (39.58 micrograms per cubic metre) and El Salvador (35.8), while the lowest were recorded in Uruguay (11.34) and Brazil (10.48) (see figure III.30).

Figure III.30

Latin America and the Caribbean (15 countries): annual mean levels of fine particulate matter (PM_{2.5}) in cities, population-weighted average, 2012
(Micrograms per cubic metre)



Source: United Nations, "SDG indicators global database" [online database] <https://unstats.un.org/sdgs/indicators/database/>.

Some measures were taken by the countries of the region between 2013 and 2018 to reduce pollution levels. One of these was incorporating into measurements levels of fine particulate matter (PM_{2.5}), which were not always quantified or were only measured for some cities. There has also been an increase in strategies to reduce pollution at the national level or specifically in some of the most polluted cities, including prevention and mitigation measures. General measures that some countries in the region have adopted to reduce air pollution in cities are: (i) the restriction of vehicle traffic; (ii) incentives to purchase hybrid and electric vehicles; (iii) prohibition of the use of solid fuel for cooking or heating in some cities; (iv) promotion of bicycle use through the construction of bicycle paths and parking, and (v) an increase in green spaces.

3. Conclusions

- The Montevideo Consensus on Population and Development is the first regional agreement to establish the most fundamental principles and guidelines for territorial development policies. It provides for a broad and complete set of guiding principles for public initiatives focusing on territory and the means to implement them. Reference is made to territorial integrity, cohesion and equity, in addition to equality. As regards means of implementation, different planning instruments and crucially, social participation, public-private partnerships and coordination between levels of government to combine initiatives for territorial development, play a significant role (ECLAC, 2017).
- Since the Montevideo Consensus on Population and Development was adopted, it has been recognized that territory is a determining factor of inequality in the region and that the rural population is at a clear disadvantage according to most indicators of social well-being. This problem is systematic, although the percentage of households with access to basic services has improved. It highlights a persistent lack of access to basic rights in the most underdeveloped territories.
- The actions, policies and programmes implemented by the States in terms of financing and improvement of infrastructure to provide water and sanitation have been significant but insufficient, given that gaps in access to these services remain and exacerbate income inequalities and gaps between rural and urban areas, including within the same cities (ECLAC, 2018). The situation of countries with the lowest levels of availability of drinking water, particularly in rural areas, highlights the fact that water is an urgent need and that governments must implement programmes to supply it. Furthermore, if drinking water is considered a right of the people, States must respect minimum thresholds and establish plans of action that ensure full access.
- Urban segregation, as a spatial manifestation of inequality, creates pockets of poverty and unequal access to housing, public services and adequate urban infrastructure (ECLAC, 2014b; Montero and García, 2017). Slums are an expression of this reality. Although the percentage of the population living in slums is lower in Latin America and the Caribbean than in other developing regions, trends are mixed from one country to the next in this region. In the period under review, States implemented various measures, including programmes to improve access to decent housing and neighbourhoods with infrastructure for the provision of basic services. Some programmes help people to move out of the slums and to better housing through relocation, implementing comprehensive strategies that incorporate the closure of gaps, in coordination with public and private entities. Other improvements have been made to provide adequate housing solutions that include accessibility and the necessary conditions to address diverse population groups (persons with disabilities, older persons or vulnerable persons). States must continue to advance towards the implementation of urban development strategies that include vulnerable groups, to ensure the viability of the measures incorporated at different levels of the urban network, and taking into account different sources of financing.
- Bearing in mind that natural disasters are a significant barrier to the reduction of poverty and of socioterritorial inequality, especially in developing countries with fewer resources for a timely response to these events, countries must increase their focus on disaster prevention and on the reduction and transfer of risks through financing instruments and by linking the private sector with disaster risk management. They must also update their policies and improve coordination between agencies at the central and subnational levels of the respective governments, and invest to reduce, contain and transfer these risks (ECLAC, 2016b).

- To achieve real territorial development in the region by improving or adjusting legal, fiscal and institutional mechanisms that govern planning and public policies, countries must: (i) update development plans, adapting them to the needs of the territories; (ii) clarify the functions and competencies of institutions and policies when deciding measures for territorial development, thus improving coordination, optimizing the use of public resources and avoiding the duplication of functions; (iii) promote participation of subnational authorities in regional development planning systems, contributing in particular to the strengthening of intermediate levels and technical capacity for planning, territorial management, administration and budgets at the municipal and local levels, which is a strategic and essential action for territorial governance and planning at multiple levels, because it confirms the legitimacy and relevance of territorial assessments and increases the effectiveness of policies; and (iv) deepen decentralization processes in the countries, incorporating into legal, fiscal and institutional mechanisms a systemic vision of the whole, which is able to anticipate the exacerbation of interregional asymmetries (ECLAC, 2017).

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H. Indigenous peoples: interculturalism and rights

1. Background

The inclusion of a specific chapter on indigenous peoples in the Montevideo Consensus on Population and Development reinforces the commitment of the countries of the region to move forward in the implementation of initiatives to ensure that these peoples can exercise their rights. Similarly, it reflects the decisive inclusion of indigenous peoples in public agendas to ensure the fulfilment of their historical demands, which have been recognized and expressed in various international instruments. Indigenous groups' long struggle has now given rise to a set of minimum standards of mandatory rights that are binding on States and set out in the Indigenous and Tribal Peoples Convention, 1989 (No. 169) of the International Labour Organization (ILO) and the United Nations Declaration on the Rights of Indigenous Peoples (2007). These texts provide the legal framework guaranteeing the exercise of the rights of indigenous peoples and were reaffirmed at the United Nations World Conference on Indigenous Peoples in September 2014, at which the countries agreed a set of worldwide commitments on these matters.

More recently, indigenous peoples were also involved in the process to determine the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, and although not all of their demands were included, two targets make explicit reference to these groups (2.3 and 4.5), while two others refer to ethnicity (10.2 and 17.18). In any case, according to the commitment to "leave no one behind," the 2030 Agenda requires the mainstreaming of indigenous peoples' interests to ensure the achievement of all the Goals.

Ethnicity is one of the inherent factors of the profound inequality in the region (ECLAC, 2016), which in the case of indigenous peoples began with the arrival of the European conquistadors, lasted during the colonial era and became entrenched during the establishment of nation States. Therefore, as a result of long processes of exclusion and subordination, indigenous peoples throughout the region have been living in the most unfavourable conditions until now. This is acknowledged in virtually all the national reports prepared by the countries to follow up the implementation of the Montevideo Consensus, both in Latin America (12 countries) and in the Caribbean (2 countries: Guyana and Suriname).

2. Regulatory and policy progress and implementation gaps

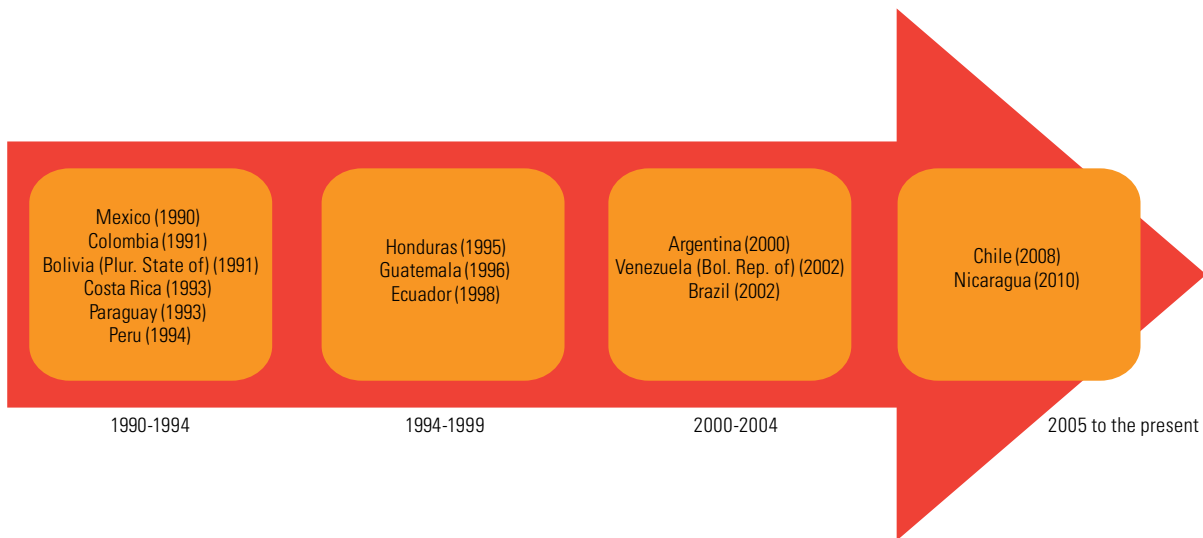
Priority measure 85 of the Montevideo Consensus, on observance and application of the United Nations Declaration on the Rights of Indigenous Peoples and ILO Convention No. 169, implies a range of measures to implement minimum standards for the political, civil, economic, social and cultural rights of indigenous peoples. There are three mechanisms within the United Nations system that monitor these rights: the United Nations Permanent Forum on Indigenous Issues, the Special Rapporteur on the Rights of Indigenous Peoples (Human Rights Council), and the Expert Mechanism on the Rights of Indigenous Peoples (Human Rights Council). ILO has a system for overseeing the conventions ratified by the States, in order to ensure that States fulfil the respective provisions, which are binding in nature. In 2016, the member countries of the Organization of American States (OAS) adopted the American Declaration on the Rights of Indigenous Peoples, another instrument that recognizes the rights of indigenous peoples in the region and that aims to strengthen even further the actions of the Inter-American Human Rights System and of the member States. Against this backdrop, the regional follow-up of the Montevideo Consensus both takes strength from these mechanisms and fortifies them in turn.

As regards instruments that encapsulate minimum standards for indigenous peoples' rights, all the countries of the region have endorsed the United Nations Declaration on the Rights of Indigenous Peoples. Moreover, 14 of the 17 Latin American countries with indigenous populations have ratified ILO Convention No. 169 (see diagram III.1).¹²⁹ Most countries did so in the 1990s, followed by four in the 2000 decade and one in the 2010 decade.

¹²⁹ The ratification of ILO Convention No. 169 is one of the indicators proposed for the regional follow-up of the Montevideo Consensus (indicator H.1 of the ad hoc working group's proposal). El Salvador, Panama and Uruguay have not ratified ILO Convention No. 169 yet. Countries such as Belize, Guyana and Suriname, which recognize their indigenous populations, have not ratified the Convention either.

Diagram III.1

Latin America and the Caribbean (14 countries): signatories of ILO Convention No. 169, by year of ratification



Source: International Labour Organizations (ILO), "Ratifications of C169 - Indigenous and Tribal Peoples Convention, 1989 (No. 169)" [online] http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312314.

ILO Convention No. 169 had a major impact on constitutional reforms in the countries of the region, either as new constitutions or amendments of existing ones. However, the degree of constitutional recognition varies according to the different dimensions of minimum standards, such as self-determination, plurinationality and territorial rights (ECLAC, 2014). From 2013 until now, some countries have taken initiatives that reflect progress on the national scale, but which highlight the mixed performances across the countries of the region. For example, in June 2014, El Salvador recognized indigenous rights by amending article 63 of its constitution, establishing that "El Salvador recognizes indigenous peoples and will adopt policies to protect and develop their ethnic and cultural identity, cosmovision, values and spirituality" (Government of El Salvador, 2017). In 2015, Costa Rica established its multi-ethnic and multicultural nature through Law No. 9305 which amended article 1 of the constitution (Government of Costa Rica, 2017). Between 2013 and 2017 in Mexico, the number of federal entities recognizing indigenous peoples in their constitution and legislation grew from 20 to 25. Moreover, a commission for dialogue with the indigenous peoples of Mexico (CDPIM) began harmonizing the legal framework with international treaties and agreements relating to indigenous matters, and in 2014 explicitly included the rights of indigenous women (Government of Mexico, 2018).

In 2016, the Ministry of the General Secretariat of the Presidency (SEGPRES) of Chile carried out a participatory process for constitutional reform that included consultations with indigenous peoples in which more than 17,000 representatives of the nine indigenous groups recognized in Chile participated (Government of Chile, 2017). The proposals to be incorporated into citizen organizations were systematized following a consultation process. Although this experience is an important step for the region, there was also some disagreement between indigenous peoples and the government with respect to issues of importance to the former, such as self-determination, territorial rights, plurinationality and free, prior and informed consent.¹³⁰

One achievement relating to indigenous peoples' rights in Mexico is the adoption, in 2017, of the Political Constitution of Mexico City, which includes a chapter entitled "Multicultural city" (chapter VII) that recognizes the multicultural, multilingual and multi-ethnic composition of the city, as well as the rights of indigenous peoples (articles 57, 58 and 59). Moreover, the recognition of indigenous peoples and communities as public rights-holders with legal personality and their own assets represents progress with respect to the federal constitution (Mexico City, 2017).

¹³⁰ See Ministry of Social Development of Chile (2017) for more details. The new government elected in 2017 (which took office in March 2018) has yet to decide on a mechanism to discuss the plan for a new constitution.

In the meantime, indigenous peoples have been positioning their rights in the legislation and institutions of the States, in various spheres which differ in scope in each of the countries of the region. In 2013, with the exception of Uruguay, all Latin American countries with an indigenous population (16 countries) had institutions responsible for indigenous affairs. Guyana, for example, has a Ministry of Indigenous Peoples' Affairs. These institutions generally focus on promoting, protecting and contributing to the exercise of indigenous peoples' rights. However, the regional picture is mixed, according to the date of establishment of the relevant institutions, the level of political participation of indigenous peoples and the institutional hierarchy achieved (ECLAC, 2014; Del Popolo, 2018). At present, most institutions linked to indigenous people occupy an intermediate position in which they are directly dependent on some ministry and enjoy a certain degree of autonomy, even when they do not have a ministerial status.

While in some countries there have been setbacks—for example when an institution loses its ministerial status and is relegated to a lower level, its area of action is restricted or its budget is cut—progress has been made in others. The National Corporation for Indigenous Development (CONADI), which is overseen by the Ministry of Social Development, was established in Chile in 1993. In January 2018, the Senate adopted a bill to create the Ministry of Indigenous Peoples, which aims to reform indigenous institutions along with the National Council and the councils for indigenous peoples, which are autonomous, representative, participatory and consultative entities (updated, on the basis of the national report for Chile, Government of Chile, 2017).¹³¹ Guyana highlighted in its national report a significant increase (2.7 times) in the budget allocated to the Ministry of Indigenous Peoples' Affairs between 2013 and 2018, which is also reflected in an increase in its relative weight in the total public budget (from 0.4% to 0.8%).

Although in the first stage of institutional development, efforts focused on creating institutions specializing in indigenous affairs, in the past two decades the challenge has been mainstreaming these issues and deepening cooperation between various entities (for example ministries, departments, divisions and units). Most countries have made some progress in this area, to a greater or lesser extent.¹³² These new mainstreaming processes have been carried out using three different strategies: (i) the creation of new intersectoral coordination mechanisms, for example, in Guatemala, where an office for indigenous peoples and interculturalism, comprising 14 ministries and institutions with a specific mandate for the Maya, Garifuna and Xinka peoples, was established in 2014 (Government of Guatemala, 2017);¹³³ in El Salvador, where a group of thematic consultative committees on agriculture, human rights, the environment and natural resources was created in the period under review, under a multisectoral committee on indigenous peoples, which was created in 2011 and included leaders of indigenous organizations and government institutions (Government of El Salvador, 2017),¹³⁴ and in Mexico, where an interinstitutional committee on rural, indigenous and campesino women was founded in 2015 to establish ties among the related entities, or an interinstitutional coordination agreement was made that gave rise to an observatory for women's political participation in Mexico, to name a few (Government of Mexico, 2018); (ii) the creation, within existing indigenous institutions, of units or departments for specific groups or themes, for example indigenous women, children and young people; and (iii) the creation of departments and divisions or the assignment of managers in charge of these matters within other governmental units. With respect to the third strategy, most of these entities are focused on the education and health sectors, where ministries have played a pioneering role in establishing units responsible for intercultural health or bilingual intercultural education. This trend has been expanding to other sectors, and led to the establishment of interinstitutional mechanisms. For example, in 2017 Guatemala set up an ordinary commission for indigenous peoples within

¹³¹ See [online] <https://www.gob.cl/noticias/proyecto-que-crea-el-ministerio-de-pueblos-indigenas-fue-aprobado-por-unanimidad-en-sala-del-senado/>.

¹³² By defining themselves as plurinational States, Ecuador and the Plurinational State of Bolivia have taken on the task of restructuring the State apparatus first on the basis of recognition of indigenous peoples and campesinos, and second on the basis of nationalities and indigenous peoples, implying a major institutional overhaul. These processes have not escaped obstacles or controversies. A detailed assessment of the impact of these institutional changes on the lives of indigenous peoples and their individual and collective rights is essential.

¹³³ This entity, which discusses and formulates proposals for political, legal, administrative and budget reform, joins others: a Presidential Commission against discrimination and racism (CODISRA) and an office for the defence of indigenous women (DEMI), which were both created in 1999, and a Guatemalan fund for indigenous development (FODIGUA), established in 1994.

