

Alianza  
Latinoamericana y  
Caribeña  
de Juventudes



# 20 YEARS AFTER CAIRO

#JuventudesLac

For a world of equality and rights!



Red de Jóvenes por los Derechos  
Sexuales y Reproductivos, A.C.  
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# 20 YEARS AFTER CAIRO

## #JuventudesLac

For a world of equality and rights!

2014 is a key year as it marks 20 years of the Programme of Action of the International Conference on Population and Development (ICPD-PA) and concludes a review process of its implementation to define the next steps. It is necessary that those in charge of designing the new international agreements beyond Cairo and the development agenda post-2015 have a small sample of what the Latin American youth are living, from our context to our specificities and needs. Latin American and Caribbean governments must consider the nearly 110 million people aged between 15 and 24 in the region. It is essential to focus on the eradication of the inequality that has persisted and results in the unequal exercise of rights, especially in specific population groups which are vulnerable due to their sexual identity or gender orientation, their age and racial or ethnic origin.

From the Alliance of Youth LAC towards Cairo +20, we hope this is an input that allows a better outlook for making decisions about the international regulatory framework that will give the direction of public policies for the next 20 or 30 years.



## 1 Social Context

- In 2015 the population in Latin America and the Caribbean will be 630,089,000, of which 109,846, 000 (17.4%) will be between 15 to 24 years of age.<sup>1</sup>
- The incorporation of Latin America and Caribbean to globalization alongside the demographic dividend<sup>2</sup> poses serious challenges in areas such as economic and social.
- Latin America is the most unequal region in the world: 48% of families in quintiles<sup>3</sup> I and II have no access to welfare services, compared with 30% of quintiles IV and V.<sup>4</sup>
- Social expenditure represents 62% of total public expenditure, equivalent to 18.6%<sup>5</sup> of the region's GDP;
- Public expenditure on health between 1995 (2.6%) and 2010 (3.9%) has increased only 1.2% despite economic growth.<sup>6</sup>
- Expenditure on social security and welfare has reached 8.2% of total public expenditure, a 3.9% increase since 1995, which is still insufficient.<sup>7</sup>

1 Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2010 Revision, <http://esa.un.org/unpd/wpp/index.htm>

2 Demographic Dividend: Period during the demographic transition in the proportion of persons of working age (potentially productive) grows in relation to people potentially dependent age (ECLAC 2012)

3 A quintile is mainly used to define socioeconomic sectors as household per capita income. Each quintile represents 20% of the population being the first quintile having the lowest incomes.

4 <http://www.eclac.org/publicaciones/xml/5/48455/PanoramaSocial-2012DoCl-Rev.pdf>

5 <http://www.eclac.org/publicaciones/xml/5/48455/PanoramaSocial-2012DoCl-Rev.pdf>

6 <http://www.eclac.org/publicaciones/xml/5/48455/PanoramaSocial-2012DoCl-Rev.pdf>

7 <http://www.eclac.org/publicaciones/xml/5/48455/PanoramaSocial-2012DoCl-Rev.pdf>

The conditions that surround the region impair the full exercise of rights, access to quality education, decent work and opportunities for participation, and access to sexual and reproductive health services for young people, especially indigenous, afro-descendants, LGBTTTQI<sup>8</sup>, young women and young people living with HIV.

Young population is key to the development of the region, so it is essential to continue with strong actions for reducing gender gaps and critical problem care as high rates of teen pregnancy or lack of legal frameworks that recognize young people as subjects of rights.

In 2014, we have a great opportunity to strengthen and move forward in the commitment made 20 years ago in the Programme of Action of the International Conference on Population and Development (PA-ICPD), in which the core of the discussions was people as central to achieving development, which can only be achieved through the full exercise of human rights and on equal basis.

## 2 The urgent

It is not possible to postpone the necessary actions to address the main problems faced by Latin America and the Caribbean. A first step towards this is to consolidate the progress in the legal frameworks, such as the case of Comprehensive Sexuality Education. Also, in countries where the law itself is an obstacle to the exercise of rights of women, ensuring the necessary changes is top of the list.

Currently there are some structural factors for Latin America and the Caribbean that impact on the full development of people, especially young people, namely:

- Inequality in income distribution as a nodal obstacle to the exercise of human rights and as a platform for social exclusion, expressed in the lack of opportunities and poor access to health services and quality education.
- Conservative governments, especially in Central America, hampering progress in human rights, specifically sexual and reproductive rights.
- The lack of effective mechanisms for the implementation of international commitments and national laws concerning Comprehensive Sexuality Education, which leads young people to a lack of timely information based on evidence to make safe and informed decisions.
- Precarious social security systems that do not guarantee access to sexual and reproductive health services, preventing young people of having timely access to modern contraceptive methods, which contributes to the high rates of teen pregnancy we observe in the region, right below Sub-Saharan Africa.

