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Global Disability Fund

Situational Analysis on the Rights of Persons with Disabilities in Uruguay

Country Brief

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Acronyms and Abbreviations

ALIANZA	Alliance of Organizations for the Rights of Persons with Disabilities
ANEP	National Administration of Public Education
ASSE	State Health Services Administration
BPS	Social Welfare Bank
CDPD	Convention on the Rights of Persons with Disabilities
CNHD	National Honorary Commission on Disability
FONASA	National Health Fund
GDF	United Nations Global Disability Fund (formerly UNPRPD)
INAU	Institute for Children and Adolescents of Uruguay
INDDHH	National Institution of Human Rights
INEED	National Institute for Educational Evaluation
MVM - INDDHH	Surveillance and Monitoring Mechanism of CDPD, National Institution of Human Rights
MEC	Ministry of Education and Culture
MIDES	Ministry of Social Development
MINTUR	Ministry of Tourism
MSP	Ministry of Public Health
MVOT	Ministry of Housing and Territorial Planning
OPD	Organization of Persons with Disabilities
PIAS	Comprehensive Health Care Plan
PRONADIS	National Disability Programme (2007 – 2020)
SINAE	National Emergency System
SIIAS	Integrated Information System of the Social Area
SNCD - MIDES	National Secretariat of Care and Disability - Ministry of Social Development
SNIC	National Integrated Care System
SNIS	National Integrated Health System
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities (now GDF)

Disclaimer:
This brief was prepared by the GDF Secretariat. It summarizes the key findings from the full Situational Analysis report and does not necessarily reflect the position of the GDF.

1.0 Background

The United Nations Global Disability Fund (GDF) is a global initiative supporting countries to implement their commitments as outlined in the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs). Under its Strategic and Operational Framework 2020-2025, around 50 countries have been supported to carry out Situational Analyses of the rights of persons with disabilities.

The analysis aims to:

- Inform UN programming and serve as a baseline for interventions.
- Identify gaps in disability inclusion across national policies and programmes.
- Strengthen collaboration between the UNCT, government, organizations of persons with disabilities (OPDs) and civil society.
- Provide a tool for advocacy and capacity building for OPDs and development actors

In Uruguay, the Situational Analysis was carried out between August 2024 and January 2025. It provides a comprehensive assessment of the country's disability landscape, identifying progress and key challenges in CRPD implementation. The study used a mixed-method approach, including:

- A comprehensive analysis of national and international legislation, government policies and official reports related to disability rights in Uruguay.
- Direct consultations with key stakeholders, including government officials, OPDs, CSOs, healthcare providers and educators. A total of 35 interviews were conducted.
- A structured questionnaire administered to 268 individuals, including persons with disabilities and representatives from OPDs and CSOs, to gather first-hand perspectives on accessibility, discrimination and service delivery.
- Examination of national statistics, census data, and government databases to assess trends in disability inclusion, service access and policy effectiveness.
- A validation phase conducted through stakeholder workshops, ensuring that findings accurately reflect the lived experiences of persons with disabilities.

2.0 Introduction to Disability Context in Uruguay

According to the 2011 national census, 517,771 of the 3,251,654 people in Uruguay have a disability, which is 15.9% of the population. This figure raised the discussion between activity limitation and disability considering the data collection methodologies. The inclusion in the 2023 National Census of the complete set of questions from the Washington Group to measure functional limitations associated with disability is a step forward. Once available, the Census data will allow for more precise estimations of the total population in the country with disabilities and provide information about the predominant types and degrees of functional limitation, their geographic distribution and their living conditions.

Uruguay ratified the CRPD in 2008 and has a strong legislative framework supporting disability rights. The country has enacted several key laws, most importantly Law 18.651 (2010) on the comprehensive protection of persons with disabilities. This law establishes rights in education, employment, healthcare and accessibility, and mandates equal opportunities and prohibits discrimination against persons with disabilities. Despite the legal advancements, implementation remains a challenge. In particular:

- There is a lack of proper enforcement mechanisms, with limited government resources allocated to monitoring compliance.

