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**IMPLEMENTATION OF THE INTERNATIONAL COVENANT
ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS**

**Combined third and fourth periodic reports, submitted
under articles 16 and 17 of the Covenant**

URUGUAY* **

[1 April 2009]

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** Annexes may be consulted in the files of the Secretariat.

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I. INTRODUCTION

1. The effective enjoyment of people's economic, social and cultural rights is a central goal of the Uruguayan State. Historically, the country has been characterized by a high level of human development, a relatively egalitarian distribution of wealth and low levels of poverty and extreme poverty compared with the rest of Latin America.

2. These parameters of efforts to achieve the effective enjoyment of economic, social and cultural rights have been maintained despite the prolonged economic crisis that erupted in 2002. The crisis of the financial system was accompanied by a drop in international prices for exports, drought, the reappearance of foot and mouth disease, which affected the agro-industrial chain, and an increase in the price of oil, for which the country is entirely dependent on imports. Uruguay became the second most highly indebted country in the world in relation to its gross domestic product (GDP) (after the Republic of Turkey) at a time of high international interest rates. Output and exports declined, unemployment rose to 17 per cent in 2002, poverty to 31 per cent and extreme poverty to 4 per cent. The number of emigrants to first-world countries (largely young people and skilled labour) shot up, with the usual impact that such phenomena have on the social and demographic structure of a country whose population is already aging.

3. Between 2005 and 2008, the country grew, exceeding the growth levels achieved prior to the introduction of an economic policy based on the idea that economic stability is a necessary – although not a sufficient – condition for ensuring growth with social equity. Consolidation of the process of economic growth requires the implementation of coherent macroeconomic policies that are sustainable over time and the adoption of long-term reforms designed to encourage investment and reduce the structural vulnerability of the Uruguayan economy. Stability in its broad sense is also essential for reducing poverty levels and improving income distribution. Recurrent crises have been the principal mechanism for making poverty and social exclusion more widespread. History has shown that it takes years to reverse the profound breakdown of social structures that occurs during a crisis. As a result, in addition to strengthening the social safety net for the most vulnerable sectors of the population, the aim has been to implement economic policies that will reduce the likelihood of the occurrence of critical situations.

4. Economic policy has thus been directed at promoting the conditions for sustained growth in the level of economic activity, consolidating fiscal and financial stability, reducing the structural weaknesses of the economy and helping restore levels of social wellbeing. The macroeconomic results achieved show this policy to have been the correct one. By the end of 2008, the GDP growth rate was 8.9 per cent, the national unemployment rate had dropped to the lowest levels on record and the annual inflation rate was 9.21 per cent. Household income has returned to almost pre-crisis levels, net indebtedness as a ratio of GDP has dropped significantly and the country has the largest international reserves in decades. External debt management has made it possible to restore the Government's public spending: in December 2008, by comparison with 2004, external debt servicing as a proportion of all public spending had dropped by 12 percentage points and public social spending had increased by 12 percentage points.

5. The country's strategy has been based on the coordination of economic policy with social policy through a set of institutional reforms and public spending priorities. By contrast with the neoliberal policies of the 1990s, social policy is not seen as subsidiary to economic policy but

rather as a key component of economic policy. As a result, poverty dropped from 31 per cent in 2004 to 21 per cent in 2008 and extreme poverty from 4 to 1.7 per cent over the same period. The impact of the economic and financial crisis, and its social consequences, has not been completely reversed – much remains to be done – but the progress made has been considerable.

6. To promote this coordination between economic and social policy, the Ministry of Social Development was set up by Act No. 17.866 of 21 March 2005. Moreover, by Decree No. 236/05 of 25 July 2005, a Social Cabinet was created, comprising the Ministers for Economy and Finance; Education and Culture; Labour and Social Security; Public Health; Regional Planning and Environment; Tourism and Sport and chaired by the Minister for Social Development.

7. To combat the high levels of extreme poverty, indigence and exclusion, a two-year National Social Emergency Plan (2005-2007) was launched, which included a policy of monetary payments, backed up by medical check-ups and school assistance, and a broad range of programmes designed to ensure effective access to not only basic economic, social and cultural rights (food, culture, adult literacy, housing) but also civil rights, such as the right to an identity.

8. The objectives of the Emergency Plan, which covered individuals and families with incomes below the average value of the basic food basket as at 1 March 2005, were: (a) to guarantee coverage of basic needs for the most vulnerable people, thereby combating the risk of acute impoverishment confronting Uruguayan society; and (b) to help people find ways to escape extreme poverty and poverty in a collective, participatory manner, as part of an effective process of social integration. The World Bank judged the experiment to be one of the best plans of its kind in Latin America.

9. The Emergency Plan was succeeded on 1 January 2008 by the Equity Plan, which established a new social protection matrix through: tax reform, which eliminated or reduced indirect taxation and introduced a personal income tax with substantial redistributive effects; health reform; a new employment policy; a system of family allowances; investment in public education; institutional reformulation of housing policy; and a Plan for Equal Opportunities and Rights between Women and Men. In addition to these reforms, which have brought about a change in income distribution, thereby reducing the inequalities exacerbated by the 2002 economic and financial crisis, wage councils were convened for the first time since the 1990s to enable the State, workers and employers to negotiate public and private sector wages.

10. The various components of the Equity Plan, combined with other programmes, have resulted in: the provision of food aid to 171,396 people at social risk and 36,822 at nutritional risk; the enrolment of 1,369,150 people in the National Health Fund (FONASA) in October 2008; a new system of family allowances under which 330,000 children and adolescents receive the allowance; the provision of assistance to 67,660 children and adolescents by the Uruguayan Institute for Children and Adolescents (INAU) system; 8,000 eye tests and 5,000 free cataract operations at the Eye Hospital; the opening of 51 Ministry of Education and Culture (MEC) centres in the country's interior as part of a strategy of decentralization, democratization and increased access to education and culture and, in particular, new technologies; the provision of assistance to 18,000 schoolchildren in 355 critical context schools through the community teachers programme (80 per cent of assisted schoolchildren completed the school year successfully); the provision of dental care for 66,429 pupils (1,597 of them attending rural schools) under the school oral health programme; and the participation of 281,000

schoolchildren in activities organized under Act No. 18.213 making the teaching of physical education compulsory in all State schools (including those in rural areas).

11. In cultural policy, after decades of neglect, the legal, institutional and financial bases have been laid for promoting the effective enjoyment of cultural rights throughout the country.

12. The Eastern Republic of Uruguay, as a State, reaffirms its commitment to the promotion and protection of economic, social and cultural rights as fundamental human rights, as well as to civil and political rights and the new generation of rights, recognizing that they are interdependent and that one group of rights cannot be effectively enjoyed without the others.

II. INFORMATION ON GENERAL PROVISIONS OF THE COVENANT

A. Article 1 – Right to self-determination

13. Internationally, as a founding member of the United Nations, Uruguay has maintained a strong commitment to the principles of the United Nations system, particularly those involving the principle of self-determination.

1. Recognition of the rights of and consultation with indigenous peoples

14. The Eastern Republic of Uruguay is a State with no indigenous presence in the form of organized peoples. Present-day communities self-identify as descendants of indigenous people and the State has promoted projects for the recovery of their cultural identity. Of these, one key project has been the return to Uruguayan soil of the remains of indigenous *caciques* who were forced to end their days as a circus act in nineteenth century Paris.

15. Communities of descendants of indigenous people participated actively in the international meetings against racism and xenophobia that preceded the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held in Durban, South Africa, and in follow-up activities. They have also participated as indigenous representatives of Uruguay in global forums. They are members of the Honorary Commission against Discrimination, Xenophobia and All Forms of Discrimination.

B. Article 2 – International cooperation and assistance

16. Uruguay receives technical and economic cooperation from United Nations agencies, especially the International Labour Organization (ILO), the Economic Commission for Latin America and the Caribbean (ECLAC), the World Bank, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Development Fund for Women (UNIFEM), with very positive consequences for employment, social welfare and social security programmes, which will be described in the course of this report.

1. Equal treatment of non-nationals

17. In Uruguay, no distinction is made on grounds of nationality in determining the conditions for exercising economic, social and cultural rights. The Constitution assures equal rights for

nationals and non-nationals. The Civil Code stipulates in its articles 3 and 22 respectively that “the laws are binding, without distinction, on all those residing in the territory of the Republic” and that “Uruguayan law does not recognize any difference between Uruguayans and foreigners with respect to the acquisition and enjoyment of the civil rights regulated by this Code”. The Constitution also regulates the rights of natural and legal citizens (articles 73 to 75). Equality of rights between nationals and foreigners is reinforced by Act No. 18.076 on refugees and Act No. 18.250 on migrants.

C. Article 3 – Measures against discrimination

18. Article 8 of the Uruguayan Constitution provides that: “All persons are equal before the law and no distinction other than that of talents or virtues shall be recognized among them”. The concept of equality must be interpreted in the light of articles 72 and 332 of the Constitution.¹

19. The normative framework with regard to racial discrimination has been strengthened by the adoption of Act No. 17.817 of 6 September 2004, which declares the struggle against racism, xenophobia and all other forms of discrimination to be in the national interest. In 2007, as part of the commemoration of the International Day for the Elimination of Racial Discrimination on 21 March, the Honorary Commission against Racism, Xenophobia and All Forms of Discrimination, created under that Act, was formally installed in a public ceremony.

20. The Honorary Commission was created to propose national policies and practical measures for preventing and combating racism, xenophobia and discrimination, including norms of positive discrimination. It is chaired by MEC, comprises representatives of the State and organized civil society and meets fortnightly.

21. With regard to gender discrimination, Act No. 18.104 of 6 March 2007 entrusted the National Institute for Women (INMUJERES) with promoting crosscutting State gender equity policies through a Plan for Equal Opportunities and Rights between Women and Men. Created with broad institutional and social participation, the Plan was approved by the executive branch through Decree No. 291/007 of 15 May 2007.

22. A National Coordinating Council for Public Gender Equality Policies has been created within the Ministry of Social Development (MIDES). Chaired by the National Institute for Women, the Council will be made up of representatives of the executive branch, the judiciary, the congress of local government authorities, the University of the Republic and civil society. Its

¹ Article 72 of the Constitution provides that: “The enumeration of rights, duties and guarantees made by the Constitution does not exclude others that are inherent in the human person or derive from the republican form of government”. The application of constitutional norms relating to individual rights such as the right to equality and to non-discrimination on grounds of sex is ensured in the Constitution by article 332, which establishes that: “The precepts of this Constitution recognizing individual rights, as well as those granting powers and imposing duties on the authorities, shall not cease to apply because of a lack of the corresponding regulation; rather, such lack shall be made good by having recourse to similar laws, general principles of law and generally accepted legal theories”.

task will be to monitor compliance with the Act and its regulations, promoting public policymakers' commitment to and implementation of the actions set forth in the Plan.

23. The Council is required to submit to the General Assembly an annual progress report on the implementation of the national Plan for Equal Opportunities and Rights, as part of activities to mark International Women's Day on 8 March.

24. With regard to women's political participation, actions organized with the help of international cooperation have included the "Parlamenta" project of the bicameral women's caucus of the Uruguayan Parliament and the Institute of Political Science of the University of the Republic, aimed at increasing the visibility and numbers of women politicians and promoting the presence of the gender agenda in political parties' electoral platforms for the 2009 and 2010 elections. Similarly, the "Women Politicians" project has trained and empowered some 800 female political leaders throughout the country.

25. Despite the efforts made, inequalities between men and women and other forms of multiple discrimination persist in various spheres and are reflected in the daily lives of many women in both the public and the private sphere. In the public sphere, women's extremely limited access to positions of power is one of the country's main weaknesses. Although equality of political rights was enshrined in Uruguay in 1932, only 10.8 per cent of parliamentarians elected in the 2004 national elections were women. This low level of women's political representation caused Uruguay to rank 92nd out of 138 countries in the Inter-Parliamentary Union (IPU) 2006 World Classification of Women in National Parliaments.

26. Likewise, only 17.1 per cent of *ediles*² elected in 2005 and 23.1 per cent of senior political appointments made by the executive branch in 2005 were women. Women's access to decision-making positions in the judiciary has also not improved significantly. In 2005, a woman became Minister of Defence for the first time; in 2006, a woman became President of the Supreme Court of Justice for the second time; and in 2007, a woman was appointed Minister for the Interior for the first time. In fact, women's representation in the Cabinet, which has remained around 30 per cent, is substantially greater than their representation in Parliament. There are almost no women of African descent in the three branches of government.

27. In the private sphere, one of the most blatant expressions of women's subordination is domestic violence. According to data provided by the Ministry of the Interior (although the information available presents constraints for quantifying this problem accurately), between January and September 2006, 31.95 per cent of reports of crimes against the person (5,038) concerned the crime of domestic violence. Between 2005 and 2006, while the number of complaints of crimes against the person declined by 7.9 per cent, there was no change in the number of complaints of domestic violence. Likewise, in 86 per cent of cases of domestic

² *Ediles* are departmental/municipal legislators.

violence and 81 per cent of cases of rape, the victims were women. The first National Plan to Combat Domestic Violence was launched in 2004.³

28. The criminalization of domestic violence has given the phenomenon public visibility. According to a survey conducted by the Supreme Court of Justice (as at 30 May 2009), between 2004 and 2008 Montevideo's criminal courts ordered an average of between 30 and 40 prosecutions a year for incidents involving domestic violence. An examination of cases shows that sentences have decreased over time.

29. In 2006, it became compulsory for both public and private health institutions and their staff to provide care in situations of domestic violence. Data are included in the clinical histories of patients aged over 15 years.

30. Among the measures adopted in developing women's labour rights, mention can be made of Act No. 18.025 regulating domestic service, and the incorporation of a gender perspective in collective bargaining, promoting the inclusion of clauses that make it possible, in practical terms, to guarantee equal opportunity.

31. Despite these advances, areas of employment discrimination against women persist. Generally speaking, women achieve higher levels of qualification than men and the number of women graduating from university in recent years has been twice that of men. Even so, women face higher unemployment rates than men and phenomena associated with employment segregation and wage discrimination persist. Horizontal and vertical segregation of the labour market adversely affects women workers in Uruguay, who continue to be relegated to low-quality occupations. In general, they are still excluded from management positions and, primarily in the private sector, are paid significantly less than men for the same work.

32. One aspect on which progress still needs to be made is equal treatment for women of African descent. Although, historically, Uruguay has had low rates of illiteracy and women have generally had equal access to the education system, this is not the case for women of African descent. In fact, 51.9 per cent of such women aged over 25 have not studied beyond primary school and have completed only part or all of their primary education. Generally speaking, women achieve higher levels of qualification than men and the number of women graduating from university in recent years has been twice that of men. Even so, women face higher unemployment rates than men and the wage gap persists.

³ The following actions, among others, have been taken: establishment of departmental commissions to combat domestic violence in 17 departments; domestic violence training and awareness-raising for judges, prosecutors, State-appointed defence lawyers and auxiliary professionals in the justice system, health, education and the police; opening of public services specialized in dealing with women victims of domestic violence in various departments; production of procedural guides for handling situations of domestic violence for health sector and police personnel; design of a national information system on domestic violence; and coordination and networking with public institutions and civil society organizations for the implementation of actions to combat domestic violence.

33. In 2005, women's average pay for their principal occupation was 71 per cent of that of men. If, instead, we analyse hourly earnings per sex (thereby highlighting the fact that women put in a lower average number of hours of paid work), women's average hourly earnings are 91 per cent of those of men. Women's lower hourly earnings are confirmed for all types of occupations, but the gap is more pronounced for women in managerial positions, whose pay was 63 per cent of men's in 2005.

34. In line with the above, a comparison of women's and men's hourly remuneration per years of education reveals that women with 13 or more years of education are paid 26 per cent less per hour than men with the same number of years of education. Over 50 per cent of working women are employed in the "community and personal social services" sector, which comprises all occupations culturally identified as "women's work" (care, health, education). In 2005, over 77 per cent of women working in domestic service faced some kind of employment problem (under-employment and/or non-registration in the social security system). The situation is even worse for women of African descent employed in domestic service, where there are twice as many such women as white women. It was to address this situation that Act No. 18.065 on domestic service, mentioned earlier, was adopted in 2007.

35. When household incomes are disaggregated by quintiles, women's highest unemployment rates by comparison with men's are to be found in the lowest-income quintiles. Among groups with incomes below the poverty line, twice as many women as men are unemployed.

36. Women's integration in the labour market has increased steadily in recent decades. However, this has not relieved women of their traditional roles linked to social reproduction. Thus, despite their lower average hours of paid employment, a large number of women put in two working days a day, one of which is unpaid. Over half the total hours worked by women in Montevideo and the metropolitan area are unpaid. Women devote 67 per cent of their time to unpaid work and 33 per cent to paid work, while men devote 69 per cent of their time to paid work and the remaining 31 per cent to unpaid work.

37. In 2005, 87 per cent of single-parent nuclear households, more specifically, 60 per cent of households covered by the National Social Emergency Plan were headed by women.

38. Despite the absence of records that would shed light on the practice of abortion, further evidence of women's subordination is to be found in deaths resulting from unsafe abortions. With regard to sexually transmitted illnesses, there is one new case of HIV/AIDS infection every other day, the number of HIV/AIDS infected women is rising steadily and the age of HIV-positive persons is dropping, indicating that the phenomenon is increasingly affecting young people and women.

39. In 2005, the National Women's Health and Gender Programme was created within the Ministry of Public Health with the aim of reducing gender inequality in health. Clinical protocols and guides have been produced for the health teams of sexual and reproductive health services, taking as their conceptual framework the recommendations of the Programmes of Action of the International Conferences on Population and Development and the Platform for Action of the Fourth World Conference on Women. The National Commission for Monitoring and Reducing Women's Deaths related to pregnancy, childbirth, caesarean sections, postpartum and abortion was also established in 2005.

III. INFORMATION ON SPECIFIC RIGHTS

A. Article 6 – Employment

40. Over the past four years, more Uruguayans have been able to exercise their right to work. The employment rate rose from 50.8 per cent in 2004 to 57.6 per cent in 2008, while the unemployment rate declined from 13.1 per cent to 7.0 per cent over the same period. Although the overall unemployment rate has dropped in Uruguay, it remains higher among women and young people than among men and adults.

41. One of the most significant advances in the employment area has been the adoption of the Act on domestic service⁴, which placed workers in this sector on the same footing as other workers and is viewed as one of the most advanced laws in the region. The Act limiting the working hours of rural workers to eight hours a day is also considered a historic achievement.⁵

42. In the institutional sphere, the Act setting up the National Institute of Employment and Vocational Training,⁶ made up of representatives of the State, employers and workers, is noteworthy.

43. In keeping with the need to formalize employment, a “decent work” project is being implemented in secondary schools, in cooperation with ILO.

1. Institutional reforms for the promotion of employment

44. Within the Ministry of Labour and Social Security (MTSS), the National Employment Department (DINAE) is responsible for promoting the formulation and managing the implementation of active employment and vocational training policies. The Department has acted in coordination with the National Employment Council (JUNAE), a joint tripartite body whose functions include advising on policy and programmes, designing manpower training programmes or projects and studying and measuring the impact of the introduction of new technologies and of labour market integration policies, proposing the corresponding measures.

45. JUNAE – now the National Institute of Employment and Vocational Training (INEFOP) – administered the Labour Reconversion Fund (FRL), which accounts for almost all the financial resources available to the State for funding its projects and programmes and was created by levying 0.125 per cent of the nominal wage from employers and workers.

46. INEFOP was set up by Act No. 18.406 of 24 October 2008, as a non-State public entity, to promote public training programmes. Its board of directors is made up of MTSS, MEC, the Office of Planning and Budget (OPP), two employers’ representatives and two representatives of

⁴ Act No. 18.065 of 27 November 2006 on domestic service.

⁵ Act No. 18.441 of 24 December 2008 limiting the working hours of rural workers.

⁶ Act No. 18.406 of 24 October 2008 setting up the National Institute of Employment and Vocational Training.

the national workers' confederation, the *Plenario Intersindical de Trabajadores-Convención Nacional de Trabajadores* (PIT-CNT). INEFOP received an initial allocation of US\$ 30 million from the Labour Reconversion Fund previously administered by JUNAE and will receive US\$ 15 million yearly, contributed in equal amounts by workers, employers and the executive branch, through the management compromise presented by MTSS. In the country's interior, it will be represented through labour commissions made up of municipal governments, workers and employers, and MTSS.

2. Employment promotion strategy

47. Since 2005, DINAЕ has worked with a proposal for a national employment promotion strategy, understood as a set of measures and programmes aimed at increasing employment levels, coordinating supply and demand, preventing unemployment and providing due protection in situations of unemployment.

48. The National Strategy for the Promotion of Employment will be implemented within the overall framework of the country's economic policy and the strategic objectives set forth in the national commitment. Its design and execution must, at the same time, actively involve the main stakeholders involved in the country's development and in the labour market, incorporating a local development approach. The programme areas are: public employment services, productive enterprises and vocational training. These three areas will be implemented territorially by public employment centres (CEPE), with local development playing a key role.

3. Measures to reduce unemployment among disadvantaged groups

49. The country is promoting employment among groups especially vulnerable to unemployment, through various programmes: PROJOVEN, which provides training and job placement for young people; the rural employment training programme for rural workers (horticulture, milking, tourism, agricultural machinery, cheese-making, canning and fisheries); and PROIMUJER, which provides training and access to the labour market for women with employment problems.

50. The PROCLADIS programme for people with disabilities provides training (as administrative assistants, telephone operators, service workers and fruit pickers and packers for citrus farms) under an agreement with the Christian Youth Association, a non-profit organization. There is also a specific job placement programme for blind people, run by agreement with the Braille Foundation. Act No. 16.095 provides that no fewer than 4 per cent of State vacancies, nationally and departmentally, must be filled by people with disabilities, with equal rights and obligations under the labour laws applicable to public sector employment. Act No. 17.266 establishes compatibility between public and private sector employment and the pension provided under the social security system.

