



**Fourth meeting of the
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Fourth meeting of the Presiding Officers of the
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**REPORT OF THE WORKING GROUP ON INDICATORS FOR REGIONAL
FOLLOW-UP OF THE MONTEVIDEO CONSENSUS ON
POPULATION AND DEVELOPMENT**



This document was prepared by the working group on indicators for regional follow-up of the Montevideo Consensus on Population and Development, with the support of the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC) in its capacity as technical secretariat of the working group, and the cooperation of the United Nations Population Fund (UNFPA). This report provides information on the activities of the working group, as well as the methods used, results obtained and lessons learned.

CONTENTS

	<i>Page</i>
A. BACKGROUND.....	5
B. WORKING METHODS	6
C. RESULTS ACHIEVED BY SUBGROUPS	10
D. MEETING OF THE WORKING GROUP ON INDICATORS FOR REGIONAL FOLLOW-UP OF THE MONTEVIDEO CONSENSUS ON POPULATION AND DEVELOPMENT (PANAMA, 22–23 JULY 2019)	38
E. CONCLUSIONS.....	39

A. BACKGROUND

At the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Lima from 7 to 9 August 2018, the countries decided to change the name 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 to working group on indicators for regional follow-up of the Montevideo Consensus on Population and Development and extend its mandate in order to carry forward the work on preparing pending metadata, with an emphasis on the operational definitions for disaggregation of the indicators and, where necessary to that end, to establish thematic subgroups. They also requested that the working group present a final report on its work to the Presiding Officers of the Regional Conference at their fourth meeting, for endorsement by the countries.¹

In April 2019, the technical secretariat, on behalf of the Government of Mexico, in its capacity as coordinator of the working group, and the Government of Peru, in its capacity as Chair of the Presiding Officers of the Regional Conference on Population and Development, informed the focal points of the Conference that the working group was being reactivated and invited countries to form thematic subgroups to propose content for the pending metadata of a set of selected indicators. The complete list of indicators is available in the document *Proposed indicators and metadata for regional follow-up of the Montevideo Consensus on Population and Development*.²

At the suggestion of the working group's coordinator, selection should be limited to Tier I or Tier II indicators (the term that was adopted for the classification of the indicators for the Sustainable Development Goals). These were considered to be the ones on which progress was most likely: indicators for which there are metadata—but on which doubts remain as to the possibility of concluding the review thereof or as to whether they are sufficiently comparable at the regional level, because of their definition, operationalization, source, lack of periodicity or other clearly identified situation—and those for which metadata had not yet been produced. Most of the selected indicators are taken from the *Operational guide for implementation and follow-up of the Montevideo Consensus on Population and Development*.³

The subgroups, which were formed on a voluntary basis and comprised technical representatives of countries, civil society, academia and United Nations system agencies, have been working since May, via virtual meetings and e-mail exchanges, and have made significant progress with regard to the metadata for the selected indicators.

Subsequently, the working group met in Panama City on 22 and 23 July 2019 to share the results of the work carried out by the thematic subgroups and to agree on the format, structure and content of the report to be presented at the fourth meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, to be held at the headquarters of the Economic Commission for Latin America and the Caribbean (ECLAC) in Santiago on 9 and 10 October 2019. With the completion of this report, and having discharged the mandate conferred upon it at the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, the working group considers its activities finalized unless the Presiding Officers decide to extend its mandate further.

¹ See paragraphs 14 and 15 of resolution 3(III) adopted at the third session of the Regional Conference on Population and Development of Latin America and the Caribbean.

² LC/CRPD.3/DDR/1 [online] http://repositorio.cepal.org/bitstream/handle/11362/43628/S1800404_en.pdf.

³ LC/L.4061(CRPD.2/3)/Rev.1 [online] http://repositorio.cepal.org/bitstream/handle/11362/38937/1/S1500859_en.pdf.

The report herein is submitted for consideration by the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean.

B. WORKING METHODS

In order to carry forward the work on preparing pending metadata, pursuant to Resolution 3(III), the working group was arranged in thematic subgroups, each dealing with a set of preselected indicators (between one and four indicators per group, depending on their complexity). A total of seven subgroups were formed, corresponding to chapters B, C, D, E, F, G and H, and I of the Montevideo Consensus on Population and Development. It should be noted that the indicators related to Chapter A correspond in the main to SDG indicators; the other indicators in the chapter were not considered a priority at this stage of the work on metadata.

The invitation to participate in the subgroups was addressed by the technical secretariat to the focal points of the Regional Conference on Population and Development, who indicated which subgroups their country would participate in and the designated representatives. In addition to country representatives, there were participants from civil society organizations, academia, and the funds, programmes and specialized agencies of the United Nations system.

Experts from the technical secretariat were responsible for coordinating the different subgroups. Their main responsibilities included defining the work plan, preparing a proposed methodology and a schedule of tasks, drafting inputs for discussion, and moderating debates and exchanges with a view to advancing or completing the review of the metadata of the selected indicators.

Given the tight deadlines and the material impossibility of organizing face-to-face working meetings, it was proposed that meetings be held virtually —using Skype or, in some cases via Webex or Zoom— to examine the inputs prepared by the coordinators of each subgroup for the metadata under review.

The discussions and agreements reached at meetings were recorded in the minutes by the coordinators and subsequently circulated to the members of the subgroup for their consideration and comments. The annotated minutes were then returned to the coordinators, with copies to all the participants. The coordinators also distributed the metadata sheets containing modifications agreed on during meetings, with changes highlighted for easier viewing. Depending on the subgroup, new comments and suggestions were submitted by email and edits to a shared document on Google Drive, or during subsequent virtual meetings.

The number of virtual meetings varied according to each subgroup's needs. The outcome was an agreed proposal on metadata for some indicators and for others, a proposal for a way forward, in which some guidelines for future work on metadata were, at the least, identified.

Lastly, upon conclusion of the virtual meetings and exchange of comments, each coordinator prepared a report on the outcomes of the subgroup based on a template with content common to all subgroups.

The format of the outcome reports was as follows: (i) a brief introduction describing the indicators covered, the members of the subgroup and the meetings held; (ii) a summary account of the meetings of the thematic subgroup, including the main discussions and agreements reached; (iii) the status of metadata, specifying the level of completion; (iv) finalized metadata sheets, with an indication of metadata agreed on in their entirety and the ones on which progress had been made; and (v) a brief assessment of the meetings highlighting, among other things, the views of the coordinator and subgroup members on the experience, achievements, and the strengths and weaknesses of the methodology used.

These outcome reports provided input for the present report of the working group.

1. Organization of thematic subgroups

Subgroup B: rights, needs, responsibilities and requirements of girls, boys, adolescents and youth

This subgroup worked on metadata for the following indicators:

- B.3 (Proportion of government forums that have mechanisms for adolescents and young people to participate in public decisions that affect them);
- B.4 (Percentage of adolescents and young people who have participated in an instance of public policymaking);
- B.8 (Consistency of the official curriculum for comprehensive sexual education with the criteria of the Montevideo Consensus on Population and Development and with international standards); and
- B.9 (Percentage of children, adolescents and young people who have age-appropriate information and knowledge about sexuality and reproduction).

The subgroup comprised representatives of five countries (Chile, Cuba, Mexico, Paraguay and Uruguay); programmes, funds and agencies of the United Nations system (UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and ECLAC); intergovernmental agencies (Ibero-American Youth Organization (OIJ)) and civil society organizations, in particular networks focusing on young people (Elige-Red de Jóvenes por los Derechos Sexuales y Reproductivos), women (Articulación Feminista MARCOSCOS) and sexual and reproductive rights (International Planned Parenthood Federation (IPPF)); and academics specializing in population issues (Latin American Population Association (ALAP)). More than 30 people registered for and participated in at least one virtual meeting. Since the indicators could be grouped into two pairs of linked indicators —B.3 and B.4 refer to the participation of adolescents and young people in public decisions that concern them, while B.8 and B.9 refer to comprehensive sexuality education— and given that some experts and individuals were interested in only one of these issues, it was decided to divide the subgroup into two: subgroup B1, which would focus on indicators B.3 and B.4, and subgroup B2, which would address indicators B.8 and B.9.

Subgroup C: ageing, social protection and socioeconomic challenges

The subgroup reviewed and worked on the proposed content for metadata for the following indicators:

- 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);
- C.3 (Existence of public policies, plans and programmes that consider the impact of the evolving age structure over the medium and long terms); and
- C.7 (Percentage of government institutions that have implemented procedures or protocols of preferential treatment for older persons).

The subgroup was coordinated by the technical secretariat (coordinator and two other officials) and comprised representatives from three countries (Cuba, Mexico and Uruguay), ALAP, academia (Faculty of Social Sciences at the University of the Republic of Uruguay) and UNFPA.

Subgroup D: universal access to sexual health and reproductive health services

The four indicators selected for Chapter D were related to sexual health and reproductive health with a focus on health care services:

- D.2 (Percentage of health-care centres offering comprehensive sexual and reproductive health services);
- D.4 (Percentage of health-care centres that have implemented updated protocols, interculturally focused and relevant to different ages, on sexual and reproductive health care, by gender);
- D.9 (Percentage of health-care centres that have implemented updated maternal care protocols); and
- D.12 (Percentage of health centres that have medications for abortion and trained personnel and materials for carrying out safe abortions and providing post-abortion care).

The subgroup was coordinated by the technical secretariat and included representatives from two countries (Peru and Mexico), civil society (IPPF and ALAP) and UNFPA.

Subgroup E: gender equality

With regard to chapter E, the following indicators were selected:

- 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);
- E.11 (incorporation of new concepts of masculinity into the minimum required content of basic and secondary school curricula); and
- E.13 (Number (and percentage) of reported cases of discrimination based on sexual orientation and gender identity that are resolved through formal redress mechanisms).

The subgroup included representatives from five countries (Cuba, Mexico, Peru and Uruguay participated in meetings while Suriname submitted comments via email) as well as from UNFPA, UNESCO and civil society (Articulación Feminista Marcosur, Elige-Red de Jóvenes por los Derechos Sexuales y Reproductivos, Católicas por el Derecho a Decidir, and Mesa de Vigilancia Ciudadana en Derechos Sexuales y Reproductivos and Apoyo de Programas de Población (APROPO) of Peru). As Suriname was the only English-speaking participant, email was the preferred form of communication for exchanging questions and answers and providing a summary of progress made translated into English.

Subgroup F: international migration and protection of the human rights of all migrants

This subgroup was tasked with reviewing and working on the proposed content for metadata for the following indicators:

- F.5 (Percentage and number of direct beneficiaries covered by the Ibero-American Multilateral Convention on Social Security in each destination country, in relation to the total of immigrant workers in the labour force) and
- F.6 (Number (and relative share) of unaccompanied children and adolescents among migrants).

The subgroup was coordinated by a representative of ECLAC and included representatives from two countries (Mexico and Paraguay), one from ALAP and two officials from the International Organization for Migration (IOM). Invitations had been extended to UNFPA and the Ibero-American Social Security Organization (OISS), but they were unable to participate.

Subgroup G: territorial inequality, spatial mobility and vulnerability

The subgroup reviewed and worked on the proposed content for metadata for the following indicators:

- G.1 (Percentage of metropolitan, city or local governments that have information systems and use new technologies in planning and management decisions) and
- G.7 (Percentage of urban and territorial development plans that incorporate the rights, gender and interculturality perspectives).

