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under articles 16 and 17 of the Covenant

Replies of Uruguay to the list of issues in relation to its sixth periodic report*, **

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* The present document is being issued without formal editing.

** The annexes to the present document may be accessed from the web page of the Committee.



I. Introduction

1. This report was prepared, honouring international commitments made to the Committee, by the national mechanism for reporting and follow-up to recommendations, a mechanism whose activities are coordinated by the Human Rights and Humanitarian Law Directorate of the Ministry of Foreign Affairs and is comprised of 37 institutions from the three branches of government, departmental governments and, as an observer, the National Human Rights Institution and Office of the Ombudsman.¹

A. General information

2. Several laws that have been adopted demonstrate, by recognizing the human rights enshrined in the national legal order, the work and commitment of the country's lawmakers.

3. Some of these laws are informed by recommendations relating to economic, social and cultural rights or recommendations made in the context of the universal periodic review or by the bodies responsible for reviewing national implementation of the human rights instruments to which Uruguay is a Party; provisions of these instruments are not only invoked in the explanatory preambles to these laws but are also used as standards in their operative sections.²

4. The courts have issued a series of rulings, in particular in respect of *amparo* proceedings, in which reference is made to the Covenant.³

5. Uruguay takes precautions to ensure that the trade agreements negotiated within the framework of the Southern Common Market (MERCOSUR) are compatible with national standards and the country's solid legal and institutional structure in the area of human rights.

6. MERCOSUR has created a network of thematic forums that work with each other to encourage progress in the protection and promotion of human rights in its member countries,

¹ Executive branch: Ministry of Foreign Affairs, Ministry of the Interior, Ministry of Economic Affairs and Finance, Ministry of Defence, Ministry of Education and Culture, Ministry of Transport and Public Works, Ministry of Industry, Energy and Mining, Ministry of Labour and Social Security, Ministry of Health, Ministry of Livestock, Agriculture and Fisheries, Ministry of Tourism, Ministry of Housing and Land Management, Ministry of Social Development, Ministry of the Environment, Planning and Budget Office, National Institute of Statistics, Human Rights Secretariat of the Office of the President, Agency for the Development of eGovernment and the Information and Knowledge Society, Uruguayan International Cooperation Agency and National Civil Service Office.

Decentralized services: National Institute for the Social Inclusion of Adolescents, State Sanitation Works, Uruguayan Institute for Children and Adolescents, State Health Services Administration and Attorney General's Office; National Mail Administration. Independent bodies: Social Security Bank, National Public Education Administration, the judiciary, the legislature (both houses), Parliamentary Commissioner for the Prison System; Departmental governments: departmental governments of Canelones, Flores, Montevideo, Rocha and San José. Observers: National Human Rights Institution and Office of the Ombudsman.

² In June 2019, for example, in accordance with Act No. 19.747 of 3 June 2019, the Code on Children and Adolescents was amended to define the type of training to be given to technicians involved in diagnoses, care, reparations and follow-up to the protection measures adopted in situations involving the abuse of or sexual violence against children and adolescents; the training, according to the amended Code, "must include in its theoretical and conceptual framework the principles and standards set out in the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention of Belém do Pará and other international human rights instruments ratified by the country".

Another example is Act No. 19.846 of 19 December 2019, on gender equality and non-discrimination, in which formal equality, substantive equality and equality of recognition are enshrined (in follow-up to the recommendations of the Committee on the Elimination of Discrimination against Women) (www.imo.com.uy/bases/leyes/19846-2019). In addition, under this Act, all public agencies are obliged to have specialized gender units, an obligation that is being fulfilled over the stages of the budgeting exercise.

³ All judgments are available for consultation by the public on the website <http://bjn.poderjudicial.gub.uy/BJNPUBLICA/busquedaSimple.seam>.

while also creating opportunities for dialogue and the exchange of best practices in view of the situation of the bloc's member countries.

7. As a polity, MERCOSUR works through meetings of ministers and specialized meetings held as part of its Forum for Political Consultation and Coordination. Many of these meetings involve dynamic and relevant work focusing on specific issues to be resolved to improve the quality of life in the countries members of MERCOSUR.

8. Constant communication on and training in human rights is an essential pillar in the integration process that Uruguay has supported, without interruption, since the creation of MERCOSUR. The international course on public policies on human rights, for example, a course offered by the MERCOSUR Institute of Public Policies on Human Rights and meant for public officials responsible for designing, leading, executing and assessing public policies, is in its seventh edition.

9. The national mechanism for reporting and follow-up to recommendations has a channel for dialogue and consultation with civil society organizations on which it regularly calls before national reports are submitted. At present, steps are being taken to allow new national institutions and departmental governments to join the mechanism, and a computerized tool for follow-up to recommendations is being tested.

10. The aim of the mechanism is to facilitate assessment by the State of its progress in implementing treaties and recommendations. It ensures that the Sustainable Development Goals are included in the periodic reports and that connections with them are reflected in the information on the action taken in follow-up to recommendations.

11. The nationally determined contributions are the main measures to be taken to increase the country's capacity to adapt to climate change and its contribution to the mitigation of greenhouse gases. They set out objectives in relation to beef production, specific objectives for the conservation and expansion of carbon pools in respect of land use and measures that enable progress towards these objectives. The country has submitted its nationally determined contribution on two occasions⁴ and is working on its third submission. Uruguay has targets for reducing its carbon intensity by 2025; it has set out a series of measures to reduce its carbon emissions and a number of others to adapt to climate change and strengthen capacities and the generation of knowledge.

12. The first visual display, available to the public, was launched in March 2020,⁵ and for the first time progress towards each of these targets and objectives could be seen in graphic form. A little more than a year after that launch, the information displayed was brought up to date, and, with the support of Agency for the Development of eGovernment and the Information and Knowledge Society, a new visual display was developed to facilitate access to this information.

13. The effects of climate change and variability on the country include droughts and the resulting losses in the agricultural sector, excessively high energy costs and problems supplying drinking water; floods that have an impact on public health and displaced persons and cause damage to production and infrastructure; extreme coastal events that cause erosion, damage infrastructure and affect tourism, strong storms that put the population at risk; and cold waves or heat waves that affect human and animal health. These problems have a disparate impact, and the highest costs are borne by the parts of the cities with the most vulnerable populations.

14. Uruguay also has the National Gender and Climate Change Strategy and the Gender and Climate Change Action Plan for Uruguay. As a gender approach cuts across climate policy instruments, it incorporates recommendations and actions to reverse inequalities in all sectors that are part of the National System for the Response to Climate Change.

⁴ www.gub.uy/ministerio-ambiente/comunicacion/publicaciones/primera-contribucion-determinada-nivel-nacional and www.gub.uy/ministerio-ambiente/comunicacion/noticias/uruguay-presento-su-segunda-contribucion-determinada-nivel-nacional.

⁵ https://visualizador.gobiernoabierto.gub.uy/visualizador/api/repos/%3Apublic%3Aorganismos%3AAmbiente%3Avisualizador_cdn.wcdf/generatedContent.

15. Gender analyses that make it possible to identify the specific gaps in a given sector and context are conducted to define measures to combat inequalities, and, when necessary, consultations with civil society organizations are held to ensure that specific needs are taken into account in planning. Civil society organizations that work on environmental issues and are led by women or in which women are heavily involved are identified. These measures take on importance within the framework of the National Adaptation Plans developed for the agricultural sector, for cities and infrastructure and for coastal areas.

16. For Uruguay, adaptation is a priority of national climate policy. National plans for adaptation to climate change, four in all, have been submitted for the following sectors: agriculture (2019), coastal areas (2021), cities and infrastructure (2021) and energy (2024).⁶

17. A social commitment, a risk reduction approach and a gender perspective cut across all the climate change adaptation measures proposed by Uruguay.⁷

18. The National Emergency System⁸ is responsible for the country's comprehensive risk and disaster management activities, which are underpinned by three complementary practices: risk mitigation, remedial risk management and compensatory risk management.

19. The National Policy for Comprehensive Emergency and Disaster Risk Management in Uruguay (2019–2030),⁹ adopted pursuant to Decree No. 66/2020, was formulated within this framework. The Policy is a long-term instrument for the identification, prevention and reduction of present and future risk related to adverse events of natural, social and natural, or anthropogenic origin; it is meant to help generate, build and consolidate national capacities in all aspects of emergency and disaster risk in both the public and private spheres and at all levels of government. The National Plan for Comprehensive Emergency and Disaster Risk Management,¹⁰ which centres on the Policy's seven strategy areas and sets out specific objectives, actions and targets, as well as indicators by which to measure progress, was also adopted.

