



# Persons with disabilities<sup>1</sup>

## A. Normative framework

The Convention on the Rights of Persons with Disabilities was the fastest human rights treaty to have been negotiated and the first of the twenty-first century. The Convention on the Rights of Persons with Disabilities and its Optional Protocol were adopted by the United Nations General Assembly on 13 December 2006; the Convention came into effect in May 2008 and has been ratified by all the countries of the region.<sup>2</sup> The Convention complements pre-existing international human rights treaties and sets forth States' legal obligations and duties to respect and ensure the equal enjoyment of all human rights by persons with disabilities. Although the Convention is not the first human rights instrument to deal with disability concerns and does not recognize any new human right for persons with disabilities, it offers this group an unprecedented level of protection (DESA/OHCHR/IPU, 2007).

The addition of a universal human rights treaty specifically for persons with disabilities was borne of the fact that “persons with disabilities are still primarily viewed as ‘objects’ of welfare or medical treatment rather than ‘holders’ of rights” and are still denied those basic rights and fundamental freedoms that most people take for granted. The Convention ensures that persons with disabilities enjoy the same rights and opportunities as others (DESA/OHCHR/IPU, 2007, p. 4).

The Convention encompasses numerous areas where persons with disabilities have been discriminated against, including access to justice; participation in political and public life; education; employment; freedom from torture, exploitation and violence; and freedom of movement.<sup>3</sup>

The Ibero-American Social Security Organization (OISS, 2014) indicates that all the Latin American countries have specific legislation protecting persons with disabilities that promote their social and labour inclusion. This dual inclusion is written into various instruments at the international, regional and national levels. In terms of progress regarding the rights to education and decent work for persons with disabilities, the most important instrument at the international level is the Convention on the Rights of Persons with Disabilities. But there are other instruments, such as the Discrimination (Employment and Occupation) Convention, 1958 (No. 111) and the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) of the International Labour Organization (ILO).

<sup>1</sup> This chapter was prepared by Raúl Holz, Consultant in the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC).

<sup>2</sup> See United Nations (2007).

<sup>3</sup> For further detail on the Convention, see “Chapter 2: The Convention in detail” in DESA/OHCHR/IPU (2007).

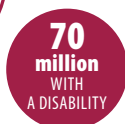
## B. Assessment of inequalities affecting persons with disabilities



- The number of people living with some type of disability in Latin America and the Caribbean is estimated at around 70 million, equivalent to 12.5% of the regional population.
- The way we understand disability has changed over time, from an approach based on individual impairments towards an emphasis on interaction and the individual's relationship with the physical and social environment.
- Although disability has become more visible in the statistics, many challenges remain in terms of adequately capturing disability and applying the results effectively in surveys, censuses and administrative records to improve comparability among countries.
- An accurate assessment should differentiate by type and degree of disability, which in turn affects quality of life, possibilities of self-care, education, employment and the full enjoyment of rights and the full and effective inclusion in society.
- An analysis of the inequalities experienced by persons with disabilities implies addressing the need to support caregivers.

The concept of disability has changed significantly over time. This is important because it directly impacts both quantitative and qualitative assessments and public policies. In short, the conceptualization of disability may be said to have moved from an approach that treats disability as an individual health problem to a social and rights-based approach; in other words, from disability as a personal health matter caused by a disease, disorder or accident that requires medical care and individual rehabilitation to an understanding of disability from the perspective of the interaction between people who have a health problem and their social and physical environment. In this second reading, it is society that puts up barriers or facilitates participation, inclusion and individual performance and realization. The emphasis is on an inclusive perspective that promotes policies and programmes to improve the lives of persons with disabilities by broadening opportunities and accessibility in keeping with the Convention on the Rights of Persons with Disabilities.

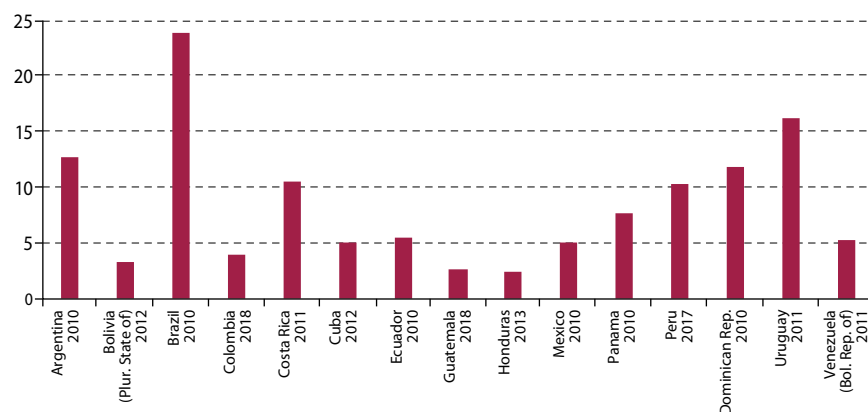
As reflected in specific surveys and in censuses, the conceptual evolution of disability and the corresponding impact on the collection of data on the respective population have not bypassed the countries of Latin America and the Caribbean. However, despite regional progress on statistical visibility, significant lags remain in terms of the real application of the suggested questions,<sup>4</sup> which are based on difficulties in carrying out activities, in line with the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization (WHO). As a result, although capture of disability statistics has improved between census rounds, comparability between countries is still complicated by methodological differences that persist in data collection and analysis. This is reflected mainly in the type of questions asked in surveys, as some distinguish between different degrees of severity of disability (ECLAC, 2014). According to the *Regional report on measuring disability: overview of the disability measurement procedures in Latin America and the Caribbean* (ECLAC, 2014), around 70 million people, or 12.5% of the population, live with some kind of disability in the region. These figures may be expected to rise with population ageing. The large variation between countries in the prevalence of disability testifies to the persistence of methodological differences and comparability issues between countries across the region.



