Population, Development and Rights in Latin America and the Caribbean

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

UNITED NATIONS
ECLAC
75 years Working for a productive, inclusive and sustainable future
10 years Montevideo Consensus
ICPD 30 International Conference on Population and Development

Population, Development and Rights in Latin America and the Caribbean

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

UNITED NATIONS

ECLAC

75 years Working for a productive, inclusive and sustainable future

10 years Montevideo Consensus

ICPD 30 International Conference on Population and Development

José Manuel Salazar-Xirinachs
Executive Secretary

Raúl García-Buchaca
Deputy Executive Secretary
for Management and Programme Analysis

Simone Cecchini
Chief, Latin American and Caribbean Demographic
Centre (CELADE)-Population Division of ECLAC

Sally Shaw
Chief, Documents and Publications Division

This document was prepared by 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 Regional Conference on Population and Development in Latin America and the Caribbean, for the fifth meeting of the Presiding Officers of the Conference (Santiago, 14 and 15 November, 2023). The technical secretariat was assisted by the ECLAC subregional headquarters for the Caribbean and the Division for Gender Affairs of ECLAC and received support and assistance from the United Nations Population Fund (UNFPA) in the preparation of the document.

The document was coordinated by Simone Cecchini, Chief of CELADE-Population Division of ECLAC, and Leandro Reboiras Finardi, Population Affairs Officer in the same Division. The drafting committee comprised Simone Cecchini, María Verónica Cano Christiny, Helena Cruz Castanheira, Fabiana Del Popolo, Daniela González Ollino, Francis Jones, Jorge Martínez Pizarro, Leandro Reboiras Finardi, Jorge Rodríguez Vignoli, Zulma Sosa Portillo and Pamela Villalobos, all from ECLAC. The following staff members from ECLAC substantive divisions and subregional headquarters participated in the preparation of the document: Ana Güezmes, Chief of the Division for Gender Affairs, Carmen Álvarez, Nicole Bidegain, Daniela Maulén, Lucía Scuro and Marisa Weinstein, of the same Division. The authors are grateful for the collaboration of Martín Alcaíno, Amaru Araya González, Alejandro Canales, Verónica Montes de Oca, Ana María Oyarce, Marta Rangel and María Marta Santillán, consultants with CELADE-Population Division of ECLAC. Thanks are also owed to Alejandra Alzérreca, Alejandra Corao, Elizeu Chaves Junior, Denise Chevannes-Vogel, Laura González Garcés, Sabrina Juran, Jenny Karlsen, Cecilia Maurente Beherns, Rocío Muñoz Flores, Aurora Noguera-Ramkissoon, Katherine Rivera-McKinley, Jackeline Romio, Edgard Narváez and Allán Sánchez Osorio, of the Regional Office for Latin America and the Caribbean of the United Nations Population Fund (UNFPA). The cooperation of Elder Lara Castañeda, Mirna Hebrero Martínez, Isalia Nava Bolaños and Paola Magdaleno Romero is also gratefully acknowledged.

Support for the preparation of this document was also received from the 2022 cooperation agreement between the Government of the Republic of Korea and ECLAC, the "Social inequality and the future of workers in Latin America in the context of post-pandemic recovery" cooperation project between ECLAC and the Ford Foundation, and the annual programme of work of ECLAC and UNFPA.

The United Nations and the countries it represents assume no responsibility for the content of links to external sites in this publication.

United Nations publication
LC/MDP.5/4
Distribution: G
Copyright © United Nations, 2023
All rights reserved
Printed at United Nations, Santiago
S.23-00850

This publication should be cited as: Economic Commission for Latin America and the Caribbean (ECLAC), *Population, Development and Rights in Latin America and the Caribbean: draft second regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/MDP.5/4), Santiago, 2023.

Applications for authorization to reproduce this work in whole or in part should be sent to the Economic Commission for Latin America and the Caribbean (ECLAC), Documents and Publications Division, publicaciones.cepal@un.org. Member States and their governmental institutions may reproduce this work without prior authorization, but are requested to mention the source and to inform ECLAC of such reproduction.

CONTENTS

Foreword 9
Introduction 13

Chapter I
Demographic trends in Latin America and the Caribbean 21
A. Mortality 23
B. Total and adolescent fertility 25
C. Age structure and demographic change 27
D. Internal and international migration 31
1. Internal migration and population distribution 31
2. International migration 32
Bibliography 34

Chapter II
Regional follow-up of the implementation of the Montevideo Consensus on Population and Development 37
A. Full integration of population dynamics into sustainable development with equality and respect for human rights 39
1. Inequality, poverty and exclusion 39
2. Institutional population and development frameworks, inter-agency coordination mechanisms and civil society participation 40
3. Integration of population issues into public policies and planning 41
B. Rights, needs, responsibilities and requirements of children, adolescents and youth 41
1. Review of progress on priority measures 43
C. Ageing, social protection and socioeconomic challenges 50
1. Social protection and human rights of older persons 50
2. Preventing and ending discrimination and violence against older persons 51
3. Disaster prevention, mitigation and relief, climate change and older persons 52

D. Universal access to sexual and reproductive health services ... 52
1. Sexual health ... 53
2. Reproductive health ... 54
3. Sexual and reproductive rights ... 58
E. Gender equality ... 59
1. Institutional mechanisms to strengthen women's autonomy and gender equality ... 60
2. Economic autonomy: progress and challenges ... 63
3. Gender-based violence ... 64
F. International migration and protection of the human rights of all migrants ... 65
1. Inclusion of international migration and the regularization of migration in regional and national development agendas and strategies ... 65
2. Comprehensive strategies to harness the benefits of migration ... 66
3. Addressing the situation of the region's migrants ... 67
4. Multilateral governance for migration ... 67
5. Protection of human rights and guaranteed access to services, in particular for vulnerable groups ... 67
6. Intersectoral and intergovernmental coordination ... 68
G. Territorial inequality, spatial mobility and vulnerability ... 69
1. Territorial management plans, policies, programmes and instruments ... 69
2. Development and well-being of the population in different territories ... 70
3. Environmental issues and socioenvironmental disasters ... 73
H. Indigenous Peoples, interculturality and rights ... 74
1. The current context ... 74
2. Regulatory and policy progress and implementation gaps ... 76
3. Territorial rights ... 77
4. The right to health, in particular sexual and reproductive health ... 77
5. Disaggregation of data ... 81
I. Afrodescendants: rights and combating racism and racial discrimination ... 81
1. The Afrodescendent population: size and variation ... 81
2. Worsening poverty ... 82
3. Progress on legal, regulatory and policy frameworks ... 82
4. Health, in particular sexual and reproductive health ... 84
Bibliography ... 86

Chapter III
Implementation of the Montevideo Consensus on Population and Development in the Caribbean ... 91
A. Key demographic trends in the Caribbean ... 93
B. Fully integrating population trends into sustainable development with equality and respect for human rights ... 96
C. Rights, needs, responsibilities and requirements of children, adolescents and young people ... 97
D. Ageing, social protection and socioeconomic challenges ... 100
E. Universal access to sexual and reproductive health services ... 102
F. Gender equality ... 104
G. International migration and protection of the human rights of all migrants ... 105
H. Climate change ... 107
Bibliography ... 107

Chapter IV

Conclusions 111
A. Eradicating poverty and integrating people into sustainable development: the challenges ahead 113
B. Increasing prominence of sexual and reproductive health and rights of adolescents and young people 114
C. Expanding older persons' social protection system coverage and access 115
D. Exercise of sexual and reproductive rights: a challenge yet to be resolved 116
E. The pressing need to address the structural challenges of gender inequality 118
F. Migration flows: challenges and opportunities in relation to the development of the countries of the region 118
G. Public policies to address spatial inequalities and natural disasters 120
H. Indigenous Peoples: the challenges of interculturality and land rights 120
I. Afrodescendent women: higher levels of inequality in terms of adolescent pregnancy, family planning and use of modern contraceptive methods 121
J. Addressing population and development issues in the Caribbean 123
K. In conclusion: building on progress implementing the Montevideo Consensus 124
Bibliography 125

Tables

Table I.1 Estimates of the number of migrants by destination and origin, by region, 2020 32
Table II.1 Latin America and the Caribbean (4 countries): women aged 15 to 19 who have given birth, by socioeconomic quintile and polar inequality, around 2018 and 2022 49
Table II.2 Latin America and the Caribbean (12 countries): percentage of women aged 15–49 who gave birth at a health centre in the last two years and had four or more prenatal check-ups and professional obstetric care, Indigenous and non-Indigenous, latest year available 79
Table II.3 Latin America and the Caribbean (13 countries): percentage of married women using modern contraceptive methods and unmet demand for family planning services, Indigenous and non-Indigenous, latest year available 80
Table II.4 Latin America and the Caribbean (6 countries): unmet demand for family planning among married women who use modern contraceptives, Afrodescendent and non-Afrodescendent, latest year available 85
Table II.5 Latin America and the Caribbean (7 countries): percentage of women giving birth in the two years before the survey, with four or more prenatal check-ups, births attended by skilled health personnel and births attended at health facilities, Afrodescendent and non-Afrodescendent, latest year available 86

Figures

Figure I.1 Estimated and projected life expectancy at birth, by region, 1950–2100 23
Figure I.2 Latin America and the Caribbean (38 countries and territories): life expectancy at birth, 1950 and 2022 24
Figure I.3 Latin America and the Caribbean (38 countries and territories): under-five mortality rate and life expectancy at birth, 2022 25
Figure I.4 Total fertility rate, by region, 1950–2023 26
Figure I.5 Latin America and the Caribbean: total population at midyear, estimated and projected, by age group, 1950–2100 28
Figure I.6 Latin America and the Caribbean: population by sex and age, 1950, 2022 and 2100 29
Figure I.7 Latin America and the Caribbean (38 countries and territories): beginning, end and duration of the demographic dividend 30

Figure I.8 World regions and subregions of Latin America and the Caribbean: urban share of population, 2010, 2020 and 2030 31
Figure I.9 Latin America and the Caribbean: immigrants and emigrants as a proportion of total population, by subregion, 2020 33
Figure II.1 Latin America (15 countries): poverty rates by sex, persons aged 20–59, around 2021 40
Figure II.2 Latin America and the Caribbean: population aged 0–29, by subgroup, 2020–2050 42
Figure II.3 Latin America and the Caribbean: childhood mortality rate, by subregion, 2018–2021 43
Figure II.4 Latin America and the Caribbean (17 countries): unemployment rates, by age group, 2019–2022 45
Figure II.5 Latin America (7 countries): proportion of youth (ages 15–24) not in education, employment or training, by sex, first quarter of 2019–second quarter of 2022 45
Figure II.6 Latin America and the Caribbean and world: fertility rates, 10–14 years and 15–19 years, 2010–2023 48
Figure II.7 Latin America (14 countries): population aged 65 and over receiving inadequate pensions, by sex, around 2015 and 2021 51
Figure II.8 Latin America and the Caribbean (23 countries): new HIV infections in men aged 15–49, 2016 and 2021 53
Figure II.9 Latin America and the Caribbean (7 countries): proportion of women aged 15–49 (married or in another form of union) who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, 2023 55
Figure II.10 Latin America and the Caribbean (13 countries): prevalence of use and distribution of modern contraceptive methods, and prevalence of use of traditional methods, women of reproductive age, 2010–2020 55
Figure II.11 Latin America and the Caribbean (25 countries): coverage of prenatal care (at least four check-ups), 2016–2021 56
Figure II.12 Latin America and the Caribbean (32 countries and territories): maternal mortality rate, by subregion, 2013–2020 57
Figure II.13 Latin America and the Caribbean (21 countries): laws and regulations that guarantee full and equal access to women and men aged 15 and over to sexual and reproductive health care, information and education, by category, 2022 59
Figure II.14 Latin America and the Caribbean (38 countries and territories): national machineries for the advancement of women, by hierarchical level, latest year available 60
Figure II.15 Latin America and the Caribbean (37 countries and territories): women cabinet ministers, latest available presidential term 62
Figure II.16 Latin America (16 countries): time spent on paid and unpaid work for the population aged 15 and over, by sex, latest year available 63
Figure II.17 Latin America and the Caribbean (26 countries): women aged 15 years and older who have been subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months, 2018 64
Figure II.18 Latin America and the Caribbean (23 countries and territories): femicide or feminicide, latest year available 65
Figure II.19 Latin America and the Caribbean (18 countries): average cost of sending US$ 200, as a share of the remittance, by country, 2021 66
Figure II.20 Latin America (16 countries): trafficking in persons, by country, 2020 68
Figure II.21 Latin America and the Caribbean (24 countries): proportion of the population using basic drinking water services, 2017–2020 71
Figure II.22 Latin America and the Caribbean (14 countries): proportion of the urban population living in slums, informal settlements or inadequate housing, 2016, 2018 and 2020 72

Figure II.23 Latin America and the Caribbean (31 countries and territories): annual mean levels of fine particulate matter (PM2.5) in cities, population weighted average, 2017–2019 74
Figure II.24 Latin America (9 countries): poverty rates among Indigenous and non-Indigenous populations, 2015, 2020 and 2021 75
Figure II.25 Latin America and the Caribbean (13 countries): young women aged 15–19 who are mothers, Indigenous and non-Indigenous, year closest to 2013 and latest year available 78
Figure II.26 Latin America (6 countries): poverty rates among Afrodescendent and non-Afrodescendent populations, 2015 and 2021 82
Figure II.27 Latin America and the Caribbean (11 countries): proportion of adolescents aged 15–19 who are mothers or are pregnant, Afrodescendent and non-Afrodescendent, latest year available 85
Figure III.1 The Caribbean, Latin America and North America: annual population growth, 1950–2100 93
Figure III.2 The Caribbean, Latin America and the world: life expectancy at birth (both sexes), 1950–2050 94
Figure III.3 Caribbean countries and territories: migrant stock, by region of origin, 1990–2020 96
Figure III.4 Caribbean countries and territories: youth unemployment rate by sex, persons aged 15–24, 2000–2022 98

Box

Box 1 Latin America and the Caribbean Civil Society and Other Stakeholders Open and Permanent Dialogue Mechanism 119



Foreword

The Economic Commission for Latin America and the Caribbean (ECLAC) has called on the countries of the region to transform the regional development model, shifting towards one based on greater productivity, sustainability and inclusion. This transformation is essential to overcome both the structural inequalities in Latin America and the Caribbean, which include the disease of low growth, and the cascading crises that have hit the region, namely the coronavirus disease (COVID-19) pandemic and the inflation, food security, climate, education and energy crises. Reducing poverty, informality and inequality requires major transformations, which can only be achieved by promoting social and labour inclusion, with a demographic perspective and taking into account population and development issues.

With regard to population and development, the region has a road map that stands as one of the world's most progressive instruments for the promotion of the rights of the population in the framework of sustainable development: the Montevideo Consensus on Population and Development. This year marks the 10-year anniversary of the instrument, adopted at the first session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Montevideo in August 2013. Moreover, this commemoration coincides somewhat with the thirtieth anniversary of the International Conference on Population and Development, held in Cairo in 1994, and the adoption of the Programme of Action, which was a crucial milestone in the formulation of a global population and development agenda that is underpinned by human rights and embodied in Latin America and the Caribbean by the Montevideo Consensus.

Both have profound synergies with the 2030 Agenda for Sustainable Development and are cornerstones of the regional and global framework for the protection of the rights of individuals and peoples, alongside other instruments such as the Madrid International Plan of Action on Ageing, 2002, the Global Compact for Safe, Orderly and Regular Migration, and the Regional Agenda for Inclusive Social Development. These all dovetail with the work of various subsidiary bodies of ECLAC, such as the Regional Conference on Women in Latin America and the Caribbean, the Regional Conference on Social Development in Latin America and the Caribbean and the Statistical Conference of the Americas, and with the Forum of the Countries of Latin America and the Caribbean on Sustainable Development.

This draft second regional report on implementation of the Montevideo Consensus on Population and Development follows on from the *First regional report on the implementation of the Montevideo Consensus on Population and Development*,[1] presented in 2019 in the framework of the five-year cycle for the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development. As with the first report, this second draft report will be the contribution of Latin America and the Caribbean to the current five-year global cycle of review and appraisal ending in 2024.

Ten years on from its adoption, it can be said that the Montevideo Consensus has helped to promote and consolidate the human rights-based approach with gender, intercultural and intersectional perspectives in public policies in the countries of the region. This has brought to light the significant inequalities that exist in countries related to socioeconomic status, age, area of residence, gender identity, ethnicity and race, sexual orientation, migration status and disability, among other factors. While there is clearly much work ahead, it is important to acknowledge and appreciate the progress made thus far. By building on the institutional progress made over the years and adopting a forward-looking approach, it will be possible to address the emerging challenges for the region.

Overcoming the multiple and interrelated inequalities that have plagued Latin American and Caribbean societies for centuries will require moving forward on a programme of action to safeguard and ensure the full enjoyment of rights for the entire population, as expressed in each of the chapters and priority measures of the Montevideo Consensus. It is therefore essential to redouble efforts to fight poverty and inequality, to include population groups that have been historically marginalized and excluded, and to ensure the effective exercise of sexual and reproductive rights.

[1] ECLAC, *First regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.3/6), Santiago, 2019 (see [online] https://hdl.handle.net/11362/44458).

The Montevideo Consensus has helped to increase awareness in the countries of the region of the fact that sociodemographic processes have a direct impact on sustainable development. These processes include changes in the age structure and rapid population ageing, the autonomy and empowerment of women and progress towards gender equality, urbanization and diversification of internal migration, the sharp increase in international migration, and the recognition and validation of various population groups that have historically faced exclusion and discrimination.

Furthermore, the institutional process underpinning the implementation of the Montevideo Consensus, namely the Regional Conference on Population and Development and the various instruments adopted for follow-up of the Consensus, such as voluntary national reports, regional reports and the virtual platform to contribute to regional follow-up of the Montevideo Consensus on Population and Development,[2] have helped to strengthen government accountability. They have also raised awareness in the countries of the paramount importance of the population and development agenda, and of the imperative of addressing and working on several dimensions thereof with a view to changing the structural factors that make Latin America and the Caribbean the world's most unequal region.

The results of this second regional stocktaking exercise, set out in this draft report, suggest the need to concentrate efforts on continuing and furthering the progress made, and on leveraging the strengths that have made the Montevideo Consensus the powerful instrument it has become over the course of the last 10 years. Participation, diversity and dialogue are valuable assets that must be protected and developed if we are to build Latin American and Caribbean societies that are more democratic, inclusive and just, leaving no one behind.

José Manuel Salazar-Xirinachs
Executive Secretary
Economic Commission for Latin America
and the Caribbean (ECLAC)

[2] See [online] https://consensomontevideo.cepal.org/en.



Introduction

A. Follow-up of the Programme of Action of the International Conference on Population and Development and synergies with the 2030 Agenda for Sustainable Development

B. Preparation of the regional report

C. The contents of the report

A. Follow-up of the Programme of Action of the International Conference on Population and Development and synergies with the 2030 Agenda for Sustainable Development

The Montevideo Consensus on Population and Development is the region's most important intergovernmental agreement in the field and contributes to the fulfilment of the 2030 Agenda for Sustainable Development and other international instruments. It was approved at the first session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in August 2013, and consists of 10 chapters that promote public policies aimed at guaranteeing the full exercise of human rights in areas as important as sexual and reproductive health, population ageing, international migration, indigenous peoples and Afrodescendent populations, among others.[1]

The Montevideo Consensus gives regional expression to the Programme of Action of the International Conference on Population and Development (ICPD) beyond 2014 and is a key instrument in the ICPD review and appraisal process at the regional level. Adopted in 1994 by 179 United Nations Member States, the ICPD Programme of Action established a far-reaching plan for human well-being that placed the human rights of individuals rather than quantitative demographic goals at the centre of the global population and development agenda. In 2010, the United Nations General Assembly noted in resolution 65/234 that considerable gaps still existed in the implementation of different areas of the Programme of Action and accordingly decided to extend it indefinitely.

The 2030 Agenda for Sustainable Development, for its part, was adopted in 2015 by all 193 United Nations Member States as a road map towards a new development paradigm in which people, planet, prosperity, peace and partnership would take centre stage. The 2030 Agenda includes 17 Sustainable Development Goals (SDGs) that will guide the work of the United Nations up to 2030. It is people-centred and rights-based and aims at sustainable development on a global scale. It is also universal, as it advocates for a renewed partnership in which all countries participate on an equal footing, and indivisible, as it integrates all three dimensions of sustainable development, namely the economic, social and environmental dimensions, thereby presenting a holistic vision of development.

Poverty eradication, the promotion of health and well-being and the reduction of inequalities, particularly gender inequalities, are central themes in the 2030 Agenda and have obvious links with the Montevideo Consensus. This underlines the synergies between the two processes and the need to treat the Regional Conference on Population and Development as a necessary and complementary forum for follow-up of the SDGs in Latin America and the Caribbean. Of the 140 indicators for monitoring the Montevideo Consensus, almost a third were carried over directly from the SDG indicators, as part of a thorough harmonization effort. On the other hand, the Montevideo Consensus also has obvious specificities, addressing issues that are dealt with tangentially or not at all in the 2030 Agenda and require specific follow-up by the Conference.

B. Preparation of the regional report

At the fourth session of the Regional Conference on Population and Development in Latin America and the Caribbean, held at the headquarters of the Economic Commission for Latin America and the Caribbean (ECLAC) in Santiago from 28 to 30 June 2022, the countries endorsed the proposed timetable for the submission of national reports

[1] The Regional Conference on Population and Development in Latin America and the Caribbean is a subsidiary body of the Economic Commission for Latin America and the Caribbean (ECLAC) that monitors and examines population and development issues with the support of the United Nations Population Fund (UNFPA).

and the regional report on the implementation of the Montevideo Consensus,[2] which is consistent with the five-year global cycle of review and appraisal of the implementation of the ICPD Programme of Action beyond 2014 and with the follow-up and review of implementation of the 2030 Agenda.[3] The timetable establishes that this cycle should end with a second regional report on the implementation of the Montevideo Consensus on Population and Development in 2024, to be presented at the fifty-seventh session of the United Nations Commission on Population and Development,[4] whose theme will be the assessment of the status of implementation of the ICPD Programme of Action 30 years on from its adoption.[5]

The Conference also requested the secretariat to prepare a draft annotated index of the draft second regional report on the implementation of the Montevideo Consensus on Population and Development, with the support of the United Nations Population Fund (UNFPA), to be presented at the fifth meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, in coordination with other relevant international and regional organizations and the Presiding Officers of the Conference, and in consultation with civil society organizations.[6] This proposal was submitted to the countries on 19 June 2023 for their consideration.[7]

In addition, the Conference requested that countries that decided to submit a new voluntary national report on implementation of the Montevideo Consensus should transmit their first drafts to the secretariat no later than 31 March 2023, with a view to their inclusion in the preparation of the second regional report on the implementation of the Montevideo Consensus on Population and Development, and submit the final versions of their national reports at the fifth meeting of the Presiding Officers of the Regional Conference. As of 31 August 2023, the technical secretariat had received 21 voluntary national reports, including both final and draft versions.[8]

A decade on from the adoption of the Montevideo Consensus on Population and Development, the purpose of this draft second regional report is to give an account of progress in the implementation of its priority measures in Latin America and the Caribbean, taking into consideration the peculiarities of each of the countries in the region and the heterogeneity that exists as regards the degree of implementation. This second five-year assessment highlights significant experiences in the countries and seeks to maintain continuity and complementarity with the first regional report presented in 2018, so as to facilitate the sharing of good practices between the countries and ensure that they can benefit from their efforts to implement the priority measures.

The draft second regional report, which is Latin America and the Caribbean's contribution to the global review and appraisal of the ICPD Programme of Action beyond 2014, was prepared by the technical secretariat, with the support of UNFPA, on the basis of information from official sources in the countries, such as national population censuses and national surveys; voluntary national reports on progress in implementing the Montevideo Consensus prepared by the countries; country information systematized and compiled by ECLAC; databases of United Nations agencies; the Global Sustainable Development Goals Indicators Database of the United Nations Statistics Division; and an extensive literature comprising documentation produced by ECLAC and the United Nations system, as well as academic research and civil society documents on the various issues dealt with. In particular, it is important to acknowledge the quality of the voluntary national reports, which reflect the efforts made by the countries to collect, systematize and produce the information needed to document the current state of affairs and the extent to which the priority measures of the Montevideo

2 See *Proposed timeline for the submission of national reports and of the regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.4/4).

3 See paragraph 8 of the resolution passed [online] https://crpd.cepal.org/4/sites/crpd4/files/22-00612_crpd.4_resolucion_aprobada.pdf.

4 The current five-year global review and appraisal cycle of the ICPD Programme of Action beyond 2014 concludes in 2024.

5 The *First regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.3/6) was presented in 2019 at the fifty-second session of the United Nations Commission on Population and Development as the region's contribution to the global review and appraisal of the implementation of the ICPD Programme of Action beyond 2014.

6 The current Presiding Officers are the Plurinational State of Bolivia as chair and Argentina, the Bolivarian Republic of Venezuela, Chile, Cuba, Honduras, Jamaica, Mexico, Panama, Peru, Saint Lucia, Suriname and Uruguay as vice-chairs.

7 *Second regional report on the implementation of the Montevideo Consensus on Population and Development. Draft annotated index* (LC/MDP.5/3).

8 This report was drafted on the basis of information from the draft or final versions of the 21 national voluntary reports received by the technical secretariat as of 31 August 2023. National reports were received from: Antigua and Barbuda, Argentina, Belize, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Plurinational State of Bolivia, Suriname, Trinidad and Tobago and Uruguay.

Consensus have been carried out in each. In the event, these efforts have made a crucial contribution to the preparation of this report.

The preparation of the draft report involved a great effort to collect, systematize and analyse information, draw conclusions and present recommendations from a regional perspective, while at the same time taking subregional specificities into account. It reflects the region's progress and achievements in implementing the Montevideo Consensus from 2018 to the present, this being the period immediately following the one analysed in the first regional report, and focuses on the challenges still to be met, essentially in those areas of the population and development agenda where Latin America and the Caribbean has most ground to make up and which are partly responsible for its continuing to be one of the most unequal regions in the world.

Like the first regional report, this document does not attempt to establish direct or specific causal relationships between the policies implemented and the description of the current state of affairs regarding the different issues addressed in the chapters of the Montevideo Consensus. However, the information gathered does make it possible to conclude that certain improvements in living conditions are associated, to a greater or lesser degree, with the implementation of specific policies.

This document also reports on the action taken by the region's governments to implement the priority measures of the Consensus. It is designed to follow on directly from the first regional report, so the structure is the same, although it includes new data and information and fresh analyses to identify both progress and shortcomings.

C. The contents of the report

The present section will describe the contents of this draft second regional report. First, chapter I analyses demographic trends in Latin America and the Caribbean. It presents an analysis of the demographic transition in the region, paying special attention to the different subregions and country groupings, according to their position in this transition, and discusses the main implications of demographic change for sustainable development and public policies. The chapter is divided into four main components: mortality; fertility and adolescent fertility; the age structure and demographic change; and domestic and international migration. It also discusses the importance of data from vital statistics, household surveys and censuses.

Chapter II focuses on regional follow-up of the implementation of the Montevideo Consensus on Population and Development, and thus on each of its 10 chapters. The section on chapter A of the Consensus, dealing with full integration of population dynamics into sustainable development with equality and respect for human rights, addresses three fundamental dimensions: (i) policies and action aimed at eradicating poverty, exclusion and inequality, to which priority measures 1, 2, 4, 5 and 6 relate; (ii) public institutions responsible for population and development issues in the implementation and follow-up of the Montevideo Consensus (which should also provide the necessary mechanisms for participation by civil society), as referred to in priority measures 3, 99 and 107 (the latter two in chapter J); and (iii) the integration of population issues into public policies and development planning, as referred to in priority measures 4, 19 and 86.

The following section, on chapter B dealing with the rights, needs, responsibilities and requirements of girls, boys, adolescents and youth, characterizes these groups by the criterion of age, provides demographic projections for each and discusses opportunities to surmount historical deficits in the fulfilment of needs and the exercise of rights, something that requires active policies and more social investment. The section goes on to examine data and action related to the implementation of the chapter's priority measures in relation to three specific thematic strands, namely living conditions, participation and health, and sexual and reproductive rights. The analysis shows that progress was made in implementing the Consensus during the reporting period, but to varying degrees depending on the priority measure and country. For some measures, such as general well-being and education, the pandemic meant that the situation actually worsened relative to the period 2013–2018. However, progress was observed on several other priority measures, with the steady decline in adolescent fertility, particularly among those aged 15–19, being an emblematic example.

The section on chapter C deals with follow-up of the priority measures of the Consensus concerning ageing-related social protection and socioeconomic challenges in the region's countries. It also highlights the effects of demographic change in increasing the population of persons of very advanced age and the feminization of ageing, aspects that need to be considered in the design of public policies on pensions, health and long-term care. It supplements this review by considering the commitments and goals arising from regional or global instruments for the protection of the rights of older persons, such as the Madrid International Plan of Action on Ageing, the Santiago Declaration and the United Nations Decade of Healthy Ageing (2021–2030).

The section on chapter D of the Consensus focuses on the centrality of sexual health and reproductive health to people's well-being and rights, as well as to the achievement of the SDGs, and also points up the linkages between this theme and other chapters of the Consensus. It notes the impact of the coronavirus disease (COVID-19) pandemic on sexual and reproductive health conditions, highlighting problems of access to sexual and reproductive health services and inputs and setbacks on key indicators such as antenatal care and maternal mortality. There are also indications that progress on some priority measures, such as those relating to the control of sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV/AIDS), has stalled.

Next, the section on chapter E of the Montevideo Consensus, dealing with gender equality, analyses the follow-up of the chapter's priority measures in relation to core and cross-cutting issues such as the promotion and protection of women's human rights; the eradication of poverty, inequality, exclusion, gender discrimination and multiple discrimination; the elimination of gender-based violence; and the strengthening of State structures in pursuit of progress on women's physical, economic and decision-making empowerment and autonomy in a context of gender equality.

The section on chapter F, concerning international migration and the protection of the human rights of all migrant persons, examines the implementation of the 10 priority measures this includes, taking into account the information provided by the countries in their voluntary national reports and that obtained from other sources, in the context of a challenging regional migration landscape. It also looks at the synergies between the Consensus and the Global Compact for Safe, Orderly and Regular Migration and the immediate outlook for migration governance.

In the section on chapter G, relating to territorial inequality, spatial mobility and vulnerability, three major dimensions are analysed: the design and implementation of rights-based, environmentally sustainable territorial management plans, policies, programmes and instruments on different subnational, urban and city system scales with a gender and intercultural perspective (priority measures 76, 78, 80, 81 and 84) and the development and well-being of the population in different dimensions and in all territories (priority measures 77 and 79). With regard to environmental issues and socioenvironmental disasters (priority measures 82 and 83), reference is made to their impact on women and different population groups, such as children and adolescents, persons with disabilities, older persons, indigenous peoples and Afrodescendent populations.

The following section, which relates to chapter H of the Montevideo Consensus on indigenous peoples, interculturalism and rights, refers to the importance of this regional instrument for strengthening compliance with international commitments such as the 2030 Agenda and the World Conference on Indigenous Peoples, in the framework of the rights standards reflected in the Indigenous and Tribal Peoples Convention, 1989 (No. 169) of the International Labour Organization (ILO) and the United Nations Declaration on the Rights of Indigenous Peoples (2007). It also presents updated estimates of the size of the indigenous population, which reflect the large differences between the countries in this regard, and a brief summary of the main characteristics of this population by age structure, sex and place of residence (urban or rural). Some policy implications of the particular demographic dynamics of indigenous peoples are mentioned (priority action 86). Lastly, figures on poverty and extreme poverty are presented in order to highlight the persistent inequalities affecting indigenous peoples and the impact of the COVID-19 pandemic on them.

The last section of the chapter, dealing with chapter I of the Consensus, on Afrodescendants, rights and combating racism and racial discrimination, refers to the main global and regional frameworks for action in this area, such as the International Convention on the Elimination of All Forms of Racial Discrimination, the

Durban Declaration and Programme of Action of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, the International Decade for People of African Descent and the Plan of Action of the Decade of African Descent in the Americas (2016–2025). As in the case of indigenous peoples, updated estimates of the size of the Afrodescendent population by country are presented, again highlighting the large differences between the countries, and a brief summary is provided of the main characteristics of this population by age structure, sex and place of residence (urban or rural). Some policy implications of the particular demographic dynamics of the Afrodescendent population are also mentioned (priority action 94).

Chapter III focuses on the progress made and challenges encountered in implementing the Montevideo Consensus in the Caribbean countries. It first presents a brief synthesis of key demographic trends in the subregion, emphasizing how they differ from those of the region as a whole. The aspects considered are trends in fertility, mortality and life expectancy, population ageing and migration. It then goes on to conduct an integrated review of the five chapters of the Montevideo Consensus on youth, ageing and social protection, sexual health and reproductive health, gender, and international migration, linking the issues addressed in each of these areas to the underlying demographic trends.

The closing chapter of conclusions and recommendations highlights the main findings of the document and includes some policy recommendations aimed at furthering the implementation of the Montevideo Consensus. It highlights the crucial and indispensable nature of rights-based, gender-based, intercultural and intersectional approaches, emphasizing issues such as access to sexual and reproductive health, social protection, care, education, reduction of the digital divide (especially in the case of older persons and persons with disabilities), reduction of territorial inequalities and promotion of the collective and individual rights of indigenous peoples and Afrodescendent populations. Lastly, it underlines the need to strengthen the production of statistics, particularly when it comes to vital statistics and population and housing censuses, and the provision of quality data with an intersectional approach.

CHAPTER

I

Demographic trends in Latin America and the Caribbean

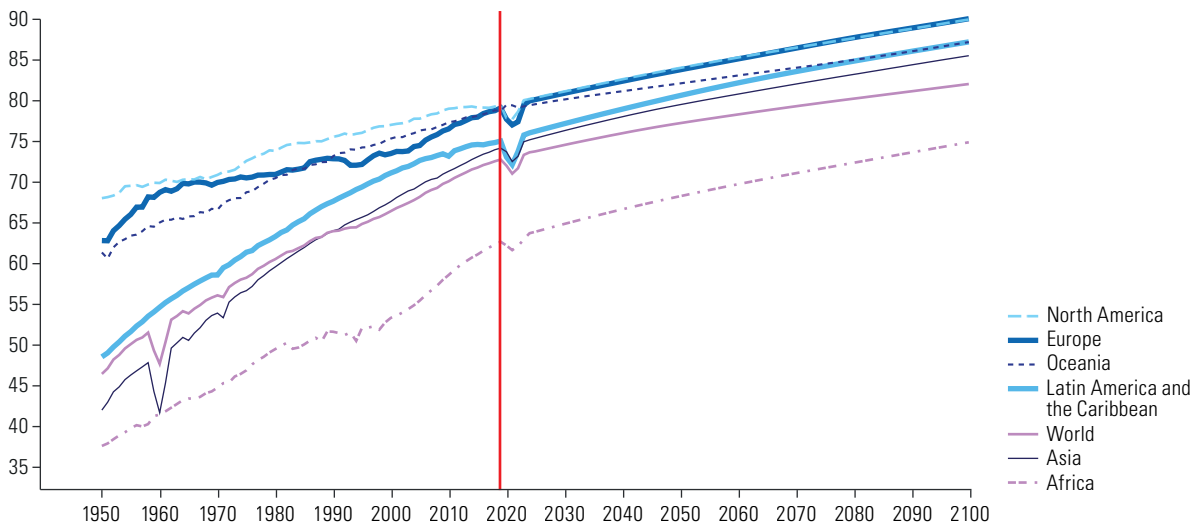
A. Mortality
B. Total and adolescent fertility
C. Age structure and demographic change
D. Internal and international migration
Bibliography

A. Mortality

In Latin America and the Caribbean, life expectancy at birth increased steadily between 1950 and 2019, owing to an unprecedented decline in mortality rates at the regional level from the 1930s onward (Arriaga and Davis, 1969).[1] Socioeconomic development brought improvements in nutrition and urban infrastructure, thanks to expansion of basic sanitation and access to safe drinking water, and enabled importation of medical and health technologies and adoption of advances in health care, such as antibiotics and vaccines. These changes led to an increase in life expectancy at birth for both sexes in the region, from 48.6 to 75.2 years, in less than 70 years.

The emergence of the coronavirus disease (COVID-19) pandemic in 2020 altered mortality trends in the region, amid marked socioeconomic and health inequalities, and countries' vastly different health systems and crisis response strategies. Latin America and the Caribbean was the region that recorded the sharpest decline in life expectancy at birth: in 2021 it lost 2.9 years compared to 2019, while globally this figure was 1.74 years over the same period (see figure I.1). This loss represents an 18-year setback and reflects the total (direct and indirect) effect of the COVID-19 pandemic on mortality; it represents not only mortality owing to the coronavirus, but also to other factors influenced by the pandemic (ECLAC, 2022a). Although this loss is transitory, as projections indicate, its effects —millions of deaths that should not have occurred— are irreversible. The pandemic exposed the enormous inequalities of the region, along with its deep-rooted weaknesses.

Figure I.1
Estimated and projected life expectancy at birth, by region, 1950–2100
(Years)



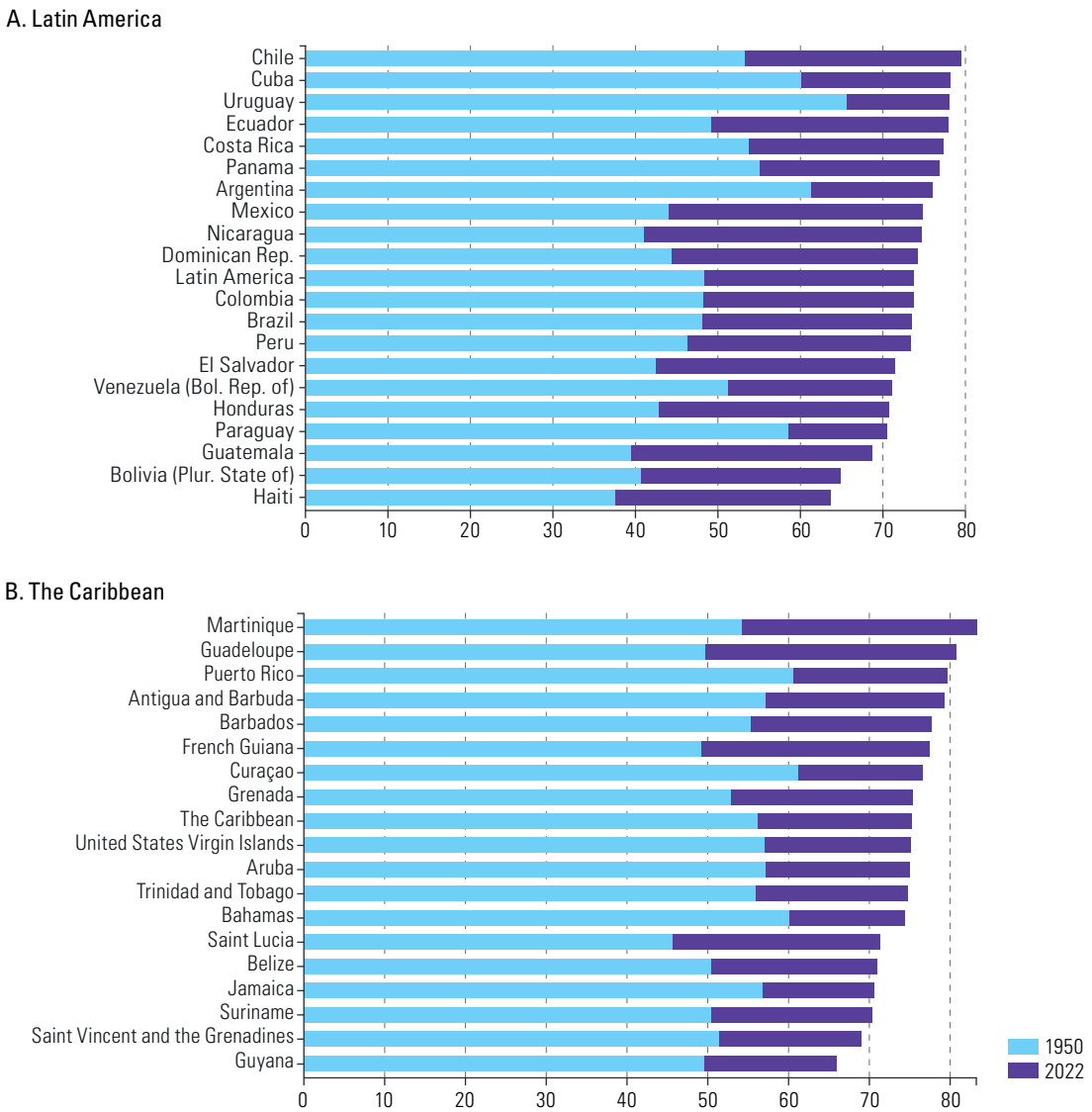
Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations, "Population estimates and projections: Excel tables. Revision 2022" [online] https://www.cepal.org/en/subtopics/demographic-projections/latin-america-and-caribbean-population-estimates-and-projections/population-estimates-and-projections-excel-tables; United Nations, *World Population Prospects 2022, Online Edition* [online] https://population.un.org/wpp/.

Current rates of life expectancy at birth vary across the countries of the region, reflecting differences in populations' conditions of survival. This indicator is influenced by the availability and quality of medical care (including vaccines), water, sanitation and hygiene conditions, the level of economic and social development, and environmental factors.

[1] Life expectancy at birth indicates the average number of years a person would live given the mortality conditions observed in a specific area and period.

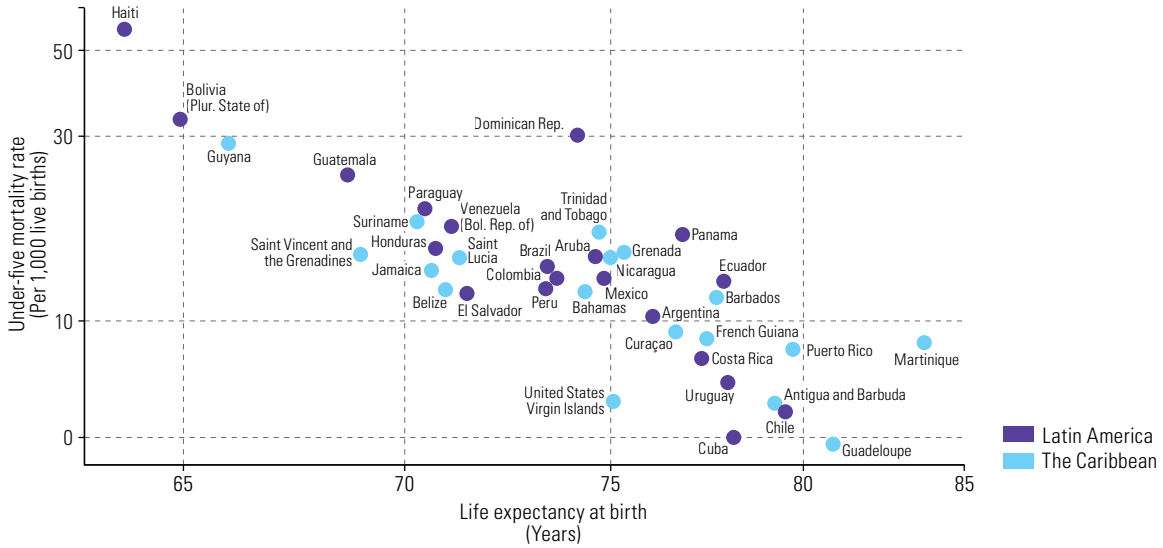
In 2022, Chile had the highest life expectancy at birth in Latin America: 79.5 years; this figure has increased by 26.3 years in the past seven decades. In the Caribbean, Martinique has the highest life expectancy (83.3 years), and has also recorded substantial increases since 1950. Meanwhile, the countries with the lowest life expectancy in the region are Haiti (63.7 years), the Plurinational State of Bolivia (64.9), Guyana (66.0) and Guatemala (68.7) (see figure I.2). These countries, together with the Dominican Republic, also have the highest under-five mortality rates in the region (see figure I.3).

Figure I.2
Latin America and the Caribbean (38 countries and territories): life expectancy at birth, 1950 and 2022
(Years)



Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations, "Population estimates and projections: Excel tables. Revision 2022" [online] https://www.cepal.org/en/subtopics/demographic-projections/latin-america-and-caribbean-population-estimates-and-projections/population-estimates-and-projections-excel-tables; United Nations, *World Population Prospects 2022, Online Edition* [online] https://population.un.org/wpp/.

Figure I.3
Latin America and the Caribbean (38 countries and territories): under-five mortality rate and life expectancy at birth, 2022



Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations, "Population estimates and projections: Excel tables. Revision 2022" [online] https://www.cepal.org/en/subtopics/demographic-projections/latin-america-and-caribbean-population-estimates-and-projections/population-estimates-and-projections-excel-tables; United Nations, *World Population Prospects 2022, Online Edition* [online] https://population.un.org/wpp/.

Note: The vertical and horizontal axes are presented in logarithmic scale (base 10). The under-five mortality rate is indicator 3.2.1 of the Sustainable Development Goals (SDGs). Although it is called a rate, it is actually the probability of death (5q0) calculated using the countries' mortality tables and multiplied by 1,000.

Although life expectancy at birth has increased steadily in the region, it has also stagnated at times, and even fallen in a few cases. There are a number of reasons for the setbacks, such as increases in deaths due to homicides or to the re-emergence or emergence of infectious diseases.[2] With respect to infectious diseases, new pathogens from different types of virus are emerging owing to changes in the environment, lifestyle and population movements (PAHO, 2022 and 2017). The Pan American Health Organization (PAHO, 2017) highlights the following as critical health issues in the region: influenza, cholera, increasing antimicrobial resistance, vector-borne diseases (Zika virus disease, yellow fever, dengue, malaria), chronic communicable diseases (tuberculosis, leprosy, HIV and sexually transmitted infections), zoonosis (rabies, leptospirosis, foot-and-mouth disease) and others. In summary, this is a context in which improvements in life expectancy coexist with setbacks with respect to some causes of death, which have been aggravated by the pandemic (PAHO, 2022), along with a significant burden of preventable diseases, associated with the persistent inequalities that characterize the region.

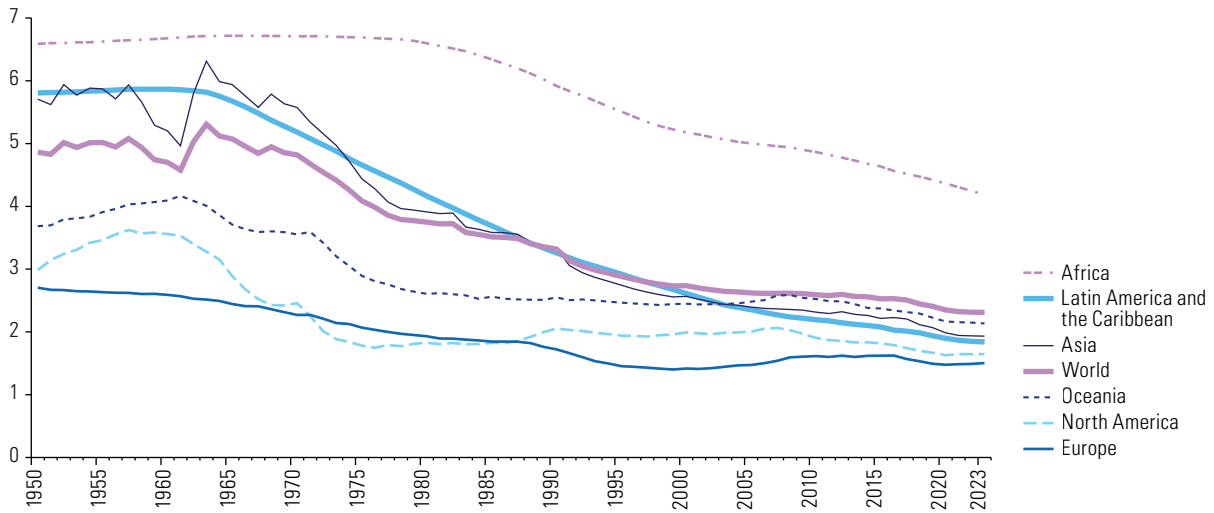
B. Total and adolescent fertility

The decline in fertility in Latin America and the Caribbean compared to the global trend is striking. The region recorded the largest decline between 1950 and 2023: 68.3%, compared to 66.1% for Asia, which registered the second-largest decrease, and to the 52.5% world average. In 1950, the region had the second-highest total fertility rate in the world (5.80 live births per woman), just below that of Africa (6.59) and well above that of Europe (2.70). By contrast, in 2023, the region has the third-lowest rate in the world (1.84 live births per woman), slightly higher than Europe (1.50) and Canada and the United States (1.65) (see figure I.4). This

[2] For example, life expectancy at birth in Mexico has been stagnant since the 2000s owing to deaths caused by homicides and diabetes mellitus (Canudas-Romo, García-Guerrero and Echarri-Cánovas, 2015).

decline has been steady since the 1970s and reached a milestone in the mid-2010s, when the rate fell below the replacement level. Projections indicate that the region's total fertility rate will continue to fall; in 2050 it is estimated at 1.73 live births per woman —this figure will be below 1.75 in the three subregions, and South America will have the lowest rate (1.71)— and, in 2100, the total rate will be 1.68 live births per woman (United Nations, 2022).

