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Global Disability Fund

Situational Analysis on the Rights of Persons with Disabilities in Uruguay

Country Full Report

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Acronyms:

ALIANZA (Alianza de organizaciones por los derechos de las personas con discapacidad, Alliance of Organizations for the Rights of Persons with Disabilities)

ANEP (Administración Nacional de Educación Pública, National Administration of Public Education)

ASSE (Administración de Servicios de Salud del Estado, State Health Services Administration)

BPS (Banco de Previsión Social, Social Welfare Bank)

CDPD (Convención sobre los Derechos de las Personas con Discapacidad, Convention on the Rights of Persons with Disabilities)

CNHD (Comisión Nacional Honoraria de Discapacidad, National Honorary Commission on Disability)

FONASA (Fondo Nacional de Salud, National Health Fund)

INAU (Instituto del Niño y Adolescente del Uruguay, Institute for Children and Adolescents of Uruguay)

INDDHH (Institución Nacional de Derechos Humanos, National Institution of Human Rights)

INEED (Instituto Nacional de Evaluación Educativa, National Institute for Educational Evaluation)

MVM - INDDHH (Mecanismo de Vigilancia y monitoreo de la CDPD - Institución Nacional de Derechos Humanos, Surveillance and Monitoring Mechanism of CDPD, National Institution of Human Rights)

MEC (Ministerio de Educación y Cultura, Ministry of Education and Culture)

MIDES (Ministerio de Desarrollo Social, Ministry of Social Development)

MINTUR (Ministerio de Turismo, Ministry of Tourism)

MSP (Ministerio de Salud Pública, Ministry of Public Health)

MVOT (Ministerio de Vivienda y Ordenamiento Territorial, Ministry of Housing and Territorial Planning)

PIAS (Plan Integrado de Atención a la Salud, Comprehensive Health Care Plan)

PRONADIS (Programa Nacional de Discapacidad, National Disability Program)

SINAE (Sistema Nacional de Emergencia, National Emergency System)

SIIAS (Sistema de Información Integrada del Área Social, Integrated Information System of the Social Area)

SNCD - MIDES (Secretaría Nacional de Cuidados y Discapacidad - Ministerio de Desarrollo Social, National Secretariat of Care and Disability - Ministry of Social Development)

SNIC (Sistema Nacional Integrado de Cuidados, National Integrated Care System)

SNIS (Sistema Nacional Integrado de Salud, National Integrated Health System)

UNPRPD (Fondo de las Naciones Unidas sobre los Derechos de las Personas con Discapacidad, United Nations Partnership on the Rights of Persons with Disabilities)

Executive Summary

The report on the Situational Analysis of the Rights of Persons with Disabilities in Uruguay 2024 is one of the strategic lines, along with Training, Advocacy, and Communication, of the project "The Right to Equality and Non-Discrimination for Persons with Disabilities." This is a joint initiative of the United Nations System, state institutions, and civil society organizations, with support from the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD).

Since 2018, the UN country team in Uruguay has worked to achieve concrete progress in the implementation of the Convention on the Rights of Persons with Disabilities in Uruguay. These activities are carried out in coordination with the Disability Directorate of the National Care and Disability Secretariat of the Ministry of Social Development, the National Institution for Human Rights and Ombudsman, the Honorary Disability Commission, the Alliance of Organizations for the Rights of Persons with Disabilities in Uruguay (hereafter "The Alliance"), and other institutions and organizations involved in the rights of persons with disabilities.

Methods

The research follows the methodology proposed by the PRPD (2021), analyzing the five preconditions (Equality and Non-Discrimination, Delivery of Inclusive Services, Accessibility, Budget in line with CPRD and Financial Management, and Accountability and Governance) and the three cross-cutting approaches (participation of persons with disabilities, inequalities, and gender equality) necessary for the exercise of rights by persons with disabilities in various contexts.

In terms of methodology, in the case of Uruguay, in addition to traditional techniques of document review, interviews with key stakeholders, and analysis of data from secondary sources, two important methodological innovations were included specifically for this report. These innovations highlight the value of the findings and enhance the feasibility of the recommendations.

On one hand, a survey was conducted with all participants of the Training Cycle on the Right to Equality and Non-Discrimination of Persons with Disabilities, held in Uruguay in June 2024, obtaining 268 responses[1]. Of those who responded, 20% identified as persons with disabilities, and 64% reported belonging to an organization of persons with disabilities or being a family member. Furthermore, more than 50% reside outside the capital, Montevideo, while the remaining respondents live in the city. Of the participants, 79% are female, and 21% are male.

On the other hand, an identification of all persons with disabilities registered in the Integrated Information System of the Social Area[2] was carried out, providing significant information about the volume and characteristics of persons with disabilities in the country, as well as their access to various benefits and achievements in education and employment.

Stakeholders

Regarding the capacity of the involved actors and coordination mechanisms, the report identifies broad consensus around the idea that Uruguay has not yet found a clear and strong institutional framework to move forward in achieving the mandates set forth by the Convention.

In this regard, the creation of the National Secretariat of Care and Disability as part of the Ministry of Social Development by Law 19.924 in 2020 (Secretaría Nacional de Cuidados y Discapacidad, Ministerio de Desarrollo Social, SNCD - MIDES) has the potential to improve

[1] The full report with the methodology and results of the survey, conducted with both persons with and without disabilities who participated in the training on rights, is presented in Annex I.

[2] For a complete version of the analysis of the SIIAS data on disability, see Annex II.

coordination between all the programs, policies and main actors related to disabilities issues. However, the creation of the Secretariat, while supported by authorities, is considered by organizations to be contrary to the goal of giving greater priority to policies specifically directed toward people with disabilities, as they called for in their alternative report and as the Committee recommended to the Uruguayan State in 2016. That is why they demand that disability policies (which are broad and cover all government sectors) should not be mixed with care policies (which are the exclusive responsibility of MIDES).

Furthermore, the dual function of the National Honorary Commission for Disability and Care (Comisión Nacional Honoraria sobre Discapacidad, CNHD), responsible for both developing policies/coordinating their implementation to comply with the Convention and monitoring its implementation, is seen by most actors as a conflict of interest and an institutional weakness to be overcome.

On the other hand, expectations regarding complaints and independent monitoring are focused on the full implementation of the Surveillance and Monitoring Mechanism (Mecanismo de Vigilancia y Monitoreo de la CDPD, MVM - INDDHH) under the responsibility of the National Human Rights Institution (Institución Nacional de Derechos Humanos, INDDHH) for the implementation of the Convention on the Rights of Persons with Disabilities. The new mechanism was established in 2023 following the article 33.2 of the CDPD and started to be implemented trough the election of the members of the Honorary Advisory Council that is made up of representatives of civil society, with 18 representatives being persons with disabilities and seven family members. It is seen as a significant advancement for advocacy and the participation of people with disabilities and is fully prepared to begin operating.

Moreover, the country's logistical, infrastructure, material and also symbolic issues for full accessibility and inclusion represent important barriers and major limitations for the OPDs significant participation, at all levels. The OPDs ´participation in the two single but relevant spaces of participation, as the Honorary Advisory Committee of the Vigilance and Monitoring Mechanism (MVM INDDHH) and the National Honorary Commission on Disability (CNHD), confirm the key role of the DPOs in the advocacy, incidence and policy designed activities. However, it remains a critical issue: Uruguay has a rich, varied and dense list of social organizations focused on rights and services for people with disabilities (OPDs and CSOs), which, according to sources, are more than 350, at the national and local levels. This situation represents an added value for advocacy, incidence and attention to the needs of people with disabilities in the country. But there is still a situation of fragmentation, poor coordination and dialogue, and overlapping of tasks, which weakens the effectiveness and efficiency of the results and impact of its valuable and full engaged actions and therefore its role as a powerful movement for social transformation.

Equality and non-discrimination

In terms of equality and non-discrimination, the legislative and political context in Uruguay presents an apparent contradiction between relatively comprehensive legislation for the rights of people with disabilities and the persistence of significant discriminatory mechanisms, which maintain considerable gaps between the living conditions of people with and without disabilities in the country.

At the regulatory level, with the approval of the Convention in 2008 and the Comprehensive protection law for people with disabilities in 2010 (Ley 18651 de protección integral de personas con discapacidad), the country's laws explicitly express their purpose to promote, protect, and ensure the full enjoyment, and on an equal basis, of all human rights by all people with disabilities without distinction. In this framework, they are specifically recognized the right to: respect for their human dignity, to enjoy a decent life as normal and full as possible, to the adoption of measures that allow them to achieve the greatest possible autonomy, to health, education, professional adaptation and re-adaptation, and labor insertion, to economic and

social security, to a decent standard of living and housing, to live within their family or a substitute home, to be protected from all exploitation, discriminatory, abusive, or degrading treatment, and to the benefit of competent legal assistance when necessary for the protection of their person and belongings.

Furthermore, in 2024, significant legal advancements were made for people with disabilities in Uruguay. On one hand, a unified disability assessment tool was approved in September 2024 by Law 20378 (Ley del Baremo Único Nacional). On the other hand, in July, a bill was introduced that, in compliance with Article 12 of the Convention on the Rights of Persons with Disabilities, involves modifying the legal capacity regime that applies in the country, replacing it with the recognition of the legal capacity of people with disabilities and the establishment of a system of support and safeguards for decision-making, when required.

However, beyond the regulatory advancements, the study observes significant gaps in the country between people with and without disabilities in access to services and key dimensions of well-being, such as education, health, employment, transportation, information, and participation, among others. Furthermore, the political context does not show clear signals of treating disability as a priority or doing so in the way outlined by the Convention. In this regard, it is necessary to highlight that, in practice, none of the derogatory terms that exist in legislation, policies, and public programs have been modified, which were used as examples by the organizations that prepared the alternative report in 2016.

Accessibility

Regarding accessibility, all consulted sources agree in pointing out the ongoing concerns and recommendations of the UNCRPD Committee for Uruguay, particularly the “absence of full accessibility for people with disabilities in transportation, the physical environment, information, and communication, open to the public, especially in rural areas.” They also highlight “the lack of a national body responsible for supervising and sanctioning non-compliance with accessibility standards.”

Barriers to equity

When asked about the most important barriers to equity that persist today, the people with disabilities interviewed placed prejudice and lack of knowledge first. References to information related to prejudices, stigma, ignorance, discrimination, lack of empathy, and cultural and attitudinal barriers related to the topic, all of which are due to the lack of appropriate information, knowledge, and communication regarding the rights and real situation of people with disabilities. Moreover, several interviewees consider that the biggest gap is found in the different conceptions regarding disability, between those who maintain a view focused on deficits and the burden they pose to society, and those who can appreciate the potential development of an accessible society without barriers.

Assessment system

Regarding disability assessment and registration systems, all consulted actors agreed in highlighting the significant progress made by the approval in September 2024 of the bill to establish a single disability assessment tool/scale. It is expected that this single tool will help reduce the complexity currently involved in the assessment for access to public benefits managed by different agencies, based on at least six different instruments. Furthermore, the fact that many of the existing instruments are still anchored in a clinical or medical view of disability means that the change established by the law, including a conceptual alignment with the rights-based approach, goes beyond simplifying procedures and improves access opportunities for some groups that have historically been underrepresented, such as people with psychosocial disabilities.

Some concerns have been raised by OPDs on the implementation of the single assessment tool, in particular regarding the necessary training of evaluators, the resources to carry out these activities, the rules for accessing to each benefit, and how the long-standing problems of coordination between agencies with different interests and visions will be resolved.

Services

Regarding specific support services for disability, the study finds that the early development of the Welfare State in Uruguay consolidated monetary transfers both to persons with disabilities and to parents and residential care services as the main responses the country offers to people with disabilities. However, beyond being important services for people with disabilities, the country faces significant difficulties in developing other types of services, more focused on community-based support and habilitation and rehabilitation strategies.

Despite the clear recommendations of the Committee and the mandates of the Convention, Uruguay has not been able to make significant progress in de-institutionalizing people with disabilities residing in 24-hour residential facilities, nor in the development of universal personal assistance programs or mass access to assistive technology, which would not depend on the ability to pay by families or market rules.

Regarding inclusive services, the research shows that the education system is the main concern of all involved actors and also the key area that people with disabilities identify as needing improvement to guarantee their rights and a dignified life in the country. The data shows that in Uruguay, there are still significant gaps in enrollment, attendance, and educational achievements between people with and without disabilities. Two key barriers stand out: an unfinished transition between the special education paradigm and the inclusive education paradigm, and the lasting effects of discriminatory actions suffered by people with disabilities and their families in educational settings, from the smallest gestures to the denial of access. However, despite the different emphases and positions, everyone agrees that education is the first priority in transforming the rights of people with disabilities and that inclusive education is the right path to follow.

Regarding access to healthcare services, the consulted sources agree that universal accessibility of services, professional training, the availability of habilitation and rehabilitation measures, and access to sexual and reproductive health are the biggest challenges in fully meeting the mandates of the Convention. There are accessibility, physical, attitudinal, communicational, and informational barriers present in various healthcare services. It is considered that the guide "Recommendations for the Treatment and Adequate Care of People with Disabilities in Healthcare Services" [3]developed by a broad group of professionals and including the opinion of OPDs, could be the next step toward guaranteeing the right to health. At the same time, there are still big gaps in habilitation and rehabilitation processes and addressing the issues of sexual and reproductive health for people with disabilities, where approaches are both inadequate and insufficient.

In terms of work and employment, with the exception of a small increase in the percentage of people with disabilities entering the State workforce (0.99% in 2023), when the law establishes a quota of 4%, both public authorities and representatives of organizations working for the rights of people with disabilities agree in pointing out the persistence of difficulties in accessing employment on equal terms with the rest of the population. Based on data from the Integrated Information System on Social Area (SIIAS), it was confirmed that, on average, only 7% of the population of people with disabilities aged 15 to 59 is formally integrated into the labor market.

CRPD compliant budgeting

[3] https://www.gub.uy/ministerio-desarrollo-social/comunicacion/publicaciones/recomendaciones-para-trato-atencion-adecuada-personas-discapacidad-0

Although Uruguay has a broad and consolidated Welfare State, with good levels of benefits that include disability as one of the risks to be covered, various studies have pointed out the high proportion of people with disabilities living in poverty. Among the explanations for the strong link between disability and poverty in Uruguay are factors such as the high costs of disability borne by households, low levels of educational achievement among people with disabilities, serious accessibility and urban mobility issues, and low participation or precarious integration into the labor market. Additionally, in the absence of the necessary support, this situation worsens, affecting the rest of the household members' labor and educational integration, further reducing the chances of escaping poverty and vulnerability.

While the lack of budget is the main argument used by all consulted actors to explain the deficiencies in the public policies developed by Uruguay in the area of disability, the country still does not have an official measure that allows knowing the investment being made, how it has evolved, what the main items are, and, above all, how many additional resources are needed to fully adopt the approach outlined in the Convention. Beyond the lack of disaggregated information that would allow public tracking of investments dedicated to disability, there is broad consensus that people with disabilities have no participation or relevant influence in defining the allocation and priorities of these resources.

Accountability and governance

Regarding accountability, expectations are placed on the new Surveillance and Monitoring Mechanism of the CDPD implementation (MVM - INDDHH), based on both the independence and institutional strength of the National Institution of Human Rights, which depends on the national parliament and has its own resources.

Regarding data collection systems and evidence of the population with disabilities, the inclusion of disability-related questions from the Washington Group in the 2023 Census, along with the single assessment tool project and the experience of data analysis through integrated records in the SIIAS, represent a promising outlook for the coming years, where the challenges lie more in the careful coordination of existing sources than in generating new ones. However, some relevant aspects are still missing in this scheme, such as a continuous source of information production about people with disabilities, especially those excluded from benefits, and in-depth studies that identify and propose solutions to the variety of accessibility problems faced by different types of disabilities in Uruguay, across various areas. Furthermore, guaranteeing the participation of disability organizations in these data collection systems would allow them to be evaluated and considered in terms of human rights from a social model of disability.

Participation

According to the people with disabilities surveyed, the lack of political will is the main obstacle to achieving the participation of OPDs in decision-making about policies and programs that concern them. Despite the recommendations made by the Committee in 2016, the key actors interviewed do not identify significant progress in the country. Persons with disabilities urges the policy makers to: decide, work, enable, listen, follow up, call, involve, give space, dialogue, negotiate, integrate, give participation, include, allow, make part of, give voice, think, speak, build, provide opportunities, link, take into account, contemplate, motivate, and empower.

Marginalised groups

According to the majority of the consulted sources and the people who answered the survey, people with psychosocial disabilities make up the group facing the greatest barriers to inclusion and the least representation in various areas of social life in current Uruguay. There is agreement on this opinion from authorities, social organizations, and academia alike. According to the interviewees, Uruguay’s shortcomings in mental health care, particularly the

difficulties in advancing the deinstitutionalization of those who are institutionalized, may contribute to the low visibility, stigma, and exclusion of people with this disability. The census data analysis to be fully presented in 2025 will surely bring new information on some other intersectionalities.