<sup>4</sup> The Washington Group on Disability Statistics, established in 2001 by the member countries of the United Nations Statistical Commission, has prepared a short list of questions suggested for use in census and surveys.

Although not all the countries in the region have carried out the census of the 2010 round, of the 16 countries that have done so, 15 include questions aimed at capturing aspects of disability. The highest percentages are observed in Argentina, Brazil, Costa Rica, the Dominican Republic, Peru and Uruguay, where the population with disabilities exceeds 10%. In Guatemala and Honduras, the percentages are lower (see figure XI.1) (ECLAC, 2021a).

**FIGURE XI.1**  
Latin America and the Caribbean (15 countries): proportion of persons with disabilities, censuses of the 2010 decade  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Persons with disabilities and their rights in the COVID-19 pandemic: leaving no one behind", COVID-19 Reports, Santiago, January 2021 [online] <https://www.cepal.org/en/publications/46603-persons-disabilities-and-their-rights-covid-19-pandemic-leaving-one-behind>.

This is a heterogeneous population that experiences multiple and simultaneous forms of discrimination based on socioeconomic status, gender, age, place of residence, race or ethnicity and migratory status, among others (ECLAC, 2021b). ECLAC (2013 and 2017) and Ullmann and others (2018) provide information that explains how disability figures increase along the axes of the matrix of inequality; in other words, for women, the rural population, indigenous persons and Afrodescendants, those with lower incomes and older persons. Two examples are presented below that illustrate how disability intersects with other axes that structure inequality, such as ethnicity, age and sex. As shown in table XI.1, disability prevalence is greater among indigenous people, even after controlling for age.

**TABLE XI.1**  
Latin America (7 countries): persons with disabilities, by ethnicity, around 2010  
(Percentages)

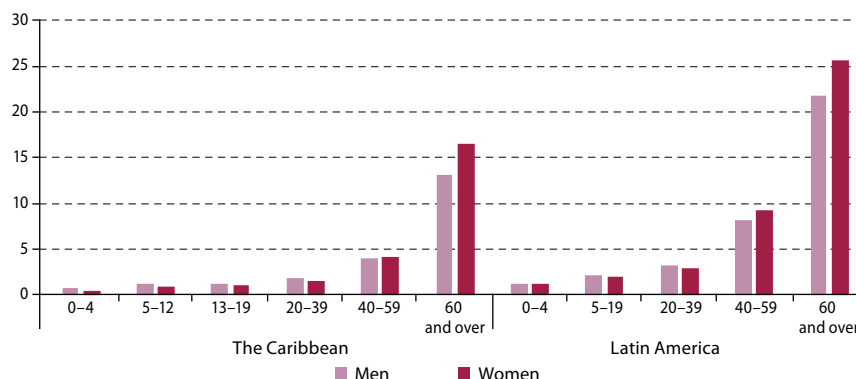
COUNTRY AND CENSUS DATE	AGE 60 AND OVER	
	INDIGENOUS	NON-INDIGENOUS
Brazil, 2010	66.0	63.4
Colombia, 2005	25.8	23.9
Costa Rica, 2011	45.4	36.4
Ecuador, 2010	24.2	22.4
Mexico, 2010	30.3	25.7
Panama, 2010	32.7	32.0
Uruguay, 2011	52.8	44.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special processing of census microdatabases and Economic Commission for Latin America and the Caribbean (ECLAC), *Linkages between the social and production spheres: gaps, pillars and challenges* (LC/CDS.2/3), Santiago, 2017.

The prevalence of disability also varies with age and between men and women.

The prevalence of disability also varies with age and between men and women. Although it rises in both sexes as the years pass, the percentage for women tends to be higher after age 60 (see figure XI.2).

