



**Convention on the Rights
of Persons with Disabilities**

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Committee on the Rights of Persons with Disabilities

**Implementation of the Convention on the Rights
of Persons with Disabilities**

**Initial reports submitted by States parties under article 35
of the Convention**

Argentina^{*,}**

[6 October 2010]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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

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I. Introduction

1. By adopting the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, Argentina demonstrated its deep-seated commitment to moving forward towards building an inclusive and compassionate society based on social justice and its recognition of the need to ensure the enjoyment and the full and equal exercise of human rights and fundamental freedoms.
2. Argentina has approached the preparation of its initial report as an opportunity to take stock of its public policies and to plan more effectively the measures it will take to implement the Convention, working in synergy with civil society.
3. In accordance with the Guidelines on treaty-specific document to be submitted by States parties under article 35, paragraph 1, of the Convention on the Rights of Persons with Disabilities (CRPD/C/2/3), the Government decided to:
 - (a) Conduct an exhaustive review of public policies and practices;
 - (b) Verify progress made towards ensuring enjoyment of established rights;
 - (c) Determine what problems and shortcomings have been encountered in applying the Convention;
 - (d) Use the report to adjust policies to be applied in complying with the treaty.

A. Agencies and groups involved in preparing the report

4. The National Advisory Commission on the Integration of Persons with Disabilities was the Government agency responsible for overseeing and coordinating the process. It was supported by the General Directorate of Human Rights of the Ministry of Foreign Affairs, International Trade and Worship.
5. To this end, a National Working Group was set up to gather the relevant information and draft the report according to the Committee's Guidelines.
6. The National Working Group was made up of representatives of the following agencies and civil society organizations:
 - (a) Ministries and the designated national Government agency;
 - (b) The Advisory Committee;
 - (c) The Consultative Council on Civil Society of the Ministry of Foreign Affairs;
 - (d) The Consultative Council of the National Institute against Discrimination, Xenophobia and Racism;
 - (e) Regional office of the Federal Disability Council in Government agencies;
 - (f) Regional office of the Federal Disability Council in NGOs;
 - (g) Disability Commission of the Chamber of Deputies;
 - (h) The Judiciary;
7. The following were present as observers:
 - (a) The Office of the Ombudsperson of the Nation;
 - (b) Experts assigned to the Organization of American States (OAS) and the United Nations.

8. A list of designated representatives is attached to this report.
9. The members of the National Working Group were convened as follows:
 - (a) A note was sent by the competent authorities to representatives of the national Government, decentralized agencies, the Advisory Committee, the consultative councils, the judiciary, the legislature and the ombudspersons' offices. The note provided background information on the report, stressing its importance, and asked each body concerned to designate a representative to serve as focal point;
 - (b) Representatives of the Federal Council were convened by means of a note to the Assembly of the Federal Council and by notices sent to the governors of provinces.

B. Drafting process

10. A timetable of meetings was set up (attached in the annex). The process began with an informational meeting with the Foreign Ministry at the headquarters of the National Advisory Commission on the Integration of Persons with Disabilities in the Autonomous City of Buenos Aires. This meeting was held on 18 and 26 March 2010 during the Ordinary Assembly of the Federal Disability Council in the city of Trelew, Chubut province.
11. The objectives of the drafting exercise, the Guidelines to be followed and the types of information sources were presented at this meeting.
12. At each meeting, different agencies of national Government, as well as representatives of provincial Governments, reported on their activities as they related to specific articles of the Convention. Civil society representatives were also invited to report on their work in this regard.
13. At the national level, representatives of the regions coordinated their participation in the Assembly, which then gathered the relevant information.
14. The meeting with focal groups included representatives of indigenous peoples.
15. Prior to completion of the report, a joint consultative meeting was held which included the National Working Group, the Technical Committee and the Advisory Committee of the Advisory Commission on the Integration of Persons with Disabilities.

II. General provisions of the Convention (articles 1 to 4)

16. The Argentine Republic adopted the Convention on the Rights of Persons with Disabilities by Act No. 26378 of 21 May 2008. Pursuant to article 75, paragraph 22 of the National Constitution, and given the Convention's status as an international treaty, it ranks above domestic legislation.
17. The general principles and obligations established in the Convention are currently in force; accordingly, the term "persons with disabilities" includes persons who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
18. The concept of disability was also adopted in article 2 of Act No. 22431. Disability is certified according to the International Classification of Functioning, Disability and Health (ICF) (Ministry of Health Resolution No. 675/2009).
19. The concepts of "communication", "discrimination on the basis of disability", "reasonable accommodation" and "universal design" are defined in Act No. 26378.

20. In compliance with the Convention, the National Advisory Commission on the Integration of Persons with Disabilities, which is part of the National Council for the Coordination of Social Policies, was designated as the Government agency responsible for implementing the Convention.

21. In addition, the creation of a National Disability Observatory has been proposed as an implementation mechanism to facilitate measures to be taken in different sectors and at different levels. The relevant administrative actions are currently in process.

22. This report describes in detail the different Government agencies that are involved in the work being done, either by individual agencies or in coordination with other bodies such as Government agencies or civil society organizations, to ensure effective implementation of the Convention. In particular, every effort is being made to guarantee the full realization of the rights recognized in the Convention without discrimination based on disability. As requested in the Guidelines, the following examples are provided:

(a) The obligation for anyone who produces, distributes, issues or in any way obtains benefits from the broadcasting of programmes and/or advertising, to comply with the provisions of Act No. 25280, adopting the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities, as well as with the provisions of Act No. 25926 on Guidelines for the dissemination of health-related issues, and Act No. 26061 on Comprehensive protection of the rights of boys, girls and adolescents (Act No. 26522 on Audio-visual Communication Services, of 10 October 2009, article 72) (see annex).

(b) Reports on discrimination based on disability prepared by the Discrimination in Radio and Television Observatory, a forum for cooperation among institutions which includes the Federal Audio-visual Communications Services Authority, the National Institute against Discrimination, Xenophobia and Racism and the National Women's Council. The Observatory was set up in the context of proposal No. 208 in the National Plan against Discrimination adopted by decree No. 1085/2005. The following reports are included:

(i) Report on discriminatory expressions regarding persons with disabilities that were spoken on the programme “¿Cuál es?” in July 2008.

(ii) Report on expressions voiced on the television programme *Intrusos en el Espectáculo* in January 2010 as insults and offences, including degrading and slanderous references to mental disability.

III. Specific rights

Article 5 Equality and non-discrimination

23. Persons with disabilities have the same rights as other citizens of the same age. However, they are sometimes at a disadvantage when trying to exercise their rights; this makes it necessary to adopt special measures to provide them with equivalent opportunities.

24. With the aim of guaranteeing equivalent opportunities, legal measures have been adopted as a policy tool for including persons with disabilities in the community, promoting, protecting and ensuring the enjoyment of their rights and changing attitudes and social behaviour.

25. As a result of the progressive development of national, provincial and municipal legislation, three types of legislation have been passed to address the rights, services and benefits of persons with disabilities, as follows:

(a) Comprehensive legislation which includes laws that deal with general and specific situations, in different areas, for all persons with disabilities (National Act No. 22431 and provincial acts similar to the national act);

(b) Legislation geared towards specific sectors of the population with disabilities (Act No. 25682 on Use of the green walking stick for persons with low vision);

(c) General legislation that includes specific provisions for persons with disabilities (the National Employment Act No. 24013, which applies to all workers in the country, includes regulations for workers with disabilities).

26. This third type of legislation is based on the premise that legislation aimed at facilitating the exercise of the rights of persons with disabilities should be an integral part of the general legislation designed to protect the rights of all citizens.

27. The National Constitution states that treaties and concordats have a higher hierarchy than laws (art. 75, para. 22). The Convention on the Rights of Persons with Disabilities falls within this category.

28. As regards legislation, the following laws are currently in force:

(a) Act No. 23592 on Discriminatory acts;

(b) Act No. 24515 creating the National Institute against Discrimination, Xenophobia and Racism;

(c) Decree No. 1086/2005, adopting the report entitled "*Hacia un Plan Nacional contra la Discriminación — La Discriminación en Argentina. Diagnóstico y Propuestas*";

(d) Act No. 25280 adopting the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities.

29. The following articles of the National Constitution are relevant:

(a) Article 15: Abolition of slavery;

(b) Article 16: Equality before the law;

(c) Article 20: Rights of foreigners;

(d) Article 25: Immigration policy;

(e) Article 33: Implicit rights and guarantees;

(f) Article 37: Political rights;

(g) Article 43: Proceedings relating to *amparo*, habeas corpus and *habeas data*;

(h) Article 75:

(i) Paragraph 17 (Powers of Congress): Identity and rights of indigenous peoples.

(ii) Paragraph 19 (Powers of Congress): Human and economic development. Social justice. Harmonious growth. Bases and organization of education. Protection of cultural heritage.

(iii) Paragraph 22 (Powers of Congress): Adoption of treaties and international human rights instruments. Constitutional hierarchy.

(iv) Paragraph 23 (Powers of Congress): Positive measures to guarantee the exercise of human rights.

(i) Article 86: The Ombudsman.

1. National Institute against Discrimination, Xenophobia and Racism

30. In compliance with article 5 of the Convention, the National Institute against Discrimination, Xenophobia and Racism was created by Act No. 25515 as a decentralized body. The Institute was placed under the Ministry of Justice and Human Rights by Presidential decree No. 184/2005.

31. The document entitled “*Hacia un Plan Nacional contra la Discriminación — La discriminación en Argentina. Diagnóstico y propuestas*” describes the Government’s policy for combating discrimination, xenophobia and racism. The policy was adopted by decree No. 1086/05, which also charges the National Institute against Discrimination, Xenophobia and Racism with implementing the policy.

32. The Institute works on behalf of everyone whose rights have been affected as a result of discrimination based on ethnicity or nationality, political views or religious beliefs, gender or sexual identity, disability or illness, age or physical appearance. Its activities are aimed at ensuring that those persons enjoy the same rights and guarantees as society as a whole and receive equal treatment.

33. The Institute has set up a Complaint Centre which receives and reviews complaints from and provides assistance and advice to individuals or groups who consider themselves victims of discriminatory practices.

34. As an institution that deals with complaints regarding social issues, the Institute is responsible for developing an organizational structure for implementing and managing national public policies. Its projects are an essential tool for implementing these public policies, given that all social programmes and projects are part and parcel of public social policies and thus, they embody a specific model for action and development.

35. The Office for Coordination of Social Policy Programmes and Projects is responsible for coordinating, assisting, monitoring and evaluating the content and activities of each project, ensuring that the thematic areas are interrelated. It works to ensure that the Institute’s resources and technical inputs are used in a rational and efficient manner. It also coordinates actions, content and proposals for individual projects, within the structure of the National Institute against Discrimination, Xenophobia and Racism and other State agencies, social movements and civil society organizations, promoting actions that allow for maximum coordination and dissemination of anti-discrimination policies.

36. The National Institute against Discrimination, Xenophobia and Racism carried out the following activities, among others:

- (a) A civil society forum on the Children and Disabilities project: strategies to promote inclusion and protection of rights;
- (b) Project on mental health and discrimination;
- (c) Project on demands of the Argentine deaf community;
- (d) Project on jobs for persons with disabilities;
- (e) *Juegoteca ambulante-TGD* (mobile playground) for persons with general developmental disabilities;
- (f) Project on collection of data on disability and work.

37. The Institute has an office with the rank of directorate which provides assistance and advice to victims of discrimination. This office provides comprehensive advisory services free of charge to persons or groups who have suffered discrimination and to victims of xenophobia or racism. It reviews statements from individuals and complaints of discrimination and violations of the principle of equality and human rights abuse.

38. Among other duties, this directorate:

- (a) Works to promote rapid conflict resolution;
- (b) Drafts opinions and decisions;
- (c) Prepares technical reports.

Rapid conflict resolution

39. Interventions in this area are aimed at expediting efforts to end situations involving discrimination or vulnerability; accordingly, it advises on containment measures, provides guidance and arranges for good offices and referrals.

Opinions and decisions

40. When the Institute has concluded an investigation of an administrative case involving a complaint of discrimination, an opinion is drafted. This consists of a report based on the evidence considered during the investigation and the relevant legislation. In its report, the Institute states its conclusion as to whether or not there has been discriminatory behaviour or omission that violates Act No. 23592 on discriminatory acts.

41. Among others, the following reports on cases of discrimination based on disability have been issued:

- (a) Discrimination against a blind person cashing a check at a bank;
- (b) Discrimination based on hearing disability against a client of a bank;
- (c) Refusal to allow entry to a pensioners' centre owing to disability of the person's daughter;
- (d) Refusal to issue a free pass on public transport to a girl with a disability;
- (e) Refusal to admit a person with a physical disability to a dance hall;
- (f) Discriminatory insults towards a woman with mental disability.

Technical reports

42. Technical reports are issued in response to specific requests for an opinion made by an individual, a judicial bodies or another public or private entity. In such cases, the Institute intervenes solely as a consultative body issuing an opinion based on the information provided by the person making the request and the applicable legislation.

43. The Institute has issued the following technical reports on discrimination based on disability:

- (a) 006/09 — Refusal to build a ramp in the building where the person lives;
- (b) 029/09 — Discriminatory news report on the capacities of persons with disabilities.

44. The organizational structure of the first and second operational levels of the Ministry of Justice, Security and Human Rights was approved by decree No. 1755/2008 (published in *Boletín Oficial* on 28 October 2008). Accordingly, the Human Rights Secretariat of the

Ministry of Justice, Security and Human Rights includes the following: the Under-Secretariat for Protection of Human Rights, the Under-Secretariat for Promotion of Human Rights, the National Memory Archive, the National Commission on the Right to an Identity, the Federal Human Rights Council and the National Human Rights Plan (decree No. 696/2010). Its decentralized agency is the National Institute against Discrimination, Xenophobia and Racism.

45. Within the Under-Secretariat for Promotion of Human Rights, the National Directorate of Services to Vulnerable Groups is responsible for drawing up and proposing policies for providing services to vulnerable groups and protecting their human rights in areas relating to bioethics and genetics, and supervising, implementing and coordinating specific actions.

46. The National Directorate has the following duties, among others:

(a) To plan and coordinate actions aimed at protecting the human rights of vulnerable groups, including, when appropriate, temporary affirmative action measures;

(b) To ensure that national and international norms guaranteeing human rights and fundamental freedoms are effectively applied, bearing in mind the situation of vulnerable groups, including indigents, children and adolescents, migrants, persons with disabilities and older persons;

(c) To participate in planning, implementing and monitoring human rights policies relating to political, civil, economic, social, cultural and collective rights, with a view to adopting immediate protection measures and optimizing the allocation of resources for this purpose;

(d) To receive complaints on human rights violations, establish a mechanism for urgent action and follow-up, and propose suitable protection measures to deal with the issue in question;

(e) To coordinate activities designed to encourage citizens to participate in the enforcement of economic, social, cultural and collective rights, particularly among vulnerable groups;

(f) To assist the Under-Secretary for Protection of Human Rights in the development of programmes for protecting the rights of persons with disabilities and similar programmes for persons affected by HIV/AIDS and other vulnerable groups, based on the principle of non-discrimination.

47. The aforementioned activities are carried out in coordination with the different areas of the Secretariat and the Ministry, bearing in mind the competencies of each agency in regard to the promotion and protection of the rights of persons with disabilities. The Secretariat's programmes are based on the principle that the issue of disability must be dealt with from a human rights perspective and that its action is needed because of the existence of specific violations of the human rights of persons with disabilities, including different types of discrimination.

48. The National Human Rights Programme was created by decree No. 696/2010 of 14 May 2010. The Programme carries out three priority lines of action based on article 5, Equality and non-discrimination, providing guarantees for access to rights and social inclusion, it being understood that human rights are universal and interdependent, and are part of a harmonious system which guarantees and protects the person's life as dignified, free and autonomous.

49. The General Directorate for Human Rights of the Ministry of Foreign Affairs, International Trade and Worship is responsible for identifying, developing and proposing plans, programmes, projects and objectives pertaining to foreign policy in the area of

human rights and to present Argentine human rights policy in relevant international agencies, bodies and special committees.

50. The General Directorate also considers participates in the study of ways to bring existing legislation in line with international commitments in the area of human rights and in the signing and conclusion of treaties.

51. This body represents the Argentine Republic at the sessions of all human rights agencies of the United Nations and the Organization of American States.

52. In March 2010, at the suggestion of the Argentine expert serving on the Committee on the Rights of Persons with Disabilities, the General Directorate of Human Rights of the Ministry of Foreign Affairs and the National Advisory Commission on the Integration of Persons with Disabilities issued a nationwide call for applications, with the participation of civil society organizations.

2. Office of the Ombudsperson

53. The Office of the Ombudsperson was created by Act No. 24284, of 1 December 1993.

54. The Office of the Ombudsperson does not receive instructions from any area of Government. Its mandate is to protect the rights and interests of individuals and of the community from acts, actions or omissions of the national public administration.

55. Its duties include initiating, ex officio or upon request, investigations aimed at clarifying acts of the public administration that might constitute violations of such rights and interests, including the general or collective interests.

56. Another measure designed to guarantee non-discrimination is Act No. 26522 on Audio-visual Communication Services. In article 70, this law provides that broadcasters must avoid content that promotes or encourages discriminatory treatment based — among other things — on disability, or which diminishes human dignity or encourages behaviour that is harmful to the environment or to the health of persons and the integrity of children or adolescents.

57. In 2009, the Discrimination in Radio and Television Observatory issued a report warning about the problem of discrimination based on gender, on disabilities and on physical appearance in the television program *Showmatch. Bailando por un sueño/Patinando por un sueño*.

58. The Regulatory Authority is working to eradicate stereotypes and prejudice in the media; to this end, it has published a set of guidelines entitled “*Pautas de Estilo Periodístico sobre Discapacidad*” (see annex). This guidebook is being distributed in universities, NGOs and other settings to raise awareness and provide information on the proper use of language. The Regulatory Authority also provides information on new communication technologies and the feasibility of using them.

59. The Federal Audio-visual Communications Services Authority, the National Institute of Statistics and Censuses and other public agencies are working together to raise awareness and sensitize the public so as to ensure that the data on persons with disabilities in the national census of 2010 is as accurate as possible.

Article 6

Women with disabilities

60. On the question of equality between men and women, the Argentine Republic has adopted Act No. 26485 on Comprehensive protection for the prevention, punishment and elimination of violence against women in their interpersonal relations (published on 14 April 2009). The regulations to this Act are laid down in decree No. 1011/2010.

61. The National Women's Council is the agency responsible for monitoring compliance with the Convention on the Elimination of All Forms of Discrimination Against Women. It holds constitutional rank and is responsible for applying Act No. 26485 and the regulations thereto.

62. According to the National Women's Council, women hold 38.5 per cent of all executive positions in the national public administration.

63. The legislation currently in force, especially the laws on comprehensive protection of children and adolescents, sexual and reproductive health and education, promote gender mainstreaming. This legislation also explicitly and implicitly covers persons with disabilities.

64. The national Government is promoting the Gender and Disability Programme carried out by the National Women's Council and the National Advisory Commission on the Integration of Persons with Disabilities. The Ministry of Development, the Ministry of Labour, Employment and Social Security, the National Institute of Public Administration, the National Institute against Discrimination, Xenophobia and Racism and non-governmental organizations are also involved in this effort as a strategy for studying, mainstreaming and publicizing these issues throughout the country.

65. The Programme promotes sensitization and training programmes among Government agencies and non-governmental organizations so as to educate citizens about the rights of women with disabilities. Establishing a relationship between the gender perspective and the social concept of disability facilitates the development of strategies for ensuring that social relations are equitable and inclusive. In this context, a document entitled "*Género y Discapacidad*" was published.

66. In addition to the activities in the specific areas mentioned in articles 6 and 16 of the Convention, the Programme also works with the National Advisory Commission on the Integration of Persons with Disabilities in the context of the 2004 agreement on the planning of comprehensive action policies. It has proposed a number of principles to be followed in promoting efforts to ensure that women with disabilities effectively enjoy freedom and equality.

67. Since 2004, the National Women's Council has been working with an inter-institutional team that studies issues relating to gender and disability. This team develops proposals and actions based on the gender perspective and the social approach to disabilities.

68. Through information, sensitization, training and technical assistance programmes for different stakeholders at the regional level, the National Women's Council promotes activities designed to ensure that women with disabilities are able to participate in all areas of economic, social, political and cultural activity on an equal footing with men with and without disabilities and with women who have no disabilities.

69. The objectives of the comprehensive policies on persons with disabilities are:
- (a) To conduct research on the contexts in which people live and work, with a view to creating new conditions at the local, community, regional or provincial level and thus encourage comprehensive development;
 - (b) To promote sensitization strategies so as to develop new paradigms to ensure that the rights of women with disabilities are recognized and that they are able to enjoy and exercise them;
 - (c) To enable women with disabilities to enjoy the same opportunities as others and participate on an equal footing, so as to expand their networks of relationships in both the public and the private spheres;
 - (d) To promote training for women with disabilities so as to enable them to develop their full potential, enhance their skills, aptitudes and capacities, and enhance their status in the political, social, athletic and cultural fields, as well as their health, and encourage their involvement in the community.
70. These proposals and principles are to be applied in a comprehensive manner and across the spectrum of sectors. They entail taking positive action, with due regard for the circumstances and social reality of the individual women concerned. Policies are designed to ensure full equality of opportunities and equal treatment for all women with disabilities, regardless of their personal situation.
71. The National Women's Council has assigned an inter-institutional team to study the issue of gender and disability. The team has worked at different levels to provide technical assistance, training, sensitization and preparation of informational material incorporating the gender approach and the new concept of disability with a view to enhancing the quality of life of persons with disabilities.
72. The materials are designed to disseminate, sensitize and clarify all issues relating to stereotypes about gender and disability. They are based on the concept of gender as an inclusive issue and are intended to provide a clear explanation of the linkage between male/female relations and disability, raise awareness and eliminate stereotypes.
73. Realizing that the combination of being a woman and having a disability increase sexism, job instability, illiteracy and violence, aggravating marginalization and inequities and creating conditions that are conducive to mistreatment and abuse, the inter-institutional group has decided to adopt this new approach to the issue.
74. In connection with the work of the inter-institutional team, the statistics area of the National Women's Council prepared an analysis of the results of the National Disability Survey.
75. Following are some of the main conclusions of this study:
- (a) The data obtained are internally consistent (from a comparison of the results obtained in the different charts) and are in line with international trends;
 - (b) A feminization of old age was observed. Women live longer, and hence, after a certain age, there are more women than men. A significant percentage of disabilities are found at older ages (over 60).
76. Finally, more in-depth studies of these findings should be helpful in designing public policies.
77. Among others, the following activities have been carried out:
- (a) National Women's Council Congress, held at the National Library: Workshop on disabilities coordinated by Lic. Mirta Serafini, the National Women's

Council and the National Advisory Commission on the Integration of Persons with Disabilities (26 November 2004, 200 persons);

(b) Conference on Cultural Change: Disability and gender. Paradigm shift (25 November 2004);

(c) Research study — The Statistical Area of the National Women's Council presented a study on the National Disability Survey (2005) to the Group on Disability and Gender, Workshop on Gender and Disability. Corrientes province (15 July 2005);

(d) National University of Lomas de Zamora. Disability, Jobs and Law (21 September 2004);

(e) Córdoba province. Training workshops. Villa Allende, Córdoba (30 and 31 May 2005);

(f) Tucumán province. Regional Meeting on Disability (16 and 17 November 2006);

(f) Workshops on the Convention on the Rights of Persons with Disabilities in the context of Women's Day, La Rioja province (March 2007); Conference on the Convention on the Rights of Persons with Disabilities in the context of Women's Day (March 2008). Autonomous City of Buenos Aires. Workshop on Women and Disability (March 2010).

Article 7

Children with disabilities

78. The adoption of Act No. 26061 on Comprehensive protection of the rights of children and adolescents, which is based on the doctrine of comprehensive protection of children and adolescents, gave new impetus to comprehensive social policies in which the State was an active participant.

79. The comprehensive protection of rights is implemented through a mechanism involving all the agencies and bodies that are responsible for designing and monitoring policies aimed at protecting the rights of children and adolescents. Thus, instead of following a piecemeal and isolated approach, the different agencies of the national Government are coordinating their activities. Act No. 26061 establishes three levels in the system, namely:

(a) At the national level, the National Secretariat for Children, Adolescents and the Family is the agency of the national executive branch that specializes in legislation pertaining to children and adolescents. It was created by articles 43 and 44 of Act No. 26061, which also describe its duties and powers;

(b) At the federal level, the Federal Council on Children, Adolescents and the Family is the agency responsible for coordinating and building consensus for the design, planning and implementation of public policies throughout the territory of the Argentine Republic. It was created by articles 45 and 46 of Act No. 26061, which also describe its duties and powers;

(c) At the provincial level, the individual jurisdictions decide which agency is to be responsible for planning and implementing policies on children. The different arrangements with provincial municipalities must also be taken into account. Each jurisdiction has areas or agencies that carry out specific policies for children and adolescents.

80. Following are some examples:

(a) The province of Entre Ríos works through the provincial Council on Children, Adolescents and the Family, carrying out actions designed to promote the social integration of children and adolescents;

(b) The province of San Juan created a special division within the provincial Ministry of Human Development and Social Promotion, which in turn, delegates its programmes to the individual municipalities;

(c) The province of Santa Cruz has a Disabilities Directorate within the Under-Secretariat of Human Development and Social Economics of the Ministry of Social Affairs, which organizes recreational, sporting and cultural activities designed to raise awareness about the issue of disabilities;

(d) The province of Santa Fe, working through the Under-Secretariat for the Inclusion of Persons with Disabilities, promotes programmes and activities designed to promote the inclusion of children with disabilities in schools and in other aspects of daily life.

(e) In the province of Tierra del Fuego, the Under-Secretariat for Policies on Children, Adolescents and the Family of the provincial Ministry of Social Development participates in the Municipal Council on Disabilities and the Inter-ministerial Commission on Disabilities.

81. At each level of government, public policies on children and adolescents are designed according to specific guidelines, namely: strengthening the role of the family in ensuring that children and adolescents are able to enjoy their rights; decentralizing the agencies responsible for implementing programmes so as to ensure greater flexibility, autonomy and effectiveness; coordinating management of Government agencies at different levels and promoting local intersectoral networks.

82. On the question of whether children with disabilities are able to express their views freely on all matters affecting them and whether they are provided with disability and age-appropriate assistance to realize that right on an equal basis with other children, the following measures have been taken.

83. Bearing in mind the need to guarantee that children with disabilities are able to fully enjoy all human rights and fundamental freedoms recognized in the Convention on the Rights of Persons with Disabilities, Act No. 26061 lays down a number of guidelines relating to children and adolescents. These guidelines are intended to guarantee the best interests of the child in terms of fully and simultaneously guaranteeing their rights, as established in article 3 of the Act:

“Best interests. For the purposes of this Act, the best interests of children and adolescents shall be understood as the full, comprehensive and simultaneous satisfaction of the rights and guarantees recognized in this Act.

The following shall be respected:

(a) The child’s status as a subject of law;

(b) The right of children and adolescents to be heard and to have their views taken into account;

(c) Respect for the full personal development of their rights in their family and in the social and cultural environment;

(d) Their age, maturity, capacity for discernment and other personal circumstances;

(e) A balance between the rights and guarantees of children and adolescents and the requirements of the common good;

(f) Their living environment, this being understood as the place where children and adolescents spend most of their time, under legitimate circumstances.

[...]

In the event of a conflict between the rights and interests of children and adolescents *vis à vis* other equally legitimate rights and interests, the rights of the children and adolescents shall prevail.”

84. Participation is also important, i.e., children have a right — regardless of their own particular situation — to express their views and to have those views taken into account in all matters affecting them, given that they are considered to be full subjects of law. In this regard, Act No. 26061 provides that children must be allowed to express their views freely. Article 24 of the Act states the following:

“The right to express their views and to be heard. Children and adolescents have the right to:

(a) Participate and freely express their views on all matters affecting them and those that concern them;

(b) To have their views taken into account in accordance with their maturity and development.

“This right extends to all areas in which children and adolescents live and carry out their activities, including public institutions, the family and the community, as well as social, educational, scientific, cultural, sporting and recreational environments.”

