

# Guatemala case study: Accountability for women's, children's and adolescent's health



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## Introduction

The efforts toward advocacy for the adoption of better child development policies has been a process driven in recent years by several countries in the region, which has become priority topic within the political and social agendas in the countries of Latin America and the Caribbean. This process includes strengthening technical areas, dialogues between sectors and stakeholders, technical cooperation processes, as well as the coordination and management of intersectoral actions that enable policies in this area.

Guatemala has had a public policy for early childhood since 2010, and it is expected to have a second revision in 2020. The important progress in this regard is the enactment of this policy. However, there is no evidence of a cohesion between policies, which unfortunately has contributed to the fragmentation and lack of attention to early childhood development between 0-6 years. That said, the country is currently at an early stage in the creation of communication mechanisms and inter-agency actions that recognize the need to establish a collaborative partnership for the generation of integrated actions aimed at early childhood care. Although this describes the relationship and interaction of government institutions, it remains unclear with regard to the participation of civil society. In practice, however, civil society has expressed the need for institutions to address early childhood through specific initiatives (i.e. combatting malnutrition). In addition, little coordination is evident between foundations and institutions that serve early childhood development. The institutions are organized in Working Groups, as is the case of the early childhood thematic Working Group. However, the lack of clear leadership and direction is evident in both the institutions that make it up and the direction of their policies.<sup>1</sup>

Civil society groups (working on the comprehensive development of early childhood) face the great challenge of opening permanent channels of dialogue with intersectoral authorities to achieve recognition of the importance of focusing on early childhood efforts that will optimize children's health and development, and, in turn, impact not only throughout their life course<sup>2</sup> but transcend generations. At the same time, it is necessary to work in cooperation with other local and national entities and institutions to overcome bottlenecks that prevent the implementation of early childhood development interventions in the country.<sup>3</sup>

## Case study

The objective of this case study is to highlight what accountability means, how it benefits the health of women, children and adolescents, and to identify potential barriers related to accountability that hinder the progress in health, right to health and the Sustainable Development Goals (SDGs). Thirteen key actors from Guatemala that work with Civil Society Organizations (CSOs), the media and the Ministry of Health were invited to participate in this case study coordinated by the Observatory in Sexual and Reproductive Health and supported by the Pan American Health Organization (PAHO). These stakeholders were interviewed with the purpose of understanding what accountability means for the different stakeholders of the country; why it is important; and why it is essential for the health of women, children and adolescents throughout the life course; and to identify the barriers in accountability that hinder the progress towards universal health coverage, human rights and the SDGs in the country. Twelve of the selected local actors participated in a multi-stakeholder dialogue via a digital platform in light of the ongoing situation of the COVID-19 pandemic.

The case study makes a reference to the context of the country, as well as the definition of the meaning of accountability, the legal framework in the country and the proposed barriers and solutions to improve this exercise achieved through the interviews and multi-stakeholder dialogue. It is important to highlight that the original focus of the case study was to look at early childhood development (ECD) and accountability. However, based on the conversations held with the different stakeholders, it further exposed the underlying obstacles that exist in the country that have limited the success of achieving interventions and ECD led actions. As showcased in the case study, there are several initial barriers that must be acknowledged and overcome to implement ECD mechanisms, structures and policies so that it becomes a reality and a best practice in Guatemala. The aspiration of the case study is to highlight these lived experiences and voices of women and adolescents, as well as other stakeholders.

## Country context

Guatemala is classified by the World Bank as a high-middle-income country.<sup>4</sup> In 2018, the population had 16.3 million inhabitants<sup>5</sup> in a territory of 108 888 km. Of this population, 54% are male, 34% are under 15 years old and the median age is 23 years. 54% of the population inhabit urban areas, and its ethnic structure shows that 42% are declared Mayan, 56% mixed, 1.7% Xinka and 0.3% Garifuna or of Afro descendant. 19% of the population over the age of 15 are illiterate. Guatemala has the largest economy in Central America but is one of the countries with the lowest Human Development Index (HDI) and the highest inequality in the region.<sup>6</sup> 59% of the population is below the overall poverty line and 23.4% below extreme poverty. Children and adolescents in the country suffer from a number of health and human rights violations, presenting several of the worst indicators in the region for malnutrition, poverty, access to housing, education, sanitation and safe water.<sup>7</sup> The disaggregated data further highlighted that the most affected were the indigenous population, especially those living in rural areas.<sup>8</sup>