Gender equality

The intersectional discrimination experienced by women with disabilities, their greater vulnerability to gender-based violence, and the difficulties they face regarding sexual and reproductive health emerge, particularly for those women who wish to exercise motherhood. In the labor market there is a significant gap between men (9%) and women (4%) who are formally integrated. Moreover, the data from the SIIAS show that, despite women having better educational outcomes, the gap between men and women is present throughout the entire life trajectory and becomes especially significant in the stage of greatest labor insertion (between 20 and 29 years old).

Regarding Gender-Based Violence (GBV), one of the main findings is that the strong exclusion of women with disabilities from the educational system and the labor market means that the family and partner are the main spaces where gender-based violence occurs, while women without disabilities experience more violence in public spaces. Furthermore, the absence of cases of Voluntary Pregnancy Termination among women with disabilities[4] raises questions about their access to information regarding this option and, more generally, about the motivations and support around motherhood for women with disabilities.

Disability inclusion in mainstream planning processes

From a general perspective, all the consulted actors agree in pointing out that since the adoption of the Convention, the issue of disability has not been systematically and deeply included in any of the national development plans. However, the participation of the Disability Direction (SNCD - MIDES) in the National Emergency System (SINAE) seems to have permeated an institutional framework under construction, making disability a cross-cutting issue in the system's guidelines, indicators, and initiatives.

Finally, the work concludes with a series of conclusions and recommendations, analyzing the main gaps, opportunities to improve the inclusion of the rights of persons with disabilities in government and United Nations humanitarian/emergency and development plans and processes, and the priority areas for research.

1. Purpose of the Analysis

The purpose of the situational analysis is to contribute to ensuring that all persons with disabilities in Uruguay fully exercise the rights enshrined in the Convention. In this framework, the process of preparing the analysis includes the following specific objectives:

- Establish working relationships between United Nations entities, governments, organizations of persons with disabilities, other civil society organizations, the private sector, and academia as a foundation for future joint program and policy designs.
- Gather all available information on the topic, especially the opinions of organizations and individuals directly concerned.
- Strengthen the capacity of stakeholders to more effectively include and address the rights of persons with disabilities.

[4] See UNFPA (2020).

- Inspire adjustments for the inclusion of disability in ongoing United Nations programs and processes.
- Inform the design of future intersectoral program proposals and serve as a baseline.
- Serve as an advocacy tool for organizations of persons with disabilities and other civil society partners, both nationally and internationally.

2. Research Approaches

This research focuses on diagnosing the necessary preconditions to ensure a dignified life and full social participation for persons with disabilities in Uruguay, within the framework of the Convention on the Rights of Persons with Disabilities. According to the PRPD (2021), the five preconditions to consider are:

1. Equality and non-discrimination
2. Delivery of inclusive services
3. Accessibility
4. Budget in accordance with the CRPD and financial management
5. Accountability and governance

In addition to these preconditions, the following cross-cutting approaches are included: participation of persons with disabilities, inequalities, and gender equality. With this framework, the research is guided by the following key questions:

- What are the critical “bottlenecks” hindering progress towards the inclusive implementation of the SDGs and the CRPD?
- What priorities should be addressed to ensure that the preconditions for disability inclusion are met (especially for persons with disabilities)?
- How can UNPRPD funding better support the inclusion of disability in national planning and monitoring?
- What further analysis is needed to promote the CRPD in the country?

2.2. Methodology Used

To achieve the stated purpose, a methodological strategy was implemented that combined the collection and analysis of all available qualitative and quantitative information sources in Uruguay regarding persons with disabilities, the status of the implementation of the Convention on the Rights of Persons with Disabilities, and the preconditions for their inclusion. The strategy included document review, analysis of quantitative data from Administrative Registers, individual and group interviews with qualified informants, and a self-administered survey targeted at persons with disabilities, members of social organizations, and individuals working on the topic. In all cases, the aim was to structure the production of information based on the dimensions referred to in the purpose.

A complete list of the documents analyzed is included in the references and was derived from contributions made by all participants in the research during each of the various stages. Additionally, as part of the project “Right to Equality and Non-Discrimination for Persons with Disabilities, 2024,” funded by the United Nations Fund for Disability Rights (UNPRPD) and led by UNFPA, a survey[5] was conducted among all participants in the Training Cycle on the Right to Equality and Non-Discrimination for Persons with Disabilities, held in Montevideo in June 2024.

[5] See Anexo I

The cycle had a total of 299 participants, of whom 268 responded to the survey sent at the beginning. 20% of those who answered the survey identified themselves as persons with disabilities, and 64% indicated they belonged to some OPDs or CSOs or were family members. Moreover, more than 50% live in the interior of the country, with the rest residing in the city of Montevideo, while 79% are female and 21% are male. The questions sent to participants focused on key areas to guarantee rights, the main demands of persons with disabilities, the most significant accessibility gaps, the support services that are lacking, what should be done to improve participation, and which groups of persons with disabilities are most marginalized.

The questions were open-ended, and the methodological strategy for analyzing the responses combined both qualitative and quantitative aspects. As the first step, a complete map of the ideas presented by the interviewees was created and coded. Then, all responses were reread, identifying all references made to each of the previously coded ideas. Finally, a quantitative analysis was conducted on the number of times each idea was mentioned and by whom.

Finally, nine interviews were conducted with national government authorities, academic members, and representatives of third-degree disability organizations. The list of interviewees is as follows:

- Karen Sass - Disability Direction – National Secretariat of Care and Disability of the Ministry of Social Development (SNCD-MIDES)
- Karen Van Rompaey - Disability Direction – National Secretariat of Care and Disability of the Ministry of Social Development (SNCD-MIDES)
- Antonia Irazábal - Disability Direction – National Secretariat of Care and Disability of the Ministry of Social Development (SNCD-MIDES)
- Heber da Cunha - National Institution for Human Rights (INDDHH)
- Perla Vivas - National Honorary Disability Commission (CNHD)
- Victoria Cortazzo - National Honorary Disability Commission (CNHD)
- Silvia Ariosa - Alliance of Organizations for the Rights of Persons with Disabilities of Uruguay (ALIANZA)
- Miriam Rodríguez - Alliance of Organizations for the Rights of Persons with Disabilities of Uruguay (ALIANZA)
- Irene Peluso - Alliance of Organizations for the Rights of Persons with Disabilities of Uruguay (ALIANZA)

2.3. Scope and Limitations

The main limitation of the study is the absence of a complete and up-to-date source for the statistical analysis of the situation of persons with disabilities in Uruguay. This limitation is addressed in depth in Section 8.2 on “Inclusive Systems for Data Collection and Evidence,” and it is also an important part of the recommendations. In this context, the analysis of SIIAS data and its comparison with available population studies supports the main conclusions and also guides new lines of research.

Like other social phenomena, the use of Administrative Records to identify, characterize, and analyze persons with disabilities has both advantages and limitations that need to be considered.

Regarding the advantages, it is a source of continuously generated information, produced systematically within the framework of one or more benefits (i.e., it does not require specific or additional investment), applies a standardized assessment tool , and/or requires a certification process, generally carried out by specifically qualified personnel, targeting a specific universe rather than a sample. Additionally, since the cases are identified, the records can be integrated with other information and allow for specific actions to expand coverage or modify the contents of the benefits. As for its limitations, Administrative Records

are tied to access to a specific benefit, so they are restricted by the objectives, conceptual definitions, access rules, biases, budgets, and coverage levels of each individual benefit.

Considering the above, it is important to note that the benefits considered in this study have differences in the definition of disability, and they certainly do not capture the entire universe of persons with that condition. However, since it compiles and integrates information on the benefits with the largest coverage, and includes data on outcomes in education, employment, and health, it does allow for various analyses that are highly relevant for the exercise of the rights of persons with disabilities.

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. 365,462 people have a slight disability, 128,876 a moderate disability and 23,433 a severe disability. With the exception of this data from the 2011 Census, it can be said that: a. the estimate of the total number of persons with disabilities from the SIIAS is close to that of other available sources (174,000 people compared to an average of 225,000; exceeding 77%); b. proportionally, the SIIAS has a lower representation of women within the universe of persons with disabilities; c. the data provides a good representation across all age groups, except for those aged 65 and older; and finally, d. there is a good representation of children, adolescents, and youth which is important to assess the educational outcomes, as well as achievements in entering the labor market, and access to health services and sexual and reproductive health.

Given the scope and limitations of disability statistics in the country, the situational analysis is particularly enriched by qualitative assessments from various strategic actors.
The applied surveys provide a unique and highly valuable data source for deepening understanding of how to ensure that persons with disabilities in Uruguay can exercise their rights on an equal basis with others. Despite not following a statistical representativeness criterion, the survey allows for the gathering, mapping, quantification, and understanding of the opinions of a broad and qualified group of strategic actors with a strong interest in the issue (persons with disabilities, representatives of organizations, people working in the sector, and family members of persons with disabilities).

The selected interviews also complemented the qualitative picture, including views from government authorities, the network of Uruguayan organizations involved in the development of the Alternative Report to the State Party Report presented by the Uruguayan government during its review by the Committee on the Rights of Persons with Disabilities, and the National Human Rights Institution, an independent body responsible for monitoring human rights compliance in the country.

3. Actors and Coordination Analysis

3.1. Stakeholders

Government

In Uruguay, the governing body for public disability policies is the Direction of Disability, which is under the National Secretariat for Care and Disability within the Ministry of Social Development (SNCD - MIDES). As it was said, the new National Secretariat was created by Law 19.924 in 2020, replacing the National Disability Program (PRONADIS). In this context, the new Secretariat, which oversees the Direction of Disability, was created to seek better coordination between the policies on disability and care. The responsibilities (regarding disability) of the National Secretariat for Care and Disability are as follows:

A. To serve as the governing body responsible for promoting, designing, coordinating, articulating, executing, and overseeing public disability policies.
B. To ensure equal opportunities and rights for persons with disabilities.

C. To implement programs, projects, and services for the execution of specific disability policies.
D. To design, study, project, formulate recommendations, and inform the Executive Branch, the Legislative Branch, the Judiciary, Autonomous Entities, Decentralized Services, public non-state entities, local and municipal governments, and private institutions on the compliance and implementation of current disability laws.
E. To propose legislative changes for the benefit of persons with disabilities in line with the United Nations Convention on the Rights of Persons with Disabilities, ratified by Law No. 18.418 on November 20, 2008.
F. To propose the signing, approval, ratification, adoption, and implementation of international treaties related to the rights of persons with disabilities.
G. To monitor the compliance with international treaties on the rights of persons with disabilities signed by the Uruguayan State, as well as the recommendations received on the matter.
H. To take necessary measures regarding prevention and protection against exploitation and all forms of violence.
I. To establish and operate a mechanism for continuous consultation with persons with disabilities through their organizations.
J. To promote equal opportunities, non-discrimination, and universal accessibility.
K. To ensure the implementation of provisions and recommendations from the United Nations Committee on the Rights of Persons with Disabilities.

Civil Society Organizations (OPDs and CSOs working on disability issues)

Uruguay has a long tradition of civil society organizations working on disability issues with different populations and from various perspectives at national and local level. However, there is no single systematic registry of organizations of persons with disabilities, just there are several sources that provide an overview of their number and characteristics, without any further detailed analyses or classification by legal status.

The Direction of Disability of the Ministry of Social Development (SNCD- IDES) has a very exhaustive register of institutions working specifically on disability issues but without any other analysis or distinction in order to classify as OPDs o CSOs or private service providers. From the 321 registered organizations, there are 116 in Montevideo and 205 in the rest of the country. (See National List in Annex)

The National Institution of Human Rights (INDDHH) elaborated during the last years a new national list of organizations focused on disability issues, totalizing 357 but without any classification or analysis by legal status, OPDs / CSOs / private services providers / other. The database shows 149 organizations based in Montevideo and 208 based in the rest of the country. However, this data base provided a single but very valuable classification by organization´s main purpose or mandate (See Data Base in Annex):

Purpose / mandate	**Number**
Care and services	124
Networks and associations	8
Professionals and business	7
Human Rights Promotion	14
Religious support	4
Education and training activities	15
Community based organizations	11
No Data	174
Total	357

The initiative of the Institute of Communication and Development (ICD) and the Inter-American Development Bank (IDB) stands out, as it successfully conducted a national mapping of 221 organizations of persons with disabilities, services providers, CSOs, but without any further analysis. It just highlights the large geographic coverage, the functional diversity addressed, and the variety of services offered: https://www.mapeosociedadcivil.uy/organizaciones/discapacidad/

Also, the Social Welfare Bank (BPS), maintains an updated list of organizations of persons with disabilities and institutions that provide services according to different needs and functional diversity, contributing to social integration and rehabilitation. Following the available records there 534 service providers under different legal forms that are not listed in detail, 191 services providers in Montevideo y and 343 in the rest of the country: https://www.bps.gub.uy/3555/ayuda-extraordinaria.html .

However, this positive context of rich, variety and diversity of organizations has another aspect: the historical fragmentation and limited coordination and dialogue among them that weakens the effectiveness and efficiency of the results and impact of its valuable and full engaged actions and therefore its role as a powerful movement for social transformation.

A good attempt of articulation and coordination is the initiative of ALIANZA (Alliance of Organizations for the Rights of Persons with Disabilities): https://www.facebook.com/AlianzaPcD/?locale=es_LA

The ALIANZA was born in 2016 as network of organizations formed in the context of preparing the Alternative Report to the State Party Report presented by the Uruguayan government during its review by the Committee on the Rights of Persons with Disabilities. The ALIANZA is made up of human rights organizations and OPDs. Its main objective is to coordinate agendas to monitor the implementation of the Convention in Uruguay, as well as to jointly follow up on the observations made by the Committee during its review of the Uruguayan State. The Alliance includes both OPDs and CSOs but also academic organizations and Foundations:

- Centro de Investigación y Desarrollo para la Persona Sorda - CINDE
- Grupo de Trabajo por la Educación Inclusiva en Uruguay – GTEI
- Asociación Civil El Palomar
- ACRIDU
- Asociación Civil Aletea
- AFAUCO (Amigos y Familias de Personas con Autismo de la Costa de Canelones)
- Hermandad Pro Derechos
- Asociación Down del Uruguay (ADDU)
- UMUNTU
- Fundación Bensadoun Laurent
- Okurelo (Accesibilidad Cultural)
- Construyendo Igualdades (Colonia)
- Proedu/4D-Lab

Other prominent civil society organizations working on disability issues are the members of National Honorary Commission on Disability, mentioned in chapter 3.2. Finally, the global organization Human Rights Watch, which has an active disability division, has to be mentioned by its important advocacy work based on the production of national evidence[6].

Academia

Beyond the specific contributions made by various universities, faculties, and research groups, since 2008 the University of the Republic has had the Disability Thematic Network (Red temática sobre Discapacidad, Universidad de la República, RETEDIS UDELAR), which aims

[6] https://www.hrw.org/sites/default/files/media_2024/09/uruguay0924%20web_2.pdf

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. Since its creation, Retedis has consistently included participation from various university services, establishing an uninterrupted working space in the field of disability, focused on fulfilling its objectives, which are:

- To promote and encourage academic training and knowledge production in the field of disability.
- To promote systematic cooperation between the academic network and organizations and institutions for persons with disabilities.
- To influence the development of inclusive social actions and policies at the national level.

3.2. Coordination Mechanisms of Key Stakeholders

The main body coordinating the various actors involved in disability issues in Uruguay is the National Honorary Commission on Disability (CNHD, https://cnhd.org.uy/): The CNHD is a public entity with private law status, created by Law 16.095 in October 1989, and it previously operated under the Ministry of Public Health.

It was re-established by Law 18.651 in February 2010 as the National Honorary Commission on Disability, under the jurisdiction of the Ministry of Social Development. It is composed of representatives from public agencies and civil society organizations of persons with disabilities, ensuring equal participation. It is structured around a General Plenary, as stipulated in Article 13 of Law 18.651. The General Plenary is the highest decision-making body and meets regularly every fifteen days. To implement the resolutions of the Plenary, an Executive Board serves as the management team. This board includes a President, Secretary, and Treasurer. Additionally, work is carried out in Sub-commissions focused on various areas of competence defined by Law 18.651, such as Employment, Education, Transportation, and Health.

The primary objective of the CNHD is to develop, study, evaluate, and implement national policy plans for the promotion, development, bio-psychosocial rehabilitation, and social integration of people with disabilities. To achieve this, it must ensure the coordination of state action across various services, whether already established or to be created, in line with already mentioned Law 18.651 (on comprehensive protection of people with disabilities). According to this law, the specific objectives of the Commission are:

A) To study, design, and advise the Executive Branch and local governments on all necessary measures to ensure the effective application of this law.

B) To support and coordinate the activities of non-profit private organizations that focus on actions benefiting people with disabilities.

C) To promote, through media, the effective use of existing resources and services, as well as fostering social solidarity on this issue.

D) To sponsor, with the support of the Ministries of Education and Culture, Public Health, and the University of the Republic, scientific research on the prevention, diagnosis, and medical, psychological, psychopedagogical, and social treatment of various forms of disability, as outlined in Article 2 of this law. It will also investigate the social factors that cause or worsen disabilities to prevent them and plan necessary actions to reduce or eliminate them. Furthermore, it will promote activities in research, education, and dissemination of Uruguayan Sign Language.