Figure I.4
Total fertility rate, by region, 1950–2023
(Number of children per woman)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022, Online Edition* [online] https://population.un.org/wpp/.

During the COVID-19 pandemic, the decline in fertility remained steady, or even worsened in some countries, according to national statistics, because of the postponement of reproductive decisions as a consequence of the economic and social crisis, as well as the general increase in uncertainty about the future. These factors outweighed the disruptions in contraceptive supply chains and sexual and reproductive health services (ECLAC, 2022b). However, the aforementioned disruptions may have raised the unintended fertility rate, for which data are not yet available. That being said, the negative impact of the pandemic on fertility could be transitory if postponed reproductive plans materialize in the post-pandemic period. Nonetheless, the data needed to reach a conclusion in this regard are still lacking.

Although total fertility rates in the region generally reflect a downward trend, there are still differences among countries (ECLAC, 2022a). French Guiana, Haiti and the Plurinational State of Bolivia have the highest total fertility rates, all above 2.5 children per woman in 2023. Meanwhile, Aruba, the Bahamas, Cuba, Jamaica, Puerto Rico and Saint Lucia have the lowest total fertility rates, lower than 1.5 children per woman. Globally, 44 countries and territories have total fertility rates below 1.5 (including China, the Republic of Korea and Singapore). By region, Europe and East Asia have total fertility rates equal to or lower than 1.5 (1.5 and 1.18, respectively). The rate for Latin America and the Caribbean, 1.84, is determined primarily by the countries with the largest number of women of reproductive age (15–49 years), such as Brazil, Mexico, Colombia, Argentina, Peru, the Bolivarian Republic of Venezuela and Chile, which together account for approximately 80% of the regional population of women in this age group. Projections indicate that reproductive levels in the countries will converge below replacement level. In fact, by 2050, the vast majority of countries in the region are expected to record rates below that level, with the exceptions of French Guiana and Haiti.

Meanwhile, inequality in fertility within countries has historically been high. Disadvantaged socioeconomic groups have consistently had higher total fertility levels. This is explained mainly by more limited access to modern contraceptive methods (ECLAC, 2012), a socioeconomic gap that has not yet been closed, despite increased access to contraception for all socioeconomic groups.

Latin America and the Caribbean has always stood out among regions of the world in terms of early fertility, which, for several decades, has translated into a sustained increase in the weight of early fertility in total fertility and a rise in births to women under 20 years of age as a percentage of total births, which reached a maximum of 19% at the beginning of the twenty-first century. The rate of fertility among adolescents (15–19 years, SDG indicator 3.7.2) not only declined more slowly than that of the other age groups, but also reflected periods of relative stability or even slight increases in the last two decades of the past century. This trend did not occur in the other age groups, for which rates have declined steadily since the 1970s. As a result of this anomalous performance, the region had the second-highest adolescent fertility rate in the world, surpassed only by sub-Saharan Africa, and, for several decades, the probability of girls becoming mothers in adolescence was around 35% (UNFPA, 2022). The socioeconomic inequality that characterizes adolescent fertility is even greater than that related to total fertility, and all available data indicate that this type of fertility is mostly unwanted (Rodríguez, Di Cesare and Páez, 2017). Moreover, it is particularly worrying because of the risks it entails in terms of physical and mental health and the reproduction of poverty and social inequality; the younger the mother, the worse these risks.

However, estimates and projections of the adolescent fertility rate in the region indicate a turning point in the second decade of this century, with a sharp drop from 73.1 children per 1,000 women aged 15–19 in 2010 to 51.4 in 2023. This decline does not appear to have been halted or moderated by the pandemic. In fact, national statistics for Argentina, Chile, Costa Rica and Uruguay in 2021 and 2022 reflect levels well below United Nations estimates and projections. This decrease was associated with countries' prioritization of the measures encouraged by the Montevideo Consensus on Population and Development, expressed in a set of actions aimed at reducing adolescent fertility, a topic that will be examined in section II.B of this document. Fertility in the 10–14 age group (also corresponding to SDG indicator 3.7.2), has fallen less sharply, which is concerning since, in this case, there is a close correlation with sexual and gender-based abuse and violence, and with child and forced unions.

Despite the recent significant decline in regional fertility among adolescent girls aged 15–19, the estimated level for 2023 remains well above the global average of 41.3 children per 1,000 women (United Nations, 2022). In addition, 17 countries in the region are among the 70 countries in the world with the highest adolescent fertility rates in 2023.[3] Meanwhile, available data indicate that adolescent fertility is largely unintended and is associated, as both cause and consequence, with poverty, exclusion, rights violations and social inequality (Rodríguez, Di Cesare and Páez, 2017), all conditions that are additional reasons to strengthen efforts aimed at its prevention, as discussed in section II.B of this document.

C. Age structure and demographic change

Changes in fertility, mortality, migration, family composition and population distribution have a critical impact on the ability of societies to advance in terms of social equity and economic efficiency. Understanding how demographic trends affect and may continue to affect the age structure of the region is essential to progress in achieving the objectives of the Montevideo Consensus on Population and Development.

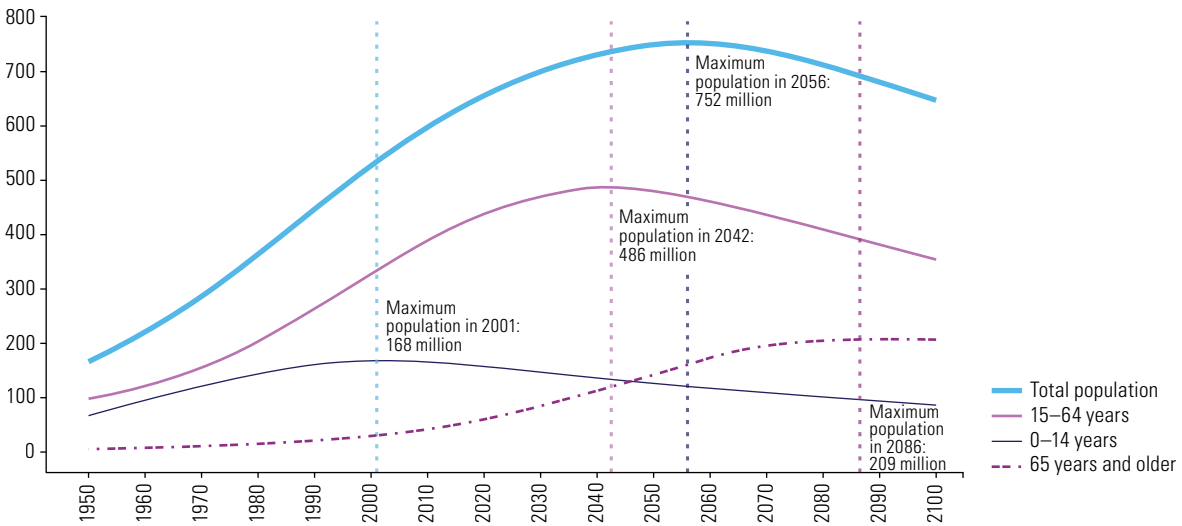
[3] Belize, Bolivarian Republic of Venezuela, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, French Guiana, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Suriname (United Nations, 2022).

Latin America and the Caribbean is undergoing a swift demographic transition, whereby the region's high fertility and mortality levels declined in just 70 years. The demographic transition is a process by which societies experience changes in age structure and it is under way in all the countries of the region, albeit in widely varying degrees. Population ageing is one of the most striking demographic trends in the region: while some countries are already in an advanced stage of ageing, others are in the early stages. Demographic changes vary at the regional, national and subnational levels, and among different population segments.

Falling fertility and rising life expectancy, together with net migration, altered the age structure of the population significantly, resulting in an observed median age of 30.6 years in 2022. Today, the region is still considered one of the youngest in the world, with an average age slightly above the world average of 30.2 years.

Demographic changes in the region show a slowdown in annual population growth, from 2.6% in the mid-twentieth century to just 0.67% in 2022. The population of Latin America and the Caribbean grew from 168.3 million in 1950 (6.7% of the world's population) to 660.3 million in 2022 (8.3% of the world's population) and is expected to begin to decline in approximately 34 years (see figure I.5). According to projections, the region's total population will reach 751.9 million in 2056 and then drop to 647.4 million in 2100.

Figure I.5
Latin America and the Caribbean: total population at midyear, estimated and projected, by age group, 1950–2100
(Millions of people)



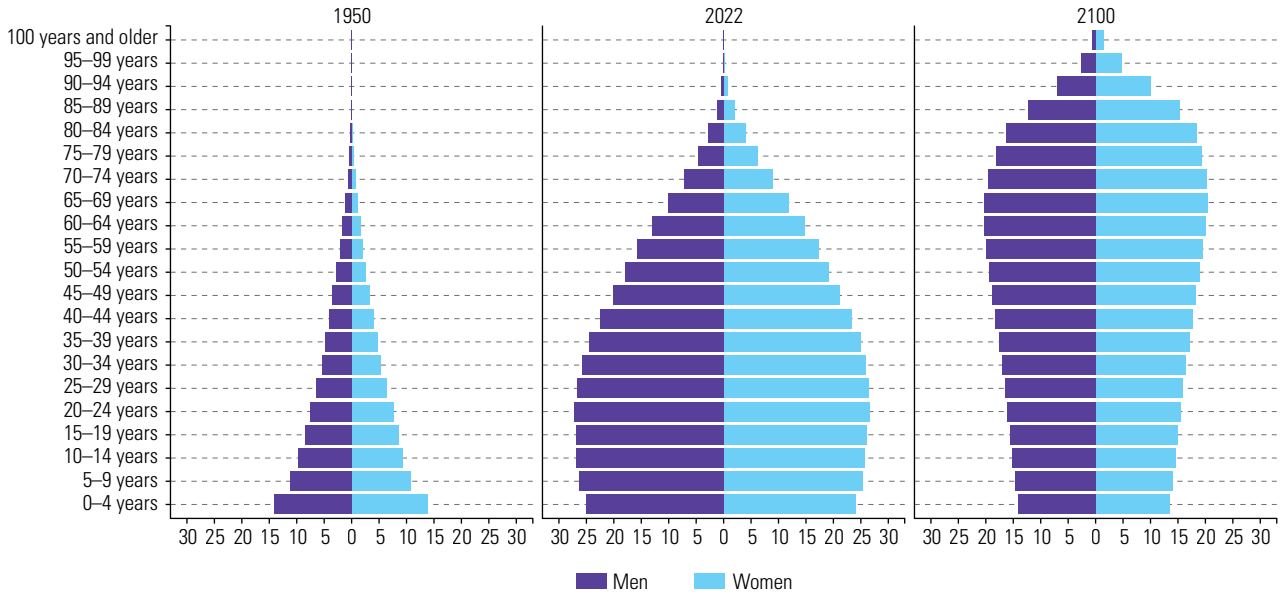
Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations, "Population estimates and projections: Excel tables. Revision 2022" [online] https://www.cepal.org/en/subtopics/demographic-projections/latin-america-and-caribbean-population-estimates-and-projections/population-estimates-and-projections-excel-tables; United Nations, *World Population Prospects 2022, Online Edition* [online] https://population.un.org/wpp/.

Population growth varies significantly among age groups. Figure I.5 illustrates the rapid growth of the population between 15 and 64 years of age as a result of the region's swift demographic transition. In less than 40 years, the size of that population has doubled, from 220.2 million in 1983 to 442.6 million in 2022.[4] The population between 15 and 64 years of age is forecast to continue to grow and peak in 2042, while the population between 0 and 14 years of age peaked in 2001. Meanwhile, the population aged 65 and over is projected to peak in 2086, at 209 million.

[4] The population between 25 and 64 years of age has doubled in even less time (between 1990 and 2022).

Variations in population size by age lead to significant changes in population structure by age. Figure I.6 illustrates the changes in Latin America and the Caribbean with population pyramids estimated for 1950 and 2022 and projected for 2100. The base of the pyramid has narrowed over time and, between 1950 and 2022, the population increased in all age groups, while, between 2022 and 2100, a reduction in the younger groups and growth in the number of older persons is projected.

Figure I.6
Latin America and the Caribbean: population by sex and age, 1950, 2022 and 2100
(Millions of people)



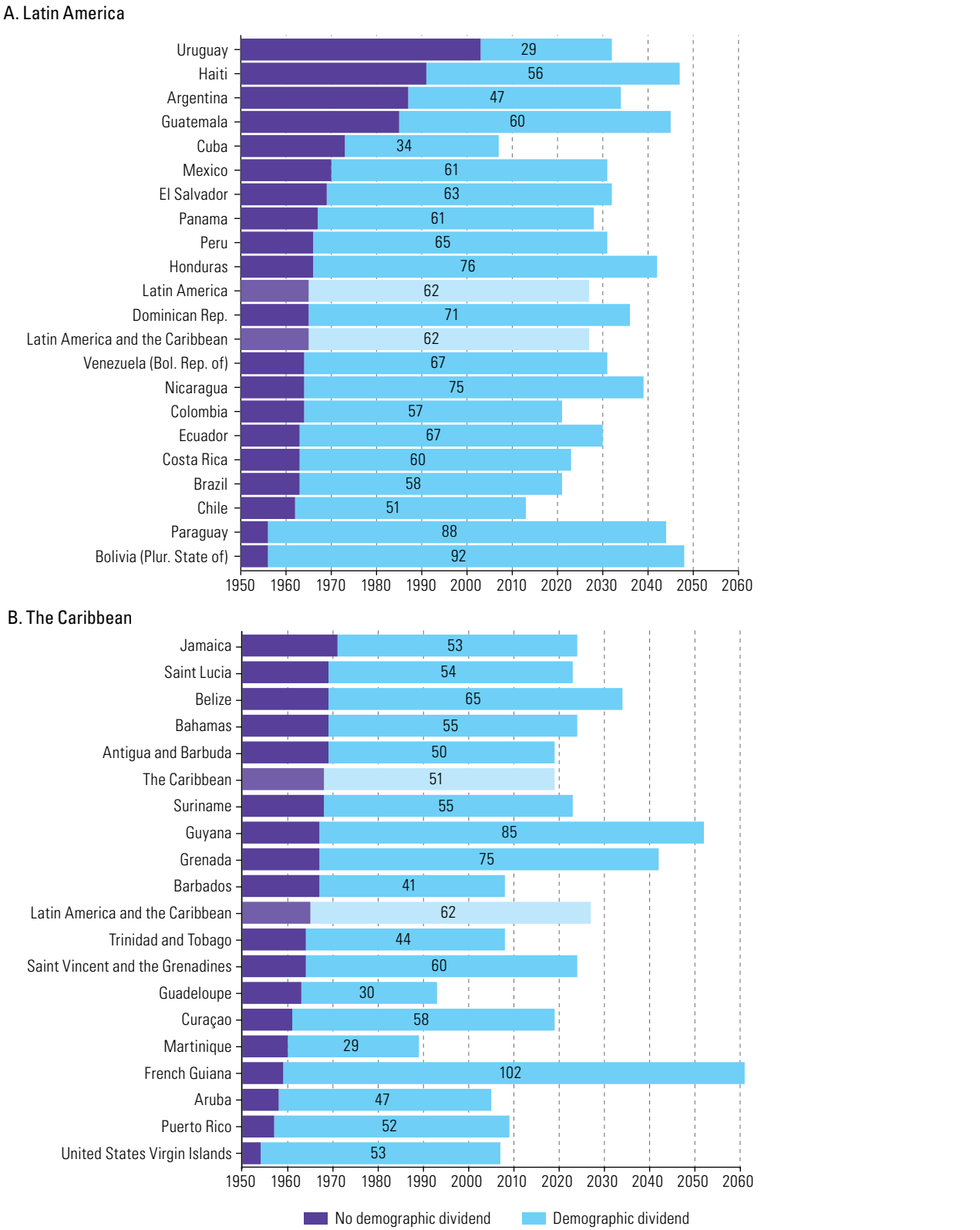
Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations, "Population estimates and projections: Excel tables. Revision 2022" [online] https://www.cepal.org/en/subtopics/demographic-projections/latin-america-and-caribbean-population-estimates-and-projections/population-estimates-and-projections-excel-tables; United Nations, *World Population Prospects 2022, Online Edition* [online] https://population.un.org/wpp/.

The dependency ratio, which is the ratio between the sum of people aged under 15 and over 65 years and the sum of the working-age population (15–64 years), can be used to summarize the analysis of age groups. When a country's dependency ratio starts to decrease (owing mainly to the decline in the population aged 0–14 years), that country begins to benefit from a demographic dividend, and when the ratio starts to rise again (mainly because of the increase in the population aged 65 years and over), the benefit is lost and the country enters the demographic ageing stage. A large proportion of working-age people can drive economic growth through increased income and capital accumulation, as well as reduced spending on dependents. However, in order to leverage this dividend successfully, countries must invest in the human capital of young people and foster gender equality in the labour market.

The duration of the demographic dividend enjoyed by the countries of the region varies considerably: in 33 countries, this period began before 1970 and lasted between 29 and 102 years (see figure I.7).[5] It depends on the ageing process, which is determined by decreases in mortality and fertility and by migration trends in the countries of the region, especially in Central America and the Caribbean.

[5] For example, although the demographic dividend materialized in Paraguay and Puerto Rico before 1960, it will last 88 years for Paraguay and it ended after 52 years for Puerto Rico.

Figure I.7
Latin America and the Caribbean (38 countries and territories): beginning, end and duration of the demographic dividend
(Years)



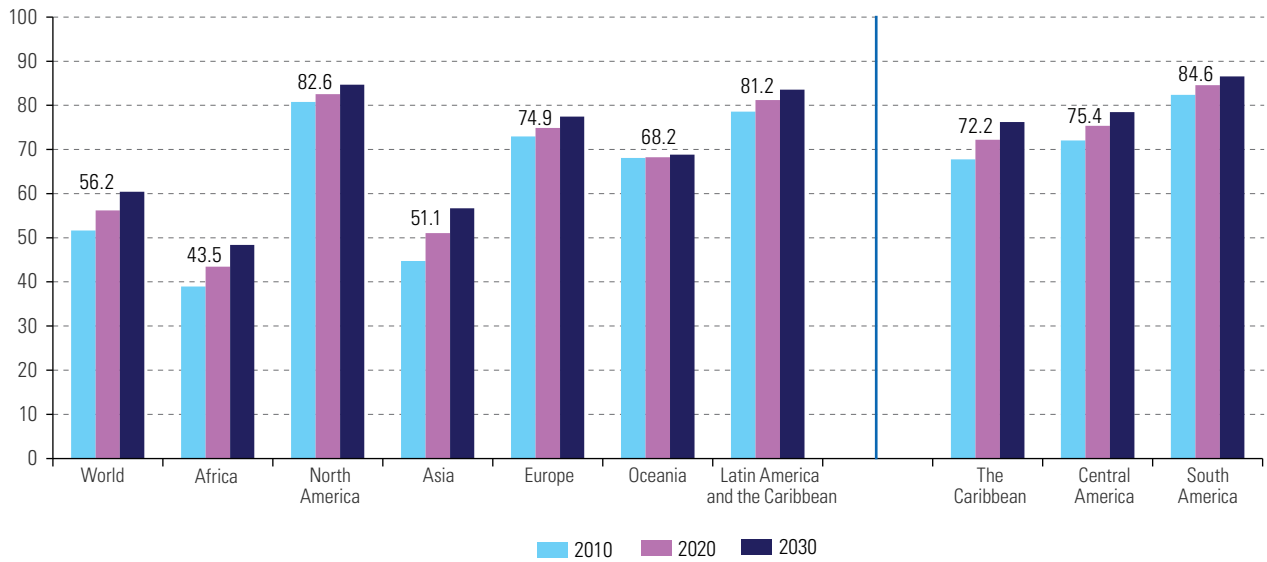
Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations, "Population estimates and projections: Excel tables. Revision 2022" [online] https://www.cepal.org/en/subtopics/demographic-projections/latin-america-and-caribbean-population-estimates-and-projections/population-estimates-and-projections-excel-tables; United Nations, *World Population Prospects 2022*, Online Edition [online] https://population.un.org/wpp/.

D. Internal and international migration

1. Internal migration and population distribution

Latin America and the Caribbean is the most urbanized developing region; in 2022, 81.9% of the regional population was urban, compared to just 57.5% of the world's population. Projections indicate that urbanization will continue, albeit at a slower pace, meaning that the region will remain the second most urbanized in the world until 2050, after North America (Canada and the United States) (see figure I.8). Although there are differences between countries, all Latin American subregions far exceed the world average, and South America has even surpassed North America since the beginning of the twenty-first century.

Figure I.8
World regions and subregions of Latin America and the Caribbean: urban share of population, 2010, 2020 and 2030
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Urbanization Prospects 2018, Online Edition* [online] https://population.un.org/wup.

A notable feature of urbanization in Latin America is concentration in cities with more than 1 million inhabitants, where 37.4% of the total population and 46.1% of the urban population reside. These cities remain key not only in demographic terms, but also with regard to the three pillars of development. They continue to play a leading role in productive, cultural and political matters, and have shown resilience and a capacity for renewal to adjust to global changes and remain decisive for the countries. However, since the last decade of the past century, there has been a sharp decrease in the appeal of some large cities as migration destinations. This is especially the case for megacities —with 10 million inhabitants or more— which, for the most part, have been experiencing net outmigration in the twenty-first century. This change stems essentially from a combination of various negative factors, such as the lack of access to services and housing, the rising costs of production and living in general, and the worsening of problems such as congestion, pollution and violence (ECLAC, 2023).

At present, many medium-sized cities and some small cities are the most attractive migration destinations, which is contributing to the still limited and uncertain deconcentration of the city system. Meanwhile, in most countries, the majority of small cities and rural areas continue to see net outmigration flows because of worse living conditions than other areas and other factors such as the lack of public and private investment, the

persistent concentration of landownership and the increasing use of technology and of seasonal or non-rural labour in the agricultural and primary sectors in general. This does not guarantee better living standards in medium-sized cities than in large cities. However, their appeal as migration destinations is a sign that they possess relative advantages and capacities that may also contribute to the achievement of inclusive, safe, resilient and sustainable cities, as set out in Goal 11 of the 2030 Agenda for Sustainable Development and in several priority actions included in chapter G of the Montevideo Consensus.

The COVID-19 pandemic may have slowed the urbanization process temporarily in 2020 and 2021, by causing people to move away from the most affected areas, such as large cities, but it did not stop it. Nonetheless, it may have accentuated deconcentration trends, increasing the movement away from large cities and strengthening the appeal of medium-sized cities and some small cities. As United Nations population projections for cities were produced before the pandemic (United Nations, 2019) and the results of censuses conducted during or after the pandemic are not yet available, there is a lack of empirical data that could provide a more detailed and up-to-date view of internal migration patterns and population redistribution processes.

2. International migration

According to United Nations estimates, in 2020, the migrant population of Latin America and the Caribbean totalled about 43 million people (residing in a country other than the one in which they were born), representing about 15% of the 281 million migrants worldwide (see table I.1) (United Nations, 2020). Most of these migrants, 25.5 million (59.5% of the total number of the region's migrants), were in North America (Canada and the United States) and, outside the region, a large number were in Europe (almost 5.4 million, or 13% of the total). At the intraregional level, there are an estimated 11.3 million migrants, mainly in South America, representing 26.3% of the total.

Table I.1
Estimates of the number of migrants by destination and origin, by region, 2020
(Numbers and percentages)

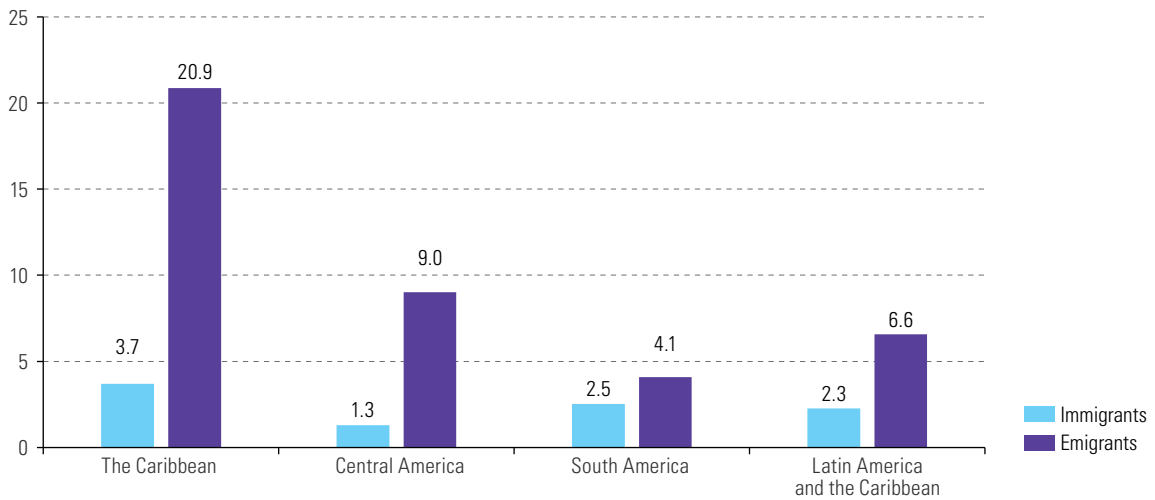
Region	Destination				Origin
	Number of migrants	Percentage of migrants in the region's population	Number of refugees and asylum seekers	Percentage of women in the number of migrants	Number of migrants
Sub-Saharan Africa	22 221 538	2.0	5 893 738	47.6	28 284 538
North Africa and Western Asia	49 767 746	9.5	13 481 636	35.8	37 563 820
Central and Southern Asia	19 427 576	1.0	3 569 787	49.9	51 229 549
East and Southeast Asia	19 591 106	0.8	656 437	49.4	38 400 740
Latin America and the Caribbean	14 794 623	2.3	4 797 904	49.5	42 890 481
Oceania[a]	313 069	2.5	11 042	47.1	565 281
Australia and New Zealand	9 067 584	29.9	157 455	50.6	1 404 924
Europe and North America	145 414 863	13.0	5 239 796	51.7	67 601 621
World	280 598 105	3.6	33 807 795	48.1	280 598 105

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *International Migration 2020 Highlights* (ST/ESA/SER.A/452), New York, 2020.
[a] Australia and New Zealand are not included.

In Latin America and the Caribbean, the emigrant population represents 6.6% of the total regional population, while immigrants represent 2.3% (see figure I.9). The data show a mixed picture at the subregional and national levels, with high percentages and negative net migration rates in some Caribbean and Central American nations, and positive net migration rates in countries that had not been major recipients of migrants until a few years ago. Although in 2020 the region had 12 countries with at least 1 million emigrants, the Caribbean countries —whose emigrant volumes do not reach that figure— have the highest percentages of emigrants in relation to their national populations.[6]

[6] For example, the number of emigrants from Montserrat is five times that of its national population, from Dominica, twice that of its national population, and from other countries (Antigua and Barbuda, Dominica, Guyana, Puerto Rico, Saint Kitts and Nevis, and Saint Vincent and the Grenadines) the number is equal to or more than 50% (United Nations, 2020).

Figure I.9
Latin America and the Caribbean: immigrants and emigrants as a proportion of total population, by subregion, 2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *International Migration 2020 Highlights* (ST/ESA/SER.A/452), New York, 2020.

Intraregional migration (movement from and to countries within the same region) has grown more than extraregional migration, and this trend has been particularly noticeable in the past five years, when the migrant population within the same region almost doubled. The growth of intraregional migration is linked to Venezuelan migration; according to the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V), on the basis of figures provided by governments, in June 2023 there were more than 7.3 million Venezuelan refugees, migrants and asylum-seekers. Of these, more than 6.1 million (83%) are in countries of the region, with the main destinations being Colombia, Peru, Ecuador, Brazil and Chile (R4V, 2023). However, the faster growth rate of intraregional migration has not greatly affected the total population of emigrants outside Latin America and the Caribbean, so the region continues to be, on balance, one of emigration.

Moreover, the COVID-19 pandemic did not stop migration, either within or outside the region, despite the lockdowns and land border closures decreed by the vast majority of countries, especially during the first stage, until the beginning of 2021. Rather, current regional migration processes show increasing complexity, accompanied by an increase in irregularity and vulnerability of migrants (ECLAC, 2020 and 2022b). Some examples include an increase in mixed flows (combining mainly irregular migration, trafficking in persons and smuggling of migrants and asylum-seekers), limited possibilities for regular migration and a growing pattern of relocation as migrants seek to change their host country in the region (ECLAC, 2022b; IOM, 2023). Also notable is the heterogeneity of migration flows, as some have been maintained —for example, flows of Central American migrants to the north—, while others are becoming more complex —for example Mexican migration flows (IOM and others, 2023; IOM, 2023 and 2021). Mexico, the country with the second-largest absolute number of emigrants in the world, not only sees traditional emigration to the United States, but also return migration, immigration and transit migration.

Migrants face enormous risks and adversities as they move within and outside the region. In Central America, migration status can be a source of great vulnerability, stemming from irregular migration conditions, a difficult journey and various expressions of violence and instability that force people to leave their countries. In particular, there have been warnings (IOM, 2021 and 2023) about the increase in irregular migration flows through the Darién Gap, one of the most dangerous migration routes in the world, where migrants not only have to cross a swampy jungle region, but are also victims of extortion and violence by criminal groups. According to International Organization for Migration estimates (IOM, 2023), more than 125,000 people

crossed there in 2021; in 2022, nearly 250,000 people crossed, and in the first half of 2023, almost 200,000 people crossed, nearly 25% of whom were children, mostly Venezuelans and Haitians. On a smaller but no less dangerous scale, owing to the altitude, drastic changes in temperature and extreme cold, the increase in irregular crossings at the Colchane border crossing on the Chilean-Bolivian altiplano has been accompanied by human losses (ECLAC, 2022b), mainly of women, children and older persons.

The Global Compact for Safe, Orderly and Regular Migration places special emphasis on disappearances and deaths of migrants; objective 8 of the Compact is to "save lives and establish coordinated international efforts on missing migrants". Between 2014 and June 2023, 7,867 cases of deceased or missing migrants were reported in the region, mainly in Central America (IOM and others, 2023). This figure is probably much higher, as many cases have not been reported. Other risks faced by migrants, especially women, include exposure to sexual violence and difficulties in accessing essential health and pregnancy care services during the journey to the destination country or back to their home country, and in the destination country.

The challenges of intraregional migration have multiplied and must be addressed multilaterally, as agreed by countries in the Montevideo Consensus on Population and Development. Managing international migration effectively, as expressed in the agreed objectives of the Global Compact for Migration of 2018, requires the establishment of shared responsibilities among States and taking into account the entire migration cycle, in other words the conditions and processes relating to the departure, transit and destination of migrants (ECLAC, 2019b).

The Montevideo Consensus on Population and Development calls for the protection of the rights of all migrants, in situations that require immediate action as well as those that do not. Migration processes are not only determined by specific situations, but also by structural problems such as lack of opportunities, insecurity, environmental deterioration and climate change, as well as by family reunification processes that lead to the migration of unaccompanied children and adolescents (ECLAC, 2019a and 2020). At the same time, the potential of migration to foster sustainable development must be recognized, on the basis of existing evidence of its contribution to sustainable development and the rejection of all forms of racism, xenophobia, discrimination and exclusion (Martínez and Cano, 2022).

Bibliography

Arriaga, E. and K. Davis (1969), "The pattern of mortality change in Latin America", *Demography*, vol. 6, No. 3, Durham, Duke University Press.

Canudas-Romo, V., V. García-Guerrero and C. Echarri-Cánovas (2015), "The stagnation of the Mexican male life expectancy in the first decade of the 21st century: the impact of homicides and diabetes mellitus", *Journal of Epidemiology & Community Health*, vol. 69, No. 1, London, BMJ.

ECLAC (Economic Commission for Latin America and the Caribbean) (2023), *Halfway to 2030 in Latin America and the Caribbean: progress and recommendations for acceleration* (LC/FDS.6/3), Santiago.

___(2022a), "Population trends in Latin America and the Caribbean: demographic effects of the COVID-19 pandemic", *Demographic Observatory of Latin America and the Caribbean 2022* (LC/PUB.2022/13-P), Santiago.

___(2022b), *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago.

___(2020), "The impact of COVID-19: An opportunity to reaffirm the central role of migrants' human rights in sustainable development", *COVID-19 Report*, Santiago.

___(2019a), *Social Panorama of Latin America, 2019* (LC/PUB.2019/22-P/Rev.1), Santiago.

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

___(2012), *Social Panorama of Latin America, 2011* (LC/G.2514-P), Santiago.

IOM (International Organization for Migration) (2023), "Migration trends in the Americas", San José [online] https://robuenosaires.iom.int/sites/g/files/tmzbdl626/files/documents/2023-04/Tendencias-Migratorias-en-las-Americas-ESP-Feb-2023.pdf.

___(2021), *Large Movements of Highly Vulnerable Migrants in the Americas from the Caribbean, Latin America and Other Regions: Destinations in Transit*, San José.

IOM and others (International Organization for Migration and others) (2023), "IBC human mobility: monthly update as of 30 June 2023", Geneva [online] https://robuenosaires.iom.int/sites/g/files/tmzbdl626/files/documents/2023-07/ibc-monthly-report-june-2023.pdf.

Martínez, J. and M. Cano (eds.) (2022), "Sobre las contribuciones de la migración al desarrollo sostenible: estudios en países seleccionados", *Project Documents* (LC/TS.2021/195), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

PAHO (Pan American Health Organization) (2022), Health in the Americas 2022: Overview of the Region of the Americas in the Context of the COVID-19 Pandemic, Washington, D.C.

___(2017), Health in the Americas, 2017 Edition. Summary: Regional Outlook and Country Profiles, Washington, D.C.

R4V (Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela) (2023), "Refugees and migrants from Venezuela" [online] https://www.r4v.info/en/refugeeandmigrants.

Rodríguez, J., M. Di Cesare and K. Páez (2017), "Reproducción temprana: diferencias entre grandes regiones del mundo al inicio y al final de la adolescencia", *Population and Development series*, No. 117 (LC/TS.2017/36), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

UNFPA (United Nations Population Fund) (2022), *State of World Population 2022. Seeing the Unseen: the Case for Action in the Neglected Crisis of Unintended Pregnancy*, New York.

United Nations (2022), *World Population Prospects 2022, Online Edition* [online] https://population.un.org/wpp/.

___(2020), *International Migration 2020 Highlights* (ST/ESA/SER.A/452), New York.

___(2019), *World Urbanization Prospects 2018, Online Edition* [online] https://population.un.org/wup.

CHAPTER

II

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

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

B. Rights, needs, responsibilities and requirements of children, adolescents and youth

C. Ageing, social protection and socioeconomic challenges

D. Universal access to sexual and reproductive health services

E. Gender equality

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

G. Territorial inequality, spatial mobility and vulnerability

H. Indigenous Peoples, interculturality and rights

I. Afrodescendants: rights and combating racism and racial discrimination

Bibliography

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

Chapter A of the Montevideo Consensus on Population and Development addresses dimensions of development that are cross-cutting with respect to the other chapters, primarily linked to the well-being of the population and the protection of their human rights. This section will address: (i) policies and measures to end poverty, exclusion and inequality (priority measures 1, 2, 4, 5 and 6); (ii) public institutions responsible for population and development issues and mechanisms for civil society participation in the implementation and follow-up of the Montevideo Consensus on Population and Development (priority measures 3, 99 and 107, the latter two in chapter J); and (iii) integration of population issues into public policies and development planning (priority measures 4, 19 and 86).

1. Inequality, poverty and exclusion

Priority measures 1, 2, 4, 5 and 6 are aimed at eradicating inequality and poverty and reducing exclusion, with a focus on human rights and sustainability, in accordance with the 2030 Agenda for Sustainable Development (ECLAC, 2017a).

According to ECLAC (2022a), the region is navigating a complex and highly uncertain climate characterized by an economic slowdown, growing labour informality, precarious job recovery, substantial inflationary pressures and rising food and energy prices, as well as a sharp drop in investment and a protracted social crisis. In Latin America and the Caribbean, since 2015, well-being has declined, progress in education has stalled and poverty rates have crept up. All these trends have been exacerbated, first by the coronavirus disease (COVID-19) pandemic and later by the war in Ukraine.

The Gini coefficient, which measures household income inequality, constitutes indicator A.5 of the proposed indicators for regional follow-up of the Montevideo Consensus on Population and Development (see ECLAC, 2017b). The Gini coefficient remained high throughout the reporting period in Latin America, for a regional average of 0.46. However, trends varied from country to country depending on the pandemic's impact on businesses and jobs, and the scale and distribution of economic stimulus measures to manage the health crisis. From 2016 to 2021, inequality decreased in just 4 of 13 countries (the Dominican Republic, Mexico, Paraguay and Peru) but increased slightly or remained stable in the rest (ECLAC, 2022a).

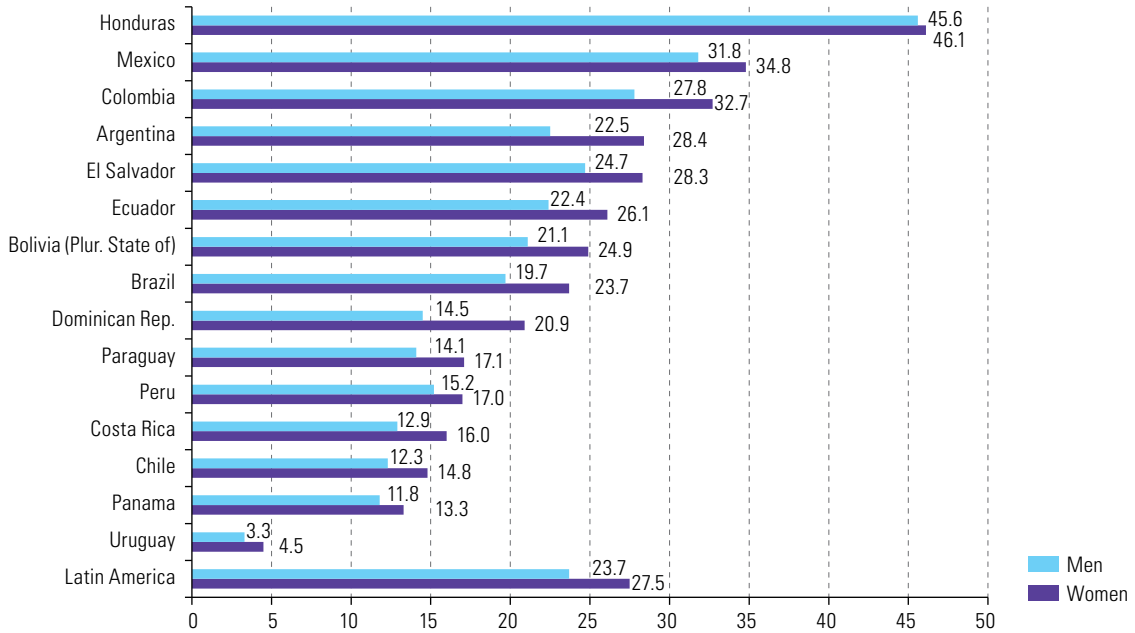
Prior to the pandemic, the region had achieved a modest reduction in poverty, as measured by the proportion of the population living below the international poverty line (US$ 2.15 per day). Since the pandemic, however, poverty has increased, reaching 4.7% in 2021 (compared with 4.2% in 2015) (United Nations, 2023a). Between 2017 and 2021, the proportion of the population living below the international poverty line increased in 6 of the 13 countries for which data are available.

ECLAC data show that poverty increased from 29.8% in 2018 to 32.3% in 2021 (ECLAC, 2022a). Extreme poverty also increased during that period, from 10.5% to 12.9%. According to an analysis of the data disaggregated by sex, in the 20–59 age group, a larger percentage of women than men are affected by poverty: 27.5% compared to 23.5%, in Latin America around 2021. In other words, for every 100 men living in poverty, there are 116 women in the same condition (see figure II.1).

During the reporting period, several countries (Antigua and Barbuda, Argentina, Belize, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, El Salvador, Haiti, Honduras, Jamaica, Mexico, Peru, the Plurinational State of Bolivia, Suriname, Trinidad and Tobago, and Uruguay) developed national strategies, plans, programmes and measures to overcome poverty and ease the pandemic's economic effects on households and individuals. Emergency cash transfers were the most commonly implemented, but countries also developed targeted programmes for women, children and young people, older persons, Indigenous Peoples, persons with

disabilities, migrants and other population groups, and intercultural, human-rights-based strategies with a focus on gender equality, non-discrimination and inclusion. Ecuador, Panama and Paraguay reported on the implementation of national poverty reduction strategies with a territorial focus, and on targeted measures for rural areas and Indigenous Peoples.

Figure II.1
Latin America (15 countries): poverty rates by sex, persons aged 20–59, around 2021[a]
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).
[a] Data for Chile, El Salvador and Mexico refer to 2020; data for Honduras refer to 2019.

2. Institutional population and development frameworks, inter-agency coordination mechanisms and civil society participation

Priority measure 3 of the Montevideo Consensus is to build and strengthen subnational and national public institutions responsible for population and development issues and to ensure that they function in an integral and sustainable manner with the active participation of non-governmental stakeholders. The measure highlights the contribution and crucial role of civil society organizations and the academic and private sectors. It refers to the permanent government agency or entity officially designated to coordinate population and development issues and serve as its country's technical and political representative for the Regional Conference on Population and Development in Latin America and the Caribbean.

Priority measure 99 is to build or strengthen a national coordinating mechanism, with the participation of civil society organizations, to reinforce synergies and coordinate work among the various relevant government institutions, such as those responsible for planning, health, education, labour, social development, public safety and gender, with a view to ensuring a comprehensive approach to such issues (ECLAC, 2015).

The 21 voluntary national reports submitted to the technical secretariat of the Regional Conference on Population and Development, and the information provided by the countries through the virtual platform to contribute to regional follow-up of the Montevideo Consensus, indicate the broad range of institutions responsible for population and development issues throughout the region. Depending on the country, these institutions may report to ministries or departments of foreign affairs, the interior or internal affairs, social development, the economy, planning and women, or national statistical offices or institutions.

The inter-institutional coordination bodies and mechanisms involved in implementing the Montevideo Consensus also vary in terms of modality and degree of consolidation, taking the form of commissions, committees, working groups, councils, mechanisms and panels at the national, inter- or multi-sectoral, and inter- or multi-disciplinary levels, under the governmental authority on population issues. Some were established as part of the first voluntary national reporting cycle and have been operating ever since (ECLAC, 2019a).

Civil society organizations have played a crucial role in the implementation of the Montevideo Consensus, whether by raising new issues, broadening the discussion agenda or holding authorities accountable. The academic sector has also made key contributions based on scientific knowledge and research.

According to the voluntary national reports, governments engage the participation of civil society organizations in one of two ways: either the organizations are formal participants within the framework of the national coordinating body or mechanism for population and development issues, as is the case in Chile, Honduras, Jamaica, Mexico, Peru and the Plurinational State of Bolivia; or they participate through consultations, workshops, surveys, key informant interviews and other feedback mechanisms, as is the case in Argentina, Colombia, Costa Rica, the Dominican Republic, Ecuador, Haiti and Paraguay. The second round of voluntary national reports featured many cases of academic sector participation, to varying degrees and at various levels.

The civil society participation mechanisms with the highest degree of consolidation, continuity and regularity over time appear to be those that are engaged in sector- or subject-specific work. Antigua and Barbuda, Argentina, the Bolivarian Republic of Venezuela, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Jamaica, Mexico, Paraguay, Peru, the Plurinational State of Bolivia, Suriname, and Trinidad and Tobago reported having such a participation mechanism or modality in place.

3. Integration of population issues into public policies and planning

Population dynamics have a powerful effect on sustainable development and must be fully taken into account in the drafting of national development plans in the region. The end of the demographic dividend and the ageing of the population have considerable implications for public policy, requiring medium- and long-term planning in labour, health, social protection and care (ECLAC, 2023a). Given the major challenges —in particular for the financial sustainability of social protection systems— that these demographic changes represent, it is essential to conduct analysis and take into account the modifications to development planning that they entail.

The need to ensure the full integration of population dynamics into sustainable development planning, sectoral policies, and public policies and programmes in general, at the national and subnational levels, is expressed in priority measure 4 of the Montevideo Consensus (indicators A.23 and A.24). This priority measure is cross-cutting with respect to all the chapters of the Montevideo Consensus. It is directly linked to development and land-use planning or plans that take changes in the age structure into account in sectoral policies (priority measure 19) and to the dynamics of specific populations, such as Indigenous Peoples (priority measure 86) and Afrodescendent populations (priority measure 94).

Priority measure 4 is monitored by indicator A.24, which measures the existence of development plans that integrate population projections. Although this indicator does not cover all relevant considerations, it provides information on the use of demographic information in development plans and/or strategies. The voluntary national reports for Argentina, Belize, Chile, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Suriname and Uruguay show that population dynamics are in some way integrated into these countries' development planning.

