Population, Development and Rights in Latin America and the Caribbean

Second regional report on the implementation of the Montevideo Consensus on Population and Development

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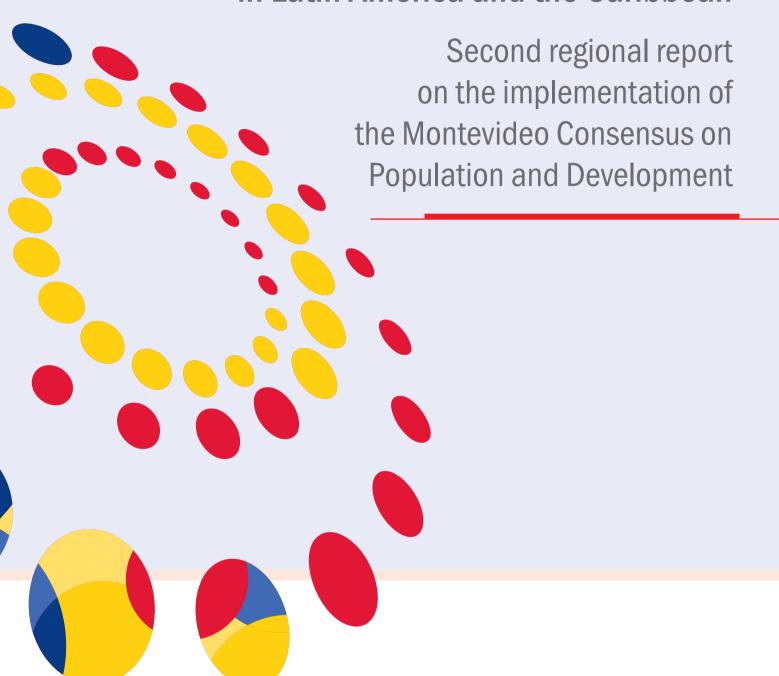
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Second regional report on the implementation of the Montevideo Consensus on Population and Development

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FOREWORD

The region is now facing a real development crisis, as discussed in detail in the special issue of the *CEPAL Review* commemorating the seventy-fifth anniversary of the Economic Commission for Latin America and the Caribbean (ECLAC).[1] The crisis is marked by three main traps affecting the region. The first is the low-growth trap, or rather a low capacity to grow, reflected in the fact that between 2014 and 2023, the region grew at an annual average of only 0.8%, less than half of the 2.0% registered during the "lost decade" of the 1980s. The second trap is one of high inequality and low social mobility, exacerbated by low growth, deficiencies in education and vocational training, gender inequality, slow job creation, regressive tax systems and very weak social policies. The third is the limited institutional and governance capacity for dealing with the scale of the development challenges faced.

To overcome these traps and transform the regional development model, shifting towards one based on greater productivity, inclusion and sustainability, ECLAC has called on the countries of the region to scale up their efforts related to growth and productive development, take comprehensive action to address the root causes of inequality and low social mobility and inclusion, and focus in particular on how to improve public policy governance and the technical, operational, political and prospective (TOPP) capabilities of institutions, as well as how to strengthen forums for social dialogue. ECLAC has also identified a decalogue of gaps and the corresponding challenges for transforming the region's development models.

Demographic trends and the related population dynamics and matters are closely interlinked with Latin America and the Caribbean's development challenges, and it is imperative to take them into account in the design and implementation of effective and equitable public policies. In that regard, the region has in the Montevideo Consensus on Population and Development 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 year 2023 marked the 10-year anniversary of the adoption of the instrument at the first session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Montevideo in August 2013. On 14 November 2023, during the fifth meeting of the Presiding Officers of the Conference, a special session of the Regional Conference on Population and Development was held at ECLAC headquarters to commemorate this anniversary. The session, organized with the support of the United Nations Population Fund (UNFPA), was a significant milestone and was well attended by representatives of governments, civil society, academia and United Nations system agencies. With representatives of 28 member States and two associate members of ECLAC in attendance, and some 500 participants, the strong turnout was a record for a meeting of Presiding Officers. Notably, more than 260 of these participants were from regional civil society organizations, among which the active participation of organizations of persons with disabilities is also worthy of mention. Another sign of the interest in the Montevideo Consensus was that there were more than 2,000 live views on social media during the commemoration.

In the agreements of the fifth meeting of the Presiding Officers, the countries reaffirmed that the Montevideo Consensus on Population and Development and the resolutions adopted at the sessions of the Regional Conference on Population and Development in Latin America and the Caribbean are a regional road map for the implementation of the 2030 Agenda for Sustainable Development with a human rights approach, leaving no one behind, and recognized the contribution of the Montevideo Consensus to the implementation, follow-up and review of the 2030 Agenda for Sustainable Development, as well as to the global follow-up to the Programme of Action of the International Conference on Population and Development.[2] Governments have also presented their voluntary national reports on progress and challenges in the implementation of the Montevideo Consensus, demonstrating the lasting commitment of the countries of the region to the Montevideo Consensus. This commitment was further evidenced throughout 2023 in national events in Argentina, Colombia, Mexico, Peru and Uruguay, as well as an event for the Caribbean subregion held in Antigua and Barbuda, commemorating the 10-year anniversary of the Montevideo Consensus.

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[1]   Economic Commission for Latin America and the Caribbean (ECLAC), *CEPAL Review*, No. 141 (LC/PUB.2023/29-P), Santiago, 2024.
[2]   See [online] https://crpd.cepal.org/5m/en/documents/10.

In the framework of the special session commemorating 10 years of the Montevideo Consensus on Population and Development, a high-level panel discussion was held, bringing together high-level political authorities from the countries of the region and stakeholders involved in the Regional Conference and the Montevideo Consensus; two thematic panels on issues related to the Montevideo Consensus were also held. On the margins of the session, there were 11 side events on various matters of the population and development agenda. These discussions and debates brought to light the significant progress made in the implementation of the Montevideo Consensus in this first 10 years, as well as the major challenges that remain to the fulfilment of its 108 priority measures. Among the key messages, emphasis was placed on the importance of strengthening the integration of population dynamics in the development policies, plans and programmes of the countries of the region, and continuing to raise awareness on and publicizing the Montevideo Consensus with a view to linking it with other regional human rights instruments. The events were also an opportunity to learn about and reflect on institutional and policy changes in the areas of gender equality, sexual and reproductive health and rights, as well as follow-up and evaluation mechanisms, including sources of data and indicators.

Also noteworthy is the key role of regional civil society organizations, which presented the Politica Declaration: 10 years of the Montevideo Consensus,[3] reaffirming their commitment to the Consensus, as well as to the struggle for equality, human rights and social justice in the region, and their willingness to continue working to ensure effective implementation of the commitments of the Consensus.

Notably, 2024 is 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.

Almost 11 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 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. While there is clearly much work ahead to overcome the multiple and interrelated inequalities in Latin American and Caribbean societies, it is important to acknowledge and appreciate the progress made in action to safeguard and ensure the full enjoyment of rights for the entire population. By building on the institutional progress made over the years and adopting a forward-looking approach, it will be possible to address the population and development challenges that are emerging for the region. In particular, it is essential to redouble efforts to fight poverty and inequality, to include population groups that have been historically excluded and to ensure the effective exercise of sexual and reproductive rights.

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 for Follow-up of the Montevideo Consensus on Population and Development,[4] have helped to strengthen government accountability. They have also raised awareness in the countries of the importance of the population and development agenda, and of the imperative of addressing and working on the various dimensions thereof with a view to changing the structural factors that make Latin America and the Caribbean the region of the world that is most unequal and has the least upward social mobility.

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3   See [online] https://crpd.cepal.org/5m/en/programme/civil-society-declaration.
4   See [online] https://consensomontevideo.cepal.org/en.

The preparation of this second regional report on implementation of the Montevideo Consensus on Population and Development is part of that process and is based on the draft second regional report on implementation of the Montevideo Consensus on Population and Development,[5] which was presented in November 2023 at the fifth meeting of the Presiding Officers of the Conference on Population and Development in Latin America and the Caribbean, and the First regional report on the implementation of the Montevideo Consensus on Population and Development,[6] presented in 2019 in the context 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.

The great development challenge for the countries of the region is to move forward in building a more productive, inclusive and sustainable future for their societies, and to deal with the major transformations needed to that end. The results of this second regional 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 11 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)

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[5] ECLAC, *Population, Development and Rights in Latin America and the Caribbean: draft second regional report on implementation of the Montevideo Consensus on Population and Development* (LC/MDP.5/4/Rev.1), Santiago, 2024.

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

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

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 adopted 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 beyond 2014 and is a key instrument in that Conference's review and appraisal process at the regional level. Adopted in 1994 by 179 United Nations Member States, the 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 General Assembly noted in its 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 its part, was adopted in 2015 by all 193 United Nations Member States as a road map towards a new development paradigm with five central pillars: people, planet, prosperity, peace and partnership. The 2030 Agenda includes 17 Sustainable Development Goals (SDGs) that will guide the work of the United Nations up to 2030. It is a people-centred and rights-based agenda aimed at achieving sustainable development on a global scale. It is 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, in particular 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 Consensus, almost one third were carried over directly from the SDG indicators, as part of a thorough harmonization effort. The Consensus also has obvious specificities, addressing issues that are dealt with tangentially or not at all in the 2030 Agenda and that require specific follow-up by the Conference.

B. Preparation of the regional report

At its fourth session, held at ECLAC headquarters in Santiago from 28 to 30 June 2022, the Regional Conference on Population and Development endorsed the proposed timeline for the submission of national reports and of the regional report on the implementation of the Montevideo Consensus,[2] in line with the five-year global cycle of review and appraisal of the implementation of the Programme of Action of the International Conference

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[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).

[2]   See Economic Commission for Latin America and the Caribbean (ECLAC), *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), Santiago, 2022.

on Population and Development beyond 2014, and with the follow-up and review of the implementation of the 2030 Agenda.[3] The timeline establishes that this cycle should end with the presentation of a second regional report on the implementation of the Consensus at the fifty-seventh session of the Commission on Population and Development,[4] to be held in 2024 on the theme "Assessing the status of implementation of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development during the decade of action and delivery for sustainable development".[5]

The Conference requested the secretariat to prepare a draft annotated index of the draft second regional report on the implementation of the Montevideo Consensus, with the support of 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, and in consultation with civil society organizations.[6] That draft 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 draft second regional report, and submit the final versions of their voluntary national reports at the fifth meeting of the Presiding Officers. As at 1 February 2024, the technical secretariat had received 22 voluntary national reports, including both final and draft versions, and 1 technical note (see annex).[8]

At the fifth meeting of the Presiding Officers, held at ECLAC headquarters in Santiago on 14 and 15 November 2023, the technical secretariat presented the document *Population, Development and Rights in Latin America and the Caribbean: draft second regional report on implementation of the Montevideo Consensus on Population and Development,*[9] prepared by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC. The Presiding Officers welcomed the draft annotated index and the document and requested the technical secretariat to take into account countries' observations and suggestions on the document by 20 December 2023, as well as national reports received by that date that could not be considered in its preparation. They decided that the document would represent the regional contribution to the global review and appraisal of the implementation of the Programme of Action to be undertaken by the Commission on Population and Development at its fifty-seventh session, which would be held at United Nations Headquarters from 29 April to 3 May 2024. The Presiding Officers also requested the technical secretariat to present the final version of the document at the fifth session of the Regional Conference on Population and Development, to be held in 2024.[10]

The purpose of the second regional report is to give an account of progress in the implementation in Latin America and the Caribbean of the priority measures of the Montevideo Consensus, 11 years after its adoption, taking into consideration the peculiarities of each country in the region and the mixed performance with respect to the degree of implementation. This second five-year assessment highlights significant experiences

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[3]   See paragraph 8 of resolution 4(IV) of the Regional Conference on Population and Development in Latin America and the Caribbean [online] https://crpd.cepal.org/4/en/documents/resolution-4iv.

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

[5]   The document *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 Commission on Population and Development as the region's contribution to the global review and appraisal of the implementation of the Programme of Action beyond 2014.

[6]   The current Presiding Officers are the Plurinational State of Bolivia, serving as Chair, and Argentina, the Bolivarian Republic of Venezuela, Chile, Cuba, Honduras, Jamaica, Mexico, Panama, Peru, Saint Lucia, Suriname and Uruguay, serving as Vice-Chairs.

[7]   ECLAC, *Population, development and rights in Latin America and the Caribbean: second regional report on the implementation of the Montevideo Consensus on Population and Development. Draft annotated index* (LC/MDP.5/3), Santiago, 2023.

[8]   This report was drafted on the basis of information from the draft or final versions of the 22 voluntary national reports and 1 technical note received by the technical secretariat as at 1 February 2024. Voluntary national reports were received from: Antigua and Barbuda, Argentina, Belize, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Plurinational State of Bolivia, Suriname, Trinidad and Tobago, and Uruguay. Brazil submitted the technical note.

[9]   See [online] https://crpd.cepal.org/5m/en/documents/population-development-and-rights-latin-america-and-caribbean-draft-second-regional-report.

[10]   See agreements, paras. 10–14 [online] https://crpd.cepal.org/5m/en/documents/agreements.

in the countries and seeks to maintain continuity and complementarity with the first regional report, presented in 2019, so as to facilitate the sharing of good practices among the countries and ensure that they can benefit from one another's efforts to implement the priority measures.

This report was prepared by the technical secretariat, with support from UNFPA, on the basis of information from official sources in the countries,[11] such as national population censuses and surveys, voluntary national reports on progress in implementing the Montevideo Consensus, country information systematized and compiled by ECLAC, databases of United Nations agencies, the Global Sustainable Development Goal Indicators Database of the United Nations Statistics Division, and 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 addressed. In particular, it is important to acknowledge the quality of the voluntary national reports, which reflect the countries' crucial efforts to collect, systematize and produce the information needed to document the current state of affairs and the extent to which each country has carried out the priority measures of the Consensus.

The preparation of this report involved a great effort to collect, systematize and analyse information, draw conclusions and present recommendations from a regional perspective, while taking subregional specificities into account. It reflects the region's progress and achievements in implementing the Montevideo Consensus from 2018 to 2023, the period immediately following the one analysed in the first regional report, and focuses on the challenges still to be met, in particular 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 continued status as 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 Montevideo Consensus. It is designed to follow on directly from the first regional report, so the structure is similar, although it includes new data and information and fresh analyses to identify both progress and shortcomings.

According to information available on the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development,[12] during the reporting period (2018–2023),[13] 28 countries of the region undertook 1,436 policy actions (plans, policies, programmes and regulations) on the issues addressed in the chapters of the Consensus. A breakdown of that total by Consensus chapter and priority measure indicates that the chapters on rights, needs, responsibilities and requirements of girls, boys, adolescents and youth (chapter B of the Consensus on Population and Development) and on full integration of population dynamics into sustainable development with equality and respect for human rights (chapter A of the Consensus) have the most widespread implementation in terms of plans, policies, programmes and regulations, with 384 policy actions undertaken for chapter B and 247 for chapter A. Those chapters are followed by chapter E on gender equality, with 218 actions undertaken; chapter C on ageing, social protection and socioeconomic challenges, with 133; chapter D on universal access to sexual health and reproductive health services, with 117; and chapter G on territorial inequality, spatial mobility and vulnerability, with 111. The chapters with the narrowest implementation are chapter F on international migration, with 86 policy actions undertaken; chapter H on Indigenous Peoples, with 74; and chapter I on Afrodescendants, with 66 (see figure 1).

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[11] To ensure the comparability of data among the countries of the region, ECLAC uses the most recent microdata from population and housing censuses and household surveys in its database. Therefore, the data cited may not be the most recent information available for the countries.

[12] See [onilne] https://consensomontevideo.cepal.org/en.

[13] Given that some of the voluntary national reports pertain to the implementation of measures up to 2022, and that those that do extend to 2023 cover only the first months (owing to the submission and presentation deadlines established pursuant to resolution 4(IV)) of the Regional Conference, the total for measures in 2023 according to the Virtual Platform is considerably less than in previous years.

Figure 1
Latin America and the Caribbean (28 countries):[a] number of policy actions undertaken, by chapter
of the Montevideo Consensus on Population and Development (chaps. A–I), 2018–2023

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development
[online] https://consensomontevideo.cepal.org/en.
[a] The Bahamas, Belize, Nicaragua, Saint Lucia and Saint Vincent and the Grenadines are not included.

C. Contents of the report

The present section describes the contents of this 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; age structure and demographic change; and internal and international migration. It also discusses the importance of data from vital statistics, household surveys and censuses.

The focus of the report then turns to regional follow-up of the implementation of the Montevideo Consensus, and thus to each of its 10 chapters. Chapter II of the report, focused on the full integration of population dynamics into sustainable development with equality and respect for human rights (chapter A of the Consensus), 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 Consensus (which should also provide the necessary mechanisms for participation by civil society), as referred to in priority measures 3, 99 and 107 (with 99 and 107 addressed in chapter J of the Consensus); and (iii) the integration of population issues into public policies and development planning, as referred to in priority measures 4, 19 and 86.

Chapter III, focused on the rights, needs, responsibilities and requirements of girls, boys, adolescents and youth (chapter B of the Consensus), 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. It goes on to examine data and action related to the implementation of the priority measures of chapter B with regard 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, in particular among those aged 15–19, being an emblematic example.

Chapter IV addresses the follow-up of priority measures on social protection and socioeconomic challenges related to ageing (chapter C of the Consensus) 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. This focus is supplemented by a consideration of 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, 2002; the Santiago Declaration; and the United Nations Decade of Healthy Ageing (2021–2030).

Chapter V focuses on the centrality of sexual health and reproductive health to people's well-being and rights (chapter D of the Consensus) and to the achievement of the SDGs, and it points out the linkages between this theme and other chapters of the Consensus. It notes the impact of the COVID-19 pandemic on sexual health and reproductive health conditions, highlighting problems of access to sexual health and reproductive health services and inputs, as well as 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, including HIV/AIDS, has stalled.

Chapter VI, dealing with gender equality, analyses the implementation of the priority measures contained in chapter E of the Consensus 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.

Chapter VII, concerning international migration and the protection of the human rights of all migrants, examines the implementation of the 10 priority measures contained in chapter F of the Consensus, taking into account the information provided by the countries in their voluntary national reports and 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 chapter VIII, relating to territorial inequality, spatial mobility and vulnerability (chapter G of the Consensus), 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 gender and intercultural perspectives (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). Reference is made to the impact of environmental issues and socioenvironmental disasters (priority measures 82 and 83) on women and other population groups, such as children and adolescents, persons with disabilities, older persons, Indigenous Peoples and Afrodescendent populations.

Chapter IX, focused on Indigenous Peoples, interculturalism and rights (chapter H of the Consensus), refers to the importance of the Consensus for strengthening compliance with international commitments, such as those contained in the 2030 Agenda and those upheld by 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, and a brief summary of the main characteristics of this population by age structure, sex and place of residence (urban or rural). Indigenous Peoples' specific population dynamics and their implications for policymaking (priority measure 86) are also addressed. In addition, this chapter includes poverty and extreme poverty figures, which demonstrate the persistent inequalities affecting Indigenous Peoples and the impact that the pandemic had on them.

Chapter X, focused on Afrodescendants, their rights and combating racism and racial discrimination (chapter I of the Consensus), refers to the main global and regional frameworks for action in this area, including 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 with the Indigenous population in the preceding chapter, this chapter presents updated estimates of the size of the Afrodescendent population by country, reflecting wide variation, and a brief summary of the main characteristics of this population by age structure, sex and place of residence (urban or rural). The specifics of Afrodescendent population dynamics and their implications for policymaking (priority measure 94) are also addressed.

Chapter XI 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. The chapter then goes on to conduct an integrated review of five chapters of the Consensus, pertaining to 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 on conclusions and recommendations highlights the main findings of the report 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, in particular vital statistics and population and housing censuses, and the provision of quality data with an intersectional approach.

Annex A1
Voluntary national reports and technical note on the implementation of the Montevideo Consensus on Population and Development during the period 2018–2023

Antigua and Barbuda (2023), "Antigua and Barbuda: Draft National Progress Report on Implementation of the Montevideo Consensus on Population and Development", Ministry of Health, Wellness, Social Transformation and the Environment.

Argentina (2023), *Informe Nacional: Consenso de Montevideo sobre Población y Desarrollo. Argentina 2023*, Ministry of the Interior [online] https://crpd.cepal.org/5m/sites/crpd5/files/informe_nacional_cm_2023_argentina.pdf.

Belize (2023), "Progress Report on the Implementation of the Montevideo Consensus on Population and Development".

Brazil (2024), *Aportes de Brasil al informe regional "Implementación del Consenso de Montevideo sobre Población y Desarrollo",* technical note, General Secretariat of the Presidency of the Republic.

Chile (2023), *Informe de avance de Chile en la implementación del Consenso de Montevideo sobre Población y Desarrollo: período 2018–2022*, National Coordinating Committee for the Montevideo Consensus (CCNCM) [online] https://crpd.cepal.org/5m/sites/crpd5/files/informe_final_30.08.23.pdf.

Colombia (2023), "Segundo informe nacional voluntario sobre los avances en la implementación del Consenso de Montevideo sobre Población y Desarrollo CMPD + 10".

Costa Rica (2023), *Costa Rica: III Informe de Consenso de Montevideo sobre Población y Desarrollo 2023*, Ministry of National Planning and Economic Policy [online] https://crpd.cepal.org/5m/sites/crpd5/files/docplan-03455_06-02-2024_0.pdf.

Cuba (2023), "Informe nacional preliminar por los 10 años del Consenso de Montevideo sobre Población y Desarrollo".

Dominican Republic (2023), "Tercer informe nacional de seguimiento a la implementación del Consenso de Montevideo sobre Población y Desarrollo", Ministry of Economy, Planning and Development/National Bureau of Statistics (ONE)/ United Nations Population Fund (UNFPA).

Ecuador (2023), "Segundo informe de implementación del Consenso de Montevideo", National Secretariat of Planning.

El Salvador (2023), *El Salvador: segundo informe de avance en la implementación del Consenso de Montevideo sobre Población y Desarrollo* [online] https://crpd.cepal.org/5m/sites/crpd5/files/2do_infome_nacional_voluntario_el_salvador_ al_consenso_de_montevideo_2023.pdf.

Guyana (2023), *Voluntary National Progress Report on the Implementation of the Montevideo Consensus on Population and Development 2018–2023* [online] https://crpd.cepal.org/5m/sites/crpd5/files/final_guyana_montevideo_consensus_ report_2018-2023_-_7_november_2023_1_word_doc_1.pdf.

Haiti (2023), "Rapport sur la mise en oeuvre et le suivi du Consensus de Montevideo. Rapport Préliminaire. Ministère de la Sante publique et de la Population", Office of the State Secretary for Population and Human Development.

Honduras (2023), "Informe. Avances en la implementación del Consenso de Montevideo: Honduras 2023", Ministry of Social Development.

Jamaica (2023), "National Progress Report for Jamaica on Implementation of the Montevideo Consensus on Population and Development. Draft Report", Planning Institute of Jamaica (PIOJ).

Mexico (2023), *México: segundo informe nacional sobre la implementación del Consenso de Montevideo sobre Población y Desarrollo*, Ministry of the Interior/National Population Council (CONAPO) [online] https://crpd.cepal.org/5m/sites/ crpd5/files/2o_informe_consenso_montevideo_mexico.pdf.

Panama (2023), *2do informe nacional de avances en la implementación del Consenso de Montevideo sobre Población y Desarrollo* [online] https://crpd.cepal.org/5m/sites/crpd5/files/informe-montevideo-final-compressed-compressed_2_0.pdf.

Paraguay (2023), *II informe nacional sobre avances en la implementación del Consenso de Montevideo sobre Población y Desarrollo: período 2018-2023* [online] https://crpd.cepal.org/5m/sites/crpd5/files/paraguay_-_ii_informe_nacional_ voluntario_sobre_implementacion_del_cm_2023.pdf.

Peru (2023), *Perú: tercer Informe sobre el avance en la Implementación del Consenso de Montevideo sobre Población y Desarrollo 2020-2022*, Ministry for Women and Vulnerable Groups [online] https://crpd.cepal.org/5m/sites/crpd5/files/ peru-tercer_informe_nacional_sobre_el-avance_en_la_implementacion_del_consenso_de_montevideo.pdf.

Plurinational State of Bolivia (2023), *Informe país del avance del Estado Plurinacional de Bolivia en la implementación del Consenso de Montevideo sobre Población y Desarrollo* [online] https://crpd.cepal.org/5m/sites/crpd5/files/informe_ avance_bolivia.pdf.

Suriname (2023), "Suriname National Report on Implementation of the Montevideo Consensus on Population and Development 2018-2022", Ministry of Home Affairs.

Trinidad and Tobago (2023), "National Progress Report on the implementation of the Montevideo Consensus on Population and Development (Draft report)", Ministry of Planning and Development/HEU, Centre for Health Economics/University of the West Indies.

Uruguay (2023), *Uruguay: informe nacional voluntario sobre el avance en la implementación del Consenso de Montevideo sobre Población y Desarrollo. Período 2018–2022*, Sectoral Commission on Population and Development [online] https:// crpd.cepal.org/5m/sites/crpd5/files/informe_sobre_avance_implementacion_consenso_de_montevideo_-_uruguay_-_ periodo_2018-2022.pdf.

Demographic trends in Latin America and the Caribbean
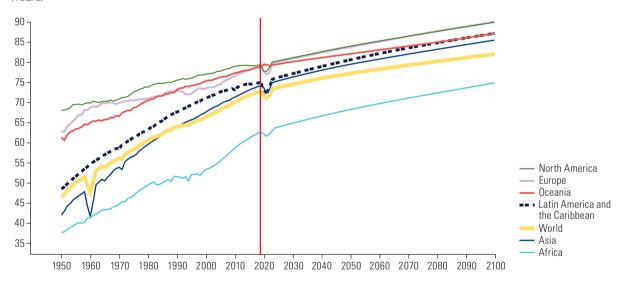
A. Mortality

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, with the expansion of basic sanitation and access to safe drinking water, and enabled the importation of medical and health technologies and progress in health care, such as the use of antibiotics and vaccines. These changes led to a regional increase in life expectancy at birth for both sexes, from 48.6 to 75.2 years, in under 70 years' time.

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 due to the coronavirus, but also to other factors influenced by the pandemic (ECLAC, 2022a). Although the 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.
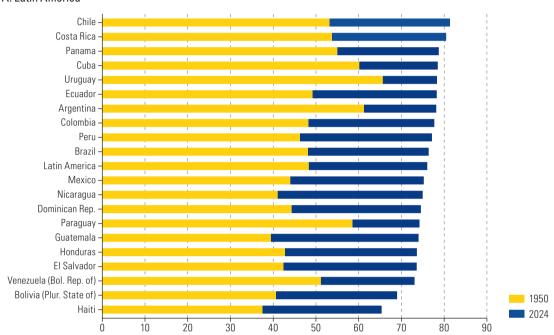
The country with the highest life expectancy at birth in Latin America in 2024 is Chile, at 81.4 years, which represents a 28.2-year increase over the past seven decades (see figure I.2). In the Caribbean, the highest life expectancy is in Martinique (83.6 years), which has also recorded substantial increases since 1950. Meanwhile,

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[1]   Life expectancy at birth indicates the average number of years that a person would live given the mortality conditions observed in a specific area and period.
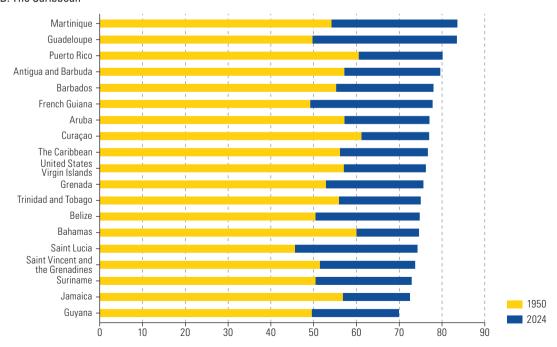
the countries with the lowest life expectancy in the region are Haiti (65.4 years), the Plurinational State of Bolivia (69.0) and Guyana (70.0) (see figure I.2). These countries, together with the Dominican Republic, also have the highest under-five mortality rates in the region (see figure I.3).

Figure I.2
Latin America and the Caribbean (38 countries and territories): life expectancy at birth, 1950 and 2024
(Years)

A. Latin America

B. The Caribbean

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-andprojections-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, 2024

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-andprojections-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. 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 has 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 viruses are emerging owing to environmental and lifestyle changes 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 and malaria), chronic communicable diseases (tuberculosis, leprosy, HIV and sexually transmitted infections) and zoonosis (rabies, leptospirosis and foot-and-mouth disease), among others. In summary, this is a context in which improvements in life expectancy coexist with setbacks for some causes of death, which have been aggravated by the pandemic (PAHO, 2022), and with a significant burden of preventable diseases, associated with the persistent inequalities that characterize the region.
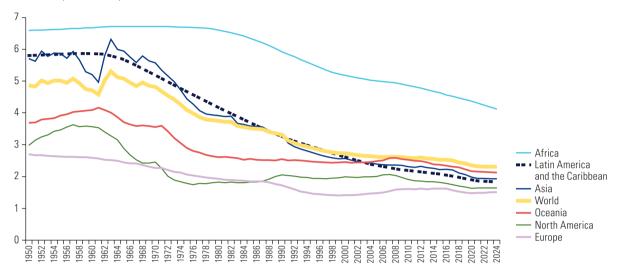
B.   Total and adolescent fertility

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 2024, at 68.4%. Asia recorded the second-largest decline, at 66.2%. By way of comparison, the world average decline was 52.6%. 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 2024, the region has the third lowest rate in the world (1.83 live births per woman), slightly higher than Europe (1.51) and Canada and the United States (1.65) (see figure I.4). This decline has been steady since the 1970s and reached a milestone in the mid-2010s, when the rate fell below

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[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).

the replacement level (2.1 live births per woman). Projections indicate that the region's total fertility rate will continue to fall: for 2050, it is estimated at 1.73 live births per woman, with figures below 1.75 in the three subregions, among which South America will have the lowest rate (1.71). For 2100, it is estimated that the total rate will be 1.68 live births per woman (United Nations, 2022).

Figure I.4
Total fertility rate, by region, 1950–2024
(Number of live births per woman)

During the COVID-19 pandemic, according to national statistics, the decline in fertility remained steady, or even worsened in some countries, 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 to 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 live births per woman in 2024. Uruguay and several insular Caribbean countries, including Aruba, the Bahamas, Cuba, Jamaica, Puerto Rico and Saint Lucia, have the lowest total fertility rates, at 1.5 live births per woman or less.[3] The 2024 regional rate, 1.83, 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 exception of French Guiana and Haiti.

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

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[3]   Worldwide, 44 countries and territories have a total fertility rate below 1.5 live births per woman. They include China (1.2), the Republic of Korea (0.9) and Singapore (1.1).

Latin America and the Caribbean has historically 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. For several decades, the probability of girls becoming mothers in adolescence in Latin America and the Caribbean 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 fertility among adolescents is mostly unwanted (Rodríguez, Di Cesare and Páez, 2017). Moreover, the latter is particularly worrying because of the risks that it entails in terms of physical and mental health and the perpetuation of poverty and social inequality; the younger the mother, the worse the risks.

However, estimates and projections of the adolescent fertility rate in the region indicate a turning point in the second decade of the twenty-first century, with a sharp drop from 73.1 children per 1,000 women aged 15-19 in 2010 to 50.5 in 2024. 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 examined in chapter III of this document. Fertility in the 10-14 age group (also corresponding to SDG indicator 3.7.2) has fallen less sharply, a concerning development as, in this age group, fertility correlates closely with sexual and gender-based abuse and violence, and with child and forced unions.

Despite the significant recent decline in regional fertility among adolescent girls aged 15–19, the estimated level for 2024 remains well above the global average of 40.7 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 2024.[4] Meanwhile, available data indicate that adolescent fertility remains largely unintended and associated, as both cause and consequence, with poverty, exclusion, rights violations and social inequality (Rodríguez, Di Cesare and Páez, 2017), all of which are additional reasons to strengthen efforts aimed at prevention, as discussed in chapter III of this document.

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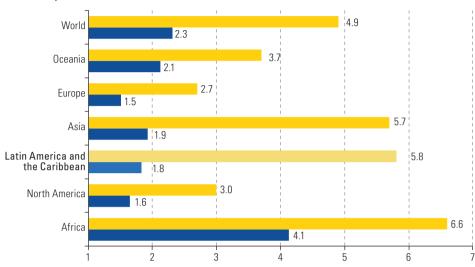
Changes in fertility, mortality, migration, family composition and population distribution have a critical impact on the ability of societies to advance in terms of social equity and economic efficiency. Understanding how demographic trends affect and may continue to affect the age structure of the region's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

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. In 1950, the region had the second highest total fertility rate worldwide (5.8 live births per woman), not much lower than Africa (6.6); in 2024, it is estimated to have the third lowest rate worldwide (1.8) (see figure I.5). Mortality has also declined significantly in the region: life expectancy at birth rose from 48.6 years in 1950 to 76.1 years in 2024. However, this is still the third lowest life expectancy worldwide. Thus, the region experienced a much faster demographic transition than the rest of the world, which has significantly changed the population's age structure.

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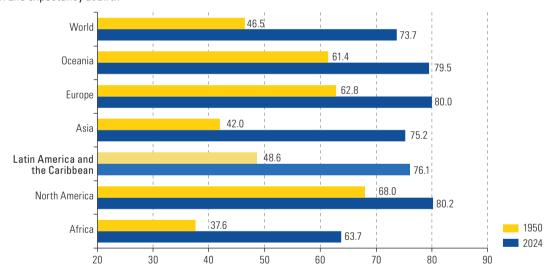
[4]   Belize, Bolivarian Republic of Venezuela, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, French Guiana, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Suriname (United Nations, 2022).

Figure I.5
World and selected regions: total fertility rate and life expectancy at birth (e0), 1950 and 2024
(Number of live births per woman and years)

A. Total fertility rate
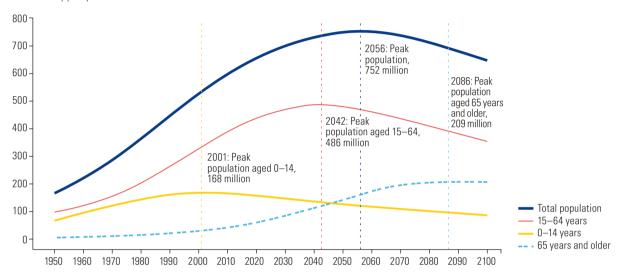
Region	1950	2024
World	4.9	2.3
Oceania	3.7	2.1
Europe	2.7	1.5
Asia	5.7	1.9
Latin America and the Caribbean	5.8	1.8
North America	3.0	1.6
Africa	6.6	4.1

B. Life expectancy at birth

Region	1950	2024
World	46.5	73.7
Oceania	61.4	79.5
Europe	62.8	80.0
Asia	42.0	75.2
Latin America and the Caribbean	48.6	76.1
North America	68.0	80.2
Africa	37.6	63.7

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 demographic transition is under way in all the countries of the region, albeit in widely varying stages of advancement. Population ageing is one of the most striking demographic trends in the region, with some countries in an advanced stage of ageing and others 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, have altered the age structure of the population significantly, resulting in an observed median age of 31.4 years in 2024. Today, the region is still considered one of the youngest in the world, with an average age slightly above the world average of 30.7 years.

Demographic changes in the region show a slowdown in annual population growth, from 2.6% in the mid-twentieth century to just 0.74% in 2024. The population of Latin America and the Caribbean grew from 168.3 million in 1950 (6.7% of the world's population) to 670 million in 2024 (8.3% of the world's population) and is expected to begin to decline in approximately 32 years (see figure I.6). The region's total population is projected to reach 751.9 million in 2056 and then drop to 647.4 million in 2100.

Figure I.6
Latin America and the Caribbean: total population at midyear, estimated and projected, by age group, 1950–2100
(Millions of people)
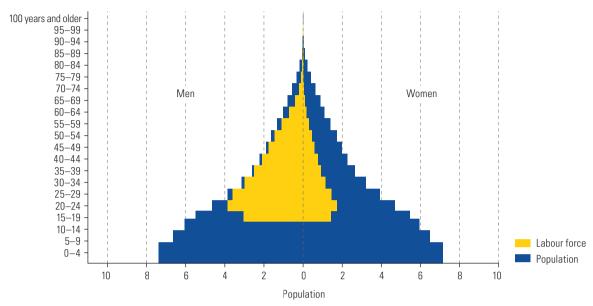
Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Demographic Observatory*, 2023 (LC/PUB.2023/26-P/Rev.1), Santiago, 2024, p. 13.

Population growth varies significantly among age groups. Figure I.6 illustrates the rapid growth of the population aged 15–64 as a result of the region's swift demographic transition. In under 40 years, that age group has doubled in size, from 225.8 million in 1984 to 453.5 million in 2024. It is projected to continue to grow until it reaches its peak in 2042, while the population aged 0–14 peaked in 2001. Meanwhile, the population aged 65 and over is projected to peak in 2086, at 209 million.
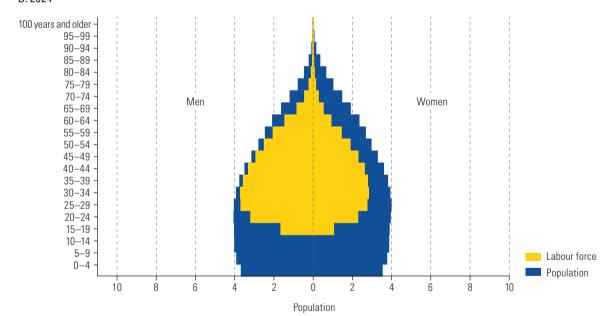
Variations in population size by age lead to significant changes in population structure by age. Figure I.7 illustrates the changes in Latin America, with population pyramids estimated for 1950 and 2024 and projected for 2050. The base of the pyramid has narrowed over time and, between 1950 and 2024, the population increased in all age groups, while projections between 2024 and 2050 indicate a reduction in the younger groups and growth in the number of older persons. The pyramids also show an increase in women's participation in economic activity (see the yellow area on the right of each pyramid in figure I.7) relative to 1980, when women's participation was visibly lower than men's. There is a significant rise in 2024, but participation is still lower for women than for men, and although an increase is projected for 2050, parity is still not reached.
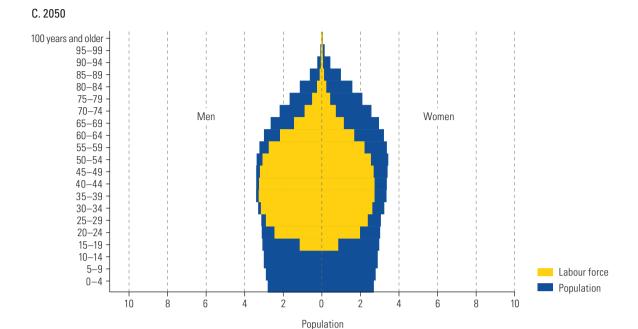
Figure I.7
Latin America: structure of total population and labour force, by sex and age, 1980, 2024 and 2050
(Years and percentages)

A. 1980

B. 2024

C. 2050

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), "Labor force estimates and projections: 2023 revision", Santiago, 2023 [online] https://www.cepal.org/en/subtopics/demographic-projections/latin-america-and-caribbean-population-estimates-and-projections/population-estimates-and-projections-excel-tables.
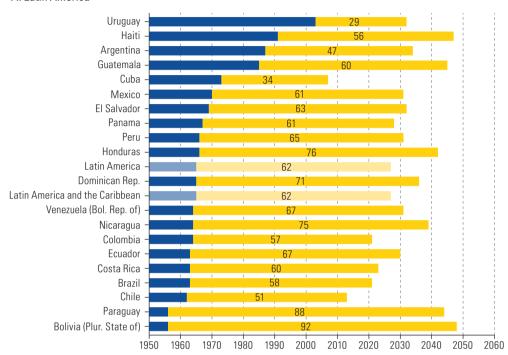
The dependency ratio, which is the ratio between the sum of people aged under 15 and those aged 65 and over and the sum of the working-age population (15–64 years), can be used to summarize the analysis of age groups. When a country's dependency ratio starts to decrease (owing mainly to the decline in the population aged 0–14), 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 and over, the benefit is lost and the country enters the demographic ageing stage. A population with a large proportion of working-age people can drive economic growth through increased income and capital accumulation, as well as reduced spending on dependants. 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.

There is considerable variation in the region with regard to the duration of the demographic dividend, which began before 1970 in all 33 countries but will last between 29 and 102 years depending on the country (see figure I.8).[5] The duration of the period depends on the pace of the ageing process, which is determined by decreases in mortality and fertility and by migratory processes affecting the countries of the region, in particular those in Central America and the Caribbean.

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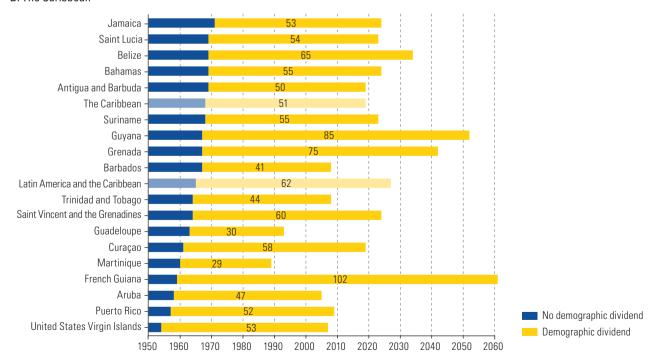
[5]   For example, although the demographic dividend materialized in Paraguay and Puerto Rico before 1960, it is projected to last 88 years in the former case, while it ended after 52 years in the latter case.

