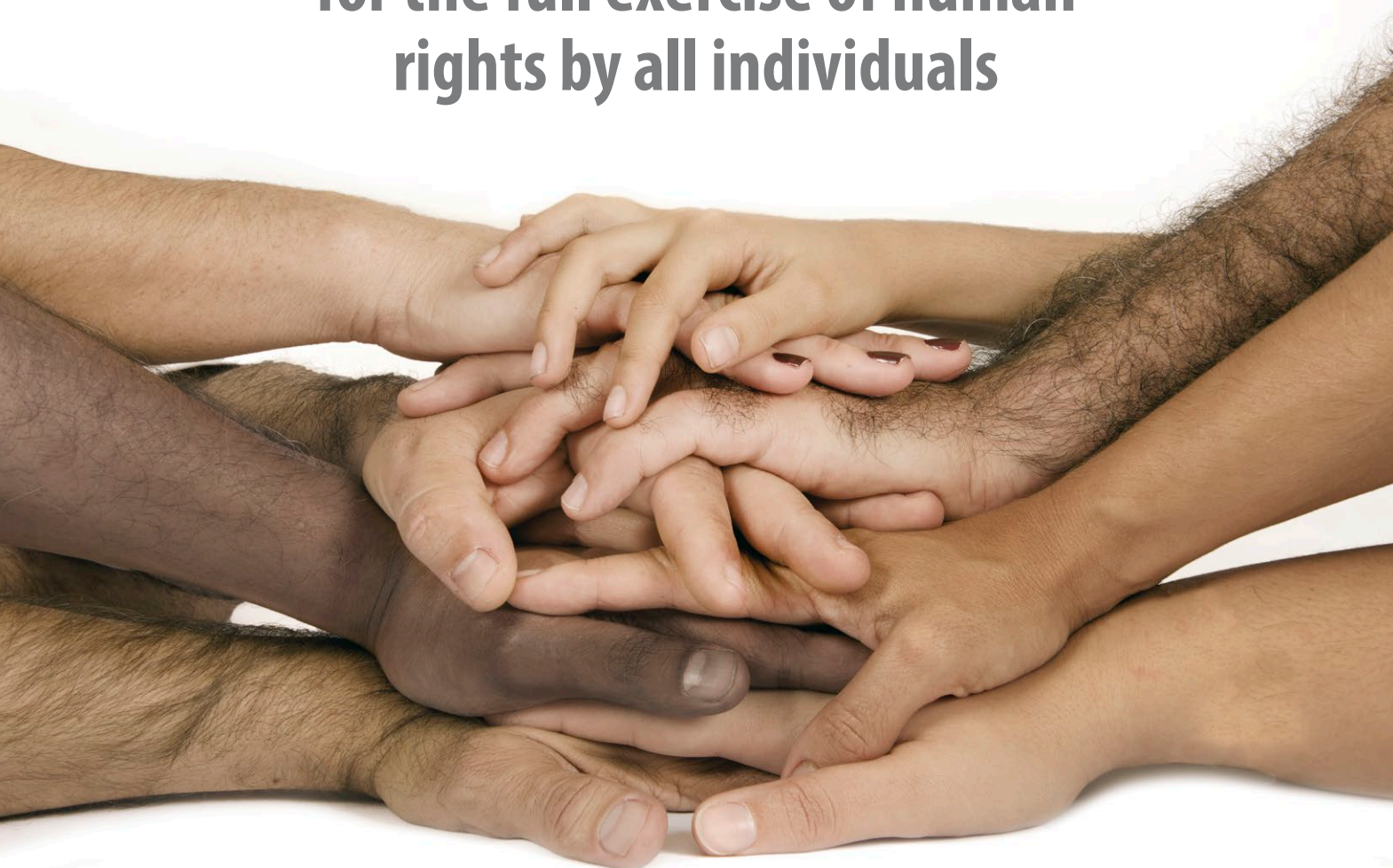
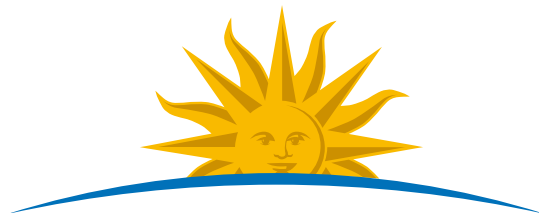




Population and development policies for the full exercise of human rights by all individuals



- Equal rights ■ Poverty and inequality
- Life cycle / Maternal and perinatal health / Childhood / Adolescence and Youth
/ Old age and aging ■ Disability ■ Ethno-racial dimension
 - Women's health during the reproductive process
 - Education in sexual and reproductive health and rights
- Sexual and reproductive rights as human rights ■ Gender ■ International migration