¹³⁴ The thematic consultative committees include: a committee for indigenous women of the Salvadoran institute for agrarian reform (ISTA), a permanent committee of the Office of the National Counsel for the Defence of Human Rights (PDDH) on the rights of peoples, and a national indigenous committee for the environment of the Ministry of Environment and Natural Resources (MARN).

the national council for urban and rural development (CONADUR); in Mexico, the Foreign Affairs Secretariat coordinates a conference on access to justice for indigenous women, and in Peru, an interinstitutional committee for statistics on ethnicity was created by the National Institute of Statistics and Informatics (ECLAC, 2013a and 2014; national reports of the Government of Guatemala (2017), the Government of Mexico (2018) and the Government of Peru (2018)).

In terms of policies and programmes, the national reports reveal a variety of initiatives implemented from 2013 up until now, which are a continuation of the measures adopted in the previous decade and in several cases broaden and deepen their scope to incorporate the rights standards of indigenous peoples. It is important to note that these contribute to fulfilling provisions contained across the different chapters of the Montevideo Consensus, alongside other actions focused on the collective rights of indigenous peoples. Most countries describe in their national reports development policies and programmes that explicitly include indigenous peoples (Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Guyana, Mexico, Panama, and Peru). The areas of focus are diverse and address, inter alia, education, health (including sexual and reproductive rights), food security, housing, the labour market and production development, and social protection.

Among the national policies that explicitly include indigenous peoples, Brazil has a programme entitled “Bolsa Família” which in 2017 covered roughly 114,000 indigenous families throughout the country (Government of Brazil, 2017). Chile has a local development programme (PRODESAL) and an indigenous territorial development programme (INDAP-CONADI) implemented by the Ministry of Agriculture since 2017, which focuses on improving and expanding the production systems of indigenous communities and families; a Ministry of Public Works programme to improve connectivity in the rural road network entitled “Programa de Caminos Básicos,” which includes indigenous communities; and a chapter on indigenous peoples in the 2050 energy policy launched by the Ministry of Energy in 2017, which focuses on the recognition, promotion and protection of indigenous peoples’ rights (Government of Chile, 2017).

Costa Rica has incorporated indigenous cosmovision into the 2013-2030 national policy for housing and human settlements of the Ministry of Housing and Human Settlements, to ensure that these settlements are appropriate and adapted to the needs of indigenous peoples in each territorial context (Government of Costa Rica, 2017). In Panama, the 2015-2019 strategic government plan entitled “Un Solo País” (2014) makes explicit reference to indigenous areas. Guatemala has established a national development plan entitled “K’atun 2032” with the participation and inclusion of all sectors of society, especially representatives of the Maya, Garifuna and Xinka peoples (Government of Guatemala, 2017). In Colombia, the final peace agreement between the national government and the Revolutionary Armed Forces of Colombia-People’s Army (FARC-EP) in 2016 marked a fundamental and inspiring milestone for the improvement of the situation of indigenous and Afrodescendent peoples in that country. This agreement takes into consideration the situation of indigenous peoples across the board and includes a specific chapter to guarantee their individual and collective rights (Government of Colombia, 2018).

Most countries have reported initiatives (from the adoption of laws, policies and programmes to the development of rules and procedures to implement regulations) that focus in particular on bilingual intercultural education, the promotion and revitalization of culture (including indigenous languages) and intercultural health. There are also measures relating to the right to identity, the fight against racism, participation and free, prior and informed consent (see section 2.a of this chapter), territorial rights (see section 3) and access to justice. In Mexico for example, a protocol for those who deliver justice in cases involving the rights of indigenous individuals, communities and peoples was developed to ensure that they “adhere to the highest national and international standards” (Government of Mexico, 2018). A framework cooperation agreement for the operation of the criminal justice system with an intercultural and multilingual vision was also signed, with the aim to guarantee full access to justice for indigenous people and communities, who for the first time would enjoy free access to the services of bilingual lawyers and interpreters with knowledge of their traditions and customs as well as their language (Government of Mexico, 2018).

The initiatives implemented in several countries focus on the situation of indigenous women, boys, girls and young people. However, more attention must be paid to indigenous older persons and indigenous persons with disabilities. There also appears to be a lack of progress in policies targeting indigenous peoples in border areas, whose ancestral lands were partitioned when States were founded. In that regard, the Bolivarian Republic of Venezuela passed an organic law on indigenous peoples and communities, which makes explicit reference to these specific groups in border areas and their right to maintain and develop relationships and cooperation with their peers in bordering countries in the social, economic, cultural, spiritual, environmental and scientific dimensions (Government of the Bolivarian Republic of Venezuela, 2017). Lastly, the national reports of all countries, except Uruguay, provide an account of the participatory mechanisms created for indigenous peoples to define several of their initiatives.

The implementation of policies and programmes must include the demographic dynamics of indigenous peoples (priority measure 86 of the Montevideo Consensus) and their life plans, which is a major challenge owing to the diversity of these peoples and the variability of their situations (see chapter II of this document and ECLAC, 2014). In particular, the impact of demographic ratios on the lives of indigenous women, boys, girls and young people, especially as a result of migration and displacement, must be considered and addressed. Priority measure 86 also places special emphasis on indigenous peoples who are threatened with extinction, have no contact with the outside world, are living in voluntary isolation or are in a phase of initial contact.¹³⁵ Three countries refer to this issue in their national reports. Brazil has a policy to guarantee the right of indigenous people to not be contacted and to the ethno-environmental protection of their lands in the Amazon; there are 12 protection centres to carry out checks and provide security in nine indigenous territories (Government of Brazil, 2017). The Ministry of Culture of Peru has developed different rules to protect indigenous peoples living in isolation and in a phase of initial contact, as specified in Law No. 28736 and 2017 regulations. Regulations were also developed for the categorization of different indigenous reserves. The country also has a system to provide monitoring, care and support services to roughly 5,000 indigenous persons living in isolation or in a phase of initial contact on three indigenous reserves and two territorial reserves (Government of Peru, 2018). Lastly, Suriname has taken steps to identify indigenous peoples in situations of demographic fragility and in danger of disappearing; now it must take the appropriate measures to combat these problems.

(a) Participation and free, prior and informed consent

Over the past few decades, indigenous peoples have been fighting for the recognition of their distinctive identities as holders of collective rights, among them the right to self-determination, collective ownership of their territory and political participation. They are all included in the minimum standards and emphasized in the priority measures of the Montevideo Consensus. These struggles have allowed indigenous peoples to coordinate collective rebuilding processes and to reclaim their traditional knowledge, spirituality and institutions. This process is still ongoing in the region (ECLAC, 2014; Del Popolo, 2018).

At the international level, the influence of indigenous peoples on the promotion and protection mechanisms of the United Nations and on the binding rulings of the Inter-American Human Rights System is clear (ECLAC, 2014). So is their greater involvement in the follow-up of international agreements and the definition of the 2030 Agenda. On both the regional and national scales, the participation of indigenous organizations in constitutional reforms, promulgation of laws and decrees and development of policies and programmes is growing, as shown in some examples described in national reports. The participation and influence of organizations for indigenous women and young people is also growing, and indigenous women are now present in parliaments and government entities.

Meanwhile, in several countries, such as Colombia, Mexico, Nicaragua, Panama and the Plurinational State of Bolivia, experiences of autonomy are deepening (ECLAC, 2014; Del Popolo, 2018). At the local level this means experiences in self-government and revitalization of social and political institutions, while at the national, regional and international levels, it means the establishment of relationships and partnerships, such as caucuses, consultative groups or the Abya Yala forum, in which indigenous organizations of Latin America actively participate.

¹³⁵ For more information, see ECLAC (2014) and the report by the Special Rapporteur on the rights of indigenous peoples, Victoria Tauli-Corpuz (United Nations, 2018b).

However, there are still gaps in the implementation of rules, and the closure of these gaps requires political will to take coordinated action in three areas. The first relates to the fact that the recognition of free determination for indigenous peoples goes hand in hand with growing demands for autonomy in the countries of the region, and consequently States must respect and support the self-government institutions and systems of indigenous peoples, by strengthening their political, economic, social, cultural and spiritual institutions, promoting organizational and technical capacities for their internal governance and their relationships with State institutions. The second issue is the scant participation of indigenous representatives in branches of government, which is irrefutable evidence of the considerable work that remains to be done to achieve full participation of indigenous peoples in State institutions, amid decisive limitations in terms of information, economic capacity and linguistic institutional barriers. In that regard, Mexico created a public office for the defence of the electoral rights of indigenous peoples and communities under the electoral tribunal of the federal judiciary (TEPJF) in 2016, to ensure that they had free access to the defence of their political and electoral rights. Similarly, various initiatives were led between 2013 and 2015 by the commission for the development of indigenous peoples, the TEPJF and the national electoral institute, to promote the political participation of indigenous women and their access to decision-making (Government of Mexico, 2018). The third area relates to the State's duty to consult and to cooperate in good faith with indigenous peoples through their representative institutions to obtain free, prior and informed consent. States must therefore reach agreements and decisions that guarantee the rights of indigenous peoples through consultation, by seeking mutual understanding and consensus in decision-making.

Colombia has considerable experience in this area. In 1996, the permanent committee for cooperation with indigenous peoples and organizations was created with the aim of establishing cooperation between indigenous organizations and the State on all the administrative and legislative decisions likely to affect these peoples, guaranteeing free, prior and informed consent, according to international rules and the rulings of the Constitutional Court on these matters (Government of Colombia, 2018). This involved the participation of five national associations including: Autoridades Indígenas de Colombia (AICO), Organización Nacional Indígena de Colombia (ONIC), Organización Nacional de los Pueblos Indígenas de la Amazonía Colombiana (OPIAC), Confederación Indígena Tayrona (CIT) and Autoridades Tradicionales Indígenas de Colombia-Gobierno Mayor. Moreover, some indigenous organizations in the regions group together several reserves or communities. The national report also mentions other forums for cooperation with indigenous peoples where concerted decisions are adopted, such as the national committee on work and education for indigenous peoples (CONTCEPI), the health subcommittee of the permanent committee for cooperation with indigenous peoples and organizations, the committee on the human rights of indigenous peoples, the Amazon regional committee, the committee for cooperation with the Awá people and the committee for dialogue and cooperation with the Wayúu people. As indicated in the national report, these cooperation committees have improved the processes of prior consultation for several legislative initiatives, from the national development plan, the victims and land restitution act, the land and rural development bill, the national agricultural census and the consultation process for the national population and housing census, to the decree laws for the implementation of the peace agreements. From July 2014 to date, the Government of Colombia has formalized 664 prior consultation agreements with indigenous peoples, including the national development plan and the victims and land restitution act and the respective regulatory decrees.

In 2015, Brazil decreed the establishment of a national council of indigenist policy (CNPI), a consultative body comprising 15 members with voting rights representing the executive power, 28 members representing indigenous peoples and organizations (of which 13 have voting rights) and 2 members with voting rights representing indigenist entities (Government of Brazil, 2017). There are also forums for dialogue between the government and indigenous people. For example, in 2012 an interministerial working group was created to promote dialogue with indigenous peoples and communities to define regulations for the procedures and modalities of free, prior and informed consultation, but an agreement has still not been reached. Meanwhile, various indigenous organizations are advancing in the development of consultation protocols and guides that are adapted to international standards (Government of Brazil, 2017). Costa Rica has Directive 042 on the building of a consultation mechanism for indigenous peoples issued by the executive branch of government in 2015, which is described as a mechanism to guarantee the right to participation and to safeguard the rights of indigenous peoples who may be affected by administrative or legislative decisions (Government of Costa Rica, 2017).

The model used by the Government of Guyana facilitates the participation of indigenous peoples in the political sphere to ensure their economic, social and cultural development. Their leaders, elected by their own communities, participate in the main national strategic, legislative and development forums. The country currently has four indigenous ministers, while 11.7% of the seats in the national parliament are occupied by indigenous people. Also, with a view to promoting self-government within indigenous communities, the Secretariat of the National Toshias Council receives financial assistance from the government to carry out its mandate effectively and to promote the interests of indigenous peoples. The indigenous leaders of the 215 communities present in the 10 administrative regions of Guyana meet every year, with financial support from the government, to discuss issues relating to the development and guarantee of indigenous rights with government ministers and other actors (Government of Guyana, 2018). In the Bolivarian Republic of Venezuela, indigenous communal councils that receive financing for development of their own economic and social projects were established in 2007. Also, eight indigenous representatives elected in accordance with ancestral principles and customs participate in the country's national constituent assembly (Government of the Bolivarian Republic of Venezuela, 2017).

In Guatemala, the technical teams of the Ministry of Energy and Mines were reinforced so that they can apply the principle of prior, free and informed consent, while methodological development to facilitate consultation was also strengthened (Government of Guatemala, 2017). In Mexico, the consultative council of the commission for the development of indigenous peoples (CDI) adopted a protocol for consultations with indigenous peoples and communities according to the standards of ILO Convention No. 169, to support the implementation of the right to consultation and participation of these groups, especially prior to the issuance of permits, concessions, licences or authorizations relating to their lands (Government of Mexico, 2018). In 2011, Peru passed a law on indigenous peoples' right to prior consultation and in 2012, it adopted the corresponding regulations, as well as other rules for application. Consultation by the State is mandatory. Between 2013 and 2017, 33 prior consultations were carried out with the participation of more than 30 indigenous groups in 1,000 indigenous areas (Government of Peru, 2018).

Other countries of the region have taken similar measures. Although considerable progress has been made, in practice, consultations have been carried out unevenly and in several cases have not followed the minimum standards, especially in cases of extractive, forestry and energy industry projects in indigenous territories, which has worsened conflict in the region (ECLAC, 2014). The different international mechanisms to promote and protect indigenous peoples' rights, including special rapporteurs, have established detailed recommendations and guidelines for the suitable implementation of the State's duty to consult with a view to respecting the free, prior and informed consent of indigenous peoples.

(b) Persistent inequalities and challenges of diversity

The inclusion of indigenous peoples in public agendas has improved their living conditions, which is reflected in empirical data for the 2000 decade. These show considerable progress in the countries of the region with respect to the reduction of infant and child mortality (see section 4 of this chapter) and the opportunities of access to the education system for indigenous boys, girls and young people, as well as the implementation of intercultural health and education programmes and progress in the development of systems for indigenous peoples specifically, such as the establishment of indigenous universities in several countries (ECLAC, 2014). According to census data from the 2000 and 2010 rounds, for example, there has been a significant rise in school attendance, an increase in the amount of time spent in the education system and a reduction in gender gaps among indigenous peoples. However, inequalities based on ethnicity remain. For example, the most disadvantaged areas with respect to education indicators tend to coincide with indigenous territories. In particular, gaps in access to and time spent in the education system among young people of different ethnicities remain very wide with respect to higher education, which is a serious obstacle to the personal development of young indigenous people and their communities (ECLAC, 2014).

The income poverty indicator provides a convincing summary of this situation. Fragmentary information, such as that presented in box III.6 in the case of Chile, shows that poverty reduction has also expanded to

indigenous groups. However, around 2016, and as shown in figure III.31, regardless of the poverty levels in each country, those among indigenous people remained systematically higher.¹³⁶ Brazil and Ecuador reflect the greatest inequalities, in both absolute and relative terms: the indigenous poverty rate was three times that of non-indigenous poverty in Brazil and slightly more than double in Ecuador, with differences of 25.9 and 29.6 percentage points, respectively. In relative terms, they were followed by the Plurinational State of Bolivia, Guatemala and Peru, in that order, as the most unequal countries, with indigenous poverty close to double the level of poverty seen among non-indigenous people. At the other end of the spectrum, Chile, Mexico and Nicaragua reflect the smallest relative gaps, although income poverty among indigenous peoples was roughly 40% higher than the level seen among the non-indigenous population. Moreover, in all the countries, the rates of extreme poverty were not just consistently higher among indigenous peoples, but they also represented a higher proportion of the respective total population.

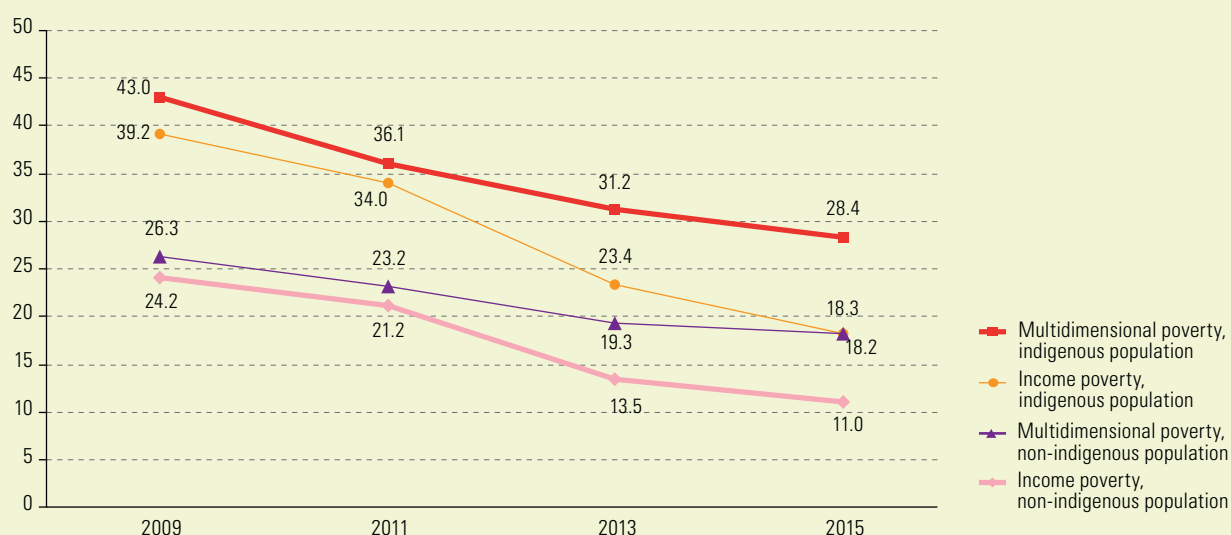
Box III.6

Poverty reduction in Chile: the importance of disaggregated indicators for indigenous peoples over time

The inclusion of questions on indigenous self-identification in continuous household surveys is fundamental to monitoring progress in various social and economic areas.

