



FPC: Family Planning and Contraception

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 and 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:	Intrauterine Device
LAC:	Voluntary Interruption of Pregnancy
LARC:	Latin America and the Caribbean
LEIV:	Long-Acting Reversible Contraceptives
LGAMVLV:	Special Comprehensive Law for a Life Free from Violence for Women, El Salvador
LIE:	Mexico's General Law on Women's Access to a Life Free of Violence
MC:	Law on Equality, Equity and the Eradication of Discrimination Against Women, El Salvador
MQTM:	Montevideo Consensus
OSAR:	Mira Que Te Miro
PARE:	Observatory of Sexual and Reproductive Health, Guatemala
PES:	Committee for Prevention, Support, Rescue, and Education on Gender Violence, Puerto Rico
PIPASEVM:	The Sexual Education Program
PLANОВI:	Program to Prevent, Address, Sanction, and Eradicate Violence Against Women, Mexico
PNTE:	National Plan for the Prevention and Eradication of Violence Against Women, Guatemala
PNUD:	National Plan for Educational Transformation, Paraguay
PROMSEX:	United Nations Development Program 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, and 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.ⁱⁱⁱ 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.



Fòs 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^u 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. ^{viiiix}

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)^{xxix} 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**. ^{xliu}

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 (**ICPD+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 / Martín Gutiérrez, Buenos Aires.

2. FPC: Family Planning and Contraception Monitoring and Implementation Insights

MQTM monitors Family Planning and Contraception (FPC), focusing on compliance scores in the provision of FPC across 18 countries. The monitoring assesses legal, political, programmatic, and operational frameworks, dissemination campaigns, evaluation/complaints systems and available resources.

Overall, we see a marginal **1%** increase in compliance rising from **70%** in 2017 to **71%** in 2023 in all 24 countries monitored by MQTM. Across the 18 monitored countries for this report, **5.5%** exhibit optimal, **61%** exhibit good, **28%** can improve and **5.5%** limited compliance, with none falling into the deficient category. **Puerto Rico** stands out with a limited compliance score of **41%**, facing challenges such as resource shortages, and a deficit in dissemination campaigns and evaluation/complaints system. The collective compliance score for the 18 countries included in this report is **75%**, indicating an overall good compliance to ensuring SRHS.

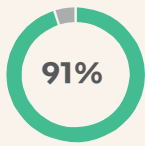
While the latest MQTM report recognizes that progress has been made developing legal, programmatic, and operational frameworks, it calls attention to the limited implementation of these frameworks, especially regarding awareness campaigns around these services and resource allocation. The report also shows that of the countries monitored, **42%** of them lack continuous training, impacting access to quality SRHS that are gender aware. ^{liu}

Sub-regionally, the **Caribbean** shows the lowest compliance scores, with **Puerto Rico** scoring lowest at **41%**. **Central America** has good overall scores, and Mexico particularly stands out with a high score of **88%**. In **South America**, significant disparities exist, as two **Andean** region countries, **Peru** and **Bolivia**, fall into the “can improve” category with scores of **70%** and **65%** respectively, while **Argentina** from the **Southern Cone** leads with **91%**.



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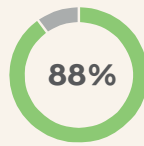
Compliance Percentage



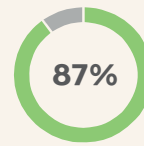
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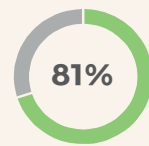
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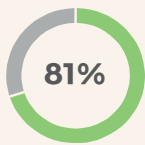
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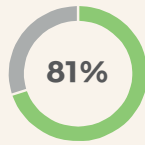
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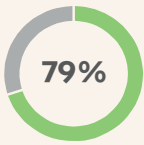
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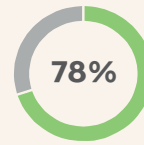
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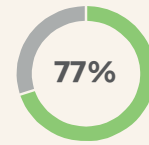
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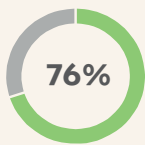
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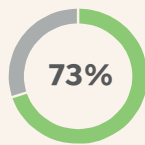
Honduras



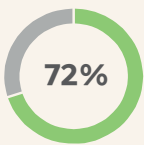
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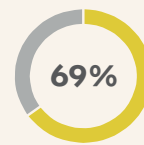
Costa Rica



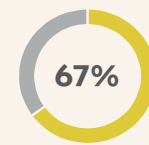
Venezuela



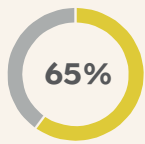
Peru



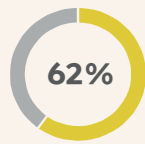
Dominican Republic



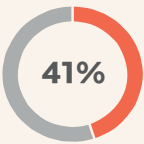
Trinidad & Tobago



Bolivia



Brazil



Puerto Rico

N.A.

Haiti

N.A.

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**, most countries consistently achieve optimal scores of **100%** for their legal frameworks, indicating a shared commitment to the provision of **FPC**, except for **Costa Rica** which has a score of **75%**, falling into the “good” category.

In **Mexico**, there has been significant legislative progress aimed at ensuring access to contraceptive methods and unbiased information including the General Health Law, ^{lv} and an **SRH** policy from 1993. ^{lvi} However, gaps persist in terms of awareness among young people and adolescents regarding their rights and access to contraception and appropriate campaigns, exacerbated by shortages in supplies and precariousness within the healthcare sector. In 2023 there was a proposal to revoke a 2015 policy which guarantees children and adolescents access to **SRHS**, including contraception. ^{lvii} Moreover, the socio-cultural conceptualization of family planning as a topic solely for adults may act as a barrier, ^{lviii} deterring young people from seeking services.

In **El Salvador**, there are legal provisions for emergency contraception and a variety of contraceptive methods available through both public and private sector. ^{lix} However, while the legal framework is in place, there are implementation challenges that hinder equitable access to contraception. For instance, there is limited distribution of emergency contraception, such as Levonorgestrel and the Yuzpe method, a form of emergency contraception that consists of two doses of a combination estrogen/progestin oral contraceptive taken 12 hours apart. ^{lx}

Guatemala's legal framework addresses **FPC**, particularly regarding **STIs** and maternal health. Notably, initiatives like the National Plan for **STI** prevention and control, ^{lxi} coupled with legislation such as the Healthy Maternity Law of 2010, ^{lxii} underscore the government's commitment to tackling maternal morbidity and mortality. Furthermore, there are established provisions ensuring the availability of comprehensive reproductive healthcare services for women. Despite this progress, and governments commitment to providing reproductive health, there is a refrain from mentioning sexual rights at international fora.

Costa Rica has made substantial progress in expanding access to contraception through various legislative measures, including the approval of over-the-counter emergency contraception in 2019 ^{lxiii} and the inclusion of modern contraceptive methods offered at health centers. ^{lxiv} However, gaps persist, including a lack of supply of Levonorgestrel and outdated national policies on sexuality that haven't been updated since 2010. ^{lxv} Furthermore, **Costa Rica** does not constitutionally guarantee **SRH** and a 2022 policy by the Costa Rican Social Security Fund declared that Levonorgestrel would be available only for rape victims. ^{lxvi} Other issues, such as the impact of the **COVID-19** pandemic, shortage of specialists for sterilization procedures since 2020, and limited participation of civil society, challenge the effectiveness of the legal framework.

In **Honduras**, recent legal milestones, such as the authorization of free sale and use of emergency contraception in 2023, ^{lxvii} demonstrate progress in addressing barriers to family planning services. The National Essential Medicines List includes contraceptives such as the copper **IUD**, male and female condoms, and hormonal contraceptives. ^{lxviii} However, capacity constraints within the healthcare system and regressive trends in recognizing **SRHR** due to conservative resistance, lead to reduced social recognition of the importance of **FPC**. Consequently, despite legal advancements, barriers remain in fully meeting the contraceptive needs of the population.



B. Programmatic Frameworks



Programmatic frameworks across **Central American** countries are mixed. While **El Salvador** and **Mexico** have optimal scores at a **100%** respectively, **Costa Rica** lags behind, scoring **50%**. The overall score of the subregion is **82%** which puts it in the “good” category, according to **MQTM**.

Mexico's programmatic framework demonstrates progress with initiatives such as the Adolescent Health Care Center (**CASA** for its acronym in Spanish), implemented in 2023, which provides educational workshops aimed at improving mental health and **SRH** for young people. ^{lxxix} However, significant barriers persist, including limited access to desired contraceptive methods, lack of effective counseling and follow-up, and discouraging experiences for adolescents attempting to access healthcare centers.