Guatemala has approximately 46.5% of children who are malnourished. The country has a higher than average prevalence than Africa, Asia and Latin America.<sup>9</sup> These children have a higher morbidity, are four times more at risk of dying, and can be as high as nine times more at risk if they are acutely malnourished. This situation will affect their cognitive functions, with less learning capacity, not reaching their growth potential and reducing their ability to work and their productivity in adult life.<sup>10</sup>

These precarious conditions have contributed to the rise of migration to the United States of America. Between October 2017 and September 2018, approximately 72 728 children and adolescents were intercepted on the southern USA border.<sup>11</sup> Given the complex and alarming situation, a relevant question to ask is how much the Guatemalan state invests in childhood and adolescence. In 2020, 3.7% of GDP was invested, representing approximately US\$ 1.25 per day for each male and female adolescent, of which 19% is received by the Ministry of Education, and 9.5% by the Ministry of Health for this population group.<sup>12,13</sup>

## Accountability challenges

The country context developed in the previous section represents the immense challenges that Guatemala's citizens and its National Government are currently dealing with while trying to pursue and to ensure that their women, children and adolescents achieve the health and well-being to which they are entitled to. The study, *Barriers and Bottlenecks to Effective Coverage of Early Childhood Health and Development Interventions in Guatemala: A Scoping Review*,<sup>14</sup> and the profile on *Guatemala: The cost of not acting and the consequences for child health and development*,<sup>15</sup> demonstrate the large gaps and barriers in access to health and delivery of effective interventions in early childhood development in the country, which contribute to the bottlenecks in the six critical periods that impact the development and health of early childhood: adolescence, the preconception period, pregnancy and the postpartum period, childbirth, the neonatal period, and 0–5 years. Using the five dimensions of Tanahashi's methodology (availability, accessibility, acceptability, contact and effective coverage), these studies found that *acceptability* represents the largest bottleneck and barrier (35.9%), followed by accessibility and availability in these six critical periods.<sup>16</sup>

Many of the problems identified in the study within the dimension of availability require a process in analysis that looks beyond direct services. Those related to accessibility, acceptability and the utilization of effective coverage, as indicated in the document, need to be treated and improved simultaneously since improvement in solely one of the dimensions does not lead to comprehensive coverage.

Building accountability capabilities at the local level is key to acquire the highest attainable standards of health for women, children and adolescents. To prevent this exercise would limit the needed progress for the development and access to better living conditions for the populations that are being left behind in the delivery of the strategies that are implemented for the achievement of the SDGs.<sup>17</sup> The challenges related to accountability help us understand the systemic nature in the provision of services and health issues. Therefore, the demands for transparency and effectiveness take into account the relationships between the actions put in place by institutions and the effects, or lack of, from their interventions.

## Culture of accountability

The country has important institutions, laws, policies and tools that enable accountability. In addition, there are accessible informational tools for citizens, like the Government Integrated Accounting System (SICOIN) that allows the monitoring of the state entities' budget management and execution. Another valuable tool is the *Guatecompras* Portal; its main objective is to offer transparency of the country's public spending, as it allows the stages of the procurement process to be available to all.

In Guatemala, social auditing or accountability was implemented more strongly after the end of the armed conflict in 1996, with the signing of the Peace Accords and the creation of the Law of the Urban and Rural Development Councils, which defined a network of collaboration and binding participation in the processes of public administration related to development. In the field of health, the services within the primary and secondary levels of care of the Ministry of Public Health and Social Assistance (MSPAS) promote the social audit of health services. However, this is not done systematically; it is non-binding and does not include hospitals. Accountability has been

driven by different international organizations and non-governmental organizations (NGOs) in the country. The shared experiences include reports on its impact, the difficulties of sustainability due to lack of funding and the replicability of successful experiences. In addition, it highlights the lack of commitments and linkages for the improvement of the problems encountered by public officials.<sup>18</sup>

## Findings and main themes

The purpose of the dialogue between key actors that took place in May this year was to understand the current context of early childhood health and development in Guatemala, as well as the identification of barriers, available structures and enablers for participation. The objective is also to examine within the actors whether there is a monitoring and review process taking place, and, if not, to investigate the causes that are preventing it and what can be done to make this happen, to ensure the full cycle of accountability – Monitor, Review, Remedy and Act.<sup>19</sup>

### Definition of accountability

In Guatemala, the participating organizations and key players from the Civil Society who participated in the study (see Table 4 in the annex) preferred to use other synonyms for accountability, including: social auditing, citizen surveillance, social accountability, accounting and social oversight.

