

## EVALUATION OF THE IMPLEMENTATION OF THE MINISTERIAL DECLARATION

preventing  education

FROM COMMITMENT TO ACTION;  
ADVANCES IN LATIN AMERICA AND THE CARIBBEAN



## CREDITS

### AUTHORS:

Flor Hunt, International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR); Kelly Castagnaro, IPPF/WHR and Erick Monterrosas Castrejón, Democracia y Sexualidad, A.C. (Demysex).

### GRAPHIC DESIGN:

Diana Eugenia Pérez González, dp.creativity@gmail.com

Copyright 2014, IPPF/WHR

International Planned Parenthood Federation/ Western Hemisphere Region, Inc.  
125 Maiden Lane, 9th Floor  
New York, New York 10038  
T 212 214 6400, F 212 248 4221,  
E info@ippfwhr.org  
www.ippfwhr.org

Democracia y Sexualidad, A.C.  
Av. Coyoacán No. 1878-707  
Col. Del Valle, Benito Juárez,  
México, D.F. 2009  
T 5524-9496,  
E prevenirconeducacion@demysex.org.mx  
www.demysex.org.mx  
www.prevenirconeducacion.org

## CONTENTS

|   |    |
|---|----|
| From Commitment to Action: Advances<br>in Latin America And The Caribbean | 1  |
| Methodology   | 3  |
| Regional Analysis and Trends:<br>How far have we come?                    | 4  |
| Ministries of Education   | 9  |
| Ministries of Health  | 10 |
| The Way Forward   | 12 |

---

# FROM COMMITMENT TO ACTION: ADVANCES IN LATIN AMERICA AND THE CARIBBEAN

---

As many advocates for sexual and reproductive rights can attest, overturning unjust laws and fighting for fair and rights-based policies is an uphill battle that can take months—and in some cases, years. Advocacy requires tenacity, patience, and resources, and victories are often few and far between.

One of the most memorable victories I've witnessed was at the 2008 International AIDS Conference in Mexico City. It was there that 30 health and education ministers from Latin America and the Caribbean pledged to dramatically increase young people's access to comprehensive sexuality education and sexual and reproductive health services by 2015.

In signing *Prevenir con Educación*— or Preventing through Education—ministers took the first step towards ensuring the sexual health and rights of all young people. And over the past few years, IPPF/WHR, in collaboration with Demysex of Mexico, has been mobilizing local organizations to hold governments accountable to these commitments. Through this regional alliance—the Mesoamerican Coalition for Comprehensive Sexuality Education—we work with more than 50 local organizations and IPPF Member Associations in 19 countries to spread awareness of the Ministerial Declaration, share best practices, and advocate for supportive policies and funding.

Five years after the historic signing of the Declaration, we have seen progress: since 2010, there have been twenty-four policy changes that expand access to comprehensive sexuality education and services in the region. Still, more remains to be done to ensure that these policies—and the funding needed to realize these changes—are implemented.

As IPPF/WHR and our Member Associations work to fill this gap by providing quality and rights-based sexuality education programs throughout the region, we continue to hold governments accountable to the promises they made in Mexico City. To strengthen these efforts, each year we publish an assessment of how far governments have come towards reaching the goals set out in the Declaration. This publication, *Evaluation of the Implementation of the Ministerial Declaration*, provides advocates with a tool to diagnose gaps in implementation and ensure government transparency.

With only two years left to meet the Declaration's targets, it is our hope that this review will offer a constructive dialogue and help generate government actions and financing dedicated to improving the health and rights of young people throughout the region. With today's generation of young people comprising the region's largest youth cohort, this work is more urgent than ever.



