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**PROGRESS REPORT OF THE AD HOC WORKING GROUP FOR THE PREPARATION
OF A PROPOSAL ON THE INDICATORS FOR REGIONAL FOLLOW-UP OF THE
MONTEVIDEO CONSENSUS ON POPULATION AND DEVELOPMENT
(REVISED VERSION)***

Santiago, 21 December 2016

* This document updates the document Progress report of the ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development (LC/L.4255 (MDP.3/3)), presented at the third meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Santiago on 4-6 October 2016.

This document was prepared by the ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development, with the support of the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC) in its capacity as technical secretariat of the working group. The document, which was revised by the working group in accordance with the observations and suggestions made at the third meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Santiago from 4 to 6 October 2016, is the working group's contribution to the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, which will be held in El Salvador in October 2017. The technical secretariat received support and assistance from the United Nations Population Fund (UNFPA) for the preparation of the document, which also includes contributions from civil society organizations.

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FOREWORD

Pursuant to paragraph 15 of resolution 1 (II), adopted by the Regional Conference on Population and Development in Latin America and the Caribbean at its second session, held in Mexico City from 6 to 9 October 2015,¹ and to paragraph 12 of the agreements of the third meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Santiago from 4 to 6 October 2016,² the revised version of the progress report is presented by the ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development, on the basis of input provided at the aforementioned meeting of the Presiding Officers of the Regional Conference.

This report presents, for approval by the member countries of the Regional Conference on Population and Development in Latin America and the Caribbean, whose third session will be held in El Salvador in October 2017, the final list of indicators that will be used for regional follow-up of the Montevideo Consensus on Population and Development.³

This report presents the proposed indicators, which form the main body of the document, as well as providing some background information about the drafting process and a brief overview of the milestones expected in the run-up to the third session of the Conference.

¹ See resolution 1 (II), para. 15 [online] http://www.cepal.org/sites/default/files/news/files/c1600275_report_crp2_2.pdf.

² See para. 12 of the agreements [online] http://crpd.cepal.org/3m/sites/poblacion3m/files/mdp3_agreements.pdf.

³ See Economic Commission for Latin America and the Caribbean (ECLAC), “Montevideo Consensus on Population and Development” (LC/L.3697), Santiago, 2013.

1. Background

The Montevideo Consensus on Population and Development was the outcome of the first session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Montevideo from 12 to 15 August 2013. It represents the most significant intergovernmental agreement signed in the region in the area of population and development, and has become a key piece of the process of reviewing the Programme of Action of the International Conference on Population and Development and its follow-up beyond 2014. In this respect, in its resolution 2014/1, the United Nations Commission on Population and Development took note of the outcome documents from the regional conferences on population and development, and recognized that they provided region-specific guidance on population and development beyond 2014.

The Montevideo Consensus on Population and Development attracted broad support in the region and brought the implementation of the Programme of Action of the International Conference on Population and Development beyond 2014 into confluence with regional needs. Although the Consensus covers major population and development issues in Latin America and the Caribbean and forms the basis for a comprehensive, up-to-date roadmap for the future of regional action in this area, it requires a number of additional clarifications to make it into an operational agenda.

Accordingly, at its second session, held in Mexico City from 6 to 9 October 2015, the Regional Conference on Population and Development welcomed the *Operational guide for the implementation and follow-up of the Montevideo Consensus on Population and Development*,⁴ which marked a major step forward, not only in terms of the implementation of the Montevideo Consensus at the national level, but also in the development of synergies with other international instruments or bodies, such as the 2030 Agenda for Sustainable Development and the Regional Conference on Women in Latin America and the Caribbean. In this respect, the implementation and follow-up of the Montevideo Consensus should be complemented by the mechanisms provided by those instruments and bodies.

At its second session, the Regional Conference on Population and Development decided to establish an ad hoc working group for the preparation of a proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development, which it stipulated would be open-ended, composed of government-appointed experts, geographically representative and coordinated by Mexico.⁵

The working group, initially composed of Antigua and Barbuda, Argentina, the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guyana, Jamaica, Panama, Peru, Puerto Rico and Uruguay, was established to prepare, in consultation with all members of the Regional Conference on Population and Development, a proposal on the indicators to be used for regional follow-up on the Montevideo Consensus on Population and Development.⁶ This proposal was to be based on a review of the indicators suggested in the *Operational guide*, and of those proposed for follow-up of the 2030 Agenda for Sustainable Development and for monitoring the Programme of Action of the International Conference on Population and Development and its follow-up beyond 2014.

⁴ See [online] http://repositorio.cepal.org/bitstream/handle/11362/38937/1/S1500859_en.pdf.

⁵ See paragraph 13 of resolution 1 (II) adopted at the second session of the Regional Conference on Population and Development in Latin America and the Caribbean [online] http://www.cepal.org/sites/default/files/news/files/c1600275_report_crpd_2.pdf.

⁶ Ibid., para. 13.

It was also stipulated that the indicators should be precise, comparable, measurable, concrete and aligned with the indicators to be used for monitoring the 2030 Agenda for Sustainable Development and follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014.⁷

In the same resolution, the Conference decided that the Economic Commission for Latin America and the Caribbean (ECLAC), with the support of the United Nations Population Fund (UNFPA), would serve as technical secretariat of the ad hoc working group, which would include the participation of representatives of civil society and other stakeholders in its tasks, and that the ad hoc working group may take into consideration the opinions of such participants when preparing its recommendations.⁸

Pursuant to the decision of the Conference, the ad hoc working group presented a progress report at the third meeting of the Presiding Officers of the Regional Conference on Population and Development, held in Santiago from 4 to 6 October 2016. During the meeting, the Presiding Officers decided to review the preliminary proposal on the indicators contained in the progress report.

Pursuant to the agreements of that meeting,⁹ the ad hoc working group proceeded to update its report based on the Presiding Officers' review of the progress report. The final report will be presented at the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, to be held in El Salvador in October 2017.¹⁰

2. Preparation of the proposed indicators for regional follow-up of the Montevideo Consensus on Population and Development

The Government of Mexico, in its capacity as Chair of the Presiding Officers of the Regional Conference on Population and Development and coordinator of the ad hoc working group, requested the technical secretariat to prepare a preliminary proposal on the indicators for regional follow-up of the Montevideo Consensus on Population and Development in order to facilitate and provide input for the efforts of the working group. In accordance with the calendar of activities drawn up by the Government of Mexico, this preliminary proposal was sent to the member countries of the ad hoc working group on 7 April 2016 for their consideration, with the request that they convey any comments in writing by 25 May.

The Chair also sent this document to a number of civil society organizations which had requested to join the working group and were admitted in accordance with the provisions of resolution 1 (II) adopted at the second session of the Regional Conference on Population and Development, and consistently with these organizations' participation in the working group.

The criteria used by the technical secretariat to draw up the preliminary proposal on the indicators stem from the aforementioned resolution. In general, the indicators suggested are taken from the *Operational guide for the implementation and follow-up of the Montevideo Consensus on Population and*

⁷ Ibid., para. 7.

⁸ Ibid., para. 14.

⁹ See para. 12 of the agreements [online] http://crpd.cepal.org/3m/sites/poblacion3m/files/mdp3_agreements.pdf.

¹⁰ See para. 15 of resolution 1 adopted at the second session of the Regional Conference on Population and Development of Latin America and the Caribbean [online] http://repositorio.cepal.org/bitstream/handle/11362/39972/S1600275_en.pdf?sequence=1&isAllowed=y.

Development and from the indicators for the Sustainable Development Goals (SDGs), thus reinforcing the synergy between the Montevideo Consensus and the 2030 Agenda for Sustainable Development.

The proposal consists basically of a table setting out the priority measures, the preliminary indicators suggested and, where appropriate, additional information on the indicators, such as background, rationale, justification and metadata.

The Government of Mexico, in its capacity as Chair of the Presiding Officers of the Regional Conference on Population and Development and coordinator of the ad hoc working group, convened a workshop to review progress in the preparation of the proposed indicators for regional monitoring of the Montevideo Consensus on Population and Development.¹¹

The purpose of the workshop was to review progress made thus far in the preparation of the proposed indicators for the regional monitoring of the Montevideo Consensus on Population and Development. It was proposed that the outcomes of the workshop would be used as inputs for the technical secretariat to prepare a first draft of the proposal, which was to be completed in July 2016.

The workshop was held in Mexico City on 8 and 9 June 2016 and was organized by the Government of Mexico through the National Population Council (CONAPO), with the support of ECLAC, in its capacity as technical secretariat, and UNFPA.

The workshop was attended by more than 100 participants, including official delegations from the member countries of the working group, representatives of academic and civil society organizations from the region, as well as United Nations agencies and other organizations.

Workshop participants emphasized the distinction and complementarity between national review and follow-up (this review includes the national report) and will be carried out at the third session of the Regional Conference on Population and Development, in 2017, according to the resolutions adopted by Conference at its second session, and the regional follow-up, to be carried out at the fourth session of the Regional Conference on Population and Development in 2019 and which will include follow-up of the indicators agreed upon at the third session of the Conference.

Reference was also made to emerging matters that should be considered in preparation for the third session of the Regional Conference on Population and Development and the regional evaluation of the Montevideo Consensus, in particular the establishment of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development and the High-level Political Forum on Sustainable Development to be held under the auspices of the General Assembly in 2019, which will address follow-up to the Cairo Programme of Action beyond 2014 and its regional counterparts, i.e. the Montevideo Consensus on Population and Development.

Several participants called for careful consideration to be given to the overlap of agendas and follow-up indicators, predictable and sustainable sources of information and the necessary bridges between the national report and regional evaluation.

The ideas and suggestions put forward at the workshop were used as input for the preparation of the first draft of the proposed indicators, presented to the Presiding Officers of the Regional Conference on Population and Development.

¹¹ See the report on the workshop to review progress in the preparation of the proposed indicators for regional monitoring of the Montevideo Consensus on Population and Development (DDR/1(MDP.3)), Santiago, 2016.

The third meeting of the Presiding Officers of the Regional Conference on Population and Development, held in Santiago in October 2016, was devoted to reviewing and discussing the draft proposal of indicators contained in the progress report of the working group. The review was carried out under a new work modality, through review groups, the results of which were reflected in the reports of the three groups that met at the third meeting and presented their conclusions at the plenary session. The conclusions were fundamental inputs that allowed the ad hoc working group to finish refining the proposal of indicators and focus on preparing this revised version of the progress report.

The technical secretariat submits this revised version of the progress report with the proposed indicators for regional follow-up of the Montevideo Consensus, which includes the results of the third meeting of the Presiding Officers, to members of the working group for consideration.

3. Proposed indicators for regional follow-up of the Montevideo Consensus on Population and Development

Below are the proposed indicators for regional follow-up of the Montevideo Consensus. This proposal was informed by the preliminary proposal of indicators that was discussed at the workshop to review progress in the preparation of the proposed indicators for regional monitoring of the Montevideo Consensus on Population and Development, held in Mexico City, on 8 and 9 June 2016, and the review carried out at the third meeting of the Presiding Officers of the Regional Conference on Population and Development, held in Santiago from 4 to 6 October 2016. The technical secretariat prepared the proposed indicators, presented herein, on the basis of the input from that review, taking into account national capacities for devising, producing and using these indicators.

It should be noted that in this proposal, chapter A has been turned into a consolidated frame of reference for the subsequent chapters and their respective indicators.