It was composed of one representative from Mexico, one from ALAP and one from academia (Universidade Federal de Sergipe in Brazil) and three UNFPA officials. Two officials from ECLAC (the coordinator and one other staff member) also participated.

Subgroup H-I: indigenous peoples: interculturalism and rights/Afrodescendants: rights and combating racial discrimination

This subgroup addressed two chapters of the Montevideo Consensus on Population and Development simultaneously. Similar indicators were selected for both, but with indicators applicable to indigenous peoples for the first and to Afrodescendent populations for the second. These indicators were:

- H.6 (Percentage of the public budget earmarked/executed for actions aimed at guaranteeing the rights of indigenous peoples, by sector);
- I.3 (Percentage of the public budget earmarked/executed for actions aimed at guaranteeing the rights of the Afrodescendent population, by sector, and percentage allocated to a governing institution on Afrodescendent affairs);

- H.11 (Percentage of relevant data sources that include indigenous self-identification, considering censuses, surveys and administrative records in the different sectors); and
- I.5 (Percentage of relevant data sources that include identification of Afro-descendants, such as censuses, surveys and administrative records in the different sectors).

The subgroup comprised representatives from three countries (Cuba, Mexico and the Bolivarian Republic of Venezuela), two ALAP representatives and two UNFPA officials. There was one representative of ECLAC (the coordinator of the subgroup) and internal consultations were held with two officials of the Economic Development Division who are experts on public expenditure.

C. RESULTS ACHIEVED BY SUBGROUPS

This section presents the progress of the subgroups with respect to the metadata of the selected indicators for each chapter of the Montevideo Consensus on Population and Development, as well as the outstanding issues and challenges for those still to be refined in the next stages.

1. Chapter B

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

Indicators covered: B.3, B.4, B.8 and B.9.

Indicators on which agreement was reached: B.3, B.4 and B.9.

Indicators in which progress was made and more work was needed: B.8.

Indicator B.3: Proposed metadata agreed on. The main challenge is to identify the source of measurement data and provide support to countries for appropriate measurement.

Indicator B.4: Proposed metadata agreed on. The main challenge is to include questions in the source for the suggested measurement.

Indicator B.8: Progress was made but more work is needed. This will be the de facto regional benchmark until agreement is reached.

Indicator B.9: Proposed metadata agreed on. The main challenge is to include questions in the source for the suggested measurement.

Indicator B.3

(adapted from indicator 8.1 of the *Operational guide*)

Proportion of government forums that have mechanisms for adolescents and young people to participate in public decisions that affect them

Relevant priority measure(s) of the Montevideo Consensus: 8

Related indicator(s): F.6

Definition:

Ratio between: (i) numerator: all government agencies that have been identified as priorities because of their role in the design and implementation of policies and programmes concerning adolescents and young people and have formal mechanisms for youth and adolescent participation, weighted in each case by the form of participation, and (ii) denominator: all governmental agencies that have been identified as priorities because of their role in the design and implementation of policies and programmes concerning adolescents and young people, weighted by the highest scoring form of participation (participation that has binding force).

As the result is weighted by the form of participation, the indicator is actually an index, which is then expressed in relative terms as shown below.

The governmental agencies that will be surveyed are:

- Ministry or department for youth affairs (or equivalent)
- Ministry of health or equivalent
- Ministry of education or equivalent
- Ministry of labour or equivalent
- Ministry of housing or equivalent
- Ministry of social development or equivalent
- Ministry of justice and/or comprehensive system of protection for children's and adolescents' rights (or equivalent)
- Ministry of culture or equivalent

In all cases, the participation mechanism must operate at the highest level of the government agency, meaning that it must have access to the leadership of the body. For each agency, the level of participation will be rated on a scale of 0 to 3, where 0 indicates that no mechanism exists; 1 indicates that a consultative mechanism exists; 2 indicates that an advisory mechanism exists; and 3 indicates that a binding mechanism exists. The value of the indicator is then determined by dividing that score by the highest possible score (24 in countries with eight agencies, 21 in countries with seven agencies, and so on), expressed as a percentage.

Source:

Official reports and periodic surveys on implementation of the Montevideo Consensus on Population and Development.

Disaggregations:

Not applicable

Note:

The source must identify the existing government agencies in the country (from the agreed list of eight such agencies). The source should also indicate and describe formal mechanisms for participation by young people and adolescents in each of the government forums identified by the country and classify it, on reasoned grounds, in one of the three agreed categories (consultative, advisory or binding).

Indicator B.4

(adapted from indicator 8.2 of the *Operational guide*)

Percentage of adolescents and young people who have participated in an instance of public policymaking

Relevant priority measure(s) of the Montevideo Consensus: 8

Related indicator(s): B.3 and E.6.

Definition:

Ratio between: (i) numerator: number of young people and adolescents who participated at least once during a 12-month period in some mechanism or procedure involving governmental bodies which formulate public policies, and (ii) denominator: total number of young people and adolescents.

Source:

Survey with questions on participation by adolescents and young people in some governmental participation mechanism or procedure in which public policies are defined, in the 12 months prior to the survey. The most appropriate survey is a national youth survey. If no such survey exists, any other survey that is representative of the adolescent and youth population could suffice.

Disaggregations:

Those included in the indicator, plus relevant disaggregations outlined in annex IV to the Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (E/CN.3/2016/2/Rev.1), adopted by the United Nations Statistical Commission at its forty-seventh session (8–11 March 2016).

Note:

For a more complete picture of the indicator, the survey should include an introduction (see paragraph 1 below) to the key question (question (c), below, in bold) that makes the indicator operational, as well as other questions that improve coherence and add value to the key question, as follows:

1. Some State institutions —ministries, secretariats and services, among others— have forums (bodies, entities) or procedures (voting, consultations and others) through which young people can give their opinion, contribute to or even decide on the design, implementation, monitoring and evaluation of policies and programmes that affect them in the areas of education, health, work, housing, security and protection of rights, among others. Please answer the following:
 - a. Are you familiar with any such forum? (If your answer is “NO”, you have reached the end of this section).
 - b. Have you ever participated in/ belonged to / attended a meeting of/ voted in any body of this kind?
 - c. Have you participated in/ belonged to / attended a meeting of/ voted in any body of this kind in the past year?**
 - d. Do you currently participate in/ belong to / attend meetings of/ vote in any body of this kind?
 - e. Are you interested in participating in any body of this kind? If your answer is “yes”, state which.
 - f. If you replied yes to (c) above, please provide the name of the body and rate, on a scale of 0 to 10, whether your participation had any impact on decision-making (0 being absolutely no impact; 10 being a very strong impact)

If the source does not exist (there are no representative surveys that include the list of suggested questions or, at minimum, the key question), an alternative could be to use official records of participants in government forums during a calendar year, in which case the indicator would be a gross participation rate. However, it is unclear whether such records exist in all countries, or how well they are maintained where they do exist.

Indicator B.8(indicator 11.1 of the *Operational guide*)**Consistency of the official curriculum for comprehensive sexuality education with the criteria of the Montevideo Consensus on Population and Development and with international standards****Relevant priority measure(s) of the Montevideo Consensus:** 11.**Related indicator(s):** B.9 and E.10.**Definition:**

Existence of universal comprehensive sexuality education programmes aligned both with the criteria of the Montevideo Consensus on Population and Development and with international standards on the subject.

Source:

National reports and/or expert review.

Disaggregations:

Levels of education: (i) last three grades of primary education; and (ii) first three years of secondary education.

Note:

The search protocol will be a customized, simplified and more targeted version of the protocol used in the *Mira que te Miro* platform. There is preliminary agreement concerning the exclusion, simplification or merging of some the thematic categories and subcategories included in the platform's search protocol, although more work remains to be done. In addition, Uruguay has submitted a specific proposal for reworking the metadata using three major areas of comparison in order to measure consistency. This proposal has yet to be discussed.⁴

Indicator B.9(adapted from indicator 11.3 of the *Operational guide*)**Percentage of children, adolescents and young people who have age-appropriate information and knowledge about sexuality and reproduction****Relevant priority measure(s) of the Montevideo Consensus:** 11.**Related indicator(s):** B.8 and D.5.

⁴ As the definition of this metadatum is still pending, Uruguay's proposal submitted in the meetings of subgroup B2 is outlined here. This proposal has three main elements: (i) in relation to "sexual behaviour(s) common during puberty and adolescence", the idea is to combine points i, iii and v of the *Mira que te Miro* protocol into a single concept encompassing biological, psychological and social changes; (ii) concerning the history of sexuality, the proposal aims to combine points ii, vi, viii and x of the *Mira que te Miro* protocol in reference to ideas, practices and social mandates related to sexuality and the influence of the family, the community, society and the media; and (iii) on the issue of the main legal frameworks and institutional practices on sexuality and human rights, it is proposed that points vii and ix of the platform should be merged to highlight advances in the legislative sphere (as regards marriage equality, abortion and assisted reproduction, among others) in each country. More specifically, in the area of sexual health and reproductive health, the proposal is to combine the topics "myths and facts about condoms, contraceptives and other birth control methods" and "misconceptions about the use and effects of contraceptives in adolescence".

Indicator B.9 (concluded)

Definition:

Proportion of children, adolescents and young people who have age-appropriate information and knowledge about sexuality and reproduction.

Source:

Specialized surveys, in particular demographic and health surveys, in countries where they exist, national youth surveys or other surveys representative of the adolescent and youth population that focus on information and knowledge about sexuality and reproduction adequate for their respective ages. School-age population surveys can also be effective.

Disaggregation:

Those included in the indicator, plus those relevant in annex IV to the *Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators* (E/CN.3/2016/2/Rev.1), adopted by the United Nations Statistical Commission at its forty-seventh session (8–11 March 2016).

Note:

The list of questions below is used to derive the percentage mentioned in the definition by calculating the number of adolescents and young people who have received information on 8 or more of the subjects indicated, with a score of 5 or more for each, relative to the total number of adolescents and young people. For an additional and stricter (maximum) measurement of the indicator, the percentage mentioned in the definition is derived by calculating the number of adolescents and young people who have received information on 12 or more of the subjects indicated, with a score of 5 or more for each, relative to the total number of adolescents and young people. Question 13, which was used in the national youth and adolescent survey of Uruguay, is also included as a potential added question or as a single summarizing question where no other option exists.

List of questions

Were you exposed to information on the following topics at school and at what age? (Answer only if you attended school). If you did receive this information, how would you rate it on a scale of 1 to 10 (1 being “highly unsatisfactory” and 10 being “highly satisfactory”)?

