Abortion

Civil Society perspectives on Sexual and Reproductive Health, Rights and Justice in Latin America and the Caribbean.

FÒS FEMINISTA

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Acronyms

ADIDE: Disability Alliance for Our Rights, The Dominican Republic
AFM: Articulación Feminista Marcosur
ASIE: Integral Health Counseling in Secondary Schools, Argentina
CCSS: Costa Rican Social Security Fund
CEPAM: Centro de Estudios y Promoción de la Mujer, Ecuador
CLADEM: Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres
COEPSIDA: Committee of Educators in AIDS Prevention, Guatemala
CSE: Comprehensive Sexuality Education
CSO: Civil Society Organization
ECLAC/CEPAL: Economic Commission for Latin America and the Caribbean
ECMIA: The Continental Link of Indigenous Women of the Americas
ENADID: National Demographic Dynamics Survey, Mexico
ENAPEA: National Strategy for the Prevention of Adolescent Pregnancy, Mexico
ENDIREH: National Survey on the Dynamics of Relationships in Households, Mexico
FDA: Food and Drug Administration
FOBAM: Fund for the Well-being and Advancement of Women, Mexico
FPATT: Family Planning Association of Trinidad and Tobago
FPC: Family Planning & Contraception
GBV: Gender-Based Violence
HFLE: Health and Family Life Education
ICPD: International Conference on Population and Development
ICW Latina: International Community of Women Living with HIV/AIDS
IHSS: Honduran Social Security Institute
INFOD: National Institute of Teacher Training, El Salvador
INPI: National Institute of Indigenous Peoples, Mexico
IVE: Voluntary Interruption of Pregnancy
LAC: Latin America and the Caribbean
LARC: Long-Acting Reversible Contraceptives
LEIV: Special Comprehensive Law for a Life Free from Violence for Women, El Salvador
LGAMVLV: Mexico's General Law on Women's Access to a Life Free of Violence
LIE: Law on Equality, Equity and the Eradiation of Discrimination Against Women, El Salvador
MC: Montevideo Consensus
MQTM: Mira Que Te Miro
OSAR: Observatory of Sexual and Reproductive Health, Guatemala
PARE: Committee for Prevention, Support, Rescue, and Education on Gender Violence, Puerto Rico
PES: The Sexual Education Program
PIPASEVM: Program to Prevent, Address, Sanction, and Eradicate Violence Against Women, Mexico
PLANOVI: National Plan for the Prevention and Eradication of Violence Against Women, Guatemala
PNTE: National Plan for Educational Transformation, Paraguay
PNUD: United Nations Development Program
PROMSEX: Center for the Promotion and Defense of Sexual and Reproductive Rights, Peru

Acronyms

RCPD: Regional Conference on Population and Development
Red-LAC: The Latin American and the Caribbean Network of Youth for Sexual and Reproductive Rights
RMAAD: Network of Afro-Latin America, Afro-Caribbean, and Diaspora Women
SAS: Safe Abortion Services
SDG: Sustainable Development Goals
SEC: Systematically Excluded Communities
SEDESOL: Ministry of Social Development, Honduras
SOGIE: Sexual Orientation, Gender Identity, and Expression
SRHRJ: Sexual and Reproductive Health, Rights, and Justice
SRHS: Sexual and Reproductive Health Services
SVET: Unit for the Prevention and Care of Crimes of Sexual Violence, Exploitation & Trafficking in Persons, Guatemala
TTPS: Trinidad and Tobago Police Service
YFS: Youth - Friendly Services
UNESCO: United Nations Educational, Scientific and Cultural Organization
UNFPA: United Nations Population Fund
WHO: World Health Organization

1. Introduction

Sexual and Reproductive Health, Rights, and Justice (SRHRJ) are fundamental human rights essential for ensuring individuals' well-being and their ability to meaningfully participate in society.

SRHRJ encompass a broad spectrum of efforts aimed at eliminating preventable maternal and neonatal mortality and morbidity, eliminating unsafe abortion, ensuring the provision of high-quality *Sexual and Reproductive Health Services* **(SRHS),** including contraception and family planning, and addressing issues such as *Sexually Transmitted Infections* **(STIs),** cervical cancer, *Gender-Based Violence* **(GBV)**, and the specific *Sexual and Reproductive Health* **(SRH)** needs of adolescents through *Comprehensive Sexuality Education* **(CSE)** and *Youth -Friendly Services* **(YFS).** Achieving universal access to **SRHS** is not only crucial for advancing sustainable development but also for meeting the diverse needs and aspirations of individuals worldwide, thus promoting the realization of their health and human rights.

Despite their well-documented significance, countries throughout Latin America and the Caribbean **(LAC)** face substantial challenges in upholding these essential rights, particularly for Systematically Excluded Communities **(SEC)**, such as indigenous communities, Afro-descendant communities, **LGBTIQ+** individuals, persons with disabilities youth, older adults, and migrants. [i ii] These communities often encounter heightened levels of discrimination, coercion, and violence when seeking to access **SRHRJ**.

The Montevideo Consensus **(MC)**, a political document of the Regional Conference on Population and Development, adopted by all Member States of the Latin American and Caribbean **(LAC)** Region in 2013, stands as a testament to the tireless efforts and dedication of feminist and social justice movements from **LAC,** built on years of advocacy. Civil society played an instrumental role in its inception, design, and the defined pathway for its execution. This emphasis is evident in the framework of the Consensus, which underscores the collaboration between governments and civil society for both its implementation and subsequent reviews.

This report is designed to serve as an advocacy tool, shedding light on the glaring disparities in SRHRJ implementation within the LAC region. It offers an analysis of the progress, challenges, and setbacks experienced over the past decade, as documented by the ECLAC and Civil Society Organizations (CSOs) with extensive experience in SRHRJ across the region.

Fós Feminista / Paola Luisi / Argentina 2022

The report navigates the nuanced landscape, sometimes contradictory due to political shifts, in advancing **SRHRJ** and underscores the limitations encountered in ensuring access. As the report highlights, access may be limited due to territorial inequalities, and policymakers and implementers must work to expand access to **SEC**, implement intercultural and intersectional approaches, ensure data accessibility, generation, and quality, and recognize the pivotal role of **CSOs** in shaping the **SRHRJ** *legal, programmatic, and financial frameworks,* as well as the implementation of these. The report aims to act as a catalyst, to recognize the challenges and take concrete actions to ensure these are tackled appropriately.

1.1 The Initiative

In commemoration of the **10th Anniversary** of the Montevideo Consensus **(MC)**, **Fòs Feminista** supported 20 **CSOs** in the creation of national reports that document the progress, gaps, challenges, and best practices in delivering **SRHRJ** commitments for women, girls and gender-diverse individuals and their different intersections. Moreover, **Fòs** supported five regional networks led by *Afro-descendants, young people, women with disabilities, indigenous women, and transgender people.*

Fòs identified five priority topics within **SRHRJ:** 1) Abortion, 2) Comprehensive Sexuality Education, 3) Gender-Based Violence, 4) Family Planning and Contraception and 5) Youth-Friendly Services. A report is available for each of these priority topics and a sixth report highlights the specific challenges faced by Systematically Excluded Communities **(SEC)** in the region. The report on **SEC** can be accessed by those seeking a more detailed analysis of the **SRHRJ** issues faced by **SEC**, than those outlined in this report. The analysis of each priority topic covers six major areas of assessment: 1) Legal Framework, 2) Financial Framework, 3) Programmatic Framework, 4) Territorial Inequalities, 5) Civil Society participation, and 6) Data Access, Generation and Quality. Each priority topic includes sections for Recommendations and the identification of Best Practices, from both **CSOs** and national governments. Designed to be adaptable, the framework recognizes the expertise of participating networks and the limitation of publicly available information. This flexibility allowed these networks to identify other priority issues and undertake political analyses tailored to the specific contexts they addressed. All of this is reflected in the reports that make up this series.

To facilitate the reporting process, a template featuring *47* open-ended orientation questions was provided. These questions aimed to elicit qualitative information on the implementation of the commitments made under the **MC** over the past decade. All data used in the subsequent sections originates from reports created by participating organizations and submitted to Fòs Feminista for analysis. Where necessary, this information is complemented by data from monitoring tools like Mira Que te Miro **(MQMT)** and **ISO Quito**, voluntary national reports submitted to **ECLAC**, as well as relevant reports from **ECLAC**, **UNESCO**, **UNFPA**, **UN Women**, and scientific literature on the subject.

It is important to highlight that participating CSOs and networks encountered challenges in obtaining data. This is due to a general lack of publicly available and reliable data from official sources, and when available, it is seldom disaggregated. This underscores the pressing need for increased investment in producing quality, reliable, up-to-date data, and disaggregating it. This investment is crucial to enhance the understanding of the complex issues related to SRHRJ legal, financial, and programmatic frameworks, ultimately leading to improved implementation.

The reporting from CSOs and networks serves as a medium for engaging in dialogue, generating knowledge, and highlighting often overlooked experiences. This initiative aims to act as a catalyst for more comprehensive interventions, deepening our understanding of challenges and ensuring no one is left behind in the process toward advancing SRHRJ in the LAC region and beyond.

2. The Reports

This series of reports presents the findings derived from compiled national-level data, offering a comprehensive analysis of Abortion, Comprehensive Sexuality Education **(CSE),** Gender-Based Violence **(GBV),** Family Planning and Contraception **(FPC),** and Youth-Friendly Services **(YFS)** across 20 countries in Latin America and the Caribbean **(LAC).** Beginning with an introduction to the social monitoring platform **MQTM**, the report proceeds with an overview of the geographical scope and the political dynamics influencing **SRHRJ** in the region. Despite a volatile political landscape at present, the **MC** emerges as a progressive framework with political commitments aimed at advancing **SRHRJ** in the region. The reports underscore the significance of this instrument and the crucial role it plays in advancing key **SRHRJ** objectives leading up to the ***30th anniversary*** of the International Conference on Population and Development **(ICPD)** in 2024. Each report in this series is organized into three main sections: the first analyzes key findings in both monitoring and implementation of the priority theme reported by sub-region. The second section provides recommendations, and the final section offers one concrete best practice identified in the region.

The initial section of each report serves to contextualize each sub-region **(Central America, the Caribbean and South America)** by presenting **MQTM's** compliance scores alongside insights from **CSO** reports. This section is divided into two sub-sections. The first sub-section analyzes the legal, programmatic, and financial frameworks, addressing the progress made, identifying existing gaps, and outlining barriers highlighted in the **CSO** reports. Meanwhile, the second sub-section delves into five major key themes: territorial inequalities, data access, generation and quality, engagement with **SEC**, adoption of intersectional and intercultural approaches, and the extent of **CSOs'** involvement in decision-making and policy implementation.

In the second section, the reports offer recommendations and one concrete example of a best practice from the region: **Mexico** stands out for its approach to abortion, **Peru** for **CSE, Costa Rica** for **GBV** prevention, **Chile** for **FPC,** and **Bolivia** for **YFS.** For each best practice, the reports contextualize the setting, identify the challenges faced, describe the specific initiatives undertaken, and delineate key takeaways for future endeavors.

1.3. Social Monitoring: Mira Que te Miro

Mira que te Miro[v] is a social monitoring initiative and platform dedicated to tracking the **SRHRJ** commitments outlined in the **MC** and led by Vecinas Feministas, Red Latinoamericana y del Caribe Católicas por el Derecho a Decidir, **Fòs Feminista,** Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres **(CLADEM),** Comunidad Internacional de Mujeres Viviendo con **VIH/SIDA (ICW Latina)** and the Latin American and Caribbean Women's Health Network **(LACWHN). MQTM** provides a vital platform for observing, analyzing, and comparing the progress made in legislation, policies, strategies, and programs across fourteen specific **SRHRJ** topics throughout the **LAC** region. This initiative stands as a testament to the commitment of **CSOs** working in the region to promote comprehensive **SRHRJ**. Its role in ensuring accountability and transparency in the implementation of the **MC** is pivotal, and its contribution to advancing these essential rights for all, especially for **SEC**, is undeniable.

This series of reports complements the **MQTM** initiative by offering qualitative insights into the challenges in the implementation of the **MC**. It serves to deepen our understanding of the complexity of **SRHRJ** issues in the region and to renew our commitment to a more equitable and rights-driven society. **MQTM** continues to be an invaluable tool in our pursuit of a more equitable and rights-driven society.

