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Starting strong
Implementation of the social SDGs in Latin America

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Contents

List of tables, figures and boxes

Tables

Figures

Boxes

Headline findings

- Despite significant progress towards achieving the Millennium Development Goals, Latin America remains one of the most unequal regions of the world with many of the most vulnerable groups being left behind. The Sustainable Development Goals (SDGs) propose not only the eradication of poverty by 2030, but also a reduction in these high levels of inequality.
- Young girls and boys are being left behind due to inadequate employment opportunities, high rates of teenage pregnancy, and poor levels of educational attainment. Women face discrimination and unequal access to the labour market. All of these challenges are greater for families living in poverty, and for indigenous and afro-descendant communities.
- This paper considers the potential of SDG 1 (poverty), 3 (health) and 5 (gender) to reduce the gaps between vulnerable populations and those who are better off. We identify policy recommendations to enable these SDGs to be achieved as well as priority actions to be taken by Latin American governments in the first 1,000 days – including reform of conditional cash transfers, the prioritisation of primary care and reproductive health, and the promotion of gender equality in the labour market.

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Acronyms

BSM	Brazil Sem Miséria
CCTs	Conditional cash transfers
CIPPEC	Centro de Implementación de Políticas Públicas para la Equidad y el Crecimiento
ECLAC	Economic Commission for Latin America and the Caribbean
GDP	Gross domestic product
IDB	Inter-American Development Bank
ILO	International Labour Organization
MDGs	Millennium Development Goals
MSPs	Multi-stakeholder partnerships
ODI	Overseas Development Institute
PHCs	Primary health centres
PPP	Purchasing power parity
PSF	Programa Saúde da Família
SDGs	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

Abstract

Latin America has made significant progress in achieving the Millennium Development Goals (MDGs). However, the overall picture hides major inequalities between individual countries. Latin America remains the most unequal region in the world (Bárcena, 2016), with most vulnerable groups excluded from many opportunities (ECLAC, 2015a). Young girls and boys are being left behind, as decent employment opportunities for youth, reduction of teenage pregnancy, and completion of mandatory education remain challenges within the region (De Hoyos et al., 2016). Women still face discrimination and unequal access to labour participation (ECLAC, 2015a). All of these challenges are greater for families living in poverty, and for indigenous and afro-descendant communities (ECLAC, 2015b).

This paper considers the potential of Sustainable Development Goals (SDGs) 1, 3 and 5 to reduce the aforementioned gaps between vulnerable populations and those who are better off. Based on a comprehensive literature review and interviews with key informants, we identify policy recommendations to enable these SDGs to be achieved, as well as priority actions for successful implementation by Latin American governments. If followed, these proposals have the potential to reduce current inequality gaps, and to create an enabling environment for an inclusive and sustainable path for development.

1. Introduction

The end of the Millennium Development Goals (MDGs) in 2015 represented both an arrival and departure point on the road to social development, giving way to a new framework for development policy – the Sustainable Development Goals (SDGs). These new goals are universal and explicit in their aspiration to leave no one behind (ECLAC, 2015a). The 2030 Agenda for Sustainable Development represents a more holistic, interdisciplinary and universalistic approach to development that goes beyond the restrictive sectored focus of the Millennium Agenda, which was originally conceived as targets for developing countries towards which developed countries would help them to achieve a well-being threshold (ECLAC, 2015a).

The SDGs draw on and renew some of the commitments made through the MDGs, proposing not only the eradication of extreme poverty by 2030, but also the reduction in high levels of inequality. This 2030 Agenda posits a major challenge for Latin America therefore, as it remains the world's most unequal region (Bárcena and Byanyima, 2016). While Latin American countries have made significant progress in achieving the MDGs, the overall regional picture hides major inequalities, with certain populations being left behind. Children's poverty rates are double those of adults (ECLAC, 2013a). Young men and women are more vulnerable too, with decent employment opportunities, reduction of teenage pregnancy and completion of mandatory education still representing challenges within the region (De Hoyos et al., 2016). Women still face discrimination and unequal access to opportunities for their development and labour participation (ILO, 2015). These challenges are even greater for indigenous and afro-descendant communities (ECLAC-CELADE, 2013).

The 2030 Agenda responds to these challenges, and is therefore broader and more complex than the Millennium Agenda (Sustainable Development Solutions Network, 2015). The first 1,000 days are key, during which Latin American countries will have to lay out and take the first steps in their national strategies to achieve the established goals. Whereas some countries did not engage in early implementation of the MDGs (Sarwar, 2015), experts agree that the cost of delaying implementation of the SDGs is just too much of a burden to bear. It has been calculated that the amount of effort needed for every three years of inaction will increase exponentially (Stuart et al., 2016). Moreover, progress set out in the goals needs to be attained by *all* people, including the most vulnerable groups.

For the scope of this paper, we selected three sustainable development goals based on their potential to reduce the gaps between the vulnerable groups identified above and the general population in their ability to exercise their rights. The selected goals are Goal 1 on poverty, Goal 3 on health, and Goal 5 on gender (see **Box 1** for more details, including selected targets under each goal)[1].

The main aim of the paper is to suggest priority actions for the first 1,000 days in order for Latin American countries to get off to a strong start in implementation of the selected goals and targets. The interventions needed to achieve these goals have great catalytic power to foster inclusive development, that truly leaves no one behind.

The paper is divided into a further four sections. In section two we describe the methodology employed to conduct our research. Section three presents current progress and limitations in the region for the selected SDGs, with particular emphasis on those groups left behind. Section four outlines policy recommendations to tackle the selected targets, while section five identifies priority actions needed to implement these interventions and concludes.

1 Of course there are many other goals and targets with great potential to reduce inequalities and to leave no one behind. But with the aim of narrowing down the scope of this paper, we selected the aforementioned goals.

Box 1: Selected goals and targets

Goal 1: End poverty in all its forms everywhere

Target 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable.

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.7: By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Target 3.8: Achieve universal health care coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Goal 5: Achieve gender equality and empower all women and girls

Target 5.4: Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.

Target 5.5: Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

Source: United Nations (2015): Sustainable Development Goals.

2. Methodology and approach employed

The methodological tools employed in this paper comprised data analysis, a review of relevant literature, and interviews with key informants.

As stated previously, the 2030 Agenda puts special emphasis on those groups being left behind. For this reason, we used data to identify populations that currently score lower on indicators that mainly relate to poverty, access to health services and women's labour participation, in line with the three selected goals. Data provided by the Economic Commission for Latin America and the Caribbean (ECLAC) Redatam, the Inter-American Development Bank (IDB) and World Bank databases were used, which had the advantage of allowing comparison between countries. Information was provided by official sources of every country in the region.

It should be noted that data is often insufficient to address the social situation of indigenous and afro-descendant populations. Statistical offices might be underreporting the vulnerabilities that threaten the rights of ethnic minorities. This is problematic because it prevents stakeholders from accounting for the actual challenges that these populations face. This paper used the set of indicators defined by the Inter-Agency and Expert Group on SDG Indicators, published in February 2016, to compare the situation of these groups with that of the general population.

We engaged in a literature review on social protection (as it is the policy area that clusters interventions aimed at these populations), inequality (both vertical and horizontal)[2], and institutional systems (i.e. inter-agency coordination, social authority and systems of information and evaluation). Readers are referred to the end of this paper for a list of material consulted, including the Social Protection Systems series by ECLAC. The literature review took into account not only a comparative analysis, but also each country-specific document published. Our review included works from ECLAC, the IDB, the United Nations Development Programme (UNDP), the Overseas Development Institute (ODI), the World Bank, UNICEF, Centro de Implementación de Políticas Públicas para la Equidad y el Crecimiento (CIPPEC), as well as publications and recommended policies from other institutions.

In order to triangulate the analysis, we conducted a series of interviews with key informants. National and regional specialists were consulted about the challenges that the countries in the region will have to face in the first 1,000 days in order to accomplish the selected SDGs. These individuals were consulted about the baseline situation of the region and of each country, the set of policies that governments should prioritise, and the potential obstacles that societies could encounter in the design and implementation of these policies. The respondents also provided qualitative information, and helped to test the hypothesis and to foster research in unexplored areas[3].

2 We understand vertical inequality as that observed between individuals in income, access to services and labour markets, and social welfare indicators. Horizontal inequality, in turn, refers to that observed among cultural or aggregated groups. A group's relative performance with regards to economic, social and political dimensions is an important source of individual welfare (Stewart, 2002).

3 Interviewed experts were: Alfredo Sarmiento, Nieves Rico, Carla Bronzo, Carlos Barba, Esteban Andrino, Fernando Filgueira, Juliana Martínez Franzoni, Luciana Jaccoud, María Castro Mezariegos, Norma Correa Ate, Raquel Bernal, Simone Cecchini and Verónica Serafini.

3. The current context in Latin America and implications for 'leaving no one behind'

This section describes progress and ongoing challenges for Latin American countries with regard to the selected goals and targets. Despite a period of economic growth for the region since the start of the new millennium (ECLAC, 2015), it did not produce equal opportunities for all. Using available data, we show that children, women, and indigenous and afro-descendant communities in Latin America perform worst in the indicators constructed to measure the SDGs.

3.1 SDG 1: End poverty in all its forms everywhere

This goal is complex for Latin America. While the percentage of the population living on less than US$1.25[4] has been significantly reduced (from 12.6% in 1990 to 4.6% in 2011), over 50% of the population are still vulnerable and do not have a sufficient degree of resilience to face external negative shocks, such as natural disasters and financial crisis (ECLAC, 2015a). Although some factors have contributed to a reduction in poverty – such as high economic rates, a rise in both public and private transfers, greater female participation in employment, and a reduction in both household size and dependency ratios – it will be a challenge to stay on this track in a context of economic deceleration (ibid.).

Table 1 shows the best and worst performing countries for poverty reduction in the 1990-2012 period, as well as the regional average. Argentina, Bolivia and Paraguay are the three worst performers – even though they had a relatively low percentage of their population living in extreme poverty (less than US$1.25 per day), they are the only countries in the region that experienced an increase in poverty rates.