Chile: people living in income poverty and in multidimensional poverty, indigenous and non-indigenous populations, 2009-2015

(Percentages)



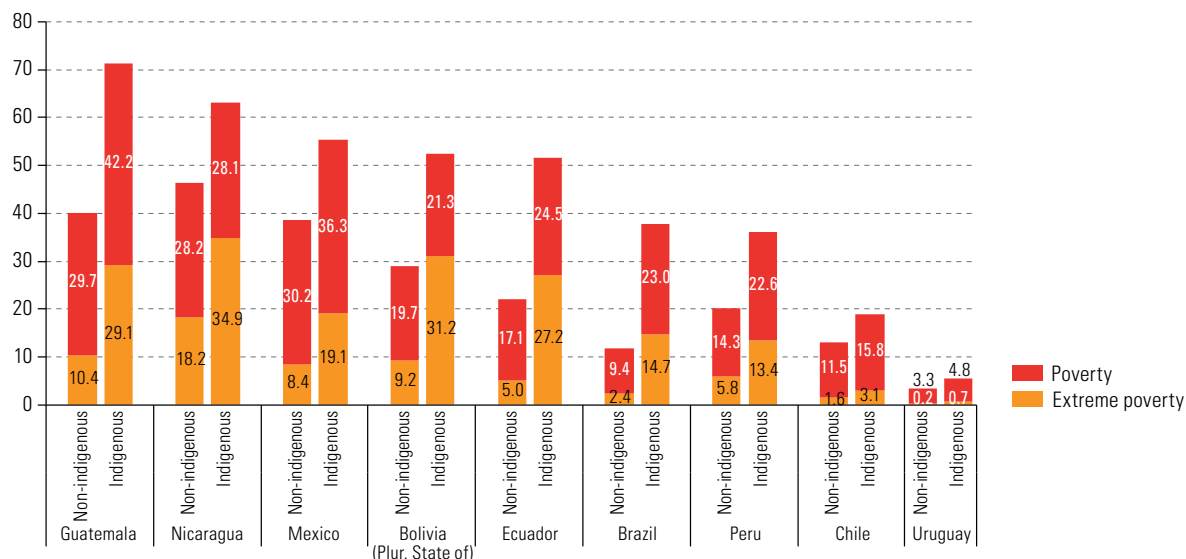
The figure shows that between 2009 and 2015, income poverty diminished by slightly more than half, among both indigenous and non-indigenous people. However, inequalities remained throughout the period and were 70% higher among indigenous peoples. Moreover, multidimensional poverty (which incorporates deficiencies in health, education, housing and employment and social security) was higher than income inequality, and despite considerable reductions, the gaps on the basis of ethnicity remained.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis the Ministry of Social Development of Chile, National Socioeconomic Survey (CASEN).

¹³⁶ The income poverty figures presented in figure III.31 are calculated by ECLAC with a comparable methodology. Hence, levels may differ from the national figures produced by the countries. Nevertheless, the figures included by the countries in their national reports reveal similar or even larger gaps on the basis of ethnicity.

Figure III.31

Latin America (9 countries): poverty rates among indigenous and non-indigenous populations, 2016
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys of the respective countries.

The reality of Caribbean countries with indigenous populations does not appear to be very different from that of Latin American countries. Suriname's report shows indigenous peoples suffering from inequalities in several areas, such as employment and health (Government of Suriname, 2018). In Guyana, a 2016 study on indigenous women and children by the Ministry of Indigenous Peoples' Affairs and the United Nations Children's Fund (UNICEF) revealed the conditions of profound inequality experienced by indigenous peoples in the country (see box III.7).

Box III.7

Inequalities in Guyana: the importance of information to convert knowledge into action

In 2016, the Ministry of Indigenous Peoples' Affairs of Guyana and the United Nations Children's Fund (UNICEF) carried out a study on indigenous women, boy and girls, which included 12 communities in nine administrative regions in the country. The study revealed that the poverty rate among indigenous peoples was double that of the non-indigenous population and in some cases, more than five times higher. These people also have more limited access to social services and suffer from the effects of environmental degradation and climate change on their health and well-being.

The results show that indigenous peoples' access to good-quality education, health and other social services remains inadequate owing to the lack of infrastructure and facilities like those available to people living along the coasts of Guyana. They demonstrate that inequalities based on ethnicity and territory are interwoven. The study also examined the situations of vulnerability and cultural, social, economic and other deficiencies faced by indigenous women, boys and girls, identifying institutional barriers and factors preventing them from exercising their rights.

According to the government of Guyana, the study is fundamental as the data gathered will contribute to the design and implementation of projects and programmes, especially those focused on the empowerment of indigenous women and the guarantee of their survival, participation in development and the protection of boys and girls. It is also essential for moving forward in the reduction of economic and social disparities between communities living in coastal areas and those living inland, which is urgently needed to promote inclusion and equality.

Source: Government of Guyana, *Guyana: Report on the Implementation of the Montevideo Consensus on Population and Development 2013-2018*, 2018.

It is now accepted that the poverty phenomenon is much broader than the lack or insufficiency of income, and although the measurement of multidimensional poverty incorporates other fundamental dimensions that affect the quality of life, it is not enough to quantify the well-being of indigenous people, which they conceptualize themselves. This paradigm includes key dimensions relating to land, territories and resources; free, prior and informed consent; access to mechanisms for justice and reparation; and participation and representation in decision-making. The region faces the challenge of advancing in the definition and operationalization of indicators that enable the measurement of well-being from the perspective of indigenous cosmovision. Nevertheless, disaggregation of indicators on the basis of ethnicity is a good tool to promote and evaluate States' performance with respect to human rights progressiveness.

3. Situation regarding territorial rights

A fundamental defining characteristic of indigenous peoples is their close and integral connection with their natural environment, which also includes specific spiritual constructs, ways of life and cosmovisions. For indigenous peoples, the relationship with the earth is not only economic, but also embodies their history, identity and culture. Therefore, the guarantee of their territorial rights is central and decisive for the fulfilment of other fundamental rights (hence the relevance of priority measure 88 of the Montevideo Consensus).

In Latin America, the recognition of indigenous peoples' territorial rights has shown significant progress in recent decades, owing mainly to pressure from indigenous groups, their struggle, and evolving international standards. This progress has materialized above all in the restitution, titling and demarcation of land under different legal mechanisms, at different speeds and depending on the characteristics and specificities of each country (ECLAC, 2014; Del Popolo, 2018).¹³⁷ While land restitution and titling are well under way in Brazil, Chile, Colombia, Costa Rica, Nicaragua, Panama and the Plurinational State of Bolivia, they are not as advanced in other countries. For example, Suriname reported that in 2016 a participatory mechanism was established for indigenous peoples and other tribal peoples in the Presidential Commission, with the specific aim of making proposals on the right to land. This Presidential Commission presented its proposals in August 2017 in a road map for the legal recognition of the land rights of indigenous and tribal peoples, and in January 2018 the Council of Ministers adopted the plan and budget for implementation in the coming months (Government of Suriname, 2018).

Titling and demarcation continue, although in some countries progress has slowed and in all of them this is only a first step. As indicated in the national report for Brazil, there is a need to promote, protect and guarantee the integrity of indigenous territories, including the sustainable use of natural resources and the improvement of living conditions, sociocultural reproduction and autonomy for indigenous peoples. The country launched a national policy for environmental and territorial management of indigenous lands (PNGATI) in 2012.¹³⁸ In 2016, as part of that policy, the government launched an integrated plan for the implementation of PNGATI (PII PNGATI) that various government institutions and indigenous organizations are responsible for implementing comprehensively between 2016 and 2019. This plan was prepared by the managing committee in charge of the policy, which comprises equal numbers of representatives of government and of indigenous peoples. Also, many ethnodevelopment activities were carried out between 2012 and 2015: 40% related to agriculture, 14% to natural resource extraction, 12% to fishing, and the rest to training and experience sharing, including cooperation among indigenous peoples (Government of Brazil, 2017).

In Colombia, there are currently 719 legally established indigenous reserves in 29 departments in the country. Indigenous reserves receive a percentage of the resources of the general participation system of

¹³⁷ The right to territory ties in to the right to communal property, which entails the right to titling and demarcation and the right to restitution, compensation and indemnification.

¹³⁸ This policy is structured around seven pillars: (i) protection of land and natural resources; (ii) indigenous governance and participation; (iii) protected areas, conservation units and indigenous lands; (iv) prevention of and recovery from environmental damage; (v) sustainable use of natural resources and indigenous production initiatives; (vi) intellectual property and genetic heritage, and (vii) training, sharing and education.

the national budget through transfers proportional to their population. In these territories, indigenous people establish their own political, social and legal organization. By constitutional mandate, their authorities are recognized as State authorities with a special status, and in legal matters special indigenous jurisdiction is recognized (Government of Colombia, 2018). In Guyana, the Amerindian Development Fund provides financial support for the socioeconomic development of indigenous communities, whose initiatives are implemented according to their own community development plans (Government of Guyana, 2018).

Although progress has been made, State efforts have still not met the international standards for territorial rights defined by the United Nations and the OAS, particularly those referring to access to and control over natural resources (ECLAC, 2014). One example of this is the increase in conflicts relating to control over and use of natural resources. Expansion of the primary and export sectors in the region has had serious environmental impacts, involved reclassification of spaces and been detrimental to the rights, interests, territories and resources of indigenous peoples (ECLAC, 2014; United Nations, 2018a).

In 2009-2013, there were more than 200 conflicts in indigenous territories linked only to hydrocarbons and mining (ECLAC, 2014). Broadly speaking, the problems were as follows: conflicts deriving from inadequate or non-existent legal safeguards for indigenous peoples' rights to their lands, waters, natural resources, biodiversity and territory; impacts on sacred sites of indigenous peoples; inadequate or non-existent independent assessments of the environmental, social, economic and territorial impacts of extractive projects; non-compliance of the State in its duty to consult indigenous peoples and to put in place safeguards and measures to protect their rights before awarding concessions or authorizing extractive projects; exclusion of indigenous peoples from sharing the benefits of exploitation of resources in their territories, and criminalization of indigenous social protest against investment projects that have an impact on their rights and territories (ECLAC, 2014).¹³⁹ Since 2013, Victoria Tauli-Corpuz, Special Rapporteur on the rights of indigenous peoples, has carried out missions in Brazil (2016), El Salvador (2013), Honduras (2016), Panama (2014), Paraguay (2015) and Peru (2014). In all cases she highlighted the lack of protection of indigenous peoples with respect to their lands, territories and resources which are vital to their survival and dignity, leading to conflicts and human rights violations.¹⁴⁰ She also called on States to treat these situations as emergencies.

Unfortunately, the region has seen an increase in the criminalization of the struggles of indigenous people to defend their territories and a militarization of these territories in response to these struggles, with devastating effects on indigenous women, boys and girls (ECLAC, 2014). There are also other factors that complicate the conflict scenarios, increasing the vulnerability of these communities. Two of these factors are environmental pollution and degradation, which pose a serious threat to many groups who often live on marginal lands and in fragile ecosystems. Indigenous peoples are, moreover, the first to experience the direct consequences of climate change owing to their dependence on the environment and its resources, which not only affects their own survival, but also erodes their cultures and traditional governance structures.

The new reality of growth in the extractive industries offers opportunities but also poses risks and challenges for indigenous peoples and the countries of the region. As a result, one of the main challenges is integrating the rights of indigenous peoples into a new natural resource governance model. Although in the past decade indigenous people have become more empowered in the defence and protection of their territories, these processes must be strengthened through the development of economic models for sustainable territorial management, to offer governments concrete proposals that can serve as viable and beneficial alternatives for these people and for society as a whole.

¹³⁹ The national report of Guatemala says that according to civil society, the country "does not have specific units or protocols that consider the territorial rights of indigenous peoples in the implementation of extractive projects or other investments at the global level, and as a result approximately 90% of territorial conflicts are caused by the failure to consult indigenous people on the use of their territories. There is also a lack of awareness of the Environmental Protection Act or the environmental impact of extractive projects" (Government of Guatemala, 2017).

¹⁴⁰ See the country reports prepared by the Special Rapporteur on the rights of indigenous peoples, on the basis of national missions [online] <http://www.ohchr.org/SP/Issues/IPeoples/SRIIndigenousPeoples/Pages/CountryReports.aspx>.

4. The right to health and a life free from violence

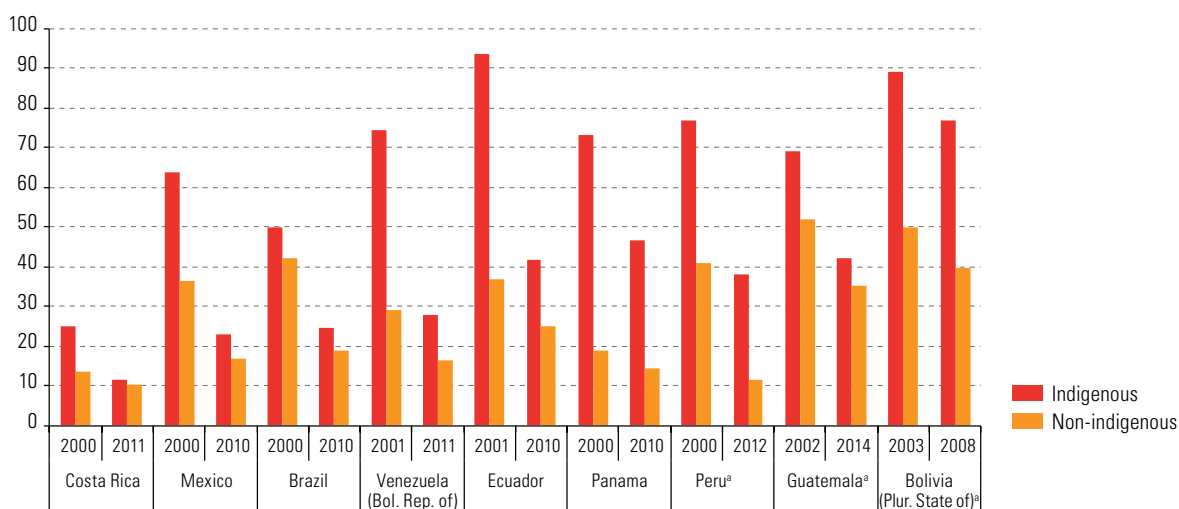
Priority measures 87 and 89 of the Montevideo Consensus refer to the right to health and to a life free from violence. For indigenous peoples, well-being and health are equivalent to harmonious coexistence between human beings and nature, among themselves and with other beings, in the quest to live well. The indigenous concept of health combines physical, mental, spiritual and emotional elements, from the point of view of individuals and of communities, and involves political, economic, social and cultural components. Hence, the right to health of indigenous peoples must be understood in the individual and the collective dimensions, and is clearly dependent on the fulfilment of other fundamental rights, particularly territorial rights.

In the past few decades, countries have made considerable progress in the design and implementation of intercultural health policies and programmes and 16 countries of the region already have some State institutions in place with the specific mandate of managing intercultural health. This has helped to improve access to and cultural accessibility of health services, mainly in sexual and reproductive health. The biggest progress in the region has been seen in indigenous children and women. Many initiatives have involved varying degrees of participation of indigenous peoples, with the support of the United Nations and other cooperation agencies.

The censuses for the 2000 and 2010 decades and demographic and health surveys revealed that the reduction in infant and child mortality in these periods was also significant among indigenous populations. As shown in figure III.32, in the Bolivarian Republic of Venezuela, Brazil, Costa Rica, Ecuador, Mexico and Peru, mortality rates for indigenous children were more than halved in the 2010 decade. Rates also diminished, albeit to a lesser extent, in Guatemala, Panama and the Plurinational State of Bolivia. In addition, inequalities on the basis of ethnicity decreased in six of the nine countries examined: the Bolivarian Republic of Venezuela, Costa Rica, Ecuador, Guatemala, Mexico and Panama. Nonetheless, gaps remain in all countries for which data are available, even when controlling for area of residence (urban or rural) or for the education level of the mothers (Del Popolo, 2018). The greatest inequalities are seen in Panama and Peru, where indigenous child mortality is three times as high as the rate among non-indigenous children, while in the Plurinational State of Bolivia, indigenous child mortality is twice as high as that among non-indigenous children. Figure III.32 also shows mixed trends across the region. The situation is the most dramatic in the Plurinational State of Bolivia, where for every 1,000 live births, approximately 77 indigenous girls and boys died before the age of five. In the 2014-2015 biennium, the rate in Guatemala was similar to that seen in Ecuador in 2010. Costa Rica recorded the lowest levels of indigenous child mortality, as well as greater equality compared with levels seen among the non-indigenous population.

Figure III.32

Latin America (9 countries): infant and child mortality among indigenous and non-indigenous populations
(Per 1,000 live births)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, indirect estimates on the basis of population and housing censuses and demographic and health surveys.

^a Figures from demographic and health surveys.