The State as a guarantor and promoter of human rights

To build equity

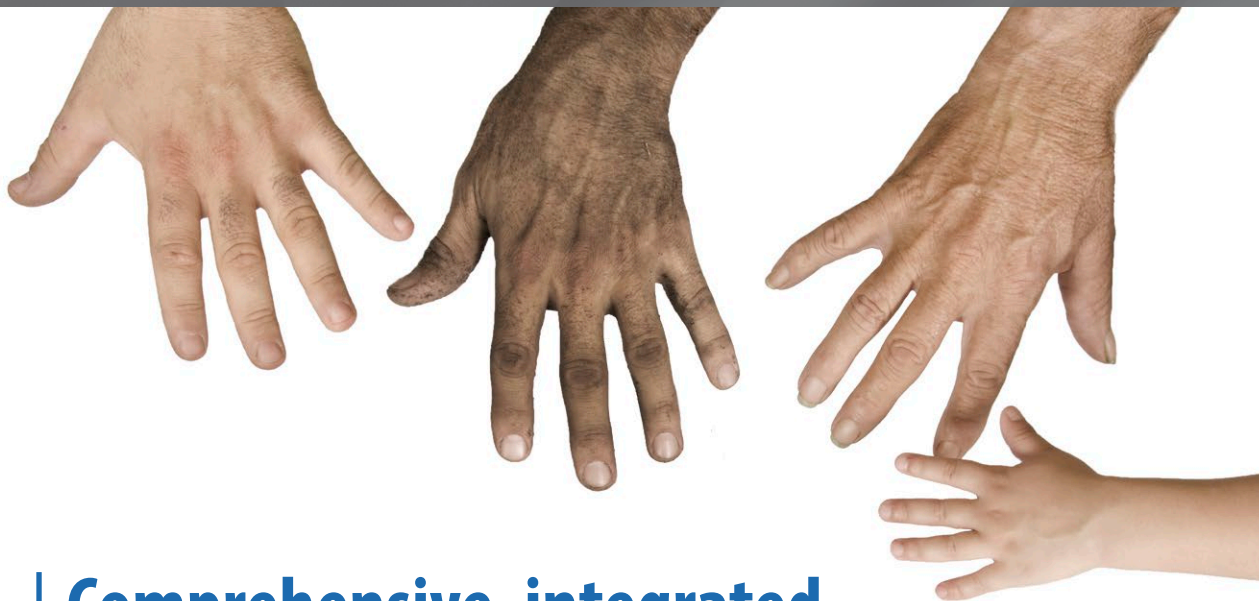
Although Uruguay reached high standards of living early in its history, the strong social and economic inequalities which were increased in the last decades of the twentieth century made it necessary for the State to resume its essential role as a guarantor and promoter of human rights.

In order to deal with that responsibility it was necessary to create new institutions, a new regulatory framework and a combination of universal and targeted policies. These policies seek to build equity on the basis of the full exercise of rights and the conscious decisions of citizens.

The population and development policies presented below have yielded results which, although far from sufficient, are enough to prove their effectiveness and confirm the path that has been taken.

The objective of all short- and long-term policies is the same: to revalue the human condition and place the full exercise of human rights at the centre of State action.

The challenge that lies ahead is the collective construction of a national coexistence and human rights platform that will contribute to strengthening policies focusing on gender, equity and human rights.



Comprehensive, integrated population policies

Population policies should be at the service of social welfare and public happiness. To do this, the *Comisión Sectorial de Población* (CSP - Sectoral Commission on Population) has been created as an institutional body responsible for advising government action on demography and population.

The CSP contributes to strengthening the presence of population issues on the social and political agenda and in the design and evaluation of public policies.

The strategic guidelines and vision developed by the CSP help to implement population policies that promote the exercise of all human rights.

This new institutional body, created in 2012, provides technical assistance and advice to State ministries and agencies on a variety of demographic and population issues, and has developed proposals for the Executive with specific recommendations on fertility, internal and international migration, and territorial distribution of the population.

Commitment to the Cairo agenda

A distinguishing mark of progressivism in Uruguay

A wide range of policies and programmes based on the principles of the Cairo Plan of Action bear witness to Uruguay's commitment to the population and development agenda.

This commitment is nothing new: it started at the International Conference on Population and Development held in 1994.

In recent years, the national government, together with social movements, has accelerated the transformation processes needed to honour the agreements reached in the field of population and development.

As regards meeting the Cairo+20 deadlines, Uruguay is proving that this agenda is possible and this is the strategic direction that must guide the development of the mankind.

- Equal rights ■ Poverty and inequality
- Life cycle / Maternal and perinatal health / Childhood / Adolescence and Youth / Old age and aging ■ Disability ■ Ethno-racial dimension
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New and strengthened institutions for the articulation and management of P&D policies

Uruguay has strengthened interaction between population and development by using a comprehensive, inclusive approach. This required the creation of new institutions responsible for the design and coordinated implementation of policies, strategies, plans and programmes.

The guiding principles of all social policies are **comprehensiveness, effectiveness, efficiency and transparency, while maintaining a medium- and long-term demographic vision.**

Legislative reforms to enhance State action

Several legislative initiatives were needed to strengthen the State's influence on the redistribution of income, its response to situations of social deprivation and the effective exercise of human rights.

Ministry of Social Development (2005)

Responsible for national social policies and (sectoral and territorial) coordination, articulation, monitoring, supervision and evaluation of plans in its relevant areas.

Social Cabinet (2005)

It establishes joint strategies in social policies. It determines budget allocations related to social public spending.

National Council on Social Policy (2005)

It coordinates the planning and implementation of all sectoral social policies throughout the country.

National Social Emergency Response Plan (2005-2007)

Response to national emergencies, including conditional transfers through *Ingreso Ciudadano* (Citizenship Income) and other programmes such as *Trabajo por Uruguay* (Working for Uruguay) and *Tarjeta Alimentaria* (Food Card).

National Institute for Women (2005)

It regulates gender policy to ensure equal rights and opportunities and guarantee equal participation at the cultural, political, social and economic level.

National Plan for Equal Opportunities and Rights (2007-2011)

It mainstreams the gender perspective in government and heads the National Council on Gender, which brings together social movements at the national level.

