
población y desarrollo

Commemoration of the tenth anniversary of the International Conference on Population and Development: actions undertaken to implement the Programme of Action of the Conference in Latin America and the Caribbean



NACIONES UNIDAS



Population Division – Latin American and Caribbean Demographic Centre (ECLAC – CELADE), with the collaboration of the United Nations Population Fund (UNFPA)

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Summary

This document describes the main social, economic, political and demographic features of Latin America and the Caribbean in the last 10 years as a backdrop to the implementation in the region of the Programme of Action of the International Conference on Population and Development agreed in Cairo in 1994. In this regard, the region has been characterized by an unsatisfactory, indeed erratic, economic performance, high poverty levels, which authorities seem unable to bring under control, persistent socio-economic inequality, political instability and, notwithstanding all this, a demographic transition that continues to advance relentlessly.

Following this description is a detailed account of the actions undertaken by the countries in the region to put into practice the Programme of Action. First, the authors examine the efforts made by individual countries to place population issues on the agenda and incorporate them in public policies; in this regard, a wide range of institutional arrangements were adopted including the establishment of specific bodies responsible for population issues, technical units in sectoral ministries and working groups active in large-scale public programmes directed towards cross-cutting issues, such as gender, poverty and the environment. Population issues have also been incorporated more intensively into decentralization processes underway in the countries of the region.

The document considers actions and measures taken at the national level—and in some cases at the regional and subregional levels—in the following areas: location of the population and

migration; sexual and reproductive health and safe motherhood; human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); violence against women; primary and secondary education; care for older persons; information, research and training in the field of population, social equity and gender; and reproductive rights. In this analysis, attention is drawn to the joint efforts made by the Government, civil society and the private sector and a brief description is given of the resources used in this task.

Lastly, the authors identify the outstanding issues and future challenges posed by implementation of the Programme of Action in the region.

Introduction

At its regular meeting in May 2002 —held in Brasilia within the framework of the twenty-ninth session of the Commission— the ECLAC sessional Ad Hoc Committee on Population and Development agreed, under resolution 590 (XXIX), to examine the progress achieved in Latin America and the Caribbean in implementing the Programme of Action adopted by the International Conference on Population and Development. To this end, the Committee requested the Population Division -Latin American and Caribbean Demographic Centre (ECLAC-CELADE), to prepare, in collaboration with the United Nations Population Fund (UNFPA), a document describing the actions undertaken in the countries of the region to implement the Programme of Action.

This technical report compiles information from the national consultation processes, including the results of the survey conducted by UNFPA in each of the countries of the region on the progress achieved in the past ten years in implementing the Programme of Action, the conclusions of recent research and the regional system of indicators for monitoring implementation of the Programme of Action of the International Conference on Population and Development. It also incorporates the results of the assessment of the implementation of the Programme of Action in the Caribbean (11-12 November 2003, Port of Spain).

An initial version of this document was presented at the open-ended meeting of the Presiding Officers of the Ad Hoc Committee, which was held at ECLAC headquarters in Santiago, Chile, on 10 and 11 March 2004. That event was attended by almost 40 government

delegations and more than 300 persons from ECLAC member countries, countries with observer status and non-governmental organizations. This initial version served as the principal substantive input for the Declaration which was adopted at the open-ended meeting.

The present version incorporates the comments expressed at that meeting, together with those transmitted to the Office of the Executive Secretary in March and April 2004,¹ and constitutes the region's contribution to the global ten-year review process on the implementation of the Programme of Action of the International Conference on Population and Development.

This document reports on the social, economic, political and demographic context of the last 10 years in the region, describes the actions undertaken by the countries in the region to implement the Programme of Action –including the collaborative efforts made by the Government, civil society and the private sector– gives an account of the resources used for the task and, lastly, focuses on identifying the outstanding issues and future challenges in terms of implementation of the Programme of Action in the region.

¹ The comments received from the following countries were incorporated in this final version: Bahamas, Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, El Salvador, Guatemala and Paraguay.

I. Continuity, changes and emerging phenomena in the sociodemographic context

1. Economic, social and political changes

Over the last 10 years the economies of Latin America have been experiencing considerable volatility, and this situation has been further aggravated by three economic crises. In particular, the poor performance seen during the first few years of the new millennium (GDP growth was 0.4% in 2001, decreased to -0.4% in 2002 and went up slightly to 1.5% in 2003) led to a reduction in per capita GDP and the persistence of high levels of poverty. Poverty—which had decreased between 1990 and 1997, after having risen substantially during the lost decade of the 1980s—has increased again over the last few years. In fact, during the last decade, the percentages of the population living in poverty and indigence have not fallen below 42% and 18%, respectively (ECLAC, 2003a). Moreover, job creation has been weak, even during the economically dynamic years. The persistence of high levels of unemployment, which particularly affects women and young people, and the generally precarious nature of workers' occupational status have been persistent characteristics of the labour market. The distribution of income did not show any encouraging signs either; apart from a few exceptional cases, there has been no improvement in distribution and, in many countries, a reversal of previous gains has been noted (ECLAC, 2003). Latin America and the Caribbean continue to be the region with the highest level of inequality in the world.

The Caribbean economies have specific features, such as small domestic markets, insularity and dependency upon a limited number of products and services, which make them highly susceptible to international business cycles. This is reflected in fluctuations in their economic growth, which has been limited during the last 10 years. During this same period, a change in the composition of production has taken place, with a relative contraction of the primary sector and an increased trend towards services, especially tourism. At the same time, the income received through remittances sent by migrants to their families has taken on greater significance. Progress in regional economic integration, which is one of the possible avenues for reducing macroeconomic vulnerability, has been slow. As in Latin America, the decade has been marked by high levels of unemployment (especially among women and young people), although there has been a slight improvement, from an average of 15% to 12% (ECLAC, 2002a).

On the political front, the last 10 years have been marked by two apparently conflicting events. On the one hand, democracy has become the established form of governance and is, generally speaking, backed by the majority of social actors in the countries of the region. On the other hand, social upheavals –albeit less common in the English-speaking Caribbean countries– and expressions of citizens’ disenchantment with the political system have been frequent, as seen in the change of several democratically elected presidents who have had to resign in the face of mass protests and pressures. In a departure from the past, the repression of such mass protests is now questioned at the national and international level. Also, unlike in the past, the civilian governments that fail are not replaced by military dictatorships, but instead by transitional regimes that receive, in one way or another, citizen approval and are committed to holding elections. Although the socio-political instability seen over the last 10 years is associated with the economic crises that democracies have not managed to avoid and with the harsh fiscal and structural adjustments that democratic governments have made to deal with those crises, their causes are also linked to the persistence of vices in the political system, such as corruption, impunity, patronage, and concentration of power, as well as a lack of trust in institutions, the absence of channels for genuine citizen participation in decision-making and the contrasting socioeconomic inequalities which limit social cohesion.

2. Main demographic trends²

a) Population growth and changes in its structure

Between 1950 and 2000, the population of Latin America and the Caribbean tripled. That growth rate was not sustained over time, however, as the effect of declining fertility rates overshadowed the steady decline in mortality rates. Thus, since the 1980s, the downward trend in the rate of population growth has gained strength in the region and in most countries. At the start of the twenty-first century, the population in 19 countries of the region was growing at an annual rate below 1%, and in two countries –Grenada and Saint Kitts and Nevis– negative rates were registered. In nine cases, the rates varied between 2% and 3%, and the Cayman Islands and the Turks and Caicos were the only ones that had higher rates. At the subregional level, the lowest population growth rate was in the Caribbean, whose average rate was 0.9%, although some countries had higher rates due to international immigration.

Because of the pattern and extent of the decrease in mortality and fertility rates, the ageing of the population, which was already evident in some countries in the 1980s, has become more

² Unless otherwise stated, the figures used in this document have been taken from the System of Indicators for Follow-up to International Summits in Latin America and the Caribbean, CELADE population estimates and projections (www.cepal.org/celade/proyecciones/) and United Nations population estimates and projections (<http://esa.un.org/unpp>). Regional System of Indicators for Follow up to the Objectives of the International Conference on Population and Development.

accentuated and generalized in the region. By the start of the twenty-first century, more than 10% of the population in Barbados, Martinique, Puerto Rico and Uruguay was 65 years old or more, and the percentage was only slightly lower in Argentina, Cuba and Guadeloupe. Despite this steady increase in the proportion of older persons, most of the countries still have a relative youthful structure; persons under the age of 15 represent almost two fifths of the population in Belize, Bolivia, Guatemala, Haiti, Honduras, Nicaragua and Paraguay. Even so, the sustained increase in the proportion of the working-age population (those between 15 and 64 years of age) has taken place at the expense of the relative size of the under-15 age group. Given these changes, the total dependency ratio is declining in most countries.³ The number of countries in which this ratio was 60 or fewer potentially dependent persons per 100 potentially economically active persons increased from 10 to 18 in the last decade of the twentieth century. At the same time, the population ageing index has increased in all the countries in Latin America and the Caribbean.⁴ These trends underpin the notion of a “demographic bonus”, a historic opportunity which manifests itself during the period in which the working-age population, measured as a percentage of the total population, reaches its peak. Although the dividends from this “bonus” are not automatic –since jobs have to be created for this population– the decrease in the dependency ratio translates into a reduction in the pressure on basic social services, such as education and mother and child health care. It should be noted that, due to the heterogeneity of the demographic transition in the region, there are countries in which the “bonus” is now in its last stages and other countries in which it has yet to become evident.

b) Mortality

General mortality

Between 1990-1995 and 2000-2005, life expectancy at birth increased in practically all the countries in Latin America and the Caribbean. The increases generally ranged from a few months to slightly over two years, and were greater than two years in some Central American countries (El Salvador, Honduras and Nicaragua), Bolivia and Colombia.

In the Programme of Action adopted at the International Conference on Population and Development in Cairo in 1994, the chapter on health, morbidity and mortality sets a target for life expectancy at birth $E(0)$ of more than 70 years of age for the year 2005. In the case of those countries with a higher mortality rate, the goal for life expectancy at birth is set at 65 years of age for that year (United Nations, 1995). Over two thirds of Latin America and Caribbean countries already had an $E(0)$ of 70 years in the period 2000-2005 and, according to projections, progress will generally continue to be made. However, Bolivia, Guatemala, Haiti and Guyana still seem to be at some distance from the goal, whereas Bahamas, Brazil, Nicaragua and Peru are nearing it, with an $E(0)$ of approximately 69 years. Almost all the countries in the region will have an $E(0)$ of over 65 years by 2005.

Women’s life expectancy is greater in all countries of the region, with values ranging from two and one half years to more than nine years difference, without there being a particularly obvious relationship between the level of mortality and that differential. This disparity has tended to decline over the last few years, however, with the male/female $E(0)$ differential narrowing slightly in Chile, Mexico and Costa Rica and stabilizing in Uruguay, Argentina, Panama and Venezuela, among other countries (Chackiel, at press).

³ The dependency ratio represents the number of people who are potentially economically inactive by reason of their age (under 15 years old or 64 years old or over) who are supported by potentially economically active persons (those aged between 15 and 64 years old). It is calculated on the basis of the quotient of the values for the two age groups.

⁴ The index for the ageing of the population is equivalent to the ratio between the number of people aged 65 and older and those under 15 years of age.

Infant mortality

Infant mortality rates in almost all the Latin America and the Caribbean countries have displayed a decreasing trend since 1980. Most of the lowest rates are found in the Caribbean. For 2000-2005, the Netherlands Antilles, Barbados, Chile, Costa Rica, Guadeloupe, Martinique, Puerto Rico, Saint Lucia, and Trinidad and Tobago are all projected to have infant mortality rates below 15 per 1,000 live births, and Cuba, Guadeloupe and Martinique are expected to have rates below 10 per 1,000. However, more than half of the countries in the region have registered rates of between 20 and 40 per 1,000, and rates of 40-55 per 1,000 have persisted in two countries (Ecuador and Guatemala) and are even higher than that in Bolivia, Guyana and Haiti.

Although the reported infant mortality rates make for a positive picture of the region as a whole, there are signs that the objectives set out in Cairo have yet to be fully met, particularly with regard to the reduction of disparities in mortality rates within countries (Chackiel, at press). Even though there is evidence that infant mortality rates have decreased in all sectors, the relative differences –between urban and rural areas or according to the level of education of the mothers, among other indicators– have not been reduced. In many cases, the infant mortality rate for children born to mothers with fewer years of schooling remain three times as high as those of children born to mothers with higher levels of education.

Maternal mortality and delivery care

Reporting problems affecting maternal mortality statistics –such as identification, classification, and registration of cases– hinder accurate measurement of this variable, as well as the production of a timeline for use in the evaluation of the progress made by countries in reducing these mortality rates. According to one estimate, for the year 1995, prepared by WHO/UNICEF and UNFPA and incorporated into the System of Indicators for Follow-up to International Summits in Latin America and the Caribbean, maternal mortality rates in the region fall into an extremely wide range, varying from 20 to over 1,000 maternal deaths per 100,000 live births. The lowest rates are found in the Caribbean. The mortality rate in the Bahamas, Guadeloupe and Martinique are 10 or lower. Relatively low rates –of between 20 and 35 per 100,000 live births have been registered in the Netherlands Antilles, Barbados, Chile, Costa Rica, Cuba and Puerto Rico. In Brazil, recent estimates put the maternal mortality rate at 75 per 1,000 live births. In almost half the countries, maternal mortality rates are between 100 and 300 maternal deaths per 100,000 live births, and in Haiti, the rate is over 500.

One of the most influential factors in maternal mortality is the availability of medical care during childbirth, and in particular, access to emergency obstetric services. In Latin America and the Caribbean, delivery care by qualified personnel is quite widespread, but it is not yet universally available. In Anguilla, Aruba, Antigua and Barbuda, Argentina, Bahamas, Barbados, Brazil, Belize, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, Panama, Puerto Rico, Saint Kitts and Nevis, Suriname, Trinidad and Tobago, Uruguay and Venezuela, over 90% of deliveries are attended by health-care professionals. The rest of the countries –except Guatemala and Haiti, where qualified care is available for fewer than half of all deliveries– have rates of between 55% and 85%.

Professional childbirth assistance is less available in rural areas and for women with low levels of schooling. In a group of nine countries, over half the women living in rural areas do not receive this type of care, and in Bolivia, Guatemala, Haiti and Peru, over 70% of rural childbirths are not attended by professionals.

c) Fertility and contraception

General fertility and adolescent fertility

Except in three cases (Antigua and Barbuda, Netherlands Antilles and Bahamas), where there was an increase or a levelling out of reproductive intensity, the total fertility rate has been declining in the region. This reduction has taken place both in countries which had low rates in 1985-1990 (Barbados and Cuba, where the rates were below the replacement level) and in countries that still had high rates in that period. During the last decade of the twentieth century, the reduction was equivalent to almost one child in Ecuador, Guatemala, Honduras, Mexico, Peru, and Trinidad and Tobago and in Grenada and Haiti, it was equivalent to 1.5 children. However, in 12 countries that registered declines in the level of fertility, the total fertility rate continued to be equivalent to 3 or more children per woman.

Adolescent fertility has followed a different trend in that its decline has been considerably less marked.⁵ As a result, the number of births to teenage mothers has increased as a percentage of the total. Furthermore, evidence from different sources (censuses, specialized surveys and vital statistics) suggests that adolescent fertility increased throughout the last 10 years in several countries and territories, including Anguilla, Brazil, Chile, Colombia, Dominican Republic, Haiti, Jamaica, Saint Kitts and Nevis and Uruguay. Even in countries where there are signs of a recent drop in adolescent fertility rates (such as Nicaragua), at 100 per 1,000 or more it remains very high. Adolescent fertility and, more generally, reproduction at a young age are almost overwhelmingly concentrated among the poorest sectors of the population (ECLAC, 2002b). Although there are variations across countries, poor women have a higher probability of being teenage mothers. This is an issue of the utmost importance, since there are signs that teenage motherhood among single mothers or mothers in unstable unions is on the rise (Rodríguez, 2003). Increasingly, this phenomenon affects three generations: the children, the teenage parents and their parents, who end up having to support these young women (including the provision of lodging in the same home) to enable them to raise their offspring (ECLAC/CELADE, 2002).

Contraception, unwanted pregnancies and unmet demand for family planning

Data on contraceptive use are available in many Latin American and Caribbean countries. However, in some cases, statistics are available only for a particular period, which hinders the identification of trends. In all of the countries for which more than one measurement is available, increases in the use of contraception since the end of the 1980s or beginning of the 1990s and the first years of the twenty-first century are observed.⁶ This reflects the growing desire on the part of couples and individuals to have smaller families and to choose the timing of births. The use of contraceptives has increased more rapidly in those countries where their initial use level was relatively low.

According to the available information, there are marked differences between countries in the use of contraceptives and the combination of methods. Of the countries that have recent statistics on these variables, user rates are above 75% in only a few: Brazil (the latest statistics for Brazil are from 1996), Colombia, Costa Rica, Cuba and Puerto Rico. In the majority of the remaining countries the rates are between 45% and 70%, and in three countries (Bolivia, Guatemala and Haiti), the user rates are even lower. The available information also shows that

⁵ Teenage fertility refers to the fertility of women under 20 years of age and is normally measured in the following manner: (i) the specific fertility rate for those aged 15-19; (ii) the percentage of women between the ages of 15 and 19 who were mothers at the time of the census or survey; and (iii) the percentage of women who were mothers before they reached 20 years of age.

⁶ Not all indicators are strictly comparable, as in some cases the denominator is partnered women aged between 15 and 44 years of age and, in some others, women between 15 and 49 years of age. Furthermore, the same contraceptive methods are not always covered.

modern methods—including female sterilization—are the most widely used. Traditional family planning methods are used to a considerable extent in only two countries: Bolivia and Haiti. In the countries for which data are available, the figures indicate that the use of contraceptives is greater among women who reside in urban areas and that the frequency of contraceptive use bears an inverse relationship to the women's level of schooling. Contraceptive use is lower at the two extremes of the reproductive-age spectrum. The use of contraceptives by adolescents varies a great deal from country to country; in Costa Rica and Cuba, the rate is above 60%, whereas, in Bolivia, Guatemala, Haiti and Honduras, it is less than 30%.

The number of unwanted pregnancies is quite high, even in countries with high rates of contraceptive use, such as Colombia. Indeed, despite the increase in the use of contraceptives and the decline in fertility, there are still many women in the region who state they did not plan to have their last child or had planned to have it at a later date. The number of unwanted pregnancies continues to be systematically higher among poor women (ECLAC, 2000a). At the same time, in Bolivia, Guatemala and Haiti, 25% or more of partnered women have an unmet demand for family planning. This unmet demand is greater in rural areas and among women with low levels of schooling.