The CNHD is composed of the Minister of Social Development, who serves as its president, and delegates from the following public institutions, academia and OPDs:

- Ministry of Public Health
- Ministry of Education and Culture
- Ministry of Labor and Social Security
- Faculty of Medicine
- National Administration of Public Education
- Congress of Local Governments
- Institute for Children and Adolescents of Uruguay
- Social Welfare Bank
- State Insurance Bank
- National Commission for Mental Health Support
- Faculty of Social Sciences

The OPDs currently participating in the Commission are:

- 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)

Even if the highest governing authority in disability matters is by Law the National Secretariat of Care and Disability and has always the ultimate political decision, many of its functions and responsibilities overlap with the CNHD´s mandate. Also, the CNHD remains by Law under the responsibility of the National Secretariat of Care and Disability (SNCD – MIDES), which holds the presidency, ensuring in that way some form of policy coherence and programmatic alignment.

However, its remains a critical issue that was raised by many key actors during the last years. In this sense, the consensus document signed by all political parties before the 2024 presidential and parliamentary elections is conclusive about the diagnosis and the solution[7]. The agreement proposed a new institutional architecture necessary to grant a greater institutional hierarchy to public disability policies by removing them from a single and unique Ministry. So, the proposal emphasized that it is necessary to create a new institutional legal framework of national character that can work transversally on the critical and complex issues of disability. For instance, following other countries examples, by a new decentralized Disability Institute or directly linked to the Presidency, in order to promote, ensure and coordinate articulation at the highest level and a cross-cutting approach in all public policies on disability issues.

3.3. Capacity Gaps Among Stakeholders

While recognizing the significant efforts being made, all consulted sources agree that there are substantial capacity gaps between the parties involved in disability issues and the challenges posed by the Convention. The Committee on the Rights of Persons with Disabilities was very clear in expressing its concern about the “status of the National Disability Program (Pronadis), which was merely a program within the Ministry of Social Development,” and recommended that the Uruguayan State “ensure that Pronadis becomes a permanent national entity with sufficient and specific human and financial resources to carry out its mandate.” In this regard, the low institutional rank and the lack of financial and human resources are the

[7] https://elexplorador.com.uy/wp-content/uploads/2024/10/COMPROMISO-INTERPARTIDARIO-DISCAPACIDAD.pdf

most commonly cited weaknesses of the Uruguayan State in fulfilling its obligations under the Convention.

In this context, the creation of a National Secretariat on Care and Disablity (SNCD - MIDES) composed by two Directions (Direction of Disability and Direction of Care) was seen with concern by organizations advocating for the rights of persons with disabilities, as it is understood that this measure goes against the institutional hierarchy of the governing body for disability policies in the country, an opinion not shared by the authorities.

Another frequently mentioned weakness is the coordination problems among the various public bodies addressing disability issues, where the lack of resources is compounded by differing agendas, partial approaches, and the absence of a unified vision focused on the rights of persons with disabilities. Historically, one of the weaknesses of the CNHD as a coordination body has been its dual mandate: to both develop and implement policies, as well as to monitor the compliance with the Convention, which imposes important obligations on the very agencies that comprise and lead the Commission. Although the Commission includes participation from civil society organizations, conflicts of interest within public agencies and the asymmetries between the state and organizations weaken its functioning and distance it from achieving its objectives.

At the same time, all consulted sources agree on the weaknesses of civil society organizations advocating for the rights of people with disabilities. Despite Uruguay being a high-income country, persistent inequalities mean that these organizations typically lack external funding sources and rely on the voluntary efforts of their members, most often people with disabilities or their families, who face the same exclusion issues highlighted in this report, making it extremely difficult for them to participate in various areas. For persons with disabilities, lack of accessibility, barriers in the education system and employment, insufficient training and income-generating capacity, the absence of appropriate support, and a lack of reasonable accommodations, combined with cultural discrimination mechanisms, create significant limitations for sustaining any advocacy initiative. For families, the proven financial impoverishment of households with people with disabilities (due to higher costs and lower income-generating capacity), the caregiving burden, and the lack of time due to the absence of support systems also create a scenario of high fragility regarding the sustainability of participation.

In sum, 16 years after the adoption of the International Convention on the Rights of Persons with Disabilities, Uruguay still lacks a clear, strong institutional framework that articulates national public policies on disability with all public and private actors. In addition, the relationship and distribution of tasks with the National Honorary Commission on Disability, the only space for coordination between public actors, academia and civil society for people with disabilities, should be clarified. In addition, as already mentioned, Uruguay has a very rich and mobilized civil society, but it lacks an organized, articulated, robust synergy between the majority of OPDs in order to move forward with the full implementation of CDPD ' mandates and objectives.

4. Equality and Non-Discrimination

4.1. Legislative and Political Context

Disability Legislation in Uruguay

On November 20, 2008, Law 18.418 was passed, ratifying the Convention on the Rights of Persons with Disabilities (CRPD). Two years later, on February 19, 2010, Law 18.651 was passed to provide comprehensive protection for persons with disabilities. Finally, the Optional Protocol to the CRPD was ratified by Law No. 18.776 in 2011. These laws aim to promote, protect, and ensure the full enjoyment, in conditions of equality, of all human rights by all persons with disabilities, without distinction. They specifically recognize the right:

● To respect for their human dignity,

● To enjoy a life of dignity as normal and fulfilling as possible,

● To the adoption of measures enabling them to achieve the greatest possible autonomy,

● To health, education, professional adaptation and re-adaptation, and employment insertion,

● To economic and social security, a decent standard of living, and housing,

● To live with their family or in a substitute home,

● To be protected from exploitation, discrimination, abuse, or degrading treatment,

● To the benefit of competent legal assistance when necessary for the protection of their person and property. In the case of a judicial action, the procedure must be adapted to their physical and mental conditions.

In 2015, Law 19.353 was passed, creating the National Integrated Care System, which incorporates several concepts related to care, including those concerning persons with disabilities in situations of dependence.

Regarding specific rights, the main references to Law 18.651 are found in the areas of housing, health, education, and employment. The right to housing is constitutionally protected as a “family good” or a "family asset"[8] . It is a legal protection for the house inhabited by the person with disabilities, against seizures, disposals, etc. The constitution of the family property can be made by any person of legal age, able to able to contract, owner of a property, in favor of a family member with a disability - grandparents, parents, parents, children, spouse, cohabitant, siblings, uncles, aunts, uncles, cousins, brothers-in-law, etc.-.

Another legal protection is the right of habitation over the property where the person with a disability lives, ensuring they can remain there as long as the disability persists. This can be requested by the person holding guardianship or curatorship over a person with a disability. In health matters, hospitals and mutual health organizations in the National Integrated Health System cannot discriminate in enrollment or limit assistance to persons with disabilities. They must provide information, advice, and guidance on the different care options available.

Regarding education, the Ministry of Education and Culture, in coordination with the National Administration of Public Education, must provide persons with disabilities with, on an ongoing basis and without age limits, the necessary scientific, technical, or pedagogical tools to develop their intellectual, artistic, sporting, and social faculties to the fullest. From early education, the integration of persons with disabilities into general classrooms will be promoted, based on the recognition of diversity as an educational factor. The regulations ensure access to education at all levels with the necessary support, including curricular flexibility, assessment mechanisms, and physical and communicational accessibility. The right to education, re-education, and professional training aimed at labor inclusion is recognized.

Regarding employment, efforts will be made to ensure that persons with disabilities can engage in paid activities. Guidance and professional rehabilitation should be provided according to the person's vocation, capabilities, and needs. The State must employ persons with disabilities who meet the suitability requirements for the position in at least 4% of the positions to be filled. This obligation applies to the State, Departmental Governments, autonomous entities, decentralized services, and non-state public legal entities. Failure to

[8] **Article 24** – The property inhabited by persons with severe disabilities, whether owned by them or their family members, regardless of whether it has been designated as a "family asset," as well as any movable property of any nature within that property, shall not in any case affect the right of persons with severe disabilities, as established in Article 2 of this law, to the benefits provided by the Social Security Bank or any other State agency. Likewise, the income of the family unit, regardless of its source, shall not affect this right.

provide vacancies entails the responsibility of the heads of the respective agencies, who may be subject to dismissal and removal for omission.

The Law 19.691 establishes the promotion of employment for persons with disabilities in the private sector. It also provides for special leave for any worker who has or adopts a child with Down syndrome, cerebral palsy, or other severe sensory, physical, or intellectual disabilities. They are entitled to request extraordinary unpaid leave for a period of six months, in addition to the corresponding maternity or paternity leave.

Finally, in the past year, significant legal advancements were made regarding the rights of persons with disabilities in Uruguay. In September, the single tool for disability assessment was approved[9]. Meanwhile, in July, a bill was introduced to modify the legal incapacity regime in our country, in compliance with Article 12 of the Convention on the Rights of Persons with Disabilities, replacing it with the recognition of the legal capacity of persons with disabilities and the establishment of a system of supports and safeguards for decision-making when needed.

The Political Context

Undoubtedly, the advances and limitations of the legislation and institutional framework concerning disability reflect, to some extent, the political context of the country regarding the issue. In the case of Uruguay, beyond the focus and depth of the legislation, the actual exercise of rights and the opinion of the stakeholders involved, particularly persons with disabilities, as well as the concrete implementation of the Committee's recommendations, are still areas that need attention.

In this regard, in 2016, the Committee expressed concern that:

● "Legislation, policies, and public programs continue to include provisions on the rights of persons with disabilities and pejorative terminology that are not in line with the human rights-based disability model established by the Convention.

● The state party's legislation does not include the denial of reasonable accommodations as a form of discrimination against persons with disabilities in areas other than employment.

● There are no policies to address multiple and intersectional discrimination.

● There are no accessible mechanisms to report cases of discrimination based on disability, nor any mechanisms for redress."

It recommended that the Uruguayan State:

● "Adopt a plan to review, repeal, amend, and/or adopt legislation and policies, including the Political Constitution of the State party, in order to recognize persons with disabilities as full subjects of human rights in harmony with the Convention."

● Recognize in its legislation the denial of reasonable accommodations as a form of discrimination based on disability in all areas of participation and enforce sanctions for it.

● Include multiple and intersectional forms of discrimination in its anti-discrimination legislation.

● Adopt measures that ensure accessible methods for reporting acts of discrimination based on disability, as well as mechanisms for redress.

Currently, organizations recognize the legitimacy of the National Human Rights Institution to receive and process complaints, but they also point out that only a small proportion of acts of discrimination are reported, that there are no effective mechanisms for redress, and that there

[9] See section on Disability Assessment Systems.

is no deep or systematic strategy to eliminate discriminatory attitudes that occur in all areas of social life.

In practice, none of the pejorative terms that exist in the legislation, policies, and public programs have been modified, and these terms were cited as examples by the organizations that submitted the alternative report in 2016[10].

In summary, the sources consulted, and the evidence presented throughout the report show that, while important progress remains to be made in terms of legislation, the greatest challenges lie in the implementation of the laws and achieving results. In this regard, the derogative language used is only a sign of the limitations that exist in the current political context in Uruguay for addressing the challenges posed by the Convention.

Finally, in the current electoral campaign, a historic milestone was reached in this matter when the different political parties competing for the next government signed an inter-party agreement on disability. The joint document addresses the following areas: new institutional architecture, production of strategic information, inclusive education, health and rehabilitation, labor inclusion, accessibility, tourism, housing, autonomy, and independent living.

4.2. Main Barriers to Equity

When it comes to identifying the main barriers to equity in terms of equality and non-discrimination for persons with disabilities in Uruguay, the survey conducted in June 2024 with all participants of the Training Cycle on the Right to Equality and Non-Discrimination for Persons with Disabilities is an invaluable source.

When asked, "What do you think are the key areas that should be improved to guarantee the rights and dignity of persons with disabilities in the country?" one-third of the people with disabilities interviewed identified lack of awareness in society (about services, opportunities, rights, claims) as a key area (the third most frequent response after Education (50%) and Employment (35.2%).

According to the respondents, the there is widespread lack of awareness of the rights of persons with disabilities, as well as their monitoring and public dissemination. It also includes the need for greater awareness of best practices in everyday interactions with people with different types of disabilities, the requirements in terms of research and knowledge generation, and the quantification of the number of people with disabilities and their diverse needs. It calls for the need to raise awareness among the population regarding the recognition and non-discrimination of persons with disabilities.

In addition, mentioned by 42.6% of the people with disabilities interviewed, lack of awareness was the most frequent answer to the question "What are the most important gaps in accessibility that still persist today?" In this case, references to lack of awareness are related to prejudice, stigma, ignorance, discrimination, lack of empathy, and cultural and attitudinal barriers regarding the issue, all of which stem from a lack of information, knowledge, and adequate communication regarding the rights and real situation of persons with disabilities. Specifically, several interviewees believe that the largest gap exists in the differing conceptions about disability, between those who view it as a set of deficiencies and a burden on the rest of

[10] "In national legislation, pejorative terminology towards persons with disabilities is still maintained. Article 46 of the Constitution of the Republic refers to individuals with chronic physical or mental inferiority, while Article 67, when discussing pensions, refers to disability. Law 17.823, which establishes the Code of Childhood and Adolescence, in Article 10, speaks of the rights of children and adolescents with different abilities. Law 13.102, concerning the importation of cars for the disabled, discriminates against persons with disabilities within the framework of the law, as it allows the importation of cars only for certain types of disability."

society, and those who can appreciate the potential development of an accessible, barrier-free society.

Finally, the people with disabilities interviewed believe that political will (42.6%) is the main factor to be improved in order to achieve greater participation in decisions and programs that affect them.

The idea that greater political will is needed to improve the participation of persons with disabilities is clearly evidenced by the long list of verbs accompanying the interviewees' opinions on the matter. Always referring to what the political system should do, the verbs that repeat are: decide, work, enable, listen, follow up, call, involve, provide space, dialogue, negotiate, integrate, give participation, include, allow, make part of, give voice, think, speak, build, give opportunities, link, take into account, consider, motivate, and empower.

5. Accessibility

5.1. Policy and Practice in Terms of Universal Design and Accessibility

In Uruguay, policies and practices related to universal design and accessibility to information, spaces, and public services share the common feature of a significant gap between important regulatory advances and their limited real impact on the quality of life and opportunities for persons with disabilities.

At the regulatory level, accessibility is prioritized by removing physical barriers to ensure access for persons with disabilities through the application of UNIT technical standards in urban architectural and transportation spaces, whether newly created, existing, or renovated. This includes public and private buildings with public access, areas not open to the general public, and those corresponding to industrial and commercial buildings, as well as individual and collective housing. For this purpose, Law 18.651 urges departmental governments to incorporate these obligations into their regulations.

The law on the comprehensive protection of persons with disabilities also refers to those using specially trained animals for mobility, establishing that they may enter and remain with these animals on public and private transportation, and in public places, without restrictions. It is the responsibility of the owners or managers of these places to provide the appropriate means for the effective enforcement of this law.

Regarding urban barriers and public-use buildings, the law stipulated that transformations would be determined by regulations based on the development of accessibility plans, but their total execution could not exceed an eight-year period from the date the law came into force. However, six years after the deadline, the advances in accessibility are far from universal, and there is not even a systematic evaluation that accounts for the transformations made and the pending challenges.

According to a World Bank report (2020), regarding housing, "there is some evidence that households with a person with a disability live in lower-quality homes compared to the general population. Indicators such as the number of people per room or bedroom suggest that more households in this category live in smaller spaces than the average household in Uruguay. This group is also less likely to have internet or mobile phones at home. Although households with at least one member with a disability are more likely to own their homes than the general population, their homes are more likely to have a qualitative deficit (due to overcrowding and lack of access to running water or sanitation)."

In terms of transportation, facilities are provided for the parking of vehicles for persons with disabilities that are properly identified, and national land passenger transport companies are

obligated to carry persons with disabilities and must have at least one accessible unit per route. However, all sources consulted indicate that it is in inter-city transportation within the country where persons with disabilities face the greatest barriers to mobility, either due to the lack of appropriate units and frequencies or the high costs.

At the intra-city transportation within the country level, there are specific regulations regarding the accessibility of transportation and mobility for persons with disabilities in a minority of municipal governments, and in those that have them, their implementation faces significant challenges.

According to the regulations, public passenger transport vehicles must have adequate facilities for the boarding and alighting of persons with disabilities or reduced mobility, as well as persons who use wheelchairs. These vehicles must also have space for traveling and carrying walking sticks, wheelchairs, and other necessary implements, primarily for persons with motor disabilities. Additionally, a maximum deadline of 5 years was established for all departments of the Republic to have vehicles with these characteristics.

However, even considering Montevideo, one of the most advanced departments, according to the World Bank, based on data from the Mobility Area of the City Hall, "it is estimated that approximately 450 out of 1,500 buses in Montevideo are accessible (80 units with low floors or entrances and about 370 with raised platforms). However, this is far below the legal requirements, which stipulate that 40% of buses should have low floors and 60% should have raised platforms. Even for these accessible units, additional obstacles exist: the limited frequency of services, coverage on certain routes, and lack or scarcity of services during weekends. Moreover, if the vehicle is full and priority seats are occupied, the bus will not stop at the stops, and it is difficult to predict when another accessible unit will appear."

The two most notable achievements of the evaluation of Montevideo’s First Accessibility Plan were as follows:

1. Replacement of 100% of the bus fleet with accessible units. A total of 616 accessible units were achieved (40.2% of the fleet).
2. Granting free tickets to 17,000 persons with disabilities.

