MEMBERS OF THE “MIRA QUE TE MIRO” STEERING GROUP

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www.miraquetemiro.org
The Montevideo Consensus is one of the most important multilateral agreements for Latin America and the Caribbean. Since its adoption at the First Session of the Regional Conference on Population and Development (RCPD) held in 2013, it has become a regional and international model for the promotion of sexual and reproductive health and rights (SRHR). A proper implementation of the Consensus will contribute to reducing social inequalities, strengthening the autonomy of women and ensuring that young people have information and access to sexual and reproductive health services, among other things. At the same time, the implementation of the Consensus will enable countries to have laws, policies and programs that adequately respond to the needs of their population; and also, contribute to monitoring and accountability for good governance.

After the adoption of the Montevideo Consensus, eight regional networks – The International Lesbian, Gay, Bisexual, Trans and Intersex Association / Latin America and the Caribbean (ILGA-LAC), Latin American and Caribbean Committee for the Defense of the Rights of Women (CLADEM), International Community of Women Living with HIV (ICW Latina), International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR), Plan International, Latin American and Caribbean Women’s Health Network (RMSLAC), Latin American and Caribbean Network of Catholics for the Right to Decide (CDD), Vecinas Feministas por la Justicia Reproductiva en America Latina - decided to promote a social monitoring process to follow-up on the implementation of commitments in the field of sexual and reproductive health and rights proposed in the Montevideo Consensus. This is how Mira Que Te Miro was born.

The objectives of Mira que te Miro are:

1. **Strengthen** accountability, by monitoring compliance with the commitments made by governments in the Montevideo Consensus, that are directly related to sexual and reproductive health rights.

2. **Reinforce** transparency and access to information, with its function as a data repository (laws, policies, programs, protocols) related to SRHR.

3. **Consolidate** the advocacy capacity of civil society organizations for the implementation of the Montevideo Consensus.

4. **Enhance** dialogue between civil society organizations and the government, with a spirit of collaboration to secure compliance of the Consensus.
In the Second Session of the RCPD, in 2015 in Mexico City, Mira Que Te Miro was launched and in the course of 2016 and 2017, two universities and more than 120 organizations in 23 countries of Latin America and the Caribbean joined the initiative, with whom we collected, analyzed and compared government information on the commitments set out in the Montevideo Consensus on eleven issues:

- Sexual and Reproductive Health and Rights,
- Secularism,
- Comprehensive Sexuality Education,
- Sexual and Reproductive Health Services,
- Youth Friendly Services,
- Safe Abortion Services,
- Prevention of Maternal Mortality,
- Compassionate Delivery,
- Prevention and Treatment for HIV/AIDS,
- Specialized Care for Victims of Gender and Sexual Violence
- Accountability.

This report presents the analysis and assessment of compliance with the commitments made on these issues up to December 2017. The monitoring exercise will be undertaken every two years, closely monitoring the advances or setbacks in each of the countries.

The Mira Que Te Miro report is also a tool for national advocacy work in the priority areas of sexual and reproductive health and rights issues. The document includes information on legal and regulatory frameworks, as well as an analysis of the content of these, identifying strengths and weaknesses with respect to international standards and guidelines related to SRHR topics in the Montevideo Consensus. Although, Mira Que Te Miro does not intend, nor has the capacity to monitor the effective implementation of all the instruments of the state in all its territory, it does lay the foundations for further work analysing its implementation and impact. Mira Que Te Miro is an important step for both government and civil society to work towards the actions needed to fulfill the commitments of the Montevideo Consensus.

In light of the 25th Anniversary of the International Conference on Population and Development, Latin America and the Caribbean has the opportunity to consolidate itself as one of the regions at the forefront in the implementation of the Program of Action, in the recognition of sexual rights as human rights and in the implementation of policies and programs that guarantee the sexual and reproductive health of the population, without distinction or discrimination. With this report those of us taking part in Mira Que Te Miro contribute towards this task.
Mira Que Te Miro is a social monitoring initiative organized over three years with the participation of many organizations and experts from throughout Latin America and the Caribbean. During 2014 and early 2015, the Mira Que Te Miro Steering Group, made up of representatives from eight regional networks, in collaboration with a group of experts on sexual and reproductive health and rights, analyzed the Montevideo Consensus’ Priority Measures related to SRHR and developed the analysis framework presented below, as well as the questionnaires and social monitoring tools.

In mid-2015 *Mujer y Salud en Uruguay* (MYSU), the Mexican Foundation for Family Planning (MEXFAM) and Catholics for the Right to Decide-Mexico (CDD), implemented pilots of the methodology. These pilots provided important recommendations on how to improve the approach and were central to the development of this initiative. Following the recommendations of the pilot processes, a virtual platform for capturing the information was created and the national process was divided into two phases: the first one for the collection of information and the second for validation and analysis.

For the information gathering process, agreements were established with law faculties of the Torcuato Di Tella University of Argentina and the University of the West Indies in Trinidad and Tobago. Using the virtual data capture platform, university students, under the direction of a teacher, carried out an initial review of national legislation and policies, using government information sources available on the Internet. The students limited their sources to official documents, reviewing constitutions, national laws, policies, protocols and other documents.

For the validation and analysis phase, national committees composed of diverse organizations were formed. These national partner committees reviewed and validated the information prepared in the at-desk work phase and completed the rest of the questionnaire through information requests using official mechanisms to access public information or through interviews with government authorities.

For each of the topics analyzed, the international standards validated and recognized by the United Nations were identified in such a way that the existence of the programs, plans and standards were considered, and also the content of these. For example, in the analysis of adolescent friendly SRH services and in the analysis of interventions for the prevention of maternal mortality, the recommendations of the World Health Organization were used: “*Global Standards to Improve the Quality of Health Services for Adolescents*” of 2015 and “*WHO Recommendations on Health Promotion Interventions for Maternal and Newborn Health 2015*”. The complete list of documents used as reference is found in the Bibliography section.

For the analysis of the information, the official documents obtained were critically reviewed, comparing their adequacy with respect to the guidelines of the Montevideo Consensus and the international standards identified. The analysis included:

- Legal framework to assess the level of recognition of sexual and reproductive rights and the limitations or legal barriers that impede the enjoyment of rights and access to services.
- Existence and content of public policies and strategies related to each issue.
• Existence of national official programs relevant for each issue.
• Existence of training efforts for health and education providers.
• Existence and content of guidelines and protocols relevant for each issue.
• Existence of evaluation systems and/or systems for filing complaints.
• Existence of focused and specific budgets.
• Campaigns and mechanisms for dissemination of information.
• Analysis of the legal framework on transparency and access to information.
• Existence of monitoring figures, statistics, and decision making based on empirical information.
• Existence of a mechanism for accountability and monitoring of the implementation of the Montevideo Consensus.
• For the subcomponent of secularism, the index and methodology proposed by Roberto J. Blancarte (Center for Sociological Studies, Colegio de Mexico, COLMEX) and other methodologies were used, with the intention of observing the inclusion of secularism in the policy frameworks of the countries and its relationship to guaranteeing sexual and reproductive rights in the region.
• For the section on comprehensive sexuality education curricula, data generated by UNESCO was used. This data was obtained by applying the Tool for the Review and Evaluation of the Sexual Education Curriculum for Latin America and the Caribbean (SECRAT-LAC) to the curricular grid of each country.

