

Disability Inclusion in Latin America and the Caribbean:

A Path to Sustainable Development



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Disability Inclusion in Latin America and the Caribbean:

A Path to Sustainable Development

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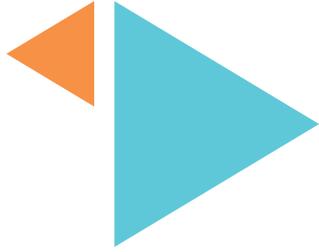
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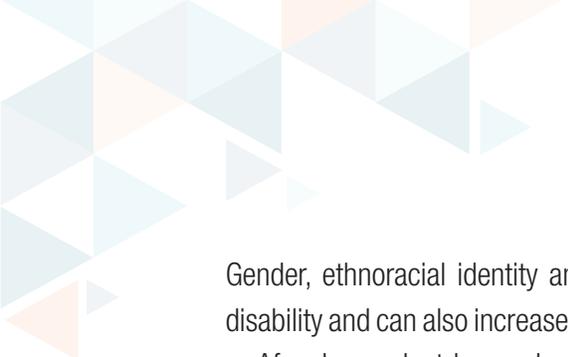
Key Messages

About 85 million persons with disabilities live in Latin America and the Caribbean – that is, one in three households have at least one person with disability. In the last decade, persons with disabilities have improved their situation in terms of statistical visibility, poverty reduction, access to schools, and increased recognition and participation in public and private spaces. Yet, they are more likely to live in households that are poor, are overrepresented amongst the vulnerable, continue to face unequal opportunities in the labor market, have lower accumulation of human capital, and have limited voice and agency to have their aspirations of development included in decision making.

Their exclusion from markets, services, and spaces has significantly diminished their resilience and put them at an increased risk to shocks, including the COVID-19 pandemic. About 1 in 5 people living in extreme poverty has a disability, and nearly 7 out of 10 households with persons with disabilities are vulnerable to falling into poverty. Such disparities are intimately connected to their unequal access and the substandard quality of their education (1 in 5 children with disabilities are out of school) and their poor insertion in the job market (half of all working age adults with disabilities are out of the labor force).

Persons with disabilities also encounter chronic forms of discrimination in many settings beyond schools and workplaces, including in intimate settings within their home, which leads to lower income, fewer opportunities, and on occasion violence. Discrimination based on disability can appear in subtle and seemingly innocuous daily expressions that can reinforce exclusion. Yet, it also manifests structurally through limitations in legal capacity or deprioritization in cases of critical care.





Gender, ethnoracial identity and living in rural settings can further intensify the exclusionary effects of a disability and can also increase the probability of developing an impairment in the first place. Being indigenous or Afro-descendant has a dramatic impact on education outcomes and magnifies wage disparities. These imbalances multiply out of gender disparities.

Despite important gains, critical gaps remain in the statistical inclusion of persons with disabilities, particularly for persons with intellectual and psychosocial disabilities. This translates into an immense knowledge gap on the specific barriers and challenges that these subgroups face.

There is a significant lag in the implementation of key policies and programs to ensure compliance with the United Nations Convention on the Rights of Persons with Disabilities, and an urgent need to evaluate the effectiveness of ongoing efforts toward disability inclusion. Rather than universal policies, it is only through sustained focalized efforts *with* persons with disabilities that countries will be able to fight exclusion.

The inclusion of persons with disabilities is important in itself, to build more equitable societies and contribute toward the 2030 Agenda for Sustainable Development, but it is also important because their exclusion threatens to make unsustainable the development opportunities of the region as a whole. As one of the fastest aging regions in the world (with the number of persons aged 60 and older expected to climb from 59 million to 196 million between now and 2050), the number of persons with disabilities will grow. Moving toward a sustainable future thus requires putting disability at the front and center of debates on inclusion and development that can make the Latin America and the Caribbean region more resilient.



Foreword

The last year and a half has shaken our understanding of vulnerability, exposing the risks of an unresolved and silent crisis that our region has been dragging on for decades before we ever heard of the COVID-19 pandemic. This is the crisis of exclusion. Latin America and the Caribbean is one of the most unequal regions in the world, but inequality does not hurt everyone in the same way. Some groups are more likely to be overrepresented among the poor and underrepresented in decision-making positions that would allow them to change their situations. This is the case of persons with disabilities.

The numbers are staggering. There are more than 85 million persons with disabilities in Latin America and the Caribbean, who are confronted daily with barriers that hinder their ability to fully participate in the labor market, reap the benefits of education, and access vital quality services, including health care. As a result, persons with disabilities have lower levels of human capital accumulation and worse labor market participation. The region has invested in direct transfers and other programs to ameliorate the impact of disability exclusion. Yet, persons with disabilities together with their families continue to be marginalized. That is, nearly 195 million people that live in households with persons with disabilities are unable to participate fully in social, cultural, economic, and political spaces due to the lack of policies on care and inclusion.

The COVID-19 pandemic has laid bare the urgent need to build more inclusive and resilient societies. Overwhelming health systems in poor and rich countries alike, COVID-19 brought to light the discriminatory allocation of health care. It





led to the disruption of psychosocial care, interrupted crucial rehabilitation therapy, and added obstacles to care provision for those with functional dependency. The increased need for mental health services stemming from the pandemic clashed with an already underfunded system. Average spending on mental health care services worldwide is 2.8 percent of total spending allocated to health, despite the fact that mental disorders represent over a third of total years of life lost.

Disruptions in education also made apparent the prepandemic learning crisis. Despite the significant expansion in access to primary education over the past decades, 15 percent of children with disabilities in the region were unable to attend school before the pandemic. As countries sought to reach students through online platforms and multimodal solutions, they confronted decades of inequity. Students with disabilities experienced lower access to quality education, a crushing digital divide, and significant drawbacks in teacher training to engage all students. These obstacles were greater for ethno-racial minorities with disabilities, who were often facing multiple challenges before the pandemic—discriminated against for their double condition of having a disability and their indigenous or Afro-descendant identity. In Brazil, Costa Rica, Ecuador, Mexico, and Uruguay, persons with disabilities are on average 24 percent less likely to complete primary education, but 30 percent less likely if they belong to an ethno-racial minority.

As the world came to a halt and quarantines were enforced, the shortcomings of the existing labor market became apparent. The rate of informality for workers with disabilities is 11 percent higher than the average, leaving them with little or no protection during the strict lockdowns. Cash transfers and relief support that depended on labor market participation failed to consider the high inactivity rate of persons with disabilities—almost half of them of ages 18 to 59 are inactive. Many are unable to join the labor market due to lack of reasonable accommodation, stigma, and other accessibility barriers. The lack of quality disaggregated data also made it harder for countries to fully understand their situations.

But COVID-19 also proved things can be done differently. The private sector and governments alike have come to terms with the fact that remote work is not opposed to efficiency. Reasonable accommodation and flexible work arrangements can not only be inexpensive but can also boost productivity and ensure talent retention. Persons with disabilities have fought for reasonable accommodation in the workplace over many decades, and many legal frameworks in our region recognize it as a right. Virtual public meetings and online feedback mechanisms have thus opened spaces to expand the voice of those that might otherwise not be able to participate in person. Service delivery is also becoming more in tune with the differentiated needs of diverse pockets of the population.



Today, World Bank-financed projects follow special standards to ensure the inclusion of persons with disabilities through its commitments under the Environmental and Social Framework and the Disability Inclusion and Accountability Framework. The Bank has also pledged to accelerate disability-inclusive development through the adoption of Ten Commitments to Disability-Inclusive Development in key areas such as education, digital development, data collection, gender, post-disaster reconstruction, transport, private sector investment, and social protection. The 19th and 20th Replenishments of the International Development Association (IDA) further reinforced such commitments, building on the strong momentum to achieve the Sustainable Development Goals.

As the region rebounds and continues to push forward its vaccination efforts, there is optimism of a post-COVID-19 world that builds on the lessons of inclusive education, flexible workplaces, broad safety nets, and greater awareness of mental health. Eliminating physical and attitudinal barriers to the inclusion of persons with disabilities will require the combined efforts of governments, the private sector, civil society, academia, and society as a whole, all while working with persons with disabilities and organizations of persons with disabilities.

The region has shown its resilience in recovering from many crises in the past. Today, we are at a crucial inflection point where it is clear that universal policies and economic growth alone are insufficient to eradicate the remaining pockets of exclusion. A disability-inclusive recovery should be included in the region's rebuilding strategy. Creating a sustainable future and improving the region's resilience thus entails placing disability at the front of conversations on recovery and development. We hope this report will serve as a contribution to the necessary debate to rebuild a strong and inclusive society.

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Abbreviations

ADHD	attention deficit/hyperactivity disorder
CASEN	Chile National Socioeconomic Characterization Survey (Encuesta de Caracterización Socioeconómica Nacional de Chile)
CONADI	National Council for the Attention of Persons with Disabilities (Consejo Nacional para la Atención de las Personas con Discapacidad), Guatemala
CONADIS Ecuador	National Council for the Equality of Persons with Disabilities (Consejo Nacional para la Igualdad de Discapacidades), Ecuador
CONADIS Peru	National Council for the Integration of Persons with Disabilities (Consejo Nacional para la Integración de la Persona con Discapacidad), Peru
CONAPDIS	National Commission for Persons with Disabilities (Consejo Nacional para las Personas con Discapacidad), Costa Rica
CONFED	Mexican Confederation of Organizations in Favor of Persons with Intellectual Disability (Confederación Mexicana de Organizaciones en Favor de la Persona con Discapacidad Intelectual), Mexico
DANE	National Administrative Department of Statistics (Departamento Administrativo Nacional de Estadística), Colombia

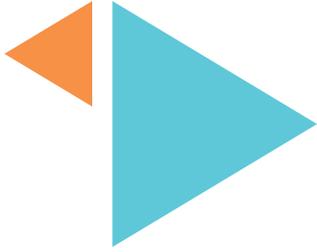


DPT	diphtheria, pertussis, and tetanus
ECV	Quality of Life Survey (Encuesta de Calidad de Vida)
EML	Labor Market Survey (Encuesta de Mercado Laboral)
ENADID	National Survey of Demographic Dynamics (Encuesta Nacional de la Dinámica Demográfica)
ENAH0	National Household Survey (Encuesta Nacional de Hogares)
ENDIS	National Disability Survey (Encuesta Nacional de Discapacidad)
ENEMDU	National Survey of Employment, Unemployment, and Underemployment (Encuesta Nacional de Empleo, Desempleo y Subempleo)
ENIGH	National Survey of Household Income and Expenditure (Encuesta Nacional de Ingresos y Gastos de los Hogares)
ENPDIS	National Survey on the Perception of Disability in the Population (Encuesta Nacional de Percepción de la Discapacidad en la Población)
FEDEC	Brazilian Federation of Entities of the Blind (Federação Brasileira de Entidades de e para Cegos)
FENEDIF	National Federation of Ecuadorians with Physical Disabilities (Federación Nacional de Ecuatorianos con Discapacidad Física)
FENEIS	National Federation of Education and Integration of the Deaf (Federação Nacional de Educação e Integração dos Surdos), Brazil
GDP	gross domestic product
GEIH	Large Integrated Household Survey (Gran Encuesta Integrada de Hogares)
IBGE	Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística)
ICF	International Classification of Functioning, Disability, and Health
ICFES	Colombian Institute for the Evaluation of Education (Instituto Colombiano para el Fomento de la Educación Superior)
ILO	International Labour Organization
INDEC	National Institute of Statistics and Censuses (Instituto Nacional de Estadística y Censos), Argentina

INEC	National Institute of Statistics and Censuses (Instituto Nacional de Estadística y Censos), Costa Rica
INEGI	National Institute of Statistics and Geography (Instituto Nacional de Estadística y Geografía), Mexico
INES	National Institute of Education for the Deaf (Instituto Nacional de Educação de Surdos), Brazil
IPUMS	Integrated Public Use Microdata Series
LGBTI+	lesbian, gay, bisexual, transgender, intersex, and other gender-diverse (people)
LLECE	Latin American Laboratory for Evaluation of the Quality of Education (Laboratorio Latinoamericano de Evaluación de la Calidad de la Educación)
MDA	Muscular Dystrophy Association
MMR	measles, mumps, and rubella
OECD	Organisation for Economic Co-operation and Development
OLS	ordinary least squares
ONEDEF	National Organization of Entities of People with Physical Limitations
ONSC	National Civil Service Office (Oficina Nacional del Servicio Civil)
PAHO	Pan American Health Organization
PENDIS	First National Survey on Disability (Primera Encuesta Nacional sobre Discapacidad)
PIE	School Integration Program (Programa de Integración Escolar)
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
PPP	purchasing power parity
REDATAM	Retrieval of Data for Small Areas by Microcomputer
RIADIS	Latin American Network of Nongovernmental Organizations of Persons with Disabilities and Their Families (Red Latinoamericana de Organizaciones No Gubernamentales de Personas con Discapacidad y sus Familias)
RUV	Unified System of Victims (Registro Único de Víctimas)

SAANEE	Attention and Counseling Services for Special Educational Needs (Servicios de Atención y Asesoramiento a las Necesidades Educativas Especiales)
SDG	Sustainable Development Goal
SEDLAC	Socio-Economic Database for Latin America and the Caribbean
SENADIS, Chile	National Disability Service (Servicio Nacional de la Discapacidad), Chile
SENADIS, Paraguay	National Secretariat for the Human Rights of Persons with Disabilities (Secretaría Nacional por los Derechos Humanos de las Personas con Discapacidad), Paraguay
SNARIV	National System for Integral Care and Reparation of Victims (Sistema Nacional de Atención y Reparación Integral a las Víctimas)
SND	National System for Disabilities (Sistema Nacional de Discapacidad)
TIMSS	Trends in International Mathematics and Science Study
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
US	United States
WDI	World Development Indicators
WG-SS	Washington Group Short Set on Functioning
WHO	World Health Organization

Note: All dollar amounts are US dollars unless otherwise indicated.



Executive Summary

About 85 million persons with disabilities live in Latin America and the Caribbean. Until recently, they were not included in regular statistics or policy design in most countries, rendering their situation and aspirations largely invisible. In the past decade, however, there has been a major shift. The countries of the region have unanimously ratified the United Nations Convention on the Rights of Persons with Disabilities and restructured their legal frameworks so as to strengthen the rights of persons with disabilities. Owing to the tenacious work of persons with disabilities and their representative organizations, countries have gradually adopted nondiscrimination laws, universal design principles, and better data collection criteria. Disability has increasingly taken a central place in policy discussions on education, labor, health care, and political participation. All these realignments have laid the foundation for building a disability-inclusive future.

Nonetheless, the full inclusion of persons with disabilities remains an elusive goal. Despite their growing visibility, they are more likely to live in households that are poorer than the average, are overrepresented amongst those vulnerable to fall into poverty, have a higher propensity to live in informal neighborhoods, have fewer years of education, and tend to be out of the labor market. In many places, they live isolated due to inaccessible built and virtual environments and face barriers to having their viewpoints and priorities included in decision-making. In every corner of the region, persons with disabilities are persistent victims of discrimination and confront glass ceilings that limit their personal development and social mobility.

The inclusion of persons with disabilities is important in itself, to build more equitable societies and meet the goals of the 2030 Agenda for Sustainable





Development, but it is also crucial because their exclusion threatens to make unsustainable the region's development opportunities. About 1 in 5 households living under extreme poverty has a person with disability, and nearly 7 in 10 households with persons with disabilities are vulnerable to poverty. This negative scenario is a reflection of their exclusion from markets, services, and spaces, all of which heightens their vulnerability to shocks, such as an economic crisis or the COVID-19 pandemic. As one of the fastest aging regions in the world, Latin America and the Caribbean will only see the number of persons with disabilities grow, challenging the long-term sustainability of the postpandemic economic recovery. Creating a sustainable future and improving the region's resilience thus entails placing disability front and center of the development agenda. This is particularly relevant today, as the region struggles to find again a path of inclusive growth after years of economic decline and the pandemic aftermath.

Based on the most recent data available, this report examines the situation of persons with disabilities and their households in Latin America and the Caribbean—the challenges they face, the underlying causes of their exclusion, and the array of potential solutions proposed so far. It celebrates the numerous achievements of the past decade, while underlining the long path that lies ahead for the full inclusion of persons with disabilities. In doing so, it seeks to inform future policy initiatives and amplify the voice of persons with disabilities.

► **Who Are Persons with Disabilities?**

According to the United Nations Convention on the Rights of Persons with Disabilities, persons with disabilities “include those 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.” Based on this definition, the exclusion of persons with disabilities is not caused solely by impairments, but also by the set of environmental and social barriers that obstruct their full participation. Such barriers, as this report underlines, can be more stringent for certain subgroups that already face cumulative disadvantages and fewer opportunities, such as women, rural dwellers, indigenous people, and Afro-descendants.

Assessing the status of persons with disabilities over time is challenging throughout the region, owing to the disparate use of disability variables in official statistics. In the 1980s, only 4 in 30 countries in Latin America and the Caribbean included a variable on disability in their national censuses, relying mostly on medically based criteria aimed at documenting “deficiencies”—sensory, motor, or mental—that equated disability with disease or injury. In the last two census rounds, however, most countries have improved their data collection methods to identify disability, mainly owing to the activism of persons with disabilities themselves. The region has gradually embraced the recommendations of the Washington Group on Disability Statistics, a global standard that seeks to align national data collection criteria with the United Nations Convention on the Rights



of Persons with Disabilities. By the 2010s, 24 in 30 countries had included a question on disability status in their census questionnaire, 20 of which followed to some degree the recommendations of the Washington Group. This shift has provided a more comprehensive picture of disability in Latin America and the Caribbean, with important implications for policy planning. As the region embarks on the 2020s round of censuses, and continues to harmonize its methodological criteria, disability data will become more robust and comparable.

The quantitative analysis of this report draws on census data from 16 countries, which are used to describe the number of persons with disabilities, their socioeconomic characteristics, where and how they live, and the gaps in access to services, markets, and assets. Household surveys from 8 countries are used to identify causalities in the intersection between disability and poverty, education, the labor market, gender, and ethnoracial identity, among others. The report also relies on disability surveys from 10 countries, health surveys from Brazil and Chile, opinion polls, official registries, and certification databases, as well as secondary literature. The report is also based on a legal and institutional analysis of 33 countries, aimed at tracking the degree of adherence to the United Nations Convention on the Rights of Persons with Disabilities. Lastly, the report draws on an intensive process of dialogue and engagement with organizations of persons with disabilities and other stakeholders in several countries, including national commissions on disability, organizations of persons with disabilities, and persons with disabilities themselves, conducted during 2020–2021. By combining data sources, research methods, and cross-validation exercises, this report offers a wide-ranging portrayal of disability in Latin America and the Caribbean.