1. Functioning of sexual organs: No ___ Yes ___ Age ___ Rating ___.
 2. Changes that occur during puberty: No ___ Yes ___ Age ___ Rating ___.
 3. Changes that occur during old age: No ___ Yes ___ Age ___ Rating ___.
 4. Gender equality: No ___ Yes ___ Age ___ Rating ___.
 5. Pleasure and eroticism: No ___ Yes ___ Age ___ Rating ___.
 6. Sexual orientation: No ___ Yes ___ Age ___ Rating ___.
 7. Contraceptive methods: No ___ Yes ___ Age ___ Rating ___.
 8. Voluntary termination of pregnancy/abortion: No ___ Yes ___ Age ___ Rating ___.
 9. Unsafe sexual practices: No ___ Yes ___ Age ___ Rating ___.
 10. Who to turn to for information on sexuality-related issues: No ___ Yes ___ Age ___ Rating ___.
 11. The mechanisms for reporting infringement of sexual and reproductive rights: No ___ Yes ___ Age ___ Rating ___.
 12. Methods to prevent sexually transmitted infections and HIV/AIDS: No ___ Yes ___ Age ___ Rating ___.
 13. On the whole, using the same scale of 1 to 10, how do you rate the sexuality education you received in school? (Put zero (0) if you did not receive sexuality education)
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2. Chapter C

Ageing, social protection and socioeconomic challenges

Indicators covered: C.1, C.3 and C.7.

Indicators on which agreement was reached: C.1.

Indicators in which progress was made and more work was needed: C.3 and C.7.

Indicator C.1: Proposed metadata agreed on, with the recommendation to continue working on a scale or grading system that can be used to determine compliance with the indicator.

Indicator C.3: Progress was made towards improving metadata accuracy. Further work and discussion will be needed, with the dual challenge of explicitly incorporating medium- and long-term time frames in plans, policies and programmes while ensuring that the necessary institutional safeguards are in place.

Indicator C.7: Progress was made towards improving metadata accuracy. Further work and discussion will be needed, with one of the recommendations being to define what is meant by lead institution or body.

Indicator C.1

(adapted from indicator 20.3 of the *Operational guide*)

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

Relevant priority measure(s) of the Montevideo Consensus: 20 and 2.

Related indicator(s): none.

Definition:

Existence of plans, policies and programmes geared towards older persons which help to achieve the purposes of the Inter-American Convention on Protecting the Human Rights of Older Persons, and which have been territorialized at the national and sectoral levels, by ministerial area.

Source:

The main source of data is the lead institutions coordinating government actions that benefit older persons (national administrative records). The Organization of American States (OAS) is another source of data (for detailed information, see [online] http://www.oas.org/en/sla/dil/docs/inter_american_treaties_A-70_human_rights_older_persons.pdf).

Disaggregations:

Not applicable

Notes:

The Inter-American Convention on Protecting the Human Rights of Older Persons was adopted by the General Assembly of the Organization of American States (OAS) on 15 June 2015. The objective of this Convention is to promote, protect and ensure the recognition and full enjoyment and exercise, on an equal basis, of all human rights and fundamental freedoms of older persons, in order to contribute to their full inclusion, integration and participation in society. The full text of the Convention is available [online] http://www.oas.org/en/sla/dil/docs/inter_american_treaties_A-70_human_rights_older_persons.pdf.

Indicator C.1 (continued)

To understand the definition of the indicator, it is important to take into account at least one of the three classification categories proposed by Huenchuan (2018)⁵ as regards the rights covered by the Convention (emerging rights, existing rights and extended rights).

To ensure better and more thorough accountability with regard to the indicator, it is recommended that work should continue in the future on compliance which is measured, for example, through a scale or grading system on the status of implementation of policies, plans and programmes that effectively help to achieve the purposes of the Convention.

Frequency: data for the indicator can be consulted and reviewed on an ongoing basis.

The three categories outlined in the Inter-American Convention on Protecting the Human Rights of Older Persons are:

- i) **Emerging rights:** new rights, or rights that have only been partially enshrined in existing international and national standards. The Convention contains three emerging rights: the right to life and dignity in old age (article 6); the right to independence and autonomy (article 7); and the rights of older persons receiving long-term care (article 12).
- ii) **Existing rights:** rights that have already been included in international standards, but changes are required in order to tailor them to the specific needs of a specific group, whether via new interpretations or the broadening of their content. The Convention provides new interpretations of the right to equality and non-discrimination (article 5), the right to give free and informed consent on health matters (article 11), the right to safety and a life free of violence (article 9) and the right not to be subjected to torture or cruel, inhuman, or degrading treatment or punishment (article 10). The Convention updates the content of all three rights by inserting new elements, thereby establishing a specific set of State obligations with respect to older persons: it forbids any discrimination against older persons for reasons of age; it lists the conditions required for older persons to be able to give their free and informed consent in health matters; it obliges the State to establish procedures enabling older persons to expressly demonstrate their prior will and instructions for any medical interventions, including palliative care; and it protects the right of older persons to live with integrity and dignity, and free from any discrimination. Although similar articles are also present in other international instruments, such as the Convention on the Rights of Persons with Disabilities, the Inter-American Convention on Protecting the Human Rights of Older Persons is the first instrument to specifically address the situation of older persons in relation to each of these rights.

The subcategory of “broadened content” generally applies to economic, social and cultural rights, the right to work (article 18), the right to social security (article 17),⁶ the right to health (article 19), the right to education (article 20), the right to culture (article 21), the right to a healthy environment (article 25) and the right to recreation, leisure and sports (article 22). Considering these rights have already been recognized in the International Covenant on Economic, Social and Cultural Rights—an instrument whose provisions full apply to older persons—the Convention simply serves to adapt them to the specific situation of this group. The rights to work, to health care and to education all fall into this category.

- iii) **Extended rights:** rights specifically intended for groups that have not previously enjoyed them, owing either to omission or discrimination (Dussel, 2010, quoted in Huenchuan, 2018). Two rights can be classified in this subcategory: the right to accessibility and personal mobility (article 26), and the rights of older persons in situations of risk and humanitarian emergencies (article 29). Both are included in the Convention on the Rights of Persons with Disabilities. However, unlike for women and children, no specific article was inserted for older persons in that instrument. The Inter-American Convention on Protecting the Human Rights of Older Persons rectifies this omission (Quinn, 2009, quoted in Huenchuan, 2018).
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⁵ S. Huenchuan (ed.), *Envejecimiento, personas mayores y Agenda 2030 para el Desarrollo Sostenible: perspectiva regional y de derechos humanos*, ECLAC Books, No. 154 (LC/PUB.2018/24-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2018.

⁶ The right to social security (art. 17) is not mentioned explicitly in Huenchuan (2018), but the members of the subgroup considered it relevant to include it in the subcategory of “broadened content” of existing rights.

Indicator C.1 (concluded)

The Office of the United Nations High Commissioner for Human Rights (OHCHR) also provides a source for human rights monitoring in the form of the Universal Human Rights Index (see [online] <https://uhri.ohchr.org/search/basic>).

The Universal Human Rights Index (UHRI) is designed to facilitate access to human rights recommendations issued by three key pillars of the United Nations human rights protection system: the treaty bodies established under the international human rights treaties as well as the special procedures and the universal periodic review (UPR) of the Human Rights Council.

The Index aims to assist States in the implementation of these recommendations and to facilitate the work of national stakeholders such as national human rights institutions (NHRIs), non-governmental organisations, civil society and academic institutions as well as the United Nations.

Indicator C.3

(indicator 19.1 of the *Operational guide*)

Existence of public policies, plans and programmes that consider the impact of the evolving age structure over the medium and long terms

Relevant priority measure(s) of the Montevideo Consensus: 19.

Related indicator(s): A.24.

Definition:

The country has at least one public policy, plan or programme relating to the medium- or long-run impact of changes in specific age groups of the population, such as childhood, adolescence, adulthood, older persons and which explicitly incorporates medium- and long-term time frames (projection over time).

Source:

The sources of information on these public policies, plans and programmes are found in the legal regulations of each country, consisting of laws, decrees, rules and provisions, among other instruments.

Disaggregations:

Not applicable

Notes:

The existence of an intersectoral institutional framework involving all government agencies concerned with population issues is one way to ensure the explicit incorporation of medium- and long-term time frames (projection over time) in policies plans and programmes.

For example, policies could be measured in relation to the pension system, demographic dividend, among others. For Organization for Economic Cooperation and Development (OECD) countries, see [online] http://www.oecd-ilibrary.org/social-issues-migration-health/reforms-for-an-ageing-society_9789264188198-en.

Indicator C.7(adapted from indicator 22.2 of the *Operational guide*)**Percentage of government institutions that have instituted protocols for giving preferred and preferential treatment to older persons****Relevant priority measure(s) of the Montevideo Consensus:** 22.**Related indicator(s):** A.7.**Definition:**

Ratio between (i) numerator: total number of governmental institutions that have implemented procedures and protocols of preferential care for older persons (60 years and over); and (ii) denominator: total number of government institutions, multiplied by 100.

Source:

Public agencies and government institutions that are responsible for citizen care services; laws, decrees and regulations requiring the implementation of such procedures and protocols; national reports and information from relevant sector entities.

Disaggregation:

Not applicable

Notes:

Where the information exists, the government level should be specified (national, subnational, local).

In considering the denominator, the existence of a lead institution and the implementation of procedures and protocols for differentiated treatment, beginning with the areas of health and justice, should be taken into account. Countries may also report on other areas where such procedures and protocols are implemented. It is therefore recommended that a clear definition of a lead institution should be provided.

Countries from the region whose experiences can be used to guide the design and development of protocols for preferential treatment for older persons are Chile (see [online] <http://www.senama.gob.cl/noticias/congreso-aprueba-ley-de-atencion-preferente-de-salud-para-personas-mayores> and <https://www.minsal.cl/salud-del-adulto-mayor/>) and Colombia (<http://www.dps.gov.co/ent/gen/trs/Documents/Sep2016%20Guia%20de%20servicio%20al%20ciudadano.pdf>)

3. Chapter D**Universal access to sexual health and reproductive health services****Indicators covered:** D.2, D.4, D.9 and D.12.**Indicators on which agreement was reached:** D.2 and D.4**Indicators in which progress was made and more work was needed:** D.9 and D.12.

Indicator D.2: Proposed metadata agreed on, with the recommendation to use first-level-of-care centres to estimate the indicator. The adjustments that UNFPA will make to the definition of sexual health and reproductive health services regarding indicator 5.6.2 of the SDGs should be incorporated into this indicator. With regard to the data source, further work is required to standardize the methods countries use to collect data from special surveys at the administrative level and from first-level-of-care centres —one such survey exists in Brazil, the Survey of Basic Municipal Information (MUNIC), conducted by the Brazilian Institute of Geography and Statistics (IBGE).

Indicator D.4: Proposed metadata agreed on, with the recommendation to use first-level-of-care centres to estimate the indicator. The same observation made for indicator D.2 regarding the data source applies.

Indicator D.9: Metadata proposal not agreed upon. The recommendation is first to agree to a change in the definition of the indicator to include information, either partial information or sentinel data, on the quality of maternal care services provided in first-level-of-care centres compared with those provided in more complex facilities.

Indicator D.12: Metadata proposal not agreed upon. The recommendation is to agree to a change in the definition of the indicator to include information, either partial information or sentinel data, on the quality of care in the treatment of complications related to abortion (spontaneous or induced) in first-level-of-care centres compared with that provided in more complex facilities.

It was suggested that indicators D.2 and D.4 should be examined in conjunction with indicator D.18 (SDG indicator 5.6.2). It was also suggested that indicators D.9 and D.12 should be reviewed together, whether or not the proposed changes have been incorporated, and that indicator D.10 (number of hospitalizations resulting from complications arising after abortion, by age group) should be added. It would be useful to reorder the indicators, starting with the existence of laws and regulations (D.18), moving on to service coverage (D.2) and the incorporation of key populations (D.4), and ending with information on the quality of the services provided and effective access to them (D.9, D.12 and D.10).