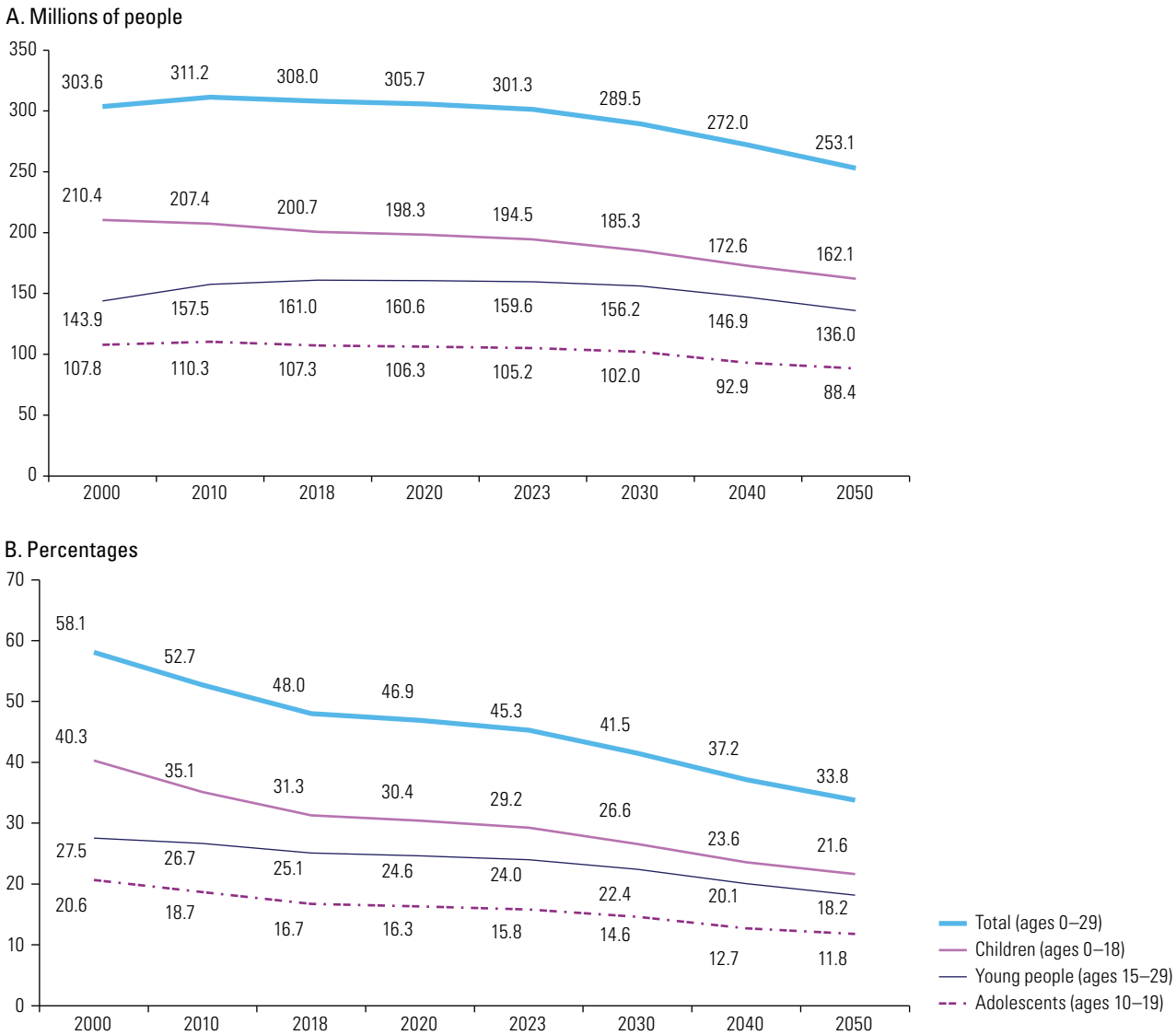
B. Rights, needs, responsibilities and requirements of children, adolescents and youth

The priority measures contained in chapter B of the Montevideo Consensus are aimed at three distinct life stages that partially overlap in practice. According to UNICEF (1989), childhood or infancy extends to age 18. However, there is no internationally agreed standard for defining adolescence and youth; in the region, they

most frequently correspond to 10–19 years of age and 15–29 years of age, respectively.[1] The objectives described in the priority measures are differentiated according to age group, taking into account the increased autonomy gained with age. For example, the content and objectives of comprehensive sexuality education programmes for children will differ from those of programmes for adolescents. The same is true of objectives regarding the use of or access to sexual and reproductive health services, which are differentiated according to age group (children, adolescents and youth), sometimes as required by law.

In 2023, the population between the ages of 0 and 29 in Latin America and the Caribbean reached 301 million, accounting for 45.3% of the total regional population compared with 52.7% in 2010. This age group will continue to decline in absolute numbers and as a share of the population, as will all subgroups (children aged 0–18, adolescents aged 10–19, and young people aged 15–29) (see figure II.2).

Figure II.2
Latin America and the Caribbean: population aged 0–29, by subgroup, 2020–2050
(Millions of people and percentages)



Source: United Nations, "Regional data bank for statistical follow-up to the SDGs in Latin America and the Caribbean", 2023 [online database] https://agenda2030lac.org/estadisticas/regional-data-bank-statistical-follow-up-sdg-1.html?lang=en.
Note: Because the subgroups overlap, the sum of the three is greater than the total value.

[1] The United Nations defines "youth" as those persons between the ages of 15 and 24 (see [online] https://www.un.org/en/global-issues/youth). However, the Montevideo Consensus defines it as ages 15–29.

The contraction of these age groups in no way diminishes their importance or need of investment, as their needs continue to be significant, even more so in the wake of the pandemic; their rights remain just as enforceable; and they will retain their status as the replacement generation. Rather, the social resources that population decline frees up at the country and household levels present an opportunity for higher per capita investment in these age groups.

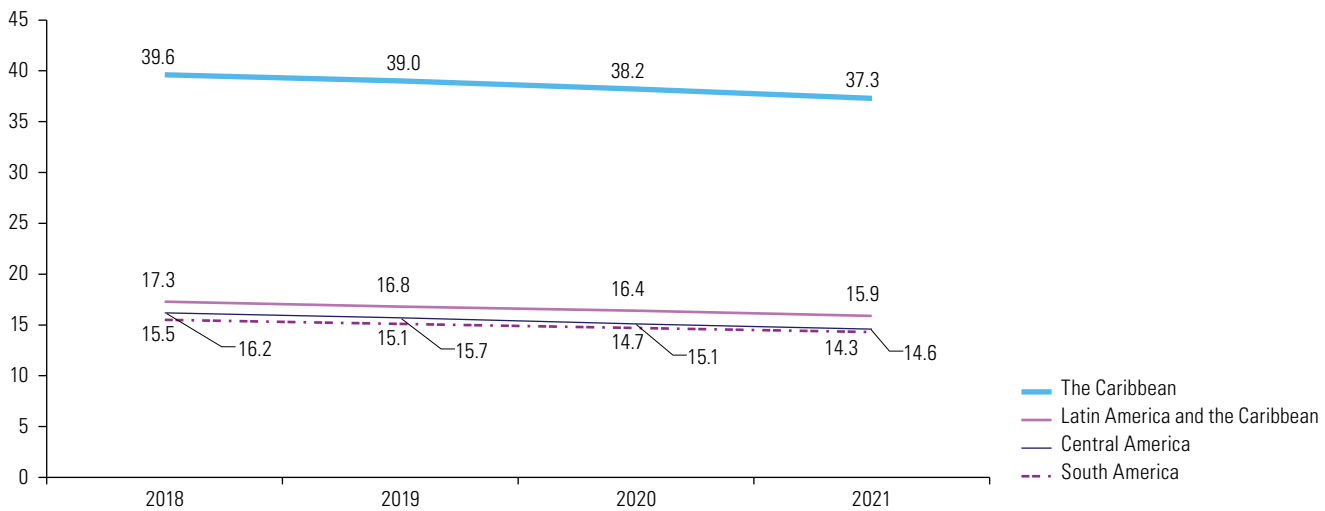
1. Review of progress on priority measures

(a) Living conditions

This section addresses priority measures 7 (living conditions), 9 (education), 10 (employment) and 16 (coexistence and prevention of violence). With regard to priority measure 7, poverty rates remain highest among children and adolescents, compromising their present and future prospects and posing the greatest threat to the exercise of their rights. In 2021, 45% of minors under the age of 18 were poor, compared with 32% of the total population (ECLAC, 2022a).

Nonetheless, childhood mortality was reduced between 2018 and 2021 in the region overall and in all subregions (see figure II.3). Several countries highlighted this achievement in their voluntary national reports,[2] although they also acknowledged that figures were higher in rural areas and among disadvantaged groups, such as those with low levels of education and Indigenous Peoples. The decline in childhood mortality continued even through the pandemic, despite the disruptions to maternal and child health care (ECLAC, 2022c) and other essential health services, partly because COVID-19 is not as severe or lethal in children.[3]

Figure II.3
Latin America and the Caribbean: childhood mortality rate, by subregion, 2018–2021
(Number of deaths per 1,000 live births)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/node/91.

2 The situation deteriorated in only a few countries. Peru, for example, saw an increase in childhood mortality, from 16 per 1,000 in 2020 to 17 per 1,000 in 2021. Childhood mortality also increased in the Dominican Republic and Ecuador.

3 Nearly 7 million children stopped receiving their vaccine doses; as a result, in 2021, the region went from having one of the highest childhood vaccination rates in the world to one of the lowest (UNICEF, 2023).

The prevalence of mental health disorders among children and adolescents was high before the pandemic, affecting 15% of adolescents regionally compared with 13% globally. Suicide was the third most common cause of death among this age group. The consensus is that the pandemic exacerbated mental health problems.[4] In their voluntary national reports, Chile, Colombia, Ecuador, Jamaica, Mexico and Uruguay described measures to prevent and contain the problem.

Child labour is monitored by indicator B.2, the proportion of children between the ages of 5 and 17 engaged in child labour, disaggregated by sex and age. Data are only available for a handful of countries but show high levels of disparity during the reporting period: 12% of children were engaged in child labour in some Andean countries (Peru and Plurinational State of Bolivia) and Central American countries (Honduras), compared with 5% or less in Colombia, Chile and Panama (United Nations, 2023b).

With regard to education, the suspension of in-person classes lasted longer in Latin America and the Caribbean than in any other region: 70 weeks compared with 41 weeks globally. This caused enormous harm and will have lasting implications not only for academic outcomes but also for job and income prospects (ECLAC, 2022a). School enrolment rates, as measured by SDG indicator 4.1.2, stopped improving in 2019 (United Nations, 2023b), and learning outcomes, as measured by standardized tests, dropped sharply in several countries (ECLAC, 2022a; UNESCO and others, 2022b). Meanwhile, incidents of violence, assault and conflict in schools have increased (UNICEF, 2022; UNESCO and others, 2022b).

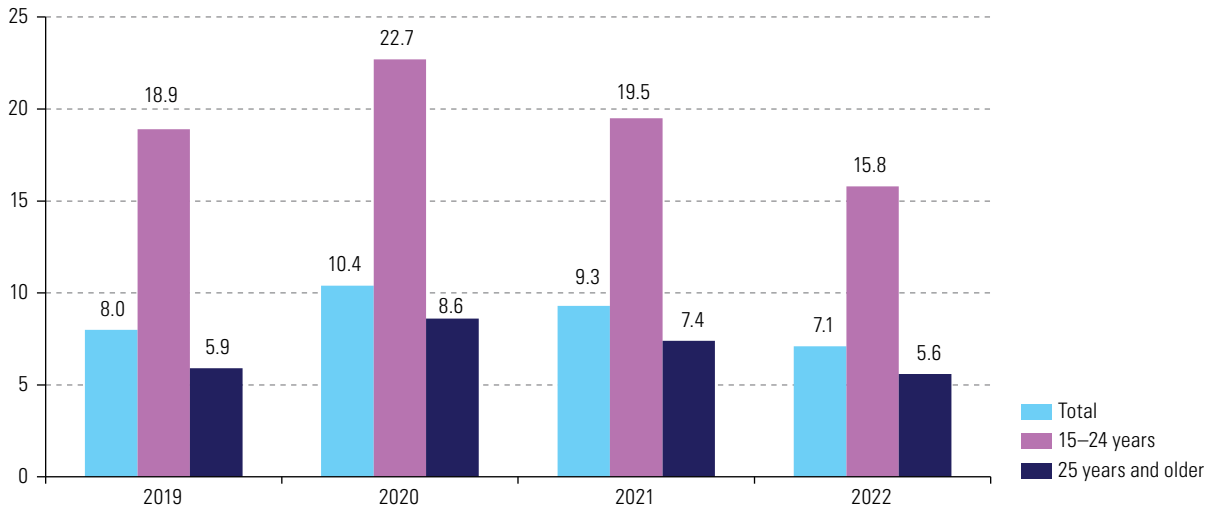
Countries have implemented a number of measures to lessen the pandemic's impact on education and recover losses in enrolment, learning and socialization, including: prioritization and consolidation of curricula; implementation of learning recovery strategies and programmes; knowledge assessment; automatic re-enrolment in school and early warning systems for students at risk of dropping out; campaigns and economic incentives to encourage the return to school; and improved health protocols in schools (UNESCO and others, 2022b). Recovery plans for the education sector featured in several voluntary national reports and included elements such as educational technology, health protocols in educational institutions, ensuring the continuity of school as an essential service in future catastrophic events, and specialized support for returning to and remaining in the school system, as well as enjoying a harmonious existence within it.

With regard to employment, three main conclusions can be drawn from the most recent available data on regional unemployment in the 15–24 age group (see figure II.4): (i) the pandemic hit youth employment particularly hard, exacerbating the age group's already high levels of vulnerability; (ii) the recovery was swifter than expected and unemployment rates in 2022 were below pre-pandemic levels, owing in part to the pandemic-era implementation of proactive employment policies that prioritized young people; and (iii) the youth unemployment rate nevertheless remains double the total rate in 2022.

Figure II.5 shows that indicator B.7, the percentage of youth not in education, employment, or training, rose sharply during the pandemic. The increase was particularly pronounced among women owing to the gender division of labour, which shunts many women into exclusively domestic roles from adolescence onward. Achieving social inclusion and gender equality among young people therefore remains a challenge, which requires the adoption of education- and employment-related measures, as well as measures that link curricula and relevant job skills, provide alternative training programmes for the transition from school to work or for periods when young people are not in employment or education, and advocate for health, sexual and reproductive rights and gender equality.

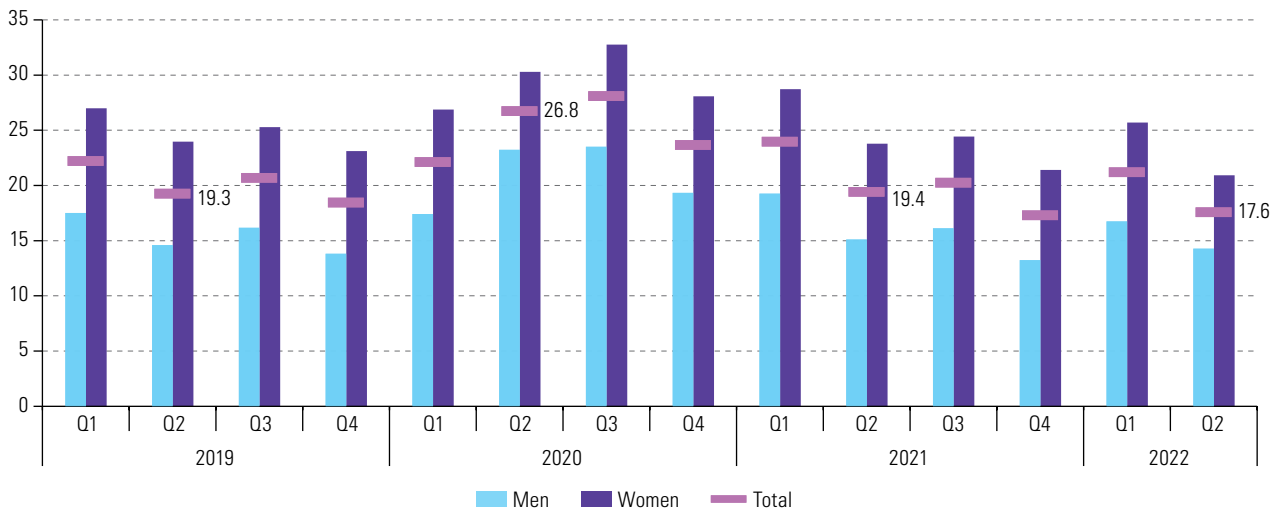
[4] Research shows higher levels of stress and anxiety among children and adolescents (Kauhanen and others, 2022). Equally concerning is the mental health of caregivers, in particular young mothers (UNICEF, 2022).

Figure II.4
Latin America and the Caribbean (17 countries):[a] unemployment rates, by age group, 2019–2022
(Percentages)



Source: Economic Commission for Latin America and the Caribbean/International Labour Organization (ECLAC/ILO), "Towards the creation of better jobs in the post-pandemic era", *Employment Situation in Latin America and the Caribbean*, No. 28 (LC/TS.2023/70), Santiago.
[a] Argentina, Belize, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Trinidad and Tobago, and Uruguay.

Figure II.5
Latin America (7 countries):[a] proportion of youth (ages 15–24) not in education, employment or training, by sex, first quarter of 2019–second quarter of 2022
(Percentages)



Source: M. Huepe (ed.), "Desigualdades, inclusión laboral y futuro del trabajo en América Latina", *Project Documents* (LC/TS.2023/63), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2023.
[a] Argentina, Brazil, Chile, Costa Rica, the Dominican Republic, Mexico and Peru.

Pandemic-era measures such as unemployment insurance and hiring subsidies prioritized the worst-affected groups, including young people (ECLAC/ILO, 2023). In addition, youth employment programmes are in place in most countries, with varying characteristics and outcomes (Huepe, 2023). The voluntary national reports of Chile, Jamaica, Mexico and Peru include specific measures aimed at improving youth employability and hiring, indicating that greater job insecurity among young people has been incorporated into public policy agendas.

However, structural discrimination and disadvantages persist for young people; examples include difficulties finding a first job, less experience and higher turnover, fewer protections and less negotiating power, and lower severance pay. More robust, far-reaching policies are needed in that respect (Huepe, 2023; ECLAC/ILO, 2023).

With regard to priority measure 16, to guarantee for boys, girls, adolescents and young people the opportunities and the basis for harmonious coexistence and a life free from violence, data show that the region is the most violent in the world. Its homicide rate of 20 per 100,000 people in 2021 was more than triple the global average (United Nations, 2023b). Adolescents and young people are particularly at risk of experiencing this and other types of extreme violence (WHO, 2014).

There is growing concern in the region about the level of violence, which is widespread and effectively normalized. Beyond its most extreme expression, violence includes bullying, harassment, assault and various forms of abuse, and is perpetrated in many different settings. In their voluntary national reports, countries described laws, policies, plans, strategies, programmes and institutions aimed at preventing and combating these types of violence among children, adolescents and young people. They also described economic reparations for child and/or adolescent daughters or sons of victims of femicide or homicide in the context of domestic or gender-based violence, and campaigns to raise awareness and understanding or to encourage victims to come forward in order to prevent, reduce and eliminate violence. However, governments acknowledge deficiencies in these policies, including inadequate budgetary allocations, information and knowledge.

Civil society systematically denounces the different forms of violence against children, adolescents and young people, especially sexual and gender-based violence. According to Red de Coaliciones Sur (2021), problems and challenges in violence prevention include: (i) absence of national sexual violence registers with data disaggregated by age and sex; (ii) lack of monitoring policies and programmes; (iii) lack of budget; (iv) weak national protection systems with insufficient coordination; (v) inadequate and fragmented victim response; (vi) insufficiently trained staff in care centres; and (vii) procedures that cause revictimization.

(b) Participation

The indicators for priority measure 8 are complex and lack systematized and representative regional data. However, a review of the voluntary national reports and of studies and reports of civil society, youth organizations and the International Youth Organization for Ibero-America shows that several participation mechanisms, such as national youth organizations, youth parliaments and sectoral consultative bodies, have gained strength and numbers, with increased international coordination and exchange, both in the region and beyond. The degree to which these entities have real influence varies across settings and countries and can evolve over time according to changes in leadership and shifting political alliances.

Argentina, Chile, the Dominican Republic, Mexico, Panama, Peru and Uruguay reported on a wide range of measures to encourage or safeguard the participation of children, adolescents and young people in accordance with the Montevideo Consensus. Outside of official initiatives and narratives, youth leadership participated actively in the events related to International Women's Day (8 March), marches to demand equal rights for members of the LGBTQI+ community (28 June) and advocacy related to many other issues covered in the Montevideo Consensus. Still, institutional forums for youth participation must be further strengthened in the region, which remains somewhat weak in this regard. For example, high-level political representation for young people remains low overall, despite having increased in some countries during the reporting period.

(c) Sexual and reproductive health and rights

Priority measure 11 addresses the effective implementation of comprehensive sexuality education programmes. Although standardized monitoring of this measure is not possible with the data that are available, some progress was discernible during the reporting period, including the following: (i) almost all countries have some legislative or regulatory framework in place to establish legal protections for sexuality education; (ii) all countries recognize the need to provide such education systematically; (iii) a group of institutional and civil society stakeholders are aware of the importance and contributions of sexuality education and advocate its implementation and improvement; and (iv) civil society and international entities systematically monitor the implementation of priority measure 11.[5]

According to UNFPA/FLACSO (2022), between 2018 and 2021, the number of countries with dedicated comprehensive sexuality education programmes increased. Argentina, Belize, Mexico, Panama and the Plurinational State of Bolivia mentioned related measures in their voluntary national reports. However, implementation challenges persist owing to several factors: (i) comprehensive sexuality education is guaranteed only in generic terms subject to political interpretation, rather than through dedicated and operational instruments that are legally binding; (ii) the content of comprehensive sexuality education is mandatory in fewer than half of countries; (iii) the focus and content of comprehensive sexuality education remain primarily academic and biological in nature and fail to adequately address sexual and gender diversity and the prevention of violence against the LGBTQI+ population; (iv) most countries lack an official system for monitoring the implementation and impact of comprehensive sexuality education; (v) very little comprehensive sexuality education has been conducted outside the classroom, and there is scant coordination between the education, health and other sectors; (vi) some influential, high-profile and hostile groups question the value of comprehensive sexuality education; and (vii) the pandemic caused a considerable delay in terms of exposure to comprehensive sexuality education due to the suspension of in-person classes.

With regard to priority measures 12–15, pertaining to the exercise of sexual and reproductive rights, fertility rates among adolescents continued to decline during the reporting period (see figure II.6) (ECLAC, 2022c). Adolescent fertility fell by 14% in the region and 6% globally, bringing Latin America and the Caribbean closer to the global average. National vital statistics also continued to fall, with decreases of 50% or more in Chile, Costa Rica and Uruguay. However, when disaggregated by country and age, the data reveal greater disparities. For example, the fertility rate among girls aged 10–14, whose pregnancies are usually the product of abuse, fell less than in other age groups, and even increased in some countries during the pandemic.[6]

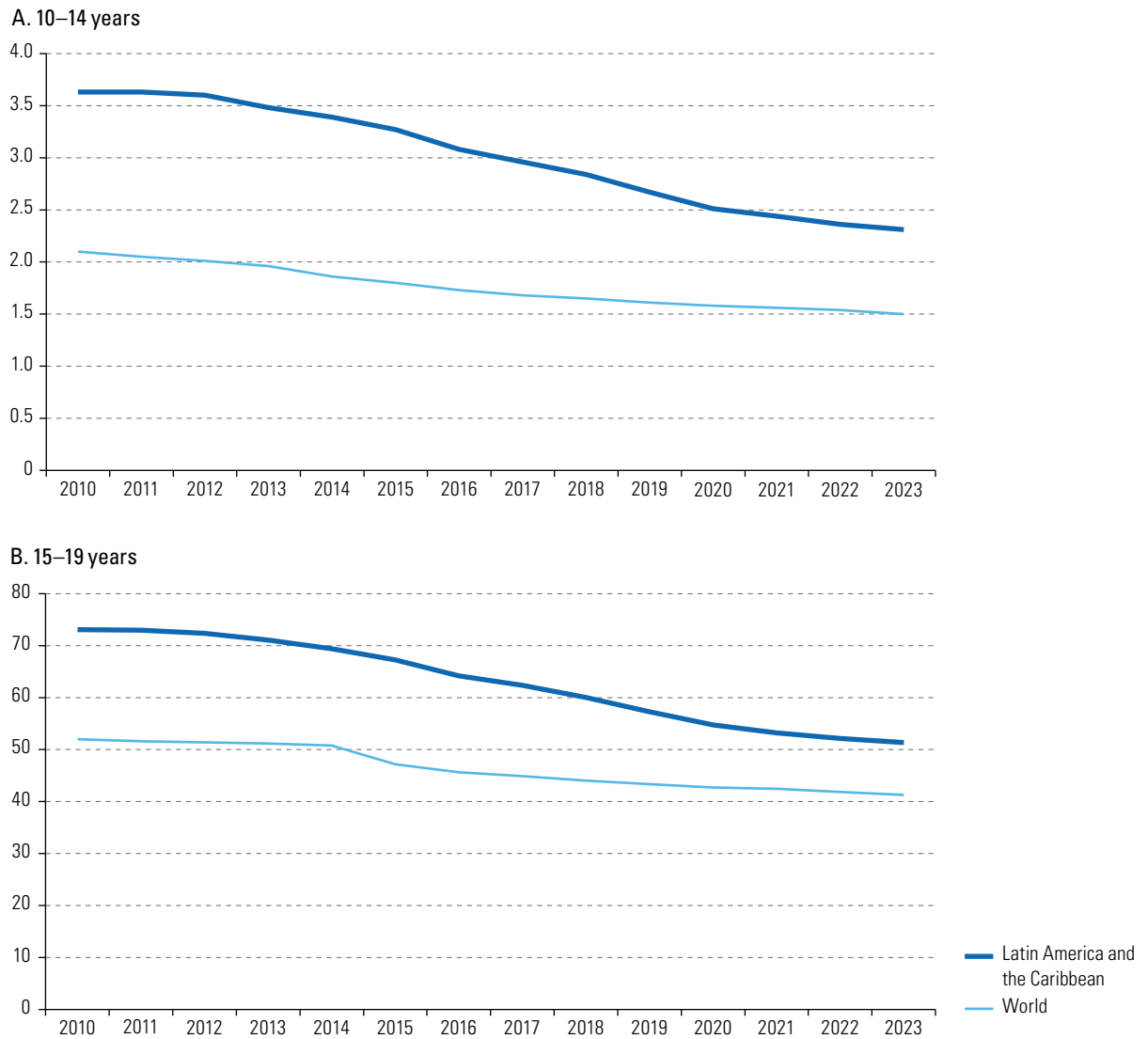
Meanwhile, household survey data relating to indicator B.18, which focuses on women aged 15–19 who are mothers, reflect an even steeper decline than the adolescent fertility rate, and a decrease in polar inequality (Rodríguez and San Juan, 2023) (see table II.1). In addition, in the two countries that completed censuses during the 2020s for which data are available (Mexico and Panama), this indicator decreased substantially. Despite these encouraging results, the adolescent fertility rate remains high and unequally distributed: at least 10% of women at the end of adolescence have given birth,[7] and that figure jumps to 35% or higher in the poorest quintile in some countries. Moreover, the number of girls under the age of 15 who have given birth remains high: although household survey estimates indicate that the fertility rate in the 10–14 age group is on the decline, some countries have rates as high as 0.5%.

5 This is done, for example, through the platform Mira que te Miro, a regional initiative to monitor fulfilment of the sexual and reproductive health and rights commitments of the Montevideo Consensus on Population and Development (see [online] https://miraquetemiro.org/) and various follow-up documents (UNFPA/FLACSO, 2022; UNESCO and others, 2022a).

6 In Peru, the rate increased between 2018 and 2022.

7 The percentage of women ages 19 and 20 who have given birth.

Figure II.6
Latin America and the Caribbean and world: fertility rates, 10–14 years and 15–19 years, 2010-2023
(Per 1,000)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, "Regional data bank for statistical follow-up to the SDGs in Latin America and the Caribbean", 2023 [online database] https://agenda2030lac.org/estadisticas/regional-data-bank-statistical-follow-up-sdg-1.html?lang=en.

Table II.1
Latin America and the Caribbean (4 countries): women aged 15 to 19 who have given birth, by socioeconomic quintile and polar inequality,[a] around 2018 and 2022
(Percentages)

Countries	Year	Total	Household income quintile					Polar inequality
			I	II	III	IV	V	
Bolivia (Plurinational State of)	2018	8.5	10.5	9.7	10.8	6.4	2.0	5.3
	2021	6.6	10.4	6.9	6.3	4.3	3.6	2.9
Chile	2017	6.4	11.6	6.1	4.7	2.4	1.1	10.8
	2022	2.7	4.9	2.8	2.1	0.2	0.7	6.8
Mexico	2018	11.4	16.7	15.1	11.7	6.9	2.8	6.0
	2022	7.1	12.4	8.0	6.7	3.3	2.2	5.7
Uruguay	2018	5.7	12.7	5.2	2.4	0.5	0.0	Maximum
	2022	3.3	5.3	4.5	1.7	0.9	0.0	Maximum

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).
[a] Polar inequality refers to the quotient of the bottom and top quintiles.

Adolescents in Latin America and the Caribbean are the group with the most unwanted births (Rodríguez, 2017) and with the highest level of unmet demand for contraceptives worldwide (UNFPA, 2022a). The decrease in adolescent fertility could be linked to the broader availability of a range of contraceptive methods and, in particular, to the increased use of new methods that are highly efficient and better suited to this age group, especially reversible long-term methods (Maceira and others, 2023; Rodríguez and Roberts, 2020; Gómez and others, 2019). The decrease could also be attributable to the expansion of abortion access in some countries during the reporting period (Argentina, Chile, Colombia and Mexico).[8]

The United Nations (2019) estimates that the proportion of adolescent women married or in another form of union is declining, albeit moderately and to varying degrees among countries. Likewise, that proportion in the 19 and 20 age group, which approximates the likelihood that the marriage or union began during adolescence, also presents a downward trend, with three key traits: (i) notable variation among countries, with levels upward of 30% in 2022 in outliers Colombia and the Dominican Republic; (ii) significant variation in the scale of decline, with rates barely falling during the reporting period in some countries (Peru) and plunging in others (Costa Rica, Ecuador, Mexico, Panama and Uruguay); and (iii) socioeconomic inequality affecting adolescents married or in another type of union (in Panama and Uruguay, rates in the bottom income quintile are six times the rates in the top income quintile).

The Montevideo Consensus aims to ensure the ability of young people to eventually reproduce in accordance with their own intentions and without disruption to their education or professional plans or experience. Available data show a general trend towards having children later in life in nearly all countries in the region, although not as late as the global average, as well as high rates of unwanted pregnancies and staggering levels of social inequality. In addition, child-rearing and marriages or other types of unions remain leading causes of school dropout; in all countries, adolescents who are married or in another type of union or have children attend school at rates well below the average (ECLAC, 2022a).

These trends have materialized amid the implementation of a range of policies, plans, programmes and strategies. According to the voluntary national reports, changes in legislation have improved access for adolescents who require contraception, raised the legal age of marriage and banned forced marriage, and in some countries ensured access to safe and legal abortion for all women, including adolescents. In that regard, national plans for adolescent pregnancy prevention made notable strides between 2018 and 2022, with some broadening their scope to include the prevention of child marriage. On a functional level, efforts have been

[8] Official figures fail to capture the full scale of abortion use —mainly owing to the use of pharmaceutical abortion, which requires no medical team— and therefore discount its impact.

made to promote sexual and reproductive health and rights, including through adolescent-friendly services and spaces and specialized units. These designated spaces for adolescents have provided health check-ups, specialized counselling and access to information and contraceptives that fit their needs.[9]

C. Ageing, social protection and socioeconomic challenges

The number of people aged 60 or older in Latin America and the Caribbean in 2023 is estimated at 91.6 million (14% of the total population), of which 50.8 million are women and 40.8 million are men. They are the fastest-growing age group, expected to account for 25% of the population by 2050. Currently, 22 out of 100 working-age people are in this age group, but that figure is projected to double, to 43, by 2050 (United Nations, 2022).

Accelerated population ageing presents societies with opportunities and obstacles and raises significant public policy concerns. Urgent action is required in several areas to raise the profile of ageing and consider it from a human-rights-based, gender-based, intercultural and intersectional perspective. The protection of the rights of older persons must be at the centre of public policy responses and incorporate the vision and commitments derived from the Montevideo Consensus, the 2030 Agenda for Sustainable Development and international and regional instruments and agreements on the topic, such as the Madrid International Plan of Action on Ageing (2002), the Inter-American Convention on Protecting the Human Rights of Older Persons (2015), the Santiago Declaration (2022) and the United Nations Decade of Healthy Ageing (2021–2030).

Priority measures 18–32 in chapter C of the Montevideo Consensus address various challenges related to social protection systems, the gender perspective, changes to the population age structure, participation, social and natural disasters, care and epidemiological profiles. This section presents an analysis of progress and challenges in following up on the implementation of priority measures during the period 2018–2023 in the following areas: (i) social protection and the human rights of older persons; (ii) prevention and elimination of discrimination and violence against older persons; and (iii) disaster prevention, mitigation and relief, climate change and older persons.

1. Social protection and human rights of older persons

To ensure the social protection of older persons, it is necessary to encourage the development of social security, health and education services and entitlements (priority measure 30) and to incorporate care into social protection systems (priority measure 31).

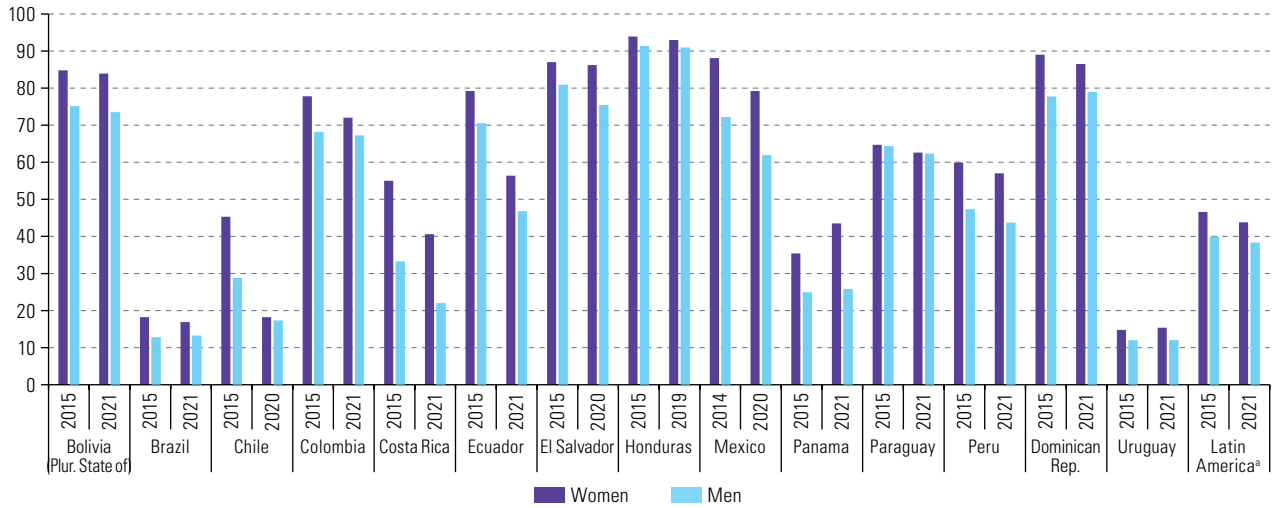
One of the challenges posed by ongoing population ageing is to implement social protection measures to guarantee a minimum level of income for sustaining life, which would require substantial investment.[10] However, owing to high informality in the region's labour market, the proportion of employed people paying into a social security system remains woefully low in many countries. Between 2015 and 2021, in 6 of the 11 countries analysed, only one in five employed people paid into such a system. Even in Chile and Uruguay, where the proportions are relatively high, more than 20% of the employed population does not pay into any social security system. During the reporting period, distinct patterns emerged, with these figures rising or falling according to country and sex, making it difficult to identify a single trend. For example, in half of the countries, more women than men pay into a social security system, while in other countries, the reverse is true.

Low levels of contribution during a person's working years translate into insufficient income in old age. In 2021, 44% of women and 38% of men over the age of 65 in Latin America received either no pension or one below the poverty line. Some countries, such as Brazil, Chile and Uruguay, have achieved adequate pensions and broad coverage, ensuring a sufficient income for more than 80% of older persons (see figure II.7).

9 These spaces, considered non-essential, experienced service interruptions and closures during the pandemic.

10 In 2021, central government spending on social protection accounted for 5.3% of the region's GDP, paying for services and transfers to individuals and families related to illness and disability, old age, survivors, family and children, unemployment, housing and social exclusion (ECLAC, 2022a). While this expenditure includes all age groups, older persons are one of the largest recipient groups.

Figure II.7
Latin America (14 countries): population aged 65 and over receiving inadequate pensions, by sex, around 2015 and 2021
(Percentages)



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

Chile, Ecuador, El Salvador, Jamaica, Mexico and Paraguay reported on assistance measures in the form of financial aid or non-contributory pensions for older persons receiving low or no pensions. Chile, Cuba, Mexico, Peru and the Plurinational State of Bolivia report having included older persons in their health-care policies. Palliative care (priority measure 29) and long-term care, as well as social services aimed at protecting the autonomy of older persons, were mentioned in the voluntary national reports of Argentina, Chile, the Dominican Republic, Ecuador, El Salvador, Honduras, Mexico and the Plurinational State of Bolivia.

Lifelong learning has come to be considered a human right, equipping older persons with the skills and capabilities needed to adapt to changing labour markets, stay healthy and remain able to participate actively in society and have control over their own decisions and lives (ECLAC, 2022b). In that regard, Cuba, Honduras, Paraguay and Peru reported on measures to provide continuing education in a changing world, technological training and skills certification.

2. Preventing and ending discrimination and violence against older persons

Priority measure 22 of the Montevideo Consensus calls for eradicating the multiple forms of discrimination against older persons, including all forms of violence. Faced with the persistence of ageism[11] as an obstacle to the full exercise of the human rights of older persons, countries have strengthened their legal and institutional frameworks through targeted laws, policies and programmes that take into account the particular challenges affecting older persons.

The main regional instrument in this regard is the Inter-American Convention on Protecting the Human Rights of Older Persons (2015). Between 2016 and 2023, 11 States ratified or acceded to the Convention.[12]

[11] Ageism refers to the categorization or segregation of people on the basis of age, causing harm, disadvantage and injustice. It can take many forms, including prejudice, discrimination, and institutional policies and practices that perpetuate stereotyping.
[12] Uruguay and Costa Rica, 2016; Argentina, Chile and Plurinational State of Bolivia, 2017; El Salvador, 2018; Ecuador, 2019; Peru, 2021; Colombia, 2022; and Mexico and Suriname, 2023 (OAS, 2023).

Progress has been made in the drafting of laws specifically addressing older persons' human rights. As of 2022, 19 countries have such laws in place, including 5 countries that enacted them between 2018 and 2022: Ecuador, 2019; Guatemala, 2019; Panama, 2020; the Bolivarian Republic of Venezuela, 2021; and El Salvador, 2021 (ECLAC, 2022b). Other voluntary national reports (Chile, Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Jamaica and Plurinational State of Bolivia) contain information on national policies and plans that strengthen the legal and institutional frameworks for the protection of older persons.

Progress has also been made in the prevention of discrimination and violence against older persons. An increasing number of countries and civil society organizations compile information on discrimination and abuse. Argentina, Chile, Panama, the Plurinational State of Bolivia and Uruguay have relevant data on perceptions of discrimination and violence, collected from surveys, programme case files and the consolidated statistical systems of various ministries.

With regard to legal assistance for reporting and penalizing abuse, violence and discrimination against older persons, the voluntary national reports presented during the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons, held in 2022, indicated that Brazil, Chile, Costa Rica, the Dominican Republic, Guatemala, Peru, the Plurinational State of Bolivia and Uruguay have institutions that provide information on reporting, forms of abuse, and prevention, protection and assistance measures for older persons experiencing such problems.

Countries have also launched campaigns to promote human rights, highlight the importance of eradicating discrimination, advocate the recognition and appreciation of older persons, and promote images of ageing that are free from prejudice and stereotyping. Ten countries have launched campaigns on the ethical treatment of older persons (Argentina and Colombia), eradicating ageism (Argentina and Guatemala), improving financial education and preventing indebtedness and debt distress (Brazil), encouraging intergenerational solidarity and preventing loneliness and isolation (Chile), promoting the rights of older persons (Mexico and Panama), preventing violence (the Bahamas and the Dominican Republic) and promoting the rights of older women (Panama and Uruguay) (ECLAC, 2022b).

3. Disaster prevention, mitigation and relief, climate change and older persons

Climate change and natural disasters pose a constant risk in the region, in particular for people with access to fewer resources. Owing to the diverse geography of Latin America and the Caribbean, tropical storms, hurricanes, droughts, earthquakes and landslides are common in various parts of the region. The effect of these events is even more acute for people living in less hospitable environments, who are often the most marginalized. Priority measure 24 in chapter C of the Montevideo Consensus aims to give the highest priority to older persons in plans for disaster prevention, mitigation and relief. Chile, Costa Rica and Ecuador reported progress in this area.

D. Universal access to sexual and reproductive health services

The present section addresses progress, gaps and challenges with regard to the 14 priority measures in chapter D of the Montevideo Consensus, aimed at ensuring universal access to sexual and reproductive health. Achieving that goal presents a challenge for the region's countries, which are hampered by fragmented health systems and various barriers to access. Difficulties include funding, equitable distribution of resources and quality of care. The pandemic caused disruptions to health services in most countries owing to restrictive measures, fewer patients seeking care, the need to prioritize COVID-19 patients over other patients, and a lack of resources (PAHO, 2022a). These factors also disrupted the delivery of sexual and reproductive health services, with implications for pre- and post-natal care, maternal mortality, sexual health campaigns, and

the HIV care continuum, the last step of which is antiretroviral therapy. In 14 of 19 countries in the region, emergency plans were implemented to mitigate the effects of service disruptions, and 5 countries reported on plans to increase the resilience of their health systems, allocating additional funding for long-term recovery (PAHO, 2022a).

From the early days of the pandemic, countries were called upon to prioritize sexual and reproductive health services for women, with a special focus on adolescents; pregnant women, in particular those with high-risk pregnancies, requiring obstetric and gynaecological care; people with HIV and other sexually transmitted infections in need of treatment, and people with an elevated risk of contracting such infections; women who were victims of gender-based or sexual violence, many of whom experienced unwanted pregnancies and required abortion services; and LGBTQI+ communities, who tend to be at higher risk of experiencing violence and abuse (ECLAC/UNFPA, 2020b; ECLAC, 2021a).

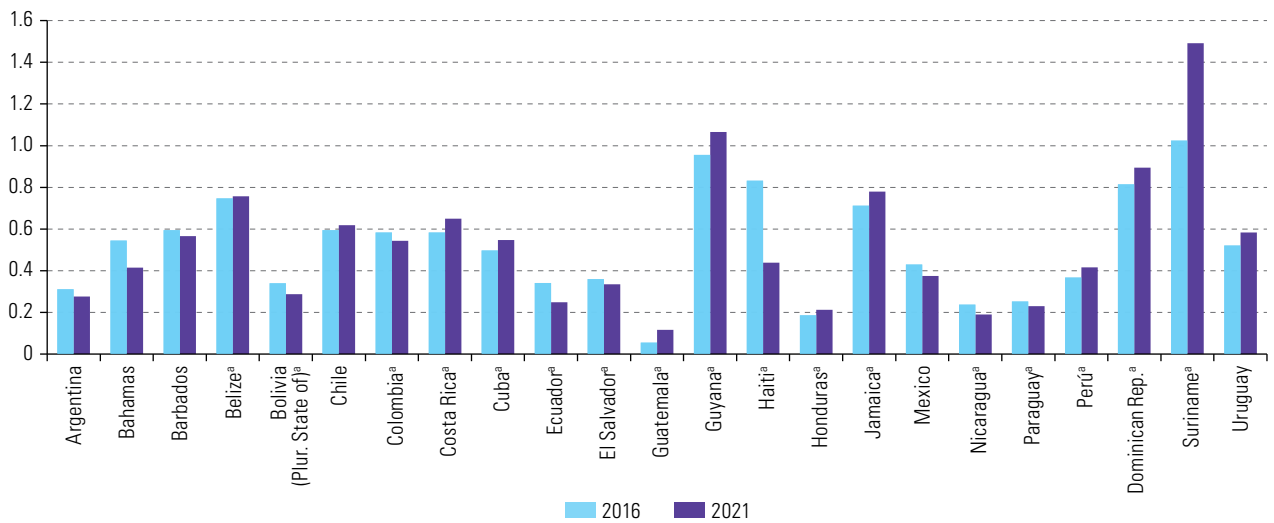
1. Sexual health

(a) Self-care, care, treatment and prevention of sexually transmitted infections and HIV/AIDS

Priority measures 38, 39 and 41 address the prevention and treatment of sexually transmitted infections. Measures 38 and 39 specifically address HIV/AIDS, while measure 41 addresses the sexual and reproductive health of men.

It is estimated that, in 2022, 2.5 million people in Latin America and the Caribbean were living with HIV, 32,600 died of AIDS and 126,000 contracted HIV (UNAIDS, 2023). Most of the latter group were members of key populations, such as men who have sex with men, transgender women, and sex workers and their clients and partners. Trends in new HIV cases in men aged 15–49 vary from country to country (see figure II.8).

Figure II.8
Latin America and the Caribbean (23 countries): new HIV infections in men aged 15–49, 2016 and 2021
(Per 1,000 HIV-negative men aged 15–49)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health.

[a] Countries supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) [see online] https://www.paho.org/es/temas/enfermedades-transmisibles/programa-investigacion-alianzas-enfermedades-transmisibles/fondo.

Countries described disruptions to HIV preventive care, testing and new courses of antiretroviral treatment during the pandemic (PAHO, 2022a). In 2019 and 2020, the proportion of people with HIV who received such treatment declined but made a partial or full return to pre-pandemic levels in 2021 (PAHO, 2022b). With a view to resuming these services, in 2023, the Global Fund to Fight AIDS, Tuberculosis and Malaria provided support to 17 countries in the region. In the majority of those countries, the support was specifically designated for key populations (PAHO, 2023).

With regard to testing for HIV/AIDS and other sexually transmitted infections in pregnant women (priority measure 39), the majority of countries reported a reduction in vertical transmission. Colombia, Ecuador, Mexico and Peru reported dual HIV/syphilis testing programmes for pregnant women.

Colombia, Ecuador and Mexico reported on progress in the 90-90-90 targets[13] set by the Joint United Nations Programme on HIV/AIDS, which corresponds to priority measure 38. Progress included the use of rapid testing, the provision of antiretroviral treatment and efforts to ensure that people know their HIV status, thereby reducing the risk of transmission by reducing the viral load in people who are HIV positive to undetectable levels.

In PAHO/WHO (2019), countries were called upon to implement comprehensive sexual and reproductive health strategies (priority measures 35, 37 and 38) to contribute to more efficient measures to prevent and treat HIV and other sexually transmitted infections. Countries were urged to prioritize pre-exposure prophylaxis (PreP) in their prevention efforts and to optimize sexually transmitted infection services, which mainly affect key populations.

Argentina, Colombia, Cuba, El Salvador, Mexico and Peru reported information on specific programmes, strategies and measures to provide education, guidance and advisory services, and on the availability of modern methods of contraception and targeted care for people with HIV or other sexually transmitted infections. In terms of advocacy, prevention, treatment and care for people with HIV or other sexually transmitted infections, UNFPA (2022b) highlighted successful strategies implemented in Argentina, Brazil, Costa Rica, Cuba, the Dominican Republic, Guyana, Paraguay, Peru and Uruguay and note the need to integrate HIV programmes with sexual and reproductive health programmes, to improve the quality, reduce the costs and increase the use of services.

2. Reproductive health

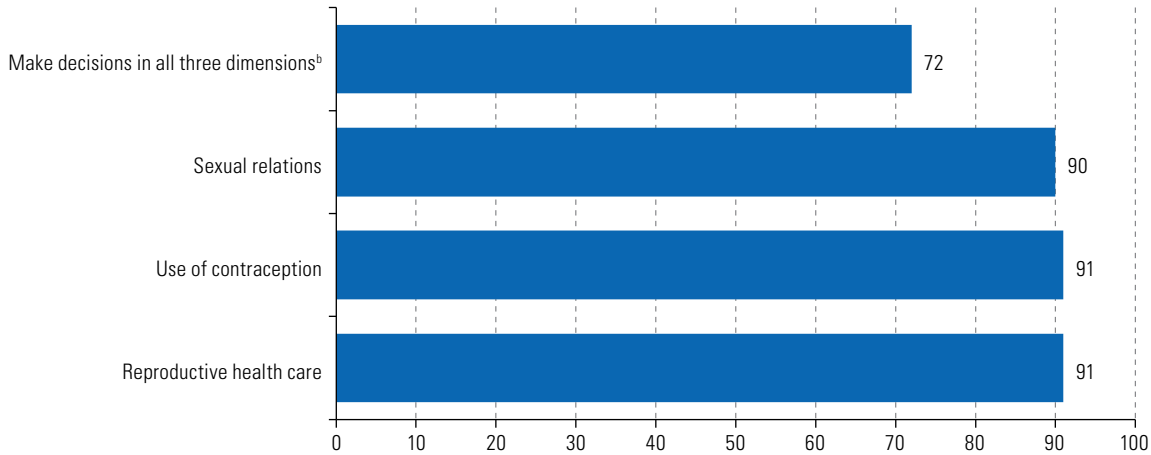
(a) Reproductive behaviour and preferences

Priority measure 34 calls for the promotion of policies to ensure that people can exercise their sexual rights; priority measure 35 is to review legislation, standards and practices that restrict access to sexual and reproductive health services, and to guarantee access to information on such services; priority measure 37 calls for guaranteed universal access to good-quality sexual and reproductive health services; priority measure 43 calls for effective access for all women to comprehensive health care during the reproductive process; and priority measure 44 is to guarantee effective access to a wide range of modern contraceptive methods.