1.4. Geographical Scope

The organizations contributing to this report are categorized into three sub-regions: **Central America** (including **Mexico**), the **Caribbean,** and **South America.** Within **South America,** a further distinction is commonly made between the **Southern Cone** and **Andean Regions**. The **Southern Cone** includes **Brazil, Uruguay, Argentina, Chile,** and **Paraguay,** whereas the **Andean Region** encompasses **Bolivia, Colombia, Peru, Venezuela,** and **Ecuador.** This demarcation, influenced by geographical, sociocultural, and historical factors, is occasionally employed in these reports to highlight distinct patterns, or discern trends.

There are noticeable trends in the region, with certain countries standing out and others lagging behind in establishing a sustainable **SRHRJ** landscape. In the **Southern Cone, Argentina** typically emerges as a frontrunner in the region concerning **SRHRJ**, while **Paraguay** faces significant challenges related to access. Similarly, in the **Andean** region, **Colombia** often leads the way, whereas **Venezuela,** amidst a humanitarian crisis, confronts substantial barriers to ensuring access to **SRHRJ**.

The **Caribbean** presents the most complex landscape within the region, with **Puerto Rico** demonstrating the most progress, while the rest of the countries contend with some of the most restrictive laws and policies. **Central America** closely mirrors this complexity. **Mexico** takes a leading role in this subregion, while **Honduras, El Salvador,** and **Guatemala** face the most challenges.

Figure 1. Countries covered in the initiative by sub-region

1.5. Political Dynamics

The LAC region is characterized by a dynamic political landscape, with frequent shifts between progressive political parties, often associated with progressive agendas, and conservative parties holding highly conservative ideologies. Recent developments in the region include the electoral victory of progressive political parties in **Guatemala**, contrasted by the rise of conservative leadership in **El Salvador** under ***Nayib Bukele*** and in **Argentina** with ***Javier Milei.*** **Central American** nations find themselves in a state of division, with **Mexico, Guatemala,** and **Honduras** now governed by progressive presidencies, yet encountering significant resistance from conservative factions within the government. **Honduras,** in particular, has faced challenges in advancing progressive legislation.

In the **Caribbean,** conservative resistance persists across all countries, albeit with variations influenced by British, American, and French colonial legacies. **Puerto Rico** continues to grapple with an annexationist regime from the **United States**, while **Haiti** currently lacks a legal government, and the **Dominican Republic** is under the governance of a conservative president. Notably, **Antigua & Barbuda** and **Trinidad & Tobago** have made significant strides by overturning archaic buggery laws that once criminalized same-sex relationships, relics of the British colonial era. [vi]

South America is currently divided, with five countries under progressive administrations, however with three of these challenged by majority conservative parliaments, remnants of previous regimes, namely in **Chile, Brazil, and Colombia. Bolivia** faces political instability within progressive circles, while **Venezuela** grapples with a deep humanitarian crisis. Conversely, **Argentina, Uruguay, Paraguay, Peru,** and **Ecuador** have conservative regimes in power. However, it is worth noting that in **Argentina,** the conservative party lacks a parliamentary majority.

Despite some political analysts heralding recent shifts in governance as a resurgence of progressive influence across **Latin American** countries, [vii] current progressive governments encounter major obstacles in advancing progressive agendas. Not only do conservative-leaning parliaments present concrete obstacles to passing progressive agendas, but the recent COVID-19 pandemic exacerbated socioeconomic instability across the region, with significant impacts on SRHRJ that were often sidelined due to a prioritization of other 'essential services' that directly tackled the ongoing public health emergency. [viii, ix]

1.6. Central America

In **Mexico,** the government of ***López Obrador*** (2018-2024) has made significant progress in expanding access to universal health coverage for adolescents and providing support to keep them enrolled in the education system, as well as through the provision of quality medical care for pregnant youth. [x] Despite these achievements, challenges persist, including the disappearance of programs like the Childcare Centers Program and the absence of comprehensive feminist policies, as highlighted in the report from **CSOs**. Notably, in September 2023, **Mexico's** Supreme Court unanimously ruled that state laws prohibiting abortion are unconstitutional, marking a victory for **SRHRJ** activists across **Latin America.** [xi]

Fós Feminista / Abortion March. Mexico 2022.

Conversely, **El Salvador** has faced a series of challenges since March 2022 when President ***Nayib Bukele*** declared a state of emergency due to a surge in homicides, compromising citizens' fundamental rights. This state of emergency, which included the suspension of fundamental rights such as freedom of association and due process, has been continuously extended despite being put in place initially for a single month. [xii] Concerns have also been raised by **CSOs** regarding the announced territorial reconfiguration starting in 2024, which centralizes power in urban areas, leading to apprehensions about the potential spread of President ***Bukele's*** populist and authoritarian tactics to other countries in **LAC**. ***Bukele***, who assumed office in 2019, has, at the beginning of 2024, been formally re-elected despite human rights concerns. [xiii] [xiv]

In **Guatemala,** the 2023 election marked a significant milestone with the election of President ***Bernardo Arévalo***, hailed as the most progressive president in the past 40 years. [xv] President ***Arévalo*** has prioritized social justice and human rights, offering a promising opportunity to address the democratic crisis. [xvi] His commitment to these values raises hope for positive transformations in **Guatemala's** approach to **SRHRJ**, especially since **SRHRJ** have historically been treated as taboo and often depend on political will for consideration and resource allocation.

On the other hand, the current government in **Costa Rica,** led by President ***Rodrigo Chaves Robles***, has aligned with evangelical pastors and anti-rights groups, undermining **SRHRJ** in the education system. **CSO** reports have identified this alliance as an attempt to roll back progress on **CSE** in schools. Additionally, the lack of political will means the country is being governed by outdated **SRHRJ** policies and those policies that are in place, lack comprehensive implementation. [xvii]

In **Honduras,** strong opposition from groups like "Generación Celeste" [xviii] reflects the ideological divide that President ***Xiomara Castro*** faces. President ***Castro*** assumed office in 2022 as the first woman president of the country. Despite the expectations placed on her to advance gender-related bills as part of her Plan to Re-found Honduras (2022-2026), she has encountered significant opposition from conservative movements within the country. The **CSO's** report highlights the legislative progress made in terms of advocating for policies aimed at safeguarding individuals' **SRHRJ**, but also showcases how current authorities engage in ideological debates and power struggles, often at the expense of the health and well-being of children, adolescents, women and gender-diverse individuals.

Fós Feminista / Jazmyn Henry, Honduras.

1.7. The Caribbean

In **Antigua & Barbuda,** reports from United Nations Educational, Scientific and Cultural Organization **(UNESCO)** [xix] and the World Health Organization **(WHO)** [xx] indicate that the government, led by Prime Minister ***Gaston Browne*** since 2014, has taken some steps to acknowledge the importance of **CSE**. While **SRHRJ** still have a long way to go, human rights organizations celebrated **Antigua & Barbuda's** Court decision to decriminalize same-sex intimacy in 2022.[xxi]

Haiti faces deeper challenges, reporting dysfunctions across the entire health system, as well as significant governance issues, including the absence of a legal government, raising concerns about the enforcement of any existing legal frameworks. The serious political, economic, humanitarian, and refugee crisis has led Human Rights Watch to deem it a "catastrophic situation." [xxii]

In **Trinidad & Tobago,** while the **UN's** Human Rights Committee commends women's representation in public bodies following the election of the second woman president ***Christine Kangaloo***, conservative resistance, and the current refugee crisis due to the humanitarian crisis in neighboring **Venezuela** have led to complex challenges in upholding and advancing **SRHRJ.** [xxiii]

In the **Dominican Republic,** the current government, led by President ***Luis Abinader*** since 2020, has led to a conservative shift, with a targeting of the Haitian migrant population who are majority Afro-descendant, in particular pregnant women. [xxiv] The country lacks official reliable data on the living conditions of its Afro-descendant population, a major barrier to ensuring inclusive, intersectional **SRHRJ** is upheld. Presidential elections are to be held this year, acting as an opportunity for a shift in government and a renewed focus on **SRHRJ.**

In **Puerto Rico,** the current governor ***Pedro Pierluisi***, embraces an annexationist stance, denying **Puerto Rico's** status as a **LAC** country and insisting it is a **US** territory.[xxv] Consequently, the government rejects accountability or representation before **UN** bodies like **ECLAC**. Beyond this, **Puerto Rico** faces an unprecedented economic, social, and political crisis due to socio-natural disasters, the **COVID-19** pandemic, and overwhelming government debt. The education and health systems are on the brink of collapse, prompting the government to attract foreign investors, leading to the displacement of vulnerable communities, particularly women. [xxvi] This dire situation makes **Puerto Rico** the most impoverished territory under **US** control.

1.8. South America

1.8.1 Southern Cone

The recent political landscape in **Brazil** has been marked by the challenging four years of former President ***Jair Bolsonaro*** (2019-2022) coupled with the after-effects of the **COVID-19** pandemic, both of which led to significant setbacks for gender equality in the country. ***Bolsonaro's*** election in 2018 symbolized a reversal and neglect of the advances made by gender equality activists in the decades before. Currently, the **Brazilian** congress is divided into five ideological groups, with conservatives holding most seats **(40%)**, while feminists hold a mere **20%,** posing significant obstacles to passing progressive reforms and legislation. [xxvii] However, despite these challenges, the inauguration of progressive President ***Lula da Silva*** in 2023 has set in motion positive developments, including efforts to revitalize **SRHRJ** initiatives. [xxviii]

Uruguay's legal frameworks reflect a commitment to **SRHRJ**, with these principles, aligned with international human rights standards, embedded into national laws during the "progressive cycle" of the previous government (2005-2019). [xxix] However, under the current government, which took power in 2020, President ***Lacalle Pou*** (2020-2025), has implemented cuts in funding,impacting the continuity and effectiveness of **SRHRJ** initiatives. [xxx]

Four years after the social uprising in 2019 in **Chile,** President ***Gabriel Boric*** has faced a number of setbacks, led by conservative groups and conservative politicians, such as the rejection of a progressive constitutional project in 2021 and the drafting of a second project by a conservative majority in 2023. [xxxi] The rejection of both projects means that the constitution enacted by conservative dictator ***Augusto Pinochet*** in the 1980s, continues in place. [xxxii]

Conservative groups in **Paraguay,** supported by the **US** Christian advocacy group Alliance Defending Freedom, have actively lobbied for banning gender discussions in classrooms in the country. [xxxiii] The absence of specific laws, clear policies, and guidelines, coupled with a political landscape marked by mis- and disinformation, has led to the characterization of the country as an "anti-rights think tank". [xxxiv]

In **Argentina,** concerns have emerged regarding the potential impact on **SRHRJ** following the recent election of ultra-conservative President ***Javier Milei.*** Advocates in the country fear for a reversal of the progress made during the progressive administrations of the ***Kirchners*** (2003-2015). In fact, at the beginning of February 2024, ***Milei's*** party submitted a bill to Congress seeking to repeal abortion laws, even in cases of rape. [xxxv] While ***Milei's*** spokesperson has denied this bill as part of the broader governmental agenda, stating that the President is focused on more "urgent matters," alerts have been raised in the face of threats to **SRHRJ**, given the claims made by the new President. [xxxvi]

1.8.2 Andean Region

In **Bolivia,** the aftermath of the 2019 coup against ***Evo Morales***, who governed the country for nearly 14 years, and the ongoing rivalry with current president ***Luis Arce***, have cast doubts on the stability of progressive governance in the country. [xxxvii] Despite modest progress on **SRHRJ**, concerns persist regarding the fragility of the State's systems, particularly in guaranteeing **SRHRJ** for adolescents, women and gender-diverse individuals in rural areas.