In **El Salvador** specific program strategies tailored to young women, adolescents, and rural residents of the country, coupled with stagnation in strategic development of the health system and reliance on outdated guidelines, significantly impede progress in **FPC** initiatives. Moreover, the absence of updates to existing guidelines on **FPC** exacerbates these barriers, with the Strategic Plan 2021-2025 ^{lxxx} only offering directives for women of fertile age. The **COVID-19** pandemic further exacerbated the situation, with reduced emphasis on promoting and disseminating contraceptive methods, compounding existing challenges in accessing essential services.

Guatemala's programmatic framework includes initiatives such as the National Reproductive Health Program ^{lxxxi} and the National Program for the Prevention and Control of **STIs** and **HIV/AIDS**. ^{lxxii} Despite these efforts, shortages of contraceptive methods contribute to increased cases of unwanted pregnancies and unsafe abortions, highlighting a significant barrier in the country's family planning efforts.

Costa Rica has made progress with initiatives from 2013 ^{lxxiii} and 2015 ^{lxxiv} which promote access to condoms and modern contraceptives, respectively. Other policies from 2017 and 2020 aim to improve the quality of comprehensive healthcare services. ^{lxxv} However, the lack of new initiatives poses a gap in the country's programmatic framework for **FPC** and could halt progress made.

Honduras, through its Health Department trained professionals involved in shaping public health policies on contraceptive coverage in 2022. ^{lxxvi} However, a lack of **CSE** for adolescent and youth, and leadership gaps (for instance, fewer numbers of women mayors) within municipalities, hinder effective program implementation. ^{lxxvii} Additionally, media influence perpetuates stigma and misinformation, particularly targeting new legislation or amendments aimed at preventing teenage pregnancies.

C. Financial Frameworks



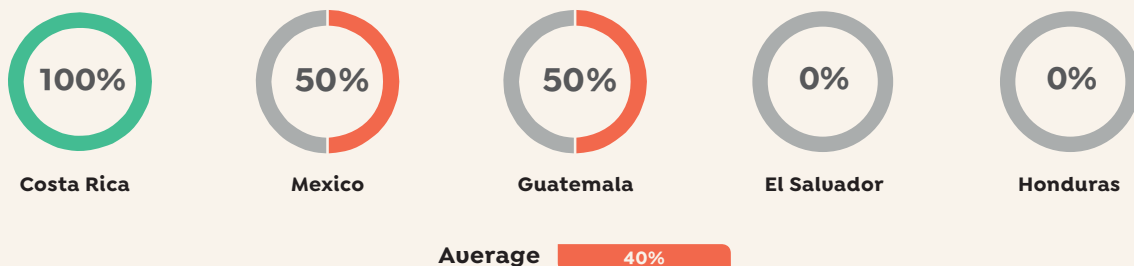
Financial frameworks are overall deficient in the sub-region, with only **Costa Rica** achieving a **100%** score. **El Salvador** and **Honduras** raise concerns with a lack of financial framework, while **Mexico** and **Guatemala** score **50%**.

In **Mexico**, the dissolution of the Agreement for the Strengthening of Public Health Actions in the Federal Entities ^{lxxviii} has made it challenging to track allocated resources, leading to a lack of operational rules standardizing budget design. This lack of transparency impedes efforts to ensure adequate funding for **FPC** initiatives. It also highlights a significant gap in addressing the reproductive needs of adolescents, as evidenced by the highest unmet need for contraceptive methods among individuals aged 15 to 19 in 2021. ^{lxxix}

In **El Salvador**, limited budgetary allocation restricts the variety of contraceptive methods offered to the public, particularly long-term methods like the **IUD** and implants, which are cost-effective and offer extended protection. This limitation in budget allocation hampers the availability of highly effective contraceptive options, potentially contributing to unmet needs among the population.

Guatemala's financial framework presents notable fluctuations in budget allocation for **FPC** programs, with significant increases through 2017 and 2018 followed by a **32%** reduction in 2019 to the Program to Prevent Maternal Mortality. ^{lxxx} Despite consistent budgeting for this program during the **COVID-19** pandemic and a **22%** budget increase in 2022, ^{lxxxi} poor execution of allocated resources persists as a challenge. The low execution rate of the 2023 budget underscores an ongoing issue of ineffective resource utilization. ^{lxxxii}

Honduras adopts a municipal budget allocation approach, with an emphasis on comprehensive healthcare for women and gender-diverse individuals, including **SRHS**. However, despite earmarked funding for health, there remains a notable unmet demand for modern contraceptive methods, particularly among marginalized women and gender-diverse individuals. ^{lxxxiii} Challenges in accessing counseling and contraceptive methods, especially for unmarried young women, further exacerbate the issue, limiting their ability to make informed decisions about their **SRH**.



Key Themes

A. Territorial Inequalities



In **Mexico**, failures in distribution networks have resulted in contraceptives expiring in central warehouses, leading to supply constraints. This logistical challenge underscores the importance of efficient supply chain management to ensure timely access to contraceptives, especially in rural and remote regions where infrastructure limitations may exacerbate distribution issues.

El **Salvador** similarly faces regional disparities in the provision of **SRHS**, with many having to purchase contraceptives out of pocket due to limited access. Economic constraints further exacerbate the challenges faced by those accessing essential **SRHS**, emphasizing the need for targeted interventions to address affordability barriers and ensure equitable access to contraception across different geographic areas.

In **Guatemala**, access to contraceptives is limited in remote areas, disproportionately impacting indigenous women, and leading to shortages of products in these areas. This highlights the intersectionality of territorial and socio-economic disparities, with **SEC** bearing the brunt of limited access to essential reproductive health services.

Costa Rica faces challenges in addressing territorial inequalities within its legal frameworks, as current policies inadequately address disparities in access and information availability, especially in rural and coastal areas. The centralization of programs that provide **FPC** worsens these inequities by primarily serving urban areas. It is imperative to acknowledge and tackle centralization within institutions to prioritize initiatives that reduce the gap in resource allocation and information dissemination between urban and rural communities.

In **Honduras**, rural-urban disparities in contraceptive use persist, with almost half (**43.3%**) of those living in rural areas facing limited or no access to contraception. ^{lxxxix} Economic barriers, high levels of illiteracy and societal stigma further hinder access to **FPC**, particularly among indigenous and remote communities due to the absence of services.

B. Data Access, Generation, and Quality



In **Mexico**, data from the National Demographic Dynamics Survey (ENADID for its acronym in Spanish) ^{lxxxv} conducted in 2018 indicates significant awareness and usage of contraceptive methods, with **75%** of sexually active women aged 15 to 49 utilizing them. ^{lxxxvi} In **El Salvador**, women bear the primary responsibility for family planning, while men constitute less than **1%** of users of temporary contraceptive methods by 2022. ^{lxxxvii} Nevertheless, there was a surge in vasectomy uptake among men in 2022, indicating a positive shift in reproductive health behaviors. Data on the distribution of temporary contraceptive methods and active users of temporary methods, disaggregated by sex and age, is accessible through the Ministry of Health. ^{lxxxviii}

In **Costa Rica**, while hospital discharge statistics capture data on vasectomies and salpingectomies, a surgical procedure in which one or both fallopian tubes are removed, comprehensive statistics on access to other contraceptive methods is missing. There has been a significant decline in births to adolescents and children under 19, suggesting positive trends in teenage pregnancy rates. ^{lxxxix}

Honduras faces challenges in accessing reliable and up-to-date data on the execution and outcomes of the National Policy on Sexual and Reproductive Health from 2016, ^x and on the unmet demand for family planning among adolescents and young people. Alternative data sources, such as reports from international organizations like the Economic Commission for Latin America and the Caribbean (**ECLAC**) and the United Nations Population Fund (**UNFPA**), offer supplementary insights into unmet demand for family planning among adolescents and young people in Honduras.

C. Systematically Excluded Communities



Systematically excluded communities face persistent challenges in accessing healthcare services across **Central America**. In **Guatemala**, despite legislative efforts like the Healthy Maternity Law,^{xci} indigenous populations and **Garifuna** (an Afro-descendant community), continue to be marginalized within the healthcare system, with their perspectives and practices often overlooked. Indigenous midwives, despite possessing valuable ancestral knowledge, are underutilized and unrecognized, contributing to a lack of culturally sensitive care.

Similarly, in **Costa Rica**, **SEC**, including indigenous populations, Afro-descendants, and people with disabilities, are not adequately covered under the legal and healthcare framework. The **LGBTIQ+** and men who have sex with men communities also face partial fulfillment of their healthcare needs, highlighting the need for improved inclusivity and equity in healthcare services.

In **El Salvador**, although the Law for People with Disabilities includes provisions for **FPC** services,^{xcii} access to comprehensive **SRHS** remains limited for marginalized groups. Meanwhile, **Mexico** has taken steps towards inclusivity with the implementation of the Guidebook of Sexual Rights and Reproductive Rights for People with Disabilities in 2018.^{xciii}

According to **CSOs**, in **Guatemala**, indigenous women face challenges in accessing modern contraceptive methods, with a considerable difference in usage rates compared to non-indigenous women.^{xciv} Barriers include linguistic obstacles, shortages of contraceptive supplies in health centers, and entrenched sexism within communities.