Regarding access to information and communications, the law establishes that the State will ensure that persons who are deaf or hard of hearing effectively exercise their rights to information by implementing the use of Uruguayan Sign Language interpreters in general interest television programs, such as news, documentaries, educational programs, and messages from national and departmental authorities to the public. In particular, when using the National Television Network, the use of Sign Language interpreters is mandatory.

In this regard, organizations of persons with disabilities, while recognizing the progress made in terms of regulations and implementation, also emphasize the need to broaden the focus and consider both other media and other content, underlining the right of persons with disabilities to express their preferences and live on equal terms with others.

In sum, eight years after its last pronouncement and despite specific progress, all sources consulted agree in highlighting the continuing concerns and recommendations of the Committee for Uruguay.

Regarding the concerns, the absence of universal accessibility for persons with disabilities in transportation, physical environments, information and communication, and public spaces—mainly in rural areas—was emphasized. Also noted was the "absence of a national body to oversee and sanction non-compliance with accessibility standards."

In terms of recommendations, the Committee proposed the need to implement an "action plan to apply accessibility in transportation, physical environments, information, and

communication, in line with the concept of universal design, both in rural and urban areas of the State Party, with audits, specific deadlines, and sanctions for non-compliance, involving organizations of persons with disabilities in all stages of development, implementation, and especially in monitoring compliance."

5.2. Main Barriers to Accessibility

To address the demands of this section, the following question was included in the survey for participants of the training on the Right to Equality and Non-Discrimination[11], conducted in June 2024: "In your opinion, what are the most important accessibility gaps that still persist today?"

For the persons with disabilities interviewed, the main accessibility gap currently is related to lack of awareness about disability in society (42.6%), and this opinion is also shared by the rest of the respondents (30%).

As already mentioned, lack of awareness relates to prejudice, stigma, ignorance, discrimination, lack of empathy, and cultural and attitudinal barriers regarding the issue, all of which stem from the lack of adequate information, knowledge, and communication regarding the rights and actual situation of people with disabilities. In other words, the surveyed people with disabilities identify that the lack awareness about disability in the population underpins a set of attitudinal barriers that largely explain the current accessibility gaps.

Moreover, several interviewees consider that the greatest gap exists in the different conceptions about disability, between those who maintain a view focused on the deficiencies and the burden they pose for the rest of society, and those who can appreciate the potential development of an accessible and barrier-free society. A relevant aspect of this gap is the fact that, in a way, in addition to being the most frequently mentioned dimension, it also serves as an explanation for understanding the other accessibility gaps.

Employment (11.1%), general accessibility (11.1%), resources (9.3%), and policies (9.3%) also receive significant consideration from the people with disabilities interviewed, while the rest of the responses were mentioned by less than 5%.The reference to resources relates to the opinion that the public budget allocated to accessibility measures is insufficient, as well as the idea that the available human and material resources are not enough to close the existing gaps. It also reflects the opinion that the socioeconomic condition of people with disabilities results in the economic support they currently receive being insufficient to reverse the mentioned gaps.

On the other hand, references to policy stem from the perception that closing the existing gaps in accessibility requires much greater political will than is currently present, as well as the idea that much is spoken about but little is done, and that there are no real state policies on the matter. According to the opinions of the various actors interviewed, especially those from organizations advocating for the rights of people with disabilities, the gap between the Committee's recommendations on accessibility and many of the actions public agencies advertise as significant advances actually highlights the distance between the concepts of the Convention and the current vision of the political system in Uruguay.

In this sense, the persistence and publicity of specific initiatives for the transportation of people with disabilities, the arguments for limiting free transportation only for the poorest people with disabilities, and the promotion of initiatives where each public agency defines and proposes the actions it will take to improve its accessibility, all demonstrate the difficulties in adopting

[11] See methodological section.

and implementing a comprehensive and systematic plan to ensure that spaces and information achieve universal accessibility, or at least, move in that direction.

In this sense, beyond the economic equity that is rightly raised, the issue with the free pass focused on the poorest is that it may not provide a sufficient incentive to encourage greater mobility for all people with disabilities. Mobility, if achieved, would be an important factor in reducing problems associated with isolation, exclusion, and the low visibility of people with disabilities, and would also lead to a stronger demand for necessary reforms to achieve universal accessibility.

From this perspective, if a free pass or significant discount were to be granted to all people with disabilities, it is not expected that everyone would use it, but those who do would help improve the accessibility of the transportation system as a whole.

These strategic aspects, such as the link between mobility limitations and the unjust reduction of a person's social world, are what are lost in public policy considerations when the actors directly involved in the design, implementation, and evaluation of such policies are not adequately included.

6. Inclusive Services

6.1. Disability Assessment and Registration System: Strengths and Weaknesses

As previously noted, in May of this year (2024), the government sent a bill to parliament to establish a single disability assessment tool, which was approved in September. The demand for a unified criterion for the assessment and certification of disability has been a long-standing and priority request from organizations advocating for the rights of people with disabilities. These organizations highlight the difficulties in processing certification independently with each agency, as well as the outdated and inadequate nature of many of the existing tools, which are still anchored in a clinical or medical perspective of disability, even today.

In this regard, up to six different assessment tools were identified in the country, related to social security benefits, quotas for access to employment, or municipal transportation benefits, among others. The difficulties of processing the various benefits separately exacerbate the accessibility issues noted in the previous section and limit the participation of people with disabilities in different areas. At the same time, the obsolescence of some of the existing tools, according to the consulted organizations, hinders access to benefits for groups that have historically been underrepresented by them, such as people with psychosocial disabilities.

In this context, the Committee expressed its concern in 2016 that there was no “adequate understanding of the concepts covered by Articles 1 and 2 or the principles of the Convention, and that there were no standardized criteria in harmony with these principles for certifying disability,” and recommended adopting “measures to review the legal definition of disability in order to harmonize it with the principles and articles of the Convention and, subsequently, to establish a single certification system for disability that reflects a human rights-based model for people with disabilities.”

As indicated in the motivation and background of the bill, the strengths of the proposed instrument are the creation of a plural group of experts from MIDES, BPS, MSP, and volunteer representatives from the ALIANZA, the CNHD (representatives from academia and civil society), PAHO/WHO, UNICEF, and UNFPA for its development, the update of its theoretical framework (supported by the International Classification of Functioning, Disability, and Health (ICF) and the Convention on the Rights of Persons with Disabilities (CDPD)), and the legal establishment of an Advisory Council of Experts on Disability Measurement Instruments,

consisting of one delegate from each of the following institutions (MIDES, BPS, MSP) and two from the CNHD (one from academia and one from OPDs), with the task of formulating or modifying the national single disability assessment tool.

Finally, while organizations advocating for the rights of people with disabilities maintain their expectations, they have expressed concern about several key aspects of the implementation of the single assessment tool that were raised and that the law does not resolve. They point to the need for regulations on how the training of those who assess will be conducted, where the resources will come from to carry out these activities, what the rules for accessing each of the benefits will be, and how the long-standing problems of coordination between agencies with different interests and visions will be addressed. These aspects translate into significant challenges for the Advisory Council of Experts, which must prepare a report for approval by the Executive Branch, leading to regulations prior to the start of implementation.

6.2. Support Services for Disability (Specific Efforts)

Uruguay has a long tradition of benefits aimed at the specific protection of people with disabilities. In this sense, the early development of a broad welfare state in the early 20th century, which is one of the country's distinguishing marks in the region, also includes the "benefits" typical of that era, mainly focused on economic transfers to ease the additional burden on families and institutionalization for those without other support networks.

Now, the consolidation over time of these two pillars of public expenditure aimed at people with disabilities helps to understand the strengths and weaknesses of the country's support services in the face of the challenges posed by the paradigm shift introduced by the approval and adoption of the Convention on the Rights of Persons with Disabilities.

According to the 2013 Country Report to the CRPD, regarding economic benefits, the country has a varied set of contributory and non-contributory transfers aimed at people with disabilities and their families. The BPS (Social Security Bank) allocates over 500 million dollars annually, benefiting more than 150,000 people. Notable benefits include the “Total Disability Pension” and the “Partial Disability Subsidy” for those who have formally participated in the labor market, “Non-contributory Pensions for Common or Severe Disability” for those without contributions, “Survivor Pensions for Parents and Disabled Children,” “Family Allowances” (doubled and lifelong for children with disabilities, children of formal workers), and “Equity Plan Family Allowances” (with a higher amount for children with disabilities under 18 years old, reviewed every 3 years).

In general terms, these transfers are often accompanied by market-based solutions for the development and acquisition of support and assistive devices. However, the amounts of the transfers are insufficient to compensate for the loss of income and high costs of services. The development of assistive systems based on the households' payment capacity, rather than being universal and accessible, ends up being biased and exclusionary. Additionally, according to the benefit frameworks and the people they are intended for these systems are limiting the person with a disability to being the passive recipient of income due to their condition rather than addressing the social circumstances causing the disabling situation. It is worth noting that the logic behind these benefits sees the person with a disability as someone who will remain permanently in the original family unit, without acknowledging autonomy or the development of an independent life.

Regarding assistive devices, according to the 2013 Country Report to the CRPD, "less than 50% of those who declare a need for assistive devices have received them. By disability type, less than 65% of those with intellectual disabilities, and 60% of people with hearing impairments did not receive them."

Ten years later, according to a study commissioned by the CSO Red Pro Cuidados (2023)[12], the results remain unchanged. The study aimed to "develop a mapping of assistive devices to eliminate contextual barriers and medical devices that enable life in the usual residential setting, outside closed institutions like hospitals and other health services, as well as facilitate and improve the quality of care provided by the state, identifying the strengths, weaknesses, and challenges of the current system."

Once the "Mapping of Public Assistive Device and Extrahospital Medical Device Benefits in Uruguay" was completed, the conclusions were as follows:

1. "The current system for providing assistive devices and home medical devices is segmented, contradictory, and fragmented, both in terms of regulation and implementation."
2. "People who need assistive devices or technical aids outside the hospital setting find themselves in very different situations depending on:
   - Whether they contribute to a social security scheme
   - Whether they are active or passive in relation to the labor market
   - Whether they are able to reintegrate into the labor market
   - Whether they are a minor child of someone who contributes to a social security scheme
   - The socioeconomic situation of the family
   - The type of barrier they face
   - The type of assistive device or technical aids they need."
3. "Several population groups are excluded from the benefits, creating significant discrimination that violates human rights explicitly recognized in international and national legislation regarding the rights of people with disabilities."
4. "Exclusion from these benefits based solely on income criteria does not take into account the additional costs faced by people with disabilities and the disadvantages this causes."
5. "The system is based on the criteria of assistance, benefit, or work-related functionality, rather than on the rights of the users."
6. "The presence or absence of certain devices or assistive technologies in the catalog is not supported by a needs assessment but by the will of the person providing the service, without mandatory participation from the user population and without the necessary influence of organizations to ensure their inclusion, which leaves a broad margin for discretion."

Regarding residential services, Article 37 of Law No. 18651 states: "The Ministry of Social Development, in agreement with the National Honorary Disability Commission, will promote the creation of homes with full or partial hospitalization for people with disabilities whose care is impossible through the family group, and will regulate and oversee their operation in coordination with the Ministry of Public Health." In practice, the BPS and INAU (National Institute for Children and Adolescents) provide financial support, technical advice, and training to some disability homes and institutions (about 2.000 people following SNCD data).

[12] Red Pro Cuidados is an organized civil society initiative founded in 2013 to promote the creation and accompany the implementation of the National Integrated Care System in Uruguay. https://www.redprocuidados.org.uy/

Despite state efforts, including the creation of the National Integrated Care System and the initial expansion of the Personal Assistants Program, organizations advocating for the rights of people with disabilities believe that, in essence, the Committee's concern remains valid regarding the "lack of concrete initiatives for the deinstitutionalization of people with disabilities and community-based supports for independent living."

Moreover, these organizations point out that virtually no progress has been made regarding the Committee's recommendation "not to accept any new institutionalization and to promote a plan with concrete timelines and sufficient funding for the deinstitutionalization of people with disabilities, including those with intellectual or psychosocial disabilities, ensuring their access to services and necessary support, including personal assistance, for independent living in the community, all in consultation with disability organizations."

The support needed for people with disabilities is so dependent on the resources and capabilities of the households that, according to a World Bank report on social inclusion in Uruguay (2020), the fact that a person with a disability resides in a household reduces the average achievements of other family members, both in terms of education and employment.

Finally, while organizations acknowledge the value of the Personal Assistants Program, they argue that its expansion has been halted since 2019 (with approximately 6,000 users) and it is limited to people with severe dependency who are either over 79 years old or under 30. This means that people with severe disabilities and dependency between the ages of 30 and 79—who often experience increased needs as their parents age and require care or pass away—are not included. It also does not consider people with disabilities who have mild or moderate dependency, nor does it address those without dependency. Furthermore, they note that personal assistants focus primarily on caregiving tasks, and the minimum training required is insufficient to promote the autonomy of people with disabilities.

6.3. General Services (Inclusive Efforts)

Education

50% of the people with disabilities surveyed[13] consider that education is the key area that should be improved to ensure their rights and dignity of persons with disabilities in the country.

Additionally, 33.3% of the people with disabilities surveyed believe that education is the main demand of people with disabilities in Uruguay; this dimension is only surpassed by the demand for employment, with 51.9%.

In the opinion of the interviewed individuals, the importance they place on education as a key area for guaranteeing the rights and dignity of people with disabilities is related to:

- promoting social inclusion by the gradual implementation of a culture of inclusion, rights, and non-discrimination from an early age,

- the elimination of attitudinal barriers,

- increasing the number of teachers with proper training to address diversity,

- the connection between education and opportunities for work and personal fulfillment in society,

- the training and professional development programs tailored to people with disabilities,

- the full access to technology.

[13] See the methodological section.

By analyzing the responses from people with disabilities surveyed across the board, it is evident that education also emerges as a priority when asked about the most important accessibility gaps and the types of support services for people with disabilities that are lacking, and for whom.

According to a World Bank report on social inclusion in Uruguay (BM, 2020), “people with disabilities also have lower levels of school attendance and educational achievement. While the national rate of the national population who have only completed primary education or less is 40%, among people with some level of disability, it reaches 57%, and 72.5% for those with severe disabilities. While 10% of the national population has completed tertiary education, only 5.4% and 4% of those with disability and severe disability, respectively, have achieved this.”

The report goes beyond educational outcomes and tries to explore the explanations for these, where it finds that discrimination, resulting in unsafe, inaccessible, or hostile school environments, could be one of the causes. In this regard, it notes that “in 2013, the National Survey of Adolescents and Youth, which includes respondents aged 12 to 29, found that 63.8% of youth with disabilities reported discrimination in some educational context—a rise from 46% in 2008.” It adds that “discrimination also limits the expectations of parents and their aspirations for their children's futures, which are crucial for fostering positive outcomes in children.”

Moreover, the discrimination that is perpetuated even through the smallest gestures can have lasting effects on the discriminated individuals, affecting not only their educational outcomes but also their self-esteem and mental and physical health. In this sense, it is important to note that, according to the INDDHH (National Institution of Human Rights and Ombudsman), the exclusion of people with disabilities from educational centers is the main reason for human rights violations reported in Uruguay.

In a recent study by Lourdes Montes on the “State of the situation of complaints regarding the violation of the Right to Inclusive Education in the Public Primary and Secondary Education Subsidiaries of Uruguay,” the author notes that “emerging from the complaints, the accounts from families about: the violation of educational trajectories in all the reported situations and the lack of support regarding resources for universal accessibility and reasonable adjustments.” More in-depth, the study reaches the following conclusions regarding the complaints presented:

- "The main identified cause for the denial of adjustments refers to the lack of human resources (institutional and systemic).
- New violations are repeated: situations that are not resolved, but rather there is a 'revictimization.'
- Explicit and implicit discrimination: expressions of strong discriminatory weight in institutional narratives, symbolic actions, and the non-implementation of adjustments and supports.
- Family resistance: individuals and families exposed to painful situations, deploying survival strategies within the school system, overcoming negative experiences."

Additionally, from the general analysis of educational inclusion in Uruguay, the author identifies and highlights the following main findings:

- "Lack and scarcity of complaints (need for strengthening and supporting civil society to more widely understand their rights).
- The need for a powerful civil society with expertise in knowledge and legitimacy in understanding the educational issue.
- Low visibility and/or recognition of violations by key state actors ('apparent' ignorance of the protocol and the campaign supporting it, review of teaching and institutional practices).
- Obsolete narratives among the actors involved in the educational system (sometimes unrecognized): Absence or weakness of training in the Inclusive Education paradigm.

- Persistent gaps regarding situated, concrete, and effective resources to guarantee the Right to Quality Education."

In a recent study by UNICEF and INEED[14], based on the identification and characterization of children with disabilities attending primary education, a strong relationship between disability and poverty is noted, as well as a lower proportion of all available technical human resources (with the exception of social workers) in schools in critical contexts where there is a higher population of students with disabilities.