Sincerely,  
Carmen Barroso  
*IPPF/WHR Regional Director*



Meeting the goals set in the Ministerial Declaration becomes more urgent in light of the prevalence of unwanted teenage pregnancy, unsafe abortion, HIV/AIDS, homophobic bullying, and gender-based violence in the region.



of new **HIV** infections in the region occur among **young people** ages **15 to 24** <sup>1</sup>



### Mexico

61% of lesbian, gay and bisexual students ages 18-24 experience homophobic bullying at school.<sup>2</sup>



### Peru

19% of young people ages 15-24 have comprehensive and correct knowledge of HIV/AIDS.<sup>4</sup>



### Guatemala

1 in 3 sexually active young women ages 15-19 use contraception.<sup>3</sup>



### Bolivia

Every hour, three teenagers become pregnant.<sup>5</sup>



### Region

Pregnancy is the leading cause of death for young women ages 15-29 in Latin America and the Caribbean.<sup>6</sup>



### Region

There are approximately 740,000 adolescents and young people aged 15 to 24 living with HIV/AIDS in Latin America and the Caribbean.<sup>8</sup>



### Region

There are approximately 1.2 million unintended pregnancies among adolescent women living in Latin America and the Caribbean each year.<sup>7</sup>

Sources: 1. UNICEF. Fast facts on Adolescents and Youth in Latin America and the Caribbean./2.. Caceres et al., (2011), Final report: Estudio a través de Internet sobre "Bullying", y sus manifestaciones homofóbicas en escuelas de Chile, Guatemala, México y Perú, y su impacto en la salud de jóvenes varones entre 18 y 24 años. /3. USAID. (2011). USAID Graduation from Family Planning Assistance: Implications for Latin America. /4. UNICEF. (2011). Relevant Data from Countries in Latin America and the Caribbean on HIV/AIDS Epidemics for the Elimination of Mother to Child Transmissions on HIV (EMTCT) and the Achievement of MDG-6. /5. Census 2012. National Institute of Statistics, Bolivia (2013). /6. Becker, L. (2006). Causas principales de mortalidad. *Pan American Health Organization Regional Health Observatory*. /7. Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World. (2010). Guttmacher Institute, International Planned Parenthood Federation. /8. UNICEF. Fast facts on Adolescents and Youth in Latin America and the Caribbean.

# METHODOLOGY

Since 2010, IPPF/WHR has published an evaluation of progress towards achieving the Ministerial Declaration (MD). The evaluation tool, developed by IPPF/WHR and Demysex in consultation with experts in the field, uses the MD commitments as a benchmark to analyze progress towards ensuring youth sexual and reproductive health and rights.

Partner organizations in each country used a standardized questionnaire to collect data from their ministries of health and education between January and May 2013. Through in-person interviews and written documents, partner organizations collected budget, program, and policy information related to the MD in their countries.

The questionnaire identified steps taken toward meeting the MD commitments; as well as gaps in implementation. Six main policy components and 33+ subcomponents were used to analyze data and compare commitments to actions.

The questionnaire includes six key criteria for analysis

- 1 Specific public policies for the implementation of the MD
- 2 Legal and policy frameworks that support the rights of youth to access comprehensive sexuality education and youth-friendly sexual and reproductive health services
- 3 Participation and inclusion of youth and other relevant actors in the design and implementation of programs and policies
- 4 Availability of comprehensive sexuality education curricula, informational campaigns, and teacher training programs
- 5 Existence of youth-friendly sexual and reproductive health service policies and programs
- 6 Existence of adequate financial resources for implementation of the MD

IN ADOPTING THE MINISTERIAL DECLARATION, MINISTERS OF EDUCATION AND HEALTH FROM LATIN AMERICAN AND CARIBBEAN COMMITTED TO THE FOLLOWING TARGETS BY 2015:



To reduce by **75%** the number of schools that do not offer comprehensive sexuality education.



To reduce by **50%** the number of adolescents and youth who lack access to adequate sexual and reproductive health services.

General progress percentages were calculated for each country based on these criteria. A score of 100% means governments have met all of the requirements as laid out in the MD.

The ministries of health and ministries of education were also evaluated independently based on criteria specific to their mandates. The content of comprehensive sexuality education (CSE) programs was evaluated utilizing the IPPF and UNESCO publication, *Inside & Out: A Comprehensive Sexuality Education Assessment Tool*. The inclusion of relevant experts in the design and evaluation of those programs; protocols for providing sexual and reproductive health (SRH) services to youth; and the existence of an official multi-sectoral cooperation strategy to achieve the goals established in the MD were also evaluated.