Based on available data from the last census round (21 countries), there are close to 85 million persons with disabilities in Latin America and the Caribbean, or about 14.7 percent of the regional population. About 1 in 3 households (or 52 million) have at least one person with disability, and nearly 3 in 10 persons with disabilities (or 16.9 million) report a severe disability.¹ Disaggregated by type of disability, mobility difficulties are the most common form of disability, followed by vision difficulties. Psychosocial disabilities are the least reported form of disability, a trend that most likely reflects persistent discriminatory data collection practices and lack of awareness among enumerators.

The disability data of the region still have numerous limitations. In many countries, the quantitative data are relatively recent and have other limitations regarding timespan, comparability, and coverage of some subgroups (especially persons with psychosocial and intellectual disabilities). Thirteen of the 16 censuses with available microdata did not adhere entirely to the Washington Group recommendations, constraining cross-country comparisons. For these and other reasons, the regional estimates presented here are not definitive, but the best possible approximation.

¹ See chapter 2 for details on the methodology used for these estimations.

► The Social Inclusion Framework

The report approaches the study of persons with disabilities through the lens of social inclusion. Developed by the World Bank in 2013, the Social Inclusion Framework assumes that poverty exists and persists due to constraints imposed on some groups—based on their identity—that prevent their optimal accumulation of human capital, unrestricted access to services and markets, and participation in public life. Persons with disabilities are one such group. Due to a protracted history of prejudice, they have experienced statistical invisibility, marginalization from schools and workplaces, and ableist² attitudes that are still entrenched in the region's social fabric. Social inclusion thus refers to “the process of improving the ability, opportunity, and dignity of people, disadvantaged on the basis of their identity, to take part in society.”³

Disability-based exclusion is a complex, multilayered phenomenon. As part of the human condition, disability exists in all social groups irrespective of nationality, religion, gender, race, ethnicity, or age. Even without ever experiencing it firsthand, almost everyone will likely provide care for or interact with friends, relatives, and coworkers with disabilities in their lifetime. Despite its universality, an impairment may generate different outcomes depending on where a person lives, their socioeconomic status, their gender, race, and ethnicity, or other individual and collective circumstances (from opportunities afforded at birth to abilities and skills accumulated in their lifetime).

This report thus pays particular attention to gender, race, ethnicity, birthplace or place of residence, and their mutual intersections, as elements that can minimize or amplify exclusion. Throughout the region, persons with disabilities are in fact unevenly distributed across social categories. Living in a rural setting or being poor, a woman, or an indigenous or Afro-descendant person increases both the probability of developing an impairment and the intensity of its exclusionary effects. Whilst secondary literature and reports from organizations of persons with disabilities also document that lesbian, gay, bisexual, transgender, intersex, and other gender-diverse (LGBTI+) people and migrants with disabilities face higher levels of exclusion, this report does not examine closely sexual minorities and migrants due to data constraints. For the sake of space and our focus on inclusion rather than prevention, the report also omits some structural determinants that contribute to higher rates of disabilities among certain groups (such as violence or natural disasters), although the authors are fully aware of the importance of further exploring those issues.

In addition to overlapping identities, this report explores what the International Classification of Functioning, Disability, and Health calls “environmental factors,” a broad term that encompasses natural and built spaces, consumer goods, information communication technologies, public and private transportation, service delivery and workplaces, laws and institutional practices, as well as attitudes and perceptions. Environments can

2 Ableism is discrimination in favor of persons without disabilities.

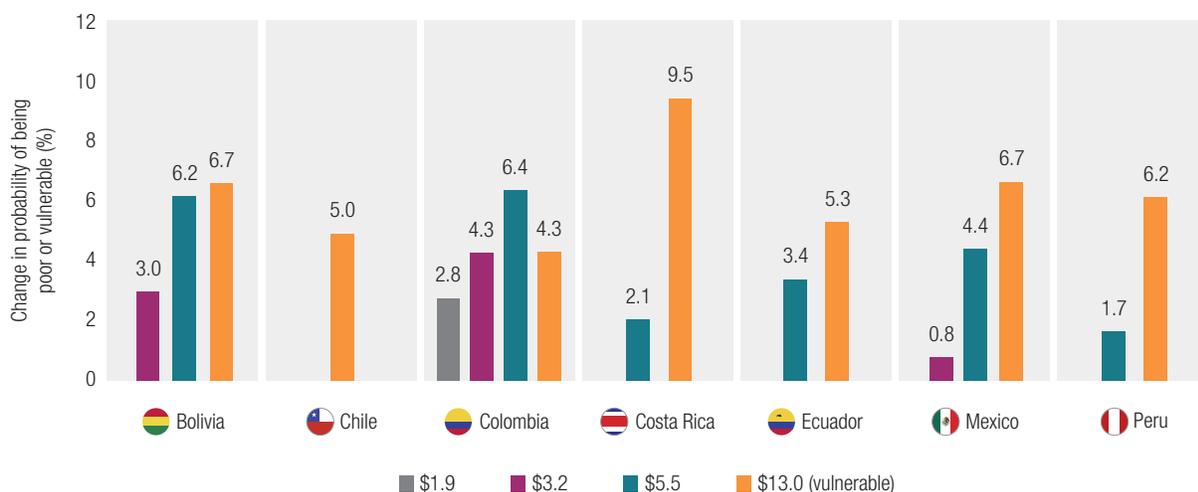
3 World Bank, *Inclusion Matters: The Foundation for Shared Prosperity* (Washington, DC: World Bank, 2013), 110.

be heterogeneous and dynamic, and their disabling or enabling features can delineate a person's degree of participation. Biased attitudes, for instance, can permeate institutional spaces such as schools, where bullying is normalized, or workplaces, where persons with disabilities are not promoted or hired at all. Over time, these ableist attitudes and perceptions can normalize the idea that persons with disabilities cannot work, go to school, or navigate the city on equal terms.

► Poverty and Access to Services

Poverty and disability are mutually aggravating. The prevalence of disability is greater in the lowest-income quintiles of every country, where people are more exposed to impairment-inducing environments and jobs, have poorer access to health care, have lower human capital accumulation, and, overall, live in more disabling and less inclusive contexts. One in five households living in extreme poverty (below the poverty line of \$3.2 per day)⁴ has at least one member with disabilities, and there is a higher-than-average incidence of monetary poverty (\$5.5 a day poverty line) in households with persons with disabilities in most countries analyzed. And across all countries, households with persons with disabilities have a higher probability of being vulnerable (\$13 a day poverty line) (figure ES.1). This is especially alarming as persons with disabilities often have additional living expenses, including larger health-related bills, private transportation fees, specialized diets or clothing, or other expenditures related to assistive devices, house adaptations, and professional care.

Figure ES.1
Change in Probability of Being Poor (\$1.9, \$3.2, \$5.5 per Day) or Vulnerable (\$13) If Household Has Persons with Disabilities



Note: Ordinary least squares (OLS) regression of household's poverty status (under the \$1.9, \$3.20, and \$5.50 per day global poverty lines) or vulnerable (\$13 per day), controlling for area (urban/rural), household head's gender, whether married, educational attainment, age cohort, number of children (whether two or more children or not). The graph only includes effects significant at 95 percent.

⁴ Note: All dollar amounts are US dollars unless otherwise indicated. All poverty line values are purchasing power parity (PPP) adjusted.



Poverty also has a greater impact on persons with disabilities living in rural areas or who have other demographic characteristics, such as being a woman or self-identifying as an ethnoracial minority. In most countries included in this report the probability of being poor for a household with a person with disability increases notably if there is at least one member of the household who self-identifies as indigenous or Afro-descendant. The sharpest increases are found in Bolivia (11.1 percentage points), followed by Mexico and Peru (both at around 7.6 percentage points).

The evolution of poverty gaps between persons with disabilities and others over the past two decades tells a heterogeneous story. While in some countries, such as Mexico and Peru, the gaps have remained stagnant, in Chile and Costa Rica they have been successfully closed. Such remarkable accomplishments can be attributed to sustained inclusive policies, mainly a combination of cash transfers and focalized programs that address the specific needs of persons with disabilities.

Nevertheless, looking beyond the immediate needs usually represented by the poverty line, the picture is more complex. About 7 in 10 households with persons with disabilities remain within an area of vulnerability (less than \$13 per day); that is, although not poor in monetary terms, they still are susceptible to falling into poverty in the event of shocks, such as an economic crisis, a natural disaster, or a pandemic, owing to their proximity to the poverty line. In this sense, in Costa Rica, persons with disabilities have a high probability of being vulnerable (at 9.5 percent), suggesting that strong poverty reduction policies have been very effective in lifting households with persons with disabilities out of poverty (mainly through cash transfers) but have not been enough to lift them above the vulnerability line. As the COVID-19 pandemic has shown, households living at the margins of poverty can fall back into poverty very rapidly, reversing decades of social gains in a few months.

Besides lower income levels, persons with disabilities are also affected by lower access to quality services (such as sewerage, electricity, and water). Multidimensional poverty is about 1.4 times higher for their households compared to those without a person with disability. Furthermore, they have less access to the internet, computers, and cellphones. Such disparities risk broadening the digital divide, which, in the context of COVID-19, can disproportionately hurt their education and employment prospects.

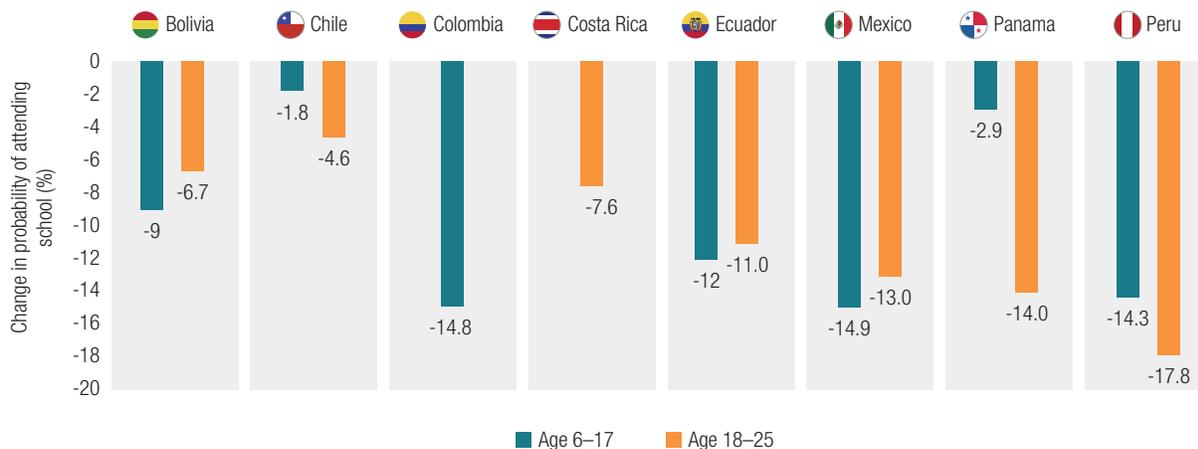
Access to Education

For decades, children and youths with disabilities were denied the right to enroll in mainstream schools and were (and many remain) relegated to special institutions that kept them isolated and with fewer skills and less knowledge to lead independent lives. In recent years, however, the region has taken steps to enhance the accessibility of schools and support flexible curricula and data collection practices. About 22 countries have passed laws that forbid disability-based discrimination in schools, and over 20 countries have legal

frameworks that guarantee children with disabilities access to all schooling levels. Due to these and other efforts, school enrollment rates for children with disabilities have risen steadily in many countries, signaling a slow but steady path toward having disability-inclusive schools. For instance, in Chile, Costa Rica, and Uruguay, the gap in primary education between students with and without disabilities has been narrowed to less than 5 percentage points.

Despite these positive steps, the regional average of children with disabilities out of primary education is four times higher than that of children without disabilities and, holding all else constant, they have a significantly lower probability of attending school (figure ES.2). In fact, illiteracy is five times higher among persons with disabilities (22.1 versus 4.3 percent). Children with disabilities are more likely to drop out, miss school, and suffer discrimination and violence in classroom settings. The causes are complex, but very few countries in Latin America and the Caribbean offer comprehensive early childhood education, let alone facilities and programs that are disability inclusive, putting children with disabilities on an unequal footing from an early age.

Figure ES.2
Decrease in Probability of Attending School If Person Has Disabilities, Ages 6–17 and 18–25



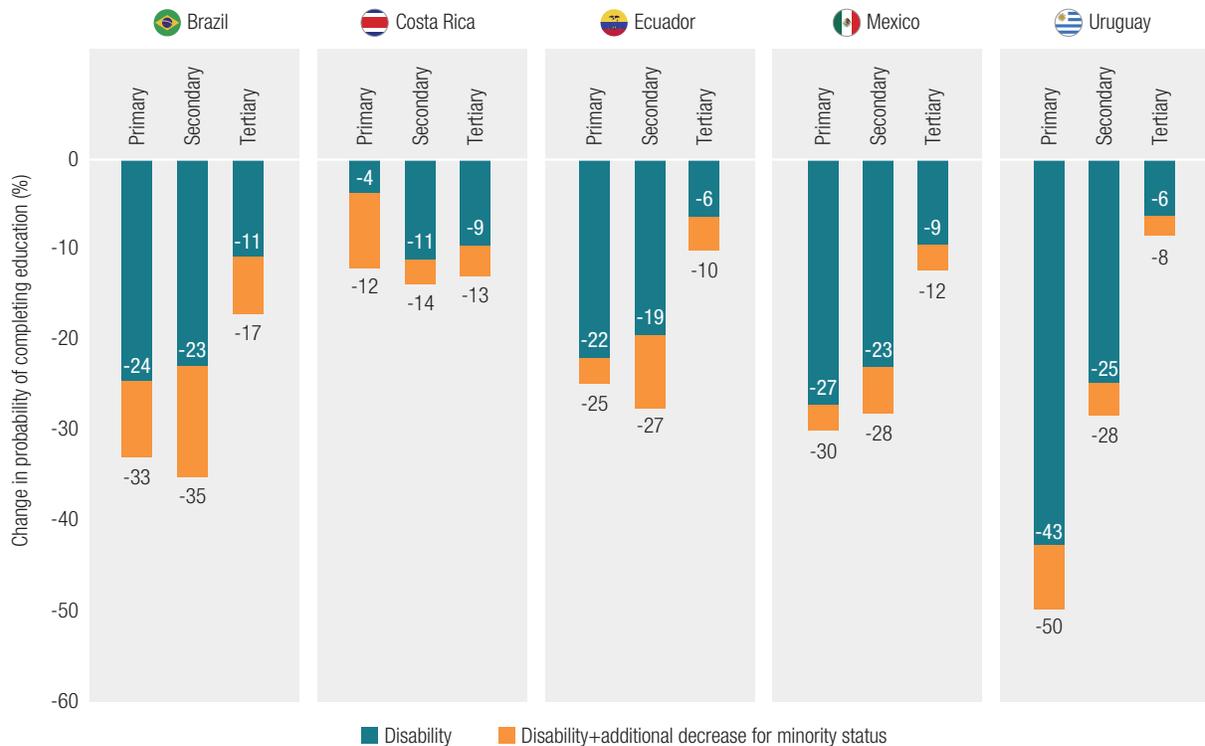
Source: Author's calculations using Socio-Economic Database for Latin America and the Caribbean (SEDLAC) (CEDLAS and World Bank).

Note: OLS controlling for gender, area of residence (urban/rural), age, household head's education, and household head's age. Results statistically significant (at least $p < 0.01$).

Gaps in attendance and completion are even more pronounced at secondary level, signaling problems with keeping students engaged as they move from one level to the next. As a result, persons with disabilities (ages 15–25) are 21 and 23 percentage points less likely to complete primary and secondary education, respectively, compared to their peers, and even more for those belonging to an ethnic minority (figure ES.3). They are also 9 percentage points less likely to finish tertiary education. The school closures caused by the COVID-19 pandemic threaten to make this discouraging scenario even worse.

Figure ES.3

Decrease in Probability of Completing Education by Disability and Minority Status, All Levels of Disability (%)



Source: Author's calculation using Integrated Public Use Microdata Series (IPUMS).

Note: The results for “minority” status indicate Afro-descendants for Brazil, Costa Rica, Ecuador, and Uruguay, and indigenous self-identification in Mexico.

Numerous factors work against the performance of children and youths with disabilities in school, including the persistence of special education institutions that do not equip them with adequate skills, inaccessible learning materials, and the absence of assistive technologies and training for teachers and school leaders. Teachers have an essential role in providing quality learning opportunities for all students, including those with disabilities. Still, there is a regional lack of pre- and in-service preparation for school staff—including for teacher assistants, resource teachers, community volunteers and other professionals—that can equip them with socioemotional competencies for engaging students with disabilities and knowledge about inclusive pedagogies, curriculum design, and the tenets of the Universal Design for Learning.

Moreover, learners with disabilities in the region are frequently in schools that are not only inaccessible or unresponsive to their needs, but also socially unwelcoming—that is, permeated by forms of discrimination and prejudice that hurt their performance and socioemotional well-being. The stigma and invisibility that have historically surrounded disability are even noticeable in the learning materials themselves. A forthcoming World Bank report on inclusive education that assessed 40 official or officially recommended textbooks of history and language courses, covering primary and middle school in 10 countries, found that persons with disabilities only appeared in 83 out of 5,100 images, with 65 of those images represented in a textbook in Ecuador. Textbooks in some countries (such as Uruguay and the Bolivarian Republic of Venezuela) had not a single image, and those of the other five countries combined (Brazil, Colombia, Honduras, Nicaragua, and Peru) had only six images. Stereotypical representations of disability in learning materials weakens the sense of belonging and dignity of learners with disabilities and inhibits the teaching of noncognitive skills such as tolerance and empathy in the classroom.

Although countries such as Chile and Costa Rica have narrowed the primary completion gaps among children with and without disabilities, and introduced important changes regarding school curricula, accessibility, and teacher training, most learners with disabilities in Latin America and the Caribbean are still being left behind. Without the skills and knowledge acquired in school, persons with disabilities can experience profound long-lasting economic consequences, especially when trying to navigate the job market.