Figure I.8
Latin America and the Caribbean (38 countries and territories): beginning, end and duration of the demographic dividend
(Years)

A. Latin America
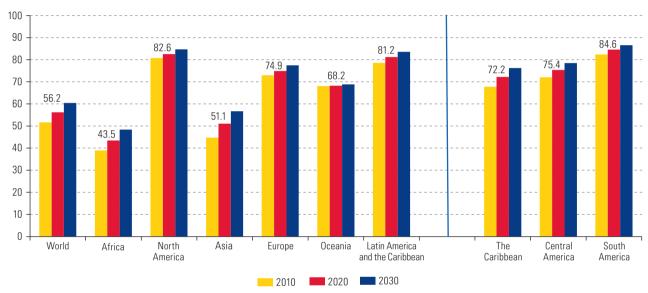
B. The Caribbean

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-andprojections-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 spatial distribution of populations

Latin America and the Caribbean is the most urbanized developing region: in 2024, 82.2% of the regional population was urban, compared to just 57.9% 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.9). 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.9
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 the degree of 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 dimensions of development. They maintain a high profile in productive, cultural and political matters and have shown resilience and a capacity for renewal in their ability to adjust to global changes and retain their decisive role in national contexts. However, since the 1990s, there has been a sharp decrease in the appeal of some large cities as migration destinations. This is especially the case for megacities (i.e. cities with 10 million inhabitants or more) which, for the most part, have experienced net outmigration in the twenty-first century. This change stems essentially from a combination of negative factors, such as lack of access to services and housing, rising costs of production and living in general, and worsening problems such as congestion, pollution and violence (ECLAC, 2023a).

Many medium-sized cities and some small cities are currently the most attractive migration destinations, 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, together with 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, among other factors. This does not guarantee that medium-sized cities offer better living standards than large cities. However, the appeal of medium-sized cities 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 Sustainable Development Goal 11 and in several priority measures included in chapter G of the Montevideo Consensus.

The urbanization process may have slowed temporarily in 2020 and 2021 as people moved away from areas, such as large cities, that were most affected by the COVID-19 pandemic, but it did not stop. Still, the pandemic may have accentuated deconcentration trends, increasing the movement away from large cities and strengthening the appeal of medium-sized cities and possibly some small cities (ECLAC, 2022b) with certain socioeconomic characteristics (Lucchini and others, 2023). This hypothesis is supported by 2023 census data from Panama, which show a major decline in net migration inflows to the municipalities of the Panama City metropolitan area compared to the flows that they attracted from the mid-1990s to 2010.[6] As United Nations population projections for cities were produced before the pandemic (United Nations, 2019) and many of 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

Migration in the region has increased in volume and diversity in recent decades and has become more prevalent in countries with no prior tradition of migration. These changes open up opportunities and can make valuable contributions to receiving countries, but they also create pressure and pose significant challenges in terms of labour inclusion. The arrival of large numbers of migrants within a short period of time can make it particularly difficult for migrants to regularize their administrative status, rendering them more vulnerable to abuse, discrimination and precarious labour conditions (ECLAC, 2023b).

According to United Nations estimates, in 2020, the migrant population of Latin America and the Caribbean (i.e. individuals residing in a country other than the one in which they were born) totalled about 43 million, representing approximately 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 regional total)— were in North America (Canada and the United States), while 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, origin and 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
Southern and Central Asia	19 427 576	1.0	3 569 787	49.9	51 229 549
East and South-East 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
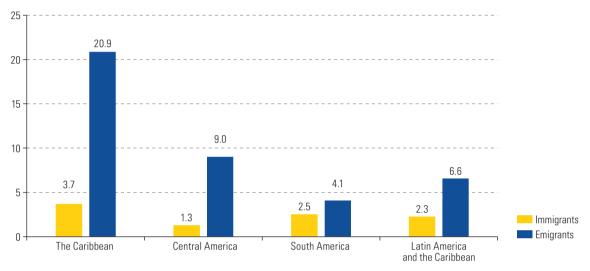
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, International Migration 2020 Highlights (ST/ESA/SER.A/452), New York, 2020.
[a] Excludes Australia and New Zealand.

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[6] See Database on Internal Migration in Latin America and the Caribbean (MIALC) of CELADE-Population Division of ECLAC (https://celade.cepal.org/bdcelade/mialc/) (excludes 2023 census data from Panama).

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.10). 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 were not major recipients of migrants until a few years ago. Although 12 of the region's countries had at least 1 million emigrants in 2020, the Caribbean countries, which do not figure in that group, have the highest percentages of emigrants in relation to their national populations.[7]

Figure I.10
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 (i.e. movement to and from countries within the same region) has grown more than extraregional migration, and this trend has been particularly noticeable in the past five years with the near doubling of the intraregional migrant population. The growth of intraregional migration is linked to Venezuelan migration. Most Venezuelan migrants remain in the region, mainly in 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, despite the lockdowns and land border closures imposed by the vast majority of countries, in particular early on, the COVID-19 pandemic did not stop migration either within or outside the region until the beginning of 2021. Rather, current regional migration processes show increasing complexity, accompanied by an increase in the 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, with some continuing as before (e.g. flows of Central American migrants to the north) as others become more complex (e.g. 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, sees not only traditional emigration to the United States but also return migration, immigration and transit migration.

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[7]   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), at least 50% of their national populations (United Nations, 2020).

Migrants face enormous risks and adversity as they move within and outside the region. In Central America, migration can be a source of great vulnerability owing to irregular migration conditions, arduous journeys, and violence and instability that force people to leave their countries. There have been warnings (IOM, 2021 and 2023), in particular, about the increase in irregular migration flows across the Darién Gap, one of the most dangerous migration routes in the world, where migrants have to contend not only with swampy jungle terrain but also with extortion and violence at the hands of criminal groups. According to IOM (2023) estimates, more than 125,000 people crossed the Gap 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 altitude, drastic changes in temperature and extreme cold, the increase in irregular flows across the border nearColchane on the Chilean-Bolivian altiplano has been accompanied by deaths (ECLAC, 2022b), mainly among 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 January 2014 and March 2024, 9,225 cases of deceased or missing migrants were reported in the region, mainly in Central America (IOM, 2024). The actual figure is probably much higher, as many cases go unreported. Other risks faced by migrants, especially women, include exposure to sexual violence and difficulties in accessing essential health and pregnancy care services both during outbound or return journeys 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, requires establishing 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 protecting the rights of all migrants, in situations that require immediate action as well as those that do not. Migration processes are shaped not only 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 in light 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) (2024), *Demographic Observatory*, 2023 (LC/PUB.2023/26-P/Rev.1), Santiago

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

____(2023b), *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1), 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) (2024), "Migration within the Americas" [online] https://missingmigrants. iom.int/region/americas.

___(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.

Lucchini, L. and others (2023), "Socioeconomic disparities in mobility behavior during the COVID-19 pandemic in developing countries", arXiv [online] https://arxiv.org/abs/2305.06888.

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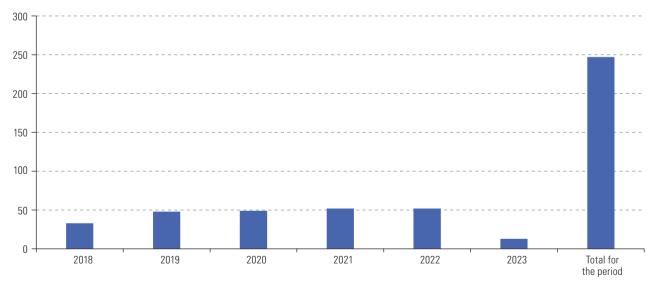
Full integration of population dynamics into sustainable development with equality and respect for human rights

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 chapter 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 of the Consensus).

According to the information available on the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, during the reference period —2018 to 2023— 247 policy measures were reported to have been implemented by 28 countries in the region (plans, policies, programmes and regulations) in relation to the topics in chapter A of the Consensus (see figure II.1). On the basis of the tally taken through the platform of policy actions by priority measure, implementation has been most widespread for priority measure 1, on eradicating poverty and breaking the cycles of exclusion and inequality, and priority measure 2, on applying a human rights approach with a gender and intercultural perspective in addressing population and development issues. They are followed by priority measure 4, on ensuring the full integration of population dynamics into sustainable development planning, sectoral policies and public policies and programmes, and priority measure 5, on the pursuit of sustainable development as a means of securing human well-being. In final place are priority measure 3, on building and strengthening national and subnational public institutions with responsibility for population and development issues, and priority measure 6, on guaranteeing sustainable production and consumption patterns to avoid exacerbating climate change.

Figure II.1
Latin America and the Caribbean (28 countries): policy measures implemented by countries related to chapter A of the Montevideo Consensus, 2018–2023
(Number)

A. 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.

As noted by ECLAC in the *Social Panorama of Latin America and the Caribbean, 2023*, the post-pandemic recovery process continued in 2022. The percentage of people living in poverty in the region fell back to pre-COVID-19 levels, even though poverty remained higher than in 2019 in more than half the countries. In 2022, 29% of Latin America's population was living in poverty, meaning they did not have enough income to cover their basic needs, and 11.2% was living in extreme poverty, meaning they did not have enough income to buy a basic food basket. These percentages are appreciably lower than in 2021, when the figures were 32.6% and 13.0%, respectively. They also reflect a more favourable situation than in 2019 (30.2% and 11.3%, respectively), the year before the onset of the pandemic (ECLAC, 2023a).

Despite recent progress, more than 180 million people in the region were living in poverty and 70 million in extreme poverty in 2022. The poverty figures were similar to those at the beginning and end of the last decade, showing that insufficient progress has been made at the regional level towards the goal of eradicating poverty. Matters are even less encouraging where extreme poverty is concerned, with the latest figures showing that over 20 million more people are in this situation than 12 years ago (ECLAC, 2023a).

With regard to the proportion of the population living below the international poverty line (US$ 2.15 per day) —indicator A.1 of the Montevideo Consensus and SDG indicator 1.1.1— the region had achieved a modest reduction in poverty prior to the pandemic: it had fallen to 3.9% in 2020. However, poverty increased sharply as a result of the pandemic, reaching 4.7% in 2021. Between 2017 and 2021, the proportion of the population living below the international poverty line increased in 7 of the 15 countries of Latin America for which data are available, although in some, it began falling in 2021 in comparison with the record-high levels of the pandemic.[1]
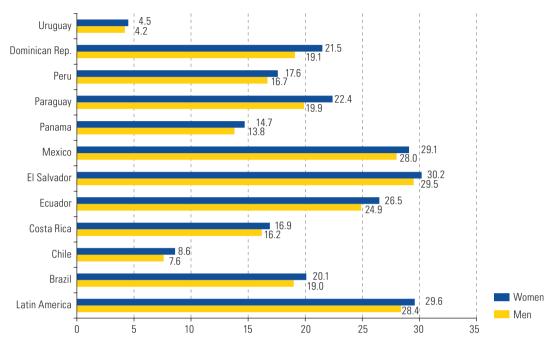
The magnitude and severity of poverty vary according to the attributes of individuals and their households. Personal characteristics, such as sex, age, ethnicity or race and area of residence, affect the likelihood that a person will be poor (ECLAC, 2022). Indeed, when disaggregated by sex, ECLAC data show that in 2022, more women than men were affected by poverty in Latin America, with rates of 29.6% and 28.4%, respectively[2] (see figure II.2).

Similarly, the Gini coefficient, which measures household income inequality and constitutes indicator A.5 of the proposed indicators for regional follow-up of the Montevideo Consensus on Population and Development (see ECLAC, 2017), remained high throughout the reporting period in Latin America (at 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 (ECLAC, 2022). Between 2018 and 2022, inequality fell slightly in 7 of 13 countries (Brazil, Colombia, Costa Rica, the Dominican Republic, Ecuador, Mexico and Peru) and held steady in the rest (see figure II.3).

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[1] Information from CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en, on the basis of the Household Survey Data Bank (BADEHOG).
[2] Ibid.
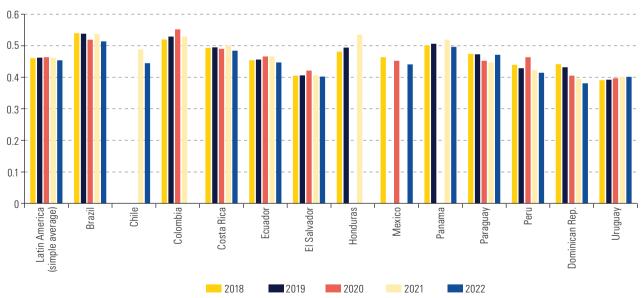
Figure II.2
Latin America (11 countries): population living in poverty, by sex, 2022
(Percentages of total population)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.
html?lang=en, on the basis of the Household Survey Data Bank (BADEHOG).

Figure II.3
Latin America (13 countries): Gini index of inequality, 2018–2022

Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.
html?lang=en, on the basis of the Household Survey Data Bank (BADEHOG).

During the reference period, the countries of the region 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, as well as intercultural, human rights-based strategies with a focus on gender equality, non-discrimination and inclusion.

Argentina reported measures implemented with a gender-sensitive and intersectional approach to address lower incomes and nutritional deficiency among children, women, LGBTIQ+ persons and others, who experienced structural inequalities and suffered greater impacts during the pandemic. Notable among them were the *Potenciar Trabajo* national programme for social and productive inclusion and local development, which provided a complementary social allowance for meeting basic needs and strengthening productive initiatives; a social protection pregnancy allowance for pregnant people most in need; and the Emergency Family Income programme, an exceptional non-contributory cash benefit.

The Plurinational State of Bolivia reported the 2016–2020 and 2021–2025 Economic and Social Development Plans, which included measures to reduce extreme poverty, poverty and inequality among children, young people, women, Indigenous Peoples and LGBTIQ+ persons. According to its voluntary national report, the Productive Community-based Social and Economic Model reduced poverty and extreme poverty.

The Government of Brazil reported that it was working to reduce inequalities in Brazilian society, which disproportionately affected certain population groups. Among the main strategies aimed at eradicating poverty and hunger was the resumption of the *Bolsa Família* programme, which currently supports some 21.5 million low-income families, and the establishment of the *Brasil Sem Fome* plan, with 80 measures and programmes and more than 100 targets proposed by 24 ministries comprising the Interministerial Cabinet for Food and Nutritional Security. It also reported the expansion of the *Minha Casa, Minha Vida* programme; the establishment of the Poverty Reduction Programme, with multisectoral policies; the strengthening of the National School Feeding Programme; and the resumption of the National Programme for Strengthening Family Farming and the National Agrarian Reform Plan.

The Government of Chile reported that since 2020, it has focused support on lower-income households and vulnerable populations. In that context, the *Chile Apoya* inclusive recovery plan created jobs in sectors that were lagging, for persons who had left the job market to perform care work. In particular, the *Subsidio Protege* allowance was established to encourage workers caring for children under two years of age to return to work. The Guaranteed Universal Pension also provided a non-contributory monthly payment to persons over the age of 65. A fund called *Chile Compromiso de Todos* was also established in response to the COVID-19 pandemic, as was the the Emergency Family Income subsidy, which benefited 1.2 million homes in 2020 and 8.3 million homes in 2021.

Among other measures, Colombia reported the 2022–2026 *Colombia Potencia Mundial de la Vida* national development programme, which includes human security and social justice as one of its transformative pillars, takes life cycles into account and established a universal and adaptive social protection system. The 2022–2031 National Public Policy on Ageing and Old Age was also highlighted.

Costa Rica reported the establishment of policies and programmes to eradicate poverty, with a human rights-based, non-discriminatory, gender-sensitive, intergenerational and sustainability approach. One example is the National Poverty Reduction Strategy of the Joint Institute for Social Aid. Also notable were policies aimed at early childhood, school-age children, adolescents and young people, as well as the national strategy for healthy ageing. Costa Rica also highlighted inter-agency coordination of policies for different population groups.

Cuba reported that the 2030 National Economic and Social Development Plan was the framework for integrating population dynamics into sustainable development. It brought together strategic pillars and large-scale programmes such as the Human Development, Equity and Social Justice programme. Cuba also highlighted different commissions and processes working to protect children and young people, and combating racial discrimination and racism, among other issues.

El Salvador reported that the Poverty Eradication Strategy adopted in 2017 aimed to eradicate poverty, especially extreme poverty, progressively, by fostering the full exercise of rights, social protection, capacity-building, the creation of opportunities and citizen participation. The Strategy included four components: social and family support, financial and productive inclusion, income support to reduce inequality gaps, and social infrastructure.

Honduras reported the implementation of measures to combat poverty and vulnerability under *Plan de Gobierno para Refundar Honduras*, which included expanding and strengthening social protection through support programmes, focusing on productive sectors and food security. Noteworthy were programmes for small-scale producers in communities with high levels of extreme poverty. With regard to food security, Honduras reported the approval of a productive technology bond and the issuance of bonds for coffee growing and livestock raising, as well as a temporary income support programme, which had provided financial assistance for households living in poverty. It had also implemented *Programa de Vida Mejor*, national programmes for food aid and contract farming and a programme to support small farmers.

Mexico reported that measures to improve the quality of life of children, adolescents and young people, older persons and persons with disabilities, the LGBTQ+ community, Indigenous and Afro-Mexican communities, and migrants had been implemented under the 2019–2024 National Development Plan and the 2020–2024 National Human Rights Programme. Mexico also reported on the 2020–2024 Sectoral Welfare Programme, which coordinated universal measures to reduce socioeconomic inequality between territories; the 2021–2024 National Programme for the Protection of Children and Adolescents; the *Jóvenes Construyendo el Futuro* programme; the 2021–2024 National Programme for Equality and Non-discrimination; the 2021–2024 Special Programme for Indigenous and Afro-Mexican Peoples; pension programmes for persons with disabilities and older persons; and the Sowing Life programme.

Peru reported major challenges with extreme poverty and poverty as a consequence of the pandemic. The measures it had implemented included the 2030 National Development and Social Inclusion Policy, which set out guidelines, strategies and services to achieve development and social inclusion for the population living in poverty or at risk of falling into poverty, from childhood to old age, considering their circumstances and various cross-cutting approaches, in particular those related to human rights and human development, emphasizing a multidimensional understanding of poverty. It also reported on the 2018–2021 National Human Rights Plan, the National Competitivity and Productivity Plan, the National Direct Assistance Programme for the Very Poor (JUNTOS) and the Social Development Cooperation Fund for rural households.

The Dominican Republic reported on cross-cutting policies under its 2030 National Development Strategy relating to human rights, the gender approach, environmental sustainability, territorial cohesion, social participation and the use of information and communications technology.

In Uruguay, the government established a series of measures during the health emergency focused on households living in socioeconomic vulnerability. They included non-contributory cash transfers, *Canasta de Emergencia-Cupón TuApp* and *Bono Crianza*, targeting pregnant women and mothers of children under the age of 3 living in extreme socioeconomic vulnerability, as well as access to *Bono Social de Energía Eléctrica*, which subsidizes the cost of electricity.

The national strategies of various countries also included measures with a territorial focus, for rural areas and Indigenous Peoples, seeking to reduce poverty for groups most affected by structural inequality.

In Ecuador, the 2017–2021 and 2021–2025 National Development Plans were implemented, seeking alignment with the Montevideo Consensus and the 2030 Agenda as well as the generation of new opportunities and well-being for rural populations. These included cash transfer programmes, under the comprehensive social protection system of the Ministry of Economic and Social Inclusion, for persons with disabilities and older persons, among others.

Panama reported on *Estrategia Nacional Plan Colmena*, aimed at strengthening the public policies and measures needed to eradicate poverty and break the cycles of exclusion and inequality using a territorial and human rights-based approach. It also reported on a master plan for the health of pre-school and school-age children and adolescents for the period 2018–2025, the 2022–2025 national plan for older persons, the national social inclusion policy for persons with disabilities for the period 2020–2030 and the plan for Indigenous women's economic empowerment (PEMIP 2025).

Paraguay reported that, in 2018, the Technical Planning Secretariat for Economic and Social Development had generated data to identify families living in extreme poverty, encouraged territorial development by establishing 30 territorial plans (out of an anticipated total of 40) and had coordinated plans to reduce poverty and foster social development. The Ministry of Social Development had also designed the Jajapo Paraguay National Poverty Reduction Plan, which employed a multidimensional approach.

An overview of the situation in the Caribbean through the voluntary national reports of Antigua and Barbuda, Belize, Guyana, Jamaica, Suriname and Trinidad and Tobago showed the implementation of a variety of poverty reduction measures. In Antigua and Barbuda, a policy with a gender, human rights-based and intercultural approach was established through the National Economic and Social Council. The country also reported a series of social protection programmes that act as a buffer for the most vulnerable, such as social assistance programmes for the homeless, children, older persons, persons with disabilities and those with chronic or congenital diseases.

Belize reported on the Building Opportunities for Our Social Transformation (BOOST) conditional cash transfer programme, established in 2010 under the Ministry of Human Development, Social Transformation and Poverty Alleviation, which represented an important step towards the development of a smart social safety net, and on the BOOST+ programme for complementary strategic monitoring of the original BOOST programme.

Guyana reported that specific government interventions to reduce multidimensional poverty among the most vulnerable populations, including increased public spending on health, education and social services, had resulted in a rise in the human development index. It also reported on its Low Carbon Development Strategy 2030, which aimed to improve the quality of life of all persons through population and development policies and programmes aimed at reducing poverty and to achieve sustained economic growth in the context of sustainable development, among other objectives.

Jamaica reported that, since the adoption of the Montevideo Consensus, it had established a series of aligned policies that sought to eradicate extreme poverty and poverty, in particular among women, children and young people. They included the National Population and Sustainable Development Policy, the National Policy on Poverty, the Jamaica Social Protection Strategy, the 2030 Agenda, Vision 2030 Jamaica and other national development platforms.

Suriname reported the launch of the National Population Policy 2021–2040, which aimed to establish and implement a comprehensive national strategy grounded in human rights, promoting the physical and mental well-being of the population and safeguarding their economic and social welfare and health to ensure they were not living below the poverty line.

Trinidad and Tobago reported on the establishment of the National Poverty Reduction Strategy and the renewal of the National Social Mitigation Plan 2017–2022, focused on reducing poverty among women heads of family, children, young people and older persons.

B. 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, social security and gender, with a view to ensuring a comprehensive approach to such issues (ECLAC, 2013 and 2015).

The 22 voluntary national reports and one technical note submitted to the technical secretariat of the Regional Conference on Population and Development, and the information provided by the countries through the Virtual Platform for 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, the office of the president of the republic, or national statistical offices or institutions (see table II.1).

Table II.1
Latin America and the Caribbean (24 countries): branch of government or department to which the population and development institution reports

Country	Foreign affairs	Interior or internal affairs	Social or human development	Women	Planning or economy	Health	National statistical institution or office	Intergovernmental, inter-sectoral, sectoral or national committee or body
Antigua and Barbuda			X				X	
Argentina		X						
Belize			X				X	
Bolivia (Plurinational State of)					X			
Brazil								X
Chile							X	
Colombia	X							
Costa Rica					X			
Cuba								X
Dominican Republic					X			
Ecuador					X			
El Salvador	X							
Guyana		X	X					
Haiti					X			
Honduras			X					
Jamaica							X	
Mexico								X
Panama			X					
Paraguay					X			
Peru				X				
Suriname		X						
Trinidad and Tobago					X			
Uruguay								X
Venezuela (Bolivarian Republic of)							X	

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

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, 2019).

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 Antigua and Barbuda, Chile, Cuba, Honduras, Jamaica, Mexico, Peru, the Plurinational State of Bolivia and Trinidad and Tobago; or they participate through consultations, workshops, surveys, key informant interviews and other feedback mechanisms, as is the case in Argentina, Belize, the Bolivarian Republic of Venezuela, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guyana, Haiti, Panama, Paraguay and Suriname. The second round of voluntary national reports featured many cases of academic sector participation, to varying degrees and at various levels (see table II.2).

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. In many cases, the academic sector, to varying degrees and at different levels, also participated in the preparation of national reports.

Table II.2
Latin America and the Caribbean (22 countries): participation modality of civil society organizations

Country	Incorporated into coordinating entity for population and development	Participation through consultation, workshops, surveys, key informant interviews or other mechanisms
Antigua and Barbuda	X	
Argentina		X
Belize		X
Bolivia (Plurinational State of)	X	
Chile	X	
Colombia		X
Costa Rica		X
Cuba	X	
Dominican Republic		X
Ecuador		X
El Salvador		X
Guyana		X
Haiti		X
Honduras	X	
Jamaica	X	
Mexico	X	
Panama		X
Paraguay		X
Peru	X	
Suriname		X
Trinidad and Tobago	X	
Venezuela (Bolivarian Republic of)		X

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

C. 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, 2023b). 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 various voluntary national reports for Argentina, Belize, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Suriname and Uruguay mention that population dynamics are in some way integrated into these countries' development planning, albeit with appreciable differences in the degree to which this priority measure is implemented.

In that regard, the Plurinational State of Bolivia reports that its Economic and Social Development Plan 2021–2025 includes cross-cutting measures in each pillar to improve the integration of population dynamics into the country's development policies. Cuba reported that it has a Government Commission for Population Dynamics, led by the Prime Minister, which includes stakeholders from government, academia, institutions and civil society, and notes that the Guidelines for the Economic and Social Policy of the Party and the Revolution, with work projections until 2026, include a specific component aimed at addressing population dynamics. In addition, in June 2022, the Population Dynamics Policy was updated by agreement of the Council of Ministers. Mexico reports that the General Secretariat of the National Population Council leads and actively participates in the Technical Committee for Population and Demographic Dynamics of the National System of Statistical and Geographical Information, to contribute to the statistical instruments developed by the National Institute of Statistics and Geography, in order to capture data that explain the factors influencing demographic dynamics and for better estimates of the main demographic indicators for levels of disaggregation that enable decision-making at the national, State and municipal levels. The report also mentions the National Survey on Demographic Dynamics, which provides statistical data on the level and trend of the components of demographic dynamics —fertility, mortality and migration (internal and international)— and other population, household and housing matters.

In the Caribbean countries, Belize reports the increasing importance of integrating population dynamics into sustainable development in the country's efforts to meet the targets of the Sustainable Development Goals (SDGs). Jamaica reports a longstanding tradition of integrating population dynamics in its national policies, plans and programmes, such as Vision 2030 Jamaica, noting that the thematic areas and measures proposed in the Montevideo Consensus and the SDGs are a priority for its government. Lastly, Trinidad and Tobago reports that the Central Statistical Office (CSO), which reports to the Ministry of Planning and Development, is the government agency responsible for the data used to monitor population dynamics, and also conducts censuses and gathers, compiles, analyses and publishes social and economic statistical data.

Bibliography

ECLAC (Economic Commission for Latin America and the Caribbean) (2023a), *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1), Santiago.

___(2023b), "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.

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

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

___(2017), *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.

___(2013), *Montevideo Consensus on Population and Development* (LC/L.3697), Santiago.

Rights, needs, responsibilities and requirements of children, adolescents and young people
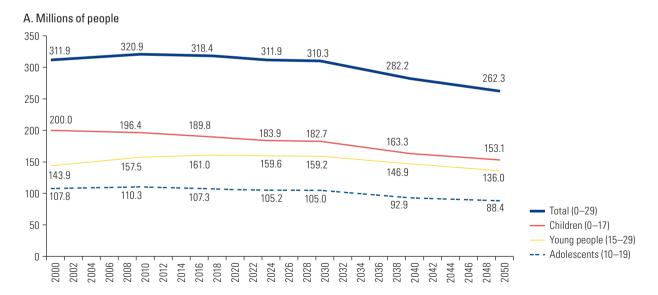
Of the priority measures contained in chapter B of the Montevideo Consensus, 11 are aimed at three distinct life stages that partially overlap in practice. According to UNICEF (1989), childhood extends to age 18. However, there is no internationally agreed standard for defining adolescence and youth; 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 young people), sometimes as required by law.
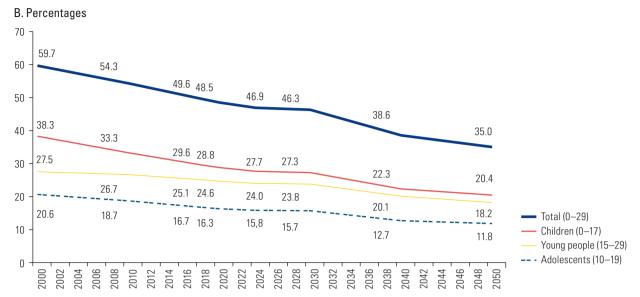
In 2024, the population between the ages of 0 and 29 in Latin America and the Caribbean reached 312 million, accounting for 46.9% of the total regional population, compared with 54.3% in 2010. This age group will continue to decline in absolute numbers and as a share of the population, falling to 46.3% of the total by 2030 and 35% by 2050. The same will be true for all subgroups (children aged 0–17, adolescents aged 10–19 and young people aged 15–29), which are projected to contract by 17%, 16% and 15%, respectively, between 2024 and 2050. For example, the adolescent population will fall from 105 million in 2024 to 88 million in 2050 (see figure III.1).

The contraction of these age groups in no way diminishes their importance or need of investment, as their needs continue to be significant, and even more so, as noted in this chapter, in the wake of the pandemic. Their rights remain just as enforceable, given the many instances of rights violations, and they will retain their status as the replacement generation and, therefore, that upon which the region's future rests. The above shows that population decline thus frees up social resources at the country and household levels, presenting an opportunity for higher per capita investment in these age groups.

Figure III.1
Latin America and the Caribbean: population aged 0–29, by subgroup, 2000–2050
(Millions of people and percentages)

A. Millions of people

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[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 the population aged 15–29.
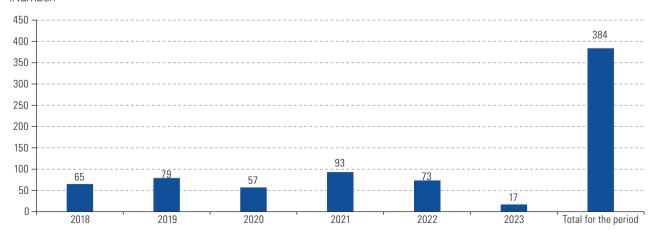
B. Percentages

Source: United Nations, "Regional data bank for statistical follow-up to the SDGs in Latin America and the Caribbean", 2024 [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.

A.   Overview of policy actions related to priority measures in chapter B of the Montevideo Consensus on Population and Development

Through the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, countries reported the implementation of 384 policy actions in compliance with chapter B between 2018 and 2023. The year in which most actions were implemented was 2021 (see figure III.2). The variation is such that no conclusions can be drawn with regard to the degree of implementation or the importance accorded to this chapter of the Consensus on the sole basis of the number of actions. Priority measure 7 is the most widely implemented, partly owing to the many issues it covers and its broad scope.[2]

Figure III.2
Latin America and the Caribbean (28 countries):[a] policy measures implemented by countries related to chapter B of the Montevideo Consensus on Population and Development, 2018–2023
(Number)

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en.
[a] Does not include the Bahamas, Belize, Nicaragua, Saint Lucia and Saint Vincent and the Grenadines.

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2   See the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

Table III.1 shows that, many countries of the region report the establishment between 2018 and 2023 of general and comprehensive polices for children, adolescents and young people, an encouraging sign, as such policies tend to serve as a framework to promote, protect and ensure their rights.

Table III.1
Latin America and the Caribbean (14 countries): comprehensive laws and policies on children, adolescents and young people, 2018–2023

Country	Law or policy	Institution responsible
Argentina[a]	National Youth Bill (S-1565/19)	. . .
Bolivia (Plurinational State of)	"Living Well" Multisectoral Comprehensive Development Plan for Young People 2021–2025	Ministry of Justice and Institutional Transparency
Chile	Act 21 430 on Guarantees and Comprehensive Protection of the Rights of Children and Adolescents	Ministry of Social Development and Family
Colombia	National Child and Adolescent Policy 2018–2030	National Family Welfare System
Costa Rica	Public Policy for Young People 2020–2024	Ministry of Culture and Youth
Cuba	Comprehensive Child, Adolescent and Youth Policy	Deputy Prime Minister and Ministry of Education
Ecuador	Organic Act on Young People	Governing body for social policy: Council for Citizen Participation and Social Control
El Salvador	Growing Together Act	National Council for Early Childhood, Childhood and Adolescence
Honduras	National Child and Adolescent Policy 2019–2038	Child, Adolescent and Family Affairs Directorate
Mexico	National Youth Programme 2021–2024	Mexican Youth Institute
	National Programme for the Protection of Children and Adolescents (PRONAPINNA) 2021–2024	National System for the Comprehensive Protection of Children and Adolescents
Panama	Public Policy for Young People 2022–2027	Ministry of Social Development
	Master Plan for the Health of Pre-school and School-age Children and Adolescents 2018–2025	Ministry of Health
Peru	National Youth Policy (Supreme Decree No. 013–2019-MINEDU)	National Youth Secretariat (Ministry of Education)
Suriname	National Population Policy 2021–2040	Ministry of Internal Affairs, Planning Office of Suriname and Statistical Bureau
Trinidad and Tobago	National Youth Policy 2020–2025	Ministry of Youth Development and National Service
	National Child Policy 2020–2030	Office of the Prime Minister (Gender and Child Affairs)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health.
[a] The bill is still before the legislature.

Nevertheless, the implementation deficit of such laws and policies is often high, and therefore no conclusions can be drawn from the mere fact that they exist. Accordingly, this chapter contains a brief overview of policy actions and of some outcomes of three thematic areas explained below.

The population diversity referred to in chapter B of the Montevideo Consensus is reflected in the variety of priority measures and indicators it contains. To organize the review of implementation of these measures and the trends for the available indicators, they are grouped into three thematic areas: (i) living conditions; (ii) participation; and (iii) health and sexual and reproductive rights. For each area, consideration will be given to policy actions and indicators for regional follow-up of the Montevideo Consensus on Population and Development and, where information permits, potential social and gender inequalities in the indicators and their trends will be shown.

B. Living conditions
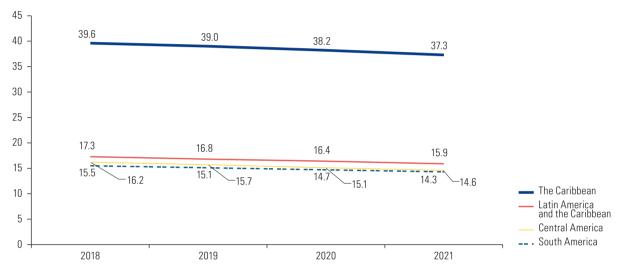
This section addresses priority measures 7 (living conditions), 9 (education), 10 (employment) and 16 (coexistence and prevention of violence). With regard to priority measure 7, poverty rates remain highest among children and adolescents, compromising their present and future prospects and posing the greatest threat to the exercise of their rights. Estimates show that in 2022, 42.5% of minors under the age of 18 were poor

(74.8 million people), compared with 29.1% of the total population (ECLAC, 2023e). According to the Household Survey Data Bank (BADEHOG) of the Economic Commission for Latin America and the Caribbean (ECLAC), between 2018 and 2022, child poverty fell slightly from the 2018 rate of 43.2%.[3] However, extreme poverty in this age group increased from 15.8% in 2018 to 16.7% in 2022.

Childhood mortality was also reduced between 2018 and 2021 in the region overall and in all subregions (see figure III.3). Several countries highlighted this achievement in their voluntary national reports,[4] 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, 2022b) and other essential health services, partly because COVID-19 is not as severe or lethal in children.[5]

Figure III.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 Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/indicadores/under-five-mortality-rate-sex-sdg-indicator-321.

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 population group (UNICEF, 2022). According to Ecuador's voluntary national report, suicide is the second leading cause of death among children aged 5–17; the same is true in Paraguay, but for the 20–24 age group; and in Uruguay, 70% of deaths among adolescents and young people are the result of risky or self-inflicted behaviours. The pandemic exacerbated mental health problems;[6] Colombia's report, which noted a 6.1% increase in suicide among young people between 2020 and 2021, is telling in that regard.

In their voluntary national reports, Brazil, Chile, Colombia, Ecuador, Guyana, Jamaica, Mexico, Suriname and Uruguay described measures to prevent and contain mental health problems. Brazil reported the establishment of the System to Guarantee the Rights of Orphaned Children and Adolescents, one of the groups most at risk in terms of mental health, whose numbers increased as a result of the pandemic (ECLAC, 2022b). In Chile, Act 21.430 on Guarantees and Comprehensive Protection of the Rights of Children and Adolescents, which

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[3]   In 2021, poverty rose sharply among children and adolescents, as for the population as a whole, owing to the pandemic: the percentage of children under 18 living in poverty was 46.1% (81.5 million people).

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

[5]   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).

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

was passed in March 2022, aims to guarantee the development and mental health of children and adolescents, among other objectives, and the Educational Reactivation Plan includes coexistence and mental health among its three key areas. In Colombia, the National Child and Adolescent Policy (PNIA) 2018–2030 has enabled progress in safeguarding rights and in various dimensions of comprehensive child and adolescent development, such as education, health, and identification of and protection from violations. In Ecuador, the *Hincha de mi Barrio* social transformation programme has promoted, since 2022, mental and physical health and resilience in children, young people and other groups through community sports activities, and the service has been provided at six centres for adolescent offenders. In Guyana, preventive content in the area of mental health is delivered under its Health and Family Life Education (HFLE) programme at primary and secondary schools. In Jamaica, the Caribbean Child Development Centre (CCDC) at the University of the West Indies (UWI) and the Mental Health Support Chatline for Young Persons, as well as tele-mental health services, have been part of the response to the devastating impacts of the COVID-19 pandemic on the mental health of children and adolescents. In Mexico, the National Programme for the Protection of Children and Adolescents (PRONAPINNA) 2021–2024 aims to provide access to mental health protection, among other objectives, and the *Contacto Joven* programme, which operates through a network of young people responding to messages to a WhatsApp number, provided support in 73,790 cases of persons experiencing emotional difficulties, including suicidal ideation between July 2020 and February 2023. Suriname's National Population Policy 2021–2040 aims to establish and implement a comprehensive national youth policy with a rights-based approach, among other objectives, to promote the physical and mental well-being of that population group. The measures implemented in Uruguay include the National Suicide Prevention Plan (ENPS) 2021–2025, the Intersectoral Suicide Prevention Plan for Adolescents and Young People, 2021–2022, which emphasizes the promotion of psychosocial welfare and comprehensive mental health care, and the Act for the establishment of a National Adolescent Suicide Awareness and Prevention Campaign (Act No. 19979) of 2021.

Child labour is monitored by indicator B.2 for the follow-up of the Montevideo Consensus, 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, 2023). The voluntary national reports of Belize, Costa Rica, Guyana, Honduras and Peru mention measures taken to address the issue. Several countries include the prevention of child labour in comprehensive child protection laws, programmes or strategies enacted during the reporting period. For example, in Chile, article 37 of Act 21430 on Guarantees and Comprehensive Protection of the Rights of Children and Adolescents of 2022 refers directly to protection from child labour, and in Suriname, the aforementioned National Population Policy 2021–2040 includes the eradication of child labour among its objectives. In Belize, proposals include raising the minimum working age to 16 years, while in Costa Rica, the road map to eliminate child labour and its worst forms was put forward by the Ministry of Labour and Social Security (MTSS, 2021), and Guatemala adopted the Procedure for the effective application of the Minimum Age Convention, 1973 (No. 138) of the International Labour Organization (ILO). In Guyana, the National Child Labour Policy was launched in 2019 to eliminate child labour. Honduras has adopted the Child Labour Compliance Seal and Peru the "Child Labour-Free" Seal (SELTI) (ministerial resolution no. 204-2019-TR). In Suriname, the government established the National Commission for the Eradication of Child Labour, responsible for implementation of measures under the National Action Plan for the Prevention and Reduction of Child Labour 2019–2024.

With regard to education, addressed in priority measure 9, the adverse impacts of the pandemic during the reporting period resulted in a longer suspension of in-person classes 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, 2023), and recent estimates based on household surveys show a sharp drop in pre-school education coverage in 2020 and 2021, which, by 2022, had yet to return to 2019 levels (ECLAC/UNICEF, 2023). Learning outcomes, as measured by standardized tests, also 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.

Beyond the impact of the pandemic, countries report various measures to improve teaching and strengthen education, where serious coverage and completion issues persist in the region, in particular at the secondary and tertiary levels. Quality also remains a problem, with low scores in international standardized testing, as does inequality, which reflects lower coverage and performance among the most disadvantaged groups. The measures taken in Argentina include the Support Programme for the Graduation of Young People without Parental Care (PAE), which facilitates the completion of the school cycle for a particularly vulnerable group. In Chile, Act 21152 of 2019 increases teacher wages, while in Guyana, the Education Strategic Plan 2021–2025 is intended to strengthen the education system, increase school enrolment and improve performance, with social benefits for students' families. Honduras adopted the Strategic Plan for the Education Sector 2018–2030 and Peru adopted the National Policy for Higher and Technical Productive Education.

In the area of youth employment, indicator A.14 is used to monitor priority measure 9.[7] Four conclusions can be drawn from the global and regional data on this indicator for the follow-up of the Montevideo Consensus (see table III.2): (i) youth unemployment figures in Latin America and the Caribbean are above global figures; (ii) the pandemic hit youth employment in the region particularly hard, exacerbating the age group's already high levels of vulnerability; (iii) the recovery was swifter than expected and unemployment in the region in 2022 is lower than in 2019, departing slightly from the global trend of higher levels in 2022 than in 2019; and (iv) despite the above, the 2022 youth unemployment rate in Latin America and the Caribbean was still three times the adult rate.

Table III.2
Latin America and rest of the world: unemployment rate, 15–24 and 25 and over age groups, by sex, 2018–2022
(Percentages and ratio between rates)

Region	Age	Sex	Unemployment rate					Ratio of rates for 15–24 and 25 and over age groups	
			2018	2019	2020	2021	2022	2018	2022
Latin America and the Caribbean	15–24 years	Total	17.9	17.9	21.2	19.2	15.4	3.1	3.0
		Women	22.0	22.1	26.0	23.9	19.1	3.1	3.1
		Men	15.2	15.1	18.0	16.1	12.9	3.0	3.0
	25 and over	Total	5.9	6.0	8.1	7.3	5.4		
		Women	7.1	7.2	9.4	9.1	6.7		
		Men	5.0	5.0	7.1	6.0	4.5		
World	15–24 years	Total	14.0	13.7	16.5	14.7	14.0	3.3	3.3
		Women	13.3	13.2	15.8	14.5	13.6	3.0	3.0
		Men	14.5	14.0	16.9	14.9	14.2	3.5	3.4
	25 and over	Total	4.3	4.2	5.4	4.8	4.4		
		Women	4.5	4.4	5.3	5.0	4.6		
		Men	4.2	4.1	5.4	4.7	4.4		

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/indicadores/proportion-youth-aged-15-24-years-and-25-29-years-who-are-not-education-employment-or.