In secondary education, the Aristas 2022[15] report indicates that 7% of students enrolled at the beginning of the year have specific educational needs, and within this 7%, 76% have some degree of disability. The report emphasizes that 41% of adolescents with a disability-related diagnosis do not receive the appropriate support to address their specific educational needs. Finally, the higher concentration of these students in favorable context schools, compared to primary education, as well as a lower proportion of those receiving social benefits, seems to confirm the fact that those facing the greatest violation of rights and the highest barriers in the education system for access, participation, and achievement of learning outcomes abandon education at a higher rate and at younger ages. So, children and adolescents coming from social vulnerable families have clearly less chances to go far in their educational trajectories.

The data from the Integrated Information System of the Social Area, specially studied for this report and with greater coverage of people under 30 years old with disabilities compared to other sources[16], confirm the outlined trend.

The analyzed information reveals two central aspects regarding the educational trajectories of people with disabilities: on one hand, the levels of overage are very high compared to the rest of the population, and the gap increases over time; on the other hand, enrollment in public regular primary education (which is higher in relative terms than for the rest of the population) significantly drops during adolescence, and between the ages of 16 and 18, it is clearly below that of the rest of the population.

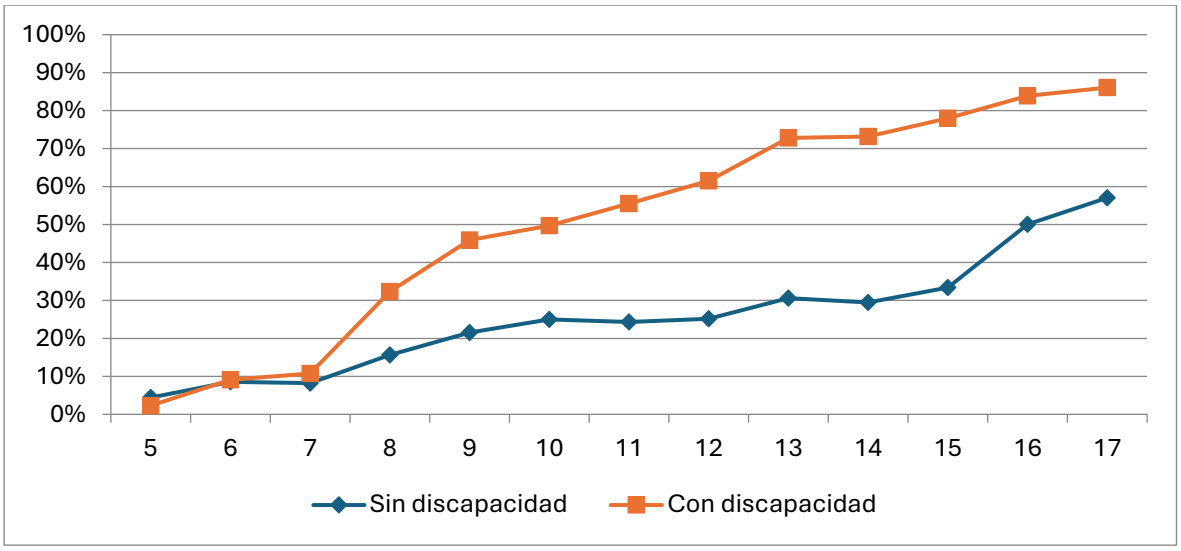
When viewed by single ages (see the next graph), it can be observed that between the ages of 7 and 14, instances of overage do not exceed 30% when considering the population without disabilities enrolled in the public education subsystems. However, when looking at this data for the population with disabilities, the percentage of overage increases steadily starting at age 7. By the age of 14, nearly 7 out of 10 adolescents with disabilities are enrolled in a grade lower than what corresponds to their age.

Overage of children enrolled in public education by single ages from 5 to 17 years and disability status (as % in December 2023)

[14] INEED and UNICEF (2023). Approach to the Identification of Students with Disabilities in Primary Education

[15] INEEd (2023). "Report on the State of Education in Uruguay 2021-2022. Volume 2."

[16] See methodological section and Annex II.



Source: SIIAS

The extra age is directly associated with the persistence of barriers in the educational system that lead to lagging behind and disengagement of adolescents. Although there may be pedagogical arguments that in some cases help explain these gaps, the current data do not allow for separating these factors from others, such as discrimination, segregation in special schools and workshops, exclusion, differences in socioeconomic contexts, and the lack of adequate resources and support systems, which were pointed out in the previous paragraphs. These are the main factors to overcome from a rights-based approach grounded in the Convention.

Finally, between the ages of 16 and 18, the accumulation of differences leads to public enrollment among adolescents without disabilities being nearly 10% higher than that of adolescents with disabilities (71% vs. 62%). The SIIAS data, in addition to generating relevant indicators, also allow for mapping the situations and creating strategies to propose the support and reasonable accommodations necessary to guarantee the right to inclusive education for all persons with disabilities, as established by Article 24 of the CRPD and General Comment No. 4 of the Committee on Experts.

Regarding advances toward inclusive education, authorities highlight the following:

- The existence of the "Guideline Protocol for Situations of Discrimination and Rejection due to Disability in Education" for filing complaints with the INDDHH and the "Protocol to Guarantee the Right to Inclusive Education for People with Disabilities," approved by Decree No. 350/022.
- The self-managed on-line course on "Inclusive Education and Disability" (https://www.gub.uy/ministerio-desarrollo-social/node/11350) aimed at people with disabilities, their families, members of civil society organizations for people with disabilities, and the general public. The course aims to provide information on services, programs, and support resources for the inclusion of students with disabilities in general education and the regulations that support them. It also seeks to strengthen families, civil society organizations, and people with disabilities in the right to inclusive education.
- The introduction of a new support role, the Facilitator of Autonomy in Educational Settings (FAAE), as part of the coordinated work between the Ministry of Social Development (MIDES) and the National Administration of Public Education (ANEP). In 2024, a pilot will begin in twenty public schools across the country. The FAAE is a caregiver certified by the National Integrated System of Care (SNIC) with training in dependency care and additional training in assistive communication, visual cues, and

basic behavioral management tools, who will be linked to an educational institution. The FAAE will provide episodic support for 1 to 3 students with moderate to severe dependency who do not require one-on-one or permanent assistance for daily activities at the educational center.

- The campaign "Inclusive Education is a Right," developed jointly by MIDES and UNICEF.
- The work carried out by the Ministry of Education and Culture (MEC) through teacher training actions, along with the two editions of the International Congress SOMOS on Inclusive Education, among other inter institutional coordination activities to strengthen capacities for advancing toward inclusive education.
- The work of ANEP in developing a strategy to support the transition of students with disabilities to secondary education.

Regarding remaining challenges, organizations advocating for the rights of people with disabilities point out that, in present-day Uruguay, the concerns and recommendations raised by the Committee in 2016 are still valid. Moreover, the unfinished transition to an inclusive education model seems to have weakened the State's response in offering quality education for people with disabilities. In recent years, although some actions have been taken to strengthen the capacities of educational institutions to offer inclusive education, an increase in the enrollment of special education has been observed, which still houses more than half of children, adolescents, and youth with disabilities. This complicates the proper development of support systems for an educational offer based on the inclusive education model.

In 2016, the Committee expressed concern that "there is no comprehensive policy for inclusive education and that special and segregated education prevails at all levels, with evaluations based on the disabilities of the individuals." It also noted that there was no training in inclusive education for teachers, preventing the transition to an inclusive education system.

At that time, seeking to reverse the situation, the Committee proposed the following recommendations for the Uruguayan State:

1. "Implement a plan with a roadmap for the transition to quality inclusive education at all levels, including higher education, training teachers, and providing the necessary support and resources, such as Braille and sign language, with particular attention to people with intellectual or psychosocial disabilities."

2. "Develop and integrate the rights of people with disabilities as a mandatory element in teacher training and adopt a no-rejection policy for the admission of students with disabilities."

3. "Conduct awareness-raising campaigns targeting society at large, schools, and families of people with disabilities to promote inclusive and quality education."

4. "Pay attention to the connections between Article 24 of the Convention, General Comment No. 4 of the Committee on the right to inclusive education, and Goals 4.1, 4.5, and 4.a of the Sustainable Development Goals, to promote inclusive and quality education in inclusive environments with accessible educational facilities for all."

In conclusion, beyond the various emphases and efforts of each of the actors involved in the issue, there is significant agreement. It is shared that, given the current situation in Uruguay, education is the key area to transform in order to ensure that people with disabilities live on equal terms with others and without discrimination. There is also shared recognition of the ongoing validity of the concerns and recommendations established by the Committee and the conviction that Inclusive Education is the right path to follow.

Health

20.4% of the people with disabilities surveyed believe that health is the primary demand of people with disabilities in Uruguay, a dimension only surpassed by the demand for work and education. Additionally, 13% of the people with disabilities surveyed[17] consider health to be the key area that should be improved to guarantee their rights and dignity in the country.

Within the health dimension, the sources consulted agree in highlighting general accessibility to services, professional training, availability of habilitation and rehabilitation measures, and access to sexual and reproductive health as the most challenging aspects Uruguay faces in fully fulfilling the mandates of the Convention.

In terms of accessibility, in 2016, the Committee expressed concern that "general health services are not accessible to people with disabilities, particularly in rural areas," and recommended that Uruguay "adopt plans and allocate resources to ensure that general health services, including sexual and reproductive health services and related information, are accessible to people with disabilities across its territory. It also recommends that the personnel in general health services be trained in communication with and the treatment of people with disabilities in health contexts, ensuring respect for free and informed consent and other rights enshrined in the Convention. The Committee further recommends that the State party pay attention to the connections between Article 25 of the Convention and Targets 3.7 and 3.8 of the Sustainable Development Goals, to ensure access to quality essential health services, including sexual and reproductive health services and access to medicines."

Regarding the available information, although this is not an exhaustive study or a complete evaluation, a "Survey on Accessibility for People with Disabilities to Health Services of the SNIS" conducted by the Disability and Rehabilitation Program Area of the Ministry of Public Health (MSP) in 2019[18] provides interesting results to consider when understanding the current situation in this area. Among the study's conclusions, it stands out that “there are still various barriers preventing people with disabilities in Uruguay from fully exercising their right to health.” In particular:

- **Physical barriers** such as difficulties in reaching health services, as well as moving within them, and accessing consultation rooms and undergoing various tests. People with motor disabilities and visual impairments face the most challenges regarding these types of barriers.
- **Attitudinal barriers** are significant in the interactions between healthcare personnel and people with disabilities, such as a lack of patience to listen to and adequately attend to them, difficulty in empathy that prevents understanding their needs, ignorance and lack of training regarding disabilities and the different types of disabilities to comprehend their specific needs, and inappropriate attitudes that lead to imposing decisions without consulting the individual or offering adequate explanations. People with psychosocial, intellectual, and auditory sensory disabilities experience the most difficulties with these types of barriers.
- **Communication barriers** still cause challenges in achieving universal accessibility to services, such as the absence of sign language interpreters, the overuse of technical jargon, the lack of diverse ways to call for consultations that consider different types of disabilities, healthcare personnel addressing companions rather than the person with the disability, and a failure to take the necessary time to be understood by the person

[17] See methodological section.

[18] "MSP. DIGESA/Disability and Rehabilitation Program. “Survey on the accessibility of people with disabilities to the health services of the SNIS”. Uruguay, 2019. Unpublished."

in question. People with sensory disabilities, particularly auditory, as well as those with intellectual difficulties, encounter the most conflicts with these barriers.

- **Information barriers** that need to be overcome. These primarily refer to the need to adapt the information provided by technicians so that it can be understood by individuals according to their type of disability. Therefore, it is necessary to start providing information in alternative formats in addition to the standard ones (Braille, large print, pictograms, easy-to-read versions, video in sign language, etc.). Without these options, individuals are forced to depend on third parties (doctors, family members, attendants) to use or understand the material, which limits their autonomy, undermines their dignity, and in many cases, exposes them to the risk of abuse or inappropriate impositions.

"Finally, the authors of the study considered it important to highlight the 'recurring complaint of the respondents (31%) about the difficulty they regularly face in obtaining a consultation appointment, whether for specialists or for medical tests.'

In this regard, the authorities highlight as progress the publication by the MSP in 2021 of a guide with 'Recommendations for the treatment and adequate care of people with disabilities in health services.'[19] The guide was developed by a broad group of professionals, includes input from organizations, and covers both general and specific aspects of different types of disabilities. Although it is not a plan with specific goals and resources, and it is still early to assess its results, the very launch of the guide acknowledges the 'physical, attitudinal, communication, and information barriers that exist in the health system, which reinforce one of the main obstacles in the exercise of rights,' and seeks to be a step in the right direction.

Regarding rehabilitation, when planning health objectives for 2030[20], the MSP characterized the situation by emphasizing the following deficiencies in services for people with disabilities:

1. 'Lack of multidisciplinary teams and clinical management of physical rehabilitation cases in the National Integrated Health System (SNIS).'
2. 'Non-existence of comprehensive protocols to address deficiency and disability that consider diagnosis, prevention of complications, integrated treatment, and follow-up.'
3. 'Lack of regulation and corresponding monitoring of the necessary services so that protocols and best practices based on evidence are applied for the benefit of users with disabilities. The Comprehensive Health Care Plan (PIAS) is insufficient in design and outdated in content in this field.'

The MSP's diagnosis shows the continued concern of the Committee about the 'absence of data on people with disabilities who have access to rehabilitation services and programs, as well as the non-existence of such services in rural areas,' and its recommendation that Uruguay[21] 'adopt the necessary measures to guarantee people with disabilities access to community-based rehabilitation services and programs with the aim of social and community inclusion throughout the country.'

According to the MSP (2023), the absence of a national rehabilitation plan and the deregulation of the sector cause the care received by users to depend on their purchasing power or their

[19] "MSP (2021) 'Recommendations for the treatment and adequate care of people with disabilities in health services'"

[20] "MSP (2023). National Health Objectives 2030. Characterization of prioritized issues. Disability, access to health, and physical rehabilitation."

[21] Project Right to Equality and Non-Discrimination of People with Disabilities. Mónica San Martín (2020). Study on sexual and reproductive health.

family’s resources, and do not 'ensure a minimum and equitable access to comprehensive rehabilitation.'

Finally, regarding sexual and reproductive health, a recent study on the situation of young people with disabilities in Uruguay not only allows for a deeper exploration of the issue but also confirms the main assertions made in this work regarding the right to health for people with disabilities in the country."

The study, which in addition to interviewing key informants, interviewed thirty young people, both men and women, with different types of disabilities, concludes the following regarding the Uruguayan health system:

1. “Young women with disabilities feel they do not receive the necessary information about issues related to their sexual and reproductive health.
2. Health services are not a point of reference for young people with disabilities. Accessing them is difficult, and the information provided is not always understandable for everyone.
3. The situation of young people from rural areas is concerning, as they have fewer opportunities than those living in the capital.
4. Families are an important support for young people who do not attend educational centers or workshops. For those who do attend centers, the main support is from the staff working there.
5. Professionals working in the field are important support figures for young people with disabilities. In most cases, these key informants have provided information about sexuality, promoted workshops, held meetings, or been available to listen to concerns.
6. Field workers believe there should be more training on sexuality and disability. Therefore, they are interested in receiving the necessary tools to address these topics.
7. Young people with disabilities feel that there should be more discussions on the topic, and as an option, they propose coming together in groups to share experiences.
8. The majority of the information that reaches young people with disabilities focuses on control and care (use of pills and condoms), although the function of each of these contraceptive methods is not always understood.
9. The interviewees believe that discussions on rights are beginning to take place, but there is still a need for people with disabilities to take ownership of their bodies, their decisions, and their lives.”

At the same time, the recommendations of the study, particularly for the Ministry of Health, National Administration of Public Education and Ministry of Social Development outline the main topics to address in order to ensure the full enjoyment of sexual and reproductive rights for people with disabilities:

1. “Work on decentralization by promoting more informational and educational activities in rural areas of the country.
2. Ensure the accessibility of the information provided by working to simplify the vocabulary. Additionally, it is important to highlight that the information should not be limited to aspects of care. Topics related to sexual and reproductive health should not just focus on the use of condoms or birth control pills. A broader perspective on the subject is necessary, so the information can cover aspects related to the body and pleasure.

3. Promote collaborative work opportunities: encourage meetings between key figures from different institutions and centers, so they can share experiences. Joint work between institutions can alleviate the sense of isolation often felt by workers in the field.
4. Promote accessible communication for better and more appropriate access to information, ensuring that the information provided addresses all the concerns of young people and that their families can discuss sexual and reproductive health topics.
5. Provide guarantees regarding the actions of health services, which should have the tools to advise those who need help on different ways to address sexual topics. Additionally, consider medium- and long-term strategies to ensure full accessibility, so that going to a medical consultation is not a frustrating experience.
6. Strengthen autonomy of men and women with disabilities, beginning with addressing topics such as autonomy, privacy, and intimacy in spaces where areas are shared, and where there is no time or space for reserved individual moments.
7. Affirm the concepts of rights by promoting the empowerment of young people with disabilities in issues of sexuality, body, and pleasure."

Work and Employment

In Uruguay, people with disabilities are far from exercising their right to work on equal terms with others, as established by the Convention. This opinion is shared by all consulted stakeholders and is also clearly reflected in the available evidence. There are multiple factors that contribute to people with disabilities having lower participation in the labor market, a lower likelihood of accessing suitable employment, and worse conditions if they do obtain employment.