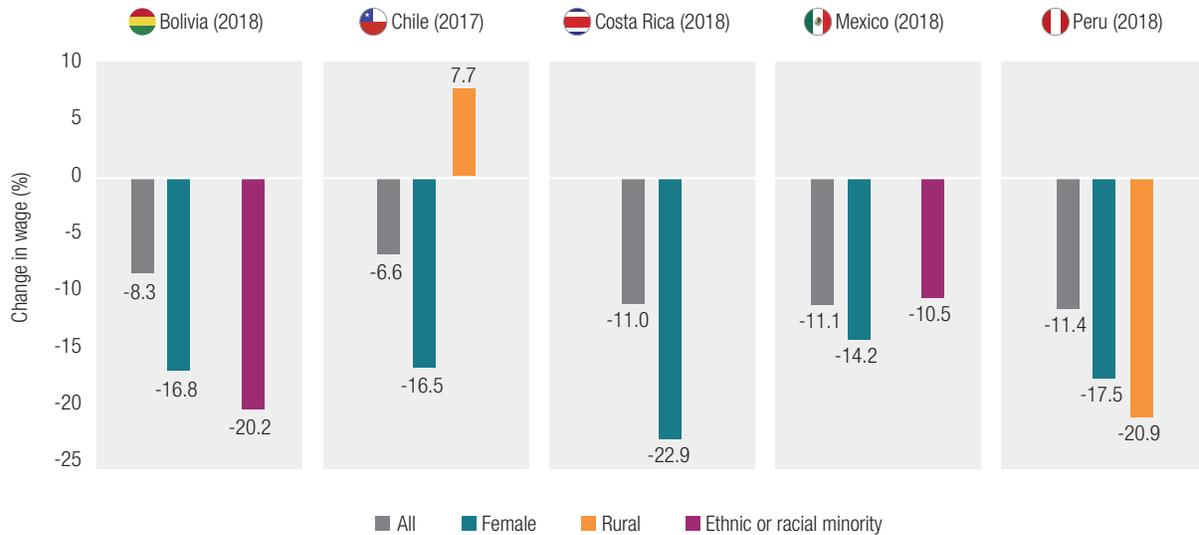
► Access to the Labor Market

Persons with disabilities are overwhelmingly excluded from the labor market. One in two household heads with disabilities is inactive—that is, neither working nor looking for a job. Inactivity has greater impact on women with disabilities, as 57 percent of them are inactive compared to 40 percent of their male peers with disabilities. Rather than outright self-exclusion, however, inactivity rates hint at the existence of job searching and placement obstacles that prevent many perfectly capable individuals from entering the workforce.

In contrast to other world regions, Latin America and the Caribbean shows no major difference in unemployment rates between persons with and without disabilities at the individual level. Still, regardless of their line of work, persons with disabilities tend to earn less for the same types of jobs, even if holding the same qualifications. In Costa Rica and Mexico, for example, a worker with disabilities earns on average \$0.8 on every \$1 made by a worker without disabilities. And holding all else constant, persons with disabilities make between 6 and 11 percent less for the same types of job than other workers across the region. If the disadvantages attached to other overlapping identities are factored in, such as race, ethnicity, or gender, the salary disparities get even larger (figure ES.4).

Figure ES.4

Percentage Points Decrease in Wage If Person (Ages 18–59) Has a Disability and Is Female, Lives in Rural Area or Is Indigenous/Afro-descendant



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: OLS regression of the marginal effect of disability on income (log hourly income on main occupation) controlling for disability, gender, area of residence, age cohort (18–25, 26–44, 45–55, 56–59), informality, educational attainment (complete primary, complete secondary, tertiary), type of work (wage workers, self-employed, and no-wage workers), agriculture (in or out), experience (defined as potential experience, which is equal to the difference between age and years of schooling minus six years), square of experience and occupation (1 “managers, professionals, scientists, intellectuals”; 2 “technicians and associates”; 3 “clerks”; 4 “service and sales workers”; 5 “skilled agricultural and fishery workers”; 6 “craft and related trades workers”; 7 “plant and machine operators and assemblers”; 8 “elementary occupations”). Ethnicity variable not available for Costa Rica; variable estimated using harmonized responses to question on self-identification as indigenous peoples or Afro-descendant. Includes statistically significant results with at least $p < 0.01$.

Such wage inequalities have spillover effects that hurt other members of their households (who also display comparatively smaller earnings). Thus, the absence of policies that foster the independence of persons with disabilities leads not only to their own forgone income, but also to forgone income of other household members, typically women, who frequently carry out unpaid care work. Indeed, between 5 and 7 out of 10 female household heads with a person with disability are unemployed, a trend that weakens women’s earnings in the long run. In countries as diverse as Bolivia and Costa Rica, this spillover effect contracts the income of other members of the household with a person with disability by about 10 percent.

Additionally, persons with disabilities frequently work under detrimental conditions. Informality, for example, is on average 11 percentage points higher among them compared to persons without disabilities. An informal job means being left out of social security systems and unable to enroll in a retirement scheme or receive employment-based health care. Informal workplaces are also less likely to provide reasonable accommodation and assistive technologies, increasing the risk of work-related accidents.

► Toward a Disability-Inclusive Future

The exclusion of persons with disabilities is a complex, multilayered problem. This is compounded by the inherent heterogeneity of disability and the ways in which environments, impairments, identities, and socioeconomic conditions create highly specific situations that demand tailored solutions. Change toward inclusion is certainly possible, though centuries of segregation cannot be dissipated overnight. Cognizant of these complexities, this report does not provide specific recommendations but instead outlines some broad strokes that can animate the design of social inclusion policies that respect the dignity and viewpoints of persons with disabilities.

Amplifying the Voice and Recognition of Persons with Disabilities

Historically, persons with disabilities have fought to have their voices heard in debates about inclusion and development. And the tide is shifting in the region, with recent progressive reforms and acknowledgments of past wrongdoings. Still, much remains to be done before their full and effective participation is a reality. One alarming example is the restrictions on legal capacity in many countries, particularly those targeting persons with intellectual and psychosocial disabilities. Such constraints can strip a person's freedom and ability to make decisions on their health, finances, and well-being, violating their dignity and essential rights. But the lack of voice and recognition is also exemplified in the more subtle, seemingly innocuous expressions of ableism—from humor to avoidance. Gradually, these dynamics can push persons with disabilities to opt out of applying for jobs, going to school, or navigating public spaces, especially if their dignity and safety might be compromised. Ableist attitudes and beliefs, as this report shows, continue to be rooted in institutions, but also in more intimate settings, including among neighbors and family members. In El Salvador, 5 in 10 persons with disabilities felt discriminated against by their own neighbors and 4 in 10 by their families. Whether written into law or embedded in everyday interactions, these dynamics can reinforce biased notions of what persons with disabilities can and cannot do, as well as their potential contributions to society.

Strengthening the voice and recognition of persons with disabilities must begin by addressing their vast underrepresentation in decision-making milieus. About 18 countries in Latin America and the Caribbean have disqualification criteria that deny the right to stand for public office based on disability. Without the involvement of persons with disabilities, institutions, employers, and service providers risk misrepresenting or being unresponsive to their needs. Bringing the voice of excluded groups to the fore is also necessary to avoid reproducing prejudices. When persons with disabilities are out of sight—in separate classrooms or segregated workplaces—it reinforces collective misconceptions about disability, reducing the odds of building an inclusive society.



Amplifying the voice and agency of persons with disabilities rarely happens without the backing of social movements and the political will to translate legal changes into concrete actions. Most countries have in fact broadened the protection of persons with disabilities through new cross-sectoral disability legislation. At the time of writing, important progressive reforms were taking place, including the Special Law on the Inclusion of Persons with Disabilities in El Salvador in August 2020 and the constitutional reform in Chile in December 2020 that reserves quotas for political participation. Many legal codes have antidiscrimination provisions that specifically apply to persons with disabilities, sometimes at the level of the constitution. But given the narrow enforcement capacity, only a handful of countries have managed to convert legislative provisions into effective programs in employment, education, and health services. To enforce the rights gained, countries will need to address issues tied to weak institutional capacity, ineffective accountability mechanisms, and underresourcing. Additionally, governments must broaden existing channels of participation and strengthen the capacity of organizations of persons with disabilities.

Starting with a Robust and Nuanced Diagnosis

Designing disability-inclusive policies must start with a good diagnosis. The region has already taken a step in the right direction by enhancing how statistical institutes collect data on disability, breaking away from decades of invisibility. Nonetheless, having robust and harmonized data is still a pending task. One significant drawback that demands urgent attention is the statistical invisibility of persons with psychosocial and intellectual disabilities. Another challenge is the slow and uneven adoption of the Washington Group recommendations in censuses and household surveys. Other statistical records—such as official registries and certification databases—also continue using disparate criteria that risk undercounting persons with disabilities, potentially excluding them from public programs and benefits. The lack of disaggregated data even prevents a detailed understanding of the differentiated impacts of the COVID-19 pandemic on persons with disabilities.

As the region undertakes the next round of censuses, countries must strive to standardize their methodological criteria in ways that privilege comparability. To meet this goal, governments must be proactive in targeting data-poor domains, from health care and political participation to the interactions of disability and vulnerable minorities (such as Afro-descendants, indigenous peoples, children, LGBTI+ people, and migrants). Making a good diagnosis also requires eliminating any kind of stigmatizing language that can distort the quality of the data. A case in point is persons with psychosocial and intellectual disabilities. The use of disparate and even stigmatizing terminology makes it impossible to understand their situation nationally, let alone cross-regionally, even though secondary research suggests that, compared to other persons with disabilities, they have worse access to health care and social programs, are more susceptible to being institutionalized or imprisoned, and are nearly absent from the disability inclusion agenda. Experience in the region shows that statistical inclusion efforts should be accompanied by awareness training for enumerators and public campaigns to address existing biases related to underreporting.

Implementation of Progressive Policies

The universal ratification of the United Nations Convention on the Rights of Persons with Disabilities in the region has ignited a wave of policies on disability inclusion, from those upholding nondiscrimination and equality under the law to targeted initiatives that broaden access to markets, services, and spaces. Some countries, such as Chile and Costa Rica, have managed to close poverty gaps, confirming that focused efforts and cash transfers can potentially lift persons with disabilities out of poverty. Some countries, such as Costa Rica and Uruguay, are lowering the number of children with disabilities out of school, and others, such as Chile and Peru, have taken measures to limit the impacts of education loss during the pandemic.

In other cases, however, disability inclusion policies have yielded only modest results, either because they overlook all the relevant layers of exclusion or because they fail to make the right connections. One example is the quota systems for hiring persons with disabilities in the public sector (and increasingly in the private sector), which exist in 18 countries. Quotas can expand access to decent employment and reassert the value of diversity in the workforce. But these programs have fallen short, in part because they are not accompanied by parallel efforts to strengthen the human capital accumulation of potential beneficiaries through inclusive education or skills matching. For quotas to work, there must be a critical mass of eligible beneficiaries—with secondary and tertiary education—and awareness campaigns to dispel societal prejudices about the productivity of persons with disabilities and the costs of their inclusion.

Proceeding from rights to action also requires policies with clear responsibilities and accountability and compliance mechanisms, as well as specific, quantifiable, and, in some cases, tailored goals for tracking progress that take into account the heterogeneity of persons with disabilities. The path to inclusive education yields important lessons in this regard. If narrowly understood, progress toward inclusive education could be measured solely by considering the number of students with disabilities that move from specialized to mainstream schools. But focusing exclusively on the number of learners with disabilities in mainstream facilities leaves out the broader systemic changes that are needed to make education truly inclusive, from enhancing school accessibility, curricula, and teaching materials to supporting pre- and in-service teacher education, which encompasses inclusive pedagogy, the utilization of the Universal Design for Learning, and a change in mindsets to create a conducive learning environment for all learners. Furthermore, mainstream schools might not be the best solution for everyone. Deaf and hard of hearing students might thrive in and prefer a specialized, bilingual education setting. Or they might otherwise feel excluded in social interactions at mainstream schools or lag behind in learning their local sign language. An uncoordinated transition can even trigger school dropout and a heightened sense of alienation among learners with disabilities. Therefore, policies that treat persons with disabilities as a homogeneous group are often unsuccessful in addressing exclusion. Similarly, policies that think of stakeholders in a narrow sense will not be able to promote change. Teachers and schools will not be able to achieve this transition successfully without



the role of policy makers, teacher assistants, resource teachers, community volunteers, occupational and speech therapists, and parents and students themselves.

In addition to having clear and measurable goals, disability inclusion policies must have allocated budgets and clear institutional responsibilities. The institutional apparatus on disability inclusion in the public sector has expanded significantly in recent years. Around 20 countries have created specialized national commissions—with a multisectoral and coordination mandate—with the sole purpose of working toward the inclusion of persons with disabilities. But low staff capacity, underresourcing, and reduced power within the government often diminish their capacity to spearhead cross-sectoral commitments that can lead to meaningful change. Addressing the daily obstacles these commissions face is critical for implementing the United Nations Convention on the Rights of Persons with Disabilities and placing disability across the different levels of government in an intersectoral manner.

Another urgent task is the optimization of program evaluations. Over the past decade, the region has implemented job programs to match employers with potential candidates, including self-employment options, direct partnership with employers, and job search assistance. But a common weakness many programs share is the negligible number of evaluations of their impacts and their scalability. Therefore, there are very few data to assess whether such initiatives are being effective, if they can be replicated elsewhere, or if they need corrective measures to bring about positive change. Funding and conducting comprehensive evaluations would not only improve the quality of the programs but would also generate more detailed and disaggregated data on a variety of areas, from education to employment.

Finally, it is only through sustained focused efforts *with* persons with disabilities that countries will be able to combat exclusion. The COVID-19 pandemic has already brought into sharp relief the growing need for stronger safety nets, built in close dialogue and partnership with persons with disabilities in each country. A key element for future collaboration must be the acknowledgment that certain subgroups of persons with disabilities have contrasting experiences and outcomes, especially those historically affected by other layers of exclusion. Taking seriously these overlaps must be a starting point for planning and implementing progressive initiatives on disability.

Changing Mental Models and Reducing Stigma

Creating a future that includes persons with disabilities requires addressing the mental models and stigma that perpetuate their exclusion. Abundant evidence shows that mental models can modify the way individuals perceive and recognize opportunities and decide whether to act on them (or not). Discrimination, and the prejudicial views that sustain it, can, in fact, erode people's abilities to identify opportunities and thus their aspirations for social mobility. It can also narrow their odds of finishing school, getting a decent job, or receiving timely medical care.



Persons with disabilities are persistently affected by ableist mental models and stigma. Learners with disabilities, for example, face bullying at higher rates than their peers without disabilities. Hostile interactions in schools can contribute to early dropout or discourage parents from sending their children to school. Stigmatizing views of learners with disabilities (such as their alleged inability to learn or interact with others) can also lower the expectations of teachers and staff, which can lower their performance in the long run. Similarly, employers regularly discriminate against candidates or workers with disabilities, as many believe they lack the skills to be successful in a job, are more prone to absenteeism, or are simply less productive. This can keep qualified candidates from getting jobs, but it can also install invisible barriers in the workplace, blocking their career advancement. Negative mental models in schools and workplaces can have profound implications for a person's ability to earn an income and lift themselves out of poverty.

Changing mental models and reducing stigma matter not just because they symbolically and socially denigrate persons with disabilities, but also because they can lead to physical violence. In El Salvador, more than half of children with disabilities reported being victims of violence because of their disability. Women with disabilities also suffer sexual and gender-based violence at higher numbers than their peers without disabilities. Addressing prejudicial mental models and stigma is essential for disability inclusion initiatives to work. To have an inclusive education system, for example, countries must strive to change the mindset of teachers, school staff, parents, and students, and design a curriculum and learning materials that represent positively persons with disabilities. This can foster a more welcoming learning space and catalyze other changes in society. It can also have other positive externalities that benefit everyone—for example, by imparting to students noncognitive skills such as tolerance, empathy, collaboration, and critical awareness of inequality.

Strengthening Social Resilience

This report underlines the need to strengthen the resilience of persons with disabilities—that is, their ability to withstand the impacts of shocks and to bounce back and thrive despite adversities. Education has been coined as the great equalizer for centuries, as the accumulation of knowledge and skills can bolster people's ability to seize opportunities and ultimately withstand shocks. Yet, persons with disabilities attain fewer years of instruction, drop out faster and more frequently, and are at risk of attending schools that are unwelcoming or unresponsive to their learning needs. Thus, policies that support the human capital accumulation of persons with disabilities can have important benefits at the individual, household, and societal levels. They can increase their autonomy and independence, leading to better employment outcomes and more active participation in public, civic, and social spaces.

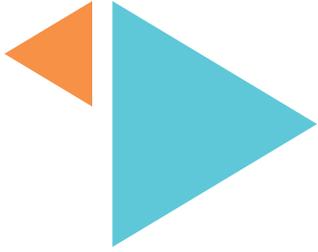
Supporting persons with disabilities will also make the region more resilient. Policies that promote the autonomy and job security of persons with disabilities and policies that professionalize care work, for example, directly benefit women who perform unpaid care work. In Latin America and the Caribbean, nearly 80 percent



of all domestic tasks are done by women, a burden that is reinforced by stereotypes and gender roles that codify them as having a natural propensity to care for others. Fostering forms of independent living among persons with disabilities could in this sense simultaneously help remove the burden of unpaid care work for women and thus contribute to greater gender equality in schools and the labor market. As this shows, disability inclusion policies benefit not only individuals, but also their families and the next generation.

To create a disability-inclusive future, policy makers must address the common misunderstandings that these policies are a zero sum game, that they only benefit a few, or that they are too costly. On the contrary, disability inclusion is ever more important now that Latin America and the Caribbean is one of the fastest aging regions in the world—the number of persons aged 60 and over is expected to climb from 59 million to 196 million between today and 2050. As disabilities accumulate with age, the number of persons with disabilities is also expected to increase. Without disability inclusion, the development and prosperity of Latin American and Caribbean societies will be unsustainable, since a larger portion of the population will face barriers to work, use public space, exercise their right to vote, or live autonomously. Therefore, principles such as accessibility, reasonable accommodation, and universal design must become even more commonplace, shaping the way markets, services, and spaces are designed and navigated. Furthermore, since we are all susceptible to becoming a person with disability at some point in our lives, disability inclusion potentially serves and could serve everyone in the future.

The launch of this report, in 2021, coincides with the 15th anniversary of the United Nations Convention on the Rights of Persons with Disabilities. As we commemorate this important milestone, we hope that this report will advance the work of our countries in the region toward the 2030 Agenda for Sustainable Development, support the obligations under the World Bank's Environmental and Social Framework, and promote achievement of the World Bank's Ten Commitments to Disability-Inclusive Development. The report was written in a year full of uncertainties and collective pain over a health crisis unprecedented in recent history, one that has exposed once again the entrenched inequality in the region. We hope that its findings will inform dialogues within countries and throughout the region on how best to include persons with disabilities in the postpandemic reconstruction.