20. Since 2015, the country has had a general coordination protocol, approved by numerous agencies and tested in a nationwide simulation exercise, that is to be followed by the National Emergency System in response to emergencies and sudden disasters.

21. Each of the country's departments has a protocol for emergency and disaster response.¹¹ These protocols were updated in 2022 and tested in regional simulation exercises in 2023. The protocols are a conceptual and theoretical tool that serves as a guide for the actors involved in the response, sets out the steps that are to be taken while following the procedures and protocols relevant to the phenomenon concerned and determines how they are implemented. The logistical, human and material resources allocated to the institutions involved in the response are identified in each protocol.

22. The main inter-agency coordination area for planning what needs to be done to prevent and mitigate risks and adapt to climate change is the National System for the Response to Climate Change and Variability, established pursuant to Executive Decree No. 238 of 2009.¹²

⁶ <https://napcentral.org/submitted-naps>.

⁷ Ibid.

⁸ The System is the permanent body with specific responsibility for coordinating the activities of public institutions for comprehensive disaster risk management in Uruguay. Its objective is to protect individuals, significant assets and the environment from adverse phenomena (of natural, social and natural, or anthropogenic origin) that result or may result in emergency or disaster situations, thereby creating conditions conducive to sustainable development.

⁹ www.gub.uy/sistema-nacional-emergencias/sites/sistema-nacional-emergencias/files/documentos/publicaciones/Poli%CC%81tica%20Nacional%20de%20Gestio%CC%81n%20Integral%20del%20Riesgo%20de%20Emergencias%20y%20Desastres%20en%20Uruguay.pdf.

¹⁰ www.gub.uy/sistema-nacional-emergencias/comunicacion/publicaciones/plan-nacional-gestion-integral-riesgos-emergencias-desastres-uruguay.

¹¹ www.gub.uy/sistema-nacional-emergencias/comunicacion/publicaciones/planes-protocolos.

¹² [www.impo.com.uy/bases/decretos/238-2009#:~:text=\(Creaci%C3%B3n\),la%20adaptaci%C3%B3n%20al%20cambio%20clim%C3%A1tico](http://www.impo.com.uy/bases/decretos/238-2009#:~:text=(Creaci%C3%B3n),la%20adaptaci%C3%B3n%20al%20cambio%20clim%C3%A1tico).

23. The National Climate Change Policy (2017), the nationally determined contributions, the Long-term Climate Strategy, the national greenhouse gas inventories, the National Adaptation Plans (agriculture, cities and infrastructure, coastal areas and energy), the Gender and Climate Change Strategy, the National Action Plan on Gender and Climate Change, the National Strategy of Action for Climate Empowerment and other instruments and reports related to climate policy were prepared within the framework of the System.

24. Institutional development has allowed for greater coordination of the steps taken by the State agencies that have promoted the development of cross-cutting and sector-specific public policies related to climate change, both national and subnational, with emphasis on the impact of climate change and adaptation options and on mitigating greenhouse gas emissions. Working together also makes it possible to create synergies between the agencies' mitigation and adaptation initiatives.

B. Issues relating to the general provisions of the Covenant (arts. 1–5)

1. Right to freely dispose of natural wealth and resources (art. 1 (2))

25. Uruguay has provided due notice of its commitment to ongoing consideration of the conditions for the implementation of the International Labour Organization (ILO) Indigenous and Tribal Peoples Convention, 1989 (No. 169), at the national level, but it should be kept in mind that ILO conventions are analysed by tripartite bodies and that the State does not have the power to ratify them on its own.

Non-discrimination (art. 2 (2))¹³

26. Significant amendments to Act No. 17.817, the Act on the Fight against Racism, Xenophobia and All Other Forms of Discrimination in Uruguay, were made pursuant to Act No. 20.212. The amendments are as follows:

- Restructuring of the Honorary Commission against Racism, Xenophobia and All Other Forms of Discrimination: a change was made to the composition of the Commission, while maintaining the representation of several ministries and the Governing Board of the National Public Education Administration. As a result, the Commission, which previously worked under the aegis of a ministry, is now, in a shift that is considered a reaffirmation of its authority, within the purview of the Office of the President.
- Strengthening of the Commission's authority: the Commission was empowered to act on its own initiative in cases within its purview. It may initiate investigations and take action itself when it is apprised of possible acts of discrimination.
- Continuity and strengthening of its mandate: the Commission maintains its original mandate but is given scope for action and the direct support of the Office of the President.

27. Strategies to ensure that the population of African descent was more visible in statistics were devised as part of the execution of the National Plan for Racial Equity and People of African Descent (2019–2022). Since 2020, new systems – namely, the digital curriculum vitae and State Human Resources Management System – that include that variable, as well as gender identity and disability status or employment support needs, have been used by the central Government. Although this information is not yet recorded in the systems, as it requires surveys by each agency, account is taken of it in the new software.

28. The National Civil Service Office has organized training activities that include awareness-raising, dissemination of affirmative action laws for persons of African descent, persons with disabilities and transgender persons, including courses on human rights in the classroom and virtually, with a view to covering the entire country, and over the past five years more than 800 civil servants have received training on these topics.

¹³ Attached is information on the receipt and processing of complaints by the National Human Rights Institution and Office of the Ombudsman.

29. The Office has taken various measures to monitor and verify compliance with article 4 of Act No. 19.122. It prepares and publishes annual reports, which can be consulted on the country's open data portal,¹⁴ that contain this information.

30. Persons of African descent accounted for 2.2 per cent of all persons joining the civil service in 2019, 0.7 per cent in 2020, 0.8 per cent in 2021, 1.8 per cent in 2022 and 1.8 per cent again in 2023.¹⁵

Porcentaje de cumplimiento de cuota de ingreso de afrodescendientes en el Estado, cantidad de personas ingresadas y distribución por sexo				
	Porcentaje de cumplimiento de la cuota en todos los organismos obligados	Cantidad de personas afrodescendientes ingresadas	Porcentaje de hombres afro ingresados	Porcentaje de mujeres afro ingresadas
2019	2.2	461	51	49
2020	0.7	133	47	53
2021	0.8	200	67	33
2022	1.8	440	47	53
2023	1.8	398	59	41

31. Compliance with the quota for the employment of persons of African descent in civil service positions in the executive branch of government has fluctuated, as shown in the table below.¹⁶

Porcentaje de cumplimiento de reserva de la cuota en las convocatorias a concurso para puestos civiles del Poder Ejecutivo		
	Cumplimiento de reserva de la cuota en la convocatoria (en porcentaje)	Postulantes afrodescendientes (en porcentaje)
2019	8,6	5,1
2020	8,1	9,1
2021	8	6,9
2022	10,8	s/d
2023	7,9	s/d

32. In terms of age distribution, 65 per cent of those who fill positions in the civil service set aside for persons of African descent are between 18 and 29 years old, 30 per cent are between 30 and 45 and 5 per cent are over 45.

33. In a 2024 report of the National Human Rights Institution and Office of the Ombudsman, together with the National Civil Service Office, in which progress 10 years after the entry into force of Act No. 19.122 was assessed, recruitment by the State since 2014 is also broken down by type of contract and type of job responsibility.¹⁷

34. The Ministry of Social Development and the National Civil Service Office worked together to update the road map for the application of the quota for the employment of persons

¹⁴ www.gub.uy/oficina-nacional-servicio-civil/datos-y-estadisticas/datos-abiertos.

¹⁵ Source: National Civil Service Office.

¹⁶ Source: National Civil Service Office.

¹⁷ www.gub.uy/institucion-nacional-derechos-humanos-uruguay/comunicacion/publicaciones/informe-10-anos-cumplimiento-ley-19122-desafios-su-implementacion.

of African descent in the public sector,¹⁸ which was made public on 24 July 2023. This road map was distributed to all agencies obliged to comply with the quota and is available in an accessible format on the web pages of the National Civil Service Office and the Ministry. Formal communications on regulatory and procedural changes have been sent both to senior management and to human resources units of all relevant agencies.

35. In education, the operational protocol for the inclusion of persons with disabilities in educational centres was reviewed and brought up to date with contributions from the Coordinating Council for Early Childhood Education and the technical and teaching assembly of the Educational Training Council. Inter-agency coordination involving various directorates of the National Public Education Administration has, moreover, been made more robust within the framework of the Commission for Continuing Education and Social and Professional Development for Disability. In addition, enquiries from the public in relation to students with disabilities are accepted and followed up on.