Based on this analysis, scores were given to each component evaluated based on a scale developed by a group of experts and validated by the Steering Group. The detail of this weighting and the methodology implemented can be found on the site page: www.miraquetemiro.org

**TOPIC AREAS**

- Sexual and Reproductive Health Rights (SRHR)
- Secularism
- Comprehensive Sex Education (CSE)
- Sexual and Reproductive Health (SRH)
- Youth and Adolescent Friendly Services
- Safe Abortion Services
- Maternal Mortality Prevention
- Compassionate Delivery
- HIV / AIDS Prevention and Treatment
- Care for Victims of Gender Violence
- Accountability
Mira Que Te Miro analyzed, up to the end of 2017, the commitments to sexual and reproductive health and rights (SRHR) of the Montevideo Consensus in 23 countries of the region. The commitments on SRHR are grouped into eleven topics: 1) Sexual and Reproductive Rights, 2) Secularism, 3) Comprehensive Sexuality Education, 4) Sexual and Reproductive Health Services, 5) Youth Friendly Services, 6) Safe Abortion Services, 7) Prevention of Maternal Mortality, 8) Compassionate Delivery, 9) HIV/AIDS Prevention and Treatment, 10) Specialized Care for Victims of Gender Violence and 11) Accountability.

Progress made on these topics were assessed through nine categories of analysis: 1) Legal Framework, 2) Legal Barriers, 3) Political Framework, 4) Program Framework, 5) Operational Framework, 6) Training, 7) Resource Allocation, 8) System for Filing Complaints and 9) Campaigns. On some issues, there were special categories that were not applicable to all, such as for secularism and comprehensive sexuality education.

Next, we present an overview of the results by topic and by category of analysis.
The general view by topic shows that all countries have areas where they could improve their laws, programs and strategies in terms of sexual and reproductive health and rights. Abortion and accountability are the areas in which there are more deficiencies while prevention of maternal mortality and HIV/AIDS are those that show greater progress in meeting commitments. In turn, in terms of sub-regions, countries of the Caribbean and Central America are generally the ones facing the greatest challenges.
### SEE THE RESULTS BY CATEGORY OF ANALYSIS

<table>
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<tr>
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<th>Legal Barriers</th>
<th>Political Framework</th>
<th>Program Framework</th>
<th>Operational</th>
<th>Training</th>
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### Key

- **Excellent**: 91% - 100%
- **Good**: 71% - 90%
- **Can improve**: 56% - 70%
- **Limited**: 41% - 55%
- **Poor**: 0% - 40%

The results by category of analysis show that there have been important advances in the region in the recognition of SRHR issues in legislation and government plans. At the same time, it is worrisome to note that the items falling behind are those that would account for advances in the actual implementation of legislation and plans, in particular campaigns and allocation of resources. This evidences the need to strengthen local accountability mechanisms, among other things. It also shows the disparity and liabilities involved in fulfilling the commitments undertaken, when it comes to implementing actions and training plans and setting up complaint systems.
In terms of sexual and reproductive rights (SRR), we analyzed the framework and legal barriers, complaint systems and campaigns regarding the commitments made. Because SRR are based on general human rights, the vast majority of countries recognize them in their legal frameworks (they include the right to participation, equality, non-discrimination, to decide whether to marry or not, and to form and plan a family). Although all countries recognize the right to marry, only 5 countries recognize same-sex marriage and, two others, civil union among same-sex partners. Likewise, although all countries recognize the right to life, in 9 out of 23, life is recognized from conception, limiting the right to bodily autonomy and women’s right to life and health. Another important challenge is presented in Caribbean nations where sexual activity between people of the same sex is still criminalized. Despite the advances, there are evident barriers in the active role of the States in the implementation and dissemination of rights. For example, only half of the countries analyzed have carried out dissemination and information campaigns, and of the 23 countries analyzed, only 5 national human rights commissions have issued and followed up on recommendations in defense of the SRR.

Regional look at sexual and reproductive rights

- **Uruguay**: Uruguay
- **Cuba**: Cuba
- **Mexico**: Mexico
- **Peru**: Peru
- **Brazil**: Brazil
- **Colombia**: Colombia
- **Argentina**: Argentina
- **Costa Rica**: Costa Rica
- **Bolivia**: Bolivia
- **Dominican R.**: Dominican R.
- **El Salvador**: El Salvador
- **Venezuela**: Venezuela
- **Chile**: Chile
- **Paraguay**: Paraguay
- **Nicaragua**: Nicaragua
- **Panama**: Panama
- **Guatemala**: Guatemala
- **Ecuador**: Ecuador
- **Jamaica**: Jamaica
- **Belize**: Belize
- **Honduras**: Honduras
- **Guyana**: Guyana
- **Trinidad and Tobago**: Trinidad and Tobago

**Key**
- **Excellent**
- **Good**
- **Can improve**
- **Limited**
- **Poor**

**Recommendations**

- Develop a legal framework that fully recognizes sexual and reproductive rights, including specific mention in key documents such as the Constitution.
- Put in place national mechanisms that allow for the reporting of human rights violations, in particular SRR, which also allow access to justice and compensation for damages, and mechanisms to follow up on these complaints.
- Implementation of rights awareness campaigns is essential, in particular for young people and women to fully understand their SRHR.

**Priority Measures of the Montevideo Consensus**

**Priority Measure 34**: Promote policies that ensure that people exercise their SRR, including the right to make decisions that are free, informed, and responsible concerning their sexuality.

**Priority Measure 36**: Eradicate discrimination based on sexual orientation and gender identity.
In regards to secularism, the character of the State was analyzed in terms of its definition and the invocation and use of religious symbols in its regulations and institutions, and the securing of rights analyzing aspects such as secular education, freedom of conscience, non-discrimination and the relations between the State and religious institutions (in databases, financing, etc.). The analysis shows that in several countries the character of the State is still strongly influenced by religion, particularly in Central America. Regarding the guarantee of rights, the result is more positive, nonetheless, there are still countries where separation of Church and State is incomplete, which can cause significant interference in matters that should be considered only by governments, as is the case with sexual health services for adolescents or access to safe abortion. Even today, few are the countries where State-Church relations are clearly differentiated, so there is a wide window of opportunity to strengthen the legal framework in this regard.

### Regional look at secularism

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<tr>
<th>Character of the State</th>
<th>Securing Rights</th>
<th>State-Church Relations</th>
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### Recomendaciones

- It is important for governments to explicitly define themselves as secular and to avoid divine invocations in legislation and programs.
- Guarantee religious freedom, without having the government provide public resources or advantages for churches. It is crucial to ensure that no religion impacts the recognition and exercise of human rights, including access to a Comprehensive Sex Education, which is one of the areas most affected by the introduction of dogmatic faith.
- The legal framework must guarantee the separation of church and state in order to fully comply with the commitments of sexual and reproductive health rights.

### General Principle of the Montevideo Consensus

Reaffirm that secularism of the State is fundamental to guaranteeing the full exercise of human rights, the deepening of democracy and elimination of discrimination against people.
In terms of comprehensive sexuality education (CSE), the existence of political and program frameworks was analyzed, as well as the curricular content, campaigns, funds allocation and the existence of complaint systems to account for the effective compliance of the commitments taken on in the Montevideo Consensus. Regarding the regional analysis of the political and program framework, the first thing that emerges is the disparity in the region, where only 13 of the 23 countries have an CSE program; and where half of the countries have curricular content that does not adequately include gender, sexual rights and sexual diversity. This slow implementation remains despite the fact that the entire region undertook to improve in these areas when the Ministerial Declaration “Prevention with Education” was adopted in 2008. Likewise, only 6 of the 23 countries allocate specific resources for CSE, only 5 countries have carried out awareness campaigns and only half of the countries have training programs for teachers, which, in their majority, focus on active teachers and not on teachers in training.

