







Starting off on the right foot: challenges and recommendations for the implementation of social SDGs in Latin America

Summary and proposed policy actions for the first 1,000 days of the SDGs

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Introduction

Latin American countries have made significant progress in achieving the Millennium Development Goals (MDGs). However, the overall picture hides major inequalities. Latin America remains the most unequal region in the world (Bárcena, 2016). The unparalleled inequality of the region reflects the fact that the structural schemes which provide access to opportunities are excluding certain groups. The infantilisation of poverty in Latin America evidences that those who should be most protected are currently the most vulnerable and that opportunities are being denied for their development (ECLAC, 2015). Young girls and boys are also being left behind: decent employment opportunities for youth, teenage pregnancy and completion of mandatory education are still challenges ahead (De Hoyos et al., 2016). Women still face discrimination in the access to equal opportunities for their development and labour participation (ECLAC, 2015). Moreover, these challenges are greater for families living in poverty and for indigenous and afro-descendants' communities (ECLAC, 2015b).

The economic bonanza that characterised the region during last decade is coming to an end. This implies that governments will have to take innovative policies in a context signed by fiscal restraints in order to achieve the goals of the 2030 Agenda for Sustainable Development. The paper summarised here describes the challenges countries will have to address to leave no-one behind in securing three of the Sustainable Development Goals (SDGs) in the Latin-American region: 'End poverty in all its forms everywhere' (specially its targets 2 and 3); 'Ensure healthy lives and promote well-being for all at all ages' (with emphasis on targets 7 and 8); and 'Achieve gender equality and empower all women and girls' (with focus on targets 4 and 5). Based on a literature review and interviews with key informants, the paper presents policy recommendations

This is a summary of a forthcoming research paper, part of the series 'Starting Strong: the first 1000 days of the SDGs'. that will identify key actions toward addressing the unfinished business of the MDGs and how to reach those who are furthest behind in relation to the new

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 1000 days - with relevant stakeholders with a regional focus.

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Colegio Municipal Marcela Paz, La Florida, Santiago de Chile - UNESCO and to enact during the first 1,000 days, taking 2015 as starting point. It concludes with considerations about fiscal and institutional frameworks that work as feasibility conditions to implement such recommended policies.

Main research findings

MDGs were addressed by different countries of Latin America at different paces. There is a great degree of heterogeneity among countries when socio-demographic situation and level of state expenditure in social policies is considered. So we followed Filgueira et al. (2014) to categorise states into those with small welfare gaps, those with moderate welfare gaps and those with severe welfare gaps. This is helpful insofar as it allows recommendations to be made based on the actual capabilities of each country to tackle the challenges identified.

SDG 1: End poverty in all its forms everywhere

Early childhood education and care should be a first-order priority for the region's governments. Besides fostering early development, this will help tackle two other major issues: the gender gap in the labour market and youth labour participation. The provision of conditions to help women and young people enter a quality labour market is vital in the fight against poverty, which is currently concentrated in women-led households and in those led by people inserted into the informal economy (ECLAC, 2015). Women face great difficulty when attempting to develop successful career paths while they cannot access quality care services. Moreover, the intervention of the state in the social distribution of caring activities could foster the generation of minimum quality standards across the board through greater scrutiny.

Currently, conditional cash transfers programmes (CCTs) are the cornerstone of most Latin American countries' social protection systems. Even if CCTs have proven to be an efficient tool to help people out of poverty, it is necessary to complement them with good public services, particularly in education and health. In order to accurately assess levels of inequality in terms of individual rights, it is fundamental that states strengthen their multidimensional approaches to measuring poverty. Moreover, the information produced by these indexes should really be used to inform the design and implementation of social policies (ECLAC-UNICEF, 2010).

Finally, there is an absence of an ethnic-sensitive approach, both to social policy and data-generation. There are few policies that specifically address the vulnerabilities indigenous and afro-descendants face, even when data suggest that these populations face greater challenges to entering the labour market, access to health coverage, and access to decision-making spheres (ECLAC, 2014). Moreover, countries have only advanced slowly in the incorporation of ethnicity questions into surveys conducted by statistical bureaus (Antón et al., 2009). This has hindered the inclusion of afro-descendants and indigenous populations, and thus, their effective exercise of rights.