In **Colombia, *Gustavo Petro*** assumed office in 2022 with a progressive agenda that included a bill promoting **CSE** in all public and private institutions, [xxxviii] alongside other reforms and policies, including the establishment of the Ministry of Equality to safeguard **SRHRJ**. [xxxix] However, tensions in Congress, fueled by opposition from conservative, religious representatives labeling the reform as "gender ideology," have hindered the bill's approval. [xl] Lack of majority support, even within his own party, has left President ***Petro's*** progressive agenda largely unfulfilled. [xli]

Peru has faced significant political fragmentation and turmoil since 2018 and its current President, ***Dina Boluarte***, was put in place by Congress after the previous President ***Pedro Castro*** was removed in 2022. [xlii] The current majority in Congress leans towards the conservative and ultra-conservative, and ***Boluarte's*** government is perceived as conservative authoritarian. [xliii] The case of Mila, an 11-year-old girl who, from the age of six was systematically abused by her stepfather and found 13 weeks pregnant, has garnered international attention and condemnation by the **UN** for violating the rights of an abused child, prompting calls for increased protection for children and guaranteed access to comprehensive **SRHRJ**. [xliv]

Since 2016, **Venezuela,** led by President ***Nicolás Maduro*** who took power in 2013, has faced a deepening crisis marked by food scarcity, poverty, inequality, severe healthcare access issues, conflicts related to citizen insecurity, an increase in the informal economy, and significant emigration. This multifaceted crisis unfolded amidst deficiencies in state institutions, political polarization, unilateral coercive measures applied by the **US,** and widespread corruption. [xlv]

Recognizing the crisis as a complex humanitarian situation in 2018, the **UN,** in collaboration with President ***Maduro's*** government, and the **Venezuelan** government initiated humanitarian aid. The humanitarian crisis, exacerbated in 2020 by the **COVID-19** pandemic, has severely impacted access to healthcare, including **SRHRJ**. [xlvi]

Currently facing a major security crisis, **Ecuador,** under President ***Gustavo Noboa's*** declaration of an "internal armed conflict" in January 2024, raises concerns about **SRHRJ** in the country, exacerbating already existent challenges. [xlvii] Human Rights Watch has expressed concerns about the wave of violence faced by citizens of **Ecuador,** [xlviii] resulting in significant impacts on public services in education, health, social security, employment, **SRHRJ** and other essential areas.

SRHRJ in the Montevideo Consensus

The Montevideo Consensus **(MC)** agreed on by all governments of the **LAC** region in 2013 at the first Regional Conference on Population and Development **(RCPD)** stands as one of the most progressive intergovernmental agreements concerning **SRHRJ.** This agreement serves as a regional landmark dedicating an entire chapter to "Universal access to sexual and reproductive health services." **Chapter D** has *14* priority actions that include promoting policies that enable individuals to exercise their sexual rights freely and without coercion, reviewing legislation to ensure access to comprehensive **SRHS**, designing programs to eradicate discrimination based on sexual orientation and gender identity, guaranteeing universal access to quality **SRHS** for all individuals, strengthening measures for **HIV/AIDS** prevention and treatment, eliminating preventable maternal morbidity and mortality, ensuring access to safe abortion services **(SAS)** where legal, promoting prevention and self-care programs for men's **SRH**, and guaranteeing effective access to comprehensive healthcare during the reproductive cycle. Additionally, these actions emphasize the need to allocate sufficient financial, human, and technological resources to ensure universal access to **SRHS** without discrimination.

This report delves into five priority topics outlined in **Chapter D** of the **MC,** each addressing crucial aspects of **SRHRJ**. Regarding abortion, priority actions *40* and *42* of the **MC** aim to reduce maternal morbidity and mortality by improving abortion services where legal or decriminalized. **CSE** is addressed in priority action *40*, recognizing its role in preventing maternal morbidity and mortality. Gender-Based Violence **(GBV)** is emphasized in priority actions *33* and *34*, aiming to ensure individuals' rights to a life free from discrimination and violence, enabling them to exercise their sexual rights without coercion or discrimination. Access to **SRHS,** especially family planning and contraception, is covered in priority actions *40*, *43*, and *44*, striving to ensure access to culturally relevant and scientifically sound contraceptive methods, including emergency oral contraception, alongside counseling and comprehensive care, including maternal health services and compassionate obstetric care. Finally, Youth-Friendly Services **(YFS)** are addressed under priority action *35*, aiming to expand access to **SRHS**, including comprehensive user-friendly services tailored to adolescents and youth.

1.9. Towards ICPD+30

The **LAC** region faces numerous challenges in realizing universal access to **SRHRJ**, exacerbated by the **COVID-19** pandemic. Disruptions in services, including family planning, prenatal care, childbirth, abortion, and post-abortion care, have underscored the urgent need to address these issues. [xlix] Persistent obstacles such as financing constraints, unequal resource distribution, and variations in service quality persist across the region, further exacerbated by the **COVID-19** pandemic. [l]

Amidst these challenges, the significance of **SRHRJ** cannot be overstated, particularly in the context of the commemoration of the 30th anniversary of the International Conference on Population and Development **(ICDP+30)** in 2024 and the broader 2030 Agenda for Sustainable Development. **SRHRJ** are fundamental human rights, essential for individuals' well-being.

Despite the challenges posed by the pandemic, progress has been made in reducing adolescent fertility rates, highlighting the impact of commitments made in the **MC**. [li] However, disparities persist, particularly in the **Caribbean** subregion, where adolescent pregnancy negatively impacts the lives of young women and gender-diverse individuals, hindering their development and perpetuating cycles of poor health and poverty. [lii]

The realization of **SRHRJ** is indispensable for advancing the Sustainable Development Goals **(SDGs)**, notably **SDG 3** (Good Health and Well-Being) and **SDG 5** (Gender Equality). Target 3.7 of **SDG 3** emphasizes the importance of ensuring universal access to **SRHS,** while Target 5.6 of **SDG 5** highlights the imperative of upholding sexual and reproductive rights. [liii]

Upholding **SRHRJ** not only benefits individual health and well-being but also contributes to environmental, social, and economic development. Prioritizing **SRHRJ** within the agenda of **ICPD+30** and the broader framework of the 2030 Agenda is imperative to ensure inclusivity and equitable progress towards the **SDGs,** leaving no one behind.

Fós Feminista / Martin Gutierrez, Buenos Aires.

2. Abortion
Monitoring and Implementation Insights

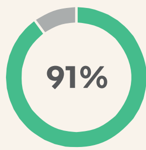
According to **MQTM's** latest report from 2023, abortion is the **SRHRJ** issue that continues to face the most challenges in the region. A mere **25%** of countries have legislation on abortion with a reference to broad 'causales', cases, [liv] or complete decriminalization in their legal frameworks. [lv] **MQTM** reports half of the countries lacking appropriate medical resources for pregnancy termination, having specific timeframes for interventions that contribute to barriers in safe abortion practices, and an absence of awareness campaigns. [lvi]

MQTM's data from 2023 provides the compliance percentage for abortion with a focus on five areas: legal framework, operating framework, supplies, service provision, and dissemination campaigns. The overall percentage of compliance to abortion commitments increased by **5%**, rising from **38%** in 2017 to **43%** in 2023. However, country-specific scores exhibit significant variation, with **39%** of the 18 monitored countries included in this report, falling into the "deficient" category, registering compliance scores below **40%.**

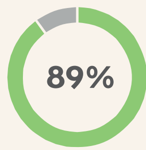
MQTM monitors 18 of the 20 countries covered in this report, excluding **Haiti** and **Antigua & Barbuda.** Unfortunately, as is outlined below, these two **Caribbean** countries show no significant progress in abortion implementation according to **CSOs** working nationally. The average compliance rate of the 18 monitored countries stands at **45%**, revealing a pervasive inadequacy in legal and operational frameworks to ensure accessible abortion services throughout the region, as well as a lack of supplies, limited-service provision, and campaigns.

Within the sub-regions, the **Caribbean** has the lowest compliance percentage, with both **Trinidad & Tobago** and the **Dominican Republic** scoring a mere **3%. Central America** closely follows, with **Honduras** recording an alarming **0%,** while **Mexico** stands out with the highest rate at **71%.** In **South America,** substantial disparities exist, with **Argentina** demonstrating a commendable compliance score of **91%,** starkly contrasting with **Paraguay,** which reports a considerably lower score of **13%.**

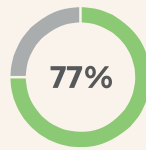
Compliance Percentages



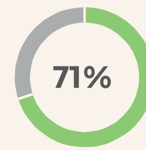
Argentina



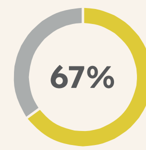
Colombia



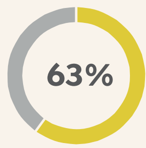
Uruguay



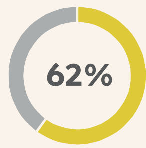
Mexico



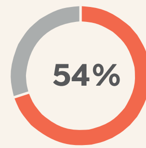
Ecuador



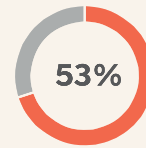
Bolivia



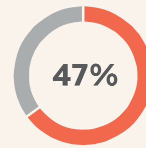
Puerto Rico



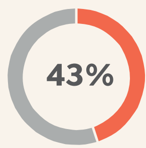
Peru



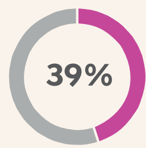
Chile



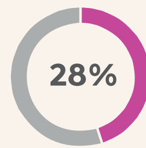
Costa Rica



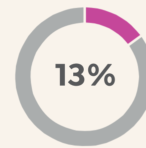
Venezuela



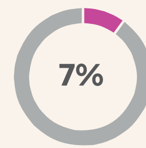
Brazil



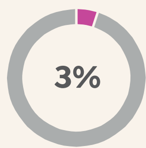
Guatemala



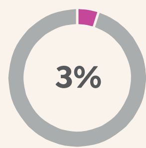
Paraguay



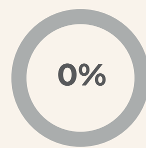
El Salvador



Dominician Republic



Trinidad & Tobago



Honduras

Haiti

Antigua & Barbuda

91 - 100% | 71 - 90% | 56 - 70% | 41 - 55% | 0 - 40%

2.1. Central America

2.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks

In **Central America,** the abortion landscape is marked by a concerning deficiency in legal frameworks, as revealed by MQTM. **Guatemala, Honduras, El Salvador**, and **Costa Rica** stand out with low compliance scores. Even with **Mexico** scoring slightly higher, the sub-region's average score stands at a mere **19%** compliance, highlighting a persistent gap in ensuring legal access to abortion.

At the time that **CSOs** submitted reports for this initiative, **Mexico** made an important legal shift. In September 2023, the Supreme Court ruled that federal criminal penalties for abortion were to be eliminated by Congress, [lvii] marking a significant step towards reforms such as the issuance of the General Victims Law and changes to criminal laws. This collective effort, spearheaded by feminist organizations in the country, has paved the way for both legal and social decriminalization. Notably, at the state level, progress is evident, with 11 out of 32 states decriminalizing voluntary abortion within the first twelve weeks.

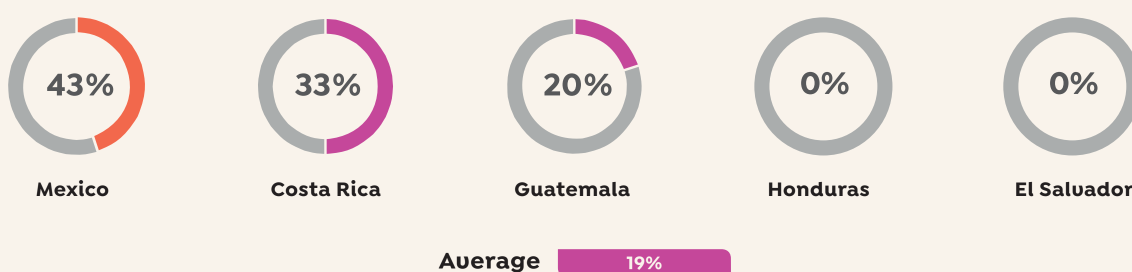
Despite this progress, challenges persist across **Mexico.** The Technical Guideline for Safe Abortion Care from 2022, an initiative led by the National Center for Gender Equity and Reproductive Health, [lviii] mandates at least one center providing service in each state, but limited resources hinder the proper functioning of these centers. States that have recently decriminalized abortion lack adequate public awareness campaigns, and some states impose unnecessary requirements, causing delays and contributing to stigma. Inconsistencies in providing safe abortion services by federal institutions further exacerbate existing gaps. Adult-centric perspectives hinder access for individuals under 18, and mistreatment reported by users underscores existing systems-level barriers. The Mexican state **Aguascalientes,** serves as a notorious example of these inefficiencies, highlighting persistent obstacles such as health authorities demanding unnecessary requirements, criminalizing those seeking abortions, and coercing confessions for self-induced abortions, according to a 2021 study. [lix] Ongoing communication and collaboration with relevant agencies are crucial to tackling these implementation challenges.