- The National Disability Registry remains incomplete, making it difficult to measure the effectiveness of disability policies and to plan appropriate interventions.
- Many public spaces, transportation systems and digital services still do not comply with accessibility standards
- Despite the employment quota of 4% established by Law 19.691, compliance remains low and private sector participation is largely voluntary.
- While inclusive education policies exist, there are insufficient trained teachers, assistive technologies and learning materials to support students with disabilities effectively.

3.0 Findings

3.1 Stakeholder Coordination Mechanisms

Government and its Coordination Mechanisms

The National Secretariat for Care and Disability within the Ministry of Social Development (MIDES) is responsible for disability policy implementation and oversight of disability programmes. The National Secretariat was created by Law 19.924 in 2020, replacing the National Disability Programme (PRONADIS). It was created to seek better coordination between the policies on disability and care, and plays a crucial role in developing national disability policies, ensuring their alignment with CRPD standards and monitoring their implementation. Other government entities responsible for disability inclusion in their respective sectors are:

- The Ministry of Public Health (MSP) oversees healthcare services and ensures that disability-related health needs are integrated into public health policies.
- The Ministry of Education and Culture (MEC) is responsible for implementing inclusive education policies and ensuring accessibility in educational institutions.
- The Ministry of Housing and Territorial Planning (MVOT) oversees housing policies, including accessible housing initiatives for persons with disabilities.
- The Ministry of Labor and Social Security oversees the implementation of the employment quota system and the social protection system.
- The National Commission for Mental Health Support is responsible for overseeing the implementation of the Mental Health Law 19.929 (2017) and the National Mental health plan (2020).
- The Congress of Local Governments: Local governments also have a role in implementing disability policies but they often face capacity and resource constraints, resulting in uneven implementation across regions.

The key coordinating body on disability related issues is the *National Honorary Commission on Disability (CNHD)* which was established by Law 16.095 in 1989 and restructured under Law 18.651 in 2010. Like the National Secretariat, CNHD operates under the Ministry of Social Development (MIDES). It is a public entity with private law status, ensuring equal participation between public agencies and OPDs. The CNHD's primary objective is to coordinate, develop, evaluate and implement national policies for services and inclusion of persons with disabilities. The CNHD's specific responsibilities include:

- Advising the national and local governments on disability-related policies.
- Supporting and coordinating CSOs that work to benefit persons with disabilities.
- Promoting public awareness on disability issues through the media.
- Sponsoring scientific research on disability prevention, diagnosis and treatment.
- Investigating social factors contributing to disabilities and planning preventive actions.

- Advancing education, research and dissemination of Uruguayan Sign Language.

Although the National Secretariat (SNCD - MIDES) is the ultimate authority on disability policy, many of its functions overlap with the CNHD's mandate. This unclarity, coupled with limited status of both entities being under the MIDES, means that coordination remains weak, leading to fragmented policies and inefficiencies in disability service delivery. There is an absence of a mandated centralized mechanism to facilitate coordination between relevant ministries such as health, education, labour and transportation. Furthermore, budget allocations for disability programmes are inconsistent, often resulting in gaps in service provision.

Organizations of Persons with Disabilities and Other Civil Society Organizations

Uruguay has a well-established tradition of CSOs working on disability issues across various populations and perspectives at both national and local levels. However, the country lacks a centralized and systematic registry of OPDs (i.e. member-based organisations led by persons with disabilities themselves or their family members). Instead, multiple sources provide partial overviews of their numbers and characteristics without detailed classification as OPDs, CSOs or private service providers. Different registers list between 320 and 534 disability-focused organizations. Most of them are engaged in service provision.

Despite the diversity and richness of these organizations, a historical lack of coordination and dialogue among them weakens their overall impact and effectiveness as a movement for social transformation. In response, the ALIANZA network, formed in 2016, aims to improve coordination among organizations advocating for the rights of persons with disabilities. Initially created to prepare an Alternative Report for the UN Committee on the Rights of Persons with Disabilities, ALIANZA includes OPDs, CSOs, academic institutions and foundations working together to monitor and promote the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) in Uruguay.