Equal rights of men and women (art. 3)

36. Updated statistics on the representation of women in decision-making and managerial positions at different levels of public administration show that little progress has been made.¹⁹ Equal access to political office and senior leadership posts continues to be a challenge. The National Civil Service Office has conducted studies since 2018, and although the situation has not improved, women's access both to political office and to senior leadership posts in the central Government increased by 2 per cent between 2020 and 2022. A question about racial affiliation is asked, but it is not answered, and the data are thus unreliable.²⁰

37. The gap between women's hourly wages and men's has narrowed steadily since 2015 – it was 7.6 percentage points on average in 2015/2016 and 3.7 percentage points in 2019 – nearly closing entirely by 2022.

38. No further measures have been taken specifically to reduce the wage gap in the past five years. Uruguay has extensive labour regulations and labour inspections to guarantee equal pay for equal work. All these measures, which are still in place, have helped narrow the gender wage gap.

39. The occupations in the table in which increases are shown are those in which segregation increased during the period.

Peso de mujeres en el total de ocupados			
	2023	2022	2019
Mujeres	45,00%	45,30%	45,10%

¹⁸ www.gub.uy/oficina-nacional-servicio-civil/sites/oficina-nacional-servicio-civil/files/documentos/publicaciones/Gu%C3%ADaAfro_version%20pdf.pdf.

¹⁹ www.gub.uy/oficina-nacional-servicio-civil/comunicacion/publicaciones/brechas-acceso-puestos-decision-administracion-central-2022 and www.gub.uy/oficina-nacional-servicio-civil/comunicacion/publicaciones/brechas-acceso-puestos-decision-entes-autonomos-servicios.

²⁰ <https://lac.unwomen.org/es/digiteca/publicaciones/2021/03/el-lugar-de-las-mujeres-uruguayas-en-los-cargos-de-decision>.

C. Issues relating to the specific provisions of the Covenant (arts. 6–15)

1. Right to work (art. 6)

40. Updated data on the “I Study and Work” programme can be seen in the table below.

Ediciones	Total de ingresos	Por cuota afro
8va.	694	38
9na.	600	37
10ma.	655	46
11ava.	635	41
12ava.	464	29

41. Data on admissions to the eleventh and twelfth editions of the programme, some of which will take place in the second half of the year, are incomplete.

42. Data on employment in the informal economy²¹

	Informalidad		Hombre	Mujer		Montevideo	Interior
2018	24,50%	2018	26%	22,70%	2018	16,40%	30,30%
2019	24,90%	2019	26%	23,50%	2019	17,70%	30,00%
2020	22,20%	2020	24%	19,90%	2020	14,50%	27,60%
2021	21,70%	2021	23%	20,20%	2021	14,40%	26,70%
2022	20,90%	2022	22,10%	19,40%	2022	12,90%	26,30%
2023	21,30%	2023	22,30%	20,00%	2023	13,8%	26,20%

Aportes a la seguridad social según ascendencia étnico-racial. Total País. Año 2018 - 2023 (%)																		
Año	2018			2019			2020			2021			2022			2023		
Ascendencia	Aporta	Informal	Total															
Afro	65,1	34,9	100	65,1	34,9	100	69,5	30,5	100	70,9	29,1	100	73,8	26,2	100	75,1	24,9	100
No Afro	76,5	23,5	100	76,3	23,7	100	78,8	21,2	100	79,1	20,9	100	79,7	20,3	100	80,6	19,4	100
Total	75,4	24,6	100	75,1	24,9	100	77,8	22,2	100	78,3	21,7	100	79,1	20,9	100	78,7	21,3	100

2. Right to just and favourable conditions of work (art. 7)

43. Data on complaints of discrimination, according to the reports of the General Labour and Social Security Inspectorate for the period 2019–2023, are shown in the table below.

DENUNCIAS DERECHOS FUNDAMENTALES EN EL TRABAJO 2019 - 2023					
	2019	2020	2021	2022	2023
ACOSO MORAL	357	238	289	432	512
REPRESIÓN SINDICAL	24	17	53	17	41
ACOSO SEXUAL	48	33	27	82	5
OTRAS			48	74	68
DISCRIMINACIÓN	0	4	4	25	8
TOTAL	429	292	421	630	634

44. Women’s hourly wages equalled those of men in 2022. The gap between women’s hourly wages and men’s has narrowed steadily since 2015 – it was 7.6 percentage points on average in 2015/2016 and 3.7 percentage points in 2019 – nearly closing entirely by 2022 (on average, based on information from the first semester of the year).

45. The most recently adopted norms in the areas of safety and health are as follows:

- Act No. 19.927 (2020): manual handling of loads; implemented pursuant to Decree No. 323/21

²¹ Labour and Social Security Statistics Unit on the basis of continuous household survey data, National Institute of Statistics.

- Act No. 19.978 (2021): promotion and regulation of teleworking; implemented pursuant to Decree No. 86/22
- Decree No. 38/22: general protocol for work in adverse weather conditions in rural areas
- Decree No. 371/22: implementation of ILO Labour Inspection Convention, 1947 (No. 81), and ILO Labour Inspection (Agriculture) Convention, 1969 (No. 129), a decree under which new administrative procedures for the General Labour and Social Security Inspectorate are set out
- Decree No. 52/23: prevention services and occupational health; decree pursuant to which amendments were made to Decree No. 127/14²²

46. In addition, the Strategic Plan for the General Labour and Social Security Inspectorate 2024–2025 was adopted pursuant to Ministerial Decision No. 71 on 26 February 2024.

47. Every year, operations are planned and undertaken by sector of activity (including construction, quarrying of semi-precious stones and operation of shopping centres) to review occupational health and safety conditions, as well as to verify compliance with the law. Inspection activity includes the inspection itself and counselling for workers and employers.

48. In addition, large projects, such as the construction of the country's second pulp mill (UPM 2), are overseen, as is the maintenance work done by Montes del Plata.

49. The tripartite occupational health and safety round tables organized in accordance with Decree No. 291/07 are also part of the inspection framework. These activities and the intervention of the different units help improve working conditions and prevent accidents and occupational diseases.

Inspections over the past five years

50. In percentage terms (average), the main sectors inspected under the implementing decree are:

- Industry, commerce and services: 60 per cent of inspections
- Construction industry: 28 per cent of inspections
- Rural activities: 7 per cent
- Other sectors: 5 per cent

51. The main observations that are made concern protections for machinery, risks derived from working at height, chemical and biological risks (especially during the pandemic), welfare services, the formation of the bipartite committees on which both workers and employers are represented, shortfalls in document management (safety plans, occupational risk prevention plans, work permits) and personnel training/education.

3. Trade union rights (art. 8)

52. In some agreements of the Wage Negotiation Committees of groups of particular business activities, there are clauses, worded variously, on mechanisms for the prevention and resolution of disputes, or steps to be followed in the event of union action.

53. In some cases, clauses referring to "special commitments" have been agreed on – in subgroup 01 "Pulp, Paper, Diapers, Cardboard and Cardboard Products", for example. These clauses set out a mutual commitment to respect the right of all workers employed by the companies to join trade unions or not, as well as the right of the employers to manage and organize the companies, all in accordance with the law.

54. The General Labour and Social Security Inspectorate participates in the work of the sector-specific commissions on which workers, employers and the State are represented; it

²² The norms (decrees and decisions) that were issued during the coronavirus disease (COVID-19) pandemic should also be noted – for example, Decrees No. 93 and No. 94 of 2020 and Decisions No. 52 and No. 54 of the National Occupational Health and Safety Council.

calls for the establishment of these tripartite commissions in each sector or branch of activity for the formulation, implementation, evaluation and periodic review of a national policy, and the resources to implement it, on occupational health and safety and the workplace environment.

55. It also encourages the establishment of bipartite commissions in companies for the management of and protection from risks derived from activity of any sort.

56. In addition, the Inspectorate participates in and presides over the National Occupational Health and Safety Council, which also includes representatives of the State Insurance Bank, the Social Security Bank and the Ministry of Health, workers' representatives (Inter-Union Plenary of Workers – National Workers Convention) and employers' representatives (Chamber of Industry and Chamber of Commerce).

57. In 2023, the National Labour Directorate oversaw negotiations at the tenth round of meetings of the Wage Negotiation Committees. In all, 179 committees involving 22 groups of employers were convened to negotiate new wage agreements to replace expired agreements. After negotiations involving a total of 965 hearings of the parties, 92 tripartite agreements were reached.

58. A total of 1,279 bargaining units (comprised of an employer, a trade union and the executive authorities) and 36 bargaining units in Wage Negotiation Committees were opened between rounds. A total of 2,216 hearings were held, of which 2,120 corresponded to negotiations between employers and trade unions and 96 to inter-round negotiations by Wage Negotiation Committees. Agreement was reached, at least partially, in 69 per cent of the meetings.

