



ADVANCING ACCESS AND RIGHTS IN
LATIN AMERICA AND THE CARIBBEAN

THE ACCESO APPROACH TO REPRODUCTIVE HEALTH

PAI
1965 - 2025
60



AT A GLANCE

Many countries in Latin America and the Caribbean have made some of the boldest commitments to sexual and reproductive health and rights (SRHR) in the world, yet inequities persist due to barriers in access, entrenched social and cultural norms, weak health systems, and legal and policy gaps.

For 60 years, PAI has championed policies that enable women and girls to exercise their sexual and reproductive rights and eliminate barriers to the life-saving supplies and services they need. We achieve change by strengthening civil society partners' advocacy capacity and advancing policy and funding solutions that make sexual and reproductive health (SRH) care accessible.

PAI's Acceso is a unified approach that strengthens SRHR in Latin America and the Caribbean by integrating education, policy advocacy, health system accountability, and community action.

Through partnerships with grassroots organizations, youth networks, and policymakers, the program expands contraceptive access, improves services, and reinforces policy protections—ensuring youth, Indigenous communities, and other underrepresented communities can exercise their rights. Together we have reduced adolescent pregnancy, improved access to emergency contraception, strengthened supply chains, combated misinformation and created new opportunities for youth advocates, Afro descendent communities and rural and Indigenous women to shape policy.


Acceso's Approach in Latin America and the Caribbean

The Latin America and Caribbean region has emerged as a global driver of progress on reproductive rights. From Mexico's groundbreaking legalization of abortion to Peru's Constitutional Court mandate for free nationwide access to emergency contraception.

Countries are expanding the boundaries of reproductive autonomy. Ecuador's strengthened penal code explicitly criminalizes femicide, while the Dominican Republic guarantees universal access to modern contraceptives through its national health system. Together, these advances reflect a broad regional movement to enshrine access, equity, and justice in health systems and laws.

While the progress is commendable, threats and challenges remain. Unintended adolescent pregnancy and maternal mortality remain too high, underscoring deep inequities in access to information and services. Cultural, legal, and geographic barriers—compounded by gender-based violence (GBV), underfunded health systems, and uneven family planning provision—continue to infringe reproductive rights. While 17 of 33 countries in the region legally regulate reproductive health services, many still don't provide emergency contraception through the public health system.

Misinformation, inadequate sexual education, and weak health infrastructure further restrict access to contraception, particularly for adolescents, rural populations, and Indigenous communities. Supportive policies and legislation are necessary but insufficient without enforcement, sustained financing, and accountability. Closing these gaps requires stronger civil society advocacy, meaningful youth engagement, and accurate contraceptive education, alongside collaboration among governments, international organizations, philanthropy, and the private sector to protect progress and advance equity.



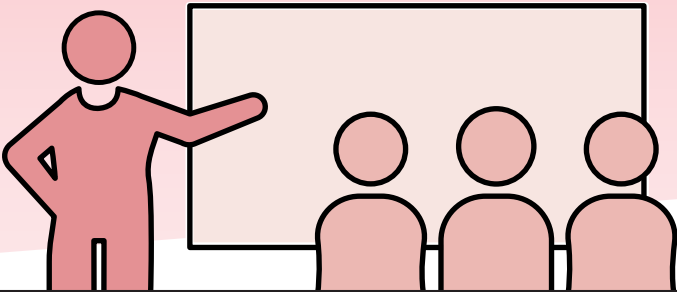
Reproductive Health and Rights Literacy


Building Awareness

When at-risk and under-represented communities, such as youth and Indigenous women, **understand the available services, and their rights and protections under state and federal laws**, they can demand quality healthcare, advocate for policy change, counter misinformation, and actively reduce stigma around abortion, contraception and sexual and reproductive rights.

ACTIONS

- Running education campaigns in schools and Indigenous communities
- Creating digital tools, workshops, and multimedia resources in local languages
- Building peer mentorship programs to train youth advocates






Policy and Financing Advocacy


Enabling Health and Rights

By **advocating for policy changes and domestic resource allocations**, Acceso pushes for equitable, rights-based health services and strengthens government accountability, ensuring that SRHR policies and funding reflect the needs of key populations.

ACTIONS

- Advocating for increased SRH funding in underserved areas
- Supporting policy reforms that expand reproductive rights and access to contraceptives
- Holding governments accountable for family planning and contraceptive commodity commitments






Health Systems Accountability


Delivering on Commitments

Acceso ensures **health centers provide youth-friendly, stigma-free SRH services, including contraceptive access and culturally competent care**. Community monitors assess health facility practices, contraceptive availability, and patient treatment, holding health providers accountable.