El Salvador has one of the world's strictest abortion laws, prohibiting the practice completely. The rejection of the 2021 abortion law reform was a significant setback in changing restrictive legislation. Conservative groups, aligned with President ***Nayib Bukele,*** remain a significant barrier to abortion reform in **El Salvador.** The case of Manuela from 2008, where a woman was arrested for the aggravated homicide of her newborn after experiencing a miscarriage, illustrates the severe consequences of strict abortion laws. [lx] While an investigation revealed that the fetus had already died when she arrived at the hospital, she was sentenced to 30 years in prison and passed away from lymphatic cancer in 2010 while incarcerated. The Inter-American Court of Human Rights condemned **El Salvador** for violating human rights in this case, setting a significant precedent in the fight for SRHRJ. [lxi]

In **Guatemala,** the current legal framework permits only therapeutic abortion, which is intended to safeguard the health and life of the mother or pregnant person. This results in a generalized underreporting of abortions coupled with a use of unsafe procedures leading to maternal health complications. A Technical Committee was set up in 2013 by the Ministry of Public Health and Social Assistance [lxii] to address maternal mortality, presenting a step in the right direction. Additionally, *Misoprostol* – a drug that induces abortion – is widely used by midwives in the country to reduce hemorrhage and prevent maternal mortality. [lxiii] This illustrates that while the legal frameworks are highly restrictive in the country, actions are taken on the ground to prevent maternal mortality. However, challenges in data collection hinder a comprehensive understanding of the issue.

Costa Rica has made strides in providing guidelines for therapeutic abortion and comprehensive post-abortion care through the establishment of a Technical Standard in 2019 by the Ministry of Health, [lxiv] which seeks to establish the technical foundations for the assessment and legal application of the medical procedure linked to an article in the Penal Code, [lxv] as well as the Clinical Care Protocol from 2020 by the Social Security Fund. [lxvi] The absence of guidelines and timeframes for medical action, coupled with government transparency issues, constitute significant barriers to safe abortion access, according to CSO reports. Executive decrees have limited effectiveness as they can be easily eliminated or modified with the entry of a new government, leading to inconsistencies in policy implementation. [lxvii]

Honduras maintains full criminalization of abortion, reinforced by a 2021 constitutional amendment, [lxviii] where it is established that an unborn child shall be treated as born and deems illegal any form of ending the life of the unborn child by the mother or a third party. [lxix] Abortion restrictions, accompanied by severe penalties and constitutional reinforcement, highlight the stringent legal framework in the country. This legal stance does not align with commitments made under the MC, and raises concerns about institutional discrimination based on gender, and violence against women and gender-diverse individuals.



B. Programmatic Frameworks

In **Mexico City,** Specialized Centers set up by the Ministry of Health, including community clinics, specialized clinics and health centers, [lxx] implementing the Legal Interruption of Pregnancy (**ILE,** for its acronym in Spanish) program since 2007 are evidence to commendable progress made in the country. Additionally, the Ministry of Health's Safe Abortion Services **(SAS)** program, [lxxi] operating in all **32** federal entities, is set up to provide safe abortion care in the first trimester. However, gaps persist, with some centers facing staff turnover and occasional shortages of essential medications. Inconsistencies exist between medical procedures carried out in these centers and the World Health Organization's **(WHO)** guidelines. [lxxii] Additionally, some abortion care hotline services do not work effectively. For instance, in **Michoacán,** a western central state characterized by the presence of the Purépecha indigenous peoples, hotline services lack dedicated staff. Stigma towards those choosing abortion persists in Mexican society. Additionally, those younger than 18 seeking abortions experience discrimination and healthcare providers fear legal repercussions due to a lack of legislative harmonization. Despite progressive parties ruling in states where abortion is decriminalized, some officials have been identified as anti-choice by feminist collectives and organizations. These officials can cause delays in service provision by fostering hostile environments for healthcare providers and other subordinate government officials who support abortion rights, through intimidation or institutional harassment. Furthermore, lack of political will, can result in additional administrative barriers that hinder efficient delivery of services.

Guatemala has made progress, with the Ministry of Public Health and Social Assistance and the Guatemalan Institute of Social Security developing guidelines for comprehensive care of abortion-related complications in 2011. [lxxiii] Post-abortion care focuses on managing emergencies, counseling, and contraception, crucial elements of preventing future unwanted pregnancies. Legal issues and stigma faced by women and those who can be pregnant and who seek abortions, however, have historically hindered access to safe abortion services in the country.

Costa Rica has seen progress, with the development of institutional programs for awareness raising and training of healthcare providers on the application of the clinical care protocol. [lxxiv] However, gaps persist, including deficiencies in the implementation and communication of the Technical Standard from 2019 and the Protocol from 2020. Insufficient training, lack of transparency in data regarding requests for therapeutic abortion, and limited political commitment, pose barriers impacting the accessibility of therapeutic abortion services. A 2022 social audit on the implementation of the Technical Standard revealed that healthcare staff attitudes and misinformation further hinder access. [lxxv]

Due to strict abortion laws, **El Salvador** and **Honduras** have no programs for the provision of abortion care.

C. Financial Frameworks

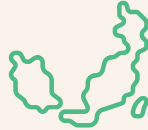
In **Costa Rica,** although the assigned budget for the period 2021-2023 is publicly available, documents from the Costa Rican Social Security Fund and the Ministry of Health fail to delineate specific budgetary lines to addressing therapeutic abortion access. Furthermore, there is no recorded effort to involve **CSOs** in the design of budgetary frameworks related to abortion access.

In **Mexico,** the **CSO** report highlights the lack of clear and accessible criteria for understanding and analyzing government budgets. The current budgetary structure renders it impossible to determine specific resources allocated to guaranteeing access to abortion services. [lxxvi]

In **Guatemala,** available data on the assigned budget, disbursed budget, and met needs is lacking, creating a notable gap in the understanding of financial aspects of abortion access. Meanwhile, **Honduras** and **El Salvador,** constrained by restrictive laws, do not allocate budgets for abortion services.

Key Themes

A. Territorial Inequalities



In **Mexico,** abortion services are predominantly concentrated in state capitals, creating significant rural-urban disparities. The lack of prioritization by authorities, particularly in marginalized and rural areas, presents a significant barrier to access. Women and other individuals seeking abortion in remote areas encounter challenges, including logistical difficulties, financial constraints associated with traveling to urban centers, and limited support networks. Although abortion companion activist networks, known as "acompañantes", play a crucial role in facilitating access by providing free emotional, legal, and logistical support, their presence alone cannot cover all areas in need. In states where abortion has been decriminalized, reported progress in implementation falls short of meeting the required needs.

El Salvador exhibits stark rural-urban disparities, disproportionately impacting women living in poverty, especially those in rural areas with precarious living conditions. Expensive private health insurance, and inadequate state-funded healthcare further restrict the reproductive health options of individuals seeking abortion. A lack of access to comprehensive medical care increases the risk of gynecological emergencies resulting from unsafe abortions for those living in poverty. Additionally, financial barriers, with procedures exceeding USD$1,000, [lxxvii] prevent many from accessing prenatal care and necessary procedures, jeopardizing their health and well-being.

In **Guatemala,** rural health centers struggle to provide care due to shortages in personnel and supplies, which disproportionately affects access to post-abortion care. Regions with the highest rates of abortion are the metropolitan region, predominantly inhabited by non-indigenous peoples, and the southwestern region, characterized by a high density of Maya indigenous communities. This indicates that women and gender-diverse individuals, both indigenous and non-indigenous, seek abortions, according to research conducted by the Guttmacher Institute in 2006. [lxxviii] However, it is important to note that updated data is necessary to provide a comprehensive understanding of the current situation.

In **Costa Rica,** healthcare services, including those for abortion, are concentrated in the capital, creating challenges for access in rural areas. The centralization of services hampers essential training and communication resources for healthcare workers in centers outside of the capital. While there are no current programmatic and budgetary frameworks for therapeutic abortion access, it is crucial for future frameworks to address existing territorial disparities and ensure abortion access for those living outside of urban contexts.

Honduras experiences rural and socioeconomic disparities in access to abortion, with individuals living in rural areas and those living in poverty facing higher rates of criminalization and obstetric violence. [lxxix] Access to abortion in **Honduras** is closely linked to socioeconomic status, with individuals living in urban areas being more able to afford private clinics, and ultimately facing fewer health risks. This highlights a complex interplay of geographical, economic, and class-based barriers to abortion access in the country.

B. Data Access, Generation, and Quality

In **Mexico,** cross-state disparities in accessibility and transparency of data regarding legal abortion programs are evident. While **Mexico City** consistently provides information on its legal abortion program, other states lack accessible and complete information, and this information may be contradictory. For CSOs and citizens to access this data, public information requests have to be submitted through the National Platform for Transparency. Surveys such as the National Survey on the Dynamics of Household Relationships (ENDIREH for its acronym in Spanish) [lxxx] shed light on the prevalence of obstetric violence in abortion care, but the lack of detailed statistical data from healthcare institutions impedes a comprehensive understanding of this issue.

Costa Rica lacks specific data on abortion care and services, with minimal governmental efforts to produce reliable statistics. The absence of a clear distinction between requested and performed therapeutic abortions in official records hinders accurate identification and understanding. The accurate interpretation of data is further hindered as abortions are recorded based on their associated pathology, rather than the specific procedure utilized. [lxxxi] The issue stems from data collection techniques associated with hospital discharges and the reluctance of health professionals to acknowledge having performed therapeutic abortions. [lxxxii] [lxxxiii] Additionally, since the issuance of the Technical Standard and Protocol, therapeutic abortion data has not been incorporated into annual statistical reports, and there is currently no institutional policy for producing reliable data on therapeutic abortions.

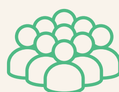
In **El Salvador,** it is challenging to comprehensively assess the consequences of the absolute criminalization of abortion due to a lack of data. This lack invisibilizes the experiences of those seeking abortions in the country.

Guatemalan CSOs encounter significant challenges in obtaining accurate and up-to-date data on induced abortions, hampering the ability to address and respond effectively to the issue. Despite legal restrictions, **Guatemala** has a high incidence of induced abortions, estimated at 65,000 cases annually, with a rate of 24 abortions per 1,000 women of reproductive age. [lxxxiv] The Maternal

Mortality Report for 2016-2018 recorded abortion as a direct cause of maternal deaths, highlighting the persistent impact of induced abortions despite legal constraints. An estimated **36%** of unplanned pregnancies in 2019 were aborted. [lxxxv]

In **Honduras,** official data is collected by the National Institute of Statistics. It encompasses counts of births, deliveries, abortions, cesarean sections, and deaths from 2006 to 2021. However, this data lacks disaggregation, and reliability is compromised due to restrictive laws which makes underreporting frequent. [lxxxvi] Updated data since 2021 is needed to ensure information remains current and relevant.

C. Systematically Excluded Communities



In **Mexico,** despite the decriminalization of abortion in most states, challenges persist in specific regions, such as the Montaña area in **Guerrero**, inhabited by ***Nahuas, Ñu'uu Savi, Nn' aancue Ñomndaa***, and ***Me'pháá*** indigenous peoples. In this context, essential supplies like Mifepristone and Misoprostol (required for medical abortions) are scarce, and outdated curettage procedures put the lives of indigenous people seeking abortion at risk. In relation to adolescents, a national policy [lxxxvii] allows girls and adolescents aged 12 to 17, pregnant due to sexual violence, to access abortion services. [lxxxviii] Similarly, access has been expanded to both women and "pregnant individuals" in some federal entities where abortion is decriminalized, reflecting a more inclusive approach that acknowledges diverse gender identities. Additionally, in the state of **Guerrero,** the Guerrerense Network for Women's Rights, predominantly comprising Afro-Mexican and indigenous women, actively monitors abortion access. The network highlights that impoverished women in highly marginalized areas, particularly Afro-Mexican and indigenous communities, resort to clandestine abortions due to the lack of minimal sanitary conditions, risking their lives. Additionally, the absence of interpreters for indigenous languages constitutes institutional violence, denying basic information to indigenous language speakers. [lxxxix]

In **El Salvador,** restrictive abortion laws specifically affect adolescents and young individuals. The data from 2021 emphasizes the significant impact on youth aged 12 to 17, who endure obstetric complications due to miscarriages. [xc] This multifaceted problem affects various dimensions of their lives, including physical, psychological, familial, and social aspects.

In **Guatemala, Costa Rica,** and **Honduras,** a lack of specific data hinders a comprehensive understanding of the needs of SEC, encompassing Afro-descendant, indigenous, disabled, transgender and gender-diverse individuals, and youth.

In **Honduras,** abortion is prohibited under all circumstances including rape or incest, endangerment of the life or health of the woman or pregnant individual, and in instances of severe fetal malformation. Such a stance represents a blatant violation of human rights, disproportionately affecting Afro-descendant women due to existing disparities and systemic inequalities in access to healthcare for this population. Afro-descendant women in the country are overrepresented in indicators of poverty, low educational attainment, and limited employment access, thus facing greater socio-economic barriers to accessing basic healthcare services.