# REGIONAL ANALYSIS AND TRENDS:

## HOW FAR HAVE WE COME?

The failure of abstinence-only programs to reduce rates of HIV infection and pregnancy among young people, coupled with growing evidence of the success of CSE programs, has led to increased political will toward improving the health and rights of young people. Over the years, international agreements such as the Programme of Action of the International Conference on Population and Development and the 45th Session of the Commission on Population and Development Resolution 2012/1 have progressively established the right of young people to access sexual and reproductive health services and comprehensive sexuality education.

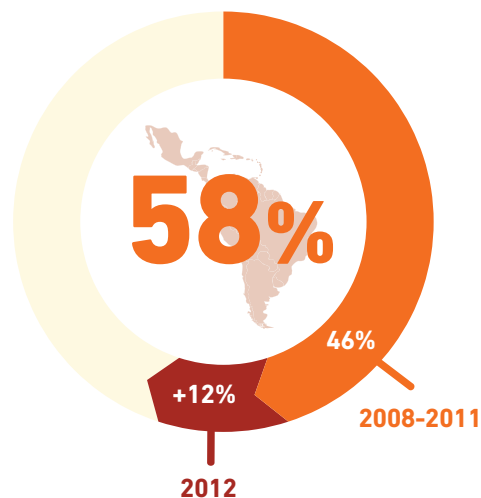
These commitments have paved the way for a strong civil society movement in Latin America and the Caribbean to advocate with governments for policies and programs that recognize the sexual and reproductive rights of young people.

At the same time, there is a growing consensus in Latin America that multi-sectoral strategies are needed to halt the HIV epidemic in the region. Many experts have called for an integrated approach that brings together the health and education sectors to provide both youth-friendly SRH services and CSE critical in ensuring young people are able to protect themselves from HIV infection. Prior to the 2008 Ministerial Declaration, most countries had not launched national CSE programs: before the Declaration, only 38% of youth in school, and 4% of those out of school had access to HIV prevention programs<sup>9</sup> of any kind. At the regional level, the evaluation shows a positive increase in programmatic actions in the health and education sectors, and significant progress toward full implementation of the Declaration.

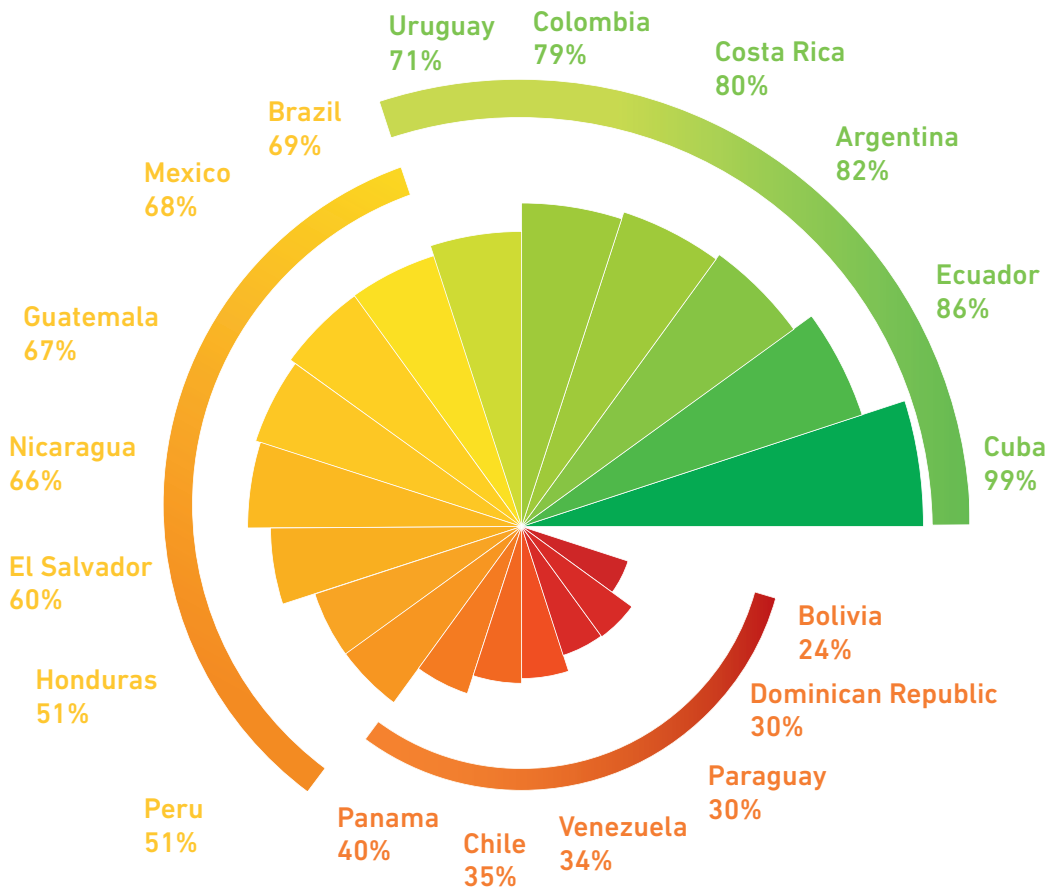
*Comprehensive sexuality education is not a fad; it's a right young people have to make informed decisions about our bodies and the ways we express our sexuality. It means that our generation will not be condemned to ignorance, discrimination, HIV infection, and unwanted pregnancies. Comprehensive sexuality education is a part of the recognition we deserve as thinkers and autonomous beings who participate democratically in the policies and programs that affect us directly.*