Similarly, in **El Salvador** and **Mexico**, indigenous women encounter difficulties understanding complex healthcare information due to language barriers, receiving contraceptive methods without sufficient explanation or choice. Additionally, in **El Salvador**, reports from **CSOs** outline instances where indigenous women were subjected to contraceptive methods they did not select, highlighting issues of agency and informed consent. Access to **SRHS**, including routine check-ups and **STI** screenings, is further hindered by geographical distance in rural and remote areas, exacerbating existing disparities in healthcare access.

D. Intersectional and Intercultural Approach



In **Central America**, **FPC** initiatives often lack intercultural or intersectional perspectives, leading to significant disparities in access and utilization among marginalized communities. According to the **CSO ECMIA**, while **Mexico** has made strides towards incorporating an intercultural perspective in public health policy, particularly in the care of indigenous women during pregnancy, childbirth, and postpartum, ^{x^{cv}} challenges persist in implementation due to barriers, including geographical distance, discrimination, and lack of cultural sensitivity among healthcare providers. Similarly, in **Guatemala**, indigenous women theoretically have the right to choose their childbirth position based on cultural preferences, ^{x^{cvi}} yet this right is often not realized in practice due to systemic challenges within healthcare institutions.

E. CSO Participation



In **Mexico**, progress has been made in the involvement of **CSOs** in advancing family planning initiatives. The development of Technical Guidelines for the Prescription and Use of Contraceptive Methods in **Mexico** in 2022, ^{x^{liu}} involved collaboration with regional and national organizations, and demonstrates a concerted effort to incorporate scientific advancements and World Health Organization (**WHO**) recommendations into national policy. However, despite awareness campaigns on family planning topics, the reach of these initiatives falls short compared to direct engagement through healthcare services. During the **COVID-19** pandemic, collaborative efforts between **CSOs** and government institutions, such as the National Center for Gender Equity and Reproductive Health, discussed emergency contraception and contraceptive methods through social media channels, indicating a proactive approach to addressing reproductive health issues.

In **El Salvador**, clients of **FPC** services play an important role in raising awareness about shortages, alerting healthcare providers, and thus ensuring that availability of products is sufficient.

In **Guatemala**, women-led **CSOs**, such as the Guatemalan Association of Women Physicians, play a significant role in carrying out **FPC** initiatives, raising awareness, providing training, and advocating for the advancement of **SRHRJ**. ^{x^{cuiii}}

However, the government does not involve **CSOs** in the creation of legal frameworks.

Costa Rican CSOs generate information, destigmatizing emergency oral contraception, and improving access to contraceptive methods. Organizations like the Asociación Ciudadana **ACCEDER** and the **CSO CEPIA** have implemented programs to increase access to emergency contraception and **IUDs** for women with low incomes, addressing gaps left by government institutions.

In **Honduras**, state-initiated collaboration with various organizations to address adolescent pregnancy rates took place in 2022. The establishment of a Multisectoral Cooperation Committee in collaboration with **UNFPA**, World Vision, and **UN Women** reflects efforts to develop a national policy to prevent adolescent pregnancies, acknowledging the urgent need to address reproductive health challenges in the country. **xcix**



Fós Feminista / Guatemala MHU 2016.

3.1. The Caribbean

3.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks



In the **Caribbean**, legal frameworks are mixed. The **Dominican Republic** scores **100%** on MQTM, while **Puerto Rico** scores **75%**, and **Trinidad & Tobago** lags with a limited score of **50%**. Despite these disparities, the subregion maintains an overall good score of **75%**.

In **Trinidad & Tobago**, the Ministry of Health's National **SRHS** Policy from 2020 aims to ensure universal access to **SRHS**.^c However, challenges arise from changes in the age of consent, restricting **SRHS** for adolescents under 18 since 2015.^{ci}

In **Antigua & Barbuda**, access to **SRHS**, education, and information remains constrained, primarily due to limited awareness of these critical issues. Although the National Health and Family Life Education Policy (**HFLE**) from 2010 formally aims to integrate **HFLE** into the curriculum, there are notable gaps in its systematic implementation across the country.

The **Dominican Republic** has taken significant steps towards promoting family planning and reproductive health through the implementation of the National Development Strategy 2030,^{cii} which includes provisions for **FPC** services and the National Health Service from 2015, which endeavors to offer free contraceptive methods at healthcare facilities across the country.^{ciii}

In **Puerto Rico**, federal jurisprudence has established the legality and right of access to contraceptives, including for minors.^{ciu cu cui} Since 2004, a public policy has been in place and aims to reduce teenage pregnancy.^{cuii} The United States Food and Drug Administration (**FDA**) regulations allow over-the-counter sales of emergency contraceptives to individuals aged 15 and older without a prescription, further facilitating access to contraception on the island.^{cuiii}

Considering the ongoing humanitarian crisis in **Haiti**, instead of focusing on legal frameworks that may be partially or entirely ineffective at the moment, the analysis will prioritize information related to **FPC** within this crisis context. According to **USAID**, **Haiti** continues to face significant challenges in accessing essential health services, including voluntary family planning, reproductive health, and maternal and neonatal care.^{cix} These issues are underscored by the country's persistently high rates of maternal and infant mortality, exacerbated by the reemergence of cholera in 2022. Despite some progress, barriers such as a

limited number of healthcare facilities, especially in rural areas, and insufficient provision of services persist, exacerbated by **Haitians'** reluctance to seek local healthcare due to insecurity and mistrust.

Government entities in **Haiti** face disincentives to enhance healthcare systems due to reduced demand caused by barriers to access and perceived deficiencies in care. Consequently, widespread mistrust prevails, resulting in a healthcare system struggling to meet population needs. Consequently, many Haitians, particularly women in need of reproductive healthcare, seek services in neighboring countries like the **Dominican Republic**.

Moreover, a rapid gender analysis by Plan International in Fort-Liberté, Ferrier, and Capotille revealed a concerning decline in access to contraception and other sexual and reproductive health services. ^{cx} Before the crisis, **70%** of households reported having access to family planning services, plummeting to **20%** amid the crisis.

B. Programmatic Frameworks



Programmatic frameworks across the **Caribbean** are mixed. The **Dominican Republic** scores highest in the sub-region with a **78%** score, while **Trinidad & Tobago** scores **68%**, and **Puerto Rico** lags behind at **50%**.

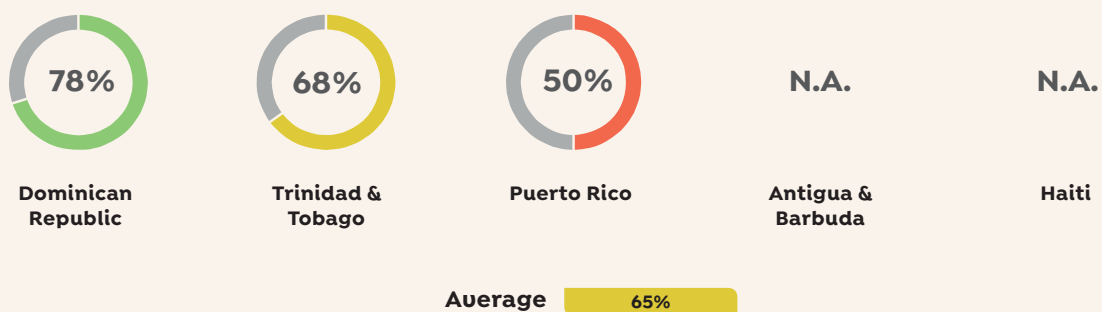
In **Trinidad & Tobago**, the National Sexual and Reproductive Health Policy from 2020 ^{cx} aims to increase national capacity to strengthen **SRHS**, targeting underserved populations, including in emergencies. The Policy also aims to increase national capacity to advocate for and deliver policies and programs for access to **SRH** for adolescents. Challenges in access to contraceptive products for young people under the age of 18 include parental consent requirements and stigma. Healthcare providers' reluctance to serve adolescents due to mandatory reporting of sexual activity further hampers access to **SRHS**. ^{cxii}

Antigua & Barbuda has made notable progress in the provision of family planning services through government community clinics, including oral and injectable contraceptives, and male and female condoms and lubricants. The nursing and midwifery training programs have been expanded to include comprehensive education on human sexuality, empowering healthcare professionals to provide information on this topic. However, challenges persist, such as occasional stockouts of contraceptives at community clinics and insufficient training for healthcare staff to effectively address on-the-ground needs. Additionally, the lack of specific training programs dedicated to family

planning services and instances of user fees requested from clients further hinder access to contraception and comprehensive **SRHS**.