D. Intersectional and Intercultural Approach

Across the sub-region, there is a lack of detailed information available regarding intercultural and intersectional approaches within abortion initiatives, making it challenging to ensure programs are tailored to individuals from diverse cultural backgrounds.

The Continental Link of Indigenous Women of the Americas (ECMIA) reports a pervasive absence of intercultural approaches to SRHRJ in the sub-region. While their report does not specifically cover abortion, ECMIA notes that **Mexico** has recently integrated an intercultural perspective into its health framework through the "Intercultural Health Model in the Context of Primary Care, Community Health, and Strengthening Networks and Health Services (and clinical therapeutic models for strengthening health in the face of the COVID-19 epidemic) (2021)." [xci] This document incorporates a section focusing on comprehensive care during pregnancy, childbirth, and the postpartum period. However, it is noteworthy that the document lacks references to aspects such as the exercise of sexuality, child and adolescent pregnancies, and child marriages.

E. CSO Participation

In **Mexico,** a coalition of **CSOs** including **GIRE**, **Ddeser**, **Fondo María,** and **Marie Stopes,** play a crucial role in improving access to abortion services. These organizations have conducted training sessions for healthcare professionals, provided financial support to public clinics when these face shortages, monitored government initiatives for compliance, filed lawsuits to secure legal abortion services, and carried out informational campaigns about abortion. Despite facing resource constraints, local organizations and collectives have been instrumental in directly facilitating access to abortion, particularly medical abortion with Miso and Mife. Collaboration between the government and **CSOs**, through training and workshops for healthcare providers and relevant stakeholders, aims to improve service quality, but compensation for these efforts is not consistently provided.

In **Guatemala, CSOs** play an important role in educating the public about abortion, with a particular focus on the health of those seeking these services. Legislative initiatives, supported by **CSOs**, such as a Bill from 2018 [xcii] seek to provide comprehensive protection, including abortion care, for survivors of sexual violence, exploitation, and trafficking. Notably, the Bill challenges societal moral condemnation and advocates for the right to choose abortion. In **El Salvador, CSO**-led advocacy movements persistently fight for the decriminalization of all forms of abortion.

In **Costa Rica, CSOs** play a critical role in destigmatizing therapeutic abortion and filling informational gaps. Advocacy and mobilization efforts include campaigns like #FirmeYa, which seeks to support the Technical Standard from 2019, and the influential "Movimiento Aborto Legal Costa Rica". However, the government's approach to therapeutic abortion has left out **CSOs**, preferring a top-down approach to governance. The processes leading to the publication of the Technical Standard in 2019 and the Protocol in 2020 excluded **CSOs**.

In **Honduras, CSOs** face legal battles when challenging restrictive abortion laws. Despite this, they continue to use alternative advocacy strategies and initiatives to navigate the challenging environment. Outreach and education initiatives, led by the "Red de Mujeres Jóvenes" (young women's network), host training workshops in different municipalities, achieving coverage in the southern region of the country, particularly in the Choluteca area, home to the ***Lenca*** indigenous people and characterized by high levels of poverty.

3.1. The Caribbean

3.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks

In the **Caribbean,** there is a concerning deficiency in legal frameworks for abortion, according to MQTM. Across the three countries monitored by MQTM, only **Puerto Rico** has a legal framework. The sub-region's average score is deficient, standing at **33%. Antigua & Barbuda** and **Haiti** remain unmonitored by MQTM, but also present restrictive legal frameworks in access to abortion, according to the CSO reports.

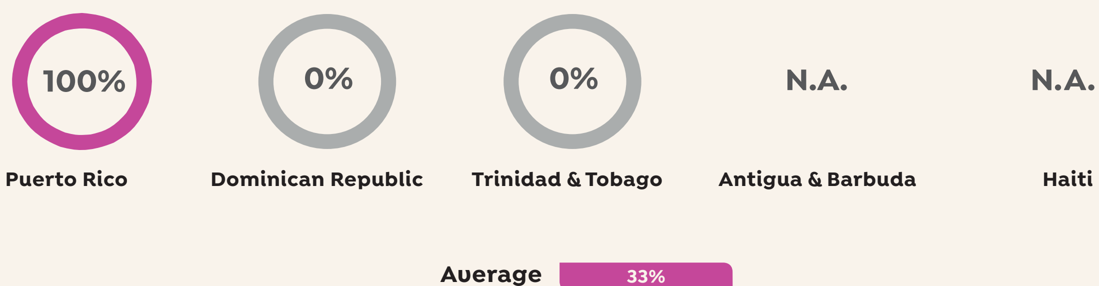
In **Trinidad & Tobago,** abortion remains illegal, carried out only to preserve the physical and mental health of the pregnant woman or individual. The National Gender Policy, a green paper published in 2018 by the Office of the Prime Minister (Gender and Child Affairs) [xciii] has been challenged by controversies surrounding abortion and LGBTIQ+ rights. The impact of these legal restrictions is unknown due to a lack of available data, leaving a critical gap in understanding the prevalence of unsafe, or self-induced abortion practices.

In **Antigua & Barbuda,** abortion is strictly illegal, permitted only to save the life of the mother or pregnant person. Despite the government announcing plans to carry out consultations on potential legalization in 2022, these have not materialized. The persisting illegality of abortion is due to a lack of political will, religious and moral constraints, and social stigma, collectively upholding the restrictive legal landscape.

The **Dominican Republic** criminalizes abortion in all cases, despite past legislative efforts. A law was passed in 2014, [xciv] permitting abortion in cases where there are risks to the individual life, severe fetal malformations incompatible with life outside the womb, or pregnancies resulting from sexual assault or incest. However, subsequent legal challenges and declarations of unconstitutionality have impeded progress. Since 1997, discussions have been ongoing to amend the Dominican Penal Code, including the potential decriminalization of abortion in specific cases. In February 2023, the Senate approved a Penal Code project, [xcv] however, this proposal maintains the total criminalization of abortion and is currently under review by the Permanent Justice Commission of the Chamber of Deputies. In addition to legal restrictions, societal stigma, religious discourse, and a lack of government engagement with CSOs contribute to the perpetuation of unsafe abortion practices.

In **Puerto Rico,** legal abortion is maintained for all without gestational age limits. Even though **Puerto Rico** is an annex of the **United States,** and the **US** Constitution prohibits abortion, territories like **Puerto Rico** can provide greater guarantees.[xcvii] Persistent accessibility challenges arise from sociocultural barriers and a healthcare system strained by economic crises, natural disasters, the COVID-19 pandemic, and governmental corruption. Societal stigma, insufficient funding, and anti-rights groups collectively restrict access, particularly for marginalized groups, highlighting the urgent need for comprehensive reforms and community involvement.

In **Haiti,** the absence of a legal framework on abortion poses significant challenges. The Haitian Penal Code strictly criminalizes abortion in all forms and contexts, subjecting it to criminal penalties. Proposed reforms in 2020 by the late President ***Jovenel Moïse*** suggest a potential shift toward considering exceptions, however these proposals were not accepted by any elected officials.[xcviii] The National Strategic Plan for Sexual and Reproductive Health (2019-2023)[xcix] minimally addresses abortion, lacking specific indicators or programs. Despite a proposal for decriminalization, the legal landscape remains restrictive, requiring comprehensive efforts to bridge gaps and advance toward safe and accessible abortion services.



B. Programmatic Frameworks

In **Trinidad & Tobago,** there are no formal programs for abortion, underscoring the impact of restrictive legislation that criminalizes patients and practitioners.

Puerto Rico grapples with challenges in its programmatic frameworks, primarily due to a limited number of gynecologists-obstetricians and insufficient maternal care facilities, especially in the eastern part of the island reported in 2022 as having only one delivery room. [xcix]

Antigua & Barbuda, the **Dominican Republic,** and **Haiti** have no programmatic frameworks related to abortion. This current situation falls short of fully aligning with international commitments, leaving a significant gap in ensuring comprehensive access to safe abortion services across the sub-region.

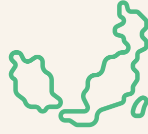
C. Financial Frameworks

Trinidad & Tobago, Antigua & Barbuda, the **Dominican Republic**, and **Haiti** currently lack dedicated budgets for abortion services, in line with their restrictive legal frameworks.

In **Puerto Rico,** a noteworthy gap exists with the absence of an assigned budget for abortion services. The economic challenges on the island are compounded by factors such as bankruptcy, austerity measures, and oversight by a federally appointed Fiscal Control Board. This board is not democratically elected but appointed by the **United States** Congress and holds authority to veto budgets and public policy proposals, further straining the financial landscape. These economic difficulties reverberate throughout the healthcare system, significantly impacting the broader landscape of reproductive health in **Puerto Rico.**

Key Themes

A. Territorial Inequalities



In **Antigua & Barbuda,** the limited resources available at government community clinics are restricted to urban areas. This centralized approach severely curtails the accessibility and quality of health services, disproportionately affecting individuals in rural areas who face heightened challenges in obtaining essential reproductive health care, such as abortion.

The **Dominican Republic** experiences severe rural-urban disparities, further intensified by the absolute prohibition of abortion. This prohibition disproportionately impacts racialized young women, girls and gender-diverse individuals from low-income households and living in rural areas.

In **Puerto Rico** health services are limited to rural areas. The concentration of clinics in metropolitan areas, coupled with insufficient public transportation, exacerbates this disparity, impeding individuals in rural regions from accessing essential reproductive health services, including abortion.

In **Trinidad & Tobago** and **Haiti,** specific information concerning rural-urban disparities in abortion access is not available due to restrictive laws hindering comprehensive assessments.

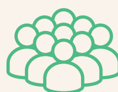
B. Data Access, Generation, and Quality

Trinidad & Tobago lacks disaggregated, up-to-date, and reliable data on **SRHS.** However, the Family Planning Association of **Trinidad & Tobago** released a report in 2008, shedding light on the prevalence of unplanned pregnancies, with **96%** falling into this category.[c] Within this group, **31.9%** of women attempted to terminate pregnancies using various self-selected methods, including backyard procedures.

Antigua & Barbuda faces similar challenges with limited data on abortion. The outdated Population Census from 2011 hampers efforts to have current and detailed insights into abortion rates and related factors.

The **Dominican Republic, Puerto Rico,** and **Haiti** all lack disaggregated, up-to-date, or reliable information on abortion, emphasizing the need for systematic and official data collection to inform effective policymaking.

C. Systematically Excluded Communities



Antigua & Barbuda grapples with physical accessibility to **SRHS** for persons with disabilities, as well as legal challenges for the **LGBTIQ+** community. Additionally, adolescents and youth require consent from their parents to access **SRHS**.

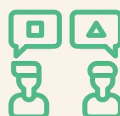
In the **Dominican Republic,** the absolute prohibition of abortion under all circumstances disproportionately impacts racialized, young women, girls, and gender-diverse individuals from low-income sectors. These groups are more prone to experiencing unwanted pregnancies due to their limited access to sexuality-related information.

In **Puerto Rico,** economic disparities affect Black women and gender-diverse individuals, who face high poverty rates. Colonial influence from the **United States** contributes to racial and gender disparities in access to abortion services on the island.

Trinidad & Tobago and **Haiti** lack data, creating a gap in understanding the unique challenges faced by **SEC** in these countries.

It is of note that across the **Caribbean**, a lack of legal recognition of trans and gender-diverse individuals impacts access to abortion for these groups. Activists grapple with discrimination, unemployment, homelessness, and institutional practices that contribute to health inequities for **LGBTIQ+** people. The upsurge in anti-trans and anti-gender mobilization efforts across **Caribbean** countries further complicates the push for trans-inclusive or trans-specific abortion services significantly impacting the broader landscape of reproductive health in **Puerto Rico.**

D. Intersectional and Intercultural Approach



No reports were able to provide information on intercultural and intersectional aspects in abortion initiatives, as the sub-region has highly restrictive legal frameworks.

E. CSO Participation

In **Trinidad & Tobago, CSOs** and government agencies lack coordinated efforts, revealing a gap in streamlining services and advocacy efforts. In **Haiti, CSOs** continue to informally provide support to those seeking abortions, with the aim of reducing the harms and risks caused by clandestine abortions.

Antigua & Barbuda has active **CSO** networks working collaboratively to advance the gender equality agenda.

In the **Dominican Republic,** active feminist movements and women's organizations advocate for the partial decriminalization of abortion. **CSOs** play a proactive role in raising awareness, gathering data, and fostering knowledge on abortion as a gender equality issue. The involvement of prominent organizations such as the Dominican Medical College, the National Nursing Association, and **PROFAMILIA** have been crucial in positioning abortion in public discourse.