51. There are also other programmes which promote employment in various ways: FOMYPES, which provides training and technical assistance to micro- and small businesses, and *Emprende Uruguay*, which promotes the creation of micro-enterprises, providing them with technical assistance and credit guarantees through the Labour Reconversion Fund.

52. There is also Act No. 17.230 of 19 January 2000 on three-month job training placements for over 15-year-olds, as well as other provisions establishing exemption from social security payments for job training contracts, graduate work experience and work scholarships.

53. Between 2005 and 2007, the *Trabajo por Uruguay* programme was implemented as part of the National Social Emergency Plan (PANES), giving priority to employment as an instrument of social inclusion. PANES beneficiaries were selected through open registration and public lottery to carry out community projects of local value, in association with public institutions and civil society organizations, in order to provide social employment experience and improve the incomes of families covered by the Plan. Efforts were also made to promote equitable and mutually supportive gender and intergenerational relations.

54. The *Objetivo Empleo* programme is designed to get long-term unemployed workers from poor households back to work by offering incentives to private firms. For one year, the State covers 60 per cent of the costs of hiring men and 80 per cent of the costs of hiring women. *Uruguay Trabaja* is aimed at unemployed persons aged 18 to 65 who have completed nine years of schooling, are in a situation of socio-economic vulnerability and have been unemployed for the past two years. In exchange for a financial benefit, they work 30 hours a week on the physical upgrading of primary and secondary schools and polyclinics.

4. Informal economy

55. According to the Continuous Household Survey (ECH) of the National Statistical Institute (INE), 34.4 per cent of those in work in 2007 were working in the informal sector, without social security coverage. Compared with the 2003 situation (39.5 per cent), the level of informality had dropped by 12.9 per cent. The sectors with the largest proportion of informal workers were commerce, restaurants and hotels (30.8 per cent) and domestic service (15.5 per cent). Domestic service is becoming increasingly formalized: the proportion of female domestic workers paying social security contributions rose from 33 per cent in 2006 to 46.8 per cent in 2007.

56. Together with employment promotion policies, campaigns have been carried out for the inclusion of both dependent and independent informal workers in the social security system; oversight procedures have been strengthened and increased. In 2007, the number of jobs for which social security contributions were paid reached an all-time high: 1,199,691 in October of that year. Under the PANES programme mentioned earlier, the employment status of 130,000 workers has been regularized. The promulgation of the Act on inclusion, settlement of debts and incentives for good payers was promoted with the participation of employers, workers and the unemployed.

5. Protection against unfair dismissal

57. Dismissal other than on grounds of proven misconduct gives rise to compensation at levels set by law. Such compensation is higher in the case of workers who are ill, have been victims of an industrial accident or are pregnant, and may also be higher in the case of unfair dismissal. If a worker is dismissed for engaging in trade union activity, protection includes reinstatement and payment of the wages accrued during the period of unfair dismissal.

58. The Act on the Legally Autonomous Status of Trade Unions⁷ declared any anti-union act absolutely null and void and stipulated the affected worker's right to reinstatement, among other rights such as the right to form and join trade unions. Parliament has before it a bill on sexual harassment in the workplace and in education.

6. Multiple jobs

59. The National Employment Department of the Ministry of Labour and Social Security has no official data showing how many people in the country have more than one job. According to available studies, this phenomenon is more prevalent among workers aged 25 to 54 years and is concentrated in the university-educated professional sector.

60. According to *Afro Mundo*, an organization of Uruguayans of African descent, the phenomenon of multiple jobs is particularly marked among black people, with 8 per cent of men and 12 per cent of women reporting that they have more than one job.

B. Article 7 – Wages

61. A new wages policy has been put into effect in recent years, based on three objectives: (a) price stability; (b) increased purchasing power of private sector wages; and (c) greater labour market equity and/or poverty reduction. In order to achieve an increase in real wages in the private sector, which the labour market had failed to generate, a gradual increase in the purchasing power of wage earners was promoted through the wage councils. The gradual nature of the increase would achieve the first objective, price stability, while ensuring that there were no adverse effects on the demand for labour. To achieve the third objective, the minimum wage was increased substantially (by 22 per cent in July 2005).

62. The wage councils, a tripartite collective bargaining forum bringing together employers, workers and the State, were reinstated in 2005 by means of Decrees Nos. 38/005 and 139/005. The councils had not functioned since their dissolution in 1992 (except in the cases of health, public transport and construction). In the private sector, the Higher Tripartite Council was convened pursuant to Decree No. 105/005 to redefine occupational groups, since the national economy had been transformed since 1985.

63. Nationally, three coordination mechanisms were established: the Higher Tripartite Council, the Higher Rural Council and a collective bargaining forum for the public sector. At the same time, 20 groups of wage councils with over 180 negotiating panels were set up.

64. Prior to the convening of the wage councils each year, the Government presents guidelines for wage negotiations. The agreements resulting from these negotiations must contain wage adjustments that adhere to the Government's guidelines in order to be approved by the Government and endorsed as decrees of the executive branch. Approval and endorsement by a decree of the executive branch transforms the agreement into a compulsory benchmark for setting minimum wages and percentage wage adjustments for all firms in the branch of the economy concerned. Under Act No. 10.449 and regulatory Decree No. 178/985, the executive

⁷ Act No. 17.940 of 2 January 2006 on the Legally Autonomous Status of Trade Unions.

branch reserved the right to determine the wage increases applicable to councils that fail to reach an agreement among the parties.

65. The wage councils achieved very positive results: more than 95 per cent reached agreement among the three parties. In the remainder, the State cast the deciding vote, voting with either workers or employers. A framework agreement was also reached in the public sector.

1. National minimum wage and cost of living index

66. The wage councils negotiated minimum wages by branch of the economy similar to those set by the market. The national minimum wage (SMN) was also increased and it was established that it would be adjusted half-yearly in accordance with the guidelines for collective bargaining. The national minimum wage had declined systematically in real terms since 1999 (by 21.8 per cent if the average for 2004 was compared with that for 1998), but had already been increased substantially (by 56.5 per cent) by the previous Government, with effect from 1 January 2005. Together, the two adjustments amounted to a 70.1-per-cent increase in real terms in the 2005 average over that for 2004. The increase was an effective tool for combating poverty and ensuring more equitable income distribution. Almost a third of private sector wage earners belonging to households in the first income quintile were earning an hourly wage in 2004 that was below the July 2005 SMN, while 17.6 per cent of those belonging to a household in the second income quintile were in the same position. For those in the wealthiest households (last quintile), the figure was 3.9 per cent. On 1 January 2005, the national minimum wage was 2,050 pesos; four years later, it was 4,441 pesos.

2. Employment conditions

67. There are constitutional and/or legal norms recognizing the right to time off each week, limitations on the working day, a break in the middle of the working day, annual leave, maternity and breastfeeding leave, paternity leave and study leave.

68. It should be mentioned in this regard that civil society organizations have rightly complained about the absence of legislation on a number of issues, such as: a ban on employers demanding pregnancy tests, the granting of leave to care for a sick child and occupational health norms on repetitive stress injury caused by jobs often performed by women.

3. Measures ensuring equal pay for equal work

69. Despite the progress made, the Government has still not managed to close the wage gap between men and women. This situation prompted the 2007 ILO report to request the cooperation of the Government and employers' and workers' organizations in ensuring application of the principle of equal pay and correcting wage council decrees that still contain discriminatory provisions, remedying the underrepresentation of women in the wage councils and including general equality clauses. The ILO report also notes that important initiatives are under way in Uruguay to eliminate discrimination. In 2006, 17 of the 147 agreements signed contained clauses against gender-based discrimination.

4. Legislation criminalizing sexual harassment in the workplace and supervisory mechanisms

70. A bill aimed at preventing and punishing sexual harassment and protecting victims of such harassment at work and in education is currently before Parliament. The bill has so far been approved by the Senate, with the unanimous support of lawmakers from all political parties. Since 2004, the General Inspectorate of Labour and Social Security (IGTSS) has received 14 complaints and has gathered evidence in cases that warranted it. In some cases, firms took responsibility and imposed penalties, in others a financial settlement was reached or the procedure culminated in judicial proceedings. The Inspectorate has emphasized educational aspects and the need for confidentiality.

5. Safety and healthy conditions in the workplace

71. According to an analysis of complaints of workplace accidents registered by the Ministry of Labour and Social Security in the period from 1 January 2005 to 31 December 2005, 1,760 complaints out of 3,255 concerned the department of Montevideo. If these complaints are broken down by occupational group, a large number of complaints can be seen to relate to citrus growing activities and also health services.

72. With regard to State services, the complaints received generally concern the electricity supply service. There are also a significant number of complaints in the refrigeration industry, most of them concerning fish processing plants and the rest concerning the pork processing industry, but the complaints are against the companies that supply staff rather than against the main contractor.

73. If complaints are broken down by sex, 770 come from women, generally women working in the health and related services sector, and 2,467 are from men. There are no data on the remaining cases. By age group, there are two accidents involving young people under the age of 18. A majority of accidents involve people aged 21 to 25, while there is a sharp peak between the ages of 41 and 50 years.⁸

74. The Government that came to power in 2005 promoted norms for the prevention of occupational risk and the adoption of implementing regulations for ILO Conventions. A tripartite council was set up to advise on inspection policies aimed at monitoring, inter alia, the incidence of industrial accidents and informal employment, as well as tripartite safety and health commissions by branch of activity. The post of safety representative, as well as an occupational

⁸ With regard to the type of injury, part of the body affected and material agent, the breakdown of complaints is the following: 1,008 of contusions, 595 of cutting wounds, 370 of injuries involving lumbar pain, back pain and tendonitis, 154 of sprains and strains, 154 of puncture wounds, 123 of foreign bodies in the eyes, 95 of burns and 75 of fractures. With regard to the part of the body affected, data from complaint forms include some 851 injuries to the hands (fingers and hands, but not fingers on their own), 243 to the eyes, 329 to the feet (including toes, heels, etc.), 297 to upper limbs, 167 to the lumbar-sacral area, 194 to the thorax and 162 to the head (including the scalp, face, etc.).

safety and health commission, was created in each workplace and it was ordered that the weight of sacks of different products must be reduced to 25 kilograms. In 2008, the National Workplace Safety and Health Council (CONASSAT), created in 1996, was reinstated and draft implementing regulations for the ILO Safety and Health in Agriculture Convention of 2001 (No. 184) are under consideration.

75. The Acts on business decentralization⁹ established that in contracting for services with third parties the public administration must demand proof from the firm that it is up to date with its social security contributions and its industrial accident insurance. In the case of subcontracting in the private sector, it was established that the firm bears subsidiary responsibility for ensuring the conduct of the inspections established by the relevant act and joint responsibility in the event of failure to conduct them.

76. Concerning labour norms, civil society organizations have pointed to legislative gaps in the following areas: pregnancy tests or clauses requiring a statement from the employee that she is not pregnant (the practices of demanding proof or a statement that the employee is not pregnant are a serious form of discrimination and invasion of privacy); absence of norms on leave to care for a sick child; absence of occupational health norms on repetitive stress injury caused by tasks frequently performed by women; inadequate legislation for preventing and punishing sexual harassment in the workplace; and job security (there is no provision in Uruguayan law entitling a pregnant worker to a period of job stability after her return to work: judges apply different criteria – generally six months – but shorter periods are sometimes awarded).

C. Article 8 – Right to form and join trade unions and right to strike

1. Right to form and join trade unions

77. There is full respect for the right to organize and to bargain collective bargaining. No formal or substantial conditions must be fulfilled to form a trade union and there is complete freedom to join a trade union, as well as to federate and/or join international trade union organizations. Uruguay is a party to the International Covenant on Civil and Political Rights and to the following ILO Conventions: No. 87 concerning Freedom of Association and Protection of the Right to Organise, of 1948; No. 98 concerning the Application of the Principles of the Right to Organise and to Bargain Collectively, of 1949; and No. 151 concerning Protection of the Right to Organise and Procedures for Determining Conditions of Employment in the Public Service, of 1978.

78. In Uruguay, as established in article 2 of ILO Convention No. 87, a trade union may be established without previous authorization and the State has no power to give or withhold authorization for the establishment or operation of such an organization. The trade union, simply by virtue of its establishment, has the power to act on behalf of its category of workers and to exercise the collective will independently. Without prejudice to the foregoing, if the organization wishes to take action not only under labour law but also under civil law, it must acquire legal personality, but only for such purposes. Accordingly, there are no special legal

⁹ Acts Nos. 18.098, 18.099 and 18.215 on business decentralization, approved in 2006-2007.

provisions governing the establishment of trade unions for specific categories of workers, nor any restrictions on the right of workers to form and join trade unions. The only exceptions would be the restrictions applicable to military and police personnel.

79. In the latter case, the right to organize is allowed under the provisions of the Protocol governing the exercise of freedom of association by executive units of the Ministry of the Interior, which recognizes the right to organize as a fundamental right and refers not only to the Constitution, ILO Conventions Nos. 87 and 98 and the Universal Declaration of Human Rights but also to Act No. 17.940, which recognizes the illegality of acts of anti-union discrimination, the right to levy union dues and trade union authorization but prohibits the taking of strike action.

80. The reinstatement of the wage councils has been a catalyst for affiliation with the PIT-CNT trade union confederation.

81. The adoption of Act No. 17.940 on freedom of association protects freedom to organize. For all workers, Decree No. 66/006 of 6 March 2006 regulates the provisions contained in the Act, which prohibits discriminatory acts in general aimed at undermining workers' freedom to organize with respect to their employment or access thereto. It introduces a new element into the national legal procedural system, namely, actions for the reinstatement or redeployment of workers who have been victims of discrimination, an issue hotly debated by national legal theorists for many years.¹⁰

82. The Act also regulates trade union authorization, establishing that it be regulated by the wage councils or by collective agreements. It provides for the levying of union dues and other facilities for exercising trade union rights, such as putting up billboards and posters and distributing leaflets. It also establishes that administrative fines imposed for violations of its norms shall be used to fund programmes for the eradication of child labour and employment discrimination and for strengthening the Inspectorate of Labour and Social Security.

83. In the public debate on the drafting of this report, it was judged appropriate to harmonize Act No. 17.940 with the future act on collective bargaining, in an attempt to regulate the right to strike. This would not undermine any workers' rights, but would regulate one of them and provide legal security and certainty for the parties involved. By decree of 6 March 2006, the executive branch adopted implementing regulations for the Act but did not regulate article 1 outlawing acts of discrimination.

84. Civil society organizations maintain that there are no legal or administrative oversight mechanisms for forming or joining a trade union. In the absence of a law, trade unions have been understood to enjoy broad autonomy in this regard, although civil society organizations

¹⁰ Two types of actions are established: general proceedings for workers in general who may have been the object of discrimination, and shorter, special proceedings (*amparo* proceedings) for different kinds of leaders. Both types of proceedings must be conducted speedily, free of charge, immediately, collectively, publicly and in good faith and effectively protect substantive rights.

point to various labour conflicts that have arisen as a result of this lack of regulation. Accordingly, they understand the need for non-restrictive regulation that respects freedom of association while providing legal certainty for the parties.

2. Collective bargaining mechanisms

85. As explained above, collective bargaining was restored in 2005. A bill on collective bargaining in the private sector is currently before Parliament.

3. Right to strike, restrictions and essential services

86. The right to strike is recognized by the Constitution and applies to all workers, without prejudice to the ability of the executive branch to declare a service essential, which it does in accordance with ILO guidelines (Committee on Freedom of Association and Committee of Experts on the Application of Conventions and Recommendations), in other words, by considering as essential those services whose interruption might endanger the life, safety or health of all or part of the population.

87. Article 57 of the Constitution states that the right to strike is a trade union right and that its exercise and effectiveness shall be regulated on that basis. Thus, the right to strike is recognized for all workers, including public workers, with the exception of police and military personnel.¹¹ Decree No. 165/2006 of 30 May 2006 regulates negotiation and mediation mechanisms, as well as workplace occupation as a manifestation of the right to strike.

88. There are no restrictions on the right to strike for private sector workers. In certain cases, where essential services are involved, unions are required to organize rosters to ensure that services are not interrupted (Act No. 13.720 of 16 December 1968, arts. 4 and 5).¹²

D. Article 9 – Social security

89. Uruguay has overhauled its social security and social welfare system in recent years. In 1995, it adopted Act No. 16.713 putting into effect a new mixed retirement pension scheme that combines two compulsory components: an intergenerational solidarity retirement scheme based on distribution and a compulsory individual savings retirement scheme based on individual capitalization.

¹¹ The Military Criminal Code criminalizes collective demands, characterized as demands put forward by four or more military or similar personnel, either on their own behalf or on behalf of the unit to which they belong. It also criminalizes insubordination and mutiny. With regard to police personnel, the Act organizing the police force clearly prohibits any public or private political act other than voting.

¹² Although article 3 of Act No. 13.720 of 16 December 1968 declares any strike illegal unless at least seven days' notice has been given of the problem giving rise to it and of the decision to take strike action, there is no penalty for non-compliance, which renders the provision inoperative.

90. The intergenerational solidarity element is administered by the Social Insurance Bank (BPS) and all workers are required to contribute to it. The individual savings component supplements the BPS component and is a new development, in which the worker has an account in his/her name in a pension savings fund administration (AFAP). Depending on their age and wages, some workers are required to contribute to an AFAP. Those who are not may also open a savings account if they so wish.

91. In 2007, the Government launched a National Dialogue on Social Security in order to promote a broad dialogue in Uruguay with all relevant sectors of society, designed to provide input for potential future reforms and to strengthen democratic governance. Different measures for making the system more flexible, in order to guarantee access to unemployment insurance and a retirement pension, emerged from this dialogue. The actions taken included: reducing from 35 to 30 the number of years that must be worked in order to qualify for a retirement pension; making access to disability benefits and retirement on grounds of disability or advanced age more flexible; awarding women years of contributory service based on their number of children; expanding unemployment insurance coverage; and creating a redundancy fund for the construction industry. Other measures to expand social security rights are: recognition of these rights for people working in the arts and creation of an old-age subsidy for people aged over 65 and under 70 who are destitute or living in extreme poverty.

92. Unemployment insurance for financial sector workers was introduced in 2002, managed by the Savings Bank. In 2006, domestic workers were incorporated into the unemployment insurance scheme. Two laws of 2001 and 2004 modified the retirement schemes of the Notarial Savings Bank and the University Professionals Savings Bank.

93. Since 2005, people outside the social security system have benefited from assistance policies, particularly PANES, through various programmes implemented by MIDES.

94. Public spending associated with the MIDES citizen's income programme, which is a temporary programme targeting households that are destitute or living in extreme poverty, has been some US \$100 million a year (0.6 per cent of GDP).

95. The purchasing power of the economically inactive population has also improved, reversing the pre-2005 situation. One important contributing factor has been the granting of differential increases for pensioners receiving the lowest benefits.

1. Social security spending

96. Since the 1990s, BPS spending has accounted for between 10 and 15 per cent of GDP. Its highest levels coincided with the years of the latest crisis (2002). Most spending goes on paying benefits under contributory programmes, particularly retirement benefits and pensions for older adults. In the early 1990s, contributions accounted for around 80 per cent of BPS funding, showing that contributory programmes as a whole were largely funded by contributions. Since then, the proportion of resources provided by contributions has fallen steadily to around half. Part of this decrease is associated with the requirement to contribute to the capitalization scheme and part with the increase in exemptions. The law provides that some taxes on goods and services must go to BPS, and there is also direct assistance. Currently, half of BPS outlays – between 5 and 7 per cent of GDP – are funded by taxes.

97. In 2005, a Sectoral Commission on Social Security (CSSS) was established through the Office of Planning and Budget (OPP). The Commission is made up of six State agencies – Ministry of Social Development, Ministry of Labour and Social Security, Ministry of Economy and Finance, Ministry of Public Health, BPS and OPP – and a plenary in which AFAPs and representatives of workers, retirees and employers participate.

2. Social security coverage

98. Old age, disability and survivors' benefits are universal. In the case of old age and disability, coverage is provided through both contributory and non-contributory benefits. With regard to health care, the National Integrated Health System, which, under the Ministry of Public Health comptroller, coordinates the private sector with the public sector, came into operation recently. There are also subsidies in the event of illness.

99. Private sector workers covered by BPS and banking sector workers receive an unemployment subsidy. Industrial accidents are covered by the State Insurance Bank, which pays for medical care and also provides temporary compensation and lifetime benefits. Support for families and children is channelled through family allowances, which are cash benefits for dependent children and adolescents of formal sector workers or, even in the absence of formal employment, children and adolescents living in socio-economically vulnerable households. With regard to maternity, there is 12 weeks' subsidized leave and job stability is protected.

3. Minimum amounts by law

100. There are minimum amounts for retirement benefits and pensions, which have increased substantially over the past four years. On 1 July 2009, they were set at the equivalent of 1.5 benefits and contributions thresholds (BPC), a unit pegged to the consumer price index (CPI) or, where appropriate, the median wage index (IMS).

101. Under article 67 of the Constitution of the Republic, the State is required to increase benefits for the economically inactive population whenever civil service pay is increased, based on the IMS.

4. Non-contributory benefits

102. There is a system of non-contributory old-age benefits for disadvantaged persons (benefit equivalent to 1.96 BPC) and family allowances for children and adolescents living in socioeconomically vulnerable households. In 2008, monetary transfers to families for children aged under 18 (family allowances) were doubled for 300,000 beneficiaries in 2008 and 500,000 beneficiaries in 2009.