Despite the limited availability of systematized information, regional data are available for SDG indicator 5.6.1, which corresponds to indicator D.17 of the Montevideo Consensus (the percentage of women, married or in another form of union, who make their own informed decisions regarding reproductive health care, the use of contraception and sexual relations with their husband or partner). The data available for 2023 (see figure II.9) show high levels of autonomy in each of the three dimensions. However, the proportion of women with autonomy in the three dimensions combined (72%) shows a continued need to implement strategies to empower women who are married or in another form of union, as limitations on their decision-making power expose them to unwanted pregnancies or high-risk pregnancies and, in the most extreme cases, maternal death.

[13] For more information on the 90-90-90 target see [online] https://www.unaids.org/sites/default/files/media_asset/90_90_90_es.pdf.

Figure II.9
Latin America and the Caribbean (7 countries):[a] proportion of women aged 15–49 (married or in another form of union) who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, 2023
(Percentages)

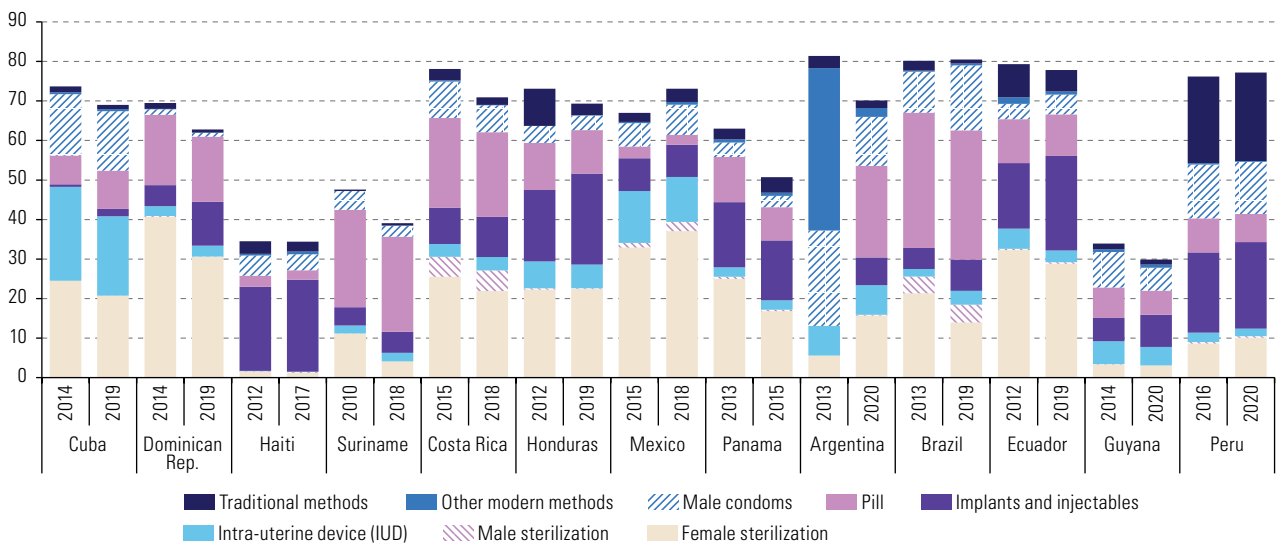


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health.
[a] The Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Honduras and Panama.
[b] Women are only considered to make their own decisions in the three dimensions if they respond "yes" on all three.

(b) Use of contraceptive methods

Figure II.10 shows that among women of reproductive age who are married or in another form of union and use contraception, the vast majority prefer to use modern methods. The type of contraceptive method used varies over time and by country, which could reflect changes not only in reproductive preferences but also in the availability of different methods and the feasibility of elective sterilization or vasectomy, which require the use of medical facilities.

Figure II.10
Latin America and the Caribbean (13 countries):[a] prevalence of use and distribution of modern contraceptive methods, and prevalence of use of traditional methods, women of reproductive age, 2010–2020
(Percentages)



Source: Comisión Económica para América Latina y el Caribe (CEPAL), sobre la base de Naciones Unidas, "World Contraceptive Use 2022" (POP/DB/CP/Rev2022), Nueva York, 2022 [en línea] https://www.un.org/development/desa/pd/data/world-contraceptive-use. [base de datos en línea] https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_2022_wcu_country_data_survey-based.xlsx.
[a] Countries with at least two available measurements are included.

Most countries report progress in the availability of modern contraceptive methods, driven by a variety of policies, strategies, programmes and initiatives; however, in practice, barriers to access remain. Argentina, the Dominican Republic, Ecuador, Honduras, Mexico, Peru and Suriname report that most methods are available. Likewise, Argentina, Chile, Honduras, Mexico and Peru report progress in access to emergency contraception.

Among women of reproductive age (15–49 years), a gradual but steady upward trend has continued in the use of modern family planning methods in recent years (indicator D.7 of the Montevideo Consensus, which is related to SDG indicator 3.7.1), with an increase in the regional average from 82.8% in 2018 to 83.3% in 2023.

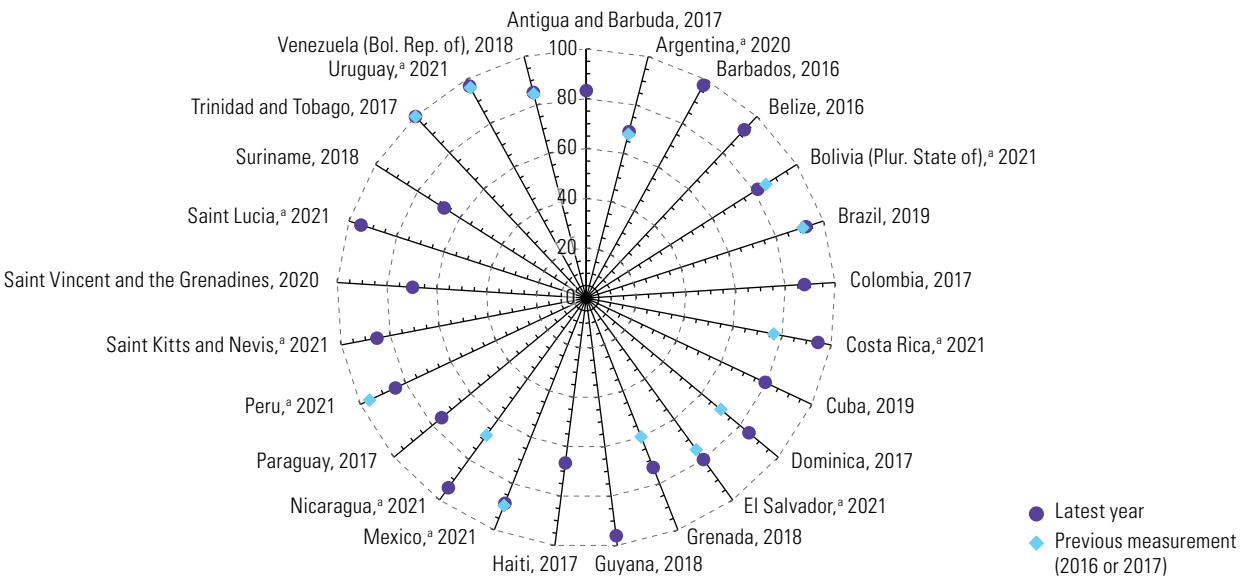
Regarding the interruption in health services caused by the pandemic, specifically in family planning and contraceptive services, between 5% and 50% of services were interrupted in the third quarter of 2020 in six countries in the region. The issue worsened in the fourth quarter of 2021, when nine countries reported interruptions (PAHO, 2022a).

(c) Conception, prenatal care and childbirth

Priority measures 43 and 45 —the latter referring to detecting problems during pregnancy— call for skilled, institutional, compassionate obstetric care and the best possible maternal health services during pregnancy, childbirth and the puerperium. The recommendations for achieving this include devising plans for strengthening the mechanisms for detecting problems during pregnancy, improving the quality of antenatal care to include an intercultural perspective, guaranteeing the provision of a safe supply of blood for care during pregnancy, childbirth and the post-partum period, enhancing compassionate care during labour and birth, and comprehensive perinatal care.

The latest available data on coverage for prenatal care (indicator D.15) show significant differences between countries (see figure II.11).

Figure II.11
Latin America and the Caribbean (25 countries): coverage of prenatal care (at least four check-ups), 2016–2021
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health.

[a] For countries with 2021 data and Argentina, the information is from the Pan American Health Organization (PAHO), "Core Indicators Portal", Washington, D.C. [online] https://opendata.paho.org/en/core-indicators.

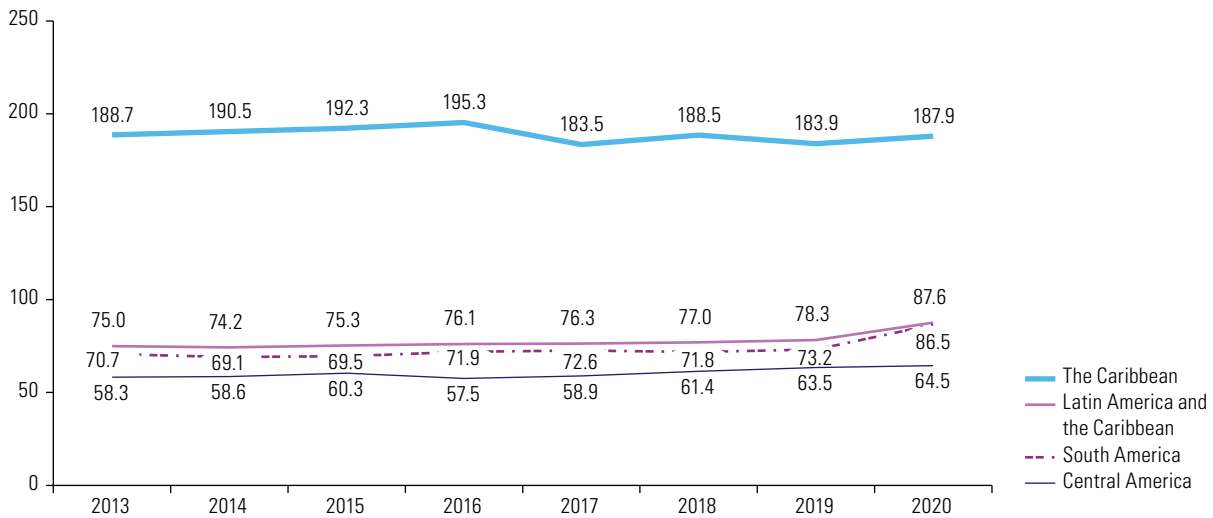
In terms of births attended by skilled health personnel (indicator D.16), an increase of 1 percentage point was recorded in Latin America and the Caribbean between 2016 and 2022; as a result, 95.8% of births were attended by professionals trained in maternal and newborn health in 2022. However, challenges remain with regard to quality of service, and sexual and reproductive health programmes identify the delay in the provision of timely and adequate care and of good-quality emergency obstetric care as one of the main causes of maternal death. Of the 34 countries for which data are available, Haiti is lagging the farthest behind in this regard (ECLAC, 2023b).

Regarding prenatal care, PAHO (2022a) reports interruptions to prenatal services, obstetric care in health facilities and post-natal care services for women and newborns between the third quarter of 2020 and the fourth quarter of 2021, which increased the risk of maternal and child mortality.

(d) Maternal mortality

Priority measure 40 refers to eliminating preventable causes of maternal morbidity and mortality. Between 2013 and 2019, there was an increase of three maternal deaths per 100,000 live births in Latin America and the Caribbean. By subregion, the largest increases were observed in Central America and the Caribbean. In 2020, a region-wide increase of nine maternal deaths per 100,000 live births was recorded; the most significant increases were in South America (see figure II.12). Low levels of educational attainment, Indigenous or Afrodescendent ethnicity and residing in a rural area are associated with a higher risk of maternal death.

Figure II.12
Latin America and the Caribbean (32 countries and territories):[a] maternal mortality rate, by subregion, 2013–2020[b]
(Deaths per 100,000 live births)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/node/91.

[a] Antigua and Barbuda, Argentina, the Bahamas, Barbados, Belize, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and Uruguay.

[b] Indicator D.8 of the Montevideo Consensus and SDG indicator 3.1.1.

A study by UNFPA and others (2022) on how pandemic-response health policies had affected the accessibility, use and quality of maternal, sexual and reproductive health services in Chile, Colombia and Ecuador found that the limited response of health services was the most important factor in maternal death. In addition to fear of contracting COVID-19, many other factors came into play, including problems obtaining transportation to attend appointments, associated costs and lack of information.

The reports of the Dominican Republic, Ecuador, Mexico, Paraguay, the Plurinational State of Bolivia and Uruguay refer to the adverse effects of the pandemic on maternal mortality and then to improvements in 2022 resulting from the re-establishment of essential services.

(e) Voluntary termination of pregnancy

Termination of pregnancy is mentioned in priority measure 40, which includes counselling and comprehensive care in cases of unwanted and unaccepted pregnancy, as well as comprehensive post-abortion care. Priority measure 42 focuses on the provision of safe, high-quality abortion services where abortion is legal or has been decriminalized, and urges other States to consider amending their laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy. Priority measure 43 refers to ensuring that all women have effective access to comprehensive health care during the reproductive process, including for the termination of pregnancy in cases permitted by law.

SDG indicator 5.6.2 includes two components that measure the existence of laws and regulations in effect for abortion and post-abortion care. According to this information, progress in this area is limited throughout the region. In 2022, there were regulations on abortion in 31% of the countries of the region and on maternal post-abortion care in 75% of countries. Progress has been greater in South America than in Central America and the Caribbean, where 32% and 83% of countries, respectively, have such laws and regulations.

Legal abortion and post-abortion services were also interrupted owing to the pandemic, although to a lesser degree than other services: fewer than 20% of countries reported interruptions in abortion services, including in post-abortion care (PAHO, 2022a; ECLAC/UNFPA, 2020b). The voluntary national reviews of Argentina, Chile and Colombia mention issues with the availability of medication and barriers to access because these services are not seen as a priority.

(f) Medically assisted reproduction

Priority measure 43 refers to ensuring that all women have effective access to comprehensive health care during the reproductive process and to guaranteeing universal access to assisted fertility treatments. Legislation has been enacted on the regulation of medically assisted reproduction in Argentina (2013), Uruguay (2013) and Colombia (2019) (ECLAC, 2021a).

A recent study (Purity and others, 2023) on the cost of assisted reproduction concluded that patients have no access to these services in low- and middle-income countries. In Brazil, Chile, Ecuador and Peru, direct treatment costs range from approximately US$ 3,000 to US$ 12,000. Lower costs are associated with infertility treatment regulations and government funding mechanisms.

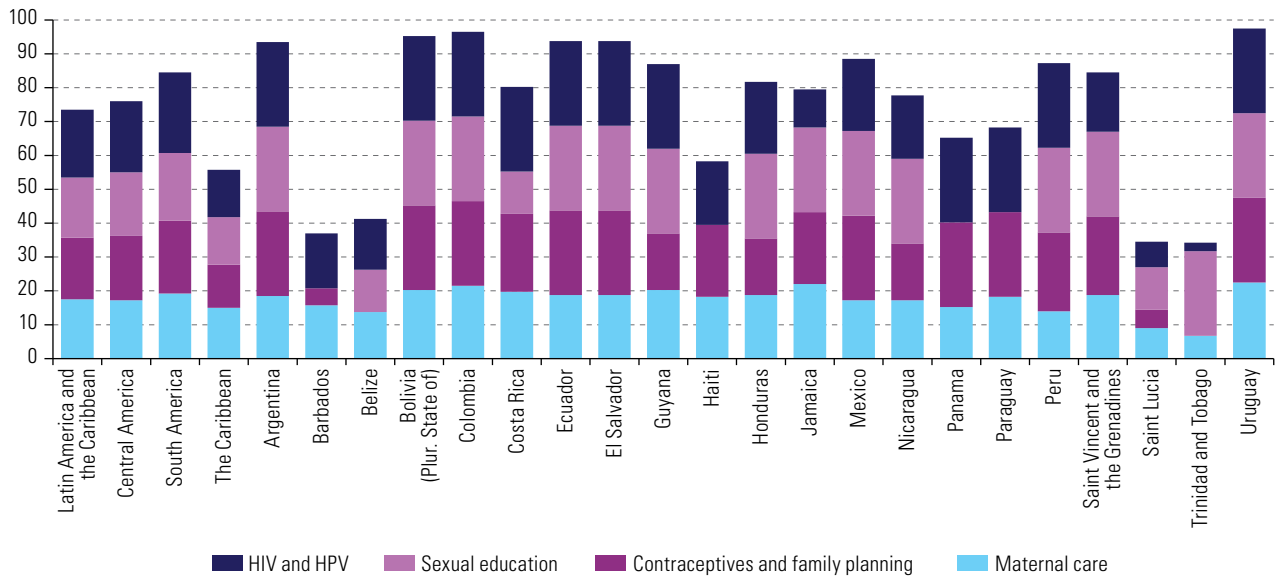
Of 11 countries where fertility or infertility care services are available, pandemic-induced interruptions were reported by 27% in the first quarter of 2021 and by 22% in the fourth quarter (PAHO, 2022a).

3. Sexual and reproductive rights

Sexual health and reproductive health are intrinsically linked. In both cases, respect for and the protection and observance of human rights is critical, since "all individuals have the right to exercise control over, and to decide freely and responsibly on, matters related to their sexuality as well as their sexual and reproductive health —and to do so free of coercion, discrimination and violence" (WHO, 2018). In the Montevideo Consensus on Population and Development, there are four key priority measures on respect for sexual and reproductive rights: measure 33 (promote, protect and guarantee sexual health and rights and reproductive rights), measure 34 (promote policies that enable persons to exercise their sexual rights), measure 35 (guarantee access to full information) and measure 36 (design policies and programmes to eradicate discrimination based on sexual orientation and gender identity).

Figure II.13 presents data for SDG indicator 5.6.2 on laws and regulations that guarantee full and equal access for women and men aged 15 years and older to sexual and reproductive health care, information and education, including care relating to motherhood, contraceptives and family planning, sexual education, HIV and human papilloma virus (HPV). On average, Latin America and the Caribbean recorded progress of 75% on this indicator. Of the four categories studied, progress has been the slowest with regard to maternal care, at 70%, followed by sexual education (71%), contraceptives and family planning (73%) and HIV and HPV (80%). There are marked differences between subregions: the strongest progress was recorded in South America (90%), compared to 76% in Central America and 54% in the Caribbean (United Nations, 2023b).

Figure II.13
Latin America and the Caribbean (21 countries): laws and regulations that guarantee full and equal access to women and men aged 15 and over to sexual and reproductive health care, information and education, by category, 2022[a]
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, "Regional data bank for statistical follow-up to the SDGs in Latin America and the Caribbean", 2023 [online database] https://agenda2030lac.org/estadisticas/regional-data-bank-statistical-follow-up-sdg-1.html?lang=en.

[a] SDG indicator 5.6.2. The indicator is a percentage (national laws and regulations are in place to ensure full and equal access) that indicates a country's status and progress with regard to such laws and regulations. It measures only the existence of laws and regulations, not their application, and is the arithmetic mean of its 13 components. Similarly, the value of each category is the arithmetic mean of the data of its components. Each component is calculated independently and weighted equally.

No systematized information is available for priority measure 36, on eradicating discrimination based on sexual orientation and gender identity. However, the reports of Argentina, Chile and Suriname for the period 2018–2023 mention some policies on the topic.

E. Gender equality

In recent years, the countries of Latin America and the Caribbean have made significant efforts to implement measures aimed at guaranteeing women's rights and advancing towards gender equality in the framework of international and regional commitments such as the Regional Gender Agenda and the Montevideo Consensus on Population and Development. However, marked gender inequalities and public policy implementation challenges remain. This section analyses progress and challenges in three dimensions linked with the priority measures

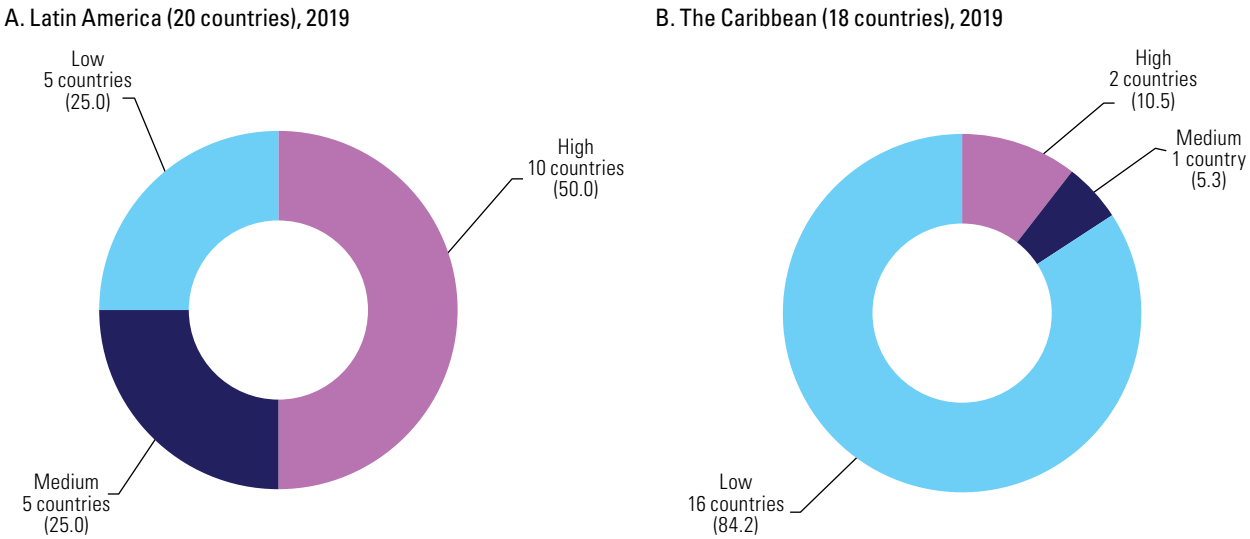
in chapter E of the Consensus: (i) institutional mechanisms for establishing equality-focused development policies that will guarantee women's autonomy and gender equality (priority measures 47, 48, 49 and 52); (ii) women's labour market participation and sexual division of labour (priority measures 54, 55, 59, 61 and 64); and (iii) gender violence (priority measures 56, 57, 58 and 65).

1. Institutional mechanisms to strengthen women's autonomy and gender equality

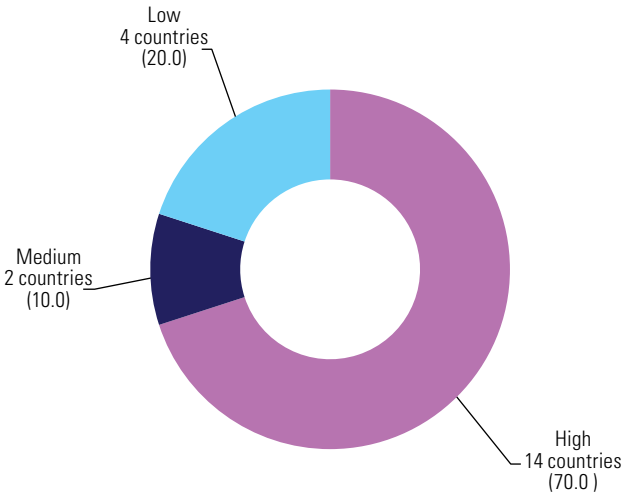
Agreements to strengthen the institutional frameworks for gender equality have gathered momentum in recent decades. In the Buenos Aires Commitment, adopted recently at the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean, it was agreed that all necessary steps should be taken to integrate national machineries for the advancement of women into institutional frameworks at the highest level and to encourage coordination between those mechanisms and the different levels of government and branches of the State (ECLAC, 2023a).

As reflected in the Gender Equality Observatory for Latin America and the Caribbean, the level of national machineries for the advancement of women within the hierarchy (low, medium or high) indicates the importance accorded by countries to the institutional mechanisms that direct and coordinate gender equality policies. At present, 14 of the 20 countries of Latin America have high-level mechanisms (institutions on par with a ministry), 2 have mid-level mechanisms (organizations under the office of the president) and 4 have low-level mechanisms (mechanisms that are part of a ministry or a lower-level authority). In the Caribbean, only 2 of the 18 countries have a high-level mechanism, 1 has a mid-level mechanism and 15 have low-level mechanisms. Improvements have been made compared with 2019, in particular in Latin America, while less progress has been made in the Caribbean (see figure II.14).

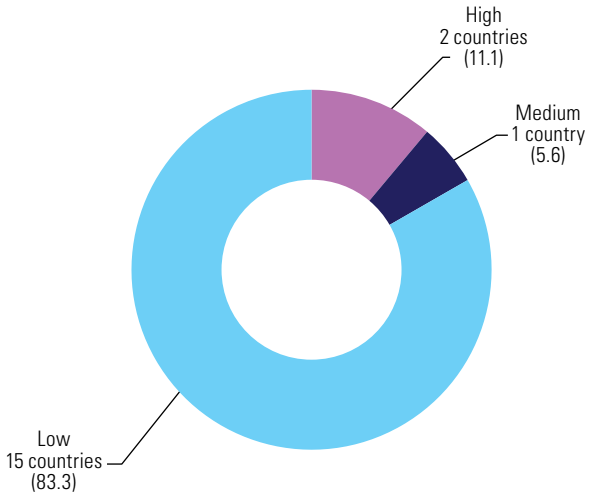
Figure II.14
Latin America and the Caribbean (38 countries and territories):[a] national machineries for the advancement of women, by hierarchical level, latest year available
(Percentages of countries and territories)



C. Latin America (20 countries), 2023



D. The Caribbean (18 countries), 2023



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

Note: In Latin America "high-level" means a ministry or institution with the rank of a ministry, "mid-level" means a body attached to the office of the president or a mechanism whose head reports directly to that office, such as an office attached to the presidency, a secretariat, national institute or other, and "low-level" means a body under a ministry, such as a deputy ministry, undersecretariat, institute, council or other legal entity. In the Caribbean, a body is considered high-level if it ranks as a ministry, mid-level if its director is not a minister but reports directly to the prime minister, and low-level if the department or other body reports to a minister (Gender Equality Observatory for Latin America and the Caribbean, 2023).

[a] Latin America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico and Uruguay. The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, British Virgin Islands, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Vicent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago.

Voluntary national reviews show that various advances have been achieved in the institutional structures for gender equality. Among the countries that have progressed in the establishment of high-level national machineries for the advancement of women are Argentina, Brazil, Colombia, Ecuador, Honduras and Panama, while Chile, the Dominican Republic and Peru already had high-level mechanisms.

In addition to progress in the areas of politics, regulation, institutions and democratic culture, public funding is key for establishing strong public policies aimed at achieving gender equality and women's autonomy, and has become even more relevant at the current juncture owing to pressure on the public purse and fiscal policy constraints (Scuro, Alemany and Coello Cremades, 2022).

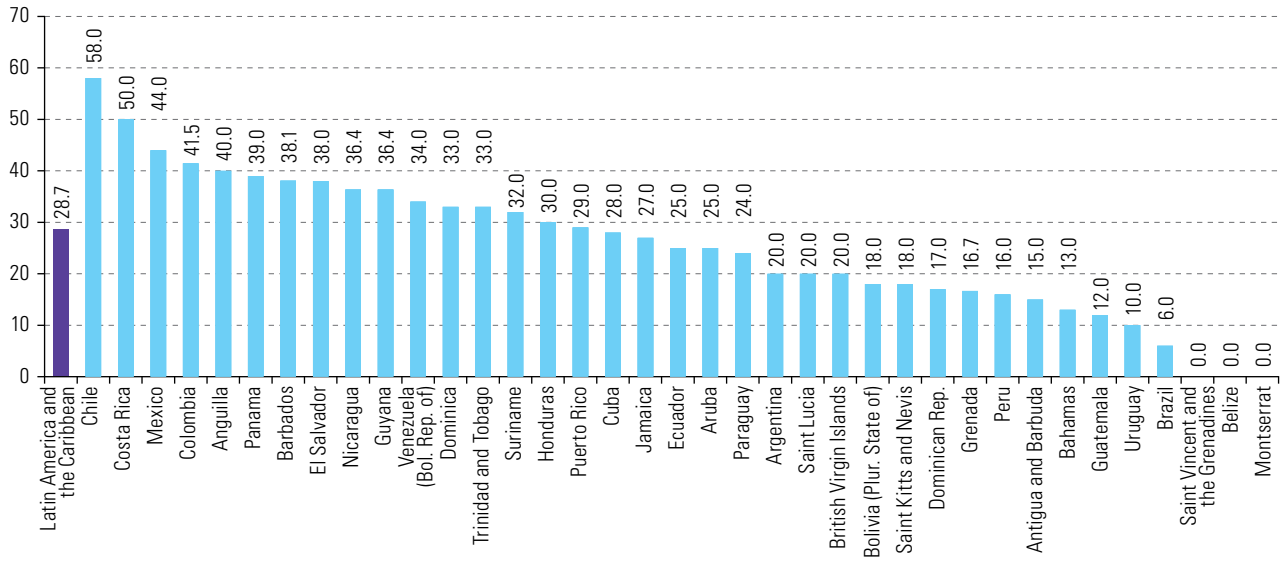
Another factor worth highlighting is parity democracy. Recent years have seen an increase in the regulations aimed at guaranteeing women's participation in decision-making roles —a critical factor for achieving progress in gender equality— their impact on public policy, and the incorporation of women's demands (ECLAC, 2023c). However, institutional, social and cultural structures still restrict women's access to the exercise of power and decision-making processes.

Several countries have passed or strengthened related legislation since the passage of the first quota law in Argentina in 1991: in 2022, nine countries had quota laws for representative elections and nine had enacted constitutional reforms, electoral reforms or laws aimed at fostering parity. However, the average for women's participation in public decision-making processes is around 30%; for mayoralties, it is less than 16% (ECLAC, 2023c).[14] According to the Gender Equality Observatory for Latin America and the Caribbean, the average percentage of women elected to municipal council in Latin America in 2021 was 32.7%, up from 30.1% in 2019.

[14] Women were elected as mayors in Cuba (47%), Nicaragua (43%) and Mexico (24%).

In July 2022, the Gender Equality Observatory indicator for female cabinet ministers showed a slight increase in women in charge of a ministerial portfolio in Latin America and the Caribbean over the last three terms of government. In Latin American countries, the averages were 23.5% in the antepenultimate term, 23.9% in the penultimate term, and 28.7% in the most recent term (see figure II.15). The Caribbean countries and territories also recorded slight increases, from 19.5% to 21.6%.

Figure II.15
Latin America and the Caribbean (37 countries and territories): women cabinet ministers, latest available presidential term
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean, "Indicators" [online] https://oig.cepal.org/en/indicators.
Note: The indicator is the sum of female cabinet ministers during the presidential term of each country and is updated annually.

The Gender Equality Observatory also shows that the percentage of women ministers in Latin America who are judges or magistrates in the highest court or supreme court was 30.4% in 2020 and 2021, 1 percentage point lower than in 2019.

Regarding women in executive positions, indicator E.7 refers to the percentage of women in executive roles[15] and enables the monitoring of priority measures 54 and 55 on labour equality and women's participation in high-level and decision-making positions. In 2021, the percentage of women executives in Latin America and the Caribbean was 36.9%, half a percentage point higher than in 2019. In the Caribbean, 49.4% of such roles were held by women, while for Central America the figure was 38.1%, and 35.6% for South America. Only Saint Lucia reached a level that was above gender parity (55.6%).

In June 2023, all countries in Latin America and the Caribbean had ratified the Convention on the Elimination of All Forms of Discrimination against Women, while 18 countries and territories had neither signed nor ratified the Optional Protocol to that Convention.[16] Argentina, Chile, Colombia, Cuba, Jamaica, Mexico, Peru, the Plurinational State of Bolivia, Suriname and Uruguay mention various measures in their voluntary national reviews aimed at advancing gender parity in politics. Regarding gender-based political violence against women, Argentina, the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay have measures to punish it (ECLAC, 2023c).

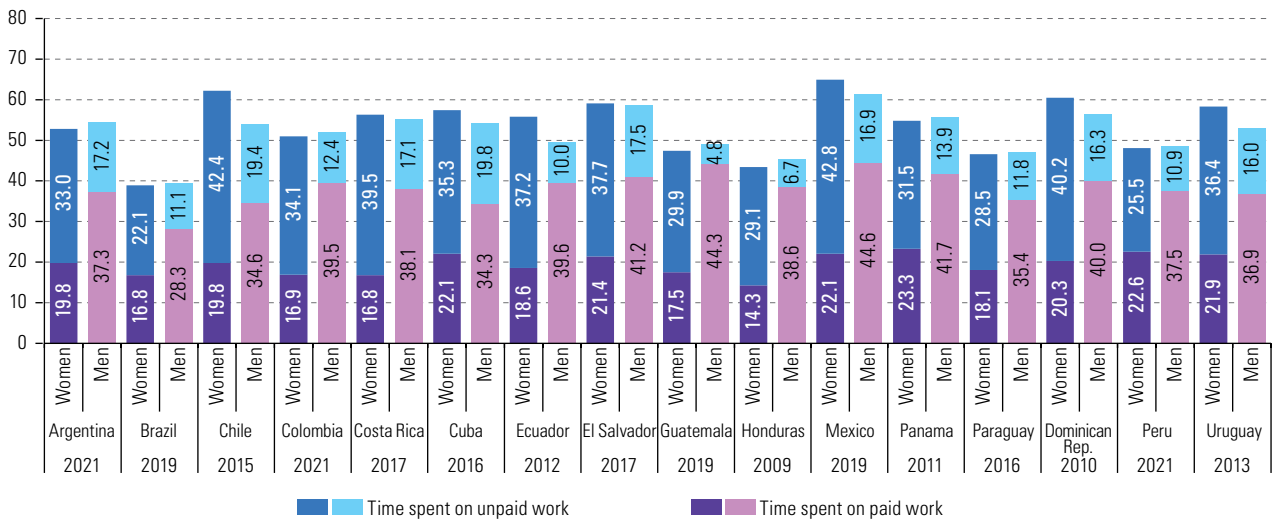
15 SDG indicator 5.5.2.
16 Countries and territories that have neither signed nor ratified the Protocol: Anguilla, Aruba, Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, Guyana, Haiti, Honduras, Jamaica, Montserrat, Nicaragua, Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago.

2. Economic autonomy: progress and challenges

Under the current development model, domestic and care work is rendered invisible, devalued and feminized, both in the public sphere of the labour market, where work is paid, and in the private sphere of the home, where work is unpaid.

Showing how much time is allocated to paid and unpaid work exposes the effects of its unfair distribution and the gender roles and care tasks assigned to men and women. To that end, indicator E.8, referring to the total time worked (number of hours of paid and unpaid work) by sex (see figure II.16), contributes to the monitoring of priority measures 54, 61 and 64, which aim to eliminate gender inequalities in the world of work, guarantee shared responsibility for unpaid domestic and care work and take into account unpaid care work in the System of National Accounts.

Figure II.16
Latin America (16 countries): time spent on paid and unpaid work for the population aged 15 and over, by sex, latest year available
(Average hours per week)



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

Women's heavier unpaid domestic and care workload limits their ability to participate in the labour market on an equal footing and to earn money and be independent. Women who work for pay often work a double shift, since increased labour market participation does not mean that unpaid domestic and care work is redistributed. While men spend more than half their time in the labour market, for women the figure is closer to one third. In the case of unpaid work, the proportion is reversed: women spend more than half their time performing unpaid work, while in some countries, men spend even less than one third of their time on it.

Women must have their own income to achieve financial autonomy (ECLAC, 2022d). In 2019, 26.0% of women aged 15 and over were not individual monetary income earners and were not exclusively studying, a figure that increased to 27.8% in 2021; for men, the figures were 11.2% and 12.8%, respectively.

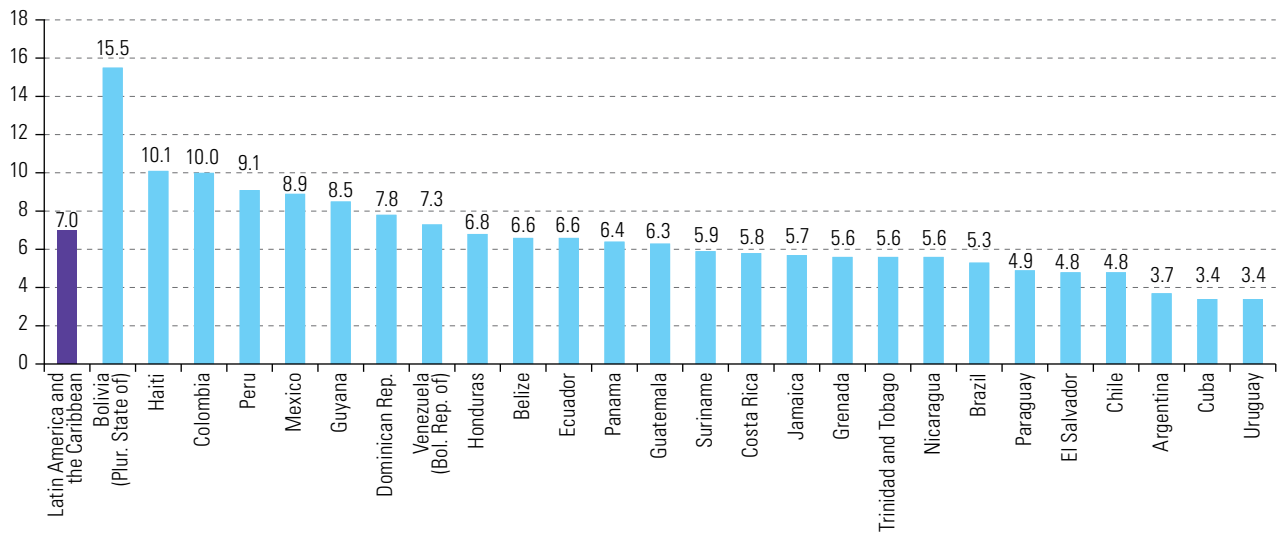
Voluntary national reports show the national policies implemented in favour of gender equality in the labour markets of Argentina, Chile, Costa Rica, Cuba, Ecuador, Jamaica, Peru and Uruguay. With regard to strengthening public policies on care, progress has been made in Argentina, Chile, Colombia, Cuba, the Dominican Republic, Mexico and Paraguay.

To progress towards gender equality and more equitable distribution of labour, the gender roles that permeate society must evolve. It is therefore important to include training on gender in education. There are no regional data for two indicators that focus on monitoring priority measure 59 on a new masculinity: indicator E.10 (on making gender equality part of the mandatory content of primary and secondary school curricula, including discrimination on the basis of gender identity and sexual orientation) and indicator E.11 (on including the new masculinities approach in those curricula). However, Argentina, Chile, Ecuador, Honduras, Mexico, Peru and Trinidad and Tobago report progress on priority measure 59.

3. Gender-based violence

Violence against women is a manifestation of historically unequal power relations between men and women. The aim of priority measures 56, 57, 58 and 65 is to establish mechanisms to protect women from sexual harassment, contribute to the eradication of all forms of violence against them, foster a gender-sensitive approach in the judicial system and provide specialized care for victims of gender-based violence. Figure II.17 shows that 7.0% of women aged 15 years and older have been subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months.

Figure II.17
Latin America and the Caribbean (26 countries): women aged 15 years and older who have been subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months, 2018
(Percentages)



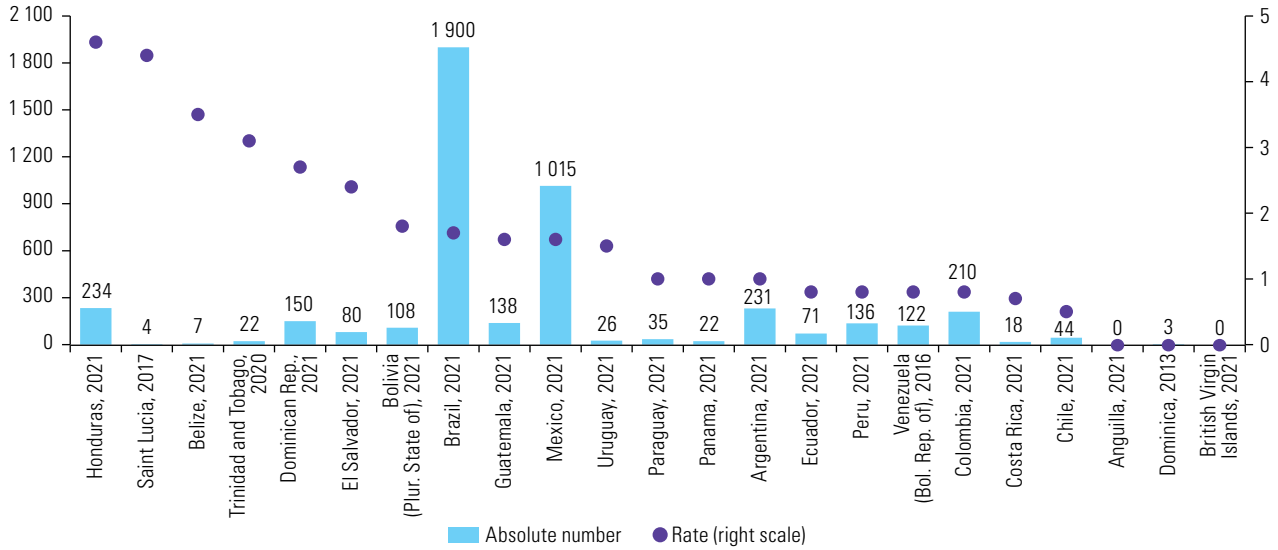
Source: United Nations, Global SDG Indicators Database [online] https://unstats.un.org/sdgs/dataportal/.

The most extreme expression of gender-based violence is femicide, the gender-based murder of women. The purpose of indicator E.14,[17] the rate of femicide or feminicide (see figure II.18), is to follow up on priority measures 57 and 58, which call for the elimination of all forms of violence against women and girls and for the promotion of gender-sensitive justice.

Measures to address gender-based violence are included in the voluntary national reports of Argentina, Chile, Colombia, Cuba, the Dominican Republic, Ecuador, El Salvador, Honduras, Jamaica, Mexico, Panama, Peru, the Plurinational State of Bolivia, Suriname and Uruguay. One issue that requires special attention is gender-based violence against the LGBTIQ+ population, which has been highlighted in several reports.

[17] This indicator is adapted from SDG indicators 5.2.1 and 5.2.2.

Figure II.18
Latin America and the Caribbean (23 countries and territories): femicide or feminicide, latest year available[a]
(Absolute numbers and rates per 100,000 women)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean, "Indicators" [online] https://oig.cepal.org/en/indicators.
[a] Includes women 15 years of age and older.

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

Regional migration has intensified, diversified and become more complex in recent decades, and the debate on migration has expanded to countries with no previous tradition of migration. As the number of migrants has increased, forced migration and mixed flows have arisen. This section looks at the application of the priority measures in chapter F on international migration and the protection of the human rights of all migrants. In addressing complex issues such as large-scale migrations, mixed flows, irregular migration and the vulnerability of migrants, countries have reported on a broad range of topics and on progress in their voluntary national reports. The importance of a priority measure depends on the specific migration trends of each country, and each reports varying degrees of progress. Likewise, not all countries mention the implementation of the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees, international instruments adopted in 2018 that are strongly aligned with chapter F.

1. Inclusion of international migration and the regularization of migration in regional and national development agendas and strategies

International migration and the regularization of migration in particular have been mainstreamed in national and regional agendas and strategies. Although there is no single approach to regularization mechanisms, their importance for the social and labour inclusion of migrants remains widely accepted at all levels. Objective 5 of the Global Compact for Safe, Orderly and Regular Migration is to "enhance availability and flexibility of pathways for regular migration". It is thus essential that countries establish a mechanism to facilitate the regularization of migrants, which enables their labour inclusion and access to decent work (Cerrutti and Penchaszadeh, 2023;

Fernández Bravo, 2023), social entitlements and essential services. Even with all the benefits of regularization, there are still barriers with regard to this mechanism. Irregular migration remains one of the main challenges of managing migration and government action is required to prevent the perpetuation of migrants' vulnerability to abuse, discrimination and lack of protection and to avoid their relegation to informal and exploitative work for which they are overqualified (ECLAC, 2022c).

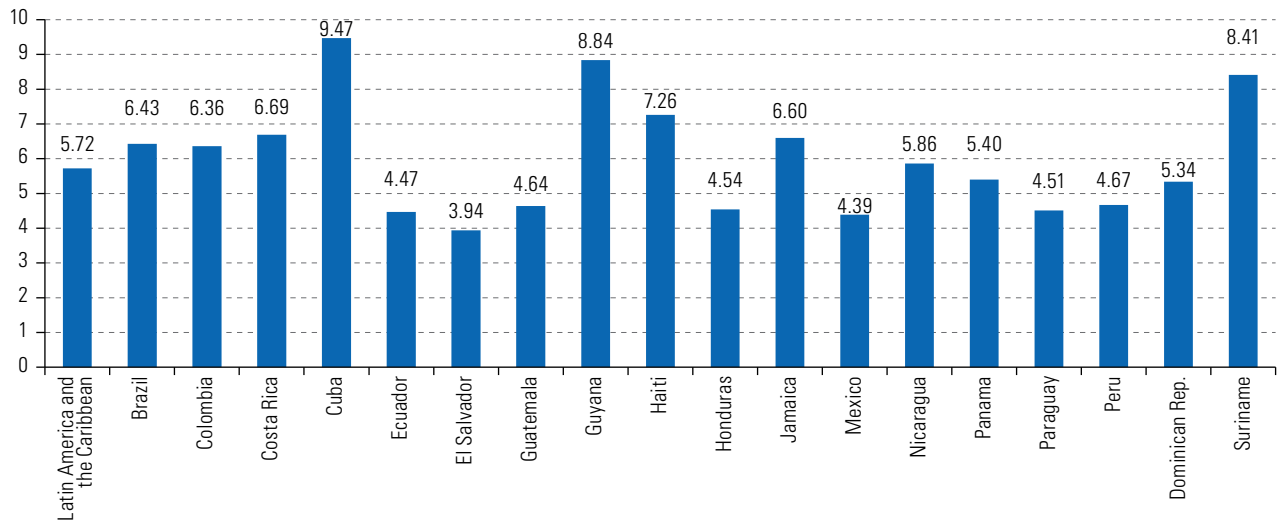
Informal work is generally easier to obtain, and the employment of many migrants is not protected by labour regulations. In fact, on the basis of information from recent household surveys on category of work by migration status, the percentage of migrants employed in wage labour, in particular women migrants, is lower than for non-migrants.

Regularization of migrants in fulfilment of priority measure 66 has been described in the voluntary national reports of Argentina, Chile, Colombia, El Salvador, Jamaica, Mexico, Panama, Peru, the Plurinational State of Bolivia and Uruguay.

2. Comprehensive strategies to harness the benefits of migration

Priority measure 68 refers to the need to prepare comprehensive global and regional strategies to leverage the benefits and confront the challenges of migration, including those relating to remittances and skilled migration in high-demand sectors, as well as the differential participation of men and women and the transnationalization of care. Only a few countries include measures related to the facilitation of remittances in their voluntary national reports. In the region, the average cost of sending remittances as a share of the funds remitted (indicator F.4 of the Montevideo Consensus) is 5.7% (see figure II.19). In several countries, the cost is above the regional average, which is extremely important in countries such as Haiti, which has many emigrants, and reflects the underdevelopment of the financial system with regard to transfers.

Figure II.19
Latin America and the Caribbean (18 countries): average cost of sending US$ 200, as a share of the remittance, by country, 2021
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/node/91.

Beyond measures to mitigate the cost of sending remittances (reported by Mexico and Paraguay), the issue of the contributions of migration to sustainable development has yet to be placed on national agendas. Recent studies have shown that migrant labour makes a significant contribution to GDP growth and structure, and to addressing the care crisis, and that it also affects demographic trends, for example by slowing down population ageing (Martínez Pizarro and Cano Christiny, 2022).