OPDs that have been appointed as representatives in the National Honorary Commission on Disability come from:

- Asociación Down del Uruguay
- Asociación Pro Recuperación del Inválido (APRI)
- Asociación Sordo-Ciegos del Uruguay (ASCUY)
- Centro Autista Uruguay (CENTEA)
- Federación Autismo Uruguay (FAU)
- Federación de Organizaciones de Familiares por la Salud Mental, Federación Caminantes
- Federación Uruguaya de la Discapacidad (FUDI)
- Grupo de La Esperanza (familiares y amigos de personas con trastornos mentales)
- Unión Nacional de Ciegos del Uruguay (UNCU)

Some of them are members of the ALIANZA.

UN Agencies and International Organizations

Multilateral agencies play an important role in supporting disability inclusion in Uruguay. For example, the World Bank supported a social inclusion study in 2020, which now serves as a basis for analysis and planning; and UNICEF has supported several inclusive education initiatives and studies.

Between 2018 and 2020, the "Right to Equality and Non-Discrimination of Persons with Disabilities" project was launched as a collaboration between the United Nations System, state institutions and civil society organizations, with funding from GDF. This initiative achieved significant results in areas such as health rights, sexual and reproductive rights, prevention of gender-based violence against girls with

disabilities, reduction of institutional violence and the dissemination of accessible COVID-19 information. The continuation of this initiative fully implemented during January-September 2024 with the support of GDF aimed to strengthen three key actions:

1. Establishing a Monitoring and Surveillance Mechanism to track implementation of the Convention, including advocacy for legislation to institutionalize it.
2. Promoting the Disability Legal Capacity Law and advocating for its approval in Parliament.
3. Developing and implementing the Single Disability Assessment Tool, a standardized system for disability evaluation and certification, including efforts to pass a bill institutionalizing it.

Apart from multilaterals, the global organization Human Rights Watch, which has an active disability division, has supported important advocacy work based on the production of national evidence.

Other Stakeholders

Beyond the specific contributions made by various universities, faculties and research groups, the University of the Republic has managed the Disability Thematic Network (Red temática sobre Discapacidad, Universidad de la República, RETEDIS UDELAR) since 2008, which aims to promote the systematic exchange of knowledge and experiences produced in the field of disability across the university's different functions: teaching, research, extension and management.

Summary of Stakeholder Coordination Analysis

Sixteen years after adopting the CRPD, Uruguay still lacks a clear institutional framework to coordinate disability policies effectively. Stronger collaboration between state institutions and among disability advocacy groups are needed to advance full CRPD implementation.

The overlapping mandates, fragmented approaches and conflicting agendas of the key institutions responsible for CRPD implementation is creating inefficiencies. This is further exacerbated by resource restraints. The recent creation of the National Secretariat on Care and Disability (SNCD - MIDES) has raised concerns among disability advocates, who fear it weakens governance structures, though authorities disagree. The National Honorary Commission on Disability (CNHD) struggles to balance policymaking and monitoring, leading to inefficiencies.

Civil society organizations also face sustainability challenges, relying on voluntary efforts while contending with accessibility barriers, financial constraints and caregiving burdens.

3.2 Preconditions for Disability Inclusion

A critical element of the GDF strategy is its focus on the essential preconditions for disability inclusion to advance the CRPD. The following findings focus on the five preconditions.

Equality and Non-Discrimination

Uruguay has made significant legislative advancements in disability rights, ratifying the CRPD in 2008 and passing comprehensive protection laws in the following years. Key laws ensure rights to dignity, autonomy, health, education, employment and protection from discrimination. Employment policies include a 4% quota for persons with disabilities in public sector jobs and incentives for private sector hiring. Recent legal updates introduced a standardized disability assessment tool and a proposed shift towards recognizing the legal capacity of persons with all types of disabilities.

Despite these policy level advancements, implementation remains a challenge. The CRPD Committee has expressed concerns over outdated legal terminology, lack of explicit anti-discrimination measures and insufficient mechanisms for reporting and redress.

A significant challenge is the lack of societal awareness about disability rights. High levels of stigma and cultural barriers persist. Lack of political will was also cited as a major obstacle to greater participation and policy influence for persons with disabilities. A survey conducted in 2024 highlighted key barriers to equality, with education (50%) and employment (35.2%) identified as top concerns by persons with disabilities. Advocacy efforts emphasize the need for inclusive decision-making, better implementation of laws and a cultural shift towards recognizing disability as a component of diversity rather than a burden.