103. The above changes have transformed the system, originally conceived for workers protected by social security, into a benefit targeting households composed of low-income wage earners and adults not covered by the social security system with dependent children.

104. The changes, introduced by Act No. 18.227 of 22 December 2007, are designed to make benefits universal, reaching low-income households and considerably increasing the amount of the benefit.

5. Equality between men and women

105. Act No. 16.713 of 3 September 1995 made the retirement age the same for men and women.

106. Recently, Act No. 18.395 of 24 October 2008 awarded women one year of contributory service per live birth, up to a maximum of five years, to compensate for the fact that mothers tend not to accumulate as many years of contributory service.

107. The method of calculating the amount of benefits is the same for men and women.

6. Private plans and their relationship with public plans

108. As already indicated, there is a mixed social security system in Uruguay, made up of an intergenerational solidarity scheme administered by BPS and an individual capitalization scheme, the latter having a compulsory component and a voluntary one. There are also voluntary supplementary social security funds.

7. Social security programmes for the informal economy

109. Act No. 17.963 of 19 May 2006 established mechanisms for the regularization and incorporation of informal workers, as well as benefits for contributors with a good payment record.

110. Act No. 18.083 of 27 December 2006, for its part, reformulated the so-called single tax in order to facilitate access to social security for workers who normally would not join the scheme because of its cost.

8. Foreigners and nationals

111. Uruguay has laws guaranteeing equal treatment for nationals and foreigners (ILO Convention No. 111; MERCOSUR rules). More recently, Act No. 18.250 of 6 January 2008 on migration guarantees equal access to employment and social security benefits.

9. International cooperation

112. The Social Insurance Bank receives assistance from the International Monetary Fund (IMF) in the form of advice on improving tax oversight, enforcing tax collection and creating employment tribunals. The Inter-American Development Bank (IDB) has provided support for the universalization of family allowances promoted by BPS and for the conduct of the first national social welfare survey.

113. The World Bank is providing technical assistance for upgrading health services management and for setting up a database of social policy beneficiaries.

114. ILO and the Ibero-American Social Security Organization (OISS) have technical cooperation agreements with the Social Insurance Bank.

115. BPS has approved the signing of a memorandum of understanding with UNDP, in the framework of the project “Development of the Global Strategy for Infant and Young Child Feeding”, as part of the campaign to make family allowances universal.

E. Article 10 – Family

1. Guarantee that marriage is entered into with full and free consent

116. The legal definition of family is contained in chapter II of the Constitution, article 40 of which establishes that: “The family is the basis of our society. The State shall ensure its moral and material stability, with a view to the optimum upbringing of children within society”.¹³

117. The age of majority is 18 years, as established in Act No. 16.719 of 11 October 1995, article 1 of which replaces article 280 of the Civil Code. The manner in which Uruguay guarantees the right of men and women to enter into marriage with their full and free consent and to found a family is regulated by the Civil Code, especially title V thereof.

118. In 2007, Uruguay adopted a law recognizing the rights of same sex couples, the first Latin American country to do so nationally. Act No. 18.246 of 18 December 2007 on consensual union protects and regulates the rights of couples who have lived together without interruption for five years, regardless of the sex of the partners.¹⁴

2. Social support services for families, care services for children, older persons and disabled persons

119. Increasingly, the family nucleus is the unit in which social policies are applied. The Child, Adolescent and Family Programme (INFAMILIA) was established within the Ministry of Social Development to help improve the living conditions and social integration of socially marginalized children, adolescents and their families. As currently structured, INFAMILIA addresses some of the problems identified in the analysis of the situation of children, adolescents

¹³ Articles 41 and 42 also concern the family:

Article 41: “The care and upbringing of children so that they achieve their full physical, intellectual and social capacity, is a duty and a right of parents. Parents with many dependent children are entitled to compensatory assistance if they require it. The law shall provide for the necessary measures to ensure that children and young people are protected against physical, intellectual or moral abandonment by their parents or guardians, and against exploitation and abuse.”

Article 42: “Parents have the same duties towards children born out of wedlock as those born within it. Motherhood is entitled to society’s protection and to its assistance in the event of destitution, regardless of the woman’s status or situation.”

¹⁴ A bill allowing couples in consensual unions to exercise the right to adopt, under discussion in Parliament, has been approved in the Senate and is pending approval in the Chamber of Deputies. In 2007, sex education was incorporated into educational curricula.

and their families in Uruguay, while also pursuing innovative strategies for overcoming institutional shortcomings and avoiding past mistakes.

120. INFAMILIA seeks to improve the quality and increase the coverage of services for children and adolescents by helping to coordinate them in order to provide comprehensive care and greater access for the most vulnerable families. Priority is given to preventive, innovative action to ensure long-term impact and strengthen children's and young people's rights.

121. The programme is active in 75 territorial areas throughout the country – 27 of them in Montevideo – that rank, according to the social vulnerability index, as those with the highest levels of unmet basic needs. Because it works by strengthening public and private institutions and promoting community participation, it encourages the building of local networks to facilitate access to the relevant institutions.

122. The programme has promoted and, along with other agencies working with children and adolescents, forms part of the Strategic Coordination Committee (CCE), whose aim is to ensure at the highest level of government the strategic coherence, sustainability and efficiency of actions targeting this population group.

123. INAU is the lead agency for policies on children and adolescents in Uruguay. Three of the six subcomponents of INFAMILIA (comprehensive child and family care centres [CAIF], street children and care of victims of ill-treatment and abuse) are executed jointly, with differing degrees of coordination, with INAU. In April 2006, the Institute had a caseload of 59,535 children and adolescents, with 92 per cent of care provided on a part-time basis (54,875 children and adolescents).

124. According to SIPI, the INAU information system, in April 2009 the Institute was providing care to a total of 68,439 children and adolescents, either in official centres (7,886) or by agreement (60,553), mostly on a part-time basis. The corresponding table is attached as an annex.

125. The 2005 report on Uruguay of the Observatory for the Rights of Children and Adolescents, presented by the United Nations Children's Fund (UNICEF), makes it possible to describe the situation of children and adolescents from a rights-based standpoint, giving priority to the rights of survival, development and health, education, work and non-deprivation of liberty. With regard to children aged under five, it should be noted that universal early education attendance for four and five year olds has been achieved. The infant mortality rate is declining: from 18.9 per 1,000 in 1994 to 13.2 in 2004.

126. With regard to nutrition, a large proportion of children aged 6 to 24 months who use the public health system suffer from iron deficiency (62.9 per cent) and there is a nutritional deficit in the weight/age ratio of children covered by the public health sector (the deficit is three times that for children covered by mutual health insurance).

127. With regard to the situation of children aged 6 to 12 years, UNICEF reports that the overall school dropout rate is 1.1 per cent, compared with 1.6 per cent for poor children. Falling behind and repeating school years (especially in the first year) are major problems in this age group. The repetition rate for the first year of schooling is 17 per cent; how far pupils fall behind is

indicated by the fact that 87 per cent complete their primary education only by the age of 13 or 14.

128. Lastly, with regard to the situation of adolescents aged 13 to 17 years, UNICEF notes that: school attendance has improved over the past 15 years, from 82.9 per cent in 1991 to 88.4 per cent in 2004; there is a big gap in school attendance between adolescents who are not poor (93.5 per cent) and those who are (78.1 per cent), an indicator of inequality in effective access to secondary education; educational “disaffiliation” (students becoming disconnected from, gradually abandoning or actually dropping out of school) is a really serious problem in this age group; the adolescent employment rate has been dropping ever since the crisis; in 1998, 15 per cent of adolescents (14 to 17 year olds) were working, compared with 7.7 per cent in 2003; and institutional disaffiliation, understood as the proportion of adolescents who are neither studying nor working, has declined in recent years, from 15.8 per cent in 1998 to 11.2 per cent in 2004.

129. According to an INAU and INFAMILIA study, there were an estimated 1,887 street children and adolescents in Montevideo and the Canelones and San José metropolitan area in 2007. This figure is 40 per cent lower than the most recent one of 3,100 cases reported in a study carried out by the civil society organization *Gurises Unidos* in May 2003.

130. This is a problem that mainly affects boys and young men. Some 40 per cent of street children are of school age and a further 40 per cent – or a majority if we limit ourselves to those who spend the night on the street – are adolescents aged 13 to 17. The main survival strategies are direct begging, collecting and scavenging, walking about and recreation. During the day, children and adolescents tend to be on their own or among peers; at night, the presence of adults to whom they turn increases slightly.

131. Because of its impact on the situation of the family, it is worth mentioning the National Social Emergency Plan (PANES) once again. Launched in March 2005, one year later it covered 10 per cent of the country’s population: 337,240. A table is attached as an annex.

132. As already mentioned, the country overhauled the system of family allowances managed by the Social Insurance Bank (BPS). In December 2005, there were 533,725 children nationwide receiving a family allowance, an increase of almost 30,000 compared with December 2004. The system was overhauled in 2008, increasing both the coverage and the amount of the allowance and requiring the parallel provision of health care and educational assistance.

133. During this period, Uruguay set up the Honorary National Advisory Board on the Rights of Children and Adolescents, created by law in 2004, to promote the coordination and integration of sectoral child and adolescent care policies. It is well known that children and adolescents have been the hardest hit by poverty in recent decades. Poverty indices are twice as high for children and adolescents as they are for the population as a whole. One of the targeted public policies sustained over time and through different governments has been the CAIF Plan, which coordinates State and civil society efforts. In 2008, it reached 41,216 children in 319 centres nationwide. To fund it, financial transfers at constant values grew by 175.85 per cent between 2007 and 2008.

134. Uruguay is working to transform the model of caring for children and adolescents separately from their families. Institutionalization is being scaled back in favour of alternatives

such as family placement or placement in family units (in which an adult couple supported by INAU take care of up to eight children) and judicial procedures are being streamlined in adoption processes. One of the most visible problems is that of street children. Public action is aimed at reconnecting street children with their families, schools and neighbourhood communities or, where there is no family or the family is unable to respond, creating shelters for them.

135. Through the INFAMILIA programme, the Government has promoted the development of the National Strategy for Children and Adolescents 2010-2030.¹⁵ By means of a broad process of dialogue, which also involved specifically consulting over 4,500 children and adolescents throughout the country, a set of principles, guidelines and proposals for a 20-year strategy was identified and consolidated.

136. Investment in children has grown from 17 per cent of public social spending in 2005 to almost 29 per cent in 2009, a percentage similar to the proportion of children and adolescents in the total population of Uruguay.

3. System of maternity protection, employment conditions and prohibition of dismissal

137. As already indicated, pregnant workers have job stability (protected by articles 16 and 17 of Act No. 11.577). In the event of dismissal, the employer must pay compensation for ordinary dismissal plus special compensation equivalent to six months' pay. This protection applies, according to a generally accepted principle of legal theory and practice now enshrined in Act No. 18.065 on domestic service, until the sixth month following the woman's return to work. All labour activities are subject to such protection.

4. Maternity leave

138. The duration of maternity leave is 12 weeks, preferably six before the due date and six after the birth of the child. The remuneration provided by the social security system is equivalent to 100 per cent of the woman's average wage over the last six months of work, increased by a maternity allowance, holiday pay and a Christmas bonus (approximately 20 per cent).

5. Paternity leave

139. In public employment, 10 day's paternity leave is granted (Act No. 16.104 and amendments), while in the private sector, such leave is three days (Acts. Nos. 18.345 and 18.458).

6. Age limit for children's paid employment

140. With regard to the minimum age for admission to employment, ILO Convention No. 138 of 1973 applies. Uruguay's Children and Adolescents Code, regulating the Convention, sets the minimum age at 15 years, or 18 years in cases where the physical integrity and health of

¹⁵ Programme adopted and declared a priority by the Office of the President of the Republic in 2008.

adolescents are at risk. Accordingly, light work that does not affect the health of adolescents is allowed, subject to authorization by INAU, the lead agency for child and adolescent policies, while jobs involving risk are categorically prohibited for adolescents under the age of 18. The National Committee for the Eradication of Child Labour has drawn up a list of dangerous jobs, already confirmed by INAU resolution of 2006, which is being revised in order to transform it into a decree of the executive branch pursuant of ILO Convention No. 182 of 1999 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.

7. Studies on child labour

141. The National Committee for the Eradication of Child Labour (CETI) was set up by Decree No. 367/000 of 8 December 2000 and comprises representatives of MTSS (which chairs the Committee), INAU (which serves as its technical secretariat), MSP, the Ministry of the Interior, the Ministry of Education and Culture, the National Public Education Administration, PIT-CNT, *Acción Sindical Uruguaya*, the National Chamber of Commerce, the Chamber of Industries of Uruguay, the National Association of Non-governmental Organizations and the Network for Working Class Children and Adolescents, with UNICEF and the Inter-American Children's Institute as permanent advisers.

142. CETI has the following functions: to advise on, coordinate and propose policies and programmes for the elimination of child labour; to draw up and put forward a national plan of action for the progressive elimination of child labour and the protection of adolescent workers; to improve coordination and consultation among national and international public and private institutions concerned with children in order to define alternatives and strategies that reduce or eliminate the underlying causes of child labour and promote the enforcement of legislation on the minimum age for admission to employment; and to help create forums for action and promote a local commitment to the proposed goals.

143. Work is currently under way on the design of a survey on child labour, to be conducted by INE with the support of MTSS and the help of ILO, which will be the first official, specific and exhaustive survey on the issue. As already mentioned, work is also under way on the drafting of a decree on the worst forms of child labour, pursuant to ILO Convention No. 182. Lastly, a meeting of committees in the country's interior – Rivera, Salto and Maldonado – is being organized in order to combine agendas and work together.

8. Measures for the protection of older persons

144. To protect their economic, social and cultural rights, older persons have administrative and judicial remedies against decisions denying them access to those rights. Moreover, Act No. 17.796 of 9 August 2004 provides comprehensive protection for older adults. In particular, it recognizes their right to be actively integrated in the family and the community and their rights to physical, psychological and socioeconomic well-being, comprehensive medical and health care, education, housing, adequate food and shelter, recreation, transport and communications and protection of their physical, psychological and intellectual integrity in a context of justice and equity.

145. As already mentioned, with the launching of the Equity Plan, Uruguay created an old-age subsidy for people aged between 65 and 70 living in extreme poverty who do not have other

social security benefits. It likewise reintroduced the age premium for people aged over 70. In 2009, the minimum retirement pension will be worth 150 per cent more than in 2005.

146. BPS, the country's main social security institution, provides technical assistance in the form of professional advice and financial support for certain projects, especially infrastructure projects, to old people's homes, associations of retirees and pensioners and clubs for older adults.

147. BPS also gives low-income retirees and pensioners the use of housing that it owns.¹⁶ With the creation of the National Integrated Health System, retirees receive from health care providers a quota of free authorizations for doctors' visits, medicines, tests, radiography and electrocardiograms.

9. Measures of protection for asylum seekers and their family members

148. In January 2008, Uruguay promulgated new norms on migration,¹⁷ bringing its legislation into line with international instruments adopted on the subject, regulating the conditions for foreigners to stay in Uruguay, recognizing and ensuring the right to migration and family reunification, due process and access to justice, and guaranteeing equal rights with nationals. Moreover, Act No. 18.076 on refugee status¹⁸ set forth the principles and rights of asylum seekers and refugees and created a Refugee Commission and a Permanent Secretariat. A programme for resettling refugee families from other parts of the world in Uruguay from 2009 onwards was set up by agreement with the Office of the United Nations High Commissioner for Refugees (UNHCR).¹⁹

149. On 11 February 2009, an awareness-raising workshop for national authorities was held to facilitate the local integration of refugees with regard to education, health, employment and civil registration.

150. In 2009, a further awareness-raising workshop for national authorities was held to facilitate the local integration of refugees with regard to education, health, employment and civil registration.

¹⁶ In 2008, such housing totalled 5.656 units.

¹⁷ Act No. 18.250 – article 1 (general principles), articles 7 to 23 (right to health, work, social security, etc.), articles 77 to 81 (crime of human trafficking) and article 83 (compatibility with international law).

¹⁸ Act No. 18.076 of 19 December 2006 on refugee status – articles 20, 21 and 42 (temporary identity document and residence document) and article 47 (direct application of international law).

¹⁹ Act No. 18.383 of 7 October 2008, refugee resettlement agreement with UNHCR.

10. Domestic violence

151. As mentioned above, in 2004 Uruguay launched the first National Plan to Combat Domestic Violence and incorporated information on domestic violence in health policies.

152. The Integrated System for the Protection of Children and Adolescents from Violence (SIPIAV) has been in operation since 2007, in response to the first recommendation of Mr. Paulo Pinheiro, the Independent Expert on violence against children. In 2008, centres for the treatment of children and adolescents who have been physically or psychologically abused were opened and a model of care for cases where violence is detected was adopted. A survey of the prevalence of situations of mistreatment and abuse was also conducted in the capital city and the metropolitan area.

153. The new system is integrated with INAU, the Public Education Administration, MSP, the Ministry of the Interior and MIDES. Civil society organizations specialized in the care of child victims also participate and technical and financial support is provided by UNICEF and UNDP.

154. The system's main priority is to coordinate the policies for dealing with violence against children and adolescents applied by the different national institutions that intervene in such cases, either because cases are reported to them or because they learn of them directly.

155. In 2007, Uruguay adopted Act No. 18.214 prohibiting parents or guardians, as well as anyone entrusted with the care, treatment, education or oversight of children and adolescents, from using corporal punishment or any kind of humiliating treatment as a way of correcting or disciplining children or adolescents.

156. The Act assigns competence for executing awareness-raising and education programmes aimed at parents, guardians and anyone entrusted with responsibility for children or adolescents and for promoting positive, participatory, non-violent forms of discipline as an alternative to corporal punishment and other forms of humiliating treatment.

11. Efforts to combat human trafficking

157. The new migration law, Act No. 18.250 of 2008, criminalizes human trafficking (see note 3). Act No. 17.815 on commercial or non-commercial sexual violence against children, adolescents or disabled persons criminalizes pornography, prostitution and sex trafficking.

158. There is a National Plan for the Eradication of Commercial Sexual Exploitation of Children and Adolescents. At the time of drafting the present report, work was under way on a protocol for interagency action in cases of human trafficking, most of which involve women trafficked for sexual purposes. Training courses are being held for State employees and a national centre for the care of victims (providing psychosocial assistance) has been established within the Ministry of the Interior.

F. Article 11 – Living conditions

159. The profound economic crisis experienced by the country at the end of the 1990s, which peaked in 2002, caused the living conditions of a very large proportion of Uruguay's population to deteriorate. The unemployment rate reached its highest level ever and real household incomes

dropped sharply. Poverty, extreme poverty and inequality increased dramatically, consolidating a situation of social fragmentation already visible for a number of years. This situation does not seem so obvious when viewed in the context of internationally defined thresholds that place Uruguay in a more favourable position compared with other developing countries. Historically, the country has had the lowest levels of poverty and extreme poverty in Latin America. As mentioned elsewhere in this report, poverty and extreme poverty have been on the decline since 2005, but much remains to be done.

1. The right to the continuous improvement of living conditions

Measures for disadvantaged groups

160. The National Social Emergency Plan (PANES) mentioned elsewhere in this report arose as a means of coordinating all social programmes and projects aimed at meeting the basic needs of residents of the country living in extreme poverty and at building routes out of that situation. The aim of the constituent programmes of PANES, together with other government measures (economic, productive, social and political), was – and is – to generate the structural conditions essential for embarking effectively on the road to social justice.

161. To that end, individuals and families with incomes below the average value of the basic food basket were included. PANES paid particular attention to children and adolescents, unemployed heads of household, pregnant women, older adults and disabled persons who were destitute or living in extreme poverty. The methodological approach was based on: social participation; comprehensiveness; decentralization; territorialization; State-civil society cooperation; coordinated, crosscutting programmes; provider coordination; universality and additional targeting.

162. When PANES ended in December 2007, the National Department of Critical Assistance and Social Inclusion (DINACIS) was created within MIDES with the aim of institutionalizing a number of plans for combating extreme poverty and social exclusion. The Equity Plan was also promoted, advocating universal, permanent reforms in health, education and social protection.

Right to a healthy environment

163. The right to a healthy environment is a natural extension of the right to an adequate standard of living. This is linked, inexorably, to the right to environmentally sustainable development. The country has made considerable progress in this regard.

164. Firstly, there is the General Environmental Protection Act (Act No. 17.283 of 28 November 2000)²⁰ and, more particularly, Decree No. 349/005 of 21 September 2005, which reinforces the regulation of Act No. 16.466 of 19 January 1994 on environmental impact assessments. This is one of the main management mechanisms available in Uruguayan positive law for enforcing environmental protection by preventing or minimizing the potential adverse effects that human

²⁰ Act No. 17.283 regulated article 47 of the Constitution, which recognizes the right of inhabitants of the Republic to be protected in the enjoyment of a healthy and balanced environment.

activity may have on the environment. Act No. 16.466 provides for public hearings to be held prior to the authorization of some categories of industrial project. The new rules create three new environmental management instruments: environmental feasibility of location; environmental authorization of operation – in order to monitor fulfilment of the conditions stipulated in the prior environmental authorization and renew projects every three years; and special environmental authorization.

165. Environmental monitoring and assessment have been improved by building the capacities of the National Department of the Environment (DINAMA) and by generating quality, publicly accessible information through an environmental information system.

166. Second, Decree No. 52/005 of 16 February 2005 regulated Act No. 17.234 of 22 February 2000 on protected areas. This is the first time that the country has implemented a National System of Protected Areas (SNAP), thereby complying with the legal process approved in 2005 for conserving biodiversity and giving local communities opportunities to set up ecotourism enterprises. The system began operations in 2008 and is expected to have incorporated about a dozen areas by the end of 2009.