The differences between subpopulation groups, defined according to their place of residence or their level of schooling, indicate that the most vulnerable sectors from a social standpoint are the most disenfranchised in terms of the exercise of their reproductive rights. It is also evident that some countries are still very far from reaching the family planning target agreed upon at the International Conference on Population and Development in Cairo, which calls for a reduction of at least 50% in the unmet demand for contraceptive methods.

Sexual initiation and marital status

The sexual initiation of Latin American and Caribbean women is later than that of their counterparts in the United States, the United Kingdom and sub-Saharan Africa, although it is earlier than their counterparts in Asia (Contreras and Hakkert, 2001). Sexual initiation occurs at an earlier age in the Caribbean than in Latin America. Even though the majority of women in the region become sexually active before they are 20 years old, only between 6% and 14%, depending upon the country, do so before age 15 (ECLAC, 2000a). There is no scientific evidence to indicate that such a pattern is changing, since modernization processes trigger opposing forces. On the one hand, traditional modes of early family formation are eroded, which is conducive to the delay of sexual initiation, while, on the other hand, the greater exposure to erotic messages and adolescents' increased autonomy tend to lead to an earlier sexual initiation.

It is surprising that declining fertility and extended education have not led to a significant, systematic postponement in the formation of unions. This may be one of the reasons for the intractability of adolescent fertility rates. What is evident, however, is that the triad of reproductive initiations—the first sexual relationship, the first union and the first offspring—takes place earlier among poor women. This gap is particularly wide in the case of the formation of the first union and the age at which the first child is born, and less so in the case of sexual initiation (ECLAC, 2000a). Information on the reproductive health of males is scarce. Some specialized surveys and recent multicentric studies (such as the study carried out in Buenos Aires, Havana, La Paz and Lima) have begun to collect this type of information.⁷

⁷ In a survey among males aged 20 to 29 in the cities of Buenos Aires, Havana, La Paz and Lima, and in the national surveys on male health in Colombia in 1996 and in 2001 information was gathered on male sexual behaviour, fertility, family planning, sexually transmitted diseases and AIDS.

d) International migration

International migration in the region has traditionally followed three patterns: extraregional immigration, which has been steadily decreasing; intraregional migration, whose intensity has also tended to decline over the last few decades; and extraregional migration, especially to the United States. During the 1990s a new pattern emerged. Numerous migrants, a good number of them women, from different countries in the region began to go to Europe and Japan. According to the available data, around the year 2000 some 2.8 million people who were originally from Latin American countries (especially Argentines, Brazilians, Colombians, Ecuadorians and Peruvians) or from the Caribbean were living in Spain, Canada, the United Kingdom and Japan.

Intraregional migration is a long-standing phenomenon, and its influence can be felt most clearly in border regions. Some migrants change their place of residence, while others move temporarily or around a circuit based on agricultural cycles, the construction of large-scale infrastructure works or trade. This pattern is sensitive to economic expansions or contractions, as shown by the recent migration of Peruvians to Chile, and to sociopolitical violence, which results in flows of exiles and “returnees” between neighbouring nations. In some cases, as in Colombia, flows are a result of forced internal displacements associated with violence and domestic conflicts; in most cases, these types of movements have a disproportionately strong effect on women and children. However, peace accords, repatriations and democratic stability do not appear to have altered the migration map in Central America, where Belize and Costa Rica continue to be the most frequent destinations for immigrants, mainly from El Salvador, Guatemala and Nicaragua. Migration among the English-speaking countries of the Caribbean Community characteristically involves the circulation of people rather than changes in places of residence; the migration of Haitians to the Dominican Republic is one of the largest and sustained flows in this subregion (CELADE, 2003b; Villa and Martínez, 2002, and Thomas-Hope, 2002).

Almost three quarters of the Latin American and Caribbean migrants go to the United States. During the census carried out in 2000 in that country, some 15 million people born in Latin America and the Caribbean were enumerated (half from Mexico and almost one third from Central America or the Caribbean). The number of migrants has increased significantly since 1970, but in the 1990s the rate of increase was somewhat lower.⁸ These migratory flows are quite heterogeneous in terms of male/female ratios and job skills. Migratory flows from Mexico and Central America include a larger percentage of working-age men with fewer years of schooling than the migratory flows from the Caribbean and South America; out-migration of skilled personnel from the Caribbean has been a subject of recent discussion.⁹

Latin America is the developing region which has the highest proportion of emigrant women. This relative “feminization” of migratory flows has been a hallmark of recent decades (Villa and Martínez, 2002). This is a trait that becomes obvious in the main migration flows within the region and is related to labour modalities in the destination countries (Thomas-Hope, 2002 and Martínez Pizarro, 2003). In contrast, emigration to the United States features large percentages of males; this trait is linked to the large share of men in the flows coming from Mexico and Central America. Another important feature of migration is the phenomenon of remittances, which increased to almost US\$ 30 billion for 2003. In other words, the region is a net exporter of labour and in return receives funds that have a huge macroeconomic and social impact. This situation poses numerous risks for the countries of the region and especially its people. The context for international migration, which is marked by illegality, trafficking in persons and smuggling of migrants, xenophobia, difficulties in integration, ever-increasing restrictions their linkage with security

⁸ The growth of Latin American and Caribbean residents in the United States during the 1980s was influenced by the amnesty provided by the Law of Migration Control and Reform passed by that country in 1986.

⁹ With specific regard to nurses, see <http://rnb.nursing.emory.edu/INC%202004/INC%20conf%202004.asp>.

issues, all translates into social vulnerability for many of the people crossing national borders. Therefore, the protection of migrants' human rights has become one of the most urgent issues in the region, as recognized in different intergovernmental forums and as part of the Summit of the Americas process.

e) Spatial distribution of population and internal migration¹⁰

Over the last 10 years the process of settling the “empty” spaces in the region has continued, especially in South America. The existence of high-value resources, the availability of land and the effect of large public and private investments dating back several decades all contribute to their settlement. Some sites have been revitalized thanks to their exports or their location in a border area. The incorporation of several areas of the region, especially in Central America and the Caribbean, into the worldwide tourism circuit illustrates the effects of globalization on the distribution of the population. Beyond the comparative advantages that favour the demographic expansion of “empty” spaces and border areas and of worldwide tourism, the large-scale settlement and circulation of people can cause irreversible damage to fragile ecosystems. The existence of wide disparities in living conditions between different regions of the countries is well documented. It is foreseen that some of these regions will be experiencing a sustained decline, mainly as a consequence of their difficulty in competing on an international scale due to poverty and an underskilled labour force (Cuervo, 2003; Rodríguez, 2002; ECLAC/HABITAT, 2001 and Ocampo, 2000). The situation confirms the validity of one of the Programme of Action objectives, which is to “foster a more balanced spatial distribution of the population by promoting in an integrated manner ... equitable and ecologically sustainable development (paragraph 9.2.a).

As the demographic transition has proceeded in Latin America and the Caribbean meant, the increase of urban population has slowed to an average annual rate of approximately 2%. However, the region continues to be the most urbanized region in the developing world. At the same time, there are significant differences between countries; in most of them, more than 80% of the population lives in urban areas, but in Guatemala, Haiti and Honduras the percentage is not yet 50%. Likewise, rural areas, where 25% of the population in the region lives, have continued to lose population. Despite the rise in the value of commodities being produced for the international market, rural areas continue to exhibit clear lags in social indicators.

The region has a large number of cities which have populations of more than one million inhabitants and in which one third of the region's population lives (United Nations, 2002). However, and in line with the contents of paragraph 9.4 of the Programme of Action, the most dynamic sector of the urban system are medium-sized cities (Rodríguez, 2002; ECLAC/Habitat, 2001). The mega-cities (of 10 million inhabitants or more) had, during the 1990s, a lower rate of growth than other urban areas.¹¹ This trend led to the reduction in the demographic concentration of Argentina, Brazil, Mexico and Venezuela, among other countries, but in the Dominican Republic, Guatemala, Haiti and Panama, the largest city in each of these countries continued to reinforce its demographic and economic pre-eminence (United Nations, 2002). Processes of change in the region's cities over the last 10 years that have a bearing on the possibility of achieving the objective of improving urban management, as set out in the Cairo Programme of Action, include the following:

- i) The connection of big cities with relatively distant urban centres (distances of 100 kilometres or more) via road or public transport systems, which results in extended metropolitan areas that lack a unified administrative authority (Pinto da Cunha, 2002; Lattes, Rodríguez and Villa, 2002 and Garza, 1981);

¹⁰ This section was produced on the basis of J. Rodríguez (2002 and 2004).

¹¹ The mega cities in the region include São Paulo, Mexico City, Buenos Aires and Rio de Janeiro.

- ii) The expansion of the periphery, a result of the traditional patterns of displacement of poor groups and settlement by poor migrants, as well as by the change of residence of wealthy groups towards nearby rural areas, where they enjoy a better quality of life without losing everyday ties to the big city;
- iii) Intra-metropolitan segregation, which has become more visible as a result of the reduction of public gathering places that used to attract different social groups (e.g., schools) and the reproductive effect of poverty that comes with the concentration and isolation of the poor in the cities (Rodríguez and Arriagada, 2003; Kaztman, 2001; ECLAC/HABITAT, 2001, and Massey, White and Phua, 1996).

In terms of internal migration, together with the decline in rural-urban flows, there is now more migration between cities, while seasonal mobility persists.¹² Recent information indicates that migrants tend to be young, with a higher educational level than average, and that the female bias that internal migration had had up until now is decreasing. A combination of “hard” areas of attraction and expulsion combines with “soft” areas, which change their status according to social and economic situations. Some of these trends are conducive to the fulfilment of the objective set out in the Programme of Action to “reduce the role of the various push factors as they relate to migration flows” (paragraph 9.2.b). Such migration flows are usually the result of people exercising their free will and using migration as a strategy for individual advancement. However, in some countries, involuntary displacements are triggered by internal conflicts (such as the case of Colombia), or motivated by social and geographical inequalities.

¹² It must be noted that net negative migration continues to prevail in rural areas; this accounts for demographic stabilization and the existence of a more accentuated ageing curve than would be expected as a result of the demographic transition (Rodríguez, 2004).

II. Implementation of the Cairo programme of action¹³

1. Integration of population issues into the public agenda and in public policies

In this section, progress and obstacles to the implementation of the Cairo Programme of Action in Latin American and Caribbean countries will be reviewed. Reference is made to the results of a survey carried out by the United Nations Population Fund (UNFPA) to evaluate the progress made by countries in the implementation of commitments and recommendations of the Cairo Programme of Action and the five-year review of its implementation (ICPD+5), as well as the difficulties and challenges faced. The survey was carried out in each country using different methods of consultation, with governmental, civil society, academic and international aid organizations taking part.¹⁴

Among the Cairo Programme of Action objectives there is one to “...fully integrate demographic concerns into: (a) development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and

¹³ To facilitate the reading of the text, references on specific and detailed description of national actions in the different examined areas were incorporated at the end of the chapter (and not as footnotes) in little roman numbers.

¹⁴ In a table annexed to this report, a detailed description of the consultation carried out for each country is given so as to facilitate an understanding of the differences in the reports.

improving the quality of life, of present and future generations; and (b) all aspects of development planning...” (Programme of Action of the International Conference on Population and Development, paragraph 3.4). These aims are also reflected in the Port of Spain Declaration on Population and Sustainable Development, adopted by the Caribbean countries, where it is established that “the introduction of population policies in an integrated manner in the development strategies will accelerate the pace of sustainable development. To the extent that population processes are influenced by development processes, such integration also will accelerate the achievement of population objectives”.

a) Creation of institutional environments and incorporation of demographic factors into economic development planning and poverty eradication

At the institutional level, some countries (Bolivia, Brazil, Jamaica, Nicaragua, Panama and Peru) have established bodies responsible for the promotion and integration of population issues into the planning of economic and social development at senior levels in their governmental structures.^{i 15} Mexico and Trinidad and Tobago had this type of institutional set up even earlier.ⁱⁱ In the countries where such agencies do not exist, the bodies responsible for social policies or the planning or environmental ministries have made major efforts to include demographic variables into the planning of economic and social development.

The incorporation of demographic variables into planning varies considerably across countries. In some cases this type of process has been consolidated (e.g., Cuba and Mexico) and in others it is a more recent phenomenon (e.g., Bolivia, Ecuador, Guatemala, Jamaica, Nicaragua, Saint Lucia and Trinidad and Tobago).ⁱⁱⁱ In Venezuela, the 1999 Constitution incorporates principles regarding the interrelationship between population, economic growth and sustainable development.

In Brazil, Chile, Dominica, Guyana, Jamaica, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, and Saint Vincent and the Grenadines, demographic variables have been incorporated into programmes dealing with social promotion and the eradication of poverty.^{iv} However, in Costa Rica, Honduras, Trinidad and Tobago and Uruguay, among other countries, the relationship between demographic factors and development strategies for overcoming poverty has been limited or has not been made explicit. Lastly, in some countries, population variables have been integrated into programmes or projects related to specific issues, such as sexual and reproductive health, the environment, violence against women or migration.

b) Creation of institutional environments and incorporation of demographic factors into sustainable development programming and environmental management

In the Cairo Programme of Action it is recognized that "meeting the basic human needs of growing populations is dependent on a healthy environment" and that "demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development" (paragraphs 3.24 and 3.25). In this context, the Programme suggests the adoption of measures aimed at integrating demographic and environmental aspects into development.

¹⁵ In order to enhance the presentation and readability of this chapter, specific, detailed description of the national actions undertaken in the different spheres examined have been incorporated as end-notes (rather than footnotes).

The Port of Spain Declaration states that demographic factors can exacerbate environmental degradation and resource depletion, inhibiting sustainable development. Furthermore, there is a warning that coastal and island States are particularly vulnerable to natural disasters. In the Declaration and Programme of Action approved at the Global Conference on Sustainable Development of Small Island Developing States, held in Barbados in 1994, a frame of reference was agreed upon for the development and protection of these countries' fragile environments. Unplanned settlement of land is a significant environmental problem in the region, resulting in unsuitable land use, inappropriate use of technologies, erosion and pollution, formation of large poverty belts and the building of substandard housing which is then severely damaged by natural disasters.

In most of the countries in Latin America and the Caribbean, environmental considerations have been incorporated into public policies, and institutions devoted to environmental management have been created, although demographic factors are not always taken into consideration in an explicit manner. In the Bahamas, a Commission for the Environment, Science and Technology has been set up. Brazil has a Ministry of the Environment –whose work is linked to environmental policy in general– and a national Council for Sustainable Rural Development. In Colombia, a Ministry of the Environment, which is responsible for providing leadership on issues relating to population dynamics, was created in 1993, and in 1997 the Territorial Development Act was approved, which takes into account demographic aspects in the spatial distribution of the population, the ecological and cultural heritage, and the rational and equitable use of land. Ecuador created the Ministry of the Environment in 1996, and the 1998 Constitution provides for the defence of the country's natural and cultural heritage and for environmental protection. El Salvador has its National Strategy for Local Development, which aims to harmonize population and land use. In Guyana a body responsible for the protection of the environment was set up in 1995 and the Environmental Protection Act was approved in 1998. Haiti has a Ministry of the Environment, which drew up a national environmental action plan for the period 1996-1999. In Mexico, the National Population Programme for 2001-2006 has as one of its objectives to promote “a territorial distribution of the population according to the potential for sustainable development”, as well as redirecting migration flows to cities with the potential for sustainable development or for “strategic development”. Paraguay now has a Secretariat for the Environment as well.

There have also been national programmes to benefit rural communities, to avoid the uprooting of population groups and to ensure the sustainability of activities through community participation and community-based management; examples include the National Strategy for Sustainable Development in Argentina and the National Environment Strategy of Panama, among others. In Cuba, environmental concerns have been addressed by the Constitution since 1976. In 1977 a national commission was set up for the protection of the environment and for rational use of natural resources, and more recently, the Ministry for Science, Technology and Environment was created. A National Environmental Strategy was approved as well as the Environment Act.

In other countries, such as Dominica, Honduras and Panama, people from neighbouring communities participate in the management of national reserves with the aim of discouraging migration to these ecologically fragile areas. There are also programmes for the resettlement of population groups residing in vulnerable areas and for the establishment of early warning systems for populations situated near areas that are at a high risk of flooding. In Panama, Colombia and Venezuela, in both formal and non-formal education, activities have been implemented with the aim of promoting changes in environmental culture. Such activities include the provision of information and the creation of appropriate mechanisms for responsible citizen participation, for participation of civil society organizations and for participation by private-sector groups. In order to meet the challenges posed by a problem that particularly affects the Caribbean subregion, a body has been created for dealing with emergency and disaster situations, and national coordination

chapters have also been set up. Several countries have developed their own institutions and programmes; for example, Bahamas set up a national disaster-preparedness plan and Antigua and Barbuda have a National Disaster Preparedness Committee, each of which implements the national disaster prevention plan at the local level.

c) Incorporation of demographic factors into decentralization processes

Although decentralization processes are relatively new, many countries in the region are undertaking efforts to integrate demographic factors into local planning. In Brazil, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, variables such as the size of the population, natural growth, migration exchanges and the structure by age and sex are taken into account to transfer to the regions and municipalities resources for use in development projects in the areas of education, health, housing, transport and construction. In Brazil, Ecuador, Guatemala and Venezuela, activities are taking place aimed at improving and expanding the availability of disaggregated statistics to facilitate their use in regional and local planning. The DATASUS system used by the Consolidated Health Care System (SUS) in Brazil for deploying demographic and epidemiological information at the municipal level, the Local Information System (SIL) in Ecuador and the Information System for Local Management (SIGEL) in Venezuela are good examples of local information systems. In Brazil, social assistance secretariats at the state and municipal levels take part in the issuance and review of benefits for vulnerable groups such as the elderly. In Bolivia, an information programme has been developed as well as a system of information to integrate population factors into municipal development plans; in addition, an interactive training manual concerning the integration of demographic variables into municipal development processes has also been prepared. In Colombia a project is being pursued with the Ministry of Environment, Housing and Territorial Development to incorporate the demographic dimension into land use planning processes. A similar initiative aimed at the acquisition of technical capacities to incorporate population issues into local development planning has been proposed in Ecuador (the Subprogramme on Population and Development Strategies, implemented by the Planning Office of the Office of the President of Ecuador). In Cuba, the characteristics of the population are taken into account in the management of local government bodies. Jamaica has developed a planning framework for local sustainable development. In Guatemala, Departmental Development Councils were recently created and are charged with ensuring that demographic factors are taken into account in local development plans. In Mexico, efforts are being made to ensure population programmes are adapted to each location and circumstance through the creation of bodies at the state and municipal levels.^v The programme guidelines of the National Population Plan of Peru for 2003-2010 include the regionalization of population policies. At the same time, the Constitutional Law of Regional Governments provides for the incorporation of demographic factors into the formulation and implementation of regional development plans, as well as the dissemination of information on population, in order to provide continuity for the process of regionalizing the corresponding policies. Population factors are also taken into account in local planning processes in Trinidad and Tobago. And lastly, in the Economic and Social Development Plan of Venezuela for 2001-2007, population factors are regarded as key components of balanced territorial development strategies.