Indicator D.2

(adapted from indicator 37.6 of the *Operational guide*)

Percentage of health-care centres offering comprehensive sexual and reproductive health services

Relevant priority measure(s) of the Montevideo Consensus: 12, 35, 37, 43 and 46

Related indicator(s): B.10, B.13, B.14, B.15, D.1, D.3, D.4, D.5, D.6, D.7, D.8, D.9, D.15, D.16, D.18, D.19 and D.20.

Definition:

Indicator D.2 seeks to measure how extensively countries offer in health-care facilities a minimum list of services or interventions that guarantees the population access to comprehensive sexual health and reproductive health.⁷

Ratio between (i) numerator: first-level-of-care centres offering comprehensive sexual and reproductive health services, and (ii) denominator: total number of first-level-of-care establishments, multiplied by 100.

This indicator is expressed as a number per 100 first-level-of-care facilities.

Interpretation: The indicator is a percentage score from 0 to 100, indicating, respectively, that none of the facilities offer the minimum list of sexual and reproductive health services or interventions that patients can expect, or that all facilities provide these services, regardless of the number of existing facilities. Beyond the existence of a legislative or regulatory framework, which is expressed through indicator D.18 (SDG indicator 5.6.2), this indicator shows the status and progress with regard to the availability of sexual health and reproductive health services or interventions at the first level of care as it measures the extent of the implementation of these services in health care centres.⁸ However, indicator D.2 does not measure the quality of the services provided in any way; it simply measures the coverage of comprehensive sexual and reproductive health services, either in the health centre itself or compared with a more complex facility.

⁷ This indicator was first proposed in Economic Commission for Latin America and the Caribbean (ECLAC), “Proposal on indicators for follow-up to the goals of the International Conference on Population and Development in Latin America and the Caribbean”, *Population and Development series*, No. 26 (LC/L.1705-P), Santiago, 2002, p. 50.

⁸ See [online] <https://unstats.un.org/sdgs/metadata/files/Metadata-05-06-02.docx> [date consulted: 30 May 2019].

Indicator D.2 (continued)

Rationale: Although most countries' health systems follow the recommendations of the World Health Organization (WHO), they are very diverse and some are currently changing the way they approach primary health care (see the definition of primary health care in the concept note). Furthermore, the service components also vary according to the standards and legislation of each country. Therefore, in order to reflect this diversity and to obtain comparable figures in the region, as far as possible, this indicator is calculated using only the first-level-of-care health facilities—which are the gateway to the health system—that should implement sexual and reproductive health care directly or that should have protocols for referral to more complex health facilities, in accordance with country norms. Primary health care (PHC) must not be confused with first level of care, which are both defined in the concept note below.

Thus, in order to calculate the indicator, it is first necessary to identify, in each country, which facilities offer the first level of care based on the organization of the health care system. The second step is to obtain information for each of these facilities on the implementation of a minimum list of sexual and reproductive health services or interventions, defined as shown in the sections and components in table 1, which includes “maternal care services”, “contraception and family planning”, and “sexual health and well-being”, based on the concepts used in SDG indicator 5.6.2 (see the list of sexual and reproductive health services in each of these sections in note 1, containing concept definitions).

Source:

Administrative records of health services, official reports or special administrative-level surveys, as well as first-level-of-care centres.

Disaggregations:

Geographic location (rural or urban) and level of administrative disaggregation (private or public). The difference between urban and rural as well as between public and private administration is defined according to each country's own criteria.

Notes:**1. Concept definitions****Health sector**

This is the sector responsible for the provision, distribution, and use of health-care services and related products: a broad range of public and private health services (including the promotion of health, disease prevention, diagnosis, treatment, and care); health sector ministries; non-governmental organizations; community groups; professional organizations; and institutions that directly contribute to health care systems (that is, the pharmaceutical industry and academic institutions).

Primary health care

The Pan American Health Organization and World Health Organization (PAHO/WHO, 2007) state that a health care system based on primary health (PHC) care entails “an overarching approach to the organization and operation of health systems that makes the right to the highest attainable level of health its main goal while maximizing equity and solidarity [...]. A PHC-based health system is composed of a core set of functional and structural elements that guarantee universal coverage and access to services that are acceptable to the population and that are equity-enhancing. It provides comprehensive, integrated, and appropriate care over time, emphasizes health promotion and prevention, and assures first contact care. Families and communities are its basis for planning and action. A PHC-based health system requires a sound legal, institutional, and organizational foundation as well as adequate and sustainable human, financial, and technological resources. It employs optimal organization and management practices at all levels to achieve quality, efficiency, and effectiveness and develops active mechanisms to maximize individual and collective participation in health. A PHC-based health system develops intersectoral actions to address determinants of health and equity” (PAHO/WHO, 2007, p. 8).

Indicator D.2 (continued)

First level of care

While primary health care is at the core of the organization of the entire health system, the first level of care (PNA) refers specifically to the direct provision of health services to individuals and communities. Strengthening the first level of care should be coordinated in integrated health service delivery networks in order to move towards universal access and coverage. Integrated health service delivery networks can be defined as “a network of organizations that provides, or makes arrangements to provide, equitable, comprehensive, integrated, and continuous health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and the health status of the population served.” (PAHO/WHO, 2007, p. 66) These networks are of the principal operational expressions of the PHC approach at the level of health services delivery, a model that enables the management and delivery of comprehensive, integrated, and continuous health services (continuum of care). The establishment of systems based on primary health care with integrated health service delivery networks that provide health services centred on individuals, communities and the environment is the ideal mechanism for achieving universal access to health and universal health coverage. This is why the Strategy for Universal Access to Health and Universal Health Coverage, adopted in 2014 by the Directing Council of the Pan American Health Organization, includes in strategic line 1 the imperative of strengthening the first level of care in the health systems of the region.

Comprehensive sexual and reproductive health services

The concept of sexual health and reproductive health is a broad and general one. The International Conference on Population and Development defines sexual health as “[...] a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.[...] This definition entails a range of aspects (including family planning, maternal health, sexually transmitted/reproductive tract infections including HIV/AIDS, unsafe abortion, and sexual health) and linkages between them.” (WHO/UNFPA, 2009, p. 3).

In view of the complexity of the issue and the ongoing discussion on how to measure access to sexual health and comprehensive reproductive health, this indicator is based on the concept used for the follow-up of SDG target 5.6,⁹ in indicator 5.6.2.¹⁰ This concept was also used in indicator D.18 for the regional follow-up of the Montevideo Consensus on Population and Development. However, since “comprehensive sexuality education and information” is addressed under chapter B, this topic and its respective components were excluded from the definition of sexual health and reproductive health in indicator D.2. The “infertility” component is explicitly included under contraception and family planning, and the components “breast self-examination” and “prevention and detection of and response to gender-based violence”, which primarily involve counselling services, were included in sexual health and well-being.

A third, equally important layer of information is added to this definition, based on the recommendations of WHO (2010): the minimum services or interventions that should be available in first-level health facilities for them to be considered providers of comprehensive sexual and reproductive health services. It must be noted that the existence of minimum services or interventions is used solely for the purpose of calculating the indicator and not as a recommendation of what should be implemented in sexual and comprehensive reproductive health care facilities.

⁹ Target 5.6 of the SDGs: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

¹⁰ In line with the internationally agreed definition of sexual and reproductive health and with human rights standards, key parameters were selected in four thematic areas, as well as various components of sexual health and reproductive health that should be provided by health-care facilities to ensure comprehensive access to such services. The four thematic areas, specified in SDG indicator 5.6.2, are: maternal care services; contraception and family planning; comprehensive sexuality education and information; and sexual health and well-being.

Indicator D.2 (continued)

Table 1		
Matrix of minimum comprehensive sexual and reproductive health services or interventions offered in first-level-of-care establishments or on referral to more complex facilities, by section and components (based on SDG indicator 5.6.2)		
Section or area	Components	Services or procedures
I. Maternity care services	1. Maternity care	<ul style="list-style-type: none"> – Prenatal care – Screening or testing for anaemia, human immunodeficiency virus (HIV), syphilis, hypertensive disorders and multiple or difficult births – Guidance/counselling on the warning signs during pregnancy for early recognition and appropriate management of complications – Establishment of a birth plan – Monitoring/referral for normal deliveries – Care during puerperium – Guidance/counselling on the warning signs during puerperium for detection and timely treatment of symptoms (such as bleeding, anaemia, post-partum depression) – Advice and support for breastfeeding – Guidance/counselling on and provision of contraceptives subsequent to the obstetric event (birth, abortion, ectopic pregnancy) and on the benefits of birth spacing – Recording of births and deaths
	2. Life-saving commodities	<ul style="list-style-type: none"> – Oxytocin and prostaglandins – Antibiotics
	3. Abortion	<ul style="list-style-type: none"> – Risk screening and early treatment – Information and guidance/counselling – Management of/referral for therapeutic abortion where legal and when necessary – Management of/ referral for incomplete abortion
	4. Post-abortion care	<ul style="list-style-type: none"> – Post-abortion monitoring – Guidance/counselling on post-abortion contraception – Provision of contraceptive methods
II. Contraception and family planning	1. Contraception	<ul style="list-style-type: none"> – Information and guidance/counselling on contraception and family planning for men and women – Counselling on dual protection (barrier method combined with another modern contraceptive method) – Distribution of pregnancy tests – Distribution of male/female condoms – Provision of modern contraceptive methods based on the needs of the woman/partner – Prevention of unintended pregnancies in women of all ages, including child and teenage pregnancy
	2. Consent for contraceptive services	<ul style="list-style-type: none"> – Obtention of consent during counselling sessions
	3. Emergency contraception	<ul style="list-style-type: none"> – Provision of emergency contraceptives based on demand – Information on emergency contraception
	4. Infertility	<ul style="list-style-type: none"> – Pre-conception guidance/counselling for women or couples of childbearing age – Diagnosis/referrals of infertile couples

Indicator D.2 (continued)

Section or area	Components	– Services or procedures
III. Sexual health and well-being	1. Screening and counselling for sexually transmitted infections (STIs)-human immunodeficiency virus (HIV)	<ul style="list-style-type: none"> – Guidance/counselling and screening for STI/HIV and viral hepatitis – Rapid testing and referrals for confirmation of infections (enzyme-linked immunosorbent assay (ELISA) or similar) – Counselling and support for people living with HIV and their families – Action to diminish the stigma and discrimination faced by HIV-positive persons and prevent HIV
	2. Treatment and care of STIs-HIV	<ul style="list-style-type: none"> – Syndromic management of STIs – Detection and management/referrals of opportunistic diseases – Provision/referral of highly active antiretroviral therapy for persons living with HIV
	3. Prevention of cervical cancer	<ul style="list-style-type: none"> – Vaccination/referral for vaccination against human papillomavirus (HPV) – Pap smear – Counselling and screening for cervical cancer
	4. Breast self-examination	<ul style="list-style-type: none"> – Guidance/counselling on breast self-examination for early detection of breast cancer
	5. Gender violence prevention, detection and response	<ul style="list-style-type: none"> – Counselling on gender violence and harmful practices against women, adolescents and girls – Detection and monitoring/screening/referral of gender-based violence – Comprehensive care for victims of gender-based violence and other harmful practices – Emergency care, including sexual assault medical examination kit – Existence of guidelines and standards for timely patient referrals

Source: Working group on indicators for regional follow-up of the Montevideo Consensus on Population and Development, on the basis of United Nations, “Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development” (A/RES/71/313), 2017; World Health Organization (WHO), *Packages of Interventions for Family Planning, Safe Abortion Care, Maternal, Newborn and Child Health*, Geneva, 2010; and Pan American Health Organization/World Health Organization (PAHO/WHO) “Integrated health services delivery networks: concepts, policy options and a road map for implementation in the Americas”, *Renewing Primary Health Care in the Americas series*, No. 4, Washington, D.C., 2007.