59. During this period, the Higher Tripartite Council held four meetings, at which the following topics were discussed: the setting of the national minimum wage, the presentation to the parties of the guidelines of the executive authorities on the tenth round of meetings of the Wage Negotiation Committees, a report of the Tripartite Working Commission on the Wage Negotiation Committees, and a proposal for a vote made by the executive authorities as a result of an analysis by the Commission of Wage Negotiation Committees of changes or updates to some of the Committees' groups and subgroups of business activities.

60. In addition, an amendment to Decree No. 291/007 (occupational health and safety) and the bill on the splitting of annual leave were presented for consideration by the parties, and, finally, a presentation was made on the 2024 Strategic Plan of the General Labour and Social Security Inspectorate.

4. Right to social security (art. 9)

New pension system²³

61. All persons who, as of 1 December 2023, enter the formal labour market or start a new activity covered by a social security institution other than the one with which they were already affiliated are included under the new pension system. Those who become eligible as of 1 January 2033 will also be part of this system (art. 15).

Normal retirement

62. The age for retirement on a full pension will increase from 60 to 65. This increase will be phased in gradually, depending on the date of birth of the beneficiaries (art. 35).

²³ www.impo.com.uy/bases/leyes/20130-2023.

63. The aforementioned persons who do not have 30 years of service will also be eligible for a full pension if they meet the following requirements:

Edad	Tiempo mínimo de servicios computables
66	27
67	24
68	21
69	18
70	15

64. Persons covered by the Social Security Bank will qualify for a full pension if they meet the following requirements:

Edad	Tiempo mínimo de servicios computables
65	25
66	23
67	21
68	19
69	17

65. Another change is to the calculation of basic pensionable salary. This figure will be the average salary during the 20-year period with the highest remuneration; the figure will be multiplied by a pension rights acquisition rate, established in article 46 of the relevant law (Act No. 20.130 of 2023), which varies depending on the pensioner's age at retirement.

66. This calculation will apply to 100 per cent of the pensionable earnings of persons who qualify for a pension on or after 1 January 2043. There will be a system of transitional rules for people who become eligible for a pension between 1 January 2033 and 31 December 2042; under that system, some of a person's pensionable earnings will, as shown in the table below, be calculated under the rules of previous pension systems and the rest under the new system.

Año de configuración de la causal jubilatoria	Porcentaje de incidencia en el beneficio total	
	Regímenes Jubilatorios Anteriores	Sistema Previsional Común
2033	50%	50%
2034	45%	55%
2035	40%	60%
2036	35%	65%
2037	30%	70%
2038	25%	75%
2039	20%	80%
2040	15%	85%
2041	10%	90%
2042	5%	95%
2043	0%	100%

Retirement on grounds of total disability

67. The new system applies to all persons who apply on or after 1 August 2023. Retirement on grounds of disability is possible only when the beneficiary, in addition to demonstrating total and permanent incapacity for work of any type, has not reached the age or does not have the years of service required to retire on a full pension on other grounds.

68. The pension to which the beneficiary is entitled will be adjusted as follows:

- A supplement of 20 per cent if the person has dependent children under 18 years of age or over 18 and under 21 without the means to support themselves or children over 21 who are completely incapable of any work and lack the wherewithal to support themselves
- A supplement of 25 per cent if the person is found to be in a situation of severe dependency

69. Where both situations arise, the beneficiary is entitled to both supplements.

Temporary benefits for partial disability

70. The benefits will be calculated on the basis of the average salary of the 20 years with the highest remuneration, and in the event of a shorter period of service, they will be calculated on the basis of the average salary of the actual number of years of service. The pension rights acquisition rate that would have applied had the person been able to continue working will apply.

71. The pension will be adjusted upward by 20 per cent if the person has dependent children under 18 years of age or over 18 and under 21 without the means to support themselves or children over 21 who are completely incapable of work of any sort and lack the wherewithal to support themselves.

Early retirement on grounds of long service

72. These new grounds for retirement are established under the Act, which states that, to qualify for a pension on these grounds, a person must have at least 40 years of service, beginning with his or her enrolment in any pension system (art. 36).

Año de nacimiento	Edad jubilatoria anticipada	Años de trabajo mínimos
1973	60	40
1974	61	40
1975	62	40
1976 en adelante	63	38
	64	35

73. Persons born on or before 31 December 1972 who have at least 30 years of pensionable service as of 12 December 2032 are also eligible for early retirement.

74. This retirement pension and the pension for persons retiring at the standard retirement age are to be calculated in the same way.

Early retirement for workers with particularly demanding jobs

75. These new grounds for retirement are established under the Act, which states that, to qualify for a pension on these grounds, a person must be at least 60 years old and have 30 years of service, counting only the years during which contributions were made to pension regimes for construction or rural workers. In addition, of the total number of years worked, 20 must have been in the demanding jobs in question and 5 of them must have been in the last 10 years of the person's employment history (art. 37). This retirement pension and the pension for persons retiring at the standard retirement age are to be calculated in the same way.

Solidarity supplement

76. The solidarity supplement is a benefit created pursuant to article 177 of the Act. Its main purpose is to supplement the income of those whose pension does not attain a minimum income replacement rate.

77. This benefit is available to all persons 65 and older who receive a pension under the new common social security system or a survivor's pension. They must currently reside in the country and have been in the country for 10 of the previous 20 years.

Credits for provision of care

78. Under article 43 of the Act, mothers are entitled to a credit of one year for each child born alive or each child adopted as a minor or with a disability. They are entitled to credits for a total of five years.

79. Moreover, credits for two additional years will be awarded for each child with a severe disability. There is no cap on the number of these credits, which may be shared, in periods of no less than six months, by the parents, provided that there is an agreement between them. If there is no agreement, they will be set aside for the mother.

80. These years of service may be counted in their totality regardless of the pension fund or system in which a person is enrolled, but in no case may they be used to make changes to a pension that is already being received.

81. In the event of the mother's death, the father may receive the credits if, at the time of death, there are minor children or children with disabilities who move in or are already living with him.

Compatibility of retirement and gainful employment

Active ageing

82. Retirement and gainful employment have been made mutually compatible with a view to allowing pensioners enrolled in any pension or social security system to work full- or part-time as salaried employees or in self-employment and maintain their retirement benefits (art. 194).

83. Mutual compatibility arrangements do not apply in the following cases (art. 196):

- When persons receive benefits on grounds of total disability or temporary disability benefits that have been converted into a retirement pension on grounds of disability
- If the activity the person wishes to pursue is one for which credits for additional years of service are awarded and is of the same nature as the activities on the basis of which the years of service were calculated (except for teaching)
- If the activity the person wishes to pursue is an activity in the civil service sector of the Social Security Bank and the pension the person receives is for work (except for teaching) in the same sector
- If the activity the person wishes to pursue is covered by the Notarial Social Security Fund or the University Professionals Social Security Fund and the person already receives a pension from one of those funds

84. Pensioners receiving a pension from the Social Security Bank may re-enter the workforce as salaried employees in the sector of activity from which they retired and continue to receive their pension if their employer is different from the one they previously worked for. Unless they intend to teach, this does not apply to civil service pensioners who wish to re-enter the labour market as civil servants.

85. Self-employed workers in the Social Security Bank sectors "industry and commerce" and "rural activities" who have been working in this capacity for at least the previous three years and are 65 years old or older may, for their part, opt to:

- Remain self-employed and stop making pension contributions as long as they have at least 30 years of recognized service. The time spent working under these arrangements will not count towards their pension.
- Begin receiving their pension and remain self-employed as long as they employ others. The pension contributions that they are required to make for this period will be allocated to their individual retirement account or to their voluntary savings account. The time spent working under these arrangements will not count towards their pension.

Flexible partial retirement

86. Employees who retire on a full pension or take early retirement because they had particularly demanding job and those who retired, including on account of their advanced age, under the previous retirement system are eligible for flexible partial retirement that is compatible with work in a branch of activity covered by the system from which they receive a pension. To this end, they must agree with the employer to continue working as employees, with a reduction of their weekly or monthly workload and remuneration of between one third and one half (art. 203).

87. Flexible partial retirement is incompatible with the following benefits and activities (art. 205):

- Retirement on grounds of total disability
- Temporary benefits for partial disability
- Retirement from an activity of the same nature (except for teaching) for which credits for additional years of service are awarded
- Early retirement on grounds of long service
- Self-employment or enrolment in the Notarial Social Security Fund or the University Professionals Social Security Fund

88. This pension is a share of the total pension that the pensioner would be entitled to under the relevant pension plan for the form of retirement he or she takes.