Meanwhile, in spite of incomplete data, some local studies have revealed a higher incidence among indigenous people of diseases that are markers of inequality, such as tuberculosis. Other concerns are chronic diseases (such as cancer), resulting from environmental pollution and extractive industries, and mental health problems that affect mainly indigenous young people, for example high suicide rates among this population in several countries in the region (ECLAC, 2014). The interweaving of inequalities on the basis of ethnicity and gender is more evident in the areas of sexual and reproductive rights and the eradication of violence, to the detriment of indigenous women, boys and girls, with an impact on their fundamental right to life. It is manifested, for example, in higher maternal mortality and a greater incidence of cervical cancer, unwanted pregnancies and sexual abuse deriving from structural violence.

Some estimates based on different information sources clearly warn of the higher risk of maternal mortality among indigenous women. The 2012 census in the Plurinational State of Bolivia revealed maternal mortality rates of 372.8 and 650.5 for every 100,000 live births for the general female population and the indigenous female population, respectively. This means that an indigenous woman is almost twice as likely to die during pregnancy, childbirth or puerperium as an average Bolivian woman. According to vital statistics for 2010-2013, the maternal mortality rate for indigenous women was five times or twice the level seen among non-indigenous women in Colombia and Ecuador, respectively. On average, over the period, Colombia recorded 277.7 indigenous maternal deaths for every 100,000 live births, compared with 56.7 deaths of non-indigenous mothers, while in Ecuador indigenous maternal mortality stood at 137.7 deaths per 100,000 live births, compared with 56.9 deaths among non-indigenous mothers. Moreover, some estimates from a territorial perspective show the highest levels of indigenous maternal mortality in Honduras, Mexico, Guatemala and Peru (Del Popolo, 2018), as well as Panama, with very worrying figures in indigenous areas (see box III.8). These enormous inequalities involve various factors relating to public health and social justice linked to the poverty, exclusion and marginalization of indigenous women and peoples. This is undoubtedly an urgent matter to be addressed by States in the region.

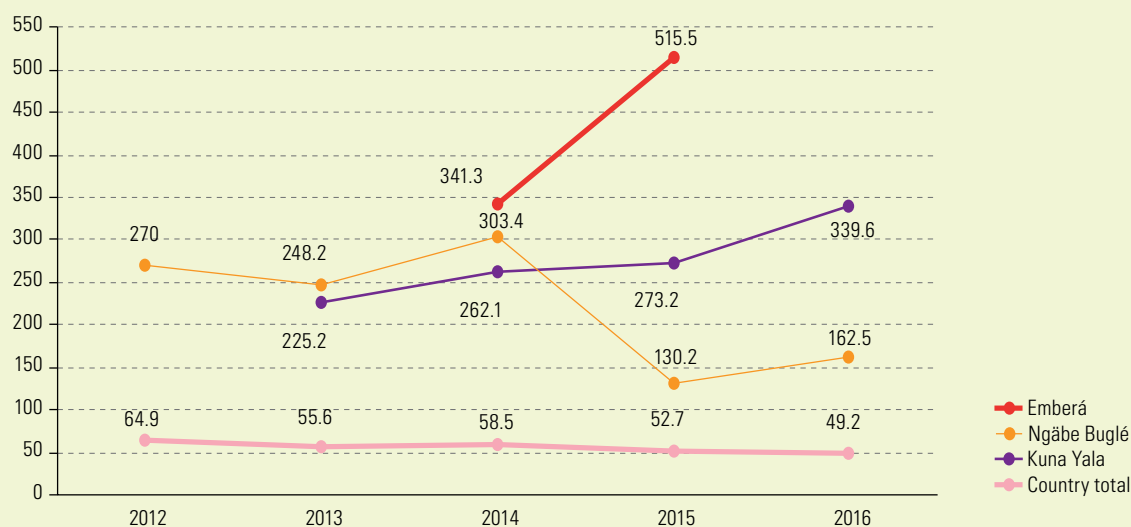
It is worth noting that during the 2000 decade, there was also a sharp increase in the births attended by skilled health professionals for indigenous women (this indicator is inversely correlated with maternal mortality). Nonetheless, the available data show that professional care during childbirth continues to be systematically lower in the case of indigenous women. Of the countries with data around 2010 from demography and health surveys, the Plurinational State of Bolivia (2008) and Guatemala (2014-2015) have the lowest coverage (66.1% and 50.2%, respectively). In Guatemala midwives are extremely important, since they attend 42.9% of all births, and in the Plurinational State of Bolivia and Ecuador community and family play a key role (they attend 28% and 35% of births, respectively). These situations also occur in the other countries, although to a lesser extent. However, progress has been observed in all countries for which time series data are available. Significant advances in the proportion of professionally attended births among indigenous women have been verified, especially in Colombia, Mexico, Paraguay and Peru, countries where the rate is around 80% (ECLAC, 2014). Nonetheless, in all the countries with available data, gaps continue to reflect indigenous women at a disadvantage.

Prenatal, birth and post-partum care is an area in which intercultural health has been widely promoted, beginning with the pioneering experiences in Guatemala and Mexico, which have incorporated practices and practitioners of indigenous traditional medicine, which would be reflected in the increase in coverage. However, detailed studies are needed on how these health models should be implemented in contexts marked by racism and institutional discrimination, marginalization and material poverty, and in particular, on the impact of these factors on the reduction of the maternal mortality rate among indigenous women and the lives of these women. It should be noted that intercultural care models are not widely established in all the countries and in many cases do not follow accepted standards (for example, midwives are subordinated to the health-care team). Meanwhile, several studies and assessments, some deriving from indigenous women's organizations, continue to reveal the poor quality of services, in addition to discriminatory practices and the lack of cultural adaptation.

Box III.8**Indigenous maternal mortality in Panama**

Figures from the National Institute of Statistics and Censuses (INEC) of Panama show that maternal deaths declined by 24% between 2012 and 2016, from 64.9 to 49.2 maternal deaths per 100,000 live births. However, figures for indigenous areas are alarming: in Emberá they are ten times higher than the national average, in Kuna Yala they are seven times higher and in Ngäbe Buglé they are three times higher. Ngäbe Buglé was the only area to record a decline (of 40%) in the period under review. During the 2000 decade a programme was carried out in that area to reduce maternal mortality on the basis of an intercultural approach (UNFPA, 2012).

Panama: maternal mortality ratio, country total and indigenous areas, 2012-2016
(For every 1,000 live births)



The 2015-2019 strategic government plan entitled "Un solo país" included short-term initiatives to guarantee universal access to health, with an emphasis on indigenous areas. Also, national health programmes, particularly those relating to sexual and reproductive health, clearly incorporate care in indigenous areas. In addition, one of the priority lines of action of the Vice-Ministry of Indigenous Affairs is ensuring that all indigenous areas have their own regional health offices, adapted to the needs of each one. On the basis of the intercultural experience in Ngäbe Buglé, measures are being expanded to reduce maternal mortality.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of figures from the National Statistics and Census Institute (INEC) of Panama [online] <https://www.contraloria.gob.pa/INEC/archivos/P8331Cuadro%20221-03.pdf>; United Nations Population Fund (UNFPA), *Programa de reducción de la mortalidad materna Comarca Ngäbe Buglé (2001-2011). Una sistematización de las experiencias*, 2012 [online] http://panama.unfpa.org/sites/default/files/pub-pdf/documento%20finalSISTEMATIZACIONCOMARCAGNOBEBUGLE_2.pdf and Government of Panama, "Primer informe nacional de avances en la implementación del Consenso de Montevideo sobre Población y Desarrollo", Panama City, October 2017 [online] https://crpd.cepal.org/1e/sites/crpd1e/files/primer_informe_panama.pdf.

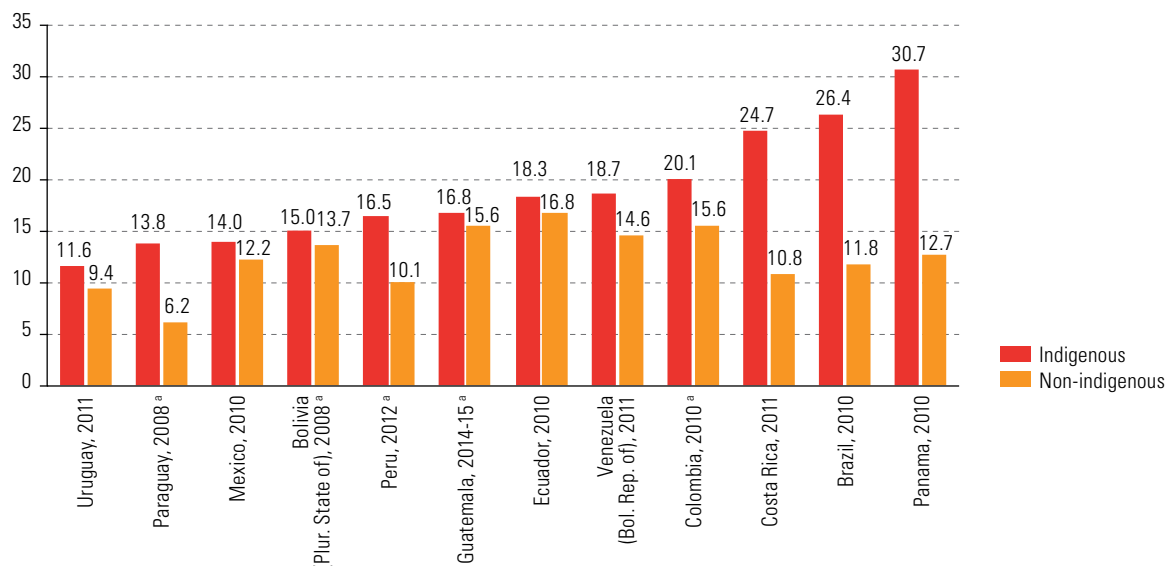
In addition, a series of conditional cash transfer programmes have been implemented in recent decades, with conditions including institutional prenatal, birth and post-partum care. Notwithstanding the critiques that have been directed at these programmes, their effects could be limited to the short term and there is a real risk of setbacks in the region unless intercultural health care models are properly promoted and implemented. For this reason, timely disaggregated data on indigenous women and people, which would allow follow-up of these matters, is urgently needed.

The available estimates referring to the prevalence of contraceptive use in the 2000 decade show an increase among indigenous women, which is linked to a decline in the unmet demand for family planning services, and although gaps between indigenous and non-indigenous women remain, they have narrowed (ECLAC, 2014). Again, updated information on this subject is scarce, even in countries where demographic and health surveys include questions on indigenous identity, as published data is not regularly disaggregated. The only exception is Guatemala, where between 2008 and the 2014-2015 biennium, the prevalence of contraceptive use increased by 30% among indigenous women (from 40.2% of users to 52.3%), while the rate among non-indigenous women rose by just 7.4% (from 63.3% of users to 68%). Therefore, although gaps on the basis of ethnicity remained, they diminished in that period.

Adolescent pregnancy is another reflection of gaps in the implementation of measures to guarantee sexual and reproductive rights. Censuses for the 2000 and 2010 decades, along with demographic and health survey data, show that adolescent pregnancy among indigenous women has fallen in most countries of the region (ECLAC, 2014). However, these indicators reveal persisting inequalities to the detriment of young indigenous women in all countries (see figure III.33). The figure representing young indigenous women who are already mothers ranges from 11.6% in Uruguay to 30.7% in Panama. The largest relative differences are seen in Brazil, Costa Rica, Panama and Paraguay, where maternity rates among young indigenous women are more than double those seen among their non-indigenous counterparts. Although these patterns are influenced by cultural factors and the figures must be analysed in each territorial context, recent surveys in six countries in the region show that the percentage of unwanted pregnancies is much higher among indigenous women than among non-indigenous women (Del Popolo, 2018).

Figure III.33

Latin America (12 countries): young women aged 15-19 who are mothers, around 2010
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Los pueblos indígenas en América Latina: avances en el último decenio y retos pendientes para la garantía de sus derechos* (LC/L.3902), Santiago, 2016; National Institute of Statistics (INE), *Informe final: VI Encuesta Nacional de Salud Materno Infantil 2014-2015*, Guatemala, 2017.

^a Figures from demographic and health surveys (the rest are derived from population censuses).

Another urgent matter for the region is addressing and eliminating the different forms of violence that affect indigenous peoples. These groups have been and continue to be particularly affected by violence, including armed conflict, militarization of their territories, uprooting, prohibition of cultural practices, violence inflicted by State institutions, criminalization, forced displacement, racism and structural discrimination. These phenomena have a particularly devastating impact on indigenous women, boys and girls. Institutional violence has been

recorded on numerous occasions and in most countries of the region. The occupation of territory by police forces results in these people becoming victims of harassment and repression, and there have even been cases of criminal punishment of minors, in violation of international commitments assumed by the States in the area of children's rights.

Against this backdrop, gender violence affecting indigenous women is defined by both gender discrimination in communities, where patriarchal values also prevail, and a scenario of colonization and militarism, racism and social exclusion, and economic and "development" policies that increase poverty in their territories. These phenomena interact and influence each other, as do the different aspects of identity that define the experiences of violence faced by women and their resistance strategies. The methodologies designed and implemented by indigenous women themselves shed light on the power relationships within and outside communities, using principles of cosmivision, but also questioning the elements of it that generate violence, in addition to external factors. This facilitates a greater level of sensitivity, knowledge and ownership of the themes to be explored further. Therefore, to address violence against indigenous women, boys and girls, organizations are proposing a holistic approach that implies examining violence that is structural, spiritual and against the Earth. The policy challenges, including the availability of data to shed light on these subjects, are enormous.

(a) Summary of initiatives implemented by countries

ECLAC (2007) has proposed five dimensions of the minimum standard for indigenous peoples' rights and their rights in the area of health: (i) right to access health care without discrimination; (ii) right to the highest level of physical and mental health through adequate and high-quality access; (iii) right to use an indigenous language, to apply the concept of integral health and well-being, to the use, strengthening and control of traditional medicine; (iv) right to conserve plants, animals, minerals and territorial spaces of vital interest for the health-illness-healing process, and (v) right to participate in the design, responsibility and social control (resources) of health programmes and policies. Under this framework most countries in the region have developed legislation and policies which reflect different approaches, areas of emphasis, and specific features, which range from the recognition of the right to health as an individual good, mentioning indigenous peoples as priority groups, to the recognition and promotion of collective rights and traditional medicines. According to national reports, several countries in the region (the Bolivarian Republic of Venezuela, Brazil, Colombia, Chile, Guatemala, Mexico, Panama and Peru) have continued developing their intercultural health models and making progress in the collective dimension of the right to health of indigenous peoples.

Brazil has a national health-care policy for indigenous peoples, which incorporates comprehensive initiatives for indigenous health, including traditional indigenous practices. During the period examined, measures involving sanitation and infrastructure in indigenous territories were expanded and initiatives were taken to strengthen indigenous communities' participation in and control over health-care management (Government of Brazil, 2017). Some health indicators reported by that country include indigenous child mortality, which decreased considerably, from 43.5 deaths of children under the age of one for every 1,000 live births in 2013 to 29.5 deaths per 1,000 live births in 2016. The annual parasite incidence of malaria in the 25 special indigenous health districts of the Legal Amazon also diminished, from 79 positive malaria tests for every 1,000 inhabitants in 2014 to 49.78 positive tests for every 1,000 inhabitants in 2016. The nutrition gap in indigenous children under the age of five narrowed from 8.8% in 2014 to 7.7% in 2016. However, there was an increase in the proportion of underweight pregnant indigenous women and a decline in the percentage of villages with access to water treatment (Government of Brazil, 2017).

Chile has continued mainstreaming the intercultural perspective in health programmes in different areas and examining the morbidity and mortality profiles of indigenous peoples. The country has also made progress in the participation of indigenous peoples in developing health-related initiatives (see box III.9). In 2013 Colombia created a health subcommittee of the permanent committee for cooperation with indigenous peoples and organizations, which is responsible for health-care policies targeting indigenous peoples and involves the participation of the indigenous community and authorities in the different decision-making bodies.

The subcommittee is working on building an indigenous and intercultural health-care system (SISPI), with a comprehensive model adapted to cultural differences that includes traditional indigenous medicine and is managed by traditional authorities. Moreover, to make progress in guaranteeing indigenous peoples' right to health and as part of the process to consolidate SISPI, in 2017 the Ministry of Health established a special authorization system for health promotion agencies "that incorporates all of the requirements and procedures that determine the administrative, scientific, technical, cultural and financial conditions to guarantee access to health services with a differential approach to enrollees, addressing the sociocultural and geographic specificities of indigenous peoples" (Government of Colombia, 2018).

Box III.9

Inclusion of indigenous peoples' right to health: Chile

In the past decade, Chile has broadened its initiatives to guarantee the rights of indigenous peoples through different models adapted to their social, territorial and cultural realities. Many of these initiatives emerged from the local arena, through demands made by indigenous communities, and were expanded and consolidated in the country's institutional framework (ECLAC, 2007 and 2014). Against this backdrop, support was provided for intercultural humanized childbirth in line with the specific cosmovisions of different indigenous peoples, particularly of Aymara, Quechua and Mapuche women. Similarly, in response to a historical demand of indigenous women, national regulations were changed to allow these women to keep the placenta after childbirth; the related general technical rule established by the Ministry of Health was adopted in 2017.^a

Technical guidelines and recommendations on mental health care for indigenous peoples were also developed and authorities strengthened programmes to eliminate tuberculosis, including the intercultural perspective with an emphasis on areas where indigenous people were affected. As a result, there were no deaths from tuberculosis in two of the selected regions in 2017. Since 2015, the national programme for the prevention and control of HIV/AIDS has been developing participatory processes through the creation of a committee of indigenous peoples, comprising organizations representing 20 communities of the nine indigenous groups in the country. Also worthy of note is the indigenous chiefs reparation programme (PRI-Lonkos) emanating from a decision by the Inter-American Court of Human Rights, which in 2017 received financial resources for the local health-care plan.