2. Activities implemented

a) International and internal migration and spatial distribution

Over the last 10 years, official settlement programmes virtually disappeared, and public action aimed at promoting or discouraging the settlement of certain areas has diminished. However, in the Bahamas, Bolivia, Colombia, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Trinidad and Tobago have produced policies, plans and programmes to discourage or promote internal migration flows and to regulate suitable land use and a sound use of natural resources. In Cuba, El Salvador, Haiti, Mexico, Panama, Peru, and Venezuela, policy guidelines on internal migration and distribution of the population have been produced in official documents.^{vi} However, in Antigua and Barbuda, Argentina, Belize, Brazil, Bolivia, Ecuador, Costa Rica, Honduras, Nicaragua and Uruguay no programmes have been adopted to influence internal migration.^{vii}

Governments, through subsidies, investments and tax breaks, continue to provide incentives for the location of people in specific areas of the country. Through the decentralization process promoted by the Cairo Programme of Action (paragraph 9.4), redistribution of the population is encouraged, but its results have been relatively limited. Housing construction policies, on the other hand, have been shown to have a significant effect on population distribution, especially in metropolitan areas. However, this does not always favour the poor, since much of the low-cost housing that is built is in marginal areas with little infrastructure.

Economic inequalities, poverty, insecurity and human rights violations, among other factors, stimulate international migration and can generate socio-economic tensions within receiving countries and between them and the countries of origin. The Cairo Programme of Action states that “the long-term manageability of international migration hinges on making the option to remain in one's country a viable one for all people” (paragraph 10.1). To achieve this, Governments must focus their attention on the basic causes of migration, especially those related to poverty. The Cairo Programme of Action also recognizes the need to promote cooperation between host countries and countries of origin, so as to increase the positive effects of migration.

Explicit measures that have been adopted to influence international migration include efforts to regionalize migration policy in the context of integration agreements. Thus, in MERCOSUR agreements have been reached with a view to regularizing migration and residency status for the member countries and associates. Agreements reached in the context of the Caribbean Single Market and Economy are being applied in the CARICOM countries to facilitate the free flow of professionals within the region and tackle the problem of the “brain drain”, especially in the health sector. In terms of legislative reforms, in Chile, a Foreign Nationals Act has been introduced with the aim of improving the governance of migration flows, and an inter-ministerial commission has been set up to establish the main criteria for migration policy.^{viii} In the Bahamas, regulations on illegal migration have been introduced. In Belize, Colombia, Costa Rica, Ecuador and Honduras, steps have been taken to regulate the situation of immigrants and to protect them.^{ix}

Concerns about the population that has emigrated are now evident in several countries. Bolivia and Argentina have reached an agreement benefiting emigrants from both countries. Cuba has signed an agreement with the United States and with countries in the Caribbean basin to regulate the immigration of its citizens. Ecuador has an Office of the Under-Secretary for migratory and consular affairs which, among other tasks, coordinates the inter-agency implementation of the national plan for Ecuadorian migrants residing outside the country. Haiti created a Ministry for Haitians Living Overseas. Mexico has a General Bureau for the Programme for Mexican Communities Living Overseas, and a State Liaison Office that is attached to the Secretariat for

Foreign Relations. Efforts are also being made to work with the United States to improve the level and quality of life of Mexican communities living in that country. To this end, the Mexico-United States Plan of Action for the Cooperation on Border Security has been drafted. In Antigua and Barbuda, Argentina, Saint Lucia, Saint Kitts and Nevis, Suriname and Trinidad and Tobago there is concern about the emigration of highly skilled individuals. These concerns have led to the submission of requests to host countries to agree on criteria for its regulation. In Antigua and Barbuda, Argentina and Grenada, programmes have been designed to attract returning migrants and help them readapt. In Guyana a readaptation programme has been implemented, and in Jamaica the Overseas Jamaican Department has been created together with a programme to foster the return and readaptation of qualified Jamaicans. The Governments of Saint Lucia and of Saint Vincent and the Grenadines are looking for employment opportunities overseas for their workers, especially for unskilled labour, as a means of reducing unemployment rates in their countries.

The struggle to combat the traffic in persons, especially women, is the main objective of the adoption of more severe penalties in Cuba, as well as of the creation of the Inter-Agency Committee for the Protection of Women Migrants and the Reception Centre for Migrants and Returned Women in Dominican Republic. Forced migrations, which are normally a consequence of natural disasters or internal conflicts, also heighten migrants' vulnerability. The Government of Colombia decided to address the enormous implications of the armed conflict through the creation of the Council for the Equity of Women, which is designed to train and provide support to displaced women, to promote their economic initiatives and to facilitate their access to property. Colombia has also set up the Social Solidarity Network, which implements policies and programmes for population groups displaced by the armed conflict. For its part, Peru has a Support Programme for Resettlement for persons displaced by political violence or obliged to move out of locations that are declared to be emergency areas. Migrants from some Caribbean countries are subject to forced repatriation, a disquieting problem that the Haitian Government has tried to solve through the conclusion of agreements with the United States.

b) Sexual and reproductive health and safe motherhood

At the Cairo Conference an important step forward was taken in the conceptualization of sexual and reproductive health in close association with reproductive rights. The Cairo Programme of Action states that "reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other relevant United Nations consensus documents" (paragraph 7.3). This concept goes beyond family planning to include reproduction and gender relations. In the document, there is a call to ensure that all individuals and couples, according to their age, can exercise their reproductive rights.¹⁶ The aim is to guarantee, as soon as possible and no later than 2015, access to primary-care reproductive health services, including those related to safe motherhood, sexual health, family planning, HIV/AIDS and prevention of complications from unsafe abortions. Countries are also urged to protect and promote the rights of adolescents to education, information and care in matters of reproductive health and to satisfy their special needs through suitable programmes that are administered by persons able to provide adolescents with guidance, including their parents and families.

¹⁶ In paragraph 7.3 of the Programme of Action reproductive rights are defined as "the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents". Chapter II of the document states that "Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion.." (Principle 8)

After the Cairo Conference, in Argentina, Belize, Bolivia, Colombia, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, Saint Lucia and Venezuela, integrated sexual and reproductive health policies were adopted as well as national programmes, based on the notion of reproductive rights as human rights, social and gender equity, the empowerment of women and the targeting and quality of services.^x In Uruguay, reproductive health programmes have not been subject to legislative measures, as internal reforms undertaken by the Ministry of Health have been used to include them as part of its public health-care coverage.

Recognition of the reproductive needs of women, men, adolescents and young people¹⁷

Many countries do not specifically or explicitly mention the diverse range of population groups in their legislation, programmes or institutional mandates, as the entire population is considered. In other countries, women's health care continues to be an exclusive consideration within the context of mother and child health care. Some countries do recognize the specific needs of particular groups. In the Bahamas, for example, the Department of Public Health, charged with health care for adolescents and family planning, is also in charge of the National Initiative for Male Health. Brazil has a national comprehensive health-care policy for women and a comprehensive health-care programme for adolescents (the latter has been in existence since 1989). In Chile, special programmes have been implemented for women and adolescents of both sexes. In Dominica, the Strategic 5-Year Plan for 2002-2006 includes specific programmes for men, women, adolescents and indigenous peoples. In Honduras, an integrated care programme designed for men is currently being prepared. In Trinidad and Tobago, apart from the women's care programme, young people, men and post-fertile adults have been identified as priority groups. In the National Sexual and Reproductive Health Programme, the following areas are identified for priority attention: pre-conception, maternal perinatal care, adolescence, family planning, gynaecology, menopause and climacteric, urology and male menopause, and domestic, intrafamily and sexual violence.

The Cairo Programme of Action suggests that particular attention should be devoted to "meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality", thus recognizing the right of this age group to reproductive health services (paragraph 7.3). This objective is reflected in the plans and programmes of several countries which target adolescents and young people.^{xi} Specifically, in Colombia, Guatemala, Honduras and Mexico, the needs of adolescents are a priority in national sexual and reproductive health policies and programmes. There are other countries which also devote special attention to adolescents in their national population programmes (Mexico and Peru among them) or policies (Panama and Peru).^{xii} In Brazil, Costa Rica, Cuba, El Salvador, Honduras, Panama and Paraguay, there are also national programmes for integrated health care for this age group. In some countries the issue is addressed in more general laws: the Social Development Law in Guatemala states that the reproductive health-care programme will provide specific and differentiated care for adolescents, while the Law for the Integrated Development of Youth in Guatemala stipulates the State's obligation to provide health-care services and education on sexual and reproductive health to this group.

The policies and strategies developed to date provide for the following activities:

- Creation of specific units to provide care to adolescent in health facilities and to provide services for the promotion, prevention, early detection, treatment and cure of health problems, including those related to sexual and reproductive health;

¹⁷ Given that the question in the survey sent to countries for this report asked about the context for the adoption of an entire range of health reforms, some countries that have not implemented reforms in this sector did not respond.

- Training for health professionals about adolescents' specific needs and suitable forms of care;
- Improvement of the quality of health services and an increased supply of inputs for the young population;
- Organization and implementation of workshops for young people about sexual health and reproductive rights and about responsible maternity and paternity;
- Implementation of actions aimed specifically at preventing teenage pregnancies and providing care for adolescent mothers, and
- In most of the English-speaking Caribbean countries, integrated school programmes called "Education Programmes about Health and Family Life".

Measures to reduce maternal mortality and morbidity

The Cairo Programme of Action urges countries to implement measures with the following purposes: "(a) to promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion; (b) to improve the health and nutritional status of women, especially of pregnant and nursing women" (paragraph 8.20).

Almost all countries in Latin America and the Caribbean have reported that they have adopted measures aimed at achieving the objectives set out above.^{xiii} In some countries, this effort has resulted in legislation, while in others it is part of the health-care policy. Several countries (Belize, Grenada, Guyana, Jamaica Saint Lucia, and Saint Kitts and Nevis) have established training programmes for care providers or have increased their staffing capacity. In Jamaica, prenatal clinics have been created for the care of high-risk pregnancies in all administrative subdivisions. In Uruguay, low maternal mortality has been achieved by providing delivery assistance (for 99% of all cases) in health institutions, through the use of highly qualified health-care workers, access to emergency obstetric services, the widespread use of prenatal check-ups and the extension of contraceptive services to all users who request it, free of charge. In Suriname, considerable efforts have been made to increase the early detection of pregnancy. In the Bahamas, the public sector provides free maternal and infant care; in this country, a consultative technical group on mother and child health has been set up and, as in Saint Lucia, a prenatal training programme for mothers and fathers has been set up. In Colombia, safe motherhood is a priority element in the national policy on sexual and reproductive health, and mandatory health plans therefore include the following services: prenatal check-ups, delivery assistance, postnatal check-ups, and care for conditions associated with breastfeeding. In Cuba, free health care for pregnant women, during delivery and for newborns is guaranteed. Ecuador has passed the Free Maternity Act, which civil society groups help to implement via user committees, and a Healthy Motherhood Plan (1999-2003) has been put in place. In Paraguay, a decision was recently made to provide prenatal care and childbirth assistance free of charge.

Reducing maternal mortality rates is one of the explicit objectives of the Social Development Act in Guatemala, which has strengthened primary health-care centres, led to dissemination of fuller information about its impact and provided a framework for the implementation of activities to reduce maternal mortality. In several countries of the region, specific plans and programmes have been designed with the aim of reducing maternal mortality rates. In Brazil, health professionals, technicians and midwives have been trained and a system has been set up for the care of high-risk pregnancies. In addition, the Programme for the Humanization of Delivery and

Childbirth has been created.^{xiv} In Honduras, the Strategic Priority Plan for the Reduction of Maternal Mortality has been adopted. In Nicaragua, the National Commission to combat Maternal Mortality has drawn up a national plan;^{xv} in Paraguay, a strategic plan is being carried forward which provides for training, epidemiological tracking, and an expansion of family planning and institutional childbirth assistance; and in Venezuela, the National Prevention Plan has been put into place. In Peru, reducing maternal mortality rates is a national priority, and this is reflected in the Emergency Plan for the Reduction of Maternal Mortality, the Plan for Equal Opportunities for Women and Men (2000-2005), and the policy for universal access to health and social security services as set forth in the National Agreement of 2003.

In most countries, efforts have been made to promote access to prenatal services and puerperal care, as well as to institutional services during delivery, and to improve the quality of service and to train health care providers in the area of maternal and perinatal care. In El Salvador, Chile, Mexico and Paraguay, regulations and guidelines have been produced on the provision of care to women during pregnancy, delivery assistance and postnatal care, as well as on the care of newborns. In Brazil, Costa Rica, Panama, Paraguay and Venezuela, nutrition and food programmes have been developed with the aim of improving the nutritional status and health of pregnant and lactating women and of nutritionally at-risk poor children. In El Salvador, models of quality gynaecologic/obstetric care for hospitals and health units have been created; as well as a manual for monitoring maternal morbidity and mortality within the network of Ministry of Health centres. There is also a network of health promotion teams that work at the community level.

Several countries have created specific institutions to tackle the problem of maternal mortality. With varying results, Brazil, Dominican Republic, Ecuador, El Salvador, Mexico, Nicaragua and Paraguay have set up committees to monitor maternal mortality. In the case of Ecuador, this initiative led to the development of an information system for the follow-up of perinatal health similar to the system that exists in Panama. In Argentina, Bolivia, Brazil, Ecuador, El Salvador, Mexico, Nicaragua, Panama, Paraguay, Peru and Venezuela, maternal mortality committees have been created with the aim of improving the reporting of maternal mortalities, undertaking studies into the subject and proposing preventive measures.^{xvi} In Brazil, Nicaragua, Panama, Peru and Venezuela, regional and local committees have been set up. In some countries (Mexico, Nicaragua, Peru) bodies have been created that are responsible for harmonizing the efforts of different agencies working in this field.

Integration of services into primary health care and improvements in quality and access

Integration of sexual and reproductive health services into the general health services structure has produced varying results. In several countries and territories (Antigua and Barbuda, Aruba, Bahamas, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominica, El Salvador, Grenada, Guatemala, Guyana, Jamaica, Mexico, Nicaragua, Panama, Peru, Suriname, Saint Kitts and Nevis, Saint Lucia and Trinidad and Tobago) services have already been integrated or the process of integrating them into the system of primary or basic health care is already underway, either wholly or partially. In Latin America, this integration process generally took place after the Cairo conference, whereas in large parts of the English-speaking Caribbean and in Cuba, these changes were implemented before Cairo. In Grenada, a health-care network has been set up which is organized by districts and staffed by nurses who provide family planning services and prenatal and postnatal care. In Haiti, promotion of reproductive health is the responsibility of the primary health-care services. In Uruguay, sexual and reproductive health services have been integrated into the organizational structure of the Public Ministry of Health.

Regarding the improvement of the quality of services, many countries have adopted measures to regulate the operation of health care services based on the principle of respect for the

reproductive rights of all people throughout their entire life cycle, to take into account scientific and technological progress in matters of contraception and to broaden the available options in terms of contraceptive methods and counselling. Measures can be grouped into the following categories:

- Incorporation of sexual and reproductive health services into the organizational structure and operations of the Health Ministry;
- Drafting or updating and dissemination of regulations and procedures for care provision;
- Staff training; and
- Establishment of indicators for the evaluation, monitoring and certification of services.^{xvii}

In some cases, techniques have been adopted which improve the results of such measures; examples include surgery-free vasectomies in Jamaica and mammographies in Suriname; in other cases, the use of such techniques has been stepped up.

In terms of the effort to provide greater access to services, in the majority of cases, progress has been made in the following areas:

- Information campaigns to promote knowledge about reproductive rights;
- Training programmes and counselling of health teams, community representatives, and users about reproductive rights, gender, contraceptive techniques, violence against women, and sexual and reproductive health;
- Extension of services to groups with low coverage rates (men, older persons, indigenous peoples, sex workers, people with disabilities and adolescents);
- Development of infrastructure, generally in the form of new health centres;
- Increased office hours for the provision of care; and
- Free service provision.

Contraceptives: improvements in the provision of services and extension of available services

Many countries have taken steps to increase the range of available contraceptive procedures. One of the priority lines of action of Colombia's national policy on sexual and reproductive health is the improvement of access and timely supply of contraceptive methods; technical regulations for care now encompass a complete range of methods for both men and women. In Ecuador and Peru, regulations guarantee free and informed access to a wide range of contraceptive methods, but it is recognized that they are not always available to all people. In Cuba, eight different contraceptive methods are available, and in Mexico, all methods are available to users of family planning services in the National Health System. In Panama, strategic alliances have been established with distribution companies of condoms, and training activities on family planning methods have been carried out for communities, educators, health workers and young people. In Bolivia, Honduras, Nicaragua and Uruguay, the provision of emergency supplies of contraceptives is planned.

Overall, female preservatives are barely known about or used. In Brazil and Panama, emergency contraceptives and female preservatives are distributed to certain groups. In Colombia, the provision of emergency contraceptives is included in the regulations governing obligatory actions to be taken on demand under the social security system's mandatory health plan. In Chile,

studies are being conducted about acceptance of the female condom, and in pharmacies, emergency contraceptives can be obtained with a medical prescription. The provision of contraceptives after a caesarean, childbirth, or abortion has been incorporated into health services in Honduras, Mexico and Nicaragua. In Antigua and Barbuda, Grenada, Dominican Republic, Saint Lucia and Suriname, there are non-governmental organizations that distribute female condoms and emergency contraceptives; in Jamaica and in Trinidad and Tobago, they are distributed through formal or non-formal cooperation between the private and public sectors. In the Bahamas, where all contraceptive services provided by the public sector are free, emergency contraceptives are offered only in hospital emergency rooms, while in the Dominican Republic and Peru, they are sold in private pharmacies, and in Jamaica and Trinidad and Tobago, they are available in pharmacies without a medical prescription.