In **Puerto Rico,** there has been limited involvement of **CSOs** in decision-making. The current colonial government has emphasized its power, ignoring feminist and human rights groups and activists, including those who provide **SRHS**.

4.1. South America

4.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks

In **South America,** MQTM reveals a lack of comprehensive legal frameworks. Half of the countries in the region score below **40%**, with only **Uruguay, Argentina,** and **Colombia** achieving higher scores. The sub-region's average score stands at **49%**, highlighting continued legal restrictions. While this score is the highest in the LAC region, it falls short of guaranteeing comprehensive SRHRJ and upholding the commitments made in the Montevideo Consensus. Cultural transformations, the introduction of the Combipack (Mifespristone and Misoprostol) for medical abortions, healthcare provider training, and de-stigmatization of abortion have expanded access significantly.

Abortion has been considered a crime in **Brazil** since 1940, however doctors are not penalized if the abortion is carried out to save the life of the mother or if the pregnancy resulted from rape. In 2012, the Supreme Federal Court expanded the law to include anencephaly as a reason for accessing abortion.[ci] However, access continues to be challenged, most recently by a January 2023 ordinance, mandating doctors to report all abortions to the police, even when conducted legally. [cii] Despite the government of ***Lula da Silva*** aligning with gender equality initiatives like the Santiago Commitment, a regional instrument of gender-responsive guidelines to tackle the COVID-19 crisis, [ciii] legislative challenges and the influence of conservative religious groups continue to pose barriers.

While legislation is in place allowing abortion under specific circumstances, implementation challenges, such as lack of monitoring, and the overarching impact of societal stigma and racial disparities create a daunting landscape. A particularly emblematic case was recorded in 2022, when an 11-year-old girl became pregnant for a second time after being raped by a family member. Even though abortion would have been legal in this case, her family did not grant permission, reflecting broader socio-cultural pressures and the challenges faced by many women, girls, and gender-diverse individuals in **Brazil.** [civ]

Uruguay stands out in the sub-region for its strong legal framework, notably the Voluntary Termination of Pregnancy Law of 2012 [cv] making it the first country in LAC to legalize abortion.[cvi] Within a broader framework of universal health coverage, the country ensures free, safe, and legal access to abortion. However, legislative stagnation, dissuasion tactics by healthcare providers, and restrictions on non-citizens have posed challenges since 2012. Recent years have seen little effort to improve both the legislative and operational frameworks as well as a noticeable stagnation in polices related to pregnancies in adolescents under 15 years old.

Instances of GBV during post-abortion consultations from 2014 to 2022 reveal existing gaps in addressing the comprehensive needs of women and gender-diverse individuals after abortion procedures. Challenges also emerge due to conscientious objection by healthcare professionals, which allows them to oppose carrying out abortions on religious grounds.

Argentina has made significant progress, with the passing of a law in 2021, legalizing abortion.[cvii] In 2022, no legal challenges were made to this law, and no healthcare teams were prosecuted for providing abortions. Improvements in abortion care quality and a government investment in public sector facilities offering abortion services are of note. The growing legitimacy of legal abortion, cultural transformations, the introduction of the Combipack (Mifespristone and Misoprostol) for medical abortions, healthcare provider training, and de-stigmatization of abortion have expanded access significantly. Challenges include outdated procedures like curettage, coordination issues, and conscientious objection by healthcare providers, as well as the recent rise of a conservative government outspoken against legal abortion. The focus must shift to expanding access, providing adequate equipment, and addressing training gaps for healthcare teams.

Chile's abortion law from 2017 decriminalizes abortion in three specific cases: risk to the life of the mother, fetal unviability, and pregnancy resulting from rape.[cviii] However, most abortions occur clandestinely, exposing challenges for access through legal channels. Barriers persist due to difficulties in access to effective contraception for preventing pregnancy in the first place. Additionally, the law's narrow grounds, such as the exclusion of mental health considerations,[cix] contribute to these challenges. The political stagnation and the emergence of conservative legislative proposals further threaten the current abortion law in **Chile.**

Paraguay faces challenges in aligning with international agreements on abortion as it only allows for abortion when it is necessary to protect the mother or pregnant individual from a serious health risk.[cx] This exception permits indirect fetal death resulting from a medical procedure intended to safeguard the individual life. That is, if medical treatment were needed to save a individual life and this treatment unavoidably caused the death of the fetus, it is not punished under the law. While some progress is seen in the establishment of humane post-abortion care, clandestine abortions continue, due to societal discrimination. Restrictive laws criminalizing abortion, the government's "pro-life" stance, and a rejection of international agreements hinder progress.

The legal landscape in **Bolivia** has seen significant advances since 2014, with a constitutional sentence from 2014,[cxi] a legal framework which allows abortion in cases of rape, incest, or when the mother's life or health are at risk. The law also eliminates procedural barriers such as the need for judicial authorization and acknowledges voluntary abortion as a legitimate exercise of the mother's rights. Under the law, legislation is to be developed to guarantee SRHRJ and procedural guidelines for health services are established.

This law, however, faces challenges such as conscientious objection conflicts, and a shortage of specialized personnel, particularly in rural areas. Inadequate infrastructure, equipment, supplies, and medications further complicate the provision of safe and timely abortion services. Despite the legal framework, criminalization of abortion persists, reflecting legal enforcement challenges. A widespread lack of awareness and comprehension of the legal framework persists among healthcare personnel. Individuals seeking abortions often encounter privacy violations, while girls, adolescents and gender-diverse youth remain subjected to coercion into continuing their pregnancies, reflecting a failure to safeguard their fundamental rights.

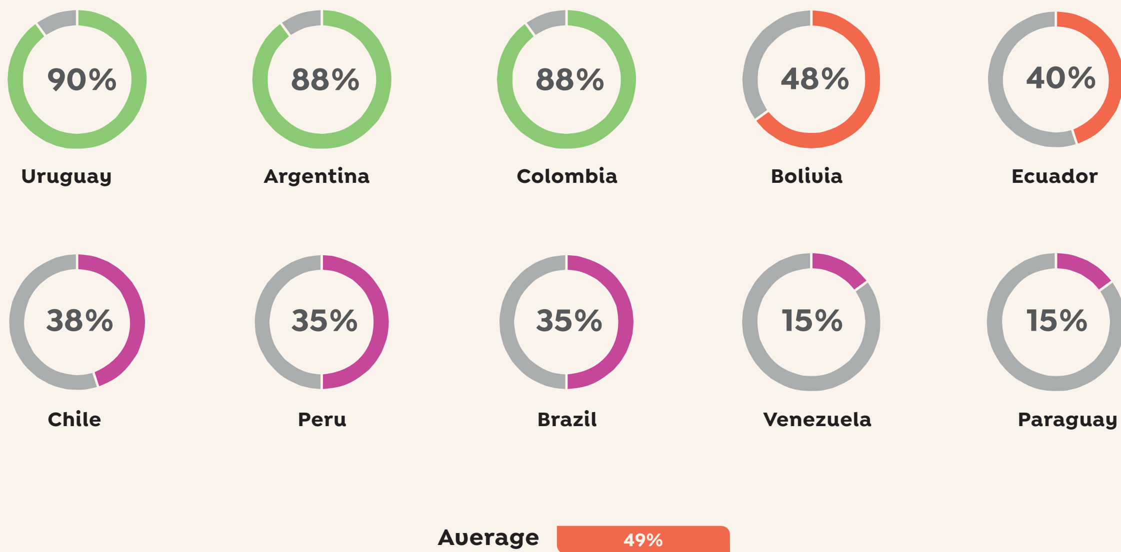
Since 2006, **Colombia** has seen over 20 rulings in support of abortion. In 2022, the country decriminalized abortion up to the 24th week of gestation,[cxii] and the government formulated technical guidelines for safe and effective abortion procedures in 2023. [cxiii] Abortion is incorporated into the Health Benefit Plan, ensuring accessibility nationwide. [cxiv] Obstacles span across the political sphere with pushback at the legislative level, administrative obstacles and religious interference in policy making. Sociocultural resistance is seen through strong advocacy efforts from anti-rights groups. Additionally, there is a strong need to update other policies on SRHRJ, make improvements for professional training, fill informational gaps and tackle social stigma. Service limitations, unwarranted requirements, social stigma, refusals by healthcare institutions and providers to provide abortion services, and privacy violations collectively impede access to abortion services in the country. It is important to note that restrictions on conscientious objections exist, allowing only the performing medical doctor to enact these.

Peru has allowed therapeutic abortion since 1924, with recently formulated protocols and guidelines emphasizing more coordinated services for victims of violence, particularly those seeking a therapeutic abortion because of rape. Abortion is only permitted if the individual's life or health is at risk; otherwise, it is penalized. The approved Joint Action Protocol initiated in 2019 by Women's Emergency Centers and healthcare establishments, aims to provide coordinated and comprehensive care for victims of violence.[cxv] It includes criteria for assessing the impact of pregnancies resulting from rape and ensuring access to therapeutic abortion. However, challenges arise as the indication for therapeutic abortion is placed in a footnote,[cxvi] leaving discretion to officials, and lacking clear operational mechanisms or guidelines tailored to the country's diverse realities. This lack of coordination leads to episodes of revictimization and hampers victims' access to their health rights.

Insufficient training, inadequate protocols, a lack of legal progress, with five instances of girls being denied abortion access since 2017, a high prevalence of unsafe abortions despite legal permissions, and instances of gender stereotyping are key obstacles in **Peru.** Conservative legislative initiatives such as a law from 2021[cxvii] aiming to protect the rights of the unborn child, the denial of therapeutic abortion, and mandatory reporting by health professionals on any evidence of crime, violence, or abortion, present substantial challenges.

Venezuela allows therapeutic abortion and has established a protocol for obstetric emergencies that prioritizes the health and well-being of pregnant individuals (2013).[cxviii] In Article 434, the Penal Code reduces penalties for abortions performed for "preserving honor" of the individual and her family, without specifying what that entails. However, the country has seen limited progress on proposals for reforms, and still lacks comprehensive safe abortion services nationally. Crucial medications such as misoprostol and mifepristone remain inaccessible, making unsafe abortions the third leading cause of maternal mortality in **Venezuela.**[cxix] Religious and anti-rights beliefs hinder human-rights based legislative agendas, leading to criminalization, stigma, and inadequate post-abortion care. The **COVID-19** pandemic exacerbated these challenges, restricting access to gynecological and family planning services.

Ecuador's Penal Code permits abortion when the life or health of the pregnant person is at risk and in cases of pregnancies resulting from rape since 2021.[cxx] The recent addition of permissions in cases of rape, positions **Ecuador** among nations undertaking reforms to bring their abortion laws up to human rights standards. Restrictive protocols, mistreatment by medical staff, criminalization, challenges in obtaining information, the fear of legal repercussions, the illegal requirement for authorization from parents, partners, or judicial authorities, and a lack of specific provisions for vulnerable groups are among the leading challenges for safe abortion in the country.[cxxi] The absence of targeted legal frameworks has particularly negative consequences for victims of rape, dissuading individuals from seeking necessary medical attention.



B. Programmatic Frameworks

In **Brazil,** despite existing guidelines stipulating that every Unified Health System-accredited hospital should provide legal abortion in the cases outlined above, only 42 hospitals, as of 2020, perform the procedure.[cxxii] **Brazil** faces challenges in ensuring established rights are upheld, such as legal abortion in the cases of rape and anencephalitis in the fetus. Political influences, particularly from a government which aligned with evangelical views from 2016-2020, contribute to setbacks, such as the passing of an order in 2020, which, influenced by a stance on 'life and family values', compels medical professionals to report abortions to the police and preserves physical evidence in presumed rape cases.[cxxiii] A redirection of financial resources further complicates comprehensive access, with funds allocated to anti-abortion groups like "Centro de Reestruturação para a Vida".[cxxiv]

Uruguay, on the other hand, exhibits progress in its institutional and programmatic frameworks for SRHS. Specific institutions and programs exist to ensure information and access, including a regulatory decree facilitating access to a wide range of contraceptive methods.[cxxv] However, necessary updates to the 2010 guide developed by the Ministry of Health have stagnated, posing a concern over progress.[cxxvi] While **Uruguay's** policies provide a foundation for SRHRJ, the lack of updates may hinder the evolving needs of individuals seeking these services.