In the **Dominican Republic**, limited access to long-term contraceptive methods contributes to a higher incidence of unintended pregnancies. While there is sufficient knowledge about contraceptive methods, the challenge lies in ensuring consistent and systematic use, especially among women. The implementation of protocols such as the Contraception Protocol from 2019 plays a crucial role in providing guidelines for delivering comprehensive counseling on contraception and ensuring informed decision-making. ^{cxiii} Furthermore, specific protocols have been established to provide counseling services to adolescents. ^{cxiv} These initiatives are implemented free of charge at primary health centers, hospitals, and various other venues, aiming to increase accessibility and affordability.

Puerto Rico has implemented various initiatives to promote **FPC** access, including an adolescent pregnancy reduction policy in 2004 ^{cxv} and a Family Planning Program since 1970, ^{cxvi} which provides contraceptives and preventive health services. The Government’s medical plan covers family planning services, including at least one Food and Drug Administration (**FDA**) approved contraceptive from each class and category. ^{cxvii cxviii} Coverage includes the costs and procedures for the insertion/removal of non-oral methods, such as Long-Acting Reversible Contraceptives (**LARC**). Despite these efforts, there is an emphasis on promoting abstinence in educational campaigns, limiting **CSE**. Additionally, limited access to **SRHS** poses a barrier to addressing family planning needs effectively.



C. Financial Frameworks



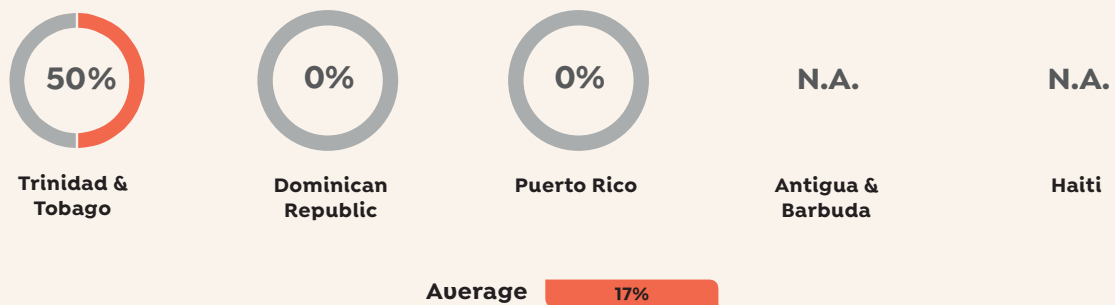
Financial frameworks in the **Caribbean** are deficient, and only **Trinidad & Tobago** stands at **50%**, with the remaining countries lacking frameworks, according to MQTM.

In **Trinidad & Tobago**, the assigned budget for **FPC** initiatives falls under the Ministry of Health's overall budget, which was approximately **\$TT5.8** billion (around 855 million **USD**) for the fiscal year 2022/23. ^{cxix} However, further breakdowns of this budget specific to **FPC** are not available.

Antigua & Barbuda's government provides **FPC** services to community health clinics. Oral contraceptives, injections, and condoms are accessible to the public without cost. However, it is noteworthy that the detailed breakdown of public budget allocations is not available to the public as standard practice.

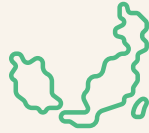
In the **Dominican Republic**, data regarding the assigned and disbursed budgets for **FPC** programs is not available. However, there is an urgent call by **CSOs** to increase public health spending to **6%** of the **GDP**, indicating a broader need for more investment in healthcare infrastructure and services. Emphasis is placed on prioritizing promotion and prevention initiatives in the health sector, with a particular focus on youth.

In **Puerto Rico**, there is currently no estimated budget allocated specifically for **FPC**.



Key Themes

A. Territorial Inequalities



In **Trinidad & Tobago**, there exist significant rural-urban disparities in accessing **FPC** services. According to **CSOs**, although there are 111 Regional Health Centers across the country, the availability of services varies, with some centers only addressing **SRH** issues on specific days and for limited hours. This limited accessibility poses challenges, particularly for adolescents and the working population, who may struggle to access services during their available time slots. Additionally, transportation issues in rural areas compound the difficulty in accessing these essential services, highlighting the need for improved infrastructure and outreach efforts to address territorial inequalities.

In the **Dominican Republic**, addressing the need for better access to long-term contraceptive methods is crucial to reduce unintended pregnancies, especially among marginalized groups like racialized and impoverished adolescents. Similarly, **Puerto Rico** highlights disparities in access to contraception across different geographical regions, including rural, coastal, and mountainous areas. In **Antigua & Barbuda**, limited access to family planning services is acknowledged, particularly affecting individuals residing in rural communities.

B. Data Access, Generation, and Quality



In **Trinidad & Tobago**, obtaining detailed and current data on **FPC**, especially for adolescents, is challenging. The lack of readily accessible information on these crucial topics on the ministry's website indicates issues with transparency and data accessibility. Similarly, **Antigua & Barbuda** faces difficulties in accessing disaggregated and reliable data on **FPC**, with limited availability through the National Statistics Department upon specific requests. Similarly, the **Dominican Republic** does not provide specific details on data accessibility for **FPC**. In **Puerto Rico**, a significant gap exists in data related to adolescent pregnancy. Despite the implementation of policies to reduce adolescent pregnancy since 2004, the absence of official statistics or records on teenage pregnancy rates creates uncertainty regarding the effectiveness of existing interventions.

C. Systematically Excluded Communities



In the **Dominican Republic**, there is acknowledgment of varying unmet contraceptive needs across demographic groups. Racialized and economically disadvantaged adolescents, and least educated women, are highlighted as having the highest unmet needs for contraception. This underscores the importance of addressing intersectional factors such as race, socioeconomic status, and education level in designing comprehensive family planning programs.

Additionally, the **Caribbean-wide CSO UC Trans** highlights the absence of legal recognition for transgender and gender-diverse individuals throughout the sub-region, resulting in the exclusion of gender-affirming healthcare from government programs. Consequently, there are no budget allocations to support gender-affirming healthcare initiatives in the sub-region. Thus, all gender-affirming procedures, such as legal name changes, hormone therapy, gender-affirming surgeries, and reproductive procedures like sex gamete storage, incur out-of-pocket expenses.

D. Intersectional and Intercultural Approach



Intersectional and intercultural approaches to **SRHS** remain limited across the **Caribbean** region. While some efforts have been made, such as producing materials in other languages or establishing guidelines to ensure **SRHS** access for migrants, these initiatives are often isolated and do not effectively reach **SEC**, who are typically the primary beneficiaries of such approaches. This lack of comprehensive access perpetuates existing disparities in healthcare access and **SRH** outcomes among **SEC**.

E. CSO Participation



In **Trinidad & Tobago**, CSOs such as the Family Planning Association of Trinidad and Tobago (FPATT) play a pivotal role in promoting access to FPC services. FPATT offers a comprehensive range of SRHS, including the provision of contraception to marginalized groups like the **LGBTIQ+** community and migrants.

In **Antigua & Barbuda**, while CSOs are involved in preventive programs for sex workers and the general population, government engagement with CSOs in designing legal frameworks remains minimal. This suggests a lack of collaboration between governmental and non-governmental entities in addressing reproductive health issues comprehensively.

In the **Dominican Republic**, CSOs, particularly feminist organizations and organizations like PROFAMILIA, have been actively involved in debunking myths surrounding family planning methods and promoting contraceptive access, especially in marginalized urban and rural areas.

In **Puerto Rico**, the main advances achieved to date have been primarily the result of actions driven by CSOs, through women's organizations, feminist activists, health workers, and human rights advocates.



Fós Feminista / Venezuela, Debora Diniz.

4.1. South America

4.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks



Legal frameworks related to **FPC** across **South America** consistently achieve optimal scores of **100%** on **MQTM**, indicating a shared commitment to the provision of these **SRHS**.

In **Brazil**, the Family Planning Law underwent substantial changes in 2022 and 2023, **cxx** expanding the notion of rights, and focusing on informed decisions regarding sterilization and awareness of contraceptive methods. **cxxi** The Brazilian government's investment in various contraceptive methods indicates a commitment to providing comprehensive reproductive health solutions. Despite these advances, gaps exist in post-violence care, lacking specificity in the provision of emergency contraceptives, and clarity on accessibility, particularly for marginalized groups. Contraceptive and family planning policies have sometimes been implemented with racial and socio-economic biases, raising ethical concerns. **cxxii** Additionally, the use of forced sterilizations demonstrates the use of reproductive health services to enable grave human rights violations, **cxxiii** suggesting that while legal structures might be in place, the ground-level implementation requires scrutiny.

Uruguay has established institutional support to ensure information and access to **SRHS** through a Regulatory Decree from 2011, **cxxiv** which enables access to a diverse range of contraceptive methods.