85. In connection with the right of persons with disabilities to freely express their views, as well as the right to liberty and security of person established in article 14, article 19 of Act No. 26061 includes the following provision:

“The right to liberty. Children and adolescents have the right to liberty.

This right includes:

(a) The right to have their own ideas, beliefs or form of religious worship in accordance with the degree of development of their abilities and within the limits and guarantees established in the legal order, and to exercise that right under the guidance of their parents, guardians, legal representatives or persons responsible for them;

(b) To express their views in their daily living environment, especially in the family, the community and the school;

(c) To express their views as users of all public services and, within the limits of the law, in all court and administrative proceedings that might affect their rights.

Persons who are subject to this law have the right to personal liberty, with no other limitation than those established in the existing legal order. They shall not be deprived of liberty illegally or arbitrarily.

If a child or adolescent is deprived of personal liberty, this being understood as the placement of the child or adolescent in a place from which he or she is not able leave of his or her own volition, such deprivation must be carried out in accordance with the existing legislation.”

86. In addition, article 17 of Act No. 26522, on Audio-visual Communication Services, provides for the establishment of the Advisory Council on Audio-visual Communication

and Children. One of the purposes of the Council is to promote the production of content for children and adolescents with disabilities (see annex).

87. Finally, with regard to the different circumstances of children with disabilities, article 28 of Act No. 26061 refers to the principle of non-discrimination, as follows:

The principle of equality and non-discrimination. The provisions of this Act shall apply equally to all children and adolescents, without any discrimination whatsoever on the basis of race, sex, colour, age, language, religion, beliefs, political views, culture, economic status, social or ethnic origin, special abilities, health, physical appearance or physical impediment, birth or any other situation of the child or his or her parents or legal representatives.

Article 8

Awareness-raising

88. As provided in Article 8 of the Convention, the Media Secretariat of the Office of the President has completed plans for public awareness-raising campaigns. The process of developing the concepts to be transmitted and producing and broadcasting content includes the following:

1. Defining the themes

89. During the first stage, the specific purpose of communication is to describe measures taken by the State in three areas, namely:

- (a) Disability and employment;
- (b) Disability and education;
- (c) Disability and accessibility.

90. Efforts to ensure the inclusion of persons with disabilities in these three areas are no longer based on the former welfare paradigm; instead, they are approached from the standpoint of human rights and the social model of disability. Persons with disabilities have the right to education, employment and accessibility. The plans also includes guidelines for a second set of themes in which interconnected vulnerabilities are addressed, such as the question of women and children with disabilities who are also victims of maltreatment, violence and abuse.

2. Stating the issues

91. Statements explaining the rights to be protected will be made by persons with disabilities, including representatives of the fields of education and employment.

3. Deciding on style

92. Audio-visual materials will include testimonies of ordinary people who study, who work, who have fun, who fall in love, who get angry. In these one-minute testimonies, persons with disabilities will talk about specific aspects of their lives, and super-imposed text at the end will describe the right being discussed or the steps being taken by the Government to guarantee that right.

93. Having completed this stage, the Media Secretariat is currently working on the development of materials for advisory services and supervision to be provided by the National Advisory Commission on the Integration of Persons with Disabilities.

94. Since 2008, the National Advisory Commission has carried out the following actions:

- (a) Printing and distribution of the Convention throughout the national territory;
- (b) Posting the Convention on the agency's website;
- (c) Disseminating information and providing training on the Convention in local jurisdictions;
- (d) Contest entitled "*Todos Tenemos Derechos*" ("We all have rights") in middle schools, to publicize the rights of persons with disabilities as set forth in the Convention;
- (e) Printing the Convention in Braille;
- (f) Co-financing the film entitled *Mundo Alas*;
- (g) First Workshop on Dissemination of and Follow-up to the Convention on the Rights of Persons with Disabilities, designed for Government officials. October 2009 (www.psi-gov.ar/convención).
- (h) Currently in preparation: Second Workshop on Dissemination of and Follow-up to the Convention, for civil society organizations;
- (i) Helping to organize a seminar on the Convention, focusing on the protagonists. September 2010.

95. The Human Rights Secretariat, with the support of the office in Argentina of the United Nations Children's Fund (UNICEF) and with advice from the National Advisory Commission, is preparing pamphlets and brochures on the Convention designed especially for children. Pamphlets and brochures for children are also being produced in Braille.

96. Between December 2009 and March 2010, the National Institute against Discrimination, Xenophobia and Racism conducted an information campaign on the rights of persons with disabilities when using public transport. This campaign was carried out at the Retiro bus terminal in the Autonomous City of Buenos Aires and at terminals in holiday centres on the coast.

97. In this regard, teams from the National Institute against Discrimination, Xenophobia and Racism distribute pamphlets and help persons with disabilities who need assistance in purchasing their tickets. This is done continuously during seasons of heavy travel.

98. In addition, the National Institute against Discrimination, Xenophobia and Racism produced five videos on disabilities, indigenous peoples, persons of African descent, migrants, refugees and sexual diversity, to provide information on the activities being carried out by civil society forums in regard to these issues.

99. A bill proposing the inclusion of the issue of disabilities in the primary school curriculum has been introduced to the Chamber of Deputies (bill No. 1839D08). The bill is aimed at making students aware of the importance of full integration and the need to eliminate all forms of discrimination, as well as to provide information on the essential rights of persons with disabilities.

Article 9

Accessibility

100. The Argentine State has long been active in promoting the adoption of universal design.

101. Act No. 22431, on the System of comprehensive protection for the disabled was enacted in 1981; chapter IV of this Act deals with differentiated transportation and architecture. The Act was amended in 1994 by Act No. 24314 on Accessibility for persons with limited mobility, and the relevant regulations were issued by decree No. 914/98.

102. The National Advisory Commission on the Integration of Persons with Disabilities is implementing the National Accessibility Plan to improve access to the physical environment. The main objective of the Plan is to enhance personal independence and access to community resources.

103. In this context, provinces and municipalities throughout the country and the Government of the City of Buenos Aires are working together on the issue. Public agencies, non-governmental organizations and groups of persons with disabilities, as well as professionals, users and the community as a whole are all involved in this effort.

104. The Plan focuses on bringing about change at the community level. The overall goal is to analyse, compare and re-draft provincial and municipal legislation with a view to amending and/or developing standardized building, planning and zoning codes that are in line with national legislation on accessibility of the physical environment, thus ensuring that new infrastructure and technology projects are fully accessible.

105. In addition, provincial and municipal accessibility plans will be drafted and submitted to the provincial legislatures and city councils with a view to building on existing programmes and facilities throughout the country, including urban environments, buildings, transport and communications. This will be done bearing in mind the unique characteristics of individual localities and communities, the goal being to create equivalent opportunities for persons with mobility and those with limited mobility and thus ensure their full insertion in society.

106. The objectives at the provincial and municipal levels are:

(a) Observance of national Act No. 24314 and the regulations thereto (see annex); amendment of legislation on public transport and on signage and communications;

(b) Proposed amendments to the regulations governing provincial low-cost housing plans, on the basis of national Act No. 24314 and the regulations to decision No. 34/05 of the Under-Secretariat for Urban Development and Housing of the Public Works Secretariat of the Ministry of Federal Planning, Public Investment and Services;

(c) Survey and diagnosis of the situation in different jurisdictions in terms of access to the physical environment and execution of works to make necessary adjustments.

107. The plan is organized by stages and provides for annual follow-up at the national level to be carried out in national workshops. Workshops were held in Tucumán province in 2009 and in Buenos Aires province, in Mar del Plata, in 2010.

108. The National Accessibility Plan was recognized with a Best Practice award in 2008, in connection with the Charter of Commitment to Citizens programme of the Cabinet and Public Management Secretariat of the national Government.

109. The following legislation has been adopted to ensure that persons with disabilities have access, on an equal footing with others, to the physical environment (including through the use of directional signs and street signs), to transportation, to information and communications (including information and communication technologies and systems), and to other facilities and services open or provided to the public, including by private entities, both in urban and in rural areas:

(a) Act No. 22431, on Comprehensive protection of persons with disabilities (1981);

- (b) Act No. 24314 amending Act No. 22431, Accessibility of persons with limited mobility (1994);
- (c) Decree No. 914/97, Regulations governing articles 20, 21 and 22 of Act No. 22431 as amended by Act No. 24314 (*Boletín Oficial*, 11 September 1997);
- (d) National Executive decree No. 467/98;
- (e) Act No. 25635, on Free land transport for persons with disabilities;
- (f) Decree No. 38/2004, on Requirements for obtaining the right to free travel on different modes of transport (*Boletín Oficial*, 12 January 2004).
- (g) Decision No. 417/2003, Transportation Secretariat, 16 December 2003. Establishes minimum frequency of services.
- (h) Act No. 25643, on Accessible tourism. Providing tourism services. (11 September 2002). Expanded by Act No. 25997, Title 1, article 2 (16 December 2004).
- (i) Act No. 26522, on Audiovisual communication services. Article 66, Accessibility; article 71, on content.
- (j) Act No. 26619, adopted on 11 August 2010, replaces article 4 of Act No. 13064 and provides that in order to issue a call for bids or arrange for a direct contract for public works... the project in question must provide for the elimination of architectural barriers that would limit access by persons with disabilities.

Transport

110. Since the entry into force of the regulation on physical and economic access to transport, the National Commission for Transport Regulation, an independent body within the Transport Secretariat of the Ministry of Federal Planning, Public Investment and Services, has been responsible for monitoring and supervising land transport at the national level. This Commission enforces the regulations and applies penalties for non-compliance.

111. The following enforcement measures were implemented during the period 2008–2010:

- (a) By Decision No. 1667/08, the National Commission for Transport Regulation adopted a summary procedure for processing claims arising from non-compliance with the requirement to provide free transport to persons with disabilities;
- (b) Contacts were made with ombudspersons, the National Advisory Commission on the Integration of Persons with Disabilities, the National Rehabilitation Service and other agencies concerned with the issue, with a view to carrying out joint action to protect the rights of persons with disabilities;
- (c) Circulars were sent to transportation providers during winter and summer holidays informing them of the new summary procedure, reminding them of the regulations to Act No. 25635 contained in decree No. 38/04 and urging them to meet their obligations under the existing legislation so as to avoid disputes at the ticket offices;
- (d) Aggravated penalties were imposed for non-compliance with the requirement to provide free transport for persons with disabilities;
- (e) A working group was set up in the agency with representatives of the transport sector to discuss the issue of persons with disabilities and promote improved regulations to remove barriers to access to transportation;
- (f) Consideration is being given to a proposal for improving physical access to long-distance transportation;

(g) Direct personal action is taken on all user complaints regarding accessibility problems;

(h) Consideration is being given to a proposal for improving the quality of services provided to persons with disabilities who wish to request free tickets for long-distance travel.

112. The Commission also keeps a record of complaints; if problems arise in connection with the use of a free ticket, the person concerned may contact the Commission through its customer service addresses (telephone number 0800-333-0300, *Apartado Especial Gratuito* No. 129 (C1000WAB) *Correo Central* and www.cnrt.gov.ar).

113. The annex to this report includes a chart showing the main transport facilities available for persons with disabilities and for persons with limited mobility, as the case may be. These facilities are monitored systematically on a regular basis. A table summarizing the relevant information may be found in the annex to this report.

114. Low-floor vehicles are designed so as to allow for ease of access and transfer of persons in wheelchairs. They have space for wheelchairs and entry ramps, as well as a kneeling suspension system to adjust height and facilitate the entry of passengers.

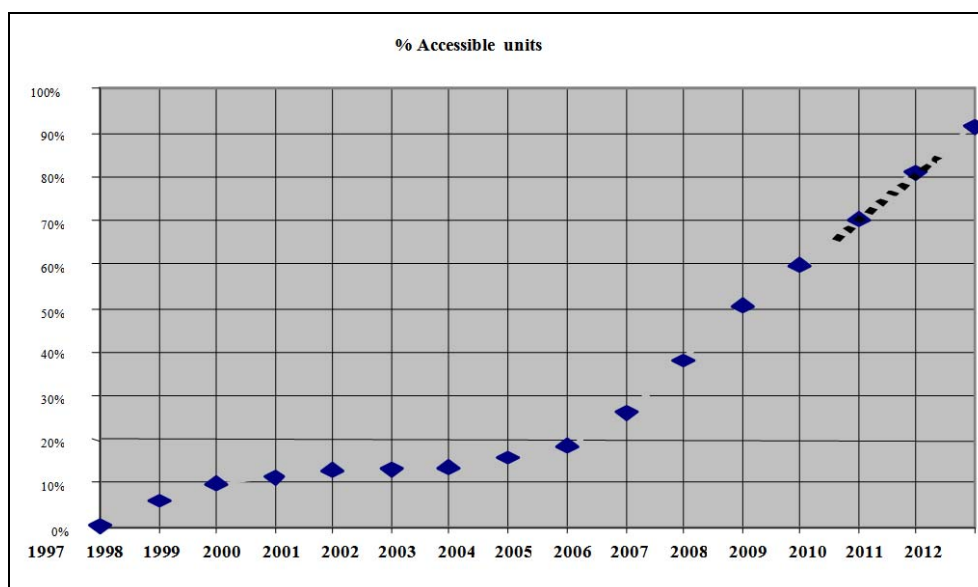
115. The number of accessible units has been increased, as shown in the following table:

Changes in number of accessible public urban transport units placed in service, by year

<i>Year (as of 31 December, XX)</i>	<i>Accessible units placed in service</i>	<i>Yearly increase</i>	<i>Percentage of accessible units</i>
1997	14		0.2
1998	582	568	6
1999	958	376	10
2000	1 121	163	11
2001	1 249	128	13
2002	1 259	11	14
2003	1 294	35	14
2004	1 504	210	16
2005	1 736	232	19
2006	2 562	826	27
2007	3 598	1 036	38
2008	4 793	1 195	49
2009	5 654	861	59
2010	6 290	636	65

116. As may be seen, as of the date of this report, there were 6,290 accessible units, representing 65 per cent of the total fleet placed in service for urban public transport (9,635).

117. The following figure shows the projection for the next few years.



118. The following conclusions may be drawn from the above figure:

(a) Although decree No. 467/98 had established a timetable with increasingly strict deadlines, during the first stage (1998–2000), accessible units were added gradually;

(b) The impact of the economic crisis was evident (only a few new units), and the timetable for adding accessible units was suspended between 2002 and 2003, in accordance with Transport Secretariat Decisions No. 3/02 and No. 6/03.

(c) From 2005 onward, the sector showed a strong recovery, and investments in the motor vehicle fleet picked up (such investments had dropped significantly during the period 2000–2004, especially between 2001 and 2003);

(d) It is estimated that if the present trend continues, the entire urban fleet in Argentina will be accessible by the end of 2013.

119. This is especially important considering that the federal jurisdiction already leads the country, inasmuch as it has been implementing a comprehensive plan for adding units that are accessible to persons with limited mobility, including wheelchair users, to the urban transport system. As of this writing, over six of every 10 urban buses operating within the jurisdiction are accessible, in contrast with the rest of the country, where less than 5 per cent of units are accessible.

120. The vehicles providing this service are technically more Spartan than those in the federal jurisdiction. Owing to the purchase price and maintenance costs, they have a front engine, leaf spring suspension and manual transmission.

121. In brief, at the federal level, over the last few years the sector has made investments in motor vehicles totalling some USD 700 million and meeting the following basic technical requirements:

- (a) Low-floor buses;
- (b) Aisle level at 40 centimetres from the sidewalk;
- (c) Two spaces for wheelchairs;
- (d) Kneeling system;
- (e) Wheelchair access ramp;

- (f) Automatic transmission;
- (g) Air suspension;
- (h) Back engine;
- (i) Safety system for opening doors.

122. To enforce compliance with decree No. 467/98 after the latest suspension of the timetable (Transport Secretariat decision No. 6/03), the Commission has implemented a simple and effective rule: a total ban on new vehicles that do not meet the low-floor standard for persons with limited mobility. In other words, the terms “non-compliance” and “penalty” do not even apply, since all violations of the standard are directly prohibited.

123. At the end of each year, all units that reach the maximum permissible age are automatically removed from the fleets of all concessionaires.

124. In this regard, if a company does not renew its fleet, and year after year it has to remove the older units as required by law, the fleet may eventually be too small to qualify for an operating permit. At that point, the company’s permit may be cancelled by the competent authorities.

125. Overall action is monitored through statistics on complaints received, as shown in the table included in the annex. In this regard, complaints regarding urban transport services fell from 1,061 in 2005 to 400 in 2010, and complaints concerning inter-urban transport fell from 3,727 in 2005 to 527 in 2010.

126. Nonetheless, the current practice of reserving places on buses for persons with disabilities has led to sharp disagreements, making it necessary to revamp the system. There are contradictions and inconsistencies both in the regulations applied and in the operations themselves; for example, the differences in the way disabilities are certified give rise to questions about authenticity; transportation companies often refuse to grant benefits because they question the authenticity of certificates submitted, or they do not have space for persons with disabilities; the demand for tickets is sometimes transferred between companies, creating an excessive burden for certain companies and brokers; there is a shortage of trained customer service personnel to meet the requirement, and a lack of communication equipment; passengers often have to wander around the terminals looking for solutions to their problems. All these difficulties affect not only travellers with disabilities but also other stakeholders as well.

127. The measures taken by the Commission have proven to be inadequate, given that neither the control measures aimed at enforcing the existing regulations nor the dissemination of information nor the repeated imposition of penalties have eliminated the problems faced by persons with disabilities when they try to gain access to the benefit granted to them by law.

128. Given the complexity of the issues involved and the problems discussed above, alternative solutions are being sought. All stakeholders are working together, in an effort to find a feasible and sustainable solution.

129. In this regard, the creation of a ticket reservations centre for persons with disabilities has been proposed, bearing in mind the need for a unified system for issuing free tickets and simplifying the existing procedure. That would make it easier for beneficiaries to obtain their tickets, and it would ensure that responsibilities are distributed fairly among all operators.

130. This proposal was developed as a joint effort by organizations representing persons with disabilities, the National Advisory Commission on the Integration of Persons with Disabilities and other public agencies, business organizations in the transport sector and

civil society organizations. The fact that all stakeholders were involved in the project should ensure that the rights of citizens with disabilities will be guaranteed and that the distribution of benefits and control of the documentation required will be carried out with transparency. Thus, the benefit of free travel will be used by those who are entitled to it.

131. The system will be implemented in a number of stages. Registries and other details of the final project will be put in place, the idea being to automate the reservations system and thus avoid complications in processing electronic reservations. This will make it possible to include safety features to eliminate counterfeiting and improper use of tickets.

132. To supplement the automated system, other methods have also been proposed to facilitate access for users who need assistance. The current reservations system will be maintained temporarily, until such time as all beneficiaries are migrated to the new one.

133. The system will be developed on an Internet platform for making reservations, using online forms that will have the legal status of affidavits.

Other federal agencies

134. To comply with article 9, the federal agencies are implementing adjustments to guarantee accessibility for persons with disabilities and providing training on the proper use of such facilities.

135. The Ministry of the Interior has adopted a strategy for identifying and eliminating obstacles and barriers to access (see annexes).

136. Among other measures, the Ministry conducted a nationwide survey of voting centres and establishments. It then established variables for observing accessibility in 11,000 educational, community and social establishments. The findings were systematized and analysed in conjunction with the Social Programmes Information, Monitoring and Evaluation System of the National Council for the Coordination of Social Policies. The results were reported to the provincial authorities (governors and ministers) and to elections officials (federal and provincial elections courts) to be used as a tool for decision making and strategy design (see annexes).

137. In an effort to guarantee access to the physical environment for persons with disabilities, the Media Secretariat and the Federal Audio-visual Communications Services Authority have arranged for broadcasters to make adjustments in their facilities so as to add ramps and make restrooms accessible to persons with disabilities. Channel 7, the public television station, has made adjustments to build accessibility into its broadcasting station.

138. As regards access to communications and technology, the Media Secretariat, acting in its capacity as a member of the Strategic Committee for the Information Society, proposed the inclusion of accessibility goals in the Plan of Action for the Information Society in Latin America and the Caribbean (eLAC2010), San Salvador, February 2008. Among others, the following goals were proposed and adopted:

(a) Goal 11. "Promote and foster ICT quality while ensuring ICT sustainability and access for persons with disabilities with a view to the genuine social, educational, cultural and economic inclusion of all social sectors, especially vulnerable groups;"

(b) Goal 22. "Promote the creation of specially-priced baskets of appropriate-content digital services for socially vulnerable sectors, including, but not limited to, older adults, children, rural communities, indigenous peoples, persons with disabilities, the unemployed, displaced persons and migrants;"

(c) Goal 57. "Promote the creation of telework, mobile work and other forms of employment via electronic networks, particularly for the most vulnerable groups, including persons with disabilities, by means of appropriate equipment (software and digital

services), certified training and the validation of experience. Maintain the working group on telework so that suggestions may be made regarding ways of attaining a normative and administrative framework which includes dispute settlement mechanisms.”

139. The Plan of Action for the Information Society in Latin America and the Caribbean (eLAC 2010) is an initiative that has been coordinated by ECLAC and the countries of the region since 2005.

140. A working group was set up by the Advisory Council of the Argentine Digital Terrestrial Television System, on which the Federal Audio-visual Communications Services Authority is represented. The working group will work to improve accessibility and consider technical issues relating to the Digital Terrestrial Television System in order to achieve compliance with article 66 of the Act on Audio-visual communication services.

141. The Media Secretariat of the Office of the President has worked on the Government’s websites, including the official site of the Government House, to bring them in compliance with the accessibility guidelines laid down by the World Wide Web Consortium (W3C) and the Web Accessibility Initiative (W3C-WAI). It has level A validation for Web Content Accessibility Guidelines, as well as validation for XHTML 1.0 and CSS (see annexes).

142. The Communications Secretariat of the Ministry of Federal Planning, Public Investment and Services is implementing the Project on Technological Support for Disabilities, which was created to support and disseminate the use of information and communication technology (ICT) as a tool for social inclusion through training, dissemination and research and development on accessibility, Web standards and assistive technology.

143. During this first stage, the Communications Secretariat is focusing on disseminating information on Web accessibility while at the same time it is promoting contacts with agencies concerned with disabilities. The idea is to identify new lines of development, e.g., producers of technical and technological support services, software developers, universities and research organizations concerned with the issue.

144. The purpose of the Technological Support for Disabilities project is to disseminate information on Web accessibility, and to promote contacts with agencies concerned with disability issues.

145. Among others, the project has carried out the following activities:

- (a) Expanding the dissemination of inclusive techniques and technologies through its website;
- (b) Participating in seminars and congresses on the subject of accessibility, ICT and inclusion;
- (c) Providing training and information on Web accessibility for official sites;
- (d) Advising on and developing Web standards for official and non-governmental websites;
- (e) Contacting civil society associations concerned with disability issues;
- (f) Contacting the European consortium for W3C; the Communications Secretariat is a member of the team of revisers working on the Spanish translation of the new Web Content Accessibility Guidelines (WCAG) 2.0.
- (g) Advising on Web accessibility for Civitas 2 Project (National Programme for the Information Society). In 2009, the CTIC Foundation of Spain honoured the

Communications Secretariat with the TAW 2009 Award as the most accessible Ibero-American website www.tawdis.net/premios/premiados/?lang=es;

(h) Participating in the Technical Committee of the National Advisory Commission on the Integration of Persons with Disabilities;

(i) Designing, developing and maintaining accessible sites for the Technological Support for Disabilities project (www.atedis.gov.ar), the Community Technology Centres (www.ctc.gov.ar) and the National Programme for the Information Society (www.psi.gov.ar);

(j) Designing, developing and maintaining an accessible website on the Convention on the Rights of Persons with Disabilities (www.atedis.gov.ar/convencion/convencion_.html#%281%29);

(k) Designing, developing and maintaining an accessible website for the first workshops on dissemination of and follow-up to the Convention on the Rights of Persons with Disabilities, Act No. 23678 (www.psi.gov.ar/convencion);

(l) Designing, developing and maintaining an accessible website on the second workshop on dissemination of and follow-up to the Convention on the Rights of Persons with Disabilities (www.psi.gov.ar/convencion2);

(m) Research on ICT for inclusive education. Courses and training on the issue for teachers of students with disabilities. Compilation of a Wiki page with online teaching materials for education (<http://wikipsi.wikispaces.com>).

146. Finally, it should also be noted that the federal Government is carrying out actions in the area of accessibility to tourism. Under a technical cooperation agreement between the Ministry of Health and the Secretariat for Tourism (now the Ministry of Tourism), the National Rehabilitation Service is implementing a programme on full accessibility in the area of tourism facilities which provides training for the tourism sector. In 2008, it published a handbook of accessibility guidelines entitled *Directrices de Accesibilidad en Alojamientos Turísticos y Guía de Autoevaluación*.

147. This publication was issued in the context of the agreement, with the aim of ensuring full access to tourism facilities for persons with disabilities or temporary limitations, as well as older adults.

Article 10 **Right to life**

148. Argentine legislation recognizes and protects the right to life. Homicide and abortion are dealt with in Book Two, on offences, Title I, on offences against persons, of the Penal Code. In both cases, the aim is to protect everyone's life, without distinction.

149. There is no record of habitual practices of arbitrary deprivation of life against persons with disabilities.

150. Article 8 of Act No. 26061 guarantees for all children and adolescents the right to life, to the enjoyment of life, to protection and to a good quality of life.

Article 11 **Situations of risk and humanitarian emergencies**

151. The Argentine Republic has an adequate system for providing assistance in cases of humanitarian emergencies. Firstly, there is the White Helmets Commission, an initiative

proposed by Argentina and adopted by the United Nations General Assembly in 1994 and the Organization of American States in 1998. This is a model for cooperation among countries which receives financial support from the international community and operates with teams of volunteers (decrees 1131/94, 379/95 and 56/2001).

152. Officials of the White Helmets Commission perform diplomatic duties and establish contacts with Governments and international organizations. Professional staff design and evaluate projects and select volunteers and personnel to implement and supervise the missions on the field.

153. The purpose of these projects and missions is to respond to crises and emergencies and assist with reconstruction and development. These actions may be multilateral or bilateral in nature, depending on the needs expressed by the international community and the requests made by States.

154. White Helmet teams are made up of volunteers who have been identified and selected by the Commission. They include personnel who provide assistance as well as well-trained experts and are committed to professional and selfless service.

155. Emergencies and complex crises require multidisciplinary teams who excel in different disciplines, ensuring the highest quality of care and assistance for victims.

156. The General Directorate of Civil Defence of the Ministry of the Interior plays a key role at the national level, and at the provincial level, relief efforts are conducted by organizations based in the municipalities.

157. The civil defence system protects the population, following a modern approach which involves coordinating public and private agencies to provide assistance in emergencies arising from armed conflicts and other causes, whether natural or not (earthquakes, weather-related events, floods, fires, epidemics, infestations and so on), which cannot be controlled through the normal channels of public and private services. The aim is to prevent, mitigate and deal with the effects of disasters on communities.

158. The civil defence system depends on volunteer fire-fighters who work with altruism and dedication in each jurisdiction and are always prepared to provide assistance in any disaster or emergency.

159. The Autonomous City of Buenos Aires is covered by the Office of the Federal Superintendent of Fire-fighters, a division of the Argentine Federal Police.

160. Measures adopted by States Parties to ensure the protection and safety of persons with disabilities include measures to include them in national emergency protocols.

161. In cases of disasters, the Argentine Republic considers persons with disabilities to be an especially vulnerable group, along with other at-risk groups such as women, older persons and children. The need to protect persons with disabilities was enshrined in the Constitution by the amendments adopted in 1994; in particular, article 75, paragraph 23 states that Congress is empowered to legislate and promote positive measures guaranteeing true equal opportunities and treatment, the full benefit and exercise of the rights recognized by the Constitution and by the international treaties on human rights in force, particularly referring to children, women, the aged, and disabled persons.

162. To ensure that humanitarian assistance is distributed in such a way as to make it accessible to persons with disabilities who need it, in particular, measures taken to ensure that emergency shelters and refugee camps are equipped with latrines and sanitary facilities that are accessible to persons with disabilities, the authorities are guided by the Hyogo Framework for Action 2005–2015, which in listing priorities for action reaffirms that “cultural diversity, age, and vulnerable groups should be taken into account when planning for disaster risk reduction” (chap. III, sect. A, para. 13(e)). The concept of “vulnerable

group” covers women, children, older persons, sick persons and persons with disabilities. Among measures to reduce the underlying risk factors, the aforementioned chapter III refers to the need to “strengthen the implementation of social safety-net mechanisms to assist the poor, the elderly and the disabled, and other populations affected by disasters” (chap. III, sect. B(4), para. 19(ii)(g)).