Argentina has made progress by granting access to misoprostol through its sale in pharmacies since the mid-2000s, according to CSO reports. Additionally, the Ministry of Health in the Province of **Buenos Aires** signed an agreement with the National University of La Plata to produce mifepristone. In 2022, a total of 59,267 legal abortions[cxxvii] were reported across the entire national territory, with data updated until September of that year.[cxxviii]

Chile's programmatic framework for abortion is established through a technical guide,[cxxix] which ensures a structured approach to abortion services, particularly in tertiary-level healthcare facilities with specialized obstetric units. While this is an important document, healthcare professionals lack sufficient training on abortion care and there are significant information gaps. While cases involving risk to life of the mother and unviability of the fetus are more readily accepted by healthcare professionals and within the judicial system, cases involving rape face significant objection, with nearly half of all specialized obstetricians refusing to perform abortions in such cases.[cxxx] Conscientious objection, which in **Chile** can be declared by individual healthcare providers and entire institutions, is a major barrier to access to these services by women, girls, and gender-diverse individuals.[cxxxi]

Paraguay has a Manual of Standards for Post-Abortion Humanized Care since 2012.[cxxxii] However, the penalization of doctors performing abortions has led to the absence of comprehensive government programs to guarantee access.

In **Bolivia,** differentiated levels of service provision based on gestational age and the availability of trained medical staff are crucial to ensuring abortions are performed safely. The passing of a law in 2019,[cxxxiii] which confines abortion services to secondary health facilities, hinders comprehensive access. Breaches of confidentiality norms, leading to public disclosure of cases involving minors seeking abortion services due to rape, constitutes a human rights violation.

Colombia, meanwhile, has integrated abortion access into the National Development Plan 2023-2026, emphasizing its importance and alignment with broader national priorities such as the commitment to guarantee the right to health, according to **CSO** reports. However, persistent challenges for comprehensive access include a lack of timely and sufficient information on reproductive matters for users, limited availability of services and trained professionals for late-stage gestational procedures, delays in diagnosis when complications arise in pregnancy or fetal health after the window for safe abortion decision has closed, and requirements that extend beyond the regulatory framework. Furthermore, the misuse of conscientious objection, institutional conscientious objection, and stigmatization of individuals opting for abortion contribute to the violation of privacy, confidentiality, and reproductive autonomy.

In 2014, **Peru** promulgated the "National Technical Guide for the Standardization of the Procedure for Comprehensive Care for Pregnant Women in Voluntary Interruption due to Therapeutic Indication of pregnancies under 22 weeks with informed consent within the framework established in Article 119 of the Penal Code."[cxxxiv] While the existence of this Technical Guide marks an important precedent, it fails to address more serious health issues, especially related to the mental health of those seeking abortion. The guide does not address high-risk pregnancies in girls, adolescents and gender-diverse youth, and lacks considerations for pregnancies resulting from rape.

Venezuela's National Plan for the Protection of Women's Sexual and Reproductive Rights (2014-2019),[cxxxv] aimed at safeguarding the fundamental rights of all women, does not include provisions for ensuring or expanding access to safe abortion services. Abortion services are not integrated into the broader framework of the "Safe, Desired, and Happy Motherhood" program, which is part of the National Plan, highlighting a missed opportunity for comprehensive reproductive healthcare.[cxxxvi] There are no government programs to address access to abortion.

Ecuador, despite having robust legal initiatives guaranteeing the right to health, including **SRHR,** grapples with practical challenges in upholding these rights. According to **CSOs**, **SRHRJ** is not prioritized consistently across different government departments and thus faces sustainability challenges.

C. Financial Frameworks

Brazil has faced fluctuations in the budget allocated for social assistance programs, with an eight-fold decline from 2015 to 2016, followed by a gradual yearly increase from 2016 to 2019.[cxxxvii] From 2015 onwards, certain programs lost their allocated budgets, including a program aimed at strengthening the Unified Health System, a system responsible for the provision of abortion.

In **Uruguay,** although specific budgets are set aside for gender equality programs, these mainly focus on economic empowerment and GBV prevention, with no allocations for abortion services for the period 2020 to 2024.[cxxxviii] **Argentina** and **Chile** lack publicly available information regarding their assigned and disbursed budgets for abortion services. In **Paraguay,** where abortion is criminalized, there is neither a legal framework nor a designated budget for it.

Bolivia has no publicly available data on assigned and disbursed budgets, due to the complex relationship between central and subnational budgets within the health system, and a lack of financial transparency. The Ministry of Health's 2021 accountability report, while available online, does not provide a breakdown of budget allocation and execution for maternal mortality prevention, infant mortality, sexual health, reproductive health, or legal abortion.[cxxxix]

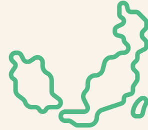
In **Colombia,** abortion procedures are mentioned in the general health budget, with no specifically dedicated budget for these services. A lack of financial transparency, and limited resources dedicated to SRHRJ, mean these areas are underprioritized.

In **Peru,** public information is scarce, incomplete, and not available in structured and standardized formats, making it challenging to identify specific allocations for abortion. **Venezuela** does not allocate a specific budget for abortion services.[cxl]

Ecuador, despite approving an abortion law, lacks a designated budget. Budgetary allocations for health services lack specificity and are integrated into the overall health budget.

Key Themes

A. Territorial Inequalities



Due to **Brazil's** continental size, the country faces unique challenges in addressing abortion access. The north and northeast regions, predominantly inhabited by Black and indigenous populations, face significant social and economic challenges. [cxli] The concentration of impoverished people is highest in these two regions. [cxlii] Most abortions among girls and gender-diverse youth aged 10 to 14 occurred in the northeastern region between 2010 and 2019. [cxliii] Urban areas generally have better access to healthcare services, exacerbating rural-urban disparities.

Uruguay lacks specific meaningful analyses of territorial inequalities concerning abortion access. In **Argentina** there are geographic disparities between provinces with indigenous and Afro-descendant communities facing greater challenges in accessing healthcare and particularly abortion services, thus contributing to existing inequalities.

In **Chile,** although there are hospitals that carry out abortions under specific circumstances, those that do not have specialized units to provide these services, are forced to redirect patients to alternative healthcare facilities. Additionally, there is insufficient monitoring of conscientious objection by healthcare providers, forcing women and those seeking abortions to travel in order to receive services. This situation poses significant difficulties, particularly concerning work responsibilities and caregiving duties of those seeking abortions. **Paraguay,** where abortion is criminalized, does not provide meaningful analysis on territorial inequalities.

In **Bolivia,** rural areas have maternal mortality rates four times higher than urban areas, and according to the National Demographic and Health Survey from 2016, **58.6%** of pregnancies are unplanned in rural areas. [cxliv] Additionally, **10%** of rural women and gender-diverse individuals terminate their pregnancies. [cxlv]

Peru, Venezuela, and **Colombia** have limited information on rural-urban disparities. In **Venezuela,** safe abortion access is limited across the entire country and **Colombia** lacks data tracking abortion service access across different territories. **Ecuador** grapples with deep-seated territorial inequalities and profound class disparities, especially in rural and Amazonian areas where state influence is limited.

B. Data Access, Generation, and Quality

In **Brazil,** recent improvements in data quality and collection allow for a more nuanced understanding of racial disparities in health, particularly related to abortion access. [cxlvi] Research institutions such as Agencia Brasil and ANIS [cxlvii] play a crucial role in producing accessible data. Platforms like the Map of Legal Abortion [cxlviii] and the Brazilian Obstetric Observatory [cxlix] provide data and insights to both public administration officials and civil society to ensure rights are upheld. However, the country faces significant challenges in terms of data access and information, which include a lack of clear information related to permissible cases for abortion, data that is not disaggregated, and the complexity of data sources. Navigating official channels for abortion-related data in **Brazil** requires expertise and is not user-friendly for individuals who do not have training in these types of systems.

In **Uruguay** data is only disaggregated by region/department, provider (public/private), sex and age. CSOs advocate for more detailed data and further disaggregation by variables like race, migrant status, and gender identity. **Argentina** estimates the annual number of induced abortions. The estimation is conducted at the request of the Ministry of Health by the Health Statistics and Information Directorate, using two internationally validated methodologies: the method based on hospital discharge statistics for abortion complications and the residual method, which involves subtracting the number of documented abortions from the total number of expected pregnancies. [cl]

In **Chile,** publicly available data can be accessed on a platform, however it limits downloads, making it difficult to obtain a complete picture. Access to abortion-related information can be requested to the Department of Health Statistics and Information under the Transparency Law. Despite technical standards specifying indicators, current data primarily focuses on patient characteristics and services delivered, lacking information on qualitative indicators such as patient satisfaction. Data is available only on abortions carried out under the three cases that are legal in the country. Feminist organizations support those seeking abortions outside of the three cases and report potential complications as miscarriages to avoid penalization.

Bolivia has an outdated information system with lacking data on maternal mortality caused by clandestine abortions. While the National Health Information System of the Ministry of Health and Sports produces some quality abortion data (disaggregated, updated, and reliable), non-compliance by healthcare personnel and institutions to abortion norms, is not reflected in this system, presenting an incomplete picture.

Colombia lacks government initiatives to monitor and produce quality abortion data. In **Peru,** data gaps are filled by **CSOs**, but issues include interpretation challenges due to non-standardized public data, and monitoring gaps in the Montevideo Consensus Control Board. **Venezuela** faces a lack of official data on abortion. Some organizations have collected information; however, their data is incomplete.

In **Ecuador** data is not consistently updated nor publicly available, and to access abortion-related data, formal requests must be made to the respective institutions. The National Institute of Statistics and Censuses collects national-level figures, and the Ministry of Public Health gathers data on treated cases, specifically in the context of obstetric emergencies and abortions carried out on children under 14 years in cases of rape. However, access to comprehensive data remains a challenge.

C. Systematically Excluded Communities

In **Brazil,** data from Agencia Brasil reveals a higher incidence of abortion among vulnerable groups, particularly Black and indigenous women, and individuals in the north and northeast regions. Data shows that six of every 10 deaths due to abortion over the last 10 years, were black women and individuals, compared to 4 of 10 being white women and individuals. [cli] Between 2010 and 2019, according to the Unified Health System Database, almost 25,000 hospitalizations for abortion involved girls and gender-diverse children aged 10-14, with the majority being black. [clii] Additionally, the 2021 National Abortion Survey revealed that over half **(52%)** of those interviewed had their first abortion before the age of 19, with **43%** of them requiring hospitalization after the procedure. [cliii]

Uruguay, Argentina, and **Paraguay** lack specific data on **SEC**, making it difficult to assess the situation comprehensively. In **Chile,** a lack of disaggregated data makes it complex to analyze the situation of **SEC** in relation to abortion access. The legal framework lacks specific requirements for vulnerable groups, leading to disparities in implementation, especially for minors aged 18 and under, requiring parental or guardian consent in cases of rape.

Data from **Colombia** shows the existence of discriminatory practices related to abortions for **SEC**, especially in indigenous communities, however the Constitutional Court's gender-sensitive and intersectional policy, recognizes and addresses intersecting vulnerabilities faced by **SEC**, including those living in rural areas, those with disabilities, and those forcibly displaced. [cliv] This approach sets a precedent for acknowledging and addressing the diverse reproductive health needs of **SEC**.

CSOs reporting from **Peru** highlight significant barriers for abortion access for Afro-descendant, disabled, indigenous, and **LGBTIQ+** communities. Youth living in rural areas of the country, particularly the ***Aymaras, Kakataibos, Quechuas*** and ***Asháníncas*** indigenous groups face a higher rate of unplanned pregnancy than their urban counterparts.[clv] Over **40%** of these pregnant youth had never sought sexual health information due to health staff discretion, **15%** were required to attend consultations with an adult present, and over **10%** said their pregnancy resulted from sexual assault. [clvi]

Venezuela lacks specific data on **SEC** and in **Ecuador,** despite constitutional prioritization of health access for **SEC**, no legal or programmatic frameworks provide targeted abortion services for these groups. Overall, the lack of comprehensive data for **SEC** in many **South American** countries hinders a thorough understanding of the challenges faced by these communities in accessing abortion services.

D. Intersectional and Intercultural Approach

The legal frameworks in all **South American** countries covered in this report, do not effectively address the unique needs of culturally diverse populations living in their territories, signaling a gap in recognition and a barrier to addressing intercultural approaches to abortion. Nonetheless, in **Colombia,** intersectionality has been a key component of both the law and a cornerstone of the feminist movement, mobilized under the slogan "for a free, accompanied, and intersectional abortion" [clvii] reaffirming the importance of addressing intersecting discriminations faced by low-income, rural, indigenous, migrant women, and non-binary individuals. The 2022 Sentence has been a landmark in recognizing the convergence of structural factors resulting in additional risks for women, girls, and gender diverse individuals.