3. Addressing the situation of the region's migrants

Emigration from Latin America and the Caribbean to other regions remains high, and in that context priority measure 70 becomes important. It refers to incorporating the principles of consistency and reciprocity in dealing with the various situations faced by emigrants from the countries in the region, at all stages of the migration process, whether within or outside the region.

The progress reported in voluntary national reports has varied depending on the priorities of the countries of origin of migrants, as has the emphasis placed on the issue. Some countries have established regulations on voting by nationals residing abroad (Chile); some report support and assistance for returnees and repatriated persons (El Salvador, Honduras, Mexico, Paraguay and Peru); and others report measures to support emigrants and members of the diaspora (the Dominican Republic and Jamaica).

4. Multilateral governance for migration

Achieving the concrete results mentioned in priority measure 71 with regard to the multilateral governance of migration is a constant challenge in the context of recent regional trends, the policies of destination countries outside the region, the hostility towards certain immigrant populations and the resurgence of racism and xenophobia. With regard to priority measure 71, several countries (Argentina, Chile, Ecuador, Honduras, Jamaica, Mexico and Suriname) mention multilateral migration governance initiatives. Among them are the Global Compact for Safe, Orderly and Regular Migration, a framework broadly recognized in the region, and the Los Angeles Declaration on Migration and Protection, in which countries committed to enhancing action domestically, regionally and in the hemisphere to establish the conditions for safe, orderly, compassionate and regular migration and to strengthen the frameworks required for international protection and cooperation.[18] Countries have also expressed interest in participating in intergovernmental meetings on migration, such as the Regional Conference on Migration, the South American Conference on Migration and the Quito Process.

Priority measure 69, on promoting the signing of bilateral and multilateral social security conventions, is reflected in objective 22 of the Global Compact for Safe, Orderly and Regular Migration ("establish mechanisms for the portability of social security entitlements and earned benefits"). Within the framework of the follow-up process of the Montevideo Consensus, it was recommended that an indicator be established on the percentage and number of direct recipients enrolled in the Ibero-American Multilateral Agreement on Social Security in each destination country compared with the total number of immigrant workers.[19] Paraguay mentions the adoption of the Agreement, but little progress has been made in this regard.

5. Protection of human rights and guaranteed access to services, in particular for vulnerable groups

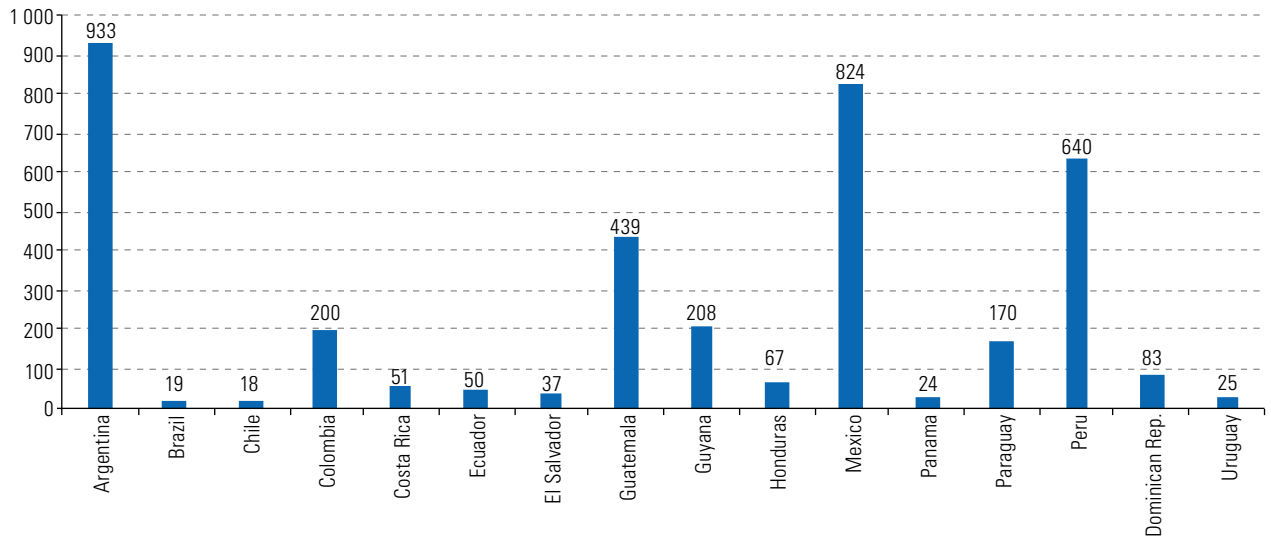
An increase in entry restrictions and stronger removal measures as well as the criminalization of irregular migration and growing xenophobia, racism and discrimination have worsened the vulnerability of migrants,

[18] The Los Angeles Declaration on Migration and Protection was adopted at the ninth Summit of the Americas, held in Los Angeles in June 2022.

[19] The purpose of the Ibero-American Multilateral Agreement on Social Security is to maintain the old age, disability, death and survival pension rights of the migrant population and their families by enabling contributions from different States to be combined and received in a country other than the one in which they were generated. It establishes the equal treatment of all persons, regardless of their nationality, as a basic principle.

amplified irregular migration[20] and facilitated illicit organizations that profit from smuggling of migrants and trafficking in persons (see figure II.20) Trafficking in persons remains a serious rights violation in the region. Interventions must be stepped up and the law must be enforced to combat the criminal organizations that continue or are expanding their activities in that regard.

Figure II.20
Latin America (16 countries): trafficking in persons, by country, 2020
(Number of detected victims)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/node/91.

As stated in priority measures 67 and 72, countries must provide comprehensive care for migrants in transit and destination countries, in accordance with the provisions of the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families[21] and those of the Vienna Convention on Consular Relations, and must take measures to meaningfully protect human rights, avoiding any form of criminalization of migration and guaranteeing migrants' access to basic social services in education and health, including sexual health and reproductive health, where appropriate, regardless of their migration status, with special attention to highly vulnerable groups, including unaccompanied minors.

Argentina, Chile, Ecuador, Jamaica and Uruguay report efforts to guarantee and protect migrants' rights and equal access to them. Argentina, Honduras, Panama and Uruguay report measures to provide care for vulnerable and irregular migrants, in particular during the pandemic. Some countries also report measures for migrant children and adolescents in transit (Honduras, Mexico, Panama and Uruguay) and progress on measures for refugees (Jamaica, Mexico and Uruguay).

6. Intersectoral and intergovernmental coordination

Priority measure 73 includes strengthening coordination channels between sectors and countries and reinforcing intergovernmental cooperation mechanisms, underscoring the need for a gender perspective in coordination and cooperation mechanisms to guarantee the exercise of the human rights of all migrants, regardless of their migration status.

[20] In 2022, a total of 248,284 migrants crossed the Darién Gap into Panama, according to the International Organization for Migration (IOM, 2023). Likewise, between 2018 and September 2022, 127,000 refugees and migrants entered Chile at unauthorized border crossings.

[21] At present, 33 of the 55 States parties to this International Convention are from the region (see [online] https://indicators.ohchr.org/).

The voluntary national reports of Chile, Costa Rica and Peru include several advances related to priority measure 74, on strengthening cooperation between countries of origin, transit and destination through bilateral arrangements for labour force mobility, ensuring protection of the human rights of migrants. With regard to the gender perspective, progress has been made with respect to migrants in Chile, Jamaica, Mexico and Peru.

G. Territorial inequality, spatial mobility and vulnerability

The high degree of territorial inequality in Latin America and the Caribbean must be taken into account in the analysis, design and implementation of development plans, strategies and public policies. Population and economic production are highly concentrated in a few places or areas in each country and there are significant location-dependent standard-of-living gaps. There are urban-rural divides in countries and also between and within cities and metropolises (ECLAC, 2017a, 2018 and 2023d).

The region's population is mainly located in large cities or metropolises. This is the result of an intense urbanization process with significant migration from rural areas to cities, and later, migration from smaller to larger cities, which triggered strong growth in the main metropolitan areas. More recently, medium-sized cities have become more attractive, favouring demographic deconcentration (ECLAC, 2012 and 2023d; Rodríguez, 2017).

The region has also experienced a sustained increase in the frequency of social and environmental disasters. Hydrological, meteorological, geophysical, climatological and biological phenomena have increased in frequency and intensity, triggering social, economic and environmental crises. Of concern is the Caribbean subregion, which is constantly affected by hurricanes, water pollution, drought and volcanic eruptions, leading to a permanent crisis, with significant consequences for infrastructure and quality of life (ECLAC, 2014, 2018, 2022c and 2023d; Bello, Bustamante and Pizarro, 2020).

The consequences of these social and environmental disasters for the population are uneven. Women, children, adolescents, older persons, migrants, persons with disabilities, Indigenous Peoples and peoples of African descent, who are more vulnerable given their social status and where they live, suffer more from the effects of disasters, owing to both the vulnerability of their assets and more limited access to disaster risk management instruments (Cecchini, Holz and Robles, 2021).

1. Territorial management plans, policies, programmes and instruments

The Montevideo Consensus on Population and Development sets out basic guidelines for territorial development policies, in accordance with the principles of the 2030 Agenda for Sustainable Development, the New Urban Agenda and the Sendai Framework for Disaster Risk Reduction 2015–2030, among other international instruments that address territorial and environmental issues (ECLAC, 2017a, 2018 and 2019b).

Priority measures 76, 78, 80, 81 and 84 refer to territorial planning and management and urban governance of cities and metropolitan systems, which aim to reduce social and territorial inequalities, create more inclusive, sustainable and resilient territories, and prepare for the impact of social and environmental disasters. These priority measures also highlight the importance of decentralization, deconcentration and local and subnational development planning. Priority measures 78, 80 and 81 mention the importance of territorial development and urban planning, and the policies that can be designed to achieve more balanced and sustainable territorial development at different geographic scales. Priority measure 76 calls for the development of more closely coordinated, integrated and cohesive territories by designing and executing territorial and urban management plans, policies and instruments.

Over the last decade, governments have designed and implemented various territorial development policies and instruments, in alignment with different regional and global intergovernmental agreements that address

territorial issues. There are more national territorial policies in the region than cross-border or territory-specific policies. According to Genta and others (2022), there are 73 such policies of national scope in the Caribbean, on land development and use, safeguarding the environment and disaster preparedness. South America has 53 such policies, and in Central America there are 40. Although the number of policies in each country does not necessarily lead to better results in bridging territorial divides, it indicates an interest in territorial development and the establishment of related guidelines.[22] Coordination must be improved in the design and implementation of territorial policies, since they require an intersectoral, multilevel, multi-stakeholder approach and a medium- and long-term perspective. Some countries are working to link and coordinate sectoral institutions and policies, but greater technical and political efforts are required to establish an ecosystem of policies that contribute to improving quality of life irrespective of location (Genta and others, 2022).

2. Development and well-being of the population in different territories

The indicators used to follow up on priority measures 77 and 79, which focus on the development and well-being of people in all territories, are indicator A.6, "proportion of population living in households with access to basic services" (SDG indicator 1.4.1), disaggregated by urban and rural areas, and indicator G.8, "proportion of urban population living in slums, informal settlements or inadequate housing" (SDG indicator 11.1.1).

Access to basic services includes safe drinking water, sanitation, hygiene, energy, mobility, waste removal, health care, education, and information and communications technologies (ICTs), such as access to broadband Internet. In this case, access to safe drinking water will be examined in greater detail and access to electricity and ICTs more succinctly.

(a) Access to safe drinking water

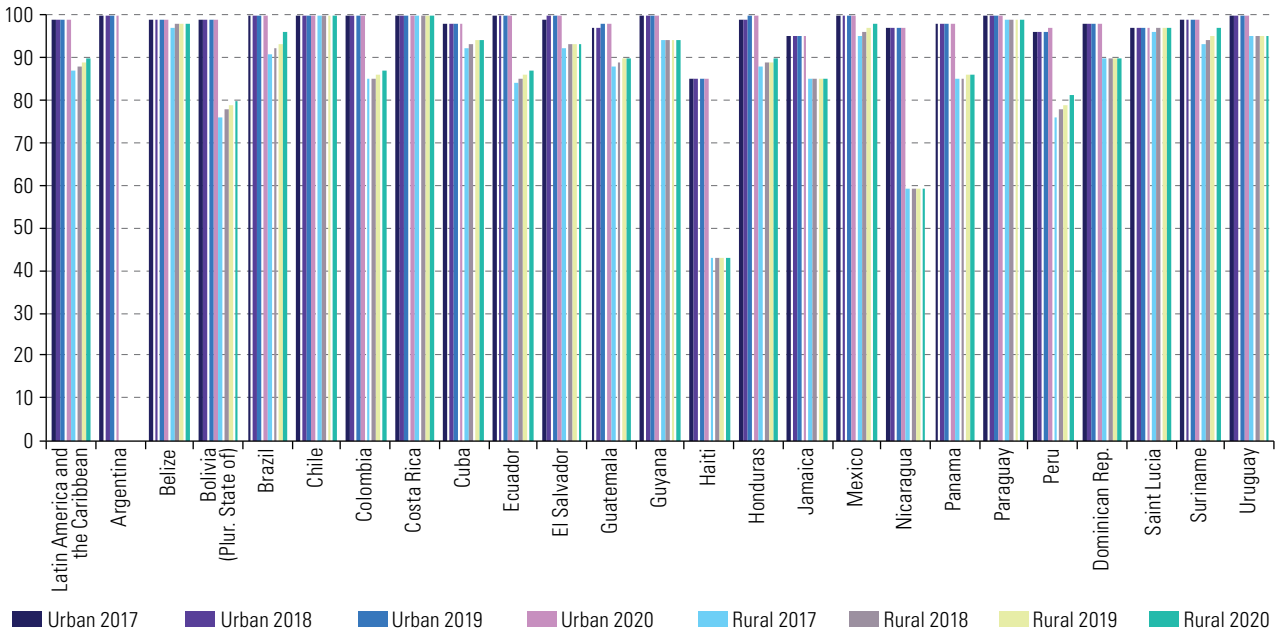
Access to safe drinking water, drainage and sanitation is essential for sustainable development as it affects all health indicators and living conditions. In General Assembly resolution 64/292, Member States and international organizations are called upon to provide financial resources, capacity-building and technology transfer, through international assistance and cooperation, in particular to developing countries, in order to scale up efforts to provide safe drinking water and sanitation for all, while SDG 6 also refers to the human right to water and sanitation and priority measure 77 of the Montevideo Consensus refers to this right in a broader sense by mentioning access to basic social services.

ECLAC (2023d, p. 111) notes that "analysis of the availability and sustainable management of water and sanitation in Latin America and the Caribbean supports the conclusion that the region as a whole is not on course to achieve Goal 6", in particular in rural areas and in the most marginalized areas of large cities, such as informal settlements. Figure II.21 shows quite significant gaps between urban and rural areas, which have persisted through time. In general, a large proportion of the population in urban areas (between 95% and 100%) has access to drinking water;[23] Haiti, where only 85% of the population has access, is the country that is lagging farthest behind. By contrast, in rural areas, the regional average is 90%, and Nicaragua and Haiti have the lowest levels of access, below 60%. Indigenous Peoples, persons of African descent, migrants and older persons are among the populations that are lagging behind with respect to access to drinking water (ECLAC, 2019a, 2021b, 2022c and 2023d; ECLAC/FILAC, 2020).

22 The voluntary national reports of Chile, Ecuador and Mexico include the implementation of territorial policies.

23 Access to basic drinking water services means drinking water from an improved source that may be collected during a round trip of less than 30 minutes, including queues. Improved drinking water sources include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water (SDG indicator 6.1.1).

Figure II.21
Latin America and the Caribbean (24 countries): proportion of the population using basic drinking water services, 2017–2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, Global SDG Indicators Database [online] https://unstats.un.org/sdgs/dataportal.

Argentina, the Dominican Republic, El Salvador, Jamaica, Mexico and Peru report a number of public policy actions that have enabled progress in compliance with the priority measure on drinking water.

(b) Access to electricity and information and communications technologies

Access to electricity improves quality of life. Over the period 2020–2023, there were significant advances in access to electricity, and in 2021, the percentage of the region's population with access to electricity from clean sources was 97.6% (ECLAC, 2023d). Despite this, the urban-rural divide persists, as shown by the fact that those who lack a connection to the region's power grid live in rural or remote areas. There is also a clear correlation in the region between poverty and lack of access to electricity, clean fuel and electrical devices. As stated in ECLAC (2023d, p. 114), "the costs of extending networks and infrastructure are high, which represents a huge challenge for universal access".

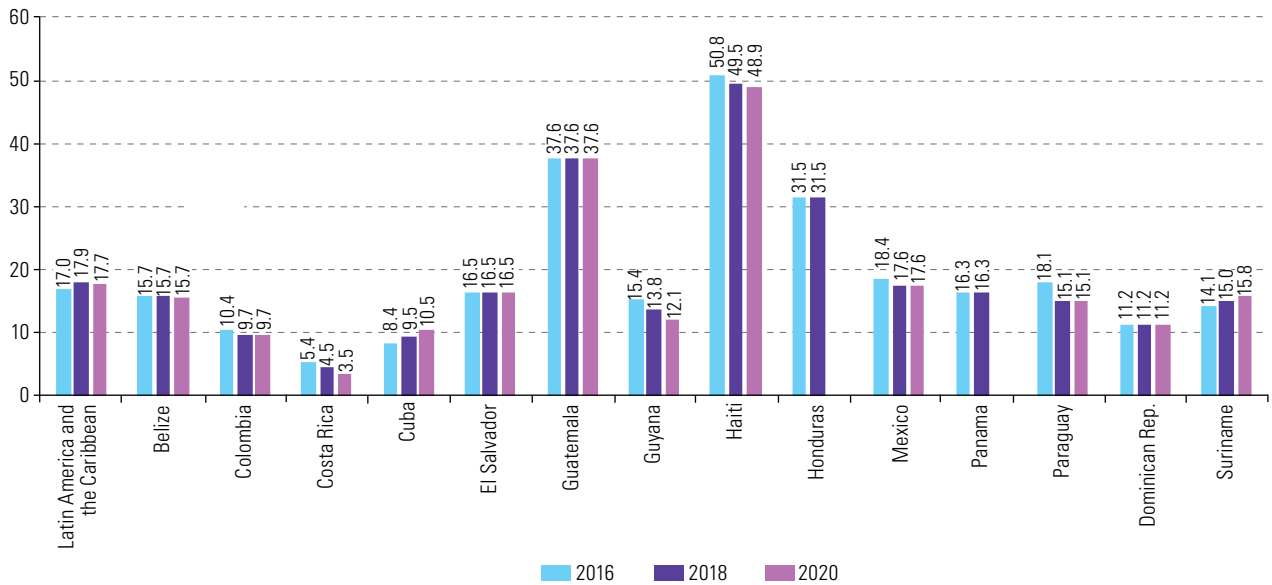
Access to electricity in the homes of older persons, persons with disabilities or persons who depend upon it is fundamental for their health. In schools that have access to electricity, in particular in rural areas, dropout rates are lower (ECLAC, 2023d).

Until a few years ago, not having Internet access or a computer was not considered to be a critical deprivation in and of itself. However, since the pandemic, having these digital technologies has become an important part of daily life. In that regard, there are urban-rural gaps in that urban Internet access can be twice as high as in rural areas, while with regard to having a computer in the home, divides remain between urban and rural areas, small cities and metropolises, and, within large cities, between those living in precarious housing and other city residents.

(c) Informal settlements and the housing shortage

Cities in Latin America and the Caribbean are highly segregated socially and geographically; among the many resulting urban deficiencies, informal housing is one of the most severe (ECLAC, 2018, 2021b and 2022c; ECLAC/PAHO, 2021). This issue is addressed by priority measure 77, which calls for promoting the development and well-being of people in all territories and providing full access to equal opportunities for populations in cities. According to ECLAC (2023d), the steady decline in the proportion of the urban population living in slums, informal settlements or inadequate housing recorded in the 2000s has stalled in recent years. Figure II.22 shows that the proportion of the urban population living in slums remained relatively unchanged between 2016 and 2020.

Figure II.22
Latin America and the Caribbean (14 countries): proportion of the urban population living in slums, informal settlements or inadequate housing, 2016, 2018 and 2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, Global SDG Indicators Database [online] https://unstats.un.org/sdgs/dataportal.

Informal settlements have grown increasingly since the beginning of the pandemic, both in size and visibility. The increase is due primarily to rising poverty and economic stagnation, as well as the increasing difficulty with which families can buy or formally rent a home because of mounting production costs, slower growth in housing lending, stagnant public spending in the housing sector and increased urban unemployment. This has led to a rise of informal alternatives for accessing housing, which is often substandard. The housing sector has also been under increased pressure in countries that have received recent waves of mass migration, where migrants move into existing informal settlements or join with other groups to build new ones owing to the high cost of housing and rental market red tape (ECLAC, 2023d).

Argentina, Chile, Costa Rica, Ecuador, El Salvador, Jamaica, Paraguay and Uruguay have implemented a range of public policies to alleviate these pressures and to offer housing solutions, improve access to land, enable low-income families to buy the land they live on and own the title, resume and complete construction on stalled housing developments and advance the right to decent and adequate housing. Measures have also been taken in the areas of urban planning, adapting cities to new sanitation, environmental and structural requirements and providing rental subsidies and other housing alternatives to women, older persons and migrants.

The measures that countries have taken to address unlawful or informal settlements highlight the need to implement special programmes and to include the homeless population, which increased considerably during the pandemic (ECLAC, 2021b, 2022c and 2023d). ECLAC has acknowledged the need to learn from experience, recognize the struggle for housing as legitimate and provide a response that satisfies both the right to housing and the right to the city, that is compatible with inclusive, sustainable and smart cities, and that averts property speculation at the expense of the needs of people and communities (2022c, p. 24).

3. Environmental issues and socioenvironmental disasters

Priority measures 82 and 83 on environmental issues and socioenvironmental disasters are monitored by indicator G.10 (SDG indicator 11.6.2), on annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted).

Countries in the region are exposed to extreme natural events which can trigger socioenvironmental disasters (Bello, Bustamante and Pizarro, 2020; ECLAC, 2021b). These events include hurricanes with devastating effects, particularly in the Caribbean islands and the coasts of Central America. Several areas in the region, in particular the Southern Cone and parts of Central America, experience prolonged droughts that threaten food systems and access to drinking water, leading to conflict over limited vital resources.

There is no question that disasters have proliferated in recent decades. As noted in Bello, Bustamante and Pizarro (2020, p. 7), "between 1970 and 2019, a total of 2,309 disasters in the region left 510,204 people dead, 297 million affected and damage amounting to US$ 437 billion".

Socioenvironmental disasters tend to affect limited geographical areas and not necessarily entire countries, except in the case of the islands of the Caribbean. Their effects also vary according to population group, in particular girls and women, older persons, persons with disabilities, Indigenous Peoples and Afrodescendent populations. The hardest hit are the poorest and most vulnerable groups, for whom it is more difficult to get to safety during the emergency and leave and rebuild their lives afterwards, and who can find themselves in protracted cycles of unemployment, underemployment and low wages (Bello, Bustamante and Pizarro, 2020).

The number of people affected is not always directly related to the intensity or scope of the socoenvironmental disaster. Often, the absence of appropriate disaster risk management or public policy action means that the people and regions suffer much greater harm (CITRID, 2020). Policies must include strengthening resilience and preparing for disasters, as recommended in the Montevideo Consensus, the 2030 Agenda for Sustainable Development and the Sendai Framework for Disaster Risk Reduction 2015–2030. In particular, there is a need to "guide a coordinated, interlinked, government-led disaster risk management effort on the part of the various stakeholders in the development process" (Bello, Bustamante and Pizarro, 2020, p. 7).

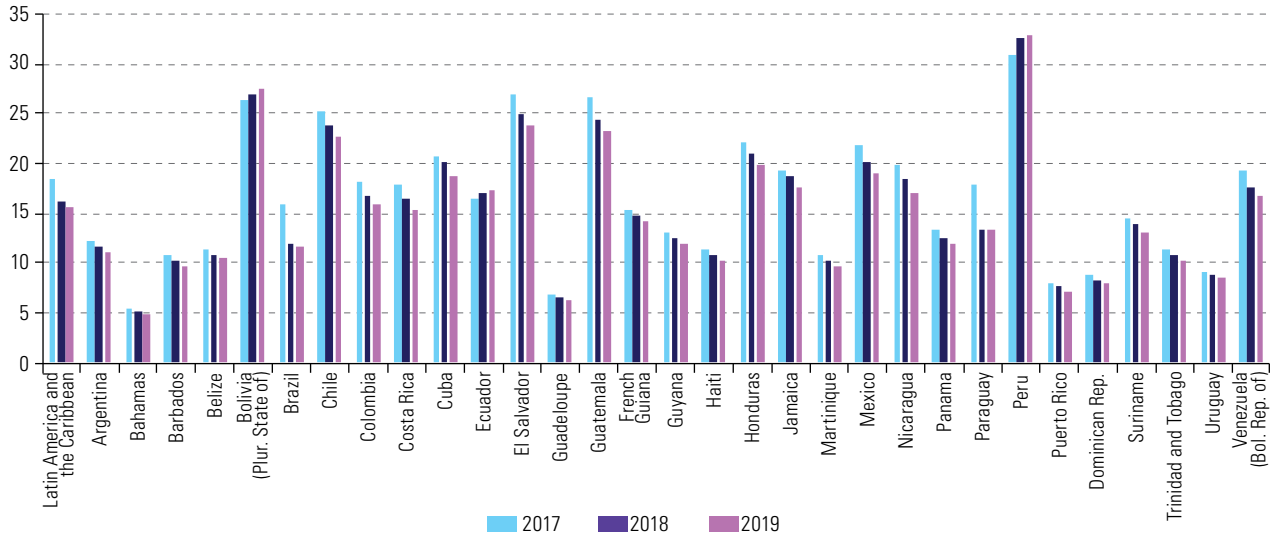
Priority measure 82 refers to the design and implementation of strategies and policies that respond fully to vulnerability to natural disasters, with a multidimensional protection focus before, during and after such events. Voluntary national reports show that Argentina, the Bahamas, Chile, Colombia, Costa Rica, Cuba and Ecuador have developed such strategies or policies. Given that different ministerial bodies are involved in each phase of disaster risk management, the related plans or strategies must have an intersectoral approach. As such, all institutions responsible for disaster risk management are called to work together in a coordinated manner, with a human rights-based, gender and intergenerational perspective.

(a) Reducing urban air pollution

There have been improvements in the region with regard to air pollution in cities. ECLAC (2023d) indicates that in the 2010s, a region-wide reduction was achieved in the average annual concentrations of fine particulate matter. The improvement in air quality was seen in both urban and rural areas and "the reduction in urban areas of nearly 20% has been greater than the global reduction of 11%" (ECLAC, 2023, p. 158).

Figure II.23 presents the changes in air quality between 2017 and 2019, as measured by the average annual concentration of fine particulate matter measuring less than 2.5 microns in diameter (PM2.5). At the regional level, the average annual concentration fell by 15.2% over that period. During the COVID-19 pandemic, pollution indices in cities were generally lower owing to mobility restrictions.

Figure II.23
Latin America and the Caribbean (31 countries and territories): annual mean levels of fine particulate matter (PM2.5) in cities, population weighted average, 2017–2019
(Micrograms per m3)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, SDG Indicators Global Database [online] https://unstats.un.org/sdgs/dataportal.

From a public health standpoint, air pollution is a very significant problem, especially for vulnerable groups (children, older persons, immunocompromised people, persons with chronic respiratory disease, persons with disabilities and pregnant women), as air pollution worsens their respiratory symptoms or increases the risk of death. Likewise, in areas with high air pollution there is a dual environmental injustice and a violation of environmental rights, as the people in those areas worst affected by pollution are those who consume the least, given their low incomes, and who contribute the least to pollutant emissions (Montero and García, 2017; ECLAC, 2023d).

H. Indigenous Peoples, interculturality and rights

Seven of the priority measures of the Montevideo Consensus are aimed at ensuring the rights of Indigenous Peoples, as set forth in the Indigenous and Tribal Peoples Convention, 1989 (No. 169) of the International Labour Organization (ILO) and in the United Nations Declaration on the Rights of Indigenous Peoples.

1. The current context

(a) Population size, characteristics and social and territorial diversity

Knowledge of the population size, profile, location and population dynamics of Indigenous Peoples is of vital importance for designing policies and plans to safeguard their collective and individual rights —especially of those who are threatened with extinction, those who have no contact with the outside world, those living in voluntary isolation or that are in a phase of initial contact— respecting their right to self-determination (priority measures 86 and 88).

Significant progress has been made in including Indigenous Peoples in population censuses, which has increased their statistical visibility (Del Popolo, 2017). In the 2020 census round, all countries with Indigenous populations have either included self-identification questions or planned to do so. According to United Nations estimates, there were 58.5 million Indigenous People living in Latin America, accounting for 10.4% of the region's total population in 2022. In 2010, 44.8 million people self-identified as Indigenous (ECLAC, 2014).

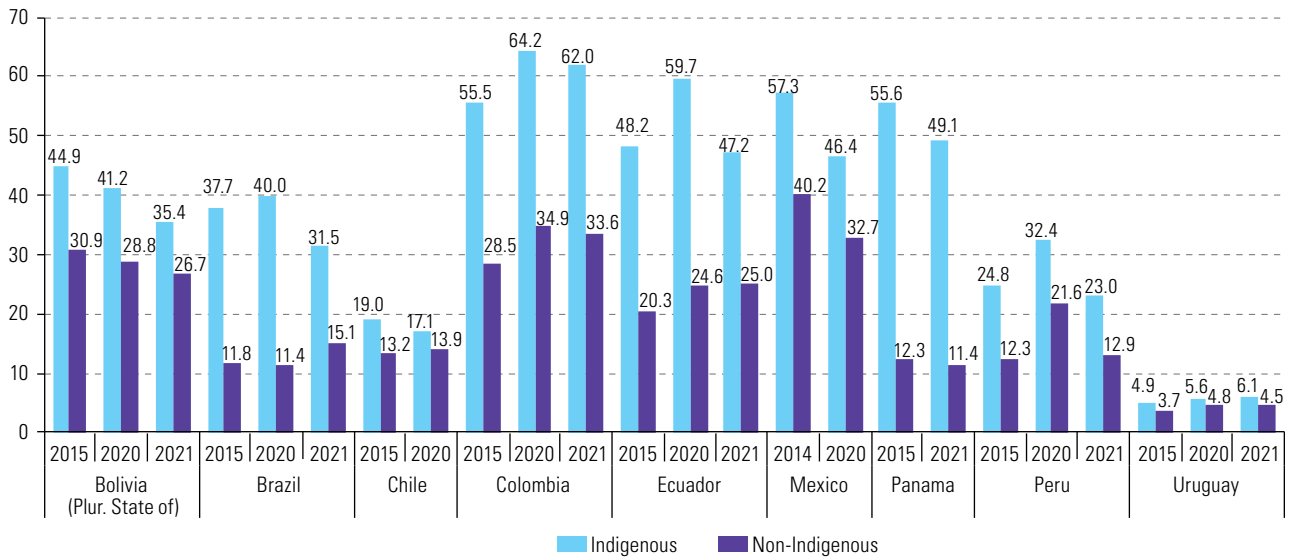
Along with this significant increase, another trend is variability across countries, in terms of both the relative and absolute size of the Indigenous population. The countries in which the relative weight of the Indigenous population is greatest are, in descending order, Guatemala, the Plurinational State of Bolivia, Peru and Mexico. Mexico has the largest number of Indigenous People, an estimated 25 million in 2022.

The third trend that defines the Indigenous population is a great diversity of peoples. The number of Indigenous Peoples recognized by States and in constitutions has increased, mainly in response to their demands. In that regard, there were 617 Indigenous Peoples in Latin America in 2000, a figure that had grown to 826 by 2017 (Del Popolo, 2017). Distribution varies considerably by country: in Brazil, there are 305 Indigenous Peoples, while in Uruguay there are just 2 (ECLAC/FILAC, 2020). There are also many Indigenous Peoples who are threatened with extinction, in particular in the Amazonian regions of Brazil, Colombia, Peru and the Plurinational State of Bolivia. In addition to demographic vulnerability, they face violence, including from forced displacement, and the encroachment of extractive industries and ensuing degradation and pollution of their territories, whose worst consequences are high child mortality and undernutrition. There are also at least 200 Indigenous Peoples in voluntary isolation in the Bolivarian Republic of Venezuela, Brazil, Colombia, Ecuador, Paraguay, Peru and the Plurinational State of Bolivia.

(b) Persistent poverty and growing inequality

Poverty is one of the most evident structural traits resulting from the colonization, marginalization and exclusion of Indigenous Peoples. Household survey data show that in all countries, poverty rates are higher among Indigenous Peoples than for the rest of the population, and also that they vary widely from one country to another (see figure II.24). In Panama, the poverty rate among the Indigenous population is more than four times that of the non-Indigenous population, while in Brazil, Colombia, Ecuador and Peru, poverty rates are double or nearly double.

Figure II.24
Latin America (9 countries): poverty rates among Indigenous and non-Indigenous populations, 2015, 2020 and 2021
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT, on the basis of processing of household surveys from the respective countries.
Note: The non-Indigenous population does not include Afrodescendants.

The repercussions of the pandemic were different for Indigenous Peoples (Pedrero, 2023). In 2015 and the most recent years for which data are available (2020 and 2021), three situations are observed: (i) poverty rates among the Indigenous populations in Chile, Mexico, Panama and the Plurinational State of Bolivia fell over the period; (ii) in Brazil, Ecuador and Peru, Indigenous poverty rates rose in 2020 and declined in 2021, but returned to levels not significantly lower than in 2015 in Ecuador and Peru; and (iii) in Colombia and Uruguay, poverty rates rose, and remained above 2015 rates.

In addition, there is a higher incidence of poverty in rural areas and historical Indigenous settlements, as well as higher vulnerability to poverty by gender, with Indigenous women facing less favourable economic conditions for (Del Popolo, 2017; ECLAC/FILAC, 2020; ECLAC and others, 2020; Pedrero, 2023).

Measuring poverty on the basis of income also fails to capture multidimensional factors that can affect Indigenous Peoples, such as access to water and sanitation, decent housing and higher levels of education. In that regard, systematic gaps have been identified in ECLAC and others (2020), ECLAC/FILAC (2020) and Pedrero (2023).

2. Regulatory and policy progress and implementation gaps

Priority measure 85 of the Montevideo Consensus on Population and Development on respect for and implementation of the United Nations Declaration on the Rights of Indigenous Peoples and ILO Convention No. 169 entail a series of measures to implement minimum standards for the political, civil, economic, social and cultural rights of Indigenous Peoples.

(a) Recognition in constitutions and the law

Of the 17 countries in Latin America where Indigenous Peoples live, 14 ratified ILO Convention No. 169 between 1990 and 2010,[24] while all are signatories to the United Nations Declaration on the Rights of Indigenous Peoples (ECLAC, 2019a). Among the Caribbean countries, only Dominica has ratified Convention No. 169.

Although the effects of these instruments on the constitutional reform of countries have been significant, progress in the right to self-determination, plurinationality and territorial rights has varied widely (ECLAC, 2014 and 2019a). ECLAC (2019a) notes that, in line with the trends for most of the region's constitutions, countries have adapted their legislative and regulatory frameworks to varying degrees to support the fulfilment of these rights. However, these processes are not linear and reversals have also been observed. There are major differences in the focus, coverage and actions of plans and programmes aimed at guaranteeing standards for the rights of Indigenous Peoples. Although there are some new initiatives, there are also implementation gaps and barriers to properly assessing them owing to a lack of disaggregated data and indicators in voluntary national reviews.

The progress reported in voluntary national reviews on recognition of the rights of Indigenous Peoples includes the enactment of national laws, decrees and regulations, mainly regarding the recognition of "new" Indigenous Peoples, health and education, languages, epistemologies, cosmovisions and the strengthening of Indigenous identities, with varying levels of participation of the peoples in their design and implementation. The voluntary national reviews of Costa Rica, Chile, Peru and the Plurinational State of Bolivia mention laws and decrees on the recognition of Indigenous Peoples, languages and identities.

Most Latin American countries have institutions for the affairs of Indigenous Peoples. In the Caribbean, Belize, Dominica and Guyana have governing institutions for Indigenous affairs. Their purpose is to advance, protect and strengthen the rights of Indigenous Peoples, but progress and results are uneven and vary depending on how long they have been in existence, the level of participation and institutional hierarchy (ECLAC, 2019a; Del Popolo, 2017).

[24] Among the Latin American countries, El Salvador, Panama and Uruguay have yet to ratify ILO Convention No. 169. Among the Caribbean countries, Belize, Guyana and Suriname, which recognize their Indigenous populations, have not ratified the Convention either.

The related institutional frameworks have been strengthened through the implementation of intersectoral and participatory strategies, such as interagency working groups and agreements, as reported by Argentina, Panama and Peru. The work done by these institutions has provided a framework for far-reaching policies and programmes for the recognition of the rights of Indigenous Peoples, as in Chile and Mexico.

The voluntary national reviews of Ecuador, El Salvador, Honduras, Mexico, Paraguay, Peru and the Plurinational State of Bolivia describe development policies, programmes and plans to improve several aspects of the living conditions of Indigenous Peoples; all explicitly mention the goal of guaranteeing rights and strengthening culture and common identities. There are also policies and programmes for intercultural and bilingual education and for the strengthening of Indigenous languages in Argentina, Chile, Costa Rica, Ecuador, El Salvador and the Plurinational State of Bolivia.

(b) Consultation and free, prior and informed consent

The right to self-determination of Indigenous Peoples is based on the right to consultation and to free, prior and informed consent, which is an obligation of States. The Bolivarian Republic of Venezuela, Ecuador, Mexico and the Plurinational State of Bolivia have constitutional provisions on this right, and Ecuador, Mexico, Nicaragua and the Plurinational State of Bolivia, have enacted laws to ensure it. Progress has been made in the establishment of specific regulations for prior consultation in the Bolivarian Republic of Venezuela, Chile, Costa Rica, Ecuador, Nicaragua, Panama, Paraguay and the Plurinational State of Bolivia (ECLAC/FILAC, 2020). However, these regulations often fail to meet international standards and the needs of Indigenous Peoples (ECLAC/FILAC, 2020).

Progress in consultation processes has also been recorded in the voluntary national reviews of Argentina, Colombia, Costa Rica, El Salvador, Mexico, Paraguay and Peru; Chile and Honduras also refer to specific processes in the areas of law and education.

3. Territorial rights

Although there has been progress in the constitutional recognition of the territorial rights of Indigenous Peoples (priority measure 88), the situation varies widelyacross the region, ranging from countries that broadly recognize most dimensions of land rights, such as the Plurinational State of Bolivia, to countries that recognize none, such as El Salvador (ECLAC/FILAC, 2020).

The voluntary national reports of Argentina, Chile, Costa Rica, El Salvador, Paraguay, Peru and the Plurinational State of Bolivia address some aspects of protecting Indigenous land rights.

A recent systematic review of the definition of land and territory boundaries and titles in 12 countries in the region reveals a great deal of diversity in such processes over recent decades (ECLAC/FILAC, 2020). One central aspect of these processes is that complexity and the absence of standardized data make it difficult to provide a comprehensive overview thereof. ECLAC/FILAC (2020) describes an increase in conflicts related to the lack of protection of Indigenous Peoples' territorial rights and the criminalization of defenders in 13 countries, including acts of violence that are antithetical to priority measure 89, which is aimed at eradicating it.

4. The right to health, in particular sexual and reproductive health

Priority measure 87 of the Montevideo Consensus on Population and Development refers to Indigenous Peoples' right to health, including sexual and reproductive rights, and their right to their own traditional medicines and health practices. Priority measure 89 focuses on the adoption, in conjunction with Indigenous Peoples, of the measures needed to ensure that Indigenous women, children, adolescents and young people enjoy

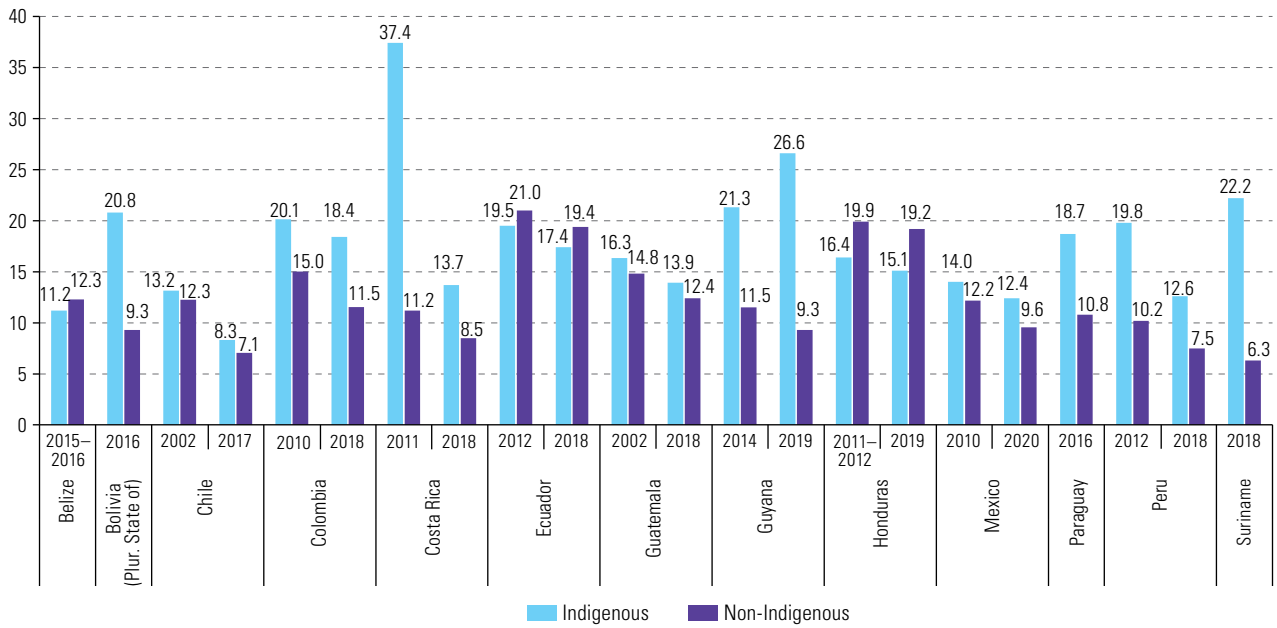
protection from and full guarantees against all forms of violence and discrimination, and on taking measures to ensure the restitution of rights.

Recent studies show that the countries of the region have made significant progress in designing and implementing intercultural health policies and programmes, focusing on Indigenous children and women (Del Popolo, 2017; ECLAC/FILAC, 2020). In their voluntary national reports, Argentina, Costa Rica, Ecuador, El Salvador, Honduras, Mexico, Peru and the Plurinational State of Bolivia explicitly mention advances in health policies and programmes related to priority measure 87. They describe programmes with a cross-cutting intercultural component that aim at both reducing maternal and infant mortality and improving access to health, particularly sexual and reproductive health services, using relevant and effective strategies in coordination with the healing systems of Indigenous Peoples and guaranteeing their cultural autonomy.

(a) Early motherhood among young Indigenous women aged 15–19

Adolescent motherhood (between the ages of 15 and 19) is associated with socioeconomic, gender, territorial and ethnic inequalities. According to studies based on the 2000 and 2010 census rounds, a high percentage of Indigenous women aged 15–19 are mothers, consistently higher than for non-Indigenous adolescents (Del Popolo, Oyarce and Ribotta, 2009; Del Popolo, 2017). The most recent censuses and surveys show that although the rate of childbearing among young Indigenous women aged 15–19 is down in eight countries in the region, Guyana is an exception. Nevertheless, the proportion of young Indigenous women who have become mothers is higher than for non-Indigenous women in 10 of the 13 countries for which data are available. Since adolescent motherhood has fallen more in relative terms among non-Indigenous women than among Indigenous women, this means that harmful ethnic divides have grown in most countries (see figure II.25).

Figure II.25
Latin America and the Caribbean (13 countries): young women aged 15–19 who are mothers, Indigenous and non-Indigenous, year closest to 2013 and latest year available
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), regional database on maternity (MATERNILAC), on the basis of processing of census microdata from Colombia (2018), Chile, Guatemala and Mexico and from demographic and health surveys (DHS) and multiple indicator cluster surveys (MICS), for the rest of the countries and years.
Note: The non-Indigenous population does not include Afrodescendants.

The higher incidence of early motherhood among young Indigenous women is linked with multiple factors, including gaps in access to sexual and reproductive health services, poverty, and violence, which interact with reproductive trajectories that are shaped by specific sociocultural and territorial contexts. In that regard, there may be protective cultural factors that can lead to lower rates of adolescent motherhood, that are related with patterns for unions and norms on conception and contraception, as shown in studies on young Aymara and Quechua women in the Plurinational State of Bolivia, or in the case of Rapa Nui young women in Chile (Del Popolo, 2017). Cultural models such as marriage at an early age and the value attached to childbearing should be taken into account, especially among peoples in situations of demographic fragility and who maintain high fertility levels. The challenge is to respect the collective rights of Indigenous Peoples without infringing the individual rights of Indigenous women and adolescents.

(b) Access to reproductive health services: prenatal and obstetric care

In the early 2000s, demographic and health surveys showed that a significant proportion of Indigenous women received no prenatal monitoring (Oyarce, Ribotta and Pedrero, 2010); that proportion has since fallen considerably.

Table II.2 shows that the proportion of Indigenous women who have had at least four prenatal check-ups is over 80% in 8 of the 12 countries considered, although ethnic divides mean that the situation is worse for Indigenous women in all countries. Significant advances have also been achieved in professional obstetric care; in six countries, more than 90% receive such care, and in four other countries, the figure is close to or above 80%. Regarding the ethnic divide, major differences remain between Indigenous and non-Indigenous women. In addition, the proportion of Indigenous women who give birth in health centres ranges between 80% and 100% in most countries.

Table II.2
Latin America and the Caribbean (12 countries): percentage of women aged 15–49 who gave birth at a health centre in the last two years and had four or more prenatal check-ups and professional obstetric care, Indigenous and non-Indigenous, latest year available
(Percentages)

Country and year of survey	Four or more prenatal check-ups		Professional obstetric care		Obstetric care in a clinic	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Argentina, 2019–2020	89.1	90.3	98.4	98.9	100.0	99.5
Belize, 2015–2016	88.7	94.1	93.0	98.4	95.2	97.2
Bolivia (Plurinational State of), 2016	77.2	88.9	78.3	95.5	78.3	95.5
Colombia, 2015	72.1	92.3	77.6	98.7	78.8	99.0
Ecuador, 2018	72.5	89.6	71.6	98.2	69.1	96.1
Guatemala, 2014	82.9	86.1	50.1	84.5	50.1	83.6
Guyana, 2019–2020	81.3	82.8	89.3	97.9	89.0	99.1
Honduras, 2019	87.3	88.3	92.4	94.3	89.8	92.3
Mexico, 2018[a]	93.2	96.9	82.6	98.1	...	...
Paraguay, 2016	90.2	96.1	90.9	98.9	88.4	96.7
Peru, 2018	91.4	96.9	96.0	94.3	79.1	93.6
Suriname, 2018	67.3	67.5	95.5	97.7	89.3	94.5

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of demographic and health surveys (DHS) and multiple indicator cluster surveys (MICS), and estimates of the National Population Council (CONAPO), National Survey of Demographic Dynamics (ENADID), 2018, for Mexico.
Note: The non-Indigenous population does not include Afrodescendants.
[a] For Mexico data refer to births in the five years prior to the survey.

The increase in the provision of obstetric care at health centres and the narrowing of ethnic divides in that regard may be associated with culturally relevant health policies and programmes and conditional cash transfer programmes in the region with a strong maternal health care component (Cecchini and Veras Soares, 2014).