Key findings

Uruguay has a strong legal and policy framework on disability inclusion and anti-discrimination, but enforcement gaps persist. The key barriers are:

- Inefficient institutional frameworks for coordination and enforcement.
- Social stigma and lack of awareness remain key barriers to inclusion.
- Political commitments to disability inclusion are inconsistent across government administrations.

Inclusive Service Delivery

Disability Assessment and Referral Services

In 2024, Uruguay approved a single disability assessment tool, a long-standing demand from disability rights organizations. Previously, six different assessment systems existed, leading to fragmentation, inconsistencies and accessibility issues. The new system aims to unify criteria and replace outdated medical models with a more rights-based approach aligned with the CRPD and the International Classification of Functioning, Disability, and Health (ICF). The reform was developed by an interdisciplinary team from MIDES, BPS, MSP, civil society and international organizations. It establishes a permanent Advisory Council to oversee implementation and updates. While the reform is a major step toward standardization and fairness, its effectiveness will depend on strong implementation, funding and oversight. Present concerns include:

- Lack of clear regulations on how the new system will determine access to benefits.
- Need for assessor training and adequate funding to ensure proper implementation.
- Inter-agency coordination issues remain unresolved, risking delays and inefficiencies.
- Risk of persistent medicalized perspectives if implementation does not fully embrace a rights-based approach.

These challenges must be addressed to ensure success and civil society must be engaged in monitoring and adjustments.

Disability Support Services

Uruguay offers economic grants to persons with disabilities, managed primarily by the Social Welfare Bank (BPS). These benefits include:

- Total Disability Pension and Partial Disability Subsidy for individuals with a work history (contributory benefits).
- Pensions for persons without formal employment (non-contributory benefits).
- Pensions for parents and disabled children.
- Increased Family Allowances for children with disabilities.

However, the level of financial support does not fully cover the additional costs of living with a disability. Many services must be found on the private market at high costs. The support systems still assume that persons with disabilities remain in their family unit permanently, rather than promoting independent living. Many individuals choose to stay on benefits rather than enter formal employment, as they risk losing financial aid.

Access to assistive technologies and medical devices is essential for mobility, communication and daily functioning. However, Uruguay's system is fragmented, inequitable and exclusionary. Different agencies regulate and distribute assistive devices without clear coordination. Access depends on income level, employment status and social security contributions, rather than universal need. Less than 50% of those requiring assistive devices receive them, with lower access rates for intellectual and hearing disabilities. A 2023 mapping of public assistive device programme s found that devices are not assigned based on needs assessments but rather on discretionary decisions by service providers. No universal system ensures access to essential assistive technologies.

Uruguay's disability care model historically relied on institutionalization, particularly for individuals lacking family support. The Ministry of Social Development (MIDES), together with the National Honorary Disability Commission (CNHD), oversees residential care services. These are funded by the state but managed by BPS and INAU (National Institute for Children and Adolescents). Presently the institutions are housing approximately 2,000 people. Uruguay lacks a deinstitutionalization plan and has not yet implemented concrete strategies to transition persons with disabilities into community-based living. The system still fails to promote autonomy, despite CRPD recommendations. Also, there are no clear quality standards or monitoring mechanisms for disability residential services.

In recent years, Uruguay introduced the Personal Assistants Programme, aimed at providing in-home care for people with severe disabilities. While a step forward, it has several limitations: it is only available individuals with severe dependency and to those under 30 or over 79, excluding many who need support; the programme serves only 6,000 people, and its expansion has been halted since 2019; and personal assistants are not trained to promote autonomy, reinforcing a dependency model.

Mainstream Services

Uruguay has made efforts to integrate persons with disabilities into mainstream services such as education, health and employment. However, despite progress in policies and legal frameworks, systemic barriers persist in ensuring full inclusion. These barriers include accessibility issues, lack of specialized support, discrimination and limited enforcement of inclusive policies.

Social Protection

Uruguay's social protection system includes disability pensions, allowances and housing benefits. However, people with disabilities still face higher poverty rates. Disability benefits are inadequate to cover the extra costs of living with a disability. People must choose between benefits and employment, discouraging workforce participation. Households with a disabled member have lower educational and employment outcomes.