167. Third, Act No. 18.308 of 2008 on regional planning and sustainable development creates a legal framework for land development, incorporating territorial rights and forums for compulsory public participation in the drafting of regional development plans. Article 47 establishes guarantees of environmental sustainability and article 48 defines lands excluded from the urban development process.

168. Fourth, the entry into force of the Act on packaging, through the adoption of a regulatory decree and the implementation by an interagency panel – with MIDES, the Chamber of Industries of Uruguay (CIU), departmental governments and social organizations – of a system for the collection of recyclable packaging in clean circuits of separation at source and selective waste collection. The system not only reduces pollution by this type of packaging but also creates decent work opportunities for informal waste sorters.

169. Progress was also made in 2005-2008 in neighbourhood improvement, which not only permits socio-territorial integration but also the upgrading of and access to basic services for the healthy development and improvement of the environment. Some 2,565 families have benefited directly through access to public lighting, community spaces, trees, cleaning of ditches and streets, sanitation and the upgrading or building of bathrooms in all homes and their connection to the sewage system. In the period in question, US\$ 54 million were invested in this programme, 150 per cent more than in the preceding five years. A new loan was agreed with IDB which, combined with the national counterpart contribution, comes to a total of US\$ 300 million, to be invested over the next 15 years. Resources will also be allocated to the prevention of irregular settlements.

170. For years, Uruguay has been globally recognized for its attitude to and action on climate change and its already low net greenhouse gas emissions are declining. The 2004 information for producing a national greenhouse gas inventory was supplemented in 2007. Decree No. 238/009 of 20 May 2009 set up a national system for responding to climate change and variability to coordinate and plan the public and private action needed to prevent the risks of and mitigate and adapt to climate change.

Access to sanitation

171. According to the criterion defined in the Millennium Development Goals, there is complete sanitation coverage in Uruguay, in the sense that excreta do not come into contact with drinking water sources. Nationwide, 49 per cent of all housing is covered by a sanitation network. In the capital city, potential housing coverage is 87 per cent and the proportion of homes currently connected to a sanitation network is 75 per cent.²¹ In the rest of the country, actual coverage is 30.6 per cent²² and potential coverage²³ is 44 per cent of all housing. Nationwide, the rate of connection to networks that have adequate treatment and final disposal systems²⁴ is 65 per cent.

172. According to census information,²⁵ members of the population who are not covered by sanitation networks have some form of improved sanitation, meaning the evacuation of wastewater in such a way that direct contact with humans, animals or insects is avoided. This includes septic tanks, watertight and seeping cesspits and a smaller number of other systems such as latrines or earth closets. Only 65 per cent of households that use a septic tank or cesspit use a barometric service for emptying their systems. However, there is no information on how often households using such a service actually have recourse to it. In the past four years, major building works have been carried out to make sanitation universally available.

2. The right to adequate food

173. The National Food Institute (INDA) is responsible for directing food and nutrition policies. Its functions include: providing food and nutrition assistance to the population at greatest biological and sociological risk; disseminating nutritional principles that promote adequate nutrition among the population, emphasizing those principles that play a part in preventing malnutrition caused by both deficiency and excess; promoting and directing techniques and procedures for raising the nutritional and health standards of products used for food purposes; and setting targets in the area of food and nutrition assistance, education and monitoring.

²¹ National Statistical Institute, Continuous Household Survey 2007 and 2008.

²² The percentage is calculated by dividing the total number of private homes in Uruguay's interior, projected on the basis of the latest information reported by INE, by the total number of housing units in the country's interior that are connected to the OSE sanitation system.

²³ Information as at 30 June 2008. The potential coverage of OSE sanitation networks (in the interior) is measured according to the following rule: ratio between residential housing units connected to sanitation networks and total housing units in the country's interior.

²⁴ Regardless of the type of sanitation, a treatment system is considered adequate if it guarantees that disposal is environmentally acceptable, making it possible to prevent the degradation of aquatic ecosystems and to safeguard the potential uses of bodies of water by protecting the quality of both their surface water and their groundwater.

²⁵ INE, Continuous Household Survey 2007.

National system of canteens

174. Providing food aid through canteens and soup kitchens is a longstanding practice in Uruguay. The first soup kitchens were set up in 1932 to provide meals for the working class. In 2001, a national system of canteens (SNC), subject to uniform criteria and quality standards, was established, bringing together the various food aid programmes in the country that provide a midday meal through canteens. The aim of the system is to provide food aid to vulnerable people by offering a daily lunch service from Monday to Friday and/or Saturday.

175. The target population are: pregnant women, nursing mothers (up to six months after childbirth), infants (from six to 18 months after childbirth), preschool children who do not receive food aid in public or private day-care centres (aged 19 months to 5 years 11 months), schoolchildren (aged six to 14 years) who attend schools where there is no school canteen or the canteen cannot take them (during school holidays if the school canteen or the nearest canteen is closed), adolescents who have dropped out of the formal education system (aged 14 to 17 years 11 months), students (aged up to 21) who work hard, attend regularly and are not covered by the student welfare system of university canteen grants provided by the University of the Republic, unemployed persons (aged 18 to 59), disabled persons, and older adults (aged over 60) who are destitute or living in extreme poverty.

176. All users of the system are entitled to a daily food intake per person. In Montevideo, INDA is responsible for managing the entire programme. There are 12 canteens with different systems and two food distribution centres. In the country's interior, where there are 50 services, the programme is implemented with the support of municipal authorities.

177. On average, the SNC lunch provides 44 per cent of a person's total daily calorie requirements, 116 per cent of protein requirements and 71 per cent of iron. It also provides 9g of fibre and 122 mg cholesterol per day. The overall average number of beneficiaries for Montevideo and the country's interior in 2005 was 18,060 users, with an average of 5,360 for Montevideo and 12,700 for the rest of the country.

Food programmes

178. The aim of the Programme of Support for Public and Private Institutions (AIPP), set up by Decree No. 40/005, is to provide food aid and technical advice to public and private non-profit institutions that assist socially vulnerable sectors. The target population are neighbourhood committees or spontaneous groups with organizational and management capacity that are prepared to obtain legal personality and legally constituted non-profit organizations. Support is given to institutions that give priority to children, adolescents, pregnant women, older adults and disabled persons, such as lunchrooms, homes for children, students and older persons, children's clubs, training centres, education centres, centres for disabled persons, municipal canteens, youth centres and day centres.

179. INDA works with CAIF centres that, by agreement with civil associations, care for children aged two to four years. Every civil association that administers CAIF centres signs an agreement with INDA in order to permit the bimonthly transfer of money for the purchase of fresh food and dry provisions included in the recommended food guidelines.

180. The Programme of Support for the Chronically Ill (PAEC) provides food aid through the different treatment centres to chronically ill people who are socioeconomically vulnerable and are receiving assistance from and have been referred by public services. To start with, support was given to patients with chronic kidney failure and undergoing haemodialysis, coeliac patients and patients who are TB carriers. It was then extended to patients who are HIV carriers, cancer patients undergoing radiation or chemotherapy, renal diabetics and diabetics. The service involves the monthly provision of a personal food supplement whose composition varies according to the disease profile.

181. The aim of the National Food Supplement Programme (PNCA) is to help promote an adequate level of health and nutrition in families at social or nutritional risk through the provision of food supplements and the promotion of health and education. The target population are families living in extreme poverty. Any family in a situation of temporary or chronic food insecurity that can prove it is destitute or at nutritional risk will have access to the programme.

182. The School Meals Programme (PAE), an autonomous school meals scheme of the National Public Education Administration (ANEP), was set up in 1991. At the same time, a tax (primary school tax) was introduced, with 50 per cent of its revenues earmarked for funding PAE costs. The programme provides food aid to children attending public preschools and primary schools. Its specific aims are to improve children's nutritional status by assisting schools and educating staff, children, teachers and parents and to ensure that children with nutritional deficiencies are fully covered.

183. PAE provides different types of aid, depending on schools' needs. The determination as to which schools should have canteens is based on indicators such as overcrowding, mothers' educational levels, unemployment and the results of the 2002 national height survey. All critical-context and full-time schools also receive assistance. At present, PAE helps provide food supplements to 53 per cent of public school pupils, and 92 per cent of schools have some kind of food supplement programme. The number of PAE beneficiaries increased significantly during the 2002 economic crisis in Uruguay.

184. With regard to the type of food aid provided, a 2004 survey found that 43,416 lunches were served in Montevideo compared with 130,916 in the country's interior, while 42,935 glasses of milk were served in Montevideo and 61,722 in the rest of the country. According to the same survey, PAE services mainly target socioeconomically disadvantaged households; however, some children from such households do not attend canteens.

From the food programme to the equity card

185. The National Food Programme created by Act No. 17.869 of 20 May 2005 and implemented by the Ministry of Social Development is aimed at supporting and improving access to food for households covered by the National Social Emergency Plan (PANES). Two lines of action have been used to achieve this: improving food transfers in coordination with agencies and institutions (ANEP and INAU) and creating financial transfer mechanisms for the purchase of foodstuffs, through a magnetic card issued by the Bank of the Eastern Republic of Uruguay (BROU) and a tendering firm that is providing technology to member sales points, called *comercios solidarios* (network of legal small businesses in the vicinity of households included in the Plan).

186. This is a financial transfer mechanism whose amount corresponds strictly to the presence of persons at nutritional risk, children, pregnant women and nursing mothers. The card has benefited 90 per cent of households participating in PANES. Use of the so-called PANES card offers freedom of choice as to where and what to buy; entails no additional distribution costs; permits the purchase of fresh food and food supplied through a cold chain; and strengthens local business networks by promoting legalization, formalization and access to the banking system for small businesses. The purchase of alcoholic beverages, soft drinks, tobacco and cigarettes is expressly prohibited.

187. BROU releases US\$ 40 million in cash per month to top up the cards. The average amount credited to the card is 550 pesos (800 pesos maximum and 300 pesos minimum). Foodstuffs account for 73.48 per cent of card use. The network of businesses consists of some 600 sales points, 430 of which are already operating with computerized cash registers. Average sales per sales point come to 70,000 pesos. Women account for 84 per cent of card recipients in Montevideo. In 2009, the amounts transferred – now called the equity card – were increased substantially and some 88,000 INDA and PANES beneficiaries were brought together under a single system.

Availability of accessible food

188. Food security has two important components: actual availability of food (food supply) and access to it by individuals and families. Food availability in Uruguay, calculated in terms of averages, has been adequate for the population's needs. Food energy supply (SEA) was greater than average need throughout the period under consideration, even after adjusting downwards by 10 per cent for losses between the market and consumption in the home.

189. Given the population's characteristics, current food availability will be sufficient to cover its energy and protein needs, which will remain virtually unchanged over the next 25 years, even if annual SEA growth fluctuates.²⁶

190. While food availability in Uruguay is adequate for the population's needs, the main cause of food insecurity is the financial difficulties faced by families and individuals in obtaining adequate food. Food prices have risen sharply in recent months. The Government has exempted food staples from taxation in order to avoid price increases and has sought voluntary agreements from the various agents of price formation.

Dissemination of nutrition information

191. Nutrition education is seen as an essential component of INDA activities. Its basic aim is to train people to identify the main food and nutrition problems and their causes, consequences and possible solutions in order to promote an adequate nutritional status, acting responsibly and

²⁶ SEA calculations do not take into account the figure for foodstuffs entering the country illegally from neighbouring countries nor the value of food produced for home consumption in rural areas. In terms of quantity, the availability of most food groups was maintained throughout the period under consideration, albeit with some fluctuations.

independently. This is done by means of educational programmes aimed at transmitting food information and disseminating nutrition know-how in order to promote and develop healthy attitudes and practices. INDA has a team of 16 nutritionists working on this issue.

192. Between 1998 and 2005, the nutrition education component held nutrition training workshops for technical and non-technical staff of the CAIF programme and the PAEC programme, as well as for parents of children attending the CAIF programme. It organized INDA stands at sociocultural and agroindustrial events in order to disseminate information on healthy eating to the general public and prepared educational materials on food and nutrition for all the services assisted by INDA.

193. Since 2005, one very important educational resource in this training process has been the Uruguay food guidelines.²⁷

194. In support of school education, INDA is actively involved in the inter-agency project on healthy school snacks, in which the nutrition education component, the PAN programme, the Nutrition School and the Montevideo municipal government participate. This pilot plan is being implemented in nine Montevideo schools to encourage the consumption of fruit in children's snacks.

Food security measures

195. In 2008, the Government set up the Inter-agency Commission for Food Security in order to review and adapt the current rules and draft a regulatory framework – to be transformed into law – with the creation of a lead agency on food security, thereby reducing the number of procedures and units dealing with the issue.

196. In 2006, the Government suspended the use, production and marketing of genetically modified maize. It also imposed a moratorium on further genetic modification pending the design of a national biosafety framework.

197. The national food and nutrition security observatory has been strengthened, emphasizing the local dimension. With support from the Food and Agriculture Organization of the United Nations (FAO), multi-agency regional workshops have been held to assess local food and nutrition situations from an early warning perspective and policies and programmes were evaluated.

²⁷ This resource is an inter-agency project coordinated by the Ministry of Public Health, designed to provide guidance to the public on the selection, preparation, storage and consumption of healthy, culturally acceptable food, in order to promote health and reduce the risk of nutritional diseases. Staff in charge of child and family care centres (CAIF) have been trained to operate as food and nutrition outreach workers, providing information to children, their families and the community.

3. The right to water

Measures to guarantee access to water

198. In 2004, following massive mobilization by civil society, access to drinking water was enshrined in the Constitution as a fundamental human right. It was established that: “The public service of sanitation and the public service of water supply for human consumption shall be provided exclusively and directly by State legal entities”.²⁸

199. Currently, the drinking water service is managed entirely by the State, through the Administration of State Sanitation Works (OSE), following the recovery of services that had been privatized. A single drinking water tariff has been introduced for the whole population, eliminating the tariff discrimination that characterized the drinking water services provided by private companies.

200. In 2005, the National Department of Water and Sanitation (DINASA) was created within the Ministry of Housing, Regional Development and the Environment (MVOTMA) to design a national drinking water and sanitation plan aimed at achieving universal access to drinking water and to an adequate sanitation system.

201. An Advisory Commission on Water and Sanitation (COASAS) has also been set up under MVOTMA auspices, with the participation of the public sector, civil society and users, in order to incorporate different viewpoints in policies for the sector.

Statistics on access

202. According to information from the 2007 Continuous Household Survey, 92 per cent of households in Uruguay are connected to the general water supply system. Of these, 93 per cent have their water piped into their home. Among households with access to water outside the home, 86 per cent are less than 100 metres away from it.²⁹ These percentages confirm the data recorded by OSE with respect to drinking water access and coverage.

203. DINASA considers access to drinking water to be adequate only when it is provided through direct connection to the OSE distribution system within the home or, for rural housing, when water is supplied from a protected well and is tested frequently for potability. With regard to drinking water coverage, OSE currently has 100-per-cent coverage in urban areas and suburban areas with a population of over 200 people.

²⁸ Article 47 of the Constitution of the Republic establishes, inter alia, that: “Water is a natural resource essential for life. Access to drinking water and access to sanitation are fundamental human rights (...) National water and sanitation policy shall be based on: (...) (c) the establishment of priorities for water use by regions, basins or parts thereof, the first priority being the supply of drinking water to populations; (d) the principle whereby, in the provision of drinking water and sanitation services, social reasons shall take precedence over economic ones”.

²⁹ Source: 2007 Continuous Household Survey, National Statistical Institute.

204. In rural areas with a smaller population, a plan is being developed with external financial assistance that will allow the drinking water service controlled by OSE to be extended to 100 per cent of the rural population within 18 months. The plan combines public enterprise with community cooperation in a self-managed model. OSE will do the drilling and provide the necessary inputs, while the local population, with supervision and technical support from OSE, will be responsible for maintaining the system.

Measures to guarantee supply

205. Work is currently under way on the sixth pumping line, which will be inaugurated in late 2009 and will ensure the supply of water to the Montevideo metropolitan area, where 44.7 per cent of Uruguay's population (1,450,000 people) live, up to the year 2035. Investment in the project totals US\$ 40 million.³⁰ The project will guarantee a continuous supply of water throughout the area in the event of broken pipes or excessive seasonal consumption. It also includes considerable investment in the repair, maintenance and expansion of the Aguas Corrientes plant (improved pumping capacity and back-up, increased filtration capacity, etc.).

206. To guarantee the entire population's access to the drinking water system and the sanitation system, OSE has adopted a discounted tariff adjusted to families' ability to pay, permitting a level of drinking water use that meets households' needs (up to 15 cubic metres).

207. A "social tariff" of 52 pesos per month has been established for PANES beneficiaries.³¹ Marginal settlements and housing complexes may benefit from this social tariff when families' average incomes are less than two national minimum wages.³²

Water monitoring system

208. Article 2 of the Water Code contained in Act No. 15.859 of 15 December 1978 establishes that: "The State shall promote the study, conservation and comprehensive simultaneous or successive use of water and action to combat its harmful effects". The Code contains provisions that go beyond the protection of water as an integral element of the environment and seek to protect the environment as a whole.³³

209. Water legislation includes Decree No. 253/79 of 9 May 1979 and amendments thereto aimed at preventing environmental pollution by monitoring water pollution.

³⁰ Total population of Uruguay: 3,241,003, according to phase 1 of the 2004 census of the National Statistical Institute.

³¹ According to resolution R/D 1305/05 of 31 August 2005.

³² According to OSE resolutions R/D 522/01 and 606/01 of 16 May and 11 June 2001.

³³ For instance, it prohibits the introduction into water of substances, materials or energy likely to endanger human or animal health, degrade the environment or cause damage, or their placement in locations from which they may leach into water.

210. Almost all the population has access to potability or treatment testing. In 2006, 95.5 per cent of the entire population of Uruguay had potability and treatment testing, although the percentage was lower in rural areas (see table attached as an annex). A plan is being implemented by agreement between OSE and ANEP to provide all rural schools with reliable boreholes over the next 12 months. OSE will do the drilling, ensuring the technical conditions for water quality and operations.

4. The right to adequate housing

Study on lack of housing and inadequate housing

211. The analysis of the housing situation^{34 35} proposed in the Five-Year Housing Plan 2005-2009 establishes that the main problem is access and permanence, rather than an actual shortage of housing. This problem is linked to the drop in families' incomes, particularly as a result of the 2002 financial crisis, which has had a major impact on fundraising by the National Housing Fund and on the ability of households in receipt of housing loans to keep up with their payments. The crisis caused the collapse of programmes aimed at middle-income and low-income sectors of the population.

³⁴ The information provided comes from estimates made by various sources. INE conducted the Population and Housing Census in 2004 and periodically conducts the Continuous Household Survey. Since 2006, various specific research projects have been carried out on housing and habitat:

- (a) “*Situación de la vivienda en Uruguay*” (2006): Casacuberta, Carlos; National Institute of Statistics, Expanded National Household Survey, first trimester 2006 (<http://www.ine.gub.uy/enha2006>);
- (b) Nationwide survey of irregular settlements (2005-2006). INE-MVOTMA-Irregular Settlements Integration Programme (PIAI) Agreement (<http://www.ine.gub.uy/piai3/inepiai.htm>);
- (c) “*Déficit habitacional y capacidad de acceso a la vivienda en Uruguay*” (2006): Casacuberta, Carlos; and Gandelman, Néstor. Commissioned by MVOTMA-DINAVI;
- (d) Physical and social characterization of irregular settlements and their environs (2008). Consultants' report commissioned MVOTMA-PIAI;
- (e) Two research projects commissioned by MVOTMA-National Housing Department are currently under way: National System of Housing Sector Indicators (SNISV) and Study on the dynamic of the housing stock of the city of Montevideo: Echaider and Casacuberta.

³⁵ MVOTMA-DINAVI (2005): “*Plan Quinquenal de Vivienda 2005-2009*”, Ministry of Housing, Regional Planning and Environment, National Housing Department, pp. 79-93.

212. The net increase in the number of households in the inter-census period (1996-2004) was 91,000, indicating that housing stock is growing at a faster rate. The number of households totals 1,061,762, the number of occupied private homes is 1,033,831 and the number of unoccupied homes (excluding seasonal and weekend homes and homes in the process of construction or repair) is 119,001. According to the Population and Housing Census, 98.2 per cent of homes are occupied by one household, while 93 per cent of households do not share their home with anyone else. Homeowners and landowners account for 61.5 per cent of households nationwide. In the urban interior, homeownership predominates and its prevalence declines significantly only in the lowest quintile.

213. According to the Survey of Irregular Settlements 2005-2006³⁶, there are 676 irregular settlements in the country.³⁷ Of these, 412 are in Montevideo. Six per cent of the total population of Uruguay (195,772 people) live in irregular settlements, a majority of them in Montevideo (144,707). Homes considered “modest” account for 52 per cent of settlement housing, while around 40 per cent are considered to be of average or good quality.

214. A household’s possibilities of access to housing are determined by its income level, the cost of housing and the existence of long-term financing.³⁸

215. Uruguay’s housing stock is old: over half of all homes were built or renovated more than 30 years ago. Only 32 per cent do not have structural problems and are not in need of major repairs. There is a strong correlation between housing quality and household income. Around 30 per cent of rural households are in areas where access is by roads liable to flooding. In both Montevideo and the urban interior, the vast majority of households say they have a bathroom and water tank for the exclusive use of the household, while over half (56.5 per cent) are connected to the sanitation system and 42.4 per cent have a cesspit or septic tank.

³⁶ INE-MVOTMA-Irregular Settlements Integration Programme (PIAI) Agreement.