The main factors include: biases and discriminatory attitudes (which can influence a person's decision to leave a job or refrain from entering the labor market), the persistence of barriers in the education system that prevent higher educational achievements and the reduction of opportunities associated with the level of education attained, and the lack of accessibility in environments and transportation. Additionally, the lack of experience many people with disabilities have in public spaces due to social isolation and structural exclusion also plays a role.

According to the World Bank (2020), "the effects of exclusion can be profound; not only can they lead to losses in productivity and innovation, but they can also affect the aspirations and self-esteem of the excluded groups."

In the study of the State's administrative records, carried out specifically for this report[22], it was found that, on average, only 7% of people with disabilities between the ages of 15 and 59 are formally integrated into the labor market. For reference, the formal labor market participation rate for the same age group in the general population is 48%, and the differences are even greater if we focus on the stage of highest labor force participation (between the ages of 25 and 59). In this age range, the proportions are 9% and 56%, respectively.

Furthermore, the formal labor market participation of people with disabilities reaches its highest percentage between the ages of 25 and 29 (23%), then rapidly declines in the following age groups, unlike the rest of the population, whose participation grows steadily until the age of 35 and remains at its peak until 59 years old.

[22] See description of the 'Analysis of the data from the Integrated Information System of the Social Area (SIIAS) on people with disabilities in Uruguay' in section 2.2 Methodology used

In a survey conducted with people with disabilities who participated in the training specifically organized as part of this project[23], the possibility of accessing a job is the main demand identified by people with disabilities in Uruguay. More than half of the people with disabilities interviewed agree with this idea (51.9%), and the same opinion, although with a smaller proportion (30%), can be found among the other participants in the training. According to the same survey, work, with 35% mentioned, is identified as the second key area that should be improved to guarantee the rights and dignity of people with disabilities in the country, following education.

Regarding work, the responses mention:

- its negative effects on the possibility of developing an independent life,

- accessibility issues,

- the need to develop policies for sheltered employment,

- the need for effective supervision and control for the implementation of the employment law for people with disabilities in their active employment phase—both in the public and private sectors, by ensuring the real application of the quota as a policy focused on income and not just vacancies,

- the importance of diversifying job positions to better develop inclusion strategies,

- the need of sufficient technical resources for support in job placement and maintenance to work on the personal dimension in conjunction with the work environments, including reasonable accommodation in workplaces and dynamic of work.

In Uruguay, the legal framework that promotes the employment of people with disabilities is composed of two main laws. Law 18.651 of 2010 which establishes the obligation to allocate 4% of vacancies in the public administration, including public companies, for persons with disabilities who meet the required criteria. Law 19.691 of 2018 establishes 2% to 4% of vacancies in private companies should be reserved for persons with disabilities who meet the requested requirements. Despite these regulatory advances and various forms of fiscal advantages for the private sector, the employment for people with disabilities represents a critical issue that resulted in both the concerns and the recommendations made by the Committee to Uruguay in 2016, but remain fully relevant today.

On that occasion, the Committee expressed concern about the high unemployment levels among people with disabilities, non-compliance with the quota in public service, and the lack of information on job positions and wages for people with disabilities in the private sector. It also recommended that the Uruguayan State implement specific strategies to increase the employability of people with disabilities and ensure productive and decent employment for all people, including people with disabilities, in line with the principle of equal pay for equal work of equal value.

Finally, with the exception of a small increase in the percentage of people with disabilities entering the public sector (0.99% in 2023), while the law sets a 4% quota, both public authorities and representatives of organizations working for the rights of people with disabilities agree on the persistence of difficulties in accessing employment on equal terms with the rest of the population.

Social Protection

[23] Ver descripción de la “Encuesta previa al ciclo de formación sobre igualdad y no discriminación de las Personas con Discapacidad” en el apartado 2.2 Metodología utilizada.

Although Uruguay has a broad and consolidated welfare state, with good levels of benefits and including disability as one of the risks to be covered, various studies have highlighted the high proportion of people with disabilities living in poverty.

In 2016, the Committee expressed concern about the "number of people with disabilities living in poverty, especially women, children, and older adults." It made recommendations for the Uruguayan state to "adopt concrete measures to ensure a decent standard of living for people with disabilities and to mitigate the impact of impoverishment due to disability, especially for groups facing intersectional discrimination, such as women, children, and older adults with disabilities. This includes: ensuring coverage of disability-related expenses and specifically addressing people with disabilities in poverty reduction programs and strategies in close consultation with representative organizations of people with disabilities. The Committee recommends that the state party pay attention to the links between Article 28 of the Convention and Goals 1.3 and 1.4 of the Sustainable Development Goals, in order to implement appropriate social protection systems and measures for all, ensuring their access to economic resources and basic services."

According to the World Bank (2020), there is a clear link between poverty and disability in Uruguay, which is reflected in several of the findings noted in this report: high disability-related costs borne by households, low levels of educational achievement among people with disabilities, serious accessibility and urban mobility problems, and low participation or precarious integration into the labor market.

The report also highlights two important aspects to reconsider Uruguay's policies beyond monetary transfers. On the one hand, people who live in households with at least one person with a disability also have worse educational and labor outcomes than the rest of the population, as previously noted, mainly due to a lack of support and the absence of reasonable accommodations, as well as the need for resources to provide the support that people with disabilities require. On the other hand, there may be a critical problem due to the incompatibility in some situations to receive a salary from formal employment and maintain some of the benefits received by one person with disabilities. In many cases, people with disabilities prefer to maintain social benefits rather than the employment.

Finally, it is important to note that these problems are considered by only taking into account the monetary poverty of people with disabilities and their households, and they would be considerably amplified if a multidimensional poverty approach were adopted, which would include access to other important dimensions of well-being, such as housing and habitat, health, education, employment, social security, inclusion, culture, and recreation.

6.4 Key Barriers to Accessing Services

The people with disabilities interviewed believe that the support services that enable accessibility are currently the most lacking (24.1%). These are closely followed by mobility (22.2%), education (20.4%), employment (20.4%), and accompaniment (18.5%).

The references to accompaniment are varied, ranging from general demands for support devices and habilitation for daily life to pedagogical assistants for educational institutions and other areas. In particular, personal assistants and therapeutic companions are the two roles most frequently requested.

The expansion and continuous improvement of assistive devices (7.4%) and habilitation and rehabilitation services (5.6%) also appear as relevant demands from people with disabilities, both for their transformative potential in the lives of those who access them, as well as for their ongoing development through research, innovation, and technological change.

In relative terms, people with disabilities place more importance on support services related to mobility and employment that contribute to independence and agency, while the rest of the

participants in the training focus more on care services, support for access to housing, and participation - which is more a family member perspective.

The responses and experiences of the survey participants align closely with the identified structural barriers still existing in the country and even their interconnections:

As it was already mentioned the institutional leadership of the National Secretariat of Care and Disability of the Ministry of Social Development, even if it´s the ultimate political decision-maker, is not enough to generate a powerful articulation of public actors to develop comprehensive, intersectional public policies at the national level and in all critical areas (education, health, labor, accessibility, transportation, justice). Therefore, there is very poor coordination between sectors and mainly a lack of specific traceable budget allocation for each programmatic action.

Furthermore, until the beginning of 2023, there was no independent mechanism to monitor the implementation of the CRPD in the country. The implementation of the surveillance and monitoring mechanism established within the framework of the national human rights institution is undoubtedly a key step forward, but it does not seem to have the technical means and financial resources to address public policies on disability.

The lack of full social acceptance of the perspective based on the social model of disability still generates attitudinal, cultural and social barriers to the exercise of the rights of people with disabilities and their effective inclusion as full citizens in society and this situation seems to have some impact on achieving a majority political will and action for social change.

In this sense, the lack of knowledge on how to effectively apply the legislative and legal advances to promote the employment of people with disabilities, the lack of training and limited workplaces accommodations, and also de absence of robust monitoring mechanisms, do not allow to reach the goals set by the quotas neither in the public nor in the private sector.

The shift from existing educational systems to truly inclusive education schools continued to be blocked by disability support services, insufficient training for educators, lack of accessibility in school infrastructure, and limited resources to support diverse learning needs and modalities.

Even with the added value of an Integral National System of Health Care (SNIC), the goal of equitable and inclusive healthcare services provision for persons with disabilities is not achieved: lack of support services, physical barriers in health facilities, inadequate training of health teams and also altitudinal barriers remain. Also, the national mental health plan has experienced a very poor implementation, even if there was the social and health emergency caused by the COVID 19 pandemic.

In sum, beyond valuable programmatic and normative advances achieved during the last years, critical systemic challenges should be addressed in the very short term.

7. CRPD compliant budgeting

7.1. Financial Planning and Monitoring

Although the lack of budget is the main argument used by all stakeholders to explain the shortcomings of public policies developed by Uruguay in the area of disability, the country currently does not have an official measure that allows for knowing the level of investment made, how it has evolved, what the main expenditure categories are, and, most importantly,

how many additional resources are needed to fully adopt the approach proposed by the Convention.

In the absence of systematic information, the interviewed stakeholders agree in pointing out that monetary transfers through the BPS (Bank of Social Security) are the main category of public investments in disability (close to 500 million dollars annually since 2022, according to authorities), followed by accommodation in 24-hour homes (operated by organizations and funded by BPS and INAU), Special Education funded by ANEP, habilitation and rehabilitation expenses financed by FONASA or ASSE, transportation subsidies, the Personal Assistants Program, and other expenses from the Disability Directorate of MIDES[24].

Public institution	**Specific Unit**	**Social Benefits**	**Budget**
Social Welfare Bank (BPS)	Unit of Disability, Technical department of Disability evaluation.	Economic, health and social benefits	U$S 857 million for 2021
Ministry of Social Development (MIDES)	National Secretariat of Care and Disability	All programmatic actions on Disability at national level.	U$S 4 million for 2024
National Institute for the child and adolescent (INAU)	-	1. temporary disability benefit 2. permanent disability benefit	No data available
Ministry of Health (MSP)	Program of Disability and Rehabilitation	All programmatic actions at national level	No data available
Local Government of Montevideo	Secretariat of Disability	All programmatic actions on Disability al local level.	No data available
Local Government of Canelones	Area of Disability	All programmatic actions at local level.	No data available

Beyond the lack of disaggregated information that would allow for public tracking of investments, there is broad consensus that people with disabilities have no participation or significant influence in defining the allocation and priorities for these resources.

Finally, in the survey of people with disabilities conducted specifically for this report, only one in ten interviewees considered the lack of resources to be one of the most important factors in understanding the current gaps in accessibility.

[24] See section on Support Services for Disability.

The reference to resources relates to the opinion that the public budget allocated to accessibility measures is insufficient, as well as the view that the available human and material resources are not enough to close the existing gaps. Additionally, there is the opinion that the socioeconomic condition of people with disabilities means that the financial support they currently receive is insufficient to address the aforementioned gaps as they are referred to purchasing support on a private market.

7.2. Support from the United Nations System for Promoting Disability inclusion

In 2016, the Committee expressed concern that "the principles and values of the Convention are not systematically incorporated into all policies and international cooperation programs in Uruguay," as well as observing "the lack of transversal incorporation of the rights of persons with disabilities in the national implementation and monitoring of the 2030 Agenda for Sustainable Development."

In this regard, the Committee recommended that the Uruguayan State, in close collaboration with disability organizations, "adopt an international cooperation policy harmonized with the Convention, and that the rights of persons with disabilities be introduced in a transversal manner in the national implementation and monitoring of the 2030 Agenda, consulting with organizations of persons with disabilities."

Later, between 2018 and 2020, the project "The Right to Equality and Non-Discrimination of Persons with Disabilities" was implemented, a joint initiative of the United Nations System, state institutions, and civil society organizations, with support from the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). According to the project's own information[25], "the proposal allowed for the achievement of multiple and relevant results, such as outcomes and products related to access and the right to health, sexual and reproductive rights, the prevention and care of gender-based violence towards adolescent and young girls with disabilities, the reduction of institutional violence, the provision of accessible information about the COVID-19 pandemic, as well as the production of strategic information."

The activities are carried out in coordination and collaboration with the Disability Directorate of the National Care and Disability Secretariat of the Ministry of Social Development, the National Institution for Human Rights and Ombudsman, the Honorary Disability Commission, La ALIANZA, and other institutions and organizations related to the work on the rights of persons with disabilities.

The project aimed to strengthen ongoing actions aimed at the full implementation of the Convention, and its three lines of action are among the main advances the country has made in disability rights in recent years. These actions are:

1. "The deployment of the Monitoring and Surveillance Mechanism for the implementation of the Convention on the Rights of Persons with Disabilities, including advocacy for the approval of the bill that institutionalizes it.
2. Advocacy for the approval of the Disability Legal Capacity Law and its management before Parliament.
3. The validation, approval, and implementation of the Single Disability Assessment Tool as a tool for disability valuation and certification in the country, including advocacy for the approval of the bill that institutionalizes it."[26]

[25] See https://inclusionydiscapacidad.uy/proyecto-2024/

[26] See https://inclusionydiscapacidad.uy/proyecto-2024/

The current scope and limitations of each of these initiatives are analyzed in the corresponding sections above. However, it is worth mentioning that while all three lines of action address strategic aspects for the implementation of the Convention in the country, creating favorable conditions for future changes, none, by themselves, bring about profound transformations in the living conditions of persons with disabilities.

8. Governance and Accountability

8.1. National Accountability Mechanisms

Regarding national accountability mechanisms, it is important to note that, in 2016, the Committee on the Rights of Persons with Disabilities recommended that Uruguay “adopt a permanent consultation mechanism with persons with disabilities through their organizations, including children with disabilities, in the adoption of legislation, policies, and other matters of relevance to them,” and also that it “adopt measures to designate a supervisory mechanism that fully complies with the Paris Principles.”

These recommendations arise from two main concerns: on one hand, that “there are not enough consultations with persons with disabilities, through their organizations, when adopting policies and programs that affect them,” and on the other hand, that the current mechanism for independent monitoring of compliance with the Convention (the CNHD) is also responsible for its implementation, thus generating a potential conflict of interest and a loss of effectiveness.

Following the Committee's recommendations, in October 2023, the National Institution of Human Rights (INDDHH) started a participatory process with the full involvement of OPDs in order to promote the creation of a Surveillance and Monitoring Mechanism for the implementation of the International Convention on the Rights of Persons with Disabilities (MVM - INDDHH). This strategic action based on the Article 33.2 of CDPD resulted in a framework for monitoring, promoting, protecting, and overseeing the implementation of the international Convention on the Rights of Persons with Disabilities and its Optional Protocol, both ratified by our country. Within this framework, the Mechanism has the following functions:

1. Substantive, procedural, and political independence
2. Promotion, education, and awareness
3. Advocacy and cooperation actions
4. Protection
5. Supervision and monitoring actions
6. Surveillance

To support the surveillance and monitoring work, a matrix of indicators is being developed so that all the information on critical issues can be collected, systematized, analyzed and published at the end of each year.

The INDDHH also carried out a national, open and public process to elect the members and alternates of the Honorary Advisory Council from the OPDs and other persons with disabilities. According to the INDDHH's own resolution, the Council is envisioned as a citizen participation mechanism, formed “in a diverse, pluralistic, decentralized manner, and represented by members of nonprofit civil society organizations of and for persons with disabilities from across the country, aimed at addressing human rights issues of persons with disabilities.” Its task is to “debate and issue non-binding opinions on all matters concerning the provisions of the International Convention on the Rights of Persons with Disabilities (UN 2006) and its implementation by the Uruguayan State.” Finally, the Surveillance and Monitoring Mechanism

was approved by the Parliament trough the Law 20.326 in August 2024 (https://medios.presidencia.gub.uy/legal/2024/leyes/08/mrree_957.pdf).

8.2. Inclusive Data Collection and Evidence Systems

The inclusion in the 2023 National Census of the complete set of questions from the Washington Group to measure functional limitations associated with disability[27], and the legal establishment of a single assessment tool for the official evaluation of disability, are the two most significant advances in data collection and evidence on the situation of persons with disabilities in Uruguay.

It is worth recalling that, in 2016, the Committee expressed its concern about the "lack of disaggregated and comparable data and information on persons with disabilities in the State party across all sectors, as well as the absence of human rights indicators in the available data. The Committee is also concerned about the absence of gender, children, and violence issues in the statistical data." On that occasion, the Committee made the following recommendations to Uruguay:

- "Strengthen the systematic collection, analysis, and dissemination of disaggregated and comparable data on persons with disabilities across all sectors.
- In cooperation with persons with disabilities and the organizations that represent them, develop a human rights-based indicator system.
- Guide the implementation of Target 17.18 of the Sustainable Development Goals by following Article 31 of the Convention to significantly increase the availability of timely, reliable, and high-quality data, disaggregated by income groups, gender, age, ethnicity, migration status, disability, geographic location, and other relevant characteristics in national contexts."

Once available, the Census data will not only allow for estimating the total population in the country with disabilities, based on a methodology aligned with a human rights approach, but will also provide general information about the predominant types and degrees of functional limitation, their geographic distribution, and their living conditions across a relevant set of dimensions.