Distribution of personal contributions

89. All persons who, as of 1 December 2023, enter the formal labour market or start a new activity covered by a social security institution other than the one with which they were already affiliated are included under the new system for the distribution of personal contributions (art. 14).

90. In accordance with article 22 of the Act, individuals included in this new contribution distribution system will contribute 10 per cent of their income up to the first income tier (107,589 Uruguayan pesos (Ur\$) as of 1 January 2022) to the social security system based on intergenerational solidarity administered by the Social Security Bank and the parastatal funds. Contributions totalling 5 per cent of income up to the first tier and 15 per cent of income in excess of the first tier and up to Ur\$ 215,729 (amounts as of 1 January 2022) are to be made to the system of individual retirement accounts administered by the pension funds. The share of total income in excess of Ur\$ 215,729 is not subject to mandatory personal contributions.

Recognition of years worked before 1996

91. Under article 219 of the Act, individuals will have a period of time to ensure that they are given credit for the years they worked before 1 April 1996 that are not included in their work history.

Income from individual retirement account

92. Persons receiving a pension from the Social Security Bank or whose retirement is recognized by the Bank are entitled to an annuity derived from their individual retirement accounts. Persons 65 years of age or older are also eligible for this annuity. In the event that

they continue working, they must make personal contributions to the pension fund administering their retirement account.

93. People who are terminally ill may apply to their pension fund for a monthly benefit of up to three times the retirement benefit to which they would ordinarily be entitled under the system of individual retirement accounts.

Withdrawal of capital

94. Persons eligible for a pension under the intergenerational solidarity system administered by the Social Security Bank who decide to defer their request for a pension for at least three years from the date at which they are eligible may withdraw up to 9 per cent of the capital in the individual retirement account.

95. Persons not resident in Uruguay who have less than 15 years of contributions in the country may, once five years have elapsed since the last activity for which they made contributions in Uruguay, withdraw the funds held in their individual retirement accounts or transfer them to an insurance company to obtain a monthly payment.

96. Persons with a permanent disability who are unable to do work of any sort but are not eligible to retire on a full pension on grounds of disability may withdraw the funds held in their individual retirement accounts or transfer them to an insurance company to obtain a monthly payment.

Pensions

97. A new survivor's pension system, which includes persons who are active or retired who die, disappear or are declared absent as of 1 August 2023, was established within the framework of Act No. 20.130 (art. 53).

98. Persons over 65 years of age who have provided at least seven years of unpaid care to family members and are not eligible for any other form of retirement income are entitled to an old age pension.

99. For disability pensions, a home visit is required, and to determine the amount of ordinary disability pensions, account is taken of the expected contributions of grandparents who live in the home. In addition, persons who meet specific work history and other requirements are entitled to additional disability and old age benefits.

5. Right to an adequate standard of living (art. 11)

Table 1

Prevalence of malnutrition in children under 5 years of age²⁴

Emaciación	Retraso de crecimiento	Bajo Peso	Sobrepeso	Obesidad
1,40%	7,30%	1,80%	9,80%	2,40%

²⁴ Source: Ministry of Social Development, Ministry of Health, Uruguayan Institute for Children and Adolescents, National Public Education Administration, Ministry of Education and Culture, National Institute of Statistics. Initial results of the nutrition, child development and health survey, 2018 cohort.

Table 2

Prevalence of stunting and of overweight and obesity in children under 5 by sex, region and household income tertile²⁵

	Retraso de crecimiento	Sobrepeso u obesidad
Niña	7%	13%
Niño	8%	12%
Montevideo	6,60%	12,20%
Interior	7,60%	12,40%
Tercil 1	10%	13%
Tercil 2	6%	13%
Tercil 3	6%	11%

Table 3

Prevalence of malnutrition in school-age children (5 and older)²⁶

Emaciación	Retraso de crecimiento	Sobrepeso	Obesidad
2,40%	2,60%	22%	17,40%

Table 4

Prevalence of emaciation, overweight and obesity in school-age children (5 and older) by sex, region and type of school²⁷

	Emaciación	Sobrepeso	Obesidad
Niña	2,20%	21,30%	14,50%
Niño	2,60%	22,70%	20,30%
Montevideo	1%	22,10%	19,70%
Interior	3,10%	21,90%	16%
Público	2,80%	20,60%	17,40%
Privado	0,60%	27,80%	17%

Table 5

Prevalence of malnutrition in adolescents (13–17 years of age)²⁸

Bajo peso	Sobrepeso	Obesidad
1%	23,20%	10,40%

²⁵ Source: Ministry of Social Development, Ministry of Health, Uruguayan Institute for Children and Adolescents, National Public Education Administration, Ministry of Education and Culture, National Institute of Statistics. Initial results of the nutrition, child development and health survey, 2018 cohort.

²⁶ Source: National Public Education Administration, evaluation of the school meals programme and monitoring of the nutritional status of children in public and private schools in Uruguay, 2019.

²⁷ Source: National Public Education Administration, evaluation of the school meals programme and monitoring of the nutritional status of children in public and private schools in Uruguay, 2019.

²⁸ Source: Global student health survey. Ministry of Health, National Drugs Council, Global student health survey 2019, final report.

Table 6

Prevalence of underweight, overweight and obesity in adolescents by sex and age group²⁹

	Bajo peso	Sobrepeso	Obesidad
Mujer	0,70%	24,30%	9,20%
Varón	1,40%	22%	11,70%
13 a 15 años	1%	25,60%	10,70%
16 a 17 años	1,10%	20%	9,90%

Table 7

Prevalence of overweight and obesity in adults (25–64 years of age)³⁰

Sobrepeso	Obesidad	Sobrepeso u obesidad
37,20%	27,60%	64,90%

Table 8

Prevalence of overweight and obesity in adults (25–64 years of age) by sex and age group³¹

	Sobrepeso	Obesidad	Sobrepeso u obesidad
Mujeres	32,70%	29,20%	61,80%
Hombres	42,10%	26%	68,30%
25 a 34 años			56,90%
35 a 44 años			61,80%
45 a 54 años			66,80%
55 a 64 años			78,10%

Table 9

Prevalence of anaemia (mild, moderate and severe) in children aged 6 to 24 months³²

Amenia	Anemia leve	Anemia moderada	Anemia severa
(Hb<11 g/dl)	(Hb10–10,99 g/dl)	(Hb>7- <10 g/dl)	(Hb<7 g/dL)
27,10%	18,70%	8,10%	0,20%

²⁹ Source: Global student health survey. Ministry of Health, National Drugs Council, Global student health survey 2019, final report.

³⁰ Source: Ministry of Health, second national survey of noncommunicable disease risk factors, 2019.

³¹ Source: Ministry of Health, second national survey of noncommunicable disease risk factors, 2019.

³² Source: Ministry of Health, National Institute of Statistics, United Nations Children's Fund, Uruguayan Support Network for Child Nutrition and Development, 2020 national survey on breastfeeding, feeding practices and anaemia in children under 24 months of age receiving care in the Integrated National Health System.

Table 10

Prevalence of anaemia by age of the child, socioeconomic status, health subsector and region³³

	Anemia (Hb<11 g/dl)
6 a 11 meses	27,60%
12 a 17 meses	24,70%
18 a 23 meses	29,10%
Montevideo público	47,20%
Montevideo privado	16,70%
Interior público	26,60%
Interior privado	12,30%
NSE bajo	33,30%
NSE medio	18%
NSE alto	15,10%

100. Childhood stunting and anaemia are the greatest deficiency-related malnutrition problems facing the country, while in all age groups the prevalence of overweight and obesity and diet-related noncommunicable diseases is high and becoming higher.

101. Addressing the double burden of nutritional diseases is one of the greatest public health challenges, and health policies, as well as multisectoral environmental modification policies, have been put in place to address it.