163. As regards field operations, Argentina’s humanitarian assistance personnel also follow the guidelines and recommendations set forth in the Sphere Project handbook. The Sphere Project was initiated in 1997 by a group of humanitarian non-governmental organizations and the International Federation of Red Cross and Red Crescent Societies. These organizations issued a handbook entitled *Humanitarian Charter and Minimum Standards in Disaster Relief*. The Minimum Standards focus on disaster assistance in five key sectors, namely, water supply and sanitation, nutrition, food aid, shelter and health services.

164. The Humanitarian Charter is based on the principles of international humanitarian law, international human rights legislation, refugee law and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief.

165. The minimum standards and key indicators included in the handbook are based on the knowledge and practices widely followed by humanitarian aid workers, including guidelines on special treatment of persons with disabilities. The handbook explicitly refers to the importance of recognizing the different needs of vulnerable groups and the obstacles they face in trying to obtain equal access to assistance.

166. **Access to services and facilities.** The handbook points out that access to essential services, including water supply, latrines and social and health facilities should be planned so as to optimize their use. Additional facilities or access points should be provided as necessary to meet the need for shelter of the beneficiary population and should be planned so as to ensure safe access for all occupants. The social structure and the roles assigned to men and women within the affected population, as well as the needs of vulnerable groups, should be reflected in the planning and provision of services.

167. **Access and escape in case of emergency.** Mass shelters should be easily accessible to occupants in order to reduce potential risks to security. Every effort should be made to avoid stairs or uneven structures near the exits of a mass shelter, and all stairs and ramps should have railings. Whenever possible, occupants who have difficulty walking without assistance should be assigned spaces on the ground level near the exits and along access routes with no uneven structures. All occupants of a building should be at an agreed reasonable distance from at least two exits, so that they will have two escape routes in case of fire, and these exits should be clearly marked.

168. The National Directorate of Civilian Protection, an office of the Ministry of the Interior, has set up programmes at the municipal, provincial and national levels in order to:

(a) Prioritize and provide special protection to vulnerable groups in the community, as follows: as the first priority, persons with disabilities, as well as institutions that provide them assistance and/or shelter. The National Response Plan has been set up to deal with potential events in nuclear plants (in the provinces of Córdoba and Buenos Aires). All the communities where such events might occur have been identified, as well as all persons with disabilities and the institutions that provide disability assistance. The evacuation plan includes specific priorities for evacuation, including details for personalized assistance to be provided. Training and recertification for this nationwide plan is conducted twice a year.

(b) Coordinate with other Government agencies in the Autonomous City of Buenos Aires activities designed to assist persons who depend on electric power in

situations such as power outages, water-supply breakdown and others that might affect them. In such situations, the protocol for a contingency plan is put in motion so that everyone can receive assistance.

(c) Since Argentina does not have any facilities built specifically for use as temporary shelters or evacuation centres, when emergencies occur, sporting facilities, schools, neighbourhood clubs and development organizations are used, inasmuch as these facilities usually meet the requirements for sheltering persons with disabilities. When necessary, these centres are provided with the necessary equipment to offer assistance and shelter.

(d) Strategic plans for the current year include specific modules for providing emergency assistance to persons with disabilities.

Article 12

Equal recognition before the law

169. The Argentine State has adopted the federal republican representative form of government (Constitution of the Argentine Nation, art. 1). Accordingly, the National Congress, acting mainly on the basis of the Civil Code, is the body that is competent to legislate on matters pertaining to the legal capacity of individuals (Constitution, art. 75, para. 12), this being understood as the capacity to acquire rights and contract obligations (art. 52) in two aspects: the capacity to acquire rights and the capacity to exercise it (de facto capacity).

170. As a general rule, everyone is presumed to have full legal capacity (Civil Code, art. 52); absolute de facto incapacity is an exception envisaged in article 54 of the Civil Code. Persons in this group include deaf and mute persons who are not able to communicate in writing and insane or demented persons (who because of mental illness are not able to manage themselves or their property). The Civil Code does not use the terms “disabled” or “persons with disabilities” (it dates back 150 years), but rather to persons of absolute de facto incapacity. These are the two cases that are most similar to such concepts. In Argentine law, disability does not give rise to legal incapacity in general, except in the two cases just mentioned and only in reference to de facto capacity or the exercise of a right. Such persons may be declared to have de facto incapacity under article 54. Following the terminology used in the Code, this category includes demented persons (para. 3) and deaf-mutes who are not able to communicate in writing (para. 4).

171. Thus, disability in and of itself (as in the case of a deaf-mute person) does not give rise to de facto incapacity for the purposes of the Civil Code, but rather the fact that a person with that disability is not able to communicate in writing.

172. It is important to point out that the Code reflects the thinking of the year 1871, the year it was adopted. This situation has been remedied with several court decisions handed down since 1968, with the entry into force of Act No. 17711 which, among other things, includes the concept of *inhabilitación judicial* (deprivation of legal capacity) (article 152 *bis* of the Civil Code) and establishes different degrees of incapacity. More recently, the legislature adopted Act No. 26378, ratifying the Convention on the Rights of Persons with Disabilities.

173. There is a relationship between certain types of disabilities — those that affect mental abilities — and the resulting de facto legal incapacity.

174. The Civil Code stipulates that persons who have been deprived of legal capacity may acquire rights and contract obligations through a court-appointed guardian (Civil Code, art. 56).

175. In this regard, article 57 of the Civil Code goes on to provide that demented persons shall be represented by their court-appointed guardians, and article 59 adds that in all legal proceedings, they shall also be represented jointly by the Office of the Public Prosecutor for juveniles and *incapaces* (persons deprived of legal capacity).

176. Under this system, which has been in place since the nineteenth century, incapacity is seen as a system designed to provide protection but only when necessary to eliminate the impediments arising from a person's incapacity (Civil Code, art. 58).

177. The Civil Code stipulates that in order for legal acts to be valid, they must be granted by persons who have the capacity to change the status of their right (art. 1040), thus establishing the nullity of any act carried out by a person with absolute incapacity by reason of his or her dependence on a court-appointed guardian (art. 1041). However, such nullity is relative, since it can only be requested or alleged by the person who has been deprived of capacity, given that article 1049 provides that a person with capacity may not request or allege nullity based on the incapacity of the other party.

178. The legal regime applicable to persons who have been declared demented or who have been deprived of legal capacity is laid down in Title X, Section One, Book One of the Civil Code. The legislation described above does not meet international human rights standards because it does not provide for a system of support in decision making but rather, it takes away the person's ability to decide and gives it to that person's legal representative.

179. For all of the above reasons, the legislation currently in force restricts full legal capacity in cases of disability.

180. Concerning measures to guarantee certain rights, except in the case of mental illness, there are no other norms that restrict the legal capacity of persons with disabilities. There is legislation designed to enable persons with disabilities who are in a vulnerable position to maintain their physical and mental integrity (Acts Nos. 22431, 24308, 24147, 24314, 24901 and 25504).

181. On the question of the legal hierarchy of the Convention and measures necessary to ensure its effective application, it should be noted that Act No. 26378, ratifying the Convention, stipulates that the Convention ranks above other laws (Constitution, art. 75, para. 22); thus, it ranks above the Civil Code, which is also a law. Accordingly, the Convention may be invoked in order to demand that laws of lesser rank should be declared unconstitutional or should be amended.

182. A case in point is the ruling by the Supreme Court of Justice in the case of *Ekmekdjian, Miguel Angel v. Sofovich, Gerardo and others*, who appealed a decision of 7 July 1992. In that case, the Supreme Court advanced in the interpretation of the scope of the norms contained in the international human rights treaties and supported their implementation, given that under article 27 of the Vienna Convention on the Law of Treaties, State bodies must give priority to the treaty in the event of a conflict with any domestic legislation that is contrary to the treaty or of an omission that would have the effect of not complying with an international treaty under the terms of article 27.

183. Likewise, in the case mentioned above, the Court stated that violation of an international treaty may occur both when domestic legislation is enacted that prescribes a behaviour that is manifestly contrary to the treaty and when it fails to include provisions to enable compliance with the treaty. Both situations would be contradictor to the international ratification of the treaty; in other words, they would entail non-compliance or rejection of the treaty, with such prejudicial consequences that might ensue (Report of the Ministry of Justice).

184. Finally, as regards awareness raising and educational campaigns on equal recognition before the law of all persons with disabilities, in order to improve access to the

justice system and recognition of the legal capacity of persons with disabilities, the Human Rights Secretariat of the Ministry of Justice, Security and Human Rights has been working since 2005 with the Mental Health and Human Rights Programme of the National Directorate for Assistance to Vulnerable Groups to provide training, advice and technical assistance throughout the country.

185. The Federal Board of Mental Health, Justice and Human Rights was created in 2005. This Board is coordinated by the coordinating unit for mental health and healthy behaviour of the Ministry of Health and the National Directorate for Assistance to Vulnerable Groups of the Human Rights Secretariat. The Board received support from the Ministry of Justice through key representatives (federal and provincial judges, court-appointed guardians and others). One of its main purposes was to bring together key actors in the field of mental health.

186. From its inception, the Board also included representatives of relatives and/or users of the mental health system and representatives of professional associations, civil society organizations and the Pan American Health Organization, as well as directors of public mental health institutions (specialized hospitals, mental health centres and others) and representatives of human rights organizations.

187. The Board identified management priorities for a human rights approach to public policies on mental health.

188. The members of the Board agreed by consensus to pursue the following lines of work:

(a) To raise awareness in the judiciary regarding the need to enhance measures to protect and guarantee the human rights of persons with disabilities;

(b) To disseminate at the federal level information on international laws on human rights and disabilities, in general terms and, in particular, those having constitutional rank, based on the amendment of 1994;

(c) To disseminate and raise awareness about the effects of stigmatization, segregation and negative discrimination in regard to the full enjoyment of their rights by persons with disabilities;

189. The Human Rights Secretariat provides coordination between the court system and the mental health system so as to enable them to work together in a well-coordinated manner.

190. In addition, the Secretariat participated actively in the drafting and discussion of the bill on a national mental health law (signed by deputies Gorbacz, Sylvestre Begnis, Segarra, Merchan, Fein, Ibarra, Cigogna, Torfe and Storni). Thus, the Secretariat helped draft decisions, corrections, proposals and observations on the content of the bill in order to include the human rights approach.

191. The bill guarantees the full legal standing of users of the mental health system who are institutionalized, with or without their consent (Chapter VII — Institutionalization). The bill has been approved unanimously by the Chamber of Deputies and is currently under consideration by the Chamber of Senators, pending discussion and final adoption.

Article 13

Access to justice

192. The Human Rights Secretariat has worked to raise awareness concerning recognition of the right to equality before the law of persons with disabilities. It has also taken measures

to promote effective access to justice for persons with disabilities and to provide training for staff of the executive branch and the judiciary who take part in activities relating to disabled persons.

193. The Under-Secretariat for Relations with the Judiciary (Secretariat of Justice) reports that the benefits of the Mercosur Agreement on the Transfer of Sentenced Persons have been extended to persons with disabilities under the Protocol on the Transfer of Persons subject to special regimes which was adopted by Decision CMC No. 13/05. This provision includes adults who cannot be charged and who are subject to security measures (arts 1 and 2).

194. The Ministry of Justice, Security and Human Rights set up the Access to Justice Centre within the National University of Córdoba, in Córdoba province. The Centre operates in downtown Córdoba and provides assistance and guidance on legal matters for the community.

195. The Access to Justice Centres offers free services, including legal advice, referral to other institutions and community mediation. They receive clients, resolve issues and provide follow up on problems affecting individuals and communities.

196. The main purpose of the centres is to familiarize citizens with the justice system, especially among the more vulnerable sectors of the population who are unaware of the means and the institutional channels that are available for the exercise of their rights or who, for different reasons, are unable to use them. The idea is to guarantee access to real and effective justice, eliminating barriers that limit the full exercise of this right.

197. The centres provide services such as orientation and referrals on a variety of issues, both legal and social; specific answers and effective solutions in response to requests for information, advice on legal and assistance options, complaints and concerns; community mediation; training for the community in regard to their rights and guarantees and different social and cultural issues and psychological and social assistance in all the bodies responsible for conflict resolution at the personal and community levels.

198. The initiative is carried out in the context of the Access to Justice for All programme of the Secretariat of Justice. The idea is to guarantee real and effective access to justice for all, especially the more vulnerable sectors, and to eliminate barriers to the exercise of that right.

Article 14

Liberty and security of person

199. With regard to measures for guaranteeing liberty and security of person, the Human Rights Secretariat has carried out training activities for the guards and admissions staff at *Colonia Nacional Dr. Manuel Montes de Oca* with a view to avoiding unnecessary institutionalization when more appropriate intervention measures are available.

200. In addition, the Secretariat has supported the bill on mental health, which stipulates that admission shall be the last resort for therapy and shall only be allowed when it provides greater therapeutic benefits than other interventions that can be carried out in the family, community or social environment. In such cases, institutionalization should be as brief as possible.

201. As regards legislative and other measures for ensuring that reasonable and necessary accommodations are made for persons with disabilities who have been deprived of their liberty and that they have the same procedural guarantees as others, in order that they may fully enjoy their human rights, the National Directorate of Prison Affairs of the Ministry of

Justice, Security and Human Rights is implementing a comprehensive programme for persons with disabilities. Actions such as the following are being implemented:

(a) A programme to provide information on the obligations undertaken by the State with regard to persons with disabilities. The programme also deals with problems of prison staff who have some type of disability. During the first stage of implementation, the focus is on inmates with mental health problems and those with physical disabilities.

(b) Substantial reform of the Men's Central Psychiatric Service (U. 20). This involved refurbishing the facilities, resolving the problem of overpopulation and creating an interdisciplinary medical commission that is independent from the Federal Prison Service responsible for treatment. This programme was carried out at the Borda Neuropsychiatric Hospital, the main public hospital in the country for treatment of serious psychiatric problems.

(c) Annex U. 20 was established to treat inmates with less serious mental health problems. Treatment at this facility is provided by the same medical team and operates in Module VI of Federal Prison Complex I at Ezeiza. Women are treated in Unit 27, which is located on the premises of Moyano Neuropsychiatric Hospital. Women's problems in general are treated under the Gender Programme for the Federal Prison Population.

(d) A general survey of persons who have been deprived of their liberty and are housed in establishments of the Federal Prison Service. With the findings of the survey, the Ministry, the National Institute against Discrimination, Xenophobia and Racism and other public authorities with competencies in related subjects will develop a programme for dealing with the problems, risks and needs of persons with physical disabilities who have been deprived of their liberty.

202. Finally, Act No. 26472 on Execution of the penalty of deprivation of liberty (12 January 2009), amends article 10 of the Penal Code so as to permit a competent judge to allow a sick inmates to serve his or her sentence under house arrest when imprisonment would prevent him or her from recovering or receiving adequate treatment, and hospitalization is not required; when an inmate is in the terminal stage of an incurable disease; when deprivation of liberty in a prison establishment is inadequate for the inmate's condition and would entail degrading, inhuman or cruel treatment; when an inmate is over 70 years of age; when a female inmate is pregnant or has a child under 5; or when the inmate is responsible for a person with disabilities.

Article 15

Freedom from torture or cruel, inhuman or degrading treatment or punishment

203. In terms of protection measures adopted to ensure that persons with disabilities, including those who need assistance in order to exercise their legal capacity, are not subjected without their free consent to medical or scientific experimentation, the State acts in compliance with Act No. 26529 and Resolution 102/2009 of the Ministry of Health. Those two instruments are dealt with in this report under the reply to article 17.

204. Pursuant to its resolution SDH No. 050/04, the Human Rights Secretariat of the Ministry of Justice, Security and Human Rights established the Council on Ethics and Human Rights in the area of biomedical research.

205. The Council's objectives are to promote the development of a national ethics and human rights system for biomedical research, to advise public and private agencies on the matter, to evaluate research studies, to issue reports on matters submitted to it for advice and to conduct training on ethics and human rights for biomedical research.

206. The Human Rights Secretariat collaborated actively with the United Nations Educational, Scientific and Cultural Organization (UNESCO) on drafting of the Universal Declaration on Bioethics and Human Rights, which was adopted by acclamation in October 2005.

207. Article 7 of the Declaration refers to “persons without the capacity to consent”. Although the Declaration does not establish the same human rights standards as the Convention, in regard to persons with disabilities, it does show that from the standpoint of bioethics and human rights, there is concern for providing special protection to this group, which is in a situation of vulnerability.

208. Through the Human Rights Council, the National Human Rights Secretariat has worked to put into practice the principles set forth in the Universal Declaration on Bioethics and Human Rights as recommended in article 22 of the Declaration and in accordance with international human rights law. In particular, it has focused on:

- (a) Promoting legislative or administrative measures in the area of bioethics and human rights;
- (b) Promoting respect for human dignity and protection of human rights;
- (c) Promoting equitable access to the advances of science and technology;
- (d) Encouraging the creation of independent, multidisciplinary and pluralistic ethics committees;
- (e) Fostering education and training in bioethics;
- (f) Promoting programmes for the dissemination of information and knowledge about bioethics;
- (g) Promoting scientific and cultural cooperation at the regional and international levels.

209. As regards the inclusion of persons with disabilities in national strategies and mechanisms for the prevention of torture, the Human Rights Secretariat has carried out training and workshops with mental health workers so as to raise awareness about the human rights approach. The Secretariat is also supporting proposed legislation to guarantee that procedures are in line with national and international laws on the comprehensive protection of rights.

210. The Secretariat is advocating implementation of the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment and, in particular, the creation and operation of the national mechanism and provincial mechanisms. In this regard, in 2008 it worked with the Secretariat for Criminal Policies to draw up a preliminary draft of regulations for implementation of the Optional Protocol.

211. The national Congress is currently considering bills containing regulations for the national mechanism and creating a national system for the prevention of torture and other cruel, inhuman or degrading treatment, in compliance with the Optional Protocol to the Convention.

212. The National Directorate for Assistance to Vulnerable Groups is actively involved in efforts to implement the Optional Protocol in facilities that provide housing for persons and/or groups who are in a vulnerable position.

Article 16

Freedom from exploitation, violence and abuse

213. Concerning measures to protect persons with disabilities from all forms of exploitation, violence and abuse, including their gender-based aspects, the Government of Argentina has established the Special Unit to Promote the Eradication of the Sexual Exploitation of Children, which operates within the Human Rights Secretariat (Resolution No. 003 of 24 January 2005).

214. The Special Unit was set up to promote policies for promoting, protecting, defending and restoring the rights of children and adolescents who are victims of offences against sexual integrity. To this end, it carries out workshops to provide training and raise awareness on the issue. The workshops are held in different provinces for provincial and municipal employees, community agents, health workers, teachers and members of trade unions, among others.

215. The main objective of the Unit's activities is to generate opportunities for "training trainers", with a view to preparing and exchanging information and developing aptitudes and attitudes to promote a comprehensive approach to the exploitation of children, focusing on the promotion and protection of their rights.

216. By its resolution No. 170/2008 of 29 February 2008, the Ministry of Justice, Security and Human Rights decided to continue with the Victims against Violence Programme. The resolution also transferred to the Victims against Violence Programme the interdisciplinary unit on protection against domestic violence, which was created by decree No. 235/1996.

217. The purpose of the Programme is to provide assistance to victims of abuse and maltreatment resulting from violence, regardless of its nature. It also works to combat maltreatment and exploitation of children. The main objective of the Programme is to provide assistance and support for victims of domestic and sexual violence. It includes the following units:

- (a) Mobile brigade for assistance to victims of domestic violence;
- (b) Mobile brigade for emergency intervention for victims of sexual crimes;
- (c) Brigade to combat commercial sexual exploitation of children and adolescents.

218. The following legislation has been enacted in compliance with article 16 of the Convention:

- (a) Act No. 26364 of 2008 on prevention and punishment of trafficking in persons and assistance to victims;
- (b) Act No. 26485 on Comprehensive protection for the prevention, punishment and eradication of violence against women in all their interpersonal relations; this law was enacted in 2009, and the relevant regulations were issued by decree PEN 1011/2010.

219. The regulations to this Act were the result of lengthy discussions which included contributions from judges, national Government officials, including representatives of the National Directorate for Assistance to Vulnerable Groups and representatives of civil society organizations. The Act represents a paradigm shift in that it takes a comprehensive approach to the issue of gender violence and is much broader in scope than any previous legislation. In line with the commitment undertaken by the Government in the Convention on the Elimination of All Forms of Discrimination against Women and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women

(Convention of Belém do Pará), the Act goes beyond the problem of domestic violence and the model of male domination to offer a comprehensive response to the issue.

220. The Act makes the State responsible not only for assisting, protecting and guaranteeing justice for women who are victims of domestic violence, but it also calls for preventive, educational, social and judicial measures and assistance with regard to all types of violence. It calls for the design and implementation of a national plan of action to prevent and eradicate gender violence which is to be carried out under the leadership of the National Women's Council by all Government agencies.

221. Article 9 of Act No. 26061 on Comprehensive protection for the rights of children and adolescents stipulates the following:

“The right to dignity and personal integrity. Children and adolescents have the right to dignity as subjects of rights and as growing individuals; to not be subjected to violent, discriminatory, abusive, humiliating, intimidating treatment; to not be subjected to any form of economic exploitation, torture, abuse or negligence, sexual exploitation, kidnapping or trafficking for any purpose or in any cruel or degrading form or condition.

“Children and adolescents have the right to physical, sexual, psychological and moral integrity.

“Anyone who has knowledge of maltreatment or of situations that violate the psychological, physical, sexual or moral integrity of a child or adolescent, or of any other violation of their rights, must inform the local authority responsible for enforcing this law.

“Government agencies must guarantee free assistance and comprehensive care programmes to promote the recovery of all children and adolescents.”

222. In addition to social protection measures for persons with disabilities, including their families and caregivers, there are other programmes that are designed to improve the situation of persons with disabilities and their families. Those programmes are described in the reply to articles 23 and 28.

223. With the adoption of Act No. 24452, a special fund was set up for programmes and projects targeting persons with disabilities; this fund was financed with penalties imposed on bank account holders who failed to comply with the bank's conditions. Article 7 provides that the National Social Security Institute shall earmark such funds to finance comprehensive assistance programmes for persons with disabilities. It also includes details relating to the fund to finance the programme for persons with disabilities and specifies the type of service provided, its objective and the agency responsible for implementing it. In addition, decree No. 961/98 specifies that the funds obtained from penalties envisaged in the Act shall be transferred to the Coordinating Committee for Persons with Disabilities.

224. Act No. 25730 (March 2003) ratifies the special fund for persons with disabilities; article 3 stipulates the following:

“All funds collected by the Central Bank of the Argentine Republic from penalties envisaged in this law shall be earmarked for the implementation of programmes and projects on behalf of persons with disabilities...”

Article 17

Protecting the integrity of the person

225. Protection for persons with disabilities in regard to medical treatment is provided in Act No. 26529 on Rights of patients in their relations with health professionals and

institutions. This Act was published in the *Boletín Oficial* on 20 November 2009 (see annex).

226. This Act outlines the rights of patients in their relations with health professionals and institutions, as well as in regard to health information, informed consent and clinical history.

227. The norm focuses on the rights mentioned in article 2, namely: assistance, considerate and respectful treatment, privacy, confidentiality and health information.

228. This right entails providing the patient with all necessary information that is pertinent to his or her health. The right to health information also includes the patient's right to not be given that information should he or she so wish.

229. Health information is understood to mean information on the patient's state of health, presented clearly and in a way that the patient can understand, as well as information on studies and treatments that might be needed and the expected evolution, risks, complications or effects of such treatment.

230. If a patient is unable to understand the information because of his or her physical or psychological condition, it is to be provided to the patient's legal representative or, in the absence of a legal representative, to the spouse who lives with the patient or a person who is not the patient's spouse but lives with him or her or is responsible for his or her care.

231. It is important to note the spirit that is reflected in the right described in article 2(e):

“Freedom to decide. A patient has the right to accept or reject specific therapies or medical or biological procedures, with or without giving an explanation, and he or she also has the right to subsequently revoke that decision. Children and adolescents have the right to express their views, as stipulated in Act No. 26061 — ratifying the Convention on the Rights of the Child — with regard to any decision on therapies or medical or biological procedures that involve his or her life or health.”

232. Informed consent is a statement made by a patient, or by the patient's legal representative if necessary, after receiving from the attending professional clear, precise and adequate information on the following:

- (a) The state of the patient's health,
- (b) The procedure proposed, specifying the objectives pursued;
- (c) The expected benefits;
- (d) Potential risks, discomfort and adverse effects;
- (e) Description of alternative procedures and their risks, benefits and side effects in comparison with the procedure proposed;
- (f) Potential consequences of not performing the procedure proposed or the alternatives described.

233. The prior informed consent of the patient is a prerequisite to any action by a professional in the public or private health-care and medical field.

234. Informed consent may be given verbally, except in the following cases, when it must be in writing and signed:

- (a) Institutionalization;
- (b) Surgery;
- (c) Invasive diagnostic and therapeutic procedures;

(d) Any procedure that entails risk.

235. Discussions are currently under way on the regulations to the Act, which will clarify its scope in operational terms. All health establishments have set up ethics committees and are developing clinical histories in order to meet the new standards. The laws on the exercise of the health profession and relevant ethics codes are being analysed with a view to bringing them in line with international human rights conventions.

236. As regards the protection of confidentiality, article 2(d) of Act No. 26529 stipulates the following: "A patient has the right to insist that anyone who participates in the preparation or handling of clinical documentation or has access to its contents, must keep it private unless otherwise required or authorized by a competent court or by the patient himself or herself."

237. This protection is reinforced by the inviolability of clinical histories. Health-care establishments and health professionals in charge of private practices are responsible for keeping clinical histories. In their capacity as depositaries they are required to have the necessary resources for this purpose and to prevent unauthorized persons from having access to the information.

238. Depositaries are subject to the contractual provisions laid down in Book II, Section III, Title XV of the Civil Code, which stipulates that without prejudice to such penal or civil liability as may be pertinent, non-compliance with the obligations arising from this law on the part of professionals and persons in charge of health-care establishments shall constitute gross misconduct and shall be subject in the federal jurisdiction to the penalties envisaged in Title VIII of Act No. 17132 and, in local jurisdictions, to similar penalties, as pertinent under the local regulations for the practice of medicine in each one."

239. In addition, the Government, through the Ministry of Health, adopted resolution 102/2009, with the aim of protecting all individuals from treatments administered without a person's full and informed consent.

240. In this regard, the scientific and technological advances that have been made in the field of clinical research for the improvement of human health, both in national public agencies, entities and institutions and in universities, as well as in the Ministry itself, have led to the adoption of measures to protect the rights of persons who participate in such research studies.

241. Resolution 102/2009 (see annex) established the registry of clinical trials with humans in order to consolidate, organize and systematize information on clinical trials available in the area covered by the Ministry and make it accessible to all biomedical establishments, to health personnel and to the scientific community at large. To this end, the registry includes the fields of information, description of content and criteria for access.

242. The inclusion in the registry of all information on clinical trials is obligatory for all hospitals, health-care establishments and research and production institutes working under the Ministry of Health, the National Health Insurance System, the National Social Services Institute for Retirees and Pensioners, establishments included in the national registry of decentralized public hospitals and provincial health establishments and entities in the health sector that are covered by this resolution, without prejudice to the addition of clinical trials at the request of the sponsors.

Article 18

Liberty of movement and nationality

243. With regard to measures for ensuring that all new-born children with disabilities are registered immediately after their birth and that they are given a name and a nationality, the National Directorate of the National Registry of Persons of the Ministry of the Interior is taking steps to ensure that all new-born children are registered immediately after their birth and that they are guaranteed a name and a nationality.

244. The National Registry of Persons is the national agency responsible for registering and identifying all physical persons having a domicile in Argentine territory or under Argentine jurisdiction. A permanent registry is kept for all Argentine nationals, regardless of their domicile; the registry is updated to include all major events from birth through different stages of life, thus protecting the right to an identity.

245. Registration at the provincial level is the responsibility of the registries of civil status and capacity of persons in each provincial Government. Under Act No. 26413, these registries record all acts or events that originate, alter or change a person's civil status and capacity.