**FIGURE XI.2**  
Latin America and the Caribbean (26 countries):  
disability prevalence, by age and sex,  
around 2010  
(Percentages)



**Source:** Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of National Population, Household and Housing Census of Argentina, 2010; Population and Housing Census of the Plurinational State of Bolivia, 2012; Demographic Census of Brazil, 2010; National Socioeconomic Survey of Chile, 2011; X National Population Census and VI Housing Census of Costa Rica, 2011; Population and Housing Census of Cuba, 2012; National Multipurpose Household Survey of the Dominican Republic, 2013; Population and Housing Census of Ecuador, 2010; XVII Population Census and VI Housing Census of Honduras, 2013; National household income and expenditure survey of Mexico, 2012; XI National Population Census and VII Housing Census of Panama, 2010; first Specialized National Disability Survey of Peru, 2012; Population and Housing Census of Uruguay, 2011; XIV National Population and Housing Census of the Bolivarian Republic of Venezuela, 2011. For the Caribbean, data were obtained from the 2010 Population and Housing Census rounds of Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Cayman Islands, Grenada, Guyana, Jamaica, Montserrat, Trinidad and Tobago.

<sup>a</sup> Latin America and the Caribbean: simple average.

The discrimination and inequality affecting persons with disabilities translates, among other things, into lower educational attainment and a lower rate of labour market participation. In turn, these outcomes are heavily differentiated by type of disability. According to census information from 21 countries of the region, in Latin America visual and mobility limitations are the most frequent, followed by hearing and communication limitations, while in the Caribbean cognitive and mobility impairments are most common. For access to education and employment, visual and motor disabilities present the least impediment, while persons with mental and cognitive impairments or limited self-care capacity face the greatest barriers to entering economic and social activities. The evidence available for 17 countries shows that the percentage of economically active persons aged 15 and over with a disability is significantly lower than for persons without disabilities. The differences range from 15 percentage points in Brazil to 47 in Barbados (ECLAC, 2013).

Disability is also positively correlated with poverty: the population with disabilities is overrepresented among the poor. Disability is both a cause and a consequence of poverty as there is a vicious circle between the two (ILO, 2002, p. 4; Yeo and Moore, 2003). Although the relationship is bidirectional, concrete evidence establishing the precise links is still scant, although it is growing. The evidence available suggests that bidirectionality occurs, on the one hand, through the poor having a higher probability of living with a disability owing to lack of access to health and rehabilitation services and proper nutrition and the tendency to perform more dangerous jobs, among other things. And, on the other hand, persons with disabilities have a higher probability of living in poverty owing to lower educational attainments, weak labour market entry and the high costs associated with disability, such as for assistive devices, special transport, rehabilitation and care, among others.



The care that persons with disabilities receive is another important aspect for examining disability-related inequality. According to the *World Report on Disability* (WHO, 2011), care is critical for enabling many persons with disabilities to participate successfully in social and economic activities. The care of persons with disabilities shows how the axes of inequality concatenate, as most caregivers are women from the same family. Care work often means that a member of the household, typically a woman, has to forgo paid work, to the detriment of the household income (Groce and others, 2011; Pinilla-Roncancio, 2015). Data from Chile's National Study of Disability of 2015 showed that 74% of caregivers were women (Ministry of Social Development and Family, 2016). However, it is important to recall that not all persons with an impairment need support or specific care. The need for assistance also varies depending on the range of movement within and outside the home. The subject of care must therefore be included in a proper analysis of disability-related inequality, with a view to policymaking for reducing inequalities (ECLAC, 2013).

The global crisis caused by the COVID-19 pandemic is deepening pre-existing inequalities. Given the risk that the pandemic will exacerbate the exclusion of persons with disabilities, the need to include them in development processes is becoming increasingly urgent and essential (see box XI.1).

#### RECUADRO XI.1

##### Las personas con discapacidad durante la pandemia del COVID-19

The limited information available in the context of the pandemic makes it even more difficult to estimate its impact on the population with disabilities. However, persons with disabilities are known to be at higher risk of contracting COVID-19 because they face greater barriers in terms of applying basic protection measures, such as hand-washing and physical distancing. Their greater exposure is due to a number of reasons, such as the inaccessibility of water, sanitation and hygiene facilities; dependence on physical contact for support; the inaccessibility of public health information; or internment in often overcrowded or unhealthy institutional settings. These barriers are aggravated by socioeconomic disadvantages in the case of people who live in informal settlements or are affected by other disasters, such as hurricanes and earthquakes.

Because persons with disabilities have greater health needs, they are at greater risk of becoming seriously ill or dying from COVID-19. Persons with disabilities are, for example, more vulnerable to secondary diseases such as lung problems, diabetes, heart disease and obesity, which can worsen the consequences of COVID-19 infections. Added to this is the increased risk of discrimination in access to health care and vital health-care procedures during the COVID-19 outbreak.

The socioeconomic consequences of COVID-19 and measures taken to control the pandemic can be particularly deleterious for persons with disabilities. Already facing exclusion in employment terms, they are also more likely to lose their job and have greater difficulties in returning to work during the recovery phase. The current crisis is also more likely to have exacerbated their exclusion from education as they are less likely to make use of distance-learning modalities.

Measures to contain the spread of COVID-19 have led to significant disruptions to services and support systems. In addition, domestic violence has risen significantly during confinement, particularly affecting women and girls with disabilities.