National Migration Board (2008)

It promotes the rights of migrants and Uruguayan living abroad; maintains and strengthens ties; encourages their participation in the national agenda and facilitates their return.

National Commission for the Fight against HIV/AIDS (2008)

It proposes actions and monitors the response to HIV/AIDS. It comprises ministries, Parliament, departmental governments, workers, civil society, education authorities, academia, and people with HIV, among others.

Equity Plan (2008)

It connects individuals for employment and social inclusion, and seeks to ensure that all individuals have a real opportunity to lead a decent life.

Electronic Certificate of Live Birth (2008)

It recognizes every newborn as a holder of rights, giving it an identity from the moment of birth. It enables coordination between all maternity wards and public agencies and services.

National Institute for Senior Citizens (2009)

It defines policies to achieve the full development of senior citizens and ensure their social and economic integration, meeting their needs at all levels.

Sectoral Commission on Population (2010)

It advises the Executive in order to define a medium- and long-term national demographic vision and a strategy to achieve it.

National Care System (under construction since 2010)

Aimed at three major populations: children aged 0-3 years old, the disabled and elderly dependents.

National Human Rights and Ombudsman Institution (2011)

It defends, promotes and protects the human rights recognized by the Constitution and international law.

2011 Census

In 2011, Uruguay completed the Population, Households, Housing, Shops and Urban Environments Census. Decision makers can use this information to identify inequities in the territory.

Social Reform Strategy (2011)

Aimed at the sustained and sustainable reduction of poverty, social stratification and inequality, with an emphasis on the causes and improving the quality of life of the population.

National Youth Plan (2011-2015)

A comprehensive youth policy that articulates different programmes with public agencies.

Uruguay Grows with You (2012)

A space for the articulation and strengthening of work on territory to meet the needs of families with pregnant women or children under four years old.

Strategy for Life and Coexistence (2012)

It addresses the problem of public insecurity and promotes coexistence as a way of overcoming fear in society by guaranteeing rights and security.

2005



2006



2007



2008



2009



2010

2011

2012



2013



Wages Councils (Decree 105, 2005)

It reinstates a tripartite negotiation space to determine the conditions of employment, set wages and promote collective negotiation.

Domestic Workers Act (No. 18065, 2006)

It regulates the working conditions of employed domestic workers, recognizing the same set of rights that apply to other groups of workers.

Tax Reform Act (No. 18083, 2007)

It aims to capture the revenue that is needed to develop policies that will improve the population's quality of life. Based on a "the-more-you-earn-the-more-you-pay" principle, it prioritized fairness, simplicity, sufficiency and the promotion of productive investment and employment.

Law on Health Care Reform: National Integrated Health System (No. 18211, 2007)

It articulates public and private providers for the provision of comprehensive health care. It transforms the funding model in order to ensure universal access for all residents in the country, favouring solidarity through the National Health Fund.

Law on Equal Rights and Opportunities between Men and Women (No. 18104, 2007)

It promotes respect for and the monitoring of women's human rights at the civil, political, economic, social and cultural level by developing and enforcing egalitarian legislation.

Concubinage Act (No. 18246, 2008)

It recognizes the rights and obligations of those who have been living together in a sexual relationship for more than five years, whatever their gender or sexual identity, orientation or preference.

Law on Land-Use Planning and Sustainable Development (No. 18308, 2008)

It establishes the framework for land-use planning and sustainable development as the State's essential responsibilities.

Law on the Protection of the Right to Sexual and Reproductive Health Care (No. 18426, 2008)

It encompasses all the aspects of sexual and reproductive health (SRH) and requires public and private health providers to create and provide SRH services and counselling. It guarantees free access to contraception in public services.

Migration Act (No. 18250, 2008)

It recognizes the right of migrants to family reunification and access to justice, and it grants them the same rights as nationals, outlawing all forms of discrimination, xenophobia and racism.

Sex Education in the General Education Act (No. 18437, 2009)

It institutionalizes sex education at all levels of formal education, from kindergarten to teacher training, cutting across the formal education system.

Law on Female Quotas in Political Parties (No. 18476, 2009)

It establishes the obligation of political parties to include people of both sexes in all lists of candidates in primary, national and departmental elections.

Law on the Prevention and Punishment of Sexual Harassment (No. 18561, 2009)

It establishes preventive measures and dejudicialized mechanisms for the investigation and punishment of sexual harassment in the workplace and in teacher-student relationships.

Law on the Voluntary Termination of Pregnancy (No. 18987, 2012)

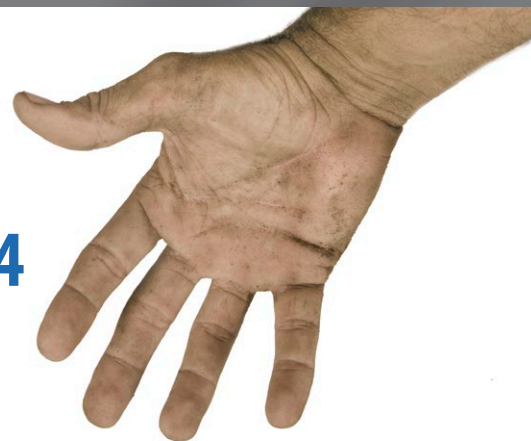
It decriminalizes the voluntary termination of pregnancy at the woman's request within the first twelve weeks of pregnancy.

Equal Marriage Act (No. 19075, 2013)

It legalizes same-sex marriage and introduces pertinent family-related aspects.