In 2016, the special health-care programme for indigenous peoples (PESPI) received funding that allowed it to strengthen equity, interculturalism and participation in health care for indigenous peoples and to broaden its coverage. Thus, in 2017, health-services coverage in the country expanded to 100%. Meanwhile, the Ministry of Social Development promoted 22 projects to strengthen indigenous traditional medicine, which involved the participation of 200 practitioners of ancestral medicine and 60 students of intercultural health programmes. At the regional level, the Plan de Araucanía promotes the development of indigenous traditional medicine, and in 2016 it recorded close to 100,000 cases of Mapuche health care, provided by practitioners of indigenous medicine (machi, dungunmachife, püñeñelcheffe, ngütamcheffe, ngülam and wül lawenün).^b

Lastly, there has been a strengthening of mechanisms to ensure the participation of indigenous peoples in the health-care system, for example in the formulation of laws and regulations, including the rule that establishes "the right of indigenous peoples to receive culturally relevant health care", and in the development of the health-care agenda that groups together the priority issues to work on with indigenous peoples in the short, medium and long term.

Source: Government of Chile, "Informe de avance del Gobierno de Chile para la implementación y el seguimiento del Consenso de Montevideo sobre Población y Desarrollo 2014-2017", document prepared for the special meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 7-9 November 2017 [online] <https://crpd.cepal.org/1e/sites/crpd1e/files/presentations/chile-consenso.pdf>.

^a The general technical rule to return the placenta to mothers after childbirth, adopted in Chile under Exemption Decree No. 208 (June 2017) of the Ministry of Health, established the safety conditions and clinical and administrative procedures to do so in public and private health-care clinics, and provides instruction at the local level on responsibility in the development of protocols for this process.

^b Mapuche people who are recognized in their community for their ancestral knowledge on health and spirituality, and whose work is associated with restoring the balance and health of the members of their community.

Guatemala has established a comprehensive community-based health-care model (MISPA) and a national policy for midwives of the country's four indigenous peoples, which incorporate fundamental elements of the cosmogonic principles of indigenous peoples, accepting, *inter alia*, their own forms of health care, the recognition of midwives by the Ministry of Health so that they can accompany women in institutional delivery and the use of ancestral procedures and medicines for pre- and post-natal care. Mexico launched a 2013-2018 programme of action to promote the health of indigenous peoples with a focus on human rights, gender equality, social determinants and cultural and linguistic relevance. The country also adopted a strategy for sexual and reproductive health care in indigenous communities, which aims to reduce unplanned and unwanted pregnancies (particularly among the adolescent population), and to prevent sexually transmitted infections, including HIV/AIDS. This strategy has been rolled out in 32 health districts, 93 municipalities and 201 towns of 11 federal entities. There are 4,188 youth volunteers in these regions who carry out promotion and information campaigns to empower the population in free, voluntary and informed decision-making with respect to their sexual and reproductive life (Government of Mexico, 2018).

In 2016, Peru established a sectoral intercultural health policy to guarantee the right to health of indigenous, Andean, Amazon and Afro-Peruvian peoples. The Ministry of Health also implements a health-care strategy for indigenous peoples, and there are other programmes that explicitly include or focus on indigenous peoples, such as: a national sexual and reproductive health-care strategy, which has established specific rules for the cultural adaptation of services, and a project to expand the national HIV response in key and vulnerable populations in urban and Amazon areas in Peru, which prioritizes territories inhabited by indigenous communities and includes intercultural dialogue in its initiatives.

Empowerment is essential to counter violence against indigenous women, upholding practices and beliefs that they regard as positive and challenging those that they deem harmful. Several initiatives that follow this logic are under way in the region, such as the Casas de la Mujer Indígena in Mexico: to date, there are 31 women's shelters in 16 federal entities that provide health care and address violence against women (Government of Mexico, 2018 and ECLAC 2013a and 2014). The strengthening of indigenous women's leadership has boosted the inclusion of violence in their organizational agendas and their policy advocacy in this area, as seen in Ecuador, where the agenda of the indigenous women's organization is one of the priorities of justice system reform; in the Plurinational State of Bolivia, where indigenous women have negotiated agreements guaranteeing participation in political affairs and in justice oversight committees at the municipal level; and on the border between Brazil and Paraguay, where indigenous women and girls have been empowered to document and report violations of their rights, including trafficking (ECLAC, 2013a and 2014). Guatemala has established an office for the defence of indigenous women, with the specific aim of defending and promoting the full exercise of indigenous women's rights to eradicate all forms of violence and discrimination against these women. Moreover, that country's national report mentions crime prevention programmes run by a community-based violence prevention unit, which focuses on gender equality and multiculturalism, models of care for women who are survivors of violence and the strengthening of public prosecutors' offices specializing in the investigation of crimes against women, particularly indigenous women (Government of Guatemala, 2017).

All these efforts are expected to have a significant impact on the well-being of indigenous peoples, women, boys and girls, which should be reflected in results indicators. Hence, statistical systems, particularly registration systems, must be strengthened to allow disaggregation of data for indigenous peoples along with sex and age, as minimum disaggregation variables.

5. Progress in indigenous peoples' right to information

The right to information is so fundamental to the exercise of other rights that it has become, along with access to participation, justice and equality, a cross-cutting indicator of progress towards State enforcement of social, economic and cultural rights. Hence, priority measure 90 of the Montevideo Consensus refers to the right to information of indigenous peoples. Both ILO Convention No. 169 and the United Nations Declaration on the Rights of Indigenous Peoples contain specific articles on this subject. There are also other international and regional agreements that reinforce the need for timely and good-quality information for indigenous peoples, with a gender, generational and territorial perspective.

In terms of demographic and socioeconomic information, intense efforts have been made in the region to improve the availability and quality of data on indigenous peoples, especially, and across the board, in population and housing censuses, compared to a slower and more timid pace in other data sources. Asking indigenous self-identification questions is the first step towards being able to disaggregate information. As shown in table III.8, all Latin American countries with an indigenous population (17 countries) include related questions. The situation is not nearly as encouraging when it comes to other data sources. In the case of employment, income and living condition surveys, aside from the modalities applied in each case, only 10 countries made at least one request for self-identification information from indigenous peoples in this decade, and only 11 did so in demography and health surveys. Agricultural censuses in some countries identify whether a producing unit belongs to an indigenous community or territory, while others include questions on indigenous self-identification of the producer and household members, and some do both. Regardless of the modality, in this case the number of countries is reduced to seven, as is the case with vital statistics, if records of deaths and births are considered together.

Table III.8

Latin America (17 countries): inclusion of indigenous (self-)identification in censuses, household surveys and vital statistics

Country	Indigenous self-identification					
	Population and housing censuses (last two)	Agricultural censuses	Demographic and Health Surveys and Multiple Indicator Cluster Surveys (around 2010 and latest available)	Household surveys (employment, income and the like) (around 2010 and latest available)	Vital statistics ^d	
					Deaths	Births
Argentina	2001, 2010					
Bolivia (Plurinational State of)	2001, 2012	2013	2008	2011, 2015		
Brazil	2000, 2010		2006	2011, 2015	X	
Chile	2002, 2017	2007		2011, 2015		
Colombia	2005, 2018	2014	2010, 2015	2007, 2015	X	X
Costa Rica	2000, 2011	2014	2011	b		
Ecuador	2001, 2010		2012	2010, 2015	X	X
El Salvador	2007		2014	b		
Guatemala	2002, 2018		2008-2009, 2014-2015	2010, 2016	X	X
Honduras	2001, 2013		2011-2012	b	X	
Mexico	2000, 2010	2007	2009, 2014	2010, 2014	e	X
Nicaragua	2005	2011	2011	b	X	X
Panama	2000, 2010		2009, 2013	2015		
Paraguay	2002, 2012		a	c	X	X
Peru	2017	2012	a	2012, 2016 ^c		
Uruguay	2011		2013	2010, 2016	X	X
Venezuela (Bolivarian Republic of)	2001, 2011		2010		X	X

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of F. Del Popolo and S. Schkolnik, "Pueblos indígenas y afrodescendientes en los censos 2010 de América Latina: avances y desafíos en el derecho a la información", Notas de Población, No. 97 (LC/G.2598-P), Santiago, ECLAC, 2013; ECLAC, Los pueblos indígenas en América Latina: avances en el último decenio y retos pendientes para la garantía de sus derechos (LC/L.3902), Santiago, 2014; and L. Márquez, A. Plana and M. C. Villarroel, "Mortalidad materna en pueblos indígenas y fuentes de datos: alcances y desafíos para su medición en países de América Latina", Population and Development series, No. 118 (LC/TS.2017/68), Santiago, ECLAC, 2017.

^a These countries include questions on indigenous languages: Paraguay (national demographic and sexual and reproductive health survey, 2008; multiple indicator cluster survey (MICS), 2016); Peru (2012 and 2016).

^b These countries have included indigenous self-identification in household surveys on at least one occasion in the 2000 decade: Costa Rica (2002), El Salvador (2006), Honduras (2004) and Nicaragua (2005).

^c Between 2000 and 2016, Paraguay and Peru included questions on indigenous languages in their permanent household surveys.

^d Self-identification is not applicable. With respect to deaths, respondents declare the ethnicity of the deceased. With respect to births in Colombia and Paraguay, parents declare the ethnicity of newborns; in the Bolivarian Republic of Venezuela, Ecuador, Guatemala, Mexico, Nicaragua and Uruguay, ethnicity is based on the self-identification of the newborns' mothers.

^e In Mexico, a question on the indigenous language spoken by the deceased person is included.

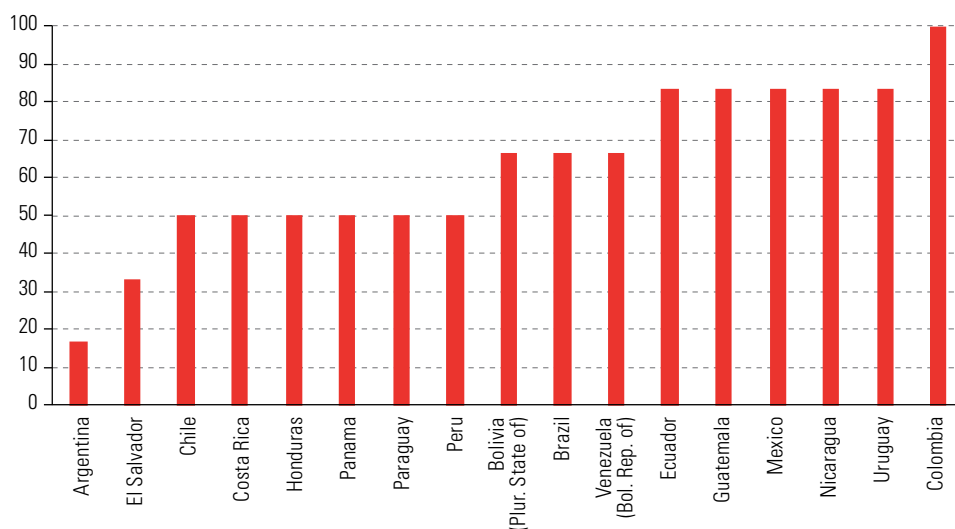
The national experiences of including indigenous identification in health-care information systems are an important step towards other continuous records. It is also important to continue strengthening and consolidating gains, as in the case of Colombia and Ecuador (ECLAC, 2014). In Chile, the inclusion of indigenous identification in health records began at the local level, in regions inhabited by indigenous peoples, and later expanded to hospital admissions at the national level (although results in data recording have not been good). Hence, the Ministry of Health has implemented various strategies to expand and improve the completeness and quality of data. In 2016, regulations were updated to make it mandatory to include a question on indigenous identity, and ensure that it was incorporated into all health forms and statistical records. Moreover, guidelines were prepared and initiatives were taken for accurate recording of responses to this question (Government of Chile, 2017).

There are some limitations to be addressed in surveys: even when self-identification questions are included, the information does not tend to be disaggregated and disseminated. This stems in part from the fact that the sample sizes are not often revised to be “representative” of the indigenous groups. Moreover, the inclusion of these questions has not been systematic in all countries, which means that the indicators cannot be calculated over time. If all data sources are reviewed, in several cases the way in which indigenous identification questions were asked differs according to the sources, which compromises the comparability of the information.

This picture is incomplete when considering that indicator H.11 proposed to follow up this priority measure is: “percentage of relevant data sources that include indigenous self-identification, including censuses, surveys and administrative records in the different sectors.” Hence, there is a need for a more detailed analysis including hospital, education and housing records, among others. Notwithstanding, if indicator H.11 is calculated with the sources examined in table III.8, only Colombia reaches 100% and the other countries must redouble their efforts in this area (see figure III.34).

Figure III.34

Latin America (17 countries): data sources that include indigenous identification
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of F. Del Popolo and S. Schkolnik, “Pueblos indígenas y afrodescendientes en los censos 2010 de América Latina: avances y desafíos en el derecho a la información”, *Notas de Población*, No. 97 (LC/G.2598-P), Santiago, ECLAC, 2013; ECLAC, *Los pueblos indígenas en América Latina: avances en el último decenio y retos pendientes para la garantía de sus derechos* (LC/L.3902), Santiago, 2014; and L. Márquez, A. Plana and M. C. Villarroel, “Mortalidad materna en pueblos indígenas y fuentes de datos: alcances y desafíos para su medición en países de América Latina”, *Population and Development series*, No. 118 (LC/TS.2017/68), Santiago, ECLAC, 2017.

As was already mentioned, the inclusion of indigenous self-identification is necessary, but not enough to obtain information with an indigenous peoples' perspective. Population and housing censuses now incorporate new dimensions and variables relating to these peoples, such as indigenous languages, categories that explicitly recognize indigenous households, questions on spirituality, polygamous marital relationships in indigenous territories and on intercultural bilingual education, for example. Also, agricultural censuses include other variables of interest or categories that are relevant to indigenous peoples. For instance, in Colombia, the response options for variables on the sustainability of agricultural activity include indigenous practices, and in Peru, given that campesino and indigenous communities are regarded as producing units, a series of questions have been developed to focus on the social, cultural and economic organization of indigenous peoples. Progress is being made in terms of producing units being defined in accordance with ancestral territories and indigenous institutions, but, although this has established an important precedent in the region, these cases are still isolated. Lastly, although complementary methodologies have been developed in the region to build culturally relevant indicators (such as indigenous censuses or complementary surveys of indigenous peoples), these are insufficient, not systematic and require a further development of content and uses.

Notwithstanding, the information available in the region is underutilized. Once indigenous self-identification has been established, disaggregation, dissemination and analysis of these data are essential. The strengthening of national capacity, both for State agencies and indigenous organizations, is another challenge hampering the effective use of this information and its influence on policies. In the past decade, numerous initiatives have been carried out in the region in these areas, but they must be coordinated and sustained over time; hence, resource allocation is indispensable.

As stipulated by international regulations, indigenous people must be guaranteed participation in data production, dissemination and analysis. This is crucial for improving the quality of the data collected, for the validation and acceptance of State figures by indigenous peoples, and for contributing to data democratization. The censuses of the 2010 decade show significant progress in this respect, as the vast majority of countries have set up indigenous participation mechanisms and some have also established an institutional framework to address this issue. For example, in 2007, Ecuador created a national statistical commission for indigenous, Afro-Ecuadorian and Montubio people (CONEPIA), comprising representatives of the National Institute of Statistics and Censuses, organizations of the different peoples and nationalities and State institutions in charge of ethnic affairs. In 2009, Guatemala created an office to coordinate gender statistics and indigenous peoples, which is an interinstitutional mechanism to promote mainstreaming of the respective perspectives. In 2013, Peru established an interinstitutional technical committee on ethnicity statistics, led by the National Institute of Statistics and Informatics and composed of indigenous organizations, the public defender's office and the Vice-Ministry of Interculturalism. In 2015, Colombia set up a process of consultation and consensus-building between the National Administrative Department of Statistics (DANE) and indigenous organizations and peoples, which involved the permanent committee for cooperation with indigenous peoples and organizations, to ensure the full participation of indigenous peoples in the population and housing census. Although the process was complex, it was a pioneering experience that should be taken into account by other countries in the region.

6. Conclusions

The present century has been characterized by the emergence and increasing protagonism of indigenous people in international, regional and national agendas, especially in Latin America. The Montevideo Consensus undoubtedly reinforces the commitment of States to guaranteeing the individual and collective rights of these peoples. In recent years, significant progress has been made in the recognition of rights, policies and programmes, and the improvement of living conditions of indigenous peoples. National reports reveal a range of initiatives carried out by the countries, which in several cases point to a deepening focus on rights and interculturalism. Nonetheless, these processes have been hampered by contradictions and some setbacks that have triggered warnings for the current decade and that could have significant negative impacts and weaken the progress made until now.