In order to progress towards egalitarian and inclusive communities, it is important to include persons with disabilities at all stages of the response to COVID-19, with a view to establishing consultation and participation mechanisms, prioritizing socioeconomic responses, improving their health care and expanding social protection programmes in general as well as those targeting persons with disabilities specifically.

The scant information available also affects evaluation of the access of persons with disabilities to the mitigation and control measures that are being implemented in the areas of health, education, social protection and work. Early reports from organizations of persons with disabilities point to the situation for this group worsening during the pandemic in the areas of health, education, access to social protection and particularly in connection with employment. This perception is backed up by a predominantly negative assessment of the measures taken as well as a pessimistic outlook concerning future scenarios for this population.





An online survey of members of social organizations and networks of persons with disabilities during the pandemic reaffirms the perception that there are still few measures specifically for the population with disabilities. Although they are often included in lists of predictably vulnerable groups, no particular adaptations and adjustments are provided to ensure their effective access to services, programmes or benefits. Some countries have begun to trial disability-inclusion policies, however. For example, in Argentina, the government incorporated workers with disabilities in a scheme to support wage employment by providing monthly financial aid for wage subsidies. In Mexico, guidelines were issued on enabling persons with disabilities to continue teleworking, and in Colombia steps were taken to include them in measures taken for all workers in the case of unemployment (Meresman and Ullmann, 2020).

**Source:** Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of *Social Panorama of Latin America, 2020* (LC/PUB.2021/2-P/Rev.1), Santiago, 2021; Economic Commission for Latin America and the Caribbean (ECLAC), “Persons with disabilities and their rights in the COVID-19 pandemic: leaving no one behind”, *COVID-19 Reports*, Santiago, January 2021 [online] <https://www.cepal.org/en/publications/46603-persons-disabilities-and-their-rights-covid-19-pandemic-leaving-one-behind>; S. Meresman and H. Ullmann, “COVID-19 y las personas con discapacidad en América Latina: mitigar el impacto y proteger derechos para asegurar la inclusión hoy y mañana”, *Social Policy series*, No. 237 (LC/TS.2020/122), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2020; United Nations, “A disability-inclusive response to COVID-19”, *Policy Brief*, May 2020 [online] <https://unsdg.un.org/resources/policy-brief-disability-inclusive-response-covid-19>.

## C. Priority policies for reducing inequalities affecting persons with disabilities

### POLICY PROPOSALS



Priority policies for reducing inequality between persons with and without disabilities include:

- Inclusive education and training for persons with disabilities.
- Promotion of labour inclusion.
- Social protection as an enabler of full and effective participation by persons with disabilities.
- Cross-cutting policies such as accessibility and the potential of information and communications technology (ICT), as well as anti-discrimination and affirmative action measures.

### 1. Inclusive education and training for persons with disabilities

One of the critical manifestations of inequality between persons with and without disabilities occurs in educational settings, significantly affecting children, adolescents and young people and their possibilities at later stages of the life cycle (ECLAC, 2017). In general, persons with disabilities are less likely to have access to education and to have lower retention rates once in education (WHO, 2011). In this respect, the 2030 Agenda commits to ensuring “inclusive and equitable quality education and promote lifelong learning opportunities for all” (United Nations, 2015, p. 14). More specifically, the Convention on the Rights of Persons with Disabilities reaffirms “the right of persons with disabilities to education”, with States called upon to ensure “an inclusive education system at all levels and lifelong learning” (United Nations, 2007, p. 14). A study by Samaniego and others (2009), *Personas con discapacidad y acceso a servicios educativos en Latinoamérica: breve análisis de situación*, analyses the regional experience in depth and identifies policies that could help to reduce inequalities between persons with and without disabilities. These include but are not limited to the needs to:

- Explicitly recognize the right of persons with disabilities to education in the Constitution. From a rights perspective, constitutional recognition is fundamental for promoting educational inclusion, especially when the tendency remains to design and implement educational systems based on a welfare rationale instead of recognizing the right to education of persons with disabilities. The Bolivarian Republic of Venezuela, Ecuador and Paraguay stand out as countries with a more explicit constitutional wording on the right to education for persons with disabilities. Although important, however, this legal stipulation is not enough, since there is often a gap between the proclamation of a right and the act of upholding it, in the form of effective provision of the service by the State.
- Promote policies to join up the rather fragmented institutional arrangements for educational access for students with disabilities. The evidence indicates that a structural response is needed, so that education for persons with disabilities is complemented with health and food services. For example, in Chile, the National Disability Service (SENADIS), which is part of the Ministry of Social Development and Family, has partnered with the Ministry of Education to set up cross-sectoral measures on a variety of topics, including: advice on inclusive education policy; technical consultancy on bursaries; and advice on accreditation of higher education institutions in relation to disability variables. SENADIS also forms part of a commission involving various public and private bodies set up to establish an early childhood care network.<sup>5</sup>
- The experience indicates that preparation to work with students with disabilities must be included in teacher training from the start, i.e. at the university level. Teacher should be prepared to incorporate adapted didactic materials and to be able to work in multidisciplinary teams, and support and expert advice should be made available for them. This should also be complemented with curricular flexibility. In Ecuador, the Ministry of Education encourages teachers to attend a disability sensitization course as part of its teaching modernization strategy. The course, an initiative of the National Council for Persons with Disabilities backed by the Ministry of Labour and the Indoamérica Technological University, is aimed at fostering a positive shift in attitudes through disability sensitization for public servants and private workers, with a view to achieving effective care and inclusion in society of persons with disabilities.<sup>6</sup>
- Evidence from successful cases supports the supposition that inclusive educational policies are more likely to be successful when they are developed and implemented in conjunction with students with disabilities and their families. The establishment of information and participation mechanisms to facilitate joint work is essential in this regard. An example is the Colombian Community-Based Rehabilitation (CBR) strategy, which sets forth conceptual and methodological guidelines to be followed by local organizations, community leaders, non-governmental organizations and the public sector, who are engaged in formulating, designing, implementing and evaluating programmes and projects with the strategy. One objective of this strategy is to increase the possibilities of access to educational services for persons with disabilities.<sup>7</sup>
- Finally, inclusive education requires ensuring accessibility, including in transportation, information and communications. This should include, for example, electronic services and Braille signage, in addition to facilitating sign language learning to ensure access to communication and information.

## INSTITUTIONS



The Convention on the Rights of Persons with Disabilities reaffirms “the right of persons with disabilities to education” with States called upon to ensure “an inclusive education system at all levels and lifelong learning” (United Nations, 2007, p. 14).

<sup>5</sup> For further information, see [online] [https://www.senadis.gob.cl/pag/141/1207/trabajo\\_intersectorial](https://www.senadis.gob.cl/pag/141/1207/trabajo_intersectorial).

<sup>6</sup> For further information, see [online] <https://educacion.gob.ec/curso-de-sensibilizacion-en-discapacidades/>.

<sup>7</sup> For further information, see Ministry of Health (2021).

The evidence from successful cases confirms that inclusive educational policies have better chances of success when they are developed and implemented jointly with students with disabilities and their families.

Regarding public policy on training for persons with disabilities, the international experience is on the whole quite recent (Zúñiga, 2015) and is closely linked to employment inclusion efforts. Experience in this regard indicates the advisability of building work-related skills, preferably based on dialogue with firms. This facilitates labour market integration insofar as working terms and conditions are designed together with companies. The experience also shows that it is important to provide support for the integration process.

## 2. Promotion of labour inclusion

The countries of the region still owe a great debt to the population with disabilities in terms of their labour market inclusion under decent work conditions. Zúñiga (2015) identifies three factors that affect the poor employment integration of persons with disabilities: (i) individual factors, rooted in limited technical knowledge and soft skills, and incompatibility between certain job functions and type of disability; (ii) accessibility-related factors connected with workspaces and distances between home and workplace; and (iii) the social context, such as overprotection and low expectations of family members and potential employers, and employers' lack of information and knowledge on disability.

The Organization for Economic Co-operation and Development (OECD, 2010) points out that getting the economic incentives right for all actors involved in the process would increase employment opportunities for persons with disabilities. More specifically, social security disability beneficiaries should continue to receive payments to stay in work or continue looking for work. Moreover, OECD argues in favour of subsidizing the private sector to hire persons with disabilities. The public sector should also provide resources to properly evaluate the ability to work, as well as payment for labour intermediaries who successfully and sustainably reintegrate persons with disabilities into the labour market.

Given the difficulties faced by persons with disabilities in relation to labour market entry, a study for Ibero-America by the Ibero-American Social Security Organization (OISS) (2014) proposes 12 measures to promote the employment of persons with disabilities:<sup>8</sup>

- Mandatory job quotas for persons with disabilities in public administration and private companies and effective oversight of these measures. In Chile, for example, companies with 100 or more workers are legally obliged to reserve 1% of staff or contractual positions for persons with disabilities or persons in receipt of a disability pension.<sup>9</sup>
- Preferential treatment of companies that hire persons with disabilities in goods or services procurement by the public administration. In Argentina, the three State powers, decentralized State bodies, non-State public entities, State companies and private companies providing outsourced public services must prioritize companies that hire persons with disabilities in their procurement of inputs and supplies, cost conditions and legal compliance being equal.<sup>10</sup>
- Public employment and career guidance services for persons with disabilities.
- Incentives for private firms that hire persons with disabilities.
- Disability pensions in the public pension system. For example, in Uruguay, a non-contributory benefit is paid monthly to persons with disabilities who lack the resources to meet their basic needs, according to the medical evaluation of the Disability Assessment department.<sup>11</sup>

<sup>8</sup> For further information on these measures promoting the employment of persons with disabilities with examples in several countries of the region, see OISS (2014).