³⁷ An irregular settlement is defined as a “cluster of more than 10 homes, located on public or private land, built without the owner’s authorization in formally illegal conditions and without complying with urban development laws. The vast majority of such clusters are also characterized by a lack of some or all basic urban infrastructure services, often compounded by lack of access or serious difficulties of access to social services”.

³⁸ The following is an analysis of the ability of households with lower household incomes to obtain access to housing, identified as follows: first stratum, households with incomes below 35 readjustable units (UR); second stratum, households with incomes between 35 and 58 UR; third stratum, households with incomes between 58 and 78 UR. While the largest percentage of households who say they own their home are in the first and second strata, for these strata the ability to maintain the habitability of their home is compromised. In turn, the largest numbers of occupants are concentrated in the first stratum, reflecting problems of access to “formal” housing. Households in the first stratum are the natural focus of any preventive policy if they occupy minimally habitable housing. Households in the second and third strata would need to have a large subsidy, in addition to their savings and mortgage, in order to obtain access to housing. Subsidy levels would vary according to households’ incomes.

216. In 2006, 6.3 per cent of households nationwide had more than two people per room or three per room used for sleeping.³⁹ This percentage rises sharply (to 38.1 per cent) for households living in substandard housing (0.8 per cent of homes nationwide). The percentage of households living in overcrowded conditions who are below the poverty line is three times that of households as a whole.

Measures to guarantee access

217. Since 2005, Uruguay has been promoting a new urban housing policy designed to enable all population sectors to access and remain in decent housing. This policy is integrated with other social policies and comes under the new Act on Regional Planning and Sustainable Development. The policy emphasizes enabling the most disadvantaged social sectors to obtain better housing.

218. The Five-Year Plan 2005-2009 was drawn up in consultation with various stakeholders, including civil society organizations, and established a strategy that envisages three main lines of action: a set of urban housing policies aimed at achieving social integration on the ground, in order to effectively mitigate social segmentation and urban residential segregation; updating of the housing policy model, preserving the basic elements of the 1968 National Housing Act while basing new instruments on the three elements of own effort or savings, subsidy and loan; and coordination of public resources from the National Housing and Urban Development Fund with resources from both the public and the private financial system.

219. State action in the area of housing policy and also the public system were redefined in order to strengthen the role of MVOTMA in guiding public policy, directing social and private initiatives and coordinating with the system of social protection and welfare. This change has had a strategic impact on the institutional transformation of the system (strengthening of MVOTMA, creation of the National Housing Agency and overhaul of the Mortgage Bank) and on the redefinition of the normative framework (innovation and adaptation of the mechanisms and rules of the housing system).

Impact of social housing measures

220. The policy's change of direction can be observed in various elements. There has been a move away from providing a product conceived as a minimum solution⁴⁰ for poor sectors, with no attention paid to location, to a product conceived as a response to families' needs⁴¹ and located on a site offering adequate physical and social conditions (including socioeconomic and cultural heterogeneity of the urban and/or rural area in which it is built). Mention should be

³⁹ Definition of overcrowding used in the 1985-1996 Index of Housing Conditions produced by the National Statistical Institute.

⁴⁰ The minimum solution reflected in basic adaptable housing units was a total area of 32 square metres.

⁴¹ Currently, the housing product is a complete home with two, three or four bedrooms which complies with the area in square metres stipulated by the Housing Act.

made in this regard of the programme for pensioners of the Social Insurance Bank, under which housing complexes adapted to the needs of older persons are built. Another important innovation is the provision of a credit repayment subsidy when families need State support.

221. Agreements have been reached with the three federations bringing together the various housing cooperatives (FUCVAM, TECOVI and COVIPRO-CH) on restructuring their debts and taking over payments on the credits granted by MVOTMA. Such agreements have allowed 18,441 families to regularize their situation, enabling them to stay in their housing and solving a problem that has dragged on for decades. Moreover, the National Housing Agency (ANV), set up in 2008 as the executing agency for public housing and urban development policies, has been entrusted with managing the social portfolio of Mortgage Bank debtors and has promoted effective alternatives for credit repayments. The portfolio currently comprises over 40,000 families.

222. In 2005-2008, public housing policy produced 22,525 housing solutions and action is planned to reach 44,605 households in 2010 through the different public housing programmes. In pursuing the objective of social integration territorially, urban housing strategies combine new housing construction programmes with a range of simultaneous programmes reflecting the diversity of socio-urban situations that exists.

223. Since 2005, 7,267 new homes have been built and allocated and procedures for building a further 11,424 have been initiated, all of them for households with family incomes below 22,000 pesos, in cities, small towns and rural areas of Uruguay. The new loan programme for buying homes built by MVOTMA allows low-income families to obtain a loan and a repayment subsidy ensuring that no more than 25 per cent of their income is spent on housing. The overhaul of the housing cooperatives programme promotes social heterogeneity by abolishing the formation of cooperatives with households from only one income band.

224. In order to increase the population density of city areas that have all urban services and, in turn, to achieve the goal of territorial social integration, in the period 2005-2009 there are plans to provide 2001 loans for the purchase of used housing and 12,908 credits for housing renovation and extension. The new programme for the purchase of used housing provides loans for families that, despite having savings, cannot pay the amounts demanded by the market; it incorporates a repayment subsidy so that no more than 25 per cent of the family's income is spent on housing.

225. The Rent Guarantee Fund, designed to give individuals and families access to rental housing, removes a major constraint that affects a large proportion of the population. In the period 2005-2008, 1,068 rent guarantee certificates have been granted.

226. The main aim of the Movement for the Eradication of Unhealthy Rural Housing (MEVIR) programme is to eradicate unhealthy rural housing and help prevent rural-urban migration, using a mutual aid methodology that permits appropriation of the acquisition of housing by the family and, in turn, creates a group consciousness essential for consolidating future coexistence. It is aimed at residents of rural areas and small towns (up to 5,000 inhabitants) with family incomes between 0 and 60 UR.

227. In its almost 40-year history, MEVIR has done a considerable amount of work in rural areas. In the 2005-2008 period of government, 3,881 homes were built or completed, benefiting over 8,300 rural residents throughout the country.

228. Bearing in mind that 6 per cent of the population live in illegal settlements, the Irregular Settlements Integration Programme (PIAI) is a priority socio-urban policy for the country. The components funded by the programme⁴² are divided into two areas, neighbourhood improvement and prevention of settlements. In the neighbourhood improvement component, investment is concentrated on sanitation and electricity infrastructure works, road building, community facilities, parcelling of land, regularization of ownership and resettlement, followed by the building or, where they already exist, the upgrading of bathrooms and their connection to the sanitation network. Social work is aimed at instituting or strengthening neighbourhood organization, in close coordination with the ongoing building work. In the prevention component, investment is concentrated on the revision of urban development laws.

229. In the period 2005-2008, \$ 54 million were invested, directly benefiting 27,612 Uruguayans living in a total of 64 irregular settlements, in the departments of Rivera, Artigas, Salto, Paysandu, Río Negro, Maldonado, Colonia, Florida, Canelones and Montevideo. Under the new loan, the area of operation has been extended to cover not just the settlement perimeter but also outlying socially disadvantaged urban areas.

Measures to make housing accessible to people with special needs

230. Situations of vulnerability and emergency, which were exacerbated by the 2002 crisis, have made it necessary to design special programmes responding to a range of situations. These have included temporary housing solutions for families in emergency situations, renting out part of the social housing portfolio of the Mortgage Bank of Uruguay (BHU); a pilot programme that works comprehensively with families to design a viable housing alternative integrated with the family's life plans; the Programme of Assistance for Homeless People (PAST), providing daytime and nighttime shelters; the housing improvement programme, which provides materials and technical assistance to households experiencing a critical housing emergency; and the programme for women victims of domestic violence, implemented by MVOTMA under an agreement with INMUJERES, which provides comprehensive support for the process of leaving the situation of violence.

Measures for dealing with minorities who have been forcibly evicted

231. The concept of forced eviction defined by the Committee on Economic, Social and Cultural Rights does not reflect the realities of the situation in Uruguay. When small communities are evicted in Uruguay, it is because irregular settlements originally located on land unsuitable for

⁴² Contract with IDB, first loan signed in 1999 for an amount of US\$ 110 million, 70 per cent of which is external debt and 30 per cent is the national contribution. Second loan, signed in 2009 for an amount of US\$ 300 million, to be invested over the next 15 years (\$100 million every five years).

habitation because of environmental problems harmful to human health (lead poisoning, land subject to flooding, etc.) are relocated.

232. The event closest to the concept of forced eviction was the eviction that took place in 1978 in three Montevideo neighbourhoods emblematic of the culture of the population of African descent: *Conventillo Medio Mundo* in Barrio Sur, the *Barrios Reus Sur* housing complex in the Palermo neighbourhood and another in the Cordón neighbourhood. Residents were evicted under a municipal decree enacted to protect the population from the danger of the buildings' collapse. The decree was adopted in 1978 under a military dictatorship (1973-1984). The evicted families were rehoused in a municipal shelter and then transferred to emergency housing in the Cerro Norte housing complex on the city's outskirts. The families thus uprooted were cut off from the way of life and forms of expression that families of African descent had developed in the neighbourhoods concerned, especially *candombe*, an ancestral artistic and musical tradition.

233. The first affirmative action taken in relation to the families' housing problem was when the Montevideo municipal government gave them the buildings and funding was provided for a housing programme aimed at women heads of household of African descent. The UFAMA programme in Barrio Sur will allow female-headed families of African descent to return to the neighbourhood. The dilapidated buildings in *Barrio Reus* were reoccupied between 1980 and 2008 and the families concerned are being temporarily rehoused while a housing project, intended as reparation to the community of African descent, is built in the same neighbourhood.

Individuals and families evicted from their homes and legal provisions defining the circumstances in which evictions may take place

234. Act No. 18.283 eliminated the so-called "lock-out law" (article 307 of Act No. 14.106), which allowed the owner of a boarding house to evict a boarder and keep his/her possessions if the boarder was late in paying for the room. Boarding house users are individuals who cannot access rental property because their work is informal, temporary and precarious. The new Act creates a different framework of action with regard to the rights of citizens living in boarding houses, stipulating a period during which the tenant has the right not to be evicted for failure to pay and that the owner has no right to keep the tenant's belongings under any circumstances.

G. Article 12 – Right to health

235. Uruguay is sparsely populated, a birth rate that has been falling steadily nationwide and is highest among the poorest sectors, and high life expectancy (resulting in an inverted population pyramid). The country has made the epidemiological transition, with a low prevalence of infectious and contagious diseases and a high prevalence of chronic and degenerative diseases.

1. Description of the health system

236. Health care is provided by two major subsystems: the public and the private. The public subsystem is State funded and traditionally provides care nationwide to the most disadvantaged sectors through the State Health Services Administration (ASSE). This network is supplemented by the military hospital, the police hospital, the clinical hospital (a level-3 university hospital), the services of the Social Insurance Bank (maternal and child care), the services of the State

Insurance Bank (industrial accidents and diseases) and the medical services of State corporations and ministries (all of these located exclusively in the capital city). Primary health-care services are also provided in departmental governments (especially in Montevideo).

237. The private subsystem consists essentially of the Collective Medical Care Institutions (IAMC), which are non-profit, operate a prepayment system and provide comprehensive care. These are supplemented by part-private insurance schemes (emergency and assistance), private diagnostic and/or treatment clinics, private doctors' offices and pharmacies.

238. In 1980, the National Resource Fund (FNR) was added to these subsystems.⁴³ This institution has made it possible to fund a large part of the medical technology in the country and to make it accessible to the entire population (as well as in the case of treatment abroad). The role of FNR is to administer funding and make payments to the Highly Specialized Medicine Institutes (IMAE), which are responsible for implementation, subject to authorization by the FNR technical directorate. Most of these institutes are in the private sector, some of them belong to IAMC and others act independently as medical enterprises.⁴⁴

239. With regard to availability of resources, there are a total of 423 establishments nationwide providing outpatient care (371 public, 46 private and six run by BPS). Although this number is more or less adequate for the size of the country's population, deficiencies can be observed. On the one hand, uneven geographical distribution means that some areas have services that overlap and others have huge gaps. On the other, ASSE and MSP hospitals and health centres have deteriorated because they not have not received the investments needed for their maintenance, let alone their updating and development, with the result that, in many cases, infrastructure is in poor condition or obsolete and there are sometimes serious shortages of inputs and turnover is very low.

240. There are a total of 8,147 hospital beds (4,792 public and 3,355 private) and outpatient visits total 15,055,112 a year (5,659,893 public and 8,934,316 private, plus 460,803 under partial insurance). The country has 13,500 doctors, giving a national ratio of 240 users per doctor. However, their distribution is such that 70 per cent are in the capital city, where only 50 per cent of the population live. Moreover, the national census shows that there is one professional nurse for every five doctors (when the ratio should technically be the reverse).

⁴³ This body and its functioning are governed by law, its legal status is that of a non-State public body and it is administered jointly by the Ministry of Public Health, the Ministry of Economy and Finance and the Social Insurance Bank, representing the State, and IAMC and IMAE, representing the private sector.

⁴⁴ The health care technologies currently available to the entire population, irrespective of ability to pay and offering the same quality of care, are: (a) cardiology area – haemodynamic studies, pacemaker insertion, transplants, surgery, angioplasty and defibrillator implants; (b) urology area – percutaneous and extracorporeal lithotripsy; (c) nephrology area – haemodialysis, peritoneal dialysis and transplants; (d) bone marrow transplants – serious burn victims and cochlear implants.

241. At the beginning of the twenty-first century, the health system was experiencing a profound crisis that can be summed up as follows: absence of a national health policy (as well as multiple administrative irregularities and omissions); a model that favoured treatment over prevention and included no health promotion measures; unbalanced and costly displacement of care towards a high-tech hospital model without any evaluation or planning; overlapping of services and pockets of complete absence of services; high health costs in relation to outcomes; inherited blatant political clientilism, uncontrolled corporatism and low pay for health personnel, forcing workers and doctors to take on multiple jobs (especially in the public subsector); lack of coordination between the public and private subsystems; IAMC management weaknesses, with chronic deficits; a co-payment scheme, originally intended to moderate the demand for services, transformed into a revenue-raising mechanism that ultimately affected the accessibility of the scheme (accounting for around 15 per cent of IAMC income); hopelessly inadequate plans and policies for vulnerable sectors (occupational health, child and adolescent health, maternal and child health, health care for older persons, mental health and oral health).

2. Public spending on health

242. Data available from the 2004 national health accounts show that Uruguay allocated 8.9 per cent of GDP to health in that year. Spending growth was uneven, in that the figure peaked at 10.9 per cent in 2000. After the 2002 crisis, health spending fell by approximately two percentage points as a result of the sharp drop in wages that followed the private sector pay freeze imposed from January 2001 to July 2004. In monetary terms, the distribution of health spending for the recipient population was unequal, with spending for a public sector user totalling 342 pesos a month and that for a private sector user totalling 903 pesos. A table annexed to this report reproduces the budget drawn up by the new Ministry of Public Health administration, expressed in current prices, for the five-year period 2005-2009, which shows a year-on-year increase in the funds allocated to the public health system.

243. In the five-year budget, wages account for 36 per cent and operating costs account for 64 per cent. Budget headings at current prices show that the administration (2005-2010), in allocating resources, has given priority to the MSP budget by steadily increasing budget lines for operating costs, in order to give the ASSE unit the funds it needs to improve levels of care. The aim is to be able to compete on an equal footing with the private sector in the Integrated National Health System set up in 2008. Lastly, a table annexed to this report shows the large sums allocated to improving hospital infrastructure and equipment, totalling 1,333,249,504 pesos, equivalent to US\$ 53,329,980.

3. New national health policy and universal national health system

244. The Government is seeking radical change in Uruguay, moving away from an exclusionary model to an inclusive one based on the redistribution of wealth through employment, incomes and social policies. According to this human-rights-based model, health is a human right and must be made universal. As already mentioned, health spending in Uruguay is around 9 per cent of GDP yet fails to meet the goal of ensuring quality of life for most of the population.

245. The previous model was inequitable, with some people allocated (as at 1 March 2005) 280 pesos a month, others 800 and others almost 1,500, while the co-payment system caused serious problems for citizens' access to health care. The quality of health care was also low because a

hospital-based system had been adopted, while primary health care, prevention and health promotion had been sidelined. Serious imbalances in its finances and in its capacity to solve health problems meant that the system was unsustainable.

246. The aims of the reform are to: make access to health universal, ensure that access to and the cost of health are fair, ensure that the care provided is of uniform quality and make both the public and the private system sustainable again. The bases of the new system are: (a) health as a social asset, an essential human right and a State responsibility; (b) health care guided by principles of universality, continuity, opportunity, quality, interdisciplinarity and team work, centralized regulation and decentralized delivery, social and financial efficiency, humanitarian care, democratic management, social participation and the patient's right to an informed decision about his/her situation; (c) affirmation of the lead role of the Ministry of Public Health in health policy, with regard both to its important responsibility for policy execution and to regulation and financial oversight; (d) change in the orientation of the health care model towards prevention and health promotion, with a primary health care strategy that emphasizes the first level of care; (e) change in the system of health care spending and funding to ensure universal coverage, equity and solidarity through national health insurance; (f) change in the management model to ensure coordination and complementarity of services at all levels, professionalism, transparency and honesty in their provision and stakeholder participation.

247. The health care reform proposes a model of universal access, with emphasis on a primary health care strategy (APS), funded by income-based contributions and providing equal and comprehensive quality care for all: from each according to his/her means and to each according to his/her needs.

248. The steps taken by the reform towards achieving this universal, equitable care have been: a system of income-based contributions, unlike the pre-existing situation of high out-of-pocket payments and access therefore limited by purchasing power; the right to coverage for the family unit, for all children aged under 18 and disabled persons of any age, effective immediately, and for non-working spouses as of 2011, unlike the pre-existing situation, where the worker's contribution gave entitlement only to the worker; and a change in the social security payment system from a standard payment that discriminated against those with higher health costs, especially older adults.

249. Now, the payment is linked to the age and sex of users and thus provides a level of protection for older persons that ensures that they receive appropriate care. In addition, retirees receive from health care providers a mandatory set of free co-payments (for doctors' visits, medicines, tests, X-rays and ECGs).

250. At the same time, an additional payment is made for specific kinds of care, the current components of which are: neonatal care, monitoring during the first year of life, pregnancy care, prevention and early detection of pathologies during pregnancy check-ups, prevention and early detection of breast and cervical cancer, and territorially based care of pregnant women and newborns.

251. Furthermore, the budget allocation for people receiving care from a public health care provider (ASSE), whose care, as mentioned above, used to be funded by barely \$US 10 per

month per person, has been increased, with the result that they now receive \$US 35 per person per month.

252. An additional element has been the sharp reduction in co-payments, which were essentially a tax on illness, namely: a 40-per-cent reduction in prescription costs; free access for people with diabetes; free tests during pregnancy check-ups; free preventive health tests for women: mammograms and Pap smears; reduction of prescription costs for people with high-blood pressure to a maximum of 50 pesos (around \$US 2) per prescription; set of free vouchers for retirees joining through FONASA; no charge for the new preventive check-ups for children aged up to 14; and care for drug-dependent minors under the age of 18 and support for family members. All Uruguayans are now registered with a comprehensive health care provider (see table attached as an annex).

4. Women's health

253. The gender dimension has been included in the reform process, especially the review of priority health care benefits; in the ministerial budget, along with the time spent by women on health care and its cost; and in the joint training in gender and rights to be given to health teams throughout the country. These policy lines have been adopted and are being implemented through an analysis of Uruguayan women's health, using data from INE and the Pan-American Health Organization (PAHO), as well as ministry data. Priority areas for action are being established on the basis of these data: sexual and reproductive health; gender violence; cancer in women; men's status and women's health; women's mental health; and management, monitoring and ongoing assessment.

254. In the immediate coordination carried out with ASSE services, the primary health care network and IMM, joint programmatic materials were produced with a view to finalizing an official definition of comprehensive women's health care. The national scope of the application of gender analysis in public health policies has increased considerably.

255. In the sexual and reproductive health area, targets and activities are being defined within the existing programme: the contraceptive guides produced by the previous Government's Commission on Sexual and Reproductive Health were revised in 2005. Their distribution is ongoing and a strategy has been launched for the in-service training of primary health-care personnel. These guides come under the heading of people's right to health, rather than simply that of sexual and reproductive health.

256. Work has been done to revise and update the guides for health teams on pregnancy, childbirth and postnatal care. In this context, the normative and oversight, composition and approval aspects of the committees on women's deaths related to pregnancy, childbirth, caesarean section and abortion were finalized.

257. With respect to domestic violence, a team has been set up and has begun work to ensure the recording in clinical histories at all levels of care of information linked to situations of violence to which women are subject. The team has also worked on the guide to procedures, the national decree on violence and health and the decree regulating the corresponding law.

258. National measures on genital and breast cancer and their prevention are being agreed, as well as the participation of the Women and Gender Programme in the Honorary Commission against Cancer. It is extremely important to launch a nationwide Pap smear campaign and to improve the referral and investigation of cases in the early stages in order to avoid the preventable deaths of 60 women a year, recognizing that it is often isolated or excluded women that are affected.

259. With regard to the group on men's status and women's health, an investigation into the importance of men accompanying their partners during childbirth has been agreed and a decree regulating Act No. 17.386 has been adopted which provides that all women, during labour and at the moment of birth, have the right to be accompanied by a person they trust or, failing that, to freely choose a person specially trained to give them emotional support.

5. Child health

260. With regard to infant and child mortality, deaths in children under five years of age are mainly due to preventable causes, such as acute respiratory infections, diarrhoeal diseases, diseases preventable by vaccination, accidents and perinatal causes associated with poverty, malnutrition, high fertility rates and unequal access to health care services. Despite having one of the lowest under-five mortality rates in the region, this is a situation that Uruguay also faces. Moreover, the decline in infant and child mortality has slowed in recent years and rates have levelled out, especially for newborns. The same is true of the mortality rate in children aged one to four years, which has not changed over the past five years.