Health

The government has undertaken several initiatives to improve accessibility in health services such as the 2021 Health Ministry Guide on disability-inclusive healthcare and new medical training initiatives that emphasize better communication and rights-based healthcare. Despite this, healthcare is still a critical concern of 20.4% of people with disabilities citing it as their primary concern. Major issues include:

- Many hospitals and clinics are not fully accessible for persons with mobility impairments.
- Medical professionals often lack training in disability-inclusive healthcare.
- People with disabilities report being ignored or dismissed in medical consultations.
- No mandatory sign language interpretation in medical facilities.
- Limited availability of accessible health information (Braille, easy-to-read formats, pictograms).
- Lack of accessible healthcare services in rural areas.
- Rehabilitation services lack a national plan, and access remains dependent on household resources.

A study on young people with disabilities in Uruguay found that women with disabilities feel uninformed about reproductive health and that services are difficult to access, particularly in rural areas. Sexual health education focuses only on prevention, without addressing autonomy, pleasure and rights.

Education

The National Policy on Education (2013) and the Compulsory, Free Universal Basic Education Act (2004) guarantee education for all children, including children with disabilities. The Discrimination Against Persons with Disabilities (Prohibition) Act (2018) mandates free education for children with disabilities up to the secondary level and ensures the provision of assistive devices. The National Policy on Inclusive Education (2023) seeks to transform at least one special school per state into a resource centre for inclusive education.

However, the transitioning to inclusive education has been difficult due to lack of trained teachers in inclusive practices. Also, the 2023 Policy does not allow separate deaf education, sparking debates about inadequate accommodations in inclusive schools. There is no reliable data on the prevalence of children with disabilities in schools, which affects planning and intervention. Most efforts focus on primary education, with little support for secondary-to-tertiary transition. There is inaccessible school infrastructure and learning materials, especially for students with visual and intellectual disabilities.

Employment and Livelihood

Employment is the top demand of people with disabilities in Uruguay, with 51.9% of respondents emphasizing the need for better job opportunities. However, employment rates for persons with disabilities remain alarmingly low. Only 7% of people with disabilities aged 15-59 are in formal employment, compared to 48% of the general population. Workforce participation peaks at 23% between ages 25-29, then declines sharply. Many employers lack awareness or incentives to hire people with disabilities and workplace accommodations are rarely provided. The 4% public sector quota has not been met (only 0.99% compliance in 2023). The 2-4% private sector quota has weak enforcement and low uptake.

Key Findings

While Uruguay has made significant legislative progress, the lack of implementation, funding, and coordination continues to prevent meaningful change. Priority areas of improvement include:

- Ensuring that the reforms of the disability assessment system are implemented as intended.
- Ensuring that the social protection, social and rehabilitation services meet the expected standards.
- Ensuring that disability inclusion in mainstream programmes is implemented as intended in policies.

Accessibility

Despite strong regulations promoting accessibility in urban planning, transportation, housing and information, real-life implementation remains weak. The lack of systematic monitoring and enforcement mechanisms means that accessibility improvements are inconsistent and incomplete across sectors. Public spaces, housing and transportation remain largely inaccessible, especially in rural areas. Many inter-city transport options lack affordable and accessible units. Even in Montevideo, accessible buses remain below legal requirements. There is limited sign language interpretation on television and lack of accessible content in public communications.

Presently there is no national oversight body to enforce accessibility laws, and no comprehensive action plan with deadlines and penalties for non-compliance. Public agencies often promote fragmented initiatives instead of systematic accessibility improvements. There are no regular accessibility audits with clear deadlines and penalties. The participation of disability organizations in policy design and evaluation is limited.

Key Findings

Uruguay's regulatory progress has not translated into universal accessibility due to poor enforcement, lack of funding, and weak political commitment. A coordinated, rights-based approach is urgently needed to close these gaps and ensure equal participation for all.

CRPD-Compliant Budgeting and Financial Management

No official data tracks total disability-related spending, its evolution, or gaps in funding. While some institutions report partial budget figures, most disability-related programmes, particularly those within local governments and the Ministry of Health (MSP), lack publicly available budget data. Estimates indicate that most spending goes to social benefits (BPS: $857M in 2021), followed by residential care, special education, rehabilitation and transport subsidies. MIDES' budget for national disability programmes is only $4M for 2024, highlighting funding disparities.