Poverty has fallen by 2/3 from 39.9% to 12.4% since 2004

Extreme poverty dropped from 4.7% to 0.5%



An economic and social policy of redistribution helped reduce poverty and inequality to all-time lows. Tax reform and the targeting of vulnerable populations were the key.

The incorporation of socio-demographic data and evidence in the design of public policies improved the results. Poverty among children under six has fallen from 56.5% to 24.5% since 2004.

Since the creation of the **National Council on Social Policy**, the main policies for the fight against poverty were the following.

National Social Emergency Response Plan 2005-2007

Designed and implemented in response to the social emergency situation resulting from the 1999-2002 crisis. Over 100,000 households received the **Ingreso Ciudadano** (Citizenship Income) – a cash transfer subject to the family's children attending school and undergoing health checks.

The plan also included **Trabajo por Uruguay** (Working for Uruguay), which provided employment opportunities and training, and the **Tarjeta Alimentaria** (Food Card).

Equity Plan (since 2008)

It materializes and enhances the poverty and social inequality reduction strategy as a condition of an integrated, inclusive country.

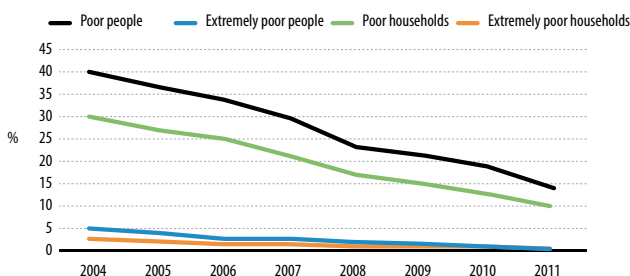
The goal is equal access in the areas of:

- Universal social services.
- Income through dignified work.
- Basic social benefits.

Social Reform Strategy (2011)

This medium- and long-term strategy aims to build a new social protection matrix that will ensure that the fruits of national income are distributed evenly across the population, for the full exercise of rights.

People and households below the poverty and extreme poverty lines (2004-2011)



The demographic dividend in action: The Ceibal Plan, one laptop per child in all public schools

The Ceibal (Spanish acronym for “Educational Connectivity/Basic Computing for Online Learning”) Plan contributes to social inclusion by closing the digital divide and enabling greater and improved access to education and culture. It promotes the use of technological resources, teacher training, the development of appropriate content and social and family participation.

Unprecedented at the international level due to its nationwide scope, and acclaimed by ECLAC as an example of how to use the demographic dividend, the plan provides all children and their teachers in state schools with a laptop with wireless (Wi-Fi) connection.

Infant mortality dropped from 12.2 to 8.6 between triennia 2004-2006 and 2010-2012

Every one thousand live births

In the last triennium, Uruguay has managed to bring infant mortality down to single digits. The current figures have positioned it among the highest ranking in the region.

The infant mortality rate depends on many factors related to health care services and the social conditions of the population.

The **National Integrated Health System** provides free universal coverage for the comprehensive care of all children. Since its implementation, health checks and monitoring have been extended to the age of three – including oral and eye care –, incorporating home visits to newborns and the assessment of their development.

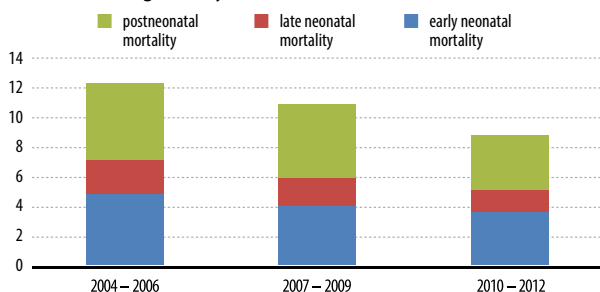
The **Vaccination Scheme Certificate** was extended and amended, which makes Uruguay a public health example in the area of control and prevention of infectious diseases.

Between 2004 and 2012, the neonatal mortality rate fell from 7.7 to 5.5 every one thousand live births,

and the postneonatal mortality rate fell from 5.5 to 3.7 every one thousand live births.

Infant mortality rate and its components 2004-2012

(Triennial averages every one thousand live births)



During 2012, the main cause of infant death was congenital malformations and chromosomal deformations and abnormalities. Deaths related to these factors increased by 4% compared to 2011. The other causes of death were conditions related to premature births.

Moving towards the MDG target

Uruguay more than halved the mortality rate among children under five, which was 23.4 every one thousand live births in 1990.

To achieve the goal of reducing the mortality of children under five by two thirds, it will be necessary to maintain the downward trend and accelerate its decline.

Addressing the problem of child poverty and improving early detection and monitoring of pregnancy are the basis of these possibilities.



Comprehensive care of children under 4 and pregnant women

Actions to reach the most vulnerable families in the territory

The foundations for all the subsequent development of the individual are laid during pregnancy and early childhood. Targeting care on this stage is a way of contributing to the sustained and sustainable growth of the country.

The implementation of public policies with an impact on the living conditions of children and their families calls for the interagency coordination of all the government stakeholders in the territory. The goal is to extend coverage during childhood and adolescence, and enhance care.

The relationship between lifestyle and gene expression (epigenetics) shows that there is a window of opportunity to reduce social vulnerability and prevent the intergenerational transmission of poverty and chronic diseases.

In 2007 the **Child and Family Care Centres (CAIF Plan)** increased their coverage and improved the quality of early stimulation, early childhood education, food and support for families at risk. This is implemented through partnerships among

the State, civil society organizations and local governments.

In 2008, pre-school education became universal for children aged four to five.