<sup>9</sup> For further information, see Decision No. 4137/101, Directorate of Labour (2017).

<sup>10</sup> For further information, see Act No. 25689, Argentina (2003).

<sup>11</sup> For further information, see Social Insurance Bank (2017a).



- Additional measures to facilitate the employment of persons with disabilities (e.g. teleworking and job retention schemes).
- Measures to sensitize companies about the employment of persons with disabilities.
- Occupational training for persons with disabilities.
- Self-employment and start-ups by persons with disabilities.
- Supported employment, based on a mediator who helps in job adaptation.
- Sheltered employment, whereby a percentage of the workforce consists of persons with disabilities, who receive personal and social support services. In this sort of scheme participating firms usually also receive favourable tax treatment. Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Costa Rica, Ecuador, El Salvador, Honduras, Panama, Paraguay, Peru, Portugal, the Plurinational State of Bolivia, Spain and Uruguay have quotas of this kind.<sup>12</sup>
- Consideration of cross-cutting perspectives and variables (gender, age, indigenous populations and rural populations) in public policies for the labour market integration of persons with disabilities.

## INSTITUTIONS



The Convention on the Rights of Persons with Disabilities emphasizes the key role of social protection in enabling persons with disabilities to achieve full and effective participation (United Nations, 2007).

### 3. Social protection

Adopting a broad notion of social protection, the Convention on the Rights of Persons with Disabilities emphasizes the key role of social protection in enabling persons with disabilities to achieve full and effective participation (ILO and others, 2018). Social protection provides a variety of instruments that can be combined in different ways to reduce inequality between people with and without disabilities. This section considers transfer and care policies as options to address the barriers faced by this population. As noted earlier, not all people with a limitation need specific support or care. The need for support also varies with the possibilities of moving outside or inside the home

The aim of these policies is to enable persons with disabilities to live independently, with the same options of choice, control and freedom and, depending on their age and specific circumstances, to study, work or otherwise participate in society. This objective also forms part of guaranteeing and promoting the full exercise of all the civil, cultural, economic, political and social rights of persons with disabilities enshrined in the Convention.

Conditional cash transfer programmes (CCTs) have aimed mainly to reduce poverty and extreme poverty by increasing families' monetary resources and simultaneously strengthening the human capacities of their members. Several CCTs in the region include persons with disabilities as direct recipients.<sup>13</sup> Notable among the programmes in operation is the Porteña Citizenship programme in Argentina, which supports vulnerable families through subsidies aimed at ensuring access to basic necessities, health care and school retention.<sup>14</sup> In Ecuador, the Human Development Grant (BDH) provides a transfer of US\$ 50 per month to persons in poverty who have a 40% disability or more.<sup>15</sup> In Jamaica, the Programme of Advancement Through Health and Education (PATH) includes a bimonthly health-care voucher that covers persons with disabilities.<sup>16</sup> In Paraguay, the conditional cash transfer (CCT) programme called *Tekoporã* seeks to provide social protection to households in poverty and improve their members' quality of life. One component of *Tekoporã* supports indigenous families in poverty whose members include persons with disabilities.<sup>17</sup> In

<sup>12</sup> For further information, see pp. 26–29 in OISS (2014).

<sup>13</sup> For further information, see Non-contributory Social Protection Programmes Database - Latin America and the Caribbean [online] <https://dds.cepal.org/bpsnc/cct>.

<sup>14</sup> For further information, see [online] <https://www.buenosaires.gob.ar/desarrollohumanoyhabitat/ciudadania-portena>.

<sup>15</sup> For further information, see [online] <https://www.inclusion.gob.ec/bono-de-desarrollo-humano1/>.

<sup>16</sup> For further information, see Ministry of Labour and Social Security (2018).

<sup>17</sup> For further information, see [online] <https://www.mds.gov.py/index.php/programas/tekopora>.

Uruguay, the Family Allowances under the Equity Plan CCT programme, aimed at children and adolescents from households in vulnerable socioeconomic conditions, last all life long for persons with disabilities (with an eligibility check every three years) or until they become eligible for another social security benefit.<sup>18</sup>

Based on the regional experience of recurring care provision, policy options include: (i) training and support for the provision of care based on in-person relationships, such as home-care services aimed at assisting with domestic tasks such as cleaning and shopping;<sup>19</sup> (ii) home nursing services to meet self-care and basic medical needs; (iii) provision of assistive devices for persons with disabilities, home adaptation or skills for greater autonomy;<sup>20</sup> and (iv) respite care to provide relief for family members and other caregivers to “care for the carers”<sup>21</sup> (ECLAC, 2013). Although these entitlements are aimed mainly at care arrangements in the home, in many countries the resources allocated for the care of persons with disabilities go to residential institutions. In this respect, Convention indicates that the institutional option infringes the rights of persons with disabilities (United Nations, 2007). Accordingly, policies should promote care arrangements whereby children with disabilities live with their families and older persons with disabilities live independently in their communities (ILO and others, 2018).