(c) Family planning: contraceptive use and unmet demand

The use of modern contraceptives remains low in several countries in the region: in 6 of the 13 countries for which data are available, approximately one third to fewer than half of married Indigenous women use modern contraceptives. Divides in comparison with non-Indigenous women are significant in most countries. Although the preference for traditional contraceptive methods is more prevalent among Indigenous women (in 11 of the countries included in table II.3), the use of these methods has been declining, and in 8 of them, fewer than 7% of married Indigenous women use traditional methods (see table II.3). This may be the result of increased access to information and participation in State family planning programs, associated with a desire to limit family size.

Table II.3
Latin America and the Caribbean (13 countries): percentage of married women using modern contraceptive methods and unmet demand for family planning services, Indigenous and non-Indigenous, latest year available
(Percentages)

Country and year of survey	Use of modern contraceptives		Unmet family planning needs	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Argentina, 2019–2020	58.1	68.1	15.4	15.1
Belize, 2015–2016	32.3	52.8	50.4	25.3
Bolivia (Plurinational State of), 2016	34.1	51.4	31.1	18.7
Colombia, 2015	67.8	76.8	13.1	7.0
Costa Rica, 2018	62.3	70.4	19.8	14.4
Ecuador, 2018	55.1	73.3	20.3	8.2
Guatemala, 2014	36.2	57.9	26.8	13.6
Guyana, 2019–2020	33.3	29.0	50.3	48.3
Honduras, 2019	60.4	67.3	18.3	15.4
Mexico, 2018[a]	61.1	72.6	25.5	16.3
Paraguay, 2016	66.1	66.7	15.8	14.6
Peru, 2018	44.2	57.3	12.7	9.8
Suriname, 2018	30.4	44.3	52.7	34.6

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of demographic and health surveys (DHS) and multiple indicator cluster surveys (MICS), and estimates of the National Population Council (CONAPO), National Survey of Demographic Dynamics (ENADID), 2018, for Mexico.
Note: The non-Indigenous population does not include Afrodescendants.
[a] For Mexico, data refer to unmet demand for family planning services using modern methods.

The use of modern contraceptives is also strongly and inversely correlated with unmet demand for family planning services. Closing these gaps and ensuring universal access to safe contraception is part of priority measure 87 of the Montevideo Consensus. In this regard, the situation is worst in Belize, Guyana and Suriname, where the demand for family planning goes unmet for more than half of Indigenous women. The situation is more favourable in Latin America, where unmet demand ranges between 12% and 30%.

In short, progress has been achieved in all sexual and reproductive health indicators related to care and monitoring of maternal health, and in family planning services. However, ethnic divides remain.

5. Disaggregation of data

The right to information is fundamental for the exercise of the social, economic and cultural rights of Indigenous Peoples. Priority measure 90 emphasizes the importance of guaranteeing that right in national statistics systems, including the right to self-identification. This has prompted greater efforts in that regard, in particular in population and housing censuses, in which all countries with Indigenous Peoples either included questions on the matter in their 2020 rounds or planned to do so. Argentina, Chile, Colombia, Costa Rica and Mexico emphasized this in their voluntary national reports, which referred to participatory and consultation processes with Indigenous Peoples during the review of census questions and other phases of that process, as well as improvements in cultural relevance.[25] In addition, questions on Indigenous Peoples, as well as on demographics and health, are increasingly being included in household surveys, although there are limitations related to sample size and comparability over time. With regard to records, in particular social protection and health records —including vital statistics— disaggregated data for populations belonging to Indigenous Peoples are scarce.

I. Afrodescendants: rights and combating racism and racial discrimination

People of African descent reside in all countries of the region. However, in Latin America in particular, they have been invisible in countries' public agendas, with the exception of a handful that have specific legal and regulatory frameworks for protecting their rights. The fact that this divide exists underscores the importance of the explicit recognition and inclusion of Afrodescendent persons in the Montevideo Consensus, which includes pioneering governmental agreements to advance the safeguarding of their rights.

1. The Afrodescendent population: size and variation

Priority measure 94 calls for consideration of the special demographic and sociocultural dynamics of Afrodescendent populations in the design and implementation of public policies. According to recent ECLAC estimates, there were around 153.3 million Latin Americans of African in 2022, or 23.7% of the region's total population. Since the 2021 estimate of the Afrodesecendent population was conducted (ECLAC, 2022c), eight countries have carried out population and housing censuses that included self-identification as an Afrodescendant (Argentina, Brazil, Costa Rica, the Dominican Republic, Ecuador, Mexico, Panama and Uruguay), and household surveys have enabled data to be updated on the percentages of the Afrodescendant population.

Haiti and Brazil are the countries with the highest percentage of Afrodescendants, at 95.5% and 55.9%, respectively. Cuba is next (35.9%), followed by the Dominican Republic (34.1%) and Panama (31.7%). The Afrodescendent populations of Colombia, Costa Rica and Peru range between 7% and 9.3% of the total population. In the remaining countries, Afrodescendants account for less than 5% of the total population.

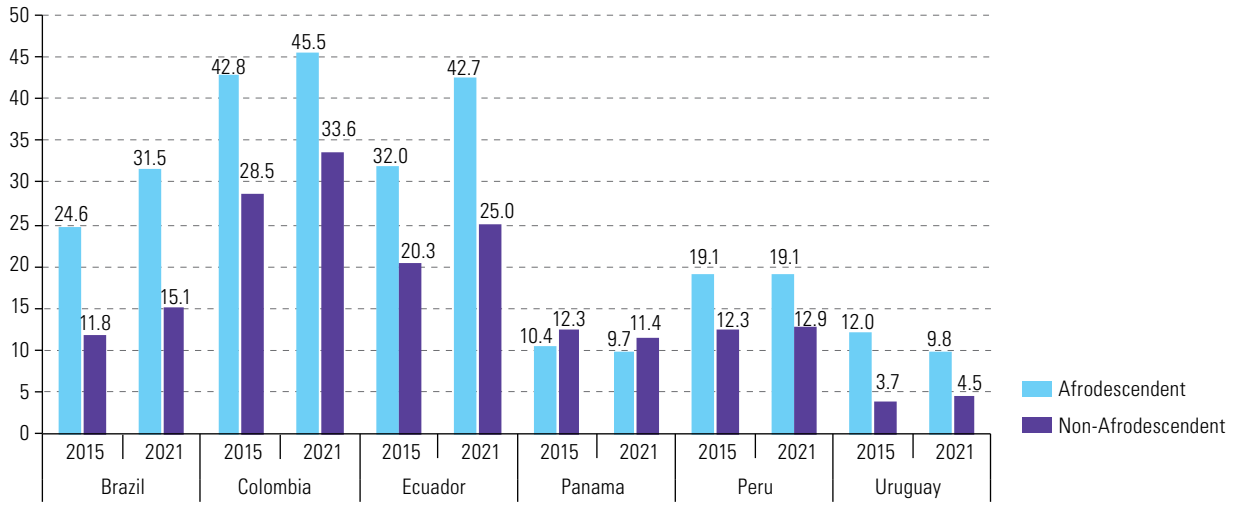
Afrodescendent populations are mainly urban and are distributed across the national territory of each country, albeit concentrated in specific geographical areas compared to the non-Afrodescendent population (ECLAC, 2017a; ECLAC/UNFPA, 2020a). In addition, Latin American populations of African descent have undergone or are in the advanced stage of the demographic transition, which means that the proportion of children in the total population is beginning to decline as the proportion of adults and older persons increases. However, in most countries, the population is younger than the non-Indigenous and non-Afrodescendent population.

[25] Brazil made significant strides in its 2022 census, both with respect to including questions aligned with the needs of Indigenous Peoples and developing participatory processes.

2. Worsening poverty

The data available for six countries in Latin America show higher poverty levels for persons of African descent in all except Panama. Between 2015 and 2021, poverty worsened for both Afrodescendants and non-Afrodescendants, except in Panama and Uruguay (see figure II.26).

Figure II.26
Latin America (6 countries): poverty rates among Afrodescendent and non-Afrodescendent populations, 2015 and 2021
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en.
Note: The non-Afrodescendent population does not include the Indigenous population.

The figures also reflect the disproportionate impact of the pandemicon Afrodescendent populations. Although Colombia, Costa Rica, Ecuador, Mexico and Peru developed recommendations on how to better address the pandemic with regard to Afrodescendent and Indigenous populations, policies to mitigate the crisis gave limited consideration to affirmative strategies and actions to facilitate the access of Afrodescendent populations to State benefits (ECLAC, 2022c). This becomes a matter of greater concern when considering that women of African descent are among the most marginalized.

3. Progress on legal, regulatory and policy frameworks

International, regional and subregional regulatory frameworks are essential for combating racism and discrimination, fostering equality and ensuring the rights of persons of African descent. The main frameworks in existence are the outcomes of a process led by Afrodescendent movements and organizations, with support from civil society stakeholders, academia, governments and international organizations.

The frameworks for action and for the fulfilment of the agreements of the Montevideo Consensus on Population and Development are the Programme of Action adopted at the third World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (Durban, 2001), the International Decade for People of African Descent 2015–2024, and at the regional level, the Plan of Action for the Decade for Persons of African Descent in the Americas (2016–2025) (OAS, 2016). The region has demonstrated its commitment to the human rights agenda and a significant number of countries have ratified, signed or acceded to the main international instruments in effect related to the rights of persons of African descent (ECLAC/UNFPA, 2020a).

The proclamation of the International Decade for People of African Descent 2015–2024 also prompted some countries to propose a plan of action for its implementation.

(a) Recognition in constitutions and the law

The constitutions of more than half the countries of Latin America condemn discrimination on the basis of race, ethnicity or colour, sex and religion. Countries have also made steady progress in recognizing multiculturality and multiethnicity. Even before 2018, in five countries (Brazil, Colombia, Ecuador, Mexico and the Plurinational State of Bolivia), Afrodescendants had been explicitly recognized in the constitution, and in three (Ecuador, Mexico and the Plurinational State of Bolivia), Afrodescendants had also been recognized as a people (ECLAC/UNFPA, 2020a). Since then, Chile, Costa Rica and Mexico have progressed in that regard. Discrimination has also been classified as a crime across the region (in 16 countries in Latin America) and progress has been made with legislation to protect persons of African descent (ECLAC/UNFPA, 2020).[26] Advances have also been recorded in Argentina, El Salvador, Guatemala and Paraguay over the period studied.[27] Most countries have also encouraged the recognition of the Afrodescendent population, establishing national days to celebrate Afrodescendent culture and people.

(b) Institutional frameworks and combating racism

The existence of a governing institution to promote the development of Afrodescendent populations is addressed in priority measure 96 of the Montevideo Consensus, which provides for the participation of people of African descent in the design, implementation and evaluation of affirmative action policies, plans and programmes. Currently, more than half of Latin American countries have a governing institution,[28] the outcome of longstanding advocacy work by Afrodescendent organizations and of States' greater openness in accommodating their demands. However, these institutions often undergo advances and setbacks, as they are subject to political cycles (ECLAC/UNFPA, 2020a).

(c) Policies to guarantee the rights of people and communities of African descent and to combat racism

As early as 2020, several countries had included Afrodescendent populations in the design of their development, or had at least indicated that policies would be implemented without any ethnic or racial discrimination (Brazil, Colombia, Chile, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Peru, the Plurinational State of Bolivia and Uruguay) (ECLAC/UNFPA, 2020a). In addition, progress was noted in the voluntary national reports of Paraguay and the Plurinational State of Bolivia.

Regarding policies for preventing and combating racism, at least 16 Latin American countries have passed some form of legislation prohibiting racial discrimination and classifying it as a crime punishable by imprisonment.[29] ECLAC (2017a) provides information on a number of anti-racism programmes, the establishment of anti-discrimination observatories and platforms , racism reporting, victim support and legal support provided by mechanisms for the promotion of racial equality, and the establishment of national regulations to eliminate racial discrimination. Cuba, Mexico and Paraguay describe progress in these areas in their voluntary national reports. However, regulatory frameworks need to be strengthened, as racism, discrimination and hate speech have become more manifest in recent years and significantly affect the lives and development of persons of African descent.

[26] Argentina, Brazil, Chile, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.
[27] Paradoxically, Paraguay omitted the question on Afrodescendants from the 2022 population and housing census.
[28] Governing institutions are present in Argentina, the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, the Plurinational State of Bolivia and Uruguay.
[29] Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru and Uruguay.

Participatory processes are mentioned in the reports of Argentina, Chile, Colombia and Mexico. Also noteworthy are policies to strengthen traditional communities implemented in Brazil, Colombia and Ecuador, related to land titling, local development, project design advisory services, conflict resolution, training on rights and participation and consultation (ECLAC/UNFPA, 2020a). On the issue of territorial rights, the demand for recognition of the right to collective ownership of ancestral territories occupied by Afrodescendants (known as quilombos and palenques) has been gaining momentum since the 1990s. Policies on the legal recognition of collectively owned land have been applied in ancestral communities in Brazil, Colombia, Ecuador and Nicaragua. Afrodescendent communities in Argentina, Chile, Mexico, Paraguay, Peru and the Plurinational State of Bolivia have initiated action to have their ancestral lands legally recognized. In Colombia and Ecuador, the Afrodescendent movement is seeking legal restitution of its ancestral lands through collective ownership and the attainment of autonomy and self-government (Antón and others, 2019).

Regarding land historically occupied by Afrodescendent people, significant challenges remain in the resolution of disputes over the recognition of collectively owned land, which would enable the establishment of internal regulations and standards that acknowledge the ancestry and the territorial rights of Afrodescendants. As a result of intensive efforts by the Afrodescendent movement, Right Resources (2022) published of the first map of their territorial presence in 16 countries of Latin America and the Caribbean. The study mapped close to 146 million hectares of land where people of African descent are present. A significant proportion of Afrodescendent settlements are located in areas of ecological and strategic importance for climate change regulation and mitigation, and it is estimated that at least 403 protected areas overlap or adjoin with lands where persons of African descent are present.

4. Health, in particular sexual and reproductive health

Priority measure 95 refers in particular to Afrodescendent girls, adolescents and women and the specific socioterritorial and cultural features and structural factors, such as racism, that hinder the exercise of their right to health. Priority measure 97 seeks to ensure that policies are in place to raise the living standards of Afrodescendent women by fully enforcing their rights, in particular sexual and reproductive rights.

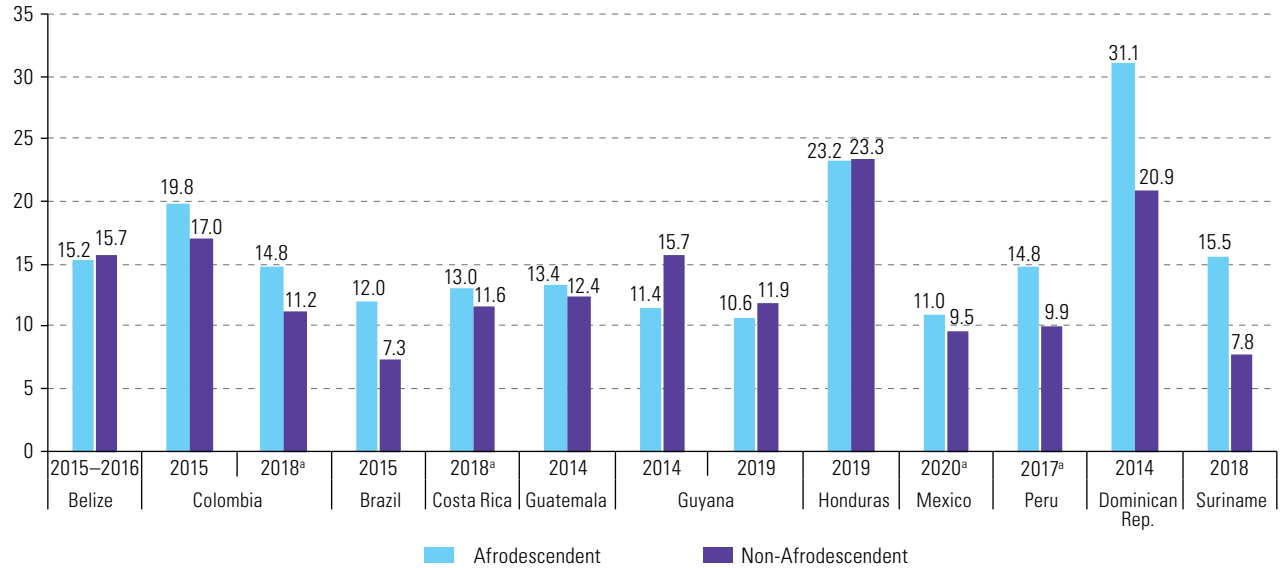
Brazil, Colombia, Costa Rica, Ecuador, Honduras and Peru have been implementing intercultural health policies specifically for the Afrodescendent population for several years (ECLAC/UNFPA, 2020a). The voluntary national reports of Argentina, Honduras, Mexico and Peru indicate that they have made progress in this area.

Early pregnancy affects the health of adolescent girls and is associated with a higher risk of maternal morbidity and mortality, as well as a negative effect on schooling. The situation is compounded for a large percentage of adolescent girls of African descent when ethnicity and race are also taken into account. Figure II.27 shows that in 8 of 11 countries for which tdata are available, the percentage of adolescent mothers aged 15–19 (including pregnancies, for the figures from surveys) is higher among Afrodescendants.

Unmet demand for family planning services is affected by economic, social and cultural factors that reduce access to and accessibility of contraceptives, limit knowledge of available modern methods and undermine the quality of reproductive health services. Afrodescendent women often face additional barriers related to racism and discrimination. Likewise, in some Afrodescendent communities, there may be cultural norms that influence decisions on sexual and reproductive health and there may be a lack of trust in the health system fuelled by previous experiences of discrimination. In five of the six countries for which data are available, unmet demand for family planning services is higher among married Afrodescendent women, the exception being Honduras. Conversely, the use modern contraceptive methods is lower among married Afrodescendent women, except in Honduras (see table II.4).

Prenatal check-ups and where women give birth are key indicators for analysing ethnic and racial inequalities and are related to factors such as access to quality medical care, including culturally appropriate care, disparities in maternal health, and the challenges faced by Afrodescendent women with regard to the health system. These inequalities can affect the frequency of antenatal care, the place where women give birth, and the quality of care during labour and in the prenatal and post-partum periods.

Figure II.27
Latin America and the Caribbean (11 countries): proportion of adolescents aged 15–19 who are mothers or are pregnant, Afrodescendent and non-Afrodescendent, latest year available
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of demographic and health surveys (DHS), multiple indicator cluster surveys (MICS) and population and housing censuses; and Brazilian Institute of Geography and Statistics (IBGE), *Síntese de indicadores sociais: uma análise das condições de vida da população brasileira*, Rio de Janeiro, 2016 [online] https://biblioteca.ibge.gov.br/visualizacao/livros/liv98965.pdf, for Brazil.
Note: The non-Afrodescendent population does not include the Indigenous population.
[a] Figures for Colombia (2018), Guatemala (2018), Mexico (2020) and Peru (2017) come from population and housing censuses and therefore do not include pregnant adolescents, only those who are mothers.

Table II.4
Latin America and the Caribbean (6 countries): unmet demand for family planning among married women who use modern contraceptives, Afrodescendent and non-Afrodescendent, latest year available
(Percentages)

Country and year of survey		Unmet demand for family planning		Use of modern contraceptives	
		Afrodescendants	Non-Afrodescendants	Afrodescendants	Non-Afrodescendants
Belize	2015–2016	31.0	25.3	48.8	52.8
Colombia	2010	12.4	8.5	68.9	74.0
	2015	9.8	7.0	73.5	76.8
Costa Rica	2018	24.5	14.4	63.0	70.4
Dominican Republic	2014	31.6	13.1	45.9	69.5
Honduras	2019	10.1	15.4	73.3	67.3
Suriname	2018	53.0	34.6	30.9	44.3

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of demographic and health surveys (DHS), multiple indicator cluster surveys (MICS) and population and housing censuses.
Note: The non-Afrodescendent population does not include the Indigenous population.

The available figures for seven countries suggest that access to maternal health care has expanded significantly for Afrodescendent women. In six of these countries, more than 85% of Afrodescendent women attend four or more prenatal check-ups. Likewise, the percentage of women receiving professional care during childbirth and of women giving birth in health facilities is generally well over 90%, irrespective of their ethnic or racial group. The ethnic and racial divides for this indicator are not very wide (see table II.5).

Table II.5
Latin America and the Caribbean (7 countries): percentage of women giving birth in the two years before the survey, with four or more prenatal check-ups, births attended by skilled health personnel and births attended at health facilities, Afrodescendent and non-Afrodescendent, latest year available
(Percentages)

Country and year of survey	Four or more prenatal check-ups		Births attended by skilled health personnel		Births attended at health facilities	
	Afrodescendent	Non-Afrodescendent	Afrodescendent	Non-Afrodescendent	Afrodescendent	Non-Afrodescendent
Belize, 2015–2016	94.5	94.1	98.1	98.4	96.2	97.2
Colombia, 2015	85.0	92.3	92.1	98.7	92.5	99.0
Costa Rica, 2018	95.1	93.8	97.7	98.9	94.5	98.8
Dominican Republic, 2014	85.6	93.6	96.6	98.8	95.0	98.1
Guyana, 2019–2020	90.3	82.8	97.6	97.9	98.7	99.1
Honduras, 2019	96.3	88.3	94.1	94.3	93.9	92.3
Suriname, 2018	67.4	67.5	97.5	97.7	92.0	94.5

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of demographic and health surveys (DHS), multiple indicator cluster surveys (MICS) and population and housing censuses.
Note: The non-Afrodescendent population does not include the Indigenous population.

However, the indicator could be more stringent with regard to the minimum number of check-ups, with a view to improving the quality of prenatal care and reducing the risk of prenatal death and pregnancy-related complications: the 2016 World Health Organization (WHO, 2016) antenatal care model recommends a minimum of eight contacts with health-care practitioners, as this can reduce perinatal mortality by as much as 8 deaths per 1,000 births compared with the four-visit model.

While the above findings are encouraging in terms of coverage, having information on the quality of health services is critical. Shortfalls in any dimension (i.e. if services are not timely, efficient, accessible, focused on the needs of individuals and communities, culturally relevant, non-discriminatory, safe, equitable or comprehensive) can adversely affect the health of mothers and children, for example by increasing maternal mortality. Regarding accessibility, it is important for Afrodescendent communities to have health professionals who have knowledge of culturally relevant practices for preparing for and recovering from childbirth, and to eradicate stereotypes about Afrodescendent women. It is therefore essential for health professionals to receive training on discrimination, racism and cross-cultural approaches.

Bibliography

Antón, J. (2018), *Las políticas de inclusión y los afroecuatorianos en la Revolución Ciudadana*, Quito, Abya Yala.

Antón J. and others (2019), *Pueblos afrodescendientes en América Latina: realidades y desafíos*, Cali, Poemia editores/ Corporación Amigos de la UNESCO.

Bello, O., A. Bustamante and P. Pizarro (2020), "Planning for disaster risk reduction within the framework of the 2030 Agenda for Sustainable Development", *Project Documents* (LC/TS.2020/108), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

Binstock, G. (2016), *Fecundidad y maternidad adolescente en el Cono Sur: apuntes para la construcción de una agenda común*, Regional Office for Latin America and the Caribbean of the United Nations Population Fund (UNFPA/LACRO).

Cecchini, S. and F. Veras Soares (2014), "Conditional cash transfers and health in Latin America", *The Lancet*, vol. 384, October.

Cecchini, S., R. Holz and C. Robles (2021), "Social protection systems against disaster", *Toolkit. Institutional frameworks for social policies for equality in Latin America and the Caribbean* (LC/TS.2021/157), S. Cecchini, R. Holz and H. Soto de la Rosa (coords.), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

Cerrutti, M. and A. Penchaszadeh (2023), "Regularización migratoria y acceso a derechos de la población venezolana en la Argentina: el caso de la Ciudad de Buenos Aires", *Population Notes*, No. 115 (LC/PUB.2022/22-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

CITRID/Mesa de Trabajo en Gestión del Riesgo y Género (eds.) (2020), *Género y reducción del riesgo de desastres. Acercamiento a nivel local*, Santiago, Vice-Rector's Office for Research and Development (VID), University of Chile.

Del Popolo, F. (2017), *Los pueblos indígenas en América (Abya Yala): desafíos para la igualdad en la diversidad*, ECLAC Books, No. 151 (LC/PUB.2017/26), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

Del Popolo, F., A. María Oyarce and B. Ribotta (2009), "Indigenous urbanos en América Latina: algunos resultados censales y su relación con los Objetivos de Desarrollo del Milenio", *Notas de Población*, No. 86 (LC/G.2349-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

ECLAC (Economic Commission for Latin America and the Caribbean) (2023a), *Panorama del envejecimiento y tendencias demográficas en América Latina y el Caribe*, 10 January [online] https://www.cepal.org/es/enfoques/panorama-envejecimiento-tendencias-demograficas-america-latina-caribe.

___(2023b), *Buenos Aires Commitment* (LC/CRM.15/6/Rev.1), Santiago.

___(2023c), "Autonomy in decision-making", Gender Equality Observatory for Latin America and the Caribbean [online] https://oig.cepal.org/es/documentos/participacion-mujeres-la-toma-decisiones-america-latina-caribe.

___(2023d), *Halfway to 2030 in Latin America and the Caribbean: progress and recommendations for acceleration* (LC/FDS.6/3), Santiago.

___(2022a), *Social Panorama of Latin America and the Caribbean, 2022* (LC/PUB.2022/15-P), Santiago.

___(2022b), *Ageing in Latin America and the Caribbean: inclusion and rights of older persons* (LC/CRE.5/3), Santiago.

___(2022c), *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean*, (LC/CRPD.4/3), Santiago. https://www.cepal.org/es/publicaciones/47922-impactos-sociodemograficos-la-pandemia-covid-19-america-latina-caribe.

___(2022d), *The care society: a horizon for sustainable recovery with gender equality* (LC/CRM.15/3), Santiago.

___(2022e), *Breaking the statistical silence to achieve gender equality by 2030: implementing the information systems pillar of the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030* (LC/CRM.15/4), Santiago.

___(2021a), *Sexual and reproductive health laws in Latin America, 2021*, Gender Equality Observatory for Latin America and the Caribbean [online] https://oig.cepal.org/sites/default/files/c2100784_web.pdf.

___(2021b), *Disasters and inequality in a protracted crisis: towards universal, comprehensive, resilient and sustainable social protection systems in Latin America and the Caribbean* (LC/CDS.4/3), Santiago.

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

___(2019b), "La dimensión territorial en el marco de la Agenda 2030 para el Desarrollo Sostenible: guía metodológica para la planificación estratégica de un territorio", *Project Documents* (LC/TS.2019/58), Santiago.

___(2018), *Social Panorama of Latin America , 2017* (LC/PUB.2018/1-P), Santiago.

___(2017a), "Situación de las personas afrodescendientes en América Latina y desafíos de políticas para la garantía de sus derechos", *Project Documents* (LC/TS.2017/121), Santiago.

___(2017b), *Final report of the ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development* (LC/MDP-E/3), Santiago.

___(2015), *Operational guide for implementation and follow-up of the Montevideo Consensus on Population and Development* (LC/L.4061(CRPD.2/3)/Rev.1), Santiago.

___(2014), *Los pueblos indígenas en América Latina: avances en el último decenio y retos pendientes para la garantía de sus derechos* (LC/L.3902), Santiago.

___(2012), *Population, territory and sustainable development* (LC/L.3474(CEP.2/3)), Santiago.

ECLAC/FILAC (Economic Commission for Latin America and the Caribbean/Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean) (2020), "Los pueblos indígenas de América Latina - Abya Yala y la Agenda 2030 para el Desarrollo Sostenible: tensiones y desafíos desde una perspectiva territorial", *Project Documents* (LC/TS.2020/47), Santiago.

ECLAC/ILO (Economic Commission for Latin America and the Caribbean/International Labour Organization) (2023), "Towards the creation of better jobs in the post-pandemic era", *Coyuntura Laboral en América Latina y el Caribe*, No. 28 (LC/TS.2023/70), Santiago.

ECLAC/PAHO (Economic Commission for Latin America and the Caribbean/Pan American Health Organization) (2021), "The prolongation of the health crisis and its impact on health, the economy and social development", *COVID-19 Report - ECLAC-PAHO*, Santiago, October.

ECLAC/UNFPA (Economic Commission for Latin America and the Caribbean/United Nations Population Fund) (2020a), "Afrodescendientes y la matriz de la desigualdad social en América Latina: retos para la inclusión", *Project Documents* (LC/PUB.2020/14), Santiago.
___(2020b), *Risks of the COVID-19 pandemic for the exercise of women's sexual and reproductive rights*, Santiago.
ECLAC and others (Economic Commission for Latin America and the Caribbean and others) (2020), "The impact of COVID-19 on indigenous peoples in Latin America (Abya Yala): between invisibility and collective resistance", *Project Documents* (LC/TS.2020/171), Santiago.
Fernández Bravo, E. (ed.) (2023), *Relatoría simposio regional: Fortalecimiento de la Gobernanza Migratoria en América del Sur*, Buenos Aires, International Organization for Migration (IOM).
Genta, N. and others (2022), "Panorama del desarrollo territorial de América Latina y el Caribe 2022", *Project Documents* (LC/TS.2022/132), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
Gómez, R. and others (2019), "Contraceptive use in Latin America and the Caribbean with a focus on long-acting reversible contraceptives: prevalence and inequalities in 23 countries", *The Lancet*, vol. 7, No. 2, February.
Huepe, M. (ed.), "Desigualdades, inclusión laboral y futuro del trabajo en América Latina", *Project Documents* (LC/TS.2023/63), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
IOM (International Organization for Migration) (2023), *Migration Trends in the Americas: February 2023* [online] https://robuenosaires.iom.int/es/resources/tendencias-migratorias-en-las-americas-febrero-2023.
Kauhanen, L. and others (2022), "A systematic review of the mental health changes of children and young people before and during the COVID-19 pandemic", *European Child Adolescent Psychiatry*, 12 August.
Maceira, D. and others (2023), "Acceptability and continuation of use of the subdermal contraceptive implant among adolescents and young women in Argentina: a retrospective cohort study", *Sexual and Reproductive Health Matters*, vol. 31, No. 1, December.
Martínez Pizarro, J. and M. V. Cano Christiny (eds.) (2022), "Sobre las contribuciones de la migración al desarrollo sostenible: estudios en países seleccionados", *Project Documents* (LC/TS.2021/195), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
Montero, L. and J. García (eds.) (2017), "Panorama multidimensional del desarrollo urbano en América Latina y el Caribe", *Project Documents* (LC/TS.2017/67), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
Montes de Oca, V. (2022), "Los derechos humanos de las personas mayores en la recuperación", *Recuperaciones diversas ante el proceso de desastre*: *reflexiones y perspectivas para México*, N. Ruiz Rivera and D. Rodríguez Velázquez, Mexico City, National Autonomous University of Mexico (UNAM).
OAS (Organization of American States) (2023), "Inter-American Convention on Protecting the Human Rights of Older Persons (A-70). Signatories and Ratifications" [online] https://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp.
___(2016), "Plan of Action for the Decade for Persons of African Descent in the Americas (2016-2025)" [online] https://www.oas.org/es/sadye/documentos/res-2891-16-es.pdf.
Oyarce, A. M., M. Pedrero and B. Ribotta (2010), "Salud materno-infantil de pueblos indígenas y afrodescendientes de América Latina: aportes para una relectura desde el derecho a la integridad cultural", *Project Documents* (LC/W.347), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
PAHO (Pan American Health Organization) (2023), "The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)" [online] https://www.paho.org/es/temas/enfermedades-transmisibles/programa-investigacion-alianzas-enfermedades-transmisibles/fondo.
___(2022a), *Third round of the National Survey on the Continuity of Essential Health Services during the COVID-19 Pandemic: November-December 2021. Interim report for the Region of the Americas, January 2022*, Washington, D.C.
___(2022b), "Core Indicators Portal", Washington, D.C. [online] https://opendata.paho.org/en/core-indicators.
PAHO/WHO (Pan American Health Organization/ World Health Organization) (2019), *Prevention and control of sexually transmitted infections (STIs) in the era of oral pre-exposure prophylaxis (PrEP) for HIV* [online] OPSCDEVT200005_spa.pdf (paho.org).
Pedrero, M. (2023), "Hacia una recuperación económica transformadora de América Latina-Abya Yala: desafíos para garantizar los derechos colectivos de los pueblos indígenas", *Project Documents* (LC/TS.2023/35), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
Purity, N. and others (2023), "Financial costs of assisted reproductive technology for patients in low- and middle-income countries: a systematic review", *Human Reproduction Open*, vol. 2023, No. 2.https://doi.org/10.1093/hropen/hoad007
Red de Coaliciones Sur (2021), *Diagnóstico sobre violencias sexuales contra niñas, niños y adolescentes en Argentina, Brasil, Chile, Paraguay, Uruguay y Venezuela. Informe regional* [online] https://www.colectivoinfancia.org.ar/wp/wp-content/uploads/2021/11/RCS_Informe-regional_diagn%C3%B3stico-violencias-contra-NNA-2021.pdf.

Right Resources (2022), "Mapeo de la presencia, tierras y territorios de los Afrodescendientes en América Latina y el Caribe. Hallazgos y desafíos para el debate climático y los derechos colectivos de tenencia", *Policy Brief* [online] https://rightsandresources.org/wp-content/uploads/AfroCOPBrief_Final_ES-1.pdf.

Rodríguez, J. (2017), "Fecundidad no deseada entre las adolescentes latinoamericanas: un aumento que desafía la salud sexual y reproductiva y el ejercicio de derechos", *Population and Development series*, No. 119, (LC/TS.2017/92), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC)https://www.cepal.org/es/publicaciones/42511-fecundidad-deseada-adolescentes-latinoamericanas-un-aumento-que-desafia-la-salud.

Rodríguez, J. and V. San Juan (2023), "El descenso de la fecundidad y la maternidad adolescente en América Latina y su desigualdad socioterritorial: el caso de cinco grandes ciudades", *Revista Latinoamericana de Población (RELAP)*, vol. 17.

Rodríguez Vignoli, J. and A. Roberts (2020), "El descenso de la fecundidad adolescente en Chile: antecedentes, magnitud, determinantes y desigualdades", *Serie de Estudios*, No. 12. Santiago, National Institute for Youth (INJUV).https://www.injuv.gob.cl/sites/default/files/estudioembarazo.pdf.

Scuro, L., C. Alemany and R. Coello Cremades (coords.) (2022), *Financing care systems and policies in Latin America and the Caribbean: Contributions for a sustainable recovery with gender equality* (LC/TS.2022/134), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC)/ United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).

UNAIDS (Joint United Nations Programme on HIV/AIDS) (2023), "Core epidemiology slides" [online] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/july/unaids-global-aids-update.

UNESCO and others (United Nations Educational, Scientific and Cultural Organization and others) (2022a), *The journey towards comprehensive sexuality education: global status report*, Paris.

___(2022b), *From Learning Recovery to Education Transformation: Insights and Reflections from the 4th Survey of National Education Responses to COVID-19 School Closures*, Montreal.

UNFPA (United Nations Population Fund) (2022a), *State of World Population 2022. Seeing the unseen. The case for action in the neglected crisis of unintended pregnancy*, New York.

___(2022b), *UNFPA Latin America and the Caribbean Contribution to HIV Programming in the Region: Highlights and Lessons Learned from the Field* [online] https://lac.unfpa.org/es/publications/unfpa-latin-america-and-caribbean-contribution-hiv-programming-region-highlights-and-0.

UNFPA/FLACSO (United Nations Population Fund/Latin American Faculty of Social Sciences) (2022), *Estado del arte de la EIS en América Latina 2021* [online] https://lac.unfpa.org/es/publications/estado-del-arte-de-la-educaci%C3%B3n-integral-de-la-sexualidad-en-am%C3%A9rica-latina-2021.

UNFPA and others (United Nations Population Fund and others) (2022), *Diagnóstico rápido de los determinantes y factores contribuyentes al aumento de la mortalidad materna y perinatal durante la pandemia de COVID-19 en la región de América Latina y el Caribe* [online] https://lac.unfpa.org/es/publications/diagn%C3%B3stico-r%C3%A1pido-de-los-determinantes-y-factores-contribuyentes-al-aumento-de-la.

UNICEF (United Nations Children's Fund) (2023), "The State of the World's Children: For every child, vaccination.

In the aftermath of the COVID-19 pandemic, progress in childhood immunization was set back worldwide" [online] https://www.unicef.org/lac/en/reports/the-state-of-the-worlds-children-for-every-child-vaccination.

___(2022), *The State of the World's Children 2021. On My Mind: Promoting, protecting and caring for children's mental health*, New York.

___(1989), "Convention on the Rights of the Child" (A/RES/44/25), New York, 20 November.

United Nations (2023a), *Progress towards the Sustainable Development Goals. Report of the Secretary-General, Supplementary information* (E/2023/64, annex), Economic and Social Council [online] https://unstats.un.org/sdgs/files/report/2023/E_2023_64_Statistical_Annex_I_and_II.pdf.

___(2023b), "Regional data bank for statistical follow-up to the SDGs in Latin America and the Caribbean" [online database] https://agenda2030lac.org/estadisticas/regional-data-bank-statistical-follow-up-sdg-1.html?lang=en.

___(2022), *World Population Prospects 2022*, New York.

___(2021), *World Population Policies 2021: Policies related to fertility* (DESA/POP/2021/TR/NO. 1), New York.

___(2019), "World Marriage Data 2019" [online] https://www.un.org/development/desa/pd/data/world-marriage-data.

___(2014), "Programme of activities for the implementation of the International Decade for People of African Descent" [online] http://www.un.org/es/comun/docs/?symbol=A/RES/69/16.

WHO (World Health Organization) (2018), *Sexual health and its linkages to reproductive health: an operational approach* [online] https://apps.who.int/iris/bitstream/handle/10665/274656/9789243512884-spa.pdf.

___(2016), *WHO recommendations on antenatal care for a positive pregnancy experience*, Luxembourg.

___(2014), *Global status report on preventing violence against children 2014*, Geneva.

___(2009), *National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators*, Geneva.

CHAPTER

III

Implementation of the Montevideo Consensus on Population and Development in the Caribbean

A. Key demographic trends in the Caribbean

B. Fully integrating population trends into sustainable development with equality and respect for human rights

C. Rights, needs, responsibilities and requirements of children, adolescents and young people

D. Ageing, social protection and socioeconomic challenges

E. Universal access to sexual and reproductive health services

F. Gender equality

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

H. Climate change

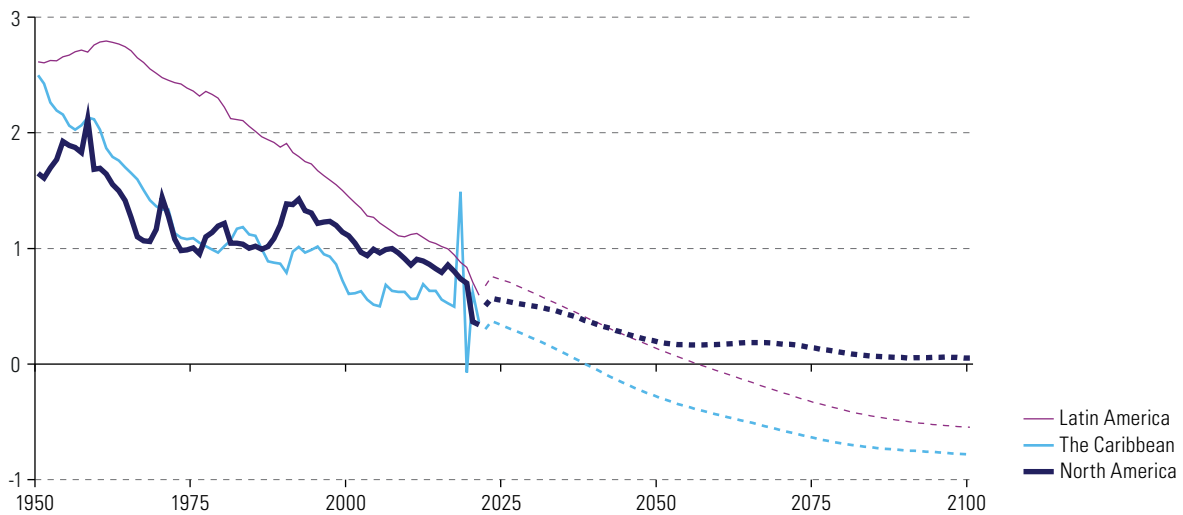
Bibliography

This chapter focuses on the Caribbean subregion,[1] in particular on its sociodemographic aspects that are notably distinct compared with Latin America. A more comprehensive review of the implementation of the Montevideo Consensus in the Caribbean was presented at the Caribbean Forum on Population and Development of the United Nations Population Fund (UNFPA) held in Antigua and Barbuda on 4 and 5 September 2023 (Jones, 2023).

A. Key demographic trends in the Caribbean

Population growth is slowing in the Caribbean, with estimated growth of 0.37% in 2023, down from 0.61% in 2000 (see figure III.1). The subregion as a whole is expected to begin to experience negative population growth from 2038, and seven countries and territories are already seeing population declines. This number is projected to increase to 21 Caribbean countries and territories by 2050. A similar trend is expected in Latin America, although population growth was estimated at 0.76% in 2023 and is not projected to be negative until 2057. Slower population growth has been forecast for some time, although fertility rates have fallen further and faster than previously projected, so population growth has slowed more rapidly and populations will begin declining sooner than expected. By contrast, population growth in North America is expected to remain positive, owing to net immigration.[2]

Figure III.1
The Caribbean, Latin America and North America: annual population growth, 1950–2100
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022*, New York, 2022 [online] https://population.un.org/wpp/.
Note: The population growth rate for the Caribbean in 2018 and 2019 was significantly affected by the arrival and return of migrants from the Bolivarian Republic of Venezuela.

[1] Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Belize, Bermuda, Bonaire, British Virgin Islands, Cayman Islands, Curaçao, Dominica, French Guiana, Grenada, Guadeloupe, Guyana, Jamaica, Martinique, Montserrat, Saba, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and the United States Virgin Islands.

[2] Worldwide, 45 out of 237 countries and territories —many of which are Eastern or Southern European countries or small island developing States— are currently experiencing negative population growth. In many of these countries, the combination of low fertility rates and net outmigration is leading to population decline. By 2050, it is projected that 88 countries and territories will have a declining population.

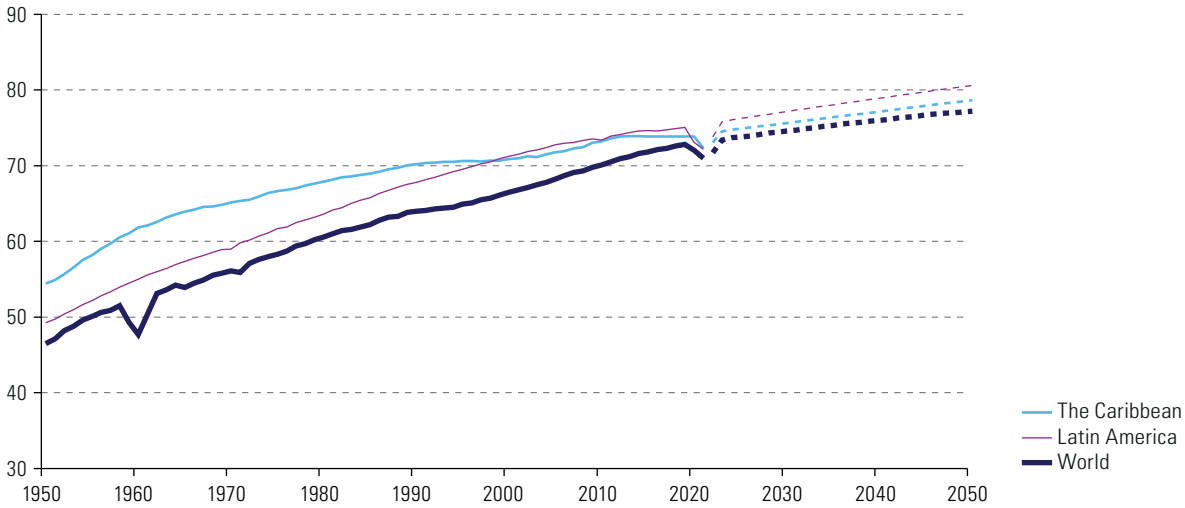
Falling fertility rates are the biggest driver of declining population growth. The total fertility rate, which was above 5 children per woman in the 1950s and 1960s, and around 3 children per woman in the 1980s, fell to 2 and 1.73 children per woman in 2010 and 2023, respectively. Net outmigration also reduces population growth, although it should be noted that around half of Caribbean countries and territories have a positive net migration rate (with inflows exceeding outflows).[3] However, outflows predominate among most of the larger Caribbean countries, accounting for the negative migration rate in the Caribbean.

Populations are declining in an increasing number of Caribbean countries. Such declines should not automatically be perceived as problematic, as they can have both advantageous and disadvantageous outcomes. A decreasing population can mean that more resources can be allocated to the population, leading to an increase in per capita wealth and alleviating problems such as land or housing shortages and environmental degradation. However, population declines also hasten population ageing and the reduction of the workforce, potentially resulting in labour or skills shortages, along with rising costs for health, social care and pensions (World Population Review, 2023). Development planners and policymakers must therefore consider the demographic shifts affecting their countries and the repercussions for public policy, and consider the need to adapt and respond to those trends.

Life expectancy in the Caribbean has increased in recent decades, but not as quickly as in Latin America or globally (see figure III.2A). In 1975, life expectancy at birth in the Caribbean was five years higher than in Latin America (67 years compared with 62 years). By 2000, that gap had closed, and life expectancy was 71 years in both regions. In 2019, life expectancy in the Caribbean was 74, compared with 75 in Latin America, and over the coming years, is expected to fall to between one and two years below that of Latin America.

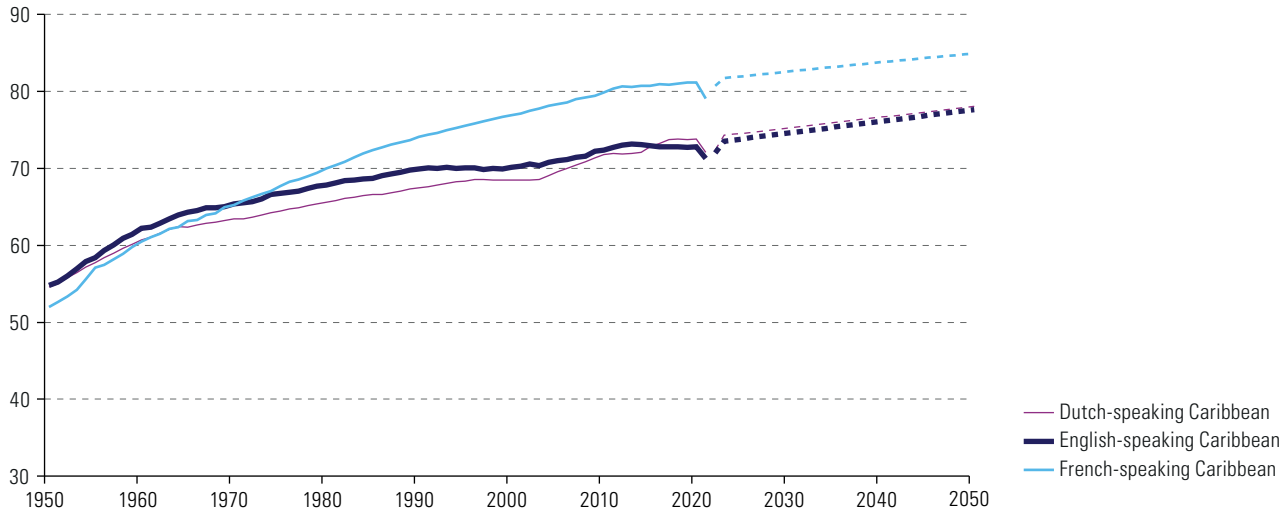
Figure III.2
The Caribbean, Latin America and the world: life expectancy at birth (both sexes), 1950–2050[a]
(Years)

A. The Caribbean, Latin America, World



[3] These include Aruba, the Bahamas, Belize, the British Virgin Islands, the Cayman Islands, Curaçao, French Guiana and the Turks and Caicos Islands.

B. Dutch-, English- and French-speaking[b] Caribbean



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022*, New York, 2022 [online] https://population.un.org/wpp/.