– Youth advocate in Mexico

REGIONAL AGGREGATE PROGRESS TOWARD IMPLEMENTATION OF THE COMMITMENTS MADE IN THE MINISTERIAL DECLARATION



# COMPARATIVE PROGRESS IN THE IMPLEMENTATION OF THE MINISTERIAL DECLARATION "PREVENTING THROUGH EDUCATION" (2008-2012)



0%

**58%**

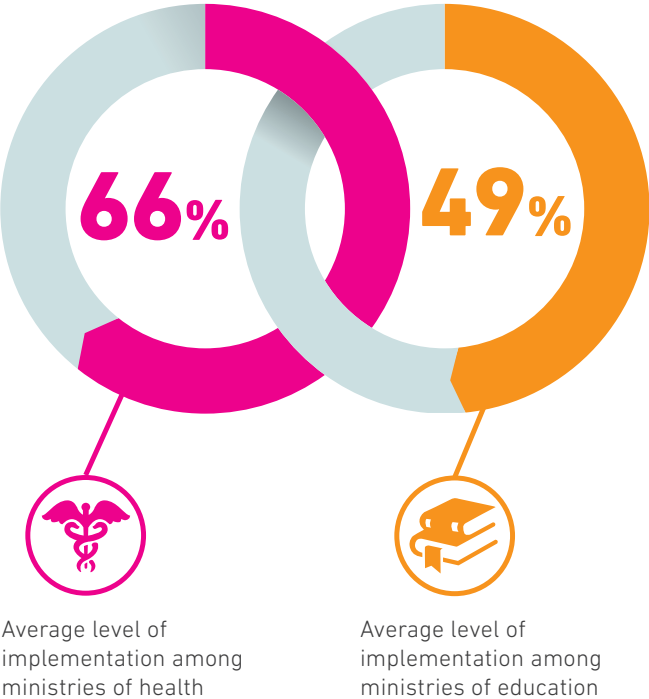
Regional aggregate progress towards implementation of the Ministerial Declaration


100%

# PROGRESS MADE: GAPS AND CHALLENGES

Our analysis shows a positive increase in the implementation of commitments established in the MD. Programmatic actions in the health and education sectors, legislative changes, and constitutional court rulings represent significant progress in the advancement of CSE and the expansion of youth-friendly SRH services.

Yet despite this progress, a marked asymmetry may be observed when one compares the performances of the ministries of education and health: the evaluation found that the average level of implementation for ministries of health was 66%, compared to 49% for ministries of education.



 EXISTENCE OF OFFICIAL HIGH LEVEL STRATEGY TO IMPLEMENT THE DECLARATION

 9  
MINISTRY OF EDUCATION  
countries

 12  
MINISTRY OF HEALTH  
countries

 7  
NONE  
countries



## IMPLEMENTING THE DECLARATION: INTERSECTORAL COOPERATION

The MD favors synergies among ministries, multilateral cooperation agencies, and civil society, and calls on governments to involve youth in the development of policies that affect their lives. In terms of intersectoral strategies between the ministries of health and education, more than half the countries included in this study are formally coordinating actions to implement programs based on the Declaration. Furthermore, practically all governments receive technical and/or financial support from multilateral cooperation agencies to promote HIV prevention strategies.