261. Infant and child mortality rates differ geographically (by department), institutionally (public/private sector) and within cities (e.g. among neighbourhoods of Montevideo), revealing significant social inequities and problems linked to the health care system. According to 2004 figures, the infant and child mortality rate for IAMC and BPS users was 7.8 per 1000, while that for MSP and clinical hospital users was 19.1 per 1000.

262. As part of a programme aimed at reducing child mortality, a project for monitoring deaths in children under the age of 15 has been put into effect, thereby creating an epidemiological monitoring system that will permit more detailed analysis of deaths in this population group and thus provide the information needed to guide health actions aimed at reducing preventable deaths.

263. Through an agreement between the Ministry of Public Health, the Pereira Rossel Hospital Centre (CHPR) and the judiciary, a programme on unexpected infant deaths will be carried out, under which autopsies will be performed in the CHPR paediatric pathology laboratory on children under one year of age who die at home or upon admission to hospital, in the city of Montevideo. The aims of the programme are: to apply a uniform research protocol to all children aged under one who die unexpectedly in the city of Montevideo; to obtain a picture of the situation with regard to the real causes of unexpected mortality in this age group in the city of Montevideo; to analyse the situation and the real place of sudden infant death syndrome (SIDS) in unexpected deaths; and to identify deaths from explainable causes and ascertain why they occurred.

264. In conjunction with UNICEF and UNDP, the National Child Health Programme has developed a standard for optimizing infant and small-child feeding practices, which are summarized in the good feeding practices for infants document, in order to help improve the quality of care and make it more child friendly. The main aim is to improve infant and small-child feeding practices in the health services through a process of outside accreditation. The programme envisages measures to ensure the right of children to exclusive breastfeeding during the first six months of life, appropriate introduction of solid foods and continued breastfeeding as recommended by the World Health Organization. General measures are also being taken to reduce infant and child morbidity.

265. With regard to the HIV/AIDS situation, one positive development has been the reduction of mother-to-child transmission from 35 per cent in 1995 to 3.9 per cent in 2005.

266. In 2007, the new health card for Uruguayan children was introduced. This card will have two versions, one for boys and one for girls, and the new PAHO growth charts and development indicators have been incorporated. Presentation of this card will be mandatory when the boy or girl begins attendance at a public or private institution (child-care centre, kindergarten, school) and it will also serve as a document for annual certification of physical fitness for non-professional sports. The purpose of the card is to help improve the health of the country's children.

6. Adolescent health

267. This stage of life is characterized by huge potential for growth and opportunities. However, the fact that half the country's adolescents live below the poverty line makes them especially vulnerable, affecting their present life and doubtless also their future. It is the State's responsibility to come up with proposals and alternatives that will reduce the opportunity gap between today's poorest adolescents and those who are better off.

268. Actions should include such adolescents as key protagonists and not just as beneficiaries, and adults, especially those working in health and education, need to be better trained for working with adolescents. Two lines of work are being pursued to increase adolescents' access to health services: training in adolescent health for 250 doctors throughout the country (a course supported by the INFAMILIA programme of the Ministry of Social Development (MIDES) through an IDB loan); and the creation of 40 specific comprehensive health care centres (combining a health care area and an area for group activities where adolescents can meet to carry out activities related to their health and the health of those around them).

269. There is also a project to monitor and support teenage mothers and fathers, in an attempt to: postpone the second pregnancy; encourage exclusive breastfeeding during the baby's first six months; monitor postnatal health; support health checks for the baby; and encourage the mother and father to plan for their future by helping them continue their education, participate in society and find work. Fifty socio-educational support workers make home visits or work in other community facilities outside the health centre. Teenage mothers are contacted after giving birth in public maternity wards throughout the country and invited to join the programme. The project is based on monitoring throughout the baby's first year of life. Currently, there are 37 professionals (midwives, social workers, nurses and psychologists) employed by ASSE and 15 funded by the INFAMILIA-MIDES programme. Between October 2004 and December 2005,

the project worked with 2,500 adolescents and began to build an adolescents and health network to encourage them to take part in actions and programmes directed at them.

270. Thus far, 240 adolescents have been trained as youth sexual and reproductive health outreach workers. This year, they will receive further training, especially in setting up community projects. These activities are being carried out under the INFAMILIA programme, with the participation of the NGO *Iniciativa Latinoamericana*. In the area of adolescent sexuality, efforts are being made to improve their access to sexual and reproductive health counselling services and to the use of contraception and methods for preventing sexually transmitted illnesses (STIs). This action is being coordinated with the Women and Gender Programme and the Programme for the Prevention of STIs and AIDS (PPITS/SIDA).

271. Work is ongoing with departmental health directorates and jointly with the Youth Institute (INJU) to create youth centres in the departments of Colonia, Maldonado and Flores. These centres are intended to promote health lifestyles through cultural projects that stimulate sensitivity and group work.

272. Links with the formal education system are also being sought, through participation in the "healthy schools" programme coordinated by the Health Directorate (DIGESA) and ANEP and in the "YO X VOS" project designed to prevent accidents and foster a culture of peer solidarity.

273. An inter-institutional panel has also been set up with civil society organizations and representatives of departmental health directorates and departmental governments. Representatives of INJU are also involved. The purpose of the panel is to exchange and coordinate proposals for protecting the rights of adolescents. There is an integrated adolescent health advisory team whose function is to propose the guides, norms and protocols that will govern the clinical care of adolescents.

7. Health of people with disabilities

274. Legal protection of people with disabilities in Uruguay developed through different norms, some of them protecting people with various kinds of disability and others providing certain benefits. These norms did not constitute a comprehensive system of protection, however; the latter was achieved only with the adoption of Act No. 16.095 of 26 October 1989. With regard to compliance with international norms or agreements, Act No. 16.095 was based on existing legal instruments such as the United Nations World Programme of Action of 3 December 1982

and ILO Recommendation No. 99 of 1999 concerning Vocational Rehabilitation of the Disabled. Uruguay has signed the United Nations Convention on the Rights of Persons with Disabilities. A variety of projects are also being implemented.⁴⁵

275. One of Uruguay's historical shortcomings in this area has been the absence of statistics on people with disabilities. The first National Survey of People with Disabilities was carried out in 2003-2004 as part of a household survey. It was planned and executed by the National Honorary Commission for the Disabled and the National Statistical Institute.

276. The survey revealed that: the prevalence of disability in the total population residing in private urban homes in towns with 5,000 or more inhabitants is 7.6 per cent; over half the population with at least one disability (50.8 per cent) are aged 65 or over, followed by those aged 50 to 64 years (18.4 per cent) and those aged 30 to 49 (12.9 per cent), while children, adolescents and young people account for 17.9 per cent; a majority of the disabled population (66 per cent) have only one disability, while 34 per cent have two or more disabilities; with regard to what is identified as the main disability, the biggest percentage (31.3 per cent) involves difficulties with walking: either inability to walk or limited mobility, followed by sight (blindness or limited vision) and hearing (deafness or limited hearing), which account for 25 per cent and 13.6 per cent respectively; with regard to the main cause of disability, over half of respondents (51.2 per cent) attribute their disability to illness, 20.8 per cent say they have been disabled since birth, 17.5 per cent attribute their disability to aging and 9.4 per cent to accidents.

277. A majority of women (54.2 per cent) attribute their disability to illness and almost a fifth to aging. Among men, the percentages are lower: 47.2 per cent say their disability was caused by illness and a quarter say they have been disabled since birth. The incidence of accident-related disability is higher among men. With regard to coverage of the care or help needs identified by people with disabilities in order to be able to carry out functional activities in their daily lives, mobility outside the home accounts for the biggest percentage (40 per cent). With regard to other activities, 20 per cent of disabled persons require another person's help in order to take care of themselves or attend training activities. The latter categories are not mutually exclusive, since the same person may need help in carrying out one of more functional activities.

278. Among persons who say they need help but do not receive it, the biggest percentages concern help in attending training activities (15.1 per cent) and help in maintaining relations with other people (9.6 per cent), followed by mobility outside the home (8 per cent), mobility within the home (5.2 per cent) and help in caring for themselves (5.1 per cent).

⁴⁵ Research into the medical/health aspects of disability and development of an information and guidance system for people with disabilities; prevention of deficiencies and disabilities through crosscutting coordination with all public and private sector bodies and institutions; support for and protection of people with disabilities; support for the implementation of early care actions aimed at children, their families and their environment; support for the implementation of a medical rehabilitation subprogramme and coordination of comprehensive, community-based rehabilitation programmes; promotion of actions for the creation of homes for people with disabilities and regulation, evaluation and oversight of their functioning and the quality of their services; national programme for the decentralization of basic rehabilitation for blind persons.

279. Health coverage for people with disabilities is almost universal: 99 per cent. Public sector health centres (MSP or the university hospital) provide care for almost half the disabled population, mutual insurance centres care for 42 per cent and other centres cover the remaining 9 per cent, while 38.2 per cent of the disabled population are registered with a mobile medical emergency service (partial coverage), regardless of whether they are covered in whole or in part by a health care centre. This percentage is 24 per cent higher than that for the rest of the population.

280. The recent impetus given to the National Honorary Commission for the Disabled and its departmental commissions within the Ministry of Public Health represents a major change. The National Disability Programme (PRONADIS), which now comes under MIDES, was set up in 2005. As part of its reorganization, the programme has been made responsible for the management and involvement of rehabilitation centres and institutes for people with neuromusculoskeletal and sensory disabilities.

281. Other government policies and strategies for people with disabilities are being implemented through MSP, namely: strengthening and development of action at the first level of prevention and coordination with disabled persons' organizations and between the latter and the community, with a view to promoting empowerment and participation; strengthening of action within the educational system to prevent accidents and potentially disabling prevalent illnesses, through the creation of health promoting schools; coordination of activities with municipal authorities as part of policies to promote "healthy municipalities"; use of the health promotion strategy to ensure the health literacy and empowerment of people with disabilities in order to involve them in MSP decision-making and promote their participation, social inclusion and citizenship; development of an overall approach to health care for disabled persons; reduction in situations of social inequity affecting disabled persons and promotion of their access to health services and the physical environment; improvement in the quality of life of people with disabilities through actions that promote their integration and inclusion in the community; and prevention of deficiencies and disabilities through neonatal screening, addition of folic acid to wheat flour, pregnancy check-ups, institutionalized childbirth and the vaccination system.

8. Measures to prevent, treat and control diseases linked to water

282. Diseases associated with water pollution are rare and the exception in Uruguay.

9. Immunization programmes against infectious and contagious diseases

283. Uruguay is notable for having conducted a national Expanded Programme of Immunization and for having pioneered the introduction of new vaccines (haemophilus influenzae, chicken pox, hepatitis A). BCG vaccination coverage at birth is 99 per cent, while polio, DPT and triple virus (MMR) vaccination coverage in children under one year old is 95 per cent.

284. Anti-flu vaccine for children has been promoted in accordance with international recommendations. Printed materials for paediatricians and the general public have been produced and information meetings have been held for health personnel, with vaccination personnel receiving more in-depth information.

285. With regard to pneumococcal 23-valent and conjugate vaccines that are not yet available, there is epidemiological information on serotype frequency in children, making it possible to envisage potential coverage for each vaccine. Epidemiological information is also available that supports the use of hepatitis A vaccine.

10. Measures against abuse of alcohol, tobacco, illicit drugs and other harmful substances

286. Uruguay has a State anti-smoking policy. The strategy of creating no-smoking areas has received considerable support and cooperation from smokers and non-smokers. Presidential Decree No. 268/005, which came into force on 1 March 2006, establishes that all indoor public areas and all workplaces, public or private, where people share space must be 100 per cent smoke-free, making Uruguay the fifth country in the world and the first in Latin America to take such measures.

287. Within the country, support for the decree comes from all sectors of society, including a large proportion of people who smoke (almost two thirds of smokers approve of the decree). The strategy has been accompanied by the organization of workplace groups for staff who want to give up smoking and the creation of 100 polyclinics in different health establishments to focus on this issue, as well as the possibility of providing free medication to those who need it.

288. National drug policy is the responsibility of the National Drug Board (JND).⁴⁶ Its aim is to prevent problematic drug use at three levels: intervention at the primary health care level; early detection of problematic drug use; and treatment and rehabilitation of problematic drug users, at any stage of drug use. It also aims to suppress trafficking of drugs and chemical precursors, money laundering and related crimes. Since 2005, the Board has stepped up action to control the supply of both legal and illegal drugs.

289. With regard to legal drugs, an increase in tobacco taxes is being sought in response to the public health consequences of tobacco use. Some anti-tobacco measures are already in place: restricting access; controlling availability, sales points and opening hours; and regulating the minimum age for tobacco purchases. With regard to illegal drugs, the emergence of coca paste use and its social and health consequences have prompted efforts to reduce its use substantially by means of multi-pronged interagency action involving a number of government agencies.

290. In view of the specific drug emergency characterized by these new patterns of drug use and by public anxiety at the resulting problems, the main emphasis of immediate action is on the creation and implementation of a public help network for problematic drug users. Working through a national network, the National Drug Secretariat (SND) coordinates, supports and advises the country's various technical teams. Information, human resources training, research and evaluation are some of the areas in which the national network is active.

⁴⁶ The National Drug Board comprises ministerial representatives at the Under-Secretary of State level and is chaired by the Pro-Secretary of the Republic. Its interministerial composition allows it to design and implement jointly agreed strategies based on prioritized objectives. It has a National Drug Secretariat, responsible for enforcing directives related to its established priorities, the latter being implemented by bodies with the relevant specific powers.

291. Current national drug policy guidelines provide for the promotion and implementation of local prevention policies. JND has multidisciplinary teams working in Uruguay's most complex departments (border, beach resorts, etc.) and those where population density is greatest. Although SND can draw on nationwide surveys of drug prevalence and use and surveys conducted in secondary education, there is a need to build local indicators and obtain local data in order to identify problems and resources at the community level.

292. Through its departmental work teams, SND has been carrying out an initial phase of raising awareness about the problem and about the best practices for preventing and dealing with it. Effective communication has been established and information activities have been conducted throughout the length and breadth of the country, with the multidisciplinary teams of departmental drug boards distributing the JND-SND information guide "*Más Información, Menos Riesgos*" (More Information, Fewer Risks). Once this initial phase was in place, departments that had the support of community authorities were really able to constitute and strengthen themselves as a prevention team and to ask SND for training in how to apply different working methods.

293. In the case of secondary education, training has been provided in how to apply the *Reto de la Libertad* (challenge of freedom) programme, which essentially promotes skills development: critical thinking and healthy decision-making in response to the availability of drugs. In working with families, the multidisciplinary teams of two of the country's departments have been trained to work with the family childrearing skills programme "*Protejo*" (I protect), which promotes healthy family childrearing models. Public health workers nationwide have been trained to address the issue at the primary and secondary health care levels, making it possible to contain the problem and, if necessary, to refer patients for treatment. For the first time, SND is promoting the creation of a labour section within JND, responsible for designing and implementing a specific tool on the issue in order to help improve community approaches to prevention.

294. A socio-health care network for drug users is starting to be developed at the primary health care level and a second public health care centre for problematic drug users is being opened. At the same time, action is being taken with regard to alcohol abuse. Sport has been promoted through the *Knockout Drugs* programme as a means of combating addiction.

11. HIV/AIDS prevention and support for people with HIV/AIDS

295. The campaign against HIV/AIDS is being led by PPITS/SIDA, under the auspices of the MSP Directorate of Health. In Uruguay, the epidemic is concentrated, with low prevalence among the general population (0.43 per cent in 2008) but high prevalence among vulnerable population groups: male and transvestite sex workers (19.3 per cent, 2008), intravenous drug users (18.5 per cent, 2008), non-injecting cocaine users (9.5 per cent, 2004), prisoners (5.5 per cent, 2008) and men who have sex with men (9 per cent, 2009).

296. Under the current National Integrated Health System, priority programmes are nationwide in scope and are aimed at directing and regulating integrated health care guidelines and models. PPITS/SIDA performs these functions, as well as supervising and auditing regulations, and takes action to promote health and prevent sexually transmitted infections (STIs) and HIV from the perspectives of gender, ethnicity, age and sexual diversity, guaranteeing the exercise of human

rights and giving priority to people who are socially vulnerable. Its guiding principles are: to push for decentralization of health promotion, prevention and health care; to increase programme efficiency through strategic intersectoral, intrasectoral and inter-institutional alliances; and to promote the active participation of networks, NGOs and groups of people with HIV in the design and implementation of actions.

297. There are a number of underlying reasons for the programme's five-year strategic plan: the increasing prevalence of HIV in Uruguay (0.23 per cent in 2000, 0.36 per cent in 2002 and 0.45 per cent in 2004); the general public's perceptions and continuing lack of information about ways of transmitting and preventing HIV; the vulnerable situation of women, adolescents and young people and of groups with a prevalence rate of over 5 per cent (drug users, men who have sex with men, prisoners); under-recording, gaps and difficulties in the early detection of people with STIs; stigma and discrimination against people with HIV in schools, the workplace, society and the health services (a phenomenon compounded by other forms of discrimination and inequity based on gender, race and ethnicity or on the fact that they belong to more socioeconomically disadvantaged sectors); non-existent or minimal pre- and post-test psychosocial counselling (which makes them less likely to continue with treatment and more likely to abandon it); and insufficient information for decision-making on baselines (prevalences, practices and risk perceptions in a number of vulnerable populations).

298. The five-year national strategic plan was drawn up by PPITS/SIDA and approved by the National AIDS Commission and the Country Coordinating Mechanism (CONASIDA-MCP) in 2006. Its overall aim is to reduce HIV transmission in vulnerable populations. The plan has five main objectives, which address the fundamental aspects on which work is needed in order to reverse the course of the epidemic in Uruguay: (a) to encourage vulnerable populations to adopt behaviours and practices that promote health and prevent STIs, including HIV infection; (b) to make comprehensive health care and STI management universally available to people living with HIV; (c) to make sure that newborns in Uruguay are free from HIV and congenital syphilis; (d) to reduce stigmatization and discrimination against people with HIV/AIDS and vulnerable groups within Uruguayan society; and (e) to strengthen the surveillance and information system technically and financially so that health policies can be designed, monitored and evaluated.

299. The guiding principles of quality of life and construction of citizenship for people with HIV/AIDS, as well as coordination with other public and departmental bodies, NGOs, groups of people with HIV, Latin American networks and international agencies, form part of this comprehensive response to halting the spread of the epidemic. With regard to action taken to improve the quality of care for HIV patients, guidelines for the antiretroviral treatment of adults, pregnant women and children have been produced and published and training has been given to professionals working in this area. ASSE has set up a Commission within the MSP Infectious and Contagious Diseases Service (SEIC) to monitor such treatments. Guidelines on sexually transmitted infections, the syndromic approach and the handling of algorithms have also been drafted, published and distributed and training workshops have been held for professionals. Guidelines for counselling pre- and post-diagnostic testing for HIV have been drafted and distributed and used in training.

300. Public participation has been made possible through the establishment of CONASIDA-MCP in 2005 and its formalization by executive branch decree of 26 May 2008 (Ref. No. 001-520/2008). CONASIDA-MCP is chaired by the Deputy Minister for Public

Health and its executive secretariat is made up of people with HIV and an NGO, both elected by their communities, and a representative of the board of PPITS/SIDA. It is an intersectoral, interministerial forum bringing together State agencies, civil society organizations and people with HIV. Its members are: the two branches of the Ministry of Public Health (the Directorate of Health, represented by PPITS/SIDA and ASSE; the Ministries of Defence, the Interior and Social Development; the Uruguayan Institute for Children and Adolescents; the National Public Education Administration; the Faculty of Medicine of the University of the Republic; the National Parliament (health committees of the Senate and the Chamber of Deputies); the Office of Planning and Budget of the Presidency of the Republic; CNT; NGO; group of people with HIV; and the United Nations system: UNAIDS, UNDP, UNIFEM, UNFPA, UNICEF, PAHO/WHO and the Office of the United Nations Resident Coordinator in Uruguay.

301. Pursuant to Act No. 17.515, PPITS/SIDA also chairs the Honorary National Commission for the Protection of Sex Workers, made up of two NGOs of male and female sex workers and government ministries and institutions involved with this issue. Within this framework, PPITS/SIDA has drawn up guidelines for the comprehensive care of sex workers (2008) and a national consultation on the regulation of sex work has been carried with the broad participation of sex workers.

302. PPITS/SIDA has participated in the inter-agency, intersectoral National Committee to Eradicate of Commercial and Non-Commercial Sexual Exploitation of Children and Adolescents (CONAPESE) and has been actively involved in the Sex Education Commission of the Central Management Council (ANEP-CODICEN), the central governing body for secondary education, which designed the national sex education programme that has been taught in the three subsystems of the formal education system since 2007.

303. In 2008, in Mexico, Uruguay, along with 29 other countries, approved an agreement signed by the Ministers of Health and Education of Latin America and the Caribbean that provides a powerful impetus to sex education and HIV prevention. The Mexico City Ministerial Declaration "Preventing through education" establishes the need to implement effective strategies for promoting sexual and reproductive health in the countries concerned, from a standpoint of respecting differences and combating discrimination. It also recognizes the need to establish mechanisms for HIV prevention and to ensure the necessary health services. Ministers also agreed to evaluate and update educational programmes by 2010 in order to include sex education in the curriculum at all levels of education and to guarantee and reinforce the training of schoolteachers on this issue.