ACTIONS

- Expanding contraceptive access in rural and Indigenous communities
- Training health providers on SRHR
- Strengthening monitoring systems for contraceptive supply and service delivery





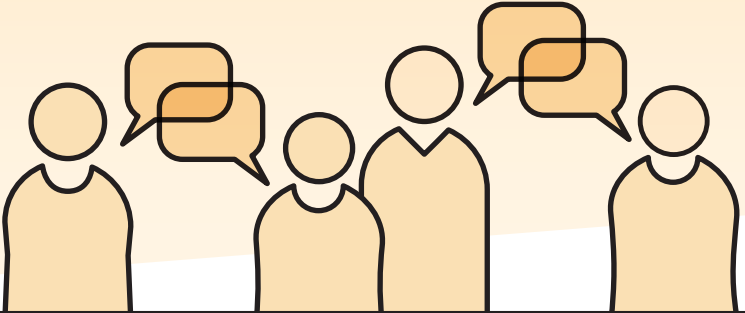
Community Action

Mobilizing Voices

Acceso builds **grassroots support for SRHR, countering anti-rights opposition, GBV, femicide, and child marriage**. The program engages faith leaders, teachers, and community groups to combat misinformation and normalize reproductive rights conversations.

ACTIONS

- Engaging parents, educators, and faith leaders to understand and destigmatize SRH
- Supporting women's networks and youth advocates in high-risk areas



4 The Acceso Approach to Reproductive Health

The Acceso Approach to Reproductive Health 5

The Approach in Action

While all four programmatic Acceso pillars are present in our approach, the Acceso approach is tailored based on country and community context. Therefore, some pillars may be implemented more robustly than others. Each success is the result of coordinated strategic action rather than isolated efforts.



Mexico

Through targeted technical assistance, the partnership between PAI’s Acceso Program with Observatory of Maternal Mortality (OMM) in Chiapas State and Mano Vuelta in Oaxaca led to updates by Mexico’s National Population Council (CONAPO) to national education programs to include essential SRH resources. OMM also developed the country’s first Adolescent and Youth Reproductive Health Toolkit in Indigenous languages and partnered with CONAPO on the *Yo Decido (I Decide)* campaign, co-designing sexuality education infographics now used by government actors, providers, and youth. These initiatives expanded SRH resources in Indigenous languages and helped institutionalize culturally relevant, youth-friendly approaches.

While not attributable to any single intervention, in the five municipalities of Chiapas where Acceso worked, the teen pregnancy rate among girls aged 15–19 fell by 55 percent. PAI’s sustained technical support positioned Mano Vuelta to enter into a formal partnership with CONAPO to expand and advance comprehensive sexuality education across Mexico.

“When you know your rights, you have support. Before, I knew nothing about sexual and reproductive rights. Now, I feel much more empowered in these areas, and understanding my rights has saved my life many times.”

—Ceci, a young Indigenous woman and health promoter in Chiapas, Mexico



El Salvador

PAI Acceso partnered with Fundación Maquilishuatl (FUMA) and strengthened advocacy efforts to improve access to SRH services by facilitating entry points for young people to engage with municipal policymakers and community leaders. In the departments of Mejicanos, San Salvador, and Sonsonate, Acceso increased knowledge and skills related to youth advocacy and accountability, contributing to a 28 percent increase in demand for youth and adolescent SRH services over the course of one year. PAI also supported FUMA in driving consensus among key stakeholders, such as the National Health Forum, in addressing gaps in family planning resources and sexual health education.

Persistent violence against women and girls, suppression of civil society, and censorship restrict health education and resources, making it difficult for youth to make informed decisions. Acceso and FUMA partnered to deliver training programs for young people related to reproductive rights, GBV, mental health, and life planning.



Guatemala

PAI successfully adapted the Acceso approach beyond its original footprint. In Guatemala, PAI partnered with Paz Joven Guatemala, a national youth-led organization, to advance rights literacy and youth leadership in SRH. With support from PAI and UNICEF, Paz Joven updated its *Me Informo y Decido (I Get Informed and I Decide)* peer facilitation guide to include topics on menstrual health and healthy masculinities. Youth facilitators are now positioned

to lead interactive workshops that provide accurate information, reduce stigma, and promote rights-based conversations on SRHR. This collaboration expanded youth advocacy networks and demonstrated how the Acceso model can be scaled beyond its initial investment to deliver measurable results.