The proposed indicators should therefore be read as a whole rather than focusing only on the thematic chapters. Thus, chapters B to I should be read in the light of chapter A, which sets out many of the possible disaggregation categories. The need for some indicators to be disaggregated according to specific population groups is explained in chapter A, which is more general and includes more indicators to capture different dimensions of well-being.

Similarly, given the possibilities for disaggregation, the indicators in each chapter should be read and interpreted in the light of target 17.18 of the Sustainable Development Goals.

Thus, for the purposes of this proposal, indicators should be disaggregated, as a minimum, by the factors listed in target 17.18 of the Sustainable Development Goals. The wording of this target is thus understood to cover and justify the inclusion of other specific categories of disaggregation that countries consider to be relevant to the chapters and priority measures.

Given that difficulties arise when trying to measure the aspirations contained in a political declaration such as the Montevideo Consensus, it must be recognized that the indicators set out in this proposal may suffer from certain limitations. By the same token, as in all measurement exercises, the indicators are not always able to capture the full complexity of the different areas covered by the chapters of the Montevideo Consensus.

The fact that some of the indicators cannot be measured immediately because suitable national data sources do not yet exist or do not allow for the information to be disaggregated as indicated, should not stop countries from starting to generate the necessary information with the support, cooperation and input of other countries in the region that already have such data.

The search for synergies with other agendas has been a long-standing goal, since regional follow-up of the Montevideo Consensus will be part of the regional contribution to the global review of the implementation of the 2030 Agenda for Sustainable Development, in accordance with the resolution on the establishment of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development, adopted at the thirty-sixth session of ECLAC, in May 2016.

In this connection, particular attention is drawn to the convergence between the regional review of the Montevideo Consensus and the preparation of national reports. Although they are different processes, the national reports are crucial inputs for the regional follow-up. National reports should therefore take into consideration the indicators proposed, which will be submitted for adoption at the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, to be held in El Salvador in 2017. Of course, the regional follow-up of the Montevideo Consensus is not limited to the proposed indicators, but they are an important part of it.

Lastly, attention should be drawn to the leading role played by the countries in the preparation of the proposed indicators and in the prior process of discussing and exchanging ideas. Civil society has also been actively involved.

Chapter A
**Full integration of population dynamics into sustainable development
 with equality and respect for human rights**

In addition to outlining the regional vision of development, chapter A of the Montevideo Consensus on Population and Development underlines the importance of integrating population issues into public policies and planning. Seen from this perspective, development is inextricably linked to eradicating poverty and breaking the cycles of exclusion and inequality; to the centrality of human rights; and to sustainability, which means meeting the needs of the present generation without compromising the ability of future generations to meet theirs.

This chapter, which reflects the more conceptual aspects of the interlinkages between population dynamics and sustainable development, provides a general framework for the subsequent chapters of this draft proposal. This means that the report should be read as a whole, not by thematic chapter, because this more general first chapter sets out the reasons why disaggregation by specific population group is required for certain indicators, which is not necessarily explained in the respective chapters.

This proposal endorses —especially in this chapter— the spirit and letter of target 17.18 of the Sustainable Development Goals regarding the possible disaggregation of information: “[...] by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts”.

Furthermore, in addition to the categories referred to specifically in target 17.18 of the SDGs, which for the purposes of this proposal constitute a minimum level of data disaggregation, the wording of that target covers and justifies the inclusion of other specific categories of disaggregation that countries consider to be pertinent to the chapters and priority measures. As it was decided to retain, where possible, the wording used for the *Operational Guide* and the SDG indicators, the indicators that specify particular types of disaggregation should also be assessed in the light of target 17.18 of the SDGs (such as indicators A.1, A.2, A.4, A.11, A.12, A.13, A.14, A.17 and A.20).

Among the ad hoc working group’s most common concerns are the limitations of the selected indicator on poverty (indicator 1.1.1 of the SDGs), measurement of which is based on the poverty line method. The general consensus among the working group members was that a multidimensional approach to poverty was needed to link different aspects of inequality and to identify vulnerable population groups. The definition of a multidimensional regional indicator on poverty will depend on countries agreeing upon a common benchmark. In view of these considerations, the Presiding Officers of the Regional Conference, at their third meeting, held in Santiago in October 2016, said that the approach to inequality in this chapter should be strengthened by including an additional indicator that would allow poverty to be examined in greater depth.

Given its comprehensive nature, chapter A includes some SDG indicators that capture different dimensions of well-being, such as health, education, labour, the environment, basic services, infrastructure, human settlements and participation.

Another noteworthy aspect of this chapter is the relevance of “process-based” indicators, grounded in the understanding that the full integration of population dynamics into sustainable development with equality and respect for human rights invariably needs public institutions that are responsible for coordinating population and development issues, among other requirements.

Similarly, there must be institutionalized participation mechanisms that civil society organizations can access. Hence this chapter must address these requirements through specific process-based indicators.

Lastly, human rights are enshrined in the Universal Declaration of Human Rights and codified in a series of international and regional treaties that, when ratified by States, carry obligations to respect, protect and fulfil the human rights of all without any kind of discrimination. The obligation to respect means that States must refrain from interfering with or curtailing the enjoyment of human rights. The obligation to protect requires States to protect individuals and groups against human rights abuses. The obligation to fulfil means that States must take positive action to facilitate the enjoyment of basic human rights. National implementation of an international treaty must comply with these three obligations, an expectation that underpins this report.

Indicator	Comments
A.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) (indicator 1.1.1 of the SDGs).	There was broad consensus among countries that the SDG indicator, as it stands, is insufficient and that a multidimensional approach to poverty must be adopted. As the countries of the region apply different criteria when measuring multidimensional poverty and ECLAC is working to develop a methodology that will be applicable at the regional level, it was considered appropriate to defer defining a common approach. Poverty indicators should be improved on the basis of the multidimensional approach to poverty. Some countries indicated that the recommended disaggregations could not always be calculated.
A.2 Proportion of population living below the national poverty line, by sex and age (indicator 1.2.1 of the SDGs).	Poverty indicators should be improved on the basis of the multidimensional approach to poverty. Some countries indicated that the recommended disaggregations could not always be calculated.
A.3 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (indicator 1.2.2 of the SDGs).	Poverty indicators should be improved on the basis of the multidimensional approach to poverty. Some countries indicated that the recommended disaggregations could not always be calculated (even without ODS metadata).
A.4 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities (indicator 10.2.1 of the SDGs).	There was broad consensus among countries that an indicator that captures inequality must be included (corresponding to Sustainable Development Goal 10: Reduce inequality within and among countries). Poverty indicators should be improved on the basis of the multidimensional approach to poverty. The indicator is insufficient because it is a measure of income. For this reason, the inequality measurement dimension (a concept that is part of the chapter title) should be included, which can be expressed through indicators such as the income gap between the richest 10% and the poorest 10% of the population, the Gini coefficient and other inequality variables. Some countries indicated that the recommended disaggregations could not always be calculated.

Indicator	Comments
A.5 Gini coefficient	This indicator was proposed at the third meeting of the Presiding Officers of the Regional Conference on Population and Development in Latin America and the Caribbean in order to describe inequality better, as indicator A.4 was deemed to be insufficient alone.
A.6 Proportion of the population living in households with access to basic services (indicator 1.4.1 of the SDGs).	Each country will disaggregate this differently.
A.7 Spending on essential services (education, health and social protection) as a percentage of total government spending (indicator 1.a.2 of the SDGs).	This indicator is linked to analysis of population well-being. Ideally, it should also be disaggregated by spending on sexual and reproductive health-care services. Each country will disaggregate this differently.
A.8 Healthy life expectancy/life expectancy at birth, by sex.	This indicator needs to be developed, as it is not very applicable. The country representatives will raise the matter in their countries where it can be developed at the national level. One proposal was to replace it temporarily with “life expectancy at birth, by sex”.
A.9 Number of people covered by health insurance or a public health system per 1,000 population (indicator 3.8.2 of the SDGs).	
A.10 Suicide mortality rate (indicator 3.4.2 of the SDGs).	It was agreed that this indicator should be included even though it is difficult for some countries to calculate it.
A.11 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill (indicator 4.4.1 of the SDGs).	The third meeting of the Presiding Officers examined and analysed the periodicity of this indicator. It was not clear how often it would be available.
A.12 Proportion of informal employment in non-agriculture employment, by sex (indicator 8.3.1 of the SDGs).	It can be generated easily and many countries already have it.
A.13 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities (indicator 8.5.1 of the SDGs).	It was proposed that it should be calculated using monthly income.
A.14 Unemployment rate, by sex, age and persons with disabilities (indicator 8.5.2 of the SDGs).	
A.15 Number of deaths, missing persons and persons affected by disaster per 100,000 people (indicator 11.5.1 of the SDGs).	
A.16 Proportion of land that is degraded over total land area (indicator 15.3.1 of the SDGs).	Since it refers to sustainability, it was considered important to maintain it, although it would be a low priority. It was pointed out that several countries could not calculate it.
A.17 Proportion of total adult population with secure tenure rights to land, with legally recognized documentation, by sex and by type of tenure (adapted from indicator 1.4.2 of the SDGs).	This indicator should be disaggregated for indigenous peoples and communities with regard to collective ownership of ancestral lands. It was modified at the third meeting of the Presiding

Indicator	Comments
A.18 Number of victims of intentional homicide per 100,000 population, by sex and age (indicator 16.1.1 of the SDGs).	Officers. The indicator was revised so that it only referred to land ownership and not to the idea of “secure”, which it was noted would be impossible to measure, given that it is largely subjective. It was modified according to this criterion.
A.19 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months (indicator 16.1.3 of the SDGs).	It should also be disaggregated by the type of violence and by pregnant women. This indicator is problematic from the perspective of sustainability and reliability, according to the review carried out at the third meeting of the Presiding Officers. It was recommended to disaggregate it by gender and age. It was noted that it could not be measured straight away and that it should be evaluated for future measurements.
A.20 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law (indicator 10.3.1 of the SDGs).	A new indicator included after the review carried out at the third meeting of the Presiding Officers. It must be measured for different higher-risk groups; therefore discrimination should be measured based on ethnicity or race, disability, age, migratory status, sexual orientation and gender.
A.21 Existence of a public institution responsible for coordinating population and development issues, acting as the country’s counterpart to the Regional Conference on Population and Development, before the third session of the Conference (indicator 3.2 of the <i>Operational Guide</i>).	Some members of the working group commented that the extent to which public institutions have been strengthened cannot be captured just by their existence, but must also be measured by the programmes and financial support that seek to strengthen those institutions, and by the effectiveness of their activities and operations.
A.22 Existence of a mechanism for broad participation, including by non-governmental stakeholders, regarding the public institution responsible for the coordinating population and development issues (referred to in indicator A.21) (adapted from indicator 3.3 of the <i>Operational Guide</i>).	Accepted and modified at the third meeting of the Presiding Officers. This indicator is taken from the <i>Operational guide for implementation and follow-up of the Montevideo Consensus on Population and Development</i> and is closely linked to A.21, so it should be read in conjunction with that. It was modified in accordance with the suggestion that further clarification should be provided, as it was an extension of A.21.
A.23 Availability of development plans and plans for implementing the Montevideo Consensus on Population and Development before the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, which takes account of interaction with other sectoral government plans (adapted from indicator 4.1 of the <i>Operational Guide</i>).	Objections were raised against this indicator because the priority measure did not call for the availability of a national plan and the indicator failed to recognize progress made in countries. It was modified at the third meeting of the Presiding Officers. Countries will adapt it according to their specific realities. It was modified following the suggestion to improve the wording.