In order to secure provision of sexual and reproductive health services, some countries have established distribution and follow-up systems. In Argentina a monitoring instrument has been designed for distribution and management. In Bolivia, Chile, Nicaragua, Mexico, Trinidad and Tobago and Venezuela, information systems for logistical administration have been developed, and in El Salvador, a community-level strategy for the distribution of contraceptives has been adopted. El Salvador also has a fleet of mobile units equipped to provide reproductive health services in remote areas. In Guatemala and Jamaica, contraceptive supplies and distribution lines are monitored. The Honduran Association of Family Planning has set up a “pipeline” programme to ensure adequate supplies of contraceptives in all its clinics; this programme is similar to the system used in Paraguay. In Mexico, the Health Secretariat, through the General Bureau of Reproductive Health, is responsible for purchasing contraceptives for distribution to the health services of some states that have encountered supply problems. In Panama, there are mechanisms in place for the systematic distribution of contraceptives in all regions, according to demand; the country also has a system of health-care registration and coverage. In Peru, specific procedures have been defined as well as protocols for the acquisition and provision of contraceptives. Argentina, Brazil, Colombia, Costa Rica, Honduras, Paraguay, Mexico, Panama, Peru, Saint Vincent and the Grenadines and Uruguay have set up procedures for ensuring sufficient resources are available to maintain stable supply levels.^{xviii} In several countries, the supply of contraceptives has been made possible thanks to the support of UNFPA and of non-governmental organizations.

Adoption of strategies to face the HIV/AIDS pandemic

In the bulletin of the United Nations Joint Programme on HIV/AIDS (UNAIDS) issued in December 2003, it is estimated that some two million people in the region are living with HIV and that its prevalence is equal to or over 1% in 12 countries, all of them in the Caribbean. Infection is due to high-risk behaviour, including early sexual activity, unprotected sexual relations with multiple partners and the use of non-sterilized hypodermic needles. According to the same publication, the most common form of transmission in South America is through intravenous drug use and sexual relations between men; in Central America and the Caribbean, it is through sexual contact (heterosexual and between men).

In order to face the HIV/AIDS pandemic, most of the countries have adopted new regulations, and defined specific plans and programmes to provide support in prevention and control, as well as safeguard the rights of people living with HIV/AIDS. Specific actions have been taken in all the countries of the Caribbean (which is the subregion with the second-highest rate of infection in the world) to address this problem, and in 1998 a Caribbean working group on HIV/AIDS was formed. Brazil has an internationally recognized programme to combat sexually transmitted diseases and AIDS. In Ecuador, a law on care for persons with HIV/AIDS was passed in 1999 that prohibits discrimination against persons infected with HIV and AIDS sufferers. Guatemala has a omnibus law for the fight against HI/AIDS and for the promotion, protection and

defence of the human rights of HIV/AIDS victims (Decree 27-2000). In addition, its population and social development policy (April 2002) identifies two objectives for the national HIV/AIDS prevention programme: (a) to strengthen comprehensive care; and (b) to further inform and educate the public as a means of helping to prevent infection. At the institutional level, Antigua and Barbuda and the Bahamas have AIDS Secretariats, and in Chile, Costa Rica, Honduras, Mexico and Nicaragua, there are national commissions formed by representatives of the State and of social organizations that are responsible for the promotion of public policies aimed at the prevention and control of HIV/AIDS and sexually transmitted diseases (STDs). In Colombia, the necessary political will exists for the reactivation of the National Council on AIDS as a channel for inter-sectoral participation and consensus-building with a view to the provision of advisory services and support for central-government decisions in this field. In Cuba, the National Centre for the Prevention of STDs/HIV/AIDS has been created. In addition, national commissions exist within the institutional framework of the Ministry of Public Health which are formed by representatives of the State and of social organizations that are responsible for the promotion of public policies aimed at the prevention and control of HIV/AIDS and sexually transmitted diseases. At the programmatic level, most of the countries have drafted plans and programmes for the provision of comprehensive care for sufferers of HIV/AIDS and STDs in which priority is given to prevention and to the promotion of safe and responsible sexual behaviour among different age groups of the population. These plans and programmes are guided by principles of equity, quality and respect of differences and rights.^{xix}

Activities in the area of prevention and control include several of the following aspects:

- Production and distribution of educational materials, implementation of mass media communication campaigns;
- Compulsory blood and blood products' testing for blood transfusions;
- Campaigns to increase access to HIV diagnostic services;
- Distribution of anti-retroviral drugs;
- Training of health-sector personnel;
- Creation of information, research and awareness-raising networks;
- Establishment of counselling services in health-care centres and hospitals;
- Mass distribution of condoms free of charge; and
- Information campaigns for adolescents and women of childbearing age designed to achieve voluntary consent for HIV/AIDS testing.

Many of the initiatives adopted in the last few years have provided satisfactory results. In Argentina, the distribution of free anti-retroviral drugs to 100% of the diagnosed population has been achieved; the LUSIDA (1997-2001) project harmonized State measures with civil society actions, and one of its achievements has been the strengthening of networks of people living with HIV/AIDS. In the Bahamas, the incidence of the infection has been cut back dramatically; the activities of the HIV/AIDS Department receive support from the Ministry of Education, and a law has been passed on employment issues that prohibits all forms of discrimination in the workplace against people living with HIV/AIDS. In Brazil, a wide range of civil society sectors have been mobilized. This movement has strengthened the harmonization of intersectoral bodies and forums devoted to building consensus and monitoring social and health policies and programmes, as well as the programme that is in place for mitigating the damage caused by intravenous drug use; this last activity figures among the commitments made by the MERCOSUR countries. In Colombia, the

prevention and control of HIV/AIDS is one of the components of the national sexual and reproductive health policy. In addition, Colombia has formed a fund for medicines having a high social impact in order to increase the population's access to anti-retroviral therapy. In addition, a project entitled "We listen to your proposals" (1998-1999) was set up for adolescents attending school, and pilot studies were implemented for the reduction of HIV/AIDS cases by disseminating information, offering voluntary testing and providing treatment for HIV positive mothers.¹⁸ In Ecuador, an HIV/AIDS prevention project has been designed; one of its strategies is setting up counselling centres on how to prevent the disease and on living with people affected by it.

In Honduras, a series of measures, have been adopted which have produced good results. These measures include: the creation of the Association of People Living with HIV/AIDS; management of sexually transmitted infections through a syndromes approach; validation and review of flowcharts; the establishment of clinics for handling such infections; the creation of a nationwide programme to prevent HIV transmission from mother to child; and the creation of a national, multilateral forum on HIV/AIDS, which has five branches in the regions. In Mexico, the programme "Go Healthy and Come Back Healthy", designed to protect migrants and host populations, distributes a card which is useful for health-service providers in the epidemiological surveillance of migrants and their families. In addition, since 1998 the programme "Red Ribbon" has been implemented, whereby beauty salon staff, hairdressers and pharmacists provide information about the forms of transmission and prevention of HIV and other sexually transmitted diseases to their customers. In Panama, satisfactory results have been achieved through educational activities concerning the consistent and correct use of condoms and their free distribution; the strengthening of integrated care, including the extension of coverage for anti-retroviral therapy for people living with HIV/AIDS; a 55% reduction in the cost of medicines; and standardization of a care protocol for pregnant women. In Paraguay, a network of non-governmental organizations working on prevention and treatment of HIV/AIDS was created in 2002, and a project is being implemented to sell condoms at a very low cost. Peru has created the Commission for the Prevention of HIV/AIDS in the Armed Forces and the National Police of Peru, which has incorporated the reproductive rights approach into the institutional prevention programme. In the Dominican Republic, a national information, education and communication strategy targeting young people has been implemented. Uruguay has begun to provide free anti-retroviral treatment to all people living with HIV/AIDS. Up until 1999, information campaigns were carried out, and training workshops have been organized for community leaders all over the country. Steps have also been taken to strengthen non-governmental organizations that implement activities related to HIV/AIDS and to provide training in military centres, police academies and fire-fighters' schools. In addition, baskets containing basic foodstuffs have been supplied to people in low-income groups who are living with AIDS, and a training project for health-care staff has been developed that incorporate the gender perspective. In almost all the countries of the region, non-governmental organizations have been using targeted strategies to promote the formation of networks, implement awareness-raising activities and conduct quantitative and qualitative research, thereby contributing both to an understanding of the problem and its scale and to the development of proposed lines of action.

c) Violence against women

The Cairo Programme of Action states that all kinds of violence against women, and advancing gender equality and equity, as well as women's ability to control their own fertility, are cornerstones of population and development-related programmes.¹⁹

¹⁸ The aim was to raise awareness and inform about the prevention of STDs/HIV/AIDS, and to support the formulation of educational projects in schools, using a strategy of formation of young leaders in each educational centre.

¹⁹ Programme of Action of the International Conference on Population and Development, principle 4.

Additionally, at its tenth session, held in 1992, the Committee on the Elimination of Discrimination against Women observed that “gender-based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men”.²⁰ Thus, States have an obligation to adopt measures to end violence against women, in compliance not only with the Convention on the Elimination of All Forms of Discrimination against Women, but also with other international human rights instruments.

At the Fourth World Conference on Women, held in Beijing in 1995, priority was given to the issue of violence against women. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, adopted in Belem do Pará in 1995 and ratified by numerous countries in the region, defines States’ responsibilities in this regard. Furthermore, the second Inter-American Conference on Human Rights, the International Conference on Population and Development, the World Summit for Social Development and the World Summit for Children all established commitments which, together, constitute the framework for action in this area.

Most countries have made an effort to give priority, on their political agendas, to the issue of violence against women, and there is growing acknowledgement of its complexity and of the need to put consistent and sustained public policies in place to tackle the problem in a multidimensional manner, taking into account cultural, social, legal, political and economic factors that determine or modify it. Since the victims of domestic violence are usually women and children, government action to combat this phenomenon often comes under the spheres of gender equity and protection of children.

Most countries in Latin America and the Caribbean have adopted laws on the prevention, treatment and punishment of domestic violence, specifically sexual violence.^{xx} The Bahamas, Chile, Colombia, the Dominican Republic, El Salvador, Mexico, Nicaragua, Panama and Paraguay have set up inter-agency cross-sectoral high-level commissions with the aim of formulating, in a coordinated and concerted manner, national plans or programmes to address violence against women. The problem is tackled as an issue of discrimination, with an approach that includes human rights and a gender perspective as a cross-cutting theme.^{xxi}

With the aim of reducing rates of family and sexual violence, countries in the region have undertaken varied types of activities, including:

- Cross-sectoral studies (health, education, administration of justice, social organizations) for the formulation and implementation of models for preventing and addressing domestic violence (Chile, Colombia);
- Raising the awareness of civil servants working in the education and health sectors, the justice system, local government and the police (Argentina, Bahamas, Belize, Chile, Dominica, Honduras, Paraguay, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines and Suriname);
- Creation of institutions for the protection of victims (Bahamas, Brazil, Guyana, Paraguay, Saint Lucia);
- Adoption of official regulations and procedures for the provision of health-care services, including approaches for medical attention to victims of domestic violence (Brazil, Ecuador, Mexico);
- Implementation of national prevention campaigns to raise the population’s awareness (Jamaica, Mexico, Paraguay and Saint Kitts and Nevis);

²⁰ General Recommendation No. 19.

- Creation or strengthening of an information and follow-up system on violence against women (Argentina, Paraguay and Peru); and
- Establishment of bodies specializing in health, social welfare and policing, with preventive and educational functions (Bahamas, Belize and Dominican Republic).

In the survey, Costa Rica, Peru and Venezuela provided information on the work undertaken by children's, adolescents' and women's ombudsmen, who receive and process complaints and accusations of domestic and sexual violence.

Measures have also been taken to set up institutions responsible for policy implementation at the local level and for facilitating the participation of organized communities and citizens in general.^{xxii}

In the legislative sphere, it is worth mentioning that Belize, Chile, Cuba, Ecuador, Honduras, Mexico, Peru and Saint Lucia adopted reforms to their Penal Codes with respect to sexual offences. In 2000, the Bahamas amended their 1991 Sexual Offences and Domestic Violence Act. Brazil drew up a statute for children and youth that places special emphasis on the legal and social protection of children and adolescents who are victims of abuse and exploitation. In 1997 Colombia passed a law on crimes against sexual freedom and human dignity, complemented by reforms to the Penal Code in 2000 and 2002 and the adoption of a legal statute to prevent and fight exploitation, pornography and sex tourism involving under-age children; in 1996 an inter-agency committee against trafficking in women was set up, and later an inter-agency agreement was signed on comprehensive care for victims of sexual offences and sexual violence. Costa Rica has a law against sexual harassment in the workplace and in educational institutions, and a law against the sexual exploitation of under-age persons, as well as a children's and adolescents' code that sets up a protection framework to prevent sexual violence against under-age children. In Ecuador, the National Council of Women advocated changes to the internal regulations of the Ministry of Education to punish sexual harassment within the educational system. Antigua and Barbuda, Aruba, Mexico, Peru and Saint Lucia have adopted regulations for the protection of children's and adolescents' rights, the aim of which is to guarantee the right to moral, physical and psychological integrity and to prevent practices such as torture, cruel or degrading treatment, forced labour, economic exploitation, prostitution and the sale and trafficking of children.

d) Primary and secondary education

The Cairo Programme of Action recognizes that "Education is a key factor in sustainable development: it is at the same time a component of well-being and a factor in the development of well-being through its links with demographic as well as economic and social factors. Education is also a means to enable the individual to gain access to knowledge, which is a precondition for coping, by anyone wishing to do so, with today's complex world. The reduction of fertility, morbidity and mortality rates, the empowerment of women, the improvement in the quality of the working population and the promotion of genuine democracy are largely assisted by progress in education. The integration of migrants is also facilitated by universal access to education, which respects the religious and cultural backgrounds of migrants" (paragraph 11.2). Accordingly, countries are urged to "achieve universal access to quality education, with particular priority being given to primary and technical education and job training, to combat illiteracy and to eliminate gender disparities in access to, retention in, and support for, education; to promote non-formal education for young people, guaranteeing equal access for women and men to literacy centres; to introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive health; and gender equity" (paragraph 11.5).

The situation of education in Latin America and the Caribbean varies widely. Illiteracy rates indicate that much remains to be done in terms of providing a threshold level of education for all: while the rates are going down in all the countries, they are still high in several of them. In Haiti, for example, illiteracy is slightly over 50%. Some countries have made progress in increasing the number of mandatory years of basic education. For example, Argentina extended the number of mandatory years of general basic education from seven to nine and guaranteed the public provision of such education free of charge, as well as non-mandatory polymodal education, in public schools run by the State. Chile recently increased the number of years of mandatory education from 8 to 12. In Brazil, basic education is free and compulsory up to eighth grade, by constitutional mandate. Paraguay, in the context of a recent education reform, integrated the basic cycle of what had been secondary school into primary education, so that this cycle is now also compulsory; this measure has led to a notable increase in school enrolment. Education is compulsory for children up to the age of 16 in Saint Lucia; between the ages of 5 and 16 in Barbados, Dominica and Saint Kitts and Nevis; between the ages of 6 and 14 in Guyana; between the ages of 6 and 12 in Trinidad and Tobago; and between the ages of 6 and 11 in Jamaica.

In Antigua and Barbuda, Bahamas, Belize, Cuba, Haiti, Honduras, Nicaragua, Panama, Saint Vincent and the Grenadines, Suriname and Venezuela, measures have been adopted to improve educational infrastructure and teacher training. Other countries have increased the provision of school texts to libraries free of charge (Cuba) or at low cost (Dominican Republic), and have increased the availability of computers (Cuba). Bolivia, Guyana and Mexico have increased the amount of resources allocated to education.

e) Attention to the needs of older persons

The Cairo Programme of Action warns that an ageing population has important repercussions for all countries and calls upon Governments to “(a) enhance, through appropriate mechanisms, the self-reliance of elderly people, and to create conditions that promote quality of life and enable them to work and live independently in their own communities as long as possible or as desired; (b) to develop systems of health care as well as systems of economic and social security in old age, where appropriate, paying special attention to the needs of women; (c) to develop a social support system, both formal and informal, with a view to enhancing the ability of families to take care of elderly people within the family” (paragraph 6.17).

To this end, some countries have adopted legislative measures. The rights of older persons are protected in the constitutions of many countries: Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Trinidad and Tobago, Uruguay and Venezuela. Additionally, over the last few years Brazil, Costa Rica, Mexico, Paraguay and El Salvador have adopted special laws on the rights of older persons, while Honduras, Panama and Venezuela have similar draft laws in the legislative pipeline. Overall, these types of laws are in line with the principles established by the United Nations in 1991 and, in some cases, form the legal basis for policies concerning older persons.

At the programmatic level, three areas of action stand out: national development plans, national policies for older persons and sectoral programmes (especially in health care and social security). In Colombia, Costa Rica and Panama, older persons’ needs are addressed under national plans for achieving development or equal opportunity. Bolivia, Brazil, Chile, Costa Rica, Dominica, El Salvador, Jamaica and Peru have pioneered the formulation and implementation of national policies focusing on older persons. In terms of health programmes, Chile, Mexico and Panama have adopted plans designed especially for this age group, and the national health care plans of several countries have specific sections on older persons. In terms of social security

systems, Antigua and Barbuda, Argentina, Bolivia, Colombia, Dominican Republic, Grenada, Guyana and Saint Lucia provide pensions to older persons without income, and other countries are looking at the gender biases present in such systems. Brazil has introduced a continuous benefits programme that guarantees income equivalent to the monthly minimum wage for poor people aged 65 or over who are not covered by social security. Since the 1980s, Cuba's social security and assistance system has provided retirement pensions to all workers, with no mandatory retirement age. The social assistance system provides allowances in cash or in kind to older adults with no resources of their own.

To facilitate the implementation of the measures adopted, some countries have made institutional reforms. New institutions were created in Brazil (the National Council for the Rights of Older Persons), Chile (National Service for Older Persons), Costa Rica (National Council for Older Persons), Mexico (National Institute for Older Persons), Trinidad and Tobago (Division for Older Persons) and Venezuela (National Geriatric and Gerontology Institute), among others. In Bahamas, Belize, Brazil, Costa Rica, El Salvador, Mexico, Nicaragua and Panama, bodies to plan activities for older persons have been set up and are open to the participation of older persons themselves; examples of these are the provincial councils in Argentina and the regional committees for older persons in Chile.