Introduction

Representing only 8 percent of the world's population but nearly 20 percent of the global COVID-19 cases, Latin America and the Caribbean has been hard hit by the devastating effects of the pandemic. The crisis quickly evolved from a health emergency into a deep economic crisis and the region's deepest recession of the past 60 years, with devastating effects on an already struggling region. Over the previous five years there had been barely positive regional growth, and poverty reduction plateaued at 22.5 percent in 2018.⁵ The pandemic is expected to push around 17.5 million to 19.6 million people in the region into poverty (Lakner et al. 2021). The pandemic has uncovered the fragility of the poverty gains achieved thus far and exposed the significant limitations of existing social compacts. It is in this context of crisis recovery that the inclusion of persons with disabilities has become more urgent than ever.

This report examines the situation of persons with disabilities and the households in which they live in Latin America and the Caribbean, with the aim of informing policies and strategies to address their needs and aspirations. It aims at understanding the underlying causes behind their exclusion. One out of 5 people living in extreme poverty has a disability, and nearly 7 out of 10 households with persons with disabilities are vulnerable to falling back into poverty. In addition, the lower human capital accumulation of persons with disabilities diminishes their resilience to withstand shocks and makes them more vulnerable, with half

⁵ Poverty headcount ratio at \$5.5 per day (2011 PPP) (% of population) – Latin America and the Caribbean (database). World Bank, Washington, DC (accessed 23 August, 2021), <https://data.worldbank.org/indicator/SI.POV.UMIC?end=2019&locations=ZJ&start=2000>.





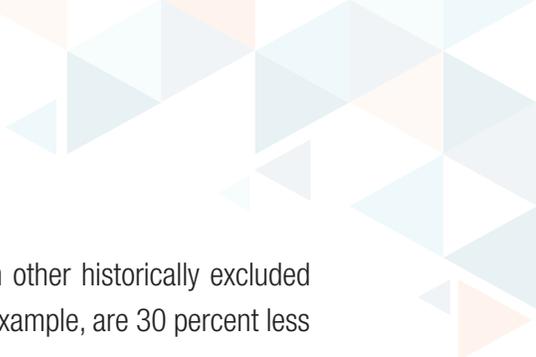
of them out of the job market. Furthermore, many persons with psychosocial and intellectual disabilities are institutionalized against their will, and all experience barriers in voicing their priorities and needs in decision-making spaces.

The context of the postpandemic reconstruction poses additional barriers to their inclusion as countries grapple with reduced fiscal space and governments struggle to respond to an unprecedented crisis. As countries focus on massive vaccination campaigns, reopening schools, and revitalizing the economy, there is a risk that the needs of persons with disabilities once more will become neglected. The recovery can lead to universal programs and policies that might not be sufficiently tailored to the specific needs of these groups. COVID-19 has made us all vulnerable, but as countries strive to recover, policy makers cannot lose sight of the fact that some groups are more vulnerable than others.

To be sure, Latin America and the Caribbean has made progress over the past two decades, implementing disability inclusion programs and policies, ratifying unanimously the United Nations Convention on the Rights of Persons with Disabilities, and developing national legal frameworks that aim at strengthening the rights of persons with disabilities. However, persons with disabilities have lower levels of education and very low participation in the labor force; and together with their households, they are more likely to be poor and vulnerable to falling back into poverty. They also fare worse when it comes to accessing essential services, such as digital technologies. As the pandemic has increased reliance on digital technology for education, employment, and services, this barrier might push them back into poverty. Persons with disabilities also remain heavily underrepresented in political spaces and, in more than half of the countries of the region, persons with psychosocial disabilities are denied legal capacity, with significant ramifications for their participation in social, economic, and political spaces.

The inclusion of persons with disabilities is important in itself, to build more equitable and just societies, but it is also important because their exclusion hampers the development opportunities of the region as a whole. There are 85 million persons with disabilities in Latin America and the Caribbean, representing 52 million households. Though an accurate regional estimate is not available, global data suggest that their exclusion can amount to a drop of between 3 and 7 percent of a country's gross domestic product (GDP) (Buckup 2009). Notably, disabilities accumulate with age, and Latin America and the Caribbean is one of the fastest aging regions in the world—the number of persons ages 60 and older is expected to climb from 59 million to 196 million between the time of writing (2021) and 2050. Their exclusion is hence not only costly, but also unsustainable.

The inclusion of persons with disabilities would lead to a more educated region. One in five children with disabilities is out of school, and the illiteracy rate of persons with disabilities is five times above the average. Even when comparing households with similar socioeconomic backgrounds, children with disabilities are 21



percent less likely to complete primary school. When disabilities intersect with other historically excluded identities these gaps are even wider. Ethnoracial minorities with disabilities, for example, are 30 percent less likely to complete school.

Their inclusion would also lead to a more prosperous region. Currently, one in two household heads with disabilities are out of the job market. Regardless of their line of work, persons with disabilities earn less for the same types of jobs, even if holding the same qualifications. This has spillover effects onto all other members of their households, typically women, who have to take on unpaid care work. The effect of these types of poverty traps diminishes the overall household income in countries as diverse as Bolivia and Costa Rica by about 10 percent. There is no estimated disposable income for working age persons with disabilities in the region but estimates from other countries show it is a sizable loss. A study in the United States of America estimates that the total disposable income for working age persons with disabilities is about \$490 billion (Yin et al. 2018). Their inclusion is thus an untapped opportunity, which in the context of the postpandemic recovery the region simply cannot afford to lay idle, or worse.

Finally, their inclusion would lead to more equitable, tolerant, and peaceful societies. Together with their families, 194.5 million people are not able to fully access services and spaces, given frequent accessibility barriers in public transportation and social and cultural spaces. It is becoming increasingly clear that diversity brings talent and tolerance, and that pluralism brings with it richness in opinions that can benefit businesses and societies at large. Pluralism can strengthen a sense of belonging and the social compact, as it acknowledges the importance of respect and dignity.

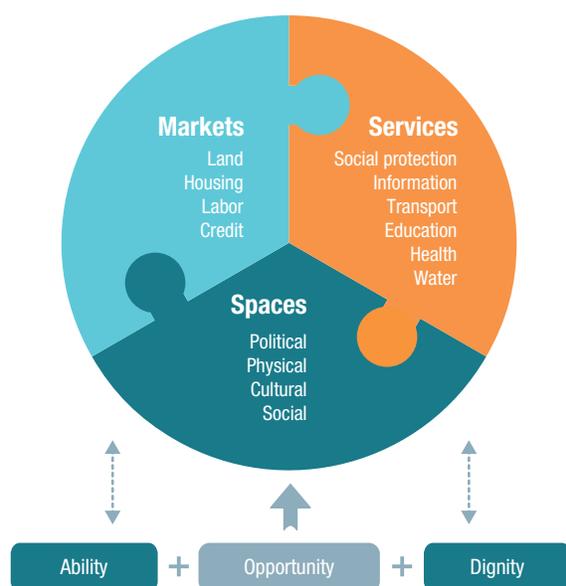
But disability is not inevitable. Disability is the result of a complex interaction between impairments and societal and environmental barriers that render those impairments disabling. That is, “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”⁶ In fact, the intersection of multiple layers of barriers and exclusionary systems make impairments much harder to bear for vulnerable groups. Gender, race, ethnicity, sexual orientation, and gender identities all translate into cumulative disadvantages that lead to persistent exclusion and multiply the negative impact of impairments.

The report approaches the study of persons with disabilities through the lens of social inclusion (World Bank 2013). It also builds on previous regional analyses focused on ethnoracial exclusion and country-specific studies (World Bank 2015; Freire et al. 2018; Freire et al. 2020). This bulk of knowledge shows that poverty

6 United Nations Convention on the Rights of Persons with Disabilities: preamble.

exists and persists because of constraints that prohibit the optimal accumulation of human capital, limit access to services and markets, and alienate excluded groups from fully participating in public life. Physical and virtual environments, contextual factors, and mental models (for example, aspirations, social norms, and prejudices) shape the social experience of excluded groups, amplifying or reducing their ability to participate in society. Lack of recognition and respect, for example, has historically relegated persons with disabilities, leading to statistical invisibility, limited political participation, and prejudiced attitudes and discriminatory treatments that remain deeply ingrained in the region's social fabric. Social inclusion thus refers to “the process of improving the ability, opportunity, and dignity of people, disadvantaged on the basis of their identity, to take part in society” (World Bank 2013) (figure I.1).

Figure I.1
Social Inclusion Framework

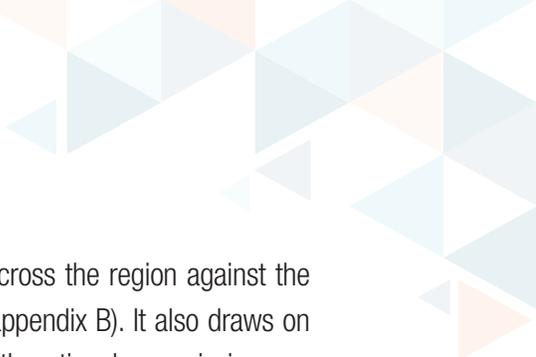


Source: Adapted from World Bank 2013.

Change toward social inclusion therefore needs to be multilayered and go beyond mere poverty analyses and ask *why* some groups are systematically excluded. Designing effective policies will require paying careful attention to these connections, while recognizing the diversity of disability. The objective of this study is thus to contribute to the diagnostic of the situation of persons with disabilities in Latin America and the Caribbean and understand the underlying causes behind their persistent exclusion.

The report acknowledges that the study of disability in the region faces several challenges. The data are relatively recent and have numerous limitations regarding timespan (some countries have only one very recent point of data), comparability, and understanding of the specific barriers of subgroups such as persons with psychosocial and intellectual

disabilities. The report uses census data from 16 countries to describe *who* are persons with disabilities and *how* they live, as well as to highlight gaps in access to services, markets, and assets. Household surveys are used for regression analysis in areas such as education, the labor market, and poverty. Although household data only come from 8 countries, they account for about 40 percent of the population in Latin America and the Caribbean (or 260 million out of 640 million in 2020) (see appendix A). The report also relies on disability surveys from 11 countries, health surveys from Brazil and Chile, opinion polls, and secondary literature, both theoretical



and empirical. The report draws on a legal analysis conducted in 33 countries across the region against the obligations under the Convention on the Rights of Persons with Disabilities (see appendix B). It also draws on ongoing stakeholder engagement with nearly 30 countries through meetings with national commissions on disability, and benefits from continuous engagement with the Latin American Network of Nongovernmental Organizations of Persons with Disabilities and Their Families (RIADIS) and from targeted discussions with local organizations of persons with disabilities, and persons with disabilities themselves, as well as other regional networks such as the Latin American and Caribbean Interuniversity Network on Disability and Human Rights.

The report is divided into two parts. Part 1 has three chapters, and sets the stage for understanding the characteristics of persons with disabilities in the region. Chapter 1 starts by analyzing how the concept of disability has evolved over time and has come to be widely recognized as a human rights issue thanks to the tenacious role of organizations of persons with disabilities and persons with disabilities themselves. Chapter 2 shows how the statistical invisibility that accompanied decades of segregation has slowly been replaced with efforts, albeit still insufficient and patchy, to collect high-quality data at the country level. This analysis sheds light on how to further strengthen disability-disaggregated data collection efforts. The chapter also assesses how overlapping identities can further exacerbate exclusion, particularly for Afro-descendants and indigenous people with disabilities. Chapter 3 shifts the conversation to focus on the economic situation of persons with disabilities by exploring monetary poverty, vulnerability, multidimensional poverty, and access to assets.

Part 2 focuses on those areas where there is potential for strengthening the conditions in which persons with disabilities participate in society. Chapter 4 focuses on access to education (*services*)—including school attendance, completion rates, learning, and barriers to inclusive education; chapter 5 explores their insertion in the labor market (*markets*)—including barriers to participation, types of employment, wage differentials, and job quality; and chapter 6 analyzes their voice and agency in public, civic, and social milieus (*spaces*)—particularly by assessing legal and institutional barriers. Throughout these chapters, we emphasize how the interaction of environments, impairment, identities, and socioeconomic conditions affects the ability, opportunity, and dignity of persons with disabilities.

The concluding section (chapter 7) underscores unequivocally that change is possible and reflects on analytic and policy areas that can help strengthen disability inclusion in the region. It underlines that change depends not only on policy makers, activists, and development partners, but also on the collective responsibility to adopt a social compact founded on inclusiveness, equality, and social justice. The launch of this report, in 2021, coincides with the 15th anniversary of the United Nations Convention on the Rights of Persons with Disabilities. As this important milestone is commemorated, the findings of the report will shed some light as our client countries strive to close the gaps in preparation for the 2030 Agenda for Sustainable Development.



The complexities of disability, the vast disparities in enabling contexts across the region (and even within countries), and the highly heterogeneous population call for tailored solutions that are multifaceted and multilayered. Recent decades have shown that economic growth and universal policies are insufficient to lift vulnerable groups out of poverty and ensure their full participation in society. It is only through sustained focused efforts *with* persons with disabilities that countries will be able to fight exclusion.

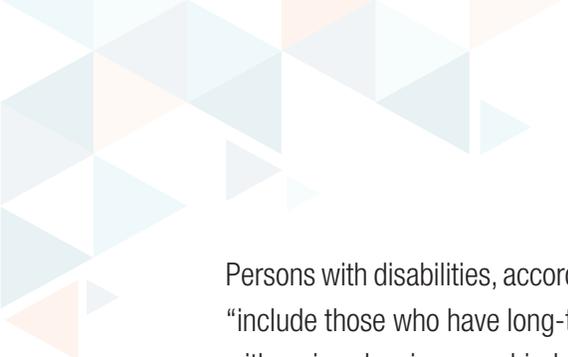
Building back better and achieving the Sustainable Development Goals require a better understanding of social inclusion. In tandem with these objectives, the World Bank has set an ambitious strategy, including adoption of the Ten Commitments to Disability-Inclusive Development, the Disability Inclusion and Accountability Framework, and the Environmental and Social Framework. The COVID-19 pandemic has exposed the systems that are leaving critical members of our society behind, but at the same time it has provided an opportunity to build more resilient, inclusive, and sustainable societies. We hope this report contributes to these efforts.

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1 Disability over Time





Persons with disabilities, according to the United Nations Convention on the Rights of Persons with Disabilities, “include those 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.”⁷ In Latin America and the Caribbean, approximately 85 million people report having a disability (14.7 percent of the regional population), comprising 52 million households. That is, one in three households report having at least one person with some type of disability.

Disability exists in all social groups, irrespective of nationality, religion, gender, race, ethnicity, or age. Even without experiencing it first hand, most people will likely provide care for persons with disabilities or interact with friends, relatives, and coworkers with disabilities in their lifetime. Yet, the implications of an impairment vary by socioeconomic and cultural context. An impairment may lead to completely different outcomes depending on the place where a person lives, the onset of the impairment, the person’s socioeconomic status, and other characteristics such as gender, race, and ethnicity (Ginsberg and Rapp 2013). What connects this ample range of experiences is a shared sense of exclusion, which is the subject of this report.

This chapter begins with an exploration of how the concept of disability has evolved from a religious and biomedical understanding to one grounded in social inclusion. Owing to the tenacious work of organizations of persons with disabilities, activists, and persons with disabilities themselves, disability is now widely considered as a complex interaction of impairments, environments, socioeconomic conditions, and identity. The chapter concludes with an outline of how disability is approached in subsequent chapters.

► **From Invisibility to Rights: The Evolving Concept of Disability**

For the better part of history, Western culture has understood disability as a condition that ought to be hidden, corrected, or eradicated from social groups. Persons with disabilities were social outcasts to the extent that infanticide of “deformed children”⁸ was justified and, for centuries, lepers were made to wear distinctive clothing and ring a bell or wooden clappers to announce their approach. While data constraints prevent outlining a comprehensive picture of disability before the nineteenth century, artists and historians have shown how the public’s perception of persons with disabilities in Europe varied widely, from being viewed as victims of moral failing and divine punishment to passive recipients of charity and care (Stiker 1999) (figure 1.1).

7 United Nations Convention on the Rights of Persons with Disabilities, Article 1.

8 See Aristotle, *Politics*, Book VII.

Figure 1.1

Representations of Persons with Disabilities in Art History



Source: Wikimedia Commons.



Source: Wikiart.

These views travelled to the Americas during colonization and were used as a framework to build and justify hierarchies between subgroups, which still have a bearing on today's societal structure (Lainy 2020, 19).⁹ Early colonial writings depicted indigenous peoples as “monstrous,” mentally inferior, and culturally depraved (Santana 2018, 40). Afro-descendants that were brought as slaves were equally described as mentally impaired and as a racial type associated with deformity (Kennedy and Newton 2016). The disability attributed to Afro-descendants explained black skin color as the result of “congenital leprosy” (Baynton 2017, 31). These representations served as narratives to justify exclusion and subjugation.

At the same time, in practice, the colonial encounter had a profound impact on the health and incidence of disability in indigenous peoples and Afro-descendants. Not only did epidemics decimate the indigenous population of the Americas (dropping its population by nearly 90 percent of its precontact numbers in just over a century), but some diseases resulted in long-term disabilities (for example, epidemics of smallpox led in many cases to widespread blindness) (Freire 2011; Nielsen 2012). Afro-descendant slaves, for their part, not only were exposed to work-related injuries and harsh punishments that resulted in physical disabilities, but also were vulnerable to disability resulting from leprosy (Kennedy and Newton 2016). The impact of the European colonization set some of the structural conditions that perpetuate the exclusion of ethnic minorities in the present. As we briefly discuss in chapter 2, this makes the experience of indigenous and Afro-descendant persons with disabilities significantly worse than that of their peers.

⁹ In the Dominican Republic and Haiti, for example, the idea that disability is caused by divine punishment is still found in certain areas, contributing to discrimination against and neglect of persons with disabilities (Interview to Magino Corporán, National Director, Consejo Nacional de Discapacidad de la República Dominicana, *Enlace en Red*, n.d.; and Lainy 2020).

► Disability as Abnormality

In the eighteenth and nineteenth centuries, the rise of industrialization and popularization of evolutionary theory and statistical science altered the definition of disability. The idea of the “normal” was adopted to refer to the set of physical and social traits that were predominantly shared by a given population—as opposed to a subgroup of “deviants.” It became equated with conceptions of the good and right (Davis 2017).

The rise of eugenics popularized the idea that governments had the responsibility of “normalizing” these divergent groups, either through isolation, forced sterilization, or, in the most extreme cases, collective elimination (Davis 2017). This signaled a shift from an ad hoc and mostly religious approach to disability to one based on State-led interventions defined by segregation. Remnants of this perspective are still found in special or segregated school systems (see chapter 4), the institutionalization of persons with psychosocial or intellectual disabilities, or in the extreme case, the shackling of persons with psychosocial disabilities (see chapter 6).