Age

One of the key predictors of poverty is age – namely, being a child. Based on demographic trends, families living in poverty tend to have more children, and their financial situation worsens with the arrival of each new-born (Reimers, 1999). This accounts for the fact that, on average, the incidence of poverty among children under 15 years of age is approximately double the rate for older people. A comparison between children's poverty rates and those of the general population is illustrated in **Figure 1.**

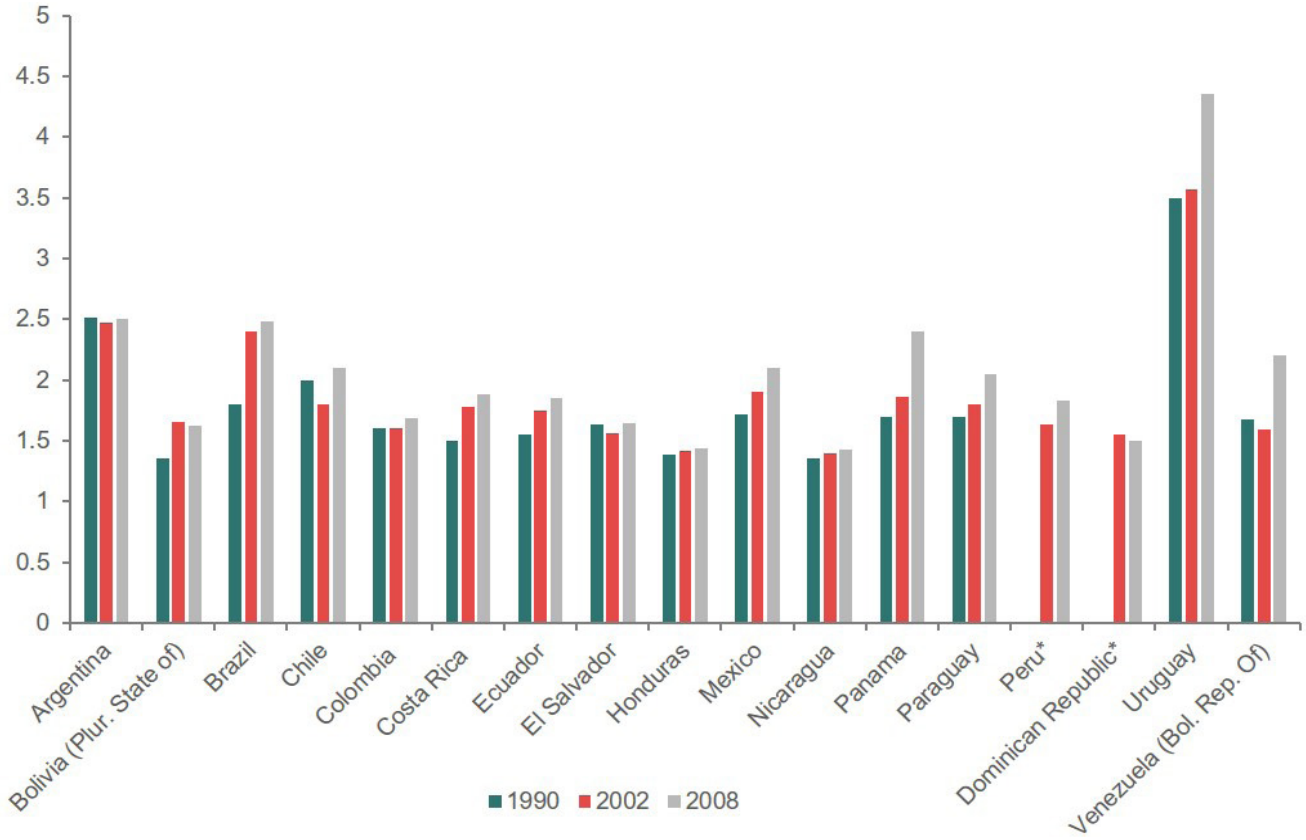
Table 1. Percentage of population living under US$1.25 per day (1990-2012)

Country	1990	2012	% Variation
El Salvador	17.07	2.53	-85.17
Costa Rica	8.45	1.35	-84
Chile	4.91	0.83	-83.1
Latin America	12.63	4.63	-63
Argentina	0.97	1.41	45
Bolivia	5.24	7.98	52
Paraguay	1.05	3.03	188

Source: ECLACSTAT database, ECLAC (2015).

4 Recently, the World Bank has increased the threshold of extreme poverty from US$1.25 per day to US$1.9 per day (see: http://blogs.worldbank.org/developmenttalk/international-poverty-line-has-just-been-raised-190-day-global-poverty-basically-unchanged-how-even).

Figure 1. Ratio of extreme poverty rates in children aged 0 to 14 years and those 14+



*Note: Poverty line at US$1.25 per day. *No data available for 1990*
Source: ECLAC, based on tabulations of household surveys conducted in the respective countries.

In the period 1990-2012, poverty among children decreased less than among the rest of the population. Many households with children do not have enough income to meet their basic needs, a fact which should be a major public policy concern when considering income poverty alone. However, the challenge goes beyond income poverty: evidence shows that the region has a long way to go in fulfilling the rights of children in other dimensions too. An ECLAC-UNICEF (2010) study evaluated the child-poverty situation through deprivation indicators across six dimensions of well-being, linked to specific fundamental rights of children (e.g. nutrition, access to drinking water, etc.). Thresholds were chosen for severe and moderate-severe deprivation, and then a synthetic index was constructed to reflect the number of extremely poor children (one or more in severe deprivation) and those children living in a situation of child poverty (one or more in moderate or severe deprivation). The results show that one in every five children in Latin America is extremely poor, and nearly half of them are poor because they live with moderate or severe deprivation.

Gender

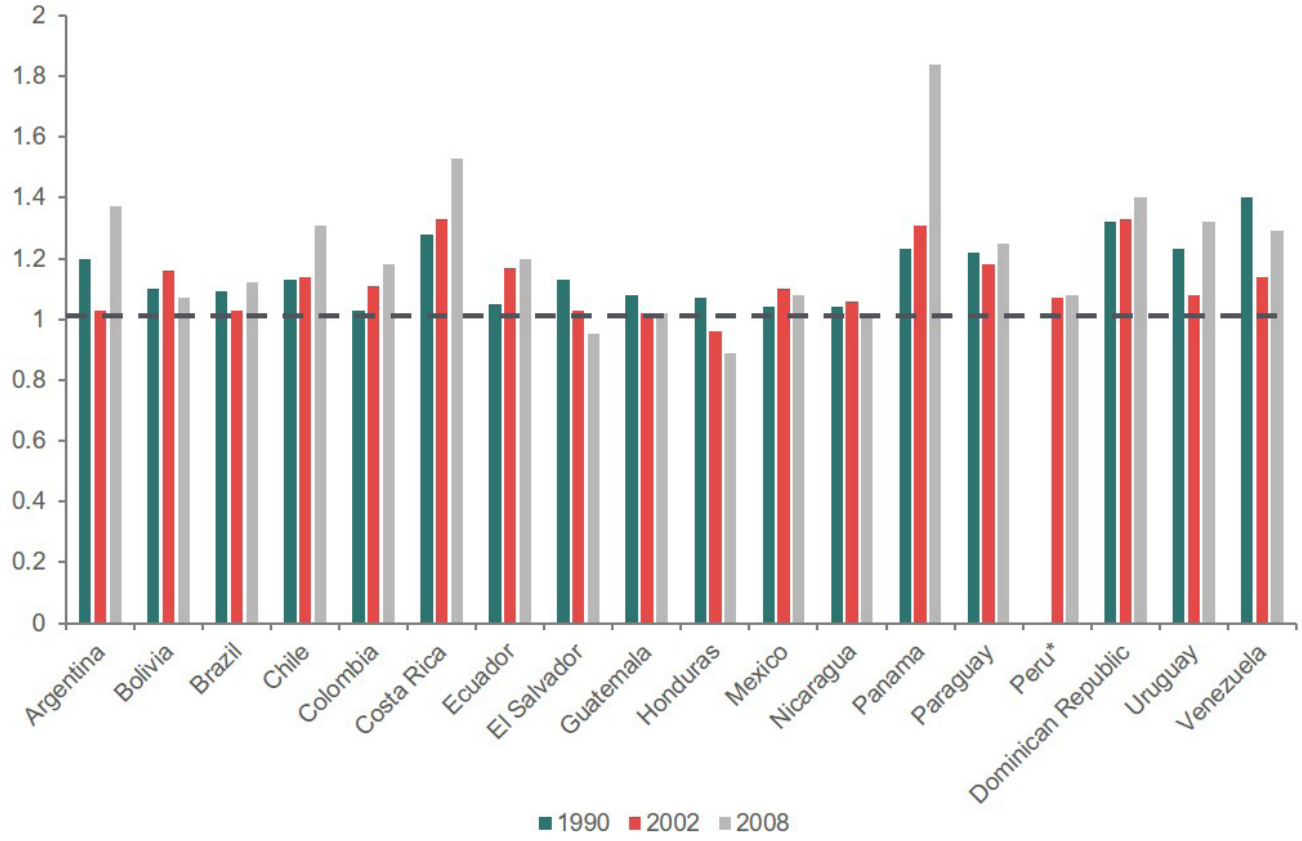
Latin America experiences a 'feminisation' of poverty as well, with women representing another vulnerable group. In most countries in the region, the poverty feminisation ratio is above 1, with the highest levels being in Argentina, Chile, Uruguay, Costa Rica, Dominican Republic, Panama and Venezuela (see **Figure 2 overleaf**).

Ethnicity

Finally, belonging to an indigenous population group is highly correlated with the likelihood of being poor. In the countries where data is available, the poverty rate among indigenous and Afro-descendant groups ranges between 1.2 and 6.8 times the prevailing rate in the rest of the population.[5] A comparison between 2002 and 2008 (most recent data available) shows that the gap between indigenous and afro-descendants versus the overall population has

5 Furthermore, these populations are more likely to be statistically invisible, which may cause these indicators to underestimate current vulnerability.

Figure 2. Ratio of extreme poverty rates in women and men (20 to 59 years old)



*Source: Ibid. *No data for 1990*

widened in most of the countries analysed (see **Figure 3** overleaf).

Children, women and ethnic minorities are worse off in terms of poverty. This calls for immediate steps to enact policies that prevent the gaps from expanding further.

3.2 SDG 3: Ensure healthy lives and promote well-being for all at all ages

Early motherhood

Target 7 of goal 3 calls for universal access to sexual and reproductive health care services. This is a major problem in Latin America, where teenage pregnancy limits the full exercise of rights by young women, particularly those in the lower income percentiles and those belonging to indigenous or afro-descendant communities.