102. The targets that the country seeks to achieve as part of the National Health Objectives 2030 include:

- Reducing the prevalence of moderate anaemia in children aged 6 to 24 months to 5 per cent
- Reducing the prevalence of stunting in children 5 and under to 2.3 per cent
- Putting an end to the rise in the rates of overweight and obesity at all stages of life

103. The measures that have been taken or the instruments that have been adopted include:

- Act No. 18.211, the Act on the Establishment of the Integrated National Health System, under which the right to healthcare of all residents of the country is regulated and ways of obtaining access to comprehensive health services are defined
- Promotion of healthy eating: Food guide for the Uruguayan people
- Promotion and protection of and support for breastfeeding and timely and appropriate complementary feeding: adoption of a national breastfeeding standard, a guide to complementary feeding and a guide to the use of formula milk (Decision No. 62/017 of the Ministry of Health), accreditation and reaccreditation of health services in good infant and young child feeding practices, and approval of the installation of breastfeeding rooms (Act No.19.530)
- Prevention of iron deficiency: fortification of flour with iron and folic acid (Act No. 18.071). Guide to recommendations for the prevention and treatment of iron deficiency in women of childbearing age, pregnant and lactating women, children under 2 years of age and adolescents

³³ Source: Ministry of Health, National Institute of Statistics, United Nations Children's Fund, Uruguayan Support Network for Child Nutrition and Development, 2020 national survey on breastfeeding, feeding practices and anaemia in children under 24 months of age receiving care in the Integrated National Health System.

- Regulations on front-of-pack labelling of foods with excessive amounts of fat, including saturated fat, sugars and sodium (Decrees No. 272/018 and No. 34/021)
- Regulations for the progressive elimination of trans fats of industrial origin (Decree No. 114/018)
- Policies to regulate the marketing and advertising of food in educational facilities (Act No. 19.140)

104. Finally, Uruguay is one of the pilot countries for the implementation of the World Health Organization acceleration plan to stop obesity. In that context, the following lines of action were made priorities at the national level: a new stage in the lowering of the threshold for front-of-pack labelling, taxes on sugary drinks, regulation of advertising aimed at children and/or adolescents and the development of a protocol for the diagnosis and treatment of obesity.

105. The share of the country's population in both urban and rural areas with sustainable access to an improved water source, understood as one that is adequately protected from external contamination by nature of its construction, is as follows:

Año	Total de Personas (urbanas y rural)	Total de Personas con Agua Mejorada (*) (urbana y rural)	Cobertura de Agua Mejorada (urbana y rural) (%)
2023	3.565.902	3.529.056	98,97%

(*) El Total de Personas con Agua Mejorada se calcula como la suma de las personas con origen de agua (Variable D11 de la ECH) por red general (D11=1) y pozo surgiendo protegido (D11=3).

Fuente: ECH - INE

106. In 2014, the country's installed treatment capacity was 94,682,000 m³, and 55,934,000 m³ of water were treated. In 2023, the installed treatment capacity was 121,387,000 m³, and 93,620,000 m³ were treated. At the same time, 67 treatment systems (treatment plants, septic tanks, run-off plots and preliminary treatment with bar screens) were operated and maintained in 2023. There are 388,542 connections to the sanitation service across a sewerage system measuring 4,608 km in length.

107. The Administration of State Sanitation Works has a monopoly on the provision of drinking water and sanitation services in all parts of the country but Montevideo, where those services are provided by the departmental government.

108. In Uruguay, 99 per cent of the population has access to basic sanitation and 62 per cent to safe sanitation. Treatment and disposal plants are being built, existing ones are being upgraded and the emptying and transportation of liquids and sludge from individual sanitation systems is being managed better to continue expanding safe sanitation coverage.

109. In early October 2021, in connection with the measures taken to ensure the accessibility, affordability, availability and safety of water for human use, particularly for disadvantaged and marginalized groups, the current Board of Directors of the Administration of State Sanitation Works established the Critical Context and Emergency Management Office. The Office's responsibilities are to attend to the needs of the socioeconomically vulnerable population (informal settlements, individual situations). The Ministry of Social Development starting in 2023. Programme for the Inclusion of Informal Settlements, "Together" plan, pensioners, etc., with their respective special rates, and any emergencies that may arise.

110. The Office is responsible for providing the relevant services demanded by this target population (which has 47,824 accounts in Montevideo and 79,649 in the interior of the country). These responsibilities include making social visits, giving talks in informal settlements, coordinating with other agencies to intervene in specific vulnerable places, laying pipe, providing connections to the mains, changing and reading water meters, taking measurements, conducting inspections and so on.

111. Since the Office's establishment, 28,569 metres of pipe have been laid in Montevideo and 43,881 in the interior, in addition to extensions, connections, the replacement of meters and so on.

112. In 2023, moreover, the Office formulated the plan "Water for Everybody Montevideo", as part of which it undertook to lay 82,000 metres of pipe in informal settlements in Montevideo from 2023 to 2025, 49,375 metres of which had been laid as of 31 March 2024, in addition to the metres of pipe that, mentioned in the previous paragraph, were laid in other contexts.

113. In the first quarter of 2024, the Office also built sewer lines totalling 508 metres in the interior. Another fundamental task for which it is responsible is to provide support and solutions during any type of national or more localized emergency.

114. During the water emergency of 2023, the Office was instrumental to the solution of many of the problems that arose. It supplied hospitals, schools, prisons and other institutions, in addition to attending to particular cases of extreme vulnerability, lending 63 tanks and supplying 1,901,000 litres of water to all these establishments. Under article 2 (7) of Organic Act on the Ministry of Health (No. 9.202 of 1934),³⁴ the Ministry is responsible for food safety and water quality inspections.

115. Decree No. 375 of 3 November 2011,³⁵ drawing on the values established in standard 833.2008 of the Uruguayan Institute of Technical Standards and the International Organization for Standardization, sets out the maximum allowable values for 112 constituents of drinking water. This standard, which was drafted by an inter-agency technical commission on which the Ministry of Health was represented, sets out the requirements that drinking water must meet, regardless of its source or how it is treated, produced and distributed, to be considered fit for human consumption. The parameters that define the characteristics of drinking water and their maximum allowable values were revised, taking into account the Guidelines for Drinking-Water Quality of the World Health Organization. Supplying non-potable water for human consumption is prohibited under the Decree, pursuant to which the Ministry of Health is empowered to authorize values temporarily in excess of the permitted maxima.

116. To guarantee the accessibility, affordability, availability and safety of water for human consumption, particularly for disadvantaged and marginalized groups, the Ministry of Health made an urgent request for the establishment of the Inter-Agency Technical Commission for Drinking-Water Quality Control, which operates under the auspices of the Regulatory Authority for Energy and Water Services and was in session permanently.

117. The Administration of State Sanitation Works was asked to send daily analytical figures for the chlorides, salts, total sediment and trihalomethanes from the three water mains that supply the metropolitan area (Montevideo and part of Canelones Department), which was affected by the emergency.

118. These figures were published daily on the web pages of the Office of the President and the Regulatory Authority for Energy and Water Services to keep the public informed. Healthcare providers and the National Resource Fund coordinated to maximize the care and monitoring of the patients with kidney ailments treated in dialysis centres; the water quality and the filters of the equipment at those centres, which, if necessary, were supplied with water by State Sanitation Works tanker trucks coming from water sources with no trace of salinity, were also monitored.

119. Hospitals, nursing homes and childcare centres were, in accordance with the list provided to the Administration of State Sanitation Works by the Ministry of Health, guaranteed water supplies. On 4 May 2023, the Administration of State Sanitation Works asked the Ministry for an exception to the rules on sodium and chloride values in order to manage low water levels and guarantee that the public had access to water for washing; the

³⁴ Organic Act on the Ministry of Health (No. 9.202), www.impo.com.uy/bases/leyes/9202-1934.

³⁵ Decree No. 375/2011 – Incorporation of standard 833.2008 of the Uruguayan Institute of Technical Standards, www.impo.com.uy/bases/decretos/375-2011.

exception was also made for the months of June and August (Ministerial Orders No. 1.076 of 4 May 2023, No. 1.245 of 13 June 2023 and No. 2123 of 21 August 2023).

120. A water emergency was declared for the Montevideo metropolitan area on 19 June 2023 (Executive Decree No. 177/023 of 19 June 2023). The Ministry of Health made arrangements with the executive authorities for tax exemptions for bottled water and with the Ministry of Social Development for a package of benefits for vulnerable households (households with pregnant women, children under 2 years of age, participants in the chronic disease programme of the Ministry of Social Development and pensioners).

121. The General Directorate of Health prepared a contingency plan focused on populations and venues, such as dialysis centres and laboratories, as well as supply chains for the production of medicine, food and cosmetics, that were vulnerable from a public health perspective.

6. Right to physical and mental health (art. 12)

122. In accordance with the Mental Health Act (No. 19.529 of 2017), the Ministry of Health prepared and adopted the National Mental Health Plan 2020–2027 (Ministerial Order No. 153/2020). The purpose of the Plan is to help improve people's mental health by defining and implementing the most effective strategies for promoting mental health and preventing and reducing morbidity, mortality and disability among persons with mental health problems, providing high-quality care based on the human rights approach and a community-based model of cross-sectoral care.