The lack of proper budgeting of implementation plans for legal and policy reforms hampers implementation, as programmes struggle with insufficient human and material resources. The limited financial tracking makes financial planning, oversight and advocacy difficult. Another major issue is that people with disabilities and their organizations have little to no influence over budget planning and resource allocation. Disability-related expenses often fall on individuals due to private market reliance for support services.

Key Findings

Uruguay's disability budgeting is fragmented, lacks transparency, and fails to include persons with disabilities in decision-making. Key consequences of these systemic weaknesses include:

- Without clear financial tracking, it is impossible to assess whether disability-related investments are adequate or effective.

- Many programmes are underfunded, limiting access to education, employment, healthcare, and independent living.
- A reliance on private markets for essential services exacerbates inequalities, leaving low-income persons with disabilities without support.

Accountability and Governance

Inclusive Evidence and Data Gathering Systems

One of the long-standing problems in Uruguay has been the lack of comprehensive, disaggregated and rights-based disability data. As a result, policymakers lacked the necessary information to develop effective, evidence-based disability policies. Uruguay has however made two significant advances in disability data collection in the past two years.

In 2023, *Uruguay's National Census* incorporated the full Washington Group set of questions to measure functional limitations based on a human rights approach. It is expected that the census will provide reliable estimates of the disability population, including total number of persons with disabilities, types and degrees of functional limitations, geographic distribution of persons with disabilities, living conditions, including housing, education, employment and access to basic services. As national censuses occur only every 10 years, there will be a need to establish a mechanism that can provide updated disability statistics between censuses.

In 2024, Uruguay legally adopted a *Single Disability Assessment Tool*, designed to standardize disability evaluations across all government agencies. This tool aligns with international frameworks (e.g., the CRPD and the International Classification of Functioning, Disability, and Health - ICF). It aims to create a unified database, helping authorities to track disability trends over time, improve service delivery and resource allocation and ensure consistency in disability certification processes. The Single Disability Assessment Tool is not yet fully implemented, and its integration with other government data systems is unclear.

Despite these advances, Uruguay still lacks a long-term, continuous data collection strategy to ensure regular monitoring of disability-related issues. There is still no unified disability registry that combines census data, administrative records, and sector-specific statistics. There is still no systematic tracking of how disability intersects with gender-based violence, children's rights or aging-related disabilities.

National Accountability Mechanisms

In 2016, the Committee on the Rights of Persons with Disabilities (CRPD Committee) identified major accountability gaps in Uruguay's disability governance system. It recommended the establishment of a) a permanent consultation mechanism where persons with disabilities (including children) could influence policies and decisions affecting them and b) an independent monitoring system that fully complies with the Paris Principles, ensuring independent oversight of CRPD implementation. At the time, Uruguay relied on the National Honorary Commission on Disability (CNHD) for both policy development and monitoring, creating a conflict of interest and reducing effectiveness.

To address these concerns, in October 2023, the National Institution of Human Rights (INDDHH) launched a participatory process with the involvement of organizations of persons with disabilities (OPDs) to establish the Surveillance and Monitoring Mechanism for the CRPD (MVM - INDDHH). This mechanism, aligned with Article 33.2 of the CRPD, was designed to monitor, promote, protect and oversee CRPD implementation in Uruguay, conduct advocacy and cooperation actions to influence policy, collect and analyse data on disability issues to be published annually and raise awareness and educate the public on disability rights and inclusion.

In August 2024, Law 20.326 officially institutionalized the Monitoring Mechanism, ensuring its legal mandate and legitimacy. The creation of an Honorary Advisory Council linked to the MVM - INDDHH, with elected representatives from civil society organizations (CSOs) and OPDs, provides a platform for formal participation. Despite its legal recognition and independence, the Monitoring Mechanism still faces significant obstacles such as:

- *Weaknesses in OPD participation*: Many organizations lack resources and technical capacity to engage effectively in monitoring and policy dialogue. Their role in the Honorary Advisory Council is advisory, limiting their influence over policy decisions.
- *Unclear enforcement mechanisms*: The MVM - INDDHH can monitor and report issues but does not have direct enforcement power to compel government agencies to act.
- *Resource constraints*: The mechanism requires sufficient financial and technical resources to function effectively. There is no guarantee of sustained government funding, which could weaken its impact.