Regarding territorial distribution, the census statistical data cover individuals, households, and dwellings and can also be analyzed for a wide range of geographic units, such as blocks, neighborhoods, small towns, large cities, and the entire country. Additionally, the data encompasses dimensions such as housing, access to comfort goods, household composition, education, employment activity, and fertility. Despite its notable advantages, the fact that censuses are conducted every ten years highlights the need for a complementary source, as more periodic statistical data and evidence are required to monitor demographic changes and access to rights for this population.

8.3. Key Gaps in Governance and Accountability Systems

Regarding the role of monitoring the implementation of the Convention, expectations are placed on the new Monitoring Mechanism, which is based on both its independence and the institutional strength of the National Human Rights Institution, which is part of the national parliament and has its own resources. This is a positive step forward. However, the inherent weaknesses of the OPDs [28] and their advisory role may limit the Mechanism's advocacy ambitions.

[27] See section on Disability Assessment Systems.

[28] See section on Involved Actors.

Regarding gaps, the most significant seems to be the challenge of achieving universal coverage of specific policies aimed at persons with disabilities. If achieved, the information produced by the new assessment tool and the unique disability registry, combined with other state administrative records, could provide a more comprehensive map of the information needed for accountability and governance of disability policies. At present, the lack of definitions and resources for implementing the new assessment tool appears as an initial obstacle to overcome, while the lack of resources, the political will, and the prevailing social and cultural representations of disability in the country stand as the main barriers to achieving universal coverage of these policies.

In this regard, the census data can provide an estimate of the existing gaps in coverage based on benefits and types of disability. However, the census is a “snapshot” that shows the situation at a specific point in time (2023), and both the types of disability and access to benefits are dynamic processes that require a permanent strategy for collecting relevant information with nationwide coverage to ensure adequate monitoring. It is worth noting here that such a strategy has not even been designed.

Finally, beyond the fact that information is essential for governance, according to the interviewed actors, the underlying issue is that there is still no institutional mechanism in Uruguay, beyond the National Honorary Commission on Disability (CNHD) and the Surveillance and monitoring mechanism (MVM - INDDHH) implemented within the National Institution of Human Rights where persons with disabilities have an effective influence on the policies that directly affect them. That is a real critical issue related to a lack of effective representation and participation of persons with disabilities in the planning and implementation process of public policies.

9. Cross-cutting Issues

9.1. Participation

According to the survey conducted with persons with disabilities specifically for this report[29], the lack of political will is the main obstacle to achieving the participation of persons with disabilities in decision-making regarding the policies and programs that affect them. However, as early as 2016, the Committee had recommended that the Uruguayan State “adopt the necessary measures to ensure that no one is deprived of the right to vote and participate in political and public life due to an impairment or limitations in their legal capacity, and to increase efforts to promote persons with disabilities in elective offices and public service.” Furthermore, on that occasion, the Committee also recommended that the State “intensify efforts to ensure that its procedures, physical environment, facilities, and electoral materials are fully accessible to persons with disabilities.”

In this regard, beyond an important law to guarantee the right to vote for persons with motor disabilities (Law 19.790), the key actors interviewed did not identify other significant advances in the country in terms of participation, except that they expect the full approval of the Law on legal capacity presented to the Parliament on November 2024.

In addition, when persons with disabilities were asked, "What should be done to improve the participation of persons with disabilities in decision-making about the policies and programs that affect them?", they mentioned political will and full access to information as the two key dimensions to improve.

In more detail, persons with disabilities interviewed believe that political will (42.6%) is the main factor to improve in order to achieve greater participation in decisions and programs that affect them. Access to information (22.2%) is placed second, but with a significant difference in the

[29] See methodological section.

number of mentions. Lack of political will and insufficient access to information are also the two most mentioned dimensions by the other interviewees.

9.2. Inclusion of Underrepresented Groups

According to all the consulted sources, in Uruguay, persons with psychosocial disabilities make up the group with the greatest exclusion problems and the least representation in various areas of social life. This opinion is shared by authorities, social organizations, and academia. Additionally, persons with psychosocial disabilities are also identified as the most marginalized or excluded group by those who responded to the survey conducted for this report.

Specifically, when asked "Which groups of persons with disabilities are the most marginalized or face the greatest inclusion problems in Uruguay?", persons with psychosocial disabilities was the most frequent response. Among persons with disabilities, this perception is shared by 38.9% of the interviewees and is also the most frequent answer among the other participants in the training. In order of frequency, the next mentions were intellectual disability (22.2%), sensory disability (20.4%), and physical disability (18.5%). This order is also repeated by the rest of the interviewees.

Beyond the types of disabilities, the condition of poverty (11.1%) is the most frequently mentioned social characteristic by persons with disabilities (and also by the rest) to identify those who are more marginalized or face greater barriers to inclusion in current Uruguay. The condition of having more than one type of disability (or multiple disabilities) was the next option mentioned most frequently (5.6%), at the same level as the condition of being an older adult. The remaining groups did not exceed 5% of the mentions (among persons with disabilities) and included dependent persons (3.7%), Afro-descendants (3.7%), children (1.9%), adolescents (1.9%), women (1.9%), and migrants (1.9%).

In relative terms, the largest differences between the responses of persons with disabilities and other participants in the training are found in the emphasis placed by the former on the marginalization of persons with psychosocial disabilities and multiple disabilities, and the greater consideration of the latter regarding children, women, and adolescents. Finally, in addition to highlighting the need to generate more knowledge and implement specific public policy actions regarding the situation of persons with psychosocial disabilities, some elements emerged from the interviews that are worth mentioning. On one hand, this is a group that is often not considered within the disability universe, and this can limit the identification of their rights. On the other hand, the deficiencies in mental health care in the country, particularly the difficulties in advancing the deinstitutionalization of persons who are hospitalized, may be contributing factors to the low visibility, stigma, and exclusion of persons with this type of disability. In fact, since the approval of the National Mental Health Plant in 2020 (https://www.gub.uy/institucion-nacional-derechos-humanos-uruguay/comunicacion/noticias/msp-aprobo-plan-nacional-salud-mental-2020-2027) there was a very poor implementation and remains one of the most critical challenge for the country.

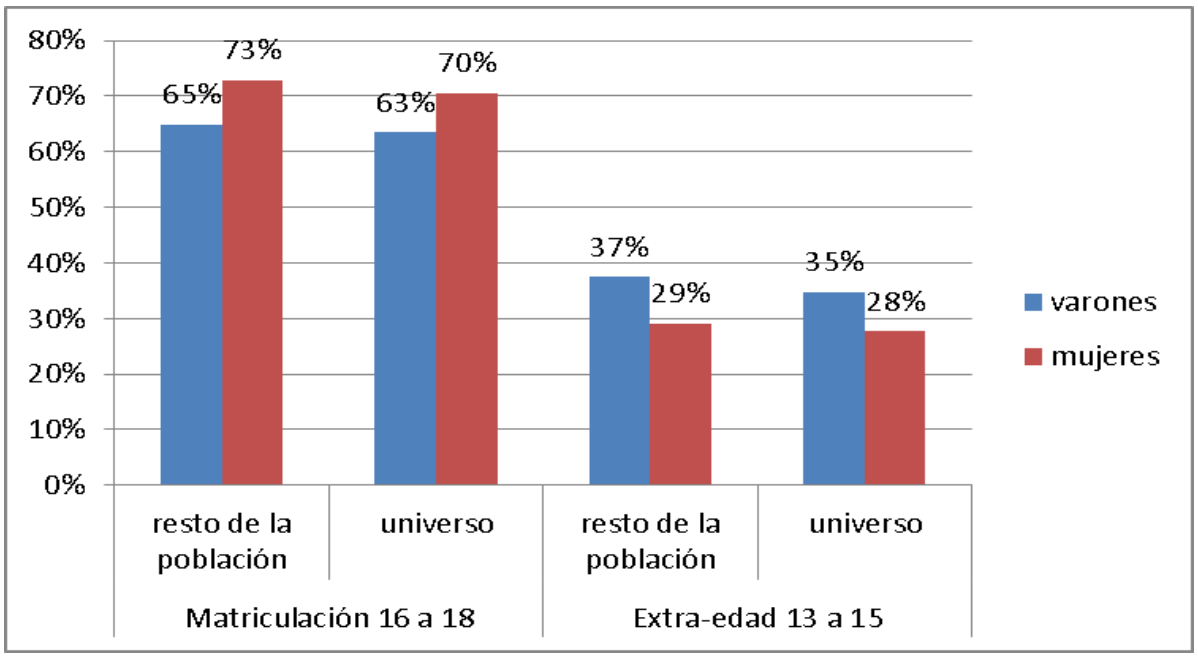
9.3. Gender Equality

In the case of Uruguay, when analyzing gender equality and the rights of persons with disabilities, the intersectional violation of the rights experienced by women with disabilities in all dimensions emerges, along with their greater vulnerability to gender-based violence and the barriers they face in accessing sexual and reproductive health, particularly those women who wish to exercise motherhood. Regarding double penalization, the links between educational achievements and employment outcomes are the clearest and most eloquent example of this situation, particularly given the availability of sufficient evidence to demonstrate how intersectional discrimination operates in relation to this specific issue.

In terms of educational achievements, the data from the SIIAS on enrollment and age overage presented in the section on inclusive services show better results for women than for men.

However, this difference is not reflected in employment insertion opportunities. As can be seen, women achieve better results for both indicators (higher enrollment and lower age overage), both in the population with disabilities and in the general population.

Graph 14. Public enrollment among youth in the disability universe and the rest of the population aged 16 to 18 years, and age overage between 13 and 15 years, by gender.

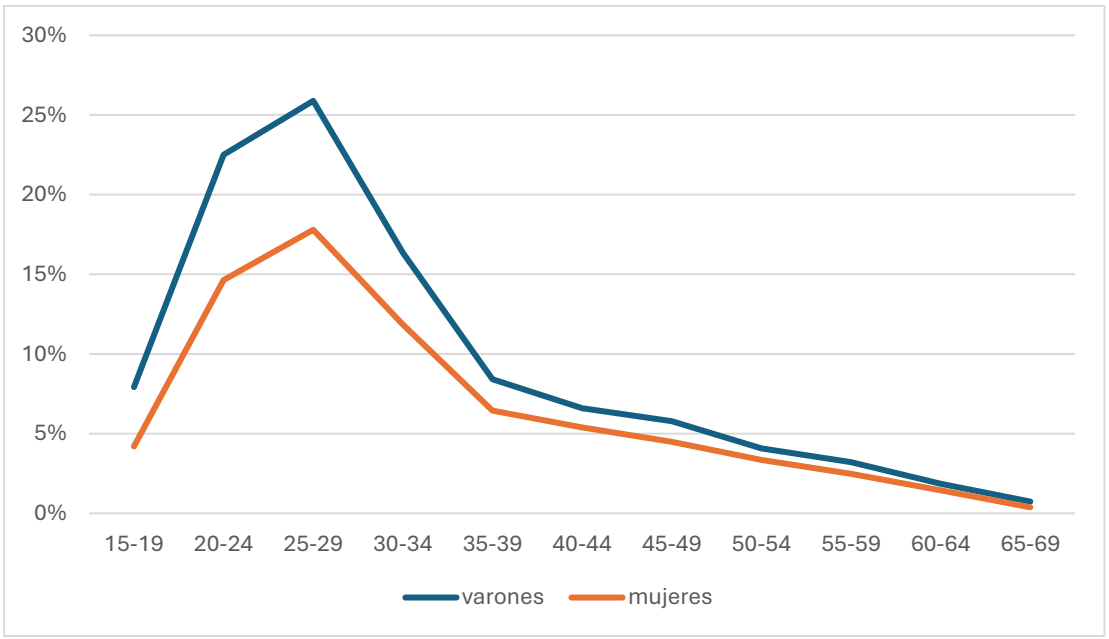


Source: Prepared by the author based on SIIAS data.

However, girls, adolescents, and women with disabilities face intersectional discrimination that creates inequality. In this case, the average 7% formal labor integration for people with disabilities conceals a significant gap between men (9%) and women (4%).

Furthermore, the following graph shows that, despite having better educational outcomes, the gender gap persists throughout the life course and becomes particularly significant in the stage of greatest employment integration (between ages 20 and 29).

Proxy of Formal Labor Activity (SIIAS): Disability population, five-year age groups, and gender (data as of December 2023, in percentage).



Source: Prepared by the author based on SIIAS data.

In terms of Gender-Based Violence (GBV), one of the main findings of the study conducted within the framework of this project[30] is that "the expression of gender-based violence towards women with and without disabilities is very different in public spheres (education, labor, social, and health sectors) and private spheres (family, partner, and ex-partner)". The strong exclusion of women with disabilities from the education system and the labor market makes the family and partner settings the primary spaces for the occurrence of gender-based violence.

The following table summarizes the results on the prevalence of gender-based violence against women with and without disabilities, according to the setting where it occurs and the type of violence.

Gender-Based Violence in the Family Context

Type of Violence	**Prevalence in Women with Disability**	**Prevalence in Women without Disability**	**Difference**
Any type	19.4%	18.2%	1.2%
Psychological	18.2%	18.0%	0.2%
Economic/Material	4.3%	1.9%	2.4%
Physical	5.4%	1.1%	4.3%
Physical in childhood	28.0%	28.7%	-0.7%
Psychological in childhood	25.3%	23.9%	1.4%
Sexual in childhood	13.0%	6.6%	6.4%

Gender-Based Violence in Partners or Ex-Partners

Type of Violence	**Prevalence in Women with Disability**	**Prevalence in Women without Disability**	**Difference**
Any type	**55.4%**	**47.0%**	**8.4%**
Psychological	**48.1%**	**44.7%**	**3.4%**
Economic/Material	**32.3%**	**22.5%**	**9.8%**
Physical	**30.7%**	**19.8%**	**10.9%**
Sexual	**19.2%**	**10.7%**	**8.5%**

Gender-Based Violence in Public Spheres

[30] UNFPA (2020). Gender-Based Violence and Disability. Analysis of the Main Results from the 2nd National Survey on the Prevalence of Gender-Based Violence and Generations in Uruguay. Right to Equality and Non-Discrimination Project for People with Disabilities.

Type of Violence and Context	Prevalence in Women with Disability	Prevalence in Women without Disability	Difference
Any type in Education	**9.6%**	**13.6%**	**-4.0%**
Sexual in Education	**6.2%**	**4.6%**	**1.6%**
Labor	**3.9%**	**8.4%**	**-4.5%**
Social	**34.1%**	**54.8%**	**-20.7%**
Health (Obstetric for Pregnant Women)	**16.0%**	**17.4%**	**-1.4%**

As can be seen, it is in the realm of partners or ex-partners where women with disabilities are most vulnerable. In this context, 55.4% of women experienced some form of gender-based violence in their lifetime. Psychological violence, with a prevalence of 48.1%, is the most common type, followed by economic/material violence (32.3%), physical violence (30.7%), and sexual violence (19.2%). The partner and ex-partner context also shows the largest differences between women with disabilities and those without disabilities.

In the family context, 19.4% of women with disabilities experience some form of violence, with psychological violence being the most prevalent (18.2%), followed by physical violence (5.4%) and economic/material violence (4.3%). Although the differences are smaller, women with disabilities still experience a higher prevalence of violence in this context compared to women without disabilities.

On the other hand, 34.1% of women with disabilities were victims of gender-based violence in the social context, followed by 16.0% in the healthcare context (obstetric violence directed at pregnant women), 9.6% experiencing any type of violence in the educational context, and 3.9% in the labor context. For reasons already discussed, related to the social exclusion of people with disabilities, all forms of gender-based violence in the public sphere are more common among women without disabilities, except for sexual violence in education (6.2% compared to 4.6%). The data allows us to infer the lack of opportunities for women with disabilities to participate in public spaces, which leads to misguided inferences, as what becomes evident is the weight of isolation, exclusion, and confinement, revealing forms of violence that are not being recorded but are crucial in the lives of women with disabilities.

Beyond the numbers, the study's conclusions suggest that "the data calls into question the role of families and partners as harmonious and violence-free spaces, highlighting them as the settings that present the greatest risk of experiencing gender-based violence for women with disabilities. In the case of women with disabilities who are dependent, the gender-based violence data shows that the normalization of families and partners as primary caregivers can perpetuate risky situations for women with disabilities. Furthermore, 'familism' in caregiving impacts the unpaid labor of women in families, restricting their development in other areas and undermining their rights to full citizenship."

Finally, the similar proportion of obstetric violence towards pregnant women in the healthcare sector, and the absence of cases of Voluntary Termination of Pregnancy among women with disabilities, raise questions about their access to information on this option and, more generally, on the motivations and support regarding maternity for women with disabilities. In this regard, the sources consulted in the interviews pointed out that the right to decide on motherhood and to experience it with the necessary support in a fulfilling way is one of the most neglected aspects for women with disabilities in contemporary Uruguay. But it doesn't

mean that there is forced sterilization ongoing in the country, a practice totally prohibited in the country.

10. Inclusion of Disability in Broader Development, Humanitarian, and Emergency Contexts

10.1 National Development Plans

In Uruguay, there is no single National Development Plan nor monitoring SDGs implementation system that allows for the analysis of the inclusion of disability issues or the participation of people with disabilities in its creation[31]. Instead, the country has sectoral plans that generally fall under the five-year budget each new government sets at the beginning of the government period.