304. PPITS/SIDA is a member of the MERCOSUR Intergovernmental Commission on HIV. The Commission was created to promote an integrated policy for combating the epidemic and was institutionalized by means of Agreement 02/02 adopted at the Thirteenth Meeting of Ministers of Health of MERCOSUR, Bolivia and Chile, held in Buenos Aires, Argentina, on 7 June 2002. It currently comprises most associated countries of the region. It was agreed to give priority to: (a) epidemiological monitoring and research; (b) exchanges of experience on working with more vulnerable populations (MSM, IVDU, sex workers, women, migrants, etc.); (c) the negotiation of prices for medicines and prevention inputs; (d) prevention of vertical transmission; (e) coordinated, harmonized action in border areas; and (f) guaranteeing the human rights of people living with HIV and promoting non-discriminatory action.

305. Uruguay and its PPITS/SIDA are members of the Horizontal Technical Cooperation Group (HTCG) made up of all the STI/AIDS programmes in Latin America and the Caribbean, with Uruguay acting as focal point for the Southern Cone. The Group's actions are guided by the following principles and guidelines: (a) horizontality of cooperation, exchanges of experience and technology transfers among countries; (b) protection and promotion of the human rights of people with HIV; (c) respect for diversity; (d) coordination between government bodies and civil society organizations, with emphasis on community networks active in the region; (e) mutual respect among countries at both governmental and non-governmental level, taking into account the potential and specificities of each country.

306. A training programme for outreach workers among members of the armed forces has been carried out, with research and training activities conducted in the Ministry of the Interior, the Ministry of National Defence and the Ministry of Public Health, as well as prison workshops among inmates of a number of prisons, in conjunction with the Ministry of the Interior and the prison medical system. Work also included the police personnel on duty. Studies of HIV and hepatitis B seroprevalence have been conducted, with counselling and informed consent. Where indicated by the doctor, hepatitis B vaccines were administered.

307. Care and counselling have also been provided to individuals who come to the Programme requesting them, and a telephone hotline "*Hola ITS/SIDA*" has been set up, manned from 9 am to 6 pm by programme staff. Hotline operators record the information provided by callers on a form. The information is then entered in a database that provides a regular overview of the situation. In an attempt to decentralize activities, action is being taken to set up systematic STI/AIDS prevention work in every department of the country. Activities to update and inform health professionals about recently drafted and approved norms and models of care have also been carried out.

308. Prevention and health promotion on the issue are carried out using various kinds of publicity, such as posters and leaflets, but also through public HIV campaigns centred around World AIDS Day on 1 December and around prevention of the sexual transmission of HIV and promotion of condom use. The Programme and HIV/AIDS research and/or norms are presented through such publications as: "National STI/AIDS Programme"; "Impact of HIV/AIDS on the female sex, looking from and at the standpoint of health workers"; "STI guidelines"; "Norms for ARV treatment (paediatric care, adults and pregnant women)", etc. National AIDS Day is commemorated on 29 July, recalling the first HIV case dealt with in Uruguay, as is World AIDS Day on 1 December. Uruguay also observes the Latin American and Caribbean Day for the Elimination of Congenital Syphilis (second Saturday in October).

309. Uruguay is also seeking to implement affirmative action and STI/HIV preventive action among the population of African descent and to provide relevant information and recommendations to the health system for the design of STI/HIV policies for that population. This work is aimed specifically at: identifying Afro NGOs working on, or interested in becoming involved in, health issues, more especially STI/HIV and ethnicity; promoting STI/HIV training forums; drafting national legislation articulated with cultural and ethnic specificities; promoting the active involvement of people of African descent in the design and implementation of this line of work; and promoting the establishment of a panel and/or coordinating office of Afro NGOs participating in the programme. In August 2008, NGOs and academic institutions were invited to conduct a qualitative study within the Afro population to determine the latter's

knowledge, attitudes and practices with regard to HIV/AIDS, with a view to designing health promotion and STI/HIV prevention policies for that population.

310. The largest share of public health spending in this area goes to antiretroviral treatments (ARVT), meaning that 47 per cent of spending goes to people with HIV. Universal ARVT coverage was established in 1997 by resolution of the Directorate of Health; by the end of 2007, coverage of reported AIDS cases was 90.2 per cent.

12. Accessibility of essential medicines

311. For the first time, the public and private health sectors in Uruguay will use the same physicians' reference book or pharmacopoeia. In the past, there were two different medical references, the VAM for the public sector and the VUM for the private sector, but from now on just one reference will be used, listing medicines generically rather than by trade name. Measures of this kind form part of the process of building the National Integrated Health System and are aimed at achieving equity between the public and private sectors, ensuring the same quality of services and same quality of care.

13. Mental health

312. Historically, some of the biggest mental health problems in Uruguay have been (and continue to be): massive marginalization of the mentally ill, with declining standards of care and disregard for the dignity of patients, their families, the community and health personnel; and huge delays in incorporating psychosocial and psychotherapy resources into public services and IAMC. The Ministries of Public Health and Social Development are currently emphasizing action to tackle these problems. For instance, in recent years, they have worked on documenting a number of people who have been institutionalized and abandoned by their families.

313. The National Mental Health Plan prioritizes to six areas of comprehensive services in the building of the National Integrated Health System (SNIS): mental disorders affecting social functioning (community care of people with psychotic disorders); mental problems of which there is a high prevalence in visits to health services; somatic illnesses with a major psychological and psychosocial impact; problems linked to violence and violent death; problematic use of drugs, alcohol and tobacco; and problems linked to phases of life and with a gender profile.

314. The lines of action being pursued include, firstly, increasing the number of community mental health teams and building their capacities. These teams must become the principal setting for mental health care, based in the first level of comprehensive health care. Their work will be geared towards promoting healthy lifestyles, educating the community about prevalent psychosocial problems, supporting educational institutions and community organizations and educating the health team about early detection (of disorders, symptoms and risk factors). Emphasis will be placed on health promotion and universal prevention for the covered population, rather than on simply responding to a diagnosis of symptoms.

315. Second, there are plans to include hospital or sanatorium mental health units in the organization of each provider institution. These units will have to: educate health personnel about mental health and psychosocial support; coordinate consultation among emergency,

outpatient, home-based and institutionalized services; provide psychological and psychosocial care in health situations that have a major impact on the patient and/or the family (disabilities, complications of pregnancy, childbirth and the postpartum, CTI, dialysis, transplants, oncology, surgical psychoprophylaxis, terminal patients, etc.); and operate a specialized mental health polyclinic with crisis intervention, psychotherapy and appropriate medication programmes.

316. Third, efforts will be made to improve the quality of care in crisis episodes. Care services will have to provide care in a closed setting in order to ensure appropriate treatment and protect the patient, the family and the surrounding community. The closed setting may be the home, a general ward or a special ward, depending on the intensity of the episode, the risks and the ability of the family to care for the patient. Care must be intensive, comprehensive and last for as little time as possible, namely, the time needed to overcome the risks to the patient and/or third parties and the period during which coexistence is significantly disrupted. Mutual insurance schemes will have to cover the cost of closed care throughout the episode and whenever such episodes occur (without the current limit of 30 days per year).

317. Fourth, there are plans to increase the number of rehabilitation centres, which are fundamental for improving patient socialization, cooperating with families and reducing the frequency of hospitalization. Rehabilitation centres are one of the main tools for implementing the plan of comprehensive, ongoing and permanent care (PAICP) for people suffering from psychotic disorders. In applying PAICP to patients and their families, care services will be guided by the following objectives: to prevent the patient from relapsing into crisis episodes; to help the patient stay in the community, in either the family home, a replacement home, a supervised residence or a permanent community hostel; and to help the patient function in society, either fully or with support.

318. Fifth, the aim is to provide patients with a decent, safe place to live. Assisted family living, replacement homes, supervised residences for patients whose social functioning is good but who are not living with their families and permanent hostels (protected homes) for a maximum of eight to 10 people, in which care and recreation provide the optimum level of dignity for some patients whose mental illness is too severe for them to be able to live with their families, are essential mechanisms available to the services that provide social support to patients and their families, in conjunction with health services.

319. Permanent shelter needs have been covered, generally in unacceptable conditions, by “health homes” in the private sector and by the Bernardo Etchepare and Santín Carlos Rossi psychiatric care home in the public sector. In 2007, the Ministries of Public Health and Social Development opened the first “assisted home” for patients with psychiatric disorders who do not need to be institutionalized, but do not have a family to take care of them. Renovation work was carried out by the staff of *Trabajo por Uruguay*. Training has been provided to people belonging to a social cooperative, who will live with patients and make sure that they eat properly and take their medication. Vilardebó Hospital will make periodic medical visits and its nursing staff will carry out check-ups.

320. Sixth and last, patients will have full or assisted access to social life. The various care structures mentioned are not intended to keep patients in but to facilitate their transition to life in the community, whence the importance of creating opportunities outside the health services for people to join in appropriate creative activities, according to their differing levels of competence.

321. Work is currently under way with civil society on updating the 1934 Act by drafting a bill on mental health as a human right, under which institutionalization would be a therapeutic last resort.

H. Article 13 – Education

322. The social and economic crisis also had an impact on the educational system: schools and institutes in the poorest neighbourhoods have the worst educational outcomes. Among the more worrying statistics is the fact that three out of 10 young people aged 15 to 17 and six out of 10 of those aged 18 to 24 do not attend an educational institution, while 8.3 per cent of young people aged 15 to 20 are not studying, working or looking for work and have not completed basic secondary education.

323. In 2005, a national debate on education was launched, focusing on five main points: the promotion of lifelong education for all; education, citizenship and human rights education; education in the national development model; and education in the knowledge society (incorporation of information and communication technologies). The aim was to come up with concrete proposals that could be put before Parliament as inputs for the drafting of the Education Act that was finally adopted. A way was sought of reconstituting the dialogue among all those involved in education and in promoting the participation of teachers, civil servants, students, parents and society as a whole, on the understanding that education is a public matter.

324. The debate included issues not covered in earlier laws, such as childcare for children aged 0 to 3 years, a significant period in the cognitive, affective and social development of every human being, and non-formal education and its relationship with the formal education system. Education was approached from the standpoint of the social emergency suffered by Uruguay after the 2002 crisis.

325. Act No. 18.437, the new General Education Act adopted on 12 December 2008, approaches education from the standpoint of what UNESCO calls “lifelong learning for all”. In other words, education must be thought of as something that goes beyond school attendance, involves both formal and non-formal education, begins at birth and continues throughout life. The new Act is helping to shape a genuine national education system that is governed by common principles and objectives, ensures the movement of students, teachers and educational professionals through a coordinated, coherent system and coordinates the different levels of both public and private education, avoiding overlapping and gaps caused by the absence of clearly delimited jurisdictions. It takes a long-term view of education and envisages crosscutting elements at all levels, including: police and military training; human rights education; environmental education for sustainable development; arts, science and language teaching; sex education; health education, education through work experience; and physical education, recreation and sports.

326. Between 2005 and 2008, public spending on public education rose to 4.5 per cent of GDP. At the same time, special emphasis was placed on the education system’s social inclusion function. Under its Equity Plan, in effect since 2008, the Government pledged to: improve the coverage and quality of educational care for children aged 0 to 3 years; make early childhood education for 4 and 5 year olds universal; improve the quality of primary education, with emphasis on overcoming the impact of social inequity on educational performance as expressed

in grade repetition rates; and make basic secondary education universal, paying special attention to the school dropout problem. A community teachers' programme has been set up to improve primary school educational outcomes in socioculturally critical contexts, combating grade repetition and the presence of older children in classes for younger age groups. The community classrooms programme has functioned as a mechanism for reincorporating young people into secondary education, helping adolescents who have been disconnected from the formal education system for some time to acquire socialization skills. Such support programmes have also been used to help refugees integrate in Uruguay.

327. According to the latest national census, carried out by INE in 1996, the illiteracy rate for the country as a whole is 2.6 per cent for women and 3.6 per cent for men. The difference is even greater if these percentages are analysed by gender and geographical area: the female illiteracy rate is 2.5 per cent in urban areas and 4.1 per cent in rural areas, while male illiteracy is higher in both: 3.1 per cent in urban areas and 7.7 per cent in rural areas.

1. Orientation of education towards economic, social and cultural rights objectives and education on these rights in school curricula

328. Education in Uruguay is based on principles enshrined in the Constitution of the Republic and the laws in force, both of which refer to principles such as freedom of thought; educational and academic freedom; free, compulsory and secular education; and independence of education from the executive branch. Education is governed by Act No. 18.437 of 24 December 2008, while the University of the Republic is governed by Organic Act No. 12.549 of 29 October 1958, establishing its purposes and component organs and the latter's integration and competencies. The university is autonomous.

329. In 2005, there were 702,827 children and adolescents enrolled in the formal education system (early childhood, primary, secondary and technical). Enrolment in early childhood education dropped between 2002 and 2004. In 2005, this situation was reversed, although the increase did not bring numbers back up to 2001 levels. Meanwhile, primary education enrolment has risen steadily over the years. In 2005, at least eight out of 10 pupils at all levels were enrolled in public institutions. This trend is not new, but dates back to the very origins of our system. In 2002, the net attendance rate for early childhood education (children aged 4 and 5) was 79 per cent, that for primary education was 94.7 per cent and that for secondary education (secondary and technical) for young people aged 12 to 17 was 75.5 per cent.

330. At the levels where access or completion is not universal, Uruguay's education system faces the challenge of social equity: the greatest differences are not attributable to gender, ethnicity or geographical location, although such differences exist, but to household income. In Uruguay, more disadvantaged sectors have consistently lower levels of access to education than those that are better off. They also have higher rates of grade repetition. For instance, while repetition rates between the first and sixth years of primary education are 4 per cent in State schools located in "very favourable" socioeconomic contexts, this figure rises to 10.7 per cent for public schools located in areas where the context is "very unfavourable". These data show that the State faces serious challenges in seeking to ensure the elimination of discrimination in the national education system.

331. Accordingly, in an attempt to resolve this discrepancy, ANEP and MIDES (through PANES) have finalized an agreement for the Ministry to provide support to schools and high schools located in so-called “critical context areas”, in the form of infrastructure and provision of support materials; expansion and reinforcement of schools meals coverage; and support for out-of-school recreational, cultural and sports activities. Programmes will be carried out that coordinate participation with the family and strengthen links with the community.

332. ANEP is implementing the school meals programme (PAE), which in May 2006 was catering for 250,841 pupils daily, providing lunch, a glass of milk or both meals. Such coverage is high if one considers that the total number of children enrolled in primary school is 407,590.

333. ANEP set up the Human Rights Secretariat and in 2008 the new General Education Act introduced human rights education as a crosscutting element at all levels. According to the Act, the aim is to ensure “that pupils, drawing on a basic knowledge of human rights instruments, develop attitudes and incorporate principles related to fundamental human rights”. The Act goes on to say that “Human rights education shall be considered a right in itself, an inseparable component of the right to education and a necessary condition for the exercise of all human rights”. The Act created a National Commission for Human Rights Education to propose general lines of action on the subject.

2. Free and compulsory primary education

334. Preschool or early childhood education provides education for children aged three to five and, under the new Act, is compulsory from the age of four. The Central Management Council (CODICEN) is currently working on the restructuring of such education in order to provide educational coverage for all children from the age of three.

335. Primary education consists of six grades and is compulsory. In urban and suburban schools, four hours of classes are taught daily from Monday to Friday, totalling some 180 days a year. Each group or class has one teacher. Pupils are taught music and as of 2009 also have teachers of physical education, dance, manual skills, etc. The primary education curriculum for urban schools uses a general teaching methodology and an active teaching approach. Rural education is governed by a basic common curriculum, contextualized to meet local needs. Classes for adults (aged over 15) who are illiterate or have not completed their schooling are also taught. Pupils with disabilities receive special education.

3. Accessible and universally available secondary and technical education

336. Secondary education lasts three years, completing the required nine years of compulsory schooling in Uruguay. It is imparted in high schools or institutes of the Secondary Education Council and in technical schools of the Vocational Technical Education Council (UTU). Pupils have 32 to 36 hours of classes a week, depending on their grade level. The aim of the unified basic cycle (CBU) is to enhance reasoning skills, experimentation and development of the analytical skills essential both for university studies and for a specific technical or vocational career. It is also designed to ensure that the student makes mature educational choices. In some rural areas, the rural basic cycle, designed to meet the needs of the particular environment and linked to working life, is taught. Student assessments are conducted through teachers’ meetings and are expressed in grades or marks.

337. The second cycle of secondary education, the *Bachillerato*, lasts three years and offer three basic areas of study: biology, humanities and science, each of which is diversified into two options in the final year.

338. Vocational technical education is provided in different modalities lasting from one to seven years. Among other functions, it trains senior technicians, middle-level technicians and skilled workers. It offers courses in four main sectors – agriculture, industry, handicrafts and services – and includes practical work considered essential for passing each course. More advanced vocational technical education courses give students access to university or to teacher training.

4. Accessible, non-discriminatory higher education

339. In order to be admitted to tertiary education, it is essential to have completed the diversified *Bachillerato*, the technical *Bachillerato* or technical courses. Teacher-training courses last between three and four years and provide both a theoretical and a practical foundation. Teacher training colleges come under CODICEN. The Higher Institute of Physical Education (ISEF), which trains physical education teachers through a four-year course, comes under the National Physical Education Commission of the Ministry of Education and Culture. Training as an industrial designer is provided at the tertiary level and also comes under the Ministry of Education and Culture. Some UTU courses are also tertiary. Military higher education, for officers of the three branches of the armed forces, comes under the Ministry of National Defence.

340. The University of the Republic is official, autonomous, unique and secular and provides constitutionally mandated free education. Admission is unrestricted for national students, and also for non-nationals after the first year. There are two ways of being admitted to the University: either through the diversified *Bachillerato* or through technical courses corresponding to the chosen degree. Degrees last between four and seven years and are taught in faculties, institutes or university schools. All degrees are taught in the capital city, but some courses and degrees are taught in the northern region. Most faculties, school and institutes offer postgraduate courses. The Dámaso Antonio Larrañaga Catholic University, the only recognized private university, offers several degrees. There are also universities that offer a number of degrees recognized by the Ministry of Education and Culture, such as ORT University, the University of Montevideo, the Business School and the University Institute of the Latin American Centre for Human Economy (CLAEH). Lastly, there are private university institutes that offer degrees recognized by the Ministry.

341. Over 80,000 students attend the University of the Republic. The most popular degrees are those taught in the School of Law (for qualification as a lawyer or notary). However, the following schools have more than doubled their student numbers since 1999: Midwifery School, School of Bibliotechnology and Related Sciences, Nutrition School, School of Social Sciences and Science.

342. Although student numbers have increased significantly, new admissions to the University of the Republic have levelled off. In the current year, fewer students were admitted to the University than in previous years. This situation may be attributable to the decline in the number of young people completing secondary education, but it is also influenced by the fact that the number of students attending private universities has increased.

5. Literacy teaching and continuing education

343. According to figures obtained from surveys of PANES beneficiaries and analysed by MIDES, there are some 4,000 Uruguayans in the country who have never attended an educational institution, while some 35,000 have not completed their schooling. Moreover, indicators on adult educational levels in towns with more than 5,000 inhabitants – where 46 per cent of the population have not studied beyond primary school, 45 per cent of over-24-year-olds have completed the compulsory basic cycle and one in three 20 year olds has managed to complete secondary education – show that much remains to be done at this level. Adult education is seen as a strategic issue and is analysed from the particular standpoint of its characteristics, taking into account the literacy teaching, training and socialization dimensions. It is also seen as a national priority, in that it will make Uruguay a productive, innovative, democratic and integrated country. To begin with, a pilot literacy programme, “*En el país de Varela, yo sí puedo*” (in the country of Varela, yes, I can), began to be implemented in early 2007, under an agreement with Cuba similar to the one that took this programme to 20 other countries.

344. During the pilot programme, which worked with 162 people aged over 19, it was found that the Cuban programme “Yes, I can” adapted well to the situation in Uruguay, resulting in a drop-out rate of less than 5 per cent.⁴⁷ The ultimate aim of the programme is to eradicate illiteracy in Uruguay by the end of 2009. To that end, a preventive programme will be launched, alongside the existing educational programme, to monitor the level of admission to the school system.

6. Minorities and indigenous children

345. INE is studying racial groups’ use or non-use of formal educational opportunities through two indicators: the educational level achieved by population groups and the average number of years of study. A significantly greater proportion of people of African descent report having lower educational levels compared with the population as a whole. Most of them completed only primary education and a substantial proportion of those who completed secondary education attended technical schools. The average number of years of study is also lower.

346. The dropout rate at virtually all levels of education is higher for people of African descent. However, once they reach one of the higher education levels, their rate is no different from the average. The Continuous Household Survey and its race module have made it possible to estimate the average number of years of study for people aged 20 and over. Among older people

⁴⁷ The pilot programme was implemented in the department of Artigas, Canelones, Montevideo and Cerro Largo and met with the approval of 81 per cent of those who took part in it. The newly literate participants have now enrolled in primary education for adults. In this first programme, 29.13 per cent of participants were aged 35 to 44, closely followed by those aged 25 to 34, with 22.83 per cent, and those aged 45 to 54, with 24.41 per cent. However, there were also 7.09 per cent aged 18 to 24, 12.6 per cent aged 55 to 64 and 3.94 per cent aged over 65. MIDES authorities saw this as a clear indication that literacy problems affect all age groups in Uruguay without distinction.

of African descent there is a negative difference of one and a half years in relation to the census figure, but this difference narrows to less than half a year among young adults, showing that while there is a continuing educational deficit among people of African descent, the deficit is shrinking from generation to generation.