123. A representative of the Ministry of Health chairs the Honorary National Commission for the Prevention of Suicide, on which the Ministry of Social Development, the Ministry of Education and Culture and the Ministry of the Interior are also represented.

124. The Commission, together with scientific and academic societies and civil society, prepared the National Suicide Prevention Strategy 2021–2025.³⁶ It has five strategic areas:

- Mental health assistance
- Promotion of cross-sectoral approaches and coordinated work
- Raising awareness and educating the public with a view to promoting mental health and preventing suicide
- Providing training and capacity-building and reorienting human resources to address suicide prevention and support persons who attempt suicide
- Developing and implementing a national information system on suicide attempts and suicide

125. A national plan to address mental health and addiction,³⁷ accompanied by funding for action by institutions including the Ministry of Health, the Ministry of Social Development, the State Health Services Administration and the National Drugs Council, was developed in 2023. This plan also foresees measures to address suicidal behaviour.

126. The Ministry of Health is working intensely on specific evidence-based measures to prevent suicide. They include:

- Creation of departmental groups for suicide prevention (Order No. 315/22) with a view to launching, coordinating and promoting the National Suicide Prevention Strategy at the local level
- Expansion of the coverage of the psychotherapeutic, psychosocial and pharmacological approaches taken in the Integrated National Health System,

³⁶ www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/MSP_ESTRATEGIA_NACIONAL_PREVENCION_SUICIDIO_2021_2025.pdf.

³⁷ https://medios.presidencia.gub.uy/tav_portal/2023/noticias/AK_998/plan_salud_mental_adicciones.pdf.

providing universal access to all persons up to 30 years of age, in addition to persons of any age with prioritized problems

- Exoneration from out-of-pocket fees for commonly used antidepressants for insured persons with medical prescriptions
- Development and implementation of a national information system on suicide attempts that receives information in real time from all the country's emergency medical services
- Checks to ensure compliance with the protocol, within the time frames specified in Order No. 384/017, for the provision of assistance to persons who have attempted suicide and the imposition of penalties for healthcare providers in cases of non-compliance
- Adoption of an assistance target (2024–2025) that involves specific steps to improve, between emergency consultation and outpatient care, the follow-up to and quality of care for people who have attempted suicide
- Training of primary healthcare personnel, personnel of emergency medical services and prison personnel in tools for the detection and management of suicidal behaviour
- Training plan for community gatekeepers countrywide for the detection of and response to suicidal behaviour in the community
- Development of clinical guidelines for addressing suicidal behaviour, depression and anxiety at the primary level of care of the Integrated National Health System and an assistance process for people with depression and anxiety to lessen demand at the specialized levels
- Sensitization of the media and preparation of a booklet of evidence-based recommendations for a responsible approach to suicide in the media
- Exchange of experiences internationally with experts in the field for the development of high-quality scientific research on suicide and attempted suicide in Uruguay

127. The third global student health survey,³⁸ which was based on data provided by National Public Education Administration and covered students from public and private schools in cities with more than 5,000 inhabitants, was conducted within the framework of the Noncommunicable Diseases Programme.

128. The third national survey of noncommunicable disease risk factors, which is in its pre-survey phase, is currently under development and will be conducted in 2025 with a view to monitoring noncommunicable diseases. In April 2024, seven services related to cervical cancer, mental health or diabetes were added to the service catalogue of the Comprehensive Healthcare Plan. They included in particular the addition of transdermal continuous glucose monitors. The regulations to implement Act No. 19.798, under which measures to improve the control and treatment of diabetes and other noncommunicable diseases were set out, were also adopted.³⁹

129. Likewise worthy of note are the guidelines “Seven practices in educational centres”, a technical document produced for work teams in educational centres to address overweight and obesity in childhood and adolescence, in addition to healthy eating and physical activity.⁴⁰

130. A guide to physical activity was published to inform the public of the factors contributing to a better quality of life and to promote the awareness and application of concepts and evidence-based recommendations concerning the benefits of being more active

³⁸ www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/encuesta-mundial-salud-estudiantes-emse-2019.

³⁹ www.gub.uy/presidencia/institucional/normativa/ley-n-19798-fecha-13092019-fijacion-medidas-para-mejorar-actividades.

⁴⁰ www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/7-practicas-centros-educativos.

and less sedentary.⁴¹ A booklet that, drawing on evidence of the relationship between the promotion of an active lifestyle and the approach to depression and anxiety in different population groups, addresses the prescription of exercise for the prevention and management of these pathologies, is being prepared to supplement the guides to physical activity and to mental health.⁴²

131. The study “El suicidio adolescente en Uruguay” (Adolescent suicide in Uruguay), which considered suicides between 2018 and 2021, was conducted with support from the Inter-American Development Bank.⁴³ As it was shown in this study that adolescent suicide was a public health problem, a relevant programme has since focused on measures to prevent and respond to adolescent suicide, including:

- Adolescent mental health screening. Data are currently being collected with the help of a self-administered survey available at 14 healthcare facilities throughout the country.
- Plans to include psychological consultations, which would then form part of the Comprehensive Healthcare Plan, in adolescents’ annual check-ups. The design of the digital tool to include the survey in medical records is under way.
- Publication of the study “El suicidio adolescente en Uruguay: un asunto de salud pública” (Adolescent suicide in Uruguay: a matter of public health), presented on 10 October 2023.⁴⁴
- Publication of guidelines to addressing adolescent suicide risk for healthcare professionals at the primary level of care.⁴⁵
- Holding of the online course “Suicide risk in adolescents: prevention, approach and postvention” for health personnel, available from 15 November to 15 December 2023 and soon to be republished.
- Participation in the training plan for community gatekeepers throughout the country for the detection of and response to suicidal behaviour in the community, especially in educational centres, in the context of the Mental Health Programme and in collaboration with the National Public Education Administration.

132. The guidelines for antiretroviral therapy for HIV infection in adults and children have been updated.⁴⁶ For the first time, guidelines on occupational and non-occupational prophylaxis for the prevention of infections transmitted by blood and other bodily fluids were also prepared.⁴⁷ An application was made through the Pan American Health Organization for Uruguay to be certified free from mother-to-child transmission of HIV, hepatitis B and Chagas disease; the Organization noted that the country was in a position to seek such certification, and as a result a national validation commission external to the Ministry of Health was formed.

133. The Ministry of Health, together with other special units and the General Directorate of Health, gave the public information about syphilis.⁴⁸

⁴¹ www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/guia-actividad-fisica-para-poblacion-uruguaya.

⁴² www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/manual-para-prescripcion-actividad-fisica.

⁴³ Available at www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/suicidio-adolescentes-uruguay-analisis-desde-sistema-salud.

⁴⁴ www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/suicidio-adolescente-uruguay-asunto-salud-publica.

⁴⁵ www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/guia-abordaje-frente-riesgo-suicida-adolescentes-para-profesionales.

⁴⁶ www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/MSP_GUIA_RECOMENDACIONES_TRATAMIENTO_ANTI RETROVIRAL%20%281%29.pdf.

⁴⁷ www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/guia-profilaxis-para-prevencion-infecciones-transmitidas-sangre-fluidos.

⁴⁸ www.gub.uy/ministerio-salud-publica/comunicacion/noticias/comunicado-poblacion-sifilis.

134. The General Directorate informed all the technical directorates of healthcare providers of the importance of syphilis and HIV and of complying with the relevant orders, in particular Order No. 1.119/2018. Providers are obliged to take action to diagnose and treat in timely fashion syphilis and HIV in pregnancy, to offer syphilis and HIV testing to couples and to women planning a pregnancy, to submit epidemiological reports to the Health Monitoring Department and to authorize midwives to prescribe and administer syphilis treatment (Order No. 688/2019) as a means of reducing treatment initiation times.

135. With the support of the United Nations Population Fund, the relevant organizational unit of the Ministry of Health, drawing on Ministry bulletins, printed brochures on the correct use of male and female condoms, as well as a brochure that encourages HIV testing, timely diagnoses, antiretroviral therapy and patient compliance. Posters for healthcare providers' bulletin boards were printed in collaboration with the Pan American Health Organization, including on EMTCT Plus (elimination of mother-to-child transmission of syphilis, HIV and other infections) algorithms.

136. Interdisciplinary meetings on the topic of syphilis are held with the General Directorate of Health, and rashes caused by congenital syphilis or syphilis in adults are shown in communications material created to remind the public of the importance of prevention and immediate diagnosis and treatment.

