

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

| *Executive Summary*

Monitoring and Implementation Insights

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. ⁱⁱ These communities often encounter heightened levels of discrimination, coercion, and violence when seeking to access **SRHRJ**.

SRHRJ in the Montevideo Consensus

The Montevideo Consensus (MC),ⁱⁱⁱ 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.^{iv} Additionally, these actions emphasize the need to allocate sufficient financial, human, and technological resources to ensure universal access to SRHS without discrimination.

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.

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.

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.

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

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}

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 Gutierrez, Buenos Aires.

Key Findings

Abortion

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

Since the passing of the **Montevideo Consensus** in 2013, countries across the region have taken steps to advance their legal frameworks on abortion. Of note are Argentina, which legalized abortion through a Senate ruling in 2021, ^{xviii} **Mexico**, which decriminalized abortion across all states in 2023, ^{xix} and **Colombia** which decriminalized abortion until the 24th week of gestation in 2022. ^{xx} All landmark rulings were achieved through the coordinated effort of feminist movements and organizations working in collaboration with progressive government officials, highlighting the importance of intersectoral collaboration and **CSO** involvement in policy design and implementation.

While these rulings are cause for celebration, implementation concerns persist across the region. Access to abortion for rural and economically marginalized communities is lacking across all sub-regions, and adult-centrism hinders access for adolescents and youth, with many countries requiring parental consent for access to **SRHS**. Lacking financial frameworks also causes challenges, as funding for safe abortion access is limited or not specified in government budgets, raising concerns about the actual implementation of these laws. Outdated medical procedures and a lack of stock of Misoprostol and Mifepristone – medications needed for medical abortions – also hinders access, especially across rural areas in countries of the region. Conscientious objection by medical staff poses another key challenge in region, with **CSOs** reporting **50%** of doctors in **Chile** objecting to carry out abortions, despite the legal framework in place.

Key recommendations from **CSOs** on advancing abortion and ensuring effective implementation of policies and programs include:



- Further advocacy to decriminalize abortion where it is currently criminalized.
- Strengthening cross-institutional collaboration to ensure justice and health systems are aligned.
- Improving data collection and access to said data for the public to inform decision making on access to abortion.
- Ensuring **CSO** involvement in policy design and implementation.

(CSE) Comprehensive Sexuality Education

According to MQTM, CSE stands out as an area within SRHRJ facing considerable resistance against the commitments outlined in the MC. **Argentina, Mexico, and Venezuela** have taken steps to update their programs and/or curricula, while **Uruguay, El Salvador, and Paraguay** have either removed content related to CSE or made it optional. ^{xxi}

Countries across the region have advanced on CSE, embedding it through legal amendments into national curricula and providing training for teachers and parents. Age-appropriate materials have been created by CSOs and governments in a number of countries across the region, and youth representatives have been involved in curriculum design.

However, despite advances, important challenges and barriers continue to exist, limiting the effective implementation and reach of CSE across the region. Opposition to curriculum content by organized parent groups and conservative legislators, pose an important barrier, with teachers in **Brazil** limited in their ability to teach CSE, as it may be viewed as spreading ideology in the classroom, an action which was criminalized in 2016. ^{xxii} A rejection of **LGBTIQ+** content in CSE curricula across the **Caribbean** acts as a barrier to addressing the needs of this systematically excluded community, and humanitarian crises in **Haiti** and **Venezuela** impact severely on the education system and the provision of CSE. Adult-centrism and a merely biological approach to CSE are factors that hinder the impact of programs, seen through persistently high levels of adolescent pregnancy across the region.

Key recommendations from CSOs include:



- Incorporating CSE into curricula and ensuring it is truly comprehensive.
- Limiting the influence of religious groups in schools.
- Ensuring continued teacher training and community engagement, including parents.
- Mobilizing resources for effective implementation of CSE.
- Driving cooperation between Ministries such as Education, Youth, Health and CSOs to enable improved implementation.

(GBV) Gender-Based Violence

According to MQMT, which monitors the provision of specialized care for victims of GBV alongside legal and programmatic frameworks, GBV is the SRHRJ area that has seen the most progress in the region over the past years, and can be attributed to enhanced coordination systems, effective referral of cases to specialized services by the ministries of health, and protocol improvements facilitating processes for accessing care.^{xxiii}

Progress in the region has been made particularly around the recognition and tackling of high rates of femicide, especially in Central America. Specific laws that aim to protect victims of femicide and trans-femicide, as well as to restore justice for the children of women victims of femicide have been passed across the region. Specialized courts have been set up in a number of countries, and specific budgets have been allocated to programs that tackle GBV.