#### 4. Cross-cutting policies: access and attitudinal barriers

The priority policies described above have little chance of success unless they take into account the physical and social barriers that impede access by persons with disabilities to services and employment. The design of inclusive education, employment programmes and social protection must include non-discriminatory measures and solutions to access barriers. In view of the diversity of situations and needs of persons with disabilities, ILO and others (2018) recommend that policies should combine effective access to programmes with specific enabling mechanisms for persons with disabilities.

- **Accessibility (physical and communicational)<sup>22</sup>**

Accessibility must be a condition of environments, buildings, products, services and communications to be used and understood by everyone safely, equally and independently. Achieving universal accessibility is critical for policies to be successful. Physical and communicational access policies require a universal design that supports an unbroken chain of accessibility, enabling a person's physical movement from their place of origin to their destination. To this end, accessibility must be analysed and designed under a rationale of continuity, connecting the inside of the home, the urban space and transport. Accessing a park, a hospital or a school and finding a job require adequate facilities in each of these spheres

With some variations, the accessibility chain is fragmented and inadequate in Latin America. Outside areas that require improvement include: mobility-enabling elements, signage, the width and surface of sidewalks, pedestrian crossings, tactile paving, street furniture such as garbage cans, public telephones, water fountains, parking lots and pedestrian walkways. Limitations are also evident in buildings accessibility, with a lack of ramps, difficulties for interior and vertical circulation and in doors and windows, as well as toilet services.



<sup>18</sup> For further information, see Social Insurance Bank (2017b).

<sup>19</sup> One example is the Joaquin Gallegos Lara Allowance in Ecuador. For further information, see Ecuador (2020).

<sup>20</sup> Chile's Technical and Technological Assistance Financing Programme covers the cost of support equipment and prosthesis for persons with disabilities on low incomes. See [online] [https://www.senadis.gob.cl/pag/569/1649/proceso\\_de\\_financiamiento\\_ayudas\\_tecnicas\\_2020](https://www.senadis.gob.cl/pag/569/1649/proceso_de_financiamiento_ayudas_tecnicas_2020).

<sup>21</sup> One example is the Childcare to Support Working Mothers Programme in Mexico. For further information, see CONEVAL (2019).

<sup>22</sup> The section on communicational access is based on Ullmann and others (2018), which also contains more information on the use of ICTs differentiated by types of disability, their link with human rights and other regulatory and regional policy frameworks, as well as the promotion of ICTs for persons with disabilities how it relates to national laws, policies and programmes.

Accessibility to cultural, recreational and tourist areas continues to be deficient, as does access to natural environments such as squares and urban parks, playgrounds, swimming pools and wild areas (Boudeger, Prett and Squella, 2010).

The rapid development of information and communications technologies (ICTs) offers great possibilities for communications accessibility policies. Like all tools, however, in themselves ICTs have the potential to either increase or reduce inequalities between people with and without disabilities, depending on how their development is channelled. Table XI.2 offers a summarized view of ICTs that can promote inclusion for persons with disabilities. The potential impact of each of these technologies depends in turn on the type of disability and the scope of action (health, education, work, day-to-day autonomy, government services and participation in public life).<sup>23</sup>

The accessibility chain is fragmented and inadequate in Latin America.

**TABLE XI.2**  
Technologies that have a potential impact for the inclusion of persons with disabilities

TYPE OF TECHNOLOGY	POTENTIAL USES BY PERSONS WITH DISABILITIES
Internet	Websites: online education and training courses, social networking, shopping, banking and other services Telework Telemedicine and e-health
Mobile devices and services	SMS Emergency services in voice, text and sign languages Health applications Interactive multimedia services and applications
TV and services	Access services: text subtitles, audio subtitles, descriptive video Sign language interpreting Chat systems
Software and apps	Accessibility software: screen reading, voice to text, touchscreen typing Accessible e-books and e-documents Apps for special education and recreation Wearables
Emerging ICT	Artificial intelligence Speech to text, text to speech, text/speech to sign language

Source: Broadband Commission for Sustainable Development and others, *The ICT Opportunity for a Disability-Inclusive Development Framework*, Geneva, International Telecommunication Union (ITU), 2013.

Many of these technologies are advanced by technology companies themselves, without States becoming directly involved (Darvisy, Erocal and Manning, 2019). But there are also initiatives by government bodies, sometimes in partnership with private companies. For example, the *Vive Digital* plan of the Ministry of Information and Communications Technologies of Colombia provides screen-reader and magnifier software through the ConVerTIC project, which is free to download nationwide and aims to benefit over 1,200,000 Colombians with visual disabilities.<sup>24</sup> In Peru, the National Council for the Integration of Persons with Disabilities and the National Office for Electoral Processes set up a virtual platform for the April 2021 general elections, to enable voters to choose the polling place closest to their home. Persons with disabilities were able to indicate their type of disability so that, on voting day, the personnel assigned to the respective polling stations could take the measures accordingly, to ensure the right to vote.<sup>25</sup> In Argentina, during the COVID-19 pandemic, the National Disability Agency launched a videocall service for persons with deafness and hearing loss to answer questions about risk factors, prevention methods and other kinds of information related to the pandemic.<sup>26</sup>

<sup>23</sup> For further information, see p. 6 in Darvisy, Erocal and Manning (2019).