2. Comments and limitations

- (i) The definition of comprehensive sexual and reproductive health services is based on that used in SDG indicator 5.6.2 (indicator D.18 for regional follow-up of the Montevideo Consensus on Population and Development), which is still under discussion. Any changes arising from these discussions will also have to be reflected in this concept in the calculation of this indicator.
- (ii) This indicator should be analysed in connection with indicator D.18, which refers to the existence (or not) of laws or regulations, while indicator D.2 refers to the implementation of services in health centres.
- (iii) It should be noted that the definition used does not include the topic or section related to comprehensive sexuality education, which is included in Chapter B.
- (iv) The list of minimum services or interventions is based on the packages of interventions recommended by WHO (2010) and takes into account the reality of some countries. It must be borne in mind that first-level-of-care facilities do not have to provide all services, but it is essential that some of them have mechanisms for referral to more complex facilities, as first-level facilities are not always sufficiently equipped with the personnel or infrastructure for certain interventions.
- (v) The indicator does not take into account the size of the population served by these facilities, since it does not measure the capacity of the health system; however, given the installed capacity, it can be used to estimate the extent to which comprehensive sexual and reproductive health services have been implemented in existing facilities. Countries can create per capita indicators using the same data for a more complete picture of the issue.
- (vi) The next step—or refinement of this indicator—should include monitoring the quality of services provided, using indicators D.9 and D.12 for some of the many issues related to sexual and reproductive health.

Indicator D.2 (concluded)

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Indicator D.4

(adapted from indicator 41.1 of the *Operational guide*)

(Percentage of health-care centres that have implemented updated protocols, interculturally focused and relevant to different ages, on sexual and reproductive health care, by gender)

Relevant priority measure(s) of the Montevideo Consensus: 12, 36, 37, 41 and 46.

Related indicator(s): B.10, B.13, B.17, B.18, D.1, D.2, D.3, D.5, D.6, D.7, D.8, D.9, D.15, D.17, D.18, D.21 and D.22.

Definition:

Indicator D.4 seeks to measure how extensively health-care facilities offering comprehensive sexual and reproductive health services or interventions have mainstreamed a gender perspective with an intercultural and age-appropriate approach to care in their updated medical protocols.

Ratio between (i) numerator: first-level-of-care care establishments that have implemented updated protocols, interculturally focused and relevant to different ages, on sexual and reproductive health care, by gender, and (ii) denominator: total number of first-level-of-care establishments offering comprehensive sexual and reproductive health services, multiplied by 100.

This indicator is expressed as a number per 100 first-level-of-care facilities offering comprehensive sexual health and reproductive health services.

Interpretation:

The indicator is a percentage score from 0 to 100, indicating, respectively, that none of the first-level-of-care facilities offering the minimum list of sexual and reproductive health services or interventions have updated medical protocols with a gender perspective and an intercultural and age-appropriate approach to care, or that all facilities have such protocols. This indicator should be analysed in combination with indicators D.2 and D.18, since all three together provide an overview of sexual and reproductive health care, spanning the existence of laws and regulations (D.18), the percentage of first-level-of-care centres offering comprehensive services in one location or referrals to other facilities (D.2), and the implementation of protocols that facilitate adequate access to health care for women and men and which are culturally inclusive and age-appropriate, particularly as they do not exclude or create barriers for young people.

The very nature of primary health care implies the existence of updated protocols for sexual health and reproductive health care for women and for men. Thus, the integration of an intercultural and age-appropriate approach into these protocols is, for the most part, less frequent. This is why it is important to calculate the indicator by type of approach, applying the relevant disaggregations for each country.

As with indicator D.2, it does not measure the quality of services provided to different population groups, nor whether updated protocols are adequately implemented. Indicator D.4 merely provides information on the existence of these updated protocols for the different population groups.

Indicator D.4 (concluded)

Rationale:

Indicator D.4 can be seen as an adjustment of indicator D.2, as the question of whether comprehensive sexual and reproductive health care is provided appropriately for different population groups is applicable only to facilities offering such services or interventions.

It is therefore calculated first by estimating the information needed to calculate indicator D.2, using the same definitions. The second step is to determine whether health-care protocols in each of the corresponding facilities incorporate the aforementioned approaches.

Source:

Administrative records of health services, official reports or special administrative-level surveys, as well as first-level-of-care centres.

Disaggregations:

Geographic location (rural or urban) and level of administrative disaggregation (private or public). The difference between urban and rural as well as between public and private administration is defined according to each country's own criteria. By approach (gender, intercultural or age-appropriate).

Notes:

1. Concept definitions

- **Medical/clinical practice guidelines (or similar)**

Any document that contains systematically formulated recommendations on public health interventions, clinical practice and public policy. It is intended to help key stakeholders (politicians, health workers and patients) to make informed decisions on the best course of action in specific health situations. It should offer a choice among different interventions or measures having an impact on health and implications for the use of resources (WHO, 2014 and 2002).

- **Medical protocol (or similar)**

A document that outlines the medical-surgical procedures for the treatment of a specified clinical situation. It describes the mechanisms for implementing the guideline (WHO, 2014 and 2002).

- **Updating**

Refers to documents where the content relative to the treatment of specific clinical situations is drawn up on the basis of established scientific evidence. The formal methods for reviewing and updating content include clear scientific evidence derived from digitalized medical databases and expert consensus on the basis of a non-systematic literature review. In line with good clinical practice, documents should be issued with a date by which a guideline should be reviewed and updated (WHO, 2014 and 2002).

- **Health sector**

See definition in metadata for indicator D.2.

Primary health care

See definition in metadata for indicator D.2.

First level of care

See definition in metadata for indicator D.2.

Comprehensive sexual and reproductive health services

See definition in metadata for indicator D.2.

2. Comments and limitations

- (i) The indicator does not take into account the size of the population served by these facilities. Countries can create per capita indicators using the same data for a more complete picture of the issue.
- (ii) The next step —or refinement of this indicator— should include monitoring the appropriate implementation of updated protocols.

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4. Chapter E

Gender equality

Indicators covered: E.10, E.11 and E.13.

Indicators on which agreement was reached: E.10.

Indicators in which progress was made and more work was needed: E.11 and E.13.

Indicator E.10: Proposed metadata agreed on, with the recommendation to continue working to mainstream gender identity in education policy, and in particular in the curriculum, as part of an effort to further progress.

Indicators E.11 and E.13: An initial assessment of current difficulties in developing metadata was conducted. Further discussion is needed to agree on a reliable definition of “new concepts of masculinity”.

Indicator E.10

(adapted from indicator 59.1 of the *Operational guide*)

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

Relevant priority measure(s) of the Montevideo Consensus: 59.

Related indicator(s): A.20 and B.8.

Definition:

Existence of basic and secondary education^a curricula that explicitly incorporate gender equality into their minimum content, including the issue of discrimination on grounds of gender identity and sexual orientation.

Source:

National reports and information from ministries of education and national mechanisms for the advancement of women.

Disaggregations:

Primary education/secondary education; public schools/private schools.^b

Notes:

Indicator 59.1 of the *Operational guide for the implementation and follow-up of the Montevideo Consensus on Population and Development* (percentage of public and private schools that include gender equality in the basic education curriculum), refers only to basic education whereas this instrument also includes secondary education.

This indicator has its correlates in various international and regional instruments such as the Convention on the Elimination of All Forms of Discrimination against Women, the Santo Domingo Consensus and the Quito Consensus.

^a Basic and secondary education shall be interpreted as equivalent to primary and secondary education, respectively.

^b Disaggregation based on public or private schools can be used insofar as it is relevant to the national education system.

The content must be incorporated into the formal curriculum as laid out in national education policies. Gender equality can be considered to be included if it is referred to explicitly in any cross-cutting approach, cross-cutting objective, competence or pedagogical approach aimed at its meaningful integration into the school system.

The incorporation in curricula of non-discrimination and respect for the rights of all persons must also cover, at the very least, gender identity or sexual orientation.

Indicator E.10 (concluded)

For the purposes of the indicator, it is important to note that the concept of gender equality or inequality affects the nature, approach to and limits of accountability concerning gender equality in education, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO) in the Global Education Monitoring Report 2017/8.¹¹ In the narrowest and most descriptive sense, it focuses on participation in education and learning outcomes. On a more analytical level, it aims to identify and question the relationships and processes in the exercise of power that lead to gender inequality. In the broadest sense, it deals with normative aspirations relating to justice or equality in society, beyond education itself. At minimum, the first two levels must be included as part of an incremental process to achieve the broadest impact.

In order to adequately measure this indicator, the definitions of discrimination on the basis of gender and sexual orientation are based on the Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity,¹² which have been taken into consideration by the Inter-American Commission on Human Rights¹³ and the Office of the High Commissioner for Human Rights.¹⁴

Sexual orientation is independent from a person's biological sex or gender identity: it is understood to refer to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender. It is a complex concept, the formulations of which change over time and vary from culture to culture.

Gender identity is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.

5. Chapter F

International migration and protection of the human rights of all migrants

Indicators covered: F.5 and F.6.

Indicators in which progress was made and more work was needed: F.5 and F.6.

Indicator F.5: Proposed metadata to be explored agreed on, with the recommendation to continue working on the source of data for the indicator (for example, surveys) and to obtain information on the approach and views of the Ibero-American Social Security Organization, which are pending.

Indicator F.6: Progress was made in fine-tuning the metadata, in acknowledgement of the indicator's relevance and its complexity, which depends on the availability of information in each country. It is clear that further work and discussion is required at a later stage, with one of the recommendations being to systematically engage the public sector in data collection and to make a clear distinction between information on migrant children in general and on unaccompanied migrant children.

¹¹ United Nations Educational, Scientific and Cultural Organization (UNESCO), "Accountability in education: meeting our commitments", *Global Education Monitoring Report*, Paris, 2017.

¹² International Commission of Jurists/ International Service for Human Rights (ICJ/ISHR), *The Yogyakarta Principles. Principles on the application of international human rights law in relation to sexual orientation and gender identity*, 2007 [online] http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf

¹³ Permanent Council of the Organization of American States, *Sexual Orientation, Gender Identity, and Gender Expression: Key Terms and Standards*, 2012 [online] http://www.oas.org/en/sla/dil/docs/CP-CAJP-INF_166-12_eng.pdf

¹⁴ See [online] <https://acnudh.org/orientacion-sexual-e-identidad-de-genero-en-el-derecho-internacional-de-los-derechos-humanos/>.

Indicator F.5

(adapted from indicator 69.1 of the *Operational guide*)

Percentage and number of direct beneficiaries covered by the Ibero-American Multilateral Agreement on Social Security in each destination country, in relation to the total number of immigrant workers in the labour force

Relevant priority measure(s) of the Montevideo Consensus: 28 and 69.