This led to the following question: *What is accountability?* The responses revolved around different areas, such as auditing, understanding the reality within institutions and the community, the creation of spaces for dialogue as part of the process in guaranteeing human rights, and a space that allows the exposure and clarification of the challenges faced by health services, but also a platform for civil society organizations to showcase and share the development of their activities.

*"Social auditing and accountability are also the monitoring of state-managed funds to ensure that they are executed with transparency and efficiency so that users/beneficiaries receive services on time." (CSO)*

*"It is very important to have spaces for dialogue to help review health systems in a cultural context. It should also focus on rights, respect and collaboration with the inclusion of families (both men and women)." (CSO)*

*"Accountability also allows us to understand and to learn about services more effectively because it is important to create a space for dialogue and respect." (CSO)*

*"Social auditing or citizen surveillance is practically a human right that allows the quality of care and cultural relevance in the three levels of care (primary, secondary and tertiary)." (CSO)*

*"For our organization, accountability, through community engagement and problem analysis, gives a clear idea of the challenges, opportunities and actions to assist these families (women, children and adolescents) the way that we want to assist and support them." Ricardo Hernández, (CSO)*

It can be concluded that for participating organizations, accountability is a complex and multidimensional process, based on the relationship established between health services, the community and civil society organizations, which aims to monitor the transparent use of resources (materials, finances and human capital), the successful results of health interventions, the generation of trust in relationships, the greater understanding among the actors involved and a greater understanding of the institutional capacity to improve their response to a community's demands. Accountability is also a vehicle for the guarantee of human rights to health and an effective space for dialogue between actors ensured by the Government.

## What is the legal framework for accountability and addressing acceptability issues?

Guatemala has a robust legal system in place related to accountability processes and the protection of the population of children, adolescents and women (see Table 1 in the annex). Guatemala has adhered to various agreements, conventions, commitments and legal standards that allow it to do adequate work in the protection of these populations. Likewise, the national legal framework contains adequate protection for this population and makes accountability processes possible. Notwithstanding this advantage, the country faces limitations in the interpretation, implementation and use of regulations to enforce the right to health for women, children and adolescents.

*"Guatemala has a comprehensive legal framework, with national and international commitments to maintain. We dedicate our work in line with the legal framework and with the Declaration on Human Rights, together with the objectives set by the SDG agenda and the United Nations Declaration on the Rights of Indigenous Peoples. However, both civil society organizations (CSOs) and health care providers need to fully understand the legal framework in order to implement it and make demands. There is a lot of ignorance and lack of knowledge of the current and complete legal framework." (CSO)*

*"There is an enriching legal framework in Guatemala, but there is a limitation on society's participation in the exercise of accountability with institutions. There is a gap in regulation that forces the authorities to carry out this exercise." (academic institution)*

With regard to the participation of citizens, there are different mechanisms developed in the country, which allow the development and commitments of right holders, as well as the MSPAS regulations that stimulate citizen participation, the training of voluntary advocates within the communities, education in information and technology, and the certification of workshops and diplomas offered to duty holders and right holders (see Table 2 in the annex).

The mechanisms of participation to carry out liability functions, mentioned in interviews and in the multi-stakeholder dialogue are monitored through different instruments developed by CSOs that also include life stories, user surveys, complaints on open access platforms and others. They carry out the reviews of the data collected, systemize them and back them up with evidence from digital media, such as photographs and videos. They also schedule meetings with different public servants, from the community level up to national bodies and authorities such as the Ministry of Finance, Ministry of Health, National Congress of the Republic, Secretariat of Food and Nutrition Security, and the Office of Human Rights. All these processes and actions define a roadmap and planning for the improvement of the problems encountered in the respectful dialogue with the different local and national authorities.