Despite these important advances, the exclusion of obstetric and political violence from policies and programs remains a challenge identified by CSOs working in the region. Additionally, the recent escalation of violence in Haiti has led to a systematic use of sexual violence against women, girls and gender-diverse people by gangs.^{xxiv} The diversion of funds away from GBV-related programs by conservative governments, such as in El Salvador, also pose important barriers to effective policy implementation. The disproportionate impact of police violence against afro-descendant women in the north and northeast of Brazil is another challenge identified by CSOs working nationally.^{xxv}

Key recommendations from CSOs on improving GBV program and policy implementation, particularly related to prevention and restorative measures include:



- Ensuring multisectoral collaboration, incorporating actors such as the media and private sector.
- Providing training for healthcare, social and legal personnel in victim and survivor support.
- Reforming the justice system to incorporate gender perspectives.
 - Addressing institutional violence by ensuring quotas for elected officials.
- Improving funding and disaggregated data collection on cases of violence.

(FPC) Family Planning and Contraception

The latest MQTM report recognizes that progress has been made developing legal, programmatic, and operational frameworks related to **FPC**, with most countries in the region having robust frameworks in place, and a general recognition of the importance of **FPC**.

Across the region, access to contraceptives is embedded within broader policy and programmatic frameworks for health, even when specific **SRHR** policies are lacking. Countries like **Argentina** provide free contraceptive methods through their health system, including long-acting options like intrauterine devices, and **Puerto Rico** allows over-the-counter sale of contraceptives to individuals 15 years and older. A shift across the region to focus on modern contraceptives is another point of note in ensuring access to **FPC** for populations.

Despite these important advances, concerns persist in ensuring effective **FPC** policy implementation, particularly around shortages of stock of these products in rural and remote areas. A focus on women of reproductive age as the population accessing **FPC**, limits access to youth and gender-diverse individuals. Concerning to note are **CSO** reports that highlight the forced sterilization of afro-descendant women in **Brazil**,^{xxvi} as well as the insertion of contraceptives without consent of indigenous women across the region. Parental approval limits access to **FPC** for youth and adolescents, and impunity for companies providing defective contraceptives remains a concern.

Key recommendations from **CSOs** include:



- Ensuring **FPC** is embedded within broader **SRHR** policies and programs.
- Diversifying contraceptive options tailored to different bodies.
- Destigmatizing discussions around **FPC**, particularly for youth.
- Ensuring a human rights-centered approach that protects systematically excluded communities from abuses.
- Improving disaggregated data collection and analysis.

(YFS) Youth-Friendly Services

Most countries across the region demonstrate acceptable progress on providing **YFS**, with the **Caribbean** falling slightly behind the other sub-regions. **YFS** are considered important, particularly because of the persistently high rates of adolescent pregnancy, making it imperative for youth to feel comfortable accessing services.

Countries across the region have embedded the right to health for young people into their legal frameworks, and many specific programs are in place that tailor sexual and reproductive health services to adolescents and young people. Particularly, the **Dominican Republic** and **Bolivia** have emphasized youth friendly **SRHS** in government programs, ensuring access and quality.

Despite this progress, **CSOs** report many of these services to be maternal-child focus and lacking an intersectional approach, missing the opportunity to include the wide diversity of adolescents and youth in each country. Additionally, while legal and programmatic frameworks exist, almost no country dedicates specific budgets to these programs, posing an important challenge to their effective implementation. In eight of these countries, requirements for parental consent impede the provision of services such as **HIV** testing. ^{xxvii} Untrained and unprepared healthcare personnel also limit the effectiveness of **YFS**, as providers lack the necessary knowledge to adequately attend to the unique needs of adolescents and youth.

Key recommendations from **CSOs** include:



- Using social media as a means to reach this demographic,
- Assigning specific budgets to the program associated with **YFS** to ensure their sustainability.
- Including youth in policy and program design and implementation, as well as broader decision-making roles around health and sexuality and.
- Enhancing **CSE** programming across the education sector.

Reports as Advocacy Tools

These reports are 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. The reports navigate the nuanced landscape, sometimes contradictory due to political shifts, in advancing **SRHRJ** and underscores the limitations encountered in ensuring access. As the reports highlight, 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 reports aim to act as a catalyst, to recognize the challenges and take concrete actions to ensure these are tackled appropriately.

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xu In the Spanish-speaking, the term “causal” is employed to refer to exceptions or circumstances that allow for abortions despite existing bans.

xui Mira Que Te Miro (MQTM) (2023). Resultados de la iniciativa de monitoreo social de los compromisos del Consenso de Montevideo en derechos sexuales y reproductivos 2023. Vecinas Feministas, Red de Católicas por el Derecho a Decidir, CLADEM, ICW Latina, RSMLAC & Fós Feminista.

xuii Mira Que Te Miro (MQTM) (2023). Resultados de la iniciativa de monitoreo social de los compromisos del Consenso de Montevideo en derechos sexuales y reproductivos 2023. Vecinas Feministas, Red de Católicas por el Derecho a Decidir, CLADEM, ICW Latina, RSMLAC & Fós Feminista.

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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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