Related indicator(s): C.2.

Definition:

In the case of the percentage, it is the ratio between: (i) numerator: total number of direct beneficiaries covered by the Ibero-American Multilateral Agreement on Social Security in each country of immigration, and (ii) denominator: total number of migrant workers in the labour force of the country of immigration, multiplied by 100.

Source:

Metadata contained in country reports are available on the Ibero-American Social Security Organization website [online] <http://www.oiss.org/-Convenio-Multilateral-.html>, and those of the competent national institutions or liaison body of each State Party.

Disaggregations:

Those specified in annex IV to the *Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators* (E/CN.3/2016/2/Rev.1), adopted by the United Nations Statistical Commission at its forty-seventh session (8–11 March 2016).

Notes:

The metadata require much more refining, primarily with regard to continuing to work on the source of data for the indicator (e.g. surveys) and obtaining information on the approach and views of the Ibero-American Social Security Organization, which are pending.

In that regard, OISS is clear that the Agreement upholds the need to eradicate irregular migration and promotes access to social protection and labour rights for migrant workers and, in turn, access to pension portability. The Ibero-American Multilateral Agreement on Social Security, adopted by the 22 member States of the Ibero-American Community at the seventeenth Ibero-American Summit of Heads of State and Government held in November 2007 in Santiago, has been ratified by 11 countries. By 2018, 15 countries had signed the Agreement: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Paraguay, Peru, Portugal, Spain, Uruguay and Venezuela (Bolivarian Republic of). It has been ratified by the relevant authorities (national parliament or legislative body) and incorporated into domestic law of Argentina, Bolivia (Plurinational State of), Brazil, Chile, Ecuador, El Salvador, Paraguay, Portugal, Spain, Uruguay and Venezuela (Bolivarian Republic of). In addition, the implementing agreement was signed by Bolivia (Plurinational State of), Brazil, Chile, Ecuador, Paraguay, Spain and Uruguay, where the Multilateral Agreement is already in effect.

The Agreement aims to gradually develop universal social protection systems by ensuring the portability of social security benefits for migrants, covering rights acquired and being acquired by migrant workers and their families in the Ibero-American region. As the main purpose of the Agreement is to protect the social rights of Ibero-American migrant workers, its provisions will apply to disability benefits, old age pension, survivor's benefits, benefits in respect of accidents at work and sickness benefits.

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OISS (Ibero-American Social Security Organization) (2011), "Convenio Multilateral Iberoamericano de Seguridad Social", *Boletín Informativo de la Organización Iberoamericana de Seguridad Social*, N° 47.

Indicator F.6

(indicator 72.1 of the *Operational guide*)

Number (and relative share) of unaccompanied children and adolescents among migrants

Relevant priority measure(s) of the Montevideo Consensus: 8, 9, 10 and 72.

Related indicator(s): B.3 and B.7.

Definition:

Number of unaccompanied child and adolescent migrants, understood as anyone under 18 years of age who is separated from both parents and is not under the care of any adult who is responsible for them by law or custom (United Nations High Commissioner for Refugees (UNHCR)), as well as those who are left alone after entering a country. Children and adolescents in this situation are recognized as unaccompanied foreign minors.

Their relative presence is calculated on the basis of the populations of nationals of the respective age group of the country of origin, per 100,000 children aged under 18 years.

Source:

Information refers to emigrants and is available from non-governmental and international organizations specializing in asylum and refugee issues (UNHCR, for example). It can also be consulted in migration, refugee and police records, and at civil society reception centres.

Disaggregations:

Those included in the indicator, plus those specified in annex IV to the Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (E/CN.3/2016/2/Rev.1), adopted by the United Nations Statistical Commission at its forty-seventh session (8–11 March 2016).

Notes:

This indicator should be calculated on a provisional basis in each country, with a view to fine-tuning it, to make it regionally comparable. This clarification is needed since the countries of the region have not agreed on care protocols (as evidenced at the fifth meeting on Migration of the Community of Latin American and Caribbean States (CELAC), Santiago, November 2016) although the Regional Conference on Migration (RCM) has developed guidelines in successive versions (see [online] <http://www.rcmvs.org/Publicaciones/Publicaciones.htm>). Several countries have consulted the reports of the Department of Homeland Security of the United States, and institutions such as the National Institute of Migration (INAMI) in Mexico are releasing information. It must be calculated annually.

The metadata for each country requires much more fine-tuning, primarily since the views of countries are rarely reflected or are loosely articulated by two representatives in this subgroup. It would be particularly interesting to learn the views from more countries, bearing in mind that the media reflect mounting concern in the region on the issue addressed by the indicator, and while there may be variations in nuances and wording, the views on child protection are shared. Furthermore, the issue cannot be taken in isolation from the objectives and purposes of the Global Compact for Safe, Orderly and Regular Migration or the 2030 Agenda for Sustainable Development.

To move forward on metadata, both national and regional surveys are potential sources in some countries. The registers of international organizations could also be used at a time when the world is witness to a complex combination of factors driving migration, which is occasionally manifested in a combination of organized, spontaneous, forced and massive movements of people who cross lands seeking relief, refuge or passage.

This is why there is a need for a systematic engagement of the public sector in data collection, as systematic registration should be a key source of metadata for tracking information on migrant children in general and on unaccompanied migrant children.

6. Chapter G

Territorial inequality, spatial mobility and vulnerability

Indicators covered: G.1 and G.7.

Indicators on which agreement was reached: G.1.

Indicators in which progress was made and more work was needed: G.7.

Indicator G.1: Proposed metadata agreed on, with the recommendation to continue working on data sources for the indicator.

Indicator G.7: Progress was made towards improving metadata accuracy. Further work and discussion will be needed, with one of the recommendations being to define what is meant by each of the perspectives (rights, gender and interculturality) and determine what urban and territorial development plans must contain for such instruments to qualify as having such perspectives.

Indicator G.1

(adapted from indicator 80.4 of the *Operational guide*)

Percentage of metropolitan, city or local governments that have information systems and use new technologies in territorial planning and management decisions

Relevant priority measure(s) of the Montevideo Consensus: 4, 5, 76, 80 and 90.

Related indicator(s): A.22 and H.14.

Definition:

Ratio between: (i) numerator: number of local governments (at minor administrative division level) that have information systems and use new technologies in territorial planning and management decisions, and (ii) denominator: total number of local governments (minor administrative division level), multiplied by 100.

Source:

Registries kept by ministries responsible for urbanism, territorial management or planning. However, this information is rarely systematized at the national level; official reports at minor administrative division level published in print or online should therefore be reviewed. It is recommended to have a single national source for such information. National statistical offices could provide such information, drawing on the basic data published on cities to indicate how many of them use geographic information systems in planning and management decisions. For example, efforts can be made to collect and maintain the information needed to calculate this indicator from annual publications on issues related to municipalities.

Disaggregations:

Not applicable

Notes:

Calculating this indicator requires information that is not always easy to obtain.

The following conditions must be taken into account for the data to match the requirements of the numerator:

1. An information system is understood to be a geographic information system that: (i) uses georeferenced data; (ii) can generate maps at different geographic scales; (iii) tabulates the requisite information for repetitive analysis, diagnosis, designing policies, programs or projects, decision-making and monitoring. All that is required is an active connection of the geographic information system to the Internet at the time of data dissemination (since not all local governments in the region necessarily have permanent access to the Internet, and this must not hinder the deployment of the system).
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Indicator G.1 (concluded)

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2. Operational overview of new technologies: new information and communication technologies are understood to include both the instruments used for the transmission, processing and storage of digitized information (hardware) and the set of processes and products related these tools (software).
 3. Geographic information systems can be used to: (i) process data quickly and reliably: perform calculations, write and copy texts, create databases and modify images, using specialized software (spreadsheets, word processors, database managers, graphics editors); (ii) automate tasks; (iii) store large volumes of data; (iv) establish immediate, synchronous and asynchronous communication; (v) work and learn collaboratively; (vi) produce content and publish it online; and (vii) participate in virtual communities.
 4. Dimensions that should be integrated in the geographic information system to be used in decision-making: ensuring that the largest territorial disaggregation at the community or city scale is taken into account and that the associated georeferenced-mapping base is available. (i) Territorial dimension: land use, building standards, urban design and architecture, zoning for production activities that have no negative impact; (ii) Infrastructure and roads: communal roads and green areas, urban renewal for neighbourhoods and housing, infrastructure for basic services, mobility and public spaces, location, layout and design standard of communal roads (collector, local and service roads); (iii) Sociodemographic and socioeconomic dimension: population (population status indicators based on censuses and population dynamics), monetary and multidimensional poverty, employment profile, main production zones or economic development areas (commercial districts, tourist areas or local production centres), location of companies or industries. These dimensions are deemed to have a direct influence on the environment and on populations and must be given due consideration in decision-making on development and growth guidelines to ensure the harmonization of management tools.
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Indicator G.7(indicator 81.1 of the *Operational guide*)**Proportion of urban and territorial development plans that incorporate the rights, gender and interculturality perspectives****Relevant priority measure(s) of the Montevideo Consensus:** 4, 5, 18, 19, 20, 50, 76, 81, 85, 88 and 96.**Related indicator(s):** A.17, A.22, A.23, E.1, E.3, H.5 and H.8.**Definition:**

Ratio between: (i) numerator: number of urban and territorial development plans that incorporate the rights, gender and interculturality perspective, and (ii) denominator: total urban and territorial development plans, multiplied by 100.

Source:

Registries of the ministry of urban affairs or equivalent of each country.

Disaggregations:

By indigenous territories and communities.

Notes:

Further work on this metadatum is required to make it more accurate. It is necessary to define what is meant by rights, gender and interculturality perspectives and, subsequently, to determine what urban and territorial development plans must contain for such instruments to qualify as having such perspectives. One option is to consider certain key words that help to establish whether these approaches are included.

In general, ministries have a register of approved urban and territorial development plans and their characteristics; or in some cases they have platforms that monitor the formulation or modification of all of the country's territorial planning instruments.

See the references to rights, gender and interculturality perspectives contained in the glossary of the document *Proposed indicators and metadata for regional follow-up of the Montevideo Consensus on Population and Development* (LC/CRPD.3/DDR/1).

Chapters H and I

Indigenous peoples: interculturalism and rights/Afrodescendants: rights and combating racial discrimination

Indicators covered: H.6, I.3, H.11 and I.5.

Indicators on which agreement was reached: H.6 and I.3.

Indicators in which progress was made and more work was needed: H.11 and I.5.

Indicators H.6 and I.3: Proposed metadata agreed on. One of the main challenges is to be able to identify the budget items allocated to indigenous peoples and Afrodescendants that are not explicitly provided for in budgetary laws; another is the yearly measurement of the indicator. A pending challenge will be to determine the amount executed.

Indicators H.11 and I.5: Progress made on proposed metadata. One challenge relates to the systematic inclusion of ethnic and racial self-identification in administrative records; another is the implementation of pilot programmes in some countries of the region to test the proposal.

Indicator H.6

(adapted from indicator 86.1 of the *Operational guide*)

Percentage of the public budget earmarked/executed for actions aimed at guaranteeing the rights of indigenous peoples, by sector

Relevant priority measure(s) of the Montevideo Consensus: 1, 2, 85 and 86.