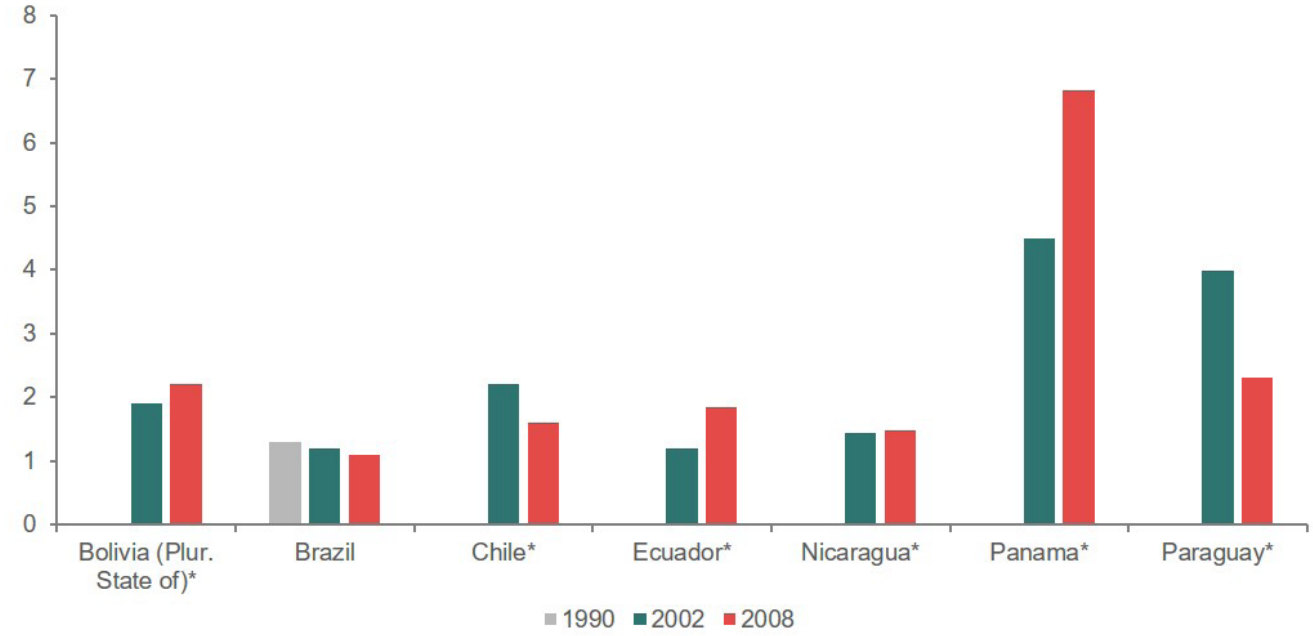
Over the past 25 years, the regional teenage fertility rate has held steady and, in some cases, has even increased (ECLAC/PAHO, 2011). If one takes into account the fact that the fertility rate of other age groups has declined, it seems that this situation reflects the lack of education and employment options available to teenagers, which in many cases translates into unwanted pregnancies and early motherhood (Cecchini et al., 2015).

As **Figure 4** overleaf shows, adolescent pregnancies are not evenly distributed, but instead show greater incidence among poor women with less education and fewer opportunities to access information and resources related to sexual and reproductive health (Trucco and Ullmann, 2015). The gaps between adolescents in the first and fifth income quintiles are especially wide in some of the countries with more extensive social protection systems (e.g. Argentina, Brazil, Chile, Colombia and Uruguay). On a positive note, trends in women's unmet need for family planning have declined over the last two-and-a-half decades – in 1990 over 17% of reproductive-age women had their needs unmet for family planning, which fell to 10% in 2015. However, the pace of this reduction has slowed in the interval from 2000 to 2015 (United Nations Department of Economic and Social Affairs, 2015).

Health outcomes

Overall health outcomes, such as child and maternal mortality rates and incidence of key diseases, can serve as good indicators of the strength and quality of health systems. Progress in this regard has been mixed within the region.

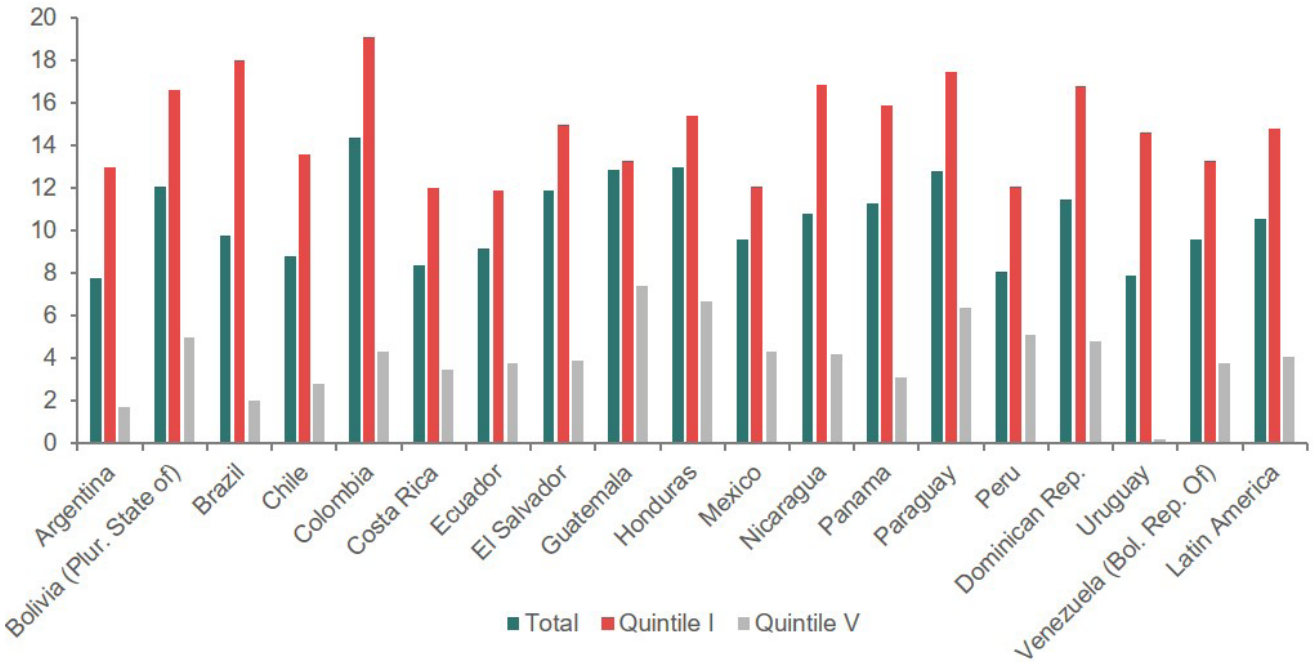
Figure 3. Ratio of extreme poverty rates in indigenous/afro-descendants and overall population



*Source: Ibid. *No data for 1990*

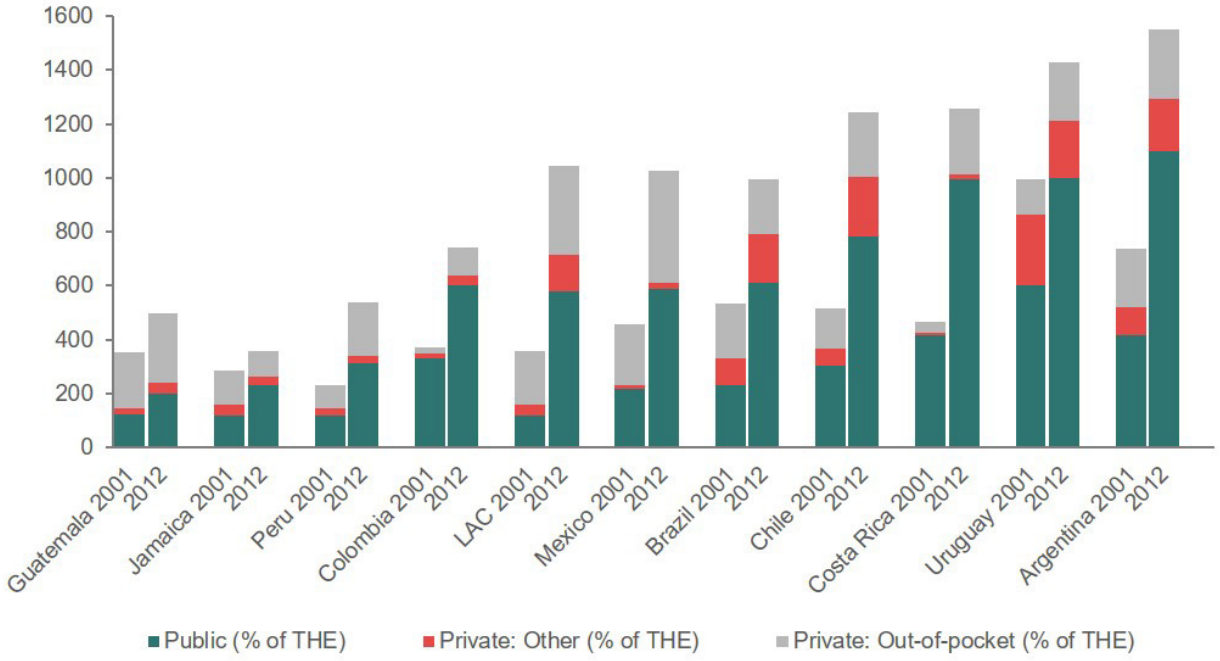
As a whole, Latin America reduced child mortality rates by two thirds between 1990 and 2013. However, only five countries in the region reached the MDGs goal, which shows great heterogeneity in the achievement of this objective. Progress on maternal mortality has been much slower – by 2013 there were 85 maternal deaths

Figure 4: Percentage of women aged 15 to 19 years who are mothers, by selected per capita income quintiles, c. 2009



Source: ECLAC-UNFPA (2012).

Figure 5: Total health expenditure per capita by source (PPP in constant international dollars), 2001-2012



Source: World Bank, World Development Indicators, 2012. Selected countries according to data available.

per 100,000 live births, representing a reduction of only 39%, far less than the MDG goal of two thirds. And, even though the region has made significant progress in fighting HIV/AIDS, malaria and other transmittable diseases, a major concern is the fact that the reduction in the incidence of these diseases in the most vulnerable population has not been as high (ECLAC, 2015a).

Health expenditure and provision

As shown in **Figure 5**, Latin America has experienced an increase in public and private spending on health-related services as a percentage of GDP.