Finally, with respect to the adoption of international instruments, in 1999 CARICOM endorsed the Caribbean Charter on Health and Ageing, whose objective is to guide actions aimed at ensuring the health and full integration and participation of older persons in Caribbean societies and economies. As a result of this call to action, meetings of experts have been held and a study of the situation was carried out. As part of the regional follow-up to the Second World Assembly on Ageing, ECLAC held a Regional Intergovernmental Conference on Ageing at its headquarters in Santiago, Chile, in November 2003. At that meeting, the countries adopted the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, which covers several issues addressed in the Cairo Programme of Action: creation of enabling environments for older persons; gender equity in social security systems; establishment of support mechanisms for families, especially women, who provide care for older persons; and sexual and reproductive health care for older persons, using a life-cycle approach.

f) Information, research and training

In the Cairo Programme of Action Governments are urged to strengthen national capacity for the implementation of sustainable projects for the collection, dissemination and use of information on population and development. In response, Latin America and the Caribbean have implemented several measures. At the subregional level, the extended MERCOSUR (Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay) agreed to begin using common methodologies and contents in the 2000 census round so as to generate comparable data. At the regional level, the Network of Institutions and Experts on Social and Environmental Statistics of Latin America and the Caribbean (REDESA) was set up, coordinated by the Statistics and Economic Projections Division of ECLAC, and a programme was organized for the improvement of surveys and measurements of living conditions in Latin America and the Caribbean (MECOVI), with support from the Inter-American Development Bank, the World Bank and ECLAC, with the aim of providing technical assistance in methodological, research and training matters to improve the quality, coverage and relevance of information collected in household surveys.

Many countries have established cross-sectoral information systems.^{xxiii} For example, in Panama all the ministries responsible for the implementation of the social agenda for the period 2000-2004 cooperated in the creation of an integrated system of development indicators. Other countries turned their statistical offices or divisions into national statistical institutes, thereby

acknowledging the increasing importance of the work carried out by these bodies. Several countries made progress in improving their information-gathering systems and training technical staff, while others created or expanded statistical units within ministries or refined their systems of vital statistics.

With regard to the production of information, over the last decade a growing number of countries have carried out regular household surveys on labour and economic conditions, using representative samples of the national total. In many cases, these surveys include sections on health, disability, ageing (Bahamas, Brazil, Costa Rica), living conditions (Guyana) or domestic violence and child abuse (Saint Lucia), or are multi-purpose (Suriname). Furthermore, specific surveys were conducted on issues such as health and demography and family planning (Bolivia, Colombia, Dominican Republic, Ecuador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Saint Lucia and Venezuela), providing updated information on fertility rates, child mortality, knowledge of and use of family planning methods, maternal and child health, nutrition, HIV/AIDS and domestic violence, among other issues. Regular surveys for evaluating social programmes and the targeting of social expenditure, such as Chile's national socio-economic survey (CASEN), also offer a wide range of useful sociodemographic information that can be used to assess population programmes.

With regard to population and housing censuses, by 2003 all the Caribbean countries had completed their 2000 census rounds, although not all of them have finished processing the information gathered; in Latin America, 15 out of 20 countries have done this. Among the most notable aspects of the 2000 census round are the difficulties which most countries faced in financing the process and the significant progress made in disseminating census results by Internet. Specifically, Bolivia, Chile, Costa Rica, Ecuador, Honduras, Panama and Saint Lucia offer online access to census data, thereby demonstrating their desire to democratize access to sociodemographic information.

Despite the progress made, the participants in several intergovernmental meetings, including the Statistical Conference of the Americas and the ECLAC sessional Ad Hoc Committee on Population and Development, have stressed the need to provide greater impetus to the regular collection of statistical data, including vital statistics.

Regarding research, all the issues addressed at the Cairo Conference have received attention in the region. One of the most important topics studied has been the relationship between development, on the one hand, and population and the environment, on the other, which is linked to issues of poverty and international migration.^{xxiv} Other issues that received special attention include the situation of older persons and gender inequity, especially the status of women. Research on these subjects has taken place in Argentina, Chile, Colombia, Ecuador, Honduras, Peru, Trinidad and Tobago and Uruguay.^{xxv} There has also been epidemiological research on the prevalence, incidence and risk of non-communicable diseases, risk factors for malnutrition, maternal mortality, perinatal mortality and emerging diseases.^{xxvi} Numerous studies have been done on sexual and reproductive health, including that of adolescents and, to a lesser extent, that of men, and on community health and preventive medicine and access to services and their quality (Argentina, Brazil, Colombia, Guatemala, Honduras, Peru and Venezuela).^{xxvii} In Colombia a study was carried out on the human rights of some indigenous communities and displaced groups, and in Haiti research was carried out on migration to the Port-au-Prince metropolitan area; in Antigua and Barbuda research has been carried out on the use of drugs.

In terms of the training of specialized human resources, the only regional training activity on demography that continues to be implemented is the masters' degree programme in population and health offered by the Central American Population Centre of the University of Costa Rica. The specialized courses formerly offered by the Latin American and Caribbean Demographic Centre

(CELADE) had to be discontinued for lack of financial resources, and the postgraduate course on population and development previously offered by the University of Chile with the support of CELADE also had to be suspended. Argentina, Brazil, Colombia, Cuba, Honduras, Mexico and Peru all have masters' degree programmes in demography, social demography and population studies.^{xxviii} Three of these countries (Argentina, Brazil and Mexico) also have doctoral programmes in these subjects. In Uruguay, seminars for the analysis and discussion of population issues are offered by the Universidad de la República.^{xxix} Owing to the shortage of programmes of this type in the region, many countries suffer from a dearth of young professionals specializing in population issues. The countries have yet to formulate a regional strategy to address this situation.

In Argentina, Mexico and Nicaragua alliances have been established among the Government, universities, research centres and associations of researchers to identify priority issues and promote research. In some cases, these alliances extend beyond the countries' borders, making it possible to draw upon the experience and human resources found in centres of excellence in the region.

3. Rights and equity

a) Social equity

Income distribution is an indicator of a country's level of social equity. In Latin America, income is highly concentrated and the trends of the past few years have not been encouraging. Except in a few cases, income concentration indicators have stagnated and, in some countries, even deteriorated (ECLAC, 2003a).²¹ Public social expenditure is one of the mechanisms that can correct the lack of social equity. The expansion of social expenditure in Latin America between 1990 and 1997 stalled over the next few years owing to slack economic growth. However, the negative impact of this reduction was mitigated in part by the greater priority given to social spending as a percentage of GDP, which prevented an even sharper per capita reduction, and in part by the allocation of resources to education and health, which had redistributive effects (ECLAC, 2003a). In the Caribbean countries, despite the improvements observed in overall standards of living, income distribution was also unequal.

The most vulnerable sectors of the population continued to have limited access to social mobility channels such as education; in this regard, the rise in enrolment masks the depth of existing inequalities in terms of quality and content. The structural adjustment programmes implemented in the Caribbean affected the poorest sectors' access to education, as several countries reintroduced fees for enrolment in secondary schools and universities. Likewise, in several Latin American countries boys and girls living in extreme poverty or belonging to marginalized ethnic groups usually enter the first year of primary school without ever having been enrolled in either early childhood stimulation or pre-school programmes. Factors such as these are then reflected in growing rates of absenteeism or repetition, delays in starting school and dropping out of school. All this reflects the economic situation of the families concerned, but it is also linked to problems of family break-up, migration and child labour, among others.

To correct the inequity, discrimination and isolation that restrict young people's access to and retention in primary and secondary education, Bolivia, Colombia, Costa Rica, El Salvador, Honduras, Mexico, Panama, Peru and Venezuela have taken measures specifically targeting certain ethnic groups, rural populations, persons displaced by violence and children with special educational needs. Specifically, they have introduced complementary school feeding programmes and transport and scholarship programmes, especially in poor urban and rural areas, have waived

²¹ Data on income distribution are not available for all countries; the generalizations made here are based on data from 5 Caribbean countries and 18 Latin American countries.

tuition fees and have applied innovative teaching methodologies and educational models. Bolivia, Ecuador and Peru have made significant efforts to provide multicultural and bilingual education, which enables indigenous people to receive quality education that respects their identity, in line with the provisions of paragraph 6.27 of the Cairo Programme of Action, in which respect for indigenous culture is called for.^{xxx} In the same spirit, in 1999 Ecuador established a department of indigenous people's health within its Ministry of Health.

b) Gender equity

In the Cairo Programme of Action countries are urged to promote the empowerment of women and gender equality in all areas of life, including the elimination of all forms of discrimination against the girl child and the promotion of male participation in family life, as well as in terms of sexual and reproductive health.

This section reviews the measures adopted by countries in the region to implement two of the main principles of the Cairo Programme of Action: gender equity and women's empowerment. Gender equity implies replacing traditional relations of male domination with other forms of collaboration between men and women in all areas, while empowerment refers to women's growing participation in all areas of social life and the strengthening of their organizations with a view to waging a concerted campaign within the political system to promote de facto equality of rights and opportunities (ECLAC, 1999).

In the decade since the Cairo Conference, public perception and awareness of discrimination against women has increased in most Latin American countries. This is reflected in a series of legal, institutional and policy measures adopted to improve the living conditions of women, especially those who are living in poverty.

Given the need for institutions that can coordinate and harmonize policies for achieving equal opportunity for both sexes, more and more countries have established bodies to deal with matters relating to women, or have strengthened existing ones. In some countries, ministries or special secretariats have been set up. Brazil established a special secretariat on policies for women within the Office of the President. Bolivia has an Office of the Deputy Minister for Gender, Generational and Family Affairs; Ecuador has had, since 1997, a National Council of Women within the Office of the President; Haiti has a Ministry of the Status of Women and Women's Rights; Panama has a Ministry for Youth, Women, Children and the Family; Paraguay has a Women's Secretariat; Peru has a Ministry for Women and Social Development; and the Dominican Republic has a State secretariat for women, with offices in all the provinces, and gender equity and development offices in each State secretariat. Several countries currently have a women's institute, office, division or council.^{xxxii} In Belize there is a National Commission of Women, and in Cuba, a Permanent Commission for Children, Youth and Women's Equal Rights. Other countries have opted for bodies linked to the Presidency of the Republic, such as the special secretariat on policies for women recently set up in Brazil and the office of the Presidential Counsel for Gender Equity in Colombia.

The institutionalization of women's affairs at the local level has made progress in countries such as Argentina, where "women's areas" have been created at the provincial and municipal level. In Chile, the National Women's Service has set up, in all the country's regions, offices to provide information and address women's demands and to follow up the Equal Opportunity Plan 2000-2010. Ecuador has established 30 specialized police stations for women and the family, as well as women's commissions in some municipalities. Since 1999 Paraguay has set up women's secretariats in departmental governments and some municipalities.

In other countries there are very few regional bodies devoted to these issues. These bodies are established within offices of internal affairs or social affairs, which also address the needs of other groups regarded as vulnerable.

In addition, policies and programmes have been formulated to help improve the situation of women and promote equal opportunity. Guatemala, El Salvador and Honduras have national policies for women, and Colombia is working on a policy called “Women as the builders of peace and development” which envisages actions aimed at reducing poverty and discrimination. Ecuador, meanwhile, has implemented a solidarity bonus and a law on free maternity care.

In 1999 Argentina adopted a Federal Plan for Women aimed at improving the formulation, monitoring and evaluation of public policies and programmes that benefit women, and including the creation of an information system. In Chile, Ecuador, Guatemala, Honduras, Mexico, Peru and Uruguay, the commitment to eradicate discriminatory treatment of women in the family, legal, educational and labour contexts has been expressed through the adoption of equal opportunity plans, which are guiding instruments for public policies and for the coordination of efforts between government institutions, civil-society organizations and academic circles.^{xxxii} In Cuba, the coordination commissions for female employment have been revitalized. In Mexico, a national plan for women was developed for the period 1995-2000, succeeded by the National Programme for Equal Opportunity and Non-Discrimination against Women (“Proequidad”) for 2000-2006. Some countries have implemented specific programmes targeting poor women and women heads of household living in poverty, to facilitate access to housing, job training and access to microcredit. There have also been educational activities and campaigns to raise awareness of the issue of equality between men and women.

In the area of legal and legislative reforms, attempts have been made to protect the rights of women and the girl child, as well as to eliminate discriminatory elements that hamper their full integration into national life. To this end, reforms of existing regulations and the creation of new instruments have been promoted. That process has been driven partly by the commitments undertaken in the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women.

In the Bahamas, a law on inheritance establishes that male and female heirs have equal rights, and a labour law seeks to eradicate discrimination in the workplace. Brazil has instituted a new Civil Code reflecting the changes in women’s role in the family and in society in general. Cuba amended the law on maternity leave for working women to extend the period of such leave to one year after childbirth at full pay and two years at partial pay, and to guarantee women the right to return to their jobs after giving birth. Honduras passed the Equal Opportunity for Women Act, and Panama adopted Law No. 4 of 1999, which promotes equal opportunity. In the Dominican Republic, both the Agrarian Reform Act and the new Labour Code include provisions aimed at eliminating inequalities. Saint Kitts and Nevis passed laws on sexual harassment and equal pay for equal work.

Several Caribbean countries have established family courts, where women can sue for alimony and protection against abuse.

Education

In Latin America and the Caribbean there is generally no inequality between the sexes in terms of access to primary and secondary education. The gender parity index is approximately equal to or higher than 100 in most countries, except in Bolivia and Guatemala, where its value is

just over 90.²² The situation with regard to higher education is more varied: in Antigua and Barbuda, Argentina, Barbados, Brazil, Chile, Colombia, Cuba, Dominica, Dominican Republic, El Salvador, Guyana, Mexico, Nicaragua, Paraguay, Suriname, Uruguay and Venezuela the values range from 100 to 180 women per 100 men, whereas in Costa Rica, Ecuador, El Salvador, Honduras, Jamaica, Peru and Trinidad and Tobago they range from 68 to 90. These data show that gender inequality exists in higher education in some countries, but also that it is not very profound. Statistics show that boys are at a numerical disadvantage in primary and secondary education and that they have higher drop-out and repetition rates. In Argentina, Bahamas, Costa Rica, Dominica, Peru and Saint Vincent and the Grenadines, practical steps are being taken to remedy the problem. Better education coverage for the female population can also be seen in Honduras and Nicaragua; however, it is not enough to improve the conditions in which girls will eventually begin their productive lives. In other countries, although access to education is generally equal, there are geographic areas in the interior of the country where the situation is different. Similarly, differences remain between men and women in terms of the choice of areas of study: few women go into careers linked to technology.

Some countries have taken the following measures to promote school attendance by females who are at a disadvantage:

- Adoption of a system of economic incentives to encourage girls to attend school (Guatemala and Mexico) and use of gender criteria in awarding scholarships for higher education;^{xxxiii}
- Implementation of measures to prevent pregnant students or teenage mothers from dropping out of school or being marginalized (Chile, Cuba, Mexico and Panama);^{xxxiv}
- Promotion of women's access to non-traditional careers or activities (El Salvador, Grenada, Jamaica and Panama); and
- Adult education programmes offering older, indigenous and rural women and women with dependent children the chance to become literate or complete their primary or secondary studies (Chile, El Salvador, Mexico and Peru).

Although women generally do not have problems of access to education, the form and content of education still have elements that tend to devalue women and girls. To counteract this, many countries have undertaken to incorporate a gender perspective into the educational system, through the following activities:

- Teacher training aimed at mainstreaming the gender perspective, eradicating certain practices and training teachers to approach the subject with male and female students (Argentina, Cuba, Ecuador, Jamaica, Panama and Paraguay);
- Changes in school textbooks to eliminate negative gender stereotypes and discriminatory images and texts (Belize, Chile, Cuba, Dominican Republic, Ecuador, Jamaica, Honduras, Panama and Paraguay);
- Design of methodological tools and adoption of teaching methods (Colombia and Ecuador); and
- Production of educational statistics disaggregated by sex (Chile, Costa Rica, Cuba and El Salvador) and incorporation of the gender variable into the formulation of sectoral policies and the measurement and evaluation of education quality (Chile and Costa Rica).

²² The gender parity index is here defined as the ratio between the number of females and the number of males, multiplied by 100.

Some countries have adopted legislation or established bodies to promote access to education for girls and women. Among the objectives of Colombia's 10-year education plan for 1996-2005 is the elimination of all forms of gender discrimination in terms of access to and retention in the educational system. In Guatemala, an advisory council on girls and women was set up to advise, implement and supervise projects and programmes at the national level on the education of females. Panama has an Office for Women's Affairs in the Ministry of Education, and Peru's cross-sectoral commission to promote the education of rural girls and adolescents aims to harmonize inter-agency policies and actions to meet the goals of Law No. 27558 regarding the education of rural girls and adolescents, in order to achieve the objective of improving the quality of rural education set out in the multi-year sectoral strategic plan for 2002-2006 and to follow the guidelines laid down in the national plan of action for children and adolescents, 2002-2010. Paraguay has a programme to promote equal opportunity for women in education, linked to the Women's Secretariat and to the Ministry of Education and Culture, which aims to incorporate a gender perspective into educational reform. Venezuela is implementing a programme called "Educating for Equality".

Equality and respect between men and women

In many countries of the region, the regulatory and institutional framework prohibits gender discrimination, and this has spread awareness of the principle of gender equality among the population. However, since this alone is not enough, the following types of initiatives have been taken to promote behavioural changes that favour equality and mutual respect between men and women.^{.xxxv}

- Awareness-raising, information and communication campaigns in the mass media to promote equity between the sexes (Haiti, Jamaica and Mexico);
- Inclusion of issues related to equality and respect between men and women in school curricula, including the preparation of teaching materials designed with a gender perspective, to promote the equal participation of boys and girls (Antigua and Barbuda, Bahamas, Chile, Cuba, Dominica, Guatemala, Guyana, Mexico and Saint Lucia);
- Educational activities, aimed at family and community members, on the importance of sharing responsibilities for the home and for child-rearing (Chile, Colombia, Cuba and El Salvador);
- Awareness-raising and training activities for civil servants to promote gender equity in policy formulation and implementation, as well as in their areas of competence;
- Economic support for organizations working to promote women's rights and empowerment (Mexico); and
- Educational activities for members of the police and armed forces on the topics of gender-based violence, reproductive health and rights, prevention of sexually transmitted diseases and gender equity (Ecuador).

One of the biggest obstacles encountered in the adoption of attitudes based on the acknowledgement of gender equality is the difficulty of assimilating cultural changes. Another problem is the lack of financial resources for spreading awareness –among women themselves, policy implementers and the general population– of the laws enshrining women's rights and for strengthening mechanisms for implementing and evaluating those standards.

In Latin American and Caribbean countries it is common for policy and programme strategies to include a gender perspective regarding men's and women's shared responsibility for

health care—especially sexual and reproductive health—and child-rearing. Below are some of the activities implemented in this area:

- Public discussion of parenting issues;
- Reflection sessions aimed at promoting personal care of both members of a couple;
- Educational and information campaigns on sexually transmitted diseases and their prevention;
- Awareness-raising and training for civil servants on gender issues;
- Promotion of shared responsibility and male participation in all health programmes, especially those dealing with reproductive health;
- Promotion of new models of masculinity and femininity that encourage both sexes' participation and equality in all aspects of life; and
- Promotion of shared responsibility towards sexuality, as a means of preventing sexually transmitted diseases and HIV/AIDS.