However, our local partners found that civil society involvement in defining and implementing public policies has been limited throughout the region. Despite the fact that the Declaration calls for governments to work closely with civil society in achieving its targets, our analysis found that in half of the countries, no formal cooperation agreements had been created between civil society and the government to advance the goals of the Declaration. This is particularly true for youth leaders: a little less than half of the countries evaluated engaged youth and adolescents in the formulation of sexual health and education and information policies.



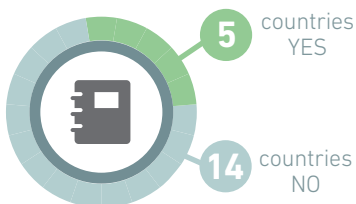
have an inter-sectoral plan to jointly implement the Ministerial Declaration

## IMPLEMENTING THE DECLARATION: FINANCIAL RESOURCES

Although seventeen countries have committed financial resources to implementation of the MD, the majority of these resources are not earmarked for comprehensive sexuality education programs and youth SRH services. Only five countries currently have budgets earmarked for CSE, making it nearly impossible for civil society to track government expenditures on youth SRH and CSE.



SPECIFIC NATIONAL BUDGET LINES ESTABLISHED FOR THE IMPLEMENTATION OF THE DECLARATION



MINISTRY OF EDUCATION



MINISTRY OF HEALTH



NONE

## IMPLEMENTING THE DECLARATION: SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR YOUTH AND ADOLESCENTS

Progress in the creation of laws and programs addressing youth-friendly SRH services is obvious across the region. One hundred percent of ministries of health have strategies to provide some kind of counseling, testing, and treatment for HIV and other sexually transmitted infections (STIs). The evaluation also found that every country provides some form of counseling services for adolescents and youth on reproductive decisions as well as free condoms. By contrast, only four ministries of health offer counseling and distribution of female condoms, which constitutes a gap in the empowerment of young women to exercise their sexual and reproductive rights. Generally speaking, despite progress made in the health sector in relation to the legal framework, our local partners found that young people still faced significant challenges in accessing SRH services due to stigmatization and denial of services by staff. Often times, this is due to health workers who are poorly trained in serving young people and lack the technical resources or proper supplies to meet the needs of adolescents and youth, especially those who are most marginalized.

THE MINISTERIAL  
DECLARATION CALLS ON  
MINISTRIES OF HEALTH  
TO PROVIDE HIV TESTING,  
COUNSELING, EDUCATION  
AND PREVENTION SERVICES



**19** countries provide **HIV counseling and testing**, together with **male condoms**.  
**4** countries offer **female condoms**.

## IMPLEMENTING THE DECLARATION: COMPREHENSIVE SEXUALITY EDUCATION

The education sector has shown significant progress in incorporating CSE-related content in school curricula, but there is still work to be done. The evaluation found that only half the countries reported the existence of CSE curricula that adequately included lessons on gender equality, rights, sexuality, and citizenship, as well as scientific information on SRH and HIV, violence prevention, and interpersonal relationships. Despite the high number of adolescent pregnancies in the region, only twelve countries provide adequate information on contraceptive methods in their sexuality education curricula. In addition, only four countries have conducted systematic evaluations of the quality and reach of their CSE programs.

UPDATED INFORMATIONAL  
MEDIA CAMPAIGN ON  
COMPREHENSIVE SEXUALITY  
EDUCATION



Overall, sexuality education trainings for teachers have been restricted to pilot programs or limited in geographic coverage. Only eight countries have carried out national CSE teacher trainings. In addition, although there is a clear need to reach out-of-school youth with HIV and pregnancy prevention information, particularly in countries with low rates of school attendance, only five countries have carried out large-scale public information campaigns on sexuality education.



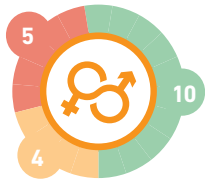
# MINISTRIES OF EDUCATION

## TARGET 4.1 OF THE MINISTERIAL DECLARATION:

By the year 2015, we will have reduced by 75% the number of schools that do not provide Comprehensive Sexuality Education, of schools administered by the Ministries of Education.