Not only have governments increased their expenditure on average, but the private sector and citizens in general have done the same. Although encouraging, this evidence needs to be collated against unavailable data about the reach of health care services. Private or pocket spending is unaffordable for those in the lowest income percentiles, and public services do not always meet minimum quality criteria. Moreover, given the fact that the proportion of women lacking their own income is twice that of men, it is plausible to conclude that poor women tend to be significantly more dependent on the public health system than poor men, adding a gender-associated vulnerability to an income-related one.

There is no systematic information available in order to assess the minutiae of the health situation of indigenous and afro-descendant populations in the region. Some pioneer studies do point out, however, that these groups perform far worse than the overall population in indicators such as early motherhood and health coverage (ECLAC/PAHO, 2011).

3.3 SDG 5: Achieve gender equality and empower all women and girls

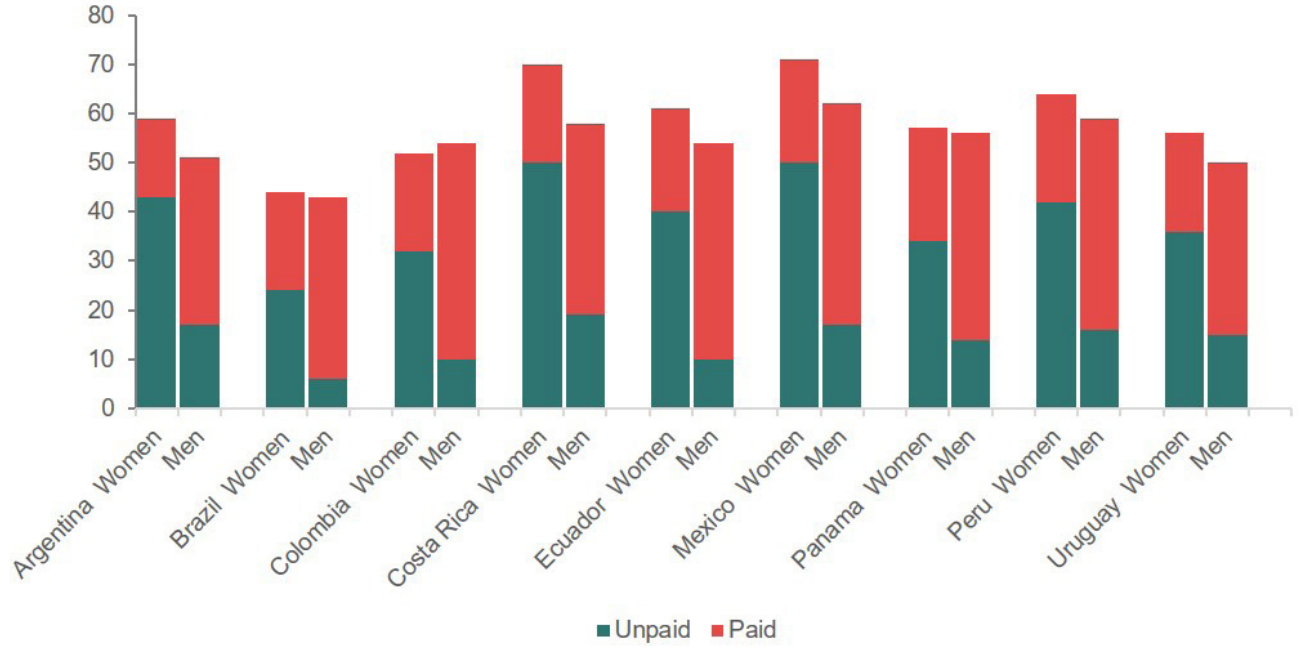
Gender equity is one of the major challenges that the Latin American region faces, and not as a stand-alone goal, but a cross-cutting issue for all others.

Gender relations have a major impact on development. Structural gender gaps in the labour market and income are crucial obstacles to overcoming poverty and inequality in our societies. The Latin American regional agenda for gender equity has advanced greatly in recent years, with Latin America and the Caribbean regional conferences on women organised by ECLAC putting forth a progressive consensus on gender equity (since 1977, but especially since the 12th Conference in Quito in 2007). In this context, Latin American countries need to embrace the challenges implied in the SDGs, without forsaking these prior agreements. This paper focuses on two dimensions of gender equity: economic autonomy and decision-making autonomy.

The labour market

Inequality remains a hallmark of the labour market and the female labour force, in particular. Women are still at a disadvantage *vis-à-vis* male peers in terms of career

Figure 6. Average time spent in hours on paid and unpaid work for aged 15+, by sex, country and with last available data



Source: ECLACSTAT, based on surveys of domestic use of time.

path, access to equal pay and even activity rates. Time-use surveys systematically show that women face what has been termed 'the double burden': even if they have, in recent years, entered the labour market, the distribution of domestic housework and care-related activities are still gender-biased to the detriment of women (see **Figure 6**).

Women with higher levels of education tend to have fewer dependent family members and more resources to pay for care services (ECLAC, 2015a). However, the burden of care-giving lies with women who have lower incomes. The social distribution of caring activities is a complex matrix therefore, where gender and class inequities combine.

The amount of time that women devote to domestic and care-related activities constitutes a problem in itself, because it is unpaid and prevents their full participation in the labour market. Women show a lower activity rate than men in all countries in Latin America, and tend to be employed in less stable or temporary jobs within the so-called 'economy of the shadows' (Fernandez Kelly and Shefner, 2010). In terms of work, women are segregated horizontally in low-productivity sectors and vertically in lower-ranking positions. Women are mainly found in low-productivity sectors as salaried employees (37.6%), self-employed workers (20.2%) and domestic service providers (10.7%). A study by ECLAC (2013b) concluded that if women had the same access as men to employment, poverty would fall between 1 and 14 percentage points in Latin American countries.

The position of women in the labour market and the incidence of informal jobs among them have a great influence on the Latin American wage gap. On average, a woman earns 86 cents for each dollar that a man does, as seen in **Table 2** overleaf.

In line with the rest of the world, Latin America has experienced an increase in the power and influence that women can exercise in both the public and private sector (O'Neill and Domingo, 2015). However, despite the rapid incorporation of women into the labour market since the 1970s, inequalities remain with regard to the limited presence of women in executive positions in the private sector. ECLAC found that out of 72 major companies in the region, only 3 had a female executive or president, which represents barely 4% (see **Table 3** overleaf).

With regard to autonomy in decision-making, there has been a noticeable change in the democratic culture of the region. Since the beginning of the 1990s, the subcontinent has almost tripled the number of seats held by women in national parliaments and, in the past decade, has increased the number of women at the highest levels of national government (ECLAC, 2015a). In 2015, the percentage of seats in national parliaments held by women in the whole region approximated the threshold set in the MDGs target (30%). However, there is enormous heterogeneity in this number: only 9 countries out of 18 have exceeded the target, while women hold less than 10% of the seats in the national parliaments of Belize and Brazil.

Table 2. Selected indicators of women's economic autonomy, various years

Country	Ratio of women to men without income	US$ earned by a woman for each U$S 100 earned by a man (total)	US$ earned by a woman for each U$S 100 earned by a man (those with 13+ years of schooling)
Argentina (2012)	2	93.2	84.8
Bolivia (2011)	3.5	76.8	78.6
Brazil (2013)	1.7	82.3	71.7
Chile (2013)	2	78.4	71.3
Colombia (2013)	2.4	89.7	79.5
Costa Rica (2013)	3.4	96.2	95.9
Ecuador (2013)	3.2	94.5	82.6
El Salvador (2013)	2.1	73.3	73.7
Guatemala (2006)	4.5	83.4	62.8
Honduras (2010)	2.4	94.4	85.6
Mexico (2012)	3.3	86.8	78.1
Nicaragua (2009)	No data available	89.7	78.4
Panama (2013)	3.9	87.5	72.1
Paraguay (2013)	2.3	85.1	79.8
Peru (2013)	2	79.1	76.9
Uruguay (2013)	2.6	83.8	79.9
Venezuela (2013)	3	96.5	90.9
Latin America (2013)	2.2	86.9	79.2

Source: ECLACSTAT database, based on national household surveys.

Early motherhood

Teenage pregnancy is also a major challenge with regards to gender equality, in so far as the economic growth that the region experienced during the last decade did not impact positively on the fertility rate of young women aged 15 to 19. This has to do with the lack of comprehensive policies on sexual education and provision of contraceptives, as well as problems associated with the completion of education, the burden of household domestic work, and the obstacles that women – particularly those who are poor – face for their participation into the labour force. This situation poses an enormous challenge in terms of development with social equity, because early motherhood is associated with increased poverty rates among adolescents, diminished educational prospects owing to the fact that these women often have to drop out of school (at least for some time), and have fewer job opportunities. The level of inequality is thus exacerbated by the intergenerational transmission of poverty, and undermines women's autonomy, which is one of the central pillars of equality. As **Figure 4** showed earlier, women from the first income quintile are more prone to early pregnancy, therefore it is possible to say that poverty is a major predictor of early motherhood. Moreover, as many studies have revealed, poor women have, on average, more children than those in middle and upper classes (ECLAC, 2015a).

If income correlates with the number of children a woman has, so too does ethnicity. As a component of the process of demographic transition within the region, fertility rates started decreasing in the mid-60s. Nowadays, the regional average is 2.2 live births per reproductive-age woman, with a great degree of convergence among countries. While Costa Rica shows an average fertility rate of 1.5 live births, Guatemala is at the other extreme, averaging 3.7 (ECLAC, 2013c). However, fertility rates of indigenous women are much higher than those of non-indigenous women: for instance, in Brazil the fertility rate for indigenous women is 3.9, and for the general population is 1.9; in Panama, the difference is 5.1 for indigenous vs. 2.3 for the general population (ibid.), therefore it is important to bear in mind that, as stated above, poverty affects the indigenous population to a far greater extent than the non-indigenous population. As a result, this fertility gap also contributes to the intergenerational transmission of poverty.

Table 3. Women in senior positions in major Latin American companies (selected countries)

Country	Percentage of women directors	Number of women on executive boards
Argentina	7.1	1.8
Brazil	7.4	4.8
Chile	3.6	6.5
Colombia	10.2	21.2
Ecuador	4.5	0.0
Mexico	10.2	6
Panama	4.5	8.3
Peru	8.1	15.8
Uruguay	20	20
Venezuela	0.0	14.3

Source: ECLAC (2014a): El nuevo paradigma productivo y tecnológico, la necesidad de políticas para la autonomía económica de las mujeres.