In **Argentina**, access to contraceptive methods is ensured through the National Directorate of Sexual and Reproductive Health, **cxxv** guided by the 2002 Sexual and Reproductive Health Law. **cxxvi** The system prioritizes securing and strengthening the supply of contraceptive methods, emphasizing long-acting options and post-obstetric contraception, ensuring access to the chosen contraceptive method following obstetric procedures (cesarean section, vaginal delivery, or abortion). **cxxvii cxxviii** The legal framework, particularly the aforementioned 2002 Law, **cxxix** has facilitated the first national purchase of contraceptive methods, and the inclusion of advanced contraceptive technologies into a 'basket' of freely available methods, reflecting the country's commitment to reproductive health. The National Plan for the Prevention of Unintended Adolescent Pregnancy from 2017, **cxxx** emphasize inter-ministerial collaboration for adolescents' free access to contraceptive methods.

In **Chile**, a law from 2010 **cxxxi** sets guidelines for fertility regulation, emphasizing the right to receive guidance and information about contraceptive methods. Confidentiality is mandated, with exceptions for providing emergency contraceptives to individuals under 14 years old. The National Guidelines on

Fertility Regulation provide the operational framework for contraceptive provision in the public healthcare system, ensuring access for migrants and indigenous peoples. ^{cxxxii} In 2015, a Decree was issued allowing the sale of emergency contraceptive pills in pharmacies without prescription. ^{cxxxiii} However, challenges persist in disseminating regulations to healthcare providers and providing formal training for providers in contraception. Additionally, a lack of regulation concerning the supervisory powers of the Institute of Public Health regarding cases of defective oral contraceptives and limited efforts to diversify available contraceptives in the public healthcare system, pose issues for comprehensive access.

Paraguay's legal framework acknowledges the right to decide the number and spacing of children, emphasizing education, scientific guidance, and appropriate services. ^{cxxxiv} The law mandates the establishment of special reproductive and maternal-child health plans for low-income populations. Notable achievements include the availability of free contraceptives and accompanying delivery kits. However, contraceptive supplies, particularly in rural areas, are inadequate.

In **Bolivia**, constitutional provisions recognize the importance of **SRH**, complemented by laws from 2013, ^{cxxxv} which guarantees free access to contraceptives, and from 2018, ^{cxxxvi} which includes provisions for comprehensive **SRH** care for women. Other laws ensure coverage for individuals not covered by short-term social security, ^{cxxxvii} and access to health services for women at risk of, or experiencing violence. ^{cxxxviii} Despite these achievements, persistent prejudices and conservatism continue to impede access to contraceptives, particularly for young people and adolescents. Additionally, the absence of specific legislation for **SRH**, and limited information on the implementation of regulations pose significant challenges.

Colombia has made significant progress in advancing reproductive rights through the establishment of landmark resolutions in 2000 and 2008, ^{cxxxix} which set technical standards for family planning services. The National Policy on Sexuality, Sexual Rights, and Reproductive Rights from 2014 has solidified the commitment to reproductive health, including **FPC**. ^{cxl} A Resolution from 2022, provides detailed guidelines on health services and technologies, emphasizing access to contraceptives. ^{cxli} However, despite these achievements, social determinants of health and educational disparities continue to pose significant barriers to the full realization of reproductive rights.

In **Peru**, advancements in **FPC** are evident within gender equality policies, aiming to enhance **SRHS**. ^{cxlii} However, legal disputes over the availability of emergency contraception have posed barriers, despite recent court mandates for nationwide distribution. ^{cxliii cxliiv} Challenges persist in ensuring effective access, compounded by institutional reluctance and bureaucratic obstacles. Enforcement shortcomings, notably by the Institute of Legal Medicine, hinder access to essential reproductive healthcare services for victims of sexual violence. ^{cxlv} Resolving these issues is vital for upholding reproductive rights and ensuring comprehensive healthcare access.

In **Venezuela**, the legislative framework recognizes reproductive autonomy and inclusivity, but the lack of a National Plan for **SRH** and outdated policies pose challenges. ^{cxli} The Law for the Protection of Families, Motherhood, and Parenthood from 2007 and updated in 2022, mandates the state to provide family planning through the National Public Health System. ^{xciv} The humanitarian crisis has strained the National Public Health System, exacerbating disparities in access to family planning services. Inadequate infrastructure and healthcare services in hospitals and maternity centers require patients to cover a significant portion of their healthcare expenses, placing an additional burden on individuals seeking reproductive healthcare.

Ecuador's legal frameworks ensure access to comprehensive **SRHS**, including **FPC**, and mandates **CSE**, for examples through a law on health from 2006 ^{cxlviii} and a Regulation linked to this law from 2008. ^{cxlix} The Organic Health Law and its Regulation recognize individuals' rights to information and services related to **SRH**, ensuring confidentiality. The National Technical Regulations provide guidelines for comprehensive **SRH** care.



B. Programmatic Frameworks



Programmatic frameworks across **South America** exhibit good and optimal scores. Among the **Southern Cone** countries, **Argentina, Uruguay, and Chile** lead the region with the highest scores. The overall compliance score in the sub-region is **89%**, indicating the existence of programs ensuring access to **FPC**.

In **Brazil**, substantial progress has been made, particularly in including the male population, encouraging men's co-responsibility in reproductive choices since 2009. ^{cl}

In **Uruguay**, the Ministry of Health, introduced a guide in 2010, ^{cli} aimed at encouraging institutions and healthcare professionals to incorporate the perspective and actions related to **SRHS** into their practices; however, it hasn't been updated since its drafting in 2010.

Argentina's progressive programmatic frameworks include the National Plan for the Prevention of Unintended Pregnancy in Adolescence, playing a crucial role in ensuring the rights of adolescents to free access to contraceptive methods, ^{clii} the National Forum for Menstrual Justice launched in 2020 aims at improving access to contraceptive methods and menstrual management products. ^{cliii} The Remediar Program facilitates nationwide distribution, ensuring free access to contraceptive methods within the public health system. ^{cliv} However, gaps persist in the provision of long-acting reversible contraceptives, hindering effectiveness, and contributing to reproductive health inequalities, exacerbated by myths and stigma.

Chile's progress in family planning includes the availability of a range of free contraceptive methods within the public healthcare system, such as oral contraceptives, injectables, implants, intrauterine devices, and condoms. ^{clv} However, gaps exist in the interpretation of guidelines governing the prescription of long-acting reversible contraceptives, often seen as exclusive for high priority populations, such as adolescents, ^{clvi} potentially restricting general availability. Restricted accessibility due to midwives' working hours and limited access to post-abortion contraception are other barriers of note.

In **Paraguay**, the creation of the Family Planning Norms Manual in 2018, presents a significant step towards the creation of standardized guidelines, emphasizing universal access to family planning methods. ^{clvii} The main objective of the manual is to ensure that all individuals of reproductive

age have access to information, education, and health services for making informed and responsible choices regarding the number and timing of their children. It emphasizes access to contraceptive methods based on individual needs and preferences, aiming to promote sexual and reproductive rights, safe motherhood, responsible fatherhood, and the prevention of **STIs**. However, challenges in effective program implementation and the need for regular evaluation and monitoring persist.

In **Bolivia**, notable progress has been made in **FPC** initiatives, including the implementation of the Integrated Lifespan Approach in 2013 by the Ministry of Health ^{clviii} and the approval of the Accelerated Reduction Plan for Maternal and Neonatal Mortality in 2016, aiming to reduce unplanned pregnancies. ^{clix} Additionally, there is an ongoing development of **SRH** Guidelines to be finalized in 2024. However, disruptions in services during the **COVID-19** pandemic have exacerbated existing vulnerabilities, particularly for women and adolescents. Challenges persist, such as the lack of comprehensive policies for **SRH** education, national access to modern contraceptives, inadequate distribution of contraceptives, and insufficient disaggregated data on **SRHR**.

Colombia promotes **FPC** through policy updates and **CSE** initiatives. Efforts are underway to prevent adolescent pregnancies and eliminate child marriages, with a focus on gender and diversity as established in the National Development Plan. ^{clx} **Colombia's** commitment to recognizing and incorporating traditional knowledge and practices, such as midwifery, and efforts to prevent obstetric violence are noteworthy and contribute to a holistic approach to **SRH**. Despite these advances, challenges remain in addressing social determinants of health and ensuring effective access to contraceptives.

Peru faces challenges in implementing existing plans aimed at preventing adolescent pregnancy ^{clxi} and providing access to **SRHS**, ^{clxii} exacerbated by the **COVID-19** pandemic. Economic barriers hinder access to contraceptives, with many purchasing them out-of-pocket. The scarcity of contraceptive methods further accentuates these challenges.