Political participation

Election laws have been adopted or reformed in order to enhance gender equality in political participation. Costa Rica's Supreme Electoral Tribunal issued a ruling requiring that at least 40% of political parties' candidates for municipal office and for the office of deputy must be women. In Dominica, 40% of local government posts must be filled by women. The minimum for women's participation in elective office is 40% in Ecuador's 2004 elections (the country's election law provides for continued progress until parity is reached), 30% in Argentina, Bolivia, Brazil, Honduras, Mexico, Panama and Peru, 25% in the Dominican Republic and 20% in Paraguay.^{xxxvi} Nicaragua and Uruguay, among other countries, are considering draft legislation on women's participation in elections. In Guyana, the Women's Leadership Institute implements activities for women's empowerment.

However, some of the countries that made these regulatory advances did not take the precaution of specifying the places that women should occupy on candidate lists. As a result, the expected results were not achieved, since political parties have not given sufficient priority to including women in their political structures and have relegated them to the lowest-ranking posts.

c) Reproductive rights

After the Cairo Conference, many countries reviewed their legal frameworks and adopted laws to ensure the exercise of reproductive rights and non-discriminatory access to sexual and reproductive health services. The new constitutions of Ecuador, Peru and Venezuela explicitly establish the individual's right to take free and responsible decisions, without discrimination, violence or coercion, with regard to his or her sex life and the number of children he or she wishes to procreate, adopt, maintain or educate. Guatemala's new Social Development Act guarantees the freedom to decide whether or not to have children and to take responsible decisions on when and how often to have them (article 25). In Mexico, Nicaragua and Peru, the principles that guarantee the full exercise of reproductive rights and access to family planning and reproductive health services are recognized in population policy.

Various countries have also adopted laws and programmes that further recognize the above-mentioned rights. In Brazil the law provides that the Single Health System must offer comprehensive care to men, women and couples throughout their life cycle. In Chile, the Patients' Bill of Rights and the draft health-care reforms currently under legislative review contain provisions on the rights and

duties of individuals in the area of health as well as on patients' rights. The Costa Rican Government adopted Executive Decree No. 27913-S (1999), which explicitly refers to reproductive rights, and it is expected that this measure will be enacted into law. Many countries have national policies or programmes on sexual and reproductive health, based on the concept of reproductive rights as part of the wide range of internationally recognized human rights and on the principles of social and gender equity, women's empowerment and the provision of targeted, high-quality services. Other countries in the region have changed the orientation of health care to make these rights effective.^{xxxvii}

Establishment of oversight mechanisms

In many countries reproductive rights were also considered, to some extent, in the oversight mechanisms established to ensure respect for human rights. In Argentina, Bolivia, Peru and Venezuela, local or national ombudsmen's offices have been used for this purpose; in Colombia, the use of this mechanism has been supplemented by the coordination of different public agencies related to the justice, social welfare and educational systems to guarantee the exercise of reproductive rights, prevent sexual violence, treat victims and punish perpetrators. In Chile and Ecuador, on the other hand, the organizations that fulfil this role are non-governmental. In Guyana, the Ministry of Foreign Affairs and the Guyana Human Rights Association are responsible for verifying and reporting on the human rights situation; in Mexico this task falls to the state human rights commissions, and in Nicaragua it is the responsibility of the Attorney-General for Human Rights.^{xxxviii} In Peru, through a civil-society initiative, the Reproductive Health Surveillance Desk, consisting of organizations working in this field, was set up in 2002. Other civil-society bodies make up the Civil Society Forum, the Coalition for Human Rights in Health and the National Network for the Advancement of Women.^{xxxix}

Several countries refer to reproductive rights in the reports they submit to the bodies established under international human rights treaties. The subject of reproductive rights is also included in the reports submitted to the Committee on the Elimination of Discrimination against Women, the United Nations body responsible for following up the implementation of the Convention on the Elimination of All Forms of Discrimination against Women. This is the case of Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guyana, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines and Suriname; Dominica, meanwhile, has established a committee to prepare its report. In the reports produced by civil-society organizations in Chile, Ecuador, Uruguay and Venezuela, sexual and reproductive health and rights are taken into consideration. In Peru, these issues are also included in reports on the implementation of the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. El Salvador reports, although in a general way, on the issue of reproductive health as part of its follow-up to the latter Covenant, while Honduras refers to the subject in its annual reports to the National Commissioner for Human Rights, within the framework of the right to health. In the national reports submitted to other human rights treaty bodies, information on this subject is limited owing to a lack of national standards and programmes for monitoring respect for these rights.

At the regional level, the Latin American and Caribbean Women's Health Network is responsible for monitoring compliance with the Cairo Programme of Action. This civil-society initiative has established monitoring mechanisms in seven countries (Brazil, Chile, Colombia, Mexico, Nicaragua, Peru and Suriname), linked through the "Atenea" database, which makes data and indicators available for citizen oversight and government dialogue. This database can be consulted on the Internet.

- i The Population Council for Sustainable Development in Bolivia, The National Commission on Population and Development in Brazil, the Population and Development Commission in Jamaica (which replaced the Coordinating Intersectoral Committee of Population Policy); the National Commission on Population of Nicaragua, and the Population Technical Committee in Panama, the latter two both form part of the social cabinet in their respective countries; and the National Coordination Commission for the National Population Plan 1998-2002 in Peru.
- ii In Mexico, the National Population Council consolidated itself as the body responsible for the conduction of the population policy and for coordinating the bodies responsible for economic and social planning. In Trinidad and Tobago, the Population Council became part of the Planning and Development Ministry, and in 2003, a subcommittee on population and development was created at the ministerial level.
- iii In Bolivia, the demographic factors are part of the General Economic and Social Development Plan of 1994 and the National Agenda XXI, of 1998. In Ecuador, population is covered in the poverty eradication strategies and in the strategy for the achievement of Equity and Improving Human Capital, as per the Development Strategic Plan and National Security Plan “Ecuador 2025”. In Guatemala, a Social Development and Population Strategy has been approved. In Nicaragua, the formulation process is underway for a National Development Strategy that incorporates population issues. In Jamaica, a National Plan of Action on Population and Development 1995-2015 was developed, to implement the population policy objectives. In Mexico, the demographic dynamic is one of the pillars on which the development strategies in the National Development Plan 2001-2006 are based. In Trinidad and Tobago, a Strategic Development Plan is being developed - “*Vision 20/20*”, and it includes demographic factors. In Venezuela, demographic factors are included in the Plan for Social Economic Development 2001-2007.
- iv In Chile, the National Programme for Overcoming Poverty targeted women, especially female heads of households, and children. In Dominica and Guyana, national poverty reduction strategies are being developed. Jamaica has a National Policy for the Eradication of Poverty and its respective Programme of Action. In Nicaragua, the relationship between population and poverty has been included in the Reinforced Strategy for Economic Growth and Poverty Reduction. In Panama, demographic factors are part of the Policy and Strategy for Social Development, and in Paraguay, part of the National Strategy for Poverty and Inequality Reduction. In Peru, population factors are part of the Strategy to Combat Poverty (1998-2000); in Dominican Republic, in the Strategies for the Reduction of Poverty 2000-2015, and in Saint Kitts and Nevis and Saint Vincent and the Grenadines, in the national evaluations of poverty.
- v In Mexico, efforts have been made to strengthen a federal approach to population issues through the creation of State Population Councils, and the establishment of Municipal Population Councils. More recently, a Consultative Commission to coordinate with federal bodies has been set up, a consultation forum between the officials in charge of the State Population Councils, with the aim of feeding into the National Population Programme 2001-2006.
- vi In Cuba, an internal migration norm to Havana City was approved; in El Salvador, the National Plan for Territorial Development was enacted; in Haiti, the National Migration Office was created; in Mexico, the Programme “100 Cities” and the Programme for Local Development (micro regions) were implemented; and the Strategic Community Centres were strengthened; in Panama, the General Land Use Plan and the Regional Plan for the Development of the Interoceanic Region were developed; in Peru, the National Territorial Development Plan was put to action, and in Venezuela, the Population Deconcentration Programme of the North Coast and Special Economic zones, included in the National Social Economic Development Plan 2001-2007, was implemented.
- vii The reasons are varied. The problem is not thought to be important in Antigua and Barbuda, due to its reduced area, nor in Costa Rica, where only 20% of its population displaces itself internally. In Uruguay there isn’t sufficient analysis on this matter that enables public policies to be produced. In Nicaragua, internal migration policies have not yet been adopted, but its importance is recognized, and in the National Development Strategy, a policy promoting public and private investment in the cities will be included with a clear developmental aim.

- viii The Law on Aliens redefines personal rights and liberties, and there is an improved concept of resident, of coordination between migration authorities and policing authorities, and the typification of the crime for illegal trafficking of immigrants.
- ix Belize implemented an amnesty for refugees and undocumented migrants. Colombia regulated the issuing of visas and put into practice a Programme for the Legalization of Aliens. Costa Rica designed a set of policies and activities related to the attention of international migrants in the National Development Plan 2002-2006, and in Ecuador, an Operational Plan of Migrants, Foreigners and Refugees' Human Rights has been drafted. Honduras adopted, in the Migration and Foreigner Law, a series of measures to protect international migrants.
- x In Argentina, a National Law of Responsible Sexual Health and Procreation was enacted, which created the National Sexual Health and Responsible Procreation Programme. In El Salvador, reproductive health is included in the chapter on health, of the Government Plan "The New Alliance", and in the National Reproductive Health Plan. In Guatemala, in the Social Development Law, for the first time, issues such as reproductive health, family planning, and sexual education are regulated. This law is the framework for a National Reproductive Health Programme. In Honduras, the National Sexual and Reproductive Health Policy provides the political framework and the relevant programmatic guidelines for work in this area. In Mexico, there is an Action Programme "Reproductive Health". In Paraguay the National Policy of Integrated Health Care for Women was enacted, and the Programme of Sexual and Reproductive Rights and the National Sexual and Reproductive Health Plan were produced. Venezuela has a Social Strategic Plan, in which falls the Policy and the National Programme of Sexual and Reproductive Health, drafted on the basis of the "life cycle" concept, a gender perspective, and sexual and reproductive rights as defined by the 1999 Constitution.
- xi In Brazil, the Teenage and Youth Health Programme; in Chile, The Adolescent Programme of the Ministry of Health, the National Health Policy for Adolescents and Young People, and the Sexuality Education Policy; in El Salvador, the National Programme of Integrated care for Adolescent Health and the National Policy for Children and Adolescents; in Mexico, the National Youth Programme 2002-2006; in Nicaragua, the National Programme of Care for Adolescents; in Paraguay, the National Programme of Integrated Health for Adolescents and Youth; in Peru, the National Action Plan for Children 1996-2000, the National Programme of School Health and Adolescents, the National Action Plan for Children and Adolescents 2002-2010 and the Youth Labour Training Programme "Projoven", which includes counselling on sexual and reproductive health in job training provided to youngsters of both sexes, living in conditions of poverty; and in Venezuela, the National Health and Development Programme for Adolescents.
- xii The Policies and Strategies 2000-2004 of the Ministry of Health in Panama, and the Policy for Universal Access to Health Services and Social Security in Peru.
- xiii Except in Antigua and Barbuda, where between 0 and 1 maternal deaths are registered per annum since 1991.
- xiv A project was also implemented to promote the establishment of Centres for Normal Births and the work of maternity units that prioritize normal births has been encouraged.
- xv The strengthening of maternal houses has been promoted. These facilitate access to institutional based childbirth care for rural-based women.
- xvi In Bolivia, the National Committee for Safe Motherhood was set up as well as the Interinstitutional Council for Safe Motherhood. In Cuba it is called the National Auditing Committee; in Ecuador, Verification Committee of Maternal Mortality; in El Salvador, National Verification Committee for Maternal Perinatal Morbi-Mortality (Comité nacional de vigilancia de la morbimortalidad materno perinatal); in Mexico, Interinstitutional Committees for Maternal Mortality Studies; in Nicaragua, the National Commission Against Maternal and Perinatal Mortality; and in Dominican Republic, the National Vigilance Commission on Maternal Mortality.
- xvii In Colombia, in the national policy on sexual and reproductive health, improving the quality of services in six action areas is a priority: safe motherhood, family planning, sexual and reproductive health of adolescents, breast cancer and cancer of the uterus, sexually transmitted diseases and HIV/AIDS; and domestic and sexual violence. In Dominican Republic, a Quality Care Committee has been created, which certifies the health centres, and in Costa Rica, the Ministry of Health has begun an accreditation programme of public and private maternity units, and applies tracing methodologies, which carries out

the analysis of the process and care results in a simultaneous manner. In Mexico, the Action Plan for Improving the Quality of Services and the Strengthening of Information, Education and Communication Actions was implemented. In 2000, the National Crusade for the Quality of Health Services was launched, with the establishment of the National Committee for the Quality of Health Services. In Nicaragua, there is an initiative to create a Quality Guarantee System. Paraguay will apply the tool “Client-Based Efficient Provider” in almost 40 health services, to improve the quality of attention provided to users. In Trinidad and Tobago, a Programme for strengthening the quality of care is being implemented.

xviii In Brazil, the Ministry of Health transfers state and municipal resources to finance the supply of contraceptive methods. In Colombia, these are funded with resources from compulsory health plans funded by contribution and subsidised regimes. In Costa Rica, the supply of inputs for reproductive health services is the responsibility of the Costa Rican Social Security Bank (Caja costarricense de seguro social). In Honduras, efforts are being made to ensure the acquisition of contraceptives from the Health Secretariat budget. In Panama, the Ministry of Health budget has a specific budget line –even though limited– for their purchase. In Paraguay, through the inclusion in the Sexual and Reproductive Health Programme in the budget of the Ministry of Health and Social Welfare, for the first time, funding has been allocated for the purchase of family planning inputs, and the social promotion of female and male condoms, through non-governmental organizations, has begun. In Peru, from 1999 onwards, a special budget line in the Ministry of Health budget is available for the purchase of contraceptives, and this has become the main supply source in the country.

xix These are: in Argentina, the Strategic Plan and the National HIV/AIDS programme; in Bolivia, the Strategic Plan 2000-2004 for the Prevention and Control of Sexually Transmitted Diseases, HIV/AIDS, and the National Programme for Sexually Transmitted Diseases and AIDS; in Brazil, the National Coordination of Sexually Transmitted Diseases and AIDS. In Brazil, there is also a government commitment to guarantee and control sexually transmitted diseases and HIV/AIDS through public policies implemented through the Single Health System. In Colombia, there’s a National Programme for the Prevention and Control of STDs/HIV/AIDS; in Costa Rica, there is a Strategic Plan, which will be replaced by a Plan of Action, currently being drafted; in Cuba, there is a HIV/AIDS Control and Prevention Programme, and in El Salvador, a National Strategic Plan for the Prevention, Attention and Control of STDs/HIV/AIDS. Guatemala has made its HIV/AIDS Programme a priority within the public health system. Haiti has a National Plan against HIV/AIDS and a National Strategic Plan for the Prevention and Control of Sexually Transmitted Diseases and HIV/AIDS; in Honduras, the II National Strategic Plan against HIV/AIDS was approved. In Jamaica, there is a Programme for the Prevention and Control of STDs/HIV and a Prevention Programme of Mother to Child Transmission. Mexico has, since 1986, legal means to guarantee safe blood products and there is also a national prevention policy for transmission via the perinatal route. In Nicaragua, a Five Year National Strategic Plan was approved (2000-2004), with multisectoral participation. In Panama, the HIV/AIDS component is one of the components of the National Plan for Sexual and Reproductive Health; in Peru, a Plan of Action has been drafted subject to approval, and Dominican Republic approved a Law on AIDS. In Uruguay, there is a National HIV/AIDS Programme, likewise in Venezuela, where the following were designed: Plan for the Improvement of Prevention and Treatment of Sexually Transmitted Diseases, the Integration Plan for the Prevention of HIV/AIDS in mother and child health care consultations, and the HIV/AIDS Office in the Ministry of Health and Social Development. In Dominica, Grenada, Guyana, Dominican Republic, Saint Vincent and the Grenadines, Surinam and Trinidad and Tobago, there are national AIDS programmes.

xx Laws or Acts on sexual offences or on domestic violence were adopted, expanded or improved in Antigua and Barbuda, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Saint Kitts and Nevis and Trinidad and Tobago. In Argentina, laws were enacted on the subject in almost all provinces; in Bolivia, laws were approved against family or domestic violence, and for the protection of victims of offences against sexual freedom; in Brazil, these offences are included as crimes in the new Civil Code, and in Cuba, they are part of the crimes included in the Penal Code. In Ecuador, the 1998 Constitution forbids explicitly violence, be it physical, sexual or psychological. In Dominican Republic, a law was enacted against intrafamily violence. Similar laws were enacted in Chile, Colombia, Guyana, Nicaragua, Panama, Paraguay, Peru and Uruguay.