New national agreements should be based on a human rights framework in order to turn development into a reality. Human rights are not elected; they are universal, interdependent, inalienable and non-transferable. They shall consider the intersections between the right to health, which assumes that people shall have access to a set of goods, services and conditions to achieve the highest possible level of health;

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<sup>8</sup> Lesbian, Gay, Bisexual, Transgender, Transvestite, Transgender, Queer and Intersex.

work, as a right and as a source of rights: fair wages, fair working hours and social security systems that promote independence and autonomy of young people; education as a pillar for the eradication of poverty and inequality; and effective participation at all levels, especially those of decision making as a mechanism to ensure the implementation of these new arrangements. To achieve this development, social phenomena such as migration, causing more and more people to have to face violence or situations that violate the exercise of rights must be addressed. These international frameworks must ensure the full exercise of rights regardless the immigration status of people, especially young women.



### 3 The status of young people's SRHR

#### Comprehensive Sexuality Education

Education is an essential condition for human development. While in Latin America and the Caribbean literacy rates and primary education rates are high and very close to the target set, the 2013 Human Development Index shows that girls' enrollment remains lower than that of boys. For secondary education, the average enrollment in the region is 90.9%, in which there are more girls enrolled than boys.<sup>9</sup> This situation varies from country to country, depending on the geographic area, socioeconomic status and ethnicity. In particular, indigenous peoples and Afro-descendants face the greatest difficulties in accessing the education system at all levels.

Twenty years after these goals were raised, it is necessary to consider coverage areas, the prevailing social inequality, the quality and the specific educational needs, such as those of young people in vulnerable situations, if we want to speak of progress in education. For that it is necessary to rethink the goals considering that education must be a public, secular, free, intercultural, quality service and must include comprehensive sexuality education. Additionally, it must also consider policies to facilitate the transition from education to decent work through alternative education models, as well as the acknowledgment of non-formal education programs.

<sup>9</sup> Human Development Statistics Annex. Human Development Index 2013



“Comprehensive Sexuality Education beginning at childhood favors the gradual acquisition of information and knowledge necessary for the development of appropriate skills and attitudes to live a full and healthy life, and to reduce sexual and reproductive health risks.”

Prevention through Education - Declaration of 1st Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin American and the Caribbean, 2008, [http://data.unaids.org/pub/BaseDocument/2008/20080801\\_ministerdeclaration\\_es.pdf](http://data.unaids.org/pub/BaseDocument/2008/20080801_ministerdeclaration_es.pdf)

In 2008 in Mexico City, as part of the XVII International AIDS Conference, the Ministerial Declaration “Preventing through Education”<sup>10</sup> was approved by representatives of the Ministries of Health and Education in Latin America and the Caribbean as a key tool to respond to pandemic HIV-AIDS among Latin-American youth and adolescents through synergies between ministries of health and of education, and civil society. Nearly five years after its approval, Comprehensive Sexuality Education (CSE) remains as an aspiration, since there are still schools which do not include in the curriculum timely, affordable information based on evidence and provided by staff with relevant qualifications.

On the other hand, information on this is scarce. In the Regional Diagnostic of the above-mentioned Conference, it can be seen that although in most countries there is the necessary legislation to make CSE a reality, inefficiency, lack of budget and conservative context make it difficult for adolescents and young people to have enough information to fully exercise their sexuality, a situation that is much more serious in the case of young women, indigenous youth, LGBTTTQI or young people living in rural areas, whose circumstances are permeated by economic and social inequalities, as well as stigma or cultural practices which are detrimental to the exercise of rights.

High rates of teenage pregnancy and the prevalence of young people living with HIV or an STI reflect the precarious status of comprehensive sexuality education aggravated by structural, education and employment conditions to which young people are subordinated.

The following table shows the legislative situation on comprehensive sexuality education. We can see that the problem with schools which do not impart CSE is a problem of non-compliance with the law.