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[7]   This is largely equivalent to SDG indicator 8.5.2 (unemployment rate), by age.

Priority measure 9 is also monitored using regional follow-up indicator B.7 for the follow-up of the Montevideo Consensus,[8] which refers to situations of exclusion from education, employment or training. Table III.3 shows that although this dual exclusion is slightly lower in the region than the global average, it remains high and increased sharply during the pandemic. This dual exclusion is twice as high among women as among men 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.

Table III.3
Latin America and world: young people (aged 15–24) not in education, employment or training, by sex, 2018–2022
(Percentages and ratio between rates)

Region	Sex	Percentages					Ratio between the percentages of men and women	
		2018	2019	2020	2021	2022	2018	2022
Latin America and the Caribbean	Total	21.6	21.5	24.3	21.8	20.3	2.0	2.0
	Women	29.1	28.8	30.9	28.6	26.9		
	Men	14.3	14.5	17.8	15.3	13.9		
World	Total	22.7	22.9	24.9	23.8	23.5	2.2	2.1
	Women	31.6	31.6	32.8	32.2	32.1		
	Men	14.4	14.7	17.5	15.8	15.4		

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/indicadores/proportion-youth-aged-15-24-years-and-25-29-years-who-are-not-education-employment-or.

Pandemic-era measures such as unemployment insurance and hiring subsidies prioritized the worst-affected groups, including young people (ECLAC/ILO, 2023a and 2023b), leading to faster recovery of employment among young people.[9] In addition, youth employment programmes are in place in most countries, with varying impacts in each (Huepe, 2023). The voluntary national reports of Chile, Guyana, Jamaica, Mexico and Peru include specific measures aimed at improving youth employability and hiring, indicating that greater job insecurity among young people has been considered in public policy agendas, which in some cases appears to have benefited this population group.

In Chile, the "Campus INJUV" platform of the National Institute for Youth (INJUV) provided training to increase the employability of young people during the reporting period. Guyana adopted close to a dozen measures, including the Youth Entrepreneurial Skills Training (YEST) programme, the Women Innovation and Investment Network and the Get Ready for Opportunities to Work (GROW) programme. Jamaica has implemented the Youth Employment in Digital and Animation Industry project. The measures in Mexico include the Youth Building the Future programme and Young Business initiative (which supports the sustainability of young people's startups and businesses); and in Peru, the Comprehensive Pilot Programme for Boosting Youth Employment and the Productive Youth programme.

However, structural discrimination and disadvantages persist for young people; examples include difficulties finding a first job and for those with less experience, 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, 2023a). In addition to these age inequalities, there are gender inequalities, which limit female labour participation and employment (ECLAC/ILO, 2023b).

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[8]   This is largely equivalent to SDG indicator 8.6.1, although the latter does not disaggregate the 25–29 age group.
[9]   In a recent report (ECLAC/ILO, 2023a), the programmes of Belize, Chile, Guatemala and Guyana, among others, were highlighted for their specific contribution to the recovery of youth employment in 2021 and 2022. It also included examples of technical training programmes for young people in Costa Rica (telework with both theoretical and practical training), Colombia (provision of Internet data to students for learning purposes), and Curaçao, Jamaica and Montserrat (training for workers in the tourism sector).

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's homicide rate of 20 per 100,000 people in 2021 was more than triple the global average (United Nations, 2023). 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. Countries reported on 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.[10] Despite these measures, 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.

C.   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 and parliaments and sectoral consultative bodies, have gained strength and numbers, with increased international coordination and exchange, both in the region and beyond.[11] 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, Brazil, Chile, Costa Rica, the Dominican Republic, Guyana, Mexico, Peru, Trinidad and Tobago 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. Argentina introduced a national youth bill, the Active Adolescence Programme, and the *Participamos* National Programme for the Right to Child and Adolescent Civic Participation, and proposed the establishment of an advisory council for adolescent and youth health. In Brazil, the fourth National Youth Conference was held in 2023, eight years after the previous edition, with 250,000 young people participating from 180 municipalities. In Chile, the *Fondo Participa* programme, which aims to strengthen young people's participation in social organizations, the *Creamos* Programme, which promotes youth leadership, and the *Transforma País* programme, are all under the umbrella of the National

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10   In Brazil, the Intersectoral Commission to Combat Sexual Violence against Children and Adolescents and comprehensive care centres for child and adolescent victims or witnesses of violence were established. In Chile, Act No. 21430 was adopted and the *Mejor Niñez* National Service for the Specialized Protection of Children and Adolescents was established in 2021. In Costa Rica, the National Plan for the Prevention of Violence and Promotion of Social Peace was implemented by the Ministry of Justice and Peace. In El Salvador, in 2022, the Growing Together Act was passed and the National System for Comprehensive Early Childhood, Childhood and Adolescent Protection was established. In Honduras, the Comprehensive Protection of Children and Adolescents Act was passed in 2019 (and its regulations were enacted in 2022). In Mexico, the National Strategy for Early Childhood Care (ENAPI) and the 2019–2024 Action Plan of Mexico were adopted in the context of the Global Partnership to End Violence against Children. In Paraguay, the Country-wide Action Plan 2015–2030 for the protection of children against abuse and all forms of violence was adopted, and the National Secretariat for Children and Adolescents (SNNA) was elevated to the rank of ministry and renamed the Ministry of Children and Adolescents (MINNA). In Peru, the National Multisectoral Policy for Children and Adolescents to 2030 was adopted in 2021.

11   An innovative initiative during the reporting period was the Youth Participation Laboratories, organized by the International Youth Organization for Ibero-America (IYO) in partnership with national youth institutes, which serve as forums for young people to convene, engage in dialogue, interact, and exchange insights, ideas and experiences. These Laboratories were active in 15 countries in 2023, with more than 2,000 participants (see [online] https://oij.org/labs/).

Institute for Youth. The Ministry of Health also established the Adolescent and Youth Advisory Council in 2020, which has influenced decisions on youth public health policies and services. In October 2022, the Ministry of Education established a Civil Society Council (COSOC) composed solely of students. In Costa Rica, the Public Policy for Young People 2020–2024 of the Youth Council (CPJ) underwent a consultation process that included historically disenfranchised populations of young people. In 2022, Guyana established the President's Youth Advisory Council, composed of young professionals, military personnel and police officers, athletes and students from across the country. In Mexico, the Transformation Drivers Network held 21 intergenerational dialogues in 2021, enabling authorities to consider the concerns and proposals of the adolescents and young people participating. Opinion polls of children and adolescents (OpiNNa) are also conducted with the aim of acknowledging and giving voice to their views, in keeping with their age, maturity and cognitive development. In Peru, the coverage of the Consultative Councils for Children and Adolescents (CCONNA) increased in the reporting period, reaching 32.5% of local governments and 100% of regional governments in 2021. According to the voluntary national report of Peru, there are several institutional spaces —both multilateral and national— for young people's participation, including the Permanent Multisectoral Commission for Follow-up on Implementation of the National Multisectoral Policy for Children and Adolescents to 2030 (Supreme Decree No. 008-2021-MIMP), the National Climate Change Commission and the Multistakeholder Group of the National Business and Human Rights Action Plan 2021–2025. The Dominican Republic reported the establishment of municipal, provincial and regional youth councils, along with the National Youth Council, to propose policies, initiatives and actions for enhancing young people's quality of life and monitor the performance of pro-youth initiatives and actions taken by system stakeholders. Among Trinidad and Tobago's many youth participation mechanisms was the thirteenth National Youth Parliament, held in 2022. In Uruguay, the Youth Action Plan (PAJ) 2015–2025 was updated through a participatory process, and in 2020, the Adolescent Advisory Group was established to contribute to the Adolescent and Youth Health Programming Division of the Ministry of Public Health, with support from the United Nations Population Fund (UNFPA).

Outside of official initiatives and narratives, young people have played an active and leading role in 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, such as the "purple tide" to support the abortion law enacted in Argentina in 2020.

All of the above notwithstanding, there is still a need to strengthen institutional spaces for youth participation and overcome numerous lags, weaknesses and restrictions. Among these challenges is insufficient high-level political representation, which remains low despite the increases recorded in some countries during the reporting period. In fact, young people have also been the leaders of massive social mobilizations during the reporting period, but only in a few countries have they gone on to hold national political office.

D. 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.[12]

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[12]   This is done, for example, through the *Mira que te Miro* platform, 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).

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 reported on measures taken in that area. Argentina adopted operational resolutions 340/2018 and 419/2022, which define concrete actions for the strengthening of comprehensive sexuality education in the country, as well as the "Comprehensive sexuality education without barriers" project, targeting historically excluded populations such as those with vision impairment. The Plurinational State of Bolivia, through a 2018 order, incorporated comprehensive sexuality education into the general standards for the management of education. In Belize, information on sexual health is provided to adolescents in secondary schools, while Brazil, after a three-year gap, reinstated the Adolescent Health Manual, which provides information on sexual health and self-care for adolescents in addition to containing general health-related information. In Costa Rica, there is the third Comprehensive Emotional and Sexuality Study Programme, while Chile has the Comprehensive Emotional and Sexuality Education Policy of 2022 and the 2020 INJUV programme, "Let's Talk About Everything". Cuba has a comprehensive sexuality education programme with a focus on gender and sexual and reproductive rights (resolution no. 16/2021), in Mexico there are online courses on comprehensive sexuality education for educational communities and in Panama there are guides on sexuality and emotional health that are distributed at public schools.

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 III.4). 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 almost always the result of abuse, fell less than in other age groups, and even increased in some countries during the pandemic.[13]
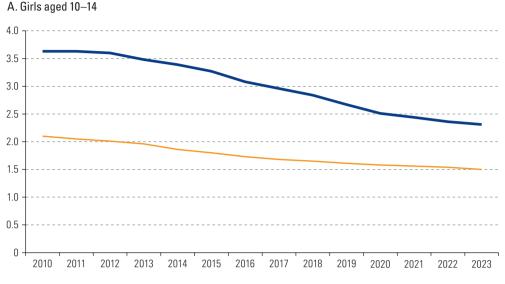
Meanwhile, BADEHOG household survey data relating to indicator B.18 for the follow-up of the Montevideo Consensus, which focuses on women aged 15–19 who are mothers, reflect an even steeper decline in the percentage of adolescent maternity than the adolescent fertility rate (Rodríguez and San Juan, 2023), and a decrease in polar inequality (inequality between the top and bottom quintiles) in some countries, such as Chile, Mexico and the Plurinational State of Bolivia (see table III.4).[14] Moreover, in the two countries that completed censuses during the 2020s for which data are available (Mexico and Panama), the figures for indicator B.18 decreased substantially. Despite these encouraging results, the adolescent reproduction rate remains high and unequally distributed: at least 10% of women at the end of adolescence have given birth, and that figure jumps to 35% or higher in the poorest quintile in some countries.[15] Moreover, although household survey estimates indicate that motherhood in the 10–14 age group is on the decline, some countries have rates as high as 0.5%.

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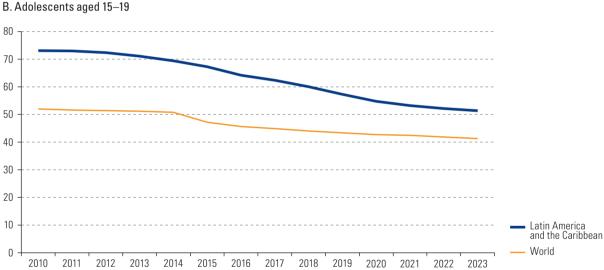
[13]   In Peru, the rate increased between 2018 and 2022.

[14]   This is a new and encouraging trend, given that the data available until the mid-2010s (Rodríguez and San Juan, 2023) suggested that inequality was worsening. The trend should nonetheless be monitored to determine whether it is maintained over time.

[15]   These figures, which are not included here, refer to the percentage of women aged 19 and 20 who have given birth, and may be viewed directly in the regional database on maternity (MATERNILAC) of CEPALSTAT [online] https://statistics.cepal.org/portal/cepalstat/dashboard.html?theme=1&lang=en&area_id=779.

Figure III.4
Latin America and the Caribbean and the world: fertility rates, 10–14 years and 15–19 years, 2010–2023
(Per 1,000 children or adolescents)

A. Girls aged 10–14

B. Adolescents aged 15–19

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 III.4
Latin America and the Caribbean (4 countries): women aged 15–19 who have given birth, by socioeconomic quintile and polar inequality, around 2018 and 2022
(Percentages)

Country	Year	Total	Household income quintile					Polar inequality[a]
			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, 2022). 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).[16]

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 of the region, which is a gain, although reproduction still begins earlier than the global average and high rates of unwanted pregnancies and staggering levels of social inequality remain. In addition, child-rearing and marriages or other types of unions are still leading causes of school dropout; in all countries, adolescents who are married, 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. The *First regional report on the implementation of the Montevideo Consensus on Population and Development* (2019a) highlighted national policies for the prevention of adolescent pregnancy, as well as subregional agreements or plans that received support from by international cooperation. These were expanded and strengthened during the reporting period and undoubtedly provide a key framework for action. In fact, countries report changes in legislation to improve access and choices for adolescents who require contraception,[17] raise the legal age of marriage and ban forced marriage, and in some countries, ensure access to safe and legal abortion for all women, including adolescents. In that regard, several countries report that they have strengthened national plans for adolescent pregnancy prevention focused on the protection of individual rights, with some broadening their scope between 2018 and 2022 to include the prevention of child marriage.[18] On a functional level, efforts have been made to promote sexual and reproductive health and rights, including through adolescent-friendly services and spaces and specialized units, in Argentina, Chile, Colombia, Cuba, Ecuador, El Salvador, Guyana, Jamaica, Mexico, Paraguay, Peru, the Plurinational State of Bolivia and Trinidad and Tobago. These designated spaces for adolescents have provided health check-ups, specialized counselling and access to information and contraceptives that fit their needs.[19] In view of the significance of these spaces, table III.5 presents the adolescent-friendly health-care spaces strategy that has been implemented in selected countries.[20] Some countries introduced strategies as early as the 2000s, but in most, implementation began in the 2010s. In all countries, the ministry of health or its equivalent is the responsible entity. While the number of centres varies

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[16] 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.

[17] In this area, access to long-acting reversible contraception, particularly subdermal implants, should be highlighted. These methods are highly efficient and suitable for adolescents. However, some aspects, such as their hormonal load, limit their widespread use, and of course, they do not protect against sexually transmitted infections, meaning that dual protection with condoms remains essential. Use has increased markedly in recent years, including in Argentina, Chile, Costa Rica and Uruguay, playing a key role in the sharp decline in adolescent fertility.

[18] In some countries, family-focused programmes, such as *Familias Fuertes* in Uruguay, can also contribute to the prevention of adolescent pregnancy.

[19] These spaces experienced service interruptions and closures during the pandemic as they are considered non-essential, which can serve as an example to avoid a repeat of this in the event of future health crises.

[20] Selected on the basis of information provided by countries in their voluntary national reports, responses to the survey of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, and responses to direct consultation with national counterparts, as well as information available online.

significantly from country to country, gradual implementation and a gradual increase and expansion of territorial coverage is common to all. Several important attributes, such as type of benefits, number of services, staff, budget and opening hours, are not included in the table owing to a lack of comparable information. However, in the interest of public information availability and transparency, web portals or documentation with more detailed data are available in some countries, such as Chile (see [online] https://diprece.minsal.cl/programas-de-salud/programas-ciclo-vital/informacion-a-la-comunidad-salud-joven-y-adolescente/ and https://www.dipres.gob.cl/597/articles-206789_doc_pdf.pdf) and Mexico (see [online] https://www.gob.mx/salud/cnegsr/articulos/servicios-amigables).

Table III.5
Latin America (9 countries): overview of adolescent-friendly health-care spaces, 2006–2024

Country	Name of strategy	Institution responsible	Starting year	Number of friendly spaces
Argentina	Adolescent-friendly services and Comprehensive Health Counselling in Secondary Schools (ASIE)	Ministry of Health	2017	650 adolescent health care providers (December 2023) and 1,334 counselling sessions on unintended adolescent pregnancy (PLAN ENIA) (third quarter of 2023)
Bolivia (Plurinational State of)	Comprehensive Adolescent Care Programme (AIDA)	Ministry of Health and Sport	2013	59 (2023)
Chile	Adolescent-friendly Health-care Spaces Programme at health centres	Ministry of Health	2008	375 (2023)
Cuba	Health centres with adolescent-friendly services or spaces	Ministry of Public Health	Quality standards in 2018 and care in 2021–2022	408 (2023)
El Salvador	Adolescent-friendly clinics	Ministry of Health	2009	109 (2022)
Guyana	Adolescent-friendly services	Ministry of Health	2006	12 (2023)
Honduras	Adolescent-friendly services	Ministry of Health	2019	24 (2022)
Mexico	Adolescent-friendly services	Ministry of Health	2015	3,116 (2022)
Paraguay	Comprehensive adolescent health-care services	Ministry of Public Health and Social Welfare	2014; technical regulations in force since 2017	103 (2024)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health, and voluntary national reports and direct communication with those responsible in-country.

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", *Notas de Población*, 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), "Indígenos 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.

___(2023e), *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1), 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.

___(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.

___(2017), "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.

___(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) (2023a), "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.

___(2023b), "Labour market inclusion of young people and redistribution of care work: challenges and opportunities", *Employment Situation in Latin America and the Caribbean*, No. 29 (LC/TS.2023/197), 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/UNICEF (Economic Commission for Latin America and the Caribbean/United Nations Children's Fund) (2023), "Early childhood, inequalities and rights in Latin America and the Caribbean", *Challenges*, No. 25, 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).

MTSS (Ministry of Labour and Social Security) (2021), *Hoja de Ruta para hacer de Costa Rica un país libre de trabajo infantil sus peores formas*, San Jose.

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.

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-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).

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).

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.

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.

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

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) (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.

World Bank and others (2022), *From Learning Recovery to Education Transformation. Insights and Reflections from the 4th Survey of National Education Responses to COVID-19 School Closures*, Washington, D.C.

Ageing, social protection and socioeconomic challenges
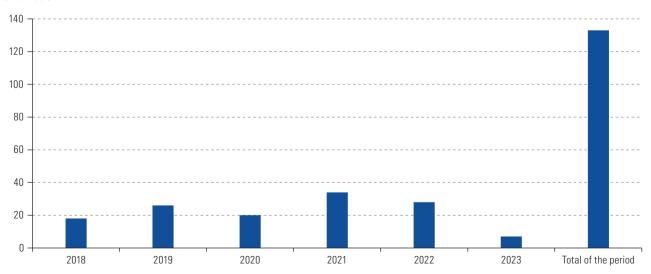
In 2024, there were an estimated 94.9 million persons aged 60 years and over in Latin America and the Caribbean (52.6 million women and 42.3 million men, representing 14.2% of the total population). This is the fastest-growing age group and is expected to account for 25% of the population by 2050. Currently, 22 out of 100 working-age people are in this age group, but that figure is projected to almost double, to 43, by 2050 (United Nations, 2022).

Rapid population ageing presents societies with opportunities and obstacles and raises significant public policy challenges. 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 in the population age structure, participation, social and natural disasters, care and epidemiological profiles.

According to the information available on the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, during the review period (2018–2023), 28 countries in the region implemented a total of 133 policy actions (plans, policies, programmes and regulations) in relation to the topics covered in chapter C of the Consensus (see figure IV.1). An analysis of the number of actions corresponding to each of the priority measures covered by the platform shows that those relating to the formulation of policies with a gender perspective to ensure a good quality of life in old age, (priority measure 18) and the development of policies to guarantee quality of life, the development of potential and the full participation of older persons (priority measure 20), have generated the most actions. They are followed by priority measures 19, 30, 26, 28 and 31, which refer, respectively, to the formulation of policies that take account of changes in the age structure, the development of allowances and services relating to social security, alignment of health policies with the epidemiological profile arising from ageing, fostering policies to encourage individuals to save during their active, productive life, and the inclusion of care in social protection systems. In contrast, priority measures 21–25, 29 and 32 have given rise to the fewest actions.

Figure IV.1
Latin America and the Caribbean (28 countries):[a] policy actions related to chapter C of the Montevideo Consensus on Population and Development implemented by the countries, 2018–2023
(Number)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/.
[a] The Bahamas, Belize, Nicaragua, Saint Vincent and the Grenadines, and Saint Lucia are not included.

This section presents an analysis of progress and challenges in following up on the implementation of priority measures during 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.

A. Social protection and human rights of older persons
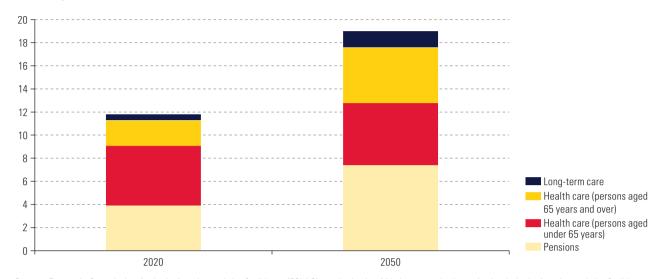
To ensure the social protection of older persons, it is necessary to encourage the development of social security, health and education services and entitlements (priority measure 30) and to incorporate care into social protection systems (priority measure 31). Without doubt, one of the challenges posed by the ongoing population ageing is to implement social protection measures to guarantee a minimum level of income for sustaining life, which would require substantial investment. In 2022, 4.3% of the region's GDP was spent by central government on social protection,[1] albeit with major variations between countries. While Argentina and Brazil spent more than 10% of their GDP on this item, Nicaragua spent less than 1%. On average, South American countries spent US$ 725 per capita on social protection; the Caribbean countries spent US$ 504 per capita, while the equivalent in Central America, the Dominican Republic and Mexico was just US$ 194. The social protection share of total social expenditure also varies widely: while Argentina, Brazil and Cuba allocate more than 70% of their social spending to social protection, the equivalent shares in Honduras, Jamaica, Nicaragua and Panama are less than 10% (ECLAC, 2023).

The Inter-American Development Bank (IDB) estimated that, in 16 Latin American countries, spending on pensions, health care (public and private) and long-term care absorbed an average of 11.7% of GDP in 2020 (Aranco and others, 2022). Owing to the ageing process, this expenditure is expected to grow to 18.9% of GDP in 2050. Roughly 48% of this growth would be driven by pensions, which are projected to increase from 3.9% of GDP in 2020 to 7.4% in 2050. Health-care spending is set to rise from 7.4% to 10.2% of GDP over the same period, accounting for 37% of the total increase. Most of this increase would be driven by health-care spending on persons aged over 65 years, which is projected to grow from 2.2% of GDP in 2020 to 4.8% in 2050. Meanwhile, health-care spending on persons under 65 years of age is expected to remain relatively constant at approximately 5% of GDP. In the case of long-term care services, Aranco and others (2022) estimate that developing care systems covering 50% of dependent persons would cost almost 1.4% of GDP in 2050 (see figure IV.2).

Owing to the high degree of informality prevailing in the region's labour market, the proportion of employed people paying into a social security system remains woefully low in many countries. Between 2018 and 2022, in six of 10 countries analysed, fewer than 40% of employed persons paid into such a system (see figure IV.3). Even in Brazil, Chile, Costa Rica and Uruguay, where the proportions are relatively high, one in five of the employed population in Costa Rica and Uruguay and one in three of the employed population in Brazil and Chile 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 four countries, more women than men pay into a social security system, while in six others, the reverse is true.

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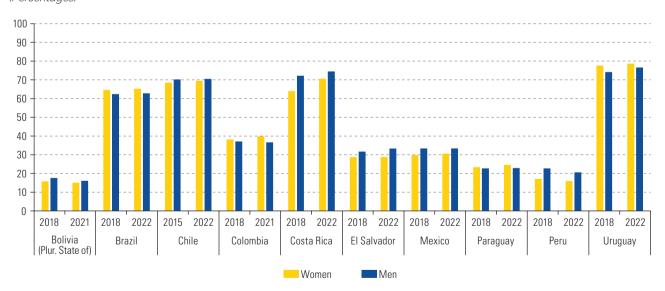
[1]   Public social spending on social protection comprises outlays for services and transfers to individuals and families, related to illness and disability, old age, survivors, family and children, unemployment, housing and social exclusion. Although this expenditure includes all age groups, a large proportion of it is allocated to social security for older persons.

Figure IV.2
Latin America and the Caribbean (16 countries): public and private spending on pensions,
health and long-term care, 2020[a] and 2050[b]
(Percentages of GDP)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of N. Aranco and others, Ageing in Latin America and the Caribbean:
social protection and quality of life of older persons, Washington, D.C., Inter-American Development Bank (IDB), 2022

[a] Estimations.
[b] Projection.

Figure IV.3
Latin America (10 countries): employed persons aged 15 years and over contributing (paying contributions)
to a pension system, by gender, around 2018 and 2021 or 2022
(Percentages)
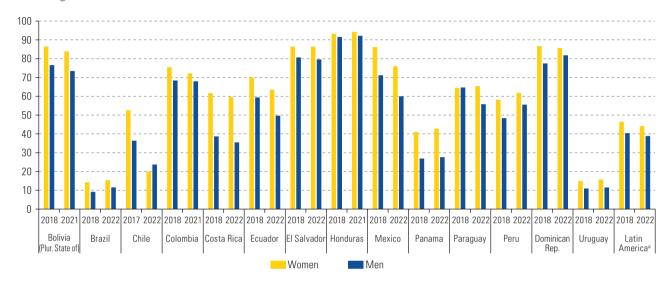
Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/dashboard.
html?theme=1&lang=en, on the basis of the Household Survey Data Bank (BAEHOG).

Low levels of contribution during a person's working years translate into insufficient income in old age. In 2022, 44% of women and 39% 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 IV.4).

Figure IV.4
Latin America (14 countries): persons aged over 65 years receiving inadequate pensions, by gender, around 2018 and 2021 or 2022
(Percentages)

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

The inadequacy of pensions and the lack of other sources of income means that many older persons remain in the labour market beyond retirement age. Figure IV.5 shows that the employment rate of persons aged 65 years and over remained around 20% in 2019–2022, albeit with a large gender gap, as the male rate was more than double that of women. Data for the first and second quarters of 2020 indicate that, owing to the effect of the coronavirus disease (COVID-19) pandemic, the employment rate of the population aged 65 years and over declined sharply among both men (-9%) and women (-4.5%). Older persons also face a persistent challenge in terms of labour inclusion, since they are more likely to move into unemployment or informal and very precarious jobs as they grow older, compounded further by ageism. The data show that, in the last quarter of 2022, the informality rate among employed persons over 65 years of age was 53.2%, for both men and women, compared to 46.5% among the entire employed population aged 15 years and over.

In their voluntary national reports, 13 countries report on laws, plans, policies and programmes to provide cash transfers or non-contributory pensions that compensate for the meagre or non-existent pensions received by older persons (see table IV.1).

Figure IV.5
Latin America and the Caribbean (12 countries):[a] employment rates of the population aged 65 years and over, by gender and quarter, 2019–2022[b]
(Percentages)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America and the Caribbean*, 2023 (LC/PUB.2023/18-P), Santiago, 2023.
[a] Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Mexico, Peru, Paraguay, the Plurinational State of Bolivia and Uruguay.
[b] The 2020 and 2021 data may not be strictly comparable with those of 2019, because adjustments were made to the statistical processes applied by the statistical and census institutes owing to the situation arising from the COVID-19 pandemic.

Table IV.1
Latin America and the Caribbean (13 countries): laws, policies, plans and programmes for cash transfers, and contributory and non-contributory pensions for older persons, 2019–2023

Country	Laws, policies, plans and programmes	Year
Argentina	Policy on recognition of contributions for care tasks	2021
Bolivia (Plurinational State of)	Supreme Decree No. 4831 on account credit in the non-contributory regime of the universal pension system *Renta Dignidad* (Dignity Income)	2022
Chile	Act No. 21133 amending the rules for incorporating self-employed workers into the social protection regimes	2019
	Act No. 21419 creating the Universal Guaranteed Pension and amending the legal instruments indicated therein	2022
Colombia	Decree No. 1690 regulating the *Colombia Mayor* social protection programme for older persons: provision of a cash subsidy to persons who are homeless, do not have a pension or live in extreme poverty	2020
Costa Rica	Non-contributory Pensions Regime: awarding of 5,000 new pensions under the provisions of the National Development Plan 2023–2026	2023
Ecuador	Schedule of Minimum Food Pensions to protect older persons	2022
El Salvador	Poverty Eradication Strategy, with older persons as one of the target groups	2017
Guyana	Old Age Pension payments made available through Mobile Money Guyana (MMG)	2023
Jamaica	Social Pension Programme	2021
	Reform of the National Insurance Scheme (NIS)	2021
Mexico	Pension for the Well-being of Older Persons programme	2019
Paraguay	Act No. 6381 amending and extending Act No. 3728/09, which gives entitlement to the food pension for older persons living in poverty	2020
Peru	Plan for ageing with dignity for users of the national solidarity assistance programme *Pensión 65* for 2020–2021	2020
	Annual Gender Mainstreaming Plan for 2021 of the national solidarity assistance programme *Pensión 65*	
Uruguay	Urgent Consideration Act No. 19889, creating the Commission of Experts on Social Security	2020
	Social security reform process	2022

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

In terms of health-care policies that include older persons, 24 countries report progress in implementing policies and programmes to ensure health care adapted to the needs of older persons and to achieve an active and healthy old age, as well as the creation of health-care infrastructure targeted specifically to the older-age population. Palliative care (priority measure 29) and long-term care, as well as social services to support the autonomy of older persons are other health-care initiatives reported by the countries (see table IV.2 and box IV.1).

Table IV.2
Latin America and the Caribbean (24 countries): laws, policies, plans and programmes on access to health and care services and promotion of the autonomy of older persons, 2018–2023

Country	Laws, policies and programmes	Year/period
Antigua and Barbuda	National Policy and Plan of Action on Healthy Ageing	2017–2027
Argentina	Universal health system; handbook of free medicines to ensure adequate treatment of the most frequent pathologies among older persons	2022
	Casa Propia-Casa Activa (Own home–Active home) programme to solve the housing problem and combat isolation and loneliness among older persons	2021
	National Active Ageing and Health Programme for Older Adults	Since 2007
Barbados	National Policy on Ageing	2023–2028
	Elder Care Companion Programme	2021
Belize	National Policy for Older Persons 2002[a]	Since 2002
Bolivia (Plurinational State of)	Protocol for the Care and Protection of Older Adults	2019
	Model Regulation on Preferential Treatment for Older Adults in Health-care Facilities, which aims to implement the provisions of the Older Adults General Act (No. 369) of 2013 in such facilities	2022
	Single, Universal and Free Health-care System; Multisectoral Comprehensive Development Plan for the Well-Being of Older Persons 2021–2025	2023
Brazil	National Commitment for Active Ageing (Decree No. 8114 of 2023)	Since 2013
	National Policy for Older Persons; amendments pursuant to Decree No. 9921 of 2019 and Decree No. 10604 of 2021	2019 and 2021
Chile	Act No. 21168 creating the right to preferential and timely health care	2019
	National Comprehensive Health Plan for older persons and its Action Plan 2020–2030	2021
	Act No. 21375 and Regulations on Palliative Care and the Rights of Persons Suffering from Terminal or Serious Illnesses	2021 and 2022
	Exempt Resolution No. 1112 establishing that users of the National Health Fund (FONASA) will receive free care in the public health system	2022
Colombia	Decree No. 681 of 2022, which updates and adopts the National Public Policy on Ageing and Old Age 2022–2031; includes strategic pillars related to comprehensive health care, long-term care and organization of care services and healthy ageing for an independent, autonomous and productive life in old age	2022
Costa Rica	National Strategy for Healthy Ageing based on the Life Course 2018–2020 and 2022–2026	2018
Cuba	Act No. 156, Family Code, which incorporates elements such as de facto guardianship of older persons (amendment of Act No. 1289 of 1975)	2022
	National Comprehensive Older Adult Care Programme	Since 1996
Dominican Republic	Act No. 352-98 on Protection of the Ageing Person	Since 1998
	SeNaSa Cuida de Ti (National health service takes care of you) programme	2019
Ecuador	Ageing Together Programme	2022
	Older Adults Organic Act	2019
El Salvador	Strategy for Specialized and Differentiated Health Care for Older Persons	2021
Guatemala	National Policy for the Comprehensive Care of Older Persons in Guatemala, 2018–2032	2019
Guyana	Ministry of Health programme for the development of protocols and guidelines for the management and medical care of older persons	2020
Honduras	Revision of the National Policy on Ageing and Older Persons 2021–2050, to ensure a more realistic approach to the fundamental pillars of this policy, in order to guarantee full enjoyment of the rights of older persons, especially in the areas of health and education	2023
	Amendment to the Protection of Older Adults and Retirees Comprehensive Act, adding the term "older adult of the fourth age", which encompasses persons aged 80 years and over, who will be entitled to several discounts	2023
Jamaica	Revised National Policy for Senior Citizens	2021
	National Population and Sustainable Development Policy and Programme of Action	2022

Country	Laws, policies and programmes	Year/period
Mexico	Institutional Policy for the Comprehensive Care of Older Adults	Since 2014
	Pension for the Well-being of Older Persons	2019
	Specific Action Programme on Ageing within the Health Sector Programme 2019–2024	2019
	Institutional Palliative Care Programme 2019–2024	2019
Panama	National Plan for older persons 2022–2025	2023
	Executive Decree No. 175 creating the National Technical Commission for the Promotion of Healthy Ageing	2019
	Update of the norms of the National Palliative Care Programme	2021
Paraguay	National Policy for Older Persons in Paraguay	2023
	National Care Policy	2022
	Active, Participatory and Productive Ageing Programme	2019
Peru	Updating of the Older Persons Act (No. 30490)	2022
	National Multisectoral Policy for Older Persons to 2030	2021
	Peru Smiles National Plan of Comprehensive Care for Oral Rehabilitation among Older Adults 2019–2022	2019
	Plan for ageing with dignity among users of the national solidarity assistance programme *Pensión 65* for 2020–2021	2020
Suriname	National Population Policy 2021–2040; national human-rights based policy targeted to older persons and other population groups	2022
Trinidad and Tobago	Establishment of the parallel health-care system	2020
Uruguay	Ordinance No. 0001/022 of the Ministry of Social Development, establishing minimum hours of care to be provided by social professionals in long-stay facilities for older persons (ELEPEM)	2022
	Ordinance No. 289 of the Ministry of Public Health, approving the Catalogue of Benefits of the Comprehensive Health-care Plan, which includes a section on palliative care	2018

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.
[a] At the time of preparing its voluntary national report, Belize was in the process of ratifying a new strategic plan for 2023–2030.

Box IV.1
Older person with disabilities and long-term care

As people age, they become more likely to suffer from a disability. As a result, the proportion of the population with disabilities is greater among older persons (ECLAC, 2022). According to data from the 2020 census round, the percentage of the population with disabilities is significantly higher among persons aged 80 years and over, and there is a slight female predominance in this category (see table below). In countries with recent census data, between 40% and 52% of the population with disabilities is at least 60 years of age; 60–79-year-olds have a disability prevalence rate ranging from 10.5% in Guatemala to 31.0% in Peru, while that of the population aged 80 years and over is between 31.2% in Guatemala and 57.7% in Peru. Women have a higher prevalence in both age groups; for example, in Mexico, 47.0% of women aged 80 years and over have some type of disability, compared to 42.8% in the case of men in the same age group. The situation is similar in Panama, where the gap between men and women is 4.2%.

Latin America and the Caribbean (5 countries): population aged 60–79 years and 80 years and over with disabilities, 2020 census round
(Percentages)

Country and year	Age groups	Women	Men	Both sexes
Colombia, 2018	60 – 79 years	11.5	11.0	11.3
	80 years and over	30.3	28.0	29.4
Guatemala, 2018	60 – 79 years	10.9	10.0	10.5
	80 years and over	31.6	30.8	31.2
Mexico, 2020	60 – 79 years	16.9	15.3	16.2
	80 years and over	47.0	42.8	45.2
Panama, 2023	60 – 79 years	15.5	13.2	14.4
	80 years and over	43.2	39.0	41.4
Peru, 2017	60 – 79 years	33.7	28.0	31.0
	80 years and over	58.3	57.0	57.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata processing.

Among the population aged 80 years and over with disabilities, a large number of people have low levels of autonomy and are highly dependent on receiving care. Many are bedridden and need support throughout the day, so they need people to provide them with daily care, either at home or in long-stay facilities. They also need support in the area of health and care, such as home medical visits or transportation to primary health centres for emergency care, medical check-ups or medication delivery. Financial support needs are associated with unafforded out-of-pocket expenses for medicines, support for the purchase of special food, or subsidies for the payment of essential services.

Although long-term care needs are not exclusive to older persons, current demographic and epidemiological conditions, compounded by the COVID-19 pandemic, have highlighted the need to establish policies targeting this sector. Among relevant international instruments, the Madrid International Plan of Action on Ageing (2002) notes the importance of improving long-term care for older persons, especially those living with a disability or with mental or terminal illnesses. Similarly, several of the priority measures in chapter C of the Montevideo Consensus on Population and Development address the issue of assistance and care for older persons; in particular priority measure 31, which refers to including care in social protection systems, guaranteeing the rights, dignity and well-being of families and older persons. Moreover, the goals of the 2030 Agenda for Sustainable Development and the United Nations Decade of Healthy Ageing (2021–2030) include the creation of social protection systems that guarantee access to this right; and the Santiago Declaration entitled "Human rights and participation of older persons: towards an inclusive and resilient care society", adopted at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean in 2022, calls for moves towards a care society that guarantees the rights of older persons. The reports that the countries presented at that Conference, in which they described the actions undertaken in 2018–2022, afford insight into the progress that has been made in terms of legislation and the creation of infrastructure, but also highlight the long-term care challenges that still need to be overcome.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of ECLAC, *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago, 2022, and V. Montes de Oca Zavala, "Políticas y sistemas integrales de cuidados de largo plazo para las personas mayores: análisis de experiencias en América Latina y el Caribe", *Project Documents* (LC/TS.2023/158), Santiago, ECLAC, 2023.

Lifelong learning has come to be seen as 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, 2022). In that regard, Cuba, Honduras, Paraguay and Peru reported on measures to provide continuing education in a changing world, technological training and skills certification. In Cuba, the *Cátedras Universitarias del Adulto Mayor* is an education programme run for and with older persons, which includes training, postgraduate studies, research and consultancy in gerontology projects. In 2019, Honduras launched a training and employment programme for older persons, with the aim of providing training and employment opportunities for those who wish to continue working. Paraguay is taking steps to develop programmes and actions to provide education and training for older persons, for example in information and communication technologies (ICTs), and non-formal literacy programmes such as *PRODEPA Prepara* (intercultural, bilingual —Guaraní and Spanish— with a gender and human rights strengthening approach). Lastly, Peru reports that since 2020 it has been implementing the Educational Service Model for Older Adults with an intersectoral coordination strategy that aims to improve basic-education access, persistence, and completion for older adults. This will also contribute to their integration and active participation in society, through a quality education service aligned with their characteristics, needs and interests, while also fostering lifelong learning opportunities.

B. Prevention and elimination of discrimination and violence against older persons

Priority measure 22 of the Montevideo Consensus calls for eradication of the multiple forms of discrimination against older persons, including all forms of violence. Faced with the persistence of ageism[2] 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[3] (see diagram IV.1).

Diagram IV.1
Latin America and the Caribbean (11 countries): ratification of, or accession to, the Inter-American Convention on the Protection of the Human Rights of Older Persons, 2016–2023

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Organization of American States (OAS), "Inter-American Convention on Protecting the Human Rights of Older Persons (A-70): signatories and ratifications", 2023 [online] https://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp.

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

The Plurinational State of Bolivia mentions the Older Persons Multisectoral Comprehensive Development Plan for Living Well 2021–2025, which includes the planning and coordination of multisectoral actions to foster fulfilment of the rights of older persons. In Chile, the comprehensive draft law on older persons and the promotion of dignified, active and healthy ageing was approved in 2023, which provides a comprehensive framework for protecting the rights of older persons, ensuring their participation and strengthening the institutional framework of the National Service for Older Persons (SENAMA). Colombia adopted the National Public Policy on Ageing and Old Age 2022–2031. Costa Rica reports on the National Strategy for Healthy Ageing based on the Life Course 2022–2026; while Ecuador reports on the 2019 Older Persons Organic Act, which provides for the creation of the Specialized National System for the Comprehensive Protection of the Rights of Older Persons. El Salvador mentions the Protection of the Rights of Older Adults Special Act (2021), which provides for the creation of the Comprehensive National Council for Older Adults. This aims to guarantee, protect and promote the recognition and full enjoyment and exercise of all human rights and fundamental freedoms of older adults, under conditions of equality, through policies, plans, programmes, regulations and actions that contribute to their inclusion in society. Honduras reports on the National Policy for Active and

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[2]   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.
[3]   Uruguay and Costa Rica (2016); Argentina, Chile and the Plurinational State of Bolivia (2017); El Salvador (2018); Ecuador (2019); Peru (2021); Colombia (2022); Mexico and Suriname (2023) (see [online] https://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp).

Healthy Ageing (2019) and revision of the National Policy on Ageing and Older Adults 2021–2050. Jamaica mentions the National Policy for Senior Citizens, which adopts a holistic approach to protection, participation and intergenerational transfers that maximize national development and the active and productive ageing of the population. Panama reports on the National Plan for Older Persons 2022–2025, and Paraguay refers to the National Policy for Older Persons (2023).

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, Mexico, 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. Argentina has a National Survey on the Quality of Life of Older Adults, and the Plurinational State of Bolivia has a Household Survey conducted by the National Institute of Statistics. Chile developed the Ethical treatment of Older Persons programme, which registered 4,462 cases and consultations in 2021. Mexico conducted the National Survey on Discrimination (ENADIS) in 2017; Panama has the Statistics system of the Public Prosecutor's Office; and Uruguay conducted the Second National Survey on the Prevalence of Gender- and Generational-based Violence (ECLAC, 2022).