- ^{xxi} Brazil has a National Prevention Programme to Combat Domestic and Sexual Violence, aimed at guaranteeing assistance to women victims of violence. That is also the objective of the National Training Plan, Technical Assistance, and Awareness on Violence against Women that Argentina implemented, and in which the need to raise awareness amongst public servants in the judicial power is recognized, and for developing an information and monitoring system. In Peru, the National Plan against Violence towards Women 2002-2007 was approved, which complements the National Programme against Family and Sexual Violence. Other countries that have a national prevention plan against violence against women are: Chile, Costa Rica, Mexico (National Programme against Intrafamily Violence 1999-2000 and National Programme for a Life without Violence 2002-2006), Nicaragua (National Plan against Violence towards Women, Children and Adolescents 2000) and Venezuela (Prevention and Attention Plan of Violence against Women 2000-2005).
- ^{xxii} This is the case of local and community-based interinstitutional networks of the national system for the prevention and attention of intrafamily violence in Costa Rica: In Chile, the 23 centres for attention and prevention of intrafamily violence distributed throughout the country, together with SERNAM, and other Ministries and services, all have launched a campaign for the establishment of the network "Protect". In Ecuador, Women's and Family "commissaries" have been set up, as well as in Nicaragua, where they are part of a network of services for the attention of women, children and adolescents and survivors of sexual and intrafamily violence. In Peru, there is a Vigilance Network of Family Violence, which is in its pilot phase in 7 departments and in Lima, including "Women's Emergency" centres throughout the country.
- ^{xxiii} In Argentina, the Project of Population Statistics was developed, to strengthen the statistical system in this subject; the National Statistics and Census Institute has the Integrated Sociodemographic Statistics System and the System of Information, Monitoring and Evaluation of Social Programmes; which are dependent upon the National Council for the Coordination of Social Policies, and produces information on population living in conditions of poverty and social vulnerability, and the implementation of related social programmes. In Costa Rica, the Ministry of National Planning and Economic Policy has created the System of Sustainable Development Indicators (SIDES). In this country, in 1998, the National Statistics and Census Institute was created, the technical body in charge of national statistics, and coordinator of the National System of Statistics. In Chile, as in other countries in the region, the National Institute of Statistics is developing a project, together with CELADE, for a National System of Indicators for Follow up to International Conferences (ICPD, and World Conference on Women, Beijing). In Ecuador, the Planning Office has created a National Information System, which integrates databases and information systems of public and private bodies and covers the Information System for Planning (INFOPLAN), which has a sub system of geo referenced risk prevention. There is also an Integrated System of Social Indicators of Ecuador (SIISE), linked to the System of Social Indicators on the Situation of Women and Gender Inequalities (SIMUJERES). El Salvador has an Information System on Children. In Honduras, the National Statistics Institute was created, and efforts have been made to improve the National Registry System of People, as well as the information system on migrating populations. In Mexico, there is an on-going survey on migration in the Northern Mexico border (EMIF) and the System of Indicators for Follow up to the Situation of Women. In Nicaragua, there are statistical systems, with national coverage, in the main government institutions. The Nicaraguan Institute of Municipal Development has developed, in selected municipalities, sociodemographic systems of information. In Panama, birth statistics have achieved satisfactory coverage and quality. Over the last few years, the programme of household surveys has been strengthened, as well as registration statistics. In Paraguay, significant progress has been made in the production of information thanks to the smooth functioning of the household survey system, which has increased its geographic and thematic coverage. In Peru, there has been significant improvement in each stage of the National Household Survey, and extensive access to the primary databases of the surveys carried out by the National Statistics and Information Institute is being provided. In Venezuela, the National Institute of Statistics was created, which coordinates the National Statistics System, and it is currently being decentralized. Several information systems have been developed, such as the System of Social Indicators of Venezuela, the Information System for Local Development (SIGEL), the System of Maternal and Child Indicators of the Ministry of Health and Social Development. A new death and birth certificate has also been introduced,

in line with dispositions of the Constitutional Law on Protection of Children and Adolescents. In Surinam, there is a Monitoring System of Children's Indicators.

xxiv In Costa Rica, the Development Observatory of the University of Costa Rica and the Programme "State of the Nation" undertakes the annual publication of the Report on the State of the Nation on Sustainable Human Development. In Cuba, the Centre for Population and Development Studies was created, attached to the National Statistics Office, which has been responsible for research on different themes. In the case of Ecuador, the following research was carried out: "Ecuador al Segundo Milenio: Una Propuesta de Población y Desarrollo"; "Desarrollo social y gestión municipal en el Ecuador: jerarquización y tipología" and "Estudio de población del Ecuador y estándares para un proceso de desarrollo local". In Honduras, the National System of Evaluation and Management was created (SINEG), to monitor economic and social indicators, and a Poverty Map was prepared. Mexico has an extensive number of research centres tackling population and development issues. In Panama, the Profile and Characteristics of the Poor was produced, and in Peru, studies on changes in living conditions at the national and departmental level were carried out, as well as one on the characteristics of poor and non-poor households on the basis of the ethnic origin of their members. In Uruguay, core research has been carried out on children and poverty at the Universidad Católica Dámaso A. Larrañaga. In Venezuela, the drafting of the Annual Report on Human Development stands out.

xxv The multicentric survey "Health, Welfare and Ageing in Latin America and the Caribbean" (SABE) was carried out, coordinated by the Pan-American Health Organization, in Bridgetown, Buenos Aires, Havana, Mexico, Montevideo, São Paulo and Santiago de Chile. In Argentina, Chile, Nicaragua and Panama, a diagnostic was carried out on the situation of older persons.

xxvi In Guatemala, for the first time, in 2002, research was carried out to establish a base line data for maternal mortality; in Honduras, research was carried out on maternal mortality and mortality of women in reproductive age; in Peru, there was a study on trends, levels and structure of maternal mortality; and in Venezuela, there was research on knowledge and beliefs on the issue of maternal mortality amongst indigenous communities.

xxvii Through a survey of males aged between 20 and 29 years in Buenos Aires, Havana, La Paz and Lima, and in Colombia, the National Masculine Health Surveys (1996, 2001), information was collected on the sexual behaviour of men, their fertility, family planning, sexually transmitted diseases, and AIDS.

xxviii In Argentina, postgraduate studies take place in the National University of Cordoba and the National University of Luján; in Brazil, in the Centre for Regional Development and Planning (CEDEPLAR) and the Nucleus of Population Studies (NEPO) of the State University of Campinas; in Colombia, at the Universidad Externado; in Honduras, at the National Autonomous University; in Mexico, there are specialized postgraduate courses in the Colegio de México, FLACSO, and in El Colegio de la Frontera Norte, in the Centre for Multidisciplinary Research of the Universidad Nacional Autónoma de México and the Universidad Autónoma del Estado de Hidalgo; and in Peru, at the Universidad peruana Cayetano Heredia.

xxix Amongst others, the area "Gender Relations" of the Sociology Department and the Population Programme of the Social Sciences Faculty, the free Seminar on Reproductive Health, Sexuality, and Gender in the Psychology Faculty.

xxx In Peru, the National Action Plan for Children and Adolescents 2002-2010 aims to achieve basic intercultural education, of quality, for all boys, girls and adolescents. The aspiration is that by 2010, at least 60% of boys and girls of school age in areas where the maternal language is not Spanish take part in intercultural bilingual education programmes.

xxxi In Antigua and Barbuda, there is the Direction for Gender Affairs, within the sphere of the Ministry of Health. In Argentina, the National Council of Women, created in 1992, whose directorship is made up by representatives from ministries and the two chambers of National Congress, is attached to the National Council for the Coordination of Social Policies, which is dependent upon the Presidency of the Nation. In the Bahamas and Jamaica, there are Women's Affairs Offices; in Dominica, there is a Women's Office; in Surinam, the Gender Office; in Trinidad and Tobago, the Division for Gender Affairs, dependent upon the Ministry for Community Development, Culture and Women's Affairs. In Guyana, the Office for Women's Affairs, and in Mexico, the Women's Institute. In Nicaragua, since 1982, there is the Nicaraguan Institute of Women, currently attached to the Ministry for the Family. In Honduras, the National Women's Institute was created in 1999. In Saint Lucia and Saint Vincent and the

Grenadines, there are Gender Affairs Divisions. In Venezuela, the National Women's Institute was created in 1999, to replace the National Women's Council. In El Salvador, this body is now called the Salvadorian Institute for the Development of Women, in Costa Rica, the National Women's Institute, and in Chile, the National Service for Women.

xxxii In Ecuador, there is the Equal Opportunities Plan 1996-2000 of the National Women's Council; in Chile, the Equal Opportunities Plan; in Peru, the Equal Opportunities Plan for Women and Men 2000-2005, which was reformulated for the period 2003-2010; in Mexico, the National Programme for Equal Opportunities and Non discrimination against Women "Proequidad", in line with the National Development Plan 2000-2006.

xxxiii Mexico develops the Programme "Opportunities", consisting of grants of larger amounts for girls, who have higher school, drop out rates from secondary level education onwards.

xxxiv In Chile, the Constitutional Law on Education was modified, in Panama, in 1996, an Executive Decree was approved guaranteeing the right of pregnant students to have protection, care and special assistance; and in 2002, a Law was enacted that protects the education and health of the pregnant adolescent; in Ecuador, respect for the right to education of pregnant adolescents has been achieved in publicly known cases; and in Mexico, there are grants programmes that include support for teenage mothers and for children of single mothers.

xxxv Chile has developed the programme "Growing Up and Developing in the Path of Everyday Affection" (Crecer y Desarrollarse en la Senda de la Afectividad Cotidiana), aimed at educators, parents and children of both sexes, and the project "Education, Culture and Change", that aims to work with the educational community (teachers, pupils and the family) the different forms of relating, mainly in the eradication of violence as a legitimate means to resolve conflicts. In the context of the family health approach developed in primary health care centres, male participation in preventive activities of the reproductive process has been encouraged; as well as prenatal control, puerperal, the regulation of fertility, and being present during labour, as the woman's partner. In Colombia, the policy "Make Peace" has been formulated, to promote coexistence and prevent violence through cultural changes in families and society in general. On the other hand, the programme "Paternar", of the Colombian Institute of Family Wellbeing has tried to involve men in childrearing and children's socialization activities, as well as the accompaniment of women. Dominica has a programme that aims to raise awareness amongst men on gender issues. In El Salvador, the Salvadorian Institute for the Development of Women implements a project on the vulnerability of girls in domestic services work, which includes a component on raising awareness on human rights of boys and girls. The Salvadorian Demographic Association undertook information, education and communication activities, especially in rural areas, with the aim of raising awareness amongst men of the need to take care of their own sexual and reproductive health, and thus, understand and take care of women's reproductive health too. In Guatemala, the Ministry of Education has included in education programmes the issue of respect for girls and gender equality, using materials with the backing of the Intersectoral Commission of Population Education. This Commission is made up by representatives from civil society, churches, trade unions, universities, and indigenous groups. In Mexico, contents on human sexuality, gender and intrafamily violence are included in the modules Programme for Life and Work of the National Institute of Adult Education. This same country implemented campaigns to uproot stereotyped images of women, and the National Indigenous Institute promoted respect for indigenous women's human rights in native languages, through different dissemination mediums. Mexico has also created the Pro Equity Fund, which funds projects aimed at achieving gender equality; and joint work between the Health Secretariat and the Colegio de México has taken place in the design of a training manual for coordinators of men's groups who want to give up violence, and support each other, and coordinate different types of activities of non governmental organizations working the subject of masculinity and special programmes for violent men, through the Programme Women and Health. The National Population Council has organized, jointly with the National Mixed Committee for the Protection of Salaries, various workshops and materials that aim to promote a commitment from men to respect women's rights. The National Population Council has promoted campaigns in the mass media emphasizing men as important actors in decision making for his own sexual and reproductive health, together with his partner. In Paraguay, the Ministry of Public Health and Social Welfare, through the Programme Sexual and Reproductive Health, as well as through the project "Integrated Health of Youngsters and Adolescents", implements activities to raise awareness in

men about sexual and reproductive responsibilities. In Saint Kitts and Nevis, there is a training programme on raising awareness of gender issues for adolescents. In Antigua and Barbuda, Dominica, Grenada, Guyana, Saint Lucia, and Saint Vincent and the Grenadines, the health and family life programmes include raising gender awareness. In Surinam, non-governmental organizations have taken the initiative with a programme that tries to set up non-sexist practices. In Trinidad and Tobago, support groups for men were set up, to modify behaviour and attitudes that inhibit the development of men, women and children.

xxxvi In Bolivia, there is a figure in the Quotas Law; in Ecuador, in the Progressive Electoral Law Quotas; in Honduras, in the Law for Equal Opportunities for Women of 1997; in Panama, in the Electoral Code (reformed in 1997), and in Peru, in the Elections Constitutional Law. In Mexico, there's a temporary disposition, approved in 1996 by the Deputies Chamber, to encourage political parties to include in their statutes that candidates for popular election posts should not exceed 70% for the same sex. In Venezuela, there is the Constitutional Law for Voting and Political Participation.

xxxvii In Belize, the National Health Policy includes reproductive rights; in Cuba, the Beijing Platform of Action became law. In El Salvador, both in the National Reproductive Health Plan and in care provision regulations, the commitment to provide services with the aim of enabling free and informed choices, free from coercion, are enshrined. In Guatemala, the National Reproductive Health Programme, states that service provision should be guided by respect for reproductive rights. In Mexico, there is a programme of action "Reproductive Health" 2001-2006, with respect for reproductive rights as its cornerstone, as well as the right to information, and receiving quality service provision. In Nicaragua, as a result of the Tiarht amendment, quotas, incentives and family planning goals were abolished. In Guyana, the Law for Medical Termination of Pregnancies was approved, legalizing abortion. In Saint Lucia, the change of approach in the sexual and reproductive health policy meant a new denomination was given to the Services of Mother and Child Health Care, which are now known as Services for Family and Reproductive Health. In Trinidad and Tobago, the use of informed approval has been strengthened.

xxxviii In Mexico, the National Human Rights Commission is responsible for follow up on cases of forced contraception.

xxxix This network is made up by Vigilance Committees, spread in all departments of the country, who work the issues of safe motherhood, and sexual and reproductive health.

III. Collaboration between governments, civil society and the private sector

Over the last few decades, international cooperation on matters of population and development has changed significantly, as reflected in the forms of cooperation now observed between multilateral bodies, national and local governments and non-governmental organizations. This alliance is fundamental for the implementation of the Programme of Action of the International Conference on Population and Development, in which the international community is urged to increase its participation in the financing of programmes and Governments are urged to increase national and local budgetary allocations for population issues.

The specific measures which countries have adopted to encourage active participation by different sectors or to reach political consensus on population, health and equity programmes range from the opening of dialogues, the establishment of discussion groups, the provision of support to specific projects and the conduct of national consultations. The process of formulating Argentina's National Programme on Sexual Health and Responsible Procreation, Colombia's National Policy on Sexual and Reproductive Health and Guatemala's Social Development Act consisted of discussions and consensus-building among State institutions, women's organizations and scientific and professional bodies. In Antigua and Barbuda, workshops involving women's groups, religious institutions and civil-society organizations led to the adoption of the Sexual Offences Act.

In Belize, non-governmental and civil-society organizations have participated in developing reproductive health policies and gender policies. In Dominica an extensive community consultation took place for the formulation of the country's five-year health plan, while in Ecuador the design of the national health-care reform involved significant participation by diverse groups. In Peru, a national consultation was held on the National Equal Opportunity Plan for Men and Women 2003-2010, and a similar exercise took place in the Dominican Republic with respect to the poverty reduction plan.

Participation mechanisms have been used to analyse legislative proposals or reforms of existing legal instruments. This was the case with the formulation of a law penalizing discrimination against people living with HIV in Chile; the reforms to the Penal Code in Colombia; the General Health Act in Costa Rica; and the Domestic Violence and Violence Against Women Act and the inclusion of sexual and reproductive rights in the new Constitutions of Ecuador and Venezuela. In some countries, such as Paraguay and Uruguay, parliamentary commissions on gender and equity issues have been set up to mainstream the gender equity approach in legislative work, with the participation of different social sectors.

Some countries have sought to institutionalize civil-society engagement in the study of population and development strategies. For example, Bolivia's National Forum on Sexual and Reproductive Health coordinates the activities of international donors, the health and education sectors, institutions responsible for gender issues and non-governmental organizations. In Brazil, steps have been taken to bring different sectors of civil society into the National Health Council and the Council's Intersectoral Commission on Women's Health, and into the commission and technical committees responsible for drafting policies to reduce rates of maternal mortality and sexual and family violence. In addition, Law No. 8142 provides for the participation of state and municipal health-care panels in formulating, implementing and evaluating health policy. In Cuba, various commissions and groups working on issues relating to population and reproductive health are made up of ministry representatives, non-governmental organizations and academic institutions. Jamaica set up a working group on youth policies with the participation of government representatives and representatives of international bodies and donors, and of project staff working with this segment of the population. In Mexico, citizens' advisory councils have been set up and are responsible for analysing population and development strategies and programmes and for evaluating the activities implemented. Also in Mexico, the Inter-Agency Reproductive Health Group, consisting of representatives of government bodies, non-governmental organizations and the National Consortium on Women and Health, represents the interests and needs identified by women themselves and promotes the collaboration and participation of civil society. In Nicaragua, the Network of Women against Violence and the Nicaraguan AIDS Commission were set up. In El Salvador, inter-agency committees have been formed and the Social Communicators Network was set up to tackle issues concerning adolescents. In Panama, activities have been carried out by the National Council of Women (CONAMU), the National Council of the Family and Children (CONAFAME), the National Council of Older Persons and the National Commission for Sexual and Reproductive Health. In Colombia the organization PROFAMILIA is made up of State and civil-society representatives, and in Paraguay something similar occurs with the National Reproductive Health Council, the CIDEM network and the network of non-governmental organizations working for the prevention of HIV/AIDS and providing support to those affected. In Saint Lucia, a round table on domestic violence was organized with the participation of representatives of all sectors, and in Saint Vincent and the Grenadines the National Social and Economic Development Council brings together representatives of the public and private sectors and civil society.

Many countries in Latin America and the Caribbean have embarked on a wide range of activities with the participation of the private sector and non-governmental organizations, including

the supply and distribution of contraceptives, the provision of services, the implementation of population censuses and the sponsorship of dissemination campaigns. In Paraguay the private sector plays an active role in financing information campaigns in the media, and agreements or contracts have been signed between laboratories and non-governmental organizations. In El Salvador, Guatemala and almost all of the English-speaking Caribbean, excellent results have been achieved thanks to the hiring of non-governmental organizations to provide reproductive health services or the delegation of relevant activities to these organizations. In Honduras agreements have been signed with the private sector to carry out education and prevention programmes in the workplace. In El Salvador, Honduras, Mexico, Nicaragua and Panama, the signing of different types of agreements made it possible to expand the coverage of family planning services by setting up a social marketing programme for contraceptives. On the other hand, Argentina, Chile, Ecuador and Uruguay have acknowledged that the coordination of activities between the public sector and non-governmental organizations is insufficient but growing.

IV. Available resources

One of the objectives set out in the Programme of Action of the International Conference on Population and Development is to achieve an adequate level of resource mobilization at the national level for population programmes (paragraph 13.21), as well as to “increase substantially the availability of international financial assistance in the field of population and development in order to enable developing countries and countries with economies in transition to achieve the goals” of the Programme by “diversifying the sources of contributions” (paragraph 14.10).

The countries which, according to the survey, have managed to sustain or increase the allocation of resources for the implementation of programmes on health in general and reproductive health in particular are Antigua and Barbuda, Belize, Brazil, Colombia, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Panama, Paraguay, Peru, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago and Uruguay. In contrast, other countries note that insufficient resource mobilization is a major obstacle to the adequate provision of reproductive health services in both quantitative and qualitative terms.

As for increasing international cooperation for the implementation of certain programmes, many countries report that they currently enjoy more support from international institutions. These countries are Antigua and Barbuda, Bahamas, Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Panama, Paraguay, Peru, Saint Kitts and Nevis, Suriname,

Trinidad and Tobago, Uruguay and Venezuela. In Brazil, financial support from international institutions was very important for the implementation of activities on sexual and reproductive health, while Colombia and Argentina acknowledge the importance of the financial assistance UNFPA provides for the strengthening of actions in this area. Mexico and Nicaragua report that the volume of international assistance increased until 1999 but has gone down since then. Chile and Saint Vincent and the Grenadines are in an unusual situation, since they once received large amounts of assistance but have ceased to be eligible for cooperation funding because their indicators on standards of living and health are too good.