In the case of Uruguay's most recent government period (2020-2024), the planning for most sectors has already been analyzed in the corresponding sections on Education, Health, Employment, and Social Protection. For this reason, this section examines two sectors that have not been addressed so far but are of vital importance for the population with disabilities: housing and care.

The Five-Year Housing Plan for this period, called "Entre Todos" (Together)[32], was developed by the Ministry of Housing and Territorial Planning, and its goal is to "reach the largest number of housing solutions in this period with the vision of an integrated habitat."

Regarding its scope, it was noted that it would "focus on the lowest quintiles, especially those in the greatest state of vulnerability or with difficulties accessing their own housing."

In this sense, the plan adds that the "diversity of the target population will focus on family units with disabled members and/or persons with different abilities under their care, young people, retirees, public servants, cooperatives in their various forms, and especially those in extreme vulnerability living in settlements or precarious areas."

Despite the Committee's comments in 2016 regarding the correct terminology for people with disabilities, Uruguay's Five-Year Housing Plan has significant shortcomings when evaluated from the perspective of the rights enshrined in the Convention. On one hand, although they are mentioned as part of the background, people with disabilities did not participate in the development of the plan. On the other hand, their specific needs are not included in the plan's objectives, goals, or activities.

Regarding the planning for caregiving, the National Care Plan 2021-2025 was presented on July 20, 2021, by the Ministry of Social Development. The plan includes general and specific objectives, as well as guidelines for both institutional frameworks and six components of the policy (Services, Training, Regulation, Information and Knowledge Management, Communication, and Articulation and Participation). However, from the perspective of the Convention, disability rights organizations have pointed out that the plan was presented late (one year after the law stipulated), lacks specific targets or additional resources (except for

[31] The previous government (2015-2020) elaborated a comprehensive National Development Strategy extending through 2050, under the coordination of the Office of Planning and Budget (OPP). It was conceived as a roadmap for the country's sustainable development, addressing economic, social, and environmental challenges. The strategy was developed through a collaborative process involving various state institutions, academia, the private sector, and civil society organizations. It outlines long-term objectives and policies aimed at guiding Uruguay toward sustainable development by 2050. The current government administration (2020 – 2025) does not take it into account and it was not applied at all.

[32] MVOT (2020). Five-Year Housing Plan (2020-2024).

100 million pesos for the FAAE program), and did not have effective participation from the organizations.

From a broader perspective, all actors involved in the issue agree that since the approval of the Convention, the issue of disability has not been systematically or deeply included in any of the national development plans.

10.2. Climate Change, Disaster Risk Reduction, and Humanitarian Action

In Uruguay, the institution specifically responsible for the consequences of climate change and disaster risk is the National Emergency System (SINAE)[33]. Although it has a National Director located within the Executive Branch, who is responsible for the national coordination of risk management, SINAE is essentially an organization that carries out its actions inter-institutionally through a National Emergency and Risk Reduction Board, presided over by the Deputy Secretary of the Presidency of the Republic. Permanent members include the Deputy Secretaries of the Ministry of the Interior, Ministry of National Defense, Ministry of Industry, Energy, and Mining, Ministry of Public Health, Ministry of Livestock, Agriculture, and Fisheries, Ministry of Housing, Territorial Planning, and Environment, and the Ministry of Social Development.

The main objective of SINAE is to "protect people, significant assets, and the environment from adverse phenomena that may lead to emergency or disaster situations, generating the conditions for sustainable development.". Finally, the responsibilities of the National Emergency and Risk Reduction Board are:

- Formulate policies, strategies, regulations, and national plans for risk reduction and emergency management.
- Take measures to reduce vulnerability and strengthen preparedness, response, rehabilitation, and recovery capabilities.
- Establish technical and operational advisory committees for decision-making.
- Conduct risk identification and evaluation studies concerning the activities under the responsibility of the National Emergency System.
- Formulate, monitor, and evaluate recovery plans.

In terms of disability, it is worth mentioning that the current "Guide for Coordinating the Displacement of People in Humanitarian Action," developed by SINAE, was supported technically and content-wise by the National Secretariat of Care and Disability of the Ministry of Social Development (SNCD-MIDES). The guide considers the disability population throughout the document and serves as the basis for all SINAE training that includes the topic of people's displacement.

Additionally, the country participates in the Ibero-American Program on the Rights of People with Disabilities, where a Working Group was created to address inclusive disaster risk management during 2023 and 2024. Uruguay is represented by MIDES and the National Directorate of Emergencies.

In this context, in February 2023, SINAE held a course on "Tools for Inclusive Disaster Risk Management." The course was organized by the National Care and Disability Secretariat of the Ministry of Social Development (MIDES), the National Emergency System (SINAE), and the Ministry of Tourism (MINTUR), and was conducted virtually through the SINAE Educational Platform.

[33] https://www.gub.uy/sistema-nacional-emergencias/

The course laid the foundation for the preparation of the "VIII Regional Platform for Disaster Risk Reduction (PR 23)," which promotes inclusive dialogue through geographic balance, universal accessibility, and inclusive, non-discriminatory participation, with special attention to gender equality and people with disabilities.

Additionally, SINAE carried out an accessible and inclusive awareness campaign aimed at generating a new social culture of awareness on emergency and disaster risk management. The campaign is called "Preparation Makes the Difference" and consists of 20 animated videos and 20 radio spots, which include subtitles, Uruguayan Sign Language (LSU), and voiceover.

Finally, the identification of people with disabilities in the Integral Monitoring of Risks and Impacts (MIRA) system allows the country to collect data on people with disabilities affected (who required humanitarian assistance) by year, broken down by gender, age group, and type of event. MIRA is an inter-institutional geographic information system with national coverage, designed to provide information for decision-making in Comprehensive Risk Management (GIR).

10.3. Key Gaps in National Planning

As previously mentioned, Uruguay does not have a single national planning process nor a SDGs implementation plan; instead, it follows a complex web of organizations and processes. Within this framework, the issue of disability has not been successfully integrated with a rights-based approach and in a cross-cutting manner in the country's most important and traditional sectors, such as Education, Health, Housing, and Social Protection.

In these cases, all the limitations to the participation of people with disabilities that were mentioned in the relevant section may provide elements for understanding and attempting to reverse the situation. Additionally, both the institutional complexity inherent in each sector and the scarcity of resources, along with the budgetary priorities assigned to other groups in society with greater political pressure, appear to reproduce the existing gaps in these sectors.

Finally, since it is a newly created Mechanism of Surveillance and Monitoring under the responsibility of National Institution of Human Rights policy, with a central role for people with disabilities as beneficiaries and which has included a consultative participation space in its design from the outset, the gap in the care system does not appear as firmly established, and there is an opportunity for advocacy in upcoming planning processes, which already have a set date and a planned participation mechanism.

11. Conclusions

Based on the analysis of collected data and reports, as well as the interviews conducted, from the perspective of the CRPD, the following conclusions arise regarding the situation of people with disabilities in Uruguay:

- Regarding the capacity of the actors involved and coordination mechanisms, the report identifies a broad consensus around the idea that Uruguay has yet to establish a clear and effective institutional framework to advance the fulfillment of the mandates set forth by the Convention.
- In terms of equality and non-discrimination, there is an apparent contradiction between relatively comprehensive laws protecting the rights of people with disabilities and the existence of significant systems, and mechanisms of discrimination, which maintain considerable gaps between the living conditions of people with and without disabilities in the country.
- The parliamentary discussion and approval of the bill for a unified disability assessment tool, as well as the bill for the recognition of legal capacity of people with disabilities,

are two highly valuable initiatives for the community, fully aligned with the mandates of the Convention and the recommendations of the Committee on the Rights of Persons with Disabilities. However, despite being among the most important advances in recent years, there are legitimate concerns about the availability of resources and political will for their effective implementation, given past experiences with other regulations.

- In terms of accessibility, all consulted sources agree in highlighting the persistent concerns and recommendations from the Committee regarding the "lack of full accessibility for people with disabilities in transport, the physical environment, public information and communication, especially in rural areas." They also note the "absence of a national body to supervise and sanction the non-compliance of accessibility standards."

- Regarding specific support services for persons with disabilities, the study finds that the early development of the Welfare State in Uruguay focused on monetary transfers and residential care services under a logic of charity as the main responses for people with disabilities. However, the country faces significant difficulties in developing other types of support services for inclusion—sectoral (education, employment) and cross-cutting (personal assistance)—that focus on community-based habilitation and rehabilitation strategies. Despite having a well-established monetary transfer system, Uruguay has not been able to move toward a model that guarantees the right to independent living and autonomy, which hinders significant progress in deinstitutionalizing people with disabilities in 24-hour care facilities and in developing universal personal assistance programs and other community-based support services. This also affects access to assistive technologies, which depend heavily on families' financial capacity and market regulations.

- Regarding access to inclusive services, the research shows that education is the primary concern for all involved actors and is also considered the key area that people with disabilities believe needs improvement to guarantee their rights and a dignified quality of life in the country. Data shows that there are still significant gaps in enrollment, attendance, and educational achievements between people with and without disabilities in Uruguay due to persistent barriers in the education system. Among the interpretations of this phenomenon, two stand out: the existence of an incomplete transition between special education and inclusive education paradigms, and the fragmentation and lack of adequate support resources, along with the lasting effects of discriminatory actions faced by people with disabilities and their families in educational settings, from subtle gestures to denial of access.

- Regarding health services, consulted sources agree that general accessibility of services, professional training, availability of habilitation and rehabilitation measures, access to sexual and reproductive health, and mental health care are the most challenging aspects for Uruguay to fully comply with the right to health for people with disabilities.

- Regarding work and employment, with the exception of a slight increase in the percentage of people with disabilities entering the public sector (which reached 0.99% in 2023), both public authorities and representatives of organizations advocating for the rights of people with disabilities agree on the persistence of difficulties in accessing work under equal conditions with the rest of the population. On average, only about 7% of people with disabilities aged 15 to 59 are formally employed, and the highest rate of formal employment occurs between the ages of 25 and 29 (23%), which then decreases rapidly in subsequent age groups. The possibility of accessing employment is the primary demand identified by people with disabilities in Uruguay. More than half of people with disabilities surveyed agree with this (51.9%).

- Regarding social protection, various studies have pointed out the high proportion of people with disabilities living in poverty. Factors contributing to the strong link between disability and poverty in Uruguay include high disability-related costs borne by households (disability-related expenses), low educational levels of people with disabilities, significant accessibility and mobility issues, and low participation or precarious integration in the labor market. Moreover, in the absence of necessary support, this situation worsens, affecting other household members, particularly women, in their labor and educational inclusion, further reducing their chances of escaping poverty and vulnerability.

- Regarding the disability budget, the country does not currently have an official measure to determine the investment made in people with disabilities, how it has evolved, the main areas of expenditure, and, above all, how many additional resources are needed to fully adopt the approach proposed by the Convention. Despite the lack of information, there is broad consensus that people with disabilities have no participation or relevant influence in defining the allocation and priorities of these resources.

- Regarding accountability, expectations are placed on the new Surveillance and Monitoring Mechanism of the CDPD implementation (MVM-INDDHH), based on both the independence and institutional strength of the National Institution of Human Rights, which is dependent on the national parliament and has its own resources. However, the weaknesses OPDs and their role as advisory bodies may limit the Mechanism's advocacy aspirations.

- Regarding disability data collection systems, the inclusion of disability-related questions from the Washington Group in the 2023 Census, along with the law for the unified disability assessment tool and the experience of data analysis through the integrated records in the SIIAS, marks a promising outlook for potential improvements in the coming years. However, this framework still lacks a continuous source of information production on people with disabilities, especially those excluded from services, and in-depth studies identifying and proposing solutions to the variety of issues faced by different types of disabilities in Uruguay with the active participation of this population.

- Regarding participation, according to the people with disabilities surveyed, the lack of political will is the main barrier to achieving their participation in decision-making on policies and programs affecting them. Respondents emphasize that effective participation requires specific political and social spaces and mechanisms where OPDs have significant participation in the design and implementation process of public policies.

- Regarding underrepresented groups, all consulted sources agree that people with psychosocial disabilities represent the most excluded group, with the least representation in various aspects of social life in present-day Uruguay. According to the interviewees, Uruguay’s deficiencies in mental health care, especially difficulties in progressing with the deinstitutionalization of people in residential care, may contribute to the low visibility, stigma, and exclusion of people with this type of disability.

- When analyzing gender equality and the rights of people with disabilities, the intersectional discrimination faced by women with disabilities, the greater violation of their rights, and the increased vulnerability to gender-based violence are highlighted. Women with disabilities also face challenges in sexual and reproductive health, particularly those who wish to become mothers due to the lack of systematic institutional support during the pregnancy period and the process of raising a child . A clear effect of intersectional discrimination in the labor sector is that 7% of people with disabilities aged 15 to 59 are formally employed, which conceals a significant gap

between men (9%) and women (4%). Furthermore, even though women achieve better educational outcomes, the gender gap persists throughout life, becoming particularly significant in the peak years of employment (between ages 20 and 29), suggesting the impact of social barriers on the lives of girls, adolescents, and women with disabilities.

- Regarding Gender-Based Violence (GBV), one of the key findings of a study conducted within this project is that the strong exclusion of women with disabilities from the educational system and the labor market makes the family and intimate partner settings the main scenarios for gender-based violence. This, combined with the isolation in which they live due to barriers in both physical environments and societal stereotypes, leads them to avoid public spaces as other girls and women do. Moreover, the absence of cases of voluntary pregnancy termination among women with disabilities raises questions about their access to information on this option and, more generally, about the motivations and support surrounding motherhood for women with disabilities.
- Actors involved in the issue agree that since the Convention was approved, disability has not been systematically and deeply included in any of the national development plans. However, the participation of the Disability Directorate in the National Emergency System (SINAE) appears to have influenced the creation of an institutional framework in which disability is now considered a cross-cutting issue in the system's guidelines, indicators, and initiatives.

In sum, although there has been progress in meeting the CRPD's requirements in the country, there is still a significant list of challenges Uruguay must overcome to ensure that all people with disabilities can exercise their rights and live on equal terms with others.

12. Recommendations

1. Support the proposal to promote a new institutional legal framework of national character that can work transversally on the critical and complex issues of disability by the creation of a decentralized Disability Institute in order to promote, ensure and coordinate articulation at the highest level and a cross-cutting approach in all public policies on disability issues. The UN Country team could support the new government, including all the political parties, to design this new institutional architecture for disability issues, following the consensus document signed by all political parties in October 2024.
2. The UN Country team could cooperate with the Direction of Disability to promote the effective and significant participation of OPDs in programmatic actions, emphasizing the promotion of the inclusion of young and women with disabilities.
3. There is a need to strengthen disability information systems: The UN country team could jointly support the Direction of Disability (SNCD-MIDES) and the National Institute of Estadistics (INE) to conduct a specific and periodic survey or introduce an abbreviated module in the ECH based on the bio-psycho-social model of disability to gather complete evidence for policy [34]design, strengthen administrative records, and collect disaggregated disability statistics, and enhance a disability observatory.
4. There is a need for an implementation roadmap for inclusive education with objectives, responsibilities, a timeline, and budget to advance the transformation of the education system into an inclusive one, as required by Article 24 of the CRPD. The UN country team could support the Ministry of education to prepare such a roadmap in meaningful consultation with OPDs, taking into consideration the concerns of persons with diverse disabilities.

[34] For example, the WHO/World Bank survey model.

5. There is a need for community based support systems for education, employment, reproductive rights and parenting, and independent living. The UN country team could support the Direction of Disability, with the full compliance of the government, to develop a national and departmental universal accessibility and support services plan with adequate budgets.
6. There is a need to advance the implementation of the new disability assessment tool and unique registry, and raise awareness about the law and its regulations. The UN country team could support the Ministry of Health, the Social Welfare Bank and the Ministry of Social Development to its full application.
7. There is a need to advance implementation of the reform of the legal capacity regime to align it with Article 12 of the Convention. The UN country team could support the Parliament during the examination of the project of Law in 2025 and the OPDs for strengthening its advocacy activities.
8. There is a need to develop a plan of action with milestones to advance the progressive deinstitutionalization of persons with disabilities. The UN country team could support the Ministry of Health and the Ministry of Social Development to promote the full and effective application of Law on Integral Protection of Persons with Disabilities (Law Nº 18.651, 2010), including the Law on Mental Health (Law N° 19 929, 2017).
9. Advance in the development and implementation of the National Rehabilitation Plan including specific budget allocation through the support of the UN Country team to the Ministry of Health and Ministry of Social Development.
10. Incorporate disability leadership into the national specific mechanism on gender based violence led by the Ministry of Social Development with full technical assistance of the UN Country team.
11. Create informative and awareness campaigns on the rights of persons with disabilities, in particular on critical topics as sexual rights, reproductive rights, gender-based violence in its intersection with disability, particularly considering the participation of adolescents, young and women with disabilities. The UN Country team could support the Ministry of Social Development (MIDES), the Institute of Child and Adolescent of Uruguay (INAU) and the National Administration of Public Education (ANEP) to design and implement specific programmatic activities, including communications initiatives.

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