10 “Prevention through Education” Declaration of 1st Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean, 2008, [http://data.unaids.org/pub/BaseDocument/2008/20080801\\_minsterdeclaration\\_es.pdf](http://data.unaids.org/pub/BaseDocument/2008/20080801_minsterdeclaration_es.pdf)

### Legislation on sexual education and HIV prevention

Country	Is the legislation regarding education sexual in schools national?	Is the legislation regarding HIV prevention education in schools national?	Is there specific legislation at the state and/or county and/or district regarding sex education in schools?	Is there specific legislation at the state and/or county and/or district regarding HIV prevention in schools?	Does the existing legislation regarding sex apply to all schools or only to public schools?	Does the existing legislation regarding sex education and HIV prevention apply to all schools or only to public schools?	Is the legislation explicit about the minimum age at which to start with sex education and HIV prevention in schools?
Argentina	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Brazil	Yes	Yes	Yes	Yes	Yes	Yes	No
Colombia	Yes	Yes	No	No	Yes	Yes	Yes
Dominican Republic	Yes	Yes	No	No	Yes	No	Yes
Mexico	Yes	No	No	No	No	No	No
Nicaragua	Yes	Yes	No	No	Yes	Yes	No

Sexual Education for HIV prevention in Latin America and the Caribbean. Regional Diagnostic (2008). National Institute of Public Health. Mexico.

## Access to youth friendly sexual health services

The relationship between teenage pregnancy and contraceptive prevalence rates among adolescents and young people is clear. For instance, Nicaragua has a prevalence rate of 24.5% of any birth control use and a teen pregnancy rate of 103.2 per 1,000 women aged between 15 and 19 years, while in Colombia the prevalence rate of contraceptive method use is 47.8 and teen pregnancy rate is 68.10 per 1,000 women aged between 15 and 19 years.

In Latin America and the Caribbean, according to the WHO, there is an unmet need of about 24% among women between 15 and 24 years of age. It is the second highest rate, after sub-Saharan Africa only.<sup>11</sup> The WHO itself states that this is mainly due to: limited access to contraceptive methods, particularly for the young people, economic inequality, fear of side effects, opposition for cultural or religious reasons, poor quality services and the gender barrier.

The age of sexual initiation must also be considered. In countries like the Dominican Republic, Colombia and Nicaragua, the percentage of young women having their first intercourse before the age of 15 is 14%, 13.5% and 10.9% respectively,<sup>12</sup> which, if related to the unmet contraception need, places young women in a vulnerable situation.

### Percentage of women (united and not united, sexually active) using any contraceptive method

Country (year of survey)	15- 19 years of age			20-24 years of age		
	Use of any method	Use of modern methods	Use of traditional method	Use of any method	Use of modern methods	Use of traditional method
Colombia (2010)	47.8	46.1	26.1	88.5	86.8	52.5
Dominican Republic (2007)	30.5	29.5	10.5	73.1	71.1	25.8
Nicaragua (2001)	24.5	23.6	5.3	64.0	62.7	15.4

**Source:** Developed by author based on the most updated information available and the Health Demographic Survey of each country.

In this regard, it is essential to bring sexual and reproductive health services closer to adolescents and young people and to strengthen public policies ensuring access to contraception, including the female condom, emergency contraception and safe and free abortion services.

## Teen Pregnancy

The concentration of reproduction in adolescence is closely linked to socioeconomic status, low level of education and the conditions of violence against women, factors that significantly affect populations living in highly vulnerable conditions, such as indigenous and rural youth, young women and young LGBTTTIQ.<sup>13</sup> The advancement of the first menstruation combined with early sexual initiation and violence against women are key factors contributing to increasing teenage pregnancy in the region.

<sup>11</sup> Rosen, J. Position paper on mainstreaming adolescent pregnancy in efforts to make pregnancy safer. World Bank: Washington, DC, 2010. Available in: <http://www.gfmer.ch/SRH-Course-2010/adolescent-sexual-reproductive-health/pdf/WHO-mainstreaming-adolescent-pregnancy-efforts-MPS-2010.pdf>

<sup>12</sup> Information processing of the Demographic and Health Statcompiler, Measure DHS. Macro International IMC. Available online: [www.measuredhs.com](http://www.measuredhs.com)

<sup>13</sup> Regional Population Report in Latin America and the Caribbean 2011. Invest in Youth. ECLAC, UNFPA

In our region, for every 1000 births, 70.6 of them are attributed to mothers aged between 15 and 19 years of age.<sup>14</sup> The situation is more complex for some countries in Central America or the Caribbean, such as Nicaragua, with 103.2, or the Dominican Republic, with 103.6 per 1000 women aged between 15-19. Additionally, as observed in the following table, the prevalence of early pregnancy is related to the classification of the Human Development Index, a composite measure of health, education and income, created to emphasize that people and their capabilities should be the most important criteria for assessing a country's development status, not only economic growth.