EVALUATION OF COMPREHENSIVE SEXUALITY EDUCATION CONTENT: HOW 19 COUNTRIES MEASURE UP

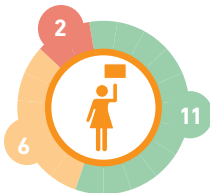
- DEFICIENT
- NEEDS IMPROVEMENT
- ADEQUATE



Gender



SRH and HIV



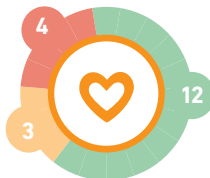
Sexual rights and citizenship



Violence prevention

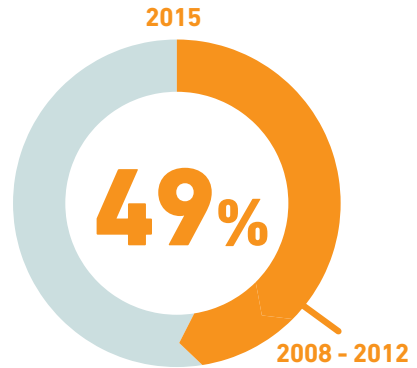


Diversity



Interpersonal relations

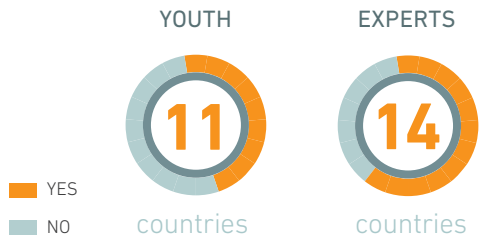
OVERALL PROGRESS TOWARDS IMPLEMENTATION OF THE MINISTERIAL DECLARATION



NUMBER OF COUNTRIES THAT HAVE IMPLEMENTED CSE TRAINING PROGRAMS FOR TEACHERS AND RELEVANT STAFF



INCLUSION OF YOUTH AND EXPERTS IN DESIGN OF CSE PROGRAMS AND CURRICULA










# MINISTRIES OF HEALTH

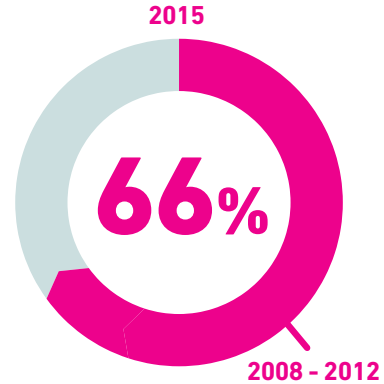
## TARGET 4.2 OF THE MINISTERIAL DECLARATION:

By the year 2015, we will reduce by 50% the number of adolescents and young people who are not covered by health services that appropriately attend to their sexual and reproductive health needs.

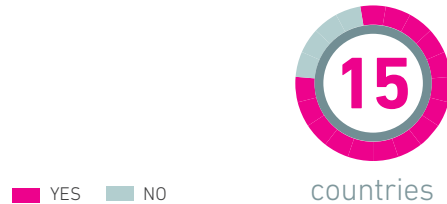
NATIONAL STRATEGIES TO PROVIDE YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

| Type of service   | Number of Countries |
|---|---------------------|
|  HIV counseling and testing  | <b>19</b>           |
|  Comprehensive STI treatment   | <b>19</b>           |
|  Education in the correct and consistent use of male condoms and free distribution   | <b>19</b>           |
|  Education in the correct and consistent use of female condoms and free distribution | <b>4</b>            |
|  Counseling on reproductive decisions and contraceptive methods                      | <b>16</b>           |

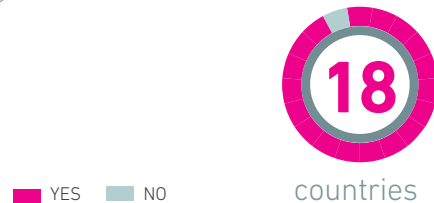
OVERALL PROGRESS TOWARDS IMPLEMENTATION OF THE MINISTERIAL DECLARATION



INCLUSION OF YOUTH AND ADOLESCENTS IN THE DESIGN OF SEXUAL AND REPRODUCTIVE HEALTH SERVICE PROGRAMS



CONCRETE ACTIONS TAKEN TO EXPAND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR YOUTH AND ADOLESCENTS



## STORIES OF SUCCESS

Since the adoption of the Declaration in 2008, the regional political context has been generally favorable. Nevertheless, there have also been delays and setbacks in some countries. These gaps notwithstanding, overall, governments have become more sensitive to the need for CSE and SRH services for youth.