Indicator	Comments
A.24 Existence of development plans integrating population projections.	It is based on indicator 11.a.1 of the SDGs, which seeks to capture the integration of population issues in development planning. Countries will adapt it according to their specific realities.
A.25 Proportion of indicators produced at the national level for the follow-up of the Montevideo Consensus, with feasible disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics.	It is based on indicator 17.18.1 of the SDGs. Indicator accepted, but noting the relationship with the Principles of Official Statistics. The wording was modified following the suggestion to refer to the disaggregation in terms of what is “feasible” for the countries, in addition to the reference to the Montevideo Consensus.

Chapter B
**Rights, needs, responsibilities and requirements of girls,
 boys, adolescents and youth**¹²

Following up on the progress towards the goals set forth in this chapter calls for a large number of indicators in the light of the many topics covered. As the SDG indicators included in chapter A already measure some of these topics in the overall population, those indicators are also being used here to avoid a duplication of efforts since their disaggregation by age—in accordance with target 17.18 of the SDGs¹³— helps determine, fully or partly, the achievement of the various priority measures of this chapter. Specifically, indicators A.1 to A.15 and A.19 to A.21¹⁴ will be used.

The specific indicators of this chapter focus on two main categories. The first includes themes that are cross-cutting, although those in the Montevideo Consensus on Population and Development differ from those in the 2030 Agenda for Sustainable Development, and require special measurement. The second category corresponds to themes that are barely touched upon or not included in the 2030 Agenda, and are part of reason that the Montevideo Consensus is original and unique. Specifically, these themes are related to comprehensive sexual education, sexual and reproductive health for adolescents and young people, and sexual and reproductive rights for adolescents and young people. Any duplication of efforts regarding these themes is also avoided through disaggregation by age, in accordance with target 17.18 of the 2030 Agenda for Sustainable Development, for indicators on priority measures that are very similar to those in chapters B and D, (the reference group is the only difference). This is the case for indicators D.4 to D.8, D.10, D.12 and D.13 to D.20 (taken from both the SDGs and the *Operational Guide for the implementation and follow-up of the Montevideo Consensus on Population and Development*), which, when disaggregated by age, can be used to measure various aspects of priority measures 12 and 16 of chapter B.¹⁵

The comments column of the following table provides relevant information on the proposed indicators, including an extremely concise summary of responses to the written and oral comments made during the review of the preliminary indicators (including at a workshop held on 8-9 June in Mexico City). Moreover, the glossary in annex A1 provides definitions needed to act on and fine-tune the indicator metadata at a later date.

¹² See glossary in annex A1.

¹³ For chapter B, data should be disaggregated by five-year age group from 0 to 29 years, and in some specified cases, within the group, for example by age 15 to 17 and age 18 to 19 within the 15 to 19 age group.

¹⁴ These indicators refer to different aspects of priority measures 7, 9, 10 and 16 of chapter B. Specifically, indicators A.1 to A.15 cover various aspects of priority measure 7 (freedom from poverty and violence, enjoyment of protection, human rights, a range of opportunities and access to health, education and social protection). A.11 refers to priority measure 9 (education—albeit without the characteristics of the Montevideo Consensus, hence the inclusion of specific indicators for some of these in chapter B—and digital literacy). A.12 to A.14 address priority measure 10 (training and employment), and A.18 and A.19 cover priority measure 16 (harmonious coexistence, freedom from violence, and tolerance and justice).

¹⁵ D.4 and D.5 refer to access to sexual and reproductive health care for men, D.6 and D.7 to access to contraception and family planning, D.8 to sexual and reproductive health care, D.10 to eliminating unsafe abortions, D.12 to the exercise of reproductive rights, D.13 and D.14 to sexual and reproductive health, D.15, D.16 and D.18 to D.20 to the exercise of sexual and reproductive rights, and D.17 to combating sexual and gender-based violence.

Indicator	Comments
B.1 Under-five mortality rate (indicator 3.2.1 of the SDGs).	Helps to measure the living conditions and opportunities of boys and girls (priority measure 7) more accurately, along with disaggregation by age of indicators A.1 to A.15.
B.2 Proportion and number of children aged 5-17 years engaged in child labour, by sex and age (indicator 8.7.1 of the SDGs).	Helps to measure the living conditions and opportunities of boys and girls (priority measure 7) more accurately, along with disaggregation by age of indicators A.1 to A.15.
B.3 Proportion of government forums that have mechanisms for adolescents and young people, including those under age 18, to participate in public decisions that affect them, taking into account the corresponding legal and institutional particulars and the progressive development of children (indicator 8.1 of the <i>Operational guide</i>).	Helps to measure the participation of adolescents and young people (priority measure 8). Measurement of this indicator (metadata) requires definitions of: (i) government forums and (ii) participation mechanisms. ^a
B.4 Percentage of adolescents and young people, including those under age 18, who have participated in an instance of public policymaking, taking into account the corresponding legal and institutional particulars and the progressive development of children (indicator 8.2 of the <i>Operational guide</i>).	Helps to measure the participation of adolescents and young people (priority measure 8). Specifically, indicator B.4 measures the real participation of adolescents and young people. Since establishing a universal measurement apparatus for this indicator would be difficult, with regard to metadata, it can be calculated only through self-declaration in surveys. Where official data are available, an alternative would be counting the number of participants in public policymaking forums and calculating a gross participation rate, or another similar indicator (for example, average participation).
B.5 Percentage of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (indicator 4.1.1 of the SDGs), disaggregated by public sector institution or private sector institution.	Helps to measure the quality of education (priority measure 9). To adapt to the Montevideo Consensus requires disaggregation by public sector or private sector as the Consensus focuses on free public education. At the third meeting of the Presiding Officers it was noted that this indicator should be disaggregated by indigenous and Afro-descendent children and adolescent, in accordance with the spirit of target 17.18 of the SDGs.
B.6 Percentage of the school population attending educational establishments that offer free, secular, intercultural, non-discriminatory education (indicator 9.1 of the <i>Operational guide</i>).	Helps to measure education coverage referred to in the Montevideo Consensus (priority measure 9), together with the general indicators on education in chapter A (for example A.7 and A.11). Nonetheless, it will be difficult and complex to estimate some of the aspects (specifically, secular, intercultural and non-discriminatory). At the third meeting of the Presiding Officers it was noted that this indicator should be disaggregated by indigenous and Afro-descendent children and adolescent, in accordance with the spirit of target 17.18 of the SDGs.

Indicator	Comments
B.7 Percentage of youth (aged 15-24 and 25-29) not in education, employment or training (indicator 8.6.1 of the SDGs).	Helps to measure real opportunities for adolescents and young people in general and, in particular, in education and employment (priority measures 7, 9 and 10). The 25-29 age group should also be examined to make this indicator compatible with the Montevideo Consensus.
B.8 Consistency of the official curriculum for comprehensive sexual education with the criteria of the Montevideo Consensus on Population and Development and with international standards (indicator 11.1 of the <i>Operational guide</i>).	It follows up on priority measure 11. A standard procedure would be needed to measure this indicator, as is the case for the suggested source.
B.9 Percentage of children, adolescents and young people who have age-appropriate information and knowledge about sexual and reproductive issues (indicator 11.3 of the <i>Operational guide</i>).	Reintroduced in accordance with the request made at the third meeting of the Presiding Officers. However, metadata, as well as data sources, are complex. The concept of “adequate knowledge” must be defined for various ages.
B.10 Adolescent birth rate (aged 10-14 years and aged 15-19 years) per 1,000 women in that age group (indicator 3.7.2 of the SDGs). Fertility rate specific to the 20-24 year and 25-29 year age groups (to cover the reference age group of the priority measure 12)	Indicator included in the preliminary proposal, which follows up on priority measure 12, along with B.11, B.12 and B.13, and disaggregation by age (in accordance with target 17.18 of the SDGs) of indicators D.4, D.5, D.8, D.13 and D.14. The official SDG indicator refers to women aged 10-19 years, but for follow-up of chapter B of the Montevideo Consensus it should be the 10-29 age group, meaning that those from 20-29 should also be included, by five-year age group.
B.11 Percentage of women and men aged 20-24 years who had their first child before the age of 20 years (indicator 12.4 of the <i>Operational guide</i>), disaggregated into three groups: before the age of 15, before the age of 18 and before the age of 20.	It complements indicator B.10 by providing information on early maternity. As a result of the comments made at the workshop to review progress in the preparation of the proposed indicators for regional monitoring of the Montevideo Consensus on Population and Development, held in Mexico City, and at the third meeting of the Presiding Officers, men are included and the indicator is disaggregated into three age brackets when people had their first child.
B.12 Number of health centres that offer adolescent-friendly services for every 100,000 adolescents.	The glossary in annex A1 provides several options for clarifying the notion of “user-friendly services”. Along with the disaggregation by age of indicators D.10, D.11, D.12, D.15, D.16, D.18, D.19 and D.20, this indicator follows up on adolescents’ exercise of sexual and reproductive rights and their access to sexual and reproductive health care, which are fundamental issues in the Montevideo Consensus, for example in priority measure 12.

Indicator	Comments
B.13 Percentage of births to adolescent and young mothers that are unplanned (indicator 12.5 of the <i>Operational guide</i>).	Along with disaggregation by age for indicators D.10, D.11, D.12, D.15, D.16, D.18, D.19 and D.20, this indicator follows up on adolescents' exercise of sexual and reproductive rights and their access to sexual and reproductive health care, which are a fundamental issue for the Montevideo Consensus, for example in priority measure 12. Specialized demographic and health surveys have several procedures for producing metadata.
B.14 Percentage of adolescents who leave the education system owing to pregnancy, child-rearing or marriage.	Helps to assess priority measure 1. With regard to metadata, measuring this indicator requires surveys or school dropout records including specific questions.
B.15 Percentage of satisfied demand for emergency contraception among women aged under 30 years (indicator 14.3 of the <i>Operational guide</i>).	Helps to measure access to emergency contraception among adolescents and young people, as indicated by priority measure 14. Along with the disaggregation by age of indicators D.4, D.5, D.8, D.10 to D.16, and D.18 to D.20, this indicator follows up on the exercise of sexual and reproductive rights and access to sexual and reproductive health, which are fundamental issues in the Montevideo Consensus. The metadata could be measured with specific questions in specialized or youth surveys.
B.16 Percentage of adolescent mothers with two or more children (indicator 15.3 of the <i>Operational guide</i>).	Helps to measure the prevention of subsequent pregnancies (priority measure 15). Along with the disaggregation by age of indicators D.4, D.5, D.8, D.10 to D.16, and D.18 to D.20, it follows up on the exercise of sexual and reproductive rights and access to sexual and reproductive health, which are fundamental issues in the Montevideo Consensus. The metadata can be calculated from various sources.

^a See glossary in annex A1

Chapter C

Ageing, social protection and socioeconomic challenges

All of the proposed indicators are part of a wider and more systematic process of application, monitoring and exercise of the human rights of older persons. They are useful for measuring countries' progress in implementing the Montevideo Consensus on Population and Development, and focus on the three priority areas of the Madrid International Plan of Action on Ageing, adopted in 2002, as well as on the recommendations San José Charter on the Rights of Older Persons in Latin America and the Caribbean of 2012.