4. Research findings: key policy recommendations to achieve the social SDGs

Despite the progress experienced by Latin America as a whole in the achievement of the MDGs, it is still the most unequal region in the world, with recent developments benefiting certain groups over others. In this context, the new development agenda – with its transformative nature and focus on inequality – can help emphasise the importance of closing these development gaps in order to recognise the human rights of many Latin Americans.

This section describes priority actions that the governments of the region should take in the first 1,000 days of the SDGs, in order to start building the path to enable them to achieve the goals and targets that are of focus in this paper. We also set out the institutional challenges that many Latin American states will face in the implementation of these policies.

4.1 Reforming conditional cash transfers (CCTs) in the context of social protection systems

One of the main policies chosen by governments in the region is that of **conditional cash transfer (CCT) programmes**. CCTs were first implemented in the mid-1990s and, since then, have gained relevance and legitimacy as a social protection instrument in all Latin American countries (Tornaroli and Stampini, 2012). CCTs are the main anchor of social protection systems and poverty-reduction strategies, and have displaced other, more traditional social assistance instruments such as food subsidies (Cohen and Franco, 2006).

CCTs aim to reduce poverty in the short and in the long term. In the short term, they provide households that live under poverty with an income, and in the long term they seek to generate human capital to reduce poverty. As a condition of receipt of payment, CCTs require the fulfilment of certain co-responsibilities: mainly, school attendance and frequent medical check-ups. They also act as a subsidy for public services for poorer sectors of society (Bastagli, 2009).

There is consensus about the short-term impact of CCTs. Monetary transfers to families naturally contribute to the improvement of their income, sometimes helping them overcome poverty, and always relieving their situation. However, the impact on poverty levels depends on the coverage and amount transferred by each CCT (Cecchini, 2014). Specialist literature also evidences the positive impacts of CCTs on intermediate indicators of human capital (enrolment rates, school assistance and medical check-ups), particularly for the most vulnerable families and in countries where barriers to access to social services are higher. A recent global meta-analysis of these policies finds that these kind of policies foster development in education, health, saving behaviour, nutrition and employment (Bastagli et al., 2016). However, due to the often low quality of social services in the Latin American and Caribbean region, there are doubts regarding the final impact on human capital. Some authors find some positive impacts on cognitive skills and learning, socio-emotional skills, and off-farm employment and income (Molina-Millan et al., 2016) and also consistent positive impacts on reducing child labour (Cohen and Franco, 2006). However, other authors find impacts of CCTs in the long term to be non-existent, especially in long-running CCTs such as Mexico's *Oportunidades* (Gonzalez de la Rocha, 2008).

It is undeniable that CCTs have come a long way. Most of the countries in the region have strongly institutionalised CCTs that have endured governmental changes, economic recessions and even crises. Besides the reduction of poverty, CCTs have shown other positive impacts as well, such as the promotion of the right to identity.

However, in order to improve the efficiency of CCTs, certain changes are needed, which vary depending on the strength of the existing welfare system and welfare gaps (Cecchini and Filgueira, 2011). Latin American countries can be grouped into three broad categories in order to analyse the feasibility of policy recommendations on the first SDG and selected targets, which follows Cecchini et al. (2014). Here, the authors evaluate the capacity of countries to provide transfers and services to guarantee their population access to adequate consumption of goods and services, given their stage of the demographic transition, labour-market maturity and government capacity. The categories are 'Countries with severe gaps', 'Countries with moderate gaps' and 'Countries with small gaps'. The variables considered in the categorisation are per capita gross domestic product (GDP); the combined demographic dependency rates; wage-earning workers who contribute to the social security system; per

capita real social spending; expenditure on social security and social assistance as a percentage of GDP; and the percentage of individuals over 15 years of age who are employed but below the poverty line.

In **countries with severe welfare gaps**, expansion of CCTs is needed across two dimensions. Firstly, the coverage rate is low, for instance in Paraguay where the *Tekoporá* programme reaches 120,000 families out of roughly 350,000 families who live in poverty, despite enormous recent expansion. Secondly, benefits tend to be limited in duration, i.e. families only receive the transfer for certain periods and then it is withdrawn with often poor (if any) coping strategies. Good coverage would imply that all eligible populations receive CCTs. A standard for timeframes is more difficult to recommend, however it should be sufficient to guarantee that programme beneficiaries can develop the specific skills and attain the necessary resources (human and financial capital) to enter the formal labour market.

The **countries with moderate and small gaps** face challenges regarding better engagement of CCTs with the labour market, in order to constitute a sustainable and long-term poverty exit strategy. Experience of CCTs in the region has proven that poverty can be temporary and dynamic, and there is an intrinsic fragility in the frontier between poor and vulnerable families (Hardy, 2011).

Overcoming the poverty threshold in the short term does not ensure sustainability in that position, however. In order to do so, two strategies are proposed. Firstly, productive inclusion of vulnerable sectors of society is needed. Secondly, countries need to strengthen CCTs as the entry point to a wider social protection system with broader benefits. In some cases the co-responsibilities mechanism does not function as expected: children from families who have received CCTs do not show higher human capital than those who have not (CEPAL-OIT, 2014). As stated above, this is mainly due to the quality of the social services that these children are required to use, and reflects broader inequalities in their provision and worth. This situation calls for a strengthening of public services, education and primary health services in particular.

For CCTs to overcome current challenges and become an effective social protection tool, they need to play a stronger **role as gateways to social security systems,** and help to establish continuities between different levels of benefits from social policy. CCTs should help communicate procedures for accessing other benefits and protection alternatives, as well as empower citizens to demand higher quality social services. This should not be understood as a permanent dependency on state benefits, but as a factor of social citizenship expressed in the recognition of social rights and the establishment of guarantees from the state (Cecchini and Martínez, 2011).

CCTs need to be expanded (in coverage and benefits), be better aligned with the elements and labour policies of other social protection systems, and require better targeting (focusing on families with younger children). CCTs have proven to be effective tools in poverty reduction in the short term, and can act as a crucial instrument in strengthening social cohesion (as providing social protection to those who cannot access contributive social security schemes). However, for the effective accomplishment of the SDGs, CCTs need to be strengthened in four crucial aspects.

Firstly, in many countries (especially those with severe and moderate gaps), **CCTs need to be expanded both in coverage and in benefits**. The experience of Argentina in attaining universality with its CCT *Asignación Universal por Hijo*, which complements the contributive family allowance scheme *Régimen de Asignaciones Familiares*, could help inform policy-making processes throughout the region. CCTs can be a powerful tool in generating a basic income for the assurance of social protection floors, but universal approaches are required – such as that of Argentina – in order to avoid exclusion errors. The *Asignación Universal por Hijo* programme aimed to equate the transfers that families in the formal sector were already receiving through the contributory system with those that families in the informal sector of the economy should receive. This is the reason it is called 'universal', as it universalises access to a minimum income independently of the type of labour that children's parents undertake. In this way, targeting is seen as an instrument to reach the goal of universalisation. In terms of benefits, in many countries, CCTs are limited in time and this has to be reviewed. The burden of living in poverty is not necessarily overcome within a specific timeframe, and circumstances vary across families. Exit strategies need to be taken into account with regard to accessing more sustainable incomes that guarantee that families are no longer poor or vulnerable. Finally, the monetary amount of CCT transfers also needs to be reviewed, since in most cases it does not ensure that extreme poverty is overcome and that food security is ensured.

Secondly, **CCTs need to strengthen their role as effective gateways for social security systems**. This is crucial in order to effectively guarantee an exit strategy from poverty for the families in question. CCTs were founded on the belief that greater human capital of the most vulnerable population would ensure their well-being in the long term. This has not been the case, however, since the social services that these families have accessed or received does not guarantee *per se* a sustainable position within the labour market. This is also linked with macroeconomic dynamics and the capacity of the labour market to absorb labour supply.

During the first 1,000 days of implementing the SDGs, a plan to strengthen the quality and provision of basic services is fundamental and, more importantly, is feasible, as many of the key informants of our study have agreed: 'Access to quality education services, combined with the prioritisation of contents and skills that allow future generations to be competitive in the upcoming

Box 2: Brazil Sem Miséria Plan: the articulation between CCTs and productive inclusion

The Brazil Sem Miséria Plan (Brazil without Extreme Poverty Plan) brings together interventions in three areas: productive inclusion, guaranteed incomes, and access to social services. The Bolsa Familia Programme belongs to the second area, guaranteed incomes, while the labour market inclusion programmes and services are part of the first area.

Brazil Sem Miséria is categorised as an 'umbrella programme', that is, a social programme that contains subsets of policies that are interconnected. The programme itself is the core of Brazil social protection system. The articulation between Bolsa Familia (CCT programme) and the productive inclusion programmes allows the beneficiaries of Bolsa Familia to exit the transfer program in a 'soft way', as they start participating in training and labour intermediation programmes specifically designed for them.

Moreover, another advantage to this kind of programme is that it allows the monitoring of the development of each individual over a considerable amount of time, which is a critical input for the evaluation of the social programmes involved in Brazil Sem Misèria.

Among productive inclusion, it is worth mentioning the following programmes:

- **Plano Setorial de Qualificação Profissional** para os Beneficiários do Programa Bolsa Familia (Sectorial plan for professional training aimed at Beneficiaries of Bolsa Familia Programme) offers free training programmes in the areas of tourism, mechanics and civil construction. No additional funding is provided during the programme. It is a joint initiative of the Ministry of Social Development, the Ministry of Tourism and the Ministry of Labour and Employment.
- The Programa Nacional de Acesso ao Ensino Técnico e Emprego – **PRONATEC** (National Programme for Access to Technical Education & Employment) run by the Ministry of Education includes Bolsa Familia beneficiaries among its clients. It was created in 2011 to expand vocational and technical training to improve inclusion in labour markets. Classes are taught at technical and technological education schools registered with the National Learning System of the Federal Network of Vocational and Technological Education. Classes are free and beneficiaries also get a transportation allowance and school materials. The Ministry of Education and MDS coordinate municipal governments' participation in this programme through the PRONATEC programme.
- The **Mulheres Mil** (**Thousand Women**) **Programme**, under the Ministry of Education, provides vocational and technological training courses to vulnerable women (although not necessarily to Bolsa Familia beneficiaries). This programme is linked to the National Employment System (SINE) and private industry.

Source: (Díaz Langou and Repetto, 2013)

labour market is crucial to fight the vicious circle of intergenerational transmission of poverty'.