[a] Owing to the coronavirus disease (COVID-19) pandemic, life expectancy at birth in 2020, 2021 and 2022 was lower than in the immediately preceding period, but returned to its pre-pandemic trajectory in 2023.

[b] Does not include Haiti.

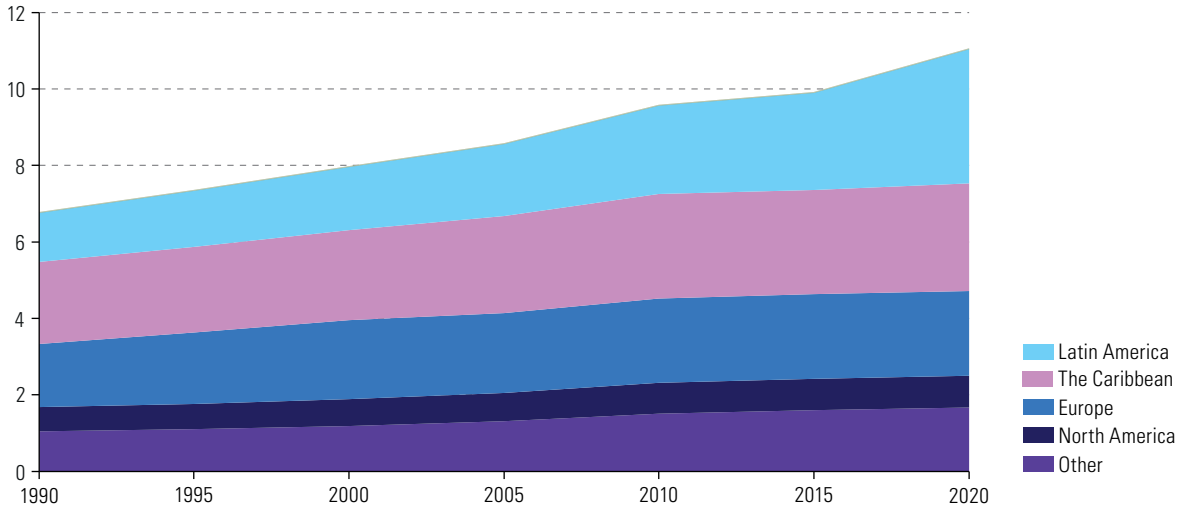
The relative stagnation in life expectancy is evident in the Dutch- and English-speaking Caribbean, but not in the French-speaking Caribbean (French Guiana, Guadeloupe, Martinique, Saint Barthélemy and Saint Martin) (see figure III.2B). In the 1950s, life expectancy at birth in the French-speaking Caribbean was lower than in the Dutch- and English-speaking Caribbean, but increased more rapidly and overtook both in the 1960s and 1970s. By 2020, life expectancy in the French-speaking Caribbean was eight years higher than in the English-speaking Caribbean and seven years higher than in the Dutch-speaking Caribbean.

The major reason for these more limited gains in life expectancy in the English- and Dutch-speaking Caribbean countries is the disease burden attributable to non-communicable diseases. Age-standardized death rates taken from the mortality database of the World Health Organization (WHO) indicate significantly higher mortality due to non-communicable diseases in the English- and Dutch-speaking Caribbean compared with the French-speaking Caribbean and Latin America.[4]

There is a negative net migration balance in the Caribbean, which indicates more emigrants than immigrants, while the flow of migrants from the subregion, primarily to North America, remains high but stable. In total, the Caribbean diaspora, including Caribbean nationals in Europe and the rest of the world, remains equivalent to approximately 31% of the population residing in the Caribbean. Migrants living in the Caribbean account for 11% of the population, and this proportion is growing (see figure III.3). Migrants accounted for 6.8% of the resident Caribbean population in 1990, 9.9% in 2015 and 11.0% in 2020. Migrant stock from all parts of the world is up, with the largest increase in migrants arriving from Latin America, who accounted for 1.3% of the population in 1990, 2.5% in 2015 and 3.5% in 2020. Over the past five years, the increase was mostly attributable to higher numbers of migrants and refugees from the Bolivarian Republic of Venezuela, conservatively estimated to number 81,000 in 2020 compared with just 9,000 in 2015. Most landed in four Caribbean countries: Aruba, Curaçao, Guyana and Trinidad and Tobago.

4 There is also a significant differential in AIDS-related deaths, although the number of deaths due to AIDS is much smaller.

Figure III.3
Caribbean countries and territories: migrant stock, by region of origin, 1990–2020
(Percentages of resident Caribbean population)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, "International Migrant Stock 2020" [online] https://www.un.org/development/desa/pd/content/international-migrant-stock.

B. Fully integrating population trends into sustainable development with equality and respect for human rights

Among Caribbean governments, the responsibility for population and development matters and for reporting on the Montevideo Consensus (see section II.A) generally lies either with the ministry of planning or social development (or its nearest equivalent). Jamaica has the strongest institutional capacity in population and development matters. The Population and Health Unit in the Social Policy, Planning and Research Division of the Planning Institute of Jamaica (PIOJ) has overarching responsibility for population issues and ensures that they are integrated into government plans, programmes and projects.

Population situation analyses, which provide the context and evidence for the development of population policies and the integration of population trends into sustainable development, have been carried out in Barbados, Dominica and Suriname. This approach is encouraged and supported by UNFPA (2010). In 2019, the Government of Barbados established the National Population Commission to ensure that the development of the population situation analysis and the drafting of the population policy could draw on the most highly qualified national experts. The Commission was created primarily to address the consequences of an ageing and declining population, and to propose strategies to do so. In 2023, the Commission published a draft population policy for public consultation (BGIS, 2023). The report of the Commission is particularly interesting since the demographic trends that prompted its creation will become increasingly evident in other Caribbean countries and territories over the coming 10–15 years. In recognition of this fact, the Prime Minister of Barbados has called for the establishment of a CARICOM population commission to analyse the implications of these demographic trends and develop a common policy response.

In Suriname, a national population policy for 2021–2040 was developed to systematically integrate population trends into the development planning and policymaking process. In Dominica, the government carried out consultations in 2022 to inform the development of its National Population Policy, which is now at final draft stage and currently awaiting the approval of the Cabinet.

In countries without institutions or explicit mechanisms for government-wide coordination of population and development issues, these issues can and do force themselves onto the political agenda. As an example, the rapid ageing of the population of Bermuda, along with rising pension and health care costs, was described by the Minister of Finance as "perhaps the single most serious long-term issue Bermuda faces" (*The Royal Gazette*, 2019).

C. Rights, needs, responsibilities and requirements of children, adolescents and young people

The Montevideo Consensus called for action to guarantee "a life free from poverty and violence" for all children, adolescents and young people. National poverty assessments indicate that, on average, one in three children in the Caribbean lives in poverty. Statistics also indicate that corporal punishment of children is common. In studies conducted between 2011 and 2019 across seven Caribbean countries, an average of 51% of girls and 58% of boys (aged 1–14 years) had experienced physical punishment in the home in the last month, and 5% of girls and 7% of boys had experienced severe physical punishment.[5] These rates were around 50% higher than the corresponding rates in Latin America (Fry and others, 2021).

The legality of corporal punishment varies considerably across the subregion. Data for 16 Caribbean countries show that in February 2022, only three had prohibited corporal punishment in schools[6] and none had prohibited corporal punishment in the home. By comparison, in Latin America, 18 of 20 countries had outlawed corporal punishment in schools and 11 of 20 had fully prohibited corporal punishment in the home (UNICEF, 2022).

Child protection laws play a vital role in protecting children from abuse and neglect. They address reporting, investigation, assessment and provision of care and protection for children who have been (or are at risk of being) abused or neglected. Child protection laws have recently been enacted in Anguilla (2018), Dominica (2023) and Saint Lucia (2018). In Barbados, a child protection bill is currently undergoing parliamentary scrutiny.

In contrast to child protection laws, child justice laws relate to how the criminal justice system treats children who come into conflict with the law. As part of a juvenile justice reform programme in the Eastern Caribbean, child justice laws were passed in Anguilla (2021), Saint Lucia (2018) and Saint Vincent and the Grenadines (2019). These laws establish a judicial process for children accused of committing offences, which includes the option of diverting the children away from formal court proceedings towards a more informal procedure, to encourage them to be accountable for the harm caused by their actions, while also meeting their needs and fostering reintegration. In Barbados, the Child Justice Bill of 2023 is currently being debated in Parliament. The institutional capacity to implement and enforce the law is just as important as legislation, and in most countries across the subregion, a lack of such capacity continues to seriously undermine the effectiveness of child protection and child justice.

UNESCO monitors progress towards national targets, some more ambitious than others, relating to seven benchmark indicators of Goal 4 of the 2030 Agenda for Sustainable Development on quality education, to be achieved by 2025 and 2030. Earlier in 2023, for the first time, UNESCO published an assessment of countries' progress towards their national targets using two benchmark indicators: the upper secondary completion rate and the participation rate in organized learning one year before primary. Progress in upper secondary completion has been fast in Jamaica and Trinidad and Tobago and slow in Barbados, Belize, Guyana and Suriname (UNESCO Institute for Statistics, 2023). With regard to participation in preschool learning, more Caribbean countries have been making fast progress, including Anguilla, Bermuda, the British Virgin Islands,

5 Physical punishment is measured in Multiple Indicator Cluster Surveys (MICS) and refers to punitive methods used and violent actions taken by adults in the household to discipline a child aged 1–14 years during the month preceding the survey. According to data for seven Caribbean countries (Barbados, Belize, Guyana, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago) and nine Latin American countries, the average prevalence rates (across countries) for "any physical punishment" and for "severe physical punishment" were around 50% higher for Caribbean countries compared with Latin American countries.

6 Anguilla in 2012, Belize in 2011, and Trinidad and Tobago in 2015.

the Cayman Islands, Dominica, Guyana, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and the Turks and Caicos Islands. Meanwhile, progress in this indicator has been slow in the Bahamas and Suriname, and stagnant in Antigua and Barbuda, Barbados, Belize, Grenada, Montserrat and Trinidad and Tobago.

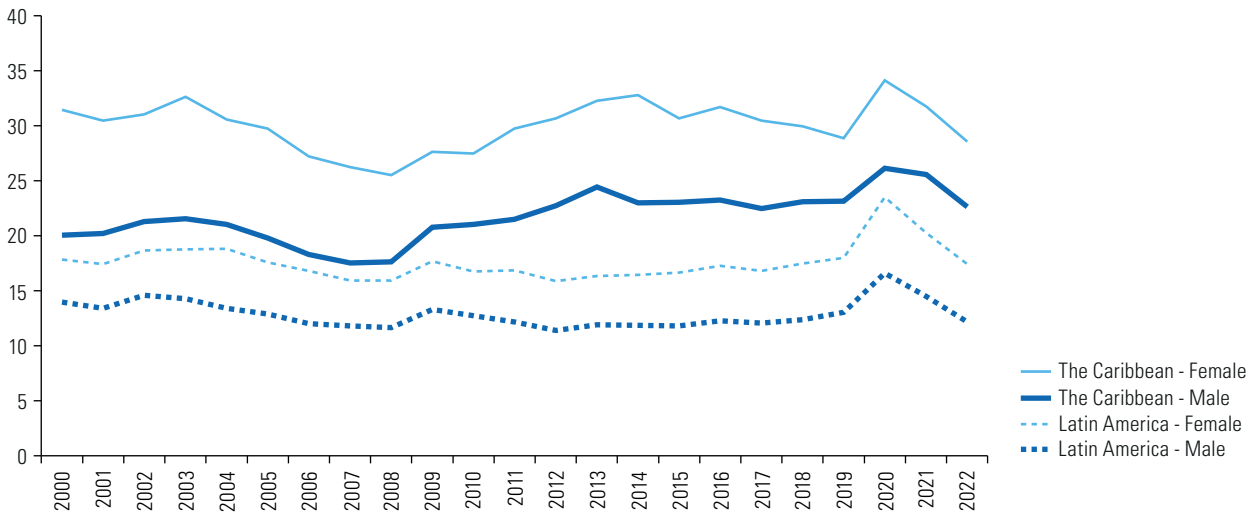
With a view to realizing the Montevideo Consensus commitment relating to the provision of universal, free, public, secular, high-quality, intercultural education, it will be crucial to secure financing for education in line with the international benchmarks of at least 4%–6% of GDP and/or 15%–20% of public expenditure, as agreed in the Paris Declaration in 2021 (UNESCO, 2021). According to statistics from the *Global Education Monitoring Report 2023* (UNESCO, 2023), 13 of 19 Caribbean countries spent 4% or more of GDP on education, while only 4 of 11 countries with data on the share of education in public spending allocated 15% or more of public expenditure.

High youth unemployment is a long-standing problem in the Caribbean, particularly among young women. Since 2000, unemployment among females in the subregion has averaged around 30% compared with 22% among males (see figure III.4A), while in Latin America, unemployment among males and females has averaged 18% and 13%, respectively. In the Caribbean, youth unemployment has yet to return to the lows seen prior to the global financial crisis, in 2008 (among females) and 2007 (among males), and was particularly high during the emergency phase of the coronavirus disease (COVID-19) pandemic, in 2020 and 2021. The countries in the subregion with high youth unemployment rates are Saint Lucia, Saint Vincent and the Grenadines, Suriname and the United States Virgin Islands (see figure III.4B). In Belize, Guyana, Suriname and the United States Virgin Islands, there is a difference of at least 12% between the female and male youth unemployment rates. And in Barbados, Jamaica and Saint Lucia, youth unemployment is higher among males than among females.

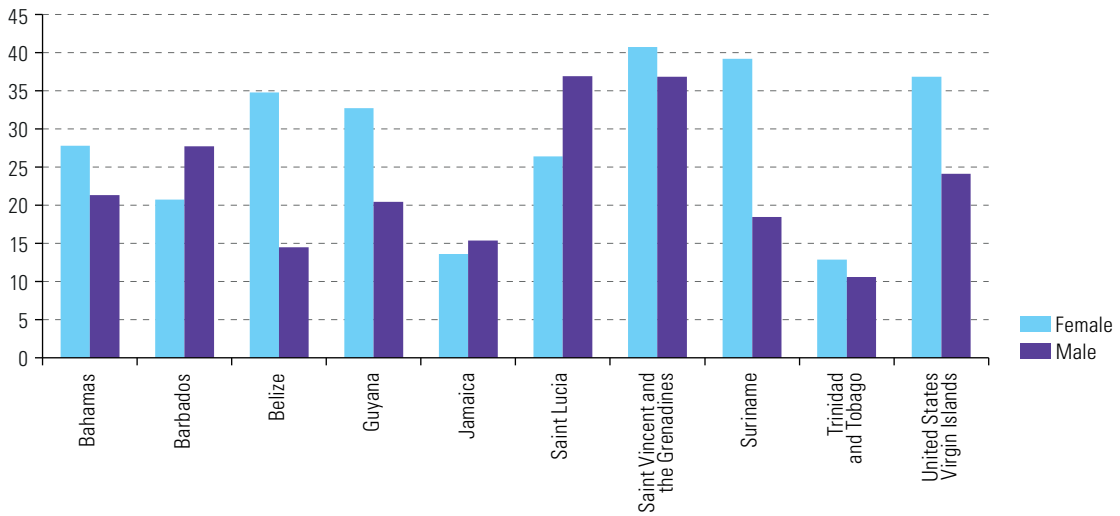
In the Caribbean subregion, adolescent pregnancy adversely affects the lives of young girls, hampering their psychosocial development, contributing to poor health outcomes for themselves and their babies, negatively affecting their educational and employment opportunities, and helping to perpetuate intergenerational cycles of poor health and poverty.

Figure III.4
The Caribbean (10 countries and territories): youth unemployment rate by sex, persons aged 15–24, 2000–2022
(Percentages)

A. The Caribbean (10 coutries and territories)[a] and Latin America (21 countries),[b] 2000–2022



B. Caribbean countries and territories, 2022



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of International Labour Organization and national estimates.

[a] Simple averages for: Bahamas, Barbados, Belize, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States Virgin Islands).

[b] Simple averages for: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico and Uruguay.

An Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean was adopted in 2014 to address high levels of adolescent fertility (CARICOM/UNFPA, 2014). The Framework included a commitment to reduce the number of adolescent pregnancies in each country of the English- and Dutch-speaking Caribbean by at least 20% by 2019. Some countries —Aruba, the Bahamas, Bermuda, the British Virgin Islands, the Cayman Islands, Curaçao and Jamaica— were able to achieve this target. Most of the other countries and territories also registered declines, albeit of less than 20%, in the adolescent birth rate over the 2014–2019 period. The Caribbean as a whole recorded a 14% decline. The Framework also proposed that adolescents should have access to age-appropriate sexual and reproductive health services, information and commodities. However, restrictive legislation and practices continue to prevent adolescents from accessing sexual and reproductive health care services including contraceptives, owing to the requirement for parental consent. In most countries, laws remain out of sync with the Caribbean reality of early initiation of sexual activity among adolescents and ages of consent often permit sexual intercourse before adolescents are old enough to access sexual and reproductive health services, at least without parental consent.

In Guyana, a new and more progressive national sexual and reproductive health policy was adopted in 2019, resulting in the upgrading of standards and practices, and allowing for age-appropriate access to sexual and reproductive health information and services for adolescents.[7] In Trinidad and Tobago, access to sexual and reproductive health services became more difficult for young people following the passage of the Children Act of 2012, which raised the legal age of sexual consent from 16 to 18.

In 2022, the UNFPA Sub-regional Office for the English- and Dutch-Speaking Caribbean published *A Formative Assessment of Comprehensive Sexuality Education within the Health and Family Life Education Curriculum in the Caribbean* (UNFPA, 2022). According to the report, insufficient training and support left many teachers feeling uncomfortable discussing sexuality-related topics, insufficient time was allocated to comprehensive sexuality education within the health and family life education curriculum, key topics (such as

[7] The policy outlines how health workers can apply the Gillick competency test and Fraser guidelines to assess the competence of each adolescent to consent on their own to requested or required interventions. These concepts originate from a 1985 judicial decision of the United Kingdom's House of Lords about the provision of contraception for people under the age of 16. The Gillick competency test involves the use of a set of guidelines by medical professionals to determine if a child has sufficient maturity and understanding to be capable of making decisions about their own health and medical treatment, in which case treatment can be provided without their parents' or carers' consent or, in some cases, knowledge.

family and gender-based violence) were often excluded, and the fact that comprehensive sexuality education is not mandatory contributed to the inconsistency of implementation.

The Governments of Jamaica and Guyana have developed national policies for the reintegration of school-age mothers into the formal school system (Ministry of Education of Jamaica, 2013; Ministry of Education of Guyana, 2018). However, implementation of these policies has met a number of challenges and hurdles, including inadequate support for young mothers balancing school and parental responsibilities, and attitudes of school administrators. In Jamaica, the Women's Centre of Jamaica Foundation (WCJF)[8] runs the Programme for Adolescent Mothers (PAM), which provides pregnant adolescents and young mothers, along with their families and the fathers of their children, with education, life and parenting skills training, counselling, contraceptives and school reintegration services. In 2021, 615 teen mothers were registered with the programme, with 43.1% reintegrated into the formal school system and 8.5% placed in other learning or skills-training institutions. The model has been replicated in Grenada and in Saint Kitts and Nevis.

D. Ageing, social protection and socioeconomic challenges

Many Caribbean countries have developed some form of national policy on ageing (or older persons), and some are now updating policies. In Jamaica, the revised National Policy for Senior Citizens, an updated version of the previous policy introduced in 1997, was adopted in 2022 (JIS, 2022). The revised policy aims to strengthen the rights of older persons and focuses on active and productive ageing. The Government of Barbados is working towards updating its ageing policy (introduced in 2012) and recently published a new draft 2023–2028 National Policy on Ageing for Barbados "Making Healthy and Active Ageing a Reality for All". Suriname recently acceded to the Inter-American Convention on the Protection of the Human Rights of Older Persons, becoming the first Caribbean country to accede to or ratify this Convention (OAS, 2023).

Through a combination of contributory and non-contributory age pension schemes, some Caribbean countries —Antigua and Barbuda, the Bahamas, Barbados, Guyana, Saint Kitts and Nevis, and Trinidad and Tobago— have achieved universal or near universal pension coverage.[9] In other countries, including Belize, Grenada and Saint Lucia, the age pension provision falls short of universal coverage and, as a result, there are significant numbers of older persons with no pension income.

Non-contributory (or social) pensions mostly provide the same flat-rate pension to all recipients, and the value of these pensions is generally much lower than that of contributory pensions. Among 12 Caribbean countries, the value of the non-contributory pension was higher than the poverty line only in Barbados and Trinidad and Tobago (and by a significant amount, only in Trinidad and Tobago). While the real value of contributory pensions has generally risen over time, increases in non-contributory pensions have not been as consistent. The countries with relatively well-funded non-contributory pension schemes are Guyana, Suriname and Trinidad and Tobago (Quashie and Jones, 2023). In 2021, Jamaica introduced a new social pension for persons aged 75 and over who are not in receipt of any other pension, benefit, grant, relief or income, and its initial value was 3,400 Jamaican dollars (US$ 22.50) per month (Quashie and Jones, 2023).

In some countries, the differentials between the average pensions received by male and female pensioners are sizeable, because of lower earnings by females during their working lives and the increased likelihood of interruptions to their pension contribution record. According to the most recently available data, average pensions received by women were between 12% and 21% lower than the pensions received by men in Antigua and Barbuda (2014), the Bahamas (2013), Barbados (2020), Grenada (2015) and Saint Kitts and Nevis (2020). This was not the case in Belize, Jamaica and Trinidad and Tobago, where average pensions received by men and women are similar (Quashie and Jones, 2023).

8 WCJF is a non-profit organization that operates under the auspices of the Office of the Prime Minister.
9 Universal pension coverage means that all older persons receive a pension (although its value may be low).

Public expenditure on pensions as a percentage of GDP has risen in recent years, and demographic trends indicate that this spending will continue to grow, mainly because of the increasing numbers of older persons. The working-age population is also expected to begin declining, as is already the case in some countries. The increase in the number of older persons compared to the working-age population makes it increasingly difficult to fund growing pension entitlements (Quashie and Jones, 2023).

In a study published in 2018, Nam and Jones estimated that across nine Caribbean countries, public funding for pensions would need to increase from an average of 3.7% of GDP in 2010 to an average of 9.8% of GDP in 2050. In their 2021 study of six Caribbean countries, Schwartz and Zegarra also presented projections of future public sector spending on pensions. Their estimates indicate an increase in average expenditure from 4.7% of GDP in 2019 to 9.8% of GDP in 2050 (Quashie and Jones, 2023).

The cost of providing pensions to a growing number of older persons, who are also living longer, will require increased pension contributions and taxation. It can be mitigated to some extent by raising retirement ages and/or adjusting the rate at which entitlements are accrued, in order to make it more feasible to maintain and improve levels of pension entitlements. This process is already under way, and authorities in many countries have already raised the retirement age or are considering doing so (Quashie and Jones, 2023).

Within the context of population ageing and high prevalence of chronic diseases, Caribbean countries and territories face increasing demands for primary, secondary and tertiary health care. On average, total current health expenditure for Caribbean countries accounted for between 5% and 8% of GDP in 2020, averaging 6.3%. Government expenditure on health averaged 3.7% of GDP in 2020, up from 2.6% in 2010, but still substantially below the 6% target recommended by the Pan American Health Organization (PAHO). Out-of-pocket expenditure was equivalent to 2.0% of GDP in 2020, while other health expenditure (mostly other private expenditure, for example through private health insurance) accounted for 0.7% of GDP (Jones, 2023). Although older persons can access many health-care services free of charge within the public health-care system, many demands for care, medication and other services are unmet. With widespread dependence on private and out-of-pocket expenditure whenever care cannot be easily accessed through the public health system, medical costs commonly result in financial hardship or act as a barrier to health care. The severe lack of palliative care services and inadequate access to medicines for pain relief, including oral morphine, also pose challenges (CARIPALCA, 2021).

Latin America and the Caribbean has some of the highest levels of consumption of sugar-sweetened beverages in the world (Roche and others, 2022), which contributes to overweight, obesity and high prevalence of non-communicable diseases. In an effort to reduce sugar consumption, governments in the Caribbean have been introducing (or raising) taxes on sugar-sweetened beverages. Barbados was the first country in the Caribbean to implement such a tax, introducing a 10% levy in 2015 and subsequently doubling it in April 2022. Dominica implemented a 10% excise tax on sugary drinks, also in 2015. Since then, Bermuda (2018), Saint Vincent and the Grenadines (2019), Montserrat (2021) and Grenada (2023) have all introduced taxes (or increased existing taxes), and other governments are considering their own measures. The design and structure of these taxes vary considerably, and in most cases, they could be further leveraged to improve their impact on sugar-sweetened beverage consumption and health (Sandoval and others, 2021).

Taxes are generally applied to alcohol and tobacco, but also vary considerably, and there is significant scope for raising them to reduce consumption and increase tax revenues (Roche, Sandoval and Monteiro, 2023). For example, nowhere in the Caribbean does taxation of tobacco reach the WHO recommended level of at least 75% of the retail price (Sandoval and others, 2022).

Many Caribbean countries have a limited supply of public and private long-term care homes (CARPHA, 2019; Govia and others, 2021). Even where available, there are challenges and limitations to the quality of care provided, including inadequately trained and insufficient staff, the possibility of abuse and unsafe building structures. Although many countries have regulations for residential long-term care facilities, the extent to which the minimum standards of care are enforced is inconsistent as countries often lack the institutional capacity for monitoring these residential facilities. All residential facilities should be registered and subject to regular independent inspections.

E. Universal access to sexual and reproductive health services

Most indicators of progress towards universal access to sexual and reproductive health services are trending in the right direction, while still falling short of universal access and the levels of access seen in developed countries. Sexual and reproductive health services and commodities are free of charge in most countries, and even in those that charge a user fee, services are not denied if users cannot pay (UNFPA, 2020). Unmet need is due primarily to legal and cultural barriers and stock-outs of commodities. The legal barriers faced by adolescents were discussed above, but men who have sex with men also face similar obstacles to accessing sexual and reproductive health services in some jurisdictions, owing to laws which criminalize same-sex sexual relations. The criminalization of many aspects of sex work has similar effects on female and male sex workers. These laws, together with the stigma and discrimination that they reinforce, both hinder service provision and deter potential users, leading to worse health outcomes. Furthermore, there is a need to improve the quality of care to end preventable maternal mortality and expand access to voluntary family planning.

In 2022, courts in three Caribbean countries (Antigua and Barbuda, Barbados and Saint Kitts and Nevis) struck down as unconstitutional laws that criminalized sexual relations between persons of the same sex, including gay men and other men who have sex with men. Courts in Belize and Trinidad and Tobago had earlier (in 2016 and 2018, respectively) repealed sections of the legal codes in these two countries that criminalized same-sex sexual relations (UNAIDS, 2022a). There now remain six Caribbean countries that criminalize gay sex between consenting adults, all of them former British colonies: Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines (UNAIDS, 2022b). Decriminalizing sex between men is a necessary, but insufficient, step on the road towards eliminating the discrimination and stigma that infringe the sexual and reproductive rights, and human rights more generally, of persons with diverse sexual orientations.

A few Caribbean countries also have laws that discriminate against persons with HIV, for example laws criminalizing HIV exposure, non-disclosure or transmission, or migration laws that restrict long-term stays for persons with HIV. This legislation reinforces stigma and discrimination against persons living with HIV, discourages people from seeking testing and treatment, and undermines efforts to end the AIDS epidemic. Belize recently repealed legislation that criminalized the transmission of HIV (AMANDALA, 2023). In a cross-national study, Kavanagh and others (2021) demonstrated that criminalization of same-sex sexual acts, sex work and drug use was associated with a lower proportion of persons with HIV who knew their status (by 11%, 10% and 14%, respectively) and with lower viral suppression levels (by 8%, 6% and 14%, respectively).

Most Caribbean countries have long-standing, conservative laws that only allow abortion in exceptional cases. In the Caribbean subregion, Guyana is the only country where abortion is available on request; it is also legal in the French and United States overseas territories. However, abortion is widely practiced, including in countries where there are laws that prohibit it, and these laws are rarely, if ever, enforced. Criminalization does, however, determine the conditions in which abortions are carried out, as well as their safety. Complications from unsafe abortions lead to unnecessary maternal deaths and morbidity across the subregion. Caribbean States should consider decriminalization to protect the lives and health of women and adolescent girls.

Cultural barriers to access to sexual and reproductive health include stigma attached to young girls engaging in sexual activity and to persons with diverse gender identities, sexual orientations, or disabilities. Gender inequalities and restrictive gender norms also shape the context in which sexual relations and decisions about sexual health take place, and may therefore function as barriers to the use of contraception or other sexual and reproductive health services. There is an ongoing need to foster gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproductive rights, through social and behaviour change communication.

In 2020, UNFPA published the *Reproductive Health Commodity Security Assessment for the Caribbean. Final Report* (UNFPA, 2020), which focused on six areas of analysis. Three of these were: demand satisfaction for family planning; improved availability of and access to sexual and reproductive health services, including

contraceptives and maternal and neonatal commodities; and strengthened capacity for supply chain management. The countries that scored the highest were Belize, Trinidad and Tobago, Jamaica, Saint Vincent and the Grenadines and Guyana. Nonetheless, all countries require significant improvements in some aspects of reproductive health commodity security. The assessment found that not all contraceptives were necessarily available, and that supply chain management, logistics management information systems and inventory control systems were the weakest areas of reproductive health commodity security across Caribbean countries and territories, which may result in significant losses owing to the expiry of products.

Three countries recently launched comprehensive national sexual and reproductive health policies: Guyana, Suriname and Trinidad and Tobago. In an effort to extend access to these services to marginalized groups, the Enhancing Quality, Access, and Logistics of Sexual and Reproductive Health and Rights (EQUAL SRHR) project was launched in Guyana's hinterland regions (1, 7, 8 and 9) in 2022. The project will target indigenous women and girls, Venezuelan migrants, survivors of gender-based violence, persons of diverse gender identities or sexual orientations, persons with disabilities and commercial sex workers.[10]

A study published recently by UNFPA included a cost-benefit analysis of investments in high-quality contraceptive and maternal health services to reduce high levels of unmet need for family planning. It concluded that, across four Caribbean countries (Barbados, Guyana, Jamaica and Saint Lucia), reaching 0% unmet need for family planning and 95% maternal health intervention coverage by 2030 could prevent an additional 127,000 unintended pregnancies, 3,600 stillbirths and 221 maternal deaths. The additional US$ 18.8 million[11] needed to reach the coverage targets represents only 5% more than the amount required to maintain business as usual for these countries. This investment is estimated to lead to a twentyfold return in the four countries by 2040 (UNFPA, 2021).

UNAIDS estimated HIV prevalence among the wider Caribbean[12] at 1.2% among the general population but much higher among key populations. On the basis of more limited subsets of Caribbean countries for which data were available, HIV prevalence was estimated at 2.6% among sex workers, 3.6% among people in prisons, 11.8% among gay men and other men who have sex with men and 39.4% among transgender people (UNAIDS, 2023).

Progress on HIV testing and treatment is measured against and guided by the 95-95-95 targets.[13] In 2022, UNAIDS estimates were 93-69-93 for Barbados, 81-55-73 for Belize, 92-54-91 for Jamaica and 89-58-84 for Saint Kitts and Nevis. The second of the three 95-95-95 targets, regarding access to treatment, appears to be the most difficult to meet. This indicates that most persons living with HIV know their status and most who are on treatment achieve viral suppression, but the percentage of people who know their status but are not receiving antiretroviral therapy is still high.[14]

Prevention, access to testing, early diagnosis and timely treatment are the keys to eliminating AIDS. The available tools include self-administered tests, drugs to prevent infection in people who are HIV-negative but at substantial risk of acquiring the virus (pre-exposure prophylaxis, or PrEP), and new drugs that are more effective and easier to take for those already living with HIV, such as dolutegravir, which is recommended by WHO as a first line of treatment (PAHO, 2022).[15]

[10] It will be implemented by UNFPA through the Ministry of Health, the Ministry of Human Services and Social Security, the Guyana Responsible Parenthood Association (GRPA), Blossom Inc., and Help & Shelter, with funding support from Global Affairs Canada (Kaieteur News, 2022).

[11] Estimated with an uncertainty range of US$ 15.3–US$ 22.4 million.

[12] Including Cuba, the Dominican Republic, Haiti and Puerto Rico.

[13] The 95-95-95 targets are: 95% of people living with HIV know their HIV status, 95% of people who know their HIV-positive status are accessing treatment and 95% of people receiving treatment have suppressed viral loads.

[14] The combined effect of these numbers is that the proportion of persons living with HIV who achieve viral suppression is 60% in Barbados, 32% in Belize, 45% in Jamaica and 44% in Saint Kitts and Nevis. The situation is somewhat different in Suriname, where it is estimated that only 51% of persons living with HIV know their status, but of those who know their status, 86% are receiving antiretroviral therapy. This suggests that in Suriname, in particular, HIV testing should be prioritized.

[15] The Pan American Health Organization (PAHO), in collaboration with the Pan Caribbean Partnership Against HIV/AIDS (PANCAP), created a toolkit to support PrEP services in the Caribbean. The toolkit has been used to develop services in Antigua and Barbuda, the Bahamas, Barbados, Belize and Guyana (PANCAP, 2022).

F. Gender equality

In the past five years, Saint Kitts and Nevis has launched a national gender equality policy and five-year action plan (SKNIS, 2022), while Suriname's Bureau of Gender Affairs has initiated a gender vision policy for 2021–2035 (Ministry of Home Affairs of Suriname, 2019). Grenada's 2023 Budget Statement was accompanied by the Gender Budget Statement as part of the implementation of gender-responsive budgeting.

Progress towards gender equality in political decision-making has been slower in the Caribbean than in Latin America. In 2000, the average proportion of female parliamentarians in the Caribbean was approximately the same as in Latin America (14%). However, by 2023, the average proportion of parliamentary seats[16] occupied by women in Latin America had increased to 34% while in the Caribbean the percentage had only increased to 25% (Jones, 2023). Guyana is the only country in the Caribbean subregion with legislation regarding quotas to boost female representation; at least one third of the candidates selected by political parties contesting national and regional elections in Guyana must be women. In Latin America, by contrast, many countries have adopted legislation to increase women's political representation.

The Montevideo Consensus has highlighted the need to address disparities in the participation and performance of boys and young men in the education system in the English-speaking Caribbean. In these countries and territories, participation rates in tertiary education are much lower for men than for women (around 17% for men compared to 30% for women in 2016) (Abdulkadri and others, 2022). These disparities have been fairly consistent in recent years. Girls appear to be outperforming boys at all levels of education and in most subjects, including in "hard sciences", which were traditionally considered areas in which boys excelled.

Girls' outperformance of boys in education does not, however, translate into the labour market. Thailinger and others (2023) studied gender gaps in the English-speaking Caribbean in education, skills and wages, and found that in five English-speaking Caribbean countries, men's labour market participation averaged 71.6% (among persons aged 25 or older) compared with 52.4% for women. Once women enter the labour market, they also find it more difficult to find work. Across 10 countries, female unemployment averaged 12.0% in 2022, compared to 9.6% for males, although the gender differential has narrowed over the past two decades (Jones, 2023). Thailinger and others (2023) also studied wage differentials and found males' wages to be higher than females' in four out of five English-speaking Caribbean countries, with average hourly earnings of 4.14 international dollars for men compared to 3.50 international dollars for women. Some of this wage gap can be explained by labour market experience, occupational rank and industrial sector, but sex discrimination is also a significant factor.

In Caribbean countries, the proportion of women in middle management roles is relatively high. According to the 2017 ILO Caribbean company survey, 8 out of 11 countries reported that 40% or more of all managers were women, and Jamaica reported the highest proportion of women managers in the world at 59%. However, the share of women managers decreases as the seniority level rises. Women represented 30% of managers in junior, middle and senior management roles but only 10% of managers in top executive roles (ILO, 2018).

Gender-based violence remains a pervasive and deeply concerning issue in the Caribbean, affecting women and girls across the subregion. Despite progress in various areas, incidents of domestic violence, sexual assault and discrimination persist, hindering the advancement of gender equality and women's empowerment. Addressing this issue requires comprehensive efforts, including legal reforms, awareness campaigns and support systems, to create safer environments and foster a culture of respect and gender equity in the Caribbean.

Five Caribbean countries have now conducted surveys to measure the prevalence of violence against women.[17] Prevalence rates for intimate partner violence[18] were highest in Guyana at 38% (lifetime) and 11%

16 In lower chambers of parliament and unicameral parliaments.

17 Surveys on women's health or on women's health and life experiences in Jamaica (2016), Trinidad and Tobago (2017), Grenada (2018), Guyana (2018) and Suriname (2018).

18 Percentage of ever-partnered women aged 15–64 experiencing physical and/or sexual violence.

(last 12 months) with rates close to 30% (lifetime) and 6% (last 12 months) in Grenada, Jamaica, Suriname and Trinidad and Tobago (UN-Women, 2023). These are broadly in line with the prevalence rates seen in Latin America.

The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) advocates for the provision of an essential services package for women and girls subject to violence (UN-Women, 2015). This package comprises services to be provided by the health, social services, police and justice sectors, along with service delivery guidelines with an emphasis on governance and coordination between service providers. Training of service providers is vital to ensure the delivery of these services.

Within the Caribbean, under the Spotlight Initiative Caribbean Regional Programme funded by the European Union, UNFPA and CARICOM have established the regional Essential Services Package Community of Practice (ESP CoP). CARICOM member States are developing regional guidelines and minimum standards for the gender-based violence response of police and justice institutions with the support of the United Nations Development Programme (UNDP), in addition to that of the Spotlight Initiative programme. The guidelines will foster improved documentation, reporting and data analysis, along with the protection of victims' and survivors' data and identities; improved coordination between justice and police institutions; and prevention of re-victimization.

A regional joint position to address gender-based violence in the workplace was agreed between the Caribbean Employers Confederation and the Caribbean Congress of Labour under the Spotlight Initiative. It is intended to guide workplaces on the development of gender-based violence policies, appropriate handling of reports of gender-based violence, ensuring safety and dignity for survivors, and addressing the behaviour of abusers (CCLCS, 2022). In Jamaica, the Sexual Harassment (Protection and Prevention) Act, 2021 was passed. It contains provisions for addressing sexual harassment in the workplace, schools, correctional institutions, places of safety, nursing homes, and medical and psychiatric facilities, among others.

Most Caribbean countries have comprehensive laws on domestic and sexual violence, although there is a notable gap with regard to laws on rape within marriage in certain countries, which provide little to no protection for married women. This is the case in Antigua and Barbuda, the Bahamas, Jamaica and Saint Lucia, where it is generally recognized that these laws must be updated, and some steps are being taken to amend them (JIS, 2023; *The Nassau Guardian*, 2023; *Antigua Observer*, 2022). Legal and institutional frameworks should also address intimate partner violence between unmarried couples who do not live together; violence experienced by persons with diverse gender identities and sexual orientations, and by sex workers; and economic, emotional and psychological violence.

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

At the forty-fifth regular meeting of the Conference of Heads of Government of CARICOM in July 2023, the heads of government decided that free movement for all CARICOM nationals would be implemented by March 2024. This has been a goal of CARICOM members since the 2001 Revision of the Treaty of Chaguaramas which created the CARICOM Single Market and Economy (CSME). In announcing the decision, the Prime Minister of Dominica and CARICOM Chair, acknowledged that there were still some legal issues to be examined (which would involve revision of the Treaty of Chaguaramas) but he reaffirmed the commitment of heads of government to introduce free movement (CARICOM Secretariat, 2023).

The free movement of people is fundamental to the realization of CSME as a single economic space, along with the free movement of goods, services, capital and business enterprises. Free movement of people will contribute to efficient operation of the single market, with labour moving to where it is most needed, alleviating skills shortages, improving productivity and mitigating the effects of demographic ageing.

The current labour mobility regime, which only facilitates free movement of labour for certain categories of skilled nationals who obtain a CARICOM Certificate of Recognition of Skills Qualification (CARICOM Skills

Certificate), was introduced as a first step towards the goal of free movement. Although it has been in place for around two decades, it has not facilitated movement of labour to the extent initially envisaged. Long-term work permits are still utilized more often by CARICOM nationals than Skills Certificates (IOM, 2019).

Within the Organisation of Eastern Caribbean States (OECS) Economic Union, the Revised Treaty of Basseterre (2010) established full free movement of nationals of the seven protocol member States.[19] The new regime was in place in all seven countries by the end of 2014 (CARICOM Secretariat, 2014). The key elements of free movement within these OECS countries include indefinite stays; hassle-free travel using government-issued identification (for example a driver's licence or national identification card); no requirement for a work permit; portability of social security benefits; and contingent rights providing access to social services including education and health care.

Since the creation of CSME, the implementation of free movement across the CARICOM region has been approached with great caution. The success of free movement within OECS, which is now well-established, demonstrates that the challenges and obstacles can be overcome. With a renewed commitment to cooperation, free movement can be extended across the CARICOM region.

Four Caribbean countries and territories have received significant flows of migrants and refugees from the Bolivarian Republic of Venezuela in recent years: Aruba, Curaçao, Guyana and Trinidad and Tobago. The most recent available estimates suggest that there were around 17,100 migrants and refugees in Aruba (2023), 14,000 in Curaçao (2022), 21,700 in Guyana (2023) and 36,200 in Trinidad and Tobago (2023) (R4V, 2023a). These numbers represent a small fraction of the estimated total of 7.3 million Venezuelan migrants and refugees reported by host governments worldwide, but are nevertheless significant in the context of small Caribbean countries and territories.

These migrants generally arrived irregularly, undertaking dangerous sea crossings that often involve small boats which are ill-equipped for the journey and expose migrants to great danger. Most migrants in these countries arrived by sea, including in Guyana, which shares a land border with the Bolivarian Republic of Venezuela (R4V, 2021a). The International Organization for Migration (IOM) documented 321 deaths and disappearances of migrants across the wider Caribbean in 2022. This is the highest number recorded since compilation of these data began in 2014, and a drastic increase compared to the 180 deaths registered in 2021. Most of the migrants who died or went missing were from Haiti (80), Cuba (69), the Dominican Republic (56) and the Bolivarian Republic of Venezuela (25), and the main cause of death was drowning (IOM, 2023a).

Irregular migrants from the Bolivarian Republic of Venezuela typically had few resources with which to meet their basic needs and faced obstacles in accessing public services and income-generating opportunities. They also faced the risk of detention or deportation, xenophobia and discrimination, while cultural and language barriers also hindered effective integration (R4V, 2022).

Some measures were taken towards regularization in Trinidad and Tobago and Guyana. The Government of Trinidad and Tobago registered 16,500 Venezuelan migrants in 2019, legitimizing their status and enabling them to work. Approximately 14,000 of these migrants renewed their registration in a re-registration exercise in 2021. The Government of Guyana issues three-month stay permits to Venezuelans who arrive in the country. These permits are renewable, previously for three-month periods, now for six-month periods (UNHCR, 2022b). While migrants with these stay permits can work independently, a work permit by way of employer sponsorship is required for formal, dependent employment, and most Venezuelans in Guyana have been unable to access such permits (MPI, 2022). Aruba and Curaçao have the largest populations of Venezuelan migrants anywhere in the world, relative to their population size (16% and 9%, respectively) (CSIS, 2023). While most arrived on the islands as tourists or with an initial permit, many overstayed and remain irregularly (UNHCR, 2022a).

In Aruba, Curaçao and Guyana, refugee and migrant children have unrestricted access to basic schooling, although there are administrative, financial or cultural barriers that affect school enrolment, attendance or the quality of education that children receive. These obstacles also make it difficult to access higher education.

[19] Antigua and Barbuda, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines.

In Guyana and Trinidad and Tobago, refugees and migrants have access to primary health-care services. However, in both of these countries, obstacles such as lack of knowledge about services, language, denial of service, or an inability to make out-of-pocket payments may prevent migrants and refugees from actually receiving care. Accessing secondary and tertiary health services is also much more difficult (R4V, 2021b). In Aruba and Curaçao, refugees and migrants in irregular situations could not access national health-care systems in 2022 (R4V, 2023c).

Small island developing States, including many Caribbean countries and territories, are some of the most affected by climate-induced displacement and migration, particularly as a result of hurricanes. While the absolute numbers of persons displaced by disasters in the Caribbean may not be as large as in other parts of the world, displacements can represent a large proportion of national populations. It was estimated that one fifth of Dominica's population was forced to leave the island in the immediate aftermath of Hurricane Maria (*The New Humanitarian*, 2017). While many of these people returned, some did not, and CARICOM and OECS free movement agreements facilitated some permanent resettlement (Francis, 2019).[20]

H. Climate change

Owing to their small size and geographical location, Caribbean small island developing States (SIDS) are exceptionally vulnerable to the adverse effects of climate change. Hurricanes and other socioenvironmental disasters put most of the countries and territories at risk.

These nations, with economies heavily reliant on sectors such as tourism, agriculture and fishing, are disproportionately affected by the rising sea levels, altered precipitation patterns, elevated temperatures and increased frequency of natural disasters outlined by the Intergovernmental Panel on Climate Change (IPCC). Despite their individual differences, Caribbean countries collectively face a formidable climate change threat. IPCC reports a steady increase in average temperatures in the subregion, of 0.1°C to 0.2°C per decade over the past 30 years. Rainfall patterns are shifting, leading to an anticipated increase in consecutive dry days. Moreover, sea levels have been rising at a rate of approximately two to four centimetres per decade over the past three decades, posing risks to freshwater resources and the predominantly coastal populations heavily dependent on tourism and agriculture. Addressing the climate change threat in the Caribbean is imperative, as the consequences of inaction would be severe. Projections suggest potential annual losses of up to US$ 22 billion by 2050, equivalent to roughly 10% of the aggregate GDP of Caribbean States (ECLAC, 2011).

Bibliography

Abdulkadri, A. and others (2022), "Addressing gender disparities in education and employment: a necessary step for achieving sustainable development in the Caribbean", *Studies and Perspectives series-ECLAC Subregional Headquarters for the Caribbean*, No. 109 (LC/TS.2022/114, LC/CAR/TS.2022/3), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

AMANDALA (2023), "Outdated HIV-AIDS laws removed from books", 5 July [online] https://amandala.com.bz/news/outdated-hiv-aids-laws-removed-from-books/.

Antigua Observer (2022), "Legal change ahead? Debate over marital rape gathers pace", Saint John's, 1 April.

Badia I Dalmases, F. and A. Bernal Sánchez (2022), "Venezuelan refugees find only misery on the 'happy island' of Aruba", Open Democracy, 19 August.

BGIS (Barbados Government Information Service) (2023), "Barbados Population Policy Paper Ready for Comment", Saint Michael, February.

CARICOM Secretariat (2023), "Free Movement for All People – Caricom Heads Decide at Historic Meeting", Georgetown, July.

___(2014), "Antigua and Barbuda Now Part of OECS Free Movement System", Georgetown, 26 November.

[20] OECS member States are working towards a common protocol for cross-border evacuation and displacement in the context of disasters, environmental degradation and climate change, with the support of IOM (IOM, 2023b).