Although significant advances have been made in health and education, inequalities based on ethnicity persist and in some countries remain profound, with an especially negative impact on indigenous women, young people, boys and girls. Epidemiological polarization is reflected in the coexistence of diseases such as tuberculosis and high maternal mortality with chronic and degenerative diseases. In terms of education, there are still gaps which show indigenous youth lagging behind in terms of the completion of secondary education and access to tertiary and university education. The intergenerational loss of indigenous language, which is a fundamental element of these peoples' identity, is also evident, and the quality of intercultural education remains a challenge. There are also implementation gaps between regulations and the situation of indigenous peoples in terms of political participation, territorial rights and prior, free and informed consent relating to the actions of the State that affect these groups.

The picture becomes more complex when considering the limits facing economic and social development and the heavy dependence of economic growth in the region on natural resources and their international prices, while weak governance of these resources puts considerable pressure on indigenous peoples' territories, resulting in increasing conflict and militarization of these territories. In particular, and although information is fragmentary, indigenous girls, boys and women are facing serious violence.

Overcoming the issues described briefly in this chapter is an enormous and urgent challenge for the countries of the region and for that reason, efforts to implement each priority measure of the Montevideo Consensus must be doubled, from the adaptation of legal frameworks to the rights of indigenous peoples to the generation of information to design and implement policies and accountability. A synergistic approach is needed to develop sectoral policies, without neglecting the collective dimension of the situation of indigenous peoples. In particular, the system of cultural beliefs of indigenous people and women with respect to different aspects of well-being must be taken into account for policies and programmes to be effective. Hence, the State must guarantee the deliberative —and not just consultative— participation of indigenous peoples.

The national reports by countries describe unresolved challenges in more detail, and it is clear that political will is needed to consolidate progress to move on from “new deals” to “new compacts”. Many of the gains in the region were made with the considerable and systematic support of the United Nations system and other cooperation agencies; it is essential to continue and strengthen this support.

Furthermore, the ancestral knowledge, innovations and traditional practices of indigenous people which allow the conservation and sustainable use of biodiversity —as well as the development of different collective modalities of indigenous economies— provide a valuable opportunity to build a new development model based on a structural shift towards equality and sustainability. Thus, the part played by indigenous peoples in helping to overcome the challenges deriving from the development of a prosperous and sovereign Latin America must be recognized.

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I. Afrodescendants: rights and combating racial discrimination

1. Introduction

Afrodescendants are present in all the region's countries but have been largely overlooked in the public agendas of all but a few, and this makes their explicit inclusion in the Montevideo Consensus on Population and Development very significant. The Montevideo Consensus contains strong, pioneering content relating to government agreements to guarantee Afrodescendants' rights, divided into seven priority measures. As in the case of indigenous peoples, the goal is also to highlight the situation of Afrodescendent men, women, children, young people and older persons transversally in all the chapters of this instrument.

The Afrodescendent population comprises mainly descendants of African people enslaved during the nearly 400 years for which the slave trade operated in the region, a painful and violent process originating in the economic interests of colonial metropolises, which entailed a growing demand for forced labour. Although national situations and peculiarities varied greatly, the hierarchical, classist and racist structure of the colonial era meant that Afrodescendants occupied a subordinate place in the American continent and, together with indigenous peoples, suffered from higher levels of material poverty and social and political exclusion. In Latin America, the African diaspora remained in a disadvantageous position over the centuries, even after their liberation from slavery. Thus, poverty, destitution, disease, access barriers to education, lack of social security, lack of opportunities for decent work and exclusion from political decision-making combined to form the pillars of structural racism. The situation was aggravated by the invisibility and denial of the Afrodescendent presence in the region, especially after the creation of nation States, with the contribution made by these groups to the social and cultural development of the Latin American nations also being disregarded (ECLAC, 2017a).

Despite this adverse context, Afrodescendants have kept up a constant resistance and struggle and have succeeded in positioning their historical demands on international and regional agendas, mainly over the course of the present century. Internationally, Afrodescendent demands began to gather strength with the 2001 World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance, where the Durban Declaration and Programme of Action was adopted. More recently, the United Nations proclaimed 2011 the International Year for People of African Descent and the period 2015-2024 the International Decade for People of African Descent. This initiative marked out a path towards meeting the commitments and obligations incumbent on national States and civil society regarding the resolution of the structural problems still persisting in the world and in Latin America that are perpetuating the exclusion of Afrodescendants and discrimination against them (ECLAC, 2017a). Where the region is concerned, in 2016 the Organization of American States (OAS) adopted the Plan of Action of the Decade of African Descent in the Americas (2016-2025), thereby reaffirming and reinforcing the State commitments in the Montevideo Consensus.

2. Legal and regulatory frameworks: national advances in the light of international standards

The first priority measure of chapter I of the Montevideo Consensus on Population and Development (priority measure 92) is to respect and implement the provisions of the Durban Declaration and Programme of Action by adapting the legal frameworks and formulating the policies necessary for their implementation. This means addressing all dimensions of the political, civil, economic, social and cultural rights of Afrodescendants. The Durban Declaration and Programme of Action urges States to adopt fundamental measures to combat racism in all its manifestations by strengthening education, combating poverty, securing development, improving the means and resources available for the victims of racism and fomenting respect for human rights, among other things. The commitments adopted in the Durban Declaration and Programme of Action have been reaffirmed in the International Decade for People of African Descent and its programme of activities, focusing as they

do on recognition, justice and development and ushering in a new stage of crucial historical and political importance that will give continuity to the struggles against slavery, inequality, colonization and racism that have long mobilized Afrodescendent people throughout the world (ECLAC, 2017a).

The main mechanisms for following up these issues within the United Nations are: (i) the Committee on the Elimination of Racial Discrimination, (ii) the Working Group of Experts on People of African Descent and (iii) the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance. In its 2017 report, the Working Group analyses the situation of Afrodescendants in the light of the 2030 Agenda for Sustainable Development and its commitment that no one should be left behind, offering a number of recommendations to promote Afrodescendants' rights in synergy with the International Decade for People of African Descent (United Nations, 2017a).

National legal and regulatory frameworks refer with differing levels of specificity to the orientation of policies towards Afrodescendent people and communities and the protection of their rights; in some cases they are explicitly identified as bearers of individual or collective rights, while in others the subject is included in anti-discrimination laws (ECLAC, 2017b). The constitutions of over half the countries in Latin America now condemn discrimination on grounds of race, ethnicity or colour, besides reasons of sex and religion (ECLAC, 2017b). In Brazil, racism is treated as a crime with no statute of limitations or right to bail, punishable by a prison term. The constitutions of countries such as Argentina, Chile, Costa Rica, Guatemala, Haiti, Paraguay and Uruguay do not make reference to Afrodescendent peoples, the black population, race or skin colour but do refer to equality and non-discrimination. Lastly, four countries, namely Brazil, Colombia, Ecuador and the Plurinational State of Bolivia, explicitly recognize Afrodescendants.

Afrodescendants are recognized as having the status of a people in two of these countries: the Plurinational State of Bolivia, where it is called the "Afro-Bolivian people," and Ecuador, where reference is made to the "Afro-Ecuadorian people." Indeed, it is the constitution of Ecuador (as reformed in 2008) that makes most reference to Afrodescendants. It devotes a whole chapter to the rights of communities, peoples and nationalities, including the Afrodescendent population, which is deemed to have a right to develop its identity, retain ownership of its community lands (which may not be alienated, confiscated or divided), have a share in the usufruct of renewable natural resources situated on its lands and be consulted about the exploitation of non-renewable resources, potentially receiving a share of profits from such exploitation and being indemnified for damages thereby caused. The 2009 constitution of the Plurinational State of Bolivia, for its part, recognizes Afrodescendants for the first time in the country's history, stating that the Bolivian nation is formed of all Bolivians, indigenous peoples and nations and intercultural and Afro-Bolivian communities that between them constitute the Bolivian people. In Colombia, interpreting the 1991 constitution in accordance with the international treaties ratified opened the way to the country being recognized as a multi-ethnic and multicultural nation and spurred legal progress in favour of Afro-Colombian individuals and communities, such as the passing of Law No. 70 of 1993 on black communities. This is highly important because it ties in with the possibility of self-determination and the application to them of policies they regard as collective rights, such as ownership of ancestral lands and consultation in the event of interference in their territories. The Brazilian constitution, while not referring to Afrodescendants as a "people," implicitly recognizes them as collective subjects of law since, for example, it recognizes the collective land ownership of Afrodescendants whose origins lie in the quilombos, with the State having a duty to issue them with the appropriate title deeds (art. 68 of the Temporary Constitutional Provisions) and protect their historic sites and documents (art. 216, para. 5).

When the Montevideo Consensus was established in 2013, some countries in the region had already legislated extensively for Afrodescendants, most particularly Brazil, Colombia and Ecuador. Costa Rica, Honduras and Peru had less plentiful but still substantial legislation, while countries such as Guatemala and Nicaragua had little legislation oriented towards Afrodescendants but extensive anti-discrimination legislation. Lastly, countries that did not have legislation oriented towards Afrodescendants but had anti-discrimination legislation included, for example, Argentina, the Bolivarian Republic of Venezuela, Cuba, Mexico and Uruguay. In 2012, Chile enacted Law No. 20609 establishing measures against discrimination, including discrimination on grounds of race or ethnicity.

The national reports provide evidence of progress in some countries, such as Costa Rica, whose Law No. 9305 of 2015 reformed article 1 of the constitution to establish the country's multi-ethnic and multicultural character, which strengthens recognition of African descent in different public policy instruments. Similarly, with a view to meeting the goals of the International Decade for People of African Descent (Directive No. 022P of 2015), the Government instructed public institutions to formulate policies that would fulfil the programme of activities of the International Decade for People of African Descent within their own sphere of competence (Government of Costa Rica, 2017). In 2015, Chile also began to promote the International Decade for People of African Descent and signed the Inter-American Convention Against Racism, Racial Discrimination, and Related Forms of Intolerance under OAS auspices (Government of Chile, 2018). Uruguay, for its part, reports that it ratified the Convention in 2017 (Government of Uruguay, 2017).

In Guatemala, Garífuna (mixed-race African and indigenous) individuals are recognized as belonging to the Garífuna people within the context of indigenous peoples' rights, so that the advances mentioned in section III.H of this document are applicable to this group. Additionally, in 2016 an initiative was presented to the Guatemalan Congress to secure the passage of the Recognition of the Creole Afrodescendent People in Guatemala Act (Government of Guatemala, 2017). In Mexico, two initiatives in 2016 presented the Senate with a draft decree for reforming the constitution to secure recognition for Afro-Mexican peoples and communities, as part of the multicultural composition of the nation, and for their collective rights (Government of Mexico, 2018). Peru has progressed significantly with legislation to promote the rights of Afrodescendants. One example is Supreme Decree No. 004 of 2015, which declares it a matter of national interest to give priority to the full enjoyment of fundamental rights by the Afro-Peruvian population, with a view to enhancing their development and social inclusion, during the International Decade for People of African Descent. According to the Decree, all sectors and levels of government need to formulate and implement programmes, projects and actions for strengthening the fundamental rights of the Afro-Peruvian population with a view to social inclusion and full participation by this population in all aspects of Peruvian society (ECLAC, 2017b).

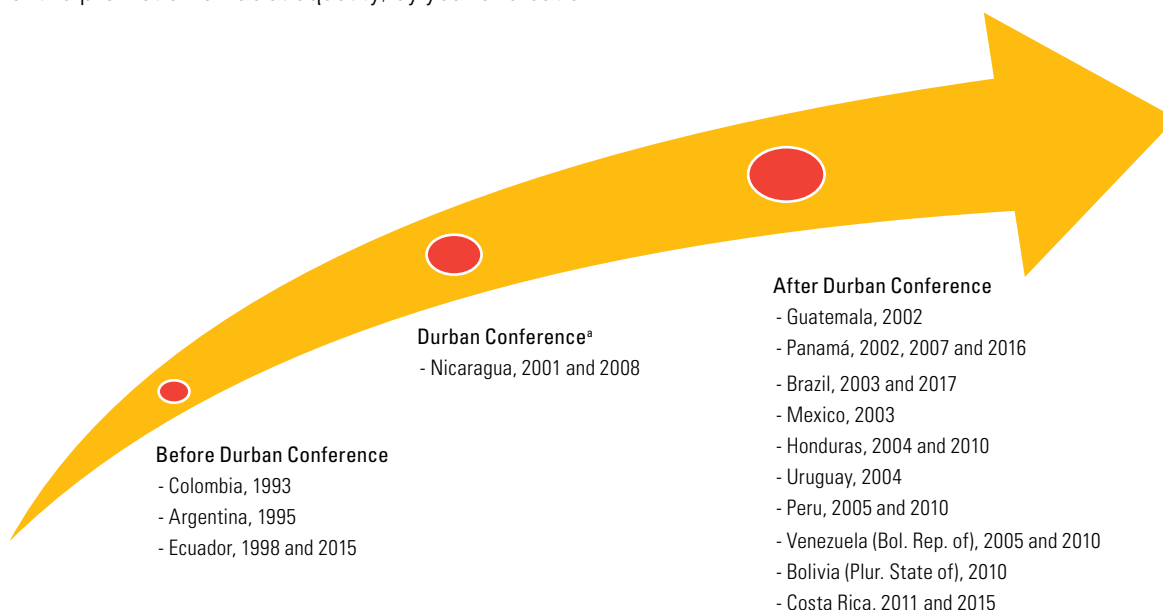
Other countries are at a more incipient stage with the recognition and inclusion of Afrodescendants. For example, El Salvador mentions in its national report that the unfulfilled agenda for this population is very extensive and emphasizes its commitment to implementing the priority measures of the Montevideo Consensus (Government of El Salvador, 2017). In the case of Argentina, the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance conducted a visit in 2016 and warmly acknowledged the programmes implemented by the National Institute against Discrimination, Xenophobia and Racism (INADI) to rectify and redress historical discrimination against the Afrodescendent community but noted that this community continued to receive little attention from Argentine society at large (United Nations, 2017b).

3. National institutions and the implementation of policies and programmes

Priority measure 96 of the Montevideo Consensus is to promote the development of Afrodescendent populations by implementing public policies, establishing standards and creating institutions to guide and carry forward affirmative action policies, plans and programmes at the sectoral level, whereby the principles of equality and non-discrimination can be incorporated into all levels of government, with organized civil society participating throughout the process of design, implementation and evaluation of those instruments. The number of institutions responsible for issues relating to the Afrodescendent population or the promotion of racial equality has grown steadily in the region over the last two decades. Currently, 14 countries of Latin America have some governmental mechanism for this as a result of prolonged efforts by Afrodescendants' organizations, supported by the international community and other civil society and government institutions. As diagram III.2 illustrates, the great majority of these mechanisms have been created since 2000, first when preparations for the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance became intensive and then when the time came to follow up and fulfil the commitments accepted by States in relation to the rights of Afrodescendants. They usually have legal backing, having been created by law or presidential decree (ECLAC, 2017b).

Diagram III.2

Latin America (14 countries): countries with institutions responsible for Afrodescendent affairs or the promotion of racial equality, by year of creation



Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Situación de las personas afrodescendientes en América Latina y desafíos de políticas para la garantía de sus derechos", *Project Documents* (LC/TS.2017/121), Santiago, 2017.

^a World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance.

These institutional arrangements differ considerably between countries, particularly as regards the position they occupy in the State hierarchy. The form of the institution (department, council, institute, secretariat, commission, etc.) is closely bound up with the way governments address the mainstreaming of policies of an ethnic-racial character and the priority they give the subject. The hierarchical position of these mechanisms largely determines the stability of a country's efforts to guarantee the rights of Afrodescendants, of the struggle against racism and of the promotion of racial equality; it also affects the resources assigned to them and can thus restrict their fields of action. At present, mechanisms sometimes come under the president's office (in Costa Rica, Ecuador, Guatemala, Panama and the Bolivarian Republic of Venezuela, although in this last case it comes under the Office of the Vice President) and sometimes under a variety of ministries. Reporting directly to the office of the president, with the greater authority this brings, can improve its coordinating role, lending greater efficacy to racial equality policies.

Institutional mechanisms form a system that is constantly advancing and retreating, owing to its sensitivity to the business and political cycles that succeed one another with changes of government. These changes have usually led to improvements and greater stability, funding and influence on policies. A good illustration of this is the case of Costa Rica, which set up the Afro-Costa Rican Commission to mark the International Year for People of African Descent (2011). This continued its work over the following years until the position of Commissioner of the Office of the President for Affairs Relating to the Afro-Costa Rican Community was created in 2015. In Panama, the National Council for the Black Ethnic Community, created in 2007, was replaced by the National Secretariat for the Development of Afro-Panamanians in 2016.

Nonetheless, institutions can also go backwards, at least where their position in the hierarchy is concerned. In Brazil, the National Secretariat for Policies to Promote Racial Equality (SEPPIR) came under the Office of the President from its creation in 2003 until 2007, when it was transferred to the Ministry of Human Rights. Furthermore, it acquired the status of a ministry in 2008 but then lost it in 2015. In Ecuador, the Afro-Ecuadorian

Development Corporation (CODAE), set up in 1998, was integrated into the National Council for the Equality of Peoples and Nationalities by a constitutional requirement in 2008, but the transition to the formation of the Council took until 2015 and was heavily criticized by the Afrodescendent movement, suggesting that the institution was weakened. In some cases, racial equality mechanisms are almost symbolic and never actually function effectively; or, if they do, they are not in a position to play a coordinating and influential role (ECLAC, 2017a). In Chile, although no specific institution has been created, the Ministry of Cultures, the Arts and Heritage has taken responsibility for dealing with issues related to the Afrodescendent population through the Indigenous Peoples Advisory Council and the Department of Cultures and the Arts of the Ministry.