Thirdly, **cash transfers should be strengthened (in amount and duration) when they target families with children in early childhood**. This is a requirement that would enable progress in other dimensions (i.e. nutrition, health, habitat, and labour market participation), if inter-institutional linkages are designed correctly and implemented accordingly. *Brazil Sem Miséria* (BSM) (see **Box 2**) is a good example of how CCTs can help build comprehensive strategies that have a concrete impact on helping families overcome poverty. Partnerships could be fostered at the regional level, to allow, for example, the socialisation of BSM's experience in terms of its concrete implementation (especially considering its federal dimension and the potential for lessons learnt by other federal countries). In this regard, one of the interviewees warned that CCTs often have a 'deadline independent of the socioeconomic progress that the family that receives the cash transfer has made'. It is important to link the termination of the transfers and associated services to objective indicators that show that the beneficiaries have indeed reached a well-being threshold that guarantees that they will remain above the poverty line once the benefit has finished.

Finally, there is a need for **better strategies to target indigenous and afro-descendant populations**. Latin American countries need to improve the implementation of CCTs in order to reach marginalised communities or those which tend to remain outside of state networks. A good strategy is the training of indigenous and afro-descendant public officials who help the state to reach these populations, thereby reducing the costs of information and transaction. It is also important – as an interviewee from Central America stated – that communication of state interventions is translated into native languages.

Besides CCTs, Latin American countries (especially those with moderate and small gaps) have also fostered other social protection tools that have acted to reduce poverty. Southern cone countries, such as Uruguay and Argentina, have made huge advancements in their pension systems, achieving an almost universal coverage rate, and exceeding their pure-contributive nature. This expansion offers a very clear challenge ahead, however, with these countries starting to feel the weight that the pension system represents in public expenditure.

Taking into account the life-cycle approach that the social protection floors initiative proposes (ILO, 2012), the most underdeveloped area in the provision of social protection in recent years is active age-protection. Regrettably, traditional labour and social protection initiatives have not abounded recently. The informality rate is high in the Latin American region, and the lack of social protection that comes with it affects many families and particularly women (ECLAC, 2014b). Unemployment insurance is practically non-existent in the region, and the regulation of minimum wage has been weak in most of the region with the only possible exception of Brazil, where it has helped to drive the sharp decrease in inequality evident in this country (Lustig et al., 2013; Maurizio, 2014).

Better alignment of social protection policies with active employment policies could help multiply results, and trigger effects that would lower both poverty and inequality rates throughout the Latin American region.

4.2 Prioritising primary care and reproductive health

Access to health services – especially primary care – is a challenge that requires efforts from the viewpoints of both the supply (human capital, infrastructure and communication) and demand (education and incentives to attend primary health centres, such as CCTs).

In the health sector, our analysis points to the importance of two critical areas of reform: primary care services and reproductive health services.

Supply-wise, primary health care networks should be strengthened and should focus their work on education and prevention. Expansion within Latin American health systems has traditionally focused on high-level services, such as hospitals, and has often disregarded primary health care. However, primary health care has proven to be more efficient than all other service levels due to its enormous potential to prevent epidemics. Primary health care centres should be made available everywhere in the region, which implies an extension in infrastructure and a cultural change in health professionals. Primary health care centres are not expensive, and are an excellent investment due to the costs they save the health system in the long term (Organización Panamericana de la Salud, 2012). According to the Alma-Ata Declaration, which was launched during a World Health Organization Conference in 1978, primary health care 'is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination' (WHO, 1978). According to the WHO, the role of primary health care can be summarised as having the following functions:

- To provide continuous and comprehensive care
- To refer to specialists and/or hospital services
- To coordinate health services for the patient
- To guide the patient within the network of social welfare and public health services
- To provide the best possible health and social services in the light of economic considerations.

Despite this agreement on the key role of primary health care, Latin American countries have often failed at institutionalising a system to enhance the commitments of the Alma-Ata Declaration. Instead of strengthening their prevention programmes, many still work on the basis of a reactive logic, and the rate of investment on palliative actions and preventive actions is too high (WHO, 2008a). The WHO estimates that reversing this could help to reduce morbidity by up to 70% (ibid.). One of the experts consulted during this research highlighted the role of Primary Health Centres (PHCs) as 'true gatekeepers of the welfare system, as people who show up to get medical attention could get information about the many programmes, not only health programmes, sponsored by the state'.

Having a greater focus on primary care is likely to improve health at a lower cost. There is evidence to show that salaried employment of specialists within hospitals results in better performance of health systems for the population as a whole, as does the regulation of the location of physicians and their equitable distribution across the population (Starfield, 1991). Evidence also suggests that total health-care expenditure is generally higher in countries where health-care systems are left to the vagaries of market forces

This prioritisation of primary health care requires a **rethink of the health workforce**, however. The science of health equity and primary care has yet to find its central place in schools of public health (WHO, 2008a). Furthermore, strategies regarding the recruitment and retention of health-care professionals should be reviewed in order to meet the targets set for underserved populations. Without investment in the mobilisation of health care workers, there can be enormous resistance to change, anchored to past models. If, however, individuals can be made to see and experience that primary health care produces stimulating and gratifying work, which is socially and economically rewarding, health workers may not only come on board, but also become a militant vanguard (ibid.).

Primary health care is the most effective prevention strategy that Latin American countries could strengthen, and it should be applied against the spreading of the most prevalent epidemics. The nature of primary health care can provide a concrete opportunity to work with families and correct unhealthy habits that encourage diseases. A special focus could be placed on the prevention of malnutrition, particularly regarding the prevalence of overweight and obesity in infancy and youth (FAO, 2013).

Box 3: Argentina's SUMAR programme

The SUMAR programme – an expansion of Plan Nacer which provides public health insurance to uninsured pregnant women and children under six – is a public policy initiative of Argentina's Ministry of Health. It seeks to promote improvements in the coverage and quality of health services, giving priority to the population who only have access to public health care. It has incorporated 2 million children under five years old and approximately 13 million people aged up to 64 since its expansion. The programme provides financial incentives to health care centres to implement tracer interventions that enable free use of health services at a provincial level.

(www.msal.gob.ar/sumar/)

The promises of primary health care are conditional to a specific trait of the system, namely, that it **becomes patient-centred, as health systems can perform better through integrated, community-based delivery points** (WHO, 2008a). Cuba's *Policlínicas* (specialty community clinics) have contributed to extending life expectancy in the country; Brazil's *Programa Saúde da Família* (PSF, Family Health Programme) has showed major positive results through its emphasis on providing services to families in their own homes and community centres (Rolim Sampaio, 2006). Another enabling factor is the aim to achieve universal coverage: inequalities in access can produce decades of difference in life expectancy both among and within countries (WHO, 2008b). Argentina's *Programa Salud* (**Box 3**) represents a leading case for proponents of the feasibility and convenience of universal and free health insurance.

Demand-wise, CCTs where families are not only enabled but also compelled to make use of health services have helped in breaking barriers to the health system (IDB, 2014). However, strong limitations remain, especially regarding availability and access to health care, therefore it is **important that the characteristics of vulnerable populations are taken into account when designing interventions.** Indigenous communities show greater reluctance to attend health centres due to the discrimination and disrespect that they suffer. A good strategy would be to develop programmes to train doctors and nurses from the indigenous communities themselves, so they can be a bridge between the services and people's needs. Chile has made some progress in this regard, creating an 'Indigenous Health System' that trains indigenous nurses and doctors in order to take into account the cultural characteristics of its indigenous population (Ministerio de Salud, Gobierno de Chile, 2003). Bolivia, in turn, has a *Registro Único de Médicos Tradicionales, Parteras y Naturistas (*Register of Traditional Doctors, Midwives and Natural Therapists): the Ministry of Health compiles information about these professionals, and provides training and resources in order to prevent misuse and 'pseudomedicine' (ECLAC, 2014c). Brazil, Ecuador, Nicaragua, Mexico, Paraguay and Peru also have similar programmes, with varying degrees of development and coverage. While there are no rigorous impact evaluations of these interventions, they are usually referred to as good practices in so far as they have allowed indigenous populations to gain access to basic health services where implemented (Ibid.).

The fulfilment of reproductive and sexual rights should also be prioritised, with universal access to free contraception. Latin America has a long-running debt to women, with its failure to attain MDG 5 (maternal mortality), and rising rates of teenage pregnancy a clear and worrisome indicator of this fact. This debt has further implications, enabling the intergenerational transmission of poverty and restricting opportunities, educational performance, school completion rates and future positions of women in the labour market (World Bank, 2011; Rico and Trucco, 2014).

Education is vital for the fulfilment of reproductive and sexual rights, with sexual education essential to 'children and adolescents' right to knowledge and building the skills required in developing responsible behaviours and living life fully' (UNFPA, 2005). Education programmes for preventing sexually transmitted infections and teenage pregnancy have demonstrated a positive impact (WHO, 2009), with many countries formally including sexual education in their syllabus, however challenges remain in terms of translation into practice. There can be no progress in this area unless the practices of teachers match the message conveyed, however (ECLAC, 2014) – to this end, a combination of continuous training and strong supervision should be emphasised regarding the teaching of sexuality in primary and secondary education.

Contraceptive methods need to be free and universally available; however pharmaceutical corporations are often strong and powerful opponents of these initiatives. Availability needs to be channelled outside the health system using methods that correspond with the uses and habits of teenagers, since they are a naturally healthy population and do not usually attend health centres or hospitals. Special attention must be paid to the habits of indigenous people also, with appropriate provision of contraceptives and design of communication strategies that include participation of their communities (ECLAC, 2013a).

The implementation of these policy recommendations would help achieve not only the specific SDG targets relating to health, but also many of those relating to poverty reduction and women's empowerment. Health is a major component of well-being when taking a multidimensional approach; it is hard to achieve real

poverty reduction if quality thresholds for health services are not guaranteed for all. Moreover, sexual and reproductive health is crucial to empower women, as they still are culturally pointed as exclusively in charge of reproductive and domestic tasks.

4.3 Promoting gender equality: a multi-pronged strategy

This paper has argued that one of the main problems of Latin American CCT programmes is that they are often not linked to exit strategies that allow their beneficiaries to access quality job markets. When it comes to social inclusion through formal jobs, women face more challenges than men (Gasparini and Marchionni, 2016). Despite major advances regarding female participation in the labour force during the last forty years, data shows a deceleration of female labour force participation since the 1990s. This slowdown can be overcome with specific policies, however.