C.1 is a structural indicator that examines the States' acceptance, intention and commitment to applying measures in keeping with their human rights obligations. Some indicators (C.3 and C.5) are qualitative and descriptive, based on documentary information, while other indicators are results-based (C.2, C.4 and C.6) and evaluate the effects of the States' efforts in fostering the enjoyment of human rights by the population, with a focus on the life cycle.

The specific indicators in this chapter are useful for incorporating ageing into the more general framework of sustainable development and can be used and interpreted easily by potential users.

The indicators in this chapter complement those included in chapters A and E, primarily.

Indicator	Comments
C.1 Ratification by the country of the Inter-American Convention on protecting the human rights of older persons (indicator 20.3 of the <i>Operational guide</i>).	The Convention was adopted in June 2015, but it will only enter into force on the thirtieth day after the second instrument of ratification or accession is deposited at the General Secretariat of the Organization of American States (OAS). The source of this indicator is the OAS. See [online] http://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp
C.2 Percentage of workers contributing to the social security system, by sex and age group.	The indicator proposed by some countries was the percentage of working-age adults contributing to the social security system. ECLAC has calculated this indicator in the proposed format. It must be borne in mind that the variables used to define the contribution to the social security system vary from country to country. See [online] http://repositorio.cepal.org/bitstream/handle/11362/2807/1/S2006001_en.pdf . A request was made at the third meeting of the Presiding Officers for conceptual definitions on the modalities of calculation to be provided.
C.3 Existence of policies, plans and programmes that consider the impact of the evolving age structure over the medium and long terms (indicator 19.1 of the <i>Operational guide</i>).	In 2000, the Organization for Economic Cooperation and Development (OECD) carried out an exercise along these lines with a questionnaire circulated in each country. This questionnaire allowed approximate comparisons between the countries in terms of the magnitude of the challenges and national responses related to the indicator. See [online] http://www.oecd-ilibrary.org/social-issues-migration-health/reforms-for-an-ageing-society_9789264188198-en .

Indicator	Comments
C.4 Proportion of population covered by social protection and social assistance floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable.	This indicator comes from the preliminary proposal. It was based on indicator 1.3.1 of the SDGs, with the addition of “and social assistance” at Cuba’s request. At the third meeting of the Presiding Officers it was considered appropriate, but that it will be applied in the medium term. It should be reworded based on the SDGs. It lacks a clear framework. It is assumed that it refers to the total population, but this should be specified. The quality of social security should be included, as a minimum pension may not be sufficient, for example, to cover a basic basket of goods and services.
C.5 Percentage of primary health-care centres that have included palliative care as a basic service (indicator 29.2 of the <i>Operational guide</i>).	The main data sources are the national health authorities’ records.
C.6 Percentage of older persons who have been victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms.	The main data sources are surveys carried out at the regional or national levels. This is an adaptation of indicator 16.3.1 of the SDGs to older persons. At the third meeting of the Presiding Officers, while it was considered to be unfeasible for 2017, it was felt that it should be maintained. It is relevant, but it cannot be applied in a sustainable and reliable manner by all countries.
C.7 Percentage of government institutions that have implemented procedures or protocols of preferential treatment for older persons.	New indicator, included after the review of the preliminary proposal of indicators. It was noted at the third meeting of the Presiding Officers that the operational formulation lacked precision and that there were no metadata, so it did not seem feasible to measure it immediately. An approximation can be achieved if there are instruments, laws or actions relating to older persons.

Chapter D

Universal access to sexual and reproductive health services

This chapter of the Montevideo Consensus on Population and Development recognizes sexual rights and reproductive rights as an integral component of human rights, going a step further than the recognition of reproductive rights in the Programme of Action of the International Conference on Population and Development and placing Latin America and the Caribbean at the global vanguard in terms of rights recognition. Against this backdrop, the indicators proposed for this theme in the *Operational guide for implementation and follow-up of the Montevideo Consensus on Population and Development* will take priority and data will be disaggregated in accordance with target 17.18 of the 2030 Agenda for Sustainable Development, as well as any others that countries may consider relevant.

The SDG indicators that refer to public spending on health and to the coverage of public health services are presented for chapter A, as they are part of the social protection that underpins the Montevideo Consensus as a whole. Hence, indicator 16.1.3 of the SDGs (percentage of the population subjected to physical, psychological or sexual violence in the previous 12 months) was included in chapter A.

There is a subtle difference in wording between the English and Spanish versions of indicator 3.7.1 of the SDGs —proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods— that needs to be clarified. In the meantime, the technical secretariat has decided to exclude this indicator and use 44.2 and 44.3 of the *Operational guide*, which refer to the rate of use of contraceptive methods and satisfied demand for methods, respectively.

Incorporating the suggestions of all stakeholders, the indicators in chapter D will also be used for the 10-14 age group and for men, except in cases where the concept is applicable only to women.

The indicators selected for the 14 priority measures of this chapter could be grouped into three main categories: universal access to sexual and reproductive health; maternal health; and legislation. With regard to the feasibility of the proposed indicators, the working group considered them to be feasible, although household surveys do not always contain relevant information. The information collection platform should therefore be expanded to cover such gaps.

Indicator	Comments
D.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (adapted from indicator 3.3.1 of the SDGs,).	“Key populations” include pregnant and nursing women, as well as newborns.
D.2 Percentage of primary health-care points offering comprehensive sexual and reproductive health services (indicator 37.6 of the <i>Operational guide</i>).	
D.3 Indicator for monitoring eradication of the epidemic: (i) percentage of persons living with HIV; (ii) percentage of persons with HIV who are receiving treatment; (iii) percentage of persons undergoing HIV treatment who succeed in suppressing the viral load (indicator 38.1 of the <i>Operational guide</i>).	In addition to disaggregation by sex and age, the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommends that, wherever possible, data should be disaggregated by key population group: sex workers, those of a particular sexual orientation, including men who have sex with men, and intravenous drug users. It is also recommended

Indicator	Comments
	that all indicators on HIV are measured for the overall population, as some of the largest gaps are in the treatment of children.
D.4 Percentage of primary care centres that have implemented updated protocols, interculturally focused and relevant to different ages, on sexual and reproductive health care for men (indicator 41.1 of the <i>Operational guide</i>).	
D.5 Percentage of men and women who practice the basic elements of sexual and reproductive health prevention and self-care (adapted from indicator 41.3 of the <i>Operational guide</i>).	
D.6 Rate of use of contraceptive methods, by method (modern or traditional) (indicator 44.2 of the <i>Operational guide</i>).	Although the countries recommended not extending the indicator to cover those aged 10-14 years, they stressed that information on sexuality should be guaranteed for that age group (not just those aged 15-49 years, as often happens). It should also be applied to men.
D.7 Percentage of sexually active women who report satisfied demand for methods to postpone pregnancy or to space out or limit the number of children, according to the method (traditional or modern) and age group (indicator 44.3 of the <i>Operational guide</i>).	Data should be disaggregated by married women and sexually active unmarried women.
D.8 Maternal mortality ratio (indicator 3.1.1 of the SDGs).	Data should be disaggregated by cause of death, including abortion.
D.9 Percentage of health centres (including primary care establishments) that have implemented updated maternal care protocols (indicator 40.5 of the <i>Operational guide</i>).	
D.10 Number of hospitalizations resulting from complications arising after abortion, by age group (indicator 42.2 of the <i>Operational guide</i>).	This indicator was not included in the preliminary proposal, but was taken from the <i>Operational guide</i> in the review.
D.11 Existence of regulations aimed at safeguarding the life and health of women in cases of high-risk pregnancies, allowing abortion in such situations.	New indicator included following the review carried out at the third meeting of the Presiding Officers. This indicator should be read in the light of priority measure 42 of the Montevideo Consensus, which urges States that have not yet done so “to consider amending their laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy in order to protect the lives and health of women and adolescent girls, to improve their quality of life and to reduce the number of abortions”.

Indicator	Comments
D.12 Percentage of health centres (including primary care establishments) that have medications for abortion and trained personnel and materials for carrying out safe abortions and providing post-abortion care (indicator 42.6 of the <i>Operational guide</i>).	
D.13 Percentage of infertile or subfertile couples and individuals receiving assisted fertility treatments (indicator 43.3 of the <i>Operational guide</i>).	At the third meeting of the Presiding Officers, countries said that not all States could measure the indicator at the moment and suggested that, initially, it should refer to regulatory frameworks.
D.14 Number of initiatives to establish regulatory frameworks for assisted reproduction.	New indicator included following the review carried out at the third meeting of the Presiding Officers. Countries said that not all States could measure indicator D.13 at the moment and suggested that, initially, it should refer to regulatory frameworks.
D.15 Percentage of live births that were preceded by four or more antenatal check-ups (indicator 45.3 of the <i>Operational guide</i>).	
D.16 Proportion of births attended by skilled health personnel (indicator 3.1.2 of the SDGs).	This indicator should be disaggregated taking into account the percentage of births attended by indigenous traditional midwives and by intercultural health teams.
D.17 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (indicator 5.6.1 of the SDGs).	Information on sexuality should also be provided for the 10-14 age group. This indicator should also be generated for men.
D.18 Existence of laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education.	Should include the 10-14 age group and men. This indicator was adapted from indicator 5.6.2 of the SDGs.
D.19 Percentage of people reporting that they have been victims of discrimination because of their sexual orientation or gender identity (indicator 34.3 of the <i>Operational guide</i>).	
D.20 Number of programmes and campaigns specifically targeted at eliminating stereotypes and discrimination on the basis of gender identity and sexual orientation (indicator 36.7 of the <i>Operational guide</i>).	New indicator included following the review carried out at the third meeting of the Presiding Officers.
D.21 Percentage of people who are aware of their rights and the conditions for access to sexual and reproductive health care (indicator 35.2 of the <i>Operational guide</i>).	
D.22 Number of public institutions running policies, programmes and projects aimed at sexual and reproductive health care, with an approach grounded in the protection of sexual and reproductive rights (indicator 36.4 of the <i>Operational guide</i>).	

Chapter E

Gender equality

The comments and remarks made by countries, agencies, organizations and other stakeholders in relation to the preliminary proposal of indicators have been taken on board. In response to some of those remarks, two new indicators were included: one on whether to incorporate new concepts of masculinity into school curricula in the region's countries or not, and the other on measuring femicide or feminicide.

In accordance with some of the suggestions received concerning indicators E.12 and E.13, their original wording, taken from the SDGs, is maintained, but it was recommended that the 10-14 age group should be included in the measurement of those indicators. Meanwhile, the wording of one indicator from the SDGs and two from the *Operational guide for the implementation and follow-up of the Montevideo Consensus on Population and Development* has been adjusted for the following reasons: (i) the original indicator 5.c.1 of the SDGs (percentage of countries with systems to track and make public allocations for gender equality and women's empowerment) has been adapted in indicator E.1 of the present document in order to determine whether the country has the necessary systems in place for gender equality and women's empowerment; and (ii) indicators 59.1 and 62.1 of the *Operational guide* have been similarly adapted to reflect more clearly the remarks made on these indicators in the preliminary proposal.

Three SDG indicators (8.5.1, 8.5.2 and 16.7.1) that were included in chapter E in the preliminary proposal were moved to chapter A in the current version as they are related to well-being.