## Accountability challenges

All key actors interviewed expressed a view that there is not a strong culture of accountability in the country. At the local level, where all the CSOs work, they've been able to achieve a space where they can access the data they request, carry out the processes of social auditing, deliver the results to local and departmental authorities to analyze them through respectful dialogue and propose solutions in the short and medium term through working with communities and health services. However, they recognized that this does not happen elsewhere or with other organizations. In order to access national management levels, they have found that joining with other organizations allows them the access they need to be heard by the relevant decision-makers in the country.

The problems of acceptability and their solutions (see Table 3 in the annex), as analyzed from the contributions from the actors involved in the dialogue, are related to the cultural, structural and social factors that influence a person's decision to use the available services. The analysis cannot be carried out in a fragmented manner, due to

the fact that one's decision to use the needed services requires these services to be available and accessible. Therefore, acceptability becomes the juncture that allows or disrupts the opportunity in obtaining universal and effective coverage.

For accountability to be effective, the problems associated with acceptability must be seen not only as a series of actions linked to community organization, surveillance actions, training, monitoring, advocacy processes and clear allocation of responsibilities, but also as a problem linked to the availability of services with capabilities for resolution, with geographical, linguistic and cultural accessibility. Accountability also needs to be considered as an intersectoral process in which CSOs' actions are consistent and have synergy with other institutions.

*"Civil surveillance is a space that covers various components, such as community organization, training, surveillance/monitoring and services, especially in communities related to health, incidence, frequency and demand for responsibility." (academic institution)*

A systemic view is required for processes in accountability and public policy in general so that it is not addressed in a fragmented manner, which would weaken its effort and become ineffective.

*"Another issue related to the structure, which is not discussed much, is that many policies have emerged, but none have been done in a coordinated way, each focused on its own sectors (i.e. each separately for early childhood, adolescents, young people, children, etc.), working separately." (NGO)*

Another category of analysis is the promotion, maintenance and strengthening of spaces for dialogue, especially used for establishing tools for citizen participation, but, above all, to prevent them from becoming spaces for political manipulation or the appointment of their own interests, which are in conflict and not aligned towards the guarantee for the right to health.

*"When the Development Law Council was created 10 years ago, a space for open dialogue with the community was created, however, since then, its mission of providing health beneficiaries with a platform on which to speak has been disintegrated. This space has now become a tool for manipulating political power, used by local mayors and not for genuine public debate. It's not a much-discussed topic, but it's vital." (academic institution)*

In accountability, it is important to consider funding processes, not only in the sense of ensuring their transparent use, but in ensuring that the results obtained are the most consistent with the needs and priorities of the communities, especially for early childhood, childhood and adolescence.

*"The system does not implement the legal framework with respect to the rights to health and the rights of individuals. Therefore, we see the lack of good and quality attention – we do not have a comprehensive and dignified care for people – the collapse of the system, corruption and lack of investment." (government representative)*

*"We need to monitor the investments made by the government: budgetary processes and systems for children and adolescents. The budget classification of the latter is under the budget 6 classification line, which helps to track and monitor investment." (NGO)*

It is important to understand that the institutional context of the services provided to the population is extremely weak and are designed for an already non-existent context, both from a population perspective and from the current epidemiological profile.

*"As mentioned by the other participants and the study they have done, the health system is very outdated (approximately 60 years old) and therefore cannot respond to high demand. There is also a lack of human resources and staff that is overworked, that cannot keep up with the demand and requests made by the Ministry of Health." (CSO)*

It is important to consider and understand the ancestral Mayan medicine system within Guatemala's health system, which is widely used by its communities. It is essential that interculturality and the promotion of friendly

and humane treatment are present in an intersectoral way in all strategies that seek to improve the performance of services.

*"Another proposal is to respect, learn and value traditional/ancestral medicine from the indigenous population to the health systems. There may be a strategic line to train health providers in traditional indigenous medicine." (CSO)*

*"We also need to have an exchange of dialogue with community leaders and midwives, not only to train them in health systems but also to learn from them about how they help the community to improve their health. We must have staff who speak their local language, and know and respect their culture." (government representative)*

Another central element that is critical to accountability is to ensure that the Ministry of Health remains objective at the technical level to prevent it from becoming a space for political bargaining of non-health interests.

*"The Ministry has very competent people, but because of the weak structure of the institution, looking at its administrative leadership, they are mainly politicians who do not respond to technical agendas, so it is difficult to create structures that really listen to their health providers and health users." (academic institution)*

One idea that emerged in the dialogue was the creation of a unification of accountability organizations, where information, strategies and resources can be shared.