Article 19

Living independently and being included in the community

246. To ensure that persons with disabilities enjoy the right to live independently and be included in the community, in March 2009 the legislature passed Act No. 26480, which adds a sub-paragraph (d) to article 39 of Act 24901 (see annex) in order to provide for home assistance. The new text reads as follows: "Solely on the advice of an interdisciplinary team belonging to or hired by the entities required to do so, persons with disabilities shall receive the support of a home care assistant in order to enable him or her to live independently, avoid institutionalization or shorten periods of admission to a care facility. The aforementioned interdisciplinary team shall determine what type of support is needed, including its intensity and duration, and will provide supervision, conduct periodic evaluations and decide on changes, duration or termination of assistance. The home care assistant shall have specialized training and be certified by the competent authority."

247. The National Advisory Commission on the Integration of Persons with Disabilities is currently coordinating the drafting of proposed regulations in this regard.

248. In order to enable persons with disabilities to live independently, the legislation on checks (Act No. 24452 and Act No. 25730) provides for subsidies for the personal assistance programme, which includes the sub-programme on assistive technology devices for persons with disabilities. This programme is aimed at improving access to assistive technology devices required by persons with disabilities in order to carry out their daily activities, to be more independent and to improve the quality of their life.

249. The term "assistive technology devices" refers to all devices or equipment used by persons with disabilities, either temporarily or permanently, which give them more independence in daily activities and generally improve the quality of their life.

250. The National Advisory Commission on the Integration of Persons with Disabilities has prepared a proposal for a support service for independent living as a strategy to enable persons with disabilities to use the skills they have acquired in order to achieve the degree of independence they need to have access to community resources.

251. There are several options for residential services that allow for different types of living arrangements, including shared homes that have the necessary protections for specific types of disability.

252. Chapter VI of Act No. 24901 provides for different types of care for persons with disabilities who do not have a supportive family, such as residences, small homes and homes.

253. To this end, residences serve as institutions designed to meet the housing requirements of persons with disabilities by providing an adequate degree of self-reliance and independence to meet their basic needs.

254. Small homes are institutions designed for a limited number of minors, which provide comprehensive coverage of their basic needs.

255. Homes are designed to provide comprehensive coverage of basic requirements (housing, food, specialized care) for persons with disabilities who do not have a family group of their own or whose families are not supportive.

Article 20

Personal mobility

256. By resolution No. 1388/1997, the Ministry of Industry established a regime for the importation of products to be used in the rehabilitation, treatment and training of persons with disabilities.

257. The purpose of this regime is to contribute to public health and human solidarity by granting exemptions from all import duties and taxes for products intended for use in the rehabilitation, treatment and training of persons with disabilities.

258. The Secretariat of Industry and Commerce is responsible for determining whether the products covered by resolutions No. 1388/1997 and No. 953/1999 (both issued by the former Ministry of Economy, Works and Public Services) are available from local producers.

259. The main beneficiaries of the current regime are persons with motor, auditory and visual disabilities whose health depends on a product that is not manufactured in the country. Associations and non-profit institutions covered by article 20(f) of the Act on taxes on profits (1997 text and amendments thereto), which represent persons with disabilities, also benefit from this regime. The eligibility requirements for this benefit are indicated in the annex.

260. Most of the requests for products that are processed by the National Directorate of Industry are for the following items: devices for persons who are hard-of-hearing (cochlear implants, text processors and hearing aids), devices and wheelchairs for persons with motor disabilities, aids for the blind, computers and articles for visual disabilities, and other products designed to enhance the well-being and recreation of persons with disabilities. A list of products imported and the increase during 2008 and 2009 may be found in the annex.

261. From the standpoint of technology, bearing in mind that everyone, from before they are born to the last day of their life, needs some kind of preventative, curative or rehabilitative care, the National Institute of Technology has implemented a programme on the application of health-related technology for persons with disabilities.

262. Given the broad range of issues to be considered in the health sector, it is important to establish priorities so as to ensure that everyone receives suitable care that is specific to their needs. In addition, all social debts and inequities must be addressed, and planning

must take into account the need for large quantities of medicines, as well as the supply of electronic equipment and clinical laboratories.

263. Given the high cost of modern technologies, the focus is on developing instruments that allow for a rapid diagnosis and are portable and low in cost. Research, design and local production of medical technology are also emphasized, with a view to finding solutions that are suitable to conditions in the region.

264. Consideration is also being given to the advisability of monitoring patients in their homes so as to identify problems and make it unnecessary for them to go to a health centre, avoiding costly interventions in hospitals and clinics when they are not necessary.

265. Advances in information technology, remote communications, low-cost locally produced electronics, low-cost sensors and smart phones have made persons with disabilities more aware of their health, as they are being monitored on a regular basis. Detailed information on production of equipment and innovations is included in the annex.

266. The Health and Disabilities Technology Centre has created areas of interest for development of technologies relating to sensory functions (vision, hearing, taste, touch and pain, neuro-musculoskeletal, genito-urinary, digestive and metabolic functions). These are described in the annex.

267. To encourage manufacturers of mobility aids and other technologies and devices to take into account every aspect of the mobility issues faced by persons with disabilities, the National Advisory Commission on the Integration of Persons with Disabilities and the National Institute of Industrial Technology have established a social programme on technology and production of assistive technology devices. This programme is designed to produce assistive technology devices in technical education and similar establishments throughout the country. The aim is to include disability issues in the social fabric of the technical education system, raising awareness, offering training and transferring technologies, so that assistive technology devices for persons with disabilities can be repaired, adapted, developed and produced in those institutions, thus making them more readily available.

268. This programme is being carried out jointly by the National Institute of Industrial Technology and the National Institute of Technical Schools.

Article 21

Freedom of expression and opinion, and access to information

269. The Media Secretariat and the Federal Audio-visual Communications Services Authority have taken steps to ensure that information aimed at the general public is accessible to persons with disabilities in a timely manner and at no additional cost.

270. Before the entry into force of the Audio-Visual Communication Services Act, through resolutions 679 and 1161 — COMFER/08 (see annex), the Regulatory Authority made it obligatory for all broadcast television programming to include subtitles in order to ensure that persons with auditory disabilities would have full access to information. The Authority also issued regulations for implementation of the system.

271. Subsequent to the adoption of these regulations, the Regulatory Authority worked with the National Advisory Commission on the Integration of Persons with Disabilities and civil society organizations concerned with disabilities on the drafting of a preliminary bill on audio-visual communication services.

272. The most significant meeting, which dealt with the subject of disabilities and the media, was held at the ND Ateneo Theatre on 22 May 2009. That meeting led to the

approval of all the specifications on disabilities that are included in the law adopted by Congress, Act No. 26522.

273. These requirements are included in article 66, on accessibility. The text states that for all transmissions on broadcast television, the local signal produced for subscription systems and informational, educational, cultural and general-interest programmes should include closed-captioning, sign language and audio descriptions for persons with sensory disabilities, older persons and others who might have difficulty understanding the content.

274. The Regulatory Authority is encouraging civil society organizations to take part in drafting the regulations to article 66 of Act No. 26522.

275. In addition, article 3(n) of Act No. 26522 also stipulates that audio-visual communication services must include among their objectives that of guaranteeing the right of persons with disabilities to have access to information and content (see annex).

276. Finally, article 34 of Act No. 26522 provides that the criteria for approving applications and proposals for permits for audio-visual communication services should include the requirement that the applicant must have the capacity to provide facilities in addition to those required by law in order to ensure access for persons with disabilities.

277. Some civil society groups are joining the National Advisory Commission on the Integration of Persons with Disabilities, the Federal Audio-visual Communications Services Authority and the National Institute against Discrimination, Xenophobia and Racism in planning for the creation of an observatory on audio-visual accessibility and a council on accessibility of audio-visual communication services. The characteristics, objectives and mission of these bodies may be found in the annex.

278. Information on access to websites is included in the reply to article 9. The plan described in that section of this report has been proposed as a goal in the national human rights plan.

279. With regard to recognition of sign language, a bill on the matter was submitted to the Chamber of Deputies in 2008.

Article 22

Respect for privacy

280. The right to privacy is a right that must not be overlooked when considering disabilities from the standpoint of respect for the inherent dignity of all persons and the human rights to which it gives rise.

281. Persons with disabilities often have to accept the intervention of others in their private life (doctors, therapists, personal assistants and others). This leads to a degree of interference that might sometimes be considered humiliating treatment, given the loss of independence it entails and the threat to the individual's personal integrity. There is a thin line between such interventions and abusive and degrading treatment.

282. Bearing this in mind, it is important that all aspects of personal privacy (the body, private life, family, home, documentation, correspondence, clinical histories, legal records, personal belongings, fame and reputation) should not be diminished by arbitrary or illegal interference or lawsuits.

283. In this regard, Act No. 25326 of 2 November 2000 provides for the protection of personal information.

284. The privacy of personal health information is guaranteed by Act No. 26529 of 21 October 2009, on the Rights of patients in regard to health professionals and institutions.

285. The Ministry of Health is drawing up regulations for this Act which will clarify its scope. Ethics committees have been set up in all health establishments. Clinical histories will be brought in line with the new regulations, and the relevant legislation on the exercise of medicine and codes of ethics is being analysed as required by the international human rights conventions.

286. The entities that keep clinical records are subject to the contractual provisions of Book II, Section III, Title XV of the Civil Code, on contracts for deposits.

287. Argentina is one of the few Latin American countries that has enacted a law — Act No. 23798 of 1990 — to protect persons living with HIV/AIDS. This Act provides for the creation of the National AIDS Programme, which guarantees care and treatment for everyone living with HIV/AIDS.

Article 23

Respect for home and the family

288. Act No. 26061 provides in article 7 that “the family has primary responsibility for ensuring that children and adolescents fully enjoy and exercise their rights and guarantees” and stipulates that “the State shall implement appropriate policies, programmes and assistance to enable the family to adequately meet this responsibility.”

289. In this regard, the Government attaches high importance to the central role of the family in ensuring that children and adolescents are able to enjoy their rights to the fullest. Public policies must consider strengthening families and protecting their independence so that they can guarantee the rights of their members. Other institutions concerned with child protection should only play a subsidiary role in this regard, when a family or a community is not able to assume responsibility. State agencies and civil society should work together to ensure that the families themselves meet their obligations.

290. The aforementioned Act conceives the child as a unique individual with his or her own history, and a unique personal and family situation. It is therefore important that the child not be removed from his or her affective environment.

291. Decree No. 1202/2008, issued by the federal executive branch, lays down the regulations for Act No. 26233, on Child Development Centres for children between 45 days and four years of age. The decree includes provisions on the needs and demands of the families and the communities in which the centres are located, as well as on activities designed to foster a healthy balance between a person’s job and his or her family life. It outlines areas, services, community programmes and workshops designed to provide overall support for and social integration of children in their families. Such planning must take into account the need for a harmonious distribution of schedules and working hours of family members, especially female heads of household, and stress the need to strengthen family ties within each household. It must also promote activities and opportunities for encouraging the inclusion of children with disabilities, with a view to promoting maximum integration. Decree No. 1602/09 establishes universal allowances per child (see annex).

292. Act No. 26472 and Act No. 26480, which have been mentioned above, contain additional provisions for compliance with this article of the Convention.

293. Act No. 24452 establishes a special fund for programmes and projects for persons with disabilities, to be financed by penalties imposed on bank account holders for delinquency and non-compliance. Article 7 of the Act stipulates that the National Social Security Institute for Retirees and Pensioners shall earmark the funds for comprehensive assistance programmes for persons with disabilities. The Act also includes details on the fund established to finance the programme for persons with disabilities. It specifies the type

of service provided, the purpose and the implementing agency. Decree No. 961/98 stipulates that funds obtained from the imposition of penalties envisaged in that Act shall be transferred to the Coordinating Committee for Programmes for Persons with Disabilities.

294. Act No. 25730 (March 2003) ratifies the special fund for persons with disabilities by specifying, in article 3, that:

“The funds collected by the Central Bank of the Argentine Republic from the penalties envisaged in this Act shall be earmarked for programmes and projects on behalf of persons with disabilities...”

295. The Ministry of Social Development is carrying out three plans at the federal level which offer opportunities for strengthening human and social development.

296. The National Plan for Families is designed to strengthen the nuclear family and enhance its potential for generating values and as a primary environment for social integration and personal development. The Plan includes lines of action aimed at prevention, assistance and promotion of children, adolescents and older persons.

297. Act No. 26061 of October 2005, on comprehensive protection of the rights of children and adolescents, lays the groundwork for full implementation of the comprehensive protection system from an interdisciplinary perspective. Children and adolescents are recognized as full subjects of rights, which indicates a departure from the doctrine of *patronato* (trusteeship).

298. Institutional practices with regard to children and adolescents who need special State protection are being modified in favour of a comprehensive protection model. The decentralization of public agencies at different levels has been strengthened in the process. The Federal Council on Children, Adolescents and the Family was created on 15 December 2006. The 24 provincial governments and the Autonomous City of Buenos Aires have undertaken to guarantee the rights, principles and guarantees enshrined in the Convention on the Rights of the Child.

299. The needs of young people are addressed in a variety of areas, such as ethics, intellectual development, social development, self-expression, cultural development and needs relating to health and preservation of the environment.

300. These actions are aimed at developing the capacities of young people as subjects of history and drivers of change in the society and in the community.

301. The Families for Social Inclusion Programme promotes protection and social integration of families in a vulnerable situation and/or at social risk by providing health services, education and skills development. It creates conditions in terms of (a) non-remunerative income to enable families to provide education and health services for their dependent children. Adults who live in the household receive support to enable them to complete their education and occupational training; and (b) family and community promotion through social and other family services in four main areas, namely education, health, job training, and community and citizen development and networking.

302. The Programme has extended its scope, identified new lines of work and broadened criteria for defining social risk and vulnerability in potential target families.

303. The non-contributory pension programme helps meet the needs of persons over 70 years of age, mothers with seven or more children and invalids or persons with disabilities who do not have sufficient resources for their subsistence.

304. The National Food Security Plan created by Act No. 25724 is intended to enable the vulnerable population to have access to adequate and sufficient food in accordance with the specific needs and customs prevailing in every region of the country.

305. The Plan promotes:
- (a) Food assistance to families living in a socially vulnerable situation;
 - (b) Incentives for food production by families and by support networks;
 - (c) Assistance for school lunchrooms;
 - (d) Assistance for family gardens and farms;
 - (d) Services for pregnant women and healthy children;
 - (e) Strengthening of the decentralized management of funds.

Article 24

Education

306. The National Education Act (Act No. 26206) was adopted in late 2006. This Act stipulates that education and knowledge are a public good and a personal and social right and are guaranteed by the State.

307. The legislation holds that education is a national priority and as such, it is State policy. It establishes the duty to guarantee educational inclusion through universal policies and strategies for teaching and for allocation of resources, giving priority to the neediest sectors. These policies and strategies are aimed at addressing injustice, marginalization, stigmatization and other forms of discrimination caused by social and economic, cultural, geographic and ethnic factors, as well as gender and other factors that hinder the full exercise of the right to education. The aim is to ensure quality education with equal possibilities, without regional disparities or social inequities (art. 79).

308. Special education is a part of the education system that is designed to guarantee the right to education of persons with temporary or permanent disabilities at all levels and categories of the system. It is based on the principle of educational inclusiveness and serves persons with specific problems that cannot be dealt with in the regular system. It must guarantee the integration of students with disabilities at all levels and categories in accordance with their own abilities.

The National Education Act

Article 42

309. The National Education Act stipulates that in order to guarantee the right of persons with disabilities to education and to integration and insertion in schools, the jurisdictional authorities must take the necessary measures to:

- (a) Provide a comprehensive educational programme with access to technology, the arts and culture;
- (b) Hire specialized personnel to work on teams with teachers in regular schools;
- (c) Provide transport, technical resources and materials for implementing the curriculum;
- (d) Work to provide options for on-going education throughout life;
- (e) Guarantee the physical accessibility of all school buildings.

Article 44

310. In order to systematize the guidelines for special education and facilitate its inclusion in the national educational system, a report was issued entitled “*Educación Especial, una modalidad del sistema educativo en Argentina — Orientaciones I*”. This report was the product of the joint efforts and consensus of stakeholders in the field of special education in different jurisdictions. It also includes reports on the most significant pedagogical programmes carried out in the schools.

311. Between 2009 and 2010, the strategic lines of work for special education were drawn up within the framework of the National Education Act, the Convention on the Rights of Persons with Disabilities and the Compulsory Education Plan.

312. The strategic areas outlined in the Act are:

- (a) To build consensus at the federal level;
- (b) To guarantee early education for all children with developmental issues;
- (c) To guarantee quality education for students with disabilities throughout their schooling in the compulsory education system;
- (d) To change the approach to education in job training schools;
- (e) To set up, in all jurisdictions, programmes of comprehensive and on-going education for young people and adults with disabilities;
- (f) To guarantee accreditation of the knowledge acquired by students with disabilities;
- (g) To provide support in the provinces;
- (h) To provide coordination with levels and modalities established by the Under-Secretariat for Equity.

313. The following lines of action were implemented:

- National meetings of school principals and persons responsible for special education in all the provinces, in order to prepare consensus reports for submission to the Federal Council;
- Report on networking for implementation of early childhood services for children and their families, coordination with provincial officials;
- Consensus report with provincial officials.
- Addition of two hundred special education schools to the Comprehensive Programme on Educational Equality, as well as school libraries, IT equipment for schools, technical assistance for educational projects and training in institutional management for principals (joint training of principals of special education and regular schools).
- Contest on the topic “A school for everyone. Publicizing good practices in inclusive education.” The selection process was carried out by the different jurisdictions, and papers were then evaluated by a team of special education officials from the Ministry of Education and the National Advisory Commission on the Integration of Persons with Disabilities.
- National meeting on good practices in inclusive education. The special education team of the Ministry of Education provided mentoring on publication of the reports selected.

- Survey on evaluation and accreditation of school performance by students with disabilities, both in special education schools and in regular schools.
- Regional meetings held in coordination with pre-school and primary levels so as to raise awareness regarding assistance for students with disabilities, including support systems provided by special education programmes.
- Preparation of a background paper entitled “*Educación Especial, una modalidad del Sistema Educativo: Orientaciones I,*” for all jurisdictions.
- National meeting on the final paper for the purpose of reaching consensus decisions.
- Special report on assistance to students with disabilities in reference to the Priority Learning Nuclei, entitled “*Configuraciones de apoyo para la alfabetización inicial con alumnos con discapacidad visual, auditiva, mental y neuromotora.*”
- Technical assistance to the North-East and North-West regions in connection with programmes for students with disabilities in rural areas in the context of the Programme on Improvement of Rural Education. Incorporation of five provinces (La Rioja, San Juan, Córdoba, Santa Fe and Entre Ríos) in the programme. Work on coordination between special education and primary schools in rural areas.
- Consolidation for delivery of special equipment to the aforementioned groups. Libraries for teachers, toy collections and technology kits (software and hardware).
- Onsite, semi-onsite and distance training along with technical training by the National Institute of Technical Schools for qualified personnel of job training schools. Training for special and primary education for coordination of the second cycle of primary education and the first cycle of secondary education.
- Promotion in all jurisdictions of tools for networking between regular and special primary schools, middle schools, technical training schools, technical education, art education and adult education for the development of a pedagogical context to promote institutional development and incorporate new shared curriculum opportunities.
- Joint efforts with the National Institute of Technical Schools for the accreditation of students with disabilities to receive job training.
- Incorporation of basic curriculum design (language, math, social and natural sciences), arts (music, plastic arts, dance, theatre, ceramics, etc.) and education for body movement and sports.
- Educational strategies for accelerated learning and completion of primary and secondary education.
- Creation of spaces in nursery schools for assisting students with special needs.
- Promoting the inclusion of students with disabilities in all nurseries and kindergartens, in addition to the obligatory inclusion of five-year-olds.
- Promoting play in an inclusive atmosphere to encourage interaction between children with and without disabilities.
- Orientation of pre-school literacy programmes for students with disabilities both in regular schools and in special schools.
- Strengthening of provincial teams to improve school performance among students with disabilities, from orientation in school to evaluation and accreditation.
- Joint efforts with different models and levels for students with disabilities.

- Design of viable institutional organization models for school performance.
- Request to the National Directorate of Information and Evaluation of Educational Quality for quantitative and qualitative research on students with disabilities in the educational system.
- Initial delivery of netbooks for students with auditory disabilities in the context of the programme on “Connecting equality”, as the first stage in the plan to provide netbooks the entire population of students with disabilities. Design of the teacher training programme for implementation of new technologies.
- Selection of the most suitable content and software for each disability, to be installed in personal computers of all special education teachers and students.

314. Act No. 25573 was adopted to guarantee access to higher education, reasonable accommodation and participation of persons with disabilities at that level of education, as well as to promote technical training with an ethical approach and social sensitivity, underscoring the needs of persons with disabilities, the disadvantaged and the marginalized, and promote training and research on disability issues.

315. To that end, the National University Scholarship Programme was maintained; this programme, which was created by ministerial resolution No. 464/96, is designed to promote equal opportunities in higher education through scholarships to facilitate access and/or continuation for low-income students who have a good academic record in national universities or university-level institutes. The sub-programme for persons with disabilities is part of this programme.

316. Action at the university level is advancing; for example, on 25 April 2009, the Latin American and Caribbean Inter-University Network on Disability and Human Rights was established in Buenos Aires. This initiative, which was adopted on 25 April 2009, was supported by the Ministry of Education, the National Advisory Commission on the Integration of Persons with Disabilities and UNESCO. The Declaration of Buenos Aires, adopted at that time, states that the objectives of the Network are, among others, to reaffirm the human rights of persons with disabilities, raising awareness in academic circles of the need to permanently eliminate prejudice and discrimination from university life; to make every educational space a non-exclusive environment through measures to enable everyone to have access to physical facilities, communications and culture; to incorporate into the curricula of universities training courses on disabilities from the human rights perspective; to encourage the academic community to produce materials on disability issues through teaching, research and extension programmes, in order to promote knowledge and practices that are respectful of human rights and a better quality of life, thus fulfilling the requirements of the Convention on the Rights of Persons with Disabilities and others.

317. Another solid advance in this area was the implementation of the Ministry of Education’s programme on accessibility in national universities, which was approved by resolution No. 770SPU/2010, of 27 May 2010 (see annex).

318. The purpose of the Programme is to make the buildings and campuses of national universities accessible and safe for all users, regardless of their physical and sensory condition, in compliance with the existing legislation (Act No. 24314 and decree No. 914/97).

319. During the first stage, the Ministry will finance minimum accessible circuits in all buildings to ensure that everyone has access to and is able to move around, stay in and use each building. Academic activities and specific support programmes will be carried out in each building.

320. The Secretariat of University Policies of the Ministry of Education is working closely with the Inter-University Commission on Disability and Human Rights, comprised by 35 public national universities. This has made it possible to design a single reporting protocol consisting of a survey form and a questionnaire, for all national universities.

321. The Inter-University Commission is working, with due regard for university autonomy, to promote acceptance of common measures through participation and voluntary commitment.

322. Some of the activities in which it is involved are:

(a) Commissions and divisions are in place in most institutions of higher education to promote the rights of students and employees with disabilities.

(b) Resolutions have been adopted on adaptation of curricula for students with disabilities and on the provision of sign language interpretation.

(c) Accessible libraries have been developed and set up as networks with other libraries and with universities. More than ten universities are currently participating in a network.

(d) Discussions have been held on training of sign-language interpreters, and recommendations have been made regarding the need for fluency in Spanish literacy training for deaf persons who wish to complete their higher education.

(e) The Commission promotes and organizes training workshops on the rights of persons with disabilities and their safety on campus, for teaching and non-teaching staff and for students.

323. The National Advisory Commission on the Integration of Persons with Disabilities is working to ensure that educational institutions are open to everyone and that they see diversity as an enriching experience. The idea is that the educational community should provide a barrier-free learning environment for students with disabilities.

324. The Federal Disability Council was created by Act No. 24657 (see annex) and is presided over by the National Advisory Commission on the Integration of Persons with Disabilities. By its resolution CFD No. 170, of 18 September 2009, the Council has asked universities and public and private continuing-education institutes to include disability-related subjects in their curricula (see annex).

Article 25

Health

325. The Argentine Republic has a free public health system. Nevertheless, to ensure access for persons with disabilities, the State has adopted the following legislation:

(a) Act No. 22431 of 16 March 1981 (and amendments thereto), on Comprehensive protection to persons with disabilities. This Act provides for a system of comprehensive protection for persons with disabilities, with the aim of ensuring that they receive medical care, education and social security. It also grants exemptions and incentives in order to neutralize, insofar as possible, the disadvantages their disabilities create and to give them opportunities, through their own efforts, to fulfil a role in society that is equivalent to that of other citizens;

(b) Act No. 24901 of 2 December 1997. This Act establishes a System of Basic Services and Comprehensive Care for persons with disabilities, including prevention, assistance, promotion and protection, with a view to providing comprehensive coverage for their needs and requirements.

326. This legislation makes it obligatory for national social programmes to provide total coverage of basic services mentioned in the law, as required by persons with disabilities who are affiliated to such services.

327. Persons with disabilities who do are not covered by social programmes are entitled to access to all basic services through State agencies. The entities in question must provide basic services either through their own systems or under contract.

328. The National Advisory Commission on the Integration of Persons with Disabilities serves as the regulatory agency and sets standards for the basic services system. The regulations to Act No. 24901/97 are laid down in decree No. 1193/98, which stipulates that the Board of the National Advisory Commission is made up of different agencies of the Ministry of Health.

329. Persons seeking access to the system of basic services established by Act No. 24901 must certify their disability by means of the Single Disability Certificate. This certificate, which was created by article 3 of Act No. 22431/81, is issued by the National Rehabilitation Service, which applies ICF, using a special form established by Ministry of Health resolution No. 675/09 (see annex).

330. The main objective of ICF is to provide standardized language and a conceptual framework for describing health and health-related conditions from a biological, psychological and social perspective.

331. Within this conceptual framework of health, ICF defines disability as a generic term that includes deficits, limitations to activity and restrictions on participation. It indicates the negative aspects of interaction between an individual (with a "health condition") and the contextual factors (environmental and personal factors).

332. The National Registry of Persons with Disabilities is being updated and is being completed with provincial registries.

333. Bearing in mind that the National Constitution establishes a federal form of government, the provinces must adhere to the system in order for their inhabitants to have access to the single system of services established by the federal Act.

334. Provinces that have not adhered to the single system of services have nevertheless signed an agreement to receive training and issue the national validity certificate established under Act No. 22431/81, following the evaluation methodology prescribed by ICF.

335. In the area of sexual and reproductive health, the National Programme on Sexual Health and Responsible Procreation was set up within the Ministry of Health by Act No. 25673 of 21 September 2002. This is an inclusive law that falls within the general category of human rights legislation; article 3 states that it covers the general population with no discrimination whatsoever.

336. The objectives outlined in article 3 include the following:

- (a) To make available to the population the highest standard of sexual health and responsible procreation so as to enable people to make decisions without discrimination, coercion or violence;
- (b) To reduce maternal and child morbidity and mortality;
- (c) To prevent unwanted pregnancies;
- (d) To promote sexual health among adolescents;
- (e) To contribute to the prevention and early detection of sexually transmitted diseases, HIV/AIDS and genital and mammary pathologies;

(f) To guarantee for the entire population access to information, orientation, methods and services relating to sexual health and responsible procreation.

337. This Act was supplemented with Act No. 26130 of 2006, establishing the regime for surgical contraceptive interventions.

338. The National Programme on Sexual Health and Responsible Procreation is a public policy designed to guarantee the fundamental rights of all persons. Accordingly, over the past year, the Programme has implemented a communications strategy which includes:

(a) The free 0800 Sexual Health line. This is a nationwide, free and confidential hotline on sexual and reproductive rights which promotes effective access to health services, helps monitor the quality of services, identifies shortcomings in sexual and reproductive health services and increases awareness of sexual and reproductive rights.

(b) Communication and dissemination through the National Campaign for Sexual and Reproductive Rights and the development and dissemination of graphic materials (mailing, decals and posters) with the slogan “Sexual and reproductive rights — Your rights” and radio spots in Spanish and four indigenous languages, with *0800 Salud sexual* included in the message.