Indicators E.12, E.13, E.14 and E.15 are undeniably linked to D.17, but they were maintained given the importance of periodical warnings about violence against women and girls, and it was recommended that the 10-14 age group should be included in measurements for those indicators.

For the new indicator on femicide, feminicide and gender-related killings (according to the nomenclature established by the laws of each country), participants reviewed and drew on the Follow-up Mechanism to the Convention of Belém do Pará (MESECVI), the Latin American Model Protocol for the investigation of gender-related killings of women and the work of the Gender Equality Observatory for Latin America and the Caribbean.

One element to highlight in this instrument is the inclusion of indicator E.4 from the *Operational guide*, concerning sanctions and punishments for political harassment of women, despite the clear lag in legislation on this matter at the regional level. In the light of the absence of regionally accepted terms, the glossary contained in annex A1 includes the definition of political harassment and political violence used in the Declaration on Political Harassment and Violence against Women of MESECVI. The definitions contained in legislative instruments developed by countries of the region that have made such efforts were also reviewed, such as Law No. 243 against political harassment and violence against women enacted by the Plurinational State of Bolivia, the bill against political harassment and/or violence against women in Costa Rica, the bill against gender-based political discrimination, harassment and violence in Ecuador and the bill defining and criminalizing political harassment in Peru.

As mentioned in the introduction to chapter E of the *Operational guide*, as a complement to the 2030 Agenda for Sustainable Development, some of the indicators reviewed in this document stem from other existing instruments, such as the Plan of Action of the Fourth World Conference on Women (Beijing, 1995), the Santo Domingo Consensus (2013), the Brasilia Consensus (2010), the Quito Consensus (2007), the Convention on the Elimination of All Forms of Discrimination against Women

(1979) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará, 1994).

Lastly, this review reiterates the relevance of disaggregating information, in accordance with target 17.18 of the 2030 Agenda for Sustainable Development, when the indicator and the source allow.

Indicator	Comments
E.1 Existence of systems to track and make public allocations for gender equality and women's empowerment (adapted from indicator 5.c.1 of the SDGs).	Status indicator. The SDG indicator has been adapted to detect the mentioned systems in each country.
E.2 Percentage of government budgets with funds specifically allocated to gender equality (indicator 49.2 of the <i>Operational guide</i>).	
E.3 Percentage of municipal and local governments that have gender equality offices or units for the advancement of women (indicator 47.3 of the <i>Operational guide</i>).	
E.4 Existence of legislation and rules to sanction and punish political harassment of women (indicator 52.2 of the <i>Operational guide</i>).	Status indicator for which there is no regionally accepted definition. Using MESECVI and the definitions contained in legal instruments of the countries of the region that have made progress in this matter was suggested.
E.5 Existence of policies that ensure gender parity and women's access to power (adapted from indicator 51.3 of the <i>Operational guide</i>).	New indicator included following the review at the third meeting of the Presiding Officers.
E.6 Proportion of seats held by women in national parliaments and local governments (indicator 5.5.1 of the SDGs).	Methodology must be developed for this indicator later on. It was recommended that it should be based on the SDG indicator proposed by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the Inter-Parliamentary Union (IPU). There are elements in the "autonomy in decision-making" component of the Gender Equality Observatory for Latin America and the Caribbean that can be used to measure this one. It was reworded, based on the suggestion that the indicator should be measurable and comparable.
E.7 Proportion of women in managerial positions (indicator 5.5.2 of the SDGs).	Details of the positions should be examined by sector, as suggested by UN-Women in metadata for the SDG indicator. There are elements in the "autonomy in decision-making" component of the Gender Equality Observatory for Latin America and the Caribbean that can be used to measure this one.

Indicator	Comments
E.8 Total time worked (number of working hours paid and unpaid), by sex (indicator 64.1 of the <i>Operational guide</i>).	There are elements in the “economic autonomy” component of the Gender Equality Observatory for Latin America and the Caribbean that can be used to measure this one.
E.9 Proportion of time spent on unpaid domestic and care work, by sex, age and location (indicator 5.4.1 of the SDGs).	There are different sources and methodologies to measure the use of time and care. There are elements in the “economic autonomy” component of the Gender Equality Observatory for Latin America and the Caribbean that can be used to measure this one.
E.10 Incorporation of gender equality into minimum required content of basic and secondary school curricula, including the issue of discrimination on the basis of gender identity and sexual orientation.	Status indicator from the <i>Operational guide</i> (59.1), but modified.
E.11 Incorporation of new concepts of masculinity into the minimum required content of basic and secondary school curricula.	Status indicator that was incorporated in response to the comments made.
E.12 Proportion of women and girls aged 15 years or older subjected to physical, sexual or psychological violence, in the last 12 months, by form of violence, by age group and by whether the violent act was perpetrated by a current or former intimate partner or not (adapted from indicator 5.2.1 of the SDGs).	This indicator should include, whenever the available information allows, the 10-14 age group. There are elements in the “physical autonomy” component of the Gender Equality Observatory for Latin America and the Caribbean that can be used to measure this one. Adapted from indicators 5.2.1 and 5.2.2 of the SDGs, in response to suggestions made at the third meeting of the Presiding Officers. This indicator can also be used to measure sexual violence and other similar topics covered in chapter D.
E.13 Number (and percentage) of reported cases of discrimination based on sexual orientation and gender identity that are resolved through formal redress mechanisms. (indicator 36.3 of the <i>Operational guide</i>).	This indicator should include the 10-14 age group.
E.14 Rates of femicide or feminicide (gender-related killings of women aged 15 years and older per 100,000 women).	This indicator was incorporated in response to the comments made. There are elements in the “physical autonomy” component of the Gender Equality Observatory for Latin America and the Caribbean that can be used to measure this one.
E.15 Existence of gender-based violence prevention and care policies that have an earmarked budget (adapted from indicator 57.3 of the <i>Operational guide</i>).	New indicator included following the review at the third meeting of the Presiding Officers.
E.16 Percentage of official indicators for the population disaggregated by sex.	Indicator from the <i>Operational guide</i> (62.1) adapted following the review of the preliminary proposal.
E.17 Percentage of official systems of indicators that incorporate the gender perspective by sector (indicator 62.2 of the <i>Operational guide</i>).	

Chapter F

International migration and protection of the human rights of all migrants

The indicators proposed in this chapter combine processes and results, and some, where indicated, are related to the SDG targets and indicators on international migration. In some cases, the results-based indicators should be adapted to each country.

As chapter A represents a general framework compared with the other chapters in this document, and in the light of target 17.18 of the SDGs on the possibilities for disaggregating data, the SDG indicators on the different aspects of well-being incorporated into that chapter also apply to the migrant population, as the target text states clearly.

Each country has a wide range of possibilities at its disposal for formulating the content of indicator F.3 (indicator 10.7.2 of the SDGs, International Migration Policy Index).

Efforts have been made to emphasize the original purpose of the chapter and its priority measures, namely addressing international migration issues through regulations, policies and agreements between countries with a long-term view, focused on protecting the human rights of migrants (which by definition includes not only combating discrimination, but also addressing human trafficking and migrant smuggling, irregular migration, asylum seeking and asylum) without distinction as to migration condition or status.

The influence of employment on migratory movement and its associated dimensions, which range from gender, childhood and adolescence to return flows, emigration and immigration, should be acknowledged, as well as the different forms of mobility related to these dimensions.

The indicators are based on the international human rights framework, regional consensus (which include the participation of civil society) and the general proposals of the 2030 Agenda for Sustainable Development, as well as the Brazil Declaration, “A Framework for Cooperation and Regional Solidarity to Strengthen the International Protection of Refugees, Displaced and Stateless Persons in Latin America and the Caribbean” (2014).

Indicator	Comments
F.1 Ratification and application by the country of the International Convention on Protection of the Rights of All Migrant Workers and Members of Their Families (<i>Operational guide</i> indicator 67.1).	Originally from the <i>Operational guide</i> . At the workshop held in June 2016 it was suggested that the indicator be disaggregated as follows: (a) ratification by the country, and (b) implementation by the country. This would show the gap between ratification and concrete efforts to achieve the established objectives. For implementation, countries can use other indicators in this chapter, such as F.2, F.3 and F.8.
F.2 Number of laws and measures in place to prevent and combat discrimination (<i>Operational guide</i> indicator 67.6).	Indicator taken from the <i>Operational guide</i> .

Indicator	Comments
F.3 International Migration Policy Index, based on policies that explicitly protect human rights (adapted from indicator 10.7.2 of the SDGs).	This SDG indicator provides a clear definition of the underlying concepts. It is process-based, and addresses a concrete priority policy for each country, for example the elimination of trafficking or irregular migration. It was modified following the review at the third meeting of the Presiding Officers. Its wording was changed to take into account the need to provide an operational definition of the concept of a “well-managed” migration policy, which was used previously. It would be applied in the medium term.
F.4 Remittance costs as a percentage of the amount remitted (indicator 10.c.1 of the SDGs).	Taken from the <i>Operational guide</i> . The validity of target 10.c of the SDGs is still recognized in the region (by 2030, reduce to less than 3% the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5%). It was noted at the third meeting of the Presiding Officers that there would be difficulties measuring this. It can be obtained from the national accounts, although there are sometimes overestimates. Dissimilar implementation in countries.
F.5 Percentage and number of direct beneficiaries covered by the Ibero-American Multilateral Convention on Social Security in each destination country, in relation to the total of immigrant workers in the labour force (adapted from indicator 69.1 of the <i>Operational guide</i>).	Modified following the review conducted at the third meeting of the Presiding Officers. The Ibero-American Multilateral Convention on Social Security was recognized as one of the most comprehensive instruments for migrant workers, but the process had been slow since 2007 and only 16 countries had approved it and 13 had ratified it.
F.6 Number (and relative share) of unaccompanied children and adolescents among migrants (indicator 72.1 of the <i>Operational guide</i>).	This indicator is linked to target 8.8 of the SDGs (“Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment”). Its enormous importance was noted at the third meeting of the Presiding Officers, who called for it to be implemented in every country, by prioritizing its inclusion in national accounts, and for the relative share index to be identified. Various measurement alternatives were discussed: migrant children in the general population. National experiences, such as the progress made in Mexico, should be shared and the team of experts from CELADE-Population Division of ECLAC was asked to make an additional recommendation, particularly on relative share and data sources. The secretariat proposed that the denominator should be national-origin groups, since those data are accessible.

Indicator	Comments
F.7 Number (and relative share) of prophylactic treatments for sexually transmitted infections and provisions of emergency contraception for immigrant women (adapted from indicator 72.3 of the <i>Operational guide</i>).	Modified at the third meeting of the Presiding Officers, following the suggestions that it should be specified that it refers to immigrant women.
F.8 Number of services provided to returnees and emigrants each year, by type of initiative (adapted from indicator 70.2 of the <i>Operational guide</i>).	It explicitly refers to return flows and the status of emigrants. It was reformulated at the third meeting of the Presiding Officers in terms of its content and measurement, trying to identify measures aimed at two groups (a) returnees and (b) emigrants residing abroad who countries make an effort to welcome (outreach, networks and services, among other initiatives).
F.9 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation (indicator 16.2.2 of the SDGs).	Accepted at the third meeting of the Presiding Officers with the suggestion to revise, if possible, the base using “per 100,000 population” or “per 10,000 population”. The secretariat said that the original denominator from the SDGs must be maintained.