**Births per 1,000 women ages 15–19**

Country	%	Classification of the Human Development Index
Argentina	54.20	Very high human development
Mexico	65.50	High human development
Colombia	68.10	High human development
Brazil	76.00	High human development
Nicaragua	103.20	Medium human development
Dominican Republic	103.60	Medium human development

**Data source:** United Nations Development Programme, 2013

The region has serious problems of access to health, education and employment, so teenage mothers also face a lack of opportunities for education and workforce development, a situation that condemns them to live and reproduce the cycle of poverty.<sup>15</sup>

<sup>14</sup> RUnited Nations (2012) Report on Millennium Development Goals, 2012. New York. Taken from: <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202012.pdf>

<sup>15</sup> Regional Population Report in Latin America and the Caribbean 2011. Invest in Youth. ECLAC, UNFPA

### Mechu from Nicaragua

In Central America, early pregnancy is highly associated with poor conditions and sexual violence. In Nicaragua, when Mechu was 13, she was forced to have sex with her abuser, who threatened to kill her brothers. Mechu's mother and her family stayed at the aggressor's place because they had nowhere to live. Currently, Mechu is 15 years old and had to leave school to take care of her son and she sells water and sweets on buses, earning just four dollars per day. Because of early pregnancy it is difficult for young women to leave the cycle of poverty.

### Abortion

Access to safe abortion is a matter of public health and social justice. It is an issue of social justice, since women who have better economic and social conditions have more opportunities of accessing a safe abortion, while those who do not have the same conditions have no choice but resort to illegal, unsafe facilities to have an abortion. Given

that in Latin America unsafe abortion is very difficult to be included in the census, there is a clear under-register of the total number of cases, which impairs the clear measuring of its impact. In this regard, the State’s responsibility to ensure access to this right is unavoidable and shall be reflected in the legal framework.

On the other hand, the criminalization of abortion puts women, especially young women, in a position in which their freedom and even their lives are in danger. Currently in Latin America and the Caribbean, there are women subject to criminal prosecution in countries where abortion is criminalized under the penal code.<sup>16</sup> The criminalization of abortion in the region is a clear example of young women’s lack of full conditions to exercise their sexual rights.

<sup>16</sup> CEDAW Committee, Consideration of reports submitted by States Parties: Mexico, May 17, 2011, [CEDAW/C/MEX/7-8], paragraph 170, p. 52

**Legal grounds on which abortion is permitted**

Country	To save a woman’s life	To preserve a woman’s physical health	To preserve a woman’s mental health	In case of rape or incest	Because of foetal impairment	For economic or social reasons	On request
Argentina	X	X	-	-	-	-	-
Brazil	X	-	-	X	-	-	-
Colombia	X	X	X	X	X	-	-
Dominican Republic	-	-	-	-	-	-	-
Mexico	X	X	X	X	X	X	X
Nicaragua	-	-	-	-	-	-	-

**Data Source:** World Abortion Policies 2013. United Nations Department of Economic and Social Affairs Population Division [www.unpopulation.org](http://www.unpopulation.org)

**Adriana Manzaneres Cayetano, Tlapanec indigenous, Guerrero State, México.**

In 2006 she was 18 years old and pregnant when she was stoned and insulted in an indigenous popular assembly at the Ayutla de Los Libres community, in Guerrero. People accused her of adultery. Her baby was born dead due to the stoning and Adriana was prosecuted for homicide. She didn’t have a nahua interpreter during the trial. Adriana doesn’t speak Spanish and the people from the Ayutla community didn’t testify against it. She was sentenced to 22 years in prison. She spent 7 years, 9 months and 3 days deprived of her freedom with no evidence against her. She was released in January due to an appeal for protection of constitutional rights issued by Mexico’s Supreme Court.

Young women are suffering the effects of the inconsistent, devastating rhetoric among policy makers, service providers and legal framework in the area of sexual and reproductive rights. This is most evident in rural areas, where access to health care in general presents a big deficit. Recognizing sexuality as an integral part of politics with regards

to health and rights will be a major step to improve conditions young women face every day in the region when deciding about their bodies.