Eugenics sought to purge impairments and deviations from the general population through biomedical manipulation or various means of segregation. For this reason, advocates of eugenics opposed—among other things—marriages between persons with deafness and hearing loss, arguing that their children would spread deafness in the population and would boost the use of sign language (which was taken as an evolutionary regression) (Davis 2017). In Latin America, no country explicitly prohibited marriage among persons with hearing loss, yet the civil codes of Argentina and Colombia considered a marriage null if the contracting parties were not able to communicate verbally or in writing their intentions of getting married. Given the low literacy rates of persons with hearing loss during the nineteenth and twentieth centuries, these norms ended up restricting the legal recognition of intragroup marriages. Both norms remained in place until 1987 and 2019, respectively (Burad 2005; El Espectador 2019). Over time, this way of separating what was considered “normal” and “abnormal” bodies became a conventional way of thinking about, and acting on, disability. It paved the way for an “ideology of ability” or “ableism,” that is, the belief that able-bodiedness is the baseline for all human experience and the precondition for enjoying civil rights (Siebers 2017). The ramifications of these views are palpable in daily life, as starkly demonstrated in several protocols for care that were drawn up in response to the COVID-19 pandemic, where medical rationing was based on disability-based discrimination (see chapter 6). Some US states, such as Alabama and Washington state, issued policies that would lead to discriminatory allocation of lifesaving equipment (such as ventilators) in the event of acute shortages.

The influence of eugenics ignited forms of stigmatization of persons with disabilities, many of which continue to this day. One infamous example was the mass appeal of so-called “freak shows,” which exposed persons with disabilities in fairs and spectacles across Europe and the United States for amusement. The shows

highlighted the allegedly inferior qualities of these minorities (Garland Thomson 2017). Figure 1.2 depicts Maximo and Bartola, also known as the Aztec Children, who were Salvadoran siblings with microcephaly and intellectual disabilities forced to tour the United States and the United Kingdom in the latter half of the nineteenth century, even meeting President Millard Fillmore and Queen Victoria.

Figure 1.2
Advert for an Exhibition of Maximo and Bartola:
The Aztec Children



Source: Color Lithograph, Wellcome Collection.

Eugenics viewed certain impairments as conducive to criminality, sexual impropriety, and addiction, a pattern that resonates with the contemporary stigma around certain mental health conditions (such as schizophrenia). This gradually established the idea that disability was a social danger that required policing, surveillance, and seclusion. The negative connotations associated with disability were used as a tool for exclusion of other groups such as ethnic minorities, women, and migrants.

Eugenics had important traction across the Americas. In Brazil, it became a deeply influential theory in the early twentieth century among scientists and social reformers, who then shaped the early educational policies toward persons with intellectual disabilities (Block 2007). In the 1930s, the Mexican state of Veracruz passed a eugenic sterilization law, which was justified as a measure to protect the health of the family and block the hereditary transmission of unwanted traits. The law—which has not been repealed—made legal and compulsory the sterilizations of those with intellectual and psychosocial disabilities (Stern

2011).¹⁰ The association between unwanted collective or individual traits and vulnerable minorities was at the heart of the forced sterilization of over 200,000 women, mostly indigenous, in Peru between 1996 and 2000 (Rahme et al. 2002). These examples show that the legacy of eugenics is still visible across different policy and institutional domains and continues to permeate the public views of persons with disabilities.

¹⁰ See Reglamento de Eugenesia e Higiene Mental, Article 3. https://www.segobver.gob.mx/juridico/pdf_regla/reglamentosvig/vigente28.pdf.

► The Biomedical and Social Model

At the turn of the twentieth century, discourses about disability became increasingly permeated by biomedical ideas and practices. The biomedical model shifted the focus from looking at disability as an abnormality and a social threat, to looking at it as a disease—a medical problem that resided primarily in the body—which therefore required treatment and rehabilitation (Conrad and Schneider 1992, 44). Though revolutionary at the time, the biomedical model contributed to expanding some forms of segregation in special hospitals, institutions, and schools (World Health Organization and World Bank 2011). The rise of psychiatry, for example, turned mental institutions into a common method for treating persons with psychosocial disabilities. This cemented a long-standing view (still visible today) that isolating persons with severe disabilities is one of the most viable paths for themselves and society.

The biomedical model denoted the State's growing involvement in the lives of persons with disabilities, but it also coincided with the growth of charity organizations. In fact, charity schools—some of which were animated by religious principles to protect those deemed vulnerable—proliferated in Latin America and the Caribbean during the late nineteenth and early twentieth century. Often, these facilities offered care and protection, but few skills for students to lead independent lives. One contemporary example of this charitable perspective is the telethons (box 1.1).

In the 1970s, activists started campaigning against the medicalization of disability, which eventually led to what has been called a “social model” of disability (Oliver 1990). From this perspective, disability is the outcome of detrimental interactions between peoples and environments, which create the conditions that foment exclusion. Thus, a person with mobility disabilities, rather than a natural side-effect of corporeal impairments (such as spinal cord injuries), is the outcome of inaccessible urban and architectural designs.

The social model emanated from the direct work of persons with disabilities, particularly the Union of the Physically Impaired Against Segregation in the United Kingdom. Inspired by Marxist ideals of social justice and collective bargaining and the anti-apartheid movement, the union gathered physicians, scholars, and persons with disabilities, including some formerly institutionalized, to push for the end of segregated facilities and for policies that would promote independent living, the right to work, and greater political participation of persons with disabilities.

Telethons in Latin America

The telethons were charity fundraising television shows, hosted by famous actors or television celebrities, with the aim of collecting donations from viewers, private companies, and State institutions to build rehabilitation facilities and support medical treatment for persons with disabilities. Created in the United States after World War II, these shows gained popularity in the 1960s, especially with the launch of the annual Muscular Dystrophy Association (MDA) telethon, hosted by comedian Jerry Lewis. At its peak, the MDA telethon reached 250 million viewers in the United States and Canada (Longmore 2005).

In 1978, the first telethon took place in Latin America, in Chile, founded by Mario Kreutzberger (or “Don Francisco”). Under the slogan “Let’s achieve a miracle,” the Chilean telethons displayed videos of current and future rehabilitation facilities alongside emotionally charged stories of persons with disabilities, mostly children. The show appealed to and called for the compassion of viewers to meet a donation goal. In these events, the involvement of persons with disabilities was carefully staged. They rarely participated actively, as hosts without disabilities dominated most of the narrative.

While the telethons are credited with making disability more visible, these shows started declining (although not completely) in the United States and Latin America in the 2000s as a result of the criticism of disability rights organizations. The telethons, they argued, were part of a distressing history of showcasing disability in caricatured and medically sanctioned ways. Instead of advocating human rights, the telethons were grounded in charity.

Critics also noted that the telethons ended up deferring State responsibility to private organizations with limited or no oversight and accountability. In Mexico, one report found that a third of all the resources collected by the Mexican Teletón came from public funds (Cabrera 2012). The State of Mexico, for example, enacted a decree¹¹ that allowed the disbursement of 75 million Mexican pesos from the State budget for 10 years to telethons, starting in 2012, while the federal funding received by federal programs serving persons with disabilities in vulnerable situations decreased in 2019 from 132 million to almost 18 million Mexican pesos (Secretaría de Salud 2020).

Drawing on the complaints of disability rights organizations, the United Nations Committee on the Rights of Persons with Disabilities recommended in 2014 that Mexico avoid donating public funds to telethons. The committee not only expressed concern that most of the resources for rehabilitating persons with disabilities in the country ended up being managed by this private entity, but also that the Teletón itself “promotes the stereotype that persons with disabilities are the object of charity” (Committee on the Rights of Persons with Disabilities 2014). For this reason, the committee urged Mexico to put forth campaigns that “raise awareness of persons with disabilities as rights holders.” Yet, up to 2019 the Teletón still lists the Mexican government as one of the main donors (Teletón 2019).

11 See Decreto Número 2020, available at http://www.secretariadeasuntosparlamentarios.gob.mx/mainstream/Actividad/Decretos/LVIII/DECRETO-220-221-222-223-224-225_10-11-2010.pdf.



The social model transformed the concept of disability in ways that are still palpable in the present. On a conceptual level, it insisted on separating impairment from disability. In addition to the right to biomedical treatment of impairment, the social model pushed for the elimination of the environmental and social barriers. A few decades later, this influenced the International Classification of Functioning, Disability, and Health (ICF), the World Health Organization (WHO) framework for measuring health and disability (adopted in 2001). Unlike the International Classification of Impairments, Disabilities, and Handicaps—which focused on impairments caused by disease—the ICF takes a biopsychosocial approach that looks at disability as a combination of impairments (functioning of the body and mind), activity limitations (functioning at the individual level), participation restrictions (functioning at a social level), and environmental factors (that enable or inhibit functioning) (Tiberti and Costa 2020).

On a policy level, the social model pushed for antidiscrimination legislation, adopting universal design and broadening the rights of persons with disabilities. Social model activists also emphasized the participation of persons with disabilities as essential actors for informing, designing, and implementing policies that concerned them (see chapter 6). “Nothing about us without us” has become one of the key mottos of these movements, which have prompted a paradigm shift from seeing persons with disabilities as objects of charity to seeing them as rights holders, with their own identities and as an active part of human diversity (Shakespeare 2017).

As a result, in the 1970s the United Nations passed two major international instruments that started to change the legal landscape in this direction. The first stated that persons with intellectual disabilities had equal rights to health care, education, economic security, participation, and living with their families (United Nations Department of Economic and Social Affairs 2019, 24).¹² The second recognized that persons with disabilities had equal political and civil rights, including to employment, medical services, and protection from abuse and exploitation.¹³

During this decade, a few countries in Latin America and the Caribbean adopted their first laws on disability inclusion. Argentina launched the National Commission for Persons with Disabilities (Law 20.923), established social security benefits for certain impairments (Law 20.888), and extended the retirement and pension system rules for persons with disabilities (Resolution 430). In Chile, the government passed a welfare pension scheme for persons with disabilities (Decree-Law 869) and introduced regulations for the hiring of those with visual and hearing disabilities (Decree-Law 2251). In Costa Rica, the government introduced regulations for rehabilitation centers for persons with disabilities.

¹² United Nations Declaration on the Rights of Mentally Retarded Persons, December 20, 1971. Yet, this instrument still retained some aspects of the biomedical model. For example, it called on States to guarantee separate services and institutions for people with intellectual disabilities.

¹³ Declaration on the Rights of Disabled Persons, adopted by the General Assembly on December 9, 1975.



The social model prompted a wave of disability movements across the globe, uniting a range of experiences under a similar agenda of social change. Influenced by the feminist movement, the civil rights movement, and the LGBTI+ movement, disability mobilization significantly expanded the meaning of citizenship and advocated the adoption of legal frameworks that protected the rights of persons with disabilities, promoted independent living, and pushed for the end of institutionalization. In large part, these movements arose because of the exclusion of persons with disabilities from electoral politics, but also in response to the need to reclaim the voice and leadership of persons with disabilities in their own advocacy efforts (Charlton 1998, 134).

As part of this momentum, the United Nations designated 1981 as the International Year of Disabled Persons, which had important ramifications in Latin America and the Caribbean. In Brazil, for example, this led to the first National Meeting of Entities for Persons with Disabilities, where civil society organizations came together in a broad coalition and agreed on a set of policy goals. Shortly after, other organizations for persons with disabilities emerged, including the National Organization of Entities of People with Physical Limitations (ONEDEF), the Brazilian Federation of Entities of the Blind (FEBEC), and the National Federation of Education and Integration of the Deaf (FENEIS) (Charlton 1998, 134). These realignments show how international policy and legal debates and the work of local activists and advocates influenced each other in new ways.

In the 2000s, regional organizations started to emerge with a similar drive. In 2002, 74 representatives of 15 Ibero-American countries met in the Bolivarian Republic of Venezuela and created the Latin American Network of Nongovernmental Organizations of Persons with Disabilities and Their Families (RIADIS) as a platform for working toward inclusive development. Currently, RIADIS represents 56 organizations of persons with disabilities across 19 countries in Latin America and the Caribbean.¹⁴ In addition to groups such as RIADIS, global disability organizations began incorporating members from Latin America and the Caribbean.

Social model advocates contributed meaningfully to destigmatizing persons with disabilities and confronting past and present forms of ableism. One key example is autism. In recent years, advocates have contended that autism is an identity and a distinct way of being in the world, which, rather than signaling a lack of human empathy and sociality, is predicated on its own forms of human relatedness and possibilities of creative action (Solomon and Bagatell 2010). Throughout the twentieth century, autism was deeply shaped by the biomedical discourse, which codified it as childhood schizophrenia caused by emotionally distant parents, and later as a neurodevelopmental disorder that comprised a wide spectrum of conditions (including Asperger syndrome and pervasive developmental disorder not otherwise specified).

¹⁴ See RIADIS official website, available at <https://www.riadis.org/quienes-somos/>.



Inspired by the social model, persons with autism have formed their own organizations and discourses for countering the stigma that has long affected them. Autism organizations coined the term “neurodiversity”—as opposed to “neurotypical”—as a way of reflecting their cognitive, social, and sensory difference rather than their medicalized and stigmatizing history (Bagatell 2010).¹⁵

In sum, the social model had a profound impact on how disability came to be publicly understood. By shifting policy debates from medical intervention to social inclusion, it underscored the importance of legislation and public policies aimed at preventing discrimination and ensuring that persons with disabilities had equal access to basic opportunities, could build fully their abilities, and could exercise their agency. This contributed to making disability into a human rights issue.

► Disability and Human Rights

In Latin America and the Caribbean, the first major legal change came with the Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities (1999). The convention—which has been ratified by 19 out of 34 States—calls on States to adopt measures to “eliminate discrimination against persons with disabilities and to promote their full integration into society” (Article II).¹⁶ These include commitments in the areas of improving accessibility in workplaces, transportation, housing, education, public spaces, and political participation. The convention also created a Committee for the Elimination of All Forms of Discrimination against Persons with Disabilities, to which States parties must submit periodic reports on their progress in complying with the convention.

The United Nations Convention on the Rights of Persons with Disabilities marked a turning point in the rise of a rights-based model as the first global human rights convention on persons with disabilities. It was crafted following the principles of nondiscrimination, autonomy, dignity, full and effective participation in society, equality of opportunity, accessibility, and progressive realization. Adopted in 2006, the convention recognizes the diversity of persons with disabilities and calls on States to equalize opportunities by eliminating the barriers that persons with disabilities face in numerous areas of life, including access to information, the built environment, education, health, and employment.

The convention is highly relevant not only because it gives equals rights and opportunities to persons with disabilities, but also because it provides greater clarity on the kinds of actions and policies that are needed to protect those rights. Moreover, it has opened a space for organizations of persons with disabilities, advocacy

¹⁵ However, parents and advocates of low-functional persons with autism continue to advocate detection, prevention, and treatment.

¹⁶ Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and the Bolivarian Republic of Venezuela had ratified as of November 9, 2021. See the state of signatories and ratifications at <http://www.oas.org/juridico/english/sigs/a-65.html>.

organizations, and persons with disabilities themselves to be involved in monitoring and evaluating States' compliance with the convention.

Subsequently, WHO took important steps for providing updated data on the situation of persons with disabilities in relation to the Millennium Development Goals, even though the goals themselves did not have any disability-specific targets. These efforts highlighted how disability often intersects with poverty and exclusion. In 2015, States Members of the United Nations adopted the 2030 Agenda for Sustainable Development, which includes 7 targets and 11 indicators that explicitly mention persons with disabilities, and another 6 targets that allude to vulnerable populations. The 2030 Agenda for Sustainable Development clearly references the need for disability-inclusive development with a focus on education, employment, social protection, inclusive cities, accessibility to public spaces, reduction of inequalities, and data collection and monitoring. Beyond the 2030 Agenda for Sustainable Development, disability has been included in other major international instruments, including the Sendai Framework for Disaster Risk Reduction, the New Urban Agenda, and the World Bank's Ten Commitments to Disability-Inclusive Development, Environmental and Social Framework, and Disability Inclusion and Accountability Framework. Disability has also been included as a cross-cutting theme in the IDA19 financing package of the International Development Association (see appendix C).

In sum, the Convention on the Rights of Persons with Disabilities and later instruments have included many of the social model principles, while also remaining attentive to the impacts of certain health conditions on persons with disabilities and the obligation of States to provide high-quality care. It is due to the voice and mobilization of persons with disabilities themselves that we now understand disability as a relationship between impairment, environment, identity, and socioeconomic conditions.

▶ Actionable Framework for Disability Inclusion

▶ A Multidimensional Approach to Disability

As the previous section shows, disability is an evolving concept. Today, there is a wide consensus that it “results from the complex interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.”¹⁷ This framework considers a wide array of impairments, as well as “activity limitations,” “participation restrictions,” and environmental factors (Mont 2007).¹⁸

17 United Nations Convention on the Rights of Persons with Disabilities, preamble.

18 Activity limitations refer to difficulties in conducting individual activities such as walking, eating, or getting dressed. Participation restrictions point to social difficulties in multiple areas of life, such as working or going to school.



The “environment” can refer to many things, besides the physical space. Based on the International Classification of Functioning, Disability, and Health, it encompasses public and domestic space, consumer goods, information and communication technologies, public transportation, natural and built environments, service delivery, workplaces, laws and politics, and attitudes and perceptions (World Health Organization and World Bank 2011). It can also refer to the sensory arrangement of certain spaces, as in artistic or cultural performances. Environments are also heterogeneous and dynamic.

A disabling or enabling environment can make people experience an impairment in radically different ways. It can contribute to better socioeconomic outcomes or reinforce exclusion. For example, a survey in Brazil revealed that 40 percent of children with disabilities who dropped out of school were not attending school because of vision impairments that could be corrected with glasses. In places where glasses are widely available, the same health condition would not lead to a visual disability and a truncated education and would likely only translate into using glasses at school (Mont 2007).

The environment also include attitudes and perceptions. Discriminatory attitudes and negative perceptions can become entrenched in environments and diminish the participation of persons with disabilities. Stigmatization can become ingrained in institutional settings such as schools where bullying is normalized (see chapter 4) or workplaces where persons with disabilities are not promoted to or excluded from management roles, or, even further, are not hired (see chapter 5). The effects of discrimination can be profound. Stigma can be a major barrier to work participation and can lead to school dropout. It can even force people out of public spaces as a way of avoiding physical and emotional violence. Over time, these stereotypical assessments can normalize the idea that persons with disabilities cannot work, go to school, or navigate the city under the same conditions as persons without disabilities.