*"A good strategy is to create a national meeting (dialogue) to identify institutions, actors, experiences and lessons learned on the issue of accountability, and also to have the opportunity to create strategic alliances to help raise the issue on the national public health agenda. A strategic alliance would serve to bring together all our efforts, and gather and share the necessary resources (financial and non-financial)." (academic institution)*

In this regard, the possibility of seeking partnerships with ongoing institutions and projects was also mentioned. This included the possibilities of receiving funding by international organizations to establish common objectives and to achieve collaboration on the issue of accountability with regard to children's and women's health.

*"For example, there is a current program, "Growing Healthy" (Crecer Sano in Spanish), which is a project by the Ministry of Health that is being implemented with the financial support of the World Bank. There may be some financial availability to promote and include the model of citizen participation and social audit in their projects." (CSO)*

## Conclusions and future priorities

The Latin American and Caribbean region has made great progress in terms of health and education, as well as access to basic services. However, persistent gaps still hamper the full and healthy development of all people, especially women, children and adolescents. Therefore, working to reduce these gaps is essential for achieving inclusive social development and for sustainable development overall. In the case of Guatemala, health policies, programs and services must be directed to empower them and their communities, so that they can meet the needs of young children. The SDGs<sup>20</sup> and the *Global Strategy for Women's, Children's and Adolescents' Health*<sup>21</sup> incorporate early childhood development as a fundamental element for the transformation the world wants to achieve by 2030.

Although the region has made significant improvements in early childhood development, in Guatemala, young children, especially those in lower-income quintiles and among indigenous populations, are severely vulnerable. If early childhood development is a priority for national populations in the region as a whole, growing evidence of its benefits to disadvantaged populations is a compelling argument for focusing on children living in less favourable conditions.<sup>22 23</sup>

The multi-stakeholder dialogue exposed underlying barriers and problems that need to be solved, while offering great insight towards creating the foundation blocks that will allow established policies and dialogue between sectors to be adapted and improved without further bottlenecks. This would also benefit existing programs that are already contributing to the health of children and adolescents which would be able to receive support through mechanisms established with adequate and available information for policy makers – as well as providing important components for national policy, in terms of strategies necessary to ensure their financial, political and legal sustainability, and for coordination between the country's health, education and social protection agencies.

As expressed by the actors involved in the case study, there is a palpable need for an exchange of permanent dialogue and intersectoral coordination between the different levels of government, which allows not only the visibility of the problems of early childhood but also to establish concrete, articulated, comprehensive, efficient and transparent actions that promote the sustainability of early childhood policy in order to build the path towards the promise of child development.

The most needed immediate action, according to the views expressed by the stakeholders, is to promote awareness and use of the country's current legal framework, train civil society organizations and organize citizens themselves so that the strategies and programs are in compliance with laws and standards of accountability processes – therefore, achieving an effective linkage between the applications of legal framework and public policy. To accomplish this, the stakeholders recommended the following:

1. Ensure a systemic view of the issues and barriers, not only emphasized in this event (i.e. language, trust, respect, or dehumanized treatment and discrimination) but also consider the causes and effects related to the availability and accessibility, and determining processes at all levels of political decision-making and resource allocation.
2. Promote and maintain spaces for meaningful dialogue and participation between the provider institutions, the community (women, children and adolescents, particularly for indigenous populations) and the organizations that perform or support accountability across Review, Monitor, Remedy and Act functions. Ensure that these do not become spaces for political manipulation and/or the appointment of interests. It would also be important to promote dialogues or interinstitutional meetings, with international agencies and CSOs, to achieve strategic partnerships on accountability and improvement in health for women, children and adolescents.
3. Ensure adequate funding of health services and their strategies. Without this element, you cannot demand adequate services. In this regard, the technical capacity of the Ministry of Health could be strengthened to position it as the leading technical and governmental entity in the forefront in promoting everyone's right to health and leaving no one behind. As such, it is necessary to ensure that the Ministry of Health does not become a space for political appointments and interests outside the right to health.
4. Consider the real capabilities of services, in such a way as to not only require comprehensive and quality services, but to advocate for institutional strengthening to the relevant authorities.
5. Promote friendly and humanized treatment as a central value and objective in accountability processes. Where lacking, actions should be proposed that improve it in a sustainable and institutional way. Interculturality is required to improve the acceptability processes within the Guatemalan health system. It needs to be incorporated as an intersectoral element.