### A WIN FOR SEX ED ADVOCATES IN GUATEMALA

*"A lot of times not even our parents have adequate information [about sex and reproduction]. The information we get is confusing and incomplete,"*

says one youth advocate at our Member Association APROFAM.

In Guatemala, where one in five mothers is between the ages of 10 and 19, our local partner APROFAM and allies from the Mesoamerican Coalition have scaled up advocacy efforts to hold government accountable to their promise to provide young people with accurate and comprehensive information about their bodies, their health, and their rights. In partnership with champions in congress, and working with youth advocates, local Coalition members called on the ministries of health and education to work together. As a result of their efforts, the Guatemalan government is the only one in the region that formally renewed its commitment to comply with the declaration: in 2013, the ministries of health and education reaffirmed their commitment to work together to ensure that the goals of the MD are met. Today, the Guatemalan government is implementing a comprehensive sexuality education program for youth in nine regions of the country.

### FIRST NATIONAL SEXUALITY EDUCATION PROGRAM IN COSTA RICA

In May 2012, Costa Rica adopted a national sexuality program for the first time in history. The program includes thematic issues and lessons that extend far beyond abstinence or the biology of reproduction. The curriculum approaches human sexuality in a comprehensive way, including lessons on human rights and gender equality, power and interpersonal communications, respect for diversity, and even pleasure. Without the technical experience and knowledge of IPPF's Member Association ADC and their allies from the Mesoamerican Coalition, which have been working closely with the Ministry of Education to develop the curricula, this victory would not have come to fruition. Although ensuring implementation of the program throughout the country will be an ongoing challenge going forward, its adoption is an important step toward meeting the real needs of youth in Costa Rica.

## PERU

After civil society filed an unconstitutionality action, the Constitutional Court decriminalized consensual sex between adolescents in 2013. This was a big step forward in eliminating the barriers that young people face when accessing CSE and SRH services.



## MEXICO

The Centro Nacional para la Prevención y el Control del VIH/SIDA, which is part of the Secretariat of Health, has allocated specific financial resources to promote the MD jointly with civil society.



## ECUADOR

In 2012, the legislature passed the new Intercultural Education Act. This law recognizes the right of young people to receive CSE as part of the sexual and reproductive rights enshrined in the country's constitution.



## EL SALVADOR

In 2012, the Legislative Assembly passed the General Youth Act, which recognizes and guarantees the right of young people to receive CSE, and the government's responsibility to formulate policy and carry out actions to fulfill this right.



# THE WAY FORWARD

Each year, our evaluation shows tangible progress and laudable efforts to generate policies and legislation that will promote access to rights-based CSE and SRH services for youth. Nonetheless, pressures from dissenting sectors or political transitions have diluted the commitments made in 2008. Such difficulties have been reflected in the absence of adequate human and financial resources to ensure scaled up implementation of CSE programs and expansion and greater accessibility of SRH services.

Achieving the targets set forth in the Declaration requires an agile and sophisticated network of advocates dedicated to the health and rights of young people. Through the Mesoamerican Coalition, we have been able to share strategies, resources and best practices for holding governments accountable to their commitments. The lessons learned from these experiences are not only relevant to our region; they are invaluable learning tools for civil society organizations working on sexual and reproductive rights throughout the world.

While many obstacles to achieving the targets in the Ministerial Declaration remain, it is also a moment of tremendous opportunity: For the first time there is sense that adolescent health, particularly the sexual and reproductive health of adolescent girls, is on the global agenda. We know that when comprehensive sexuality education is accessible, young people gain awareness and become the best defenders of their own sexual rights. Luckily, we have excellent tools—such as the It's All One Curriculum guidelines—and the experience that can help educators and policymakers develop quality, rights-based sex education programs.

If governments work in synergy with civil society and young people, governments can meet the goals set out in the Ministerial Declaration Preventing through Education in the next two years. Together, we can make sexual and reproductive rights and health a reality for every young person in the region.