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 in Latin America and the Caribbean, 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 (see table IV.3).

Table IV.3
Latin America and the Caribbean (8 countries): information on complaints, types of abuse and actions for the prevention, protection and care of older persons

Country	Source of data	Types of abuse. and prevention, protection and assistance actions
Bolivia (Plurinational State of)	Register of complaints from senior citizens at the Office of the Ombudsperson	Between 2017 and 2021, the right to a dignified old age and preferential treatment had the highest level of non-compliance (3,046 complaints). The most frequently denounced agents or offenders were: private individuals (2,427 complaints), autonomous municipal governments (1,209 complaints), Indigenous native peasant organizations (548 complaints), the Judiciary (548) and the Plurinational Electoral Board (517 complaints).
Brazil	Data panel of the Office of the Ombudsperson of the Union	The platform makes it possible to search for information on human rights violations of older persons, by State, municipality, type of violation or reasons for the violation, among other criteria. The profile of the victim or suspect can be classified according to gender, age, colour or race, income level, and other criteria.
Chile	Ethical treatment of Older Persons programme of the National Service for Older Persons (SENAMA)	According to the registration system, in 2020 there were 5,064 cases and 707 consultations. Of these, 1,718 were related to abuse or age discrimination. In 2021, a total of 4,462 cases and consultations were recorded, of which 1,399 were for abuse or age discrimination.
Costa Rica	Process of coordinating the National Council for Older Persons with the Emergency System, the Ministry of Public Security, the Directorate-General of the Traffic Police of the Ministry of Public Works and Transportation, and the Public Transportation Board	This system made it possible to deal with 582 complaints from senior citizens during the first half of 2020. Men accounted for 44.7% of the complaints and women the other 55.3%.
Dominican Republic	National Council of the Ageing Person	A total of 2,483 cases of discrimination, abuse and mistreatment of older persons reported between 1 January 2017 and 11 November 2021.
Guatemala	Unit for the Protection of the Rights of Women, Older Persons and Persons with Disabilities, of the Office of the Attorney General	The unit exists to serve older persons who are suffering any of the different manifestations of abuse, which puts their integrity and safety at risk. If a crime has been committed, the Unit refers it to the Public Prosecutor's Office for investigation and provides the corresponding legal advice.
Peru	Directorate-General of Public Defence and Access to Justice of the Ministry of Justice and Human Rights	In the first half of 2021, 738 older persons received legal assistance, 9,193 with the criminal defence service and 1,797 with the victim defence service.
	Judicial Alert System for older persons of the Judiciary	In 2017–July 2021, preferential attention (AP1) and priority in preferential attention (AP2) was provided in 674,442 cases of older persons nationwide.
Uruguay	Consultation and Intervention Service for Older Persons in Vulnerable Situations	The vast majority of patients are either women between 65 and 79 years of age (almost 50%) and those aged 80 years and over (48.1%). Most of the persons accepted live in the department of Montevideo. The majority of the vulnerabilities experienced relate to care and health. The types of maltreatment or abuse most frequently experienced by the persons served by the programme include psychological, property, and physical abuse, and neglect.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the national reports on the implementation of the Madrid International Plan of Action on Ageing.

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. Fourteen countries have launched campaigns on the ethical treatment of older persons (Argentina, Chile, Colombia, Costa Rica and Paraguay), eradicating ageism (Argentina, Chile, Cuba 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 (Colombia, the Dominican Republic, Mexico, Panama, Peru and the Plurinational State of Bolivia), preventing violence (Brazil, Colombia, the Dominican Republic and Uruguay) and promoting the rights of older women (Argentina, Panama and Uruguay) (ECLAC, 2022) (see table IV.4).

Table IV.4
Latin America and the Caribbean (14 countries): campaigns to promote human rights, raise awareness of the importance of eradicating discrimination, foster the recognition and appreciation of older persons, and promote images of ageing that are free from prejudice and stereotypes, 2018–2023

Country	Campaign	Year
Argentina	No to Ageism, by the National Institute of Social Services for Retirees and Pensioners (PAMI) and the Office of the Ombudsperson, which seeks to draw attention to the prejudices and stereotypes that surround old age and highlight the contributions made to society by older persons	2020
	National Campaign for Ethical Treatment of Older Persons of the National Secretariat for Children, Adolescents and the Family and the National Directorate of Policies for Older Persons; twelfth edition	2023
	PAMI campaign to raise awareness of gender-based violence affecting older persons	2023
Bolivia (Plurinational State of)	*Palabras mayores,* of the Vice-Ministry of Communication and the Vice-Ministry of Equal Opportunities, which aims to raise public awareness on ageing and old-age issues and to encourage preferential treatment for older persons	2021
	Awareness-raising campaigns on the rights of older persons through fairs and workshops based on the Older Persons General Act (No. 369) and Act No. 872 ratifying the Inter-American Convention on Protecting the Human Rights of Older Persons	N/A
Brazil	*Solidarize-se* (Show solidarity), to protect the rights of older persons, implemented by the Ministry of Human Rights and Citizenship	2019
	Campaign to confront violence against older persons, implemented by the Ministry of Human Rights and Citizenship	2019
	National campaign to promote the rights of older persons, implemented by the Ministry of Human Rights and Citizenship	2020
	Anti-fraud campaign targeting senior citizens, by the Brazilian Federation of Banks and the Federal Accounting Board, with the aim of strengthening initiatives to disseminate information and guidance on donations made through personal and corporate income tax to federal, State, district and municipal funds for senior citizens	2020
	Campaign against old-age debt-distress, by the Ministry of Human Rights and Citizenship	2021
Chile	Change Your View of Old Age, of the National Service for Older Persons (SENAMA), which seeks to put an end to myths and prejudices about older persons	2019
	#NosCuidamosJuntos (We look after each other), by SENAMA, which emerged during the pandemic to encourage the ethical treatment of this population group	2020
	#TúEresSuMejorInfluencer (You are your own best influencer), by SENAMA, targeted mainly at younger persons, to enable them to put themselves in the shoes of older persons, and together, as equals, share experiences that advance the digital literacy of older persons	2020
	Loneliness is not a game, make the first move yourself, by SENAMA, which invites intergenerational solidarity to avoid the isolation of older persons	2021
	Ethical treatment of older persons, by SENAMA, which aims to raise awareness of abuse in this sector and foster ethical treatment	2023
Colombia	Booklet on ethical treatment of older persons issued by the Ministry of Health and Social Protection and the Ministry of National Education, which provides guidance on the prevention of abuse, specifies essential terms and concepts on the care of older persons, and describes different forms of abuse and risk factors	2018
	Immediate response route for abuse of older persons of the Ministry of Health and Social Protection, which identifies the types of abuse, the actions that constitute a violation of the rights of older persons and the authorities responsible for addressing them	N/A
	Creation by the Ministry of Justice and Law of 11 routes and guidelines on issues such as abandonment of older persons, provision of food for older persons, pensions, failure to provide maintenance and recognition of the legal capacity of all older persons	N/A
	CaPAZcidades programme for former combatants of the Revolutionary Armed Forces of Colombia – People's Army (FARC-EP) who are in the process of reintegrating into civilian life The programme aims to develop processes that allow for comprehensive social and health care to address the specific needs of persons with disabilities, older persons and persons suffering from high-cost diseases, through affirmative action with a differential approach, aimed at overcoming barriers to the exercise of rights	2020
Costa Rica	Indifference is also violence, awareness-raising campaign of the Ombudsperson's Office, fostering respect for the dignity of older persons, seeking support based on love and in favour of the autonomy of older persons to make their own decisions	2017
	Indifference is also violence, campaign of the Ombudsperson's Office, highlighting the need to strengthen older-person care	2019
Cuba	Ageing is living longer, communication campaign of the Ministry of Public Health, which seeks to foster a positive image of ageing by transforming the often negative perceptions of this process	2019

Country	Campaign	Year
Dominican Republic	No violence against older persons: take care of them, protect them and value them	N/A
	Grandparent – know your rights; Give way to grandparents, implemented through educational talks in colleges and schools, aimed at raising awareness on the subject among the population at large, as well as empowering older persons to uphold their rights and respect for their dignity	N/A
Guatemala	Awareness-raising campaigns on respect and protection for older persons (Let's live with older persons, Let's promote respect and love older persons, Let's care for and value older persons, Let's honour older persons) to encourage public recognition and the eradication of stigma and discrimination	N/A
Mexico	Ageing with well-being, campaign of the National Institute for Older Persons (INAPAM), which aims to demonstrate some of the rights of older persons	2019
Panama	Campaigns to provide a positive image of old age and ageing, through topics such as well-being, self-esteem, self-care, health and autonomy of older persons, through recreational, cultural, sports, volunteering and entrepreneurship activities, among others	N/A
	Talking about the rights of older women, campaign to disseminate rights and entitlements, such as discounts on health products and services, transportation, food and recreation	N/A
Paraguay	Training on ethical treatment for high school students and final-year police cadets; talks were given in health regions and a number of municipalities of the Central Department	2021
Peru	Campaign to inform older persons about the progress and entitlements granted to them at the national level, in relation to the national solidarity assistance programme *Pensión 65*, which is disseminated through social networks	2020
	Campaign by the Ministry of Women and Vulnerable Populations through social networks and workshops with civil society organizations, older persons' organizations, and regional and local governments to promote Peru's accession to the Inter-American Convention on Protecting the Human Rights of Older Persons	2020
Uruguay	Campaign to raise awareness on abuse of older persons	2018
	Eighth edition of the Violence-free Dating campaign promoted by the National Institute of Women (INMUJERES), which focuses on violence against older women; the entrenchment of social narratives; the gender mandates present throughout the life cycle and the prejudices, myths and stereotypes associated with old age	2023

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the national reports on the implementation of the Madrid International Plan of Action on Ageing.
Note: N/A: The year of this campaign was not reported.

C. 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.

The Latin American countries that report progress on this measure are Chile, Costa Rica and Ecuador. In Chile, the handbook titled *Minimum standards for the inclusion of old age and disability in humanitarian action* (HelpAge International and others, 2018) was produced in a joint venture between the Government and the United Nations. In Costa Rica, the guidelines of the National Risk Management Policy 2016–2030 establish that protocols and procedures should be updated to take account of the needs of different population groups, including older persons. Lastly, in Ecuador, the Constitution requires older persons to receive preferential care in situations of disasters, armed conflicts and emergencies of all types.

In addition, several Caribbean countries and territories have taken major steps to include older persons in their national disaster preparedness and response systems. Anguilla and Barbados have established registers of vulnerable older persons (such as those living alone or in poor health) who are likely to face increased risks during a disaster. Barbados has developed the Barbados National Comprehensive Disaster Management Country Work Programme 2019–2023 which aims to integrate disaster management into key sectors more effectively and strengthen community disaster resilience. Also, the Government of Bermuda has launched an inter-ministerial Emergency Measures Organisation that prioritizes the needs of older persons. Lastly, the Cayman Islands National Hurricane Plan prioritizes shelter and alternative accommodation for older persons as part of disaster preparedness and response (ECLAC, 2022).

Bibliography

Aranco, N. and others (2022), *Aging in Latin America and the Caribbean: social protection and quality of life of older persons*, Washington, D.C., Inter-American Development Bank (IDB).

ECLAC (Economic Commission for Latin America and the Caribbean) (2023), *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P), Santiago.

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

HelpAge International and others (2018), *Estándares mínimos para la inclusión de la vejez y la discapacidad en la acción humanitaria*, London [online] http://www.senama.gob.cl/storage/docs/Folleto_Senama_Onemi_7_nov_-00000003.pdf.

United Nations (2022), *World Population Prospects 2022*, New York.

Universal access to sexual health and reproductive health services
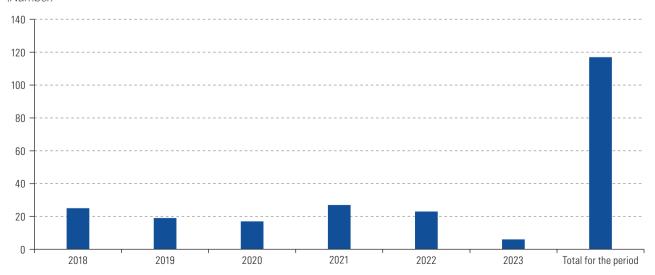
The present chapter addresses progress, gaps and challenges with regard to the 14 priority measures in chapter D of the Montevideo Consensus, aimed at ensuring universal access to sexual and reproductive health. Achieving that goal presents a challenge for the region's countries, which are hampered by 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 coronavirus disease (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, 2020; ECLAC, 2021).

According to the information available on the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, over the period 2018–2023, 28 countries of the region implemented 117 actions (plans, policies, programmes and regulations) related to the topics of chapter D of the Consensus (see figure V.1). The tally of policy actions by priority measure available on the Platform shows that most are concentrated in priority measures 33 on guaranteeing sexual and reproductive health and rights for all persons and 34, on policies for the exercise of sexual rights. Next in terms of the number of actions taken are priority measures 35, 37, 38 and 40, which, respectively, relate to reviewing legislation, regulations and practices that restrict access to sexual and reproductive health services; guaranteeing universal access to good-quality sexual health and reproductive health services; promoting the prevention and timely detection of and guaranteeing universal access to comprehensive treatment for HIV/AIDS and sexually transmitted infections; and eliminating the preventable causes of maternal morbidity and mortality.

Figure V.1
Latin America and the Caribbean (28 countries):[a] policy actions implemented by countries related to chapter D of the Montevideo Consensus on Population and Development, 2018–2023
(Number)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en.
[a] Does not include the Bahamas, Belize, Nicaragua, Saint Lucia or Saint Vincent and the Grenadines.

A.   Sexual health
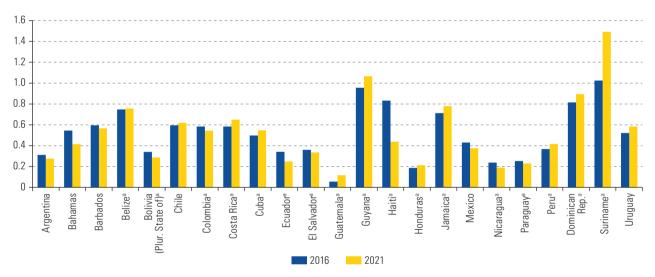
1.   Self-care, care, treatment and prevention of sexually transmitted infections and HIV/AIDS

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 V.2).

Figure V.2
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 the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [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), 2023; see [online] https://www.paho.org/en/topics/communicable-diseases/communicable-disease-research-and-partnerships-program/global-fund.

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 have implemented dual HIV/syphilis testing programmes for pregnant women.

In Colombia, Ecuador and Mexico, progress was made with regard to the 90-90-90 target[1] set by the Joint United Nations Programme on HIV/AIDS, which correspond to priority measure 38. This included the use of rapid testing, efforts to ensure that people know their HIV status and the provision of antiretroviral treatment, thereby reducing the risk of transmission by reducing the viral load in people who are HIV positive to undetectable levels.

In 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.

The Virtual Platform for Follow-up of the Montevideo Consensus and voluntary national reports provide information on actions taken by countries for the prevention, timely detection of and treatment for HIV/AIDS and sexually transmitted infections. These included specific programmes, strategies and measures related to education, guidance and advisory services, modern methods of contraception and targeted care for people with HIV or other sexually transmitted infections (see table V.1).

Table V.1
Latin America and the Caribbean (20 countries): implementation of prevention and treatment of sexually transmitted infections (STIs) and HIV/AIDS, 2018–2023

Country	Law, policy or programme	Year
Antigua and Barbuda	Antigua and Barbuda Prep & Npep Guidelines	2022
Argentina	Act on comprehensive response to HIV, viral hepatitis, other sexually transmitted infections (STIs) and tuberculosis (No. 27675)	2022
	Joint HIV and STI Prevention Strategy	2022
Barbados	Prevention of Mother-to-Child Transmission of HIV and Congenital Syphilis Programme	1995
	Ministry of Health and Wellness HIV/STIs services	2016
Brazil	*Viva Melhor Sabendo* HIV testing strategy	2014
	Caderno de Boas Práticas: O uso da Penicilina na Atenção Básica para a Prevenção da Sífilis Congênita no Brasil (guide)	2015
	Protocolo Clínico e Diretrizes Terapêuticas para Atenção Integral às Pessoas com Infecções Sexualmente Transmissíveis	2015
	HIV/AIDS, Tuberculosis, Viral Hepatitis and Sexually Transmitted Infections Department	2023
Chile	Act No. 20987 amending the procedure for HIV testing in minors	2017
	National Plan for the Prevention and Control of HIV/AIDS and STIs	2018
Colombia	Decree No. 1543 regulating the management of human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), and other sexually transmitted diseases (STDs)	1997
	Modelo de Gestión Programática en VIH/Sida	2006
	Resolution No. 1314 adopting guidelines for rapid testing in non-clinical laboratories for the early diagnosis of HIV, syphilis, hepatitis B and hepatitis C infection	2020
Costa Rica	National Committee for the Comprehensive Care of HIV/AIDS (CONASIDA) project for a sustainable model of combined prevention and care for the population of men who have sex with men and transgender women	2022
Cuba	National Strategic Plan on the Prevention and Control of STIs, HIV and Hepatitis	2019
	Programme for prevention, diagnosis and antiretroviral treatment for people living with HIV	2019
Ecuador	Joaquín Gallegos Lara grant for children under 14 with HIV/AIDS	2010
El Salvador	Unified system for monitoring, evaluation, and epidemiological surveillance of HIV/AIDS	2008
	Act on prevention and control of human immunodeficiency virus (Decree No. 562)	2016
Guatemala	Public policy regarding prevention of sexually transmitted infections (STIs) and response to the acquired immunodeficiency syndrome (AIDS) epidemic	2004
Guyana	Education Sector Policy on School Health, Nutrition and HIV&AIDS	2013
	"HIVision 2025" Strategic National HIV Plan	2021
	HIV self-testing	2022
Haiti	National Multisectoral Strategic HIV/AIDS Response Plan, 2018–2023	2018

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

Country	Law, policy or programme	Year
Jamaica	National Policy for HIV/AIDS Management in Schools	2004
	National Workplace Policy on HIV/AIDS	2005
	National Integrated Strategic Plan for Sexual and Reproductive Health and HIV	2018
	Revised National HIV/AIDS Policy	2017
	HIV self-testing kit	2021
Mexico	Outpatient centres for the prevention and care of HIV/AIDS and STIs and comprehensive hospital care services (SAIH)	2008
	Official regulation (NOM-010-SSA2-2010) on the prevention and control of human immunodeficiency virus (HIV) infection	2010
	National hepatitis C elimination programme	2020
	Guía de atención para otorgar profilaxis preexposición en México	2022
Panama	National Multisectoral Strategic Plan on HIV/AIDS 2014–2019	2014
Paraguay	National Programme for the Control of HIV/Aids and STIs	1988
	Act No. 3940 establishing rights, obligations and preventive measures regarding the effects of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)	2009
Peru	AIDS prevention Act (No. 26626)	1996
	Technical health regulation for the comprehensive care and antiretroviral treatment of children and adolescents infected by the human immunodeficiency virus (HIV)	2013
	Technical health regulation for the comprehensive care of the transgender female population for the prevention and control of sexually transmitted infections and HIV/AIDS	2016
	Technical health regulation for the comprehensive care of adults infected with human immunodeficiency virus (HIV)	2018
	Technical health regulation for the prevention of mother-to-child transmission of HIV, syphilis and hepatitis B	2019
Trinidad and Tobago	Elimination of Mother to Child Transmission of Syphilis in Trinidad and Tobago: Plan of Action	2019
	National HIV and AIDS Policy 2020–2030	2019
	Implementation of testing for recent HIV infection	2021
Uruguay	National AIDS Commission (CONASIDA)	2008
	HIV case reporting form	2021
	Guía nacional para el abordaje de las hepatitis B y C en los distintos niveles de atención, tomos 1 y 2	2022
	Guía de recomendaciones de tratamiento antirretroviral	2022
	Routine hepatitis C testing	2023

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

Argentina, Colombia, Cuba, El Salvador, Mexico and Peru implemented specific programmes, strategies and measures to provide education, guidance and advisory services and modern methods of contraception and targeted care for people with HIV or other sexually transmitted infections. According to Guyana's country report, HIV-positive pregnant women receive targeted care, including psychosocial support; the Ministry of Education has an Education Sector Policy on School Health, Nutrition and HIV/AIDS; and the Ministry of Health and the Ministry of Education provide continued support through peer education programmes to raise awareness. In terms of advocacy, prevention, treatment and care for people with HIV or other sexually transmitted infections, UNFPA (2022) highlighted successful strategies implemented in Argentina, Brazil, Costa Rica, Cuba, the Dominican Republic, Guyana, Paraguay, Peru and Uruguay and noted the need to integrate HIV programmes with sexual and reproductive health programmes, to improve quality, reduce costs and increase the use of services.

B. Reproductive health
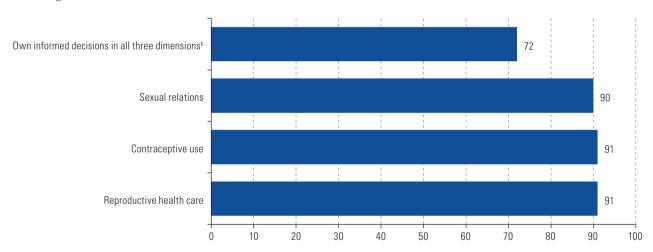
1. Reproductive behaviour and preferences

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 is on guaranteeing universal access to good-quality sexual health 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.

From a comprehensive perspective, access to sexual and reproductive health services is recognized as a means of promoting gender equality. In the framework of the 2030 Agenda for Sustainable Development, two indicators measure progress in universal access to those services and to sexual and reproductive rights: Sustainable Development Goal (SDG) indicator 5.6.1, on the right of women and girls to make their own informed decisions regarding reproductive health care, and indicator 5.6.2, on the degree to which laws and regulations facilitate or hinder full and equal access to sexual and reproductive health care and information (UNFPA, 2021).

Despite the limited availability of systematized information, regional data are available for SDG indicator 5.6.1, which corresponds to indicator D.17 for the follow-up 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 V.3) 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 or high-risk pregnancies, and in the most extreme cases, maternal death.

Figure V.3
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 the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health.
[a] 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.
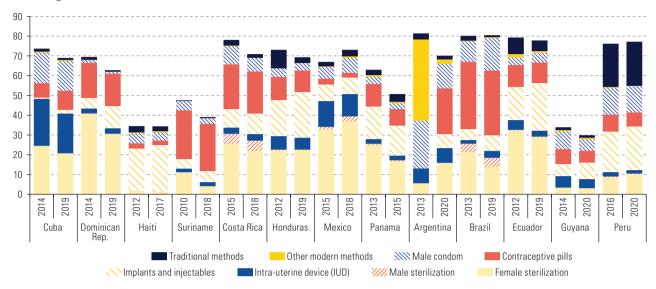
2. Use of contraception

Figure V.4 shows that the vast majority of women of reproductive age who are married or in another form of union and use contraception 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 V.4
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)

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 and Mexico report progress in access to emergency contraception (see diagram V.1).

Diagram V.1
Latin America (4 countries): use and availability of modern contraceptive methods, 2019–2023

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 for the follow-up 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).
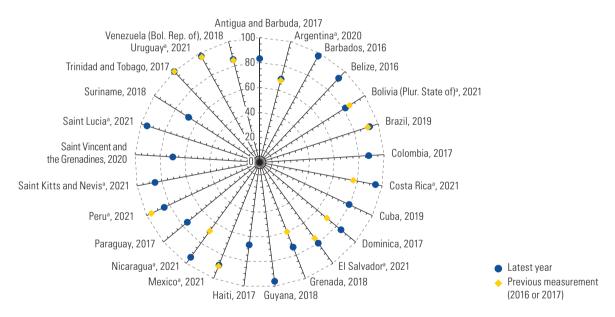
3.   Conception, prenatal care and childbirth

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 antenatal check-ups (indicator D.15 for the follow-up of the Montevideo Consensus) show significant differences between countries (see figure V.5). Coverage is lowest in Haiti, Saint Vincent and the Grenadines and Suriname, where the percentage of pregnant women who have had at least four antenatal visits is below 70% (see figure V.5).

Figure V.5
Latin America and the Caribbean (25 countries): coverage of antenatal care (at least four check-ups), 2016–2021
(Percentages)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [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 for the follow-up of the Montevideo Consensus), 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, 2023).
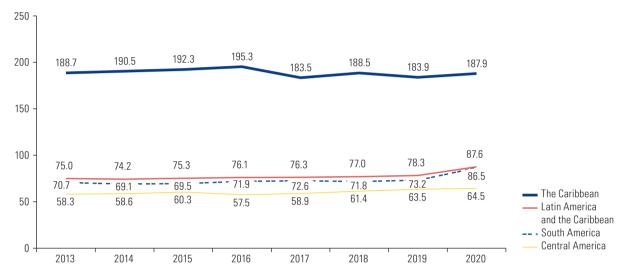
Regarding prenatal care, PAHO (2022a) reports interruptions to prenatal services, obstetric care in health facilities and post-natal care services for women and newborns between the third quarter of 2020 and the fourth quarter of 2021, which increased the risk of maternal and child mortality.

4.   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 V.6). 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 V.6
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 the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/indicadores/under-five-mortality-rate-sex-sdg-indicator-321.
[a] Antigua and Barbuda, Argentina, 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 for the follow-up 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.

5.   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, all the countries of the region have regulations on abortion, which continues to be restricted or criminalized in most of them, with the exception of Argentina, Colombia, Cuba, Guyana, Mexico and Uruguay. In 2022, abortion was decriminalized or allowed in certain circumstances, by law, in 31% of the countries of the region, and maternal post-abortion care was regulated in 75% of the 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.[2]

According to the Gender Equality Observatory for Latin America and the Caribbean of ECLAC, in 2023, five of the countries of Latin America (Argentina, Colombia, Cuba, Mexico and Uruguay) allowed abortion with no restrictions on the grounds for termination. In contrast, five countries (the Dominican Republic, El Salvador, Haiti, Honduras and Nicaragua) criminalized pregnancy termination in all circumstances (see table V.2).

Table V.2
Latin America (20 countries): laws on abortion and voluntary termination of pregnancy, 2023

Country	No restriction on grounds	On grounds of maternal health, non-viable fetus or rape	Criminalized in all circumstances
Argentina	x		
Bolivia (Plurinational State of)		x	
Brazil		x	
Chile		x	
Colombia	x		
Costa Rica		x	
Cuba	x		
Dominican Republic			x
Ecuador		x	
El Salvador			x
Guatemala		x	
Haiti			x
Honduras			x
Mexico	x		
Nicaragua			x
Panama		x	
Paraguay		x	
Peru		x	
Uruguay	x		
Venezuela (Bolivarian Republic of)		x	

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

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, 2020). These interruptions were owed to the reallocation of budgeted resources (infrastructure, personnel and financial resources) to actions linked to the monitoring and care of the population affected by COVID-19 (ECLAC/UNFPA, 2020). Argentina, Chile and Colombia report issues with the availability of medication and barriers to access because abortion services are not seen as a priority.

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[2] Refers to subcomponents S.1.C.3 and S.1.C.4 of SDG indicator 5.6.2 and is related to indicator D.11 for the follow-up of the Montevideo Consensus. See ECLAC, 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.

6.   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, 2021). Similarly, in 2022, Cuba adopted the Regulations for Medically Assisted Human Reproduction, which include care for couples experiencing infertility, single persons who wish to have children and homosexual couples.

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).
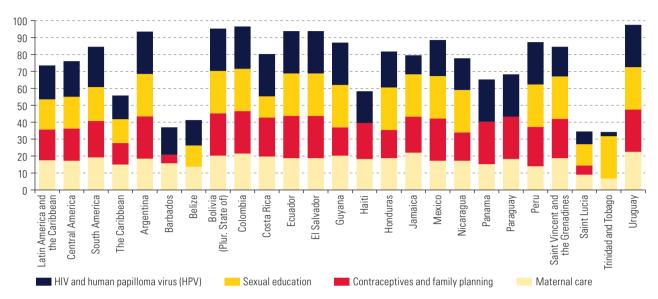
C.   Sexual and reproductive rights

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). There are four key priority measures in the Montevideo Consensus on Population and Development 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 V.7 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).

Information on the actions taken by countries to support and guarantee sexual and reproductive health is available on the Virtual Platform for Follow-up of the Montevideo Consensus and national voluntary reports (see box V.1 below and table V.3).

Figure V.7
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)

HIV and human papilloma virus (HPV)   Sexual education   Contraceptives and family planning   Maternal care

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.

Box V.1
Persons with disabilities and sexual and reproductive rights

Persons with disabilities face significant barriers in accessing sexual and reproductive health services and information on their sexual and reproductive health rights. There are several reasons for this: (i) societal stereotyping of persons with disabilities as asexual or hypersexual, or infantilized, which can even lead to discrimination when they engage in romantic or sexual relationships; (ii) insufficient or non-existent training for health-care personnel in providing care for persons with disabilities; (iii) inadequate physical accessibility in hospitals; and (iv) lack of sign language interpretation and Braille data sheets enabling access to sexual and reproductive health information. In addition, women with disabilities may be forced to marry, while persons with disabilities, irrespective of their gender, are stigmatized and often live in poverty or are isolated in long-term care facilities.

The exclusion of persons with disabilities, particularly women and young people, heightens their vulnerability to sexually transmitted infections, other undiagnosed and untreated illnesses (including cancer, anaemia and non-communicable diseases) and unwanted pregnancies. Persons with disabilities may also be subject to coercive treatment and medical procedures, such as forced sterilization, abortion and contraception.

At the international level, article 25 of the Convention on the Rights of Persons with Disabilities, adopted in 2006, establishes that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability, and that States Parties shall "provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health". Prior to the adoption of that Convention, the Programme of Action of the International Conference on Population and Development of 1994 had noted the pressing need for continued action to promote effective measures for the realization of the goals of full participation and equality for persons with disabilities, recognizing the human right to free access to information and services to support informed decision-making on the sexual and reproductive health of men and women.

In the region, the Montevideo Consensus on Population and Development, adopted in 2013, recognizes the important contribution of the Convention on the Rights of Persons with Disabilities to integrating disability-related issues into national sustainable development strategies, from a human rights perspective, with equality and without discrimination. Accordingly, all the priority measures of chapter D of the Montevideo Consensus on sexual and reproductive health include persons with disabilities.

In their voluntary national reports on implementation of the Montevideo Consensus on Population and Development, the countries of the region report progress on recommendations, manuals and guidelines related to the sexual and reproductive health care and rights of persons with disabilities. However, not all countries have progressed at the same intensity and pace, nor have they always had the human and budgetary resources required for the implementation of these instruments in health systems, in particular in primary health-care centres.

As outlined in article 31 of the Convention on the Rights of Persons with Disabilities, collecting appropriate information, including statistical and research data, is key to enabling the formulation and implementation of sexual and reproductive health policies and programmes. However, doing so remains a major challenge for the countries of the region. Much of the information available on persons with disabilities and sexual and reproductive health rights is qualitative and is drawn from in-depth interviews or case studies, with very little from government health records. Accordingly, it is essential to enhance the availability of data on persons with disabilities, in particular from sexual and reproductive health surveys, to ensure that they are visible in the design of sexual and reproductive health programmes. Such data are also required to assess the implementation of such programmes and ascertain their effectiveness in removing the physical and attitudinal barriers to accessing these services.

Source: United Nations Population Fund (UNFPA), *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities*, New York, 2018; M. A. Baliero and L. M. Pagano, "Los derechos sexuales de las mujeres con discapacidad: necesidad de visibilizar la problemática con el objeto de remover aquellos obstáculos que le impiden su efectivo ejercicio", lecture at Congreso Internacional de Derechos de las Familias, Niñez y Adolescencia, Mendoza, August 2018 [online] https://redmujeresjusticia.org.ar/wp-content/uploads/2019/03/Los-derechos-sexuales-de-las-mujeres-con-discapacidad.pdf Liber, Derechos sexuales y reproductivos de las personas con discapacidad intelectual o del desarrollo, 2022 [en línea] https://www.asociacionliber.org/wp-content/uploads/2023/09/Manual-Liber-Derechos-sexuales-y-reproductivos_web.pdf.

Table V.3
Latin America and the Caribbean (19 countries): policies, plans, programmes and agencies established for sexual and reproductive health, 2018–2023

Country	Policies, plans and programmes	Year
Argentina	National Directorate of Sexual and Reproductive Health	2020
	National act on Comprehensive Health Care during pregnancy and Early Childhood (No. 27611)	2021
	Act on Access to Voluntary Interruption of Pregnancy (No. 27610)	2021
Barbados	Sexual Rights Advocacy and Intervention Programming	2021
Brazil	Amendment to the Family Planning Act of 1996	2022
	Programme for the protection and promotion of menstrual health and dignity	2023
Chile	National Sexual and Reproductive Health Policy	2018
Colombia	Intersectoral strategy for the promotion of menstrual health and care	2023
Cuba	Comprehensive sexuality education programme with a focus on gender and sexual and reproductive rights	2021
Guatemala	Act on universal and equitable access to family planning services and the integration of these services into the National Reproductive Health Programme (Decree No. 87-2005)	2005
Guyana	National Sexual and Reproductive Health Policy	2019
Haiti	National Sexual and Reproductive Health Strategic Plan, 2019–2023	2019
Honduras	National Sexual and Reproductive Health Policy	2016
	National Sexual and Reproductive Health Programme	2019
Jamaica	National Integrated Strategic Plan for Sexual and Reproductive Health & HIV 2014–2019	2018
	Sexual And Reproductive Health Policy Steering Committee	2023
Mexico	Special programme of action on sexual and reproductive health 2020–2024	2020
Panama	National Sexual and Reproductive Health Plan2021–2025	2021
Paraguay	National Sexual and Reproductive Health Plan 2019–2023	2019
Peru	Expert Committee on Sexual and Reproductive Health	2019
Suriname	National Sexual and Reproductive Health and Rights Policy 2020–2030	2020
Trinidad and Tobago	National Sexual and Reproductive Health Policy	2020
Uruguay	Act on the protection of the right to sexual and reproductive health care (No. 18426)	2008
Venezuela (Bolivarian Republic of)	Official regulation on comprehensive sexual and reproductive health care	2013

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

No systematized information is available for priority measure 36, on eradicating discrimination based on sexual orientation and gender identity. However, information on the main actions implemented by Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Costa Rica, Guatemala, Guyana, Jamaica, Suriname and Uruguay from 2018 to 2023 is provided in their national reports and through the Virtual Platform for Follow-up of the Montevideo Consensus.

Argentina has legal framework for the equal exercise of the rights of all persons, irrespective of their sexual orientation and gender identity. In 2023, Brazil established the National Secretariat for the Rights of LGBTQIA+ Persons and the National Council for the Rights of LGBTQIA+ Persons and adopted the National Strategy for Decent Work, Education and Income Generation for LGBTQIA+ Persons. In Chile, progress was made on gender identity, including some related to transsexual persons, including through the establishment of a non-binary identity card through an amendment to Act No. 21120, the prohibition of conscientious objection to gender transition treatment, and the recognition of the gender identity of foreigners. Guatemala adopted the Strategy on Comprehensive and Differentiated Health Care for Transgender Persons in Guatemala 2016–2030. Guyana addressed legal barriers related to the discrimination and stigma affecting LGBTQ+ persons through the "HIVision 2025" plan. In 2020, Jamaica launched a health and welfare strategy for transsexual persons. Also in 2020, Mexico published the *Protocolo para el Acceso sin Discriminación a la Prestación de Servicios de Atención Médica de las Personas Lésbico, Gay, Bisexual, Transexual, Travesti, Transgénero e Intersexual y Guías de Atención Específicas*, as well as specific care guidelines. Suriname has been working since 2019 to establish a database of shared information for vulnerable communities in the Caribbean, focusing on discrimination based on sexual orientation or gender identity. In Uruguay, the Comprehensive Transsexual Persons Act was passed in 2018, and in the Bolivarian Republic of Venezuela, Decree No. 006 of 2016 ensures the full and equal exercise and enjoyment of the human rights of LGBTI persons living in the capital, as well as equality and non-discrimination based on sexual orientation and identity or gender expression.

Bibliography

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.

___(2021), "Sexual and reproductive health laws in Latin America, 2021", Gender Equality Observatory for Latin America and the Caribbean [online] https://oig.cepal.org/en/infographics/sexual-and-reproductive-health-laws-latin-america-2021-0.

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.

PAHO (Pan American Health Organization) (2023), "The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)" [online] https://www.paho.org/en/topics/communicable-diseases/communicable-disease-research-and-partnerships-program/global-fund.

___(2022a), *Tercera ronda de la encuesta nacional sobre la continuidad de los servicios esenciales de salud durante la pandemia de COVID-19 (noviembre y diciembre del 2021). Informe provisional correspondiente a la Región de las Américas, enero del 2022*, Washington, D.C.

___(2022b), "Core Indicators Portal" [online] https://opendata.paho.org/en/core-indicators.

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.

UNAIDS (Joint United Nations Programme on HIV/AIDS) (2023), "Core epidemiology slides" [online] https://www.unaids.org/en/resources/documents/2023/core-epidemiology-slides.

UNFPA (United Nations Population Fund) (2022), *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.

___(2021), *Investing in Maternal Health and Family Planning in Small Island Developing States*, New York, May.

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. Resumen ejecutivo* [online] https://lac.unfpa.org/es/publications/diagn%C3%B3stico-r%C3%A1pido-de-los-determinantes-y-factores-contribuyentes-al-aumento-de-la.

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.

WHO (World Health Organization) (2019), *Prevention and control of sexually transmitted infections (STIs) in the era of oral pre-exposure prophylaxis (PrEP) for HIV*, Geneva.

___(2017), *Sexual health and its linkages to reproductive health: an operational approach* [online] https://www.who.int/publications/i/item/978924151288.
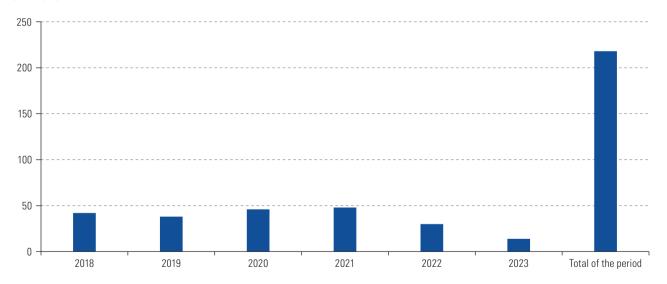
Gender equality

In recent years, the countries of Latin America and the Caribbean have made major efforts to implement measures aimed at guaranteeing women's rights and advancing towards gender equality, pursuant to 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).

According to the information available on the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, in the reporting period (2018–2023), 28 of the region's countries reported implementation of a total of 218 actions (plans, policies, programmes and regulations) in relation to the topics of chapter E of the Montevideo Consensus (see figure VI.1). An analysis of the number of actions corresponding to each of the priority measures shows that measures 47 and 50, which focus on the formulation of policies with a gender perspective to guarantee the autonomy of women and gender equality, have generated the largest number of actions. These measures seek to endow institutional mechanisms with the autonomy and human and financial resources necessary for them to have a cross-cutting impact on the structure of the State. They also seek to encourage coordination between branches of government and social stakeholders, including organizations of young Afrodescendent or Indigenous women, to ensure gender equality. In addition, priority measures 54 and 57 focus on the development of public policies for equality in the labour market and the elimination of all forms of violence and stigmatization against women and girls in public and private spheres.

Figure VI.1
Latin America and the Caribbean (28 countries):[a] policy actions related to chapter E of the Montevideo Consensus on Population and Development implemented by the countries, 2018–2023
(Number)

[a] The Bahamas, Belize, Nicaragua, Saint Vincent and the Grenadines, and Saint Lucia are not included.

A. 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 VI.2).

Various examples of progress in the institutional architecture for gender equality can be identified in the voluntary national reports on the implementation of the Montevideo Consensus on Population and Development. Countries that have made progress in creating national machineries for the advancement of women, at a high hierarchical level, include Argentina, Brazil, Colombia, Ecuador, Honduras and Panama, while Chile, the Dominican Republic, Mexico and Peru already had high-ranking machineries. The Ministry of Women, Genders and Diversity of Argentina was created in 2019 (Decree No. 7/2019),[1] and in 2021 a survey was conducted covering 42% of municipalities nationwide to collect information on the institutional framework of gender and diversity and make it available to citizens. In 2022, the Human Rights Secretariat in Ecuador was rebranded as the Ministry of Women and Human Rights; and the Secretariat for Women's Affairs was created in Honduras. In 2023, the Ministry of Equality and Equity was created in Colombia, and Ministries of Women were created in both Panama and Brazil.

Among countries that already had high-ranking machineries for the advancement of women, in Chile, in 2022 the ministries were asked to appoint female ministerial advisors with gender expertise. In addition, territorial, intersectional and intersectoral criteria were recently incorporated through the Gender Management Improvement Programme (PMG), which dates back to 2002. Peru reports that, in early 2020, 95% of the ministries had machineries for gender equality. These are coordination mechanisms within the ministerial entities that aim to identify gender gaps and inequalities and propose solution strategies. Progress has also been made in creating an institutional framework among local governments. The voluntary national report of the Dominican Republic states that city councils in each municipality are required to consider gender equity and make sure that at least 33% of incumbents of representation mechanisms are women. They must also maintain a permanently functioning gender commission.

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[1]   In December 2023, Decree No. 8/2023 created the Ministry of Human Capital, which took over the commitments and obligations of the Ministry of Women, Genders and Diversity, as well as those of other ministries in the social area. The new ministry has an Undersecretariat for Protection against Gender Violence.
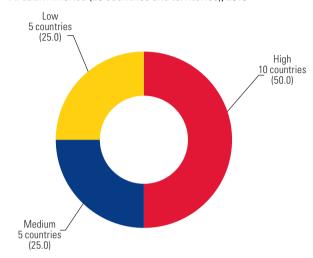
Figure VI.2
Latin America and the Caribbean (38 countries and territories):[a] national machineries for the advancement of women, by hierarchical level, 2019 and 2023
(Percentages of total countries and territories)
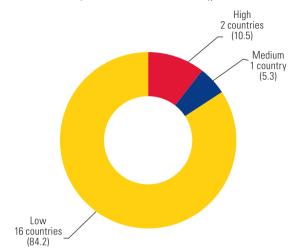
A. Latin America (20 countries and territories), 2019
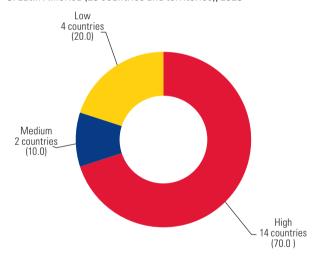
Low
5 countries
(25.0)

High
10 countries
(50.0)

Medium
5 countries
(25.0)

B. The Caribbean (18 countries and territories), 2019

High
2 countries
(10.5)

Medium
1 country
(5.3)

Low
16 countries
(84.2)

C. Latin America (20 countries and territories), 2023

Low
4 countries
(20.0)

Medium
2 countries
(10.0)

High
14 countries
(70.0)

D. The Caribbean (18 countries and territories), 2023

High
2 countries
(11.1)

Medium
1 country
(5.6)

Low
15 countries
(83.3)
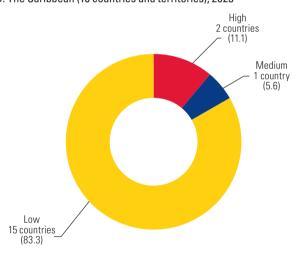
Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, "Indicators" [online] https://oig.cepal.org/en/indicators.

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.

In addition to progress on political, regulatory and institutional issues and in terms of democratic culture, public funding is a key factor for having robust public policies in place, aimed at achieving gender equality and women's autonomy. This has become more urgent today owing to pressures on public finances and fiscal policy constraints (Scuro, Alemany and Coello Cremades, 2022). In some Latin American countries, progress has been made in developing budgetary regulatory frameworks, through explicit mandates for work on gender-responsive budgets, focused mainly on the programming, monitoring and evaluation phases (Ecuador, El Salvador, Honduras, Guatemala, Mexico, Nicaragua, Peru and the Plurinational State of Bolivia). Progress has also been made in determining and quantifying public spending on gender through budget classifiers or the identification of budget programmes (Almeida Sánchez, 2021).

The voluntary national reports reveal that in Argentina the proportion of the budget executed by the Ministry of Women, Genders and Diversity increased from 0.01% of total public spending in 2020 to 0.16% in 2021. In Honduras, the General Income and Expenditure Budget of the Republic for fiscal year 2023 was approved with a gender perspective, being considered a tool to foster gender equality and guarantee women's rights. In Jamaica, all proposals for four-year strategic plans and one-year work plans in each public sector planning and budgeting cycle are required to incorporate a gender perspective. Paraguay's report shows that the country guarantees access to information and accountability on commitments made and public budgets secured for gender equality, including civil society participation. In the Dominican Republic, implementation of the national budget with a gender perspective has been encouraged since 2015. Lastly, the Uruguayan report notes that with the approval of the 2021–2025 National Budget Act, the National Institute for Women (INMUJERES) became an executing unit within the Ministry of Social Development (MIDES). This signifies progress at the budgetary level, because it gives the institute its own appropriations and allocations, notwithstanding its hierarchical dependence on the ministry.
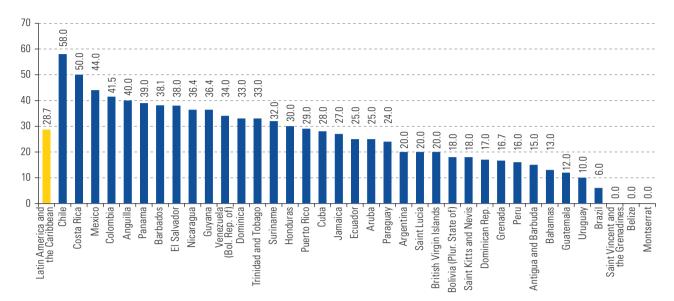
Another factor worth highlighting is parity democracy. Recent years have seen an increase in the regulations aimed at guaranteeing women's participation in decision-making roles —a critical factor for achieving progress in gender equality— their impact on public policy, and the incorporation of women's demands (ECLAC, 2023b). However, institutional, social and cultural structures still restrict women's access to the exercise of power and decision-making processes. In addition, autonomy in decision-making has been undermined by the worsening of the four structural nodes of gender inequality: "socioeconomic inequality and the persistence of poverty; discriminatory and violent patriarchal cultural patterns; the sexual division of labour and the unjust social organization of care; and the concentration of power and hierarchical relations in the public sphere" (ECLAC, 2022a, p. 11).

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, 2023b).[2] According to the Gender Equality Observatory for Latin America and the Caribbean, the average percentage of women elected to municipal councils in Latin America in 2021 was 32.7%, up from 30.1% in 2019.

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 VI.3). The Caribbean countries and territories also recorded slight increases, from 19.5% to 21.6%.

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

Figure VI.3
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[3] 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.[4] Argentina, Chile, Colombia, Cuba, Jamaica, Mexico, Peru, the Plurinational State of Bolivia, Suriname and Uruguay mention various measures in their voluntary national reports aimed at advancing gender parity in politics. In Argentina, a requirement was established for women and men to be placed alternately on the official lists of candidates for the election of senators and national deputies, as well as members of the MERCOSUR Parliament. The Plurinational State of Bolivia, the first country in the region to achieve gender parity in the national legislature, reports a sustained increase in women's political participation and parity in the Senate and Chamber of Deputies of the Plurinational Legislative Assembly. In 2021, Chile elected a Constitutional Convention with a gender parity mechanism both for candidates and for those elected. For the 2023 elections, Colombia revived its strategy titled "More women, more democracy: towards parity in the territories". For many years, Cuba

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[3]   SDG indicator 5.5.2.
[4]   Countries and territories 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.
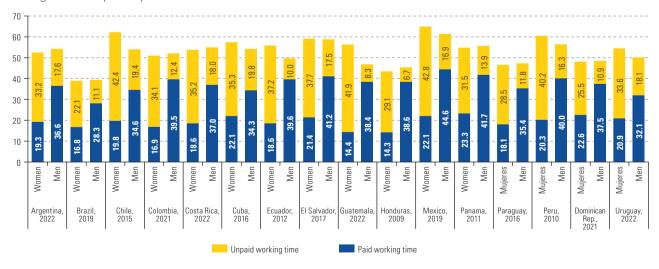
has had the second highest representation of women in the world's parliaments: in the 2022–2023 session, women will occupy 55.7% of the seats. In Jamaica, in December 2021, the House of Representatives passed a motion to establish a Bicameral Caucus of Women Parliamentarians, with the aim of establishing a mechanism for productive dialogue on issues of gender equality and women's rights. In Mexico, in 2019 the Parity in Everything constitutional reform established that half of decision-making positions should be occupied by women in the three branches of government, at all three government levels. The same requirement applied to autonomous bodies and the candidate lists of political parties for popularly elected positions, and in the election of representatives in municipalities with Indigenous populations. In Peru, gender parity and alternation are required in the lists of candidates for the Congress of the Republic. In Suriname, the Gender Vision Policy Document 2021–2035 seeks to ensure full, equal, free and democratic participation by women in political and public life, and the equal representation of women and men in all public and private decision-making structures by 2035. In Uruguay in 2021, INMUJERES launched the first programme to strengthen women political leaders in the country, adopting this as a strategic line of action; and in 2020 the Bicameral Women's Parliamentary Caucus was reinstated. In addition, 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 gender-based political violence against women (ECLAC, 2023b).

B. 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 VI.4), 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 (see figure VI.4).

Figure VI.4
Latin America (16 countries): time spent in paid and unpaid work by the population aged 15 years and over, by sex, latest year available
(Average number of 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/es/indicadores/.

The Gender Equality Observatory for Latin America and the Caribbean notes that, on average, women aged 15 years and over spend three times as many hours per day on unpaid work as men. 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, 2022a). In 2021, 27.4% of women aged 15 years and over were not individual monetary income earners and were not exclusively studying, a figure that dropped to 24.5% in 2021; for men, the figures were 12.7% and 10.8%, respectively. Lack of income is intertwined with and reinforced by lack of time, because, without their own income, women cannot hire services in the market to alleviate the burden of unpaid work. Moreover, this excess burden obstructs their participation in activities that would enable them to generate their own income (ECLAC, 2022a). Moreover, many of the women who succeed in participating in the labour market do so in informal jobs, without any type of benefits, in conditions of segmentation and horizontal and vertical segregation; and they are overrepresented among persons with lower incomes (ECLAC, 2022b).

The voluntary national reports show the implementation of national policies to foster gender equality in the labour market in 13 of the region's countries (see table VI.1).

Table VI.1
Latin America and the Caribbean (13 countries): laws, programmes, plans and policies
aimed at progressing towards gender equality in the labour market, effective 2018–2023

Country	Laws, programmes, plans and policies	Year
Antigua and Barbuda	Emerging Female Leaders Programme, which offers young women the opportunity to participate in business and leadership training activities, establish contacts with women leaders in various sectors, and acquire visibility and national projection	2022
Argentina	*Igualar* national programme for gender equality in labour, employment and production	2020
	Decree No. 721, which establishes an employment quota for transvestite, transsexual and transgender persons in the public sector	2020
	Formar Igualdad (Forging equality) programme to foster training with a gender and diversity perspective in the private sector	2021
	Sembrar Igualdad (Sowing equality) programme, aimed at strengthening the gender perspective and equality in diversity in rural development	2021
	Diana Sacayán-Lohana Berkins Act No. 27636, to foster access to formal employment for transvestite, transsexual and transgender persons	2021
Brazil	Women and Science programme	2005
	Meninas e jovens fazendo ciências exatas, engenharias e computação (Girls and young people doing exact sciences, engineering and computing) campaign	2018
	Equal Pay Act	2023
	Pró-Equidade de Gênero e Raça (Pro-gender and racial equity) programme; seventh edition	2023
Chile	*Mujer exporta* (Women export) programme	2016
	Network of Women Leaders in the State programme	2018
	Ordinary Act No. 1259 on the right to non-discrimination, the right to food, working mothers and adjustment of variable remuneration targets	2021
	National Labour Equity Plan	2022
	Act No. 21436, on the contracting of female soccer players	2022
Costa Rica	Gender equality policy for inclusive development of the Costa Rican agricultural, fishing and rural sector	2020
Cuba	Decree Law No. 56, on the maternity of the working woman and family responsibility	2023
Ecuador	National Agricultural Strategy for Rural Women	2022
Guyana	Women's Innovation and Investment Network (WIIN)	2021
Mexico	Mexican Standard NMX-R-025-SCFI–2015 on labour equality and non-discrimination, which establishes requirements for compliance with labour equality, non-discrimination, and the prevention of, response to and sanctioning of labour-related violence, as well as co-responsibility and conciliation in work, family and personal life	2015
	Creation of the Gender Equality Unit in the Ministry of Labour and Social Welfare (Bulletin No. 1167)	2018

Country	Laws, programmes, plans and policies	Year
Peru	Ministerial Resolution No. 172–2018-MIMP, of the Ministry of Women and Vulnerable Populations, approving regulations governing use of the certification seal "Safe company, free from violence and discrimination against women"	2018
	Supreme Decree No. 002–2018-TR, approving the regulation to Act No. 30709, which prohibits pay discrimination between men and women	2018
	Magical Women programme, a component of the Mining Integration Programme of the Ministry of Energy and Mines	2019
Panama	Business Gender Equality Certification Seal Programme	2017
	National Council for Gender Parity	2018
	Gender Parity Initiative Platform (IPG)	2018
Uruguay	Act No. 19973 to advance the employment of young people, workers over 45 years of age and persons with disabilities, including affirmative action for women	2023
	Act No. 19685 to foster development with gender equity	2018
	Act No. 19846, which aims to guarantee equal gender rights and non-discrimination between women and men, including formal, substantive and recognition equality	2019
Venezuela (Bolivarian Republic of)	*Soy Mujer* (I am a woman) labour inclusion programme	2016

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

In terms of strengthening public policies on care, the Interministerial Roundtable on Care Policies was launched in Argentina; and the National Directorate of Care Policies was also created. In Brazil, an inter-ministerial working group was set up to prepare the National Care Policy; and Complementary Act No. 150/2015, on the domestic work contract, regulates the working conditions of domestic workers. Meanwhile in 2022, Chile announced the design and implementation of a national and comprehensive care system, with the creation of a Presidential Advisory Committee and the implementation of social dialogues on care. It also launched a new version of the National Time Use Survey (ENUT), which seeks to support the development of public policies to reduce the gender gap in the labour market by measuring unpaid work. In addition, *Programa 4 a 7, mujer trabaja tranquila*, established in 2020, allows children between 6 and 13 years of age to remain on school premises after the end of the school day, thus enabling their mothers or the women responsible for their care to enter and remain in the labour market. In Colombia, the National Care System and the Intersectoral Commission for Implementation of the National Care Policy were created in 2023. Cuba has a National Network for Care Studies, officially created in 2021, comprising various institutions and civil society organizations. In Mexico, among other actions, the National Survey for the Care System (ENASIC) 2022 was implemented, to generate statistical data on the demand for care in households and the person who provide care. In Paraguay, the national care policy is in the process of being drafted. The Dominican Republic has a Care Policy under the responsibility of the Office of the President of the Republic and the National Council on Disability. In 2021, the Communities of Care initiative was launched as a first step towards the construction of a national care policy with stakeholders in the territory. In addition, Resolution No. CNS-11–2022, published in 2022, sets the national minimum wage rate for domestic work.

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). Both of these are aimed at following up on priority measure 59 on new masculinity. Argentina, Belize, Brazil, Guyana, Honduras, Mexico, Suriname and Trinidad and Tobago report progress on this measure (see table VI.2).

Table VI.2
Latin America and the Caribbean (8 countries): actions aimed at raising men's awareness
of gender equality and fostering the construction of new masculinities, effective 2018–2023

Country	Action	Year
Argentina	Federal map of experiences with men and masculinities in Argentina, which includes experiences in the public sector, organizations that work with men and masculinities, care mechanisms for men who have experienced violence, and materials and resources that address these issues	2021
Belize	Gender Awareness Safe School Programme, which includes sessions to understand the role of gender and messages about masculinity and the life cycle of violence, giving men and boys the opportunity to understand how violence is defined, understand the different types of violence that exist and how it permeates the lives of both men and women	2005
Brazil	*Consulta Pré-Natal Do Pai/Parceiro* (father/partner's prenatal care consultation), which represents an instrument of continuous reflection on the social constructions of gender and masculinity, seeking to abolish the stereotyped roles that keep men away from health, care, affection and the construction of more equitable and humanized relationships in their sexual and affective relationships	2017
Guyana	Men on Mission initiative, which aims to foster greater responsibility among men of their individual and collective actions, and to establish responsible behaviour models	2022
Honduras	Methodological guide for the education campaign on the construction of new masculinities	2019
Mexico	Campaign of the National Institute of Women targeted at men to highlight the consequences of hegemonic masculinities and address different masculinities	2022
Suriname	Gender Vision Policy Document 2021–2035, which aims to eliminate gender inequalities in education	2019
Trinidad and Tobago	Barbershop Initiative, targeted at men aged 14 years and over, to discuss, deconstruct and positively reconstruct issues that affect men	2018

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

C. Gender-based violence
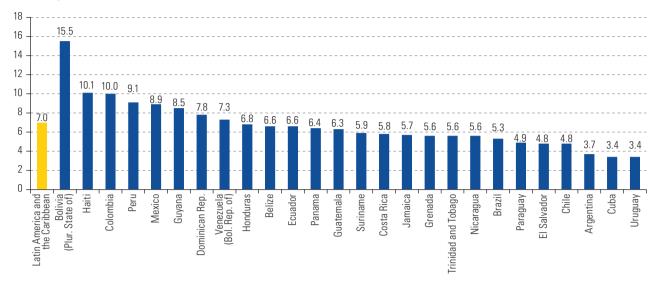
Violence against women is a manifestation of historically unequal power relations between men and women. The aim of priority measures 56, 57, 58 and 65 is to establish mechanisms to protect women from sexual harassment, contribute to the eradication of all forms of violence against them, foster a gender-sensitive approach in the judicial system and provide specialized care for victims of gender-based violence. Estimations performed in 2018 show that one in every four women aged 15-49 years in Latin America and the Caribbean (totalling some 43 million women in that age range) have experienced physical or sexual violence from an intimate partner at least once in their lifetime (WHO, 2021). Indicator E.12, on the proportion of women and girls aged 15 years and over who have experienced physical, sexual, or psychological violence from a current or former intimate partner in the past 12 months, makes it possible to monitor these priority measures. Figure VI.5 shows that 7.0% of women aged 15 years and over have been subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months.

The most extreme expression of gender-based violence is femicide, the gender-based murder of women. The purpose of indicator E.14,[5] the rate of femicide or feminicide (see figure VI.6), 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 advancement of gender-sensitive justice.

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

Figure VI.5
Latin America and the Caribbean (26 countries): women and girls aged 15 years and over who have experienced physical or sexual violence from a current or former intimate partner in the past 12 months, 2018
(Percentages)
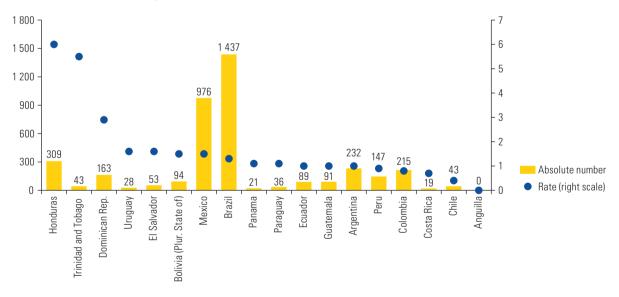
Source: United Nations, SDG Indicators Global Database, [online] https://unstats.un.org/sdgs/dataportal.

Figure VI.6
Latin America and the Caribbean (23 countries and territories): prevalence of femicide or feminicide, latest year with information 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 of 15 years of age and over.

Among measures to address gender-based violence that are included in the voluntary national reports, table VI.3 lists the actions implemented in 18 of the region's countries.

Table VI.3
Latin America and the Caribbean (18 countries): programmes, plans and other instruments that contribute to the eradication of and response to gender-based violence, effective 2018–2023

Country	Programme, plan or instrument	Year
Argentina	Act No. 27499, which establishes mandatory training on gender and violence against women for all members of the three branches of government	2019
	Acompañar (Support) programme	2020
	Producir (Produce) programme	2021
	Programme to provide urgent support and immediate comprehensive assistance in cases of extreme gender-based violence	2021
	Integrated System of Cases of Gender-based Violence (SICVG)	2021
	Equiparar programme to foster equality in diversity and the prevention of violence against women and LGBTI+ persons with disabilities	2021
	National Plan of Action against Gender-Based Violence 2022–2024	2022
	Programme of Access to Rights for Persons in Situations of Gender-based Violence	2022
Bolivia (Plurinational State of)	Supreme Decree No. 1363, creating the Committee to Combat all Forms of Violence against Women	2012
	Act No. 348 to guarantee women a life free from violence	2013
	Adela Zamudio Immediate Alert and Registration System	2019
	Certification seal: "Company committed to a life free of violence against women in the Plurinational State of Bolivia"	2022
Brazil	Act No. 13104/2015 on femicide	2015
	Act No. 14500/2023. New wording of Article 40-A of the Maria da Penha Act, No. 11340/2006	2023
Chile	National Plan of Action to Prevent Violence against Women 2021–2030	2021
Colombia	Act No. 1257 for a life free from violence against women	2008
	Coordinating mechanism for a comprehensive approach to sex- and gender-based violence against women, children and adolescents	2020
Costa Rica	Observatory on Gender Violence against Women and Access to Justice	2014
	National Policy for Response to and Prevention of Violence against Women of all Ages	2017
Cuba	Comprehensive Strategy to Prevent and Respond to Gender-based and Domestic Violence	2021
Dominican Republic	Strategic Plan for a Life Free of Violence for Women	2020
Ecuador	Act No. 1761 specifying femicide as an autonomous crime and establishing other provisions	2015
	Comprehensive organic Act for the prevention and eradication of gender-based violence against women	2017
	National Plan to Prevent and Eradicate Violence against Women	2020
El Salvador	Reform of the special comprehensive Act for a violence-free life for women	2019
Guatemala	Act against femicide and other forms of violence against women	2008
Mexico	Women's Access to a Life Free from Violence General Act	2007
	Violence Prevention and Response Programme	2018
	National Programme for the Prevention and Eradication of Violence against Women	2021
	Support Programme to Provide Specialized Shelters for Women Victims of Gender-based Violence and their Children	2021
	Comprehensive Model for the Sanction of Violence against Women	2022
Panama	Act No. 184 to prevent, punish and eradicate violence against women	2020
Paraguay	Law for the comprehensive protection of women against all forms of violence	2016
Peru	National Specialized System of Justice for the Protection and Punishment of Violence against Women and Family Members	2018
	Regulations for the use of the certification seal "Safe company, free of violence and discrimination against women"	2018
	Results-based Budget Programme for the Reduction of Violence against Women	2019
	Aurora national programme for the prevention and eradication of violence against women and family members	2019
Trinidad and Tobago	Police Service Gender-based Violence Unit	2020
Uruguay	Inter-agency Integrated Response System	2019
	Act No. 19580 issuing regulations against gender-based violence against women	2019
	National Plan for a Life Free from Gender-based Violence against Women	2022
Venezuela (Bolivarian Republic of)	Women's Movement for Peace and Life	2013
	Organic law reforming the Right of Women to a Life Free from Violence Organic Act	2014

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

In terms of actions to eradicate gender-based violence in the world of work, 11 of the region's countries have reaffirmed their commitment to the right to a work environment free from violence and harassment by ratifying the Violence and Harassment Convention, 2019 (No. 190) of the International Labour Organization (ILO) (see diagram VI.1).

Diagram VI.1
Latin America and the Caribbean (11 countries): ratification of the Violence and Harassment Convention, 2019 (No. 190) of the International Labour Organization, by year of ratification, 2023

2023
Chile

2022
Antigua and Barbuda
Bahamas
Barbados
El Salvador
Mexico
Panama
Peru

2021
Argentina
Ecuador

2020
Uruguay

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of International Labour Organization (ILO), "Ratification of C190 - Violence and Harassment Convention, 2019 (No. 190)" [online] https://webapps.ilo.org/dyn/normlex/es/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:3999810.

The voluntary national reports of Ecuador, Paraguay, Peru, the Plurinational State of Bolivia and Trinidad and Tobago reference actions in this area. In the Plurinational State of Bolivia, the certification seal "Company committed to a life free of violence against women in the Plurinational State of Bolivia" was created in 2022. In Ecuador, the Protocol to prevent and respond to cases of discrimination, workplace harassment and all forms of violence against women in the workplace was approved in 2021; and the project for violence prevention and capacity building for access to employment for women and groups in vulnerable situations was approved in 2022. In Peru, the Work Without Harassment guidance and support service for cases of sexual harassment at work was created in 2019, and a practical guide for workers, employers and organizations on this issue was developed, along with a platform for registering cases of sexual harassment at work. In Paraguay, the Office for Response to and Prevention of Workplace Violence was created. Trinidad and Tobago developed a National Workplace Policy on Sexual Harassment in 2019; and the Government of Jamaica continues to conduct public awareness-raising and sensitization activities towards the ratification of ILO Convention 190.

An issue that requires special attention is gender-based violence against the LGBTIQ+ population, which has been highlighted in several reports. In Argentina, a number of measures were implemented for women and LGBTI+ people who live or have lived a situation of gender-based violence. These include the Integrated System of Cases of Gender-based Violence (SICVG) and the Programme of Access to Rights for Persons in Situations of Gender-based Violence, in 2022, the *Producir* programme in 2021, the *Acompañar* programme in 2020 and the 144 helpline offering assistance and counselling for women and LGBTI+ persons in situations of gender-based violence, of the same year. In the Plurinational State of Bolivia, the regulations of the Ministry of Health and Sports provide mechanisms for comprehensive care for the LGBTIQ+ population; in addition, the Plurinational Victim Assistance Service (SEPDAVI) has protocols on care of LGBTIQ+ persons. Ecuador has the LGBTI+ Diversity Action Plan (PAD) 2022–2025; and in 2022 it implemented a project for the prevention of violence and capacity-building for access to employment for women and groups in vulnerable situations. It also adopted the National Agenda for Women and LGBTI Persons 2018–2021 and the National Agenda for Gender Equality (ANIG) 2021–2025. In Uruguay, an information booklet was published providing egalitarian guidelines for promoting the rights of LGBTI persons in the midst of COVID-19.

Bibliography

Almeida Sánchez, M. D. (2021), "La política fiscal con enfoque de género en países de América Latina", *Macroeconomics of Development series*, No. 217 (LC/TS.2021/105), 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), "Participación de las mujeres en la toma de decisiones en América Latina y el Caribe", 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), *The care society: a horizon for sustainable recovery with gender equality* (LC/CRM.15/3), Santiago (LC/CRM.15/3), Santiago.

___(2022b), *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.

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).

WHO (World Health Organization) (2021), *Violence against women prevalence estimates, 2018 – Executive summary. Global, regional and national prevalence estimates for intimate partner violence against women and Global and regional prevalence estimates for non-partner sexual violence against women*, Geneva.

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 of the Montevideo Consensus on Population and Development, 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' voluntary national reports on the implementation of the Montevideo Consensus describe progress on a wide range of topics. 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.

According to the information available on the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, over the period 2018–2023, 28 countries of the region implemented 86 measures (plans, policies, programmes and regulations) related to the themes of chapter F of the Consensus (see figure VII.1). The analysis of policy actions by priority measure facilitated by the platform shows that the most widely implemented priority measure is 67, on providing assistance and protection to migrants, especially vulnerable groups. Next is priority measure 72, on decisively protecting the human rights of all migrants, avoiding any form of criminalization of migration and guaranteeing access to basic social services in education and health. In third place is priority measure 68, on preparing comprehensive global and regional strategies to prevent infringement of the human rights of migrants and taking advantage of the benefits of migration. Following are priority measures 66, 73, 70, 69 and 74, which refer, respectively, to ensuring that all international migration issues are fully incorporated into development strategies; giving priority to strengthening coordination channels between sectors and between countries and to reinforcing intergovernmental cooperation mechanisms in order to guarantee the exercise of the human rights of all migrants; incorporating principles of consistency and reciprocity in dealing with the various situations faced by emigrants from the countries in the region; promoting the signing of bilateral and multilateral social security conventions; and strengthening cooperation between countries of origin, transit and destination to address the causes and challenges of irregular migration.

Figure VII.1
Latin America and the Caribbean (28 countries):[a] policy actions related to chapter F
of Montevideo Consensus on Population and Development, 2018–2023
(Number)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en.
[a] Does not include the Bahamas, Belize, Nicaragua, Saint Lucia or Saint Vincent and the Grenadines.
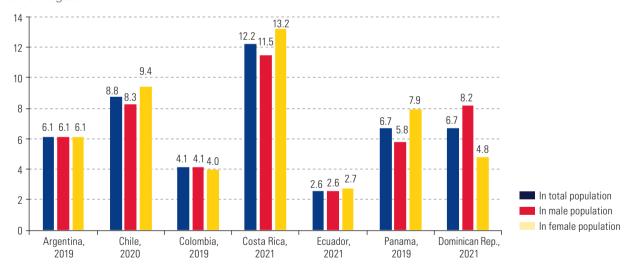
A. Inclusion of international migration and the regularization of migration in regional and national development agendas and strategies

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.

As noted by the Economic Commission for Latin America and the Caribbean (ECLAC) in the *Social Panorama of Latin America and the Caribbean, 2023*, regular migration status is a basic (although not sufficient) condition for migrants to gain access to formal-sector employment and labour inclusion. In its absence, migrants cannot pay into the social security system or obtain the entitlements associated with formal employment, such as protection from dismissal without cause, paid vacation time and all the other supplementary protections provided under national labour laws. By promoting the rights and welfare of migrants, regularization of migration status enhances their contributions to the economies and societies of destination countries (ECLAC, 2023).

According to the latest household survey data, while international migrants account for a significant share of the region's labour force, their weight varies considerably depending on the country. For example, they represent 2.6% of the labour force in Ecuador compared to 12.2% in Costa Rica. In Chile, Costa Rica and Panama, migrant women outnumber migrant men, whereas the opposite is true in the Dominican Republic (see figure VII.2) (ECLAC, 2023).
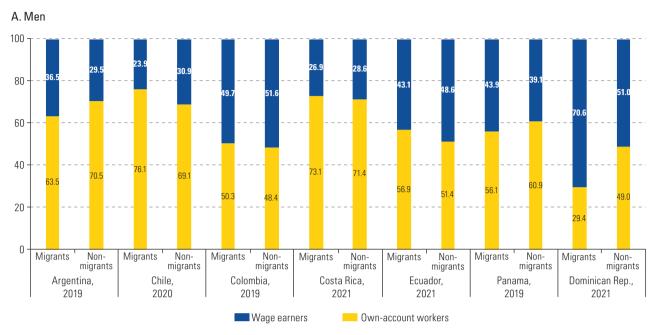
Figure VII.2
Latin America (7 countries): proportion of immigrants in labour force, by sex, latest year available
(Percentages)
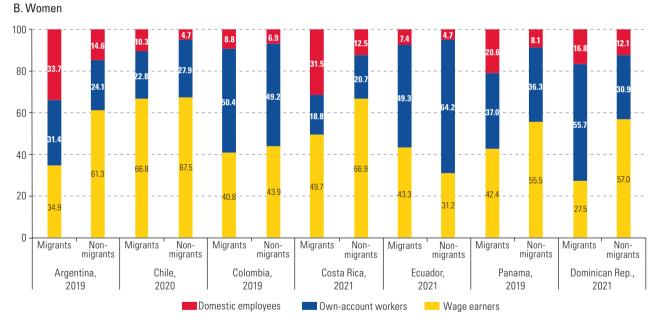
Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18), Santiago, 2023.

Informal work is generally easier to obtain, and the employment of many migrants is not protected by labour regulations. In fact, the figures for category of work by migration status show that the percentage of migrants employed in wage labour, in particular women migrants, is lower than for non-migrants (see figure VII.3).

Figure VII.3
Latin America (7 countries): employed population by category of work and gender, 2019–2021
(Percentages)

A. Men

Legend: Wage earners / Own-account workers

B. Women

Legend: Domestic employees / Own-account workers / Wage earners

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

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, 2022).

Argentina, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay report the regularization of migrants in fulfilment of priority measure 66 in their voluntary national reports (see table VII.1).

Table VII.1
Latin America and the Caribbean (14 countries): regulations, policies, plans, programmes and measures for regularization and inclusion of migrants, 2018–2023

Country	Regulation, policy, plan, programme or measure	Year or period
Argentina	Order No. 1904/2020 approving the issuance of digital provisional residence permits	2020
	Migration regularization operations with a national scope	
	Order No. 1891/2021 approving the Special Regularization Regime for Venezuelan Migrant Children and Adolescents	2021
	Orders No. 940/2022 and 941/2022 approving special regularization programmes	2022
	Elimination of physical stamp requirement for travel documents	
	Digital entry permit processing (TIE-24H)	
Bolivia (Plurinational State of)	Supreme Decree No. 4576 Agreements with countries of the Southern Common Market (MERCOSUR) to facilitate entry to and from and stays in its countries	2021
Chile	Law on migration and immigration (No. 21325)	2021[a]
Colombia	Document no. 3950, *Estrategia para la Atención de la Migración desde Venezuela*, of the National Council on Economic and Social Policy (CONPES)	2018
Costa Rica	*Política Migratoria Integral para Costa Rica*	2013–2023
Ecuador	Organic law amending the Human Mobility Organic Act	2021
	Agenda Nacional para la Igualdad de Movilidad Humana	2017–2021
El Salvador	Special law on migration and immigration	2019
	Project for the granting of permits to seasonal and cross-border workers and to persons in transit to neighbouring countries	2021
Honduras	Strategy for Management of Irregular Migration at the Border	2022–2026
Jamaica	Overhaul of work permit approval system	2019
	National Population and Sustainable Development Policy	2022
Mexico	Working group for domestic forced displacement and violence	2021
	Inter-agency Comprehensive Care Strategy for Repatriated and Returning Mexican Families	
Panama	Executive Decree No. 4 regulating articles 17, 18 and 19 of the Labour Code, on migrant work	2023
	Executive Decree No. 235, establishing the procedures and requirements for the renewal of provisional permits and for permanent residency	2021
	Executive Decree No. 197 allowing foreigners to obtain permanent residency depending on their nationality	2021
Paraguay	Migration Policy (Decree No. 4483/15)	2015
Peru	Legislative Decree on Migration (No. 1350)	2017
	Supreme Decree No. 015-2017-RE approving the 2017–2025 National Migration Policy	
	Supreme Decree No. 001-2017-IN approving the regularization of foreign fathers or mothers of Peruvian children	
	Supreme Decree No. 002-2017-IN granting temporary stay permits to Venezuelan nationals	
	Superintendency Resolution No. 000177-2019 regulating the entry of Venezuelan nationals with identity cards, on humanitarian and protective grounds	2019
	Supreme Decree No. 010-2020-IN for regularization of the migration status of foreigners in Peru illegally owing to overstaying of visas or irregular entry	2020
Uruguay	Decree No. 118/018 granting permanent residency to foreigners in a particularly vulnerable situation	2018
	Ministerial Resolution No. 412/2022 Signing and adoption of the Protocol for the Care of Undocumented Foreign Children and Adolescents at the Border	2022
	Service Orders No. 4 and No. 6 of the Ministry of the Interior for the regularization of persons who, having entered legally between 1 January 2018 and 10 August 2021, did not have the visa required to begin the residence procedure	2020–2022

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.
[a] Entry into force in February 2022.
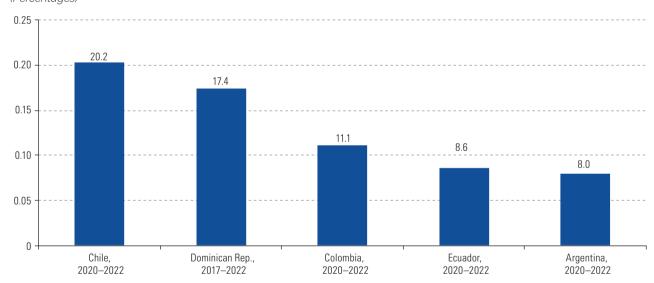
B. Comprehensive strategies to harness the benefits of migration

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. Nonetheless, it is important for national agendas to incorporate broader recognition of the contributions of migration to sustainable development, beyond remittances. 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 in some destination countries (Martínez Pizarro and Cano Christiny, 2022).

During the economic recovery from the crisis triggered by the coronavirus (COVID-19) disease pandemic in 2020, migrants have made a major contribution to GDP growth in five countries studied (see figure VII.4). In Chile, for example, migrants contributed one fifth of GDP growth between 2020 and 2022, enabling a swift economic recovery and economic activity that even outstripped pre-pandemic levels. In the Dominican Republic, 17.4% of economic growth over the period 2017–2022 was attributable to migrants, while in Argentina, Colombia and Ecuador, they contributed between 8.0% and 11.1% of GDP growth.

Figure VII.4
Latin America (5 countries): contribution of migrants to GDP growth, 2017–2022
(Percentages)
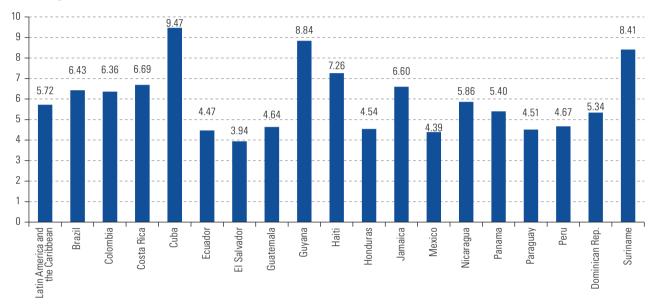
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of National Socioeconomic Survey (CASEN), 2009–2020 and New National Employment Survey, 2020–2022 (Chile); ninth National Population and Housing Census, 2010 and National Multipurpose Household Survey, 2015, 2017 and 2022 (Dominican Republic); National Quality of Life Survey, 2010 and 2018–2022 (Colombia); National Survey of Employment, Unemployment and Underemployment, 2015–2022 (Ecuador), CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en and official data from the respective countries' central banks; Permanent Household Survey, 2010–2022 (Argentina).

With regard to measures in the region to facilitate remittances, it is important to note that the average remittance cost as a percentage of the amount remitted (indicator F.4 for the regional follow-up of the Montevideo Consensus) is 5.7% (see figure VII.5). In several countries, the cost is above the regional average,

which is significant in countries with many emigrants, such as Haiti, and reflects the underdevelopment of the financial system with regard to transfers. National reports described a number of measures to mitigate remittance costs. For example, in 2022, the Government of Mexico established 52 financial advisory help desks abroad to provide information on remittances, home buying, tax preparation, personal finance, life insurance, savings, employment, entrepreneurship and business development, financial fraud and management of income and expenses, among other topics. Paraguay recorded significant foreign currency inflows from remittances sent by nationals residing abroad, especially in Argentina, and has set a goal of reducing the related costs.

Figure VII.5
Latin America and the Caribbean (18 countries): average cost of sending US$ 200, as a share of remittance, by country, 2021
(Percentages)

C.   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, Guatemala, Honduras, Jamaica, Mexico, Paraguay and Peru); and others report measures to support emigrants and members of the diaspora (the Dominican Republic and Jamaica) (see table VII.2).

Table VII.2
Latin America and the Caribbean (9 countries): regulations, policies, plans, programmes and measures
to incorporate principles of consistency and reciprocity in addressing situation of emigrants, 2018–2023

Country	Regulation, policy, plan, programme or measure	Year or period
Chile	Law No. 20960 regulating the right to vote abroad	2016
	Decree No. 279 promulgating the memorandum of understanding between the Government of the Republic of Chile and the International Organization for Migration on visa management support services in Haiti	2019
Dominican Republic	Resolution No. 02-2017 establishing the lines of action for immigration and consular assistance for the Dominican diaspora in the United States	2017
El Salvador	Amendments to the special law for the protection and development of Salvadoran migrants and their families	2019
	Migrant labour programme for Salvadorans in the international labour market	2019
	Comprehensive care for returnees (*Bienvenido a Casa, Brazos Abiertos and Transformando Vidas programmes*)	2019
	"El Salvador +" programme of services for the Salvadoran diaspora at their destination	2021
	Establishment of the Office of the Deputy Minister for the Diaspora and Human Mobility	2021
	Protocol for Humanitarian Assistance and Management for Salvadorans Abroad	2023
Guatemala	General Regulations of the Migration Code, article 92 of which establishes the Migrant Care Centre for Guatemalan Returnees	2019
Honduras	Agreement with the United States to invest in development programmes in the region and reduce irregular migration	2019
	Hondureños Conectados programme, an initiative to connect members of the diaspora with their communities through remittances	2022
	Implementation and follow-up of initiatives stemming from international agreements, such as the Global Compact for Safe, Orderly and Regular Migration	2022
Jamaica	Reintegration and Rehabilitation of Involuntary Returned Migrants in Jamaica Project (IRM Project)	2016–2019
Mexico	Programmes serving Mexicans living and working abroad (help desks providing support relating to educational guidance, financial advice, entrepreneurship, and comprehensive services for members of Indigenous populations at Mexican consulates in the United States)	2018–2023
	Inter-agency Roundtable for the Provision of Comprehensive Services for Families Returning to Mexico	2021
Paraguay	Comprehensive support programme for repatriated nationals and their dependents	2018–2019
Peru	Act No. 30525 amending the Economic and Social Reinsertion of Returning Migrants Act (No. 30001) of 2013	2016
	Supreme Decree No. 015-2017-RE approving the 2017–2025 National Migration Policy, which has four pillars, one pertaining to Peruvian returnees	2017

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the survey for the update of the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development.

D. 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.[1] 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.

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

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 should 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. Paraguay mentions the adoption of the Agreement, but little progress has been made in this regard.

The Ibero-American Multilateral Agreement on Social Security is a legal instrument that aims 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. To date, 12 countries in the region have ratified this instrument (see table VII.3).

Table VII.3
Latin America (12 countries): ratification of Ibero-American Multilateral Agreement on Social Security, 2008–2024

Country	Year of ratification
Argentina	2010
Bolivia (Plurinational State of)	2010
Brazil	2009
Chile	2009
Colombia	2021
Dominican Republic	2019
Ecuador	2009
El Salvador	2008
Paraguay	2011
Peru	2013
Uruguay	2011
Venezuela (Bolivarian Republic of)	2009
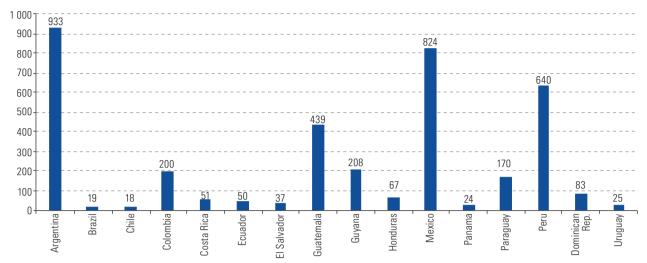
Source: Ibero-American Social Security Organization (OISS), "Convenio Multilateral Iberoamericano de Seguridad Social" [online] https://oiss.org/convenio-multilateral/estado-de-situacion/.

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

Despite their many contributions to development, negative perceptions about migrants persist in the region, encouraging xenophobic actions and discourse, racism and discrimination against them. An increase in entry restrictions and stronger removal measures as well as the criminalization of irregular migration have worsened the vulnerability of migrants, amplified irregular migration[2] and facilitated illicit organizations that profit from the smuggling of migrants and trafficking in persons (see figure VII.6). 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.

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[2]   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 people entered Chile at unauthorized border crossings.

Figure VII.6
Latin America (16 countries): trafficking in persons, by country, 2020
(Number of victims detected)

Several countries in the region report the implementation of measures and actions to address this issue (see table VII.4).

Table VII.4
Latin America and the Caribbean (10 countries): regulations, policies, plans, programmes and measures to address trafficking in persons, 2007–2023

Country	Regulation, policy, plan, programme or measure	Year
Antigua and Barbuda	Trafficking in Persons (Prevention) Act, 2010	2010[a]
Argentina	Establishment of the Area for Early Detection of Trafficking and Smuggling of Persons by DNM Provision No. 3154/2020	2020
Chile	Act No. 20507 criminalizing the smuggling of migrants and trafficking in persons and establishing regulations for prevention and more effective criminal prosecution	2011
Costa Rica	Law against trafficking in persons and establishment of the National Coalition Against the Smuggling of Migrants and Trafficking in Persons (Act No. 9095)	2012
Guyana	Combating of Trafficking in Persons Act (No. 7)	2023
Jamaica	Trafficking in Persons (Prevention, Suppression and Punishment) (Amendment) Act, 2021	2021
Panama	Law on the smuggling of migrants and related activities (No. 36)	2013
Peru	National Policy against Trafficking in Persons and Related Forms of Exploitation (Supreme Decree No. 001-2015-JUS)	2015
	Law against trafficking in persons and smuggling of migrants (No. 28950)	2007
	Intersectoral Protocol for the Prevention and Prosecution of the Crime of Human Trafficking and the Protection, Care and Reintegration of Victims (Supreme Decree No. 005-2016-IN)	2016
	Guía de actuación para las y los defensores públicos en la investigación del delito de trata de personas con la implementación del enfoque centrado en la víctima (Ministerial Resolution No. 502-2018-JUS)	2018
Trinidad and Tobago	Trafficking in Persons Act	2011
Uruguay	National Action Plan to Prevent and Combat Trafficking in Persons, 2018–2020	2018
	Act to prevent and combat trafficking in persons Amendments to the Criminal Code (no. 19643)	2018
	Guía de acción interinstitucional para situaciones de trata y explotación de personas en el Uruguay	2021

[a] Amended in 2019.

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[3] 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, Guyana, Jamaica and Uruguay have made efforts to guarantee and protect migrants' rights and equal access to them. Argentina, Honduras, Panama and Uruguay implemented measures to provide care for vulnerable and irregular migrants, in particular during the pandemic. Some countries also took measures targeting migrant children and adolescents in transit (Cuba, Honduras, Mexico, Panama and Uruguay) and described progress in the implementation of measures for refugees (Jamaica, Mexico and Uruguay).

With regard to vulnerable populations, among the measures described in voluntary national reports, Brazil has begun to grant refuge to LGBTQIA+ migrants who are at risk in their countries of origin. In Honduras, platforms have been established to identify the vulnerable population, including by determining the percentage of LGBTI persons in the population in order to facilitate the implementation of measures to advance their social reintegration. At Mexican consulates in the United States, there are six full-service help desks for members of Indigenous populations of Mexico living abroad. These are safe spaces to provide comprehensive and timely services, in Indigenous languages and with no discrimination against members of Indigenous and Afro-Mexican peoples and communities.

F. Intersectoral and intergovernmental coordination

Priority measure 73 includes strengthening coordination channels between sectors and countries and reinforcing intergovernmental cooperation mechanisms, and underscores 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.

The voluntary national reports of Chile, Costa Rica, Guyana 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. Progress has been made with respect to migrants and the gender perspective in Chile, Jamaica, Mexico and Peru.

In Peru, article 11 of the Legislative Decree on Migration (No. 1350) includes provisions to protect women migrants experiencing gender-based violence, and the 2017–2025 National Migration Policy addresses gender-based violence, violence against women, domestic violence and the smuggling of migrants, and employed a gender perspective in the analysis of each migration stage. In addition, in 2016, the Ministry of Women and Vulnerable Populations began including nationality and migration status in the administrative records of the Women's Emergency Centres of the National Programme for the Prevention and Eradication of Violence against Women and Family Members - Aurora, to determine the number of foreign women experiencing violence and provide the protection they need.

In Chile, Decree No. 177 of the Ministry of the Interior and Public Safety came into force in 2022. It established migration subcategories for temporary residence and grants residency, on humanitarian grounds, to victims of trafficking in persons, domestic or gender-based violence and migrant smuggling and to pregnant women, children and adolescents, regardless of their migration status in the country. The Ministry of Women's Affairs and Gender Equity, working with the Office of the United Nations High Commissioner for Refugees (UNHCR), also designed a road map for United Nations teams and for ministries working in emergency shelters in the Arica and Parinacota region, in the north of the country, ensuring that women receive care and reparation tailored to the types of risk and violence they report.

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

Mexico has produced the *Guía de identificación y atención de mujeres víctimas de violencia en contexto de migración para oficiales de protección*, which supports the public service in providing better guidance to women in need. Implementation of the National Programme for Equality between Women and Men (PROIGUALDAD), 2020–2024 continues, to support migrant women in obtaining work and leading a productive life; for day labourers in the agricultural sector, this means assistance in obtaining a suitable permit that enables them to be paid for their work.

Bibliography

Cano Christiny, M. V. and J. Martínez Pizarro (2023), "Contributions of international migration to development in Latin America and the Caribbean: good practices, challenges and recommendations", *Project Documents* (LC/TS.2023/127), 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", *Notas de Población*, No. 115 (LC/PUB.2022/22-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

ECLAC (Economic Commission for Latin America and the Caribbean) (2023), *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1), Santiago.

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

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.

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).

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 2023).
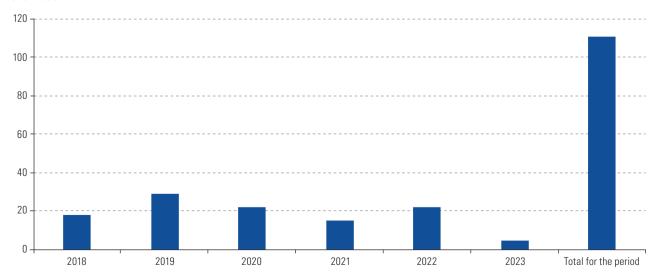
The region's population is mainly located in large cities or metropolises. This is the result of an intense urbanization process with significant migration from rural areas to cities, and later, migration from smaller to larger cities, which triggered strong growth in the main metropolitan areas. More recently, medium-sized cities have become more attractive, favouring demographic deconcentration (ECLAC, 2012 and 2023; 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, 2022 and 2023; 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 persons 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).

According to the data from the Virtual Platform for Regional Follow-up of the Montevideo Consensus on Population and Development, over the period 2018–2023, 111 policy actions (plans, policies, programmes and regulations) were implemented by 28 countries of the region in relation to the topics of chapter G of the Consensus (see figure VIII.1). Analysis of the number of policy actions by priority measure shows that priority measure 77, linked to the development and well-being of people in all territories, was the most widely implemented. It was followed by priority measures 76 and 81, which refer to territorial planning and management and urban governance of cities and metropolitan systems, and priority measures 82 and 83, on environmental issues and socioenvironmental disasters.

Figure VIII.1
Latin America and the Caribbean (28 countries):[a] implementation of policy actions related to chapter G of Montevideo Consensus on Population and Development, 2018–2023
(Number)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Virtual Platform for Regional Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en.
[a] Does not include the Bahamas, Belize, Nicaragua, Saint Lucia or Saint Vincent and the Grenadines.

This second regional report on the implementation of the Montevideo Consensus on Population and Development addresses three key areas: (i) design and implementation of rights-based territorial management plans, policies, programmes and instruments at different levels (subnational, urban and city-system), that incorporate environmental sustainability, the gender perspective and an intercultural approach (priority measures 76, 78, 80, 81 and 84); (ii) the development and well-being of people in different dimensions and in all territories (priority measures 77 and 79); and (iii) environmental issues and socioenvironmental disasters (priority measures 82 and 83).

A more detailed —albeit summarized— review of the measures relating to these three areas is presented below, identifying outcomes of implementation where feasible.

A.   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 ten years, 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.[1] 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 regardless of location (Genta and others, 2022) (see table VIII.1).

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[1]   The voluntary national reports on implementation of the Montevideo Consensus on Population and Development of Chile, Ecuador and Mexico include the implementation of territorial policies.

Table VIII.1
Latin America and the Caribbean (13 countries): territorial policies of national scope in force in 2018–2023

Country	Policy measure	Institution responsible
Argentina	Strategic Territorial Plan 2018	Department of Territorial Planning and Coordination of Public Works
Barbados	Physical Development Plan 2017–2027	Town and Country Development Planning Office
Bolivia (Plurinational State of)	Methodological guidelines for the formulation of comprehensive territorial development plans for living well, 2016	Office of the Deputy Minister of Planning and Coordination in the Ministry of Development Planning
Brazil	National Regional Development Policy (PNDR I and II), 2019	Ministry of Integration and Regional Development
Chile	National Fund for Regional Development, established by Decree Law No. 575 Regional Land-use Plan	Office of the Under-Secretary for Regional and Administrative Development; implemented by regional governments
Cuba	Policy for the Advancement of Territorial Development, 2020	Ministry of Economic Affairs and Planning
Ecuador	National Territorial Strategy, included in the National Development Plan, *Toda una Vida*	National Planning Secretariat
Honduras	State-level policy for comprehensive risk management (2010–2022)	National Disaster Risk Management System
Mexico	National Programme for Land-use Planning and Urban Development, 2021–2024 National land policy, 2020	Secretariat of Agrarian, Land, and Urban Development
Paraguay	National Framework Plan for Development and Landu-use Planning of Paraguay, 2011	Technical Planning Secretariat for Economic and Social Development
Peru	National Decentralization Plan, 2012–2016	Decentralization Secretariat of the Office of the President of the Council of Ministers
Saint Vincent and the Grenadines	National Adaptation Plan 2019	Sustainable Development Unit
Venezuela (Bolivarian Republic of)	National Land-use Plan, 1998	Ministry of the Environment and Renewable Natural Resources

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the voluntary national reports on implementation of the Montevideo Consensus and the Virtual Platform for Regional Follow-up of the Montevideo Consensus on Population and Development and N. Genta and others, "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), 2022.

B. 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 for the follow-up of the Montevideo Consensus, "proportion of population living in households with access to basic services" (Sustainable Development Goal (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).
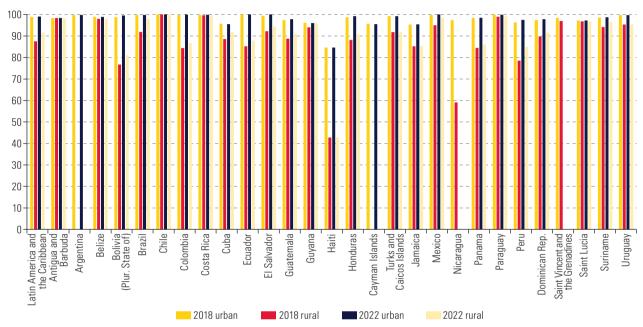
Access to basic services includes safe drinking water, sanitation, hygiene, energy, mobility, waste removal, health care, education, and information and communications technologies (ICTs), such as access to broadband Internet. In this case, access to safe drinking water will be examined in greater detail and access to electricity and ICTs more succinctly.

1. Access to safe water

Access to safe drinking water, drainage and sanitation is essential for sustainable development as it affects all health indicators and living conditions. In its resolution 64/292, the General Assembly calls upon States and international organizations 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, clean, accessible and affordable drinking water and sanitation for all. Sustainable Development Goal 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.

The Economic Commission for Latin America and the Caribbean (ECLAC, 2023, p. 103) 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 VIII.2 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; Haiti, where only 85% of the population has access, is the country that is lagging farthest behind.[2] By contrast, in rural areas, the regional average is 91.6%, and Haiti has the lowest levels of access, at around 43%. 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, 2021, 2022 and 2023; ECLAC/FILAC, 2020).

Figure VIII.2
Latin America and the Caribbean (24 countries): proportion of population using basic drinking water services, 2018–2022
(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.
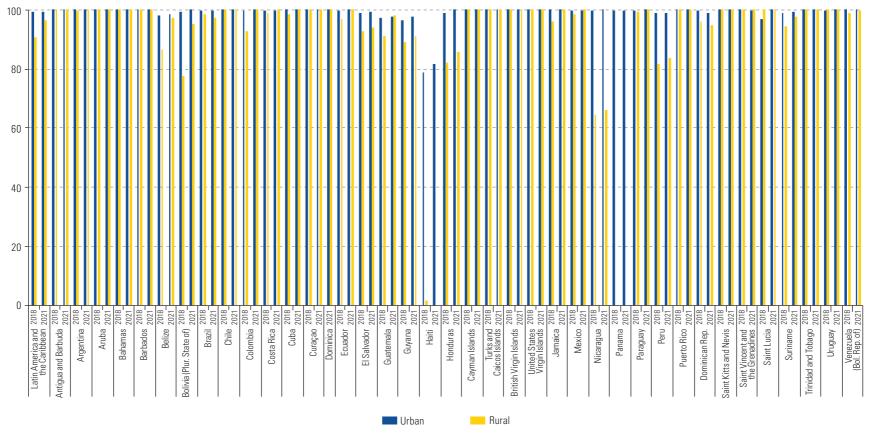
Argentina, the Dominican Republic, El Salvador, Guyana, Jamaica, Mexico and Peru report a number of public policy actions that have enabled progress in compliance with the priority measure on drinking water.

2. 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, 2023) (see figure VIII.3). 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 (2023, p. 114), the costs of extending networks and infrastructure are high, which represents a huge challenge for universal access.

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[2] 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).

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Figure VIII.3
Latin America and the Caribbean (40 countries and territories): population with access to electricity, 2018–2021
(Percentages)

Urban ■   Rural ■

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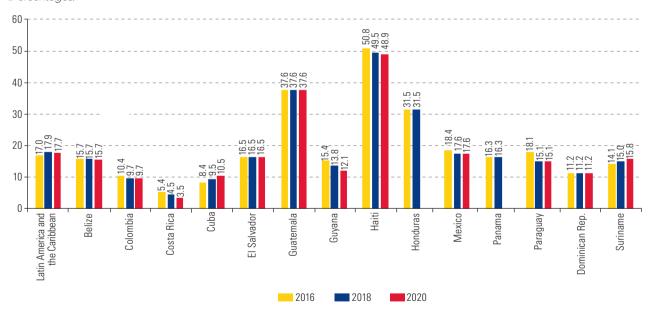
Access to electricity in the homes of older persons, persons with disabilities or persons who depend upon it is fundamental for their health. In schools that have access to electricity, in particular in rural areas, dropout rates are lower (ECLAC, 2023).

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 coronavirus disease (COVID-19) 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. Accordingly, stronger measures are urgently needed to close the connectivity gap for homes in some urban areas and in rural areas in general, as well as skills gaps, in particular intergenerational ones (ECLAC, 2023).

3. 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, 2021 and 2022; 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 (2023), 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 VIII.4 shows that the proportion of the urban population living in such neighbourhoods, settlements or housing remained relatively unchanged between 2016 and 2020.

Figure VIII.4
Latin America and the Caribbean (14 countries): proportion of 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 families' increasing difficulty in buying or formally renting 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 in 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, 2023).

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 move forward with special programmes and to include the homeless population, which increased considerably during the pandemic (ECLAC, 2021, 2022 and 2023). 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 (ECLAC 2022, p. 23).

4.   Development and well-being of persons with disabilities

Persons with disabilities face attitudinal and physical barriers that hinder their meaningful autonomy and development. Box VIII.1 describes the situation of persons with disabilities with regard to the priority measures of chapter G of the Montevideo Consensus on Population and Development, with a view to presenting countries' progress and challenges in that area.

Box VIII.1
Welfare of persons with disabilities in different territories

Priority measures 77, 78, 79 and 82 of chapter G of the Montevideo Consensus on Population and Development, articles 9, 11, 20 and 28 of the Convention on the Rights of Persons with Disabilities, and targets 11.2 and 11.7 of Goal 11 of the 2030 Agenda for Sustainable Development refer explicitly or implicitly to inclusion, accessibility and mobility, access to basic services and information and communications technology (ICTs), quality of life, and protection from environmental risks and disasters for persons with disabilities.

All these instruments approach disability from a social inclusion and rights perspective, in the understanding that disability is caused by the social and physical environment, and the deficiencies, barriers and exclusion associated with disability are therefore not an individual characteristic but rather the result of the cultural context in which they occur (ECLAC, 2023). For example, target 11.2 of SDG 11 is "[b]y 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons". Moreover, priority measure 77 of the Montevideo Consensus calls for promoting the development and well-being of people in all territories without any form of discrimination, and providing full access to basic social services and equal opportunities for populations whether they live in urban or rural areas, in small, intermediate or large cities or in isolated areas or small rural settlements.
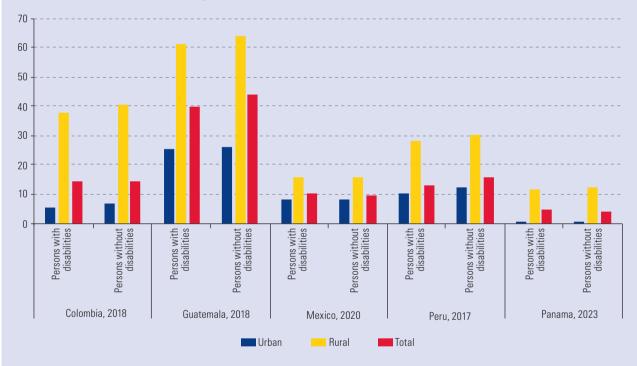
One of the main barriers to monitoring progress in implementation of the priority measures linked with disabilities is that statistical data on persons with disabilities are not always available. Although countries have made progress in including questions to capture information on persons with disabilities in their main data sources, efforts must be redoubled.
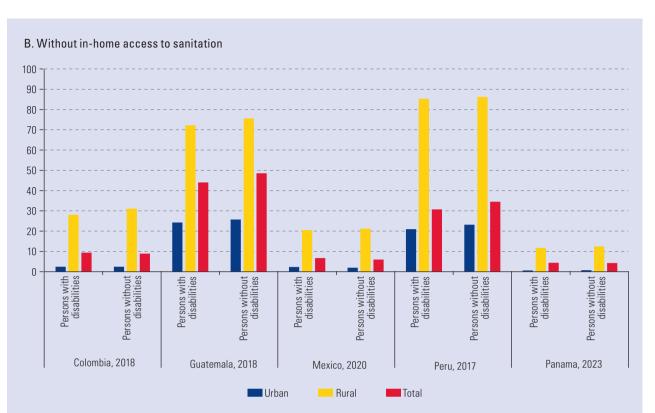
With regard to public mobility systems, barriers to the access and use of transport systems for persons with disabilities directly and indirectly hinder the meaningful exercise of their rights, perpetuating or widening equality gaps in the areas of well-being and rights compared with the rest of the population (Vega, 2023). The accessibility of public and mass transport for persons with disabilities varies widely among the countries of the region and within cities (centre and periphery), the result of national circumstances, the state of urban planning and the territorial scope of studies (Vega, 2023).

With regard to access to basic services such as drinking water, sanitation and electricity, there are no significant gaps between persons with disabilities and the rest of the population; rather, the gaps in access are between urban and rural areas (ECLAC, 2021) (see the figure below).

Latin America and the Caribbean (5 countries): proportion of population without in-home access to safe drinking water and sanitation, by disability status and area of residence, 2020 census round
(Percentages)

A. Without in-home access to drinking water

B. Without in-home access to sanitation

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata from the respective countries processed with REDATAM.

Access to and use of ICTs are important for persons with disabilities as they facilitate support and reasonable accommodations, meaning the appropriate actions, adaptations, support, resources or modifications required for use based on the specific needs of persons with disabilities. In general, there is a gap between persons with and without disabilities in access to and use of ITCs in the region. Persons with disabilities also face specific barriers to using ICTs, depending on their type of disability. Therefore, applications should be created that allow for inclusive access to ICTs, taking diverse types of disability into account (ECLAC, 2022).

The countries of the region must also boost the capacity to design and implement strategies and policies that respond fully to the situation of persons with disabilities during socioenvironmental disasters. Although some countries have adopted a multidimensional protection focus before, during and after such events, the inclusion of persons with disabilities throughout that process remains a challenge.

In all, 13 of the region's countries, in their voluntary national reports on implementation of the Montevideo Consensus on Population and Development, mention a total of 23 laws, plans, programmes and funds that advance initiatives for the inclusion, accessibility and well-being of persons with disabilities. The review shows a growing effort to implement the adaptations and adjustments required to protect the principle of non-discrimination on the basis of disability.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of ECLAC, *Halfway to 2030 in Latin America and the Caribbean: progress and recommendations for acceleration* (LC/FDS.6/3), Santiago, 2023; P. Vega, "Personas con discapacidad y movilidad urbana con un enfoque de derechos: apuntes para las ciudades de América Latina", *Project Documents* (LC/TS.2023/117), Santiago, ECLAC, 2023; *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, 2021 and *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago, 2022.

C. Environmental issues and socioenvironmental disasters

Priority measures 82 and 83 on responding to natural disasters and inclusive development of natural resources are monitored by indicator G.10 for the follow-up of the Montevideo Consensus (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, 2021). 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 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 socioenvironmental disaster. Often, the absence of appropriate disaster risk management or public policy action means that the people and regions suffer much greater harm (CITRID/Mesa de Trabajo en Gestión del Riesgo y Género 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, Ecuador and Guyana 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.
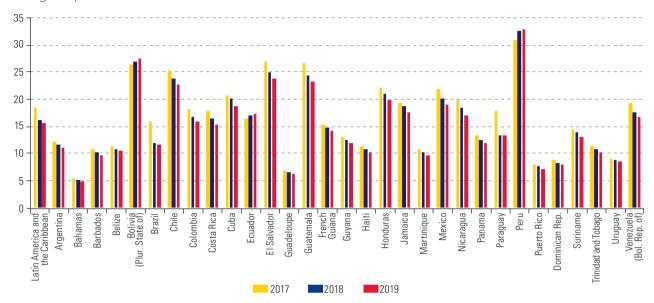
1. Reducing urban air pollution

There have been improvements in the region with regard to air pollution in cities. ECLAC (2023) 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. 146).

Figure VIII.5 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 VIII.5
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, Global SDG Indicators 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, 2023).

Bibliography

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).

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).

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.

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.

___(2022), *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.

___(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/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.

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).

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).

Rodríguez, J. (2017), "Effects of internal migration on the human settlements system in Latin America and the Caribbean", *CEPAL Review*, No. 123 (LC/PUB.2017/24-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

Indigenous Peoples, interculturality and rights

The Montevideo Consensus on Population and Development includes seven priority measures to help guarantee the rights of Indigenous Peoples, as set out in the International Labour Organization (ILO) Indigenous and Tribal Peoples Convention, 1989 (No. 169) and the United Nations Declaration on the Rights of Indigenous Peoples.

A.   The current context

1.   Size, identification and socioterritorial heterogeneity

Knowing the size, profiles, location and demographic dynamics of Indigenous Peoples is crucial for the design of policies and plans to safeguard their collective and individual rights, especially in the case of peoples threatened with extinction, those who have no contact with the outside world and those who are living in voluntary isolation or are in a phase of initial contact, while respecting their right to self-determination (priority measures 86 and 88 of the Montevideo Consensus on Population and Development).

There has been substantial progress in including Indigenous Peoples in population censuses and thereby improving their statistical visibility (Del Popolo, 2017). In the 2020 census round, all Latin American countries inhabited by Indigenous Peoples (17 countries) have included self-identification questions or plan to do so.[1] United Nations estimates for 2022 indicate that 58.5 million Indigenous People live in Latin America, representing 10.4% of the total population. This is a sizeable increase on the 2010 estimate of 44.8 million, resulting from both demographic dynamics and an increase in self-identification associated with country efforts to improve census measurements in contexts where Indigenous Peoples have greater recognition and play a greater role (ECLAC, 2014; ECLAC/FILAC, 2020).

Besides this large increase, a second pattern is the great heterogeneity between countries in both the relative and the absolute size of their Indigenous populations. The countries where the Indigenous population shares are greatest are, in decreasing order, Guatemala, the Plurinational State of Bolivia, Peru and Mexico. Mexico has the largest Indigenous population, estimated at some 25 million in 2022.
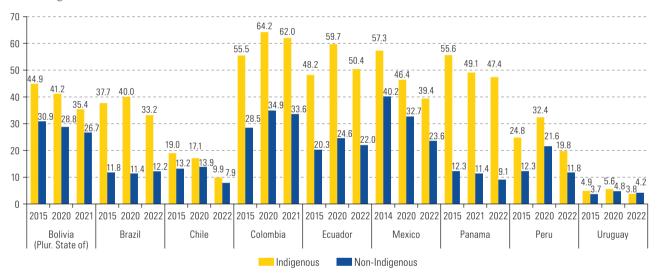
A third pattern that defines the Indigenous population is the enormous diversity of peoples comprising it. The number of Indigenous Peoples recognized by States and national constitutions has been increasing, mainly in response to demands from the peoples themselves. Thus, 617 Indigenous Peoples were recorded in Latin America in 2000, increasing to 826 by 2017 (Del Popolo, 2017). The distribution varies considerably from one country to another, with 305 peoples in Brazil and only 2 in Uruguay (ECLAC/FILAC, 2020). There are also numerous peoples in danger of extinction, especially in the Amazon area of Brazil, Colombia, Peru and the Plurinational State of Bolivia, since in addition to demographic vulnerability they face situations of violence such as forced displacements and incursions by extractive industries, with the consequent degradation and pollution of their territories, reflected most acutely in high levels of infant mortality and malnutrition. Priority measure 86 of the Montevideo Consensus calls for the special demographic dynamic of these peoples to be considered in public policy design, with particular emphasis on the serious survival difficulties they face. This action also refers to respect for the self-determination of Indigenous Peoples who have no contact with the outside world, something that also entails major policy challenges for States, considering that there are at least 200 peoples in voluntary isolation in the Bolivarian Republic of Venezuela, Brazil, Colombia, Ecuador, Paraguay, Peru and the Plurinational State of Bolivia.

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[1]   Similarly, an increasing number of countries are including questions on Indigenous languages in censuses, although this is not yet universal. This information is crucial to the design and implementation of policies for the preservation, revitalization and promotion of Indigenous languages, especially considering the International Decade of Indigenous Languages proclaimed by United Nations resolution 74/135 of 18 December 2019, which runs from 2022 to 2032.

2.   Persistent poverty and increasing inequalities

Poverty, resulting from colonization, marginalization and exclusion, is one of the most obvious structural features of Indigenous Peoples. Household survey data show that the poverty rates of the Indigenous population exceed those of the rest of the population in all the countries, while at the same time there is great variability between them (see figure IX.1). According to the most recent information, the countries in which Indigenous Peoples have the highest incidence of poverty are Colombia (2021) and Ecuador (2022), where the poverty rate among the Indigenous population is 62.0% and 50.4%, respectively. The lowest poverty rates among Indigenous Peoples are in Chile and Uruguay, where they stand at less than 10%. Regarding the gap between Indigenous Peoples and the non-Indigenous population, the poverty rate of the Indigenous population is five times that of the non-Indigenous population in Panama and about twice as high or considerably more in Brazil, Colombia, Ecuador and Peru.

Figure IX.1
Latin America (9 countries): poverty rates of the Indigenous and non-Indigenous populations, around 2015, 2020 and 2022
(Percentages)

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

The coronavirus disease (COVID-19) pandemic had differential effects on Indigenous Peoples (Pedrero, 2023). Considering 2015 and the most recent years with data available (2020, 2021 and 2022), two major trends can be observed: (i) poverty among the Indigenous population declined steadily over the period in Chile, Mexico, Panama and the Plurinational State of Bolivia, most particularly Chile, where it fell by almost half, and Mexico, where there was a reduction of 18 percentage points; (ii) in Brazil, Colombia, Ecuador, Peru and Uruguay, Indigenous poverty levels increased in 2020 and fell in 2022 (or 2021), although not by enough to take them back to 2015 levels in the cases of Colombia and Ecuador.

Poverty levels are also higher in rural areas and historical Indigenous settlements, while there is greater vulnerability by gender, with Indigenous women facing more unfavourable financial conditions (Del Popolo, 2017; ECLAC/FILAC, 2020; ECLAC and others, 2020; Pedrero, 2023).
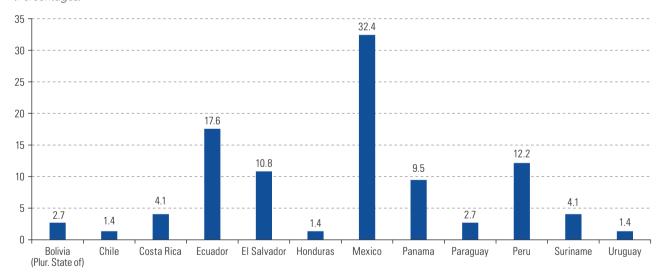
Furthermore, measuring income poverty leaves out the multiple dimensions that may affect Indigenous Peoples, such as access to water and sanitation, decent housing or higher levels of education. Systematic gaps in these areas are documented by ECLAC and others (2020), ECLAC/FILAC (2020) and Pedrero (2023).

B. Policy and regulatory developments and implementation gaps

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

The countries of the region have continued their efforts in this regard, as reflected in the voluntary national reports on the implementation of the Montevideo Consensus and in the survey to update the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development; however, these efforts have been uneven. According to the information gathered in the survey, 71% of the countries inhabited by Indigenous Peoples reported at least one national action in the period 2018–2023 (12 of 17 countries).[2] During this period, 74 actions, laws, policies or programmes were established in response to the priority measures agreed in the Montevideo Consensus: almost a third were reported by Mexico, followed by Ecuador (17.6%), Peru (12.2%) and El Salvador (10.8%) (see figure IX.2).

Figure IX.2
Latin America and the Caribbean (12 countries): distribution of the number of national actions relating to Indigenous Peoples taken to implement the priority measures of the Montevideo Consensus on Population and Development, by country, 2018–2023
(Percentages)

1. Constitutional and legislative recognition and policy advances

Of the 17 Latin American countries inhabited by Indigenous Peoples, 14 ratified ILO Convention No. 169 between 1990 and 2010,[3] while all signed the United Nations Declaration on the Rights of Indigenous Peoples (ECLAC, 2019). In the case of the Caribbean countries, only Dominica has ratified ILO Convention No. 169.

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[2]   There is a great deal of overlap between the voluntary national reports and the survey to update the Virtual Platform, as the great majority of countries have reported on actions relating to Indigenous Peoples in both sources. Of the five countries that did not report on actions relating to Indigenous Peoples in the survey, however, three have done so in their voluntary national reports.

[3]   The Latin American countries inhabited by Indigenous Peoples which have not yet ratified ILO Convention No. 169 are El Salvador, Panama and Uruguay. The Caribbean countries that recognize the existence of Indigenous Peoples on their territory and have not ratified it are Belize, Guyana and Suriname.

While these instruments had great effects on the countries' constitutional reforms, there is a high degree of heterogeneity when it comes to progress with the right to self-determination, plurinationality and territorial rights (ECLAC, 2014 and 2019). Following the trend observed in the constitutions of most of the region's countries (ECLAC, 2018), legislative and regulatory frameworks have also been adapted to a greater or lesser extent to safeguard these rights. Significant progress has been made in Brazil with the creation of the Ministry of Indigenous Peoples (Decree No. 11355 of 1 January 2023), whose first head is an Indigenous woman.[4] In addition, the federal constitution has been translated into an Indigenous language, Nheengatu, the most widely spoken in the Amazon region, also known as Modern Tupi. Ecuador has also made major advances, with the creation of the National Council for the Equality of Peoples and Nationalities (article 257 of the constitution); subsequently, in 2021, the government created the Secretariat for the Management and Development of Peoples and Nationalities, with the mission of carrying out actions to encourage public and private investment aimed at promoting the economic and territorial development of Indigenous Peoples (Executive Decree No. 186 of 7 September 2021).

These processes are not linear, however, and there have also been setbacks. Plans and programmes aimed at complying with standards pertaining to the rights of Indigenous Peoples are highly heterogeneous in their emphasis, coverage and actions. While there have been new initiatives, there have also been found to be gaps in their implementation and difficulties in evaluating them because of a lack of disaggregated data and indicators in voluntary national reports.

Among the advances presented in the voluntary national reports on the recognition of Indigenous Peoples' rights is the enactment of national laws, decrees and regulations, mainly concerning the recognition of "new" Indigenous Peoples, health and education, languages, epistemologies, worldviews and the strengthening of Indigenous identities, with different levels of participation by the peoples themselves in their formulation and implementation. The voluntary national reports of Costa Rica, Chile, Guyana, Peru and the Plurinational State of Bolivia refer to laws and decrees relating to recognition of Indigenous Peoples, languages and identities (see box IX.1).

Most Latin American countries have institutions dedicated to Indigenous Peoples' affairs. In the Caribbean, Belize, Dominica and Guyana have lead institutions for Indigenous affairs. These institutions seek to promote, protect and strengthen the rights of Indigenous Peoples, but their progress and results vary with their age, level of participation and institutional standing (ECLAC, 2019; Del Popolo, 2017). While in Brazil and Belize the current lead institution has ministerial rank, in other countries these institutions are secretariats, directorates or units for Indigenous affairs. In 2018, for example, El Salvador established the Ministry of Culture, which provides a framework for participatory policies designed to benefit the country's Indigenous population.

The institutional framework for this area has been progressively consolidated through intersectoral and participatory strategies, such as working groups and interministerial agreements, as reported in the cases of Argentina, Panama and Peru. These institutional actions have provided the framework for general policies and programmes to recognize the rights of Indigenous Peoples, as in Chile and Mexico. In Chile, the *Buen Vivir* plan (2022) is based on the Indigenous concept of well-being, with a focus on land restitution and territorial parliaments. In Mexico, the National Institute of Indigenous Peoples (INPI) developed its Institutional Programme 2020–2024 and the Special Programme for Indigenous and Afro-Mexican Peoples (PEPIA) 2021–2024, which recognize and seek to strengthen the political, legal, economic, social and cultural institutions of Indigenous Peoples and the Afro-Mexican people, and which aim to build a horizontal relationship between the Mexican State and these peoples.

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[4]   See [online] https://www2.camara.leg.br/legin/fed/decret/2023/decreto-11355-1-janeiro-2023-793642-normaatualizada-pe.pdf.

Box IX.1
Legislative actions relating to the recognition of Indigenous Peoples, languages and identities reported by countries in the region

The Plurinational State of Bolivia passed Act No. 1426 (April 2022) declaring the period 2022–2032 to be the Decade of Indigenous Languages, with the aim of preventing the disappearance of these languages, and established the Unified Certificate of Official Languages (Supreme Decree No. 4566 of 2021), which certifies knowledge of at least one Indigenous language for civil servants.

Costa Rica passed Act No. 9710 (2019), after consultation with Indigenous Peoples, to recognize the transnational character of the Ngäbe people and its Costa Rican nationality.

In Chile, Act No. 21273 of 2020 enhanced the recognition given to the Chango people, who are now entitled on the same terms as other previously recognized peoples to participation in all State plans, policies and programmes and to the development of their culture, promotion and persistence over time. In addition, the National Congress supported the recognition of the Selk'nam people as an Indigenous people through an amendment to Act No. 19253. In 2021, Act No. 21357 establishing the National Day of Indigenous Peoples was enacted.

Peru has passed a number of general decrees, such as Supreme Decree No. 005-2021-MC creating the permanent Multisectoral Commission responsible for proposing, monitoring and overseeing the implementation of strategic measures and actions for the comprehensive development of Indigenous or aboriginal peoples. Act No. 31048 declaring 18 May each year to be the National Day of Indigenous or Aboriginal Women has also been passed. In addition, Supreme Decree No. 009-2019-MC approving guidelines for incorporating the intercultural approach into sexual violence prevention, care and protection measures for Indigenous or aboriginal children, adolescents and women has been enacted. There are also a number of administrative regulations aimed at helping to deal with the effects of the COVID-19 pandemic on Indigenous Peoples.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national reports and the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en.

The voluntary national reports of Ecuador, El Salvador, Guyana, Honduras, Mexico, Paraguay, Peru and the Plurinational State of Bolivia describe policies, programmes and development plans aimed at improving the living conditions of Indigenous Peoples in various spheres, all making specific reference to the objective of guaranteeing their rights and strengthening their cultures and collective identities. For example, in the Plurinational State of Bolivia, the Economic and Social Development Plan 2021–2025 "Rebuilding the Economy to Live Well, towards Industrialization with Import Substitution" addresses the areas of education, health and justice, and focuses on historically vulnerable populations.

As regards production plans and programmes with a particular focus on alleviating the poverty experienced by Indigenous Peoples, the national reports of Argentina, Chile, Costa Rica, Ecuador, El Salvador, Honduras, Mexico, Paraguay, Peru and the Plurinational State of Bolivia mention initiatives of this type, dealing in some cases with the strengthening of Indigenous Peoples' own economies and their relationship with climate change. These initiatives include Paraguay's National Forest Conservation Programme for Climate Change Mitigation, under which conditional direct transfers are made to native and campesino communities that have a legal personality and land titles, in order to strengthen their capacity to conserve their forests and help reduce deforestation. Paraguay is the only country in which the preservation of territories inhabited by peoples in voluntary isolation is an objective of these initiatives.

The national reports also refer to intercultural bilingual education policies and programmes and the strengthening of Indigenous languages in the cases of Argentina, Chile, Costa Rica, Ecuador, El Salvador and the Plurinational State of Bolivia.

2.   Consultation and free, prior and informed consent

Indigenous peoples' right to self-determination is given substance by the right to consultation and free, prior and informed consent as a State obligation. The constitutions of the Bolivarian Republic of Venezuela, Ecuador, Guyana, Mexico and the Plurinational State of Bolivia provide for this right, and laws have been enacted for this purpose in Ecuador, Mexico, Nicaragua and the Plurinational State of Bolivia. Progress has been made in establishing specific norms to regulate 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 do not meet international standards or the requirements of Indigenous Peoples (ECLAC/FILAC, 2020).

The voluntary national reports also describe progress with consultation processes in Argentina, Colombia, Costa Rica, El Salvador, Guyana, Mexico, Paraguay and Peru, while Chile and Honduras refer to specific processes in the legal, educational and other areas (see box IX.2).

Box IX.2
Prior consultation processes reported by countries in the region

Colombia has had extensive experience with consultation and free, prior and informed consent and spaces of dialogue between the national government and Indigenous Peoples, particularly in relation to the National Development Plan 2018–2022. In this process, goals and indicators were established on the basis of the 533 agreements reached in the prior consultation process, relating to health, education, housing, basic services and productive inclusion, among other areas. In addition, with a view to the protection of Indigenous Peoples' territories, cultural and linguistic expressions and identity in the exercise of their free self-determination, agreements were formalized between the national government and the Permanent Roundtable for Consultation (MPC) between 2018 and 2022 in a set of key areas: (i) women, family and generation; (ii) self-government; (iii) traditional Indigenous territories; (iv) cultural integrity; (v) harmony and equilibrium for the defence of life; and (vi) the covenant for the Caribbean and Amazon regions. Mechanisms were also established for implementation and monitoring via indicators reported by 21 government sectors responsible for these areas.

Costa Rica's achievements have been recognized as good practice in the political participation of Indigenous Peoples. An example is the passing of Act No. 9710 (2019), after consultation with the Indigenous Peoples concerned, on the recognition of the transnational character of the Ngäbe people. Another noteworthy development in the country has been the creation of 17 Territorial Indigenous Consultation Bodies (ITCI) through the Technical Unit for Indigenous Consultation of the Ministry of Justice and Peace, so that the State can carry out consultations on projects or regulations affecting these territories.

Similarly, Paraguay adopted the Protocol for the Process of Consultation and Free, Prior and Informed Consent with Indigenous Peoples Inhabiting Paraguay (Decree No. 1039 of 2018) and conducted a nationwide consultation exercise to develop the National Plan for Indigenous Peoples 2020–2030, which was approved in 2021, thus laying the groundwork for the participation of Indigenous Peoples in government policies at the local and national level.

Peru has introduced specific provisions on Indigenous participation in environmental remediation processes (Regulations of Act No. 30321 creating the Contingency Fund for Environmental Remediation, and Supreme Decree No. 021-2020-EM), establishing that Indigenous organizations representing affected communities at impacted sites are to participate in the design, evaluation, implementation and monitoring of remediation plans. The country's national report also mentions consultation processes undertaken by various ministries, such as the Ministry of the Environment, the Ministry of Transport and Communications and the Ministry of Women and Vulnerable Populations.

Mexico's report highlights a protocol entitled "Derecho a la consulta libre, previa e informada de los Pueblos Indígenas:, bases, principios y metodología para su implementación en el marco de la Administración Pública Federal" (2019), whose purpose is to guarantee the exercise and implementation of consultation and free, prior and informed consent in all aspects affecting the lives of these peoples. In 2021, the National Council of Indigenous Peoples was formed as a collegiate body for collaboration, participation, specialized advice, consultation and liaison

bringing together Indigenous Peoples and the Afro-Mexican people with the federal government, with a membership consisting altogether of 249 representatives of these population groups and of migrants, academics and civil society organizations, among others.

Lastly, instances of specific consultations include the consultation with the Rapa Nui people in Chile (2020–2021) on the amendment or repeal of articles 13 and 14 of the law creating the department of Easter Island. The consultation resulted in the repeal of these articles, allowing penalties for sexual and property crimes to be equalized throughout the country. In Honduras, the Ministry of Education, acting through the General Department of Education for Indigenous and Afro-Honduran Peoples, carries out consultations with these peoples through their representative institutions whenever planned legislative or administrative measures may affect them directly.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national reports and the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en.

C.   Territorial rights

Although progress has been made with the constitutional recognition of Indigenous Peoples' territorial rights (priority measure 88), the picture in the region is very heterogeneous, ranging from countries that extensively recognize most dimensions of territorial rights, such as the Plurinational State of Bolivia, to countries where this recognition is more limited (ECLAC/FILAC, 2020).

The voluntary national reports of Argentina, Chile, Costa Rica, El Salvador, Guyana, Paraguay, Peru and the Plurinational State of Bolivia deal with aspects of the protection of Indigenous territorial rights, which illustrate this heterogeneity. The Plurinational State of Bolivia has established autonomous Indigenous and aboriginal farming communities (AIOCs), an autonomous territorial model with systems of government that follow traditional practices and customs, although without autonomous control of natural resources. By the end of 2022, 6 AIOCs had been constituted and 5 were close to being constituted; in addition, 8 entities (including municipal autonomous governments and aboriginal Indigenous farming lands) are at some stage in the process and 21 have applied to join it.

A recent systematization of the processes followed to demarcate and grant title to land and territories in 12 countries of the region over recent decades has shown these to be very diverse (ECLAC/FILAC, 2020). A key point is that the complexity of these processes and the lack of systematic information about them mean they cannot be comprehensively described. ECLAC/FILAC (2020) discusses the increase in conflicts associated with the lack of protection for the territorial rights of Indigenous Peoples and the criminalization of defenders in 13 countries, including acts of violence running directly counter to priority measure 89, which calls for their eradication.

D.   The right to health, with an emphasis on sexual and reproductive health

Priority measure 87 of the Montevideo Consensus on Population and Development deals with Indigenous Peoples' right to health, including sexual and reproductive rights, and to their own traditional medicines and health-care practices. Priority measure 89 deals with the need to adopt, in conjunction with Indigenous Peoples, the necessary measures so that Indigenous women, children, adolescents and youth enjoy protection from and full guarantees against all forms of violence and discrimination, and to take measures for the restitution of rights.

Recent studies show that the countries have made considerable progress with the design and implementation of intercultural health policies and programmes, with a focus on Indigenous children and women (Del Popolo, 2017; ECLAC/FILAC, 2020). The voluntary national reports of Argentina, Costa Rica, Ecuador, El Salvador, Guyana, Honduras, Mexico, Peru and the Plurinational State of Bolivia explicitly mention a number of achievements with health policies and programmes linked to priority measure 87. They describe programmes with a cross-cutting intercultural component that aim both to reduce maternal and infant mortality and to use effective and relevant strategies to improve access to health care, particularly sexual and reproductive health care, in coordination with Indigenous Peoples' healing systems and in a way that guarantees their cultural autonomy (see box IX.3).

Box IX.3
National actions relating to Indigenous Peoples' health care

The actions reported by Ecuador centre on efforts to combat the main health problems of the Indigenous population. This includes reducing maternal mortality, increasing access to contraceptive methods, preventing gender-based violence and raising the profile of Indigenous practices and knowledge that have not yet been fully incorporated into the health-care system.

In Paraguay, specific goals in the National Action Plan on Population and Development 2018–2019 are to eliminate maternal morbidity and mortality from preventable causes among Indigenous women, increase life expectancy and healthy life expectancy for members of Indigenous Peoples, and implement intercultural health-care models that meet the requirements of Indigenous Peoples. The country's report documents actions and progress towards the goals set.

In Mexico, an example of an action that brings together different forms of medicine, participatory dialogue and training is the Mexican Social Security Institute (IMSS)-*Bienestar* programme, based on a grass-roots organization that works to strengthen the intercultural approach and the relationship with Indigenous traditional medicine; between 2018 and 2022, it gave training in the intercultural health-care approach to 21,000 people providing care to the Indigenous population. It also promotes the traditional use of medicinal herbs in 929 health-care units located in municipalities with a large Indigenous presence, as well as interactions between doctors and Indigenous traditional therapists, facilitating dialogue and allowing them to share their experiences in caring for the user population and complementing conventional (allopathic or Western) medicine with Indigenous medicine. The programme also helps to strengthen maternal and perinatal health care through links with volunteer midwives.

In Peru, progress with health-care policies has been bolstered by the issuance of the Administrative Directive for the culturally relevant adaptation of health services at the first level of care (2019), whose purpose is to contribute to the exercise of the right to health by reducing gaps in access to services.

Where persons with disabilities and older persons are concerned, progress has been limited and is only mentioned in Mexico's reports, in relation to the Pension for the Welfare of Persons with Permanent Disabilities and Older Adult Welfare Pension programmes, which prioritize older persons living in municipalities and localities with a predominantly Indigenous or Afro-Mexican population or with a high or very high degree of deprivation.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national reports and the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en.

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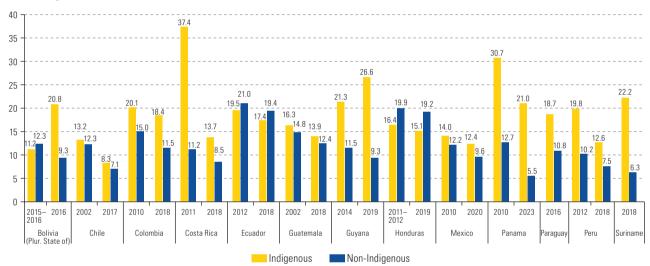
1.   Early motherhood among young Indigenous women aged 15–19

Motherhood in adolescence (ages 15 to 19) is associated with socioeconomic, gender, territorial and ethnic inequalities. Analyses based on censuses from the 2000 and 2010 rounds found that large percentages of Indigenous women aged 15–19 were mothers, with systematically higher levels than among non-Indigenous adolescents (Del Popolo, Oyarce and Ribotta, 2009; Del Popolo, 2017). The most recent censuses and surveys

show that of a total of 10 countries in the region that have the information necessary for this evolution to be observed, childbearing among Indigenous young women aged 15 to 19 has declined in 9 (the exception being Guyana); in Chile, Costa Rica, Panama and Peru, the decline has been very large.

In 11 of the 14 countries for which data are available, however, the proportion of Indigenous young women who are mothers exceeds that of non-Indigenous young women in the same situation. The largest gaps are in Panama, where the percentage of Indigenous adolescents who are mothers is almost four times the figure for non-Indigenous adolescents; Suriname, where it is more than three times as high; Guyana, where it is almost three times as high; and the Plurinational State of Bolivia, where it is more than twice as high. At the other extreme, the smallest gaps by ethnicity are in Chile, Guatemala and Mexico. Adolescent childbearing has declined by more among non-Indigenous women than among Indigenous women in most of the countries, so that the gaps by ethnicity to the detriment of the latter have widened (see figure IX.3).

Figure IX.3
Latin America and the Caribbean (14 countries): young women aged 15–19 who are mothers, Indigenous and non-Indigenous, closest year to 2013 and latest year with information available
(Percentages)

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

The higher prevalence of early motherhood among Indigenous young women than among non-Indigenous ones is linked to multiple factors, including gaps in access to sexual and reproductive health services, poverty and violence, which interact with reproductive trajectories shaped by specific sociocultural and territorial contexts. In Honduras (2019), by way of illustration, the proportion of adolescent girls from the Miskito people who are mothers (23.4%) is higher than the proportion of Indigenous adolescents overall (15.1%); in Paraguay (2016), 38.6% of Indigenous adolescent girls living in their territories become mothers, compared to a figure of 18.7% for Indigenous adolescent girls overall. There may also be protective cultural factors, related to patterns of union and norms surrounding conception and contraception, that result in lower levels of adolescent childbearing, as shown by studies on young Aymara and Quechua women in the Plurinational State of Bolivia, or the case of young Rapa Nui women in Chile (Del Popolo, 2017). These patterns could explain, for example, the figures for Ecuador, a country where rates of adolescent motherhood are systematically lower in the Indigenous population than in the non-Indigenous population and where Andean nationalities and Indigenous Peoples are demographically predominant, and likewise those for Peru (2018), where the rate of adolescent motherhood among young Quechua women is 8.6%, compared with 30.4% for Amazonian adolescents. When considering cultural models, account should be taken of younger ages of marriage and the value set on reproduction,

especially in those peoples that have experienced situations of demographic fragility, where high fertility levels are maintained. The challenge is to respect the collective rights of Indigenous Peoples without undermining the individual rights of Indigenous women and adolescent girls.

2. Access to reproductive health services: antenatal care and childbirth

Since the early 2000s, when demographic and health surveys showed that a considerable proportion of Indigenous women had become mothers without any kind of prenatal check-up (Oyarce, Pedrero and Ribotta, 2010), the proportion of Indigenous women not receiving prenatal care has declined greatly.

Table IX.1 shows that in 8 of 12 countries considered, the proportion of Indigenous women attending at least four prenatal check-ups exceeds 80%, although there are ethnic divides in all countries, with Indigenous women faring worse than non-Indigenous women. Great progress has also been made with regard to professional care in childbirth, with figures of over 90% in six countries and close to or above 80% in four others. With respect to ethnic divides, there are large differences between Indigenous and non-Indigenous women. The proportion of Indigenous women giving birth in health-care facilities ranges from 80% to 100% in most countries.

Table IX.1
Latin America and the Caribbean (12 countries): proportion of women aged 15–49 giving birth in the previous two years, with four or more prenatal check-ups, births attended by skilled health personnel and births attended at health facilities, Indigenous and non-Indigenous, latest year with information available
(Percentages)

Country and survey year	Four or more prenatal check-ups		Births attended by skilled health personnel		Births attended at health facilities	
	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 Indigenous population does not include the Afrodescendent population.
[a] In Mexico, language is the criterion used to determine who is Indigenous, and the data are for births that took place in the five years prior to the survey.
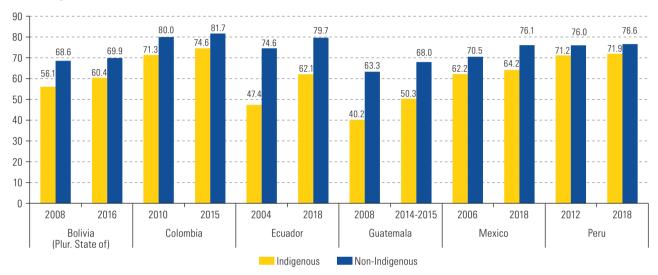
The increase in care during delivery at health-care facilities and the reduction in ethnic gaps for this measure can be attributed, first, to culturally relevant health policies and programmes and, second, to conditional cash transfer programmes, which have included a strong maternal health-care component in the region (Cecchini and Veras Soares, 2014).

3. Family planning: contraceptive use and unmet demand

Between 2000 and 2010, an increase in contraceptive use among Indigenous women in unions was observed in four countries of the region (Guatemala, Mexico, Peru and the Plurinational State of Bolivia) (Del Popolo, 2017). The prevalence of contraceptive use continued to increase among both Indigenous and non-Indigenous women, as shown in figure IX.4, while ethnic divides narrowed in most of the countries with data available.

Figure IX.4
Latin America (6 countries): proportion of women in unions using any type of contraceptive method, Indigenous and non-Indigenous, around 2010 and latest year with information available
(Percentages)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of F. Del Popolo, *Los pueblos indígenas en América (Abya Yala): desafíos para la igualdad en la diversidad*, ECLAC Books, No. 151 (LC/PUB.2017/26), Santiago, ECLAC, 2017; 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: In the cases of Colombia and Ecuador, the Indigenous population does not include the Afrodescendent population.

However, the data in table IX.2 show that the take-up of modern contraceptive methods is still relatively low in several countries of the region: in 6 of the 13 countries with information available, between about one third and less than half of Indigenous women in unions use modern contraception. Differences relative to non-Indigenous women are large in most countries. While demographic and health surveys and similar surveys (such as multiple indicator cluster surveys) show a greater preference among Indigenous women for traditional contraceptive methods, the prevalence of these methods has been declining, with less than 7% of Indigenous women in unions using traditional methods in eight countries of the region. This may be a result of increased access to information and of participation in State family planning programmes, associated with a desire to limit family size. Notwithstanding, these trends may imply a loss of traditional knowledge in this area; it also seems important to conduct a more thorough analysis to assess the use of permanent contraceptive methods and the cost that the increased application of these may have had in the lives of Indigenous women and their families and communities.[5]

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[5]   Forced sterilizations of Indigenous women have been documented in some countries of the region, such as Mexico and Peru. See, for example, You Leau (2023), Ballón (2014), Ruiz Alvarado (2021) and Frías (2014).

Table IX.2
Latin America and the Caribbean (13 countries): proportions of women in unions using modern contraceptive methods and proportions with unmet demand for family planning services, Indigenous and non-Indigenous, latest year with information available
(Percentages)

Country and survey year	Use of modern contraceptive methods		Unmet demand for family planning	
	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][b]	61.1	72.6	24.4	16.3
Paraguay, 2016	66.1	66.7	15.8	14.6
Peru, 2018[a]	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 Indigenous population does not include the Afrodescendent population.
[a] In the cases of Mexico and Peru, "Indigenous" means speakers of Indigenous languages and "non-Indigenous" means non-speakers.
[b] In the case of Mexico, the figures cover only sexually active women and unmet demand for modern methods.

Moreover, the prevalence of modern contraceptive use has a significant inverse relationship 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 on Population and Development. The most unfavourable situations in this regard are found in Belize, Guyana and Suriname, where more than half of Indigenous women present unmet demand for family planning methods. The situation is better in Latin America, where unmet demand ranges from 12% to 30%.

In summary, all sexual and reproductive health indicators show improvements in access to maternal health care and monitoring and to family planning services. Nevertheless, ethnic gaps persist, and whether they are large or small, the general context of gender subordination, aggravated by the discrimination and structural racism suffered by Indigenous women, must be taken into account. There is thus a need to investigate the quality of sexual and reproductive health services received by Indigenous women, since this plays a fundamental role in maternal morbidity and mortality. When care is deficient, women face an increased risk of complications during pregnancy, childbirth and the postpartum period, sometimes with fatal outcomes that could have been prevented with timely, high-quality services. Studies of the subject are fragmented in the region, and information remains scarce.

E.   Disaggregation of data

The right to information is central to the exercise of the social, economic and cultural rights of Indigenous Peoples. Priority measure 90 highlights the importance of guaranteeing this right in national statistical systems, while ensuring that the principle of self-identification is respected. This has encouraged increased efforts in that

direction, particularly in population and housing censuses, where all countries inhabited by Indigenous Peoples have included, or plan to include, questions on the subject in the 2020 round. This has been highlighted in the voluntary national reports of Argentina, Chile, Colombia, Costa Rica, Guyana and Mexico, which also mention participation and consultation processes with Indigenous Peoples to review questions and other phases of the census process, as well as some improvements in cultural relevance.[6] At the same time, questions relating to Indigenous Peoples are increasingly being incorporated into household surveys, including demographic and health surveys, although there are limitations associated with sample sizes and comparability over time. Where records are concerned, particularly those relating to health (including vital statistics) and social protection, disaggregated data on the population belonging to Indigenous Peoples are few and far between.

Bibliography

Ballón, A. (comp.) (2014), *Memorias del caso peruano de esterilización forzada*, Lima, Fondo Editorial de la Biblioteca Nacional del Perú.

Cecchini, S. and F. Veras Soares (2014), "Conditional cash transfers and health in Latin America", *The Lancet*, vol. 384, No. 9975, April.

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. M. Oyarce and B. Ribotta (2009), "Indígenas 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) (2019), *First regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.3/6), Santiago.

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

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 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.

Frías, S. M. (2014), "Ámbitos y formas de violencia contra mujeres y niñas: evidencias a partir de las encuestas", *Acta Sociológica*, No. 65, Centro Regional de Estudios Multidisciplinarios, September–December.

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).

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).

Ruiz Alvarado, I. (2021), *Pájaros de medianoche: las esterilizaciones forzadas en el Perú de Alberto Fujimori y la lucha de sus víctimas por ser reivindicadas*, Lima, Planeta.

You Leau, C. (2023), "Las esterilizaciones forzadas en un contexto de relaciones de desigualdad e imposición: ¿qué ha cambiado?", Pontifical Catholic University of Peru [online] https://repositorio.pucp.edu.pe/index/handle/123456789/192820.

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[6] Brazil made some significant advances in its 2022 census with both the inclusion of questions relevant to the needs of Indigenous Peoples and the implementation of participatory processes.

Afrodescendants: rights and combating racism and racial discrimination

People of African descent live in all the countries of the region. With the exception of a few countries that have specific judicial and legal frameworks to protect this population's rights, however, they have been overlooked in the public agendas of Latin America. In view of this gap, the Montevideo Consensus on Population and Development reaffirms the great importance of recognizing and explicitly including people of African descent, with pioneering content regarding governmental agreements to better guarantee their rights.

A. The size and heterogeneity of the Afrodescendent population

Priority measure 94 of the Montevideo Consensus on Population and Development calls for the particular demographic and sociocultural dynamics of Afrodescendent populations to be considered in the design and implementation of public policies. According to recent estimates by the Economic Commission for Latin America and the Caribbean (ECLAC) for 2022, the Afrodescendent population of Latin America amounts to some 153.3 million people, representing 23.7% of the total. Since the estimate for this population in 2021 (ECLAC, 2022), population and housing censuses including self-identification of the Afrodescendent population have been conducted in 10 countries (Argentina, Brazil, Chile, Costa Rica, the Dominican Republic, Ecuador, Mexico, Panama, the Plurinational State of Bolivia and Uruguay), and household surveys conducted in those countries for which census results from the current round are not yet available have made it possible to update Afrodescendent population percentages there.

Notable cases include Panama, where the proportion of people of African descent almost quadrupled in the last census (from 8.8% in 2010 to 31.7% in 2023), and Brazil, whose population of African descent remains the majority, and a growing one, according to the 2022 census. Haiti and Brazil are the countries with the highest percentages of Afrodescendants, at 95.5% and 55.5% of their populations, respectively. Next in relative size come the Afrodescendent populations of Cuba (35.9%), the Dominican Republic (34.1%) and Panama (31.7%).[1] The Afrodescendent populations of Colombia, Costa Rica and Peru range from 7.0% to 9.3% of the national total. In the other countries, the Afrodescendent population represents less than 5% of the national total. Among these last, mention should be made of Argentina, where the population that recognizes itself as Afrodescendent doubled between the 2010 and 2022 censuses from 149,493 to 302,936 people, bringing its share of the national total up from 0.4% to 0.7%.

Afrodescendent populations are predominantly urban and are distributed throughout the territory of each country, although they are more concentrated in certain geographical areas than the non-Afrodescendent population (ECLAC, 2017; ECLAC/UNFPA, 2020). Irrespective of their demographic weight, it is crucial for greater visibility to be given to rural Afrodescendent populations, many of which still live in the territories they have historically occupied, where they suffer particularly acutely from the impact of structural racism and territorial inequalities. Furthermore, Afrodescendent populations in Latin America are at a full or advanced stage in their demographic transition, which means that the proportion of children is beginning to decline while that of adults and older persons increases in the population total. In most countries, however, it is still a younger population than the non-Indigenous, non-Afrodescendent population.
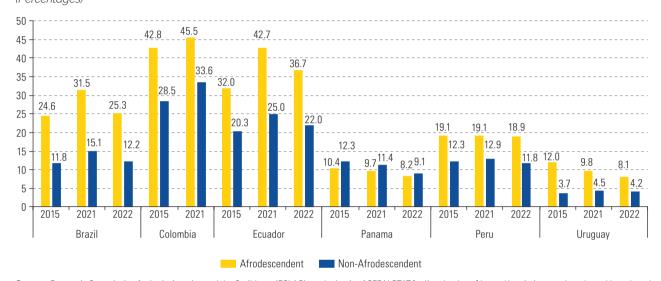
Once the 2020 round of censuses is completed, it will be possible to obtain a reasonably full picture not only of the size of Afrodescendent populations in Latin America, but also of their territorial distribution and living conditions, since 18 countries are expected to include questions that allow these to be distinguished.

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[1] In the case of Cuba, the percentage is from the 2012 population and housing census, the latest available. In that of the Dominican Republic, it is based on the findings of the 2021 National Multipurpose Household Survey (ENHOGAR), since the 2022 census results are not yet available.

B.   An incipient decline in poverty

The information available for six Latin American countries shows that poverty worsened for both the Afrodescendent and non-Afrodescendent populations between 2015 and 2021 in all of them except Panama and Uruguay (see figure X.1). Figures for 2022 show a decrease in poverty levels compared to 2021 for both population groups in all countries where they are available; in Brazil and Ecuador, however, the levels are still above those of 2015.

Figure X.1
Latin America (6 countries): poverty rates in the Afrodescendent and non-Afrodescendent populations, 2015, 2021 and 2022
(Percentages)

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

This indicator reflects the impacts of the coronavirus disease (COVID-19) pandemic, which particularly affected Afrodescendent populations. Although recommendations for how best to deal with the pandemic in the case of Afrodescendent populations and Indigenous Peoples were drawn up in Colombia, Costa Rica, Ecuador, Mexico and Peru, policies aimed at mitigating the crisis made limited provision for affirmative strategies and actions to facilitate Afrodescendent populations' access to State benefits (ECLAC, 2022).

Notwithstanding the trends observed, the Afrodescendent population continues to exhibit higher levels of poverty in all countries except Panama. Ethnic and racial gaps remain wide: according to 2022 figures, the incidence of poverty among the Afrodescendent population is around twice that of the non-Afrodescendent population in Brazil and Uruguay, 67% higher in Ecuador and 60% higher in Peru. This is even more troubling when it is considered that Afrodescendent women are the worst off.[2]

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[2]   See CEPALSTAT, "Statistics and Indicators" [online] https://statistics.cepal.org/portal/cepalstat/dashboard.html?theme=4&lang=en.
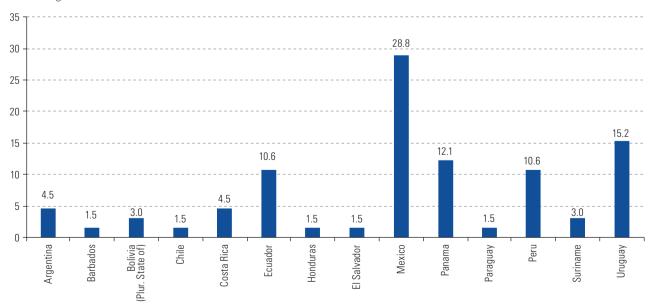
C.   Progress with legal and normative frameworks and policymaking

Normative frameworks, whether international, regional or subregional, are essential for combating racism and discrimination, promoting equality and guaranteeing the rights of the Afrodescendent population. The main frameworks that now exist are the outcome of a process led by Afrodescendent movements and organizations, with support from civil society actors, academia, governments and international organizations.

The framework for action and for compliance with the agreements of the Montevideo Consensus on Population and Development in this area is provided by the Programme of Action of 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 force relating to the rights of the Afrodescendent population (ECLAC/UNFPA, 2020). Furthermore, the proclamation of the International Decade for People of African Descent 2015–2024 helped prompt some countries to launch a plan of action to implement it.

The voluntary national reports on the implementation of the Montevideo Consensus and the survey to update the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development show that countries are continuing to implement actions designed to benefit Afrodescendent populations, albeit with varying levels of effort. According to the information presented in the survey, 71% of the Latin American countries that provided data (12 of 17) reported at least one national action in the period 2018–2023, as did 29% of Caribbean countries (2 of 7). According to this information, 66 new actions (laws, policies and programmes) were generated during this period to respond to the priority measures of the Montevideo Consensus, with Mexico reporting the largest number (some 30% of this total), followed by Uruguay (15.2%), Panama (12.1%), Ecuador and Peru (each with 10.6%) (see figure X.2).

Figure X.2
Latin America and the Caribbean (14 countries): distribution of the number of national actions aimed at Afrodescendent populations in response to the priority measures of the Montevideo Consensus on Population and Development, by country, period 2018–2023
(Percentages)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the survey to update the Virtual Platform for Follow-up of the Montevideo Consensus.

1.   Constitutional and legislative recognition

The constitutions of more than half of all Latin American countries condemn discrimination on the grounds of race, ethnicity or colour, sex and religion. At the same time, the countries have been making gradual progress in recognizing multiculturalism or multi-ethnicity. Before 2018, Afrodescendent people were explicitly recognized in the constitutions of five countries (Brazil, Colombia, Ecuador, Mexico and the Plurinational State of Bolivia), three of which also recognized them as Afrodescendent peoples (Ecuador, Mexico and the Plurinational State of Bolivia) (ECLAC/UNFPA, 2020). There have since been advances in Chile, Costa Rica and Mexico (see box X.1). Discrimination has also been widely classified as a criminal offence in the region (this is the case in 16 Latin American countries),[3] and there has been progress with legislation aimed at protecting the Afrodescendent population (ECLAC/UNFPA, 2020). In the period under analysis, there were advances in Argentina, El Salvador, Guatemala and Paraguay.[4] In addition, most countries have promoted the recognition of this population by establishing national days to celebrate the Afrodescendent population and its culture.

Box X.1
Progress in recognizing Afrodescendent peoples

In Chile, legal recognition was given in 2019 to "the Chilean Afrodescendent tribal people and its cultural identity, language, historical tradition, culture, institutions and worldview" (article 1 of Act No. 21151), granting this population the right to be consulted on legislative or administrative measures that may directly affect it, in accordance with the International Labour Organization (ILO) Indigenous and Tribal Peoples Convention, 1989 (No. 169).

In Costa Rica, Executive Decree No. 43532 of 5 May 2022 notes the self-recognition of the Afro-Costa Rican population as a tribal people in accordance with its cultural identity, language, historical tradition, culture and worldview, and establishes a mechanism for consultation, dialogue and linkage between this people and government institutions to follow up on the actions flowing from the decree. It also indicates that, if need be, administrative measures will be taken to give effect to the human rights recognized in ILO Convention No. 169 and other international instruments applicable to Afrodescendent tribal peoples.

In Paraguay, the Afro-Paraguayan Act (Act No. 6940) was passed in 2022 with the aim of recognizing, valuing and upholding the Paraguayan Afrodescendent population and Afrodescendent people inhabiting the country, while establishing mechanisms and procedures for the prevention and punishment of acts of racism and discrimination against Afrodescendent persons.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national reports and the Virtual Platform for Follow-up of the Montevideo Consensus.

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2.   Institutions and the fight against racism

The requirement for institutions to guide and promote the development of Afrodescendent populations is provided for in priority measure 96 of the Montevideo Consensus on Population and Development, which refers to the need for affirmative action policies, plans and programmes to be implemented with the participation of the Afrodescendent population in the design, implementation and evaluation of these instruments. Currently,

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[3]   Argentina, Brazil, Chile, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.
[4]   In Paraguay, paradoxically, the question on people's self-identification as Afrodescendants was excluded from the 2022 population and housing census.

more than half the Latin American countries have governing institutions,[5] this being the outcome of long-standing advocacy efforts by Afrodescendent organizations and a greater willingness among States to heed their demands. Nonetheless, the dependence of these institutions on political cycles means that advances constantly alternate with setbacks (ECLAC/UNFPA, 2020). Box X.2 presents recent progress in this area.

Box X.2
Progress with institutional frameworks for the promotion of the rights of Afrodescendent populations in the period 2018–2023

Since the preparation of the first regional report on the implementation of the Montevideo Consensus on Population and Development (ECLAC, 2019), there have been significant changes in the institutional frameworks governing matters related to the Afrodescendent population. In Brazil, the Ministry of Racial Equality was created in 2023. In the same year, Colombia established the Ministry of Equality and Equity, within which there is an Office of the Under-Secretary for Ethnic and Campesino Peoples.

In Panama, the Act establishing the National Secretariat of Policies and Development for Afro-Panamanians (SENADAP) was passed in 2023 and gave the Secretariat the power to interact with other government institutions and local governments for the purpose of coordinating issues related to the Afro-Panamanian population locally, regionally and internationally.

Argentina and Uruguay have also created institutions, in addition to the governing bodies, that are important for enforcing the rights of the Afrodescendent population. In Argentina, these are the Interministerial Committee for Public Policies for the Afro Community, the National Directorate for Racial Equity, Migrants and Refugees, and the Commission for the Historical Recognition of the Afro-Argentine Community, all of which were established in 2020.

In Uruguay, the Division for the Promotion of Public Policies for Afrodescendants was established in 2020 with the objective of pursuing actions and policies to improve the quality of life and development of the Afrodescendent population. Where mechanisms for racial equity are concerned, this represents a milestone, since the fact of its being granted division status and endowed with its own budget confers a high status on the treatment of this issue.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of ECLAC, *First regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.3/6), Santiago, 2019; voluntary national reports and the Virtual Platform for Follow-up of the Montevideo Consensus.

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3. Policies to guarantee the rights of people and communities of African descent and combat racism

As of 2020, several countries had incorporated the Afrodescendent population into the design of their development plans or at least stated that policies would be implemented without any kind of ethnic or racial discrimination (Brazil, Colombia, Chile, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Peru, the Plurinational State of Bolivia and Uruguay) (ECLAC/UNFPA, 2020). In addition, Chile, Guyana, Honduras, Mexico, Peru, the Plurinational State of Bolivia and Uruguay have reported on the development or implementation of national plans with particular aims and objectives that incorporate aspects linked to the Afrodescendent population, as summarized in box X.3.

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[5]   Argentina, the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, the Plurinational State of Bolivia and Uruguay have such institutions.

Box X.3
National plans incorporating measures for the development of the Afrodescendent population

The Economic and Social Development Plan 2021–2025 of the Plurinational State of Bolivia envisages substantial achievements in the pillar relating to "cultures, decolonization and depatriarchalization, for the cultural democratic revolution". The main objectives include making provision for the Afrodescendent population, as part of the cultural rehabilitation effort, in educational processes, the promotion and revival of ancestral knowledge, and training for guarantors of rights (justice workers, educators and police and military personnel).

Chile prepared its first National Human Rights Plan 2018–2021, whose objectives in this area include helping to foster the cultural expressions of the Afrodescendent community in the north of the country in a territorially relevant way through the development and follow-up of regional plans for cultural revitalization, based on participatory dialogues with relevant organizations.

Guyana remains a staunch advocate of reparations for the historical atrocities associated with slavery and the slave trade and is a member of the Caribbean Community (CARICOM) Reparations Commission, which is promoting a 10-point plan for restorative justice, one of the points being a development programme for Afrodescendent populations. The country also established the National Reparations Committee, composed of and run by Afro-Guyanese leaders, with an annual budget allocation from the government.

In Honduras, the third Gender Equality and Justice Plan (2018–2030) seeks to promote equal opportunities for people of African descent and mentions awareness-raising for public officials so that they become aware of the rights of these communities and can act more effectively.

Mexico has a Special Programme for Indigenous Peoples and the Afro-Mexican People (PEPIA) 2021–2024, derived from the National Development Plan 2019–2024.

In Peru, the National Human Rights Plan 2018–2021 included a strategic line of action on the development of people of African descent, while a number of sectoral policies in the areas of education, culture, health and gender equity include explicit guidelines relating to Afrodescendent populations. The country has also reported on the National Action Plan on Businesses and Human Rights 2021–2025, which seeks to establish linkages between the State and business, the Afro-Peruvian people, trade unions and civil society to strengthen national policy on responsible business practices.

In Uruguay, the National Plan for Racial Equity and African Descent 2019–2022 was developed on a participatory basis, and one of its strategic lines of action is to end all forms of discrimination, guarantee the exercise of rights and promote the dignity of the Afrodescendent population.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the Virtual Platform for Follow-up of the Montevideo Consensus.

As regards policies to prevent and tackle racism, 16 Latin American countries have some form of legislation that prohibits racial discrimination and classes it as a criminal offence, with punishments that may potentially include custodial sentences.[6] ECLAC (2017) reports on a number of programmes dealing with the prevention of racism, the creation of observatories and platforms against discrimination, the reception of complaints of racism, victim support and the provision of legal assistance by mechanisms for the promotion of racial equality, and the establishment of national legislation aimed at eliminating racial discrimination. Cuba, Mexico and Paraguay have reported progress in these areas in their voluntary national reports (see box X.4). Legal frameworks need strengthening, however, considering that situations of racism and discrimination have been more in evidence in recent years, as has hate speech with a major impact on the lives and development of people of African descent.

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[6]   Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru and Uruguay.

Box X.4
National actions to combat racism

Cuba has created the National Programme against Racism and Racial Discrimination (2019), adopting an affirmative comprehensive approach (2021). The programme consists of territorial plans and national subprogrammes with goals, indicators and targets for each.

In the case of Mexico, the National Council of Indigenous Peoples, established in 2024, includes councillors representing the Afro-Mexican people, and its principles include equity and the territoriality of the Afro-Mexican people.

In Paraguay, Act No. 6940 of 2022 establishes mechanisms and procedures to prevent and punish acts of racism and discrimination against people of African descent.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development.

The reports of Argentina, Chile, Colombia and Mexico refer to participatory processes, usually applied to specific issues such as the inclusion of self-identification for Afrodescendent persons in census processes, although they can be further-reaching, as is the case in Colombia. In any event, it should be clear that these processes ought to be extended to all actions affecting Afrodescendent populations and communities (see box X.5).

Box X.5
Participatory processes reported on by the countries

In 2021, Argentina held a public consultation on policies related to the rights of African and Afrodescendent persons in which the strategies, progress and challenges of the International Decade for People of African Descent were discussed and working groups were established to deal with public policies and affirmative action, institutional violence and the fight against racism, and intersectionality.

In the case of Chile, the National Institute of Statistics (INE) conducted intercultural participation sessions as part of the planning for the 2024 Population and Housing Census, inviting organizations of the Afrodescendent population to take part in the revision of the census questionnaire (45 organizations of the Chilean Afrodescendent people participated), a process that continued in the following phases of the census project.

In Colombia, the National Development Plan 2022–2026 was the outcome of 51 Binding Regional Dialogues, which meant that the process of prior consultation with ethnic groups was carried out not only in advance, but with an explicit guarantee that the national government would effectively apply the differential and intersectional approach in relation to the Afrodescendent population in all pillars of the Plan.

Mexico, lastly, held public consultations in the framework of the 2020 Population and Housing Census and the 2025 Population and Housing Count that included the Afrodescendent population in the discussions on methodological and conceptual approaches and the data collection instruments to be applied.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the Virtual Platform for Follow-up of the Montevideo Consensus.

Lastly, policies to strengthen traditional communities have been implemented in Brazil, Colombia and Ecuador, involving the granting of land title, local development, advice on project formulation, conflict resolution, training in rights, participation and consultation (ECLAC/UNFPA, 2020). Where land rights are concerned, the demand for recognition of the right to collective ownership of territories traditionally occupied by Afrodescendants (known as quilombos and palenques) has been gaining momentum since the 1990s. Policies for the legal recognition of collective lands have been implemented in traditional communities in Brazil, Colombia, Ecuador

and Nicaragua. Similarly, Afrodescendent communities in Argentina, Chile, Mexico, Paraguay, Peru and the Plurinational State of Bolivia have begun to take measures to have their traditional territories legally recognized. In Colombia and Ecuador, the Afrodescendent movement aims to legally recover traditional territories on a basis of collective ownership and to achieve autonomy and self-government (Antón and others, 2019).

With regard to territories historically occupied by the Afrodescendent population, there are still major obstacles to resolving disputes over the recognition of collective lands so that it becomes possible to establish domestic regulations and norms that recognize the ancestral and territorial rights of Afrodescendants. Following strenuous efforts by the Afrodescendent movement, the Rights and Resources Initiative (RRI, 2022) published the first map of the territorial presence of this population in 16 countries of Latin America and the Caribbean. The study mapped almost 146 million hectares of land with an Afrodescendent presence. A large part of the Afrodescendent population is settled in areas of ecological and strategic importance for the regulation and mitigation of climate change, and it is estimated that at least 403 protected areas overlap with or border territories where Afrodescendent populations are present.

D. Health care with an emphasis on sexual and reproductive health

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

For several years, Brazil, Colombia, Costa Rica, Ecuador, Honduras and Peru have been implementing intercultural health policies aimed explicitly at the Afrodescendent population (ECLAC/UNFPA, 2020). According to their voluntary national reports, Argentina, Mexico, Panama and Peru are carrying out actions in this area through health policies and programmes specifically aimed at the Afrodescendent population or through general policies that explicitly include interculturality as one of their guiding principles (see box X.6).

Box X.6
Health policies and programmes aimed at the Afrodescendent population

In Argentina, the Intercultural Health Coordination Unit was created in 2022 to assist in the implementation of equitable intercultural health policies in communities where inequalities rooted in ethnic or cultural diversity persist, with the aim of improving the health of people of African descent.

Mexico is supporting community health and promoting traditional medicine in Afro-Mexican communities: the government supported 164 Indigenous and Afro-Mexican traditional medicine projects between 2021 and 2022 and is working with the legislature to reform the General Health Law and incorporate provisions for traditional care during childbirth in Afro-Mexican communities.
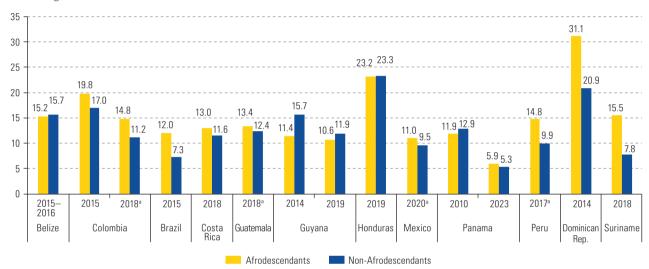
In Panama, the National Health Policy and Strategic Guidelines 2016–2025 emphasize equity and attention to diversity, while the National Sexual and Reproductive Health Plan 2021–2025, designed to give continuity to the actions already implemented in the country, has interculturality as its guiding principle.

In 2022, the Peruvian Ministry of Health approved the directive "Orientaciones para la conformación y funcionamiento de los Comités Comunitarios de Salud Indígena y Afrodescendiente con pertinencia cultural", on culturally relevant Indigenous and Afrodescendent community health committees.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of voluntary national progress reports on the implementation of the Montevideo Consensus on Population and Development, and the Virtual Platform for Follow-up of the Montevideo Consensus.

Pregnancy at early ages affects the health of adolescents and is associated with a higher risk of maternal morbidity and mortality, as well as having a negative impact on their educational careers. When the ethnic and racial factor is also taken into account, adolescent girls of African descent are often found to be unfavourably placed. Figure X.3 shows that in 9 of the 12 countries that have information on the subject, the percentage of adolescent girls between the ages of 15 and 19 who are mothers (including pregnant women when the information comes from surveys) is particularly high among adolescents of African descent. The largest gaps are found in Suriname, where the percentage of adolescent girls who are mothers is twice as high for Afrodescendants as for non-Afrodescendants, Brazil, where it is 64% higher, Peru and the Dominican Republic, where it is 50% higher, and Colombia, where it is 33% higher.

Figure X.3
Latin America and the Caribbean (12 countries): proportions of adolescent girls aged 15–19 who are mothers or pregnant, Afrodescendants and non-Afrodescendants, latest year with information 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", *Estudos e Pesquisas*, No. 36, Rio de Janeiro, 2016 [online] https://biblioteca.ibge.gov.br/visualizacao/livros/liv98965.pdf, for Brazil.
Note: The Afrodescendent population does not include the Indigenous population.
[a] In the cases of Colombia (2018), Guatemala (2018), Mexico (2020) and Peru (2017), the figures do not include pregnant adolescents but only those who are mothers, since they are taken from population and housing censuses.

At the same time, early childbearing among young women of African descent has been declining in the three countries where trends can be examined (Colombia, Guyana and Panama), and especially Panama, where the percentage halved between 2010 and 2023.

Unmet demand for family planning services is influenced by economic, social and cultural factors expressed in lack of access to and affordability of contraceptive methods, as well as limited knowledge of available modern methods and low-quality reproductive health services. Women of African descent often face additional challenges related to racism and discrimination. In some communities of African descent, there may also be cultural norms that influence decisions about sexual and reproductive health, and people may mistrust the health system because of previous experiences of discrimination. In addition, a lack of culturally relevant strategies that provide for the needs of Afrodescendent individuals and communities is another element that limits Afrodescendent women's exercise of their sexual and reproductive rights.

In five of the six countries with information available, unmet demand for family planning among women in unions is indeed higher for Afrodescendants than for non-Afrodescendants everywhere except Honduras (see table X.1). Unmet demand is more than twice as high among Afrodescendants as among non-Afrodescendants

in the Dominican Republic; 70% higher in Costa Rica; and 53% and 40% higher in Suriname and Colombia, respectively. However, in Colombia, the only country where trends can be observed, unmet demand is decreasing and ethnic and racial gaps are narrowing.

Table X.1
Latin America and the Caribbean (6 countries): proportions of women in unions using modern contraceptive methods and unmet demand for family planning, Afrodescendants and non-Afrodescendants, latest year with information available
(Percentages)

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

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 Afrodescendent population does not include the Indigenous population.

Unmet demand for family planning services is matched by a lower prevalence of modern contraceptive use among Afrodescendent women in unions everywhere except Honduras (see table X.1). The largest gaps are found in the Dominican Republic and Suriname. In contrast, Colombia and Honduras are the countries where the highest proportions of Afrodescendent women in unions use modern contraceptive methods (73.5% and 73.3%, respectively). In the case of Colombia, where data for this are available, it is observed that the gaps to the detriment of Afrodescendent women narrowed in the period covered by the figures. As for the other countries, the prevalence of modern contraceptive use among women of African descent is 30.9% in Suriname and 63.0% in Costa Rica. These figures show the strong inverse correlation between the prevalence of contraceptive use and unmet demand for family planning services.

Prenatal check-ups and where childbirth takes place are very important indicators for analysing ethnic and racial inequalities and relate to issues such as access to culturally relevant, high-quality health care, maternal health disparities and the challenges faced by Afrodescendent women in the health-care system. Such inequalities can influence the frequency with which they attend prenatal check-ups, where their children are born and the quality of prenatal, childbirth and postnatal care.

The figures available for seven countries suggest that access to maternal health services has been extended to a large proportion of Afrodescendent women. In six countries, the percentage of Afrodescendent women attending four or more prenatal check-ups exceeds 85% (see table X.2). Similarly, the percentages receiving professional care during childbirth and giving birth in health-care facilities are generally well over 90%, irrespective of women's ethnicity or race. The lowest percentages for professional care in childbirth are found among Afro-Colombian women (92.1%), Afro-Honduran women (94.1%) and, as detailed in box X.7, Afrodescendent women in Brazil, where the figure is 90% for *preto* women and 83.6% for *pardo* women.[7] The gaps in this indicator are not very wide.

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[7]   In Brazil, the Afrodescendent population is identified by two of the five skin colour categories, *preto* (black) and *pardo* (used for the mestizo population). These two categories combined make up the Afrodescendent population, known in Brazil as the "black population".

Table X.2
Latin America and the Caribbean (7 countries): proportions of women aged 15–49 giving birth in the previous two years, with four or more prenatal check-ups, births attended by skilled health personnel and births attended at health facilities, Afrodescendants and non-Afrodescendants, latest year with information available
(Percentages)

Country and survey year	Four or more prenatal check-ups		Births attended by skilled health personnel		Births attended at health facilities	
	Afrodescendants	Non-Afrodescendants	Afrodescendants	Non-Afrodescendants	Afrodescendants	Non-Afrodescendants
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 Afrodescendent population does not include the Indigenous population.

Box X.7
Ethnic and racial divides in maternal health care in Brazil
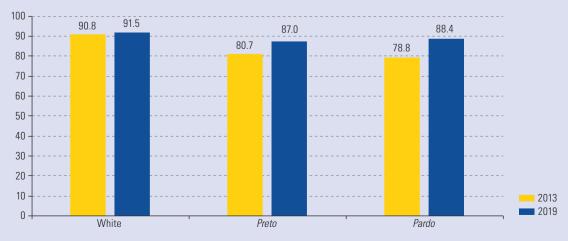
In Brazil, figures from 2013 showed that a larger proportion of white women (90.8%) than of *preto* women (80.7%) or *pardo* women (78.8%) attended six or more prenatal check-ups during pregnancy (see figure).[a] Comparing 2013 and 2019 shows a slight increase for white women and a large increase for both *preto* and *pardo* women to levels of 87.0% and 88.4%, respectively. However, this increase was not enough to bring them up to the level recorded for white women six years earlier.

In 2013, the proportions of births attended by doctors (see table) were about 85% for *preto* and *pardo* women, compared to 92.3% for white women. By 2019, there had been a significant improvement in the case of *preto* women (90.6%). Lastly, there were no racial or ethnic differences in the proportion of births attended in hospitals or maternity wards in either 2013 or 2019. Strikingly, though, the proportion of births attended in such health-care facilities declined slightly for all the ethnic groups considered. One explanation could be the political changes in Brazil, which led to cuts in resources in social areas and the ending of a number of health-care policies and programmes.

Brazil: women attending six or more prenatal check-ups during their last pregnancy,
by ethnicity or race, 2013 and 2019
(Percentages)

Source: Institute of Scientific and Technological Communication and Information in Health (ICICT), on the basis of the National Health Survey (PNS) [online] https://shiny.icict.fiocruz.br/vizpns/#tab-1041-2.

Brazil: women attended by doctors during their last delivery and women who last gave birth in a hospital or maternity unit, by ethnicity or race, 2013 and 2019
(Percentages)

Year	Delivery attended by doctors			Delivery in hospital or maternity unit		
	White	*Preto*	*Pardo*	White	*Preto*	*Pardo*
2013	92.3	85.1	84.6	98.7	97.9	97.3
2019	91.8	90.6	83.6	94.6	94.9	94.1

Source: Institute of Scientific and Technological Communication and Information in Health (ICICT), on the basis of the National Health Survey (PNS) [online] https://shiny.icict.fiocruz.br/vizpns/#tab-1041-2.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Brazilian Institute of Geography and Statistics (IBGE), "Síntese de indicadores sociais: uma análise das condições de vida da população brasileira", *Estudos e Pesquisas*, No. 36, Rio de Janeiro, 2016 [online] https://biblioteca.ibge.gov.br/visualizacao/livros/liv98965.pdf.

[a] In Brazil, the Afrodescendent population is identified by two of the five skin colour categories used, namely *preto* (black) and *pardo* (used for the mestizo population). These two categories together make up the Afrodescendent population, known in Brazil as the "*população negra*".

However, the indicator for prenatal check-ups could be made more demanding in terms of the number of check-ups, to improve the quality of antenatal care and reduce the risk of prenatal deaths and complications in pregnancy: the new antenatal care model of the World Health Organization (WHO, 2016) establishes a minimum of eight check-ups that a pregnant woman should have with health professionals, as this can reduce perinatal deaths by up to 8 per 1,000 births, compared to the minimum of four visits.

While the above results are encouraging in coverage terms, it is essential to have information about the quality of health services. If this is inadequate in any of its dimensions (i.e., if services are not timely, efficient, accessible, focused on the needs of individuals and communities, culturally relevant, non-discriminatory, safe, equitable and integrated), there can be negative impacts on the health of mothers and their children, expressed for example in higher levels of maternal mortality. The information available on this is extremely scarce, but telling: preliminary figures for Colombia indicate that the maternal mortality ratio for the Afrodescendent population in 2020 was 93 per 100,000 births, while the ratio for the non-Afrodescendent population was 57 per 100,000 births; in Brazil, the maternal mortality ratio in 2021 was 190.8 per 100,000 births for black women and 118.6 per 100,000 births for white women (UNFPA, 2023).

As regards accessibility, it is important for Afrodescendent communities that health-care professionals have culturally relevant childbirth preparation and recovery expertise and that violence and stereotypes in relation to Afrodescendent women are eradicated. It is therefore crucial for health-care professionals to be trained in discrimination, racism and intercultural approaches. In 2023, the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC) and the Pan American Health Organization (PAHO) held a regional workshop with Afrodescendent organizations and specialists to identify the profound disparities that exist between normative frameworks and the daily reality of Afrodescendent communities and individuals, especially women and girls. The problems that came to light related to adolescent pregnancy in the Afrodescendent population, particularly in the case of girls under 15 years of age; violations of rights and bodily autonomy in sexual and reproductive health care; heterosexist and cis-sexist bias[8] in the promotion and distribution of contraceptive methods and methods for preventing sexually transmitted infections; the absence of an ethnic or racial perspective in sexual and reproductive health services, and in pregnancy, childbirth and puerperium care; difficulties in accessing sexual and reproductive health services for Afrodescendent adolescents and youth; and discrimination, exclusion and ill-treatment of Afrodescendent people in these health services. The workshop produced a number of policy recommendations to address these issues.[9]

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[8] Heterosexist bias favours sexuality and relationships between persons of different sexes; cis-sexist bias establishes hierarchies and inequalities between cis individuals (i.e., those whose gender identity matches the sex assigned at birth) and trans, transvestite and non-binary individuals.

[9] See the document produced by the regional workshop Afrodescendent Populations and Health: Advances and Challenges to Guarantee Sexual and Reproductive Rights, organized by ECLAC through CELADE-Population Division and by PAHO through the Equity, Gender, Human Rights, and Cultural Diversity Unit of the Department of Social and Environmental Determinants for Health Equity (DHE), which was held at ECLAC headquarters on 25 and 26 October 2023 [online] https://www.cepal.org/es/eventos/taller-regional-poblaciones-afrodescendientes-salud-avances-desafios-garantizar-derechos.

Population, Development and Rights in Latin America and the Caribbean: second regional report...

Chapter X

E.   Disaggregation of data

Priority measure 98 of the Montevideo Consensus highlights the importance of producing quality information on the living conditions of Afrodescendent populations with a gender, generational and territorial perspective. This has helped strengthen national efforts to improve the statistical visibility of these groups, especially in population and housing censuses. In the 2020 round of censuses, in fact, 18 Latin American countries are expected to include questions on ethnic and racial self-identification. This aspect has been highlighted in the voluntary national reports on the implementation of the Montevideo Consensus produced by Argentina, Chile, Colombia, Costa Rica and Mexico, which also mention participatory and consultative processes with Afrodescendent populations to review questions and other phases in the census process, as well as to make certain improvements in cultural relevance. An example worth highlighting is the 2022 census in Brazil, in which Quilombola communities were identified for the first time, making it possible to obtain indicators for them and identify the territories they live in.

While there has been progress, and the inclusion of self-identification questions for Afrodescendants in population and housing censuses has generally been consolidated, each round presents its own challenges and setbacks to be avoided, like the results seen in Colombia's 2018 census, according to which the Afrodescendent population was considerably smaller than in the 2005 census, or the removal of the self-identification question in Paraguay in 2022, although Paraguay is working towards the creation of its National Register of Afrodescendent People.

At the same time, self-identification questions for Afrodescendent populations are increasingly being incorporated into household surveys, including demographic and health surveys. However, there are critical limitations associated with sample sizes and comparability over time. Where administrative records are concerned, particularly those connected with health (including vital statistics) and social protection, disaggregated data on the Afrodescendent population are hard to come by. The exceptions are Brazil, where the national statistical system, including sectoral components, usually disaggregates its indicators by ethnic and racial affiliation, and Colombia, which has been taking substantial steps in this area with the official inclusion of the differential approach. It is hoped that the initiatives presented by other countries, such as Panama and Peru, will spread throughout the region.

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/Corporación Amigos de la UNESCO.

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

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

___(2017), "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.

ECLAC/UNFPA (Economic Commission for Latin America and the Caribbean/United Nations Population Fund) (2020), "Afrodescendientes y la matriz de la desigualdad social en América Latina: retos para la inclusión", *Project Documents* (LC/PUB.2020/14), Santiago.

IBGE (Brazilian Institute of Geography and Statistics) (2016), *Síntese de indicadores sociais: uma análise das condições de vida da população brasileira*, Rio de Janeiro.

OAS (Organization of American States) (2016), "Plan of Action for the Decade for Persons of African Descent in the Americas (2016–2025)" [online] https://www.oas.org/en/sare/documents/res-2891-16-en.pdf.

RRI (Rights and Resources Initiative) (2022), "Mapping the presence, lands, and territories of Afro-descendant peoples in Latin America and the Caribbean: findings and challenges for the climate debate and collective tenure rights", *Policy Brief* [online] https://doi.org/10.53892/ANVH3601.

UNFPA (United Nations Population Fund) (2023), *Maternal Health Analysis of Women and Girls of African Descent in the Americas: Analysis*, New York.

United Nations (2014), "Programme of activities for the implementation of the International Decade for People of African Descent" (A/RES/69/16).

___(2001), "World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance: Declaration" [online] https://www.un.org/en/durbanreview2009/pdf/DDPA_full_text.pdf.

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

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

This chapter focuses on the Caribbean subregion,[1] in particular on its sociodemographic characteristics, which are notably distinct from those of Latin America. A broader review of the implementation of the Montevideo Consensus on Population and Development in the Caribbean was presented at the Caribbean Forum on Population and Development, held in Antigua and Barbuda on 4 and 5 September 2023, and jointly organized by the United Nations Population Fund (UNFPA), the Economic Commission for Latin America and the Caribbean (ECLAC) and the Government of Antigua and Barbuda (Jones, 2024).

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 XI.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, but 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 XI.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.
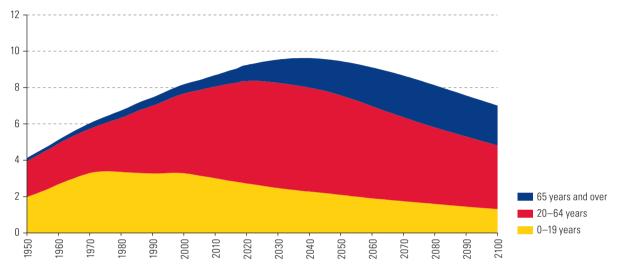
    In the Caribbean, the demographic transition and continued improvements in life expectancy have led to population ageing, a process which continues long beyond the point when populations have ceased to

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[1]   Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Belize, Bermuda, Bonaire, the British Virgin Islands, the 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 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— currently have a declining population. 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.

grow, owing to the time lags involved (see figure XI.2). As fertility rates decline, below replacement level in particular, younger age cohorts become relatively smaller, and if fertility remains below replacement level, younger age cohorts are eventually outnumbered by older age cohorts. As a result, the population pyramid ceases to resemble a pyramid and begins to invert, becoming narrower at the base (Jones, 2024), as observed for Latin America and the Caribbean in chapter I.

Figure XI.2
The Caribbean (29 countries and territories):[a] population by major age group, 1950–2100
(Millions of people)

Source: United Nations, *World Population Prospects 2022*, New York, 2022 [online] https://population.un.org/wpp/.
[a] Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Belize, Bermuda, Bonaire, Sint Eustatius and Saba, the British Virgin Islands, the Cayman Islands, Curaçao, Dominica, French Guiana, Grenada, Guadeloupe, Guyana, Jamaica, Martinique, Montserrat, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, the Turks and Caicos Islands and the United States Virgin Islands.

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.
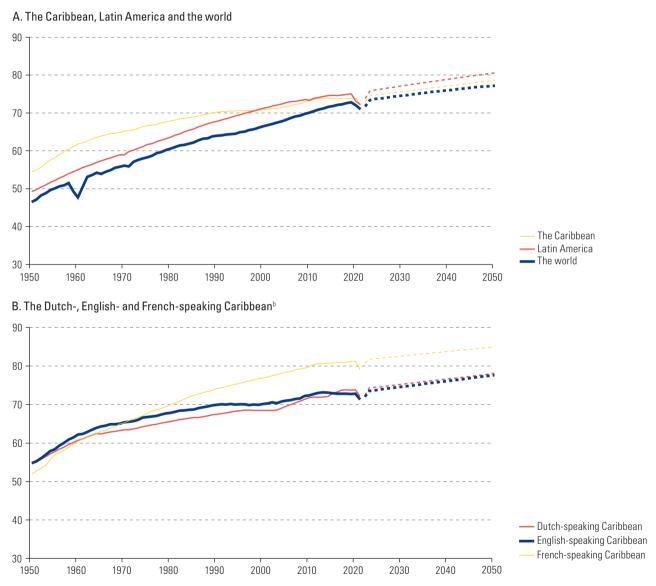
Life expectancy in the Caribbean has increased in recent decades, but not as quickly as in Latin America or globally (see figure XI.3A). In 1975, life expectancy at birth in the Caribbean was five years higher than in Latin America (67 years compared with 62 years). By 2000, that gap had closed, and life expectancy was 71 years in both regions. In 2019, life expectancy in the Caribbean was 74 years, compared with 75 years in Latin America, and over the coming years, is expected to fall to between one and two years below that of Latin America.

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

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 XI.3B). 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 longer than in the English-speaking Caribbean and seven years longer than in the Dutch-speaking Caribbean.

Figure XI.3
The Caribbean, Latin America and the world: life expectancy at birth (both sexes), 1950–2050[a]
(Years)

A. The Caribbean, Latin America and the world

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

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 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 XI.4). 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 or territories: Aruba, Curaçao, Guyana and Trinidad and Tobago.

Figure XI.4
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. Full integration of population dynamics 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.B) 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.

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

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. The United Nations Population Fund encourages and supports this approach (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 established 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 establishment 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 was developed for 2021–2040 to systematically integrate population trends into the development planning and policymaking process. In Dominica, the government conducted consultations in 2022 to inform the development of its National Population Policy, which is now at the final draft stage and awaiting the approval of the Cabinet.

In countries or territories 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).

There was a temporary spike in poverty rates during the COVID-19 pandemic due to weaker economic activity, although the magnitude is difficult to quantify owing to the lack of timely official statistics. The World Bank (2023) has estimated the likely impact of the latest economic data on poverty figures in countries for which recent survey-based estimates of poverty are available. Poverty in Jamaica was projected to have increased from 11% in 2019 to over 20% in 2020, before declining to 16.8% in 2021 and to 12.6% in 2022. In Grenada, the poverty rate was 25.0% in 2018/19 (World Bank, 2021) and is estimated to have risen to 31.7% in 2020. Roughly 25% of the population of Saint Lucia lived in poverty in 2019; this figure increased to over 30% in 2020 and returned to about 25% by 2022. In Barbados, poverty has fallen since the pandemic but is still projected to be above the pre-COVID-19 level, last measured as 25.7% in 2016. The pre-pandemic poverty rate in Belize was estimated at 52% in 2018/19, on top of which the pandemic was adjudged to have had a "severe social impact", presumably worsening an already dire situation. Relatively little data are available on levels of poverty and inequality in the other Caribbean countries over the last decade (Jones, 2024).

To reduce the persistently high levels of poverty in the subregion, more timely statistics will be essential to inform the development of poverty reduction measures and monitor their effectiveness. Governments must build universal social protection systems, starting with the establishment of a basic social protection floor which provides a level of protection to all, and raising that floor progressively as resources permit (Jones, 2024).

C. Rights, needs, responsibilities and requirements of girls, boys, 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 previous 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 and none had prohibited corporal punishment in the home.[6] 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 (UIS, 2023). With regard to participation in preschool learning, more Caribbean countries have been making fast progress, including Anguilla, Bermuda, the British Virgin Islands, 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 XI.5A), while in Latin America, the rates have averaged 18% and 13%, respectively.

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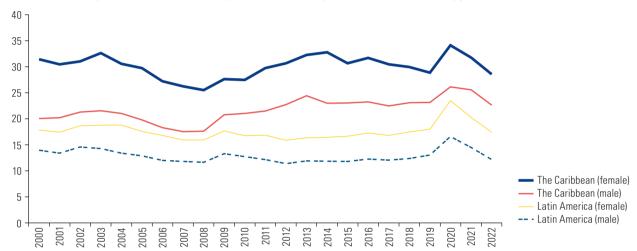
[5] Physical punishment is measured in Multiple Indicator Cluster Surveys (MICS) and refers to punitive methods used and violent actions taken by adults in the household to discipline a child aged 1–14 years during the month preceding the survey. According to data for seven Caribbean countries (Barbados, 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.
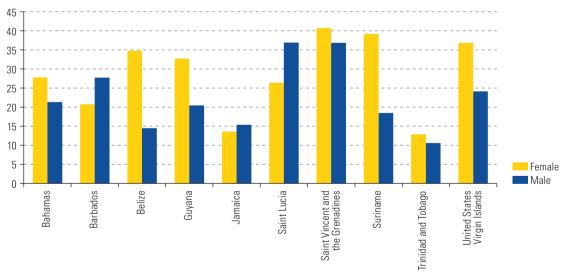
In the Caribbean, youth unemployment has yet to return to the lows seen prior to the global financial crisis, in 2008 (among females) and 2007 (among males), and was particularly high during the emergency phase of the COVID-19 pandemic, in 2020 and 2021. The countries and territories in the subregion with high youth unemployment rates are Saint Lucia, Saint Vincent and the Grenadines, Suriname and the United States Virgin Islands (see figure XI.5B). In Belize, Guyana, Suriname and the United States Virgin Islands, there is a difference of at least 12 percentage points between the female and male youth unemployment rates. And in Barbados, Jamaica and Saint Lucia, youth unemployment is higher among males than among females.

Figure XI.5
The Caribbean (10 countries and territories) and Latin America (21 countries and territories):
youth unemployment rate among persons aged 15–24, by sex, 2000–2022
(Percentages)

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

B. The Caribbean (10 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] The Bahamas, Barbados, Belize, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and the United States Virgin Islands. Simple averages.
[b] Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, the Plurinational State of Bolivia and Uruguay. Simple averages.

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.

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 products. 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 the report entitled *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 domestic and gender-based violence) were often excluded, and the fact that comprehensive sexuality education is not mandatory contributed to inconsistent 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) 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.[8] In 2021, 615 teen mothers were registered with the programme, of whom 43.1% reintegrated into the formal school system and 8.5% were placed in other learning or vocational institutions. The model has been replicated in Grenada and in Saint Kitts and Nevis.

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[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 House of Lords of the United Kingdom on 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 whether children have sufficient maturity and understanding to make decisions about their own health and medical treatment, in which case treatment can be provided without parental or caregiver consent or, in some cases, knowledge.

[8]   WCJF is a non-profit organization that operates under the auspices of the Office of the Prime Minister.

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, entitled "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 old-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 old-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, only in Barbados and Trinidad and Tobago was the value of the non-contributory pension above the poverty line (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 men and women are sizeable, because of women's lower earnings during their working lives and the increased likelihood of interruptions to their pension contributions. According to the latest available data, the average pensions received by women were between 12% and 21% lower than those of 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 the average pensions of men and women are similar (Quashie and Jones, 2023).

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).
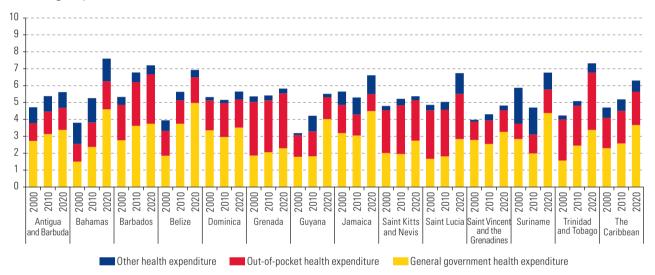
In a study published in 2018, Nam and Jones estimated that across nine Caribbean countries, public funding for pensions would need to increase from an average of 3.7% of GDP in 2010 to an average of 9.8% of GDP in 2050. In their 2021 study of six Caribbean countries, Schwartz and Zegarra also presented 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).

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[9]   Universal pension coverage means that all older persons receive a pension (although its value may be low).

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. Broadly speaking, total current health expenditure for Caribbean countries accounted for between 5% and 8% of GDP in 2020, averaging 6.3% (see figure XI.6). 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, 2024). 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 significant lack of palliative care services and insufficient access to medicines for pain relief, including oral morphine, also pose challenges (CARIPALCA, 2021).

Figure XI.6
The Caribbean (13 countries): general government, out-of-pocket and other health expenditure, 2000, 2010 and 2020
(Percentages of GDP)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO), "Indicators", Global Health Observatory [online] https://www.who.int/data/gho/data/indicators.
Note: The figures estimated for the Caribbean are simple averages.

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 established 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, could be further leveraged to boost the impact on sugar-sweetened beverage consumption and health (Sandoval and others, 2021).
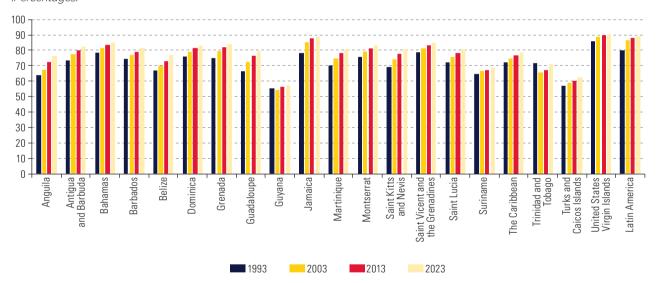
Taxes are generally applied to alcohol and tobacco, but also vary considerably, and there is significant scope for raising them to reduce consumption and increase tax revenues (Roche, Sandoval and Monteiro, 2023). For example, nowhere in the Caribbean does taxation of tobacco reach the WHO recommended 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. Trends among and within Caribbean countries are considerably mixed. The proportion of satisfied demand for contraception has been increasing in almost every country. The average proportion of satisfied demand across 19 countries and territories was 79% in 2023, compared with 77% in 2013 and 72% in 1993 (Jones, 2024) (see figure XI.7).

Figure XI.7
The Caribbean (19 countries and territories): demand for family planning satisfied with any method among women aged 15–49, married or in a union, 1993–2023
(Percentages)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, "Estimates and Projections of Family Planning Indicators 2022" [online] https://www.un.org/development/desa/pd/data/family-planning-indicators.
Note: The figures are weighted by population size for 19 countries and territories in the Caribbean and 21 in Latin America.
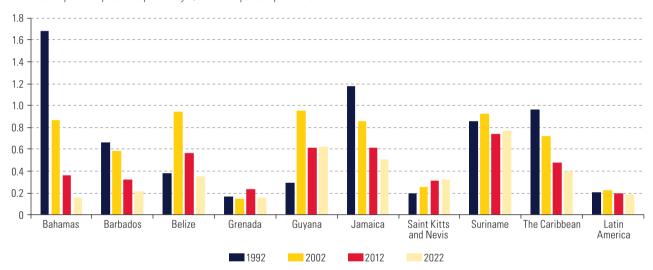
Sexual and reproductive health services and commodities are free of charge in most countries, and even in those that charge a user fee, services are not denied if users cannot pay (UNFPA, 2020). Unmet need is due primarily to legal and cultural barriers and stock-outs of basic products. The legal barriers 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 health 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.

The number of new HIV infections in the Caribbean continues to decline (see figure XI.8). The Bahamas went from having the highest infection rate, in 1992, to the lowest, in 2022, among countries for which data are available. Relatively rapid progress has also been made in Barbados and Belize (Jones, 2024).

Figure XI.8
The Caribbean (8 countries): incidence of HIV in overall population, 1992–2022
(Number of new infections for every 1,000 uninfected persons)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of The Joint United Nations Programme on HIV and AIDS (UNAIDS), AIDSinfo [online database] https://aidsinfo.unaids.org/.
Note: The Caribbean average includes the following countries: Bahamas, Barbados, Belize, Cuba, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis and Suriname. The Latin American average includes Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, the Plurinational State of Bolivia and Uruguay.

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 targets 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 needed to reach the coverage targets represents only 5% more than the amount required to maintain business as usual for these countries.[11] 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 at 1.2% among the general population but much higher among key populations.[12] 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

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[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.

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]

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 (13%). 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, 2024). 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.
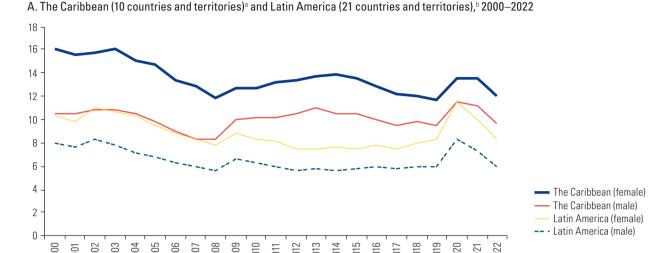
Girls' outperformance of boys in education does not, however, translate into the labour market. Thailinger and others (2023) studied gender gaps in the English-speaking Caribbean in education, skills and wages, and found that in five English-speaking Caribbean countries, men's labour market participation 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, 2024) (see figure XI.9A). The gender differentials were lowest in the Bahamas (see figure XI.9B).

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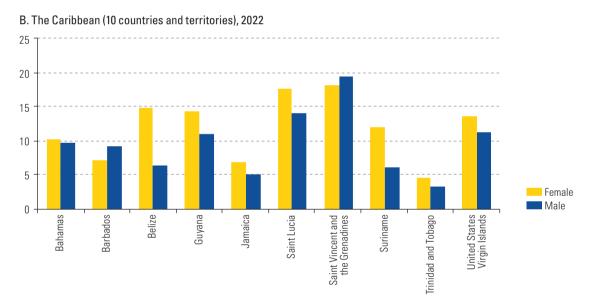
[14] The combined effect of these numbers is that the proportion of persons living with HIV who achieve viral suppression is 60% in Barbados, 32% in Belize, 45% in Jamaica and 44% in Saint Kitts and Nevis. The situation is somewhat different in Suriname, where it is estimated that only 51% of persons 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).

[16] In lower chambers of parliament and unicameral parliaments.

Figure XI.9
The Caribbean (10 countries and territories) and Latin America (21 countries and territories):
unemployment rate by sex, persons aged 25–64, 2000–2022
(Percentages)

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

B. The Caribbean (10 countries and territories), 2022

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of International Labour Organization (ILO), ILOSTAT [online database] https://ilostat.ilo.org/.

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

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

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% (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.

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[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.

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.

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 247 deaths and disappearances of migrants across the wider Caribbean in 2023. This is down from 2022, when 321 deaths and disappearances were recorded, the highest figure since these data began to be collected, in 2014. Most of the migrants who died or went missing in 2022 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).

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

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 and 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.

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).

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[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).

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.

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 José, 24 January.

____(2023b), "OECS Countries Plan for Management of Cross-border Movements Due to Disasters and Climate Change", San José, 25 March.

____(2019), "Free Movement of Persons in the Caribbean: Economic and Security Dimensions", San José.

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. (2024), "Population and development in the Caribbean (2018–2023): accelerating implementation of the Montevideo Consensus", *Studies and Perspectives series-ECLAC Subregional Headquarters for the Caribbean*, No. 124 (LC/TS.2024/2-LC/CAR/TS.2024/1), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

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", 30 November [online] https://www.paho.org/en/news/30-11-2022-addressing-inequalities-key-ending-aids-paho#:~:text=Washington%2C%20DC%2C%20November%2030%2C,the%20day%20is%20%E2%80%9CEquality.%E2%80%9D.

PANCAP (Pan Caribbean Partnership Against HIV and 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 (Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela) (2023a), "R4V América Latina y el Caribe, Refugiados y Migrantes Venezolanos en la Región", 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, No. 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.

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.

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", 13 December [online] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/december/20221213_barbados-decriminalization.

UNESCO (United Nations Educational, Scientific and Cultural Organization) (2023), *Global Education Monitoring Report, 2023 - Technology in Education: A tool on whose terms?*, Paris.

___(2021), *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 City, September–October.

___(2022b), "Guyana", *Fact Sheet*, Panama City, November–December.

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 Bank (2023), *Macro Poverty Outlook: Spring Meetings 2023*, Washington, D.C.

___(2021), *Living Conditions in Grenada: Poverty and Equity Update*, Washington, D.C.

World Population Review (2023), "Countries with Declining Population 2023" [online] https://worldpopulationreview.com/country-rankings/countries-with-declining-population.

Conclusions

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.

Eleven 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. Eleven years 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.

Thirty years after the adoption of that Programme, 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 implementation of 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. Eradicate poverty and integrate population dynamics into sustainable development

The report highlights the recovery from the economic crisis caused by the coronavirus disease (COVID-19) pandemic and the resulting drop in the percentage of people living in poverty in the region to pre-pandemic levels. However, in more than half of the countries, poverty remained higher than the level recorded in 2019 (ECLAC, 2023a). The COVID-19 pandemic and subsequently, the repercussions of the war in Ukraine, e.g. inflation, have raised poverty rates, although governments in the region have employed poverty-mitigation measures such as cash transfers.

In this context, national strategies for social protection and poverty eradication with a human rights-based approach are key to universalizing economic, social, cultural and environmental rights, and moving towards a more comprehensive vision of development. In public policies, the gender approach empowers women and increases 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 relating to territory, the environment and sustainability, and pay special attention to countries with higher levels of poverty and more vulnerable 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 strengthens 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. The continuity of teams at the technical level and provision of ongoing training and refresher courses —in accordance with priority measure 106 of chapter J of the Montevideo Consensus, on frameworks for the implementation of the regional agenda on population and development— contribute to stronger institutional frameworks for population and development, and to inclusion of the demographic dimension in policies, plans and programmes. Training in demography is one of the historical lines of work of the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC; one recent and notable example is the regional course on specialization in demographic analysis for sustainable development, run in collaboration with UNFPA, in an exclusively virtual format. This course resulted in the successful training of just over 120 officials from national statistical offices and other governmental and non-governmental institutions between 2020 and 2023.

Intersectoral coordination mechanisms linked to implementation of the Montevideo Consensus —as stipulated in priority measure 99 of chapter J of the 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 line with priority measure 107 of chapter J of the Consensus. 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 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. In this context, civil society organizations play a key role in implementing the Montevideo Consensus and encouraging monitoring and accountability for compliance with the priority measures, thus advancing priority measure 101 of chapter J, which calls for the creation of regional and national mechanisms for such monitoring and accountability.

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 crucial for governments to have firm political resolve that translates into policies that are sustained over time.

B. Advance the 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 critical areas, such as: (i) protection, regarding which the most dramatic expression of regression was 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; (iii) education, because of the lasting harmful effects of school closures on learning, future earnings, and sociability; and (iv) poverty, unemployment, and labour and education exclusion, which reflected a marked deterioration in 2020 and 2021. Nevertheless, some progress has been made, including the lowering of infant mortality, the use of new technologies to offer various services, and legal and institutional restructuring of protection systems for children and adolescents. Measures focused on youth employment, which helped to reverse the sharp increase in unemployment in 2020 and 2021, were also noteworthy, although youth unemployment levels are still much higher than those recorded in other age groups.

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 sexual health and reproductive health services and universal access to a broad combination of modern, safe and effective contraceptive methods, including long-acting reversible contraceptives— 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, 2022c). 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 in 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, 2022c). 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 relating to 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. Expand 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, and to implement communication strategies to report on and raise awareness of this issue.

Another major challenge is designing comprehensive care policies and systems with an intersectional and intercultural perspective, as stated in the Santiago Declaration "Human rights and participation of older persons: towards an inclusive and resilient care society", adopted in December 2022 at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean. Considering the rights, dignity and well-being of families and older persons as outlined in chapter C of the Montevideo Consensus, it is crucial to strengthen long-term care services (Montes de Oca, 2023) and palliative care services.

Most countries must also build on their efforts to include older persons in the design and implementation of disaster management policies at all stages (mitigation, recovery, risk assessment, reconstruction, repair), especially in high-risk geographical 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, 2022b).

D.   Guarantee the exercise of sexual and reproductive rights

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 or 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 services for the detection and treatment of sexually transmitted infections 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 reduces 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.

The following strategies emerge upon analysis of voluntary national reports on the implementation of the Montevideo Consensus, and of experiences documented by ECLAC, UNFPA, the Pan American Health Organization (PAHO) and the World Health Organization (WHO) (ECLAC/UNFPA, 2020; PAHO, 2019, 2022a and 2022b; WHO, 2018; UNFPA, 2022; UNFPA/FLACSO, 2022):

- Prioritizing access to sexual and reproductive health services as a means of fostering gender equality, so that women acquire autonomy, have control over their bodies and can make their own informed decisions.

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[1]   See the Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development [online] https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health.

- 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 serve vulnerable populations living 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.

E. Urgently 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-based 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. National reports have also highlighted the need to address violence against LGBTIQ+ persons.

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 ensure that national machineries for the advancement of women are 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, 2023b). 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, 2023b), 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. Overcome the challenges and seize the opportunities of migration flows for sustainable development

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 reports, 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. The importance of incorporating the principles of coherence and reciprocity in the care of the migrant population, covering all stages of the migration process, should also be emphasized. Advancement of migrants' 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. Considering that a large number of migrants are of working age, it is crucial to foster their inclusion in the labour market through policies that address labour informality as well as the regularization of migration status, and facilitate the validation of studies and recognition of skills (Cecchini and Martinez, 2024).

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 XII.1) and international organizations, applying a human rights-based approach.

Box XII.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 were 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 Compact 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 towards 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.

In order for migrants to be able to integrate and contribute their full potential to the societies and economies of receiving countries, there is need of well-informed discourse on migration. A new narrative must therefore be created and disseminated to change the perception of migration and to inform the public discourse and the media through awareness-raising campaigns that highlight the positive contributions of migrants.

Lastly, more attention must be paid to data on migration flows and the living conditions of migrants, and these data must 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. 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. This situation underscores the urgent need to guarantee decent housing and access to basic services throughout all territories, and in particular, to formulate and implement policies on informal settlements.

It is therefore important for countries to have national intersectoral territorial development policies to reduce or end these inequalities. This second regional report has 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 2022c). 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 mitigate 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. Foster intercultural exchange and the territorial rights of Indigenous Peoples

During the period analysed, no progress was made on ratification of the 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 voluntary national reports highlight 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 is the criminalization of Indigenous movements and leaders that have organized themselves to defend their territories, and 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 reports 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.   Combat racism in all its forms in order to guarantee the rights of people and communities of African descent

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 show that poverty increased among the Afrodescendent population and, although the figures for 2022 show a decrease with respect to 2021, in some countries the levels are still higher than those recorded in 2015. Although ethnic and racial gaps have narrowed in 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 through public policies geared towards reducing these inequalities, with the participation of these organizations.

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 issues affecting Afrodescendants. 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 transform 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 that takes account of ethnicity and race. 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 self-identification of Afrodescendants— 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, Afrodescendent organizations and communities, civil society organizations, international cooperation agencies, multilateral organizations and the private sector), to achieve lasting and meaningful change.

J.   Address 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.

Particular attention should be paid to inequalities in education (based on income, gender, ethnicity, language and area of residence, for example). Information technologies should be more fully exploited in teaching and learning, with careful regard for both the strengths and the limitations of these technologies as an educational tool. The absence of internationally comparable assessments of educational attainment in the Caribbean hinders efforts to raise standards; the introduction of national learning assessments should therefore be considered.

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 needed to support girls' rights and empower them to avoid unintended pregnancies, including by investing in their education and preventing child, early and forced marriages, early unions 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, refined flours 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.

Declining populations also prompt a reassessment of the role of migration and its contribution to national development. This is an opportunity to change the discourse, or at least to balance it, by recognizing the benefits of migration. It will give rise to questions about the skills needed, where migrants will come from and how migration will be managed. The economic development of Caribbean countries may in fact come to depend on skilled migrants, which would be a significant role reversal, given the recent history of the subregion.

K. Consolidate information for implementation of the Montevideo Consensus on Population and Development and accountability

At successive sessions of the Regional Conference on Population and Development in Latin America and the Caribbean, follow-up and accountability were described as integral to compliance with the priority measures of the Montevideo Consensus. The challenges that the countries must face in order to comply with priority measures 102, 103 and 104 of chapter J of the Montevideo Consensus, which refer to the improvement of data sources, the development of information systems with an intersectional approach, and inter-institutional coordination for the production and improvement of statistics, were also discussed.

With respect to data sources, the crisis caused by the COVID-19 pandemic had a significant impact on the timely preparation of population and housing censuses and specialized surveys in line with quality standards, as well as the availability of administrative records. Against this backdrop, the countries of the region made considerable efforts by swiftly adapting their response to meet the growing demand for information, especially in the area of health, through a series of technological and methodological innovations (ECLAC, 2022c). In particular, between 2022 and 2024, most of the countries in the region have managed to conduct their 2020 census round and the first results are now available. These outcomes highlight the difficulties faced by national statistical offices owing to the pandemic and the pressures of work schedules once the social and health crisis was overcome, the dissemination of fake news on social networks and the political exploitation of the operational difficulties encountered in the census process to attack incumbent governments, among other issues.

Political, technical and institutional challenges faced by national statistical offices when carrying out population censuses and in the production of statistics in general were identified during the sessions of the Regional Conference on Population and Development in Latin America and the Caribbean and the Statistical Conference of the Americas of the Economic Commission for Latin America and the Caribbean. The modernization and management of data production processes requires suitable and stable infrastructure and human resources, which in turn implies greater pressure on public budgets. The commitment of national governments to meet the national statistical offices' requirements and support for the autonomy of these entities are two fundamental pillars for addressing these challenges.

Lastly, some voluntary national reports of countries in the region include progress on the indicators for regional follow-up of the Montevideo Consensus on Population and Development, adopted in the framework of the Conference, and countries such as Costa Rica and Peru have even developed national indicator systems for this purpose. There is also a Virtual Platform for Follow-up of the Montevideo Consensus on Population and Development, which includes both indicators and national actions carried out by the countries to comply with the commitments made.[2] All this undoubtedly strengthens accountability, while facilitating the identification of information gaps and challenges.

L.   In conclusion: build on progress in implementation of 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 11 years, enabled a highly productive mechanism for dialogue, work and operation to be created, strengthened and perfected. This has built on and sustained progress over time, even when conditions have been less favourable, as well as laid 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, addressing new problems and broadening the agenda for work and discussion. The work of civil society has also been —and remains— crucial in consolidating achievements and enhancing government accountability. The academic sector has also taken on a higher-profile role in the process, separately from other non-governmental stakeholders, contributing through its scientific knowledge and research.

This second regional report on 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 address population and development issues and to design and implement public policies and programmes to improve the well-being of the population. Notwithstanding the progress in 2018–2023, and 11 years after the adoption of the Montevideo Consensus, the region still has a long way to go in terms of implementing its priority measures. Work must continue to raise greater awareness of the direct impact of demographic processes on the region's sustainable development. To this end, it remains essential for governments to demonstrate firm political resolve that translates into long-lasting population and development policies which build on progress towards a more productive, inclusive and sustainable future for Latin American and Caribbean societies.
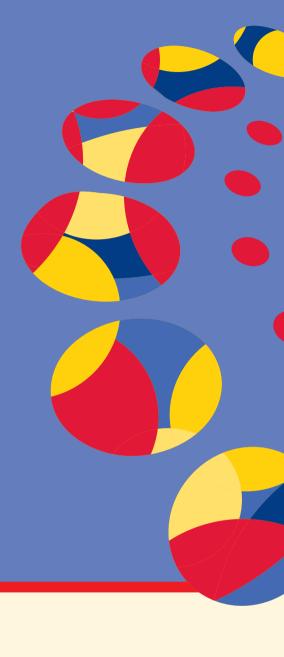
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[2]   See [online] https://consensomontevideo.cepal.org/en.

Bibliography

Cecchini, S., R. Holz and C. Robles (2022), "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).

Cecchini, S. and J. Martínez (2024), "International migration in Latin America and the Caribbean: a development and rights perspective", *CEPAL Review,* No. 141 (LC/PUB.2023/29-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

ECLAC (Economic Commission for Latin America and the Caribbean) (2023a), *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1), Santiago.

___(2023b), "Participación de las mujeres en la toma de decisiones en América Latina y el Caribe", 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), *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.

___(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).

Montes de Oca, V. (2023), "Políticas y sistemas integrales de cuidados de largo plazo para las personas mayores: análisis de experiencias en América Latina y el Caribe", *Project Documents* (LC/TS.2023/158), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

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

___(2022b), *Tercera ronda de la encuesta nacional sobre la continuidad de los servicios esenciales de salud durante la pandemia de COVID-19 (noviembre y diciembre del 2021). Informe provisional correspondiente a la Región de las Américas, enero del 2022,* Washington, D.C.

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) (2017), *Sexual health and its linkages to reproductive health: an operational approach* [online] https://www.who.int/publications/i/item/978924151288.

___(2019), *Prevention and control of sexually transmitted infections (STIs) in the era of oral pre-exposure prophylaxis (PrEP) for HIV,* Geneva.

Eleven years on from the adoption of the Montevideo Consensus on Population and Development and 30 years on from the adoption of the Programme of Action of the International Conference on Population and Development, in Cairo in 1994, this second regional report on the implementation of the Montevideo Consensus outlines progress in the implementation of its priority measures in Latin America and the Caribbean over the period 2018–2023, taking into consideration the specific characteristics of each country and the varying degrees 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 progress and achievements of Latin America and the Caribbean in the implementation of the Montevideo Consensus, focusing on the major challenges and issues that remain in the population and development agenda for the region to advance in building more democratic, inclusive and just societies, leaving no one behind.