Related indicator(s): A.7.

Definition:

Ratio between: (i) numerator: public expenditure earmarked for actions aimed at guaranteeing the rights of indigenous peoples (and executed), and (ii) denominator: total public expenditure, multiplied by 100.

To measure the indicator, the entire public budget intended for policies and programmes relating to indigenous peoples will be taken into account, as follows:

1. The annual budget allocated to the institutions responsible for indigenous peoples' affairs, including all State institutions that focus specifically on indigenous peoples' affairs.
2. The annual budget allocated to policies and programmes aimed specifically at indigenous peoples that are included in budgetary laws.
3. The annual budget allocated to programmes for indigenous peoples which are not explicitly included in budgetary laws and which are allocated funds in the budget lines of the relevant ministries.

Along with the institutions with responsibility for indigenous affairs, information shall be sought from at least the following government entities:

- Ministry of agriculture and rural development or equivalent
 - Ministry of the environment and sustainable development or equivalent
 - Ministry of mining or equivalent
 - Ministry of social development or equivalent
 - Ministry of justice or equivalent
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Indicator H.6 (concluded)

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- Ministry of health or equivalent
 - Ministry of education or equivalent
 - Ministry of labour or equivalent
 - Ministry of housing and urban affairs or equivalent
 - Ministry of women's affairs or equivalent
 - Ministry of culture or equivalent

Welfare allocations received by indigenous persons are excluded from the calculation of the indicator, because those benefits are provided to individuals because they are poor, not because they are holders of indigenous rights. Similarly, sectoral public investment in municipalities with a high concentration of indigenous people is also excluded, unless explicitly provided for in budgetary laws governing these municipalities in the form of clearly defined affirmative action towards indigenous areas.

Source:

Ministry of economic affairs and finance or equivalent (or relevant ministry), in coordination with the lead agencies for implementation of the Montevideo Consensus and the institutions responsible for indigenous peoples' affairs. To be included in national reports and periodic surveys on implementation of the Montevideo Consensus.

Disaggregation:

By sector associated with each of the government entities listed in the definition for the indicator. It is also advisable to indicate whether the budget line is allocated to specific indigenous peoples or communities.

Notes:

UNFPA has shared its methodologies for estimating public spending on youth, to assess whether they can be adapted for indigenous peoples. While this could be done, it is a complex and costly method of obtaining periodic measurements of the indicator, although pilot testing has not been ruled out.

As a first step, the proposal is to measure the indicator in terms of the budget allocated at the national level; the second step would be to measure it in relation to the executed budget.

It is proposed that annual measurements should be taken from 2013 onward.

It is recommended that a pilot test should be conducted in some countries of the region to evaluate and adjust the methodology.

Indicator I.3

Percentage of the public budget earmarked for actions aimed at guaranteeing the rights of the Afrodescendent population (and executed), by sector, and percentage allocated to a governing institution on Afrodescendent affairs

Relevant priority measure(s) of the Montevideo Consensus: 1, 2, 92, 93 and 96.

Related indicator(s): A.7 and I.2.

Definition:

For the percentage of the public budget earmarked for actions aimed at guaranteeing the rights of the Afrodescendent population, the ratio between: (i) numerator: public budget earmarked for actions aimed at guaranteeing the rights of the Afrodescendent population (and executed), and (ii) denominator: total public expenditure, multiplied by 100.

For the percentage allocated to a governing institution on Afrodescendent affairs, the ratio between: (i) numerator: public budget earmarked for a governing institution on Afrodescendent affairs (and executed), and (ii) denominator: total public expenditure, multiplied by 100.

Indicator I.3 (concluded)

To measure the indicator, the entire public budget intended for policies and programmes relating to the Afrodescendent population will be taken into account, as follows:

- (i) The annual budget allocated to the institutions responsible for Afrodescendent affairs, including all State institutions that focus specifically on these affairs.
- (ii) The annual budget allocated to policies and programmes aimed specifically at Afrodescendent populations that are included in budgetary laws.
- (iii) The annual budget allocated to programmes for Afrodescendent populations which are not explicitly included in budgetary laws and which are allocated funds in the budget lines of the relevant ministries.

Along with the institutions with responsibility for Afrodescendent affairs, information shall be sought from at least the following government entities:

- Ministry of social development or equivalent
- Ministry of justice or equivalent
- Ministry of health or equivalent
- Ministry of education or equivalent
- Ministry of labour or equivalent
- Ministry of housing and urban affairs or equivalent
- Ministry of women's affairs or equivalent
- Ministry of culture or equivalent
- Ministry of agriculture and rural development or equivalent
- Ministry of the environment and sustainable development or equivalent
- Ministry of mining or equivalent

Welfare allocations received by people of African descent are excluded from the calculation of the indicator, because those benefits are provided to individuals because they are poor, not because they are holders of rights as Afrodescendants. Similarly, sectoral public investment in municipalities with a large Afrodescendent population is also excluded, unless explicitly provided for in budgetary laws governing these municipalities in the form of clearly defined affirmative action towards areas populated by Afrodescendants.

Source:

Ministry of economic affairs and finance or equivalent (or relevant ministry), in coordination with the lead agencies for implementation of the Montevideo Consensus and the institutions responsible for Afrodescendent affairs. To be included in national reports and periodic surveys on implementation of the Montevideo Consensus.

Disaggregation:

By sector associated with each of the government entities listed in the definition for the indicator. It is also advisable to indicate whether the budget line is allocated to specific Afrodescendent communities.

Notes:

UNFPA has shared its methodologies for estimating public spending on youth, to assess whether they can be adapted for Afrodescendent populations. While this could be done, it is a complex and costly method of obtaining periodic measurements of the indicator, although pilot testing has not been ruled out.

As a first step, the proposal is to measure the indicator in terms of the budget allocated at the national level; the second step would be to measure it in relation to the executed budget.

It is proposed that annual measurements should be taken from 2013 onward.

It is recommended that a pilot test should be conducted in some countries of the region to evaluate and adjust the methodology.

Indicator H.11

Percentage of relevant data sources that include indigenous self-identification, including censuses, surveys and administrative records in the different sectors

Relevant priority measure(s) of the Montevideo Consensus: 4, 85 and 90.

Related indicator(s): A.25, H.12, H.13 and H.14.

Definition:

Ratio between: (i) numerator: number of data sources of the national statistical system that include indigenous identification, and (ii) denominator: total number of data sources of the national statistical system, multiplied by 100.

Four subgroups of data sources will be used, and the indicator calculated in each (that is, the percentage of sources incorporating self-identification in each subgroup). The subgroups are:

- (i) Population and housing censuses and agricultural censuses
 - (ii) Household surveys, including living conditions surveys and the like, demographic and health surveys, youth surveys, surveys among older persons, time use surveys, and any other official surveys conducted in the country
 - (iii) Registers of civil status events: births, deaths, marriage and divorce
 - (iv) Administrative records in the areas of health, education, housing, employment, rural development and lands, environment and justice that are used to populate sectoral information systems
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Source:

National statistical institutes and the statistical units of the sectoral ministries (health, education and housing, among others).

Disaggregation:

Data sources or specific statistical operations, as defined.

Notes:

This indicator is fundamental since it reflects the spirit of SDG 17.18 to provide, by 2020, timely and quality data with an ethnicity and race breakdown. In order to determine who is indigenous in the statistical data, there is an international consensus that self-identification should be used, establishing categories that make sense to indigenous people, including different varieties of self-denomination. The criterion of self-identification is consistent with the standard of indigenous peoples' rights, even if it is understood that there are situations in which an individual cannot confirm his or her own identity (for example, when registering a death). Other elements of indigenous identity, such as language or territoriality, are important for characterizing (but not for quantifying) indigenous peoples, so it is important to evaluate the feasibility of including such variables, for each data source.¹⁵

In the *First regional report on the implementation of the Montevideo Consensus on Population and Development*,¹⁶ systematization and approximation methods were used to measure this indicator, with the following sources and criteria:

- (i) The sources selected were the last two censuses, the latest agricultural census, demographic and health surveys (around 2010 and the latest available), household surveys (employment, income and related, around 2010 and the latest available), birth registration and death registration.
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¹⁵ F. Del Popolo and S. Schkolnik, "Pueblos indígenas y afrodescendientes en los censos de población y vivienda de América Latina: avances y desafíos en el derecho a la información", *Notas de Población*, No. 97 (LC/G.2598-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2013 and ECLAC, "Censos 2010 y la inclusión del enfoque étnico: hacia una construcción participativa con pueblos indígenas y afrodescendientes de América Latina", *Seminarios y Conferencias series*, No. 57 (LC/L.3095-P), Santiago, 2009.

¹⁶ ECLAC, *First regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.3/6), Santiago, 2019.

Indicator H.11 (concluded)

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- (ii) To calculate the percentage, each source was assigned 1 or 0, then the sum was obtained and divided by the total number of sources (in this case, 6). Population censuses and surveys were counted as 1, although self-identification was included in more than one study.

The results obtained were uneven among countries, ranging from 16.7% of sources that included indigenous self-identification in Argentina to 100% in Colombia.

Although this was a first step forward, it is necessary to broaden the data sources used to measure the indicator, as well as the calculation method, by evaluating the inclusion of the self-identification criterion as of 2013 (the year of adoption of the Montevideo Consensus), with the exception of censuses, which are counted as of the 2010 round.

It is recommended that a pilot test be carried out in some countries of the region to be able to define in greater detail the continuous records to be consulted (giving priority to those that are the primary source of data for indicators of the Montevideo Consensus) and to guarantee participation by indigenous peoples in this process.

It remains to be defined whether a synthetic index will be calculated, for example, by establishing weightings based on the four subgroups of data sources mentioned in the definition. The pilot test would thus help not only to refine the list of sources, but also to define the methodology for calculating a synthetic indicator.

It is advisable to systematize the self-identification questions used in each data source, since they are not always comparable. In addition, in censuses and surveys, findings on the size (total and relative) of the indigenous population should be available. It is also essential to assess the quality of responses on indigenous identification in each data source, identify the processes by which self-identification is included and promote the dissemination of disaggregated results. In this regard, it is suggested that some complementary indicators on the quality of information on indigenous self-identification should be defined.

Indicator I.5

Percentage of relevant data sources that include self-identification of Afrodescendants, such as censuses, surveys and administrative records in the different sectors

Relevant priority measure(s) of the Montevideo Consensus: 4, 92, 94 and 98.

Related indicator(s): A.25, I.6 and I.7.

Definition:

Ratio between: (i) numerator: number of data sources of the national statistical system that include Afrodescendent identification, and (ii) denominator: total number of data sources of the national statistical system, multiplied by 100.

Four subgroups of data sources will be used, and the indicator calculated in each (that is, the percentage of sources incorporating self-identification in each subgroup). The subgroups are:

- (i) Population and housing censuses and agricultural censuses
- (ii) Household surveys, including living conditions surveys and the like, demographic and health surveys, youth surveys, surveys among older persons, time use surveys, and any other official surveys conducted in the country
- (iii) Registers of civil status events: births, deaths, marriage and divorce
- (iv) Administrative records in the areas of health, education, housing, employment, rural development and lands, environment and justice that are used to populate sectoral information systems

Source:

National statistical institutes and the statistical units of the sectoral ministries (health, education and housing, among others).