### Recommendations

- Strengthen training for teachers on a permanent basis for the correct implementation of CSE in the classroom, including active teachers and those in training.
- Create campaigns aimed at students and their families, that instruct on the right to CSE and its benefits.
- Review and modify the school curriculum so that CSE guarantees adequate content based on International Technical Guidelines on Education in Sexuality of the United Nations System, based on scientific evidence and preferably, addressed in different subjects to avoid having a merely biological perspective.

### Regional look at comprehensive sex education

#### Priority Measures of the Montevideo Consensus

- **Priority Measure 11:** Ensure the implementation of comprehensive education programs for sexuality from early childhood.
- **Priority Measure 14:** Give priority to pregnancy prevention in adolescence and eliminate unsafe abortion, through comprehensive sexuality education.
In terms of sexual and reproductive health (SRH) services, the existence and contents of regulatory and operational frameworks were analyzed, including aspects such as which contraceptive methods establish protocols or strategies to improve coverage for the most vulnerable populations. Aspects more closely related to the implementation of these frameworks were evaluated, such as the allocation of resources, reporting mechanisms and training activities. Although 9 of the 23 countries have specific SRH programs, and the rest address SRH programming in other related programs, less than half of the countries include training requirements for their personnel in their operational plans. Less than half of the countries allocate specific resources to SRH, and the reporting and complaint systems regarding the denial of services or poor quality services are limited or nonexistent in 11 countries.

**Regional look at sexual and reproductive health services**

<table>
<thead>
<tr>
<th>Country</th>
<th>Legal Framework</th>
<th>Political Framework</th>
<th>Program Framework</th>
<th>Operational Framework</th>
<th>Resources</th>
<th>Training</th>
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**Recommendations**

- Strengthen the legal and political framework in the field of sexual and reproductive health, ensuring budget allocation to guarantee the effective provision of services.
- Offer a wide range of contraceptive methods free of charge, including emergency contraception, which exists in all countries of the region with the exception of Honduras, where it is prohibited and Costa Rica, where it is not recorded in the Ministry of Health Registration.
- Establish training programs on a permanent basis for health care personnel to provide quality SRH care.
- Create mechanisms to eliminate and denounce stigma and discrimination against traditionally vulnerable populations.

**Priority Measures of the Montevideo Consensus**

**Priority Measure 35:** Eliminate barriers to access SRH services.

**Priority Measure 37:** Guarantee access to quality SRH services, in line with the specific needs of each population.
In terms of friendly SRH services for young people and adolescents, the frameworks and their content were analyzed, verifying that they met the minimum standards of acceptability and accessibility, thus guaranteeing adolescents and young people access to SRH services. Most countries recognize the right of young people to SRH in their legal frameworks. However, in 10 of the 23 countries, legal barriers for minors prevail in terms of access to contraceptives, HIV and STD testing, or safe abortions without the accompaniment or consent of a parent or guardian. From a programmatic point of view, although a government program oriented towards youth related health is generally recognized, it doesn’t always include specific strategies to ensure access to adequate SRH services meeting the needs of vulnerable groups. Likewise, only 10 countries include training in their operational guidelines for service providers of adolescent and youth specific services, stigma and quality care, and only 9 countries assign specific resources for the implementation of friendly SRH services.

**Regional look at youth and adolescent friendly services**

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**Recommendations**

- Develop specific program and operational frameworks for adolescents and young people, differentiated from general sexual and reproductive health ones.
- Ensure that there are training plans for health providers updating their knowledge on prejudice and regarding the decision-making skills of young people.
- Guarantee access to contraceptives, including female condoms and long-lasting methods without age restrictions.
- Persons under 18 must have the opportunity to access SRH services, including HIV testing and safe abortion, without the consent of parents or guardians.

**Priority Measures of the Montevideo Consensus**

**Priority Measure 12:** Implement comprehensive, timely, and quality SRH programs for adolescents and young people.

**Priority Measure 14:** Prioritize the prevention of adolescents pregnancy and eliminate unsafe abortion, through comprehensive sexuality education.
On the issue of safe abortion, the legislation was analyzed, as well as the normative and operational frameworks of abortion, which account for the legal framework and the existence and content of protocols, as well as the existence of medication, criteria to provide abortion and post-abortion services and awareness campaigns about existing causes, if any. Unlike what happens in other SRH areas, in the case of abortion legislation, the legal framework is still the greatest challenge in the region, since only 3 countries allow the voluntary interruption of pregnancy. In all countries there is a framework for risk reduction even in those countries where abortion is totally criminalized. On the other hand, the lack of records of medical supplies necessary for the termination of pregnancy is a barrier to safe abortion in many countries. Awareness campaigns on abortion and their causes are non-existent, even where it is legal. Half of the countries do not establish a maximum term for the intervention of third parties, delaying the processes and adding barriers that hinder access. The situation in the Caribbean and in Central America is particularly worrying so, it is crucial to open up the discussion based on the provisions of the Consensus and other international documents such as the Technical and Policy Guide for Health Systems on Abortion of the WHO.

**Recommendations**

- Eliminate legal and service barriers that restrict access to legal, safe and free abortion for all women who request it.
- Guarantee the registration and supply of medicine for the interruption of pregnancy. In those countries where legal abortion already exists, even with certain causes, it is crucial that public services exist where the procedure can be carried out without there being any limitations of conscientious objection on the part of service providers.
- Carry out awareness campaigns to acknowledge abortion as a right, as established by the different legislations of the countries.

**Medidas prioritarias del Consenso de Montevideo**

**Priority Measure 42:** Ensure, in cases where abortion is legal or decriminalized, the existence of safe and quality abortion services for women who go through unwanted pregnancies and urge other States to consider the possibility of modifying laws and regulations on voluntary interruption of pregnancy to safeguard the life and health of women.

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1 Both in Jamaica, Trinidad and Tobago and other Commonwealth countries where the penal code is based on the Common Law of England, the legal status of abortion could be based on the 1938 Rex v. Bourne decision. Medical staff does not feel real legal protection and, therefore, does not perform abortions.

2 Due to the federal nature of the country, the legality of abortion varies from state to state, with Mexico City having the most extensive legislation.
Regarding the prevention of maternal mortality, both the existence of the political, programmatic and operational frameworks and their content were analyzed. Likewise, information was collected on the allocation of resources, training plans and the existence of statistics on maternal mortality. While most countries have program frameworks to address maternal mortality, these will not be sufficient if their policies do not include reforms to eliminate preventable causes of morbidity and mortality related to unsafe abortion. In half of the countries, prevention of maternal mortality practices with an intercultural approach are not ensured and in one third of the countries the provision of safe blood is not assured, all of which are essential for the prevention of maternal mortality. Finally, less than half of the countries allocate specific resources despite the fact that the issue was a priority within the framework of the Millennium Development Goals. Most countries have statistics given the importance of indicators in this area for development issues, however, it is essential that all have them.

### Recommendations

- Introduce an intercultural approach in reproductive health services.
- Improve the availability of safe blood and interhospital transfers, particularly in rural areas.
- Ensure legal access to safe abortion to prevent maternal deaths, which is still impossible in almost half of the countries.
- Stipulate the registry of deaths due to unsafe abortion in national statistics, to understand the reality that countries face on this issue.