Chapter G

Territorial inequality, spatial mobility and vulnerability

This chapter addresses various interrelated themes in which territory plays a significant role, including population development and well-being and access to basic services (G.8), decentralization (G.1) and citizen participation at the local level (G.4). It also examines citizen security (G.3) and creative leisure as ways to prevent social problems. Territorial and urban planning (G.5, G.6 and G.7) are presented from the perspective, on the one hand, of sustainable urban development and the strengthening of city systems and their rural environments (G.11), and, on the other, of preventing and mitigating the impact of socioenvironmental disasters (G.12 and G.13) and environmental vulnerability (G.9 and G.10). All of the above involves the use of georeferenced sociodemographic analysis, disaggregated by specific population groups (G.15) to analyse and follow up on the aforementioned themes.

Some indicators that were being considered for this chapter,¹⁶ related mainly to well-being and inequality, were ultimately included in chapter A. As mentioned earlier, chapter A serves as a sort of “umbrella” compared with the other thematic chapters and their respective indicators for the regional monitoring of the Montevideo Consensus. Chapter A thus sets out the reasons why disaggregation by specific population group is required for certain indicators. Although territorial disaggregation and the specificity of subpopulations are relevant in this chapter, beyond the disaggregation specified in target 17.18 of the SDGs—which represents a minimum or basic level for this proposal—each country can decide the most convenient approach, taking national realities into account.

Some of the indicators proposed here are linked directly to other international instruments, forums and mechanisms, including the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, and the United Nations Conference on Housing and Sustainable Urban Development (Habitat III), which will be held in October 2016. It is therefore fundamental to generate synergies with the follow-up and review processes of regional and international initiatives, as the outcomes of other conferences and the review of the indicators associated with them should be linked to the indicators proposed in this chapter.

Indicator	Comments
G.1 Percentage of metropolitan, city or local governments that have a geographic information system for planning and management decisions (indicator 80.4 of the <i>Operational guide</i> , modified).	Indicator not included in the preliminary proposal and taken from the <i>Operational guide</i> .
G.2 Average travel time to work, in minutes (UN-Habitat key indicator 16).	New indicator added following the review of the preliminary proposal. Proposed by the United Nations Human Settlements Programme (UN-Habitat) and the Global Urban Observatory (GUO) in line with the Habitat Agenda. The average calculated includes all forms of transport. At the third meeting of the Presiding Officers, it was suggested that this indicator should be disaggregated by major administrative divisions.

¹⁶ Percentage of the population using safely managed drinking water services (SDG indicator 6.1.1); and number of deaths, missing persons and persons affected by disaster per 100,000 people (SDG indicator 11.5.1).

Indicator	Comments
G.3 Percentage of households that report being assaulted, suffering aggression, or being the victim of a crime in the past 12 months, by minor administrative division (indicator 79.1 of the <i>Operational guide</i>).	The sources for this indicator are specialized surveys in most of the region's countries, for example those on victims of crime. It should be taken into account that the minimum disaggregation asked for cannot always be calculated from survey information.
G.4 Percentage of the population participating in community recreational activities, by age group and minor administrative division (indicator 79.3 of the <i>Operational guide</i>).	This results-based indicator quantifies the various forums for community recreational activities organized not only by local or city governments, but by the communities themselves with the support of local governments or non-governmental organizations.
G.5 Percentage of cities with a direct participation structure of civil society in urban planning and management which operate regularly and democratically (indicator 11.3.2 of the SDGs).	
G.6 Proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city (indicator 11.a.1 of the SDGs).	The indicator was modified to include all cities, not just those with populations of 100,000 or more.
G.7 Percentage of urban and territorial development plans that incorporate the rights, gender and interculturality perspectives (indicator 81.1 of the <i>Operational guide</i>).	
G.8 Proportion of urban population living in slums, informal settlements or inadequate housing (indicator 11.1.1 of the SDGs).	At the third meeting of the Presiding Officers it was suggested that this indicator should be disaggregated by major administrative division.
G.9 Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by city (indicator 11.6.1 of the SDGs).	This indicator was added following the review of the preliminary proposal of indicators.
G.10 Annual mean levels of fine particulate matter (for example PM2.5 and PM10) in cities (population weighted) (indicator 11.6.2 of the SDGs).	This indicator was added following the review of the preliminary proposal of indicators.
G.11 Share of the rural population who live within 2 km of an all-season road (indicator 9.1.1 of the SDGs).	This indicator was added following the review of the preliminary proposal of indicators.
G.12 Houses in hazardous locations: proportion of housing units built on hazardous locations per 100,000 housing units (UN-Habitat extensive indicator 10).	At the third meeting of the Presiding Officers it was suggested that this indicator should be disaggregated by major administrative division.
G.13 The country has integrated mitigation, adaptation, impact reduction and early warning into primary, secondary and tertiary curricula.	This indicator was adapted from indicator 13.3.1 of the SDGs.

Indicator	Comments
G.14 Percentage of energy generated through sustainable, clean and renewable production processes (adapted from indicator 80.3 of the <i>Operational guide</i>).	At the third meeting of the Presiding Officers it was suggested that this indicator should be disaggregated by major administrative division. This indicator considers non-conventional renewable energy. The original wording was modified following the suggestion that it should be more general in order to include other forms of energy generation.
G.15 Wastewater treated: percentage of all wastewater subject to some form of treatment (UN-Habitat key indicator 14).	This indicator was added following the review of the preliminary proposal of indicators. At the third meeting of the Presiding Officers it was suggested that this indicator should be disaggregated by major administrative division.
G.16 Percentage of municipal or local master plans that, in their preamble, provide for disaggregated and georeferenced sociodemographic analysis (indicator 84.2 of the <i>Operational guide</i>).	

Chapter H

Indigenous peoples: interculturalism and rights

The proposed indicators have been defined in the framework of the United Nations Declaration on the Rights of Indigenous Peoples and the Indigenous and Tribal Peoples Convention, 1989 (No. 169) of the International Labour Organization (ILO). The indicators should be calculated for the indigenous population as a whole, in keeping with the emphasis placed on the collective rights of indigenous peoples, but should also be disaggregated by indigenous group or ethno-linguistic community.

The implementation of the priority measures of the Montevideo Consensus on Population and Development should combine collective rights and individual rights, shedding light on the specific situation of indigenous boys and girls, young people, women, older persons and persons with disabilities. For this reason, the indicators of all chapters should be disaggregated for the indigenous population in accordance with the variables established in target 17.18 of the SDGs (such as sex and age).

In particular, all of the indicators in chapter A should be disaggregated. Indicator A.3 on poverty in all its dimensions provides an opportunity to define a complementary indicator that takes indigenous cosmovisions into account. Indicators A.15 and A.16 should take indigenous territories into consideration, and indicator A.17 should examine indigenous peoples and communities. These three indicators are crucial to the follow-up of territorial rights included in priority measure 88 of the Montevideo Consensus.

Given that the Montevideo Consensus highlights the situation of boy and girls, young people and women with respect to the right to health and a life free from violence, disaggregation based on indigenous condition, sex and age of the indicators in chapters B, D and E is particularly important. Specifically, indicator B.1 (on the under-five mortality rate) and D.8 (on maternal mortality) clearly show the urgent need to include the identification of indigenous persons in vital statistics and health records. Strengthening data sources to include the identification of indigenous peoples and individuals is one of the main challenges facing the region in terms of developing the proposed indicators.

Indicator	Comments
H.1 Ratification of ILO Convention No. 169 on the rights of indigenous and tribal peoples.	New indicator based on the review of the preliminary proposal.
H.2 Existence of laws, decrees or other legal documents that recognize the rights included the United Nations Declaration on the Rights of Indigenous Peoples.	New indicator proposed at the third meeting of the Presiding Officers, which replaces the previous one on “constitutional recognition”, given the complexity of doing that in every country. This new indicator is based on the fact that the United Nations Declaration on the Rights of Indigenous Peoples is the minimum standard for the fulfilment of the rights of those peoples.
H.3 Existence of policies to integrate considerations relating to indigenous peoples into development plans, in accordance with legal standards concerning indigenous peoples (indicator 86.3 of the <i>Operational guide</i>).	In order to put the indicator into practice some basic elements referring to legal standards concerning indigenous peoples need to be defined. Moreover, there should be a qualitative assessment of the existing planning instruments in some key areas, such as the allocated budget (total and in relation to the percentage of the indigenous population), the inclusion of specific

Indicator	Comments
	actions for peoples at risk of extinction, respect for the right to free, prior and informed consent and indigenous participation.
H.4 Existence of participation platforms between the State and indigenous peoples that include population issues, in compliance with international standards.	Indicator modified following the review of the preliminary proposal. It should be complemented with a qualitative analysis of these participation platforms, establishing basic comparable criteria for the region's countries.
H.5 Percentage of extractive industry projects or other large investments subject to free, prior and informed consent of indigenous peoples.	New indicator following the review of the preliminary proposal. Steps must be defined to put it into practice. The United Nations has developed guidelines for the application of free, prior and informed consent (see [online, in Spanish] http://www.acnur.org/t3/fileadmin/Documentos/Publicaciones/2011/7602.pdf?view=1). Some countries also have specific protocols for these cases. It would be advisable to assess the extent to which procedures for free, prior and informed consent are aligned with international standards.
H.6. Percentage of the public budget earmarked for actions aimed at guaranteeing the rights of indigenous peoples, by sector (indicator 86.1 of the <i>Operational guide</i> , modified).	Given that it would be difficult to measure this at the beneficiary level, it was proposed that the actions should be measured. The budget allocated to actions aimed at indigenous peoples living in voluntary isolation or in a phase of initial contact should also be quantified. UNFPA put forward methodologies for estimating public expenditure, providing an opportunity for most countries to develop a feasible and comparable methodology.
H.7 Number of indigenous peoples or communities at risk of extinction (indicator 86.2 of the <i>Operational guide</i>).	Indicator reincorporated following the review of the preliminary proposal
H.8 Percentage of the indigenous population displaced from their territories.	New indicator based on the review of the preliminary proposal. The indicator should be disaggregated according to the form of displacement (for example investment projects, violence, pollution and degradation of land)
H.9 Existence of a health policy or programmes compliant with international standards for the right to health of indigenous people, including sexual and reproductive rights.	The dimensions that define compliance with international standards are: guaranteed access to universal and good-quality health care for the indigenous population; the provision of intercultural health services, particularly sexual and reproductive health services; the implementation of preventive measures and culturally and linguistically relevant information; the encouragement and reinforcement of traditional indigenous practices integrated into the national health system; the participation of indigenous peoples in health-care management; the existence of health information systems capable of capturing morbidity and mortality profiles among indigenous peoples; and the allocation of a budget to meet these requirements.