7. Children with disabilities

347. If we look at the four to 15 age group, covering primary and early childhood education and basic secondary education, the proportion of disabled people attending an educational establishment (88 per cent) is seven percentage points lower than that for the non-disabled population. If early childhood education is excluded and the age group corresponding to the full secondary cycle (6 to 18 years) is included, the gap increases to nine percentage points, while percentage attendance for both groups drops (81.8 per cent for people with disabilities and 90.6 per cent for those without). The high percentage of disabled people aged 25 and over who have little or no education (37.7 per cent) contrasts sharply with the percentage for people who are not disabled (12.6 per cent). Some 32 per cent have completed primary education, which seems to be a first barrier for people with disabilities. As the education level rises, the difference between the two groups grows, reaching 19 percentage points at completion of secondary education or higher.

348. In 2007, the Honorary National Commission for the Disabled (CNHD) launched a public awareness campaign aimed at integrating disabled persons in education and employment, combating discrimination and improving their access to public places.

349. Excluding children with disabilities from the normal school system creates severe difficulties for their social integration. Public schools can be gradually transformed to provide inclusive education. Local governments must also be urged to comply with the different norms on permitting access by people with disabilities to different public and private buildings and the enjoyment of public spaces.

8. Equal admission criteria for boys and girls

350. Bearing in mind that there is no gender over-representation in Uruguay's population, enrolment data by sex are a valid tool for establishing whether or not there are gender differences in access to any level of education. The data show that, at least in terms of access, there is no gender segregation (see table attached as an annex).

9. Measures to reduce dropout rates

351. Together with INAU and civil society organizations, the Ministry of Social Development INFAMILIA programme ended phase I – Identification and first contacts – with 420 children and adolescents pursuing survival strategies on the streets of central Montevideo and Canelones. At the same time, 436 community teachers worked in 256 schools, helping 7,600 schoolchildren improve their performance and reduce their rates of absenteeism, while 182 physical education teachers ran games and recreational programmes for 76,650 schoolchildren. A tender has been awarded for the supply of mid-season clothing for 50,000 schoolchildren, to be distributed at the beginning of the school year. Local businesses were asked to make 10,000 tunics, which will be ready by the start of the school year.

352. Between 1990 and 2003, the national education outlook as regards public schools changed substantially. The main differences in the past were between rural and urban schools and, in the case of the latter, between practical schools and schools traditionally known as common urban schools. Almost all school enrolment in the early 1990s was urban and almost all urban schools were common schools, with a smaller proportion being practical schools (about 10 per cent of enrolment). By the beginning of the next decade, the situation had changed considerably. Trends in urban enrolment reveal some interesting data: the proportion of common urban schools had declined throughout the decade, in response to increasing enrolment in socioculturally critical context schools (CSCC) and full-time schools, two institutional formats designed to increase the resources and capacities of schools operating in the neediest socio-educational contexts.

353. The first experiments with full-time schools date back to the early 1990s and basically involved transforming schools in which there was sufficient space to receive students on an extended-day basis. At that stage, the main component of this experiment was extension of the school day. The process of designing a comprehensive pedagogical project for full-time schools began in 1995. Specific pedagogical innovations included the definition of three periods of learning during the school day: normal, supplementary and planning (the latter only for teachers). The adoption of this pedagogical approach was accompanied by the building of new classrooms and the incorporation of new schools into the model. New schools were chosen by locating poor communities and geographical areas with high rates of population growth.

354. The origins of socioculturally critical context schools can be traced back to the creation of priority need schools, classified according to a combination of school indicators and census indicators on housing and the supply of basic services. Motivated by limitations in the way that participating schools were selected, in 1999 CODICEN decided to create a new kind of compensatory programme to replace the priority need schools: socioculturally critical context schools. These schools are categorized according to three basic variables: the repetition rate of children in the first year of schooling, the proportion of first-year pupils with high rates of non-attendance and the proportion of sixth-year children belonging to households where the mother's formal education did not go beyond primary school.

355. In secondary education, the reintegration of adolescents in the education system was promoted through the community classrooms project.

356. In 2007, CODICEN adopted a new language policy, aimed at creating equity in language teaching and promoting greater inclusiveness. The policy recognizes the existence of language variants in Uruguay and envisages using mother tongue as the main language, English as the second language from the first year of primary school up to secondary education (secondary and technical) and Portuguese from the fifth year of primary school. French, German and Italian are taught as foreign languages, with pupils required to opt for one of the three languages in their first three years of the basic cycle, after which they may continue to study that language in subsequent years.

10. Information technologies in education: the Ceibal Plan

357. The Ceibal Plan is intended to give pupils and teachers in all the country's public schools free access to laptop computers. By 2008, a total of 151,918 computers had been distributed. By

the end of 2009, it is hoped that all 301,143 pupils and 12,879 teachers registered in public primary schools in 2008 (plus those registered in the current year) will have received their computers.

358. The Ceibal Plan is a far-reaching educational innovation aimed at democratizing the opportunities for Uruguayan society as a whole to have access to information, knowledge and communication through new technologies.

I. Article 15 – Culture

359. The Uruguayan State has played a relatively limited role in the funding of cultural initiatives. However, a number of changes can be observed in this area since the 1990s. In particular, since 2005 public investment has reflected an effort to redefine the role of the State and the Government with regard to cultural policy.⁴⁸

360. One of the most remarkable actions in the area of cultural policy was the inclusion in the 2005 national budget act of a series of articles on the cultural sector. A cultural sponsorship act was adopted, designed to promote the development of artistic and cultural projects by offering tax benefits to legal entities that donate to such projects. The same act created a Register of Artistic and Cultural Promotion Projects, as well as the National Council for the Evaluation and Promotion of Artistic and Cultural Projects to advise the executive branch on the tax benefits deriving from contributions to such projects. In addition to this funding mechanism for artistic and cultural activities, the act allocated public resources for implementing three programmes during the five-year period 2005-2009, under the auspices of the Department of Culture.

⁴⁸ The original forerunner to recent initiatives and to the allocation of funds for promoting the arts and culture was the National Theatre Fund, created by Act No. 16.297 of 12 August 1992 to support and disseminate theatre throughout the country. The Fund is administered by the Commission for the Promotion of Theatre (COFONTE), made up of representatives of the Ministry of Education and Culture and representatives of theatre-related organizations. The amounts allocated to each area are small and have to be supplemented by private funding. In addition, theatrical production is subsidized by the Montevideo municipal government, which contributes to promotion and production through the following programmes: *Movida Joven*, *Esquinas de la Cultura*, theatre training in local community centres, the National Theatre and the National School of Dramatic Art. There is also a National Music Fund (FONAM), set up by Act No. 16.624 of 10 November 1994 to support creation and dissemination in this artistic discipline. Both funds are financed through Ministry of Education and Culture mechanisms that raise money from musical royalties in the public domain, including publicity, from the staging of performances, from fines and from any donations or legacies received by the Ministry, since there is no budget other than the sources mentioned earlier. In 1994, the National Audiovisual Institute, under the auspices of the Ministry of Education and Culture, and the Fund for the Promotion and Development of Audiovisual Production (FONA), an initiative of the Montevideo municipal government, were created. A locations office and a capital fund were also established under the auspices of the Montevideo municipal government.

361. One of these programmes is “Competitive funding for culture”, a funding instrument created by the Government to support cultural creation and dissemination, heritage conservation and development and identity, which will supplement the resources to come from the private sector through the sponsorship act. The aims of this programme are: to democratize access to cultural goods and services by generating new publics for artistic proposals; to promote geographical decentralization of the supply of cultural activities by distributing artistic projects in conventional spaces (halls, museums, etc.) and in alternative/non-traditional spaces, both in Montevideo and in the country’s interior; to encourage the production of national cultural projects, as well as their promotion and dissemination, ensuring cultural diversity and giving priority to projects that are likely to continue; to promote the professionalization of businesses, companies, producers, managers or artists in general, building their capacity to manage and disseminate their projects; and to foster Uruguay’s cultural presence abroad.

362. The 2002 budget act also set up a cultural education programme, “Training, Outreach and Cultural Development in the Country’s Interior”, with funding up to 2009 allocated by the Government. Funds were also allocated to carry out a third programme, “Infrastructure Repair and Construction for the Development of Artistic and Cultural Activities in the Country’s Interior”, as part of the drive for decentralization.

363. In 2006, the National Culture Assembly was convened to design cultural policies. Faced with the task of building new institutions for the formulation, execution and evaluation of cultural policies, the Government, through the Ministry of Education and Culture, brought together cultural workers, citizens’ representatives and municipal governments’ cultural authorities. The Assembly is a privileged forum for discussions and meetings on the development of lines of action in the cultural sphere. It represents a way of exercising active citizenship and contributing to the design of public cultural policies.

364. In 2008, the Act creating the Film and Audiovisual Institute of Uruguay was adopted.

1. Institutional infrastructure for promoting popular participation in culture

365. The 2005 budget act allocated budget lines for the execution of the above-mentioned Infrastructure Repair and Construction project, which was created with the idea and the aim of providing a national infrastructure system that would help improve the management of the different artistic and cultural spaces and the activities that might take place in them, as well as foster equal opportunity in access to culture throughout the country. Cultural infrastructure is taken to mean all the buildings and other material and technical support facilities that allow cultural activities to take place.

366. As far as available infrastructure is concerned, at this point Uruguay has no cultural information system that would enable it to identify and classify the existing artistic and cultural infrastructure, with the result that little information can be provided on this score. According to data collected by the culture industries research department of the Department of Culture in 2007, the country has approximately 160 museums, of which over 65 per cent are estimated to be public.

367. The latest national library census confirmed in figures a situation with which everyone is familiar: Uruguay’s public libraries are seriously deficient. A joint effort involving all the

country's institutions specialized in this area will be needed to reverse this situation. Work is currently ongoing on the drafting of a public libraries bill that also aims to establish norms, tools and essential methodologies for setting up a national library system. A table with the findings of the 2006 national census of public and private libraries is attached as an annex.

368. There is at least one *casa de la cultura* (cultural centre) in each of the 19 departmental capitals. The centres are run by the Municipal Culture Department and a number of cities and towns in the country's interior also have them.

369. The advance of the knowledge society has been accompanied by a boom in electronic media. While paper, as the traditional medium of reading, has not lost its importance, it is clear that the digitization of books, newspapers, magazines and documents is becoming increasingly necessary. This phenomenon is causing libraries to diversify the services they provide, making the establishment of a national network – a national public library system – essential.

370. In 2009, building work was completed on the new auditorium of the Official Broadcasting, Radio, Television and Performance Service (SODRE), making it one of the most important theatrical and cultural infrastructures in the country.

2. Access to cultural goods and services

371. Under an agreement signed in 2006, the Ministry of Education and Culture and the Ministry of Social Development are pooling their resources and structures to implement a culture and social inclusion programme designed to democratize the participation of marginalized populations in arts and culture. The programme is carrying out different sociocultural projects or activities aimed primarily at young people aged 14 to 25 from low-income households who are not currently participating in the formal education system or the labour market. The aim is to promote art and culture as an instrument of social inclusion, democratizing access to arts information and training through decentralization. Such activities encourage young people to organize culture and communication activities in their local communities and contribute to the search for new social and labour participation strategies based on stimulating their artistic potential.⁴⁹

372. In 2009, the cultural creation factories project is being set up in areas with vulnerable populations.

373. Various programmes have likewise been implemented to increase citizens' access to cultural goods and services. These include Museums at Night, August discos, travelling exhibitions, the organization of a meeting to promote and relaunch film clubs and support for the

⁴⁹ The culture and social inclusion programme covers the entire national territory, with the exception of Montevideo department, which has other programmes targeting the same population group. It promotes training in the plastic arts, artistic makeup, social photography, theatre, dance and cinema or community integration and cultural dissemination events. It is implemented through three basic projects: Culture Workshop, Culture Factory and the Kontrakultura competition.

holding of traditional fiestas in the country's interior. The *Uruguay a Toda Costa* programme organized summer cultural and sports activities in the country's coastal area.

3. Access to cultural heritage

374. Uruguay has a Commission for National Historical, Artistic and Cultural Heritage, set up under the Ministry of Education and Culture by Act No. 14.040 of 1971, which is responsible for: advising the executive branch on the identification of assets to be declared historical monuments; ensuring their conservation and their promotion at home and abroad; proposing the purchase of privately owned manuscripts and printed matter relating to the country's history and of Uruguayan rare books and artistic, archaeological and historical books which, because of their significance, must be deemed cultural goods forming part of the national heritage; and proposing a plan for producing and publishing an inventory of the country's historical, artistic and cultural heritage.

375. Decree No. 273 of 1997 establishes the organizational structure of the Commission; in 2001, a final subparagraph was added to paragraph (c) of article 15 of the decree, exempting plastic arts by living national artists from the prohibition on leaving the country (Act No. 17.415). In 2006, the Convention for the Safeguarding of Intangible Cultural Heritage of 17 October 2003⁵⁰ was incorporated into domestic law.

376. With regard to subaquatic heritage, the executive branch recently issued a decree on the reception of new applications from private individuals to search national or foreign vessels sunk, half sunk or run aground in waters under national jurisdiction, on the understanding that these form part of the non-renewable national heritage that must be preserved for present and future generations of Uruguayans. In the future, the country intends to promote a policy of investigation, preservation and dissemination of the submerged cultural heritage, so that the society to whom this historical and cultural heritage belongs can learn about it and transmit it.

377. The celebration of Heritage Day is another way of promoting awareness and enjoyment of the country's heritage. In 2007, Heritage Day was used to publicize the contribution of Afro-Uruguayan culture through talks, demonstrations, guided tours and cultural outreach activities.

⁵⁰ Uruguay has also established, through Act No. 18.026, implementing norms for cooperation with the International Criminal Court in combating genocide, crimes against humanity and war crimes. In this connection, article 26 of the Act contains a list of war crimes, which include: "Intentionally directing attacks against: (a) cultural assets protected by international law, or using such cultural assets or their immediate surroundings in support of military action or committing theft, damage or other acts of vandalism against them; (b) cultural heritage of great importance for humanity, including cultural heritage linked to a natural heritage site, whether or not this is included in the lists kept by UNESCO or other international organizations".

4. Measures for the protection of the cultural diversity of minorities

378. Act No. 18.068 of 11 December 2006 incorporated into domestic law the Convention on the Protection and Promotion of the Diversity of Cultural Expressions. Also in 2006, 3 December was declared National Day of Candombe, Afro-Uruguayan Culture and Racial Equity, an initiative designed to promote recognition, appreciation and dissemination of the Afro-Uruguayan contribution to the building of the country and its culture, emphasizing candombe as its highest expression. Candombe is an indigenous music and dance heritage created by Afro-Uruguayans, with African roots, based on drumming, dance and song. It has evolved over many years and traces its roots to the legacy of Africans forcibly transported to Uruguay as slaves.

379. Act No. 17.554, regulating handicraft production for the organization, promotion and development of handicraft production as an occupation and the generation and consolidation of sources of employment in the sector, was adopted in 2002. It created a national register of artists, in order to have a single register of handicraft production units, and a national handicrafts commission to advise the Handicrafts Directorate, which operates under the auspices of the Ministry of Industry and Mining.

5. School and professional education in culture and art

380. The 2005-2009 budget act allocated funding to the MEC Department of Culture to implement the programme “Training, Outreach and Cultural Development in the Country’s Interior”. The programme’s main components are: the “Citizenship and culture project”, designed to develop and promote the dissemination of art through activities and performances by emerging and recognized artists, promoting creative exchanges and public education; the “Youth outreach project”, whose purpose it to carry out activities to stimulate and disseminate young people’s creative work and ensure that it is valued, promoting the talents of new generations through a range of artistic proposals, and to involve citizens in the generation of cultural capital; and the “Training support project”, designed to expand and improve the training of artists, cultural agents and the public.

381. At university level, the National Fine Arts School (ENBA), part of the University of the Republic, provides instruction in the plastic arts. Its mission is the comprehensive training of the plastic artist and his/her integration as such in society. The Montevideo municipal government funds the Municipal School of Dramatic Art (EMAD). The Official Broadcasting, Radio, Television and Performance Service, set up in 1929, has had four permanent artistic bodies since 1931: the Symphony Orchestra, the Chamber Music Consort, the Ballet Company and the Choir. The National Dance School (classical ballet division and folk dance division) and the National School of Lyric Art were brought under its jurisdiction in 2006. Public funding for SODRE, especially for the ballet company, helps to secure both the place of ballet among the arts and its gradual development and improvement.

382. In 2009, work is proceeding on the establishment of the National Institute of Theatre Arts and the Gallery of Contemporary Art.

6. Scientific progress for all

383. On a continuum with the Ceibal Plan mentioned in section XII above, the Government has announced the CARDALES (bundled access to recreation and to the development of employment alternatives and sustainable enterprise) project, aimed at making Internet access, subscriber television and telephone services universally available to all households in Uruguay through a system of bundled services involving the public and private sectors. The project is still in the preparatory stage and will be launched in the course of the year.

7. Protection of the moral and material interests of creators

384. Act No. 16.321 on copyright, adopted in 1992, ratified the Universal Copyright Convention and related Declarations, Resolutions and Protocols, adopted in Geneva on 6 September 1952, and approved Uruguay's accession to the Universal Copyright Convention, revised in Paris on 24 July 1971. In 2002, Act No. 17.473 created the general register of State ownership of works by plastic artists. The register is organized, kept, publicized and regularly updated by the Commission for National Historical, Artistic and Cultural Heritage.

385. Act No. 17.616 on copyright and related rights, amending and expanding Act No. 9739 of 1937, was adopted in 2003. The updating of the 1937 act was a requirement of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) adopted at the end of the Uruguay Round of the General Agreement on Tariffs and Trade (GATT) that created the World Trade Organization (WTO). As a result, the amendments are aimed at protecting not only copyright but also the rights of artists, performers, record producers and radio broadcasters (as established in article 2), but this does not affect protection of the author's copyright to the protected works.

386. Authors have lifetime copyright to their works and this copyright protection extends to the author's heirs or successors for a period of 40 to 50 years after his/her death, as established by international instruments. After this, the work passes into the public domain. The author's moral and patrimonial rights to his/her work also extend to the person who performs it. Record producers and radio broadcasters have even higher standards than those established in international instruments (for instance, 50-year protection of radio broadcasting signals, compared with 20 years under international treaties). Uruguay also ratified the Copyright Treaty of the World Intellectual Property Organization (WIPO) by Act No. 18.036 of 11 October 2006.

8. Freedom of research and creative activity

387. The new institutional structure for science and technology in Uruguay was established by Act No. 17.296 of 21 February 2001 of the Ministry of Education and Culture. Article 308 of the Act provided for the creation of a National Science, Technology and Innovation Directorate (DINACYT) within the Ministry of Education and Culture, responsible for coordinating, administering, executing and evaluating policy instruments on science, technology and innovation, thereby strengthening the National Innovation System (SNI), and for promoting the

country's scientific and technological development, both nationally and internationally, tapping into the strategic importance of this sector.⁵¹

388. DINACYT has an organizational structure composed of the departments of international cooperation; science, technology and innovation information systems; promotion and dissemination; project management; and administration; as well as a policy and programming advisory service. In addition to being currently responsible for the execution of the technological development programme, it is in charge of administering the so-called *Fondo Clemente Estable* fund and the National Research Fund.

389. Article 307 of Act No. 17.296 established the new powers of the National Innovation, Science and Technology Council (CONICYT) as a commission: to propose to the Ministry of Education and Culture and/or the executive branch, as appropriate, plans and general policy guidelines related to science, technology and innovation; to elaborate bases and define strategies, areas of interest and policy instruments for science, technology and innovative processes; to promote and encourage the conduct of research in all areas of knowledge; and to promote action to strengthen SNI and approve the constitution of the selection committees that will function within the Ministry of Education and Culture and will be responsible for project evaluation and approval.

390. A National Research and Innovation Agency (ANII) has been established to coordinate public and private entities involved in knowledge creation and use, promoting synergies among them, and to boost Uruguay's long-term development. Through a national scholarship scheme, it promotes involvement in research, postgraduate study within Uruguay and abroad, links with the production sector and the return of Uruguayan scientists from abroad. It also works to popularize science, emphasizing social inclusion.

9. Information and communication media

391. The State is directly involved in television broadcasting through an official channel. In 2005, Uruguay National Television, which has been a State channel for over 40 years, set out to double its traditional audience in order to become a television station for all citizens and to address the current situation and needs of the population, guaranteeing plurality. The new project's programming is based on three major areas: news, coproductions and local, regional and international exchanges. The public channel is the only one that manages to air throughout the country.

⁵¹ Its substantive responsibilities are: advising the executive branch, through the Ministry of Education and Culture, on its area of specialization; administering the funds of whatever origin that are allocated to it; coordinating, administering and executing projects for the development of science, technology and innovation resulting from loan agreements concluded with multinational cooperation and financing agencies, as well as all the necessary actions in this regard within the central administration; and dealing with all matters related to international cooperation in science, technology and innovation.

392. National Television is the only open-access channel that has a public service tanda, providing broadcasting support to cultural and socially responsible enterprises. The other existing government television project is the “*TEVE Ciudad*” channel, broadcast on cable television and run by the Montevideo municipal government.

393. There is also SODRE, the central State institution that generates the country’s cultural activities. SODRE has three medium wave, two shortwave and one FM radio transmitters, with three transponders in the country’s interior. It has 18 FM frequencies throughout the country, which, under the project approved for the period 2005-2009, will be converted into a national network with transponders that will include local and community participation.

394. The Community Radio Broadcasting Service Act⁵², adopted in 2008, establishes that radio broadcasting is a technical aid for the exercise of the human right to freedom of expression, a right predating any State intervention, and that the allocation of frequencies must respect the principles of plurality, diversity and non-discrimination.

⁵² Act No. 18.232 of 22 December 2007 on community radio broadcasting.