Disaggregation:

Data sources or specific statistical operations, as defined.

Indicator I.5 (concluded)

Notes:

This indicator is fundamental since it reflects the spirit of SDG 17.18 to provide, by 2020, timely and quality data with an ethnicity and race breakdown. Existe consenso internacional en que para determinar quién es afrodescendiente en las fuentes de datos estadísticos debe utilizarse el criterio de autoidentificación, estableciendo las categorías que tienen sentido para las personas y comunidades afrodescendientes, incluidas las distintas formas de autodenominarse, sean estas categorías raciales o étnicas¹⁷. El criterio de autoidentificación es coherente con el estándar de los derechos de los afrodescendientes, aun cuando se entiende que en determinadas situaciones la identificación no pueda realizarla la propia persona (por ejemplo, en el caso del registro de defunciones).

En el *Primer informe regional sobre la implementación del Consenso de Montevideo sobre Población y Desarrollo*¹⁸, se realizó una sistematización y aproximación para la medición de este indicador, cuyas fuentes y criterios fueron los siguientes:

- (i) The sources selected were the last two censuses, the latest agricultural census, demographic and health surveys (around 2010 and the latest available), household surveys (employment, income and related, around 2010 and the latest available), birth registration and death registration.
- (ii) To calculate the percentage, each source was assigned 1 or 0, then the sum was obtained and divided by the total number of sources (in this case, 6). Population censuses and surveys were counted as 1, although self-identification was included in more than one study.

The results were uneven among countries, ranging from 0% of sources that included Afrodescendent self-identification in Chile to 100% in Colombia.

Although this was a first step forward, it is necessary to broaden the data sources used to measure the indicator, as well as the calculation method, by evaluating the inclusion of the self-identification criterion as of 2013 (the year of adoption of the Montevideo Consensus), with the exception of censuses, which are counted as of the 2010 round.

It is recommended that a pilot test be carried out in some countries of the region to be able to define in greater detail the continuous records to be consulted (giving priority to those that are the primary source of data for indicators of the Montevideo Consensus) and to guarantee participation by Afrodescendent populations in this process.

It remains to be defined whether a synthetic index will be calculated, for example, by establishing weightings based on the four subgroups of data sources mentioned in the definition. The pilot test would thus help not only to refine the list of sources, but also to define the methodology for calculating a synthetic indicator.

It is advisable to systematize the self-identification questions used in each data source, since they are not always comparable. In addition, in censuses and surveys, findings on the size (total and relative) of the Afrodescendent population should be available. It is also essential to assess the quality of responses on Afrodescendent identification in each data source, identify the processes by which self-identification is included and promote the dissemination of disaggregated results. In this regard, it is suggested that some complementary indicators on the quality of information on Afrodescendent self-identification should be defined.

¹⁷ F. Del Popolo and S. Schkolnik, “Pueblos indígenas y afrodescendientes en los censos de población y vivienda de América Latina: avances y desafíos en el derecho a la información”, *Notas de Población*, No. 97 (LC/G.2598-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2013 and ECLAC, “Censos 2010 y la inclusión del enfoque étnico: hacia una construcción participativa con pueblos indígenas y afrodescendientes de América Latina”, *Seminarios y Conferencias series*, No. 57 (LC/L.3095-P), Santiago, 2009.

¹⁸ ECLAC, *First regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.3/6), Santiago, 2019.

**D. MEETING OF THE WORKING GROUP ON INDICATORS FOR REGIONAL
FOLLOW-UP OF THE MONTEVIDEO CONSENSUS ON POPULATION
AND DEVELOPMENT (PANAMA, 22–23 JULY 2019)**

The meeting, convened by the Chair of the Regional Conference on Population and Development and the coordinator of the working group and co-organized by ECLAC and UNFPA, was held at the Wyndham Hotel in Panama City. Participants included representatives of the governments of Chile (National Institute for Youth), Costa Rica (Ministry of National Planning and Economic Policy), Cuba (National Office of Statistics and Information (ONEI)), Mexico (National Population Council (CONAPO)), Paraguay (Department of Statistics, Surveys and Censuses (DGEEC)), Peru (Ministry of Women and Vulnerable Populations) and Uruguay (Ministry of Social Development); academic institutions, such as Universidade Federal de Sergipe (Brazil) and Universidad Mayor de San Simón, in Cochabamba (Plurinational State of Bolivia); civil society organizations (International Planned Parenthood Federation (IPPF) and Latin American Population Association (ALAP)); and officials from ECLAC and UNFPA.

Before the meeting began, participants paid a brief tribute to the memory of Carlos Echarri Cánovas, Secretary-General of the National Population Council (CONAPO) of Mexico, who had passed away days before the meeting.

The meeting was structured in four sessions. The first addressed the progress made by the subgroups in the preparation of metadata for the selected indicators. One representative of each subgroup presented its outcome report, giving an overview of the status of metadata, a summary of the main discussions and agreements reached, and some conclusions on the experience. Each presentation was followed by a question-and-answer session. During the second session, participants took stock of the results obtained by the working group, reflecting on good practices and lessons learned in its period of activity that began in May and ended at that meeting. At the third session, held on the morning of 23 July, the representative of CONAPO presented a draft report of the working group for consideration by the Fourth Meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, to be held at ECLAC headquarters on 9 and 10 October 2019. The draft report was endorsed by the participants.

The main issues raised by the subgroups during the sessions included the importance of data sources—and strengthening them—and the need to maintain the levels of disaggregation for indicators agreed in SDG target 17.18, to establish a clear base year and periodicity, and to improve the quality of the indicators. It was also decided to use the definitions and concepts developed by the specialized agencies (such as the definitions of rights perspective, first level of care, basic education, gender and interculturality perspectives, among others) as a reference and incorporate them into the description of the metadata for SDG indicators. Another important issue was the need to agree on the periodicity for the presentation of national reports on the implementation of the Montevideo Consensus and how they would tie in with the virtual platform to contribute to the regional follow-up of the Montevideo Consensus, which was being developed by the technical secretariat.

Among the lessons learned, it was pointed out that deadlines had been very tight, which consequently limited the time for developing ideas, organizing additional meetings and consulting information. Some indicators also posed challenges because of deficiencies or ambiguities in their definition that had to be rectified in the development of the metadata. Countries also faced enormous challenges in calculating some of the indicators given the magnitude of the task and the dearth of resources, and it was pointed out that, although government agencies were quite willing to undertake measurements, it could not be done without

additional resources. In this context, the importance of accurate measurement of all measurable data was stressed. For those indicators that could not yet be measured, it was noted that any additional information that could be obtained (for example, through the development of indirect or proxy indicators) would be valuable.

It was also stressed that the focal points, through their institutions and within national statistical institutes and offices, should encourage the expansion and improvement of data sources, and that the Presiding Officers of the Regional Conference on Population and Development should do the same in the context of the Statistical Conference of the Americas. In the same vein, the importance of disseminating information among civil society was highlighted, given their strong presence at the country level.

Lastly, before the close of the meeting, the technical secretariat and UNFPA discussed the next steps for the working group. Some of the points made were that the indicators were part of the mechanisms for regional follow-up of the Montevideo Consensus and that the continued existence of the group, its working methods and its functioning would be determined by the Presiding Officers at their next meeting. In closing, the strong commitment, interest and enthusiasm shown by the subgroups was highlighted and it was recommended that the results of the working group should be shared among the ministries, agencies, academic institutions and civil society organizations in each country so that these stakeholders could take ownership of the indicators and help to procure the resources needed for their calculation, bearing in mind the heterogeneity of the region.

E. CONCLUSIONS

Thanks to the work of the thematic subgroups, metadata for 10 indicators were agreed on and progress was made on 12, as summarized in the table below:

Indicators covered by the subgroups	22
With metadata on which agreement was reached	10
With metadata on which progress was made	12

The number of participants in each subgroup was quite varied, reflecting the fact that some issues attracted more interest and attention than others, which is not surprising given the breadth and complexity of the Montevideo Consensus on Population and Development and its thematic chapters.

The countries participating in the subgroup activities were the Bolivarian Republic of Venezuela, Chile, Cuba, Mexico, Paraguay, Peru, Suriname and Uruguay. Costa Rica participated in the meeting of the working group in Panama.

The experience was a success, both in terms of the working method and the progress made in revising and fine-tuning the metadata for the indicators in question.

Regarding the working method used, the results obtained and the better use of time and individual efforts in a collective task underscore the effectiveness and efficiency of the procedure. The methodology adopted encouraged interaction between experts from different fields (government, academia, civil society and international organizations), allowing for a pluralistic view of the issues addressed by each subgroup. In this regard, at the meeting in Panama it was noted that the methodology had been very good but could be improved, and that it was important to maintain this *modus operandi*.

On the second point, significant progress was made, and this was reflected, in particular, in the status of metadata for 22 indicators. Even where metadata require further work, there are clear guidelines on how to proceed in later stages.

Given the technical nature of the discussions, the meeting was a success in terms of the variety of sectors involved, having brought together countries, civil society, academia and United Nations agencies. The working atmosphere in the subgroups was very positive and there was a high degree of commitment throughout the process, which included not only virtual meetings but also the exchange of work inputs, meeting minutes, opinions, reactions and suggestions via email.

A challenge to be addressed in future relates to the level of representation and effective participation of countries in the subgroups: insofar as the invitation was extended to all the focal points of the Regional Conference on Population and Development, more countries could have participated. In the same vein, some countries found it difficult to sustain participation throughout the meetings. There is a clear need to step up government participation in the activities of the working group, encourage government ownership of the indicators for the follow-up of the Montevideo Consensus, and involve the national institutes that generate data and report on indicators. Intersectoral and inter-agency coordination in this area is also vital.

The use of collaborative document editing was a very helpful tool in some subgroups. In terms of technology, communication via Webex as well as Skype and Zoom facilitated discussion among subgroup members. However, connection difficulties as well as audio quality hindered communication at times.

In summary, it can be said that the discussions and contributions were very productive and helped to advance the proposed metadata. Participants responded to the challenges with enthusiasm and showed flexibility in adapting to the demanding context in terms of expected results and time constraints. The meeting in Panama was an opportunity to consolidate the work done, share and respond to concerns, conclude the work that had been planned for the year and finalize the report of the working group.

Some subgroups acknowledged that some metadata definitions were still fledgling and concluded that further adjustments to some of them were probably still needed. They also indicated the need to enhance synergy with other indicators so that a comprehensive proposal could be made to obtain the data needed for estimating these indicators, in such areas as institutional responsibilities, budgets, periodicity and other aspects of data production. Some participants also emphasized the importance of designing and implementing pilot tests in some countries of the region in order to assess the methodologies proposed and identify the need for possible adjustments.

As a final consideration, it must be borne in mind in future that it is difficult, in practice, to measure indicators with pending metadata, and even where satisfactory and clear metadata can be obtained (which, in theory, would make it possible to measure indicators in a way that is comparable across countries), grueling technical discussions and negotiation of agreements would still be necessary. In this regard, the recommendation was also made to continue reviewing the indicators with a view to building synergies among them in and across chapters, and to standardize concepts. Efforts to align the Montevideo Consensus on Population and Development with the 2030 Agenda for Sustainable Development—and with other multilateral human rights instruments— must continue to be pursued.