339. Along these same lines, the National Program on Sexual Health and Responsible Procreation and the National Institute against Discrimination, Xenophobia and Racism have begun preparing special materials designed to publicize and discuss sexual and reproductive rights of men and women with disabilities in order to reinforce the public health teams’ strategy of services for those special problems.

340. The leaders of provincial programmes have been asked to include information on the number of users with disabilities within the population who are covered by the Programme, in order to determine whether there are unmet needs in this area.

341. At the parallel meeting held during the Third session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities (New York, 1–3 September 2010), Human Rights Watch presented a research study entitled “Illusions of Care: Lack of Accountability for Reproductive Rights in Argentina”. In that study, Human Rights Watch recommends that the Government of Argentina should develop and implement regulations that enable women and girls with disabilities to effectively enjoy their reproductive rights, including the right to accessible health information and services.

342. This claim by Human Rights Watch overlooks the fact that, as noted earlier in this report, the Ministry of Health and the National Institute against Discrimination, Xenophobia and Racism have developed materials dealing specifically with the sexual and reproductive rights of men and women with disabilities, and that these issues are also addressed by the Gender and Disabilities Programme.

343. In particular, the sub-programme on early detection of uterine cancer that was established by Ministry of Health resolution No. 480/90, was reformulated as the national programme on prevention of cervical and uterine cancer. The objectives, phases and goals of this programme were revised in June 2008; the main goal of the programme is to reduce the incidence and mortality of cervical cancer.

344. This programme is broad in scope and is designed to cover women with disabilities in the target group, namely, between the ages of 35 and 64.

345. To facilitate access to health centres that provide the *Papanicolaou test* (Pap smear), health care workers are asked to actively seek out women to join the screening programmes. This includes all women, not only those within the aforementioned priority age group. Those who do not come spontaneously are offered assistance when they have difficulties that prevent them from reaching their nearest health centre.

346. In the context of measures for ensuring access for women with disabilities, vehicles that are easily accessible for persons with limited mobility will be purchased and provided to provinces that have requested them, namely:

- (a) Chaco: the call for bids has been issued;
- (b) Jujuy: a mobile unit has already been delivered;
- (c) Formosa and Salta: plans are under way for purchases in 2011.

347. The mobile units will be used to transport women living in remote areas to centres that provide testing services, or women who have limitations that prevent them from reaching the centre on their own.

348. The aforementioned measures will effectively guarantee the right of women to receive Pap smear testing, to be informed of the results and to receive treatment and follow-up if necessary.

349. The Ministry of Health is carrying out the following programmes to provide early identification and intervention to minimize and prevent further disabilities, especially for children, women and older persons, including in rural areas:

Early detection programmes

Programme on Eye Health and Prevention of Blindness

350. This Programme was created by resolution No. 1250/06 within the Secretariat of Health Policies, Regulation and Relations. Its purpose is to prevent avoidable blindness and visual disabilities, conduct early diagnosis and timely treatment of eye disease and reduce cataract-induced blindness through surgery.

351. The prevention and treatment of sight loss are among the most efficient health interventions and produce some of the best results. These interventions include cataract surgery, prevention of both premature and adult retinopathy, immunization against measles and rubella and provision of corrective lenses.

352. The Ministry of Health is working to help local governments devise strategies for optimizing eye health. By resolution No. 1382/2006, it created the National Committee on Eye Health, which is made up of representatives of the Ministry of Health, the Federal Health Council, the Office of the Superintendent of Health Insurance, the National Social Services Institute for Retirees and Pensioners, scientific societies (the Argentine Ophthalmology Council and the Argentine Ophthalmology Society) and the International Agency for Prevention of Blindness (IAPB). The Council discusses issues related to policies on prevention and treatment of eye diseases.

Cataracts

353. The following programmes deal with this pathology:

- (a) An agreement has been signed with 23 provinces, with the University of Córdoba (*Hospital de Clínicas*) and municipal governments of the province of Buenos Aires;
- (b) The Ministry of Health provides intraocular lenses, visco-elastic substances and some inputs. The jurisdictions identify patients and perform the surgery in their ophthalmology services.

354. Work is currently under way in 20 provinces and 80 health services. The programme has not yet been included in the programmes for Santa Cruz, Jujuy, Catamarca and Entre Ríos.

355. The *Tren Sanitario* (Health Train) and the National Institute of Indigenous Affairs of the Ministry of Development are coordinating their work and referring cases that have been diagnosed to health-care providers who are affiliated with the Programme on Eye Health and Prevention of Blindness.

356. The National Committee on Eye Health and the Programme decided to identify the cataract surgery rate for the year 2008 in order to evaluate the impact of the Programme. Preliminary data show that compared with 2001, the percentage of cataract surgeries in the public sector rose from 9.2 per cent to 15.7 per cent and the cataract surgery rate rose from 1,744 to 2,379 surgeries per one million inhabitants.

Glaucoma

357. Between October 2007 and June 2009, a significant amount of inputs to provide coverage for 15 jurisdictions were distributed through the *Plan Remediar* and provincial storage facilities.

Retinopathy of prematurity

358. To prevent blindness caused by retinopathy of prematurity, in May 2003, the Ministry of Health set up a multi-centre working group comprised by the National Directorate of Maternal and Child Health, the Argentine Paediatric Association, the Argentine Ophthalmology Council, the Argentine Society of Paediatric Ophthalmology, the Argentine Perinatology Society and national and international experts. A programme was put under way to strengthen public neonatology services for the prevention of retinopathy of prematurity; this programme currently extends to 30 public hospitals in 20 provinces. The strategy has made it possible to reduce by 20 per cent the number of serious cases of retinopathy of prematurity that require laser treatment. The National Eye Health Programme is currently providing training for professionals in this area. The National Directorate of Maternal and Child Health is working to deliver OBIS and laser equipment to maternity hospitals in the North-West, the North-East and the Province of Buenos Aires.

Other measures

359. The following measures have also been taken:

(a) Survey of measures taken to detect refraction problems and provide support for provincial and/or municipal programmes that provide eyeglasses. Coordination with the School Health Programme and the Ministry of Education.

(b) With regard to prevention and treatment of diabetes-related retinopathy, handbooks on treatment of diabetes-related retinopathy are being prepared, and communication programmes are planned in connection with international guidelines developed by the International Agency for the Prevention of Blindness of the World Health Organization (WHO) and the Pan American Health Organization (PAHO).

Dissemination of the Programme

360. The following measures have been taken:

(a) Dissemination and coordination with different areas of the Ministry of Health and the Ministry of Social Development, including maternal and child health, community medical programmes, healthy municipalities, diabetes programme, coordination of Community Integration Centres, social development reference centres, *Tren Sanitario*, National Institute of Indigenous Affairs (accessible programme on the Ministry of Health website);

(b) Dissemination through publications and websites of scientific societies;

- (c) Posters distributed through the *Remediar* newsletter in the Personal Services Centres;
- (d) An issue of the *Remediar* newsletter devoted to eye health for primary care teams;
- (e) Free hotline: 0800 Salud Ocular-cataratas.

Presentation of the Programme and participation in scientific congresses. International activities

361. In the context of the strategic plan on global action for the prevention and control of diseases for which reporting is not mandatory, the delegation of the International Council of Ophthalmology to the World Health Assembly presented a medium-term Action Plan for the prevention of avoidable blindness and visual impairment 2009–2013.

362. The Plan summarizes the experience gained in past decades, stressing the achievements and pointing out problems that were encountered.

363. The Plan includes five objectives and makes recommendations at three levels, namely, Member States, the Secretariat and international partners (see annex).

Programme on early detection of phenylketonuria

364. This programme was created by Act No. 23413 of February 1987 and supplemented by Act No. 23874, published in the *Boletín Oficial* on 30 November 1990. The regulations were issued in decree No. 1316/94 and Ministry of Health resolution 508/96. The Programme established free mandatory testing for early detection of phenylketonuria and congenital hyperthyroidism in new-borns and laid down procedural rules for sample collection and analysis.

365. Act No. 26279 of September 2007 established a procedure for detection and treatment of certain pathologies of new-borns. Article 1 stipulates that upon birth, all new-born babies must be screened, for purposes of detection and treatment, for phenylketonuria, neonatal hyperthyroidism, cystic fibrosis, galactosemia, congenital adrenal hyperplasia, biotinidase deficiency, retinopathy of prematurity, Chagas disease and syphilis. Screening and follow-up are mandatory in all public or social security and private establishments that provide services for childbirth and/or new-borns.

366. The Act also provides for testing for other genetic metabolic and/or congenital disorders that are not evident at the time of birth, provided that screening is scientifically justified and there are other health-related reasons.

367. In this regard, the National Directorate of Maternal and Child Health is organizing actions aimed at strengthening neo-natal screening programmes. (Screening was defined in 1997 by the United States Commission on Chronic Illness as “the presumptive identification of unrecognised disease or defect by the application of tests, examinations or other procedures that can be applied rapidly.”)

368. These programmes are intended to enhance the quality of life of the population by providing prevention, early detection and medical care for patients suffering from these metabolic pathologies.

369. The main objectives are:

- (a) To strengthen provincial neonatal screening programmes;
- (b) To guarantee that neonatal early detection achieves coverage of 100 per cent of babies born live;

- (c) To provide clinical monitoring of all cases found to be positive, confirming the diagnosis and providing treatment during the first year of life;
- (d) Periodic evaluation of coverage and results in regard to early detection and treatment, throughout the country.

Maternal and Child Health Programme

370. The National Directorate of Maternal and Child Health operates within the Health Promotion and Programmes Secretariat of the Ministry of Health. It is financed with public funds and contributions from international cooperation agencies.

371. Three key strategic lines of action guide the maternal and child health policies, namely: perinatal health, comprehensive child health and comprehensive adolescent health.

372. The overall objective is to improve the quality and coverage of care for women before conception, during pregnancy, during childbirth and during the postpartum period, as well as for their children in order to reduce the probability of sickness or death.

373. Of the three lines of action, perinatal health is most pertinent to this report.

374. Strategies relating to perinatal health include:

- (a) Preparation of handbooks on practices and standards for organizing services in consensus with scientific societies and experts throughout the country;

- (b) Participation in the National Neonatology Advisory Commission, the National Gynaecology and Obstetrics Advisory Commission, the National Maternal and Infant Morbidity and Mortality Monitoring Commission and the Multicentre Collaborative Working Group on Prevention of Infant Blindness from Retinopathy of Prematurity.

375. In addition, women are offered support during and after pregnancy through careful monitoring, timely diagnosis and appropriate treatment if a pathology is detected. They are provided with proper care during childbirth, and neonatology services in maternity wards are equipped with the necessary facilities. Monitoring of new-borns and children makes it possible to reduce mortality and morbidity among both women and children.

376. To achieve these objectives, the National Directorate of Maternal and Child Health carries out the following actions, among others:

- (a) Improvement of care during childbirth by promoting family-centred maternity wards which meet basic standards for obstetric and neonatal care;

- (b) Training of multidisciplinary perinatal health teams (obstetricians, physicians, nurses, psychologists, social workers and so forth) so that they will make a commitment to respect the biological, psychological, social and cultural needs of women and their families;

- (c) Organization of perinatal networks among services at all levels of complexity so as to improve care for pregnant women, mothers and new-borns, both healthy and sick;

- (d) Improvement of post-abortion care. Training of health teams in the main maternity wards of the country, including production of videos on technical procedures;

- (e) Health promotion and disease prevention through improvement of health monitoring of children, stressing child development in the context of comprehensive care and prevention of accidents among children;

377. Act No. 26369 of May 2008 makes it mandatory to screen for Group B streptococcus agalactiae during routine check-ups and preventive care in all pregnancies

between 35 and 37 weeks of gestation, regardless of whether or not the woman appears to be at risk.

Programme on Management of Childhood Diseases

National Congenital Heart Disease Programme

378. This programme was created by Ministry of Health resolution No. 107 following a national survey conducted by the National Directorate of Maternal and Child Health which found that an average of 700,000 children are born in Argentina every year. It is estimated that 6,100 of these children have congenital heart disease; of these, 4,300 need surgery, and 50 per cent of these need highly complex surgery.

379. The study also showed the number of surgeries performed in public, social security and private institutions, highlighted the waiting lists at paediatric cardiovascular surgery facilities, evaluated the requirements for equipment at those centres and identified the paediatric cardiovascular surgery facilities that were in a position to resolve those pathologies.

380. The plan for resolution of paediatric cardiovascular surgeries that are on waiting lists and the registry of paediatric cardiovascular surgery facilities were set up within the framework of the national programme. New public and private providers that provided surgical services and had the necessary certification were invited to list their facilities on the registry.

381. The resolution also instructed the National Directorate of Maternal and Child Health to draw up and monitor a national registry of congenital heart diseases, and to include on it all cases diagnosed among patients under 15 years of age throughout the country.

382. The Directorate carries out training and refresher courses for instructors and finances teaching and training materials. It provides training for the health care team with a view to reducing infant mortality and improving the quality of life of survivors, thus reducing disabling after-effects.

National Programme on Early Detection and Treatment of Hypoacusis

383. The hypoacusis programme was created within the Ministry of Health by Act No. 25415 of 26 April 2001. The Act established the right of all new-borns to early auditory screening and to receive timely treatment when necessary.

384. It also makes it mandatory for social programmes and associations that are governed by Argentine legislation, as well as medical institutions, to provide the services established by the Act. The Act includes the mandatory medical programme envisaged in Ministry of Health resolution No. 939/2000, as well as the supply of hearing aids and auditory prostheses and phono-audiological rehabilitation.

385. Within the context of this Act, the Ministry of Health issued resolution No. 1209/2010, which in turn gave rise to the following measures:

- (a) Ministry of Health resolution 46/2004 approving the report entitled "*Normas de Organización y funcionamiento de servicios de implantes cocleares*";
- (b) Act No. 24901/1997 creating a system of basic services for comprehensive habilitation and rehabilitation for persons with disabilities;
- (c) Minutes (*acta*) of the second regular meeting of the Federal Health Council (02/2010) held on 23 April 2010 in Ushuaia, on the subject of disabilities and hypoacusis in Argentina.

386. An inter-institutional proposal for 2010 was drafted which consists of a questionnaire sent to members of otorhinolaryngological and audiological societies in Argentina and proposes standards for the current programme issued by those societies and institutions.

387. The Health Economics Directorate of the Ministry of Health published a study entitled “*Análisis económico de los implantes cocleares y audífonos en población infantil en el sistema public de salud en Argentina*”.

388. Resolution No. 1209/2010, which provides for early detection, diagnosis and intervention of hypoacusis, is aimed at reducing the prevalence of auditory disabilities in Argentina.

389. Hypoacusis occurs at a rate of 1–3 cases for every 1,000 births.

390. Fifty per cent of children with hypoacusis at birth were in the high-risk group, but in the other 50 per cent, there was no foreseeable cause, since most such cases were hereditary or congenital.

391. While maintaining the general and specific objectives, scope, actions and strategies outlined in Act No. 25415/2001, resolution No. 1209/2010 focuses on the following procedures, as agreed with the Federal Health Council.

392. All children are screened during the first month of life through otoacoustic emission testing. They are then included in *Plan Nacer*.

393. Children who have passed the screening test or who are in the group at high-risk for hypoacusis are tested a second time by otoacoustic emission. If they do not pass the second test, they are tested by auditory brainstem response and evaluated by an otorhinolaryngologist in the programme. If necessary, further tests for a proper diagnosis of the type and degree of hypoacusis are also conducted.

394. When severe or profound bilateral hypoacusis is found, a certificate of disability signed by a public-sector physician must be requested. The certificate is kept by a relative of the patient and must be presented when requesting a non-contributory pension.

395. Local health care centres of the National Pensions Commission of the Ministry of Social Development are responsible for processing non-contributory pensions. Children receiving these pensions are covered by the Federal Health Programme.

396. Children covered by the Federal Health Programme may request hearing aids, which must meet standards established by the Programme. When a child has been evaluated by an otorhinolaryngologist and an audiologist and he or she meets the criteria for receiving a cochlear implant in accordance with the cochlear implant standards, this procedure must be requested through the Federal Health Programme. One-year-olds who have bilateral hypoacusis higher than 90dB at speech frequency (500 to 2,000 cps) are candidates for an implant. In order to be eligible for the procedure, a child must have worn a hearing aid for at least six months and received adequate auditory stimulation without showing any improvement.

397. Auditory and verbal habilitation is provided for all children who have received hearing aids or implants in order to improve their oralization and their entry into the regular school system.

Plan Nacer Argentina Programme

398. This programme was created by Ministry of Health resolution No. 1173/04. The programme, which is carried out by the federal and provincial Governments, calls for different actions by the Ministry of Health with the goal of reducing maternal and infant

morbidity and mortality, thus contributing to the fulfilment of the Millennium Development Goals relating to maternal and child health by the year 2015.

399. The programme was implemented in two phases which were financed through loan agreements between the Government and the World Bank (IBRD No. 7225-AR and 7409-AR).

400. The first phase began in December 2004 in the provinces of the North-West and the North-East, which had the highest rates of child and maternal morbidity and mortality. The second phase, which began in May 2007, includes the remaining provinces and the Autonomous City of Buenos Aires. Since 2008, *Plan Nacer* has been implemented throughout the country.

401. Under *Plan Nacer*, the federal Government transfers resources to the provinces based on their performance in terms of inclusion (identification and registration of the target population) and compliance with health standards as measured by tracking indicators. Sixty per cent of the per capita base is disbursed on a monthly basis, according to the first criterion, and the remaining 40 per cent is disbursed every four months based on the degree of compliance with health goals.

402. Through the provincial management unit, the provinces contract and pay the public network of health care providers (hospitals, health centres, Community Integration Centres, *salitas sanitarias* (small health facilities) and maternity wards) based on their services to the target population, provided that the services meet the following conditions:

- (a) Services are included in the single registry of *Plan Nacer*;
- (b) Services are provided to active beneficiaries;
- (c) Payments are made to providers under contract to the Plan;
- (d) They are recorded in clinical histories.

403. Through provincial insurance plans for mothers and children, the Plan provides medical assistance to pregnant women, women in the postpartum period and children under six years of age who do not have specific health coverage.

404. In the case of pregnant women, the Plan provides for early detection of pregnancy, prenatal care and assistance during and after childbirth. Children are included in the Plan from birth up to age six, so as to promote healthy growth through the medical surveillance provided for on the health agenda.

405. In October 2009, early detection of hypoacusis was included, in compliance with Act No. 25415, on the National Programme for Early Detection of Hypoacusis.

406. The universal new-born screening system is applied to evaluate all new-borns, not only those in high-risk groups, given that a biased analysis would only allow for detection of 50 per cent of new-borns with hearing loss.

407. In the case of children who do not pass an otoacoustic emission test, the protocol provides that they should be re-screened before three months. Children who pass the test receive periodic auditory evaluations in the public health system.

408. The programme promotes and encourages prevention and early detection of hearing disabilities so as to ensure that timely treatment is provided, thus reducing the psychological and social impact on the health of children covered by *Plan Nacer*. This also complies with the commitments assumed by States Parties under article 25 of the Convention.

409. The National Advisory Commission on the Integration of Persons with Disabilities established the Comprehensive Sectoral Health Plan, which seeks to revamp health and

social services so as to ensure that they meet the needs of persons with disabilities, as well as problems related to ageing and mental health. The importance of collaboration among agencies and stakeholders is explicitly recognized, and the users themselves are encouraged to participate actively, to the extent that they are able, in the decisions that affect them.

410. The Plan is organized into operational programmes and applies the strategy of community-based rehabilitation, as follows:

(a) Health care programme for persons with disabilities. Objective: To carry out a continuing comprehensive early rehabilitation programme for persons with disabilities;

(b) Rehabilitation programme for persons with disabilities. Objective: To carry out a continuing comprehensive early rehabilitation programme within the person's own natural environment;

(c) Individual and family support programme. Objective: To avoid breaking affective bonds.

411. Legislative and other measures that have been taken to ensure protection against discrimination in access to medical and other types of insurance when they are required by law include the following: Act No. 22431 of 16 March 1981 (and amendments thereto), on Comprehensive protection for persons with disabilities, which provides for a system of comprehensive protection for the disabled; Act No. 24901 of 2 December 1997, which establishes a System of comprehensive basic care for persons with disabilities.

Article 26

Habilitation and rehabilitation

412. The Under-Secretariat for Welfare Services Management of the Ministry of Health has three decentralized agencies that provide services solely for persons with disabilities, namely, the National Psychological and Physical Rehabilitation Institute of the South, the National Rehabilitation Service and the *Colonia Nacional "Dr. Manuel Montes de Oca"* hospital.

413. Over the past few years, changes have been made in the methods of care followed by these institutions in the light of the new paradigm of disabilities.

414. Following is a general description of these agencies and some of the changes that have been made:

National Psychological and Physical Rehabilitation Institute of the South

415. The Institute offers psychological and physical rehabilitation services for children, young people and adults who suffer disabilities of the locomotor and visceral systems in subacute and chronic stages. It receives patients from throughout the country who require highly complex psychological and physical rehabilitation and provides comprehensive personalized care.

416. Up to 2005, it had served both in-hospital and ambulatory patients; in that year, it also began serving patients in their own homes. The idea is to avoid hospitalizing them, encourage the family group to participate in rehabilitation, support the family providing care, coordinate services with primary care facilities and help the patient maintain his social ties.

417. The Institute also operates the following programmes in coordination with provincial hospitals in the General Pueyrredón district and primary care centres to implement the primary care strategy.

Functional Pathologies Programme

418. The objective of this programme is to prevent risks associated with the increase in functional pathologies, i.e., low to moderate musculoskeletal and neuro-orthopaedic disorders.

Respiratory Rehabilitation Programme

419. The objectives of this programme are:

- (a) To educate the public, attaching priority to primary health care at all levels, so as to promote entry into the programme as well as comprehensive mechanisms with a multiplier effect;
- (b) To train human resources in pertinent disciplines;
- (c) To reduce obstacles to the flow of air in persons whose problem is reversible;
- (d) To prevent and provide early treatment for complications; to improve quality of life.

Cardiovascular Rehabilitation Programme

420. The objectives of this programme are:

- (a) In primary prevention, to monitor and/or reduce cardiovascular risk factors, without cardiovascular events;
- (b) In secondary and tertiary prevention (patients with myocardial revascularization), to achieve physical conditioning or training that is as good as or better than the patient's condition before the cardiac event or decompensation; to monitor and/or eliminate cardiovascular risk factors.

Detection and Control of Neuro-developmental Disorders of Infants and Children between the ages of 0 and 24 months

421. The objectives of this programme are:

- (a) To detect neuro-developmental disorders mainly through observation and monitoring;
- (b) To evaluate infants and children between the ages of 0 and 24 months who are at high biological and environmental risk (mother's diseases, low weight at birth, prematurity, foetal distress, hyperbilirubinemia, Apgar score of less than three at five minutes, twin pregnancy, dystocic delivery, seizures, low socio-economic level, lack of medical care, affective deprivation, family dysfunction, lack of adequate care for the child, intake of toxic substances, among others);
- (c) To detect deficiencies from the first moments of life;
- (d) To provide a coordinated response to the needs of the child and the family;
- (e) To promote the creation of an integrated intrasectoral network (at the federal, provincial and municipal levels) for the early detection and treatment of neuro-developmental disorders.

National Rehabilitation Service

422. The objective of the National Rehabilitation Service is to promote the rehabilitation and integration of persons with disabilities in basic community services and through an

adequate referral network, promoting the continuing education of qualified human resources throughout the country, as well as epidemiological research.

423. Its specific objectives are:

(a) To implement programmes for the prevention of disabilities and rehabilitation, integration and promotion of persons with disabilities, in compliance with national health policies (decree No. 1269/92) and current and future policies concerning persons with disabilities (decree No. 1027/94).

(b) To design, execute and evaluate comprehensive rehabilitation programmes for persons with disabilities that are in line with national health policies aimed at reducing the effects of disabilities and helping persons with disabilities to be integrated into society;

(c) To design, execute and evaluate prevention programmes with a view to reducing the risk of accidents and the incidence of disabling illnesses;

(d) To design, execute and evaluate programmes for the promotion of persons with disabilities that are consistent with national health policies;

(e) To draw up regulations and provide technical assistance to provincial and municipal jurisdictions and non-governmental organizations in order to guarantee rehabilitation services in general hospitals, based on levels of risk, as well as community-based rehabilitation programmes, as well as the application of simplified technologies, all within the framework of an adequate referral network.

(f) To implement strategies for assistance to persons with serious disabilities;

(g) To promote the standardization of services for persons with disabilities, especially as regards the classification of disabilities, in coordination with other competent agencies;

(h) To serve on the Technical Committee of the National Advisory Commission on the Integration of Persons with Disabilities, recognizing the authority of this agency in the design of all initiatives to be planned in the area of disabilities;

(i) To design, organize and maintain an updated registry of persons with disabilities, in accordance with article 3 of Act No. 22431 and the requirements laid down in decree No. 333/96 and decree No. 1141/96 for the basic registry kept by the National Health Insurance System, which is part of the Single Labour Registry System established by Act No. 24013, drawing up regulations for its application throughout the country;

(j) To promote continuing education for qualified human resources throughout the country through coordination with training institutions (universities, institutes and others), as well as refresher courses and further training in specialized fields;

(k) To promote research on disability issues, especially with regard to the epidemiological aspects, and the different levels of prevention and social integration;

(l) To disseminate scientific and technical information;

(m) To implement Act No. 22431 and Act No. 19279 through medical evaluations and comprehensive (psychological and social) orientation of persons with disabilities;

(n) To design, execute and evaluate programmes for the promotion of persons with disabilities in order to provide comprehensive care within the social and family environment — in a context of dignity and respect for their fundamental rights — especially individuals or groups who suffer neglect or are in a situation that is morally and/or materially dangerous.

(o) To promote the classification of services on the basis of the services needed by persons with disabilities;

(p) To design, organize and maintain and updated national registry of providers of services for persons with disabilities.

424. The following programmes and activities are being implemented in the area of recreation and sports: Swimming lessons, hydrotherapy, therapeutic exercise, summer youth clubs, soccer, competitive sports, strength training and muscle building, sports and recreation for beginners, family integration and social and cultural activities.

425. The Federal Sports and Recreation Programme for persons with disabilities and their families provides training and technical and economic assistance for professionals throughout the country, with a view to generating projects for improving accessibility in sport and educational institutions.

426. The federal programme offers the following training programmes:

(a) Workshops to update personnel on ICF, which is used to certify disabilities and clarify grey areas in the assessment of disabilities;

(b) Training of national evaluation boards in all 24 jurisdictions in connection with the evaluation and assessment of disabilities;

(c) Training for staff of national social works in the area of disabilities on tools for improving assistance to persons with disabilities;

(d) Dissemination of legislation and regulations on disability issues through periodic meetings that are open to the community providing information on the regulations applicable to the National Registry of Health Service Providers;

(e) Training on disabilities issues for national, provincial and municipal human resources;

(f) Training on legislation and regulations on disability issues currently in force in Argentina;

(g) Training on the Convention on the Rights of Persons with Disabilities;

(h) Sensitization and awareness-raising activities;

(i) Training on recreation and sports for persons with disabilities and their families;

(j) Training on guidelines for accessibility in tourism facilities;

(k) International training workshops on Argentina's experience with certification based on ICF;

(l) Training on community-based rehabilitation strategies;

(m) Employment and disabilities: training of human resources, focusing on talents;

(n) Information system and its importance to the design of strategic actions.

427. The following research studies are currently in progress:

(a) Analysis of existing regulations for certification of disabilities and standardization to bring them in line with ICF;

(b) Preparation of a theoretical framework for the existing regulations on certification of disabilities in evaluating language and communication problems;

- (c) Research project on the influence of the family group in rehabilitation of patients with mental illnesses;
- (d) Research on the benefits of physical activities and improvement in quality of life among students who do therapeutic exercise;
- (e) Project on evaluation of the daily activities of hospitalized patients participating in the programme on recreation and sports activities;
- (f) Exploratory research on the epidemiological and demographic evolution of disabilities in recent years.

Colonia Nacional Dr. Manuel Montes de Oca hospital

428. The *Colonia Nacional Dr. Manuel Montes de Oca* hospital was established in 1915 for the treatment and rehabilitation of persons with mental retardation. It is currently undergoing a process of change with the aim of improving the quality of life of those concerned by focusing on the protection of human rights and existing legislation on the rights of persons with disabilities and implementing a community-based rehabilitation strategy.