CARICOM/UNFPA (Caribbean Community/United Nations Population Fund) (2014), "Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean", Georgetown.
CARIPALCA (The Caribbean Palliative Care Association) (2021), "Statement: Leave No One Behind: Equity in Access to Palliative Care", 9 October.
CARPHA (Caribbean Public Health Agency) (2019), "Healthy Ageing in the Caribbean", *State of Public Health Report, 2019*, Port of Spain, February.
CCLCS (Cipriani College of Labour and Cooperative Studies) (2022), *Joint Policy Positions to address Gender-based Violence at The Workplace*, Valsayn, August.
CSIS (Centre for Strategic and International Studies) (2023), "Forgotten Frontlines: Aruba, Curaçao, and the Venezuelan Displacement Crisis", Washington D.C., May.
ECLAC (Economic Commission for Latin America and the Caribbean) (2011), *An assessment of the economic impact of climate change on the macroeconomy in the Caribbean* (LC/CAR/L.362), ECLAC subregional headquarters for the Caribbean.
Francis, A. (2019), *Free Movement Agreements and Climate-induced Migration: A Caribbean Case Study*, New York, Sabin Center for Climate Change Law, Columbia Law School, September.
Fry, D. and others (2021), *Violence against children in Latin America and the Caribbean 2015-2021: A systematic review. Executive summary*, Panama City, United Nations Children's Fund (UNICEF), October.
Govia, I. and others (2021), "Mapping long-term care in Jamaica: Addressing an ageing population", *Sustainability*, vol. 13, No. 14, July.
ILO (International Labour Organization) (2018), "Women in business and management: Gaining momentum in the Caribbean", Geneva, Bureau for Employers' Activities (ACT/EMP), October.
IOM (International Organization for Migration) (2023a), "Missing Migrants in the Caribbean Reached a Record High in 2022", San Jose, 24 January 2023.
___(2023b), "OECS Countries Plan for Management of Cross-border Movements Due to Disasters and Climate Change", San Jose, 25 March.
___(2019), "Free Movement of Persons in the Caribbean: Economic and Security Dimensions", San Jose.
JIS (Jamaica Information Service) (2023), "Conditions for Marital Rape to be Eliminated in Law", Kingston, 15 July.
___(2022), "Revised National Policy for Senior Citizens to be Presented Sept. 21", Kingston, 19 September.
Jones F. (2023), "Population and development in the Caribbean (2018 – 2023) - Accelerating implementation of the Montevideo Consensus", Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), forthcoming.
Kaieteur News (2022), "Canada-funded sexual and reproductive health project launched", Georgetown, 3 November.
Kavanagh, M. and others (2021), "Law, criminalisation and HIV in the world: have countries that criminalise achieved more or less successful pandemic response?", *BMJ Global Health*, vol. 6, No. 8, BMJ Publishing Group Ltd.
Ministry of Education of Guyana (2018), "National Policy for the Reintegration of Adolescent Mothers into the Formal School System", Georgetown, June.
Ministry of Education of Jamaica (2013), "National Policy - Reintegration of School-Age Mothers into the Formal School System", Kingston.
Ministry of Home Affairs of Suriname (2019), *Gender Vision Policy Document 2021–2035*, Paramaribo, June.
MPI (Migration Policy Institute) (2022), "Discovery of Oil Could Bring Migrant Labor Opportunities and Climate Displacement Challenges for Guyana", Washington, D.C., 27 July.
Nam, V. and F. Jones (2018), "Inclusive social protection and demographic change: the implications of population ageing for social expenditure in the Caribbean", *Studies and Perspectives series–ECLAC Subregional Headquarters for the Caribbean*, No. 66 (LC/TS.2017/153), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
OAS (Organization of American States) (2023), "Suriname Accedes to the Inter-American Convention on the Protection of the Human Rights of Older Persons", Washington, D.C., 8 May.
PAHO (Pan American Health Organization) (2022), "Addressing inequalities key to ending AIDS: PAHO", Washington, D.C., 30 November.
PANCAP (Pan Caribbean Partnership Against HIV/AIDS) (2022), "Tool kit for the establishment of PrEP services in the Caribbean", Georgetown, March.
Quashie, N. and F. Jones (2023), "The ageing Caribbean: 20 years of the Madrid Plan of Action", *Studies and Perspectives series-ECLAC Subregional Headquarters for the Caribbean*, No. 111 (LC/TS.2022/225-LC/CAR/TS.2022/5), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
R4V (The Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela) (2023a), "Refugees and Migrants from Venezuela", Port of Spain, [online] https://www.r4v.info/en/refugeeandmigrants [accessed on: 26 October 2023].
___(2023b), "Background Notes – Education", Port of Spain, July.
___(2023c), *End-Year Report 2022 - Regional Refugee and Migrant Response Plan* (RMRP), Panama, March.

___(2022), *Regional Refugee and Migrant Response Plan (RMRP 2022)*, Port of Spain, November.
___(2021a), *Displacement Tracking Matrix. Flow Monitoring Surveys of Venezuelan Nationals in Guyana, Round 4*, Georgetown, December.
___(2021b), "Background Notes – Health", Port of Spain, July.
Roche, M. and others (2022), "Comparing taxes as a percentage of sugar-sweetened beverage prices in Latin America and the Caribbean", *Lancet*, vol. 11, article 100257, Elsevier, July.
Roche, M., R. Sandoval and M. Monteiro (2023), "Comparing taxes on alcoholic beverages in the Region of the Americas", *Addiction*, vol. 118, issue 7, Wiley, July.
Sandoval, R.C. and others (2022), "Lessons learned from fostering tobacco taxes in the Americas and implications for other health taxes", *Pan American Journal of Public Health*, vol. 46, special issue: Tobacco, Washington, D.C., Pan American Health Organization (PAHO), October.
___(2021), "Excise taxes on sugar-sweetened beverages in Latin America and the Caribbean", *Pan American Journal of Public Health*, vol. 45, Washington, D.C., Pan American Health Organization (PAHO), March.
Schwartz, M. J. and M. A. Zegarra (2021), "Pension systems in the Caribbean: the challenges ahead", *Economic Institutions for a Resilient Caribbean*, M. J. Schwartz and D. W. Beuermann (eds.), Washington, D.C., Inter-American Development Bank (IDB).
SKNIS (Saint Kitts and Nevis Information Service) (2022), "St. Kitts and Nevis Launches National Gender Equality Policy and Action Plan 2022-2027", Basseterre, 3 June.
Thailinger, A. and others (2023), "Gender gaps in the English-speaking Caribbean: education, skills, and wages", *Technical Note*, No. IDB-TN-02718, Washington, D.C., Inter-American Development Bank (IDB), May.
The Nassau Guardian (2023), "Marital rape bill is 'timely'", Nassau, 6 July.
The New Humanitarian (2017), "Exodus from hurricane-hit Dominica as recovery remains elusive", Geneva, 18 October.
The Royal Gazette (2019), "Sigh of relief, but what about the long term?", Hamilton, 12 March.
Trinidad and Tobago Guardian (2023), "17 RC schools ready to welcome Venezuelan migrant children", Port of Spain, 25 August.
UIS (UNESCO Institute for Statistics) (2023), *SDG 4 Scorecard Progress Report on National Benchmarks - Focus on Early Childhood*, Montreal, Quebec.
UNAIDS (Joint United Nations Programme on HIV/AIDS) (2023), *The path that ends AIDS: UNAIDS Global AIDS Update 2023*, Geneva.
___(2022a), "St Kitts and Nevis becomes the latest country to declare that laws that have criminalized LGBT people are unconstitutional", Geneva, 30 August.
___(2022b), "UNAIDS congratulates Barbados on its decision to repeal colonial-era laws that criminalised same sex sexual relations", Geneva, 13 December [online] https://www.unaids.org/en/keywords/barbados.
UNESCO (United Nations Educational, Scientific and Cultural Organization) (2023), *Global Education Monitoring Report, 2023 - Technology in Education: A tool on whose terms?*, Paris.
___(2021), *2021 Global Education Meeting. Paris Declaration: A Global Call for Investing in the Futures of Education* (ED/E30/SDG/2021/02), Paris.
UNFPA (United Nations Population Fund) (2022), *A Formative Assessment of Comprehensive Sexuality Education within the Health and Family Life Education Curriculum in the Caribbean*, Kingston, March.
___(2021), *Investing in Maternal Health and Family Planning in Small Island Developing States*, New York, May.
___(2020), *Reproductive Health Commodity Security Assessment for the Caribbean. Final Report*, Kingston, December.
___(2010), *Population Situation Analysis: A Conceptual and Methodological Guide*, New York, January.
UNHCR (Office of the United Nations High Commissioner for Refugees) (2022a), "Aruba & Curaçao", Fact Sheet, Panama, September - October.
___(2022b), "Fact Sheet, Guyana, November - December 2022", Panama.
UNICEF (United Nations Children's Fund) (2022), *A Statistical Profile of Violence against Children in Latin America and the Caribbean*, New York.
UN-Women (United Nations Entity for Gender Equality and the Empowerment of Women) (2023), Ending Violence against Women and Girls Data Hub [online] https://caribbeanwomencount.unwomen.org/index.html [accessed on: 26 October 2023].
___(2015), *Essential Services Package for Women and Girls Subject to Violence*, New York.
World Population Review (2023), "Countries with Declining Population 2023" [online] https://worldpopulationreview.com/country-rankings/countries-with-declining-population.

CHAPTER

IV

Conclusions

A. Eradicating poverty and integrating people into sustainable development: the challenges ahead

B. Increasing prominence of sexual and reproductive health and rights of adolescents and young people

C. Expanding older persons' social protection system coverage and access

D. Exercise of sexual and reproductive rights: a challenge yet to be resolved

E. The pressing need to address the structural challenges of gender inequality

F. Migration flows: challenges and opportunities in relation to the development of the countries of the region

G. Public policies to address spatial inequalities and natural disasters

H. Indigenous Peoples: the challenges of interculturality and land rights

I. Afrodescendent women: higher levels of inequality in terms of adolescent pregnancy, family planning and use of modern contraceptive methods

J. Addressing population and development issues in the Caribbean

K. In conclusion: building on progress implementing the Montevideo Consensus

Bibliography

This second regional report has examined some of the central issues addressed in the 10 chapters and 108 priority measures of the Montevideo Consensus on Population and Development. The key conclusions and recommendations from the analyses contained in this report are outlined below.

Ten years after its adoption, the Montevideo Consensus on Population and Development has drawn attention to considerable inequalities in the populations of the countries of the region according to dimensions such as socioeconomic level, age, territory of residence, gender identity, ethnic and racial origin, sexual orientation, migration status and disability. The Consensus has also catalysed and supported, in the areas it addresses, implementation of public policies with a human rights-based approach and gender, intercultural and intersectional perspectives.

Despite the progress made since 2013, enormous challenges remain, calling for urgent action. A decade later, the global situation is characterized by uncertainty, conflict, intolerance, polarization, radicalization and erosion of democratic agreements and institutions. Given these circumstances, the fact that the region has at its disposal a modern instrument such as the Montevideo Consensus on Population and Development should be highlighted and valued. In 2013, the countries of Latin America and the Caribbean seized the opportunity that arose during the 20-year review of the Programme of Action of the International Conference on Population and Development to build on commitments to realize the rights of all people in the region, leaving no one behind.

This report clearly sets out why further and greater progress must be made, building on the strengths that have made the Montevideo Consensus an instrument that has inspired both determination and commitment over the past decade. To achieve this, the common denominators that have underpinned and enriched this shared agenda —which are crucial, with so many diverse stakeholders— must be strengthened.

It is also vital to continue developing synergies with other global and regional agendas, expanding and strengthening the network of political, institutional and multilateral commitments. The mechanisms, spaces and instruments that complement and support the Montevideo Consensus in the region include the 2030 Agenda for Sustainable Development, the Programme of Action of the International Conference on Population and Development, the Madrid International Plan of Action on Ageing, the Global Compact for Safe, Orderly and Regular Migration and the Regional Gender Agenda, as well as coordinated work with other subsidiary bodies of ECLAC, such as the Regional Conference on Women in Latin America and the Caribbean, the Regional Conference on Social Development in Latin America and the Caribbean and the Statistical Conference of the Americas of the Economic Commission for Latin America and the Caribbean.

A. Eradicating poverty and integrating people into sustainable development: the challenges ahead

The report highlights the high levels of inequality in Latin America and the Caribbean in the period analysed. Since 2015, poverty rates in the region have been on the rise (ECLAC, 2022a), and they are particularly high among women, children and adolescents, Indigenous Peoples, Afrodescendants and rural populations. The coronavirus disease (COVID-19) pandemic, and later on the war in Ukraine, have contributed to higher poverty rates, although governments in the region have employed measures such as cash transfers to mitigate poverty.

In this context, national strategies on social protection and eradicating poverty with a human rights-based approach are key to universalizing economic, social, cultural and environmental rights and moving toward a more comprehensive vision of development. In public policies, the gender approach contributes to empowering women and increasing their participation. The intercultural approach focuses on Indigenous Peoples and Afrodescendants. Lastly, the intersectional approach integrates persons with disabilities, LGBTIQ+ persons, migrants, children and adolescents, young people and older persons, among other more vulnerable groups. International cooperation should place greater emphasis on expanding actions in the areas of the territory, environment and sustainability, and pay special attention to countries with higher levels of poverty and greater vulnerability to climate change.

Advances have been achieved in several countries of the region in incorporating population and development issues into government structures and agendas, which contributes to strengthening implementation of the Montevideo Consensus. However, progress has been uneven in both pace and scope. While in some countries institutions are resilient, others need cooperation from regional organizations and the United Nations system, particularly the United Nations Population Fund (UNFPA), to build capacities that enable them to perform more regular and sustained work.

More action must be taken to strengthen the government bodies in charge of population and development issues in the countries of the region, to ensure their continuity and budgetary sustainability, as well as coordination with other sector-specific government offices. Continuity of teams at the technical level and provision of ongoing training and refresher courses contribute to stronger institutional frameworks for population and development, and to inclusion of the demographic dimension in policies, plans and programmes.

Intersectoral coordination mechanisms linked to implementation of the Montevideo Consensus exist in the countries, consolidated to different degrees; some of these mechanisms that have been in place for longer could be points of reference for relevant good practices.

With respect to coordination with civil society organizations, major challenges have yet to be overcome in terms of institutionalization, structuring and regular functioning of mechanisms to ensure civil society participation. In addition, it is vital to ensure that such mechanisms can have an impact on the design and implementation of public policies on population and development issues. As civil society organizations have stated in different forums, the COVID-19 pandemic and the growing use of technological platforms to facilitate continued discussion online also led to fewer possibilities to defend or champion interests and or for their representatives to perform interpersonal work, both of which are key aspects of their activities. More recently, there has been a recovery in spaces and forums for cross-sectoral discussion, thus starting to remedy the lack of opportunities. All of this has occurred with different degrees of receptiveness and openness from governments, in terms of listening to and considering civil society organizations' voices, views and perspectives.

Changes in age structures, ageing, internal and international migration, urbanization and population distribution are key issues when contemplating short-, medium- and long-term development at the national and subnational levels. Greater efforts are being made to factor population dynamics into sectoral sustainable development plans and policies, albeit at different levels of intensity. However, more understanding and knowledge of the close ties between population dynamics and sustainable development are still needed, to better integrate these dynamics when formulating development policies, plans and programmes.

It is vital to continue strengthening and developing the human rights-based approach with gender, intercultural and intersectional perspectives when addressing population and development issues and when devising and implementing public policies to improve the well-being of the population. In that respect, it is vital for governments to have firm political resolve that translates into policies that are sustained over time.

B. Increasing prominence of sexual and reproductive health and rights of adolescents and young people

Violations of the rights of children, adolescents and young people remain widespread. The pandemic aggravated this situation in crucial areas, such as: (i) protection, the most dramatic expression being orphanhood owing to the death of parents or caregivers; (ii) physical and mental development, affected by the decline in standard immunizations, delayed or missed check-ups and other health care, and the damage to mental health caused by the stress of the pandemic; and (iii) education, because of the lasting harmful effects of school closures on learning, future earnings, and sociability. Nevertheless, some progress has been made; these include reductions in infant mortality, the use of new technologies to offer various services, and legal and institutional restructuring of protection systems for children and adolescents.

At the institutional and cultural levels, there has been an increase in participation by children, adolescents and young people in public debates and decision-making, despite some disruption during the pandemic. During the period analysed, a variety of consultative, advisory and deliberative (but not decision-making) bodies were set up to channel the opinions of adolescents and young people with respect to the institutions and policies that concern them. Young people played prominent roles in social and political movements of different kinds, and in leadership of organizations that promote rights, sustainability, innovation and solidarity. Nevertheless, adolescents and young people are still greatly underrepresented in decision-making bodies and authorities, and their participation often has little real impact on decisions made.

The mechanisms for adolescent and youth participation have yet to become binding for decision-making and have an impact on other spheres of the State, beyond the institutions linked to youth. In addition, there is still scepticism among young people about current institutional structures, which have not successfully adapted or responded to the needs and priorities of adolescents and young people, resulting in a distancing from traditional politics —especially traditional political parties— in a search for solutions to the problems they face.

The sexual and reproductive health and rights of adolescents and young people have increased in prominence and are areas in which significant progress has been made. In particular, adolescent fertility entered the public agenda in the 2010s —undoubtedly thanks in part to the Montevideo Consensus— and has become a State issue that extends beyond terms of office. The commitment from governments to reduce adolescent fertility by implementing the strategies mentioned in the Consensus —such as youth-friendly services and universal access to a broad combination of modern, safe and effective contraceptive methods— was reflected in the period analysed. Adolescent fertility continued to decline, even during the pandemic, and in 2022 reached a record low for the 15–19 age group in almost all countries in the region with available data (ECLAC, 2022b). This sign of progress in implementing the Montevideo Consensus is indicative of the combined strength of political will and scientific data in ensuring that rights are duly exercised and adequately responding to the needs of this population.

However, the fertility rate in the 10–14 age group, in which pregnancies are usually linked to abuse and sexual violence, has declined less, and in some countries it even increased during the pandemic (ECLAC, 2022b). Similarly, higher adolescent fertility rates continue to be recorded for groups in lower socioeconomic strata and among Indigenous Peoples and Afrodescendent populations.

It is important to learn from this experience in order to address challenges relating to universal provision of comprehensive sexuality education, an area in which progress has not only been slower, but where there is still ideological and political resistance; this poses current and future risks, not only in terms of behavioural change and sexual and reproductive health, but also in terms of gender equality, violence prevention, peaceful coexistence and respect for sexual diversity.

Although the expected decline in the population of children, adolescents and young people may facilitate future implementation of the priority measures from this section of the Montevideo Consensus, the extent of the deficits and vulnerabilities affecting this population and the growing challenges will undoubtedly mean that efforts, resources and political will must be redoubled, to guarantee the rights, well-being and comprehensive development of children, adolescents and young people.

C. Expanding older persons' social protection system coverage and access

Progress has been made in relation to ageing and social protection over the past five years, but the COVID-19 pandemic laid bare and exacerbated new and pre-existing challenges. One of the greatest challenges is the necessary expansion of coverage and access for older persons not only with respect to health and comprehensive care systems, including long-term and palliative care, but also to social protection systems, through contributory and non-contributory pensions, while maintaining financial sustainability and paying special attention to closing

gender gaps. When designing policies, it is vital to include an intersectoral perspective, as inequalities are amplified by the intersection of many dimensions, including age, gender, ethnicity and race, social class, level of education, health status, disability, migration status and sexual identity, including gender identity.

The pandemic brought new forms of discrimination and exclusion of older persons and revealed enduring negative images that portray them as a fragile and vulnerable group. In this regard, awareness campaigns have been carried out to reaffirm older persons as rights holders and highlight the value of their contributions to society, preventing mistreatment of and violence against this population.

Although significant progress has been made on legislation in areas such as the right to care, prevention of discrimination, labour inclusion and financial protection, most countries still face the challenge of strengthening their legal frameworks for the protection of the rights of older persons with relevant and adequate legislative instruments that are aligned with the mandates of the Inter-American Convention on Protecting the Human Rights of Older Persons. In particular, it is important to train staff responsible for administration of justice at the national level to consider the human rights of older persons in their decisions and jurisprudence.

Most countries need to build on their efforts to include older persons in the design and implementation of disaster management policies at all stages (mitigation, recovery, risk assessments, reconstruction, repair), especially in high-risk geographic areas. National disaster management plans should also include services for psychosocial support and prevention of abuse of older persons.

Given the current and future climate change challenges for the region, it is important to foster inclusive community-based organization, in which older persons play a leading role. It is also vital for States to consider the needs and capacities of older persons in their atlases of social and environmental disaster risks and in national and local civil protection systems, in order to provide inclusive humanitarian responses to humanitarian disasters and crises (ECLAC, 2022).

D. Exercise of sexual and reproductive rights: a challenge yet to be resolved

During the period studied, the countries of Latin America and the Caribbean achieved different degrees of progress in relation to universal access to sexual and reproductive health services. The COVID-19 pandemic had harmful effects in this area and led to disruption of sexual and reproductive health services, including family planning and contraception, antenatal, delivery and postpartum care, and care during and after miscarriage and induced abortion.

Little progress was made in relation to prevalence of modern contraceptive methods, as unmet demand continued to rise, increasing slightly. In this regard, decision-making on sexual and reproductive health remains a challenge in the countries of the region, especially in the case of adolescents and women who are not in unions, are from rural areas, have lower levels of schooling or income, are Indigenous, Afrodescendent or have disabilities. Medically assisted reproduction is not considered a priority in the region and, owing to its high cost, is often beyond the reach of the population that needs it. Therefore, government intervention is needed to regulate assisted reproduction and seek financing mechanisms to make access to these services more equitable.

Preventive actions focused on reducing new HIV infections, particularly among men aged 15–49, the population group that accounts for most new cases, show different levels of progress in different countries, and the scarce information available on sexually transmitted infection services does not provide a clear picture of the real degree of progress.

Another challenge in this area relates to antenatal care: there are significant differences between the countries, as antenatal care coverage (four or more visits) ranged from 67% to 100%[1]. Although the proportion of births attended by trained health personnel has remained above 95%, the quality of care in the last stage of pregnancy and childbirth is still insufficient, as a preventive approach should be prioritized from the first trimester of pregnancy in order to achieve sustained progress that contributes to reducing maternal mortality.

The most damaging effects of the pandemic were seen in maternal mortality, linked to COVID-19 infection, but also to disruption of reproductive health services and health care supply chains, fear of seeking care, and lack of information. All of this contributed to an increase in maternal mortality rates in 2020. There is also still a long way to go in the area of induced abortion in terms of regulations that guarantee care for abortion and post-abortion. Where such instruments exist, safe services and quality care are needed that do not put pregnant women's lives at risk.

Exercise of sexual and reproductive rights, including ending discrimination based on sexual orientation and gender identity, remains a challenge in the countries of the region, in regulatory terms but also to a greater extent in terms of implementation of specific measures.

While most countries have restored health services following the pandemic, it is time to improve the long-term resilience of health systems by prioritizing a preventive and comprehensive approach to primary care services (including sexual and reproductive health services), which will enable coverage to be expanded.

Based on an analysis of country reports, as well as experiences documented by ECLAC, UNFPA and the Pan American Health Organization (PAHO)/World Health Organization (WHO) (ECLAC/UNFPA, 2020; PAHO, 2022a and 2022b; PAHO/WHO, 2019; WHO, 2018; UNFPA, 2022; and UNFPA/FLACSO, 2022), the following strategies have been identified:

- Prioritizing access to sexual and reproductive health services as a means of promoting gender equality, so that women acquire autonomy, have control over their bodies and can make their own informed decisions.
- Integrating HIV/AIDS and sexual and reproductive health services to make them more efficient, considering the bidirectional relationship that exists between the two.
- Developing specific communication protocols to extend coverage of preventive sexual and reproductive health measures, and to detect warning signs in the case of antenatal and postpartum health, which can save the lives of mothers and newborns.
- Implementing teleconsultation or other digital care strategies, which can be a viable alternative if connectivity and device availability restrictions are overcome, and both service providers and the target population are trained (experiences with the youth and adolescent population can be a benchmark in this regard).
- Expanding coverage of and access to high-quality sexual and reproductive health services, guaranteeing access to all modern contraceptive methods, including long-acting methods, as well as comprehensive miscarriage and induced abortion care within established legal frameworks.
- Building on the capacities of national health systems through effective coordination and referrals between different levels of care, strengthening of skilled human resources, and provision of high-quality services, including emergency delivery and neonatal care.
- Applying a health-based approach to all policies, to design and implement intersectoral measures. This is vital in times of crisis and can contribute to addressing complex problems, such as maternal mortality and restriction of sexual and reproductive rights.
- Forming networks with civil society and the community that contribute to serving vulnerable populations in difficult-to-reach areas.
- Establishing monitoring and evaluation systems based on a minimum set of indicators that can feasibly be measured in a timely manner, to facilitate decision-making and proper provision of services.

[1] See Montevideo Consensus on Population and Development Regional monitoring platform [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health.

E. The pressing need to address the structural challenges of gender inequality

For Latin America and the Caribbean to make headway on sustainable development, the structural challenges of gender inequality must be addressed, and emphatic and determined action must be taken on the problem of violence against women and girls. Gender violence remains a scourge in the countries of the region, as reflected in its most extreme expression, femicide, and harmful practices such as child marriages and early unions, which have a terrible impact on both adolescent girls and young girls.

The region has made progress with respect to public institutional frameworks, as demonstrated by the countries of Latin America making gender equality a core aim of public policy and applying measures to put national machinery for the advancement of women at the highest possible level within their systems. In the Caribbean, however, improvements are not as clear. Reports reflect political will, expressed through public funding for initiatives and measures that contribute to gender equality and women's autonomy.

However, less progress has been made in terms of parity-based democracy: although several countries have adopted measures to move towards parity in legislative positions, the percentage of seats held by women in national parliaments barely tops 30% (ECLAC, 2023). The proportion of women in municipal councils and ministerial offices has risen, as has the percentage of women in managerial roles, but notable inequalities persist among the countries of the region. There has been a decline in indicators such as the proportion of women leading municipal authorities, and in none of the countries is there parity in this respect. The situation is similar for female members of the judiciary in the high court or supreme court, where although percentages of women are still above 30% (ECLAC, 2023), they have fallen.

With respect to economic autonomy, there are still large gender gaps in all the countries of the region. Women spend significantly more time on unpaid work than men —on average, three times as much time— which limits their opportunities to participate in paid work and, therefore, to earn an independent income. There has even been an increase in the percentage of women who do not receive individual monetary income. For women who are able to take part in economic activity, conditions are also unfavourable, as they face barriers related to inadequate redistribution of unpaid domestic and care work, in addition to the segmentation and vertical and horizontal segregation that permeate the labour market.

Countries have made efforts to implement policies focused on developing national care systems. However, further progress is needed in this area, as well as recognition of how important care is for the sustainability of human life and the reproduction of the labour force. To achieve this, care must be at the heart of social, economic and political agendas.

Lastly, the region faces the challenges of improving availability of standardized and disaggregated data sources and figures on gender-based violence, and of including an approach based on gender equality and new masculinities in primary and secondary education programmes.

F. Migration flows: challenges and opportunities in relation to the development of the countries of the region

Migration has become a central topic of interest for the region, involving all of society. Migration flows bring enormous development opportunities, but also pose challenges, as reflected in the varying levels of progress made on the priority measures of chapter F of the Montevideo Consensus. To protect the rights of migrants, the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees must be effectively implemented, while fostering synergies between these international instruments. It is also vital to address structural factors behind migration, to ensure that people are not forced to migrate.

One aspect of the situation with respect to migration in the region, which is substantiated by the countries' voluntary national reviews, is the need to respond to temporary circumstances through standing pre-emptive mechanisms, which can be more effective if they are agreed multilaterally. Given the economic and political instabilities that are behind human mobility and the consequences of climate change and natural disasters, inclusion and social protection of migrants must be made priorities in development strategies. Advancement of migrant's rights is also vital, through measures to combat xenophobia and racism.

The many challenges that the region faces include the need to step up efforts to regularize and socioeconomically integrate migrants and provide them with basic health care coverage and schooling opportunities. The countries have acknowledged that although regularization measures are relevant for immediate protection, they are not sufficient to establish processes of integration. Another key need is for inter-agency linkages that are coordinated with citizens, enabling all stakeholders in migration issues to participate. Partnerships must therefore be created among States, civil society (see box 1) and international organizations, applying a human rights-based approach.

Box 1
Latin America and the Caribbean Civil Society and Other Stakeholders Open and Permanent Dialogue Mechanism

The Latin America and the Caribbean Civil Society and other stakeholders Open and Permanent Dialogue Mechanism is a space for dialogue, advice and consultation created in February 2022 as part of follow-up to the guiding principles of the Global Compact for Safe, Orderly and Regular Migration. By June 2023, more than 80 civil society organizations from the region had joined.

Progress has been made on strengthening the architecture and governance of the Mechanism's work, and on identifying priority areas, challenges, good practices, lessons learned and opportunities for action, thus adding to the commitment to implementing, following up and reviewing the Global Compact for Safe, Orderly and Regular Migration and the Progress Declaration of the International Migration Review Forum, of 2022.

As part of the Mechanism, four thematic working tables have been created, along with a liaison table to coordinate work with the United Nations system. Inclusive consultations were also carried out to determine priority areas of work for the region, with a view to the first dialogue among the members of the Mechanism and the governments of the region, which took place in August 2023 as part of the commitment assumed by the United Nations Regional Network on Migration for Latin America and the Caribbean. Other activities are of an affirmative nature, concerning the Pact and the role of civil society.

The Mechanism has three strategic areas of work, the outcomes of which are expected to contribute to the regional and global review processes for the Compact:

(i) Significantly improving communication and visibility regarding the Mechanism and its mandate, particularly toward government representatives, new civil society actors and stakeholders at local, national and regional levels.

(ii) Expanding —both sectorally and geographically— the Mechanism's outreach and membership to other civil society actors and stakeholders throughout Latin America and the Caribbean.

(iii) Promoting the Mechanism's impact on migration public policies in the region throughout the implementation, follow-up and review of the Compact.

Source: United Nations Regional Network on Migration for Latin America and the Caribbean, "Global Compact for Safe, Orderly and Regular Migration in Latin America and the Caribbean. Key Milestones and Progress #5 – Latin America and the Caribbean Civil Society and Other Stakeholders Open and Permanent Dialogue Mechanism", June 2023 [online] https://rosanjose.iom.int/sites/g/files/tmzbdl1446/files/documents/2023-08/key-milestones-and-progress-5_eng.pdf.

Lastly, more attention needs to be paid to data on migration flows and the living conditions of migrants, and these data need to be used to formulate evidence-based policies. Progress should continue to be made on proposals for indicators to monitor the measures of the Montevideo Consensus, using sources such as population censuses and household surveys. There is also the possibility of fostering synergies with the Global Compact for Safe, Orderly and Regular Migration, in view of the recent progress made on proposed indicators and metadata.

G. Public policies to address spatial inequalities and natural disasters

Spatial inequalities in the region warn of an alarming tipping point. In recent years, the most underdeveloped territories have exhibited slower development, as illustrated by indicators related to access to drinking water, energy and the Internet, or the percentage of the population living in informal settlements. Given this situation, efforts must be made to guarantee decent housing and access to basic services throughout all territories, and it is imperative that policies on informal settlements be designed and implemented.

It is therefore important for countries to have national intersectoral territorial development policies to reduce or end these inequalities. This second regional review revealed many public policies linked to territorial development. All of them propose multisectoral actions to improve the well-being of the population and are linked to regional development or land-use planning strategies, as well as climate change or socioenvironmental disasters. These policies must be translated into systematic, comprehensive initiatives with suitable reach; to achieve this, it is vital for them to be part of a larger framework of structural transformations (Genta and others, 2022). Furthermore, because management of territorial policies is, because of its nature, multisectoral, it calls for participation by different stakeholders and institutions, which is not happening in all of the countries.

Climate change has exacerbated socioenvironmental disasters in the region, resulting in significant loss of life and property. Such events are becoming structural, increasingly calling for related public policies on risk management in general, and on social protection in particular. Although the countries of the region have public policies that address the issue of socioenvironmental disasters, there must be a shift towards multisectoral risk management policies that are not overseen solely by the agencies in charge of humanitarian responses (ECLAC, 2019 and 2022). As called for in the Regional Agenda for Inclusive Social Development, work must be done to strengthen "comprehensive and universal social protection systems that…mainstream the rights-based, gender, ethnic and racial, life-cycle, territorial and disability approaches" and to "contribute to increasing the response capacity of public institutions and the resilience of populations affected by…disasters, especially those living in poverty, also taking into account the heightened vulnerability and limited response capacity of children, women, older persons and persons with disabilities to adverse effects during and after crises." (ECLAC, 2020). It is essential to apply a preventive, mitigating, resilience-building and recovery-facilitating social protection approach that can contribute to mitigating the decline in the well-being of the population before (through prevention and preparedness), during (minimizing damages and losses) and after (facilitating recovery) disasters (Cecchini, Holz and Robles, 2021).

H. Indigenous Peoples: the challenges of interculturality and land rights

During the period analysed, no progress was made on ratification of the International Labour Organization (ILO) Indigenous and Tribal Peoples Convention, 1989 (No. 169): three Latin American countries still have not ratified it and some Caribbean countries with Indigenous Peoples have not ratified it either. Nevertheless, a vast majority of countries have continued to make progress on establishing and implementing laws, regulations and institutions that take into account —to varying degrees— the minimum standards set out in the Convention and the United Nations Declaration on the Rights of Indigenous Peoples.

The national reviews report significant progress in the areas of health and education, especially through mainstreaming of the intercultural approach. While one of the most important issues is improving access to health care, Indigenous medical systems must also be recognized and linked with official systems. Consultation processes for free, prior and informed consent remain infrequent, with limited participation, focusing on specific sectoral issues.

Turning to the subject of land rights, land protection and restitution programmes and policies have advanced slowly in the region, and the greatest danger faced by Indigenous Peoples is still extractive industries entering their territories, with many peoples —especially in the Amazon— being displaced as a result. A more harrowing aspect of this the criminalization of Indigenous movements and leaders that have organized themselves to defend their territories, who are affected by socioterritorial and environmental conflicts throughout the region. The situations of violence in territories have very harmful repercussions for the lives of Indigenous children, youth and women, in addition to the structural poverty they face. Efforts must therefore be redoubled, with governments of the region taking action in accordance with international instruments on the territorial rights of these peoples.

Endangered and uncontacted peoples in particular need urgent attention. Only two countries have legislative and regulatory measures in place to protect these peoples. In addition, Indigenous Peoples are undergoing a demographic transition and gradual population ageing. Consequently, countries must address the issue of Indigenous older persons' rights, in order to design measures relating to ageing and social protection that bring together individual and collective rights. Indigenous older persons contribute to preserving the memory and wisdom of their peoples, and to transmitting ancestral knowledge to new generations.

The national reviews and the analyses by ECLAC reveal significant progress in the area of health. Many of the health policies and programmes described by the countries focus on access to sexual and reproductive health services. In recent years, there has been a significant increase in professional care during childbirth for Indigenous women; a higher proportion of them go to health centres to give birth and have at least four antenatal check-ups. Indigenous women are also making greater use of modern contraceptive methods and have lower levels of unmet demand for family planning, although in some countries unmet demand remains high. Nevertheless, the ethnicity-related gaps to the detriment of Indigenous women remain, especially in maternal mortality and family planning needs. There has also been a decline in adolescent motherhood —in some countries, the decline has been significant— which is expected to result in better living conditions for the region's Indigenous youth.

With respect to the issue of the right to communication and information, the 2020 census round included innovations, in terms of processes, Indigenous participation and census content. In addition to having revised self-identification questions, more countries are including questions on Indigenous languages (8 countries in the 2010 round and at least 12 in the 2020 round) and progress has been made on identification of Indigenous territories. Questions to disaggregate information are also being included in population and health surveys and other household surveys. However, there are still difficulties related to sample sizes and ethnic identification in other data sources, especially in continuous and administrative records in health and other social and economic areas. Making faster progress on commitments in this area calls for political will, sufficient budgetary resources and willingness to engage in dialogue and reach agreements.

Lastly, the ancestral knowledge and beliefs of Indigenous Peoples, together with traditional practices of conservation and use of biological diversity —which favour climate change mitigation— offer a valuable possible contribution to structural transformations that can put protection of nature at the heart of change that promotes equality and sustainability.

I. Afrodescendent women: higher levels of inequality in terms of adolescent pregnancy, family planning and use of modern contraceptive methods

In recent years, the region has made some progress in recognizing and addressing the demands of Afrodescendent persons, to improve their living conditions. However, these efforts are far from sufficient in view of existing inequalities. Available data on poverty in six countries in the region over the 2015–2021 period shows that poverty increased among the Afrodescendent population.[2] Although ethnic and racial gaps have narrowed in

[2] CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en.

some cases, in most countries they are still sizeable in indicators related to food security, access to drinking water, electricity and Internet, overcrowding and exposure to violence; the impact on Afrodescendent women is particularly severe, as they experience various forms of multiple and intersectional discrimination.

The commitments set out in the Montevideo Consensus offer an excellent opportunity to overcome inequalities based on race and ethnicity that persist in the region and that have a disparate impact on women and girls. Greater awareness of the contents of the Consensus must be raised among governments and national and local institutions, while strengthening Afrodescendent organizations and participatory mechanisms at the State level, to ensure the commitments are properly implemented.

In some countries, progress has been made with respect to constitutional law and regulations to recognize Afrodescendent populations, and in terms of institutional frameworks; governing bodies now exist at the ministerial level or new State bodies have been created to address Afrodescendent issues. However, work must still be done to strengthen the institutions in charge of Afrodescendent affairs and their capacity to coordinate national and sectoral actions that contribute to guaranteeing the rights of Afrodescendent persons, and to end the scourge of racism and racial discrimination. More resources must therefore be allocated to these areas in national and local budgets and efforts must be made to ensure that public policies, plans and programmes are pursued that contribute to transforming the structural inequalities that affect Afrodescendent people and communities.

While some progress has been seen in development, human rights and anti-racism policies since 2018, sectoral policies appear to be uncommon, with some exceptions in the areas of health, culture and, to a lesser extent, education. The challenge of guaranteeing effective participation of Afrodescendent people and communities in policy design and implementation and in decision-making also remains. In terms of land rights, although progress has been made in mapping ancestral territories in several countries, there is still a long way to go in terms of land recognition, preservation and titling.

The Afrodescendent population has grown considerably in the region. This can be attributed to several factors, including population dynamics, but also an increased rate of self-identification, owing to improvements in statistical output with an ethnic and racial approach. Processes to recognize and strengthen Afrodescendent identity when collecting data have undoubtedly increased the population's statistical visibility, and its notable recovery is to some degree a reflection of its great resistance and resilience. It is hoped that the results of the 2020 census round —in which 18 Latin American countries are expected to provide for Afrodescendent self-identification— will enable a variety of sociodemographic and territorial studies to be performed, in order to design and target policies. For other data sources, such as surveys and administrative records, progress is less clear, greatly hampering more exhaustive measurement of trends. The statistical visibility of Afrodescendent populations thus remains a priority issue that requires attention in the region.

In terms of sexual and reproductive health and rights, available data show that, overall, indicators for Afrodescendent women reveal worse conditions in terms of adolescent pregnancy, maternal mortality, unmet demand for family planning services, and use of modern contraceptive methods. Although, in terms of maternal health, figures for antenatal check-ups and deliveries attended by professionals in health centres seem to be more encouraging and show progress, there is a lack of in-depth studies on service quality and its effects on the health of Afrodescendent young girls, adolescent girls, young women and women.

There are several areas in which governments should act to address racial and ethnic inequalities, especially in the area of sexual and reproductive health. Examples include awareness-raising and training for staff on how to avoid stereotyping, prejudice and discrimination; collection of disaggregated data to detect disparities in access to and quality of services; implementation of anti-discrimination policies; equitable access to all services; culturally relevant care that takes into account the practices, beliefs and values of different Afrodescendent populations; participation of Afrodescendent communities in planning and policy design; periodic, systematic and comprehensive evaluations of care provided and policy impact; promotion of diversity in the recruitment of staff at all levels; and awareness-raising campaigns on the detrimental effects of discrimination on health.

In short, the aim is to address racism and discrimination on the basis of ethnicity or race in a comprehensive and systemic manner, with the participation of multiple stakeholders (governments, civil society organizations and communities), to achieve lasting and meaningful change.

J. Addressing population and development issues in the Caribbean

Addressing population and development issues requires coordination across government sectors. Caribbean governments should consider strengthening the capacity to integrate demographic analysis into development planning. This could include the establishment of a time-bound commission or task force to address a specific population issue or a group of related issues. Reliable, accurate and timely data must also be available to inform policy and planning, which is still far from sufficient.

There is an ongoing need across the subregion for institutional capacity-building to ensure that laws addressing child protection and justice are enacted and that children and adolescents are protected against all forms of violence, abuse and neglect. Over the last 5 to 10 years, significant progress has been made in passing such legislation in the Eastern Caribbean.

There is an urgent need to enhance the focus on young people in the Caribbean, by investing in them, creating opportunities for their engagement and empowerment, and ensuring that they have decent work. The voices of adolescents and young people, especially from marginalized groups, are essential to guide more inclusive and effective solutions for unresolved problems, such as youth unemployment. The quality of education and vocational training needs to be improved to better prepare young people for the knowledge economy, and measures are needed to support young women to enter and remain in the labour force. Furthermore, the implementation of a worker mobility regime within the Caribbean would broaden opportunities for young people and improve the efficiency of the labour market.

Further advocacy is required to build consensus for the removal of legal barriers that prevent adolescents from accessing sexual and reproductive health information, services and commodities. The minimum age of sexual consent should apply equally to all, without discrimination based on gender or sexual orientation, and should include "close in age" exemptions. There should be a minimum age that guarantees access to sexual and reproductive health services without parental consent, and legal recognition of young people's maturity and understanding, enabling them to make decisions about their own health and medical treatment. Discriminatory legislation affecting gay men and persons living with HIV should also be repealed. There is also a need for greater attention to reproductive health commodity security, including supply chain management and expansion of the modern mix of contraceptive methods. A more holistic approach is required to support girls' rights and to empower them to avoid unintended pregnancies, including by investing in their education and preventing child, early and forced marriages and sexual violence. Caribbean States should consider the decriminalization of abortion to protect the lives and health of women and adolescent girls.

There are examples of good practices in the reintegration of pregnant girls and adolescent mothers into mainstream education, but more work is needed to change the attitudes of school administrators and to provide pregnant girls and adolescent mothers with the support that they need to remain in mainstream schools. There is also a need to improve the consistent implementation of comprehensive sexuality education in schools.

To end the AIDS epidemic, self-testing, pre-exposure prophylaxis and newer, more effective drugs should be available to all who need them. Achieving the 95–95–95 targets will depend on people being able to seek HIV testing and treatment without fear of stigma. In the immediate term, the biggest gains can be achieved by ensuring that as many people as possible who know they are HIV-positive are receiving antiretroviral therapy.

Social protection and health systems need robust funding models that will stand up in the face of unfavourable demographics. Non-communicable disease risk factors such as obesity, tobacco and alcohol consumption and physical inactivity need to be addressed through food labelling regulations to promote healthy eating, dedicated taxes on alcohol, tobacco and sugar-sweetened drinks and policies to encourage physical activity in schools, workplaces and communities.

Gender gaps in the labour market are narrowing, but inequalities persist. Measures should be adopted to close the gender pay gap, encourage women's participation in sectors in which they are underrepresented, support women in achieving senior management roles, foster family-friendly workplaces, and encourage a more equitable distribution of care responsibilities between men and women. Quota legislation should be adopted to address women's underrepresentation in Caribbean parliaments.

There is also a need to build the capacity of institutions to deliver all essential services for survivors of gender-based violence, in key sectors such as law enforcement, the judicial system, and health and social services. Addressing the root causes of gender-based violence and negative social norms is also critical.

Migrants and refugees should have access to decent jobs and be guaranteed access to basic social services in education and health, with special attention to highly vulnerable groups, including unaccompanied minors, women who are victims of violence, victims of trafficking and returnees. Member States should cooperate to develop frameworks to manage migration and displaced persons in response to climate-related disasters, a common risk faced by all countries and territories. Coordination channels between sectors and countries must be strengthened to facilitate labour mobility, including through the implementation of the long-held ambition of free movement among members of the CARICOM Single Market and Economy. Migrants and refugees fleeing humanitarian crises should also be protected and guaranteed access to social services in education and health.

K. In conclusion: building on progress implementing the Montevideo Consensus

The institutional architecture centred around the Regional Conference on Population and Development in Latin America and the Caribbean has, over the past decade, enabled a very productive mechanism for dialogue, work and operation to be created, strengthened and perfected. This has contributed to building on progress and sustaining progress over time, even when conditions have been less favourable, as well as helping to lay the foundations for upcoming stages of the process.

In this regard, civil society organizations have played a vital role in following up the Montevideo Consensus, championing new issues and problems and broadening the agenda for work and discussion. The work of civil society has also been vital in consolidating achievements and enhancing government accountability, and remains vital. The academic sector has also taken on a higher profile role in the process, separately from other non-government stakeholders, contributing through its scientific knowledge and research.

This second regional report on the implementation of the Montevideo Consensus has, throughout, underscored the need to continue strengthening and building on the human rights-based approach, with a gender, intercultural and intersectional perspective, to population and development issues and to design and implementation of public policies and programmes to improve the well-being of the population. Despite the progress between 2018 and 2023, the region still has a long way to go in terms of implementing the priority measures of the Montevideo Consensus. Therefore, it is vital that governments demonstrate firm political resolve, translating that resolve into long-lasting population and development policies that build on the progress already achieved.

Bibliography

Cecchini, S., R. Holz and C. Robles (2021), "Social protection systems against disaster", *Toolkit. Institutional frameworks for social policies for equality in Latin America and the Caribbean* (LC/TS.2021/157), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

ECLAC (Economic Commission for Latin America and the Caribbean) (2023), "Autonomy in decision-making", Gender Equality Observatory for Latin America and the Caribbean [online] https://oig.cepal.org/es/documentos/participacion-mujeres-la-toma-decisiones-america-latina-caribe.

___(2022a), *Social Panorama of Latin America and the Caribbean 2022* (LC/PUB.2022/15-P), Santiago.

___(2022b), *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago.

___(2021), *Disasters and inequality in a protracted crisis: towards universal, comprehensive, resilient and sustainable social protection systems in Latin America and the Caribbean* (LC/CDS.4/3), Santiago.

___(2020), *Regional Agenda for Inclusive Social Development* (LC/CDS.3/5), Santiago.

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

ECLAC/UNFPA (Economic Commission for Latin America and the Caribbean/United Nations Population Fund) (2020), *Risks of the COVID-19 pandemic for the exercise of women's sexual and reproductive rights*, Santiago.

Genta, N. and others (2022), "Panorama del desarrollo territorial de América Latina y el Caribe 2022", *Project Documents* (LC/TS.2022/132), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

PAHO (Pan American Health Organization) (2022a), "Core Indicators Portal", Washington, D.C. [online] https://opendata.paho.org/en/core-indicators.

___(2022b), *Third round of the National Survey on the Continuity of Essential Health Services during the COVID-19 Pandemic: November-December 2021. Interim report for the Region of the Americas, January 2022*, Washington, D.C.

PAHO/WHO (Pan American Health Organization/ World Health Organization) (2019), *Prevention and control of sexually transmitted infections (STIs) in the era of oral pre-exposure prophylaxis (PrEP) for HIV* [online] OPSCDEVT200005_spa.pdf (paho.org).

UNFPA (United Nations Population Fund) (2022), *State of World Population 2022. Seeing the unseen. The case for action in the neglected crisis of unintended pregnancy*, New York.

UNFPA/FLACSO (United Nations Population Fund/Latin American Faculty of Social Sciences) (2022), *Estado del arte de la EIS en América Latina 2021* [online] https://lac.unfpa.org/es/publications/estado-del-arte-de-la-educaci%C3%B3n-integral-de-la-sexualidad-en-am%C3%A9rica-latina-2021.

WHO (World Health Organization) (2018), *Sexual health and its linkages to reproductive health: an operational approach* [online] https://apps.who.int/iris/bitstream/handle/10665/274656/9789243512884-spa.pdf.

Ten years on from adoption of the Montevideo Consensus on Population and Development, this draft second regional report outlines progress on application of its priority measures in Latin America and the Caribbean from 2018 to the present, considering the specific characteristics of each country and the varying levels of implementation.

By collating, systemizing and analysing a wide range of national information and experiences, and thus drawing conclusions and making recommendations that can be applied to the region, this document facilitates sharing of good practices among the countries. The report examines the region's progress and attainments with respect to implementation of the Montevideo Consensus, focusing on the major remaining challenges and issues in the population and development agenda, which contribute to Latin America and the Caribbean still being one of the most unequal regions in the world.

ECLAC

Economic Commission for Latin America and the Caribbean (ECLAC)
Comisión Económica para América Latina y el Caribe (CEPAL)
www.cepal.org/en

LC/MDP.5/4