The **2010-2030 National Strategy on Children and Adolescents** (Estrategia Nacional de Infancia y Adolescencia or ENIA) was designed on the basis of an agreed diagnosis of the population's situation made in 2008. A process of participatory discussion helped to agree on medium- and long-term national policies for children and adolescents.

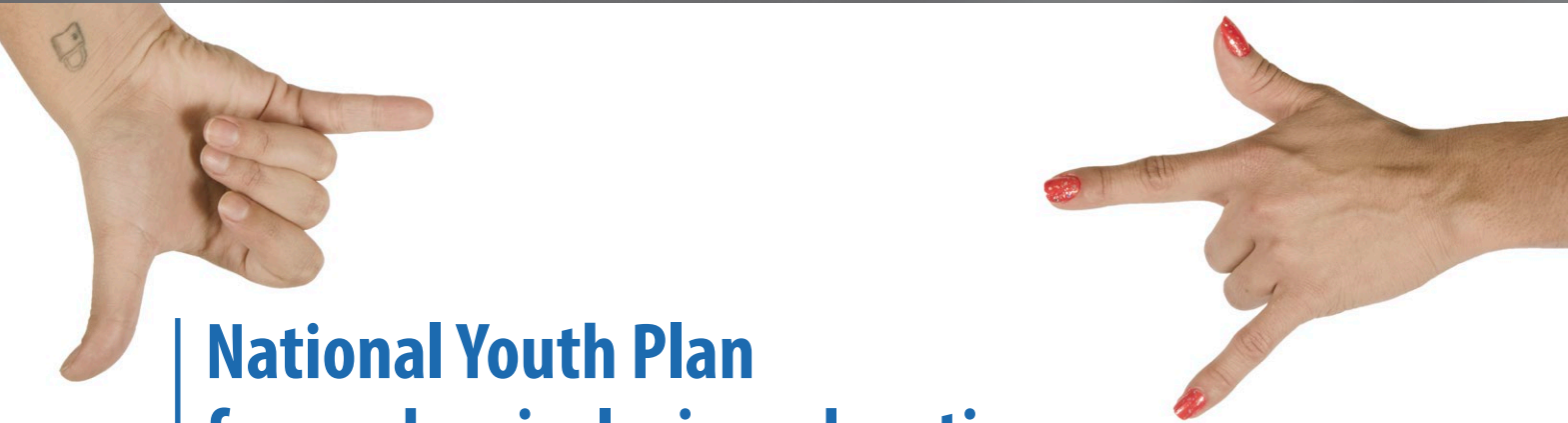
The **Cercanías Programme** supports families who are in extreme poverty. Its aim is to provide comprehensive assistance to the adults, children and adolescents that are members of these families in order to help them out of their situation.

Uruguay Grows with You (since 2012)

This programme consolidates a comprehensive early childhood protection system through public policy that ensures the adequate care and protection of pregnant women and children under four, from the perspective of their rights.

It is an intensive follow-up effort particularly focused on families facing health and social risks.

Its aim is to reduce the incidence of anaemia, improve the quality of pregnancy checks, early pregnancy detection, reduce the incidence of underweight and underdeveloped children, improve early childhood development and reduce the incidence of gestational syphilis. It also seeks to integrate families with work and social life.



National Youth Plan focused on inclusive education

Since 2007, a number of plans and programmes have been implemented aiming to keep adolescents in or bring them back to the formal secondary education system for their full and comprehensive development.

Young people and adolescents are face with social vulnerabilities that lead them away from schools.

The **2011-2015 National Youth Plan** is a comprehensive youth policy that articulates different programmes with public agencies. It involves four hubs.

Educational Commitment

It provides alternative learning spaces where the adolescent plays a more significant role as an educational subject. Spaces for reference between peers are created, an education agreement is formalized, and scholarships are awarded.

Emancipation

It promotes employment programmes for unemployed youth and a first experience for young students. It facilitates access to rental collaterals for young people. It promotes youth work through a new **Youth Employment Act**, currently going through the National Parliament.

Health

108 **Adolescent Health Spaces** were created and the free national sexuality and rights hotline was strengthened.

Participation

It promotes the social and political participation of young people, providing support to 216 participation initiatives and 18 young-researcher initiatives.

The *Jóvenes en Red* (Networked Youth) Programme

seeks to promote the exercise of the rights of young people aged 14 to 24 having no connection with the education system and the formal employment market. It is aimed at adolescents and young people who do not study and have not completed their lower secondary education. The target population comes from households with incomes below the poverty line and no formal employment.

International recognition

In 2012, Educational Commitment was selected by international organizations as one of the 20 Best Practices in Youth Policies in Latin America.

In 2011, it succeeded in reducing truancy among young people in the first year of secondary school.

Today's challenges involve maximizing impacts, expanding coverage and developing strategies for the sustainability of educational inclusion that will feature in the upcoming 2015-2025 Youth Action Plan.



Social Security

98% coverage of senior citizens

Poverty among senior citizens fell from 10.8% to 3.2% between 2004 and 2012

The policies on old age and aging represent a paradigm shift, while constituting a real improvement in the welfare of Uruguay's senior citizens (14% are aged over 65).