Venezuela has established programs within the National Public Health System to provide consultations and free contraceptive methods to women of reproductive age. However, significant shortages of contraceptive methods have posed challenges to access since 2018, affecting both private pharmacies and public health institutions. The scarcity of contraceptives underscores a critical gap in **Venezuela's** **FPC** efforts, highlighting the need for comprehensive strategies to address supply chain issues and ensure consistent access to contraceptives for all individuals. A reduction in family planning service availability was observed in 2021 due to the pandemic, ^{clxiii} exacerbating unmet contraceptive needs, which remained significantly higher than the regional average. By 2023, only a fraction of women in populous municipalities of the country were using contraceptive methods, indicating ongoing challenges in access. ^{clxiu} Despite some improvements in supply management and humanitarian efforts, contraceptive needs remain largely unmet in **Venezuela**. Contraceptives for all individuals, regardless of age or background.

In **Ecuador**, the implementation of the National Intersectoral Strategy for Adolescent Pregnancy Prevention and Family Planning from 2012 **clxu** marked significant progress in promoting **SRHR**. However, the replacement of this strategy with a more conservative approach in 2014 has resulted in a reduction in access to contraceptives for youth and adolescents. **clxui** The shift in focus towards reinforcing traditional family values undermines progress made in terms of contraceptive access. Addressing these barriers requires renewed efforts to prioritize comprehensive **SRH** initiatives and ensure access to contraceptives for all individuals, regardless of age or background.



C. Financial Frameworks



Financial frameworks in **South American** countries are severely lacking, reflected in an overall score of just **25%**, and indicating a significant deficiency in more than half of the countries surveyed by MQTM. **Argentina** distinguishes itself as the sole country in the sub-region with an optimal score in financial frameworks. However, other **Southern Cone** countries, including **Uruguay** and **Brazil**, confront challenges with scores as low as **0%**. Meanwhile, in the Andean region, **Bolivia**, and **Peru** present limited frameworks in comparison.

In **Brazil**, limited information is available on government budgets, and to extract information a thorough search through diverse documents and databases, with a particular focus on medications supplied by the Unified Health System and adherence to the Federal Supply Classification is required. Challenges emerge due to a dearth of records within these databases.

In **Argentina**, the Program for the Development of Sexual Health and Responsible Procreation in 2023 executed a budget of \$470 million Argentinian pesos (around **USD\$550,000**), including for efforts to prevent adolescent pregnancy. In the first quarter of the year, almost **1.5** million treatments in **SRH** were delivered through the aforementioned program, ensuring free access to various safe and effective contraceptive methods. However, there was a **27.5%** shortfall in budget due to insufficient stock of Combined Oral Contraceptives and Combined Injectable Contraceptives which were not available during the production of exclusive **SRH** kits distributed through the Remediar Program. ^{clxvii}

In 2019, **Chile** allocated a budget of **USD\$18,930,214** to the purchase of contraceptives. ^{clxviii} While this demonstrates a financial commitment to family planning methods and services, it is essential to note that the amount only considers supplies and not human resources or equipment. Under **Paraguayan** law, the government is obligated to allocate resources through the National General Budget for the implementation of programs such as the "Assured Availability of Contraceptive Supplies" and the "Provisioning of Delivery Kits." ^{clxix} However, the General Budget of the Nation does not provide specific figures related to **SRHS** and Birth Kit programs.

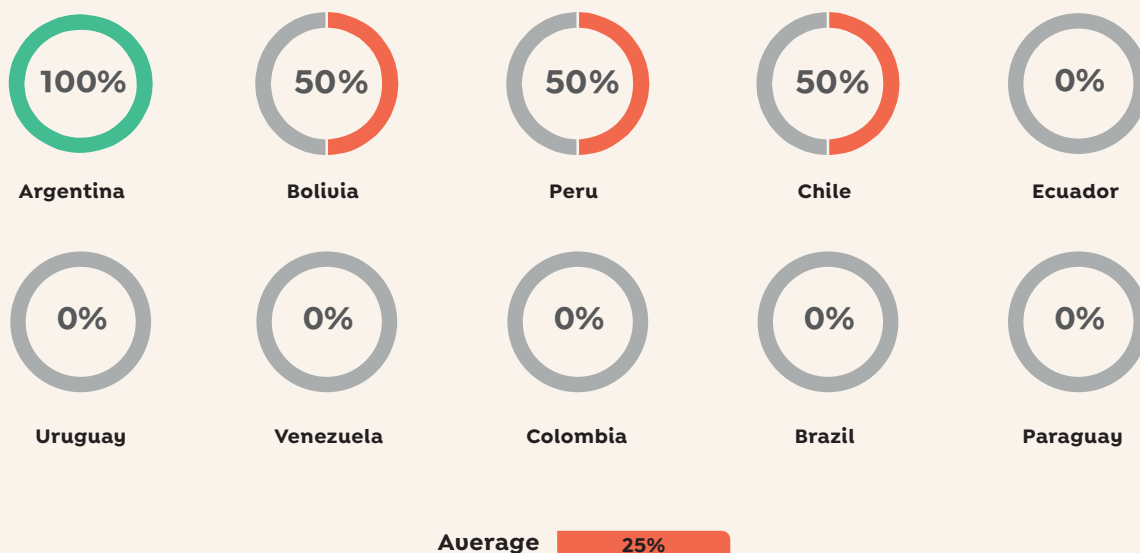
Uruguay lacks detailed information on the assigned budget for **FPC**. However, according to MQTM, there is an allocated budget for the purchase of contraceptives.

In **Bolivia**, **FPC** services primarily rely on **UNFPA's** funding, sustained through the sale of **SRH** supplies by the national government to local governments. The proceeds are exclusively allocated to acquiring new contraceptives.

Colombia lacks specific budget allocation dedicated to **SRH** expenses. While the total health sector budget for 2023 was 52 billion pesos (around **USD\$13** million), ^{clxx} the allocation towards **FPC** remains unclear. In **Peru**, there is minimal state budget allocation for the prevention of adolescent pregnancy, reflecting a gap in addressing reproductive health needs among adolescents. Furthermore, the absence of systematized public information and available data poses challenges in identifying specific allocations within the assigned public budget.

Venezuela saw a **2.38%** increase in budget allocation for healthcare from 2022 (**5.06%**) to 2023 (**7.44%**). ^{clxxi} However, there is no evidence of a specific budget allocation for **SRH**, particularly **FPC**, within the Ministry of Health's budget.

Ecuador increased its budget for the National Health System and for education by approximately **USD\$1.2** million in 2023, compared to previous years. ^{clxxii} However, there is a lack of specific allocation for **SRH**, including **FPC**. Political instability poses a risk to the comprehensive execution of allocated budgets, raising uncertainty about the actual impact of increased funding for **FPC**.



Key Themes

A. Territorial Inequalities



In **Brazil**, disparities in family planning methods usage are influenced by racial and regional factors. Afro-descendant women, particularly those with lower educational levels in the **Northern region**, are more likely to undergo unwanted sterilizations. In contrast, white women from the **South** and **Southeast regions** with higher education more frequently opt for oral contraceptives and dual protection methods. ^{clxxiii} This intersectionality of race, education, and geographic location contributes to variations in family planning choices, emphasizing the need for targeted policies to address these disparities.

Chile faces challenges in providing consistent access to contraception, particularly in rural and psychosocially vulnerable areas. The availability of contraception is primarily through consultations with midwives in primary health care settings. Generally, midwives are available during business hours, which hinders access for those who work. Additionally, inconsistent access to post-abortion contraception at tertiary levels further accentuates disparities, as women may not have uniform access to these services across the country.

In **Paraguay**, marginalized populations, including indigenous, peasant, afro-Paraguayan, disabled and **LGBTIQ+** communities, face exclusion from family planning services. The scarcity of health centers in some communities, both in rural and urban areas, contributes to a significant lack of access to maternal and child health services and family planning. This double challenge emphasizes the need for more inclusive policies that address not only geographic disparities but also the unique needs of communities that are home to diverse identities.

Argentina and **Uruguay's** lack of detailed territorial data limits the ability to assess and address potential disparities in family planning access and utilization.

In **Bolivia**, rural-urban disparities persist in access to modern contraception, with limited availability and biased information hindering contraceptive use, particularly in rural areas. This limits efforts to prevent unintended pregnancies and provide abortions to adolescents, perpetuating cycles of poverty. The data from demographic and health surveys between 2008 and 2016 reveals that while approximately **50%** of women in urban regions use modern contraception, primarily accessing it from pharmacies (**33.2%**), in rural areas, a higher proportion of women rely on public establishments for contraception (**77%**). ^{clxxiv} Among urban and rural women aged 15 to 29, approximately one-third (**31.5%** in urban areas and **37.7%** in rural) express reluctance to use contraceptive methods in the future due to concerns related to the method and cost. ^{clxxv} This highlights the need to improve access to modern contraception nationally.