Environments, however, can be changed and made disability inclusive through policy changes. This can take the form of expanding the accessibility of the built environment by promoting universal design and reasonable accommodation, and can include making workplaces and work tools and equipment accessible and providing assistive technologies and flexible teaching styles in schools. In Latin America and the Caribbean, about half of the region’s legal frameworks mandate reasonable accommodation in education, employment, and public services.¹⁹ Disability-inclusive environments can enhance the situation of persons with disabilities, their families, and societies at large by fostering diversity and inclusivity.

This report pays special attention to two additional dimensions: identity and socioeconomic conditions. The outcomes and development challenges that persons with disabilities encounter depend on their individual

¹⁹ Based on a legal analysis conducted by the team, 17 countries mandate reasonable accommodation for accessing services, 19 for education, and 15 for employment.



and collective circumstances (including gender, race, ethnicity, place of birth, sexual orientation, and gender identity). A person's identity depends on the perception of others as well as on self-perception. Hence, these forms of belonging and the boundaries between certain groups are socially constructed—that is, they are not a given or natural fact but depend on individual, social, and cultural forces that are continually changing and vary from one context to the next.

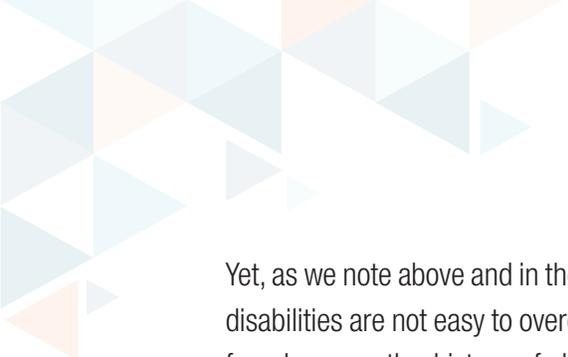
Identities can become the basis of inclusion or exclusion. Belonging to certain groups can translate into worse socioeconomic outcomes, poorer human capital accumulation, and lower voice and participation in decision-making spaces. And these negative trends can be intergenerational. As research shows, the human capital endowments of a person are closely related to their parents' education. Excluded groups can have a reduced range of choices for improving their own well-being and realizing their aspirations for a better life.

Individuals are simultaneously members of different groups, and these intersecting identities might amplify or reduce their level of exclusion depending on context. In this report, we focus on gender, race and ethnicity, birthplace or place of residence, age, and their mutual intersection as aspects that may influence the experience and outcome of a disability. We cannot address other groups, such as sexual minorities and migrants, due to data limitations (see chapter 2).

This multidimensional approach shows that impairments can mean and imply very different things depending on a person's own perception, the context, and overlapping identities. At the same time, it exemplifies that many of the components that contribute to the exclusion of persons with disabilities can be changed through policy action. Designing effective policies will require paying careful attention to these connections while recognizing the diversity of disability.

► **Tenacious Revindication of Disability**

In sum, the concept of disability has evolved through history, from being understood as a divine punishment and excuse for subjugation and exclusion, to being perceived as a disease, and more recently as a social phenomenon and human rights issue. This transition has been the result of the tenacious work of organizations of persons with disabilities, activists, multilateral organizations, and persons with disabilities themselves, who have demanded from States the protection of their human rights and dignity, as well as their full inclusion in society. These realignments have had significant repercussions in Latin America and the Caribbean. The region has universally ratified the Convention on the Rights of Persons with Disabilities and has included disability in mainstream policy debates on social inclusion in education, labor, health care, and public and political space. Many of these debates are informed, led, and promoted by persons with disabilities themselves, who continue to broaden their voice and participation.



Yet, as we note above and in the subsequent chapters, centuries of exclusion and segregation of persons with disabilities are not easy to overcome overnight. Many of the negative connotations and exclusionary practices found across the history of disability are still present today, including policies of forced sterilization and institutionalization of persons with psychosocial disabilities, stigmatization in public spaces, and prejudiced representation of persons with disabilities in the media and school textbooks. Some of these exclusionary practices are unconsciously permeated in aspects of everyday life, including in colloquial offensive humor, name calling, and verbal comments. Others are more egregious violations, such as the lack of recognition of legal capacity. Hence, while the region is moving in the right direction, there are still many barriers that continue to exclude persons with disabilities from many areas of life, including education, the labor market, health services, and decision-making spaces. All of these significantly curtail the agency and dignity of persons with disabilities and limit their opportunities to fully participate in society.

But even among persons with disabilities, some are more vulnerable than others. Drawing from the Convention on the Rights of Persons with Disabilities, this report approaches disability as the result of a complex interaction between impairment, environment, identity, and socioeconomic conditions. We focus on identity and socioeconomic conditions as a way of capturing how individual and group circumstances (such as gender, socioeconomic background, race, ethnicity, and place of birth) can shape the experience of persons with disabilities, minimizing or aggravating their exclusion. We pay special attention to how overlapping disadvantages shape the experience of disability. By focusing on these three areas, we hope to convey a more comprehensive picture of disability in Latin America and the Caribbean and delineate the targets of potential policy and operational interventions that recognize the heterogeneity within this largely marginalized group. In the next chapter we explore *who* are persons with disabilities in Latin America and the Caribbean and *how* they are represented in the region's statistical machinery.

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2 Who Has a Disability in Latin America and the Caribbean?





Persons with disabilities and organizations of persons with disabilities have been protagonists in refashioning the concept of disability to account for its diverse and changing reality. The historical changes outlined in chapter 1 have positively impacted how disability is estimated and understood in Latin America and the Caribbean.

These realignments are relevant to track progress toward the Sustainable Development Goals (SDGs), and to realize the principles of the Convention on the Rights of Persons with Disabilities. They are also important due to the rise of targeted programs, opportunities, and benefits that may be out of reach for those that do not fit within a given definition of disability—such as employment quotas, disability pensions, or public health insurance. In other words, how countries define and measure disability has policy, political, and analytic implications. It can determine whether persons with disabilities are able to get the proper certification for receiving certain benefits (see chapter 3) or enjoy the legal capacity to exercise their voice and agency (see chapter 6). Ultimately, it has long-term implications for budgeting and policy making.

This chapter begins with an analysis of how disability data are collected in official statistics in Latin America and the Caribbean. The chapter outlines the region's progress over the last decades in accounting for persons with disabilities in national censuses and household surveys, and the areas that require further improvement, most notably data on persons with intellectual and psychosocial disabilities. It also explores the forms of data collection that take place within official registries that certify the status of persons with disabilities. The second part of the chapter summarizes the data used in this report. It provides regional and country estimates of disability and, to the extent possible, estimates by type of disability. It briefly discusses some of the disparities in prevalence across location (urban/rural), income, gender, race, and ethnicity. It shows how overlapping identities (especially those that are already a source of exclusion) can produce an overlay of disadvantages that lead to higher risk of acquiring an impairment and aggravate the exclusion caused by it. Later chapters examine in greater detail how these overlapping identities shape the experience of persons with disabilities in many areas of life, including education, the labor market, public space, and political participation.

► **Who Are Persons with Disabilities in Official Statistics?**

The widespread recognition of the rights of persons with disabilities has had a positive impact on their statistical inclusion. In the 1980s, only 4 in 30 countries in Latin America and the Caribbean included a question on disability in their national censuses—10 years later, 13 countries did so (table 2.1) (Gonzalez and Stang 2014).

At that time, however, countries relied mostly on the International Classification of Impairments, Disabilities, and Handicaps (1980), which was a medically based guideline aimed at documenting “deficiencies”—sensory, motor, or mental. Questions were phrased in ways that would solely reflect impairments—such as blindness or deafness—through a binary question (yes/no).

Collecting data based on impairments is problematic for a number of reasons. As discussed in chapter 1, impairments on their own do not constitute a disability. An impairment-based method is unable to capture environmental factors that impede a person’s full inclusion. Looking solely at health conditions thus leads to incorrect estimates of persons with disabilities and their potential exclusion. In light of these shortcomings, WHO established the International Classification of Functioning, Disability, and Health (ICF). Endorsed by all 191 WHO Member States, the ICF considers not only body functions and structures, but also activity limitations and participation restrictions. In doing so, it expands the definition of disability by highlighting the link between impairment *and* environmental and personal factors. In consequence, it portrays disability as a continuum, rather than a rigid divide.

At the level of data collection, the ICF provided a universal language for quantifying disability. In 2001, the United Nations Statistical Commission created the Washington Group on Disability Statistics, which proposed a set of international criteria for collecting high-quality comparable data on disability. The Washington Group accordingly published the Washington Group Short Set on Functioning (WG-SS), a set of questions on functioning for use in national censuses and surveys. The WG-SS has been widely endorsed, including by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (2017). The WG-SS explores a person’s difficulties in six core domains: seeing, hearing, walking, cognition, self-care, and communication. Through them, it intends to collect data on the broadest number of individuals at risk of experiencing difficulties. The WG-SS thus relies on self-perception and avoids using terms such as disability, handicaps or suffering, which, given their negative connotation, can result in underreporting. It also offers an array of responses that reflect progressive nuances of difficulty.²⁰ By allowing a continuum of choices, the Washington Group seeks to document whether persons with disabilities can participate in education, employment, and civic life to the same extent as others, paving the way for more precise and effective policy responses. To date, the WG-SS has been extensively tested and validated globally. It has been included in over 80 national censuses and household surveys.

20 “No, no difficulty,” “Yes, some difficulty,” “Yes, a lot of difficulty,” or “Cannot do it at all.”

Table 2.1**Approaches to Disability Inclusion in Regional Censuses (1960 to Present)**

Country	1960s	1970s	1980s	1990s	2000s	2010s	2020s
Antigua and Barbuda	U	U		U	U	IMP, AL	
Argentina	U	X	X	X	IMP, AL	IMP, AL, PR, WG ^{a b c}	IMP, AL, PR, WG ^b
Bahamas	U	U	U	U	IMP, AL, PR, WG ^{a b c}	IMP, AL, PR, WG ^{a b c}	
Barbados	U	U	U	U	IMP	IMP, AL	
Belize	U	U	U	U	U	IMP, AL, PR, WG ^b	
Bolivia (Plurinational State of)		X		X	IMP	IMP, AL, PR, WG ^{a b c}	
Brazil	X	X	X	IMP	IMP, AL, PR, WG ^a	IMP, AL, PR, WG ^{a b c}	IMP, AL, PR, WG ^a
Chile	X	X	X	IMP	IMP	No disability questions	IMP, AL, PR, WG
Colombia	X	X	X	IMP	IMP, AL, PR	IMP, AL, PR, WG ^b	
Costa Rica	X	X	X		IMP	IMP, AL, PR, WG ^{a b c}	IMP, AL, PR, WG
Dominica	U	U	U	U	IMP	IMP, AL, PR, WG ^{b c}	
Dominican Republic	X	X	IMP	IMP	IMP	IMP, AL, PR, WG ^{a c}	
Ecuador	X	X	X	X	IMP	IMP	
El Salvador	U	U		IMP	IMP, AL, PR, WG ^{a c}		
Grenada	U	U	U	U	IMP, AL, PR, WG ^{a b c} (partial)	IMP, AL, PR, WG	
Guatemala	X	X	IMP	IMP	IMP	IMP, AL, PR, WG	
Guyana	U	U	U	U	IMP, AL, PR	IMP, AL, PR, WG ^{a b c}	
Haiti		X	X		IMP		IMP, AL, PR, WG
Honduras	X	X	X		IMP	IMP, AL, PR, WG ^{a b c}	
Jamaica	U	U	X	IMP, AL	IMP	IMP, AL, PR, WG ^{b c}	
Mexico	X	X	X	IMP	IMP, AL	IMP, AL, PR, WG ^{b c}	
Nicaragua	U	X		X	X		
Panama	X	X	IMP	IMP	IMP	IMP	
Paraguay	IMP	X	IMP	IMP	IMP	IMP, AL, PR, WG ^a	
Peru	U	U	U	IMP	IMP, AL, PR, WG ^{a b c}	IMP, AL, PR, WG ^{a c}	
St. Kitts and Nevis	U	U	U	U	U	U	
St. Lucia	U	U	X	IMP, AL, PR	U	IMP, AL, WG ^{a b c}	
St. Vincent and the Grenadines	U	U	U	U	IMP, AL	IMP, AL, PR, WG ^{a b}	
Suriname	U	U	U		U	U	
Trinidad and Tobago	U	X	X	X	IMP, AL, PR, WG ^{a b c}	IMP, AL, PR, WG ^{a c}	
Uruguay	X	X	X	X	IMP, AL, PR, WG ^{a b c}	IMP, AL, PR, WG ^a	
Venezuela (Bolivarian Republic of)	U	X	X	IMP	IMP	IMP, AL, PR	

Source: Author's analysis using census questionnaires from Integrated Public Use Microdata Series (IPUMS) International.

Orange: No census was made or not yet available for 2020 census round.

X: The questionnaire was consulted but lacked a question on disability.

U = "unknown," meaning that a census was carried out but the questionnaire was not analyzed because it was not found.

IMP: impairment; AL: activity limitation; PR: participation restriction; WG: Washington Group Short Set (a. = not all WG questions included; b. = some WG questions do not follow the exact translation; c. = severity levels are not given as a response option).

In the 2000s, 23 out of 30 countries in Latin America and the Caribbean included a question on disability in their censuses, almost a sixfold increase in two decades. Yet, of this group, only 7 countries adopted the guidelines of the ICF (asking questions on impairments, activity limitations, and participation restrictions), and 3 countries adopted them partially (for example, without exploring participation restrictions). The remaining 13 countries relied on the previous impairment-based approach. In the following decade, 24 out of 30 countries had a question on disability in their censuses, and 20 countries incorporated to some degree the WG-SS. For the ongoing 2020s census round, Chile and Costa Rica will fully adapt their questionnaires to the WG-SS, signaling the region's progress in unifying the criteria for disability data collection and adhering to global best practices (map 2.1).²¹

This recent census history underscores the influence of the ICF and the WG-SS in shaping how countries in the region quantify disability. While in the 1990s about 84 percent of available countries asked solely about impairments, in the next decade this number dropped to 57 percent and in the 2010s it declined even further

Map 2.1

Disability Inclusion in Censuses in Latin America and the Caribbean (2010 Round)



Source: Author's analysis using census questionnaires from the IPUMS census database of the University of Minnesota and national statistical offices using Retrieval of Data for Small Areas by Microcomputer (REDATAM).

21 For the 2020s round, the team consulted drafts of the upcoming census questionnaires. Some of these questions may change in the final version of the questionnaires.



to 4 percent. Still, although impairment-based approaches have been progressively phased out (a positive change), only four countries have adopted fully the WG-SS.

Even in countries that have adopted the WG-SS there are often variations in the phrasing of the questions, which may affect the quality and comparability of the data. While countries such as Guatemala and Haiti fully adopt the questions and answers suggested by the WG-SS, other countries only do so in partial ways. For instance, the Brazilian census of 2010 asked about the three core domains of the WG-SS (seeing, hearing, and walking or climbing steps), but the question on remembering and concentrating was replaced by an impairment-based question on permanent mental or intellectual “deficiency” (Gonzales and Ullmann 2019). A draft of their upcoming census questionnaire also reveals that the fourth domain will now merge questions on self-care, communication, and cognitive functioning in ways that differ from the WG-SS recommendations.

Another common alteration concerns the recommended responses. According to the Washington Group, a yes/no answer “forces the person answering to self-identify as having the difficulty or not,” limiting the number of reported cases and precluding future analyses of the severity of certain difficulties (Washington Group 2017). Yet, surveys often disregard these recommendations. For example, the census in Peru (2017) used a set of binary answers. Similarly, surveys often introduce screener questions, which carries the risk of underreporting persons that experience difficulties but reject the label of “disability.” The censuses of Trinidad and Tobago (2007) and Colombia (2018) explicitly asked if a person had a disability before moving onto the WG-SS. Screener questions tend to codify disability as a medical problem rather than using the neutral language of functioning. In the Caribbean, various countries have also added screening questions—with binary responses—in their data collection instruments (United Nations Statistics Division 2016).

The proper use of the WG-SS is also impacted by how the questions are asked and recorded by enumerators. Given their reliance on self-perception, WG-SS data can often be distorted due to varying interpretations of what normal functioning is, among both enumerators and proxy respondents. For example, enumerators might consider older people as having a “normal” functioning with respect to their age (and mark it as such) or may inadequately use the word “disability” when phrasing their questions. Untrained enumerators can also bypass asking about all core domains, especially if a respondent has already reported difficulty in one of them.

The inclusion of the WG-SS has also led to sharp variations in assessing the rate of disability among the population in some countries of Latin America and the Caribbean. For example, in Brazil the rate of disability jumped from 14.5 in 2000 to 23.9 in 2010 (though it was later revised). In the Dominican Republic, it went from 4.6 to 11.9 percent during the same period (Gonzalez and Ullmann 2019). Yet, in countries where the impairment-based method was kept between census rounds the changes were less obvious. In some cases, the variations triggered by the WG-SS methodology have been adjusted by national statistical offices. In Brazil, for example, the statistical office—the Brazilian Institute of Geography and Statistics (Instituto Brasileiro de

Geografía e Estadística, IBGE)—adjusted the rate of persons with disabilities from 23.9 percent (or 45.6 million people) to 6.7 percent (12.7 million people) after excluding those that reported “some difficulty” and limiting to those with moderate or severe disabilities (Botelho and Porciúncula 2018). Likewise, in Mexico, the census results were adjusted from 5.1 percent to 6.4 percent by the national statistical office—the National Institute of Statistics and Geography (Instituto Nacional de Estadística y Geografía, INEGI)—following the most recent National Survey of Demographic Dynamics (Encuesta Nacional de la Dinámica Demográfica, ENADID), 2018 (INEGI 2019). Such adjustments reveal the ongoing challenges of adopting a relatively new data collection method, but also underscore countries’ commitments to adhere to the WG-SS and improve the comparability of their disability data.

The slow adoption of the WG-SS is also noticeable in other statistical instruments used in this report, such as the region’s household surveys (map 2.2). Out of 18 recent household surveys, only 4 countries (Bolivia, Chile, Ecuador, and Panama) have embraced the WG-SS, while an additional 4 (Colombia, Costa Rica, Mexico, and Peru) have partially adhered to it. The remaining 10 countries do not use the WG-SS at all and some only indirectly collect data on disability, either by listing disability as a reason for economic inactivity (for example, Argentina, Brazil), or by asking if a household member receives a disability-related cash transfer (for example, Uruguay).

Map 2.2
Disability Inclusion in Household Surveys in Latin America and the Caribbean



Source: Author’s analysis using census questionnaires from the IPUMS census database of the University of Minnesota and national statistical offices using Retrieval of Data for Small Areas by Microcomputer (REDATAM).