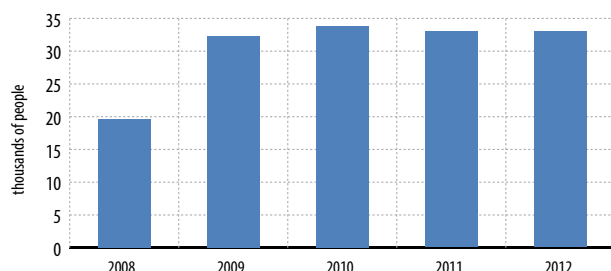
The **Retirement Benefits Act** (No. 18395, 2008) increased social security coverage, especially for women, by incorporating the following benefits:

- It relaxes the conditions of access to retirement benefits.
- It recognizes one year of work per child towards the retirement age.
- It includes concubines as pension beneficiaries.
- It recognizes aggregate years of work in Uruguay and other countries.
- It provides for redress in situations of political or union persecution.

The **National Institute for Senior Citizens** (Law No. 18617, 2009) promotes the full development of senior citizens and their social and economic integration, meeting their needs at all levels of individual and collective life for their exercise of their rights as individuals and social subjects. The elderly population in extreme poverty receive a cash transfer called **Old Age Assistance**.

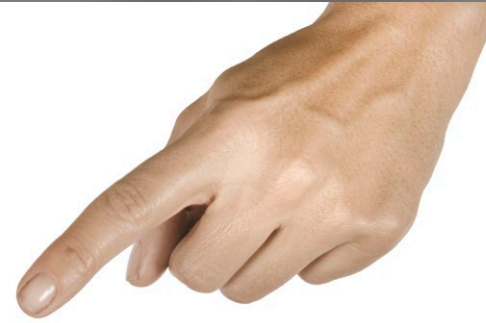
The creation of the **Network of Senior Citizen Organizations** (*Red de Organizaciones de Adultos Mayores or Redam*), members of the **Inmayores Advisory Council** and active participants in the design of the **National Plan on Aging and Old Age**, has ensured the exercise of the right to participation of senior citizens organized at the national level.

Retirements 2008 - 2012



2013-2015 National Plan on Aging and Old Age

It includes social inclusion and protection, the right to comprehensive health care, housing and the environment as a factor of social integration, and education for all individuals at the different stages of life.



Protecting the rights of people with disabilities

Uruguay is making progress in the visibility, participation and inclusion of people with disabilities. According to the 2011 Census, 7% of the population reports having at least one severe disability.

For the first time, Uruguay's population census included questions about disability. This information with a territorial perspective helps better identify the needs of people with disabilities.

The **Law on the Comprehensive Protection of Persons with Disabilities** (No. 18651, 2010) aims to ensure their medical care, education, physical, psychological, social, economic, and professional rehabilitation, and social security coverage, as well as giving them benefits, allowances and incentives to neutralize the disadvantages resulting from their disability.

An individual is considered disabled if he/she suffers from a permanent or prolonged physical or mental functional impairment in relation to his/her age and social environment resulting in considerable disadvantages for family and social life, education or employment.

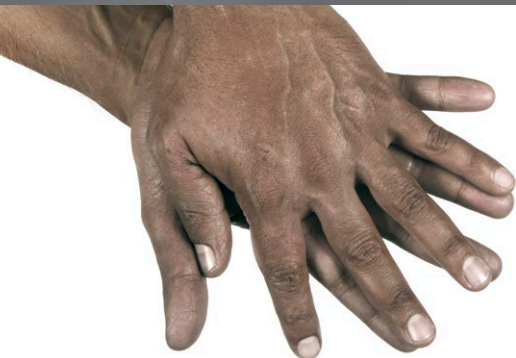
The **National Disability Programme (Programa Nacional de Discapacidad or PRONADIS)** leads the promotion of a **National Disability Plan** using a gender and rights approach, including:

- The design of strategies to promote employment for people with disabilities.
- A commitment to accessibility.
- Strategies for continuing the education of people graduating from special schools.
- The creation of a fund to support innovative proposals for inclusion and research into new technologies for people with disabilities.
- A system for the development, allocation and delivery of assistive technologies.

PRONADIS works in coordination with the **National Honorary Committee on Disability** to contribute to strengthening departmental honorary commissions.

Pilot South-South Cooperation experiences

The South-South Cooperation with Ecuador and Cuba contributed pilot experiences from a model that uses a comprehensive approach to disabled people as the way to move towards a "Uruguay without barriers."



Specific responses to profound ethno-racial inequalities

The mechanisms for ethno-racial equity that have been created in the State contribute to providing specific answers to the African-Uruguayan population.

The State's commitment has resulted in the installation of institutional mechanisms in ministries and departmental governments.

The Ministry of Social Development and the **National Women's Institute** implement public policies with an ethno-racial approach.

In the field of education, an interagency group is working on the creation of educational and teacher-training devices to promote ethno-racial and gender equity in the public education system as well as in a graduate university programme on African descent, Gender and Public Policy. They also place a strong emphasis on training civil servants and political decision-makers.

The **Ministry of Education and Culture** allocates quotas and substantive opportunities for people of African descent in its scholarship system, including:

- **Economic Support Scholarships** to combat early truancy.

- **Carlos Quijano Graduate Scholarship** to ensure the access of professionals of African descent to higher education.