## HIV / STI

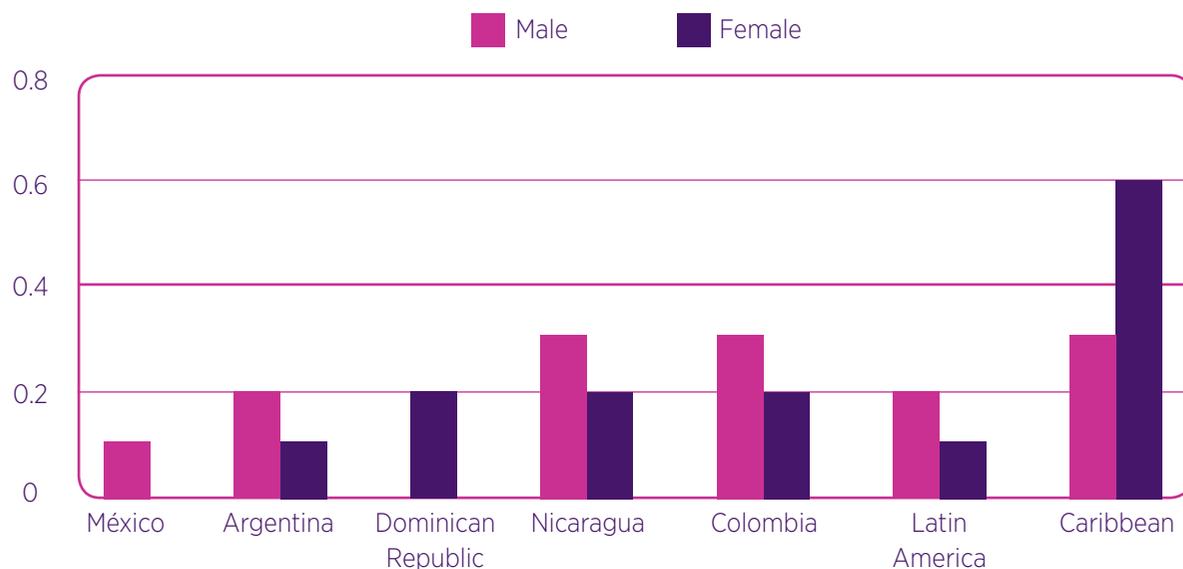
Although the rate of HIV prevalence is low compared with other regions, the feminization of the contamination and the barriers to treatment and support for young people living with HIV are an outstanding and crucial issue to be addressed.

In Latin America, lack of data and statistics makes it difficult to look at the picture of HIV and STI prevalence among young people between 15-24 years of age, especially in women. Available studies show that the incidence of STIs varies dramatically from country to country and even from one geographic area to another within each nation.

According to the 2013 UNAIDS Global Report, the highest rates of HIV are concentrated in the Caribbean, where young women and young men have a prevalence rate of 0.6 and 0.3 respectively. This is slightly higher than the global average, 0.5 and 0.3, respectively<sup>17</sup>.

<sup>17</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf)

**HIV prevalence among young people (15 to 24 years old) 2012**



Region/Country	Female	Male
Caribbean	0.6	0.3
Latin America	0.1	0.2
Colombia	0.2	0.3
Nicaragua	0.2	0.3
Dominican Republic	0.2	<0.1
Argentina	0.1	0.2
Mexico	<0.1	0.1

**Data source:** UNAIDS (Joint United Nations Programme on HIV/AIDS, 2012)

Data indicates that Latin American and Caribbean young women are greatly vulnerable to HIV infection when compared to young men.<sup>18</sup> For instance, in the Dominican Republic the percentage of women between 15 and 24 years of age who have been infected is 21.1%, while among men it is only 2.9%.<sup>19</sup> This shows that the lack of access to sexual information, economic inequality, gender inequality and the patriarchal culture are the most important causes to explain why women are the most affected.

Before reaching the age of 19, the biological impact combined with the lack of information on sexual rights including HIV, the perceived low risk of infection, the age of first intercourse and social norms that reproduce gender inequality have a tremendous impact on adolescent women.<sup>20</sup>

This problem is aggravated when taking into account that prevention services are scarce and that the use of drugs, particularly in Central America and the Caribbean, is high. Young people who use drugs and sex workers have a higher risk of contracting HIV than their peers who do not.<sup>21</sup>

The different youth populations have specific challenges and difficulties. Violence and sexual abuse, along with the stigma against LGBTTTIQ people and people living with HIV also contribute to the high prevalence rates in these populations.

While sufficient coverage is not met, comprehensive sexuality education is still a reality to be achieved and while information about STI prevention or the use of contraceptives such as condoms (male or female) or emergency contraception depend on political will or conservative contexts, risk will continue to persist.