## ACKNOWLEDGEMENTS

We would like to thank our partners for their support in this initiative and for their work to advance implementation of the Ministerial Declaration. This evaluation would not have been possible without the commitment, time and technical contributions of the following organizations:

- **Argentina:** Fundación para la Salud del Adolescente (FUSA)
- **Bolivia:** Centro de Investigación, Educación y Servicios (CIES) in alliance with the Mesa Nacional de Vigilancia de los Derechos Sexuales y Reproductivos
- **Brazil:** Sociedad Civil Bem-Estar Familiar no Brasil (BEMFAM)
- **Chile:** Asociación Chilena de Protección de la Familia (APROFA)
- **Colombia:** Asociación Probienestar de la Familia Colombiana (Profamilia)
- **Costa Rica:** Asociación Demográfica Costarricense (ADC), Colectiva por el Derecho a Decidir, WEM-Instituto Costarricense para la Acción e Investigación de la Masculinidad Pareja y Sexualidad, Fundación PANIAMOR, Fútbol por la Vida, Defensa de Niñez Internacional (DNI), Centro de investigación y Promoción para América Central de Derechos Humanos (CIPAC), under the coordination of the RedDeser and the Mesa de trabajo para la Educación Integral en Sexualidad (MEIS)
- **Cuba:** Sociedad Cubana de Salud Pública, Sección Promoción de la Salud
- **Dominican Republic:** Asociación Dominicana Pro-Bienestar de la Familia, Inc. (Profamilia)
- **Ecuador:** Centro Ecuatoriano para la Promoción y Acción de la Mujer (CEPAM)
- **El Salvador:** Asociación Demográfica Salvadoreña (ADS), Centro de Estudios de la Mujer “Norma Virginia Guirola” (CEMUJER), Foro de ONGs en la Lucha Contra el VIH-Sida y Alianza por la Salud Sexual y Reproductiva en El Salvador, under the coordination of the Coalición Salvadoreña por la EIS
- **Guatemala:** Asociación Pro Bienestar de la Familia (APROFAM), Asociación Red de Jóvenes para la Incidencia Política (Incidejoven), under the alliance of the Campaña Nacional por la Educación Sexual
- **Honduras:** Asociación Hondureña de Planificación de Familia (ASHONPLAFA), AGALI, Childfund, Foro Nacional de Sida, Asociación para una Vida Mejor de Personas Infechadas y Afectadas por el VIH/Sida en Honduras (APUVIMEH), PASMO, Visión Mundial, Montaña de Luz, GO-Joven, Impactos y ANED Consultores.
- **Mexico:** Fundación Mexicana para la Planeación Familiar (MEXFAM), Afluentes A.C., Asociación Queretana de Educación para las Sexualidades Humanas A.C. (AQUESEX), Asociación Sinaloense de Universitarias A.C., Espolea, Observatorio Ciudadano de Derechos Sexuales y Reproductivos (ODESYR), Rdfine México, Red Democracia y Sexualidad (Demysel), Red Nacional Católica de Jóvenes por el derecho a decidir-Católicas por el derecho a Decidir, Salud y Género A.C., SEKKAN Consultoría y Desarrollo Social A.C., Servicio, Educación, Sexualidad y Salud A.C. (SEEDSSA)
- **Nicaragua:** Asociación Pro-Bienestar de la Familia Nicaragüense (PROFAMILIA) in alliance with the Coalición Nicaragüense de Derechos Sexuales y Derechos Reproductivos
- **Panama:** Asociación Panameña para el Planeamiento de la Familia (APLAFA) in alliance with the Coalición Panameña por la Educación Integral en Sexualidad
- **Paraguay:** Centro Paraguayo de Estudios de Población (CEPEP)
- **Peru:** Instituto Peruano de Paternidad Responsable (INPPARES) in alliance with the Alianza ¡Si Podemos!
- **Uruguay:** Iniciativas Sanitarias
- **Venezuela:** Asociación Civil de Planificación Familiar (PLAFAM) and Improsexual

We would also like to thank UNFPA, UNAIDS and UNESCO for their generous financial support of this publication.

IN COLLABORATION WITH:

