



PROGRAM REPORT

Merck for Mothers in Latin America and the Caribbean

Improving Maternal Health Across Latin America and the Caribbean



Equity and access as Merck's driving forces

Merck for Mothers is Merck's global initiative to help create a world where no woman has to die while giving life. Applying Merck's business and scientific resources, Merck for Mothers works with grantees and collaborators to improve the health and wellbeing of women during pregnancy, childbirth and the months after. Merck for Mothers is an initiative of Merck & Co., Inc., Rahway, NJ, USA and is known as MSD for Mothers outside the United States and Canada. For more information, visit www.MerckforMothers.com.

For more than a decade, Merck for Mothers has been an essential component of our company's efforts to extend access to solutions that address unmet medical needs and advance health equity. We invest in approaches that have the potential to transform health care for women across the globe in support of our company's contribution towards Sustainable Development Goal (SDG) 3.1: significantly reduce maternal mortality. Our focus is increasing women's access to safe, high-quality, equitable, respectful care around pregnancy and childbirth.

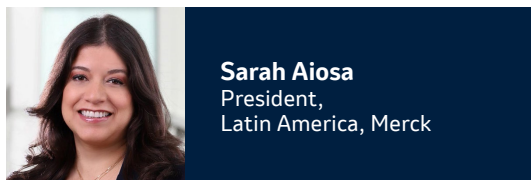
Although maternal health gains in Latin America and the Caribbean had been encouraging, with a 16% decline in maternal deaths from 1990 to 2015, this progress has since reversed. Between 2016 and 2020, maternal mortality increased by 15%.¹ The maternal mortality rate (MMR) in the region reached 88 deaths per 100,000 live births in 2020 – well above the global target of 70. Of the top eight countries in the world with large increases in MMR between 2000 and 2020, four are in Latin America and the Caribbean: Belize, Dominican Republic, Puerto Rico and Venezuela.²

In 2020, approximately 8,400 women in the region died from causes related to pregnancy and childbirth. Women who are poor, have less access to education and health care, suffer from malnutrition and are from racial and ethnic minority groups fare disproportionately worse during pregnancy, childbirth and the months after.^{3,4}

At Merck, we believe that all women everywhere should receive quality maternal health and family planning services, regardless of their socio-economic status, ethnicity or nationality. Maternity care across Latin America and the Caribbean should be tailored to meet the needs of women, especially those from underserved and underrepresented communities. This is the way forward to help improve access to high-quality health care and save more women's lives.

We also believe that a critical pathway toward improved health for all is a strong health system with a well-trained workforce and reliable access to high-quality care. We are proud to collaborate with non-governmental and multilateral organizations, health care professionals, businesses and local and national governments to understand and meet the maternal health needs of women across Latin America, the Caribbean and beyond.

This report describes how we work with a vibrant array of organizations to bolster standards for quality maternity care, increase access to this care, build the knowledge and capabilities of health providers, disseminate life-saving information about pregnancy, and more. We are grateful to the team behind Merck for Mothers and all employees contributing to this company-wide initiative as well as to our grantees and collaborators whose impactful work is reflected in these pages. We thank them for their outstanding efforts to help create a world where no woman has to die while giving life.



Sarah Aiosa
President,
Latin America, Merck

Merck for Mothers: committed to saving lives

Merck for Mothers is Merck's \$650 million dollar global initiative to help create a world where no woman has to die while giving life.

In support of the United Nations' SDGs and our company's goal to reach more than 50 million people by 2025 through our social investments, we strive to improve maternal health by increasing access to safe, high-quality, equitable and respectful care during pregnancy and childbirth.

To date, **Merck for Mothers** has improved access to quality maternal health care for over 30 million women in more than 70 sites around the world, contributing to the global effort to save women's lives, strengthen health systems and meet the SDG targets by 2030.

In Latin America and the Caribbean, Merck for Mothers has supported projects across 13 countries, playing a crucial role in advancing maternal health outcomes across the region. Our commitment extends to fostering partnerships and initiatives that address the unique health care challenges faced by women in Latin America and the Caribbean. In collaboration with our grantees and collaborators, we strive to ensure that every woman receives the high-quality care she deserves during pregnancy, childbirth and the critical postpartum period.

Our approach

Recognizing the multifaceted challenge of maternal mortality, we take a holistic approach to addressing the many factors that have an impact on maternal health, especially in underserved communities.

Applying Merck's business and scientific resources, Merck for Mothers works with grantees and collaborators to improve the health and wellbeing of women during pregnancy, childbirth and the months after. Through Merck for Mothers, our company committed to working with organizations that have a deep understanding of the populations they aim to serve and are skilled at integrating women's voices and experiences into the services and initiatives they provide.

The programs we support in Latin America and the Caribbean are **improving access to quality antenatal, labor and postpartum health care**. They focus on raising awareness of maternal mortality and enhancing training of health care providers to improve health outcomes, especially among women who are marginalized, including migrants, adolescents, Indigenous communities and those living in rural areas.

Our impact by the numbers

Our partnerships have made impressive strides to help improve maternal health worldwide



30.1 million

women

reached with improved access to quality maternal health care



895,000

providers

equipped to offer quality care



+240

programs



+180

grantees and collaborators



+70

countries/sites

Maternal health in Latin America and the Caribbean

The maternal health situation in Latin America and the Caribbean has changed considerably in recent years. After significant strides in reducing maternal mortality rates, the region experienced major setbacks which exposed longstanding inequities.

Maternal deaths had been declining steadily and dropped by 16.4% between 1990 and 2015.⁵ However, even during this period, Indigenous women were three times more likely to die from pregnancy or childbirth complications than non-Indigenous women.⁶

More recent data from 2016-2020 shows a 15% increase in maternal deaths - erasing nearly two decades of progress.⁷ Among the 17 countries globally where the maternal mortality ratio increased since 2016, nearly half were in Latin America and the Caribbean.⁸

The onset of the COVID-19 pandemic exacerbated health system challenges and widened disparities. The pandemic strained the region's ability to provide sexual and reproductive health services and contributed to the sharp increase in maternal deaths.^{9,10}

During the first two years of the pandemic, one in three pregnant women with COVID-19 failed to receive critical care.¹¹

Women from minority backgrounds experienced the worst outcomes: over 90% of maternal deaths due to COVID-19 infection were among women of Indigenous and African descent.¹²

Globally, Latin America and the Caribbean have among the highest levels of socioeconomic inequality, with marginalized groups facing considerable barriers to health care. Indigenous and Afro-descendant women, as well as women with lower incomes and fewer years of formal education, often lack access to family planning services and a skilled maternity care provider, which contributes to worse maternal health outcomes.¹³

As of 2020, the maternal mortality rate in Latin America and the Caribbean was 88 per 100,000 live births.¹⁴ The most common causes of death are high blood pressure, severe bleeding and unsafe abortion practices. Nine out of ten maternal deaths in the region could be prevented with increased access to quality maternity care and modern contraception.¹⁵



Merck for Mothers' impact in Latin America and the Caribbean

In collaboration with local Merck offices throughout Latin America and the Caribbean, Merck for Mothers is supporting organizations that improve women's access to high-quality maternal health care and family planning resources, as well as raise awareness of safe prenatal and childbirth practices. As of 2023, we have supported 24 programs in 13 countries that have reached over 1.5 million women and trained nearly 60,000 providers across Latin America and the Caribbean. In keeping with our focus on maternal health equity, many of the organizations we are collaborating with are serving women and adolescents from underserved communities, including migrant workers, refugees, Indigenous populations, those of African descent and those living in rural areas.

Where Merck for Mothers has supported

While many countries in Latin America and the Caribbean are approaching the WHO's global target of 70 maternal deaths per 100,000 live births, significant disparities and inequities persist within countries. In some communities, the MMR is above the national rate as a result of inequitable access to quality maternity care.¹⁶

Maternal mortality ratio — Maternal deaths per 100,000 live births (2020)¹⁷ in countries where Merck for Mothers works

Maternal mortality ratio (MMR) per country



Country	MMR ¹⁶
1. Argentina	45
2. Brazil	72
3. Colombia	75
4. Costa Rica	22
5. Dominican Republic	107
6. Ecuador	66
7. Haiti	350
8. Honduras	72
9. Jamaica	99
10. Mexico	59
11. Peru	69
12. Puerto Rico	34
13. Venezuela	259

Data year 2020

Merck for Mothers' impact in Latin America and the Caribbean

ARGENTINA, COLOMBIA, MEXICO

The Pan American Development Foundation (PADF) conducted a multi-country analysis to examine challenges related to collecting data on maternal mortality and developed a policy handbook to share best practices and lessons learned in overcoming these challenges.

BRAZIL

UNICEF worked with health and policy authorities at national, state and local levels to mobilize and train primary health care workers to disseminate information on the rights of pregnant women to access quality prenatal, childbirth and postpartum services.

COLOMBIA

Sinergias Alianzas Estrategicas para la Salud y el Desarrollo Social strengthened local capacity - based on a routine analysis of hospital data - to provide high-quality antenatal, labor, postpartum and newborn care in 40 of the most vulnerable municipalities of Bolívar, Cauca and Córdoba.

The International Organization for Migration improved access to maternal, perinatal, and sexual and reproductive health care for women who are migrants and living in poor conditions in Valledupar, a city with one of the highest proportions of Venezuelan migrants.

COSTA RICA

The Paniamor Foundation strengthened the institutional capacity of a large national women's hospital and its service network to respond to the high rate of child and adolescent pregnancy from a human rights perspective to reduce maternal and infant mortality.

DOMINICAN REPUBLIC

UNICEF ensured access to quality, respectful public health services and promoted maternal health care and nutrition among women who are migrants and living in extreme poverty and/or in hard-to-reach communities.

ECUADOR

UNICEF worked with community members to strengthen comprehensive health care for pregnant women and prevent teenage pregnancy by educating communities on healthy pregnancy, nutrition, safe childbirth, family planning, sexual and reproductive rights and prevention of gender violence.

HAITI

Centre de Coopération Internationale en Santé et Développement tested a performance-based funding model and lowered fees for services to improve pregnant women's access to quality antenatal and delivery care. The program increased the number of women receiving care in health facilities in the communes of Anse Rouge, St-Michel and Ennery.

HAITI (CONT'D)

Health Equity International trained clinicians to expand access to high-quality maternity care, including surgery, labor and delivery, pre- and postpartum care, and family planning in Southern Haiti.

JAMAICA

INMED Partnerships for Children tackled maternal mortality and morbidity among adolescents in rural Jamaica through peer-to-peer outreach and education campaigns that leverage telecommunications technologies (mHealth) to raise awareness of critical maternal and reproductive health issues and encourage young women to seek care.

MEXICO

Sociedad Mexicana de Salud Pública increased knowledge about reproductive and maternal health among Indigenous adolescents and women through integrated community interventions, such as training health promoters and providing workshops in five different Indigenous languages.

Grupo de Información en Reproducción Elegida increased women's access to information about their rights during and after pregnancy, especially respectful care and freedom from physical and psychological abuse or discrimination.

Pro Mujer is addressing gender-based violence that prevents women and girls from accessing family planning education and services as well as expanding access to violence-free obstetric and gynecological care.

PERU

Pathfinder International built the capacity of service providers to manage obstetric and neonatal emergencies by educating community health workers on obstetric and neonatal care, strengthening health facilities, and ensuring appropriate financing for procuring health commodities and services.

PUERTO RICO

Puerto Rico Obstetrics & Gynecology (PROGyn) provided physician training and patient education on the prevention and early identification of hypertension and preeclampsia.

VENEZUELA

Universidad Central de Venezuela created an e-health platform (SOS Telemedicine for Venezuela) and conducted distance learning trainings to build the capacity of health workers to provide high-quality maternal health care.



Project spotlights

Regional program

Responding to obstetric emergencies and unintended pregnancies

Unless urgent action is taken on maternal mortality, Latin America and the Caribbean will not achieve the regional goal of the Sustainable Health Agenda for the Americas (SHAA) of fewer than 30 deaths per 100,000 live births by 2030.¹⁸ Honduras and Peru, in particular, struggle with vast maternal health disparities because of longstanding socioeconomic inequities across territories.¹⁹

In September 2024, The Pan American Health Organization (PAHO) announced a public-private partnership with Merck for Mothers to improve health care and maternal health outcomes for women and mothers in these two countries. The project will contribute to country efforts towards achieving the SDG target related to the reduction of MMR by focusing on two key areas: (1) preventing and reducing delays in recognizing obstetric emergencies by ensuring timely referrals and providing appropriate treatment; and (2) reducing unintended pregnancies and their health consequences.

In both countries, PAHO will improve the capacity of the health system and engage the community. The organization plans to train nearly 500 health providers to diagnose and treat obstetric emergencies and expand access to high-quality, equitable maternal health care. At the community level, PAHO will promote awareness of safe prenatal and childbirth practices, as well as involve communities in reducing unintended pregnancies.

The three-year program has the potential to directly benefit more than 5,500 women in Honduras and more than 15,000 women in Peru, and indirectly benefit more than half a million women of childbearing age in both countries. This comprehensive approach underscores the collaborative efforts of PAHO and Merck to improve maternal health outcomes across the Americas and respond effectively to the needs of women and families in the region.



“Multiple factors influence maternal mortality, including socioeconomic, cultural, educational, and environmental aspects. I am confident that this project will contribute to improving maternal health care and outcomes for women and mothers in the Americas.”

- Dr. Jarbas Barbosa, PAHO Director



Argentina

Addressing adolescent pregnancy among Indigenous girls

Argentina's adolescent pregnancy rate declined by half over the past 12 years as a result of increased access to sexual education and birth control.²⁰ However, disparities persist across territories, with disproportionately higher rates of adolescent pregnancy in Indigenous communities.²¹ Linguistic challenges, geographic inaccessibility to health facilities and health worker discrimination are some of the structural barriers that contribute to worse health outcomes amongst Indigenous populations, especially women.^{22,23}

Launched in 2021, UNICEF Argentina's "Intercultural Maternal Health in Argentina" project strengthened the health system by incorporating community voices in efforts to improve the quality of maternal health care that women and adolescents from Indigenous communities receive. An intercultural approach ensured that health systems were redesigned to meet the needs of Indigenous communities. In partnership with Indigenous community members, UNICEF established provincial level guidelines on incorporating an intercultural approach within maternal health services.

In three provinces (Misiones, Chaco and Salta), UNICEF is promoting health care practices that consider Indigenous traditions. Guided by community input, the organization is building the competencies of health providers who serve the Indigenous community by providing both virtual and in-person training sessions on culturally sensitive care.

UNICEF Argentina has advocated for improvements in the delivery of maternal health care in more than 1,200 health centers and 14 provincial public maternity wards. The organization has trained over 1,600 health providers and 600 Indigenous health agents on sexual rights, reproductive health and early detection of sexually transmitted diseases, reaching more than 22,000 pregnant women a year.²⁴



"This program helped people access quality health services, especially for mothers, their newborn babies, and families. In Argentina, Indigenous peoples face situations of inequity in access, often due to geographical distance and lack of adaptation to their customs and cultural practices."

- Javier Quesada, Health and Early Childhood Specialist at UNICEF Argentina



Brazil

Strengthening maternal health care through workforce training and quality improvement

In 2020, nearly 2,000 women died from complications related to pregnancy or childbirth in Brazil and an estimated 90% of these deaths were preventable. There are also significant disparities in maternal health outcomes across different populations and geographies. For example, the country's maternal mortality ratios (MMR) are higher in the North and Northeast regions, in rural and poorer areas, and in Afro-Brazilian communities. Overall, many Brazilian women lack reliable access to timely, high-quality care throughout their pregnancy, putting them at greater risk for complications which can be life-threatening if they arrive at a hospital where health care providers are not equipped or trained to manage childbirth emergencies.

Sociedade Beneficente Israelita Brasileira Albert Einstein (Einstein), a leading hospital network, in collaboration with the Ministry of Health (MoH) as well as State and Municipal Secretariats of Health, is working to improve the quality of maternity care across Brazil, with the goal of reducing the MMR by 30% in participating facilities. A pilot project in a region with an MMR three times the national average tested a new training curriculum to address the challenge of high turnover of health providers who were not trained consistently on maternity care protocols. The results were impressive: a 54% drop in MMR in two years.

Based on this success, the Ministry of Health supported replication of this program in 19 hospitals in seven of the country's 27 states, and MMR declined by half in two years. In 2021, the model was replicated in Bahia, Brazil's largest and most populous state in the Northeast region, and by 2023, the maternal mortality rate dropped by over 70% in participating facilities. As a result, the initiative developed an intervention strategy focused on prevention, early recognition, and the timely treatment of the main conditions threatening women's lives (postpartum hemorrhage, pre-eclampsia, and sepsis).

Interventions included the implementation of care bundles and the adoption of quality improvement methodology.

After determining that Afro-Brazilian women living in poverty were more likely to die from pregnancy and childbirth complications – due to less access to health education and prenatal care – the quality improvement model evolved to include anti-racism and racial equity training for staff and social workers at these facilities. In addition, hospitals began collecting and stratifying maternal care indicators by race so that they can track progress in reducing racial disparities in care.



“The implementation of practices and protocols aimed at early identification of risks and potentially life-threatening conditions brought about permanent changes in the care practices of the entire team. Today, we have a better understanding of our role and responsibility in the monitoring of pregnant women within the local reality as well as the ethnic-cultural and socioeconomic nuances. The project's legacy will be its ongoing positive impact on the care practices of pregnant women.”

– **Carolina - Nurse at USF Vila Nova Pituaçu**



Photo: One of the Sociedade Beneficente Israelita Brasileira Albert Einstein teams in Brazil

Colombia

Providing quality maternal health care for migrant communities

Colombia's steady decline in maternal mortality since 2010 has been impacted by the recent influx of Venezuelan migrants escaping political and socioeconomic instability, who often face increased health risks and limited access to care.²⁵ Despite government action to extend maternal health services to migrants, nearly half of undocumented pregnant women from Venezuela who arrived in Colombia before their first trimester received no prenatal care – contributing to disparities in maternal health outcomes.²⁶

The International Organization for Migration (IOM) is strengthening both institutional and community capacity to provide maternal, perinatal, sexual and reproductive health care – as well as access to that care – for women who are migrants.

Working in Valledupar municipality, where a high proportion of Venezuelan migrants live in vulnerable conditions, IOM is shoring up the health system to ensure that migrant women have access to timely, comprehensive and high-quality maternal health services. The organization is building the technical capacity of local hospitals by training health professionals to provide high-quality, culturally sensitive care and enforcing adherence to guidelines and protocols.

IOM has also strengthened community health capacities through Information, Education and Communication (IEC) strategies on maternal-perinatal health care and bolstered the Community Health Network (CHN). The organization has conducted nearly 100 workshops on maternal, perinatal and sexual and reproductive health with more than 2,300 community members.

Approximately 600 pregnant women have already benefited from this effort and provided their feedback on the health services they have received, helping inform IOM's future work.

The program has had a significant, positive impact on key maternal and perinatal health indicators in the municipality. During the implementation period, the number of maternal deaths among migrant women declined to only one in 2023 from four in 2022.²⁷



Photo: IOM staff member providing maternal health education



“We [community leaders] acquired a lot of knowledge about maternal health. We acquired tools that can be implemented in the communities to transmit a clear and compelling message about what maternal health care means. This has given me greater clarity when it comes to giving advice and guiding people in my community.”

– Jorge Martínez, Leader from the Community Health Network ‘Red Panas’

Mexico

Advancing sexual and reproductive health rights through digital solutions

As with other countries in Latin America and the Caribbean, Mexico has had a spike in maternal mortality in the last few years. The country has also experienced a rise in gender-based violence, with 27 of 32 states reporting increases in sexual assault rates and 23 reporting increases in family violence rates in 2022.²⁸ Greater attention to the association between violence against women and poor maternal health outcomes has confirmed that women exposed to partner violence before and during pregnancy are at a nearly four-fold risk of maternal morbidity.²⁹

Pro Mujer’s program “Sana y Segura: Mi salud sexual y reproductiva” is focused on decreasing maternal mortality rates by addressing the gender-based violence that prevents women and girls from accessing family planning education, birth control methods and violence-free obstetric and gynecological care. As a first step, Pro Mujer has raised awareness among health care providers and the broader community of the impact of gender-based violence on maternal health within the Mexican context.

The program trained over 800 health providers on human rights, gender perspectives and gender-based violence prevention and how to integrate them into their services. Pro Mujer has also trained 30 bilingual local technicians in sexual and reproductive health, enabling them to relay this vital information in Indigenous languages to an estimated 2,000 people in rural, often monolingual communities in Chiapas.³⁰

As part of the organization’s work with communities, Pro Mujer developed an innovative digital tool to educate women on sexual and reproductive rights, family planning, pregnancy care and gender-based violence prevention. Since its launch in September 2023, the tool’s chat function has been used by more than 1,700 women in Chiapas, Oaxaca, Hidalgo and other states.

Before “Sana y Segura” concludes, Pro Mujer anticipates training 2,000 health professionals, engaging 3,000 women through the chatbot, and reaching at least 2,000 people in rural communities.



Photo: Pro-Mujer Beneficiary



“At Pro Mujer, we believe that empowering women with access to sexual and reproductive health services is not only a matter of equity, but a fundamental human right. By addressing the root causes of gender-based violence and expanding our digital solutions, we are committed to transforming the health outcomes for women and their families across Mexico and Central America.”

- Carmen Correa, CEO of Pro Mujer

Kenneth C. Frazier Award for Maternal Health Equity

In 2021, Merck for Mothers launched the Kenneth C. Frazier Award for Maternal Health Equity. This annual award was established in recognition of Kenneth C. Frazier, retired Merck chairman and CEO, for his enduring commitment to maternal health. Every year, the grant award is bestowed upon one organization to celebrate its progress toward equitable, respectful, high-quality maternal health for all.

Sinergias

The inaugural recipient of the Kenneth C. Frazier Award for Maternal Health Equity was Sinergias, a non-governmental organization in Colombia that aims to improve access to respectful, high-quality and culturally relevant maternal health services that center women as key actors in their communities' health systems. Working in the most hard-to-reach areas of the country, Sinergias co-creates solutions with Indigenous and rural communities to address inequities in maternal health outcomes.



“Winning this award is a great honor for us, but above all, it is a recognition and a wake-up call to the importance of working with people to adapt health care services in marginalized and diverse communities. Likewise, this recognition is highlighting the need to improve access to quality services by strengthening local capacities to improve health in a sustainable way.”