As regards the functions performed by these institutions, they vary in their scope and areas of action. Their primary function is the formulation and implementation of policies to mainstream the racial dimension and Afrodescendent affairs in public policies. Other major functions include conducting research, providing free legal advice to victims of racism, assisting judicial entities, stimulating inclusion of the topic in school education materials, promoting culture, fostering participation in the formulation and execution of policies, publicizing State commitments to international regulations, promoting their fulfilment and monitoring their implementation (ECLAC, 2017a).

As regards policies and programmes, 12 countries in Latin America that presented their national reports (especially Brazil) have described actions aimed at Afrodescendent populations in different spheres and of differing scope, but relating especially to gender equality, education, culture, health and preventing and combating racism. These actions are carried out by the institutions responsible for these issues but also by other sections of government, quite often in collaboration with these institutions.

In recent years, several types of policies to prevent and combat racism have been implemented in Latin America, from the development of laws to prohibit displays of racism and define the crime of racism to complaints procedures, the creation of observatories and tolerance training. Sixteen countries in the region have now passed legislation outlawing racial discrimination and classing it as a crime potentially punishable by a prison term (ECLAC, 2017b). Furthermore, some countries, such as Brazil, Ecuador and Guatemala, have developed more comprehensive policies for eliminating racial discrimination and created mechanisms for receiving and following up on complaints, as in Brazil (see box III.10).

Box III.10

Mechanisms to combat racism: Brazil and the Racial Equality Ombudsman

Brazil's Racial Equality Ombudsman is an important mechanism for receiving and following up on complaints from society about racism and racial abuse. All complaints generate administrative procedures, are grouped by subject area and go through a process of evaluation so that they can then be passed on to the competent authorities. Thus, different flows are generated in each case, with the Ombudsman's service having a duty to involve itself in the procedures decided upon and ensure that the public prosecution service makes a determination.

One of the main components of the Ombudsman's service is "Dial 100", a special channel of communication for reporting human rights violations. In 2016, the service introduced two new modules: one for reports of violations affecting young Afrodescendants, Afrodescendent women and the Afrodescendent population in general and another for reports of violations affecting Quilombola, Terreiro or Roma communities and religions of African origin. This progress notwithstanding, complaints relating to the issue of racial equality still need a channel of their own, so that there is still a need to implement "Dial 138" (or "Dial Racial Equality") for complaints in this area to be effectively received and submitted.

Source: Government of Brazil, "Relatório preliminar de acompanhamento da implementação do Consenso de Montevideú", Brasília, 2017 [online] <https://crpd.cepal.org/1e/sites/crpd1e/files/presentations/Brazil-consenso.pdf>.

Another way of combating racism is to take action in territories where there is a greater presence of Afrodescendants, indices of violence are high and particular groups (such as young people) are at social risk. Brazil has done this by implementing the *Juventude Viva* plan in 2012. In the area of education, Colombia has developed workshops and online training courses on recognition, justice and development for Afro-Colombian communities, aimed at public servants and citizens. Among other initiatives, mention may be made of mechanisms that receive complaints of racist acts and assist their victims, providing them with legal support (Argentina and the Plurinational State of Bolivia), observatories and platforms against discrimination (Argentina, Colombia and Peru) and local regulations (ECLAC, 2017a and 2017b).

At the same time, Afrodescendent people and communities are becoming more and more visible in national development policies and programmes. In Brazil, Afrodescendants have been considered in Pluriannual Plans since 2004. The country reports that there have been advances in racial equality thanks to the development of cross-cutting agendas, incorporated into the Pluriannual Plan for 2012-2015, which spelt out the transversal character of the policy and the increase in coordination between the different organs of the executive. The current Pluriannual Plan (2016-2019) gave continuity to efforts to ensure the transversality of racial equality policy, incorporating it into 30 programmes, 76 goals, 67 targets and 191 initiatives with a view to increasing its effectiveness yet further (Government of Brazil, 2017). Costa Rica's report indicates as an example of good practice the preparation of the National Plan for Afrodescendants 2015-2018 of the Presidential Commissioner for Afrodescendent Affairs, which is intended to respond appropriately to the requirements and demands of this population group (Government of Costa Rica, 2017).

Colombia recognizes the differential impact that its internal armed conflict has had when it comes to guaranteeing the rights of Afrodescendent and indigenous peoples and has accordingly designed measures of collective redress, chief among them the Final Agreement for Ending the Conflict and Building a Stable and Lasting Peace, signed in 2016 by the Government of Colombia and the Revolutionary Armed Forces of Colombia-People's Army (FARC), which incorporates a perspective of ethnic and cultural diversity and explicitly refers to black, Afro-Colombian, Raizal and Palenquero communities. Point 6.2 of the Agreement is titled "Ethnic perspectives" and provides for the creation of a special high-level agency with ethnic peoples to follow up implementation of the accord, participated in by representatives of Afrodescendent peoples together with representatives of the Government and FARC (Government of Colombia, 2018). In Peru, the National Development Plan for the Afro-Peruvian Population (PLANDEPA) 2016-2020 forms part of the country's commitment to the International Decade for People of African Descent (Government of Peru, 2018). Lastly, in Uruguay, the 2010-2015 Action Plan of the Thematic Unit for the Rights of Afrodescendants and the working plan on African descent 2015-2020 of the Ministry of Social Development (MIDES) have the objective of doing away with racial inequalities. In addition, the Office of Planning and the Budget of the Office of the President has taken on the commitment of preparing a national public policy strategy for the Afro-Uruguayan and Afrodescendent population, with 2030 as the time horizon and in coordination with the different ministries, especially MIDES, the lead agency for national actions aimed at ethnic-racial equality (Government of Uruguay, 2017).

The establishment of participation mechanisms is essential to make policy more valid and effective. Some were created before the adoption of the Montevideo Consensus on Population and Development and are still operating. Examples include participatory planning with Afrodescendants' organizations in the Plurinational State of Bolivia, the National Conferences for the Promotion of Racial Equality (CONAPIR) in Brazil and government mechanisms for consultation with Afrodescendent organizations. In Colombia, the Office of the Under-Secretary for Participation and Equal Rights is competent in ethnic matters, and in parliament there is a special electoral ward for black communities at the national level and a special ward in the House of Representatives, as well as departmental, district-level and sectoral advisory committees. In the Bolivarian Republic of Venezuela, the Afrodescendent Communities Liaison Office was set up in 2005 (ECLAC, 2017a and 2017b). In Ecuador, the National Council for the Equality of Peoples and Nationalities is formed in equal parts of representatives of Afrodescendants' organizations and the State. In Peru, the Ministry of Culture drew up the National Policy for the Mainstreaming of the Intercultural Approach 2015 with the participation of Afro-Peruvian organizations. It is important to note that in countries such as Colombia, Ecuador and the Plurinational State of Bolivia, Afrodescendent persons are entitled to free, prior

and informed consultation on all actions undertaken by States that affect them, meaning that the progress made by these countries in this area as mentioned in section III.H of this document (on indigenous peoples) extends to Afrodescendent communities.

Besides what has been set out here, affirmative action is applied in the region, mainly in the form of study grants and reserved jobs and university places for Afrodescendants. Brazil has vast experience with this and has made progress by means of reserved places for Afrodescendent and indigenous students in public technical education institutes and universities, a programme of study grants for private universities (some postgraduate programmes also have reserved places), grants for Afrodescendants to prepare for entry into the diplomatic service and the establishment of a quota of 10% of places for Afrodescendants in the first phase of the selection process for the diplomatic service, plus reserved places in tenders for the public administration and firms acting as suppliers to the State. Other countries, such as the Bolivarian Republic of Venezuela, Colombia, Peru, the Plurinational State of Bolivia and Uruguay have also implemented affirmative actions in recent years (ECLAC, 2017a and 2017b).

Appreciatory policies are also applied in the region, chief among them the establishment of official days celebrating African descent (which now exist in 14 countries of Latin America), the teaching of African history and culture in schools and the implementation of policies that incorporate ancestral visions and health practices. To these measures may be added the acknowledgement of Afrodescendent heroes and recognition of Afrodescendent cultural practices as historical heritage, as in the Plurinational State of Bolivia; the declaration that Garifuna culture forms part of Nicaragua's national heritage; the highlighting of Afrodescendants' contributions in Panama; and, lastly, official recognition of the value of Afrodescendants in forming the national identity and defending the territory of Peru (ECLAC, 2017a). These forms of recognition already existed in 2013 and continue to operate today. The idea, then, is not to carry out symbolic acts, but to contribute to the establishment of actions that show appreciation of Afrodescendent populations' contribution to the construction and development of these States.

Some countries have been implementing actions in territories traditionally inhabited by Afrodescendants, coinciding with places of settlement in the period of slavery (either destination areas or places of refuge when slaves succeeded in escaping). Although policies to strengthen Afrodescendent communities are not found everywhere, the cases of Brazil and Colombia may be highlighted. The latter has taken a significant step forward in relation to territorial recognition and the right to collective land ownership. In countries where Afrodescendants are only a small minority of the population, actions have also been taken in specific areas, an example being Chile with its Promotion and Dissemination of the Arts and Cultures of Indigenous Peoples programme, which includes the Afrodescendent community (as a tribal people) of the Arica and Parinacota region. Chile reports that 16 Afrodescendants' organizations in the region participated in planning for territorial revitalization in 2016 and describes a number of activities participated in by 31 Afrodescendants' organizations as of 2017 (Government of Chile, 2018).

Lastly, priority measure 97 of the Montevideo Consensus is to ensure that policies and programmes are in place to raise the living standards of Afrodescendent women by fully enforcing their rights, in particular their sexual rights and reproductive rights. A number of countries mention that policies and programmes aimed at (or including) Afrodescendants take account of gender and generational overlaps, while some include Afrodescendent women in sectoral policies. In Chile, for example, the Ministry of Women and Gender Equity makes explicit provision for Afrodescendent women in Arica and Parinacota in the actions it undertakes. In Guatemala, the goals of the Equal Opportunities Plan 2008-2023 include the all-round development of Garifuna women. Panama reports that one of the axes of the Equal Opportunities for Women Action Plan 2016-2019 contains three strategic guidelines relating to the promotion of non-discrimination, equal opportunities and the all-round development of women, including Afrodescendent women. In Peru, the Sectoral Policy for Intercultural Health Care, formulated in 2016, explicitly guarantees the right to health care for Afro-Peruvian peoples. Uruguay refers to the National Women's Institute, which has played a benchmarking and support role since 2005 in the mainstreaming of the ethnic-racial perspective in the State. Since 2015, the national government has made changes to deal with the issue by pursuing a comprehensive, planned and territorial approach to enable this perspective to be incorporated into the budgetary strategies and the actions implemented up to 2050.

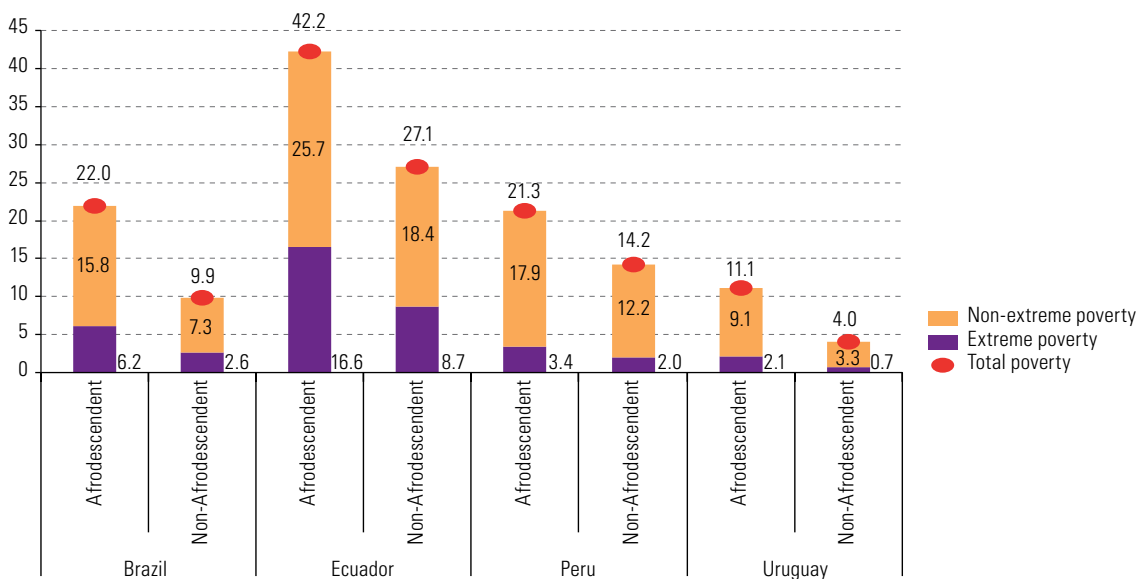
4. Living conditions and overlapping inequalities

The axes of what is a persistent matrix of social inequality in the region are gender, the life cycle, ethnic-racial status and territory. These factors are overlapping and mutually reinforcing, which is why priority measure 93 of the Montevideo Consensus is to address gender, racial, ethnic and intergenerational inequalities, bearing in mind the way these dimensions overlap in situations of discrimination affecting women, especially young Afrodescendent women. Likewise, priority measure 97 is to raise the living standards of Afrodescendent women and priority measure 95 is to ensure that Afrodescendent persons, in particular Afrodescendent girls, adolescents and women, can exercise the right to health, especially the right to sexual health and reproductive health. This section will provide a regional overview of these issues based on a recent study by ECLAC (2017b).

Although the region has succeeded in significantly bringing down poverty levels, they remain much higher among Afrodescendent populations, although the information available is fragmentary. In the four countries for which figures are available, as presented in figure III.35, it can be seen that in 2014 the proportion of poor Afrodescendants was almost three times as great as the proportion of poor non-Afrodescendants in Uruguay, over twice as great in Brazil and about 50% greater in Ecuador and Peru. In the case of these four countries, it can also be seen that vulnerability to poverty is greater among the Afrodescendent population. The 2010 census round revealed that figures for serious deprivations in respect of housing, water and sanitary services were similarly higher among the Afrodescendent than the non-Afrodescendent population in 8 of the 12 countries for which data were available. Other than in Panama, conditions of access to drinking water and sanitation are more critical than overcrowding in all the countries, something that directly affects infant health. In Uruguay, just 1.6% of the Afrodescendent population has no access to drinking water, but a quarter of the Afrodescendent population in Ecuador (25%) is in this position. In the case of sanitary services, rates of serious deprivation range from 0.5% in Costa Rica to 22.3% in the Plurinational State of Bolivia. In South American countries such as Brazil, Colombia and Uruguay, Afrodescendants are well over twice as likely as the rest of the population to suffer from serious deprivations; Costa Rica and Cuba also present marked ethnic-racial inequalities when it comes to crowding. Lastly, while vulnerability and substandard conditions in housing and access to services are more serious in rural than in urban areas, the ethnic-racial inequalities that negatively affect Afrodescendants are usually greater in cities.

Figure III.35

Latin America (4 countries): poverty and extreme poverty rates in the Afrodescendent and non-Afrodescendent populations, 2014
(Percentages)



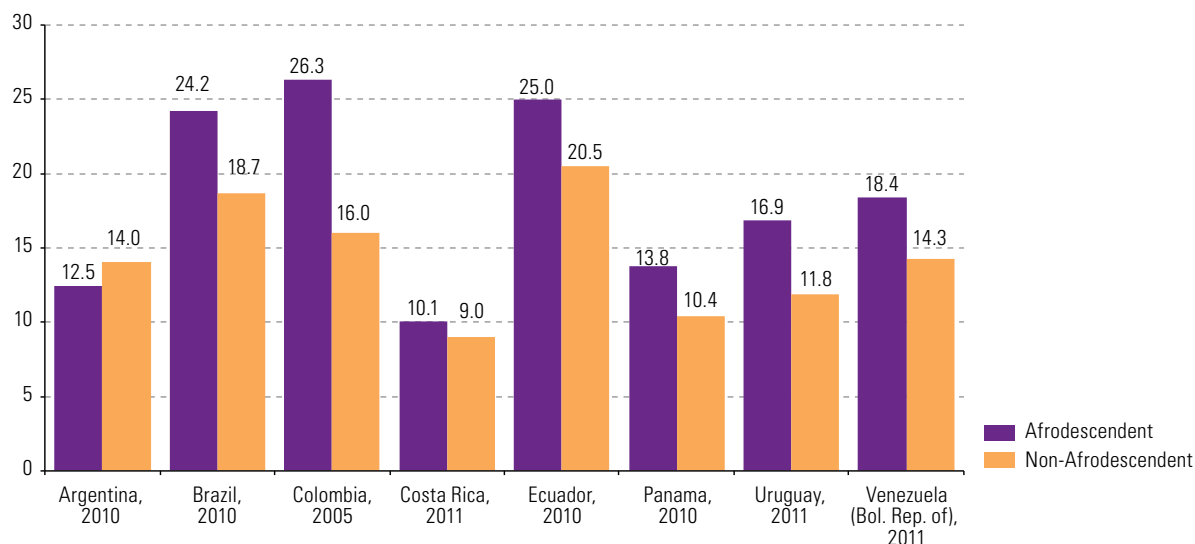
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

These adverse contexts have direct consequences for Afrodescendants' health conditions. From the perspective of social determinants, the factors that generate poverty, exclusion and marginalization, such as discrimination and racism, are manifested most lastingly in their ill effects on health, leading to significant differences in mortality rates and life expectancy, among many other indicators. Thus, health inequality is linked to profound, unjust and avoidable social inequalities that can be overcome by well-chosen and timely interventions.