137. Community-based dual testing campaigns (for syphilis and HIV), which are provided with the materials to encourage all Departmental Directorates of Health and civil society organizations to engage in outreach and prevention activities with a view to incentivizing – and underscoring the importance of – timely diagnosis and immediate treatment, have been conducted countrywide. Dual testing and hepatitis C tests, along with simultaneous prevention workshops and the distribution of internal (female) and external (male) condoms and gels, were organized for the general public; sign language interpretation was provided, and outreach efforts were made with the disability sector of the Ministry of Social Development to ensure that the community of deaf and blind people was included.

138. Work on these issues is also being done within the framework of MERCOSUR and in the Horizontal Technical Cooperation Group, and the National Commission on AIDS holds monthly meetings.

139. Epidemiological data are collected by the Department of Vital Statistics of the Ministry of Health, which has provided the following tables.

Table 11

Number of births to adolescents. Uruguay, 2019–2023⁴⁹

Grupo de edad (en años)	2.019	2.020	2.021	2.022	2.023
14 o menos	82	60	50	38	33
15-19	3.970	3.475	3.178	2.689	2.482
Total	4052	3535	3228	2727	2515

⁴⁹ Source: Certificates of live birth, Department of Vital Statistics – General Directorate of Health, Ministry of Health.

Table 12

Number of adolescent births by maternal racial ancestry. Uruguay, 2019–2023⁵⁰

Ascendencia racial materna	2.019	2.020	2.021	2.022	2.023
Afro	126	100	74	71	56
Americana	147	112	88	67	62
Asiática	11	9	19	7	4
Europea	2.762	2.299	2.048	1.682	1.507
No indicado*	1.006	1.015	999	900	886
Total	4052	3535	3228	2727	2515

* A large percentage of data for this variable is not available.

140. There has been a notable decrease in teenage pregnancy, mainly in girls under the age of 15, on whom efforts have focused.

141. The Adolescence and Youth Unit is active on the inter-agency commission established to prevent unintentional adolescent pregnancy and promote life projects, which enumerates actions and standards for this purpose.

142. Standards for the assessment of adolescent health services were developed in collaboration with the Pan American Health Organization to comply with Decree No. 055/2019; in the context of support services, approaches to adolescent pregnancy are monitored, verifying the following:

- Early detection of pregnancy (before 12 weeks)
- Number of check-ups: five or more
- Number of adolescents released from the hospital with an appointment for a post-partum check-up
- Number of adolescents receiving post-abortion care

143. These targets must be fully met. The standards are being put in place, but the training of the members of the relevant teams is still pending.

144. A road map for the care of pregnant girls and adolescents under 15 years of age, including a cross-sectoral prevention strategy⁵¹ and a flow chart,⁵² has been prepared.

145. The Adolescent Health Programme has an adolescent advisory group, so all relevant policies are informed by the views and voices of adolescents. The Sexual and Reproductive Health Unit has made arrangements for the provision of contraceptives and expanded the availability of birth control implants.

146. The Unit recommended – a recommendation that was followed – that pregnant women and girls, including those seeking an abortion, continue to have access to in-person consultations with healthcare providers during the COVID-19 pandemic, and it updated the 2024 handbook for women who are pregnant, giving birth or have recently given birth (in publication).

147. The “Strong Families” programme was presented and launched in mid-2022; adjustments to the version adopted in Uruguay were made by the Paediatrics Department and the Family and Community Medicine Department of the University of the Republic. This programme, which was created by the Pan American Health Organization and is coordinated

⁵⁰ Source: Certificates of live birth, Department of Vital Statistics – General Directorate of Health, Ministry of Health.

⁵¹ www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/inline-files/Mapa%20de%20Ruta%20menores%20de%2015%20a%C3%B1os_final_web.pdf.

⁵² www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/inline-files/Flujograma%20mapa%20menores%20de%2015%20a%C3%B1os_Final_web_0.pdf.

by the Ministry of Health as part of the Addiction Prevention and Treatment Programme, has reached more than 500 families countrywide.

148. The objective of the programme is to strengthen family ties, improve communication and prevent risky behaviour by adolescents between 10 and 14 years of age.⁵³

149. The departmental addiction prevention teams will operate within the framework of the National Mental Health and Addictions Plan being developed by the Ministry of Health. The Plan envisages the training of the members of the teams. To create these teams, an open, public call was made to fill 23 positions for technicians (with professional backgrounds in healthcare and related areas) and 41 workshop facilitators (non-professionals with training and experience in healthcare and related areas). These teams will serve as local-level focal points for the prevention activities developed within the framework of the Ministry's Addictions Programme. These teams are expected to be in place by early October 2024.

150. According to a local diagnosis of the issue of drug use produced by the Uruguayan Observatory on Drugs, therapeutic communities have some weaknesses related to the training of the members of these teams and these weaknesses therefore have negative repercussions on their work. It is for that reason that the Ministry of Health, seeking to improve the education and training of these providers of assistance and/or support during the recovery process, as well as to refresh their knowledge, launched the necessary initiative on the training of these workers.

151. In July 2024, 100 scholarships were awarded by lottery to people who applied for this refresher course. These 100 people are now in training to become therapeutic support workers. This initiative will be replicated in mid-October, at which point there will be a call for a new cohort, a cohort of peers of persons in recovery who are working in institutions that provide substance abuse assistance.

152. The specialized training service for psychologists from collective healthcare institutions is currently being developed, and it is expected to train up to 50 people by the end of 2024.

7. Right to education (arts. 13 and 14)

153. The Ministry of Education and Culture has been working on the design, in coordination with the National Institute for Educational Evaluation and the National Public Education Administration, of a permanent system for the evaluation and monitoring of teaching quality; the aim of these efforts is to foster the development of support and improvement policies with a view to reducing the percentage of 15-year-old students who fail to attain the minimum necessary reading proficiency, as defined in the Programme for International Student Assessment (PISA).

154. The Ministry has supported the efforts that the National Public Education Administration has made to improve teaching, teaching conditions and the prospects for professional development of educators throughout the country. The Ministry, together with the programmes in which human rights education is a main focus, was also responsible for the design of a course on education and human rights.

155. Courses on such topics as management tools, instructional leadership, information systems for decision-making, collaborative methods of work and organizational transformation have been held for inspectors, principals and teachers. In addition, the Ministry coordinates with the decentralized commissions of the National Public Education Administration to provide advisory and training services at the local level, responding quickly to their requests and helping build local capacity. Training and orientation sessions on reading and writing from an inclusive perspective have been held for teachers from the National Public Education Administration.

156. The Ministry has, furthermore, coordinated with the Centre for Accessible Development, the General Directorate of Secondary Education and the National Public

⁵³ www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/programa-familias-fuertes-analisis-resultados-diciembre-2023.

Education Administration to offer a virtual course on Uruguayan Sign Language to personnel of the Ministry and the Official Service for Broadcasting, Performances and Shows, in addition to participating in international cooperation projects with its Intercultural Education and Migrants Programme and providing technical advice.

157. Work is under way to strengthen the Ministry's Inclusive Education Programme, under which public and private educational facilities will receive guidance on the framework of action for especially gifted students or students with extraordinary talents. Module IX of the seminar New Directions, on inclusive education, was designed, delivered and evaluated in 2021, while sessions of the advanced course for teachers on inclusive education were designed in 2022. An international congress on inclusive education was held in 2023 (SOMOS I) and 2024 (SOMOS II).

158. Efforts are being made to consolidate the policy of having children from the 40 per cent of households with the lowest income spend more time in school by drawing on the transformation of State educational centres or taking steps – such as the reception or referral of and follow-up to citizen demands related to situations that compromise educational continuity at the primary, lower secondary and upper secondary levels of education – in coordination with other institutions. In addition, the National Public Education Administration has further developed strategies for the accreditation of knowledge of lower and upper secondary educational topics for young people and adults who have left school prematurely.

159. The link between the Ministry of Education and Culture and the Ministry of Labour and Social Security has been strengthened to reinforce the programme "I Study and Work", and the involvement of the Uruguayan Institute for Children and Adolescents in a project for the expansion of inclusive education has been facilitated; coordination between the skills-building educational centres for adolescents and other young people who leave school prematurely and other educational institutions has also been facilitated, in particular within the framework of a project for the deployment of local inclusion coordinators.

160. Steps are being taken, in coordination with the General Directorate of Secondary Education and the General Directorate of Technical and Vocational Education of the National Public Education Administration, to broaden the scope of the skills-building educational centres for adolescents and other young people who have dropped out of school that are administered by the Ministry of Education and Culture. The aim is to come up with an effective means of encouraging students to resume compulsory schooling.