### Priority Measures of the Montevideo Consensus

**Priority Measure 40:** Eliminate preventable causes of maternal morbidity and mortality by incorporating comprehensive SH.

**Priority Measure 45:** Raise the quality of prenatal care with an intercultural approach.
The analysis of compassionate delivery (comprehensive care to motherhood during all stages, from pregnancy to postpartum) compiled information on the frameworks and on the content of the protocols regarding delivery care, as well as on the training programs, sanction mechanisms and complaints systems for health providers against violations of the rules. The analysis reflects that the content of the protocols of 8 of the 23 countries, promote negative practices such as the shaving of pubic hair or the routine use of analgesics during childbirth and puerperium, particularly in the clinical and hospital units. In addition, the region lags behind in reporting systems for obstetric violence where more than half of the countries do not have adequate sanction mechanisms. In the area of training, half of the countries are completely lacking it, which is essential to providing compassionate delivery services.

Regional look at compassionate delivery

Recommendations

- Create or strengthen the complaint and sanction systems for health providers to guarantee the effective implementation of quality practices respecting human rights.
- Ensure training plans for all health personnel, involving Compassionate care at birth.
- Typify obstetric violence as a serious expression of gender violence so that it can be prevented and taken care of.

Priority Measures of the Montevideo Consensus

Priority Measure 45: Improve Compassionate care at delivery and birth, and comprehensive perinatal care, that is in line with the needs of women, children, and families.
The analysis of HIV prevention and treatment took into account the existence of frameworks and the content of these, as well as legal barriers and reporting systems that would affect the implementation of the frameworks. The region presents important advances in terms of HIV, such as access to screening tests and free treatment in most countries. However, there are still many needs pending such as the elimination of the criminalization of the transmission of the virus and consensual sexual practices among adults of the same sex. In 13 of the 23 countries, antiretroviral treatment is not given to all people with HIV, despite the fact that the WHO recommendation is that all people who are detected with the virus should be given treatment. In less than half of the countries, HIV testing is integrated into reproductive health services. Although all countries have HIV/AIDS prevention and care protocols, these are not necessarily inclusive of key populations for adequate response to the epidemic.

**Regional look at HIV / AIDS prevention and treatment**

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**Recommendations**

- Eliminate the criminalization of transmission and of consensual sexual practices between adults of the same sex, as well as other practices that hinder access to prevention and treatment services, for key populations such as sex workers, men who have sex with men and trans women.
- Improve protocols so to establish non-discrimination in health services, particularly for key populations and vulnerable populations such as women and young people.
- Adopt new combined prevention strategies based on available scientific evidence, such as the provision of pre and post-exposure prophylaxis, and treatment as prevention.

**Priority Measures of the Montevideo Consensus**

Priority Measure 38: Promote prevention and timely detection and guarantee universal access to comprehensive treatment of HIV / AIDS and other STDs.

Priority Measure 39: Strengthen measures to detect HIV / AIDS and other STIs in pregnant women, and prevention of vertical transmission of the virus.
On this topic, the legal and operational framework was analyzed to guarantee specialized care of victims of violence as well as institutional coordination with the justice sector. The analysis shows that, although legal frameworks provide for victim assistance, operational frameworks have deficiencies, where, for example, 5 countries in Central America and the Caribbean do not have a specific protocol for the care of victims of gender-based violence. Half of the countries do not have no-cost reception facilities for at-risk victims, nor do they train health care providers in the application of the protocol. Only 9 of the 23 countries have a system or formal network of reference of specialized services for detected cases. On the other hand, more than half have poor coordination mechanisms between the health system and the justice system that do not guarantee adequate care for victims and that are not re-victimizing. In addition, half of the countries do not allocate specific funds for victim assistance. These gaps are alarming, especially in this region where gender violence continues to be a serious problem.

### Recommendations

- Ensure safe places for victims and survivors of gender-based violence at no cost.
- Create or strengthen training programs for health professionals to identify and give adequate attention to victims and survivors of gender violence.
- Generate protocols, where the meeting of the health system and the judicial system is guaranteed to ensure comprehensive care and not revictimization.
- Recognize LGBT people as a population highly vulnerable to gender violence.

### Priority Measures of the Montevideo Consensus

**Priority Measure 65:** Implement services, programs and multisectoral responses for women that include specialized and confidential attention in cases of violence, that have adequate resources and that meet diverse needs.
To evaluate the progress made in the commitments undertaken in the Montevideo Consensus regarding accountability, four areas were analyzed: first, public access to all the information collected; second, the existence of a formal follow-up mechanism to the Consensus, a commitment determined within the Consensus itself; Third, budget allocation in each of the commitment areas; and fourth, the generation of statistics to measure progress and impact. The region has laws on access to information and to the necessary documents for social monitoring which have allowed us to carry out this monitoring. The rest of the components on accountability represent a large outstanding debt in the region where more than half of the countries do not allocate budgets for commitments made in terms of SRR, and only 8 countries established a formal mechanism to follow the Montevideo Consensus. In addition, no country publishes adequate and disaggregated statistics that account for progress in the implementation of the Consensus as suggested in the regional indicators required for the preparation of official reports.

Recommendations

• Creation of formal, specific and multisector mechanisms to follow-up on the Montevideo Consensus.

• Ensure budget allocation to comply with the various commitments undertaken in terms of SRH.

• Improve the collection and dissemination of information in a systematic manner, particularly on the Montevideo Consensus indicators.

Regional look at accountability

<table>
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<tr>
<th>Access to Information</th>
<th>Follow-Up Mechanism</th>
<th>Budget</th>
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**Key**
- Excellent
- Good
- Can improve
- Limited
- Poor

**Priority Measures of the Montevideo Consensus**

**Priority Measure 101:** Generate regional and national monitoring and accountability mechanisms.

**Priority Measure 105:** Ensure sufficient financial resources and the mobilization of those resources for Latin American and the Caribbean from international cooperation.

**Priority Measure 107:** Guarantee the effective participation of civil society and social movements in the implementation, monitoring and evaluation of the Cairo Program of Action after 2014.
SEE THE RESULTS BY COUNTRY
Argentina has made good progress on the legal framework for the recognition of sexual and reproductive rights, as it is one of the countries in the region with the fewest legal barriers for the exercise of SRR. However, Argentina’s weak operational frameworks and training programs, and lack of budget allocation for programs, public information campaigns, or formal complaint systems limit the implementation of legal frameworks for SRR. Argentina’s areas of greatest concern are, secularism, abortion, and accountability. One of the big outstanding issues is the criminalization of abortion at the national level. Nevertheless, there are grounds for decriminalization in some provinces. In 2018, Argentina discussed a process of change in the matter of abortion regulation, with the opportunity to pass a law decriminalizing abortion until the 14th week of pregnancy, and expanding the exceptional cases to include, in the cases of rape, incest, risk to the health of the mother, and for fetal malformations. Unfortunately, the law was voted down in the senate, so changes remain to be made.