In **Colombia**, while major cities such as **Bogotá** demonstrate a contraceptive usage rate of **80.4%**, regions like **Atlántico**, one of the geographically smaller regions in the country home to Afro-Colombian communities, fall behind at **69.1%**, as reported by the 2015 National Survey of Demography and Health. ^{clxxvi} In **Colombia**, contraceptive use is relatively higher among women between 15 and 49 years old, with a slight urban-rural difference, **3%** higher in urban settings. ^{clxxvii} These discrepancies underscore the necessity for focused interventions aimed at guaranteeing equitable access to modern contraception throughout all territories. It is worth noting that all regions, except for **Atlántico**, **Orinoquía**, and **Amazonía**, home to Afro-Colombian and indigenous communities, achieve the target of **75%**.

In **Peru**, the prevalence of adolescent pregnancy varies, with specific regions, such as the **Amazonía**, experiencing higher rates (**21.8%**).^{clxxviii} This underscores the importance of addressing rural-urban disparities in access to **SRHS**, particularly for adolescents. Data insights from the Demographic and Family Health Survey report provide valuable information for designing targeted interventions aimed at reducing teenage pregnancies and improving access to contraception, especially in rural areas with limited healthcare infrastructure.

Venezuela grapples with significant geographic disparities in the availability of family planning services. In some regions like **Apure** and **Táchira**, states bordering **Colombia**, and **Sucre**, located in the **Caribbean coast**, individuals must travel an hour from their homes to access family planning services. ^{clxxix} In these regions, only 3 of every 10 women of reproductive age use contraception, according to the Humanitarian Response Report in 2022. ^{clxxx} Socio-cultural factors also play a significant role in shaping the acceptability and utilization of family planning services.

In **Ecuador**, elevated adolescent pregnancy rates are closely linked with poverty and restricted healthcare access, notably prevalent in provinces such as **Morona Santiago**, **Pastaza**, **Zamora Chinchipe**, **Los Ríos**, **Esmeraldas**, **Manabí**, and **Guayas**, mostly rural and home to Shuar, Kichwa, Afro-Ecuadorians and other indigenous communities. ^{clxxxi} These disparities underscore the profound impact of territorial inequalities on reproductive health outcomes and highlight the urgent necessity for focused interventions aimed at tackling socio-economic factors fueling teenage pregnancies. Furthermore, addressing territorial disparities is paramount in combating sexual violence, as **80%** of adolescent pregnancies stem from such acts of violence, according to the Ministry of Education in 2018. ^{clxxxii}

B. Data Access, Generation, and Quality



In **Brazil**, despite the existence of key indicators like adolescent motherhood and data on women of reproductive age, the report "10 Years of the Access to Information Law" reveals gaps in the availability of data on **SRH**, including legal abortion. ^{clxxxiii} This lack of comprehensive data hampers a complete understanding of contraceptive use in the country.

Argentina demonstrates a positive trend with a drop in fertility rates across all age groups, especially among those under 20 years old, since 2015. ^{clxxxiv} ^{clxxxv} This decline suggests progress in family planning practices and **CSE**. Data on the quantity of contraceptive methods and other supplies distributed in jurisdictional warehouses and public health facilities by the National Program of **SRH**, disaggregated by jurisdiction, is available at Data Argentina. ^{clxxxvi}

Chile faces difficulties in data accessibility, with challenges in obtaining historical data series for direct review. The slow response to requests for closed data further complicates efforts to ensure a satisfactory delivery of information. In **Paraguay**, the absence of identified data sources suggests a need for improved data collection and reporting mechanisms.

In **Bolivia**, there is a notable lack of detailed data on **FPC** from official government sources, highlighting the reliance on **CSOs** and informal observatories for information. The National Institute of Statistics provides information on health through bulletins and surveys on Demography. However, the most recent data is from the 2016 survey. ^{clxxxvii} The absence of disaggregated and up-to-date data impedes comprehensive policymaking and monitoring efforts. Similarly, in **Colombia**, while data from sources like the "Encuesta Nacional de Demografía y Salud 2015" provides valuable insights, there remains a significant gap in dedicated strategies for data tracking and monitoring specific to **FPC**. ^{clxxxviii}

In **Peru**, reliable and up-to-date data on **FPC** is not easily available. The data available highlights concerning trends, including low contraceptive use rates (**44%**) compared to regional averages of **69.9%**. ^{clxxxix} The impact of health emergencies, such as the **COVID-19** pandemic, has exacerbated existing challenges, leading to an increase between 2020 and 2021 in unplanned pregnancies (**40%**) and maternal deaths (**63%**). ^{cxc} **Venezuela** lacks official data on **FPC**, with only **CSOs** collecting information on this, indicating a need for improved data collection and dissemination mechanisms by the government.

Similarly, **Ecuador** lacks disaggregated, up-to-date, and reliable data on **FPC**, emphasizing the need for regular updates and real-time access to statistics for informed decision-making. Furthermore, **CSOs** are calling for a better understanding of the impact of impunity of sexual violence.

C. Systematically Excluded Communities



Across Afro-descendant, indigenous, disabled, youth, and transgender communities in **South America** related to FPC, there is a notable absence of specific policies and targeted services. While some countries, like **Argentina**, face challenges in ensuring accessible services for transgender individuals, the overall lack of comprehensive measures for these **SEC** underscores a broader issue in prioritizing their reproductive health needs.

In **Brazil**, family planning efforts need to confront historical biases deeply embedded in health institutions and professional practices. The discriminatory belief that preventing the reproduction of Black women could "prevent crime" has been a pervasive issue, leading to instances of forced sterilization, exemplified by cases like Janaina Aparecida Querino in 2017 ^{cxci} and a 2022 case of non-consented tubal ligation in **Paraíba**. ^{cxcii} While overt rhetoric has reduced, these incidents highlight the need for a comprehensive approach to family planning that addresses systemic biases and ensures the rights and agency of all individuals, irrespective of their racial background, are upheld. The 2015 inclusion law emphasizing disability rights, while significant, lacks specific provisions detailing family planning measures for people with disabilities. ^{cxciiii} Initiatives such as the Adolescent Health Booklet have aimed to address family planning for adolescents, reflecting a positive emphasis on youth reproductive health. ^{cxciiv} However, challenges persist, especially for transgender individuals, where explicit provisions and targeted services are notably absent.

In **Peru**, concerning trends emerge regarding adolescent pregnancy among indigenous populations, according to **CSO** reports. ^{cxcv} Indigenous girls and young women are disproportionately affected, highlighting underlying social and structural factors contributing to this issue. There are also concerns about underreported cases of sexual violence against indigenous women, indicating a broader issue of **GBV** intersecting with reproductive health within these communities.

According to **UNFPA**, while there has been an increase in the use of modern contraceptives in **Peru**, the usage among **SEC** likely differs. ^{cxcvii} Specifically, usage tends to be lower among women with lower levels of education, lower incomes, or those who self-identify as indigenous or Afro-descendant. ^{cxcviii} The Demographic and Family Health Survey from 2021 highlights that **61.6%** of indigenous women expressed a desire not to have more children. Additionally, more than half of the births to indigenous women (**52.5%**) that occurred in the last five years were unplanned at the time of conception.

Adolescent pregnancy remains a concern in **Peru**, with a study from 2014 shedding light on key factors contributing to maternal mortality. ^{cxcviii} These include delayed medical assistance, untrained staff, service unavailability, and

medical negligence, with delays sometimes utilized as forms of "punishment." These issues disproportionately impact **SEC**, particularly indigenous and rural women with limited education. Indirect causes of these deaths are increasing, and many might have been preventable through therapeutic abortion at basic healthcare levels.

In **Venezuela**, although the National Plan for the Prevention and Reduction of Early and Adolescent Pregnancy acknowledges intersecting vulnerabilities, it lacks specific protocols for addressing the needs of adults or diverse populations, such as **LGBTIQ+** individuals or specific ethnic and indigenous groups. The multifaceted humanitarian crisis in **Venezuela** since 2016 has significantly reduced the capacity of the National Public Health System to deliver family planning services and contraceptive methods, disproportionately impacting **SEC**.

The regional **CSO**, **ECMIA**, reports disparities in access to **SRHS** and contraceptive methods among indigenous women in **Peru, Argentina, Colombia, and Brazil**. While **Peru** claims **100%** compliance in the **MQTM** report, the National Demographic and Family Health survey reveals a **5%** lower contraceptive use among indigenous women compared to the national average. ^{cxcix} **Argentina's** National Health Program for Indigenous Peoples collaborates with the National Program for Sexual and Reproductive Health to improve access, but issues like forced sterilization of Afro-descendants persist. ^{cc}

The research underscores challenges, including language barriers affecting information access. Cases of forced contraceptive measures and sterilizations without informed consent are reported, underscoring the need for enhanced communication, cultural sensitivity, and intersectoral collaboration. In **Argentina**, **ECMIA** documents instances where subdermal implants were placed in indigenous women without prior consent, particularly "in a vulnerable state" during the postpartum period. For monolingual women, the language barrier can obstruct access to contraceptives, appropriate care, and create ambiguity in their consent for contraceptive method implantation or sterilizations. Across various government levels, the absence of personnel proficient in indigenous or native languages, coupled with a lack of standardized communication material in these languages, persists, except for sporadic initiatives and specific campaigns.