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

One of the bottlenecks identified during research was the insufficient investment in local health care facilities (primary care) when compared with investment in central hospitals (secondary and tertiary care). This is problematic insofar as treatment tends to be exponentially more expensive than prevention, especially in terms of non-communicable diseases such as obesity and heart disease (De Maeseneer, 2008). Countries with moderate and severe welfare gaps tend to lack a decentralised approach to investment in healthcare units, which would improve access for marginalised populations (Cecchini et al., 2015). On the other hand, adolescent fertility rates are higher than adult rates, and this situation is worse among poor women and women from afro-descendant and indigenous populations (ECLAC, 2015b). There is a gap between health services provided to prevent teenage pregnancy (mainly free distribution of oral contraceptives and prophylactics) and the needs of the sexually active teenage population. There is a lack of human resources qualified to inform teenagers, both men and female, about how to live a responsible sexual life. This has to do with prejudices about young people that prevent them going the healthcare centres, rather than encouraging them (ECLAC-UNICEF, 2007)

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

Even if the social situation for women has improved in most of the region's countries in many ways, there are still challenges ahead. Women still face greater obstacles than men in order to access equal quality and pay for the same jobs; and women's inactivity and unemployment rates are higher than men's in virtually every country. They face what is called 'the double burden': their incorporation into the labour market has not been accompanied by a more fair distribution of domestic activities between genders; and women are still culturally held responsible for household duties and spend 50% more time than men doing unpaid work within households (ECLAC, 2015). Although policies such as the quota law (which obligates political parties to include a certain proportion of women on their electoral ballots) have improved women's participation in politics, gender equality in upper echelons of public and private organisations is far from a reality (ECLAC, 2015c). There has to be a reconfiguration of incentives in order to promote greater participation of women in areas where they are being left behind. A major goal is to promote policies that could foster a fairer distribution of domestic work and care-related activities. For example the prejudice that 'women are more expensive to hire' (Ripani and Alaimo, 2015) needs to be addressed. This is fuelled by the fact that maternity leave is currently much longer than paternity leave, which means that companies tend to favour men during hiring processes.

Early actions for the first 1,000 days

SDG 1: End poverty in all its forms everywhere

At the national level, governments could take the following actions to develop and strengthen CCTs:

- Extend CCTs (in coverage, benefits and time) in countries with severe welfare gaps as a priority. For example transfer a larger amount to families with children in their early childhood.
- Integrate CCTs better within broader social protection systems in countries with moderate and small welfare gaps. Focus especially on integration within labour market policies (ensuring exit strategies).
- Start building an information and evaluation system in all countries that will allow governments to use a multidimensional approach to measure poverty. Coordinate both vertically (among levels of government) and horizontally (between policy areas) in the design of data collection criteria and processes.

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

At the national level, governments could take the following actions to improve health care and promote sexual education and careers guidance and training for young people:

- Decentralise health care networks, with emphasis on most vulnerable sectors or difficult-to-access areas.
- Provide more comprehensive training of medical human resources in the areas of education and prevention, which should help lower the costs of healthcare systems in the long run.
- Implement broader strategies to accompany the distribution of free contraceptives. Provide a variety of awareness-raising programmes, which include workshops for adolescents and information and training for others who are close to them. Foster the recognition of adolescents as sexually active subjects and remove cultural and family barriers that prevent them from practising safe sex from their first relationships onwards.
- Encourage the media to implement community programmes aimed at intra-family communication.

- Instigate legal, institutional and planning reforms in order to offer appropriate, specialised, confidential, efficient and adolescent-sensitive sexual and reproductive health care.
- Improve conditions within the education system so that adolescents in the poorest sectors remain in school and move forward with their age groups (ECLAC-UNICEF, 2007).
- Offer real opportunities for training, particularly for girls from poor and indigenous and afro-descendant backgrounds, so they can see a career path as something they can aspire to.

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

At the national level, governments could take the following actions to foster equal access to quality jobs for both genders:

- Legislate on parental leaves from a gender-sensitive perspective, generating incentives for men to take days off to take care of their children.
- Ensure that maternity leave is accounted for as a social security contribution. This will be harder for countries with severe welfare gaps, but the benefits should overcome the costs in the long run, when full participation of women in the labour market is achieved.
- Address the inception of cash transfers for women in the informal sector of the economy during pregnancy and first months of motherhood, in order to overcome segmentation between formal and informal workers.
- Design a caregiving policy that allows a fairer social distribution of care-related activities. Build care centres and implement early childhood development programmes. This would facilitate career choices for women who currently face the socially assigned and exclusive responsibility of raising their children.

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