The sexual division of labour in the region has been given more attention in recent decades due to the work of feminist movements, however Latin America still has a long way to go. As the data indicates, women bear a double burden of needing to earn a salary and also being responsible for domestic activities. Due to outdated cultural views, women are more prone to staying at home to perform unpaid housework and care-related activities than participating in the labour force. Given this, **governments should prioritise the installation of high-quality yet decentralised public care facilities**, particularly in countries such as Argentina, Brazil and Colombia that show high levels of geographical disparities (Aulicino, 2016). This provision of public care services will help tackle at least three major issues that the region faces today, namely: early childhood care and development (the multidimensional side of infantile poverty), women's labour participation (by relieving them of their care responsibilities); and youth labour participation (given that most of those who do not work or study are young mothers who could find employment opportunities in the care system) (World Bank, 2016).

The focus of such public care facilities should be twofold: a) the universal enrolment in kindergarten for 3 and 4-year-olds, and b) the universal availability of care facilities for children aged 45 days to 2 years old. For the first part of this challenge, precedence should be given to the most vulnerable sectors of society, but without forsaking universality since social diversity in classrooms has great positive impact (Veleda et al., 2011) and contributes to social cohesion (Marcó Navarro, 2014). The second challenge would rely on the introduction of kindergarten classes for younger children, as well as care facilities to be built with state funding. Pedagogic and social approaches should be used in this process, with lessons learned from neuroscience being incorporated into curricular design. These centres should build strong relationships with families, and help parents with key materials and capacity-development sessions (Nordic Council of Ministers, 2010).

One of the experts interviewed during the course of our research stated that the consolidation of comprehensive public care systems is critical to seize the demographic dividend that the region will experience up to 2030. Effective public care facilities would allow young mothers to continue their studies and prevent them from withdrawing from the workforce. This, in turn, would facilitate the process of human capital accumulation, strengthening productivity rates and therefore improving economic performance of the countries in question (Gasparini and Marchionni, 2016). One of the interviewees stressed the importance of prioritising quality in care-services provision, and the need for teaching to be improved. Initial and life-long training of early childhood teachers should be a key concern of governments, with complementary supervision and technical support also fostered at this level. Every country should set a goal according to current progress of specific coverage rates to be attained each year in order to guarantee universal access to early childhood education and care by 2030.

Besides public provision of care services, other policies should be implemented in parallel. As noted above indigenous and afro-descendant women face obstacles when it comes to full incorporation into the labour market. Given this, **policies must focus on strengthening women's skills so that they meet the labour demands of growing industries. Indigenous and afro-descendant women should be prioritised**, with the purpose of closing the gap between ethnic minorities and the overall population. In this regard, it is important to focus not only on technical or so-called 'hard' skills, but also socio-emotional or 'soft' skills, i.e. the ability to work towards objectives, to communicate ideas, to engage in team work, etc. These skills are crucial within formal labour markets, and can be strengthened though socio-educational and socio-labour interventions.

Another major issue is the well-known but hard to address wage gap. There is a long-standing myth in Latin American societies that it is cheaper to hire men than women, however there is no evidence to support this claim. A recent analysis by Abramo and Todaro (2002) shows that the cost associated with maternity and child care is less than 2% of an average woman's wage and, when a comparison is made between men and women's non-wage costs (i.e. social security and insurance contributions), the latter is only 1% higher. However, as stated above, given the fact that women earn 86 cents for each US$1 that men earn it works out that hiring a man is much more expensive. To remedy this, it is necessary for states to **review and redefine parental leave policies** in order to incentivise both parents to take leave. This, in turn, would reduce the disadvantage that women face with regards to halting their careers to raise children, with

the consequential loss of cumulative capital and even contribution to the social protection system. The same is true for policies requiring that private and public employers provide care facilities within offices: in many countries, such as Argentina for instance, the law establishes a threshold for female employees at which employers must provide care-related facilities.

As many of the interviewees stated, discrimination against women in the labour market is deep rooted, and is hard to fight against with fragmented interventions. Cultural causes of gender inequality are more difficult to address with single policies; however, one set of interventions that could help in this regard is that which aims to **facilitate women's access to decision-making positions, both in the public and the private sector**. The introduction of quotas has shown a great degree of success in promoting gender equity within political decisions (European Commission's Network to Promote Women in Decision-making in Politics and the Economy, 2011), however countries must begin to penalise those political parties that do not uphold the rules. A suitable policy could be the implementation of a staggered public financing model, with those parties with more women holding positions of power receiving more public funds. This system of quota and incentives should permeate the municipal government and, if they exist, provincial or state-level political arenas also.

Such a quota system that forces employers to introduce affirmative action in the formation of executive boards would face much more resistance in the private sector, however. Even if parental leave based on a scheme of co-responsibility could equalise the career paths of men and women, governments could go further to also implement policies of fiscal incentives for companies that promote women's career progression. A 'gender equality logo' could be added to products produced by companies with at least 50-50 gender composition for their boards of directors.

5. Priority actions: creating enabling conditions for successful policies

Strong and smart institutions are a necessary condition for sustainable social development. Four challenges are of specific relevance to the first 1,000 days of the SDGs.

1. Firstly, it is crucial to secure the required funding for the development of certain enabling actions. Given current macroeconomic constraints, it is highly possible that the SDGs will not receive the same fiscal support that the MDGs had available for social expenditure. Countries with severe welfare gaps (those with low capacity to provide transfers and services to guarantee access to adequate consumption of goods and services, given their stage of the demographic transition, labour-market maturity and government capacity) should focus on improving the collection of taxes in general, and of value added tax (VAT) specifically.

Poorly designed tax systems, tax evasion and tax avoidance are costing Latin America billions of dollars in unpaid revenue – revenues which could and should be invested in tackling poverty and inequality. Additional revenues are crucial for public investment in reducing some of the region's historical gaps, such as its highly segregated access to quality public goods in education, health, transport and infrastructure. Many tax systems depend heavily on consumption taxes that place the burden on low- and middle-income groups. In addition, the region's tax systems tend to be biased towards labour income instead of capital gains, and usually lack any property and inheritance tax, thus increasing wealth concentration, which is even greater than income concentration. Revenues from personal income tax are relatively low, particularly from the highest-income groups. ECLAC (2016) calculates that the average effective tax rate for the richest 10% amounts to only 5% of their disposable income. As a result, Latin American tax systems are six times less effective than European ones at redistributing wealth and reducing inequality. Countries with moderate and small gaps should prioritise fiscal reform towards more progressive and sustainable schemes.

It may be argued that tax reform is a long road to take during the first 1,000 days of the SDGs, but, in reality, it is the only possible option for granting the necessary fiscal stability that would enable successful attainment of the SDGs. In this regard, multi-stakeholder partnerships (MSPs) – where non-governmental actors (such as civil society organisations and companies) work with governmental actors (such as intergovernmental organisations and public donor agencies) – can be useful to advance towards better and more inclusive fiscal systems. The core idea is to build a win-win situation where public and private partners pool their resources and competencies to address common social or environmental aims more effectively (ECOSOC Partnership Forum, 2016).

2. Secondly, during the first 1,000 days of the SDGs, Latin American social policy organisations and bodies should be strengthened, to adopt a more systematic perspective. While the education and health sectors tend to be more institutionalised, social protection systems are in need of review and revision. This means developing protocols to design, implement and evaluate interventions, and to assign sufficient budgets to the policies implemented by ministries of social development. Moreover, social development ministries should be professionalised, and the management tools used in the social sector should be improved. Spaces of coordination should be designed and used by relevant state or non-state actors, with processes aiming to achieve a comprehensive approach towards the SDG targets.

Many of the successful policies identified during our research were positive in so far as they achieved a degree of coordination in which not only public officials agreed upon goals and ways of reaching them, but municipal state agents and different sectorial ministries shared common practices and values. Conditional cash transfer programmes, for instance, need to be designed and implemented from a perspective that is shared by all of the responsible authorities (education, health and social protection). Brazil's *Bolsa Familia* (**Box 2**) and Argentina's *Asignación Universal por Hijo* are clear examples of the benefits of coordination, even if the mechanisms and the policies themselves could be improved. For example, the fulfilment of the conditions of CCT cannot be guaranteed if sectorial ministries fail to provide quality public services. In order to do so, they need to work together to identify gaps of coverage. Specifically, Latin American countries need to build information, monitoring and evaluation systems, improving the stock

and quality of available information, especially with regards to populations that are being left behind. As mentioned previously, it is extremely difficult to assess the social situation of indigenous groups and afro-descendants due to the lack of longitudinal data. This research found several restraints when assembling data about indigenous and afro-descendant populations, particularly in indicators related to health coverage and outcomes. Monitoring and evaluation are crucial in order to highlight what is working and what needs to change. Inclusion of universities and think tanks in the design of information and evaluation systems could be helpful in this regard.

3. Thirdly, politics must be taken into account when promoting the 2030 agenda. It would be a good practice to create, within each state, mechanisms for full participation by actors from civil society and the private sector in monitoring, discussing and ensuring transparency in efforts towards achieving the SDGs. Whilst this could generate strong incentives for politicians to take action to accomplish the SDGs, it is important to point out that decisions and agreements made by this sort of coalition would not be binding, otherwise it could be argued that this could undermine the democratic principle of one-person-one-vote.

4. Finally, it would be advisable to create a specific cross-sectoral committee to spur on and monitor implementation (Lally and Lucci, 2015). Some countries worldwide have already made progress to this end: Colombia set up a cross-ministerial commission to implement the SDGs in February 2015, with representatives from relevant ministries including Finance, Environment and Sustainable Development, and Social Prosperity; Sweden is also a good example, with its delegation that will develop an action plan as well as coordinate existing and new initiatives for the implementation of the 2030 Agenda in Sweden (ibid.). The important thing is that the formation of these cross-sectoral committees must be a priority, and it is recommended that their functions and resources are established by law.

There is no doubt that the challenges are great. However, so too is the urgency to take action. As there is no sustainable development without equality, the first 1,000 days are critical to set the foundations of social protection systems where every person – irrespective of ethnicity, gender, economic status or occupation – has access to the same opportunities and that no one is left behind. There are technical discussions that need to be had, but the main factor to consider is political, namely: the willingness of governments to avoid short-term incentives and engage in the implementation of pro-equality economic growth. Civil society organisations have a key role to play in signalling the ways in which this can be achieved.

References

Abramo, L. and Todaro, R. (2002) *Cuestionando un mito: costos laborales de hombres y mujeres en América Latina*. Lima: OIT.