Across the **South American** sub-region, the lack of specific data on **SEC** reflects a broader gap in understanding and addressing their unique needs in the context of **FPC**. Without targeted data collection and analysis, policymakers and healthcare providers struggle to develop and implement effective strategies to promote reproductive health equity and access for all communities.

D. Intersectional and Intercultural Approach



In **Southern Cone** countries, including **Brazil, Uruguay, Argentina, Chile,** and **Paraguay**, and **Andean** countries, including **Bolivia, Colombia, Peru, Venezuela** and **Ecuador**, there is a notable absence of information concerning the intersectional and intercultural approach in the context of **FPC**. The intersectional and intercultural approach emphasizes recognizing and addressing the unique needs and challenges faced by individuals with diverse identities and backgrounds. In the absence of specific information on these approaches in legal, financial, and programmatic frameworks, it becomes challenging to assess the progress, gaps, or barriers encountered by **SEC**.

E. CSO Participation



In **Brazil**, the **FPC** landscape is influenced by ongoing feminist evaluations, with a particular focus on the contributions and protests of Black Women's Movements. The feminist movement in **Brazil** contends that family planning policies are still influenced by historically racist and hygienic ideologies, shaping the nation's approach.

Similarly, in **Uruguay** and **Argentina**, the feminist movement has been key in shaping progressive agendas for **SRHS**. In **Chile**, **CSOs** are not actively engaged by the government at any stage of the process of shaping **FPC** policy. This lack of engagement raises concerns about the inclusivity and representation of diverse perspectives in the development and evaluation of family planning strategies, potentially impacting the effectiveness and relevance of these initiatives.

In **Paraguay**, there is a noteworthy involvement of **CSOs** in the validation of the Manual of Family Planning Standards for women and men in 2018. ^{cci} Various organizations, including the Paraguayan Society of Gynecology and Obstetrics, the Paraguayan Center for Population Studies and **UNFPA**, were part of this collaborative effort. This engagement signifies a positive trend toward inclusivity, indicating that multiple stakeholders, including **CSOs**, contribute to shaping family planning policies.

In **Bolivia**, several initiatives led by organizations like Doctors Without Borders have been pivotal in reducing maternal mortality and promoting adolescent health, particularly during the **COVID-19** pandemic in **El Alto**, the municipality with the highest number of adolescents. ^{ccii} Their culturally adapted, free, and high-quality care model serves as an example for municipal health systems, emphasizing the importance of prioritizing essential services like maternal health and contraception, even amidst crises. Additionally, governmental collaborations with organizations such as **UNFPA**, **IPAS** and Marie Stopes International bolster the provision of **SRHS**, ensuring training, awareness, and resource availability.

In **Colombia**, active engagement with **CSOs** is anticipated for the upcoming revision and updating of the National Policy on Sexuality, Sexual Rights, and Reproductive Rights, as well as for the development of the National Demographic and Health Survey.

In **Peru**, there has been a steadfast advocacy effort by a range of organizations, collectives, activists, and human rights defenders to secure **SRHR**, particularly amidst the challenges and crises the country faces today. **CSOs**, such as the feminist movement, youth organizations, and international partners, play a crucial role in advancing this cause. Notably, among these influential entities is the Center for the Promotion and Defense of Sexual and Reproductive Rights (**PROMSEX**).

In **Venezuela**, **CSOs** like **Plafam** have stepped in to fill gaps in contraceptive access, particularly amidst a humanitarian crisis. These organizations not only provide essential services but also collaborate with international partners, emphasizing the importance of multi-stakeholder engagement in addressing complex challenges.

In contrast, **Ecuador** presents challenges related to civil society participation in public policies, hindering the inclusivity and effectiveness of family planning initiatives. However, recent instances of involvement, such as **CEPAM-Guayaquil's** participation in reviewing the National Strategy for Comprehensive Sexuality Education, signal a nascent avenue for collaboration between civil society and governmental institutions.

Recomendations

1. Comprehensive Sexual and Reproductive Health:

- Promote a holistic understanding of health, emphasizing comprehensive sexual and reproductive health over isolated family planning initiatives.
- Recognize the interconnected aspects of sexual health, education, and overall well-being.
- Invest in and implement a health program from prenatal care to delivery, prioritizing comprehensive protection during pregnancy and early childhood, emphasizing rights, gender equality, and generational perspectives.
- Guarantee access to basic contraceptives in public primary care, acknowledging regional disparities.
- Diversify options based on bodily diversities, gender perspectives, and cultural relevance.
- Provide continuous training for healthcare personnel on contraceptive technologies, including post-abortion and emergency contraception management.

2. Streamlined Access to Healthcare:

- Simplify and eliminate bureaucratic barriers for healthcare access, especially contraception.
- Reduce administrative obstacles hindering **SEC** from obtaining reproductive health services.
- Strengthen healthcare facilities with trained human resources and budgets meeting healthcare demands.

3. Education and Awareness:

- Implement state-level education programs shifting from "Family Planning" to a broader sexual and reproductive health understanding.
- Destigmatize contraception discussions and empower individuals with accurate information.
- Establish connections between healthcare and educational institutions for comprehensive information and contraceptive access for adolescents.
- Strengthen governmental actions to empower individuals with decisions related to pregnancy, aiming to reduce maternal mortality and unwanted pregnancies.



4. Inclusive Protocols and Policies:

- Develop and implement inclusive protocols and policies considering diverse needs of **SEC**.
- Update care protocols, allocate budgets, and ensure effective implementation for **SEC**.
- Address geographical disparities, making contraceptives available in rural areas.
- Implement strategies for access, acknowledging unique challenges in these regions.
- Provide special attention to adolescents, ensuring access to comprehensive contraception and family planning information and services tailored to their age group.
- Develop targeted services for **SEC**, promoting awareness and providing professional training.

5. Human Rights-Centered Approach:

- Uphold human rights principles in contraception and family planning policies and ensure universal access, irrespective of location or demographics.
- Promote a culture of respect for sexual and reproductive health decisions.
- Advocate for adequate and sustainable financing for family planning programs through collaboration with international organizations and donors.
- Establish family planning programs focusing on individual choice, distancing from population control perspectives.

6. Data Production:

- Collect and analyze reliable data on the impact of contraception policies, considering factors like race, gender, and region.
- Integrate sexual and reproductive health modules into periodic health surveys conducted at the national level.
- This approach ensures a comprehensive understanding of health trends and enables the identification of emerging issues.

Best Practice



Context

Chile has made significant strides in enhancing access to **FPC**, implementing key initiatives to address the diverse reproductive health needs of its population. The recent inclusion of contraceptives in the **CENABAST** (Supply Center) law in 2020 and related measures underscores the country's commitment to ensuring affordable and accessible reproductive healthcare. ^{cciii}



Challenge

Despite progress in reproductive health, challenges persist, including the high cost of contraceptives, limited access in certain regions, and disparities in healthcare services.

The Initiatives

Inclusion in CENABAST Law 21.198:

- The law authorizes **CENABAST** to supply private pharmacies and nonprofit organizations, regulating maximum public selling prices.
- Guarantee fair pricing, reducing out-of-pocket expenses for medications, and ensuring wider accessibility for individuals seeking contraceptives, making family planning more accessible.

Expansion of Contraceptive Options:

- State-run programs in clinics offer free contraceptives, complemented by a law facilitating direct purchase from pharmacies.
- Empower individuals with a broader range of contraceptive choices, emphasizing their agency in preventing unwanted pregnancies and sexually transmitted infections.
- The initiative included the vaginal ring, intrauterine systems, and internal/female condoms.
- Ensure universal access to contraceptives, bridging the gap between clinic-based and pharmacy-based availability.

Affordable Medications List: ccio

- The goal is to make **27 contraceptive methods** more affordable and reduce economic barriers to their use.
- A list of six contraceptives is available at discounted prices since **March 2023**, ranging from hormonal treatments to subcutaneous implants.

Key Takeaways

Holistic Approach:

The initiatives reflect a comprehensive approach, addressing financial, geographical, and choice-related barriers.

Government-Pharmacy Collaboration:

Collaboration between the government, pharmacies, and clinics enhances the reach and affordability of contraceptives.

Specialized Prosecutor's Office:

Prioritizing a variety of contraceptive options empowers individuals in making decisions aligned with their health needs.

Chile's efforts to improve access to **FPC** showcase a commitment to reproductive health equity. The multifaceted approach, combining legal frameworks, public programs, and collaboration with pharmacies, sets a positive example for countries seeking to enhance reproductive healthcare accessibility.

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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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