Despite its global and increasingly regional endorsement, it is important to note that the WG-SS omits some age groups and disabilities, most notably psychosocial difficulties. Data on psychosocial and intellectual disabilities in Latin America and the Caribbean tend to be of poor quality, which renders any analysis of this segment of the population nearly impossible. Questionnaires across 14 household surveys reveal over 20 different ways of asking about intellectual or psychosocial disabilities, some of which contain stigmatizing vocabulary. In Colombia, for example, the survey questionnaire reports on “mental retardation.” In Brazil and Haiti, it focuses on “mental deficiency.” And in Ecuador it uses the term *locura* (madness) as an example of psychosocial disability—a category that, despite being appropriated by some disability rights movements (box 2.1), carries a historical negative connotation.

BOX 2.1

Mad and Proud: The Orgullo Loco Movement

Orgullo Loco (Mad Pride) is a movement created by former and current users of mental health services and their allies, with the premise that persons with psychosocial disabilities be proud of their “mad” identity. It started in Canada in the 1990s and has increasingly set roots in several Latin American countries, including Brazil, Chile, and Mexico (Cohen 2017; Correa et al. 2020).

The movement has its own festive day in May, and its main objective is to question the preeminence of the medicalization of psychosocial disabilities and its stigmatizing impact. Their advocates do not deny the suffering brought about by biomedical conditions but rather interrogate the frames of reference through which such symptoms are read, named, and treated. The movement is still in an advocacy and awareness phase, but its ultimate goal is to change the traditional paradigm of mental health.

One potential avenue for collecting data on selected psychosocial disabilities is through the Washington Group Extended Set. While the Extended Set encompasses mental functioning and chronic pain—which are often neglected in debates on disability (Wendell 2017)—none of the countries in Latin America and the Caribbean currently uses these questions in their censuses or household surveys. National statistical offices and regional organizations of persons with disabilities, however, have been debating and in some cases conducting their own data collection exercises on psychosocial and intellectual disabilities (INDEC 2019).²² While their findings may not be comparable across countries, they do signal the urgency of legal and policy reforms, having accurate information on these groups, and designing surveys that avoid stigmatizing language.

²² In Argentina, for example, the National Institute of Statistics and Censuses (Instituto Nacional de Estadística y Censos, INDEC) conducted a pilot study in preparation for the 2020 census round to improve data collection on the domains of remembering and concentrating (INDEC 2019).

The WG-SS is also unsuitable for quantifying developmental difficulties among children under 5 years. In order to fill this gap, the Washington Group/United Nations Children's Fund (UNICEF) Module on Child Functioning was launched in 2016 to measure disability in children and adolescents (ages 2–17). It encompasses domains such as hearing, vision, communication and comprehension, learning, mobility, and emotions. While the module has been extensively tested and included in numerous multiple indicator cluster surveys, there are only available data for Costa Rica and Suriname. Given the limited number of countries, these data sets are not included in this report.

At a broader level, disability data in Latin America and the Caribbean have other drawbacks that are worth mentioning. The WG-SS does not measure the onset of a disability, which is estimated only in three national censuses (Colombia, Mexico, and Paraguay), which use dissimilar criteria. Numerous censuses and household surveys also leave behind those that are in institutions, long-term rehabilitation centers, hospitals, prisons, or hospice care centers. Of 26 censuses in Latin America and the Caribbean, 12 do not reflect collective living arrangements, which render invisible an important segment of persons with disabilities. Moreover, this can prevent countries from understanding the situation and needs of this subgroup which, in the context of the COVID-19 pandemic, has been especially hit by high infection and death rates (see chapter 6). Finally, disability-specific surveys and disaggregated administrative data are key tools for designing inclusive programming, since they can capture individuals that are otherwise not reported through the WG-SS but who experience difficulties (Mont 2019). However, only 11 countries in Latin America and the Caribbean have conducted disability-specific surveys, with a varying degree of adherence to the Washington Group and limited periodicity.²³

In sum, Latin America and the Caribbean has taken substantial steps to collect disaggregated data on disability, transitioning from an impairment-based approach to one grounded in functional limitations. The WG-SS not only offers a more accurate picture of disability, it can also improve policy design. A social protection program, for example, might want to focus on those with a severe level of difficulty, while public health or education policies might be interested in targeting those with moderate or even low levels of difficulty (such as finding children with dyslexia or in need of glasses). This level of disaggregation, which makes possible targeted interventions, is possible through the WG-SS. Yet, given its slow and uneven adoption, the region needs to continue working toward the harmonization of country data. As the region undertakes the 2020s census round, and expands the use of the WG-SS, disability data will likely become more robust and comparable in the near future.

23 Those countries are El Salvador (2015), Guatemala (2016), Argentina (2018), Costa Rica (2018), Chile (2015), Guyana (2018), Uruguay (2004), Nicaragua (2003), Mexico (2010), Peru (2012), and Panama (2006). The first six countries applied the Washington Group set of questions on their corresponding disability national surveys, while the other five did it partially or not at all.

► Who Are Persons with Disabilities in This Report?

The quantitative analysis undertaken for this report is based on census data from 16 countries and household data from 8 countries. Our analysis was conducted using data directly extracted from the census database of Integrated Public Use Microdata Series (IPUMS) of the University of Minnesota, national statistical offices using REDATAM, and the Socio-Economic Database for Latin America and the Caribbean (SEDLAC) (table 2.2).

Table 2.2
Census and Household Surveys Used in This Report

Census		Household surveys, SEDLAC
IPUMS	National statistical office using REDATAM	
Brazil 2010	Antigua and Barbuda 2011 ^a	Bolivia – Household Survey 2018, 2017, 2016, 2015, 2014, 2012
Costa Rica 2011	Argentina 2010	Chile – National Socioeconomic Characterization Survey (CASEN) 2017, 2015, 2013, 2011, 2009
Ecuador 2010	Aruba 2010 ^a	Colombia – Large Integrated Household Survey (GEIH) 2014
El Salvador 2007	Bolivia 2012	Costa Rica – National Household Survey (ENAHO) 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010
Mexico 2010	Colombia 2018	Ecuador – Quality of Life Survey (ECV) 2013/2014
Panama 2010	Dominican Republic 2010	Mexico – National Survey of Household Income and Expenditure (ENIGH) 2018, 2016, 2014, 2012, 2010
Uruguay 2011	Guatemala 2018	Panama – Labor Market Survey (EML) 2018
	Honduras 2013	Peru – National Household Survey (ENAHO) 2018, 2017, 2016, 2015, 2014
	Paraguay 2012	
	Peru 2017	
	St. Lucia 2010 ^a	
	Trinidad and Tobago 2011 ^a	
	Venezuela (Bolivarian Republic of) 2011	

a. These censuses were used only to estimate disability prevalence. Microdata are not available, so further analysis was not possible.

Census data are used primarily to draw descriptive analytics to identify the general distribution of the population as well as gaps in access to services, markets, and assets. The use of census data is bound by the comparability problems described in the previous section, but it sheds light on the different conditions that exist within each country. For example, it allows comparisons between male and female, indigenous and nonindigenous, Afro-descendant and non-Afro-descendant, among others. The household surveys, on the other hand, allow for a more in-depth analytic approach. This is because they can be used to draw (a) comparisons over time within a country; (b) comparisons between countries that have a high degree of

comparability; and (c) poverty estimates and other measures of well-being. Hence, they are used to investigate drivers behind the gaps that persons with disabilities experience. Although the report uses household data from eight countries, they account for about 40 percent of the population in Latin America and the Caribbean (or 260 million out of 640 million population in 2020).

The regression analysis covers areas such as education, the labor market, and poverty. The units of analysis are the individual and the household, to show the impact of disabilities on the entire family group and not only on the individual. In both censuses and household surveys, asset ownership and access to services are measured at the household level, with the assumption that all members of a given household (with and without a person with disability) will share and make use of them. However, for other indicators and regression analyses on education and employment, the focus is on the individual level. As part of the overall project, a set of online tools will be launched (including dashboards for data visualization) that will allow for deeper analyses than the ones provided in this report.

This report acknowledges important data gaps, which are taken into account in subsequent chapters. As noted above, in 13 out of 16 countries studied, census data do not cover questions based on the WG-SS, which constraints comparability. Similar issues arise when exploring types, cognizant that the way the questions are formulated varies. Additionally, the regional estimates presented in this report do not necessarily reflect a final view of the current situation, but the best possible approximation, as some of the censuses were conducted at different times (for example, Colombia's 2018 census and Brazil's 2010 census) and the variables used are sometimes only partially comparable. For this reason, the report is based on data that have been carefully compared and analyzed from many different angles, using various methods to ensure the results presented are statistically meaningful. For education and employment, the report uses the 2010s census round, using countries that are in the IPUMS database. In so doing, however, it leaves aside large countries such as Argentina and the most recent censuses of Colombia, Guatemala, and Peru. Throughout this study, country-specific data show a variety of trends and, whenever possible, outline regional patterns.

The report also relies on disability surveys and secondary literature. It uses specialized disability surveys for 10 countries and the Gallup World Poll,²⁴ as well as the Brazil National Health Survey (2013) and Chile National Health Survey (2016–2017). Censuses, opinion survey data, and secondary literature have been complemented and validated with information and insights provided by national commissions on disability, organizations of persons with disabilities, and persons with disabilities themselves.

24 Argentina (National Study on the Profile of People with Disabilities, 2018), Chile (National Disability Study), Costa Rica (REENADIS, 2018), El Salvador (National Survey of Persons with Disabilities, 2015), Guatemala (National Disability Survey, 2016), Guyana (2018), Mexico (National Survey on the Perception of Disability in the Population (ENPDIS), 2010), Panama (First National Survey on Disability (PENDIS), 2006), Peru (First National Specialized Survey on Disability, 2012), and Uruguay (Nutrition, Child Development, and Health Survey (ENDIS), 2004).

Finally, the report uses data kept by official registries and certification databases. In Latin America and the Caribbean, 19 of the 30 countries analyzed have an official registry for persons with disabilities, and an additional 2 countries are in the process of launching their own. Such registries collect data for a variety of purposes, such as tracking beneficiaries of public programs or determining eligibility for accessing benefits (including rehabilitation services, university scholarships, public transportation discounts, or cash transfers). However, since these registries are commonly tailored to specific programs, they often report a substantially lower number of persons with disabilities than national censuses and household surveys.²⁵ For this reason, these data sets are used mostly to understand how certification processes can pose barriers to the inclusion of persons with disabilities (see chapter 6).

► Disability in Numbers

Based on available data from the last round of censuses (21 countries), there are close to 85 million persons with disabilities in Latin America and the Caribbean, or about 14.7 percent of the total population (table 2.3).²⁶ About one in three households (or 52 million) have at least one person with disability.²⁷ About 3 in 10 persons with disabilities in the region (29 percent of the total number of persons with disabilities, or 16.9 million) report a severe disability.²⁸ In terms of type of disability, available data from eight household surveys suggest that mobility difficulties are the most common, followed by vision difficulties (see appendix D), while psychosocial disabilities are the least reported. However, as explained above, this may be due to biases and the use of stigmatizing language in data collection instruments.

25 For example, the registry kept by the National Council for the Integration of Persons with Disabilities (Consejo Nacional para la Integración de la Persona con Discapacidad, CONADIS) in Peru reports over 280,000 persons with disabilities (about 9 percent of the number reported in the census), whereas the Colombian registry reports 1.2 million persons with disabilities (a little more than a third of the total reported in the national census). Such low levels of registration might be driven by the specificity of certain programs (which target only a segment of persons with disabilities) as well as barriers to getting properly registered (see chapter 6). In fact, about 18 registries in Latin America and the Caribbean require a doctor or an official health care authority to verify a person's disability. This process can be long, costly, and logistically challenging for many individuals and their families, which ultimately may lower the total number of registered candidates.

26 The number of persons with disabilities was estimated using harmonized information from the latest census available (from IPUMS and the national statistical office webpage), or household surveys (from SEDLAC) when census data were not available. Census data from IPUMS were used for Brazil 2010, Costa Rica 2011, El Salvador 2007, Panama 2010, and Uruguay 2011; and from the national statistical office webpage using REDATAM's engine for Antigua and Barbuda 2011, Argentina 2010, Aruba 2010, Bolivia 2012, Chile 2017, Colombia 2018, Dominican Republic 2010, Guatemala 2018, Honduras 2013, Paraguay 2012, Peru 2017, St. Lucia 2010, Trinidad and Tobago 2011, and Bolivarian Republic of Venezuela 2011. Household survey information from SEDLAC was used for Ecuador 2014 and Mexico 2018. Estimations were made using questions that followed guidelines from the Washington Group, that is, identified self-perception of functioning limitations rather than impairments. The most inclusive definition of disability was used (that is, second level or "some difficulty" and above) and the binary response (yes/no) for surveys not including severity questions. However, for subsequent analyses on education, labor, and poverty we use the Washington Group suggested cutoff line of levels 3 (moderate) and 4 (severe) of difficulty, when data on severity are available. Prevalence for Latin America and the Caribbean region is estimated by dividing the estimated number of persons with disabilities or households with persons with disabilities by the total population/number of households in the region from all countries with available data.

27 Only 15 countries have information available at household level: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Uruguay, and Bolivarian Republic of Venezuela.

28 Only Brazil, Colombia, Ecuador, Guatemala, and Uruguay report severity of disability.

Table 2.3

Disability Prevalence in Latin America and the Caribbean

Country	Year of data	Persons with disabilities, projected 2020		Persons with severe disabilities ^a		Households with persons with disabilities ^b	
		Total (millions)	% of total population	Total (millions)	% of total population	Total (millions)	% of total population
Latin America							
Argentina	2010	5.65	12.7			4.12	30.5
Bolivia	2012	0.6	5.2			0.32	10.3
Brazil	2010	49.34	23.9	13.7	6.7	30.99	49.3
Chile	2017	3.8	19.9				
Colombia	2018	3.21	7.1	1.8	4.0	2.42	16.6
Costa Rica	2011	0.49	10.4			0.36	26.5
Dominican Republic	2010	1.24	11.9			0.91	30.6
Ecuador	2014	3.6	25.1	0.8	5.8	2.25	51.8
El Salvador	2007	0.25	4.1			0.21	13.7
Guatemala	2018	1.46	9.5	0.4	2.5	1.09	32.1
Honduras	2013	0.19	2.18			0.2	7.9
Mexico	2018	9.3	7.5			5.27	16.3
Panama	2010	0.31	7.7			0.25	22.7
Paraguay	2012	0.78	11.0			0.36	29.5
Peru	2017	3.2	10.4			2.28	26.3
Uruguay	2011	0.53	15.7	0.2	4.6	0.12	34.4
Venezuela (Bolivarian Republic of)	2011	1.43	5.3			1.11	15.7
Caribbean							
Antigua and Barbuda	2011	0.01	11.0				
Aruba	2010	0.02	7.0				
St. Lucia	2010	0.0003	1.0				
Trinidad and Tobago	2011	0.001	4.0				
Total: Latin America and the Caribbean region^c		85.4	14.7	16.9	5.9	52.1	2.9

Source: Author's calculations using census data.

- Severe disability is defined as those who reported having "Yes, a lot of difficulty" and "Cannot do at all." Only Brazil, Colombia, Ecuador, Guatemala, and Uruguay have information on severity of disability. Information not available for countries without data on severity left in blank.
- Microdata are not available at the household level for Chile, and countries in the Caribbean. Information not available for these countries left in blank.
- Prevalence for Latin America and the Caribbean region is estimated by dividing the estimated number of persons with disabilities, persons with severe disability or households with persons with disabilities by the total population or number of households in the region (from all countries with available data).



In Latin America and the Caribbean, the leading causes of disability are chronic health conditions (especially cardiovascular and congenital issues), population aging, and injuries from violence, traffic- and work-related accidents, and natural disasters. These causes are reflected in some national disability surveys. According to the Colombian census (2018), for example, the main cause of disability is illness (44.6 percent), followed by old age (20.9 percent), congenital conditions (13.7 percent), and accidents (12.2 percent). The specialized disability surveys of Argentina and Mexico tell a similar story.²⁹ Yet, some conditions associated with disabilities often go underreported. For instance, the Pan American Health Organization (PAHO) finds that mental health and substance use disorders contribute significantly to the regional prevalence of disability, yet there are limited comparable data.

Chronic health conditions are expected to keep rising in the region, potentially increasing the number of persons with disabilities in the coming years (PAHO 2017). One important driver is diabetes. The mix of rising obesity, limited physical activity, and unhealthy diets has made Latin America and the Caribbean the region with the highest rate of diabetes-related deaths worldwide, a condition that can affect vision and mobility functioning. In South and Central America, the incidence of diabetes in 2019 was 9.4 percent (or 31.6 million people) but is expected to climb to 11.8 percent in 2045 (or 49.1 million) (International Diabetes Federation 2019, 72; World Bank 2019a). People in the poorest quintiles are more vulnerable to suffering diabetes due to their inability to get regular health checks, make appropriate lifestyle changes, and afford healthy diets. It also disproportionately impacts Afro-descendants and indigenous peoples. Nearly half of indigenous adults over 35 years of age in the region have type 2 diabetes (de Dios 2020). Ethnoracial data on health indicators are very limited in the region, but data from Brazil show, for example, not only that Afro-descendants have a higher prevalence of diabetes compared to white Brazilians, but also that their diabetes-related mortality rates have increased over the past two decades, while it has declined for their white peers.³⁰

Also, many communicable diseases are reemerging across Latin America and the Caribbean, some of which can contribute to disability. This trend can be partially explained by a decline in immunization rates and the weakening of infectious disease control programs (such as vector-borne control). Immunization rates have been historically high in the region, though below universal coverage, and most of the decline has affected those living in poor underserved regions (Dmytraczenko and Almeida 2015, 96–98).³¹ In Brazil, Bolivia, Haiti, and the Bolivarian Republic of Venezuela, for example, immunization rates have plummeted by at least 14 percentage points since 2010 (World Health Organization 2020). This is expected to get worse as health systems have

29 In Mexico, a third of respondent reported illness as the main cause of disability, followed by old age (23.5%), congenital conditions (17.7 percent), and accidents (17.4 percent) (National Institute of Public Health 2013, 26). In Argentina, on the other hand, the main cause of disability was illness (44.8 percent), followed by accidents (16.7) and complications during birth (6.5 percent) (INDEC 2018, 68–69).