**Recommendations**

- Modify abortion legislation in the country and promote the implementation of the current national protocol in this area. Also, avoid the indiscriminate use of “conscientious objection” that hinders legal sanitary practices.
- Strengthen Secularism of the State in order to guarantee the equality of the population. The State must guarantee the implementation of the Law of Comprehensive Sex Education throughout the territory, ensuring training and financial and human resources for its effective implementation.
- Strengthen programs for the care of victims of gender-based violence and link them to all types of services and effective referral mechanisms to ensure comprehensive care for victims.
In Belize, most of the topics in SRHR have large gaps in legal, programmatic, and operational frameworks. Although Belize has a national plan for SRHR, there are no clear training requirements for health personnel, nor are there any budgets specifically allocated to address priority issues. Abortion is not penalized in the criminal code in cases of risk to the life or health of the woman, or in cases of fetal malformation incompatible with extrauterine life. However, there are no protocols that specify whether public hospitals can provide legal abortion services, which imposes a barrier to the effective implementation of safe and legal abortion services. There is great difficulty in accessing government documents that account for existing regulations and programs, demonstrating Belize to be one of the countries in the region with the lowest access to public information.

**Recommendations**

- Include a comprehensive sexuality education curriculum in schools at primary and secondary levels that goes beyond health and family life education.
- Modify legislation with the aim of allowing women access to safe abortions in public health facilities and strengthening sexual and reproductive health services for adolescents and youth.
- Improve accountability mechanisms and make government documents necessary to ensure transparency available to the public.
Bolivia’s results are around the regional average on almost all topics within sexual and reproductive health, except for comprehensive sexuality education (CSE), and accountability, where shortcomings are found. For CSE, those limitations include the absence of: an official government strategy, an adequate program framework, a teacher training system, and specific resource allocation. On the issue of HIV/AIDS prevention and treatment, Bolivia imposes legal barriers, such as criminalizing the transmission of the HIV virus. In general terms, Bolivia is lagging behind the region on training of personnel, allocating resources, establishing reporting systems and disseminating campaigns. These are actions that would improve the effective implementation of the regulatory frameworks.

Recommendations

• Strengthen comprehensive sexuality education through appropriate legal and program frameworks, accompanied by curricular contents that respond to the SRR needs of Bolivian children and youth.
• Abortion should be decriminalized in all its forms while working on the implementation of current public policies, which should clearly include protocols for legal interruption of pregnancy services under the current causes, including the physical and mental health of women.
• Improve the availability of public information and accountability and the mechanisms for the collection of key information on SRR issues.
BRAZIL

Brazil is positioned above the regional average on most topics. However, Brazil is still behind on meetings its commitments made to the Montevideo Consensus, particularly for commitments on secularism, access to safe abortion, and compassionate delivery. Abortion is only decriminalized in limited cases, and there are various barriers to accessing safe abortion services, even in cases where it would be legal. In terms of secularism, there are several aspects that can be reinforced in the current context, in which various religious creeds have actively participated in blocking legal initiatives related to SRR. Brazil stands out in terms of its progress on HIV prevention and treatment, where their legal and programmatic frameworks have been at the forefront in Latin America, especially on reducing stigma and discrimination. The legal frameworks related to gender based violence are very strong, and also a regional reference, although this strength is not always reflected in the implementation of the laws.

Recommendations

- Strengthen the secular character of the State, especially in decision-making related to SRR, as well as in its implementation.
- Ensure that conscientious objection is not a barrier to accessing safe abortion and, in addition, expand legislation to allow abortion freely.
- Eliminate obstetric violence and ensure that the quality of reproductive health services is evaluated and used to constantly improve.
Chile still faces challenges in meeting the commitments to the Montevideo Consensus, particularly in the establishment of regulatory frameworks, and even more so in the implementation of these frameworks, such as training personnel, allocating of resources, and disseminating SRH awareness campaigns. In 2017, Chile’s senate voted to decriminalize of abortion in 3 specific cases: in the case of rape and/or incest, when the life of the woman is in danger, and in cases of fatal fetal impairment. However, there are many challenges in terms of the operational framework for safe and legal abortion, and for training service providers. In CSE, despite a broad legal framework guaranteeing the right of young people to SRH information, there is no formal program, nor is there a teachers training program. There are no legal mechanisms linking the health system and justice system as part of specialized attention to victims of gender based violence, meaning that victims seeking SRH services cannot use the same service to report cases of violence against them. There is no violence prevention program, nor is there a legal mechanism to manage the care of people who have suffered gender based violence.

Recommendations

- Develop a comprehensive sexuality education program, that takes into account the specific reality of students and includes a mandatory minimum curriculum and training for all teachers.
- The State must generate a program to prevent violence against women and generate legal mechanisms for SRH services to refer cases speedily and to provide comprehensive care.
- The Ministry of Health must guarantee the correct implementation of the regulations regarding abortion based on current legislation through protocols, training and information campaigns.
COLOMBIA

Colombia has made progress on its commitments made to the Montevideo Consensus regarding programmatic and public policy frameworks on different topics within SRR. The main delays to progress are in regard to training personnel, allocating specific resources to SRR programs, and disseminating information campaigns to ensure the implementation of SRR frameworks throughout the country. The country widely recognizes sexual rights, however progress has been made primarily through the Constitutional Court, and is not necessarily enforced by the legislative branch, so it is important to reinforce the legislation in this regard. Likewise, there are significant gaps in the implementation of the legal framework for SRR in different regions of the country, and among historically discriminated populations, such as the LGBTI population, Afro-Colombian peoples and indigenous peoples, among others. The area with the greatest delay in progress is CSE, as the curricular content is not strong, and there is no regular training for teachers in CSE.

Recommendations

- Ensure that the policies recognizing SRR are made known through campaigns and that the competent entities implement them at the local and national level with the corresponding budget allocation.
- Ensure that comprehensive sex education is provided in all educational establishments, across all levels, with a broader curriculum and trained teachers.
- Strengthen the implementation of the legal framework that guarantees the right to abortion, as well as overcome the barriers caused by the lack of information and conscientious objection.
Costa Rica has made important advances in the recognition of sexual and reproductive rights, in the provision of SRH services, in HIV/AIDS prevention and treatment, and in providing specialized care for victims of gender violence; although there are limitations in the implementation of operational frameworks in these areas. Costa Rica is most lagging in commitments on abortion, as the country has a restrictive legal framework and a deficient operational framework. The legal framework determines that the procedure is only legal when the life and health of the woman are at risk, and, due to lack of regulation, women are often denied the procedure, even in those cases. CSE has limitations in the framework and in implementation, especially with the weak curricular content. Another area of improvement for Costa Rica would be accountability, where it should collect statistics related to its commitments to the Montevideo Consensus. Costa Rica should also allocate specific resources for SRR issues and programs.

**Recommendations**

- Expand the legal framework and develop the operational framework for the legal interruption of pregnancy, emergency contraception and the management of obstetric emergencies.
- Bolster curricular content in comprehensive sexuality education, particularly in areas such as SRR, gender, and sexual diversity.
- Strengthen the secularism of the State so that legislation and SRR programs are executed without interference from religions, in accordance with the Constitution.
Cuba has made the greatest progress in the region on legislation and political frameworks in compliance with the Montevideo Consensus on SRH. The main concerns are on the issue of accountability, since there is no clear mechanism or law on access to public information. Although Cuba has solid legal and program frameworks for compassionate delivery, implementation could be improved by ensuring compassionate delivery services are racially and ethnically equitable, and that services are reaching vulnerable populations. Cuba should also take on the development of screening protocols and guidelines to identify cases of sexual violence in public health facilities. Cuba has shown important leadership in the region in fulfilling its commitments to the Montevideo Consensus.