Key Findings

Uruguay has made important steps in accountability with the creation of a formal monitoring mechanism and improved data collection, but challenges remain.

- Universal policy coverage is lacking due to funding shortages, weak political will, and social attitudes toward disability.
- The Single Disability Assessment Tool lacks clear funding and implementation plans, posing an initial barrier to effective governance.
- The enforcement mechanisms are still unclear. While the MVM - INDDHH is independent and can monitor and report issues, it does not have power to compel government agencies to act.

3.3 Cross-Cutting Approaches: Gender, Participation, Inequalities

GDF has adopted three cross-cutting approaches to be intrinsically applied across all of its work, including its structures, programmes and processes to ensure full and meaningful participation of all persons with disabilities.

Participation

OPDs are represented in the National Honorary Commission on Disability (CNVD) and in the Honorary Advisory Council linked to the MVM – INDDHH. Despite this formal representation at national level, persons with disabilities still lack real influence in policy planning, decision-making and monitoring. Their ability to contribute is constrained by insufficient reasonable accommodations provided by government consultation mechanisms at various levels and by the limited capacity and resources of OPDs to engage at the right time and level.

Voting rights of persons with disabilities have improved through Law 19.790, which ensures accessibility for persons with motor disabilities, but broader electoral reforms remain limited. The legal capacity reform, expected in late 2024, may improve participation rights for persons with intellectual and psychosocial disabilities, but presently these limitations remain.

Lack of political will (42.6%) is cited by respondents to be the biggest barrier preventing persons with disabilities from participating in decision-making. Limited access to information (22.2%) further restricts participation.

Gender

Over protection by the family, traditional gender norms and stigma related to disability affects women with disabilities in Uruguay very negatively. Despite higher educational achievement, only 4% of women

with disabilities are formally employed, compared to 9% of men with disabilities. The gender employment gap is widest in the prime working years (20-29).

Studies show that 55.4% of women with disabilities experience gender-based violence (GBV) in relationships, with high rates of psychological violence (48.1%), economic/material violence (32.3%), physical violence (30.7%) and sexual violence (19.2%). Family settings are also high-risk, with 19.4% of women with disabilities facing some form of violence at home.

Women with disabilities also face barriers in accessing sexual and reproductive healthcare, as they are often expected not to be sexually active. No reported cases of Voluntary Termination of Pregnancy (VTP) raise concerns about lack of access to information and choice.

Inequalities

Across all consulted sources—authorities, civil society organizations and academia—persons with psychosocial disabilities are identified as the most marginalized disability group in Uruguay. Many policymakers and service providers fail to recognize psychosocial disabilities as a legitimate category under disability rights. Mental health services in Uruguay remain institutionalized rather than community based. Deinstitutionalization efforts have stalled, with many people with psychosocial disabilities trapped in psychiatric institutions. Social stigma prevents persons with psychosocial disabilities from accessing employment, education and independent living opportunities. Higher rates of homelessness among persons with psychosocial disabilities are due to lack of housing support and independent living programmes.

The National Mental Health Plan (2020-2027) was designed to expand community-based care and deinstitutionalize individuals. However, its implementation has been weak, leaving thousands without proper mental health care or support. Limited government funding and a lack of trained professionals are key obstacles. This results in weaker legal protections, fewer accommodations and a lack of targeted support services.

3.4 Disability Inclusion in Broader Development, Humanitarian and Emergency Contexts

National Development Plans

Uruguay does not have a single National Development Plan or a structured monitoring system for the Sustainable Development Goals (SDGs). Instead, national policies are implemented through sectoral plans aligned with the five-year budget set by each new government. Disability has not been systematically integrated into these sectoral plans, leading to fragmented and inconsistent policies.

The Five-Year Housing Plan ("Entre Todos") prioritizes vulnerable groups, including households with persons with disabilities. However, persons with disabilities were not consulted in its development, and their specific needs are absent from objectives, goals or activities.

The National Care Plan 2021-2025 includes general goals but lacks specific targets related to disability. It does not allocate additional resources, except for a small increase in funding for personal assistants. There was no meaningful participation from disability organizations in its design.