Aulicino, C. (2016) *El Desafío es Hoy: Un análisis de los desafíos de integralidad de las políticas hacia la primera infancia*. Buenos Aires: Universidad de San Andrés.

Bárcena, A. (2016) *Economic Commission for Latin America and the Caribbean*. Recuperado el 15 de March de 2016, de Economic Commission for Latin America and the Caribbean: http://www.cepal.org/en/articles/2016-latin-america-worlds-most-unequal-region-heres-how-fix-it

Bárcena, A. and Byanyima, W. (2016) *Latin America is the world's most unequal region. Here's how to fix it*. Davos: World Economic Forum Annual Meeting.

Bastagli, F. (2009) From safety net to social policy? The role of conditional cash transfers in welfare State development in Latin America. *IPC-IG* Working Paper 60. Brazil: IPC-IG.

Bastagli, F., Hagen-Zanker, J., Harmann, L., Barca, V., Sturge, G., and Schidt, T. (2016) *Cash transfers: A rigourous review of programme impact and of the role of design and implementation features*. London: ODI.

Cecchini, S. (2014) Lessons learned from labor and productive inclusion complementing CTPs in Latin America. Napoli: ECLAC - Eurosocial II.

Cecchini, S. and Filgueira, F. (2011) *Inclusive social protection in Latin America: a comprehensive, rights-based approach*. Santiago de Chile: ECLAC-GIZ.

Cecchini, S. and Martínez, R. (2011) *Protección social inclusiva en América Latina: una mirada integral, un enfoque de derechos*. Santiago de Chile: ECLAC

Cecchini, S., Filgueira, F. and Robles, C. (2014) *Sistemas de protección social en América Latina y el Caribe. Una perspectiva comparada*. Santiago de Chile : CEPAL.

Cecchini, S., Filgueira, F., Martínez, R. and Rossel, C. (2015) *Towards universal social protection: Latin American pathways and policy tools*. Santiago de Chile: ECLAC.

CEPAL-OIT (2014) *Programas de Transferencias Condicionadas y Mercado Laboral*. Santiago de Chile: CEPAL.

Cohen, E, and Franco, R. (2006) *Transferencias con corresponsabilidad. Una mirada latinoamerciana*. México, D.F.: FLACSO/SEDESOL.

De Hoyos, R., Rogers, H. and Szkély, M. (2016) *Out of school and out of work: risks and opportunities for Latin America's ninis*. Washington, DC: World Bank.

ECLAC (2013a). *Latin America and Caribbean Social Panorama*. Santiago de Chile: ECLAC.

ECLAC (2013b) Gender Equality Observatory of Latin America and the Caribbean, *Annual Report*. Santiago de Chile: ECLAC.

ECLAC (2013c) *Mujeres indígenas en Amércia Latina. Dinámicas demográficas y sociales en el marco de los derechos humanos*. Santiago de Chile: ECLAC.

ECLAC (2014a) El nuevo paradigma productivo y tecnológico, la necesidad de políticas para la autonomía económica de las mujeres. Santiago de Chile: ECLAC

ECLAC (2014b) *Informe regional sobre el examen y la evaluación de la Declaración y la Plataforma de Acción de Beijing y el documento final del vigésimotercer período de sesiones de la Asamblea General en los países de América Latina y el Caribe*. Santiago de Chile: CEPAL.

ECLAC (2014c) *Los pueblos indígenas en América Latina*. Santiago de Chile: ECLAC.

ECLAC (2015) *ECLAC Database (ECLACSTAT)*. Santiago de Chile: ECLAC. Available in: http://estadisticas.cepal.org/cepalstat/web_cepalstat/Portada.asp?idioma=i

ECLAC (2015a) *Latin America and the Caribbean: looking ahead after the Millennium Development Goals*. Santiago de Chile: ECLAC.

ECLAC (2015b) *Pueblos indígenas y afrodescendientes en América Latina: Relevancia y pertinencia de la información sociodemográfica para políticas y programas*. Santiago de Chile: ECLAC.

ECLAC (2016) *Time to tax for inclusion*. Santiago de Chile: ECLAC.

ECLAC/PAHO (2011) *Salud de la población indígena en América Latina: Un panorama general*. Santiago de Chile: ECLAC.

ECLAC-CELADE (2013) *Lineamientos para incluir la identificación de pueblos indígenas y afrodescendientes en los registros de salud*. Santiago de Chile: ECLAC.

ECLAC/UNICEF (2010) *Pobreza infantil en América Latina y el Caribe*. Santiago de Chile: ECLAC.

ECLAC-UNFPA (2012) *Informe regional de población en Amércia Latina y el Caribe 2011: Invertir en juventud*. Santiago de Chile: ECLAC

ECOSOC Partnership Forum (2016) *From commitments to results: Leveraging partnerships for the 2030 Agenda*. New York: United Nations.

European Comission's Network to Promote Women in Decision-making in Politics and the Economy. (2011) *The Quota-instrument*. London: European Comission's Network to Promote Women in Decision-making in Politics and the Economy.
Fernandez Kelly, P. and Shefner, J. (2010) *Out of the shadows: Political action and informal economy in Latin America*. Philadelphia: The Pennsylvania State University Press.
FAO (2013) *The state of food and agriculture. Food systems for better nutrition*. Rome: FAO
Gasparini, L. and Marchionni, M. (2016) *Bridging gender gaps? The rise and deceleration of female labor force participation in Latin America*. La Plata: CEDLAS.
Gonzalez de la Rocha, M. (2008) *A diez años de intervención. Evaluación externa del Programa Oportunidades 2008 en zonas rurales (1997 - 2007)*. México DF: Secretaría de Desarrollo Social.
Hardy, C. (2011) The red protege: the social protection system, 2006-2010. *Innivative*, 159.
IDB (2014) *Conditional Cash Transfers and Poverty Reduction: Lessons for Asia from Latin America and the Caribbean*. Washington, DC: IDB.
ILO (2015) *Global Wage Report 2014/2015*. Geneva: ILO.
ILO (2012) R202 - Social Protection Floors Recommendation (Nº 202). Geneva: ILO.
Lally, S. and Lucci, P. (2015). *Starting strong: the first 1000 days of the SDGs*. London: ODI.
Lustig, N., Lopez-Calva, L. and Ortiz Juarez, E. (2013) Declining inequality in Latin America in the 2000s: the cases of Argentina, Brazil and Mexico. *World Development*, 129-141.
Marcó Navarro, F. (2014) Calidad del cuidado y la educación para la primera infancia en América Latina: Igualdad para hoy y mañana. *Serie Políticas Sociales 204. Santiago de Chile: CEPAL*.
Maurizio, R. (2014) *El impacto distributivo del salario mínimo en la Argentina, Brasil, Chile y Uruguay*. Santiago de Chile: ECLAC.
Ministerio de Salud, Gobierno de Chile (2003) *Salud y Pueblos Indígenas. Hacia un sistema de salud indígena*. Santiago de Chile: Gobierno de Chile.
Molina-Millan, T., Barham, T., Macours, K. and Stampini, M. (2016) *Long-Term Impacts of Conditional Cash Transfers in Latin America: Review of the Evidence*. Washington, DC: IDB.
Nordic Council of Ministers (2010) *Parental leave, child-care and gender equality in the nordic countries*. Copenhagen: Norden.
O'Neill, T. and Domingo, P. (2015) *The power to decide: Women, decision-making and gender equality*. London: ODI.
Organización Panamericana de la Salud (2012) *Intervenciones rentables para la prevención y el control de las enfermedades no transmisibles en la región de las Américas*. PAHO.
Reimers, F. (1999) 'Education and Poverty in Latin America'. *ReVista*. Spring 1999.
Rico, M. N. and Trucco, D. (2014) *Adolescentes. Derecho a la educación y al bienestar futuro*. Santiago de Chile: ECLAC.
Rolim Sampaio, L. F. (2006) La Estrategia de Atención Primaria de Brasil. *Conferencia Latinoamericana Salud de la Familia*. Tegucigalpa.
Sarwar, M. (2015) *National MDG implementation*. London: Overseas Development Institute.
Starfield, B. (1991) Primary care and health. A cross-national comparison. *JAMA* 266(16): 2268-2271.
Stewart, F. (2002) Horizontal inequalities: a neglected dimension of development. QEH Working paper QEHWPS81. Oxford: Queen Elizabeth House, University of Oxford.
Stuart, E., Bird, K., Bhatkal, T., Greenhill, R., Steven, L., Robinowitz, G. and others (2016) *Leaving no one behind: a critical path for the first 1000 days of the Sustainable Development Goals*. London: Overseas Development Institute.
Sustainable Development Solutions Network (2015) *Getting started with the Sustainable Development Goals*. Washington DC: Sustainable Development Solutions Network.
Tornaroli, L. and Stampini, M. (2012) *The Growth of Conditional Cash Transfers in Latin America*. Bonn: IZA.
UNFPA (2005) *Antecedentes, situación social y desafíos de la educación de la sexualidad en América Latina y el Caribe*. Mexico, DF: UNFPA.
United Nations Department of Economic and Social Affairs, Population Division (2015) *Model-based Estimates and Projections of Family Planning Indicators 2015*. New York: UN.
Veleda, C., Rivas, A. and Mezzadra, F. (2011) *La construcción de la justicia educativa: Criterios de redistribución y reconocimiento para la educación argentina*. Buenos Aires: CIPPEC, UNICEF, Embajada de Finlandia.
WHO (1978) *Alma-Ata Declaration*. Alma-Ata: Geneva: WHO.
WHO (2008a) *Primary Health Care: Now more than ever*. Geneva: WHO.
WHO (2008b) *La atención primaria de salud, más necesaria que nunca*. Washington, DC: WHO.
WHO (2009) *Promoting adolescent sexual and reproductive health through schools in low income countries. An information brief*. Geneva: WHO.
World Bank (2011) *Embarazo adolescente y oportunidades en Amèrica Latina y el Caribe. Sobre las decisiones de fecundidad adolescente, la pobreza y los logros económicos*. Washington, DC: World Bank.
World Bank (2016) *Out of school and out of work*. Washington, DC: World Bank.

This research paper, part of the series 'Starting Strong: the first 1,000 days of the SDGs', identifies key actions toward addressing the unfinished business of the MDGs and how to reach those who are furthest behind in relation to the new SDGs.

The 'Starting Strong' series is a collaborative partnership to initiate a wider conversation around priority actions for the first three years of the SDGs – just over 1,000 days – with relevant stakeholders with a regional focus.

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