Recommendations

- Improve transparency and accountability mechanisms that allow citizens to have access to public documents and statistics.
- Ensure there is specific budget allocation for the different SRR areas.
- Strengthen the operational framework of compassionate delivery areas and care for victims of gender violence.
Ecuador has made progress in legal and political frameworks to prevent maternal mortality and ensure compassionate delivery, although the implementation of the frameworks has not been optimal. The country has significant gaps in terms of comprehensive sexuality education, where there is no official national strategy or program for CSE. Currently, there are people imprisoned for sentences related to abortion, which is decriminalized only in cases of risk to the life of the woman, to preserve her health and for economic reasons. In the area of attention to victims of gender-based violence, there is no existing program to train health providers on providing specialized attention to victims. Awareness campaigns on SRH are practically non-existent.

**Recommendations**

- Develop, through the Ministry of Education, a policy of comprehensive sexuality education that is secular, with a rights-based approach that takes into account the good practices already developed in the region.
- Integrate health care records into a single database, with all the disaggregations that appear in the medical records and that do not appear online and allocate resources to the different SRH items.
- Eliminate barriers of all kinds to ensure timely access of adolescents to sexual and reproductive health services, including access to contraceptives.
El Salvador has deficient frameworks regarding secularism, which affects the respect and fulfillment of sexual and reproductive rights. For example, education is influenced by religious concepts, which hinders the formulation and implementation of any adequate comprehensive sexuality education. El Salvador has made the least progress on abortion, as it is not legal under any circumstances. In addition, there are women currently imprisoned for the interruption of pregnancy, including miscarriages. This legal limitation on abortion has a negative impact on other issues, such as the prevention of maternal mortality and ensuring compassionate delivery. The strengthening of accountability mechanisms, and the statistical collection of data are other areas that the country could improve on. El Salvador is making good progress in the provision of youth friendly services, and in the provision of sexual and reproductive health services in general.

Recommendations

- Decriminalize abortion, at least in cases of risk to the health or life of pregnant women, of congenital malformations incompatible with extraterine life, rape and pregnancy imposed on girls and adolescents.
- Improve the content of comprehensive sexuality education and ensure the on-going training of teachers.
- Although the legal and program frameworks in different areas are around the regional average, the implementation of strategies ensuring information campaigns, budgets and removal of legal barriers need to be reinforced in an important way.
Guatemala has not recognized sexual and reproductive rights in any national documents, and still favors religion in many aspects of public life. In comprehensive sexuality education, there is an extremely weak programmatic framework, a lack of training for teachers, and awareness campaigns are nonexistent, which present many opportunities for improvement. Guatemala has one of the most restrictive legal frameworks for abortion, as abortion is legal only when a woman’s life is in danger. However, framework is an improvement from Guatemala’s neighbors, El Salvador, Honduras and Nicaragua, which criminalize abortion with no exceptions. In matters of sexual and reproductive health, Guatemala has good legal frameworks, including for compassionate delivery, and the prevention of maternal deaths, however, implementaiton of these frameworks is inadequate.

Recommendations

- Expand the legal framework for abortion, making laws less restrictive, and review the regulations and protocol for improving access to medical abortion with a broad interpretation of the causal risk of life.
- Reinforce comprehensive sex education and make it compulsory at all levels, based on secular and scientific principles, along with training for teachers on a regular basis.
- Guarantee access to diagnostic tests and HIV treatment for all those who need them, including people under 18.
Guyana has not broadly recognized sexual and reproductive rights (SRR), thus imposing limitations on the provision of sexual and reproductive health (SRH) services. On recognizing SRR, Guyana still criminalizes “sodomy” and has no legal protections for lesbian, gay, bisexual and trans (LGBT) people. In addition, Guyana is lagging on commitments made to improving: compassionate delivery, the prevention of maternal mortality, and specialized care for victims of gender based violence (GBV). For specialized care for victims of GBV, operational frameworks are limited, and the health system’s connections to other areas of government, such as legal recourse for survivors of violence, are scarce. In terms of SRH, there is a weak operational framework, and there is no system for filing complaints in cases of medical malpractice. There is also a lack of resource allocation in almost all areas of SRR.

**Recommendations**

- Decriminalize consensual sexual relations between adults of the same sex and create a framework for the protection of rights for people of diverse sexual orientations and gender identities.
- Improve the legal framework on the different issues related to reproductive health, and ensure that the operational framework is adequate and inclusive for young people.
- Develop an adequate operational framework for the care of victims of gender violence and improve inter-institutional coordination for this purpose.
Honduras is greatly delayed in fulfilling its commitments to the Montevideo Consensus regarding sexual and reproductive health and rights (SRHR). Honduras is the only country in the region where emergency contraception is still prohibited, which makes Honduras one of the most restrictive environments on access to SRH services. With regards to abortion, Honduras has some of the region’s most restrictive laws, as abortion is not legal under any circumstances. The country does not have a comprehensive sexuality education (CSE) strategy or a political framework to ensure CSE for young people. Although there is some curricular content for CSE, it is limited. In specialized attention to survivors of gender based violence, an adequate operational framework is lacking, as well as proper inter-institutional coordination between the health and justice systems. In general, there are low levels of resources allocated to SRR issues, and no awareness raising campaigns for SRHR issues, even for those where the legal and political frameworks do exist.

Recommendations

- Guarantee legal access to emergency contraception, particularly for young people.
- Decriminalize abortion, at least in cases of risk to the health or life of women, of congenital malformations incompatible with extrauterine life, and in cases of rape.
- Strengthen the training and curriculum of comprehensive sex education for all educational levels.
Jamaica

Like other Caribbean countries, Jamaica’s legal and operational frameworks on SRHR issues have many areas to be improved for its commitments to the Montevideo Consensus to be met. Jamaica is not established as secular, and the interference of religion in the public sphere limits the recognition of human rights, in particular sexual and reproductive rights. Abortion is prohibited under all circumstances. However, the Commonwealth framework, of which Jamaica is part, has made judicial decisions that open the door to decriminalizing abortion in cases of risk of life and health of the woman. It is urgent to support this legal framework with national regulations and protocols to clarify the process for women and health providers. Other areas of reproductive health are very limited, such as compassionate delivery, where it is necessary to implement complaint systems, and quality verification of services. Jamaica stands out for its legal and programmatic strength on the issue of HIV/AIDS, and for its provision of sexual and reproductive health services.

Human Rights and Secularism
- Sexual and Reproductive Rights: 60%
- Secularism: 45%

Comprehensive Sexuality Education: 74%

Accountability: 72%

Recommendations

- Approve national regulations and protocols to support in the country the grounds established by the English judicial decision Rex vs. Bourne of 1938, which decriminalizes abortion in cases of risk to the health or life of women.
- Strengthen secularism so that political and programmatic decisions are not made based on religious ideas.
- Improve the legal and operational framework of attention to victims of gender violence, including people with different sexual orientations and gender identities.
Mexico has made progress in formally recognizing sexual and reproductive rights (SRR), including in recognizing the rights of LGBT people. Mexico has also made progress in the provision of youth friendly services. However, it is lagging in progress on other issues, mainly in comprehensive sexuality education (CSE), compassionate delivery, and in accountability. In CSE, there is no official strategy or training programs for teachers on a permanent basis, nor are there specific programs for the prevention of and attention to school violence. With regard to legal abortion, outside Mexico City there is a limited legal framework that allows legal abortion only in cases of rape, in all states, and in cases of risk to the life or health of women, in some states. Conscientious objection is an additional obstacle to providing legal abortion services. Mexico has a strong regulatory framework regarding secularism, although it secularism is not guaranteed at all levels of government, which affects access to sexual and reproductive health services and programs.

**Recommendations**

- Ensure that throughout the country there is access to legal and free abortion for all women who request it and without restrictions related to conscientious objection.
- Strengthen sexual and reproductive health services, especially the political framework and campaigns, with the aim of reducing high levels of teenage pregnancy.
- Create a political framework and training in comprehensive sex education, in addition to improving curricular content at all school levels.
Along with other Central American countries, Nicaragua has severe limitations on several areas of sexual and reproductive health and rights, particularly abortion, which is prohibited under all circumstances. Nicaragua is not completely secular and, in practice, significant weight is given to religion in the public sphere. The prevention of maternal mortality has a weak political framework, and no specific resources allocated to the issue, nor are there public information campaigns on the subject. In comprehensive sex education, curricular content can improve, and training for teachers must be implemented. There are practically no campaigns on any area of SRHR, particularly nonethat might be intended for young people.

Recommendations

- Decriminalize abortion, at least in cases of risk to the health or life of women, of congenital malformations incompatible with extrauterine life, and in cases of rape.
- Develop a national strategy for the prevention of maternal mortality, with broad social participation and in accordance with the Montevideo Consensus.
- Respect the secular nature of the state established in the Constitution and other official documents.
Panama has significant limitations on sexual and reproductive health and rights (SRHR) issues, such as abortion, CSE and secularism. Religion plays a large role in public decisions in Panama. For example, the education sector is highly influenced by religion, making comprehensive sexuality education (CSE) curriculum deficient, and based on religious principles rather than scientific ones. There are also no specific resources dedicated to CSE. With regards to HIV/AIDS, there are several legal barriers to accessing detection and prevention services, despite the fact that the legal and programmatic frameworks are good. Abortion is legal in cases of risk to the life of the woman, rape, and in cases of malformation of the fetus. However, there are strong barriers to implementation of this legal framework due to conscientious objection of health personnel and the lack of proper medical records. Public health campaigns on SRHR issues are nonexistent.

Panama

Recommendations

- Strengthen the secularism of the state and decision-making without the intervention of religions, particularly in the areas of education and health.
- Expand and regulate the causes of legal abortion incorporating the causal health and a broad interpretation of the life causal; and register medical reports to ensure access to abortion for women who need it and restrict conscientious objection for health personnel.
- Introduce better curricular content in comprehensive sex education, as well as assigning a specific budget for it.
Paraguay has made progress in its provision of sexual and reproductive health (SRH) services, youth friendly services, compassionate delivery services and the prevention and treatment of HIV/AIDS, which are important to maintain, as there are many opposition groups pressuring to limit SRR in Paraguay. However, Paraguay is significantly behind on its commitments in areas such as abortion, comprehensive sexuality education (CSE), and accountability. Although the legal framework recognizes the right to SRH, in implementation, this is not the case. Abortion is only allowed in cases of risk to the life of the woman, and there are currently women imprisoned for abortion related sentences. In terms of CSE, Paraguay’s legal framework has not been translated into a policy, program, nor a curriculum. Paraguay has not created any specific accountability mechanisms on the Montevideo Consensus, nor has it made budget allocations for the different elements of SRHR.

**Recommendations**

- Modify the legal framework to expand the legal framework for abortion, incorporating a broad interpretation of the grounds of risk to the woman’s life, as well as for health reasons, for rape or congenital malformation incompatible with extrauterine life.
- Approve adequate political, programmatic and curricular frameworks to guarantee access to comprehensive sexuality education, incorporating training and specific resources for their effective implementation.
- Create a specific accountability mechanism for the Montevideo Consensus and improve budget allocation to guarantee universal access to SRH.
Peru is strong in the existence provision of youth friendly services and in the public recognition of sexual and reproductive health, but there are limitations to implementation of these recognitions, and limitations to the implementation of Peru’s other commitments of the Montevideo Consensus.

On comprehensive sexuality education (CSE), despite having a broad legal framework, there is no strategic or programmatic framework that guarantees that CSE is provided in schools. Abortion is only allowed in cases of danger to a woman’s life and to preserve her health, and the penal code criminalizes other abortion related cases, such as incomplete abortions. Another limitation is that the current abortion protocol requires that legal abortion services be provided in hospitals with surgical capacity, excluding primary care centers from providing abortions, and eliminating the possibility of providing ambulatory care for abortions. On specialized care for victims of gender based violence, there is an absence of training for health personnel in identifying cases of sexual and intimate partner violence, and there is no coordination between the education, health and justice systems.

Recommendations

- Improve the political and program framework for CSE, including permanent training for teachers. In addition, carry out campaigns to inform young people about their sexual and reproductive rights through other means.
- Expand the legal and regulatory framework of safe abortion, to allow a broad interpretation of the causes of life and health and to enable primary health care centers and ambulatory care to provide service.
- Establish better inter-institutional coordination between the sectors responsible for education, health, justice and women, for the care of victims of gender violence, as well as assign a specific budget to these issues.
The DR shows progress in areas such as the provision of youth friendly services and compassionate delivery, but it is weak in areas such as comprehensive sexuality education (CSE) and abortion. Abortion is criminalized in all cases, which places the Dominican Republic among the few countries in the world with abortion laws this restrictive. In terms of CSE, there is no formal program or strategy, despite that CSE is formally recognized as a right. There are opportunities to improve the legal and political frameworks on sexual and reproductive health. Effective implementation of these frameworks still requires solid operational frameworks, which include awareness raising campaigns, evaluation mechanisms, and systems for filing complaints. Relations between Church and State are strong, limiting the effective fulfillment sexual and reproductive rights and provision of SRH services.

DOMINICAN REPUBLIC

55%

Human Rights and Secularism

Sexual and Reproductive Rights 72%
Secularism 55%

Comprehensive Sexuality Education 25%

Accountability 68%

Sexual and Reproductive Health

Sexual and Reproductive Health 59%
Youth Friendly Services 84%
Safe Abortion 5%
Prevention of Maternal Mortality 62%
Compassionate Delivery 81%
HIV / AIDS 63%
Specialized Care for Victims of Gender Violence 60%

Recommendations

- It is essential to create a legal framework that allows abortion at least on the grounds of risk to life and health of women, malformation incompatible with extrauterine life, and in cases of rape or incest.
- The Ministry of Education must officially approve a CSE strategy and program validated by civil society organizations, ensuring the political framework, and including the reinforcement of curricular content.
- Improve the level of information provided by Free Access to Public Information Offices, streamlining and improving their operation and creating a mechanism for monitoring the Montevideo Consensus.
TRINIDAD AND TOBAGO

T&T is significantly delayed in fulfilling its commitments made to the Montevideo Consensus on sexual and reproductive rights (SRR), comprehensive sexuality education (CSE), safe abortion services, and specialized attention to victims of gender based violence (GBV). Abortion is prohibited under any circumstances, although, like other Caribbean countries that are part of the Commonwealth, it is possible to appeal to the common law in some cases. However, since there is no national legislation that supports this legislation, health professionals often do not provide safe abortion services. There are several legal barriers to accessing adolescent SRH services, such as the requirement of parental or guardian consent to be tested for HIV. In terms of support for victims of GBV, there are no clear protocols to provide specialized services, the inter-institutional coordination system is weak, and there is no specific budget for this area. There are limitations on CSE due to weak legal and programmatic frameworks, a lack of training for teachers, and a lack of budget allocation for CSE.

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Recommendations

- The legal framework should be modified to decriminalize sexual relations between adults of the same sex and strengthened to expand the fulfillment of SRR as human rights.
- Approve national norms and protocols that support, as a Commonwealth country, the causes established by the English judicial decision Rex vs Bourne of 1938, which allows abortion for the causal risk to the health or life of women.
- It is necessary to create protocols and improve coordination between health and justice institutions to provide comprehensive care for victims of gender violence.
Uruguay has made significant progress towards compliance with the Montevideo Consensus, particularly with regard to recognizing and fulfilling sexual and reproductive rights (SRR), and in the prevention of maternal mortality, with legal frameworks that are a reference for the region. However, specific resources are not allocated to guarantee SRH in all its areas, and in order to ensure the adequate implementation of political and programmatic frameworks. There are loopholes in the program framework for youth friendly services, addressed within the 2011 Adolescent Health Program. In terms of specialized care for victims of gender based violence, Uruguay must strengthen inter-institutional coordination between education, health and justice systems to address the different dimensions of gender based violence, and allocate the budget required to combat them.

Recommendations

- Allocate budget for the different SRH areas to ensure the sustainability of benefits and their quality.
- Strengthen inter-institutional coordination to address the different dimensions of gender violence and improve comprehensive and interdisciplinary care of those who are in a situation of violence.
- Establish, through a specific program, clear and affordable mechanisms for the provision of services for adolescent and youth SRH, with emphasis on people of African descent.
VENEZUELA

Venezuela has an acceptable legal framework on most of the SRHR issues in the Montevideo Consensus commitments. However, Venezuela is in the midst of a complex economic and political situation that will undoubtedly directly affect the implementation of frameworks and respect for the sexual and reproductive rights of the population, as an integral part of human rights. The supply of contraceptives, HIV/AIDS treatment supplies, and other sexual and reproductive health supplies is particularly at risk. Access to safe abortion is limited to cases of risk to the life of the woman. In terms of CSE, there are favorable conditions for implementation in solid legal, political and programmatic frameworks, but this is not reflected in the weak curricular content, nor in the implementation of training for teachers. In terms of specialized attention to victims of gender-based violence, the existing protocols are not comprehensive and do not give way to inter-institutional coordination between education, health, and justice systems for victim assistance.

Recommendations
- Ensure access to sexual and reproductive health supplies, including contraceptives and antiretroviral drugs for people living with HIV.
- Modify the legal framework to expand the causes of abortion and the protocols to allow a broad interpretation of the current cause of risk to life.
- Expand and strengthen the curricular content of CSE at all educational levels, as well as teacher training on a regular basis.
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• **BELIZE:** Belize Family and Life Association (BFLA), GoBelize, UNIBAM.

• **BOLIVIA:** Center for Research, Education and Services (CIES), National Monitoring Committee on Sexual and Reproductive Rights, Women’s Coordinator, PLAN International, Disersencia Foundation, Catholics for the Right to Decide, Rebullion Collective, IPAS, CLADEM Bolivia, Observatory of Maternal Mortality, RedBol of People Living with HIV.

• **CHILE:** Chilean Association for the Protection of Family (APROFA), OTD Chile.

• **COLOMBIA:** Association for the Well-being of the Colombian Family (Profamilia), PLAN Colombia, Affirmative Caribbean, Catholics for the Right to Decide, Casa de la Mujer.

• **COSTA RICA:** Costa Rican Demographic Association (ADC), Costa Rican WEM—Institute for Action and Research on Masculinity, Couple and Sexuality; PANIAMOR Foundation; Defense of Children and Children International (DCI); Human Rights Research and Promotion Center for Central America (CIPAC), RedDeser.

• **CUBA:** National Center for Sex Education (CENESEX) and Cuban Multidisciplinary Society of Studies on Sexuality.

• **ECUADOR:** Ecuadorian Center for the Promotion and Action of Women (CEPAM), PLAN International, Women’s Communication Workshop, SENDAS, Women’s Health (Salud Mujeres).

• **EL SALVADOR:** Salvadoran Demographic Association (ADS), NGO Forum on the Fight Against HIV-AIDS, Alliance for Sexual and Reproductive Health, Salvadoran Coalition for Comprehensive Sex Education, Colncidir: Youth for Sexual Rights Political Advocacy, ICW Latina, PLAN International, COMCAVIS,
Movement for a Secular Culture, ESMULES, Akelarre, ORMUSA, MazPaz, Asmujeres, Citizen Group for the Decriminalization of Abortion.

- **GUATEMALA:** Association for the Well-being of the Guatemalan Family (APROFAM), Network Association for Youth Advocacy (Incidejoven), GOJoven, Coincidir Association, Guatemalan Network of Positive Women in Action, National Campaign for Sex Education, ICW Latina, PLAN International, Paz Joven.

- **GUYANA:** Guyana Responsible Parenthood Association (GRPA), Society Against Sexual Orientation Discrimination (SASOD), Guyana Trans United.

- **HONDURAS:** Honduran Association for Family Planning (ASHONPLAFA), Let Girls Lead, ChildFund, National AIDS Forum, Association for a Better Life of People Infected and Affected by HIV-AIDS in Honduras (APUVIMEH), PASMO, Visión Mundial, Montaña de Luz, GOJoven, Impactos, ANED Consultants.

- **JAMAICA:** Jamaica Family Planning Association (JFPA).

- **MEXICO:** Mexican Foundation for Family Planning (MEXFAM), REDefine Mexico, Democracy and Sexuality Network (DEMYSEX), National Network of Catholic Youth for the Right to Decide, Catholics for Choice, ACT! 2030, Balance, ICW, El Clóset de Sor Juana, Arcoiris Foundation, CLADEM, Mexican Association of Midwives, IPAS Mexico, GIRE, CIARENA, Promotion Committee for Safe Motherhood.

- **NICARAGUA:** Association for the Well-being of the Nicaraguan Family (PROFAMILIA), Nicaraguan Coalition for Sexual and Reproductive Rights, Comprehensive Services for Women, PLAN International.

- **PANAMA:** Panamanian Association for Family Planning (APLAFA), Panamanian Coalition for Comprehensive Sex Education, GayLatino and PLAN International.

- **PARAGUAY:** Paraguayan Center for Population Studies (CEPEP), PLAN International, CLADEM, BECA.

- **PERU:** Peruvian Institute for Responsible Parenthood (INPPARES), Alianza ¡Sí Podemos!, Catholics for Choice, PROMSEX, ICW Peru, PLAN International.

- **DOMINICAN REPUBLIC:** Association for the Well-being of the Dominican Family (Profamilia), Trans Siempre Amigas, Magaly Pineda Feminist Forum, ASOLSIDA, Women and Health Collective, ICW Dominican Republic, PLAN International, INSALUD.

- **TRINIDAD AND TOBAGO:** Family Planning Association of Trinidad and Tobago (FPATT).

- **URUGUAY:** Iniciativas Sanitarias, MYSU, CLADEM Uruguay.

- **VENEZUELA:** Civil Association for Family Planning (PLAFAM), AVESA, Diverlex, Buen Nacer, La Candaga, Affirmative Union of Venezuela, MUSAS, Mujer Freya, ICW Latina.
The following documents were used as the basis for developing the questionnaires, assessment criteria, and the recommendations:


Representantes del Grupo Desarrollador de la Guía, Universidad Nacional de Colombia, Alianza Cinets. “Guía de práctica clínica para la detección temprana de las anomalías durante el trabajo de parto, atención del parto normal y distócico.” Revista Colombiana de Obstetricia y Ginecología 64.4 (2013).

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