In conclusion, disability is not mainstreamed across development policies, persons with disabilities are not systematically involved in planning and decision-making and budgetary priorities favour other social groups, leaving disability policies underfunded. The absence of a unified SDG implementation framework weakens long-term disability inclusion efforts.

Disaster Risk Reduction and Humanitarian Action

Uruguay participates in the Ibero-American Programme on Disability Rights, which created a Working Group on Inclusive Disaster Risk Management (2023-2024).

The *National Emergency System (SINAE)* coordinates disaster response and risk reduction efforts across multiple government agencies. The main objectives of SINAE include policy development for disaster preparedness and response, vulnerability reduction and emergency preparedness measures and monitoring and evaluation of disaster recovery efforts. SINAE has developed the MIRA System (Integral Monitoring of Risks and Impacts) which collects disaggregated data on persons with disabilities affected by disasters. Data is categorized by gender, age group and type of disaster event, allowing for improved response planning. SINAE also conducted an inclusive disaster risk management course (2023) in collaboration with MIDES and the Ministry of Tourism. The public awareness campaign ("Preparation Makes the Difference") includes videos and radio spots with subtitles, sign language and voiceovers.

The "Guide for Coordinating the Displacement of People in Humanitarian Action" was developed with support from the National Secretariat of Care and Disability (MIDES).

Despite these efforts, there is still a lack of specific policies ensuring disability-inclusive emergency evacuation and shelter planning. There is no permanent mechanism for including persons with disabilities in disaster response decision-making and there is limited local-level capacity to implement inclusive DRR strategies.

Climate Change

Uruguay lacks a clear framework for integrating disability into climate change adaptation and mitigation policies. Climate policy is primarily managed by the Ministry of Environment, with a focus on reducing carbon emissions, protecting biodiversity, and managing natural resources. Persons with disabilities are not explicitly considered in national climate strategies, despite their higher vulnerability to climate-related events (e.g., heatwaves, floods, and changing health risks).

4.0 Conclusions

While Uruguay has made progress in disability rights, significant gaps remain in institutional capacity, accessibility, employment, education, healthcare and gender equality. A rights-based, cross-sectoral approach is essential to ensuring full inclusion, participation and equal opportunities for persons with disabilities in Uruguay. The following recommendations could serve as a guide for future prioritisation and support:

1. Strengthen the Institutional Framework: Establish a Decentralized Disability Institute to ensure cross-sector coordination and a national disability strategy. Support the participation of OPDs in policymaking, particularly young persons and women with disabilities.

2. Improve Disability Data and Budget Transparency: Develop a national disability survey or introduce disability questions in existing national surveys. Establish a clear disability budget framework, ensuring transparency and accountability in spending.

3. Inclusive Education Roadmap: Create an implementation roadmap for inclusive education, with clear objectives, budget and timelines. Ensure meaningful consultation with OPDs in designing education reforms.

4. Expand Community-Based Support Systems: Develop inclusive support services for education, employment, independent living, and reproductive rights. Implement a universal accessibility and support services plan at both national and departmental levels.

5. Strengthen Disability Assessment and Legal Reforms: Ensure full implementation of the new disability assessment tool and raise awareness about its benefits. Advance the legal capacity reform to comply with CRPD Article 12.

6. Deinstitutionalization and Mental Health Reform: Develop a national action plan for deinstitutionalization, with clear milestones and funding. Implement the National Rehabilitation Plan with dedicated resources.

7. Address Gender-Based Violence and Rights of Women with Disabilities: Integrate disability leadership into the national GBV response mechanism. Launch awareness campaigns on sexual and reproductive rights, targeting women, youth and persons with disabilities.

8. Disability-Inclusive Climate and Disaster Policies: Ensure disability-inclusive disaster preparedness by improving evacuation plans, shelters and early warning systems. Advocate for disability inclusion in national climate adaptation policies.

9. Strengthen Advocacy for Policy Implementation: Support OPDs in advocacy efforts to ensure the effective implementation of disability laws and policies. Monitor the new Surveillance and Monitoring Mechanism (MVM-INDDHH) to ensure it remains independent and impactful.

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