V. Outstanding issues

In all the areas analysed in this document, it is apparent that numerous challenges lie ahead. Below are some of the issues which the countries regard as still outstanding or which can be considered as such in the light of the information given in the preceding sections, and which suggest the directions in which future actions should be oriented.

Social equity and poverty reduction proved to be elusive goals in the last 10 years. What took place during this period shows that economic growth alone is not enough to achieve them. The design and implementation of redistributive policies, with an emphasis on steadily increasing the assets of the poor, and of multidimensional actions aimed at removing the mechanisms that exclude and isolate them—and at promoting their empowerment as individuals able to make free, informed and responsible decisions and as citizens with the capacity to organize and participate in decision-making—are essential if progress is to be made in paying off the historic debt that is still outstanding in the region.

Achieving greater political stability is another inescapable challenge that demands far-reaching changes in institutions and in the way power is exercised and decisions are taken. It requires a maturation of political and social forces that will facilitate consensus-building without limiting the capacity for dissent and for the proposal of alternative points of view. It is also necessary to take decisive action against the ills that erode citizens' trust, such as corruption, inefficiency, patronage and the concentration of power in the hands of a few.

The reform of the State, including that of strategic sectors such as health and education, is a goal towards which progress has been erratic, and in many countries of the region the agreements needed to undertake it in a coherent manner have yet to be achieved. It is essential that this reform be based on a strategic approach, whose first priority should be to strengthen the public sector's capacity to design and put into practice policies and programmes that ensure the achievement of basic goals and that target the most disadvantaged sectors of society. It is also crucial that changes in management styles not be limited to administration and cost-effectiveness, but also include regulations, the adoption of measures to guarantee the exercise of rights in these areas (justice, participation, health, education), sustainable financing based on principles of social equity and due regard for user satisfaction and evaluation.

In terms of the interaction between population, development and environment, several countries report that these subjects have not yet been integrated into national development plans or environmental management plans, or that they have not been taken into account at the local development planning level. In other cases, the lack of a clear definition of institutional functions and their interlinkage hinders the adoption of specific measures, so that references to these interrelations are contained in declarations and legislation but are not put into practice. This implies that, in fact, these issues are not a priority for political sectors.

In terms of health, there is an evident lack of equity, since the population groups with the highest income have access to top-quality services, comparable to the best in the world, whereas the poorest groups, including people living in rural areas and indigenous people, have little or no access to these services, as reflected in all available health indicators.

In terms of reproductive health initiatives, some countries still have policies and programmes formulated exclusively from the perspective of maternal and child health care. The different needs of women, men and young people are not always taken into account; in particular, efforts to improve male access to health services continue to be minimal. Furthermore, where specific laws have been passed to recognize rights and where regulations exist to guarantee their fulfilment, the failure to disseminate this information means that neither users nor providers know or apply these laws and regulations or demand their enforcement.

Maternal mortality is still high in many countries of the region. This is a cause of concern, considering that it is preventable. Evidently, for the proper design and monitoring of maternal mortality reduction programmes, adequate record-keeping and better measurement methods are needed.

Special mention should be made of the AIDS pandemic, as infection rates are very high in some countries in the region. Conversely, other countries have managed to halt the advance of the disease and their successful policy should be disseminated and held up as an example. Nevertheless, much remains to be achieved in this area, both with respect to prevention, treatment and cure of the illness and in terms of protecting the rights of infected persons and creating a culture of support and non-discrimination towards them.

In answering the survey, several countries pointed out that low levels of international cooperation and the limited mobilization of national resources were among the barriers to the adequate provision of reproductive health-care services in both qualitative and quantitative terms.

Achieving gender equity involves long-term cultural changes. Although most countries have made significant progress—especially on the education front, as women's educational levels now exceed those of men in most of the region—the equity dimension is far from being assimilated as a crucial component of development and a factor in poverty reduction. Even in the area of education, discriminatory practices persist, as reflected by the high concentration of women in careers and disciplines with little market value attached to them.

Families play a fundamental role in biological and social reproduction. In this regard, the achievement of equitable conditions among them and of symmetry and well-being among their members helps in a decisive way to reduce the different forms of inequality and enhance the process of development of the individual. Special attention should be paid to the formulation and implementation of support policies and programmes for families in their plurality of forms in order to enable fathers and mothers to fulfil their responsibilities vis-à-vis the upbringing and education of their sons and daughters.

In relation to domestic and sexual violence, which mainly affect women, cultural factors tend to justify such violence or minimize its importance through various arguments, practices and mechanisms, and there are also institutional factors which favour impunity for perpetrators and discredit complainants by delaying the acknowledgement of the phenomenon's existence and seriousness, both among the general population and among the authorities. The laws adopted to end these forms of violence have not been enough to end it, especially in cases where these types of violence have not been characterized as crimes and therefore do not carry penalties.

Among the obstacles to achieving quality education for all are institutional weaknesses, insufficient budgets, poor teacher training, infrastructure and equipment deficiencies and, in some cases, an incomplete decentralization of education services whereby Governments transferred the responsibility for education to communities without giving them the necessary resources to meet their new obligations.

In terms of the production of relevant information, more efforts are needed to improve coverage and the comparability of sources, meet information needs at the local level, increase the use of available information through the adequate training of human resources and develop more mechanisms for its dissemination. In countries where population and health surveys have not been carried out, the dearth of information on population issues such as fertility and mortality is very evident, and most countries have no specific information on men and have not gathered information in a way that allows their needs to be identified. There are also deficiencies in the registration of births, deaths and international migration. In short, it is imperative to strengthen the relevant institutions and to improve systems for collecting and disseminating data.

Research, in almost all the countries, is affected by a lack of funding and, in some cases, even of qualified human resources. What research is carried out is not adequately disseminated, so that the findings are discussed only in specialized circles and do not reach the decision-making levels —where they could provide input for public policies—, much less the general population.

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Annex

**LATIN AMERICA AND THE CARIBBEAN: PARTICIPATING ORGANIZATIONS IN THE UNFPA SURVEY ON ACHIEVEMENTS AND OBSTACLES
TO THE IMPLEMENTATION OF THE CAIRO PROGRAMME OF ACTION**

Country	Coordination	Participating organizations	Mechanisms
Antigua and Barbuda	The Directorate of Gender Affairs	<p>Governmental bodies: Department of Statistics, Ministry of Planning Health Information Division and Health Education Unit, Ministry of Health and Social Improvement Ministry of Finance Directorate of Gender Affairs Ministry of Legal Affairs and Justice Department of Local Government Ministry of Youth Empowerment, Sports, Carnival, and Community Development Ministry of Education, Culture and Technology Ministry of Home Affairs, Urban Development and Renewal and Community Development AIDS Secretariat Office of the Ombudsman</p> <p>NGOs: Antigua and Barbuda Planned Parenthood Association Soroptimist International The Mothers' Union of the Anglican Church</p> <p>Other organizations: The Antigua and Barbuda Workers' Union The University of the West Indies, School of Continuing Studies The ABS Radio and Television The Observer Newspaper The Sun Newspaper</p>	
Argentina	Executive Secretariat of the National Council for Coordination of Social Policies	<p>Government bodies: National Council for the Coordination of Social Policies Ministry of Health Ministry of Culture and Education System of Information, Monitoring and Evaluation of Social Programmes National Statistics and Census Institute Secretariat of the Environment and Sustainable Development Social Development Ministry Ministry of the Interior</p>	Consensus between representatives of State institutions and later, participation of non governmental organizations, universities, researchers, legislators, and others.

(continued)

Country	Coordination	Participating organizations	Mechanisms
Bahamas	UNFPA consultant		
Belize	Ministry of Human Development, Local Government and Labor		
Bolivia	Technical Secretariat of the Population Council for Sustainable Development Ministry for Sustainable Development and Planning	Government bodies: Ministry of Sustainable Development and Planning Ministry of Health and Sports Ministry of Education Vice ministry of Women Vice ministry for Youth and Generational Affairs National Institute of Statistics Ombudsman's Office	State organizations were the only ones that participated in the drafting of the report.
Brazil	Ministry of Foreign Affairs and National Commission for Population and Development	National Commission for Population and Development Ministry of Health Ministry of Education Ministry of Planning, the Budget and Management Ministry of the Environment Special Secretariat for Women's Policy	
Chile	Minister Director of the National Women's Service	Government organizations: National Women's Service Ministry of Education Ministry of Health Ministry for Planning and Cooperation Ministry of the Interior Agency for International Cooperation National Institute for Youth National Commission for the Environment National Service for older persons National AIDS Commission National Institute of Statistics	The report was produced only with State bodies' participation.

(continued)

Annex 1 (continued)

Country	Coordination	Participant organizations	Mechanisms
Colombia	Ministry of Foreign Relations	Ministry of the Environment, Housing and Territorial Development Ministry of Social Protection Ministry of Education Ministry of Foreign Affairs Ministry of Home Affairs and Justice Colombian Institute for Family Well-being Office of the Ombudsman National Statistical Department Colombian Agency for International Cooperation Government of Antioquia Presidential Council for Gender Equity Profamilia Sisma mujer Casa de la mujer Hope Foundation	The response to the survey was provided with the collaboration of the governmental and non-governmental organizations listed.
Costa Rica	UNFPA Assistant Representative	Government organizations: National Institute of Women Ministry of Health Ombudsman for Costa Rican Citizens NGOs: NGOs participating in the Tripartite Table supporting the implementation of Cairo Programme of Action Centre for Family Counseling Association of Women in Health Alliance of Costa Rican Women	The survey was answered through joint collaboration between governmental and non governmental organizations mentioned.
Cuba	International Economic bodies Ministry for Foreign Investment and Economic Collaboration	Government entities: Ministry of Economy and Planning National Office of Statistics Ministry of Public Health Ministry of Foreign Relations Ministry for Foreign Investment and Economic Collaboration Federation of Cuban Women Cuban Society for Family Development	
Dominica	Ministry of Finance		

(continued)

Country	Coordination	Participant organizations	Mechanisms
Ecuador	Ministry of foreign relations	<p>Government bodies: Planning Office of the Presidency of the Republic Ministry of Environment Ministry of Education and Culture Ministry of Foreign Relations Ministry of Public Health National Institute of Statistics and Census National Congress National Council of Women</p> <p>Non governmental organizations: Ecuadorian Association Pro Family Welfare Centre for Population and Social Development Studies Medical Centre for Counseling and Family Planning Ecuadorian Centre for the Promotion and Action of Women Political Youth Coordinator for Gender Equity Services for an Alternative South Development</p>	The survey was answered with the collaboration of the organizations mentioned.
El Salvador	National Secretariat for the Family	<p>Government bodies: National Secretariat for the Family Ministry of Foreign Relations Salvadorian Institute for the Protection of Minors Salvadorian Institute for Women's Development Ministry of Public Health and Social Assistance Ministry of Education Ministry of Environment and Natural Resources Social Investment Fund for Local Development Direction of Statistics and Census</p>	The survey was answered with the participation of the governmental and non governmental organizations mentioned.
Granada	Central Statistical Office, Ministry of Finance, Trade and Planning	<p>Government bodies: Ministry of Health Ministry of Social Services, Gender and Family Affairs and Housing Ministry of Education and Labour Legal Aid and Counseling Clinic</p>	
Guatemala	UNFPA	<p>Government bodies: Ministry of Public Health and Social Assistance, Population Unit. Secretariat of Planning and Programming, Office of the President Women's Secretariat (Office of the President)</p>	The survey was answered with the collaboration of the organizations mentioned.

(continued)

Annex 1 (continued)

Country	Coordination	Participant organizations	Mechanisms
Guyana	Ministry of Health	Government bodies: Ministry of Health Research and Documentation Centre Ministry of Health Ministry of Culture, Youth and Sports Ministry of Education Ministry of Labour and Human Services Ministry of Local Government and Regional Development Central Planning and Housing Authority Statistical Bureau National Youth Commission Women's Affairs Bureau Office of the Ombudsman Guyana Responsible Parenthood Association Women's Progressive Organization Youth Challenge Government of Guyana/Inter-American Development Bank, Health Sector UNICEF Environmental Protection Agency	
Haiti	State Secretariat for Population (SEP)	Government bodies : Ministry of Public Health and Population Ministry of Foreign Aid Planning Ministry of Environment Ministry of Social Affairs Ministry of Women's Situation and Women's Rights Ministry of National Education, Youth and Sports State Secretariat for Population National Migration Office Haitian Institute of Statistics and Information National School of Nurses National School of Midwives	

(continued)

Country	Coordination	Participant organizations	Mechanisms
Haiti	State Secretariat for Population (SEP)	<p>NGOs:</p> <p>Mouvement des femmes haïtiennes pour l'éducation et le développement Femmes démocratie Population Services International - Haïti Association pour la promotion de la famille haïtienne Fondation pour la santé reproductive et l'éducation familiale Volontariat pour le développement d'Haïti Promoteurs objectif zéro SIDA Groupe haïtien d'étude du sarcome de kaposi et des infections opportunistes Policy projects Groupe d'appui aux réfugiés rapatriés Coalition haïtienne pour la défense des droits de l'enfant Institut haïtien de l'enfance Association des oeuvres privées de santé</p> <p>International Organizations:</p> <p>UNDP UNFPA Pan-American Health Organization/WHO UNICEF Canadian Agency for International Development USAID</p>	
Honduras	National Institute of Women	<p>Government bodies:</p> <p>National Institute of Women Human Rights Commissioner Education Secretariat Health Secretariat National Institute of Statistics</p> <p>NGOs and International bodies:</p> <p>Honduran Association of Family Planning Women's Studies Centre PHO UNFPA</p>	The survey was answered with the participation of the organizations mentioned.
Jamaica	Planning Institute of Jamaica		

(continued)

Annex 1 (continued)			
Country	Coordination	Participant organizations	Mechanisms
Mexico	General Secretariat of the National Population Council	Government bodies: National Population Council Health Secretariat NGOs: Foro nacional de mujeres y políticas de población Católicas para el derecho a decidir Integrated Health	A working group was set up to analyze the questions and then these were answered by consensus.
Nicaragua	UNFPA Representative	Government bodies: Ministry of Health Ministry for the Family Youth Secretariat Nicaraguan Institute for Women NGOs and international bodies: Medicine Faculty of the Nicaragua National University ILO UNFPA	The survey was answered with the participation of the organizations mentioned.
Peru	Ministry of Women and Social Development	Government bodies: Ministry of Women and Social Development General Direction for Social Investment Ministry of Health, Cabinet of Advisors in the Ministerial Office General Direction for Health of People	The survey was answered with the participation of the organizations mentioned
Panama	Social Cabinet	Social Cabinet National Commission on Sexual and Reproductive Health (integrated by 18 representatives of government and non governmental organizations)	The answer for each section of the survey was assigned to the body most representative for that sector, including non governmental organizations and women's groups. A bigger event is planned with the participation of other sectors of civil society, with the aim of analyzing progress made and obstacles relating to the Programme of Action.

(continued)

Country	Coordination	Participant organizations	Mechanisms
Paraguay	Paraguayan Association of Population Studies	<p>Government bodies: Technical Planning Secretariat Secretariat for Social Action Women's Secretariat Ministry of Public Health Ministry of Education and Culture General Direction of Surveys, Statistics and Census Department of Population and Development</p> <p>NGOs: Faculty of Economics Paraguayan Centre for Population Studies Paraguayan Association of Population Studies</p>	The survey was answered with the participation of the organizations mentioned
Dominican Republic	UNFPA hired consultant	<p>Government bodies: State Secretariat for Public Health and Public Assistance Women's Secretariat National Council for Population and the Family Presidential AIDS Council General Direction for the control of STDs and AIDS</p> <p>NGOs: Association Pro Family Welfare Women and Health Collective Dominican Institute for Integrated Development</p>	
Suriname	Ministry of Health	<p>Government bodies: Ministry of Health Ministry of Home Affairs Ministry of Social Affairs and Housing Ministry of Labour Ministry of Regional Development Planning Bureau National AIDS Program Regional Health Department General Bureau of Statistics Committee on the Rights of the Child Basic life skills program</p>	

(continued)

Annex 1 (continued)

Country	Coordination	Participant organizations	Mechanisms
Suriname	Ministry of Health	International organizations: OPS/OMS UNICEF Caribbean Epidemiology Centre/OPS Family Health International NGOs: Stichting Lobi Stichting Projakta ProHealth Mamio Namen Project Marron Women's Network Claudia A Foundation Peer Education Program Suriname (Pepsur) Forum NGO	
Saint Kitts and Nevis	Ministry of Social Development, Community and Gender Affairs	Government bodies: Ministry of Social Development, Community and Gender Affairs Ministry of Information, Culture, Youth and Sports The Planning Unit Ministry of Education Ministry of Health and Environment Ministry of Justice and Legal Affairs Nevis Island Administration Family Life Services Youth Parliament International organizations: Family Health International	
Saint Vincent and the Granadines	Central Planning Division	National Family Planning Coordinator Gender Affairs Ministry of Education, Youth and Sports UN Volunteer for Health and Family Life Education	
Sanit Lucia	The Statistics Department Ministry of Finance, International Financial Services and Economic Affairs	Government bodies: Ministry of Health, Human Services and Family Affairs Ministry of Education, Human Resource Development, Youth and Sports Ministry of Home Affairs and Gender Relations Ministry of Finance, International Financial Services and Economic Affairs Non-identified NGOs.	

(continued)

Country	Coordination	Participant organizations	Mechanisms
Trinidad and Tobago	Population Council, Ministry of Planning and Development	<p>Government bodies: Population Council, Ministry of Planning and Development Population Programme National AIDS Programme Ministry of Health Ministry of Community Development and Gender Affairs Ministry of Public Administration and Information Ministry of Social Development Ministry of Sport and Youth Affairs Central Statistical Office</p> <p>NGOs: Family Planning Association of Trinidad and Tobago Men against Violence against Women Child Welfare League</p>	
Uruguay	Population Programme of the Social Sciences Faculty, Universidad de la República	Attached to the report is an extensive list of representatives of both governmental and non-governmental organizations, from politics, the academic world and other civil society organizations.	The survey was answered on the basis of answers provided in the interviews carried out with the UNFPA questionnaire.
Venezuela	Ministry of Health and Social Development	Attached to the country report is a list of 48 institutions and governmental and non-governmental organizations that participated in the consultation.	With a list of key informants, interviews were carried out, thereafter an evaluation workshop of the decade post Cairo, on population and development, which enabled the survey to be answered.



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