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## References

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- <sup>1</sup> Guatemala: Informe de progreso de políticas de la primera infancia. Agenda Regional para el desarrollo integral de la primera infancia. Dialogo interamericano y empresarios por la educación. 2019.  
<https://www.thedialogue.org/wp-content/uploads/2019/10/Guatemala-Layout-2-1.pdf>
- <sup>2</sup> Pan American Health Organization. 2020. Building Health Throughout the Life Course. Forthcoming.
- <sup>3</sup> World Health Organization. 2018. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential: executive summary. World Health Organization.  
<https://apps.who.int/iris/handle/10665/272604>
- <sup>4</sup> Guatemala country profile: World development indicators.  
[https://databank.worldbank.org/views/reports/reportwidget.aspx?Report\\_Name=CountryProfile&id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=GTM](https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=GTM)
- <sup>5</sup> XII Censo de Población, VII de Vivienda 2017-2018. Instituto Nacional de Estadística, Guatemala.
- <sup>6</sup> Informe Nacional de Desarrollo Humano INDH.2015-2016, Guatemala.
- <sup>7</sup> Pobreza multidimensional infantil y adolescente en Guatemala, privaciones a superar. ICEFI. UNICEF, 2016.
- <sup>8</sup> Encuesta Nacional de Condiciones de Vida ENCOVI 2014 Instituto Nacional de Estadística, Guatemala 2015.
- <sup>9</sup> Encuesta Nacional de Salud Materna Infantil 2014/15 Ministerio de Salud Pública y Asistencia Social, Instituto Nacional de Estadística 2015.
- <sup>10</sup> World Bank. (2006). Revaluation of the fundamental role of nutrition for development, strategies for a large-scale intervention. Washington DC: Retrieved from [http://siteresources.worldbank.org/NEWSPANISH/Resources/Nutrition\\_strategy\\_es.pdf](http://siteresources.worldbank.org/NEWSPANISH/Resources/Nutrition_strategy_es.pdf)
- <sup>11</sup> Observatorio de la Inversión Pública en Niñez y Adolescencia, ICEFI. <http://icefi.org/ipna/#modal>
- <sup>12</sup> Ibid
- <sup>13</sup> Ibid
- <sup>14</sup> Marra K and Espinosa I. Bottlenecks and Barriers to Effective Coverage of Early Childhood Health and Development Interventions in Guatemala: A Scoping Review. Rev Panam Salud Publ. 2020. Submitted for publication.
- <sup>15</sup> Guatemala. El costo de no actuar y las consecuencias para la salud y el desarrollo infantil temprano. Organización Panamericana de la Salud 2019.
- <sup>16</sup> Ibid
- <sup>17</sup> A guide to implement the Global Strategy for Women’s, Children, and Adolescents’ Health in Latin America and the Caribbean. OPS, 2018.
- <sup>18</sup> Inter-American Development Bank. Building social audit processes in Central America: lessons learned and future challenges in the social sector. November 2006. <http://www.iadb.org/publications>
- <sup>19</sup> As established in the 2016 report of the UN Secretary-General’s Independent Accountability panel for Every Woman, Every Child, Every Adolescent “Old challenges. New hopes”. <https://iapewec.org/reports/annual-reports/2016report/>
- <sup>20</sup> Naciones Unidas. Agenda 2030 para el Desarrollo Sostenible. Nueva York: Naciones Unidas, 2015.
- <sup>21</sup> Global Strategy for women, children’s and adolescent’s health (2016-2030): Survive, Thrive and Transform. New York: United Nations, 2015.
- <sup>22</sup> Vegas, E., Santibáñez, L. The Promise of Early Childhood Development in Latin America and the Caribbean (Latin American Development Forum). The World Bank (2010).
- <sup>23</sup> Critical obstacles to inclusive social development in Latin America and the Caribbean. Mexico: United Nations; 2019.  
[https://crds.cepal.org/3/sites/crds3/files/19-00578\\_cds.3\\_critical\\_obstacles\\_web.pdf](https://crds.cepal.org/3/sites/crds3/files/19-00578_cds.3_critical_obstacles_web.pdf)