Indicator	Comments
H.10 Existence of intercultural sexual and reproductive health services, including preventive measures and culturally and linguistically relevant information.	Indicator 87.5 of the <i>Operational guide</i> reincorporated following the review of the preliminary proposal. Intercultural health services should be quantified and complemented with qualitative information.
H.11 Percentage of relevant data sources that include indigenous identification, considering censuses, surveys and administrative records in the different sectors.	This indicator is in line with target 17.18 of the SDGs, in terms of increasing the availability, by 2020, of high-quality, timely and reliable data, disaggregated by ethnicity. The indicator should be disaggregated by data source and complemented with specific indicators for each source, for example: representativeness of the sample of the indigenous population in household surveys; the number and percentage of public and private administrative records that take into account disaggregation by ethnic self-identification; and the percentage of under-reporting of ethnicity and race in vital statistics.
H.12 Existence of mechanisms that guarantee the full participation of indigenous peoples in the production of official statistics.	Steps should be defined for the measurement of this indicator and a definition established for “full participation”.
H.13 Number and percentage of indigenous experts (male and female) working on information production and analysis in government offices.	Indicator 90.5 of the <i>Operational guide</i> reintroduced following the review of the preliminary proposal.
H.14 Existence of culturally and linguistically relevant information systems.	Steps should be established for the measurement of this indicator, including the criteria for defining cultural relevance. It should be disaggregated by information system.
H.15 Presence of representatives of the indigenous population in national delegations that participate in intergovernmental decision-making platforms.	New indicator following the review of the preliminary proposal. The intergovernmental platforms in this indicator should be defined. Initially it considered the number of representatives, but in view of the different national contexts, it was proposed that the presence (or not) of indigenous representatives should be measured.
H.16 Proportion of seats held by indigenous women in national parliaments and local governments (adapted from indicator 5.5.1 of the SDGs, which applies to women, to apply to indigenous people).	New indicator included following the review conducted at the third meeting of the Presiding Officers. It is similar to indicator E.6, which applies to women.

Chapter I

Afro-descendants: rights and combating racial discrimination

The proposed indicators have been defined in the framework of international human rights instruments, primarily the International Convention on the Elimination of All Forms of Racial Discrimination and the Durban Declaration and Programme of Action of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance.

Indicators for all chapters of the Montevideo Consensus on Population and Development must be disaggregated to take into account afro-descendent persons, in accordance with target 17.18 of the Sustainable Development Goals, with a view to shedding light on the particular situation of Afro-descendent boys, girls, young people, women, older persons and persons with disabilities.

All the indicators in chapter A must be disaggregated, but indicators A.1 to A.5, A.7 to A.14 and A.17 to A.21, in particular, must be disaggregated by ethnic and racial background and by sex in order to reveal the extent to which inequalities overlap.

Given the focus of the Consensus on the situation of boys, girls, young people and women with regard to the rights to health and to a life free from violence, the disaggregation by race and ethnicity, sex and age of the indicators set out in chapters B, D and E is particularly important. Specifically, indicator B.1 (on child mortality), D.8 (on maternal mortality) and D.14 (on care in childbirth) clearly point to the urgent need to include the identification of Afro-descendants in vital statistics and health records. Strengthening data sources to include ethnic and racial identification is one of the main challenges facing the region in terms of developing the proposed indicators.

Indicator	Comments
I.1 Existence of a national policy, plan or strategy that includes the provisions of the Durban Declaration and Programme of Action.	New indicator following the review of the preliminary proposal of indicators. A qualitative review should be undertaken of some key areas of the policy, plan or strategy, such as the allocated budget (total and in relation to the size of the Afro-descendent population), the participation of Afro-descendants in the definition and implementation of the policy, plan or strategy, and the areas covered.
I.2 Existence of a national guiding mechanism for racial equality policies.	New indicator following the review of the preliminary proposal of indicators. It must be supplemented with a qualitative assessment of the existing mechanism, to ascertain whether it is a high-level mechanism, whether it has a clear mandate to lead the mainstreaming process and whether it has the necessary technical tools and human and financial resources to exercise influence at all levels of the political system.
I.3 Percentage of the public budget earmarked for actions aimed at guaranteeing the rights of the Afro-descendent population, by sector, and percentage allocated to a governing institution on Afro-descendent affairs.	Indicator 96.2 (modified) of the <i>Operational guide for implementation and follow-up of the Montevideo Consensus on Population and Development</i> . It would also be useful to identify the percentage of the public budget allocated to combating racial discrimination. This indicator should be measured in conjunction with H.6.

Indicator	Comments
I.4 Existence of intercultural sexual and reproductive health services, including preventive measures and culturally and linguistically relevant information.	Criteria must be established to define interculturalism, relevance and whether the services meet the needs of Afro-descendent men and women.
I.5 Percentage of relevant data sources that include identification of Afro-descendants, such as censuses, surveys and administrative records in the different sectors.	This indicator is in line with target 17.18 of the SDGs, in terms of increasing the availability, by 2020, of high-quality, timely and reliable data, disaggregated by race. The indicator should be disaggregated by data source and complemented with specific indicators for each source, for example: representativeness of the sample of the Afro-descendent population in household surveys; the number and percentage of public and private administrative records that take into account the disaggregation by ethnic and racial self-identification; and percentage of under-reporting of ethnicity and race in vital statistics.
I.6 Existence of mechanisms that guarantee Afro-descendants' full participation in the production of official statistics.	Steps should be defined for the measurement of this indicator and a definition established for "full participation".
I.7 Number and percentage of Afro-descendent experts (male and female) working on information production and analysis in government offices.	Indicator 98.4 of the <i>Operational Guide</i> reintroduced following the review of the preliminary proposal of indicators.
I.8 Proportion of seats held by Afro-descendent women in national parliaments and local governments (adapted from indicator 5.5.1 of the SDGs, which applies to women, to apply to Afro-descendants).	New indicator included following the review conducted at the third meeting of the Presiding Officers. It is similar to indicator E.6, which applies to women.

4. Next steps towards the third session of the Regional Conference on Population and Development in Latin America and the Caribbean

The final report on the proposed indicators for regional follow-up of the Montevideo Consensus on Population and Development will be presented at the third session of the Regional Conference on Population and Development in Latin America and the Caribbean, to be held in October 2017 in El Salvador.

In April 2017, once the comments and suggestions received from members of the working group have been incorporated, the technical secretariat will circulate the proposed indicators set out above, with those modifications, among members again.

During the first three months of 2017, member countries of the Presiding Officers may decide to hold a meeting to discuss the proposed indicators, which would then be edited during June and July.

Lastly, the third session of the Regional Conference on Population and Development in Latin America and the Caribbean will be held in El Salvador in October 2017, where the final report on the proposed indicators for regional follow-up of the Montevideo Consensus on Population and Development will be formally presented.

Annex A1

GLOSSARY

The purpose of this glossary, which is not intended to be exhaustive, is to make it easier to read the indicators contained in the draft proposal. To this end, it defines certain terms and concepts that may require some explanation or clarification. In cases where a specialized agency has provided an official definition, that has been used. Where there are several possible definitions, the one that provides the most clarity has been chosen.

The compilation of this glossary is a work in progress, so other conceptual definitions, considered relevant for a better understanding of the indicators set out in the draft proposal, will continue to be added. In an effort to make it easier to use, the terms and concepts in this glossary are listed in alphabetical order.

- **Adolescent-friendly health services:** WHO suggests that “Adolescent-friendly” health services meet the needs of this population group sensitively and effectively and are inclusive of all adolescents. Such services deliver on the rights of young people and represent an efficient use of precious health resources. Adolescent-friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient (see Peter McIntyre, Glen Williams and Siobhan Peattie, *Adolescent Friendly Health Services — An Agenda for Change* (WHO/FCH/CAH/02.14), World Health Organization (WHO), 2002, p. 27). These services provide adolescents with comprehensive health care, and the bond that is established between the health-care team and the adolescents and the high-quality of the care mean that adolescents and their families are happy with the services. Several countries, including Argentina and Colombia, use the definitions established by the Pan American Health Organization (PAHO) and the United Nations Population Fund (UNPFA). Other countries have come up with their own, more detailed, functional definitions. Chile defined these services in 2012 as pleasant and attractive physical spaces, conveniently located for adolescents, that ensure accessibility with regard to opening hours, waiting times, no-cost, respect for culture and diversity and without discrimination, thus facilitating adolescent participation and empowerment, and that are staffed by professionals trained in care for adolescents. The National Strategy for the Prevention of Adolescent Pregnancy, adopted by Mexico in 2015, states that, in addition to defining the specific characteristics of services based on local and up-to-date evidence, it has been shown that the two main qualities that friendly services must have are: treating patients respectfully and guaranteeing confidentiality.
- **Adolescents:** In line with usual practice, this term refers to young people between 10 and 19 years. There is no official definition.
See [online]: http://www.who.int/topics/adolescent_health/en/.
- **Assisted reproductive technology (ART):** All treatments or procedures that include the in vitro handling of both human oocytes and sperm or of embryos for the purpose of establishing a pregnancy. This includes, but is not limited to, in vitro fertilization and embryo transfer, gamete intrafallopian transfer, zygote intrafallopian transfer, tubal embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation, and gestational surrogacy. ART does not include assisted insemination (artificial insemination) using sperm from either a woman’s partner or a sperm donor.
See [online]: http://www.who.int/reproductivehealth/publications/infertility/art_terminology2.pdf?ua=1.

- **Basic services:** According to the United Nations Children’s Fund (UNICEF), basic social services include, as a minimum, primary health care, clean water and proper sanitation and basic education. “If basic social services were universal, every individual would have access to preventive and basic curative health services, reproductive health and family planning services, HIV/AIDS education and prevention programmes, drinking water and sanitation, basic education, including pre-primary, primary and junior secondary education and adult literacy programme”. See S. Mehrotra, J. Vandmoortele and E. Delamonica, *Basic services for all? Public spending and the social dimensions of poverty*, Florence, Italy, United Nations Children’s Fund (UNICEF), 2000 [online] <https://www.unicef-irc.org/publications/pdf/basice.pdf>.
- **Children:** According to the Convention on the Rights of the Child, they are human beings below the age of 18 years.¹⁷
- **Comprehensive care protocol on sexual and reproductive health of women living with HIV:** According to the Ministry of Health of Chile, women living with HIV have the right to be treated holistically by a trained and coordinated team that is aware of their needs. This includes providing those women with support when choosing methods to regulate their fertility and scheduling pregnancies, and ensuring that they have ready access to medical tests and are referred to health specialists in a timely manner. See [online]: <http://web.minsal.cl/sites/default/files/files/PROTOCOLOMUJERESVIH.pdf>.
- **Demand for family planning met:** Indicator 3.7.1 of the Sustainable Development Goals is the proportion of women of reproductive age (aged 15-49 years) who are sexually active and who have their need for family planning satisfied with modern methods. The standard approach applied to specialized surveys, which covers only women who are married or in a consensual union, continues to be used to measure this indicator, an approach that has been criticized (including in comments made orally and in writing on the preliminary proposal of indicators), in particular by the International Planned Parenthood Federation (IPPF). It is expected that the measurement procedure will be changed to cover all sexually active women, or that it will be adapted at the regional level.
- **Dignified death:** Dignified death is covered by the right to life. Article 6 (Right to life and dignity in old age) of the Inter-American Convention on Protecting the Human Rights of Older Persons provides that: “States Parties shall adopt all measures necessary to ensure older persons’ effective enjoyment of the right of life and the right to live with dignity in old age until the end of their life and on an equal basis with other segments of the population. States Parties shall take steps to ensure that public and private institutions offer older persons access without discrimination to comprehensive care, including palliative care; avoid isolation; appropriately manage problems related to the fear of death of the terminally ill and pain; and prevent unnecessary suffering, and futile and useless procedures, in accordance with the right of older persons to express their informed consent.” See [online]: http://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons.asp.