<sup>24</sup> For further information, see [online] <https://convertic.gov.co/641/w3-channel.html>.

<sup>25</sup> For further information, see Peru (2020).

<sup>26</sup> For further information, see Argentina (2020).

In Latin America and the Caribbean, the transition to the information society is uneven both between and within countries. Despite the potential of ICTs to expand the opportunities for participation by persons with disabilities, there are major gaps of access and use of these tools by this population. For ICTs to be a vehicle for greater inclusion of persons with disabilities, recommendations include: (i) ensure that people with disabilities have financial access technology; (ii) accelerate national plans that relate to ICTs and persons with disabilities; (iii) strengthen coordination and articulation among the different government and civil society entities to promote ICT usage among persons with disabilities; (iv) promote the development of apps or other technological tools designed to respond to the challenges of living with specific disabilities; (v) promote greater participation by persons with disabilities in developing ICT; (vi) improve statistical visibility; (vii) support qualitative studies for Latin America and the Caribbean to improve understanding of the barriers and factors that limit ICT use among persons with disabilities; (viii) foster capacity-building for ICT use; and (ix) recognize ICTs as an essential tool for fulfilling the rights and needs of persons with disabilities (Ullmann and others, 2018).

- **Anti-discrimination and affirmative action measures**

Anti-discrimination and affirmative action measures must be cross-cutting elements in any policy aimed at reducing inequalities between persons with and without disabilities. If the policies on education, labour market inclusion and social protection described above are to have a positive impact, they must include measures prohibiting disability-related discrimination. This is expressly stipulated in the standards on employment and work in the Convention on the Rights of Persons with Disabilities.<sup>27</sup>

As seen in particular in relation to policies on labour inclusion, affirmative action can form part of these policies through inclusive selection and recruitment mechanisms. There are laws, for example, that oblige firms to reserve a percentage of their positions for persons with disabilities (e.g. article 93 of Brazil's "Quota Law" (Act No. 8.213, of 24 July 1991),<sup>28</sup> or Ecuador's Disabilities Organizational Act).<sup>29</sup> Uruguay has similar legislation but it applies to the public sector only (Act No. 18.651 on the Comprehensive Protection of Persons with Disabilities).<sup>30</sup> A key point in enabling these measures to fulfil their purpose is ensuring effective oversight. Another form of affirmative action is certification of organizations that make the effort to ensure inclusion. An example in this respect is *Sello Chile Inclusivo* ("Chilean Seal of Inclusiveness"), a certification created in since 2012 and extended by the Government of Chile through the National Disability Service (SENADIS). It is awarded to public and private institutions of any size that take affirmative action aimed at social inclusion for persons with disabilities. Applications may be submitted by public or private institutions that comply with the legal provisions in terms of labour inclusion and universal accessibility, in two different categories: (i) an institutional management category for projects on strategic, innovative and continuously monitored good practices in inclusion; and (ii) a public spaces category for projects involving public spaces that are free for the community to use, such as parks, natural reserves, squares or museums, and represent outstanding examples of universal accessibility.<sup>31</sup>



<sup>27</sup> The Convention on the Rights of Persons with Disabilities (article 5, paragraphs 3 and 4) provides that "in order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention" (United Nations, 2007, p. 7).

<sup>28</sup> For further information, see ILO (2014).

<sup>29</sup> For further information, see Ecuador (2012).

<sup>30</sup> For further information, see Uruguay (2010).

<sup>31</sup> For further information, see [online] <https://www.sellochileinclusivo.cl/sello/sello.html>.

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## E. Questions

- Comment on the following quote in relation to how the conceptualization and understanding of disability has evolved in the field of public policies in your country and the implications this has for policymaking:  
biologically speaking, human beings have no errors, no handicaps, no dysfunctions ... In biology there are no handicaps ... It is in the space of human relationships where the person defined as limited becomes limited (Maturana, quoted in Samaniego and others, 2009).
- Prioritize three policies that seem relevant to the employment of persons with disabilities in your country. Substantiate your choice. Discuss how the choice, design and implementation of the chosen policies would change for three different types of disability.
- From your own experience, select innovative ICT options that could foster the inclusion of persons with disabilities in primary and tertiary education amid rapid technological change.



- Choose a social protection programme that you are familiar with, and identify whether there are physical barriers that limit access to it for persons with disabilities.
- Propose a universal accessibility and inclusion policy (it may be in the field of labour, education, health, autonomous living or government services and participation in public life). What management tools are essential, in your view, to design and implement the policy? What do you think are the main obstacles to its implementation? How could they be solved?

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