429. Bearing in mind that the process involves dealing with contradictory models, intermediate measures have been implemented to improve quality of life of residents as well as workers. Some of the departments were divided by floors, each with its own staff, so as to improve quality of life and care for patients as well as working conditions for staff.

430. Along the same lines, day centres were set up to allow for comprehensive rehabilitation.

431. Residential units have been set up which provide the support needed by patients based on their capacity for independent living. These homes provide a temporary housing option which is designed to help patients become integrated into their family and affective groups.

432. The idea is to help persons with disabilities become integrated into their communities by inserting them as members and neighbours of the community.

433. The subprogramme entitled "Returning home" is also part of the effort to allow persons with disabilities to avoid hospitalization and become part of the community. This programme entails granting subsidies to a family so as to enable them to receive the patient. The interdisciplinary team leading the subprogramme provides full follow-up after the patient has been released from hospital.

434. The following actions have been taken:

1. Surveys

435. In early 2008, the Under-Secretariat for Welfare Services Management carried out a number of interventions for the purpose of obtaining information and developing an institutional diagnosis. This made it possible to plan specific lines of action based on the needs found at the hospital.

436. One of the pillars of this intervention was the survey of in-hospital patients. The study was conducted in order to determine the characteristics of individual patients, identify his or her social and demographic situation, detect problems in identifying patients, their background and current status of health and their functional status in order to develop new strategies for care.

2. *Meeting of guardianship services (curadurías)*

437. An meeting was held to promote relations with the *curaduría* in Buenos Aires province. The discussions centred on a comprehensive, interdisciplinary and intersectoral approach to services. Monthly meetings were held with all persons represented by the *curaduría* of Morón and some from the *curaduría* of San Isidro. Each case was considered by a team from the hospital and a team from the *curaduría* with a view to implementing outpatient treatment and integration of patients into the community.

438. The meeting included the participation of the team from the *curaduría* concerned, comprised by the guardian and the social workers; the team responsible for treating the patient; a representative of the Under-Secretariat for Welfare Services Management; a representative of the Ministry of Social Development, and the Human Rights Secretariat.

439. Ten cases were selected at random so as to guide discussions on an approach for the entire population. The key topics discussed in connection with each individual included the following: social situation; social services, pension, National Identification Document; diagnosis of social and family situation; functional evaluation (ICF); reason for institutionalization; possibilities for outpatient treatment.

440. On the basis of the comprehensive diagnoses of individual patients, decisions were reached on specific medium- and short-term measures to be taken by the *curaduría* concerned and the team responsible for treatment at the hospital.

441. Although this procedure made it possible to deal with individual cases, there was not enough time to consider all patients, so it was decided that the general approach would be continued but the specific method to be followed would be re-evaluated.

3. *Establishing the network of services*

442. Work was begun on the creation of a network involving the decentralized institutions, Sommer and *Montes de Oca*, and facilitating the referral of patients between them when necessary by means of an internal circuit.

4. *Complex for older persons*

443. The hospital worked with the architects of the Under-Secretariat on the design of a complex for older persons, consisting of a home and a day centre, to be building in Torres. The location was strategically planned to facilitate the integration of the community of Torres. The complex, which will be part of that city, will offer services to the community through the day centre, which will serve residents of the home and inhabitants of the community.

444. Working within the framework of the Network of Basic Services and Comprehensive Care for persons with disabilities, the Ministry of Health is developing a strategic comprehensive plan for providing rehabilitation, therapy and assistance; encouraging communication and social integration; providing housing and prototypes for therapy with the aim of offering support and rehabilitation services for residents of *Colonia Montes de Oca*, thus improving their quality of life.

5. *Restoration of personal identity*

445. In the context of existing conventions and treaties on disabilities, work was begun on restoration of personal identity. This effort is currently focused on detecting and treating residents of the hospital who have problems with identification. A study was conducted with the courts and with hospital personnel, action was taken to promote standardization of procedures and follow up on court registrations, requests for birth certificates, requests for national identity documents and notes to a consulate in connection with requests for

temporary residency by foreigners in different agencies. This process has been carried out with hospital personnel in different areas, including legal affairs, social work and *curadurías*.

446. A website called *Reencontrarnos* was set up to publish photographs that had been authorized by the courts to facilitate searches by residents of *Montes de Oca* who wished to discover their identity. Family members of missing persons may search the photos of residents whose identity is unknown.

447. These measures have helped with the on-going effort to restore the identity of these persons, but the system needs further improvements.

448. The *Reencontrarnos* website is linked to the website of the Ministry of Health and the website of *Colonia Nacional Dr. Manuel Montes de Oca*.

6. *Workshops for reflection on practices*

449. Between 2008 and October 2009, workshops for reflection on practices were held with the aim of dealing with the complexities of the institution.

7. *Training of human resources*

450. Opportunities for training have been provided for the institution's human resources. Exchanges of experience were promoted to familiarize staff with de-institutionalization experiments, as well as to offer training on interdisciplinary and community work.

451. Planning and implementation of the project on training of operators was carried out as an intersectoral activity involving the Ministry of Social Development, which funded the project; the Ministry of Health and the Ministry of Justice. The training focused on establishing a description of the social and community operator as a central agent in the process of providing outpatient care and reinserting and rehabilitating persons with mental illness currently residing in *Colonia Montes de Oca*. The idea is to establish the role of social and community operators in dealing with mental health issues to contribute to the development of an alternative approach to the traditional view of mental disabilities that has been characterized by the rationale of institutionalization and medication.

8. *The Single Certificate of Disability*

452. The institution is currently working with the National Rehabilitation Service to renew and issue for the first time the Single Certificate of Disability for hospitalized patients. The certificate entitles the bearer to the rights and benefits specifically designated for persons with disabilities.

453. The National Institute of Industrial Technology of the Ministry of Industry has opened up a new generation of research centres, in particular, the Centre for Health and Disability-related Technologies. The goal of these centres is to improve the quality of life of persons with disabilities, helping them to maintain their functional capacity, independence and community life, and to facilitate their access to a national market that offers more and better assistive technology devices at affordable prices, so as to compensate for their limitations. To this end, the Institute's working groups interact with groups of industrialists, who then become problem solvers rather than recipients of the Institute's assistance.

454. The Centre's Executive Committee includes representatives of chambers of entrepreneurs, industries, public agencies, non-governmental organizations, homes for older persons and persons with disabilities, educational and training institutions, professional associations, corporations, professionals, departments in universities and research institutes and rehabilitation centres.

455. The main goal of this technology centre is to encourage and support research, innovation and development, construction of prototypes, certify quality and promote the strengthening of small and medium-sized production companies.

456. It is important to begin by identifying people's real needs, i.e., the "social demand". The information obtained from this research should be discussed with interdisciplinary specialists in order to select the most relevant topics and rank them according to their potential social benefit. These needs should be met in as short a time as possible; to that end, all potential synergies and linkages are considered, both within the Institute in connection with other public agencies.

457. The Centre's intervention should continue until a project is put under way and the effectiveness of results has been confirmed by the population. The action involves three stages, namely, research, development and application. It focuses on three phases:

The Observatory

458. Research is conducted on problems and needs, existing internal and/or external production capacities, prioritizing those that will have the greatest social impact because of the number of persons affected by a situation and/or how critical it is.

Laboratory

459. The laboratory works with entrepreneurs and corporations on projects and programmes based on the most advanced, suitable and available internal and/or external capacities and available systems for production and distribution of goods and services.

Management

460. This involves cooperation supplemented with State structures, civil society organizations, companies and all actors needed to ensure that adequate technology is available to and is used by persons with disabilities.

461. As a result of the implementation of the aforementioned stages, the National Institute of Industrial Technology, the National Institute of Technical Schools and the National Advisory Commission on the Integration of Persons with Disabilities created the social programme on technology and production for the construction of assistive technology devices, whereby technical schools throughout the country build devices for persons with disabilities. The technical schools are provided with handbooks containing the technical specifications and instructions for building the devices, along with a list of materials and the estimated cost of building the devices (wheelchairs, crutches, posture chairs, grab bars, prostheses, walking sticks, among others). At present, the programme includes 100 schools and plans are for increasing the number and coordinating this effort with local hospitals and NGOs.

462. The objectives of the programme are:

(a) To improve accessibility (draft regulations, prepare calls for bidding and advise public institutions);

(b) To promote innovation in the production of assistive devices (develop and test prototypes, publicize and strengthen national production);

(c) To certify quality (based on standards and specifications, issued by the certification unit of the National Institute of Industrial Technology);

(d) To support activities on information, promotion and access by the population to technological know-how (dissemination of CDs, handbooks, etc., providing information).

463. The National Institute of Industrial Technology proposed the implementation of systems for tracking and insuring medical products, measurements and safety of electromedical equipment and vouched for the quality of clinical laboratories, supporting the efforts of public health authorities. In addition, the Institute participates actively in the development, monitoring and certification of specifications for medical products and selectively supports research, development and innovation carried out by the health sector and specialized institutions.

464. Tracking refers to the suitability of the result of a measurement or standard, such that it can be matched with certain specific references, usually national or international standards, through an uninterrupted chain of comparisons, all with uncertainties.

465. In this regard, the Institute is currently implementing tracking and insurance systems for medical products, measurements and equipment.

466. Bearing in mind that the quality of clinical measurements helps improve medical diagnoses, and hence, is pertinent for insuring medical services and benefitting patients, social programmes, hospitals and the general population, the Institute has begun working on the following aspects:

- (a) Implementation of internationally accepted reference methods;
- (b) Generation of suitable reference materials that meet internationally recognized metrological standards;
- (c) Use of reference measurement procedures to generate secondary materials;
- (d) Demonstration of international trackability;
- (e) Assigning value to inter-laboratory samples used by local providers;
- (f) Measurements with electromedical equipment.

467. The safety of electromedical equipment (approximately 800,000 items of equipment in the country) and its immediate environment is very important to the quality of health services; accordingly, such equipment must be checked after each repair. Periodic trials are included in the preventive maintenance programme, which provides for safety analyses and efficiency tests.

468. The Institute is helping to develop a network of laboratories specializing in calibration of electromedical equipment among institutions such as the National Technological University and other bioengineering universities, including the National University of Entre Ríos and the National University of San Juan. The network will seek to ensure trackability as well as monitor procedures and quality-control systems in order to meet the needs of hospital within its area of influence. The Institute would only be in charge of demand in areas not reached by the laboratories belonging to the network.

469. The Institute is also promoting, supporting and working with health officials, universities and private actors familiar with the issue on implementation of a national project on monitoring of electromedical equipment. This project would also entail passing related legislation and ensuring that it is enforced.

470. Another project being carried out by the Institute is the development of a cooperative of national small and medium-sized enterprises that produce devices and innovative health services for persons with disabilities. The objectives are:

- (a) To administer the products and services that are made available;
- (b) To represent the interests of members among public and private institutions;
- (c) To carry out commercial, social and cultural events;

- (d) To process loans for members from public and private banks;
- (e) To purchase goods and services for use within the cooperative;
- (f) To request public agencies to grant export permits;
- (g) To widely disseminate the cooperative's activities through the media and foster a spirit of solidarity and mutual assistance among members.

471. The Institute's Health and Disabilities Technology Centre also provides the following programmes for municipalities:

- (a) Setting up a shop for the manufacture of prostheses and orthoses;
- (b) Establishment of a technology centre to provide gait training and develop neuronal plasticity;
- (c) Programme on vocational training and production of assistive technology devices in technical schools;
- (d) Technical assistance with good practices in the use of electromedical equipment in hospitals;
- (e) Improvement of productivity and integrated management of sheltered production workshops for persons with intellectual disabilities;
- (f) Dissemination of a new eye chart for information on visual health;
- (g) Programme on diagnosis and prevention of visual, auditory and oral health;
- (h) Programme on management of health, hygiene and personal care for persons with motor difficulties.

472. To promote international cooperation and exchange of assistive technologies, particularly with third-world countries, the Institute provides the materials — handbooks, implementation and technical management — made available by the social programme on technology and production of assistive technology devices. It also provides the eye chart in Portuguese, English and French. It promotes exchanges for the construction of innovative products that are functional, accessible and reliable. This activity is carried out in other countries of the region, including Brazil, Chile, the Bolivarian Republic of Venezuela, Colombia and Uruguay.

Article 27

Work and employment

473. The constitution refers to work in article 14, as follows: "...to work and perform any lawful industry", and in article 14 *bis*, which stipulates that workers shall be ensured "dignified and equitable working conditions; limited working hours; paid rest and vacations; fair remuneration; minimum vital and adjustable wage; equal pay for equal work."

474. The following legislation is also pertinent: Act No. 20477 on Labour contracts; Act No. 24013, amendments thereto and regulations; Act No. 25164, and decrees No. 1421/02 and No. 214/06, ratifying the Collective Labour Agreement which is applicable to the public sector, and existing regulations on contracting.

475. Labour regimes covered by collective labour agreements are also governed by resolutions No. 438/01 (14 August 2001) and No. 156/01 of the Under-Secretariat for Labour Relations, which provide that meetings on parity in the different activities must discuss the employment of persons with disabilities.

476. International Labour Organization (ILO) Convention 159, on Vocational rehabilitation and employment (disabled persons), of 1983, is also applicable.

477. In Article 23 of Act No. 24901, vocational training is considered a basic benefit which should be available to persons with disabilities through training programmes designed to help them find jobs. This benefit is provided through the special training and technical assistance programme on jobs that was created by resolution No. 509/02 (and regulations contained in resolution No. 8/02 of the former Under-Secretariat for Orientation and Vocational Training) and by resolution No. 73/10 of the Employment Secretariat, which provides financing for non-governmental organizations concerned with disability issues that carry out training and jobs programmes.

478. With regard to the specific issue of discrimination, Act No. 23592 (against discriminatory acts), which stipulates that anyone who arbitrarily prevents a person from fully exercising the rights and fundamental guarantees recognized in the National Constitution and Act No. 25280 (Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities) are effective instruments for combating discrimination against persons with disabilities, leading to the creation of a special agency for the struggle against discrimination.

479. The Unit for Persons with Disabilities and Vulnerable Groups of the Ministry of Labour has interacted frequently with the National Institute against Discrimination, Xenophobia and Racism of the Ministry of Justice, Security and Human Rights, as well as with other agencies such as the Office of the Ombudsperson for the City of Buenos Aires, the Office of the Ombudsperson for the Nation, and the provincial offices, for purposes of clarification on general questions and resolution of specific conflicts.

480. Special programmes and policies aimed at achieving full and productive employment for persons with disabilities are carried out in accordance with article 27(a) to (g) of the Convention.

481. Bearing in mind the need to implement special employment policies for persons with disabilities, the Ministry of Labour, Employment and Social Security attaches special importance to achieving equal job opportunities for workers with disabilities.

482. To this end, it has put under way special jobs programmes designed to improve the job situation. Many of these programmes have been carried out jointly with governmental and non-governmental organizations.

483. In addition, selective jobs programmes are being implemented by municipal employment offices throughout the country.

484. Specific actions and programmes are being carried out that target the population of men and women in working age who possess a certificate of disability granted by the Ministry of Health under Act No. 22431 on a System of comprehensive protection for persons with disabilities.

485. The Jobs Programme for Workers with Disabilities (Ministry of Labour, Employment and Social Security resolution No. 802/2004), 125 persons found jobs in the private sector between March 2006 and December 2009.

486. Through the Jobs Training Programme (Ministry of Labour, Employment and Social Security resolution No. 696/2006 and amendments thereto), 20 persons did internships in the private sector, and 31 in the public sector between December 2007 and December 2009. Sixty-five per cent of the total were confirmed in their jobs. Under this programme, for example, the Archives of the Ministry of Foreign Affairs, International Trade and Worship added workers with disabilities to the historical documents digitization team.

487. Cultural barriers, prejudice and misconceptions about persons with disabilities have created some obstacles to the employment and job training programmes, as well as efforts to encourage direct hiring of workers with disabilities.

488. Measures have been taken to help persons with disabilities return to employment after they have been laid off as a result of privatization, down-sizing and economic reorganization of public and private enterprises, pursuant to article 27(1)(e) of the Convention.

489. One of the specific measures taken by the Ministry of Labour, Employment and Social Security through the Unit for Persons with Disabilities and Vulnerable Groups, was the creation of an Employment Office for Persons with Disabilities. The main objectives of this Office are to facilitate entry into the workforce for persons with disabilities, seek job opportunities and promote the elimination of social conditioning that prevents them from joining the labour force.

490. Between January 2007 and December 2009, 182 persons have found jobs in the private and public sectors.

491. Services provided for workers with disabilities include the following: preparation of occupational profiles for persons seeking employment by means of in-depth interviews; vocational guidance; assistance to persons seeking employment through vocational guidance workshops, sharing of information on the current job market, the selection process and job-hunting tools and occupational profiles/self-diagnoses; legislation on disabilities; opportunities for training and channels for finding jobs and obtaining advice on training and employment programmes. Services for employers include: advice on opportunities and benefits of hiring workers with disabilities, selection of candidates according to the qualifications need for specific positions, functional analysis of specific jobs, follow-up on persons hired by companies and/or institutions, support in the adaptation process both for the person starting a job and for those in the working environment, and advice and assistance on entering the workforce.

492. Services for persons with disabilities who are unemployed include in-depth personal interviews at which information is gleaned on the person's employment experience, availability, interests and job preferences, aptitudes and personal skills, level of socialization, vocational training received and referral to existing training programmes.

493. Advice is also offered to enterprises interested in hiring persons with disabilities.

494. To promote dignified, productive and well-remunerated employment in the public sector of persons with disabilities, the Human Resources Directorate of the Ministry designed a strategic plan of action called the *Integrando* project. This project was promoted by the Under-Secretariat for Coordination, which is charged with hiring persons with disabilities in the Ministry of Labour and its territorial divisions in the provinces, to comply with the requirement to reserve four per cent of Ministry openings for persons with disabilities.

495. To this end, a database of candidates was drawn up, consisting of persons with disabilities whose names were recorded on the database of the Employment Office in the Unit for Persons with Disabilities and Vulnerable Groups of the Ministry of Labour, Employment and Social Security. These individuals were called on to participate in the *Integrando* programme; they first received special training courses so as to match their skills with their opportunities for public employment. After the course and after they pass the psychological and technical exam, they are given a certificate of competencies, which is kept in the database of candidates.

496. The *Integrando* programme made it possible to develop a diagnosis of the agency through a survey of the personnel with disabilities who worked there. As regards the job quota, the Under-Secretariat for Coordination of the Ministry of Justice, Security and

Human Rights reports that the legal quota envisaged in article 8 of Act No. 22431 has not yet been met, and it has therefore taken steps to achieve it, mainly by requesting financing for 100 new vacancies to be covered by persons with disabilities who are covered by the National System for Protection of Persons with Disabilities (proposed budget for 2011 of the Ministry of Labour, Employment and Social Security).

497. In response to a request for automatic integration into society, the Under-Secretariat for Coordination and Management Oversight of the Ministry of Federal Planning, Public Investment and Services has been working for years with different non-governmental organizations, as well as public agencies that serve as intermediaries in efforts to help persons with disabilities find employment.

498. Ties were established with the heads of programmes designed specifically for this purpose, such as the Employment Office of the Unit for Persons with Disabilities of the Ministry of Labour, Employment and Social Security, and well-respected foundations.

499. These organizations made their staff and databases available to the Under-Secretariat for Coordination and Management Oversight and held working sessions with the authorities in order to learn about and receive advice on this and related issues. Since then, the Ministry's database has been growing steadily, and a large number of interviews have been conducted as interested persons come spontaneously to our offices.

500. Several persons with hypoacusis who entered this programme are currently performing administrative tasks and are fully integrated into their work teams.

501. With regard to the four per cent quota, article 8 of Act No. 22431 as amended by Act No. 25689, establishes two mechanisms for increasing public employment opportunities for persons with disabilities, namely:

(a) Inspections by the Ministry of Labour, Employment and Social Security and the National Advisory Commission on the Integration of Persons with Disabilities to ensure that public agencies do not discriminate against persons with disabilities who apply in response to public calls for applications to jobs in public administration. Between 2003 and the date of this report, 2,922 inspections were carried out.

(b) Reserving jobs to be filled only by persons with disabilities; as of this date, 232 workers with disabilities have been hired under this mechanism.

502. Under article 8 of Act No. 22431 as amended by Act No. 25689, the three branches of Government, their decentralized or autonomous agencies, State enterprises and private enterprises under concession for public services are required to hire a minimum quota of 4 per cent of persons with disabilities who are qualified for the job being filled.

503. As regards compliance by other branches of Government, in 2010 the Supreme Court of Justice adopted two decisions creating the registry of persons with disabilities who were candidates for positions with the judiciary (decision No. 4), as well as mechanisms for hiring persons with disabilities in the judiciary (decision No. 12) (see annex).

504. As of this date, no information has been received on application of the Act by the legislative branch.

505. Special jobs programmes are being implemented by several decentralized public agencies, including the National Social Security Administration, which is implementing the PILA project, an initiative established under resolution 1028/2006 DEA 1028 of 2006.

506. The purpose of this programme is to enable the National Social Security Administration, as the leading social security agency, to include persons with disabilities in different departments throughout the country in the context of article 8 of Act No. 22431. To this end, Government agencies and non-governmental organizations were called on to

provide the necessary technical support, with the National Advisory Commission on the Integration of Persons with disabilities playing a special role.

507. In addition, the Ministry of Defence, by decree No. 118/07, started a jobs programme for persons with disabilities in the Argentine Navy. Under this programme, the candidates' profiles and disabilities and descriptions of the positions to be filled are evaluated. Candidates are selected, hired and trained, and follow-up is provided for workers with disabilities in order to comply with the quotas established in Act No. 22431 and amendments thereto.

508. By resolution 1079/2010, the National Social Services Institute for Retirees and Pensioners established a five-year inclusion programme for persons with disabilities with a view to meeting the quota of four per cent of its total staff. To meet the requirements laid down in Act No. 26378 (art. 27(1)(g) and (a)) and Act No. 22431 (art. 8), a number of positions were also reserved for persons with disabilities.

509. Discussions are under way on the course of action to be followed by State agencies in order to comply with the requirements established by decree No. 312/2010, containing the regulations for Act No. 25689.

510. Municipal employment offices in the interior are taking steps to ensure that each municipality has the necessary tools to promote the integration of persons with disabilities into the workforce. Public policy on the matter is being implemented throughout the country through activities designed to clarify and raise awareness about the issue and through territorial studies and training programmes.

511. On the question of privatization, the Ministry worked to maintain jobs in privatized enterprises and implemented the special retirement regimes envisaged in Act No. 20475 and 20888.

512. Persons with disabilities who have difficulty finding jobs in the competitive market are offered an opportunity to receive support on the job. Although there is no specific on-the-job support programme, trained specialists can provide guidance and individual support at the workplace in order to help workers with disabilities who have adjustment problems to adapt to their social and working environment.

513. So far, the measures taken to help persons with disabilities join the workforce have been successful, both in the private sector and in the public sector. This is evident in the repeated requests from employers themselves and the fact that persons with disabilities who have found jobs become fully integrated into the workforce.

514. Some entrepreneurs who are not aware of the potential of persons with disabilities have questions and misgivings that are not borne out by the experience of those who have employed persons with disabilities. Those entrepreneurs who have hired such persons have found their performance to be comparable to that of other workers and that the adjustment period is not traumatic. Most importantly, however, is the fact that the initiative has been worthwhile, not only because of the benefit to those who have found work but also because of the change in attitude of the other workers, who see that the company attaches value to its workers as human beings.

515. However, because of the small number of persons with disabilities who are in the job market, there are still widespread misconceptions about what is involved in the process of adapting the workplace in order to create equal opportunities.

516. An adequate functional evaluation of a candidate is crucial to the success of his or her integration into the workforce. It is therefore important to carry out an in-depth interview to identify the person's competencies, interests, aptitudes and attitude.

517. Although considerable success has been achieved with jobs programmes for persons with disabilities, there are still cultural barriers that tend to create exclusion. It is therefore fundamental to continue to raise awareness about the need for a cultural change to develop greater solidarity, to attach greater value to life and to promote respect for the rights of all people.

518. In order to make reasonable adjustments to promote the creation of cooperatives and start-ups, the Ministry of Labour, Employment and Social Security and the National Advisory Commission on the Integration of Persons with Disabilities are carrying out the Microenterprises Financial Support Programme for Workers with Disabilities. This programme was created by resolution 575/05, and the relevant regulations were adopted by decision (*acta*) No. 451/09 of the Coordinating Committee for Programmes established under the Checks Act, with the aim of promoting productive enterprises in services or production, by providing non-reimbursable financial support for the purchase of capital assets (tools and/or machinery) and inputs needed for its development. The programme includes the following components: (A-1) Self-employment, (A-2) Microenterprises and (B) Microenterprises for concessionaires covered by Act No. 24308 (on Concession of facilities for setting up businesses in public spaces) and similar laws adopted in the provinces and municipalities. The programme is financed with funds made available under Act No. 25730 (on Checks), which are administered by the National Advisory Commission. For budgetary reasons, the programme has been temporarily suspended. The Ministry is designing an alternative proposal to resolve the situation.

519. Following are some of the effective affirmative action measures that have been taken to promote employment for persons with disabilities on the regular job market:

(a) Reduction in contributions to be paid by employers in respect of the persons with disabilities they have hired (Act No. 24013, art. 8).

(b) Special deduction on the gains tax for employers who hire persons with disabilities (Act No. 22431, art. 23);

(c) Jobs Programme for Workers with Disabilities (Ministry of Labour, Employment and Social Security resolution No. 802/2004 and amendments thereto), the purpose of which is to help workers with disabilities find jobs in the private and public sectors by offering financial incentives to employers under Act No. 24308.

520. With regard to effective affirmative action to prevent harassment of persons with disabilities in the workplace, the Office of Advisory Services to Combat Workplace Violence of the Ministry of Labour, Employment and Social Security provides assistance in such cases.

521. With regard to the significant differences in the hiring of men and women with disabilities, it is worth noting that in recent decades, women have played a much more active role, in terms of numbers and job stability, in all social environments. However, there are still barriers to the inclusion of women with disabilities.

522. According to the National Women's Council, women account for 38.5 per cent of executive posts in the national public administration. In addition, over the last 25 years, the Argentine Armed Forces have increased the employment opportunities for women, having eliminated almost all restrictions on the hiring of female personnel.

523. The full participation of women with disabilities is their inherent right as citizens. They perform many different tasks, with or without remuneration, to contribute to the development of their communities.

524. The gender perspective and the social concept of disability work together to give rise to a new understanding of discrimination in our society and to the development of strategies

for redefining social relations in more just and equitable terms and to a concept of citizenship in which everyone is included, male and female alike.

525. The purpose of mainstreaming the gender perspective into disability issues is to promote sensitization, dissemination and awareness of the issue of double or multiple discrimination suffered by women with disabilities because they are women and because they have a disability.

526. This is the situation faced by women with disabilities in the home environment and in education, health, work and other areas.

527. More information is needed on the position within society of women with disabilities so as to build networks where they can exchange experiences and to promote their effective insertion into the workplace. In that regard, the Ministry of Labour, Employment and Social Security is considering the design for a programme on gender and women.

528. Some of the most vulnerable groups are those made up of persons with mental and intellectual disabilities. The Programme on Assistance for Sheltered Production Workshops was set up to address this problem. Sheltered workshops are public or private establishments that are run by associations that have legal standing and are recognized as “public good” entities (*entidades de bien publico*) whose purpose is to produce goods and/or services and whose workers are persons of working age who have mental and/or physical disabilities; these workers have been prepared and trained for their jobs.

529. The legal framework for this programme is the following:

- (a) Act No. 22431 — Framework law on disabilities;
- (b) Act No. 24013 — Employment Act;
- (c) Act No. 24147 — Sheltered Workshops;
- (d) Resolution No. 937/06 of the Ministry of Labour, Employment and Social Security;
- (e) Resolution No. 935/07 of the Ministry of Labour, Employment and Social Security;
- (f) Resolution No. SE 811/06;
- (g) Agreement No. 156/2006 of the Ministry of Labour, Employment and Social Security.

530. As of the date of this report, 102 sheltered production workshops with 1,200 beneficiaries are registered in this programme.

531. The programme provides for monthly non-remunerative compensation of 300 pesos for each worker until the entry into force of the new law on sheltered employment, which makes substantial changes in the system.

532. The Government and the civil associations have drawn up a preliminary bill on sheltered employment, which includes the following provisions:

- (a) Three types of sheltered employment: special sheltered employment workshops (TPEE); sheltered production workshops (TPP) and sheltered work groups (GLP);
- (b) Special social security regime for sheltered employment;
- (c) Multidisciplinary support team for agencies;
- (d) Standing advisory commission;

- (e) Monthly non-remunerative incentive of 40 per cent for each worker in the special sheltered employment workshops;
- (f) Monthly non-remunerative incentive of 50 per cent for each worker in the sheltered production workshops;
- (g) Compensation amounting to 100 per cent of employer contributions for TPEEs, TPPs and GLPs;
- (h) Payment of 100 per cent of fees to members of interdisciplinary team;
- (i) Coverage of 100 per cent for workers' compensation insurance (*seguro por riesgos*).

533. The Ministry of Labour has ordered the establishment of a technical committee which is currently being set up. The committee, which will be comprised by the Secretariat of Employment, the Secretariat of Labour and the Secretariat of Social Security, will draw up new work regulations and review and amend the existing regulations in the light of the spirit and content of the Convention on the Rights of Persons with Disabilities. Bearing in mind how difficult it is for the most vulnerable groups to find jobs in the competitive labour market, the option of on-the-job support is also offered to those who request it. To this end, orientation and individual support at the workplace by specialized personnel will be available in order to enable workers with disabilities who have special problems to adjust to the social and workplace environment.

534. With regard to measures adopted to promote the trade-union rights of persons with disabilities, the Ministry of Labour is coordinating arrangements with the unions to supplement article 125 of the general collective labour agreement for the national public sector which was approved by decree No. 214/06. The idea is to condemn discrimination, detect any action that violates the dignity of workers, guarantee the elimination of workplace violence and promote the development of equal-opportunity plans.

535. Measures to maintain and recycle workers who have disabilities caused by workplace accidents that prevent them from performing their previous tasks are implemented through the Office of the Superintendent of Occupational Hazards and the insurance companies operating on the market. Workers are reclassified and placed in suitable jobs or adjustments are made to enable them to do their work. The Ministry of Labour also provides orientation when necessary.

536. With regard to persons with disabilities in the informal sector of the economy and measures for enabling them to leave that sector and to give them access to basic services and social protection, the Unit for Persons with Disabilities and Vulnerable Groups has taken steps to protect such workers, mainly through the Unit's Employment Office.

537. The safeguards put in place to prevent unfair termination and forced or compulsory labour are found in the specific provisions of the National Constitution, the Labour Contracts Act, collective labour agreements and in concrete actions carried out, as the case may be, by the judiciary or by administrative bodies such as the Ministry of Labour, Employment and Social Security and the areas concerned (the National Institute against Discrimination, Xenophobia and Racism and the ombudspersons).

538. The Government has adopted measures to ensure that persons with disabilities who have professional qualifications and technical training are given the necessary support to enable them to enter or re-enter the job market, as required by article 1(k) of the Convention. One such measure is the school-leaving qualification programme, which is designed to improve the educational qualifications (completion of primary and/or secondary education) of persons with disabilities and improve their options for entering the job market and/or improve their employability.

539. The programme works with the educational authorities to enable persons with disabilities of working age who have dropped out of the formal system to start or resume their formal studies. Schools near the person's place of residence are contacted and approached so as to secure admission for these students.

540. In addition, to enable students with disabilities to have equal access to the regular job market, phase D of the school-leaving qualification programme provides for research to be conducted to determine the types of training received by persons with disabilities who seek the services of the Ministry's Secretariat of Education. This makes it possible to match them with the different jobs programmes that require certification of a candidate's educational level.

541. The programme suggests the type of educational plan that is best suited to the different groups of persons with disabilities, based on their particular condition, and helps them with the application process.

542. During the first four months of 2010, the D phase of the programme collaborated with the Department of Community Development of the School of Communications of the University of Buenos Aires on a study designed to identify, among the candidates registered with the Employment Office of the Unit for Persons with Disabilities and Vulnerable Groups, those who would be eligible to pursue secondary studies in the classroom, in a semi-distance modality or in a distance modality during the next school year.

543. To this end, an additional protocol to Framework Cooperation Agreement No. 182/09 between the Ministry of Labour, Employment and Social Security and the Faculty of Social Sciences of the University of Buenos Aires was signed. Accordingly, the programme will work in collaboration with the aforementioned Department, which recruited some of its students as interviewers. The first 100 interviews were conducted during June, July and August, and the study will continue during the rest of the present year.

544. Bearing in mind the development of new technologies, their impact on labour relations and the employment opportunities opened up by the new communication technologies, the Ministry of Labour, Employment and Social Security is now working in this area.

545. In 2009, telecommuting was established as a regular component of the Ministry. Among other goals, it aims to set up a thematic reference centre for follow up, analysis and dissemination of changes in the labour scene brought about by information and communication technologies (ICTs).

546. The mission of the programme is to promote, monitor and encourage the generation of conditions conducive to decent work for telecommuters and all positions for which the use of ICTs is required.

547. This work was begun based on the premise that ICTs and telecommuting could help promote decent work and be a useful tool in meeting the special needs of vulnerable groups. This would also prevent ICTs from becoming another factor of social exclusion.

548. The office responsible for coordinating telecommuting, working in synergy with the Unit for Persons with Disabilities and Vulnerable Groups, has carried out projects that have given persons with disabilities job opportunities that they had not had before gaining access to technologies.

549. Resolution No. 509 of the Ministry of Labour, Employment and Social Security of 29 July 2002, creating the special programme on training and technical assistance for work, is aimed at improving competencies, improving working conditions and supporting the efforts of unemployed or underemployed workers to find jobs by financing vocational

training and career guidance projects, as well as technical assistance for the formulation and management of socially relevant production activities.

550. Projects are based on inter-institutional coordination and co-financing and are designed to meet market demands. At the end of the training courses, candidates are placed in jobs where they can use their newly acquired technological skills.

551. As regards staffing quotas, the Under-Secretariat for Coordination of the Ministry of Justice, Security and Human Rights reports that the legal quota envisaged in article 8 of Act No. 22431 has not yet been filled. It has therefore taken steps to reach the quota, mainly by requesting financing for 100 new positions to be filled by persons with disabilities covered by the National System for Protection of Persons with Disabilities (2011 budget proposal of the Ministry of Labour, Employment and Social Security).

552. With regard to automatic integration into society, the Under-Secretariat for Coordination and Management Oversight of the Ministry of Federal Planning, Public Investment and Services has been working for several years with different non-governmental organizations and the federal Government on a job placement programme for persons with disabilities.

553. Contacts have been established with the heads of programmes that deal with this issue, including the Employment Office of the Unit for Persons with Disabilities of the Ministry of Labour, Employment and Social Security and civil society organizations such as CILSA or the PAR Foundation.

554. In all cases, these organizations made their workers and their databases available to the Under-Secretariat for Coordination and Management Oversight, and met with the authorities so as to learn and receive advice on the issue. Since then, the Ministry's database has continued to grow, as many people spontaneously offer to be interviewed.

555. At present, several persons with hypoacusis who contacted the programme this way are fully integrated into their jobs.

556. The National Directorate of the Registry of Persons of the Ministry of the Interior has hired 30 workers with disabilities for different tasks in the production of national identity documents. When necessary, job counsellors, sign language interpreters and other specialists provide assistance as needed.

557. In order to improve the quality of customer services and interaction on the job, the staff has received training in sign language and other types of assistance. Training is also provided in areas such as writing of administrative documentation and Internet for persons with hearing impairments.

558. The Ministry has set up a scholarship programme for personnel with disabilities who wish to complete their secondary or tertiary education.

Article 28

Adequate standard of living and social protection

559. The Government has different programmes to ensure for persons with disabilities an adequate standard of living and social protection. These are included in the social plans being developed by the federal Government since May 2003.

560. Since that year, the Ministry of Social Development has been carrying out a social action programme known as the federal social policies network. This programme focuses on central themes: food assistance in general, promotion of local production undertakings

— the *Plan Manos a la Obra* — and a number of crosscutting actions grouped under the heading of *Plan Familias*.

561. The distinctive feature of this effort is the call to unify efforts under these three policy areas, which are intended to combat the basic poverty and hunger that affect much of the population, especially persons with disabilities.

562. In the context of our social development, the Government attaches high importance to the issue of inequality and social distance or income gap and must find ways to reach the entire population.

563. The system of non-contributory pensions has played a key role in enabling persons with disabilities to live independently and to be effectively integrated into society.

564. Non-contributory pension and welfare programmes are primarily designed to prevent poverty and indigence among citizens, along with their families, who are not covered by the social safety net systems.

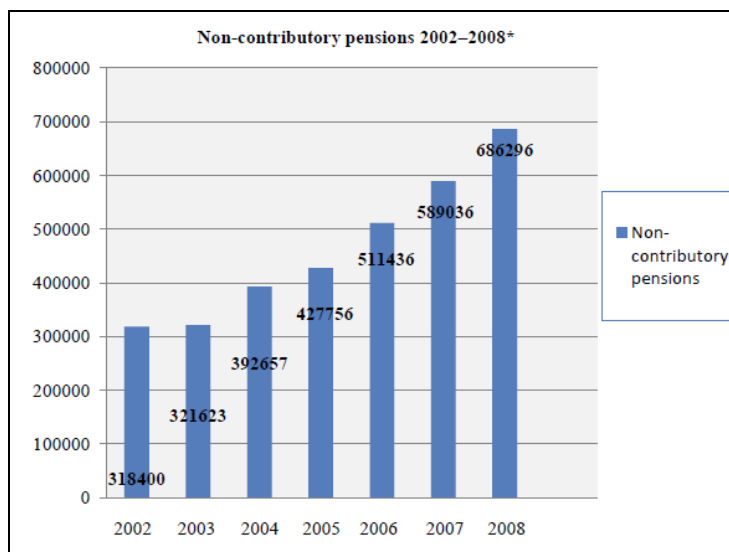
565. These programmes are being fully implemented, although there are differences in the way they are administered in different parts of the country. Most of these differences are caused by difficulties with dissemination and operationalization — in terms of persons with disabilities — in ensuring that this population is aware of these programmes.

566. The differences are most marked between the federal capital and the provinces and/or between individual provinces and/or between the rural and the urban populations. Owing to the large size of the country, it takes a longer time for some of the more remote areas to be included and/or to receive information about their existence. Information has been disseminated through much of the territory, and that effort is continuing.

567. This pension programme is administered by the National Welfare Pensions Commission, a deconcentrated agency of the Ministry of Social Development. The pensions fall under two categories: *ex gratia* pensions or welfare pensions, depending on whether they are granted by the legislative or the executive branch.

568. Welfare pensions are intended for persons who are in any of the following categories:

- (a) Older adults;
- (b) Mothers of seven or more children;
- (c) Invalids (for persons with a 76 per cent or higher degree of disability verified by the official table established under decree No. 478/98. This benefit is regulated by Act No. 18910 and regulatory decree No. 432/97).



569. As of December 2009, a total of 784,527 non-contributory pensions have been granted. Of these, 452,596 were for invalids, 266,006 for mothers of seven or more children and 65,925 for older adults.

570. The federal Government's policy stresses and appropriately establishes that these pensions are a "right", not a benefit. Likewise, in compliance with the general obligation laid down in article 4(a), namely, to adopt all pertinent measures, and in subparagraph (c), on protection of the human rights of persons with disabilities, it has actively worked to achieve inclusion in all jurisdictions.

571. Fifty-nine delegations, known as "personal services centres", were in operation in December 2000; at present the Commission operates 69 "referral centres" in the territories. This has had a positive effect in reducing poverty and furthering the inclusion process. There are also 600 community integration centres.

572. The number of pensions granted to invalids by the federal Government has risen from 72,991 in 2000 to 170,273 in 2006; 205,858 were granted in 2007, and 452,596 as of December 2009.

573. With regard to social protection programmes, the federal Government created the National Social Security Institute (Act No. 23769), the basic purpose of which is to unify the administration of the national social security system.

574. The National Social Security Administration was created as a decentralized agency under the jurisdiction of the Ministry of Labour, Employment and Social Security. It is empowered to administer funds for the national retirement and pension systems, including for dependents and self-employed workers, as well as subsidies and family allowances.

575. Since February 1992, when the single social security contribution was established, the National Social Security Administration has also administered the income of the National Employment Fund. This Fund finances the employment programmes administered by the Ministry of Labour, Employment and Social Security and the unemployment insurance benefits granted by the National Social Security Institute.

576. The benefits paid by the National Social Security Administration are those falling under the social security system at the federal level and extend over a very wide range.

577. Within this context, it grants retirement benefits and pensions, family allowances for active persons and family subsidies for those who are inactive, and unemployment benefits financed by the National Employment Fund.

578. In terms of organization, these benefits are classified as follows:

(a) Benefits involving grants of money; these include family allowances, unemployment benefits, welfare benefits and reimbursements to enterprises;

(b) Services relating to the maintenance of benefits and to information and registration tasks; these include orientation and advice to clients, processing of documentation, issuance of the Single Worker Identification Code (CUIL), retirement, retrieval of welfare history, changes in data, recognition of services, adjustments in assets, automatic repayments, certification of assets, absence from and return to the country, return to active or inactive status, rehabilitation, eliminated or unpaid benefits, fees and discounts, non-payment, family allowance, notifications to beneficiaries and subsidies.

579. The National Social Security Administration has 23 offices in the provinces and three offices of department heads in the province of Buenos Aires.

580. The Government, working through the National Social Security Administration to ensure compliance with article 28 of the Convention, has established family allowances. These are sums of money which the National Social Security Administration disburses on a monthly or yearly basis or as a lump sum to workers who are dependents, to beneficiaries of workers' compensation, of unemployment benefits, of retirement or pension plans and to persons who are in a vulnerable position *vis à vis* certain life circumstances.

581. There are different types of family allowance for persons with disabilities: family allowances for families who have a child with disabilities; for maternity in the case of children born with Down's syndrome, yearly allowances for school expenses for a children with disabilities, for spouses with disabilities, universal per-child social protection allowance.

582. Disability allowances are designed to reinforce protection for families, meet their basic needs and cover expenses for specialized medical care, medications, early stimulation and special education. They also cover rehabilitation and adaptation of persons with disabilities to their living environment.

583. The number of persons receiving invalidity pensions has been rising every month since 2008.

584. In 2008, 1,054 new claims for invalidity pensions were processed and approved< in 2009, the number rose to 1,647.

585. As of July 2010, a total of 2,281 new claims were processed, and it is estimated that in August, the total will be 2,020, doubling the number of claims processed in 2008.

586. The data on the total number of invalidity pensions have not changed much over the last three years. In September 2008, 198,565 pensions were paid, with the total falling to 195,269 in September 2009. During the current year, 2010, a total of 196,517 invalidity pensions were paid.

587. Family disability allowances, both from the federal Government and from the National Social Security Administration, are governed by the following regulations:

- (a) Act No. 24714, on the family allowances system;
- (b) Decree No. 1245/96;
- (c) Act No. 24716;

- (d) Resolution SSS No. 14/2002;
- (e) Resolution D.E-N. No. 1289/2002;
- (f) Decree No. 368/2004;
- (g) Resolution SSS No. 60/2004;
- (h) Decree No. 1602/2009;
- (i) Resolution D.E-N No. 393/2009;
- (j) Resolution D.E-N No. 132/2010;
- (k) Resolution D.E-N No. 494/2010.

588. In order to reinforce measures for ensuring that persons with disabilities, especially women, girls and older persons, have access to social protection and poverty-reduction programmes, decree No. 1602/09 was issued in November 2009. This decree creates a universal child allowance consisting of a non-taxable monthly benefit.

589. The universal child allowance is a benefit received by children whose parents do not receive family allowances from the National Social Security Administration because they are either unemployed or they work in the informal market.

590. The age limit for entitlement to this pension is 18, except in the case of children with disabilities, for whom there is no age limit, as in the case of all other family allowances granted by the National Social Security Administration.

591. Payment is subject to certain conditions, such as health check-ups, vaccination and, after age 5, attendance at a public educational establishment.

592. The benefits granted under this programme have increased steadily since its inception. In November 2009, 11,254 allowances for children with disabilities were paid, for a total of 6,482,304 pesos.

593. In August 2010, 14,654 allowances for children with disabilities were paid, for a total of 8,440,704 pesos.

594. The per capita allowance for children with disabilities is 720 pesos; this will be increased to 880 pesos in September 2010.

595. Twenty per cent of the child allowance is held back throughout the year, and the balance pending is paid once a year. If the child with disability is under 18 years old, this amount is paid upon presentation of the identification document issued for purposes of social security, health care and education; the document must show information on school attendance and health care received. If the child is over 18 years old, the identity document is not required.

596. On 28 June, the National Social Security Administration and the World Bank signed a letter of intent whereby the Administration requested World Bank funding for a study on the status and evolution of human opportunities in Argentina based on the Bank's Human Opportunity Index. The National Social Security Administration is committed to improving quality of life in Argentina, and a study of this nature will provide valuable inputs for efforts to improve evidence-based management. The National Social Security Administration, for its part, offered the necessary support in terms of access to information, participation of its technical staff in the analysis and dissemination of results.

597. The Index is a statistical tool that shows the extent to which personal circumstances (place of birth, personal wealth, race or gender) impact the possibilities that a child will have access to the necessary services to ensure that he or she will be successful in life, e.g., timely education, drinking water or electricity. The results of the Index (as applied in Latin

America and the Caribbean) have shown that the problem is not only one of equality, but also of equity.

598. The Index measures the availability of services that are needed for progress in life (e.g., drinking water) without deducting or “penalizing” the rate by how unfair the distribution of this service is among the population.

599. Measuring equality of opportunity entails levelling the playing field so that circumstances that are beyond a person’s control, such as gender, ethnic origin or race, place of birth, or family environment, do not influence the life opportunities a person has.

600. The Human Opportunity Index is based on a composite indicator with two components: (a) how many opportunities are available, i.e., the rate of coverage of a basic service; and (b) how equitably these opportunities are distributed, i.e., whether the distribution of this coverage is related to exogenous circumstances.

601. The objective of the Index is to reduce inequality. Although poverty and inequality are related concepts, the idea of reducing them has received varied degrees of support. Although poverty-reduction is a universally accepted goal, consensus on policies for reducing inequality is much harder to attain.

602. Among the measures taken to offer housing programmes to help persons with disabilities become integrated into society, the Public Works Secretariat of the Ministry of Federal Planning, Public Investment and Services is implementing projects for financing the construction of housing, schools, hospitals, Community Integration Centres and other urban and community infrastructure buildings that promote the use of architectural designs (95 per cent of these projects are carried out by the provincial and municipal Governments). The projects take into account the accessibility requirements of persons with disabilities so that the infrastructure in question is universally accessible.

603. In this regard, all housing construction agreements between the Under-Secretariat for Urban Development and Housing and provincial or municipal governments include a quota of five per cent of all housing to be especially designed for persons with disabilities.

604. These works are designed and executed in compliance with the existing regulations on benefits for persons with disabilities in the implementation of public investment works, as stipulated in article 22 of decree No. 498/1983, containing the regulations for Act No. 22431 (see annex).

605. During the periods between 2008 and 2010, 271 public works were built (see annex).

606. Act No. 26182 (Official Bulletin 20/12/2006), amending Act No. 24464 (Official Bulletin 04/04/95), creating the federal housing system, stipulates that in all plans to provide housing or home improvements through the National Housing Fund, the National Housing Council shall establish a quota of five per cent to be reserved for persons with disabilities or families in which at least one member has a disability.

607. In addition, a framework agreement creating the federal multi-year housing construction programme was signed by the federal Government and the provinces. This agreement, which provided for the construction of 300,000 low-income housing units throughout the country (11 August 2005), includes, in article 2, the requirement that projects shall set aside a minimum of five per cent of all housing units for persons with disabilities.

608. Finally, the Under-Secretariat created the federal housing construction programme known as *Techo Digno*. The regulations for this programme (adopted by resolution SOP No. 428 of 22/04/09) stipulate that in all cases, provision should be made to meet at least five per cent of the demand for persons with disabilities (pt 2.6.1.2, Eligibility criteria).

Article 29

Participation in political and public life

609. The promulgation in December 2009 of Act No. 26571 on Democratization of political representation, transparency and electoral equity (see annex) was a significant development in the promotion of political participation, equalization of rights and access to the political process for persons with disabilities.

610. This legislation includes four articles which have a positive impact on accessibility of the electoral process:

(a) Article 72: repeals part of the provision excluding from voter registration lists “demented” persons who have not been declared incompetent by a court;

(b) Article 73: repeals the provision excluding from voter registration lists “deaf-mutes who are unable to express themselves in writing;”

(c) Article 57: requires political groups to add subtitles to messages transmitted in public spaces (licensed by the federal Government);

(d) Article 105: requires enforcement authorities to adopt measures to guarantee accessibility, confidentiality and privacy for in the exercise of their political rights by persons with disabilities.

611. Other jurisdictions have also adopted measures to guarantee participation. This is the case with Act No. 9891 adopted by the province of Entre Ríos, which declares the comprehensive development of persons with disabilities to be in the public interest; for such development, they must have equal access, opportunities, characteristics, rights and duties as the rest of the population, as provides in the national legislation. This Act was promulgated on 18 February 2009.

612. The Ministry of the Interior of the federal Government has carried out the following actions:

(a) Creation of the voter accessibility programme: resolution No. 820 of 17 May 2006. The objective of the programme is to include in voting regulations provisions to facilitate the right to suffrage of persons with different capacities (see annex);

(b) Requirement to add subtitles to advertising by political parties on television broadcasts licensed by the federal Government: resolution No. 2023 of 28 August 2007 (art. 6), in elections held in 2007 (see annex) and resolution 285 of 27 March 2009 (art. 5) in elections held in 2009 (see annex);

(c) Requires mention in images and audio of names and list numbers on advertising disseminated by political parties in spaces licensed by the federal Government: decision No. 50 of 28 May 2009, for elections held in 2009 (see annex).

613. With regard to accessibility of voting mechanisms, the Ministry of the Interior carried out the following actions:

(a) 2007: Pilot test in the City of Buenos Aires of voting mechanisms for persons with visual disabilities. National elections, October 2007;

(b) 2008: Pilot test in the City of Santa Rosa, La Pampa. Application of voting devices for persons with visual disabilities (municipal elections) (see annex).

Physical accessibility of voting facilities

614. With regard to voting centres, in addition to the actions described in article 29, the following initiatives were implemented:

(a) 2007: Recommendation that national election boards should ensure that every voting facility has at least one easily accessible dark room on the ground floor that allows for the entry and movement of voters;

(b) 2009: Advice by telephone and/or mail for citizens with disabilities and coordination with the relevant agencies (voting district command centres) for implementation of specific measures based on the needs and/or characteristics of each case (request for assistance, recommendations, voting priority and others).

615. With regard to indicators for measuring the full enjoyment by persons with disabilities of their right to participate in political and public life and the support provided to persons with disabilities for the creation and maintenance of organizations to represent their rights and interests at the local, regional and national levels, the following activities were carried out:

(a) Establishment of the issue — inter-institutional coordination;

(b) 2006: Identification of stakeholders involved in implementing actions; surveys were conducted to obtain the views of scientific and social sectors concerned. Creation of the inter-institutional network of public agencies and civil society organizations interested in the subject.

616. With the information gleaned from these exchanges, the first technical report on strategies and priorities was prepared.

Accessibility and dissemination of information

617. 2007 and 2009. A free 0800 hotline was set up to provide information on national voting lists and polling stations. The same queries were also answered through text messages showing information on polling stations accessible to blind persons.

618. In 2009, special informational and training materials were disseminated, including a brochure for polling station authorities that provides information on the characteristics of specific disabilities (limitations and capacities) and instructions on support to be provided on election day (see annex).

619. The brochures for persons with disabilities provides information on how to promote their rights and improve their participation in the electoral process (see annex).

620. Both materials were prepared in consultation and coordination with the National Advisory Commission on the Integration of Persons with Disabilities.

621. The materials were distributed among agencies, institutions, non-governmental organizations and federations, polling officers, youth organizations, human rights organizations, the media and others.

622. Both materials were distributed in an accessible format, and on websites of the National Advisory Commission and the Ministry of the Interior, in consultation with non-governmental organizations and persons with disabilities. Accessibility criteria were also applied to other information on the website (lists of candidates, voting information).

Article 30

Participation in cultural life, recreation, leisure and sport

623. The Sports Secretariat of the Ministry of Social Development and the Infrastructure Directorate are working on ensuring the accessibility of sports facilities so as to enable persons with disabilities to have greater mobility and participation. In this regard, the following works have been planned and implemented:

- (a) Works completed:
 - (i) E-DEPO 937–2009. Renovation of bathroom in the swimming complex;
 - (ii) E-DEPO 1328–2009. Adjustments to bathrooms in section B, located in the Centre for High Performance Sports;
 - (iii) Hotel Lugones: Renovation of ground floor and of rooms with private bathrooms;
- (b) Works in process of bidding:
 - (i) E-DEPO 744–2008 Renovation of access routes and bathrooms in the Argentine Sports Information Centre;
 - (ii) E-EPO 739–2008 Provision and installation of an elevator for access to bathrooms in section B and a connecting walkway to the medical services area, doping laboratory and offices of the Centre for High-Performance Sports;
 - (iii) E-DEPO 805–2010 Relocation of the accreditations section to improve access to the National Centre for High-Performance Sports.
- (c) Documentation in process:
 - (i) Connections between different areas of the premises through plazas and paved pathways with easily recognizable textures and colours for different disabilities;
 - (ii) Renovation of medical services area, to improve spaces and bathrooms;
 - (iii) Restoration of the theatre;
 - (iv) Design of a project for improvements in the Olympic pools located in the National Recreation Centre to improve the drainage system and facilitate access by means of ramps and pulleys;
 - (v) Building of a multi-sports and muscle-building gym in the National Recreation Centre.

624. With regard to measures to support the participation of persons with disabilities in sports, including the elimination of discriminatory and differentiated treatment of persons with disabilities in the granting of prizes and medals, the Sports Secretariat set up the Internal Commission on Disability Affairs. This Commission has helped to redefine “macro-micro” relations between the State Party, represented by the Sports Secretariat, and persons with disabilities by espousing policies for recognizing and reaffirming the practice of integrated sports advocated in article 30 of the Convention.

625. Among its “macro” duties, the Commission arranges for contacts with specific commissions in different State bodies to present and explain proposals and activities designed to further the social development of persons with disabilities. It also promotes the establishment, at the jurisdictional and local levels, of activity commissions to act as mediators in regard to policies, strategies and/or actions on behalf of persons with disabilities.

626. The Commission is also empowered to review issues pertaining to the competence, in the area of sports and recreation, of the Sports Secretariat, when complaints are brought regarding violations of the Convention. In addition, the Commission follows up on activities approved and put under way pursuant to article 30.

627. The Sports Secretariat participates in and supports the development of athletes with disabilities through the specific sports federations concerned by granting scholarships for athletes to represent the country and providing training infrastructure, housing for sporting concentrations and championship competitions, and economic support for participation in international competitions.

628. With regard to the Convention, the Sports Promotion Directorate of the Sports Secretariat has proposed a national plan for social sports, the general objective of which is to consolidate national public policy on social sports so as to improve the quality of life of the Argentine population as a whole.

629. This national plan includes a sports and disabilities area which holds the Evita Games and provides training programmes.

630. The Evita National Games are a tool for encouraging social inclusion so that persons who are not included in the sports circuit can participate in organized sporting activities. The idea is to open up equal opportunities in competition and increase the population participating in sports.

631. The games, which are mainly intended for non-federated athletes, encourage their participation in track and field and swimming events, distributing the four disabilities equitably among the delegation quotas, with 50 per cent male and 50 per cent female athletes in the under-14 and under-16 categories. In the final stage of the tournament, the functional classification of the athletes is verified, in terms of motor and visual disabilities; this serves as a participatory learning experience for both the classifying athletes and the trainers.

632. With regard to training, the Sports Secretariat provides two types of training throughout the country; the Convention is publicized nationwide, as follows:

633. Basic training: based on dissemination of fundamental tools to begin developing physical activity for persons with different disabilities, focusing on accessibility. This training is provided in the context of agreements with the National Rehabilitation Service and the National Advisory Commission on the Integration of Persons with Disabilities.