E. CSO Participation

In **Brazil,** civil society actively utilizes legal tactics to advocate for the decriminalization of abortion. Notable strategies include legal interventions such as arguing that certain normative documents are inconsistent with fundamental precepts established in the Constitution. Other strategies include parliamentary mobilization, and communication campaigns. Feminist groups play a crucial role in strengthening narratives and conducting research to support their advocacy. Despite these efforts, the involvement of **CSOs** in **Brazil** faces significant risks, including threats to activists' lives from organized conservative groups.

CSOs in **Uruguay** focus activism on public mobilization, particularly in anticipation of upcoming general elections. **CSOs** collaborate to create spaces for dialogue with the government and emphasize social monitoring for evidence-based advocacy. The passing of the abortion law in **Argentina** in 2022 was achieved due to significant **CSO** mobilization, particularly the National Campaign for Legal, Safe, and Free Abortion.

Chilean CSOs provide recommendations to different ministerial departments involved in public policy implementation, influencing the operationalization of abortion and reproductive rights policies.

In **Paraguay, CSOs** carry out public mobilizations, albeit on a small scale. They commemorate the International Day for the Decriminalization of Abortion, to voice their demands to the Paraguayan State regarding **SRHRJ**. The limited scale of these mobilizations may indicate a precarious environment for robust **CSO** activity related to abortion in public spaces.

Bolivia stands out for **CSO** participation in abortion advocacy. This involvement includes activities such as data collection to feed and update the information available by the Technical Unit of the Ministry of Health and Sports. Additionally, **CSOs** are engaged in dissemination efforts, and prepare alternative reports to United Nations and Inter-American System.

In **Colombia, CSOs** advocate for the right to abortion through strategic litigation, social decriminalization efforts, and through political and legal avenues. The multifaceted approach showcases a high level of involvement and a strategic use of legal tools by **CSOs** to advance reproductive rights.

In **Peru, CSOs** carry out constant advocacy for **SRHRJ**, despite political instability.

Venezuela's feminist movement and international human rights committees consistently urge the government to revise abortion laws. Campaigns, lawsuits, and legal proposals highlight the diverse strategies employed by **CSOs**. The collaborative efforts of the Ruta Verde coalition with other organizations showcase a robust civil society presence advocating for abortion decriminalization.

In **Ecuador,** national feminist organizations in collaboration with Ombudsman's Office of **Ecuador** were involved in the passing of the Organic Law for the Voluntary Interruption of Pregnancy in cases rape.

Recommendations

1. Legal and Policy Framework:

· Advocate for the decriminalization of abortion, aligning national laws with international agreements like **CEDAW's** Optional Protocol, and incorporate learnings from landmark court cases, like Beatriz vs. **El Salvador.**

· Shift the classification of abortion legislation from criminal codes to healthcare regulations, recognizing reproductive rights as integral to healthcare.

· Amend regulations to include family doctors and obstetric midwives in sexual and reproductive health teams involved in abortion services.

· Advocate for changes in the legal framework to allow individuals to seek abortion services at any public healthcare institution, eliminating economic and mobility barriers.

2. Standardization and Accessibility of Services:

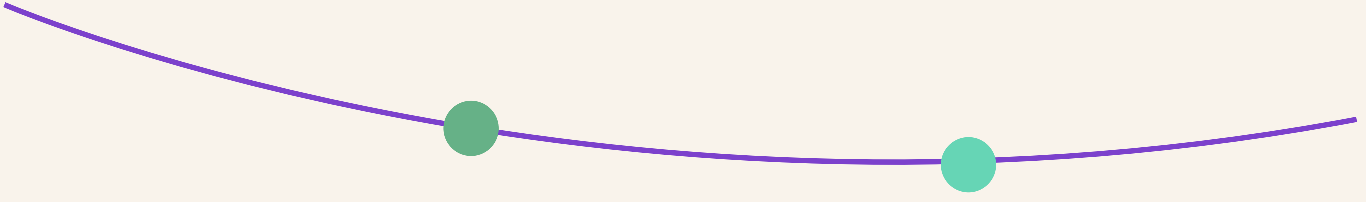
• Develop standardized pathways and service models for abortion access based on the **WHO's** Abortion Care Guidelines, ensuring accessibility and streamlining procedures.

• Initiate the health registration process for medications like misoprostol to ensure their inclusion in the Official List of Medications.

3. Interinstitutional Collaboration and Information Sharing:

• Establish and strengthen interinstitutional links across healthcare services, legal entities, and law enforcement for effective implementation of regulations.

• Develop protocols for inclusive outreach, tailoring communication and services to the needs of diverse communities, including individuals with disabilities, those from rural communities, youth, indigenous peoples, migrants, Afro-descendants, and gender-diverse individuals.



4. Data Transparency and Public Awareness:

- Enhance data transparency by demanding the release of updated figures on miscarriages and official data on therapeutic abortions – in contexts where these are legal – within public health systems.

- Implement campaigns to educate providers in the health sectors on abortion rights, institutional racism, and allocate specific budgetary resources to training, campaigns, and de-stigmatization efforts.

5. Research, Education, and Civil Society Involvement:

- Conduct comprehensive research on abortion, emphasizing factors like intimate partner violence, sexual abuse, and economic challenges.

- Strengthen dialogue with civil society organizations, form alliances, request dialogue with governments to amend abortion laws, and implement public education and awareness campaigns.

Best Practice

Context

In 2021, the Ministry of Health and the National Center for Gender Equity and Reproductive Health in **Mexico** developed the Technical Guidelines for Safe Abortion Care.[clviii] This initiative established measures for the National Health System services to implement across the country. The guidelines mandated the presence of at least one safe abortion service in each state, ensuring access to abortion services in specific cases. This mandate was accompanied by resources that ensured its successful implementation.

Challenge

Despite progressive guidelines, effective implementation of safe abortion services across diverse regions of **Mexico** remained a challenge. Regional variations in service provision, destigmatizing abortion, and integrating the guidelines seamlessly into existing healthcare structures required addressing.

The Initiatives

"Maternidad Elegida"

Location: Cuautitlán, in the northern zone of the State of Mexico.

Model: Operates effectively under the name *"Maternidad Elegida"* and is managed by obstetric nurse professionals.

Effectiveness: Serves as a role model for the successful implementation of safe abortion services and is considered a first-rate service, due to its specialized nature.

Clinic in Pachuca

Location: City of Pachuca.

Model: Established post-decriminalization in 2021 to provide comprehensive SRHS, with a primary focus on abortion services. Abortion services extended to 15 hospitals across the region.

Effectiveness: Two years after legal reforms, Hidalgo's state health services registered 1,884 abortions, with **99%** being medically induced. The Maternal and Child Hospital in Pachuca emerged as a leader with 757 abortions.

System-wide Adaptation

Pandemic Response

Essential Services: SRHS, including abortion services, were declared essential during the pandemic. [clix]

Adaptations: Specialized Centers for Legal Interruption of Pregnancy in Mexico City, like the Beatriz Velasco de Alemán Health Center, implemented measures such as separate entrances and extended weekend hours to adapt to pandemic constraints. This expanded schedule remains up to date.

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cxv For further information, refer to footnote 58: https://cdn.www.gob.pe/uploads/document/file/309605/Decreto_Supremo_008-2019-SA.PDF

cxvi For further information, refer to footnote 58: https://cdn.www.gob.pe/uploads/document/file/309605/Decreto_Supremo_008-2019-SA.PDF

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cxviii For further information on the Protocol, refer to: https://venezuela.unfpa.org/sites/default/files/pub-pdf/Protocolo%20Atencion%20Obstetrica.pdf

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cxxi The Penal Code penalizes those performing abortions outside of the mentioned exceptions, with imprisonment ranging from one to three years. Women seeking or undergoing abortions can face six months to two years of imprisonment.

cxxii Régia da Silva, V. (2020). "Só 55% dos hospitais que ofereciam serviço de aborto legal no Brasil seguem atendendo na pandemia," Gênero e Número.Available at: https://www.generonumero.media/reportagens/so-55-dos-hospitais-que-ofereciam-servico-de-aborto-legal-no-brasil-seguem-atendendo-na-pandemia/

cxxiii This Order was revoked in January 2023. For further information, refer to: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2020/prt2561_24_09_2020.html

cxxiv This funding was facilitated through parliamentary amendments and the initiative of the National Secretary of Policies for Women. The secretary, at the time, was under the leadership of the now-senator Damares Alves. To consult the research on this Centers, refer to: https://apublica.org/2023/04/centro-que-espalha-mentiras-sobre-aborto-recebeu-verba-publica-de-deputados-de-extrema-direita/?utm_source=twitter&utm_medium=post&utm_campaign=cervi

cxxv For further information on the "Decreto No 9/011," refer to: https://www.impo.com.uy/bases/decretos/9-2011/6

cxxvi To consult the Guide, refer to: https://uruguay.unfpa.org/sites/default/files/pub-pdf/12_file2.pdf

cxxvii The Voluntary Interruption of Pregnancy (IVE) affirms the right of women and individuals with other gender identities capable of gestating to terminate their pregnancy up to the fourteenth week without the obligation to provide a reason. Furthermore, the Legal Interruption of Pregnancy (ILE) recognizes the right to terminate the pregnancy in cases of rape or when the life or health of the pregnant person is endangered.

cxxviii For further information, refer to: Voluntary Report Argentina (2023).

cxxix For further information on "Ley 21030," refer to: https://www.bcn.cl/leychile/navegar?idNorma=1108237

cxxx Refer to: 1) "Implementación de la Ley N° 21.030 que regula la despenalización de la interrupción voluntaria del embarazo en tres causales: Objeción de conciencia en hospitales públicos y en instituciones y su impacto en el ejercicio de derechos de las mujeres y niñas," Centro Regional de DDHH y Justicia de Género. Available at: https://www.humanas.cl/wp-content/uploads/2018/07/HUMANAS-Estudio-Objeción-Conciencia-Ley-IVE-Tres-Causales-Anexo-Julio-2018.pdf and 2) Araneda, F. (2023). "Feministas en alerta: 43% de los médicos obstetras son objetores de conciencia," Diario Uchile. Available at: https://radio.uchile.cl/2023/01/28/feministas-en-alerta-43-de-los-medicos-obstetras-son-objetores-de-conciencia/

cxxxi To learn more about the implementation of Law 21.030 and conscientious objection, refer to: https://obtienearchivo.bcn.cl/obtienearchivo?id=repositorio/10221/27530/1/BCN_aplicacion_de_la_ley_de_aborto_marco_legal_datos_Final.pdf 57

cxxxii For further information on the Manual, refer to: https://clacaidigital.info/bitstream/handle/123456789/781/Normas_atencion_human_pos_aborto.pdf?sequence=5&isAllowed=y

cxxxiii For further information on "Ley No. 1152," refer to: https://www.lexivox.org/norms/BO-L-N1152.html

cxxxiv For further information on the Technical Guide, refer to: https://bvs.minsa.gob.pe/local/MINSA/3795.pdf

cxxxv To consult the Plan, refer to: https://venezuela.unfpa.org/sites/default/files/pub-pdf/Plan%20Nacional-parala-Proteccion-de-los-DSR_1.pdf
cxxxvi For further information on the National Plan, refer to: https://oig.cepal.org/sites/default/files/ven_plan-nacional-dsp_2014.pdf

cxxxvii Calculated for specific programs identified through searches using the terms: abortion, pregnancy interruption, and misoprostol.

cxxxviii To consult the National Budget Law, refer to: https://www.gub.uy/ministerio-economia-finanzas/politicas-y-gestion/ley-19924-presupuesto-nacional-2020-2024?hrt=1386

cxxxix To consult the Report, refer to: https://www.minsalud.gob.bo/component/jdownloads/?task=download.send&id=811:informe-de-rendicion-publica-de-cuentas-inicial-gestion-2023&catid=32&Itemid=567

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cxlvii For further information on ANIS' work, refer to: https://anis.org.br/en/start/

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cxlix For further information on the Observatory, refer to: https://observatorioobstetricobr.org/

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Fòs Feminista is an intersectional feminist organization centered on the rights and needs of women, girls, and gender-diverse people in the Global South. We recognize that the ability to make free and informed decisions about sexual and reproductive health, including the ability to access safe and legal abortion, is central to gender equity and to the fulfillment of the human rights of women, girls, and all people who can become pregnant.

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