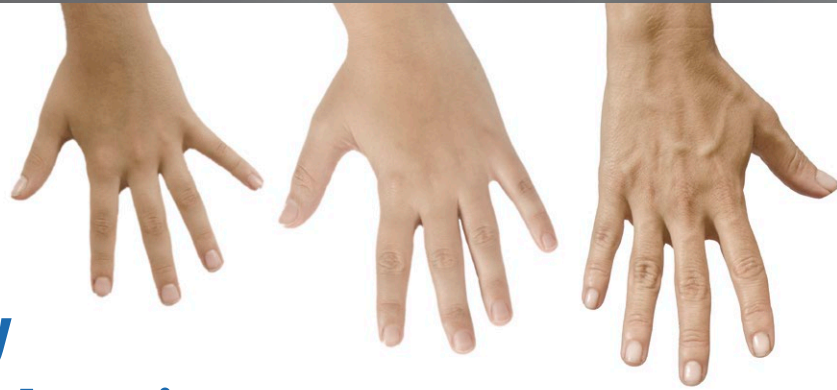
Legislative progress

- Law No. 17677, 2003: Against incitement to hatred, contempt or violence or the commission of these acts against certain individuals.
- Law No. 17817, 2004: Fights racism, xenophobia and discrimination.
- Law No. 18059, 2006: National Day of Candombe, African-Uruguayan Culture and Racial Equity.

Efforts are being made to secure the passage of the law that promotes affirmative action, education incentives, quotas of vacancies in public administration and other policies for the population of African descent as a way of recognizing them as a group that has been the victim of racism and acknowledging the need to redress this discrimination.

The 2011 Census includes questions about racial self-identification

In order to provide evidence to guide public policy towards racial recognition and equality, the 2011 census and the national statistical system included racial self-identification questions. The inquiry into ethno-racial characteristics of the population is essential for the recognition of minority populations as holders of rights.



Maternal mortality the lowest in Latin America

Uruguay is reaching the MDG maternal mortality target

Conscientious, responsible motherhood, the health system at the service of women, and the early detection and monitoring of pregnancy significantly reduce risks.

The **National Integrated Health System** prioritizes children, adolescents and women. The health care goals set by the health authority are: regular checks for children and pregnant women to decrease inequities among vulnerable populations.

The **Health Initiatives against Abortion in Unsafe Conditions (*Iniciativas Sanitarias contra el Aborto Provocado en Condiciones de Riesgo or ISCAPCR*)** model and the decriminalization of abortion guarantee the right of women to receive advice and assistance in all circumstances of life, including before and after the termination of pregnancy.

The 2012-2015 Perinatologic Plan proposes:

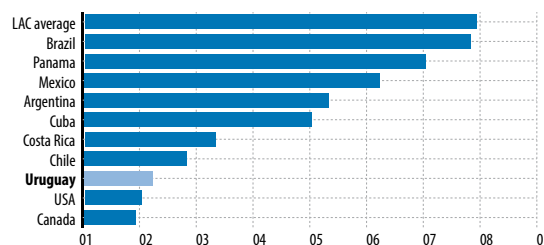
- The opening of maternity wards.

- A transfer system for pregnant women and their babies.
- Decreasing congenital syphilis.
- Home visits to children with risk assessment.

In the light of advances in women's health and sexual and reproductive health, it is reasonable to expect full compliance with MDG 5.

Maternal mortality 2012

(Every 100,000 live births)



Providing pre- and post-abortion counselling: an obligation of the health system

Uruguay has shown that the strategy of reducing risk and damage eliminates maternal deaths resulting from abortions in unsafe conditions almost completely.

Since 2001, even in the context of the illegality of abortion, a health policy has been in place whereby women receive advice on the basis of confidentiality and the recognition of the right to health care and to make informed decisions in all situations, including in the case of an unwanted pregnancy.

This strategy, together with sex and reproductive education, family planning and contraception, and the provision of comprehensive sexual and reproductive health services, has helped Uruguay rank third in the Americas, and first in Latin America among the countries with the lowest maternal mortality since 2012.

At this rate, by 2015 Uruguay will have met the objective of reducing maternal mortality by three quarters compared to 1990.

Sexual and reproductive rights in formal education

The State has made a commitment to ensuring the full exercise of sexual and reproductive rights by all the population. Sexuality education is a central hub in achieving this goal.

All the levels of formal education have incorporated education in sexual and reproductive rights in a progressive, continuous and articulated manner, including children, adolescents and teachers.

The inception of the **Sex Education Programme** in 2006 resulted in the incorporation of sex education into public education through the development of curricula and the production of materials.

The **General Education Act** (No. 18437, 2009) institutionalized sex education by including it as a crosscutting hub at all levels of formal education.

The aim is to create a learning space that will provide scientific information and elements for reflection in order to incorporate sexuality in a full and enriching manner, enhancing the individual's comprehensive development by legitimizing this dimension as a human right and promoting

linkages of respect and fairness among all individuals.

Inclusion in the education system is based on three concepts:

- Sexuality and its significance in the process of constituting a person and establishing links.
- Development and overall health as key elements for human fulfilment.
- The educational process as an element that shapes autonomous individuals and as the basis of citizenship.

A framework agreement among the Ministry of Public Health, ANEP (National Public Education Administration), and the Ministry of Social Development (2010) created a commission for sectoral articulation and the implementation of the **Law on the Protection of the Right to Sexual and Reproductive Health** (No. 18426, 2008).

Three areas lend sustainability to the process of implementing sex education

Curricular area

A Sex Education Commission defines, articulates and coordinates strategic lines, resources and actions in the education system.

Teacher training

The participation of teaching staff enriches the proposal by contributing perspectives, experiences and reflections.

Knowledge Production

It promotes lines of research that provide an insight into the realities of students and their families in order to increase the quality of the educational process.



Universal access to sexual and reproductive health services and contraception

The advances in reproductive health and rights are aimed at improving access to and the quality of care for all individuals. All the population has the right to safe, quality contraception in all health services.