## Final Observations

- Latin America now has a substantially large population of young people, the so-called “demographic dividend”, which means that most of the population is at economically active age, able to work, save and invest, but this favorable position will come to an end in 2020. Delaying investment in youth means closing the door to development.
- It is necessary to mainstream the youth issue and develop it holistically. Today it is clearer than ever that this is a subject that goes through the great challenges of our countries. It is necessary to identify where the young population is in each sector, how it is affected by public decisions and in which points young people are being considered as partners and strategic actors for development.
- The redistribution of resources in Latin America and the Caribbean is crucial to address the economic and social inequalities that hinder the exercise of human rights and thus the development of people.
- The countries in Latin America and the Caribbean must ensure full access to sexual rights and reproductive rights to young people to eliminate some of the problems that are exacerbated by the uneven economic situation we live in the region. Without full access to these rights, social development is hindered.

<sup>18</sup> United Nations Fund for Children (UNICEF), June 2011. Opportunity in Crisis: Preventing HIV from early adolescence to adulthood. New York, NY

<sup>19</sup> Demographic and Health Survey. Dominican Republic 2007, Table 12.15. Self-report on Sexual Transmission Infections and their symptoms.

<sup>20</sup> United Nations Fund for Children (UNICEF), June 2011. Opportunity in Crisis: Preventing HIV from early adolescence to adulthood. New York, NY

<sup>21</sup> Monasch, Roeland, and Mary Mahy, “Young: The center of the HIV epidemic, “on HIV / AIDS in young people: a systematic review of evidence on developing countries, edited by Ross D, et, al. World Health Organization Technical Report Series 938, WHO, Geneva, 2006 .. Uusküla, A, et al, “Emergent properties of HIV risk among injecting drug users in Tallinn, Estonia” Sexually Transmitted Infections, vol 86, suppl.3, 2010, iii79-iii84



## 4 Recommendations

1. Place the rights of young people in the center of the Post 2015 agenda. It is necessary to define a goal in terms of youth and to define specific goals and indicators for topics such as health, education, employment and participation.
2. Promote the creation of legal frameworks that acknowledge and guarantee the rights of young people including sexual rights as an essential part of human rights.
3. Ensure effective access to secular, evidence-based, rights-based, free from discrimination and prejudice, age-appropriate and gender-sensitive education, including comprehensive sexuality education.
4. Promote programs and policies that ensure free and pleasurable exercise of sexuality, promote young people's autonomy over their bodies, as well as protection against all forms of violence.
5. Implement sexual health programs and comprehensive, timely and quality reproductive health programs for adolescents and young people, with youth-friendly sexual health and reproductive health services, from the perspectives of gender, intergenerational and intercultural, human rights, and ensuring access to modern, safe and effective contraception, respecting the principle of confidentiality and privacy.
6. Strengthen the institutional arrangements for the attention of youth and ensure the existence of mechanisms for effective participation of adolescents and youth in the public debate, decision-making and in all stages of the design of policies and programs, in particular those that concern them directly, without any discrimination.
7. Build national and regional mechanisms for monitoring and accountability on the implementation of agreements (at all levels) entered into regarding HR, Youth and Sexual Rights, such as the Bali Declaration<sup>22</sup> and the Consensus of Montevideo.<sup>23</sup>
8. Develop programs and policies that include friendly access to sexual health and reproductive health free and quality services, ensuring access to contraception (such as the female condom and emergency contraception), legal abortion, and provision of free drugs to adolescents and young people living with HIV.
9. Assign public budgets to ensure the development and implementation of public policies for the effective exercise of Sexual and Reproductive Rights.
10. Generate quality statistical information regarding access to education, sexual and reproductive rights, access to health services, HIV/AIDS and STIs disaggregated by age and sex, gender, ethnicity and race, to better understand the reality of young people.

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22 Global Youth Forum, Bali, Indonesia 20120. [http://icpdbeyond2014.org/uploads/browser/files/1334148s\\_spanish.pdf](http://icpdbeyond2014.org/uploads/browser/files/1334148s_spanish.pdf)

23 First Conference on Population and Development in Latin America and the Caribbean, Montevideo, Uruguay 2013. [http://www.cepal.org/celade/noticias/documentosdetrabajo/8/50708/2013-595-Consenso\\_Montevideo\\_PyD.pdf](http://www.cepal.org/celade/noticias/documentosdetrabajo/8/50708/2013-595-Consenso_Montevideo_PyD.pdf)



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