Peru

PAI Acceso’s partnership with Centro de la Mujer Peruana Flora Tristán and Promsex increased awareness of and access to emergency contraception in remote communities. Despite a 2023 Supreme Court ruling reaffirming the right to free emergency contraception in public health facilities, the law is not consistently implemented. The inconsistencies stem from a lack of public awareness; budget constraints; healthcare provider resistance; and disparities in healthcare access, supply chains, and services, particularly in rural settings.

PAI’s collaboration with these organizations focused on improving rights literacy and reducing stigma among communities, health care providers, and pharmacists, as well as advocacy to address the availability and delivery of SRH services, the implementation of the 2023 Supreme Court ruling, and the distribution of emergency contraception in rural communities.

“Thanks to this learning process, we are opening new paths, helping women, adolescents, and youth in native communities by offering training, guidance, replication workshops, and also engaging in citizen monitoring to see whether or not emergency contraception (EC) is available at the health posts.”

—Edilbertha, an elder member of the Santa Rosa de Aguaytía Indigenous Community, Peru

“We have experienced a transformative journey that has enabled more women and young people in the Dominican Republic to access contraceptive methods in a timely and safe manner. This inspires us to seek funding to scale up this experience in other communities, especially in the border areas with Haiti, where it is even more urgent to guarantee the right to sexual and reproductive health as the foundation for autonomy, well-being, and a better future.”

—Claudia Valdez, GIS Grupo Consultores, Dominican Republic



Dominican Republic

PAI Acceso’s partnership with the National Health Institute (INSALUD) and GIS Grupo Consultor improved supply chain management and increased the demand for contraceptives by 68 percent. In response, the Ministry of Health increased its budget for contraceptive supplies, ensuring greater availability and meeting the growing demand. By focusing on the availability of contraceptive methods, the supervision of regulatory entities overseeing service providers, and removing the barriers to access, this partnership strengthened the contraceptive supply chain and expanded nationwide access to contraceptives.

KEY

Health systems accountability

Policy and financing advocacy

Reproductive rights and health literacy

Community action



ACCESO

A Blueprint for Progress

Through Acceso, PAI and its partners have reduced adolescent pregnancy in Mexico, expanded access to emergency contraception in Peru, strengthened supply chains in the Dominican Republic, and created space for youth advocacy in El Salvador.

These results show the power of integrating community education, policy advocacy, health system accountability, and grassroots mobilization into a single, comprehensive approach.

The path forward lies in building on this momentum by expanding capacity-building and accountability mechanisms, and fostering cross-country learning so nations and advocates can share strategies and replicate success. By centering locally led and

responsive solutions, informed by youth, Indigenous communities, and civil society advocates, Acceso is positioned not only to protect progress but also to drive broader regional change.

Realizing this vision will depend on bold partnerships, sustained commitment, and collective action to ensure SRH remains a global priority for generations to come.



Thank You to Our Partners

PAI extends its deep appreciation to our Acceso partners who help make this work and its impact possible:

Center for the Study
of Equity in Governance in
Health Systems (CEGSS)
Guatemala

Centro de la Mujer Peruana
Flora Tristán (Flora Tristán)
Peru

Centro de Promoción y
Defensa de los Derechos
Sexuales y Reproductivos
(PROMSEX)
Peru

Instituto Nacional
de la Salud
(INSALUD)
Dominican Republic

Fundación Maquilishuatl
(FUMA) *El Salvador*

Gestión e Innovación en
Salud Grupo Consultor
(Grupo GIS)
Dominican Republic

Mano Vuelta A.C.
Mexico

Observatorio de
Mortalidad
Materna (OMM)
Mexico

Paz Joven
Guatemala

About PAI

For 60 years, PAI has championed policies that enable women to exercise their reproductive rights and eliminate barriers to the supplies and services they need.

Globally, our success is rooted in our advocacy with a network of civil society partners. We achieve change by strengthening the capacities of our partners and by promoting policy and funding solutions that make the delivery of comprehensive sexual and reproductive health care possible.

Our financial and technical support helps bring the voices of women, youth and girls to the forefront of policy processes. Our model is grounded in locally driven solutions, evidence-based advocacy, and sustainability. We work with partners to translate advocacy into lasting policies and build resilience to political change.



To learn more about how to partner with or support Acceso, please visit pai.org/acceso
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