In 2011 the Ministry of Public Health, through the **National Integrated Health System**, started regulating the right to the protection of the health of all individuals and homogenizing benefits between public and private institutions.

The **Law on the Protection of the Right to Sexual and Reproductive Health** (No. 18426, 2008) requires health providers to:

- Create sexual and reproductive health services.
- Ensure private and confidential service for all individuals by a professional team.
- Offer counselling on SRH, including prevention of STIs.
- Provide reversible and irreversible contraceptive methods.

The **Law on the Voluntary Termination of Pregnancy** (No. 18987, 2012) guarantees women's rights to and the conditions for a safe abortion.

The national response to HIV/AIDS resulted in strategic and programmatic achievements. It led to the passage of the **2012-2015 National Strategic STI-HIV/AIDS Plan**, which established guidelines for promotion, prevention, support and comprehensive health care, and social security rights and obligations were extended to sex workers.

- In 2009-2012, antiretroviral treatment for people with HIV increased by 53%.
- In the same period, access to diagnostic testing, an essential tool for prevention and early treatment, increased by 21%.

Homophobia-free health centres

Since 2012, inclusive health centres have been created for all sexual orientations, where children, adolescents, young people and adults are served under a strategy of primary health care.



National Plan for Equal Opportunities and Rights

For the first time, Uruguay has a National Plan for Equal Opportunities and Rights and gender equality policies that encourage development.

The substantial progress in gender equality helps to ensure and promote the exercise of the rights of men and women and the improvement of Uruguay's population policies.

The **National Women's Institute (2005)** has promoted gender equality policies and advocacy. The **National Plan for Equal Opportunities and Rights (2007-2011)** mainstreams the gender approach in the State. It articulates a network of gender mechanisms and trains civil servants, consolidates changes in public administration and promotes equality in all areas of development under a territorial approach.

Policies have also been implemented to deal with the inequalities resulting from intersectionality with other dimensions of discrimination (ethno-racial, disability, life cycle, etc.).

Violence against women remains a complex problem. The State's response to domestic violence, human trafficking and sexual harassment in the workplace is coordinated and cuts across agencies, and it provides prevention, treatment, punishment and redress to women in that situation. The National Women's Institute chairs the **National Advisory Council for the Fight against Domestic Violence**, which comprises institutions and organizations established by Law No. 17514 (2002).

Uruguay has labour policies for social protection and the regulation of domestic work – the first in the region – as well as rules and devices for the prevention and punishment of sexual harassment in the workplace.

Mainstream

The **Quality Management with Gender Equality Model** confirms the incorporation of the gender perspective into the organization and management of human resources in public and private companies, government departments and other public bodies.

The **Gender Information System** compiles statistical data that show the inequalities between men and women in society.

Legislative progress

Law 18065, 2006: regulates paid domestic work.
 Law 18104, 2007: promotes equal rights and opportunities between men and women.
 Law 18246, 2008: recognizes the concubinage of two people regardless of gender, or sexual identity, orientation and preference.
 Law 18250, 2008: criminalizes human trafficking.
 Law 18395, 2008: recognizes one year of work per child towards the retirement age.
 Law 18441, 2008: governs the conditions of employment in rural work.
 Law 18476, 2009: sets participation quotas in electoral candidacies.
 Law 18561, 2009: prevents and punishes sexual harassment.
 Law 18620, 2009: legalizes name and sex change on identity papers.
 Law 18868, 2012: bans the requirement of non-pregnancy tests in the workplace.



Positive migration balance

The return of Uruguayans begins

The emigration flow is decreasing and the immigration flow is increasing. The migration trend of the past four decades is being reversed.

For the first time since the mid-sixties, the immigration of foreigners is increasing and Uruguayan expatriates are returning.

The return of Uruguayan expatriates is the main component accounting for the positive migration balance seen in recent years, rather than the immigration of non-native population.

According to data from the 2011 Census:

- Uruguay has a population of 3,286,314.
- 17,280 Uruguayans have returned over the last five years, 49% of whom are between 35 and 64 years old, and 34% between 15 and 34.
- Recent residents (2000-2011) in Uruguay born abroad account for 2.4% of the population.

- 24,512 foreign-born individuals arrived in Uruguay between 2000 and 2011.

After more than seventy years, a new **Migration Act** (No. 18250, 2008) was passed which recognized migration as an inalienable right.

Laws and decrees were implemented to facilitate the return of Uruguayans living abroad.

The **National Migration Board** was created as an interagency body working on the implementation of policies to attract immigrants and returnees and ensure the exercise of their rights throughout the country. This board is advised by a **Advisory-Consultative Council on Migration**, made up of social and union organizations dealing with migration issues.

Advisory Councils

The Advisory Councils on Uruguayans abroad are citizenship spaces that hold the Uruguayan community together. An estimated fifty councils have been formed since 2008.



"None of these problems is simple, but they are part of both the hardships and greatness of the world of the future. (...)

That is the contradiction facing us: the awareness that man has the resources, methods and intelligence to rebuild a world that will be fairer and better.

And, at the same time, the huge, searing daily questions (...) which we cannot deal with; not because we lack the knowledge, resources, or strength, but because we are islands within our societies and we cannot understand each other."

A handwritten signature in black ink, which appears to read "J. Mujica", is shown within a light grey rectangular border.

José Mujica

*President of the Oriental Republic of Uruguay
Excerpt from a speech at the V Congress of the Latin American
Population Association, ALAP, October 2012.*