– **Pablo Montoya, General Director, Sinergias**



Photo: Sinergias team



1. PAHO. (2023). [PAHO and partners launch campaign to reduce maternal mortality in Latin America and the Caribbean](#)
2. WHO, UNICEF, World Bank Group, and UNDESA/Population Division. (2023). [Trends in maternal mortality 2000 to 2020](#)
3. UNFPA. (2017). [Overview of the Situation of Maternal Morbidity and Mortality: Latin America and the Caribbean.](#)
4. Paulino NA, Vázquez MS, Bolívar F. [Indigenous language and inequitable maternal health care, Guatemala, Mexico, Peru and the Plurinational State of Bolivia.](#) Bull World Health Organ. 2019 Jan 1;97(1):59-67. doi: 10.2471/BLT.18.216184. Epub 2018 Oct 31. PMID: 30618466; PMCID: PMC6307509.
5. PAHO. (2023). [PAHO and partners launch campaign to reduce maternal mortality in Latin America and the Caribbean](#)
6. World Bank. (2013). [Latin America: unequal access to health care is still no. 1 killer for moms and kids.](#)
7. PAHO. (2023). [PAHO and partners launch campaign to reduce maternal mortality in Latin America and the Caribbean](#)
8. WHO, UNICEF, World Bank Group, and UNDESA/Population Division. (2023). [Trends in maternal mortality 2000 to 2020](#)
9. World Bank Blog. (2023). [Challenges of reducing maternal mortality.](#)
10. UNFPA. (2020). [Impact of covid-19 on access to contraceptives in the lac region.](#)
11. PAHO. (2022). [Strides in maternal health mark PAHO's impact in the Americas.](#)
12. PAHO. (2023). [Challenges of reducing maternal mortality.](#)
13. UNFPA. (2017). [Overview of the Situation of Maternal Morbidity and Mortality: Latin America and the Caribbean.](#)
14. WHO, UNICEF, World Bank Group, and UNDESA/Population Division. (2023). [Trends in maternal mortality 2000 to 2020](#)
15. FIGO. (2023). [Reducing maternal mortality in Latin America and the Caribbean.](#)
16. Sáenz, R., Nigenda, G., Gómez-Duarte, I. et al. [Persistent inequities in maternal mortality in Latin America and the Caribbean, 1990–2019.](#) Int J Equity Health 23, 96 (2024).
17. World Bank. (2020). [Maternal mortality ratio \(modeled estimate, per 100,000 live births\) – Latin America & Caribbean.](#)
18. PAHO. (2024). [Call to action: Zero preventable maternal deaths.](#)
19. PAHO. (2020). [Adolescent Pregnancy in Latin America and the Caribbean.](#)
20. Argentina Reports. (2024). [Adolescent pregnancies in Argentina fall by 50% over 12 years.](#)
21. PAHO. (2020). [Adolescent Pregnancy in Latin America and the Caribbean.](#)
22. UNDP. (2020). [The situation of Latin America's Indigenous population and the impact of COVID-19.](#)
23. The University of Arizona. (2024). [The situation of Indigenous peoples in Argentina.](#)
24. Unicef. (2024). [Más de 22 mil mujeres del norte argentino accedieron a la Iniciativa de Salud Materna Intercultural de UNICEF con el apoyo de Merck para Madres.](#)
25. Bonilla-Tinoco LJ, Aguirre-Lemus M and Fernández-Niño JA. Venezuelan migrant population in Colombia: health indicators in the context of the Sustainable Development Goals [version 1; peer review: 1 approved]. F1000Research 2020, 9:684 (<https://doi.org/10.12688/f1000research.24997.1>)
26. Giraldo V, Sobczyk R, Fernández-Niño JA, Rojas-Botero ML, Bojorquez I. Prenatal care of Venezuelans in Colombia: migrants navigating the healthcare system. Rev Saude Publica. 2021;55:49. <https://doi.org/10.11606/s15188787.2021055002999>.
27. [Epidemiological Surveillance System \(SIVIGILA\) of the Departmental Health Secretariat of Cesar.](#)
28. Vision of Humanity. (2023). [Gender-based violence in Mexico.](#)
29. Ayala Quintanilla, B.P., Taft, A., McDonald, S. et al. [Social determinants and exposure to intimate partner violence in women with severe acute maternal morbidity in the intensive care unit: a systematic review.](#) BMC Pregnancy Childbirth 23, 656 (2023).
30. Pro Mujer. (2023). [Pro Mujer Launches Initiative to support Women's Sexual and reproductive health in Mexico.](#)