¹⁷ For an example of a national definition see article 5 of the General Law on the Rights of Children and Adolescents (04/12/2014) of Mexico, which states that persons aged up to 12 years are children and those aged between 12 and 18 years are adolescents. However, it should be noted that in the National Strategy for the Prevention of Adolescent Pregnancy (ENAPEA), launched in 2015 by the National Population Council (CONAPO) of Mexico, adolescents are referred to as those aged between 10 and 19 years.

- **Ending the AIDS epidemic:** The Joint United Nations Programme on HIV/AIDS (UNAIDS) set the 90-90-90 treatment target: that by 2020, 90% of all people living with the human immunodeficiency virus (HIV) will know their HIV status (95% in 2030), 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (95% in 2030), and 90% of all people receiving antiretroviral therapy will have viral suppression (95% in 2030), so that their immune systems remain strong and they no longer present with symptoms. See [online]: http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf.
- **Femicide/feminicide:** According to the Latin American Model Protocol for the investigation of gender-related killings of women, “There is no agreed-upon definition of the concepts of “femicide” and “feminicide”. Their scope, content, and implications are still the subject of ample debate in the social sciences as well as in politics and national legislative processes. Their accepted meanings vary according to the point of view from which they are examined and the discipline that is addressing it. [...] Despite these conceptual differences, the normative frameworks in the region use the terms ‘femicide’ and ‘feminicide’ indiscriminately to refer to the gender-related killing of women, distinguishing them from the gender-neutral concept of homicide”. According to the Declaration on Femicide of the Follow-up Mechanism to the Belém do Pará Convention, “[...] femicide is the violent death of women based on gender, whether it occurs within the family, a domestic partnership, or any other interpersonal relationship; in the community, by any person, or when it is perpetrated or tolerated by the State or its agents, by action or omission.” See [online]: <http://www.un.org/en/women/endviolence/pdf/LatinAmericanProtocolForInvestigationOfFemicide.pdf> and <http://www.oas.org/en/mesecvi/docs/DeclaracionFemicidio-EN.pdf>.
- **Government agencies:** All State bodies, services and entities, as well as specific spaces established by the government for specific purposes (commissions, assemblies and forums, among others).
- **Healthy life expectancy:** The World Health Organization (WHO) defines this as the average number of years that a person can expect to live in “full health” by taking into account years lived in less than full health due to disease and/or injury. See [online]: <http://www.who.int/healthinfo/statistics/whostat2005en2.pdf>.
- **Informal employment:** Some of the characteristic features of this type of employment are lack of protection in the event of non-payment of wages, compulsory overtime or extra shifts, lay-offs without notice or compensation, unsafe working conditions and the absence of social benefits, such as pensions, sick pay and health insurance. Women, migrants and other vulnerable groups of workers who are excluded from other opportunities have little choice but to take informal low-quality jobs. See [online]: <http://www.ilo.org/global/topics/employment-promotion/informal-economy/lang--en/index.htm>.
- **Informed decision:** Once informed of all the possible alternatives, individuals must receive as much information as necessary in order to select the option that seems most reasonable. When making a sensible choice, the “reasonable person” standard is more widely used than the “professional practice” standard. The prevailing opinion is that health-care providers should routinely involve individuals in making clinical decisions. One notable approach to

making informed decisions is the “informed consent doctrine”, which was born and shaped in the United States courts and underpins patient protection.

See [online]: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0034-75072006000100008 [Spanish only].

- **In vitro fertilization (IVF):** An Assisted Reproductive Technology procedure that involves extracorporeal fertilization.
See [online]: http://www.who.int/reproductivehealth/publications/infertility/art_terminology2.pdf?ua=1.
- **Medically assisted reproduction (MAR):** According to WHO, this is reproduction brought about through ovulation induction, controlled ovarian stimulation, ovulation triggering, ART procedures, and intrauterine, intracervical, and intravaginal insemination with semen of the husband/partner or a donor.
See [online]: http://www.who.int/reproductivehealth/publications/infertility/art_terminology2.pdf?ua=1.
- **Modern family planning methods:** According to WHO, modern family planning methods are: oral contraceptives that combine oestrogen and progestogen (the “pill”); progestogen-only pills (the “minipill”); subcutaneous implants of progestogen; progestogen-only injections; monthly injections of oestrogen and progestogen; combined contraceptive patches and combined contraceptive vaginal ring; copper intrauterine devices (IUD); levonorgestrel intrauterine devices (IUD); male condoms; female condoms; male sterilization (vasectomy); female sterilization (tubal ligation (salpingectomy)); the lactational amenorrhea method; emergency contraception (1.5 mg of levonorgestrel); the standard days method; the basal body temperature method; the two-day method; and the symptothermal method.
- **Palliative care:** According to the Inter-American Convention on Protecting the Human Rights of Older Persons (2015), this means active, comprehensive, and interdisciplinary care and treatment of patients whose illness is not responding to curative treatment or who are suffering avoidable pain, in order to improve their quality of life until the last day of their lives. Central to palliative care is control of pain, of other symptoms, and of the social, psychological, and spiritual problems of the older person. It includes the patient, his or her environment, and his or her family. It affirms life and considers death a normal process, neither hastening nor delaying it.
See [online]: http://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons.asp.
- **Participation mechanisms:** Any regular and formally established procedure used to gather peoples’ opinions and to consider them in the decision-making process.
- **Political harassment:** According to the Declaration on Political Harassment and Violence against Women of the Follow-up Mechanism to the Convention of Belém do Pará, “[...]both political harassment and violence against women may include any action, conduct, or omission among others, based on their gender, individually or collectively, that has the purpose or result of undermining, annulling, impeding, or restricting their political rights, violating the rights of women to a life free of violence and to participate in political and public affairs on an equal footing with men”.

See [online]: http://www.cepal.org/sites/default/files/news/files/declarationpolitical_violence_eng.pdf.

- **Recreational activities:** Different activities undertaken in one's free time, for example, at a sports facility, or simply using the resources offered by nature, providing individuals with the opportunity to satisfy their need to move.
- **Reproductive health:** According to the Programme of Action of the International Conference on Population and Development, reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.
See [online]: <http://www.un.org/popin/icpd/conference/offeng/poa.html>.
- **Safe abortion:** When performed by trained health-care providers with proper equipment, correct technique and sanitary standards, abortion is one of the safest medical procedures. Properly provided services for early abortion save women's lives and avoid the often substantial costs of treating preventable complications of unsafe abortion.
See [online]: <http://apps.who.int/iris/bitstream/10665/42586/1/9241590343.pdf>.
- **Septic abortion:** A spontaneous or induced abortion that becomes complicated by infection. Usually associated with illegal and unsafe abortion, aggressive medical treatment is often required to save the life of the woman.
See [online]: <https://www.plannedparenthood.org/learn/glossary>.
- **Skilled health personnel:** Indicator 3.1.2 of the Sustainable Development Goals is the proportion of births attended by skilled health personnel. WHO defines skilled personnel in this context as all health professionals (doctors, nurses or midwives) trained in providing life-saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, childbirth and the post-partum period, to conduct deliveries on their own, and to care for newborns.
See [online]: <http://unstats.un.org/sdgs/files/metadata-compilation/Metadata-Goal-3.pdf>.
- **Smuggling of migrants:** According to the United Nations Convention against Transnational Organized Crime and the Protocols thereto, "smuggling of migrants" means the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident.
Source: United Nations Convention against Transnational Organized Crime and the Protocols thereto, New York, 2004. Annex III: Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime (p. 53).
See [online]: <https://www.unodc.org/documents/treaties/UNTOC/Publications/TOC%20Convention/TOCebook-e.pdf>.

- **Total health expenditure:** WHO defines this as the sum of public and private health expenditure. It covers the provision of health services (preventive and curative), family planning activities, nutrition activities and emergency aid designated for health but does not include provision of water and sanitation.
See [online]: <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>.
- **Traditional (contraceptive) methods:** According to the International Planned Parenthood Federation (IPPF) these are non-supply methods, including periodic abstinence, post-partum abstinence, total abstinence and withdrawal (*coitus interruptus*). According to WHO, traditional methods of contraception are the calendar method (or rhythm method) and withdrawal (*coitus interruptus*).
See [online]: <http://who.int/mediacentre/factsheets/fs351/en/> and <http://si.easp.es/semanasalud/mujeres/wp-content/uploads/2015/05/glosario-ssyr.pdf> [Spanish only].
- **Trafficking in persons:** According to the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, “trafficking in persons” means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.
Source: Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol, 2000).
See [online]: <https://www.unodc.org/documents/treaties/UNTOC/Publications/TOC%20Convention/TOCebook-e.pdf>.
- **Unmet need for family planning:** Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women’s reproductive intentions and their contraceptive behaviour. For monitoring the Millennium Development Goals, unmet need is expressed as a percentage based on women who are married or in a consensual union.
See [online]: http://interwp.cepal.org/sisgen/SisGen_MuestraFicha_puntual.asp?id_aplicacion=1&id_estudio=4&indicador=2183&idioma=i.
- **Unsafe abortion:** Performed either by persons who lack the necessary skills or in an environment lacking minimal medical standards, or both (both legal and illegal abortions can be safe or unsafe). The World Health Organization defines it as “a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards, or both” (WHO, 1992).
See [online]: http://apps.who.int/iris/bitstream/10665/59705/1/WHO_MSM_92.5.pdf and <http://www.who.int/bulletin/volumes/92/3/14-136333/en/>.

- **Violence against women:** Any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere. Violence against women shall be understood to include physical, sexual and psychological violence: (i) that occurs within the family or domestic unit or within any other interpersonal relationship, whether or not the perpetrator shares or has shared the same residence with the woman, including, among others, rape, battery and sexual abuse; (ii) that occurs in the community and is perpetrated by any person, including, among others, rape, sexual abuse, torture, trafficking in persons, forced prostitution, kidnapping and sexual harassment in the workplace, as well as in educational institutions, health facilities or any other place; and (iii) that is perpetrated or condoned by the state or its agents regardless of where it occurs.
Source: Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará).
See [online]: <http://www.oas.org/juridico/english/treaties/a-61.html>.
- **Work time:** Total work time is the sum of paid work time and unpaid work time. Paid work refers to work done for the production of goods or services for the market and is calculated as the sum of time devoted to employment, job search and commuting. Unpaid work refers to work done without payment and develops mainly in the private sphere. It is measured by quantifying the time a person spent on self-consumption work, unpaid domestic work and unpaid care for their own home or to support other household work.
Source: Gender Equality Observatory for Latin America and the Caribbean.
See [online]: <http://oig.cepal.org/en>.
- **Young people:** For the Ibero-American Convention on the Rights of Youth, the General Assembly of the United Nations and the International Year of Youth celebrated in 1985, the term “young people” refers to people aged between 15 and 24 years. In turn, the Montevideo Consensus on Population and Development states the following: “Considering that the 15-29 age group in the region now numbers some 160 million persons—in other words, young people account for one quarter of the population— [...]” (p. 10).¹⁸

¹⁸ For an example of academic definitions see Patton and others, “Our future: a Lancet commission on adolescent health and wellbeing”, 2016 [online] www.thelancet.com: “Adolescence is defined by WHO as between 10 and 19 years, while youth refers to 15-24 years. “Young people” refers to the 10-24-year-old age group, as does the composite term “adolescents and young adults”. Early adolescence refers to 10-14 years, late adolescence to 15-19 years”.