634. Training in functional sport classification and training methodology for different sports, especially those featured in the Evita Games (track and field and swimming).

635. A temporary in situ training programme is carried out during the final stage of the tournament for teachers who are involved in the competitions. This training deals with issues that have been found to be especially problematic and/or which hinder the training and participation of persons with different disabilities.

636. The targeted projects carried out by the Secretariat include local pilot projects that can be reproduced in different provinces. The main idea is to disseminate good practices of proven effectiveness so that they can be replicated elsewhere according to validity criteria.

637. The Internal Commission on Disability Affairs has the following mission and duties:

(a) To provide advice on the creation and management of new sport and recreation projects;

(b) To supervise the progress of plans, programmes and projects already under way;

(c) To provide training for different departments on compliance with the Convention;

(d) To promote the implementation of activities designed by the Sports Secretariat for the social development of persons with disabilities;

(e) To coordinate technical, administrative and human efforts with the Ministry of Social Development, in follow up to Convention-related activities;

(f) To report to the Secretary of Sports and the Under-Secretary for Social Sports Development of the Sports Secretariat on the status of activities carried out under article 30 of the Convention (participation in leisure and sport);

(g) To evaluate, approve or review external activities in the area of competence of the Sports Secretariat under article 30 of the Convention, on participation in recreation, leisure and sport.

(h) To coordinate requirements for experts and/or volunteers, with or without disabilities, with the Ministry of Culture and Education, with a view to producing informational and teaching materials such as reference study plans. The proposals and contributions received to be incorporated will be the product of on-going experiences of a symbolic nature and as knowledge on the application of and follow up to the Convention, pursuant to Act No. 26378.

638. The Internal Commission coordinates requirements for experts and/or volunteers, with or without disabilities, for the management, insertion and consolidation of plans, programmes and projects designed to promote social sports for local, jurisdictional and national communities.

639. The Internal Commission is directly linked to the infrastructure department of the Sports Secretariat with a view to facilitating and make it possible to adapt existing facilities or plan construction of especially designed sport infrastructure as needed to comply with article 30 of the Convention.

640. The Internal Commission organizes the annual congress on social sports, which serves as a promotional tool for designing institutional profiles to prepare for the drafting of bills, plans, programmes, projects and regulations relating to compliance with article 30 of the Convention, on participation of persons with disabilities in leisure and sport.

641. In compliance with article 30, the National Advisory Commission on the Integration of Persons with Disabilities is implementing a sports inclusion programme, which is funded with resources from Act No. 25730 (Checks Act), and a training and sensitization programme on an introduction to adapted sports.

642. The purpose of the sports inclusion programme is to increase the participation of persons with disabilities in sporting activities by facilitating the basic elements needed to practice different sports, as well as a common physical facility for those sports.

643. The idea is to provide inputs (such as sports wheelchairs, articles for torball, goalball and blind soccer) for sporting activities; to promote the attendance of persons with disabilities at conventional sport institutions, which must lend their facilities, to practice different disciplines, thus offering them the opportunity to be "stars" in a variety of sports; to encourage the creation of sports programmes for persons with disabilities by the municipal sports authorities and modify conventional sports facilities to make them accessible to persons with limited mobility.

644. In the area of recreation and tourism, Argentina has passed Act No. 25643, which provides that tourism facilities must be adapted to meet universal criteria established in Act No. 24314 and the regulations laid down in decree No. 914/97. Act No. 25643 defines

accessible tourism as the complex of activities originated during leisure time, designed for tourism and recreation, that allow for the full integration — from the functional and psychological standpoints — to persons with reduced mobility and/or communication, so that the visitor will find individual and social satisfaction and a better quality of life (art. 1).

645. It also stipulates that travel agencies have the obligation to inform persons with reduced mobility and/or communication and/or their family group and/or companion about any inconveniences and impediments they might find in planning a trip that might be an obstacle to their physical, functional or social integration. They are also required to inform tourism services about the circumstances pertaining to persons with disabilities so that they can take such measures as might be necessary.

646. The National Advisory Commission on the Integration of Persons with Disabilities and the Ministry of Tourism have entered into an agreement to carry out a program on tourism and recreation for persons with disabilities which includes free social tourism for persons with disabilities and their companions in the tourism complexes of Embalse de Río Tercero, Córdoba province, and Chapadmalal, Buenos Aires province.

Article 31

Statistics and data collection

647. The National Institute of Statistics and Censuses has adopted measures to collect appropriate disaggregated information, including statistical and research data, to enable the Government to formulate and implement policies to give effect to the Convention, respecting human rights and fundamental freedoms, ethical principles, legal safeguards on data protection, confidentiality and privacy. Disability measurements were included in five previous population, housing and household censuses — 1869, 1895, 1914, 1947 and 1960. Except in the last case, disability measurements did not produce much information; the following categories were covered: illegitimate, cohabiting, demented, deaf-mutes, blind, cretins, imbeciles, stupid, *opas*, with goitre, invalid due to war or accident, orphans (fatherless and motherless), sick, idiots, crazy, mute and permanent physical impediment (caused by the disability).

648. Act No. 25211, promulgated in 1999, provides for the inclusion of disabilities in the 2001 census. Article 1 of this Act stipulated that the 2000 national population and housing census should include the population of persons who identified themselves as suffering a permanent or extended functional alteration, either physical or mental, which in terms of their age and social environment entailed a disadvantage for their personal development, integration into the family or the social, educational or work environment. Article 2 established that the survey of persons covered by the law should be systematized through descriptive items which would quantify the population and provide a biological, psychological and social diagnosis of those persons throughout the national territory.

649. To that end, the National Institute of Statistics and Censuses implemented an integrated methodology using the census as an input for a sampling design which was then applied to the Institute's national urban sample. This methodology consisted of identifying, through a question in the census questionnaire, those households in which at least one person had a disability, with the aim of conducting a supplementary survey of persons with disabilities during the following year.

650. The National Survey of Persons with Disabilities was the product of an organized and coordinated effort by the Institute, under the responsibility of the Directorate of Population Statistics of the National Directorate of Social and Population Statistics. The National Advisory Commission on the Integration of Persons with Disabilities, the National

Service for Rehabilitation and Promotion of Persons with Disabilities, and public and non-governmental agencies also cooperated in this endeavour.

651. During 2002 and 2003, a supplementary survey (with a specific focus) was conducted among households selected from the 2001 census. The set of questions that were asked in order to identify persons with disabilities made it possible to appreciate the magnitude and complexity of the phenomenon. The objective of the National Survey of Persons with Disabilities was to quantify and characterize persons with disabilities in terms of how they managed their daily lives within their physical and social environment. The units surveyed were the persons with disabilities and the households in which at least one person had a disability.

652. Since this was the first time that a specific measurement was being made of persons with disability at the national level, the survey was designed to obtain information on the characteristics and problems that were common to all types of disabilities, without exploring the issue in greater depth.

653. The findings and analyses of the survey have been posted on the Institute's website and published in document form.

The 2010 Census

1. Conceptual aspects

654. In contrast to previous pre-census periods, preparations for the 2010 Census, the United Nations publication *Principles and Recommendations for Population and Housing Censuses*, revision 2 included, for the first time, a specific reference to measurement of disability in national censuses and surveys as a priority topic.

655. This publication suggests that disability should be measured according to disability status. Consequently, it was essential to develop a clear and precise definition of disability that would make it possible to identify persons who experience limitations in basic activity. In order to have a common reference point and shared vocabulary, ICF was used.

656. The ICF classification establishes four fundamental domains to determine disability that can be surveyed in a census and be used for international comparison, as follows: walking, seeing, hearing and cognition. It also suggests that if possible and if there is space on the census questionnaire, dimensions relating to mobility of upper limbs, self-care and communication might also be included. It advises against measuring psychological functioning owing to the difficulty of detecting that aspect and the high degree of stigmatization it implies.

657. Based on these guidelines, the Washington Group on Disability Statistics proposes the following set of questions:

- (a) Do you have difficulty seeing, even when wearing glasses?
- (b) Do you have difficulty hearing, even when using a hearing aid?
- (c) Do you have difficulty walking or climbing steps?
- (d) Do you have difficulty remembering or concentrating?
- (e) Do you have difficulty (with self-care such as) washing all over or dressing?
- (f) Does a physical, mental or emotional problem make it difficult for you to communicate, for example, to understand or make others understand you?

658. The categories of replies proposed for each domain are: (a) cannot do at all; (b) yes — a lot of difficulty; (c) yes — some difficulty; (d) no — no difficulty; (e) doesn't know/doesn't answer.

659. Both conceptual contributions were tested in different pre-census settings by the Institute.

660. With respect to the set of questions, the conclusion was that the categories of the question on type of difficulty or permanent limitation should be those pertaining to disabilities in the fields of vision, hearing, lower-body mobility and upper-body mobility and cognition.

661. Categories of replies have been implemented on two occasions: the first time, in the Cognitive Test for the Measurement of Disability and the second time, in the joint pilot study in Argentina, Brazil and Paraguay. The analysis of the quantitative data and non-participant observations (qualitative data) from both tests brought to light many difficulties that affected the quality of the data obtained in terms of accuracy and validity. The lack of accuracy was directly related to the instrument used to obtain the data, and the lack of validity was a result of poor measurements or lack of precision in attempting to obtain the information sought, i.e., the operationalization of the categories of replies.

662. Since this subject is fraught with complexities ranging from conceptual to operational issues, and considering the high degree of subjectivity, prejudice, and apprehension involved in admitting to the phenomenon, it is very difficult to measure disability in a population census.

2. *Testing*

663. During preparations for the 2010 Census, a number of pilot tests and an experimental census were conducted. In all cases, different operational solutions were tested. Following is a brief summary of the conclusions reached:

II. Pilot test — Autonomous City of Buenos Aires CABA — May 2009

14 Does an impairment or permanent limitation make it difficult for you to...

1 See, even when wearing eyeglasses or contact lenses?

2 Hear what people are saying?

3 Walk or climb stairs?

4 Hold objects and/or open containers with your hands?

6 Understand and/or learn?

6 Interact with other people, owing to mental or emotional problems?

7 Talk?

8 Wash yourself, dress yourself and/or feed yourself?

9 No impairment or permanent limitation.

666. The questions were found to be too long, making it difficult for the census takers to ask the whole question; as a result, the census takers would often shorten the question. There was also a tendency to score the replies based on observation without actually asking the question.

Experimental Census — Chivilcoy — Tolhuin — November 2009

14 Does an impairment or permanent limitation make it difficult for you to...

See, even when wearing eyeglasses or contact lenses?

Hear, even when wearing a hearing aid?

Walk or climb stairs?

Understand and/or learn?

No impairment or permanent limitation.

667. For the experimental census of November 2009, a question was asked based on the suggestions made in the United Nations Principles and Recommendations for Population and Housing Censuses and the recommendations made by the Washington Group, while maintaining the categories of answers from the second pilot test. In other words, a check mark for an affirmative reply in each choice of answer and the possibility of more than one mark among the four domains proposed. Again, the census takers had difficulty administering the questions, and number of “does not answer” replies was slightly higher than in previous tests.

National Population, Household and Housing Census — 27 October 2010

14 Does an impairment or permanent limitation make it difficult for you to...	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/> See, even when wearing eyeglasses or contact lenses?
<input type="checkbox"/>	<input type="checkbox"/> Hear, even when wearing a hearing aid?
<input type="checkbox"/>	<input type="checkbox"/> Walk or climb stairs?
<input type="checkbox"/>	<input type="checkbox"/> Hold objects and/or open containers with your hands?
<input type="checkbox"/>	<input type="checkbox"/> Understand and/or learn?

668. After the relevant evaluations were made at all stages of testing, the design shown above was chosen for the 2010 Census. At the request and suggestion of the National Advisory Commission on the Integration of Persons with Disabilities, the “special education” category (for persons with disabilities) was kept in the section on educational characteristics of the population, in order to obtain the population stock that would attend or had attended special education facilities throughout the country.

3. *Methodology*

669. The National Population, Household and Housing Census 2010 will be a de facto survey; this means that the questions will refer to the place where the respondents spent the night on the reference date of the census, whether or not that is their place of residence. This is the criterion that is traditionally applied in the Argentine Republic.

670. In addition, the sampling methodology followed for the population censuses of 1980 and 1991 will be used. This will make it possible to reduce the structure of the survey by approximately 40 per cent and will considerably improve the quality of information gathered.

671. Data will be collected using the direct interview procedure, i.e., each dwelling will be visited by a census taker, who will ask all the questions on the census schedule that apply to that particular dwelling.

672. The survey units for the 2010 Census will be the population, households, individual dwellings and collective institutions.

4. *Samples, short questionnaires and long questionnaires*

673. Different data-collection methods are applied in carrying out a census, depending on the circumstances of the country concerned and the advisability or possibility of applying them. In some cases, data from public registries are used along with surveys, short questionnaires supplemented every year with population studies, rotating samples and other methods. Clearly, there are different options for conducting a survey of this magnitude and complexity.

674. Some countries combine short basic questionnaires and long-form questionnaires. That is the method that will be applied in the 2010 National Population, Household and Housing Census.

675. The method of combining short and long questionnaires consists of gathering census information from the entire population by applying the two questionnaires in a coordinated manner.

676. The basic questionnaire, which is shorter than the extended one, includes questions designed to determine the structure of the population by sex and age. It helps to estimate the key social and demographic indicators normally used in Argentina in public policy management. This questionnaire is applied to most of the population in places with more than 50,000 inhabitants.

677. The extended questionnaire includes questions relating to migration, fertility, health and social security, disability and other details on the employed population, in addition to the questions included in the basic questionnaire. The long questionnaire will be applied to a sample group of the population in places having 50,000 inhabitants or more, and will be applied with total coverage in places with fewer than 50,000 inhabitants. With the results of the sample, it will be possible to estimate the data for the entire population, at different levels of disaggregation; this will be done either directly from the sample design or by applying some other statistical technique for obtaining data in small domains.

678. This methodology simplifies implementation of the census; on the one hand, it makes it easier for the population to provide the census information and, on the other hand, it allows for more efficient data collection and greater accuracy in conducting the survey, and expedites completion of results by using a minimum number of variables for most citizens.

679. Another advantage of this method is it improves the data-collection process by making it possible to improve the training of census-takers, given that in an operation of this magnitude, the amount of time available for training is limited.

680. This combined method makes it possible to obtain the same information as in a census using long questionnaires (such as the 2001 census) while improving coverage, thus substantially reducing cost and improving the quality of the data obtained. For example, in determining the size of the population — a central objective of the population census — the 1980 and 1991 censuses, which applied the combined method, achieved satisfactory coverage; coverage was less satisfactory, however, with the 2001 census, which applied a long questionnaire to the entire population (see table 1).

Table 1

Census omissions in the last three population censuses

(In percentages)

<i>Census conducted in the decade of</i>			
	<i>1980</i>	<i>1991</i>	<i>2001</i>
	1.0	0.9	2.8

Source: National Institute of Statistics and Censuses.

681. The use of sampling for censuses is not new in Argentina: the National Institute of Statistics and Censuses already has experience with this method, given that it was used, as mentioned earlier, in previous censuses. Considering this history and bearing in mind the fundamental objective of guaranteeing full coverage of the census, it was decided to return to the combined methodology for the Bicentennial Census 2010, following the examples of Brazil, Mexico, Canada, United States (2000 Census), China, Korea and India, which plans to introduce this methodology for its 2011 census.

5. *Advantages of measuring disability in the 2010 census*

682. Compared with the 2001 census and the National Survey of Persons with Disabilities, considerable improvements will be made in the measurement of disability in the forthcoming 2010 census. The improvements will have to do not only with the

population unit surveyed, but also with the level of disaggregation applied, making it possible to consider and act on future social policies for achieving equal opportunities.

683. Unlike the method applied in the 2001 census, the question of disability will be studied directly at the population level, i.e., individual respondents will be asked if they have some type of disability.

684. With regard to the scope of disability measurement, the 2010 census opens up new possibilities for quantifying and characterizing the population with some type of disability in terms of demographic structure, health and social security, occupation, migratory characteristics, fertility, education and housing. All this information will be available at small levels of disaggregation and in rural areas, given that the question on disability will be in the long questionnaire (to be applied to all populations of 50,000 or fewer inhabitants), ensuring that information is available for smaller areas. In the case of places with 50,000 inhabitants and more, the data will be disaggregated at the departmental level.

685. It should be borne in mind that the instrument that provided all this expanded information about persons with disabilities was the National Survey of persons with Disabilities; however, that survey was only carried out among the population in urban areas. The information on persons with disabilities in Argentina for smaller and/or rural areas will be a significant innovation in the 2010 census.

686. Another innovation that will contribute to knowledge about the universe of persons with disabilities is the inclusion in the chapter on educational characteristics of the population of a category for “special education” under the question on educational level completed or currently in progress. The information gleaned on this category will help determine how many people are attending or have attended special education programmes designed to provide special learning opportunities for persons with disabilities in the area of cognition.

687. The data on disability that will be obtained from the census will help with planning and deciding on public policies, given the Government’s interest in promoting inclusion and participation. In terms of international comparability, the data on disabilities in Argentina will meet the standards outlined by the United Nations in the *Principles and Recommendations for Population and Housing Censuses*, Revision 2.

Other surveys

688. The issue of disability is also covered in other surveys carried out by the National Institute of Statistics and Censuses.

689. The 2009 National Survey of Risk Factors was conducted throughout the country in November and December 2009. For the time being, this is a one-time survey. The chapter on the social and demographic characteristics of members of households includes a question (number 13) on “having some kind of difficulty or permanent limitation related to disabilities in the domains of vision, hearing, upper and lower mobility, cognition, communication and self-worth. The sample base of the survey is the master framework on housing from the 2001 census. The data will be published in September 2010 in all the provinces.

690. The permanent household survey has been conducted every three months since 2003. The chapter on organization of the household, in the questionnaire on households, includes a question (number 3) on the presence in the household of a person with disabilities; only the name of the individual is noted. These data, which are published from time to time, are disaggregated by urban areas throughout the country.

691. The National Institute of Statistics and Censuses plans to carry out the second National Survey of Persons with Disabilities during the biennium 2011–2012.

692. These statistics will be disseminated along with information on measures adopted to ensure accessibility for persons with disabilities.

693. With regard to accessibility of information, the National Institute of Statistics and Censuses provides the following opportunities for access to its information.

694. The website of the Population, Household and Housing Census 2010 is available, subject to W3C accessibility rules, which are currently in force for all federal Government websites. The W3C rules, which are standardized internationally to guarantee access to website content for persons with disabilities, have been approved by the United Nations and are endorsed by the Argentine Republic.

695. All materials published in digital formats complies with state regulations for accessibility.

696. The audiovisual material generated by the Population, Household and Housing Census 2010 includes subtitles.

697. Sign language translation is provided for public presentations by the National Institute of Statistics and Censuses on dissemination and sensitization for the 2010 census.

698. To provide other forms of access to the Web, the Institute is working with competent agencies on production of websites for the blind.

699. Measures are being taken to guarantee full participation of persons with disabilities in the data-collection and research process.

700. Members of civil associations representing persons with disabilities are involved in the dissemination of and sensitization about the Population, Household and Housing Census 2010 as well as in the production of communication materials.

701. The National Advisory Commission on the Integration of Persons with Disabilities, as well as public and non-governmental organizations concerned with disability issues, were involved in the process of developing the conceptual design for the long questionnaire.

702. They also participate in sign language translation, sensitization and publicity regarding disability issues and in the production and revision of specific content.

703. The National Institute of Statistics and Censuses not only promotes full participation by persons with disabilities in the process of constructing statistical data, it also works to raise awareness among the population about the difficult issue of measuring disability in the population census.

704. During the process of conducting the survey for the census, when all the members of a household have disabilities that prevent them from communicating with census takers, those households will be surveyed afterwards by personnel who have been especially trained for such situations.

Millennium Development Goals

705. During the period since the ratification by Argentina of the Convention and the optional protocol thereto, the Government has taken several different measures to implement it. The initiative was also submitted by Argentina for discussion in the working group on protection and promotion of human Rights of persons with disabilities set up at the Meeting of High-level Human Rights Authorities of Mercosur.

706. In this regard, a seminar on the Millennium Development Goals and disability was organized, with Argentina serving as temporary chair. The seminar was held in Buenos Aires in the context of inclusive development and with the participation of the Secretariat

for the Committee on the Rights of Persons with Disabilities, the World Bank and the Global Partnership for Disability and Development.

707. In this effort to find and define indicators on the situation of persons with disabilities, pursuant to the conclusions and recommendations set forth in the report of the Secretary-General on Realizing the Millennium Development Goals for persons with disabilities (A/64/180) and General Assembly resolutions 62/127 and 63/150, Argentina has developed a preliminary version using the available national data, as follows:

- (a) Goal 1. Eradicate extreme poverty and hunger:
 - Population with disabilities aged 14 or older who work, by age groups;
 - Population with disabilities aged 14 or older who receive retirement or pension payments, by age groups;
 - Disability pensions received, by age groups.
- (b) Goal 2. Achieve universal primary education:
 - Highest level of instruction achieved by the rural population with disabilities, by age groups;
 - Special education students per 1,000 students in the educational system, by age;
 - Special education students per 1,000 students in common education, by educational level.
- (c) Goal 3. Promote decent work:
 - Percentage of inactive population among the population with disabilities;
 - Employment rate of the population with disabilities;
 - Percentage of persons with disabilities who lost their jobs because of their disability;
 - Employed persons with disabilities aged 14 and over for whom no deductions are made or who do not make contributions to pension funds.
- (d) Goal 4. Promote gender equality and empower women:
 - Percentage of inactive persons among women with disabilities;
 - Employment rate for women with disabilities;
 - Percentage of women who lost their jobs because of disabilities;
 - Highest level of instruction achieved by the total population and the population with disabilities, by sex and age group;
 - Special education students per 1,000 students in the educational system, by age and sex;
 - Special education students per 1,000 students in common education, by educational level and sex;
 - Persons with disabilities aged 0 to 14, by type of disability and by sex;
 - Use of external assistive technology devices, by sex. Boys aged 5 to 14;
 - Number of persons with disabilities who do not use external assistive technology devices but who need them, by sex;

- Population with disabilities who need or who did need early stimulation, treatment or rehabilitation and do not or have not received it, by age groups.
- (e) Goal 5. Reduce under-five mortality rate:
- Distribution of selected causes of child mortality;
 - Distribution of neo-born deaths, by groups of causes based on reducibility criteria;
 - Distribution of selected causes of under-five mortality;
 - Population with disabilities aged 0 to 14, by type of disability;
 - Total population and population with disabilities, by health coverage according to age groups. In percentages;
 - Use of external assistive technology devices. Children aged 5 to 15.
- (f) Goal 6. Improve maternal health:
- Women with children, by age groups. Women in childbearing age, total fertility and with disabilities.
- (g) Goal 7. Combat HIV/AIDS, Chagas, malaria, tuberculosis and other diseases:
- Distribution of causes of disability acquired for the first time, by actual age;
 - Number of persons with disabilities who do not use external assistive technology devices but who need them;
 - Number of persons with disabilities who need who but do not use external assistive technology devices because they do not have resources to pay for them;
 - Population with disabilities, by type of health care according to age groups (public health system, private, both);
 - Population with disabilities who need or did need early stimulation, treatment or rehabilitation and do not or have not received it, by age groups.
- (h) Goal 8. Ensure environmental sustainability:
- Capacity of persons with disabilities aged 14 and over to go outside of their home, by age groups;
 - Capacity of persons with disabilities aged 14 and over to go outside of their home, by sex;
 - Capacity to go out, by number of disabilities and type. Population with disabilities aged 14 and over;
 - Capacity to travel on public transport, by number of disabilities and type. Population with disabilities aged 14 and over.

Article 32

International cooperation

708. The National Advisory Commission on the Integration of Persons with Disabilities represents Argentina on the Ibero-American Intergovernmental Network for Technical Cooperation.

709. The Network is an intergovernmental instrument for technical cooperation relating to the implementation of comprehensive policies directed at groups of older persons and persons with disabilities among the countries of the Ibero-American community.

710. The Network is made up of the Central American and South American countries, Portugal and Spain and has carried out technical cooperation activities between 2003 and 2010. In that context, training programmes were implemented on issues related to:

- (a) Accessibility;
- (b) Classification of disability;
- (c) Community-based rehabilitation;
- (d) Participation of women with disabilities in political and public life: Multiple discrimination and access to rights;
- (e) Convention on the Rights of Persons with Disabilities: Strategies for promoting independent living in application of the treaty provisions on this matter.

711. The National Advisory Commission on the Integration of Persons with Disabilities has initiated international cooperation activities with the Organization of American States relating to cooperation in earthquake relief efforts in Haiti.

712. Attached is the report entitled “*Misión Haití. Inclusión de Personas con Discapacidad*,” prepared by the Technical Secretariat for the Implementation of the Program of Action for the Decade of the Americas for the Rights and Dignity of Persons with Disabilities, Department of Special Legal Programs of the Secretariat for Legal Affairs of the Organization of American States (see annex).

713. In the context of this on-going cooperation, Argentina participated in the international symposium on the reconstruction of Haiti, held in September 2010. The purpose of the symposium was to evaluate issues relating to persons with disabilities, accessibility and inclusion. The activity was organized by the Secretariat of State for the Integration of Persons with Disabilities of the Republic of Haiti. The National Advisory Commission for the Integration of Persons with Disabilities provided technical cooperation to this activity.

714. Within Mercosur, in 2008, the Meeting of High-level Human Rights Authorities set up a working group on promotion and protection of the rights of persons with disabilities. In that context, the international seminar on the Millennium Development Goals and Inclusive Development was held in March 2010.

715. The National Institute of Industrial Technology of the Ministry of Industry has established relations with the state of Minas Gerais in Brazil which include the following:

- (a) Programme of technical schools producing devices for persons with disabilities;
- (b) Linkages with technology agencies for the development and implementation of new forms of rehabilitation in the area of neuronal plasticity;
- (c) Coordination between Argentine and Brazilian producers in these areas;
- (d) Measures relating to the establishment of a centre to carry out actions in the context of the strategic plan of the National Institute of Industrial Technology, in connection with technological solidarity programmes.

716. The 2010–2011 work plan of the UNICEF Cooperation Programme with the Government of the Argentine Republic includes programme component 3, on Special Protection for the rights of children and adolescents, the National Directorate for Assistance

to Vulnerable Groups of the Human Rights Secretariat has proposed the inclusion of an activity on the development, design and printing of a child-friendly version of the Convention on the Rights of Persons with Disabilities.

Article 33

National implementation and monitoring

717. The measures adopted for designating one or more government agencies for matters relating to the implementation of the Convention, giving due consideration to the establishment or designation of a coordination mechanism to facilitate related action in different sectors and at different levels.

718. The National Advisory Commission on the Integration of Persons with Disabilities of the National Coordinating Council for Social Policies has been proposed as the government agencies for implementation of the Convention. The creation of the National Disability Observatory was proposed as the implementation and coordination mechanism to facilitate related action in different sectors and at different levels (art. 33, para.1).

719. The purpose of the National Disability Observatory is to generate, disseminate, update and systematize information on the matter gathered from different sources, both public and private, and to monitor the implementation of and compliance with the Convention in different areas.

720. The National Advisory Committee on the Integration of Persons with Disabilities was created by decree No. 1101/87, pursuant to the proposals set forth in the World Plan of Action concerning Disabled Persons adopted by the General Assembly in its resolution 37/52. The plan was updated by decree No. PEN 984/92 and decree No. PEN 678/03.

721. Its mission is to coordinate, standardize, advise, promote and disseminate throughout the country any actions that contribute directly or indirectly to the integration of persons with disabilities, without any distinction based on age, sex, race, religion or socioeconomic status, ensuring equitable distribution and access to the benefits provided.

722. The National Advisory Commission on the Integration of Persons with Disabilities presides the Federal Disability Council established by Act No. 24657 in 1966. The Council's membership includes representation at the highest level of each province and of the Government of the Autonomous City of Buenos Aires and representatives of non-governmental agencies made up of and working for persons with disabilities throughout the country.

723. In conclusion, the Argentine Republic wishes to report that it has taken actions relating to persons with disabilities among the indigenous peoples and, in this regard, it is working with different provinces. Attached in the annex is a report entitled "*Misión Valles Calchaquíes — Tucumán,*" which summarizes the experience gained.