One of the most telling indicators is observed inequality in the Afrodescendant and non-Afrodescendant populations in relation to infant mortality rates (see figure III.36). In the group of eight countries for which this information is available, infant mortality in the Afrodescendant population estimated for 2010 ranged from 10 per 1,000 live births in Costa Rica to 26 per 1,000 live births in Colombia. Irrespective of the mortality level, Afrodescendant children are found to be systematically more likely to die before their first birthday than non-Afrodescendant children everywhere except Argentina. The largest gaps are in Brazil, Colombia, Panama and Uruguay, where Afrodescendant children are between 1.3 and 1.6 times as likely to die before their first birthday as non-Afrodescendant children. These inequalities persist even when area of residence is controlled for (ECLAC, 2017a).

Figure III.36

Latin America (8 countries): estimates of infant mortality by ethnic-racial status, 2010
(Per 100,000 live births)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of indirect estimations from census microdata.

The poverty experienced by Afrodescendant women in the region means a worse health situation for them, and this is compounded by limitations on access to and the cultural accessibility of health services, including sexual and reproductive health services. Brazil, Colombia and Ecuador display huge inequalities in maternal mortality figures to the disadvantage of Afrodescendant women, something that can be observed because ethnic-racial identification has been included in birth and death records. In Colombia, the maternal mortality ratio for Afrodescendant women was somewhat over twice the national average in 2010-2013 (152.9 maternal deaths for every 100,000 live births among Afrodescendant women as against a national average of 66.5 per 100,000), while in Ecuador the ratio was four times (272.5 maternal deaths for every 100,000 live births among Afrodescendant women versus a national average of 69.1 per 100,000). Inequalities in Brazil are considerably less marked, but the maternal mortality rate in the Afrodescendant population in 2011 was still equivalent to 1.4 times that in the white population (68.8 maternal deaths for every 100,000 live births among Afrodescendant women versus 50.6 per 100,000 among white women). These data show how important and urgent it is to have timely, high-quality figures available on maternal mortality, both for women generally and for Afrodescendants in particular (ECLAC, 2017a).

Adolescent pregnancy is another manifestation of inequality that negatively affects young Afrodescendent women. In this case, the generational and gender overlap in respect of reproductive rights is more acute when ethnic-racial status is factored in. Census figures reveal that the proportion of Afrodescendent adolescents aged between 15 and 19 who are mothers remains high, exceeding the proportion of non-Afrodescendent adolescents who are mothers in 6 of the 10 countries for which data are available. In these 10 countries, between 11.4% and 24.1% of female Afrodescendent adolescents have already had at least one child, with the highest proportions being in Ecuador. The greatest relative inequalities are observed in Brazil and Uruguay, which shows that even countries that have implemented comprehensive universal health policies for young people, including policies aimed at reducing unwanted pregnancies in adolescence, have not been able to put an end to ethnic-racial inequality (ECLAC, 2017a).

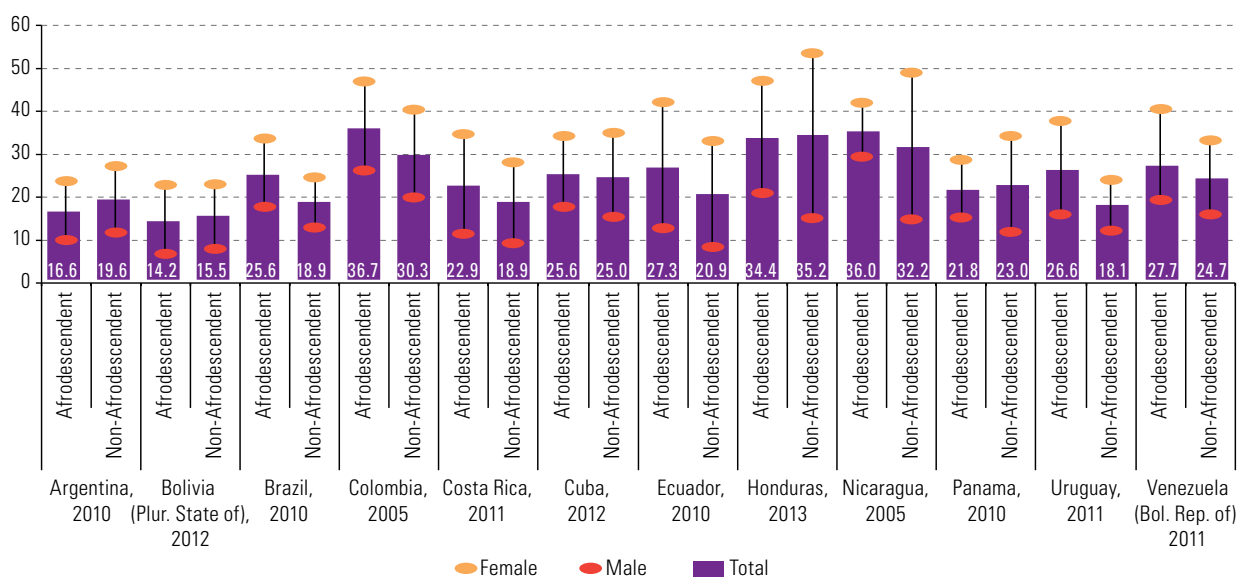
Another area of concern are the different types of violence suffered by Afrodescendants. The figures available for Brazil show that Afrodescendent women and youth are particularly likely to be victims of homicide. Young people are also often victims of police violence in the form of stop and search operations carried out in a racist fashion, sometimes even leading to their deaths. Some local studies in Colombia and Ecuador point to the same patterns. However, not enough information is available for generalizations to be made.

Afrodescendants are also at a disadvantage in access to education. Adolescent and young Afrodescendants usually have lower rates of school attendance than their non-Afrodescendent peers, and this becomes more pronounced as they move up through the education system. Thus, a smaller proportion of Afrodescendants than of non-Afrodescendants aged 20 to 29 have access to postsecondary education (university or other) in the great majority of countries with figures available, and inequality is greater at this level than at lower ones (ECLAC, 2017b).

Young Afrodescendants, especially if female, are also particularly likely to be neither studying nor employed in the labour market (see figure III.37). The main reason for young women to be in this situation is that they are carrying out unpaid domestic work in their own homes or care work. In five countries for which data are available, young Afrodescendent women are far more likely to be devoted to unpaid domestic work than their non-Afrodescendent peers, while figures for six countries show that between a quarter and a third of young Afrodescendent women are devoted to unpaid domestic work.

Figure III.37

Latin America (12 countries): people aged 15 to 29 who are neither studying nor employed in the labour market, by ethnic-racial status and sex, around 2010
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of census microdata using Retrieval of data for small areas by microcomputer (REDATAM7) software.

Note: The non-Afrodescendent population does not include people self-identifying as indigenous.

The overlap of ethnic-racial and gender inequalities shows that, despite substantial progress in terms of educational levels, Afrodescendent women earn less than any other group, have the highest unemployment rates and are most likely to be employed on domestic work, paid or unpaid.

Unemployment is one of the main indicators of labour market exclusion, and the 2010 censuses revealed that Afrodescendants were disproportionately affected by it in 10 of the 11 countries with data available. In 5 countries, furthermore, Afrodescendent women's unemployment rates were significantly higher than Afrodescendent men's. Nor were education levels reflected automatically in an increase in earnings, which are one of the most important indicators of employment quality. Afrodescendent women are systematically near the bottom of the earnings scale, even when education level is controlled for, while non-Afrodescendent men are at the top. The data available for four countries of the region in 2014 show how ethnic-racial and gender inequalities combine in the labour market and reveal that the gaps widen with the level of education. To take the example of tertiary education, using the incomes of non-Afrodescendent men as the benchmark (100%), Afrodescendent women earn the equivalent of 58% on average, Afrodescendent men 73% and non-Afrodescendent women 75%.

Lastly, one of the most telling pieces of evidence for the interaction between socioeconomic, gender and ethnic-racial inequalities is the situation of domestic workers. This is one of the occupations that generate most jobs for women in Latin America and the Caribbean, but also one of the least socially and economically valued activities, with a large deficit of decent work. When the ethnic-racial dimension is considered, the proportion of total female employment represented by female domestic workers is found to be anything from 3% (in the case of non-Afrodescendent women in Colombia) to 20% (in the case of Afrodescendent women in Brazil). In Brazil and Ecuador, Afrodescendent women are twice as likely to be employed as domestic workers as non-Afrodescendent women (ECLAC, 2017a).

5. Progress with Afrodescendent persons' and communities' right to information

Priority measure 98 is to generate knowledge and reliable and timely information with a gender perspective and disaggregated by sex, age and socioeconomic status, among other variables, on Afrodescendent populations through participatory processes, paying attention to international requirements and recommendations relating to the issue.

As in the case of indigenous peoples, intensive efforts have been made with demographic and socioeconomic information to improve the availability and quality of data on Afrodescendants, chiefly in population and housing censuses throughout the region. However, while Brazil and Cuba have long experience of including racial variables, progress in other countries has been slower, especially as compared with what has been done in the case of indigenous peoples. As table III.9 shows, population and housing censuses in 17 Latin American countries include questions to identify Afrodescendants, but this did not become the norm until the 2010 census round, while 3 countries (Chile, the Dominican Republic and Haiti) have yet to include questions about this. The plan in Chile is to include a question in the next census, in 2022, and there has recently been work to determine how this should be done from a political, conceptual and methodological points of view. The National Institute of Statistics (INE) of Chile, in collaboration with Afrodescendants' organizations, carried out its first Characterization Survey of the Afrodescendent Population (ENCAFRO) in the Arica and Parinacota Region in 2013 with a view to characterizing and estimating the Afrodescendent population in that region. The Ministry of Social Development has also initiated a process to include Afrodescendent self-identification in the National Socioeconomic Survey (CASEN).

Table III.9

Latin America (17 countries): inclusion of Afrodescendent (self-)identification in censuses, household surveys and vital statistics

Country	Afrodescendent self-identification				Vital statistics ^a	
	Population and housing censuses (last two)	Agricultural censuses	Demographic and Health Surveys and Multiple Indicator Cluster Surveys (around 2010 and latest available)	Household surveys (employment, income and the like) (around 2010 and latest available)	Deaths	Births
Argentina	2010					
Bolivia (Plurinational State of)	2012	2013		2011, 2015		
Brazil	2000, 2010		2006	2011, 2015	X	
Colombia	2005, 2018	2014	2010, 2015	2007, 2015	X	X
Costa Rica	2000, 2011	2014	2011	b		
Cuba	2002, 2012					
Ecuador	2001, 2010		2012	2010, 2015	X	X
El Salvador	2007		2014			
Guatemala	2002 ^c , 2018		c	c	c	c
Honduras	2001, 2013		2011-2012	b	X	
Mexico	2015 ^d					
Nicaragua	2005	2011	2011	b	X	X
Panama	2010			2015		
Paraguay	2012					
Peru	2017			2012, 2016		
Uruguay	2011		2013	2010, 2016		
Venezuela (Bolivarian Republic of)	2011					

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of F. del Popolo and S. Schkolnik, "Pueblos indígenas y afrodescendientes en los censos 2010 de América Latina: avances y desafíos en el derecho a la información", *Notas de Población*, No. 97 (LC/G.2598-P), Santiago, ECLAC, 2013; ECLAC, *Los pueblos indígenas en América Latina: avances en el último decenio y retos pendientes para la garantía de sus derechos* (LC/L.3902), Santiago, 2014; and L. Márquez, A. Plana and M. C. Villarreal, "Mortalidad materna en pueblos indígenas y fuentes de datos: alcances y desafíos para su medición en países de América Latina", *Population and Development series*, No. 118 (LC/TS.2017/68), Santiago, ECLAC, 2017.

^a Self-identification does not apply. In the case of deaths, the ethnic declaration made by the informant is relied on. In the case of births, the ethnicity of newborn children in Colombia is as declared by the parents, while in Ecuador, Guatemala (where only the Garífuna people is identified) and Nicaragua the mother's self-identification is taken.

^b Three countries included Afrodescendent self-identification in household surveys at some time in the 2000s: Costa Rica (2002), Honduras (2004) and Nicaragua (2005).

^c Guatemala identifies the Garífuna people in Demographic and Health Surveys, living conditions surveys and vital statistics. However, there are also non-Garífuna Afrodescendent groups.

^d This is the 2015 Intercensal Survey.

The regional picture looks less encouraging where other data sources are concerned, since the deficiencies are even greater than in the case of indigenous peoples (see table III.8 of section III.H). Where employment, income and living conditions surveys are concerned, leaving aside the procedures applied in each case, only eight countries included Afrodescendent self-identification at least once during that decade, and only nine did so in the case of Demographic and Health Surveys (with Guatemala only identifying the Garífuna people). In the case of agricultural censuses, some countries identify whether the production unit belongs to an Afrodescendent community; alternatively (or additionally), others ask whether the producer and members of his or her household identify as Afrodescendants. Whatever the procedure, the universe consists of just four countries, while in the case of vital statistics, just six countries include Afrodescendent self-identification in records of deaths and four in records of births.

Brazil, Colombia and Ecuador have made substantial progress with the inclusion of Afrodescendent identification in health information systems, an experience of great value when it comes to moving towards continuous records of some other type, which Brazil has in fact done. As regards surveys, most of the countries evince the same shortcomings as need remedying in the case of indigenous peoples, with sample sizes too small to yield disaggregated estimates. Besides, even when it is possible to break down information, this is not done systematically.

The table III.9 data also show that much remains to be done on follow-up. If it were desired to construct a baseline using the Montevideo Consensus result indicators, it would only be possible to do so with the censuses of the 2010s in most of the countries, meaning its scope would be limited to this data source. Consequently, it is essential to step up actions to make timely, reliable information available over time. Uruguay has reported that, as part of the National Public Policy Strategy for the Afro-Uruguayan and Afrodescendent Population 2017-2030, work is ongoing to determine the relevant dimensions and indicators and prepare a budget to allow specific policies and programmes to be designed and implemented (Government of Uruguay, 2017).

Once Afrodescendent self-identification has been included, it is essential to disaggregate, disseminate and analyse the data. Again as in the case of indigenous peoples, another challenge is to enhance countries' capabilities, whether in State bodies or in Afrodescendent organizations, in the interests of using the information effectively and influencing policy. Numerous training activities have been carried out in these areas throughout the region in the past decade, but these need to be both coordinated and sustained over time, for which steady funding is indispensable.

It must be ensured that Afrodescendent organizations participate in information production, dissemination and analysis, as required by international standards. This is essential so that the quality of the data collected can be improved, these organizations can validate and take ownership of State figures and information can be increasingly democratized. The censuses of the 2010s did make progress in this respect, as mechanisms for Afrodescendants' participation were generated in the great majority of the countries, and in the Bolivarian Republic of Venezuela, Ecuador and Peru these mechanisms were institutionalized for the production of ethnic-racial statistics in general (i.e., not only the census). In 2015, Colombia established a process of consultation and concertation between the National Administrative Department of Statistics (DANE) and Afrodescendent organizations and peoples for the purpose of preparing and implementing the 2018 National Population and Housing Census. Although all such efforts are valuable, there is a long way to go before these populations' right to information is guaranteed.

6. Conclusions

In Latin America, people belonging to the African diaspora, whether enslaved or free, remained in a disadvantageous position over the centuries, a process that was entrenched with the creation and consolidation of nation States, carried out in a way that disregarded the Afrodescendent contribution to the social and cultural development of the Latin American nations. Despite the adverse context the Afrodescendent population has had to face, its struggle and resistance, which began with slavery, have endured down to the present. Currently, the structural inequality that constrains their status as citizens and the exercise of their human rights continues to mobilize Afrodescendent women, men and communities, who have acted through their organizations to develop different strategies for conveying their political demands and claims to governments and to the institutions that stand surety for citizen rights and positioning them on national, regional and international agendas, chiefly during the current century.

In recent years, the countries have made differing degrees of progress with the creation of institutional and legal frameworks for the struggle against racial discrimination and with the implementation of affirmative actions and inclusion policies based on an ethnic-racial approach. Afrodescendent organizations, for their part, have continued to struggle and press for the closing of implementation gaps between legal frameworks and the day-to-day reality of Afrodescendants, who encounter numerous obstacles to the effective exercise of their rights.

The censuses of the 2010 round and other data sources revealed the presence of Afrodescendent populations in all the countries of Latin America; other than in a few countries such as Brazil, Colombia and Ecuador, however, these populations' living conditions and the disadvantageous situation they are in have hitherto been one of the least visible axes of the social inequality matrix. Information is a vital tool for ending this invisibility and lack of recognition, and it is consequently essential to carry on strengthening national statistical systems so that they provide for Afrodescendent self-identification and the disaggregation of timely, high-quality indicators. The information challenges are great and need to be addressed urgently for the sake of policy and programme follow-up, accountability and the exercise of human rights.

Despite its limitations, this report has been able to bring to light the systematic ethnic and racial divides affecting Afrodescendants in areas such as health care, education and employment, together with the conjunction and overlap of ethnic-racial and gender characteristics that usually leave Afrodescendent women most disadvantageously placed. Instruments such as the Montevideo Consensus, the 2030 Agenda with its commitment to leaving no one behind and the International Decade for People of African Descent have placed before us the urgent challenge of guaranteeing Afrodescendants' welfare and the full exercise of their rights through sustained actions that recognize equality in diversity.

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