30 In 2012, the mortality rate of black Brazilians was 34 per 100,000 inhabitants, 29.1 per 100,000 inhabitants for *pardos* (mixed race), and 22.7 per 100,000 inhabitants for whites (see Brazilian Ministry of Health online at http://portalsaude.saude.gov.br/index.php?option=com_content&view=article&id=15580&Itemid=803).

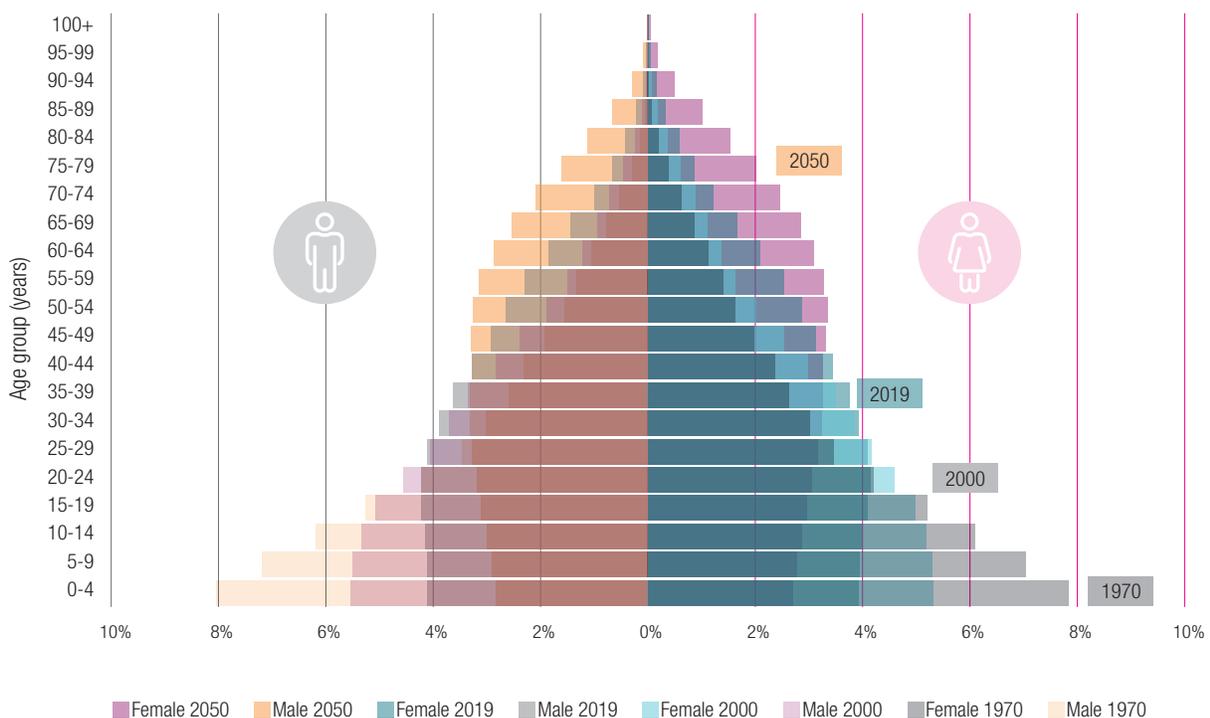
31 In Brazil, the rates of MMR vaccination (which protects from measles, mumps, and rubella) has dropped to as low as 41 and 44 percent respectively in the poor regions of Northeast and North, where incidentally a high number of Afro-descendants and indigenous people reside (Fujita et al. 2018).

been under increasing stress to respond to the COVID-19 pandemic, which is expected to continue to have palpable effects on health services in the medium and even long term. A study by PAHO across 38 countries of Latin America and the Caribbean found a drop in demand for vaccines due to concerns of becoming exposed to COVID-19. It also noted a decrease in child vaccination rates for DPT (diphtheria, pertussis, and tetanus) and MMR (measles, mumps, and rubella), all of which can underpin disabilities. Five countries (Bolivia, Colombia, the Dominican Republic, Honduras, and Paraguay) have delayed their measles vaccination campaigns, and about half of the countries in the region have experienced problems getting vaccines and keeping up with epidemiological surveillance, due to the shifting priorities related to COVID-19 (PAHO 2020).

Age is another important driver of disability. Older people are more likely to report a disability because of the accumulation of health complications, injuries, and chronic conditions. Accordingly, the regional prevalence of disability is higher among people ages 65 and older. In Bolivia and Panama, it reaches over 50 percent for this age group, and close to 40 percent in Mexico. Latin America and the Caribbean is in fact one of the fastest aging regions in the world, and the share of older people is expected to double between 2019 and 2050, which suggest an equally dramatic rise in disability rates regionally (figure 2.1) (United Nations Department of Economic and Social Affairs 2019).

Figure 2.1

Changes in Population Pyramids by Sex and Age Group, 1970, 2000, 2019, and Projection for 2050



Source: Population Pyramid.net: <https://www.populationpyramid.net/latin-america-and-the-caribbean/2050/>.



Accident-related injuries are another important cause of disability, and Latin America and the Caribbean has one of the highest traffic accident rates globally (19 deaths per 100,000 inhabitants, compared to the Organisation for Economic Co-operation and Development (OECD) average of 7.7 deaths) (OECD 2017). The number of accidents has soared 40 percent since 1990, and today they are responsible for over 120,000 deaths and over 5 million injured people in Latin America and the Caribbean, many of whom remain with a disability (Bose, Raffo, and Shotten 2014; Linde 2018). Such injuries have a disproportionate impact on the poor, reflecting the region's social and economic inequalities.

While not among the top causes, injuries from natural disasters also contribute significantly to disability. Based on data from 1970 to 2010, Latin America and the Caribbean has the second-highest reported injuries related to natural disasters in the world, after Asia (Reinhardt et al. 2011). Natural disasters can result in traumatic injuries in the brain or spinal cord, amputations, peripheral nerve injuries, and post-traumatic stress. They can also affect rehabilitation services, potentially diminishing their availability following a disaster and thus aggravating the effects of disaster-induced injuries. The earthquake that ravaged Haiti in 2010, for example, left hundreds of thousands of deaths and injuries. A study in 2015 found that injuries from this single event were the second-leading cause of disability after communicable and noncommunicable diseases (Danquah et al. 2015; Iezzoni and Ronan 2010).

Caribbean countries, for their part, are very vulnerable to hurricanes, which are a growing cause of death, injuries, and forced displacement, especially in places with a limited number of hurricane-proof homes. While data on disaster-induced injuries associated with extreme weather events are very limited, the frequency of hurricanes in the Caribbean has risen since the mid-1980s and is expected to keep rising in the coming years, due to climate change.

Finally, violence is another significant driver of disability in the region (box 2.2). Gun violence can leave injured survivors with lifelong disabilities, yet none of the countries analyzed in this report—except for Colombia—lists violence as a cause of disability in their national censuses. This lack of robust, comparable data prevents countries from fully understanding the long-term impacts of gun violence and designing appropriate public policies for minimizing these injuries in the future.

**BOX
2.2****Armed Conflict, Gun Violence, and Disability**

The region has the infamous reputation of being the most violent in the world, with homicide rates in some countries surpassing the toll of civil wars elsewhere. In 2017, 17 of the 20 most violent countries globally were in Latin America (Muggah and Tobón 2018). In addition, the region has had its share of armed conflicts in the recent past, including civil wars in Colombia, El Salvador, Guatemala, Nicaragua, and Peru.

While mortality rates caused by gun violence and armed conflict have been widely studied, there are fewer available data and less research on firearm morbidity. For every person who dies, many more are left injured. In countries such as Brazil, Colombia, Jamaica, and Nicaragua research has found that gun violence is responsible for about 1 to 2 percent of all persons with disabilities at the national level, though in some cities and municipalities the rates are much higher.³²

Disabilities caused by gun violence can have long-lasting consequences for the victims, their families, and society as a whole. In addition to trauma, individuals can also experience productivity and income loss. This leads to a higher risk of experiencing employment barriers (Buchanan 2014). In Medellín, for example, a Humanity and Inclusion (formerly, Handicap International) survey found that 66 percent of survivors (most of whom were between ages 15 and 35) reported a significant income loss. The inability to afford, or the limited availability of, long-term health and rehabilitation services may further marginalize survivors (Handicap International 2012). Finally, persons with disabilities who are survivors of gun violence also face social stigma (UARIV, USAID, and IOM 2017).

The region needs additional research on the links between armed violence and disability, looking at the specific risks, vulnerabilities, and impacts on the lives of survivors. This entails improving information systems, encouraging the disaggregation of data by type of disability (and overlapping identities), and reducing the current forms of underreporting. There is also a need to put forth stronger legal frameworks that protect victims' rights and invest resources for a multimodal approach for supporting persons with disabilities who are victims of violence. These demand attention to physical and psychosocial services, as well as community and peer support efforts.

Colombia is an example of both the terrible outcome of a protracted civil war and innovative victim reparation policies. Of the more than 9 million people recognized as victims of the decades-long armed conflict, approximately 4.5 percent have some type of disability. In light of this, the government has made efforts to make special provisions to protect persons with disabilities in the Victims Law (Law 1448 of 2011). It has also published specific guidelines on how to provide differential treatment to armed conflict survivors with disabilities in policies related to social assistance, care, and reparation. These guidelines target persons with prior disabilities that were aggravated by the conflict or who acquired an additional disability because of it. Colombia has sought to promote the articulation of the National System for Integral Care and Reparation of Victims (Sistema Nacional de Atención y Reparación Integral a las Víctimas, SNARIV) and the National System for Disabilities (Sistema Nacional de Discapacidad, SND) to ensure comprehensive support. It has also included in its Unified System of Victims (Registro Único de Víctimas, RUV) disaggregated data, including on types of disabilities of victims, gender, and ethnoracial identity. Although the practical implementation of the content of Law 1448 and the peace agreements of 2016 has been slow and questioned by several victims' groups and international observers, the long and exhaustive registry process of the victims has served as a model for reparation processes elsewhere, and a vital first step in the right direction.

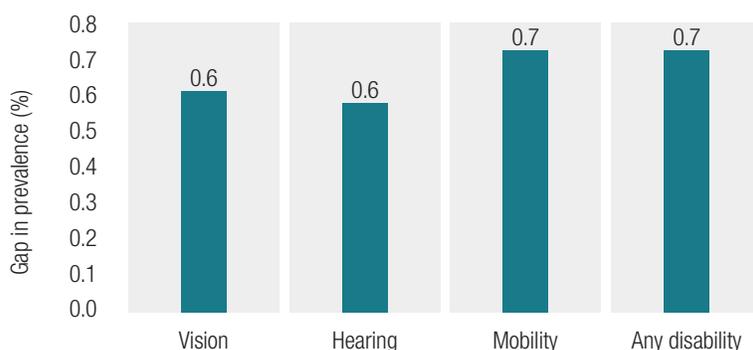
32 In fact, recent official data from Colombia show that 1.8 percent of people with disabilities (24,771) have been victims of urban violence, while 0.6 percent (8,257) were victims of the armed conflict (Ministry of Health and Social Protection of Colombia, 2018). In 2001, the city of Tegucigalpa, Honduras, recorded a fatality rate of 138 per 100,000 inhabitants, with a rate of nonfatal injuries almost twice as high, at 235 per 100,000 inhabitants. About 77 percent of them were linked to violence (Yacoub, Arellano, and Padgett-Moncada 2006). In Nicaragua, a survey carried out in 2003 showed that 1.8 percent of the 461,000 people with disabilities in the country (10.25 percent of the national population) had acquired a disability due to violence committed by another person, and 2.2 percent due to war (Vásquez 2006).

► Overlapping Identities and Disability

Belonging to an excluded group aggravates the way people experience disability. Disabilities are in fact unevenly distributed across social categories. Living in a rural setting, or being poor, a woman, or an indigenous or Afro-descendant person, for instance, increases both the probability of acquiring an impairment and the severity of its exclusionary effects. The uneven distribution of disability and its effects is connected to the historical exclusion of these groups from markets, services, and decision making, which heightens their exposure to accidents, natural disasters, and environmental pollution, while reducing their access to timely and quality health care.

Location plays an important role in the distribution of disability. The proportion of persons with disabilities in the region is higher in rural areas (figure 2.2). In Bolivia, the rate of disability in rural areas is double that of urban areas (15.9 versus 8.7 percent). Costa Rica and Uruguay are the exceptions, a pattern that may be explained by their large urban population. The overrepresentation of disability in rural areas is replicated globally,³¹ and might be explained by the lower availability of health services (for preventive care and treatment), higher poverty rates, and other structural disadvantages.

Figure 2.2
Gap in Prevalence of Disability by Type, Rural minus Urban



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Weighted average by estimated number of population with disability in Bolivia, Chile, Costa Rica, Mexico, Panama, and Peru. The graph does not differentiate learning, speech/communication, mental, and personal care disabilities due to difference in definitions among countries, resulting in lack of comparability. "Any disability" includes all types of disabilities.

33 According to one estimate, 14.6 percent of persons with disabilities live in urban areas compared to 16.4 percent in rural areas, and in low-income countries, 16.5 percent live in urban areas versus 18.6 percent in rural areas (World Health Organization and World Bank 2011, 28).



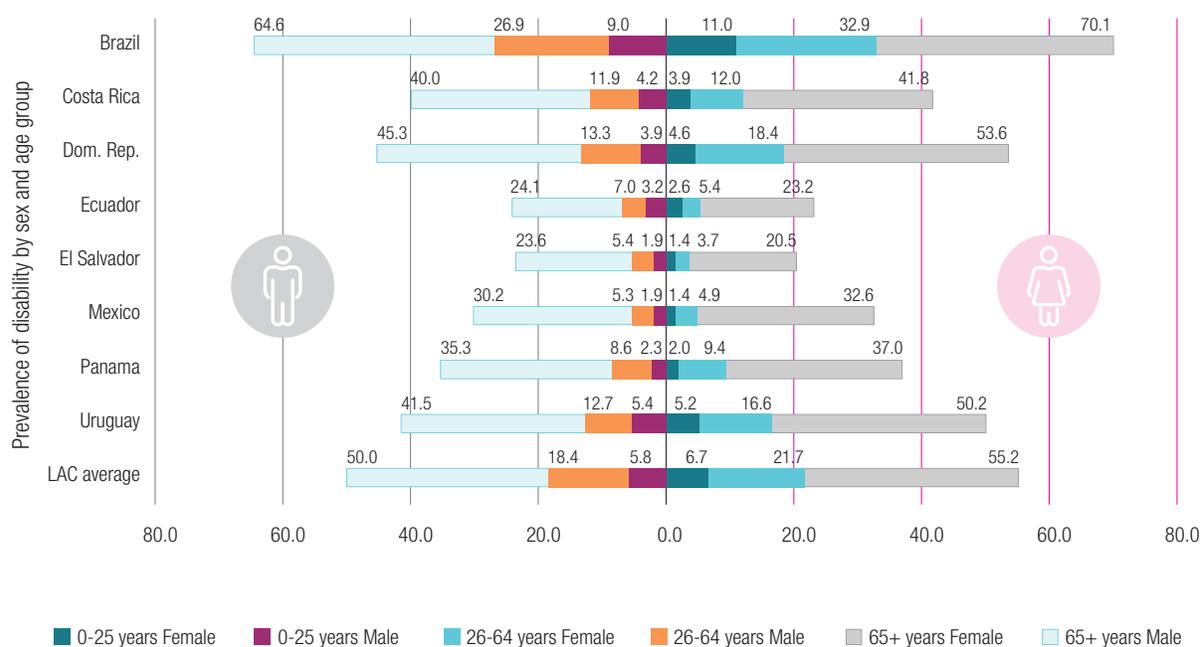
Poverty also affects the distribution of disability in the region. In six of the seven countries analyzed, people living in the lowest quintile of income distribution reported higher prevalence of disabilities. In Chile and Mexico, the prevalence of disability among those in the poorest quintile is twice as high as among those in the wealthiest quintile. Poverty can foster conditions that elevate the risk of acquiring an impairment. For example, it can increase a person's likelihood of becoming chronically ill, reduce their access to quality health care, clean water, and nutritious food, and render them more likely to work in unsafe environments where they are more prone to injuries. Some health problems are closely related with poor socioeconomic backgrounds, including issues deriving from unsafe living conditions. In the Madre de Dios region of Peru over 30,000 families work in artisanal gold mining, which has led to high rates of mercury exposure among workers and their families. A study of nearly 300 residents found a high prevalence of symptoms associated with mercury exposure, such as memory loss, mood swings, difficulty concentrating, muscle weaknesses, vision loss, and chronic pain (CENSOPAS 2010, 52).

Some noncommunicable diseases are also strongly associated with high poverty rates, such as vision difficulties. In Latin America and the Caribbean, there are 3.2 million persons with vision loss and 26.6 million persons with visual difficulties. Yet, most cases of vision loss are from preventable causes, such as cataracts, glaucoma, refractive errors, and diabetic retinopathy. Cataract blindness—which is easily preventable through cataract surgery—affects more severely households that are poor, rural, and have limited health care access. In Mexico, the rate of cataract surgery in the state of Queretaro (one of the 10 richest states in Mexico) is 92 percent, while in the state of Chiapas (a poor region with the largest indigenous population of the country) the rate is 39 percent. In the early 2000s, in Argentina, Brazil, Peru, and the Bolivarian Republic of Venezuela, a third of all patients that required cataract surgery were unable to afford it (Furtado et al. 2012). In response to this, the health ministries of Cuba and the Bolivarian Republic of Venezuela launched *Misión Milagro*, a successful campaign that treated more than 800,000 Latin Americans with vision impairments (Aguin 2011).

Despite these successful campaigns, inequality in disability prevalence is visible in the region. Besides the factors of location and income level, higher rates of disability are also found among Afro-descendants and indigenous people, underscoring the negative impact of historical exclusion of certain identities. In Mexico, for example, the rate of disability in the wealthy and heavily industrialized state of Nuevo León is 13 percent at the household level, whereas in the rural, poor, and mostly indigenous region of Oaxaca the rate is 19 percent. Similarly, in Brazil, in the northern department of Pará—which has the largest concentration of Afro-descendants and poor development indicators—the rate of disability is 20 percent at the household level, whereas in Santa Catarina—a rich state with the lowest Afro-descendant population—it drops to 16 percent.

Inequalities in disability prevalence are not as clear-cut when analyzing gender disparities. In most countries analyzed, women report a higher prevalence of disability compared to men. Notable exceptions are Ecuador and El Salvador, where men have a higher disability prevalence across all ages. In all other countries, disability prevalence for elderly women (ages 65 and older) is higher, echoing global trends (figure 2.3). Women have longer life expectancies than men, thereby increasing the risk of accumulating health conditions and injuries over time.³⁴ Women also tend to have less access to quality health services, especially those in the lowest quintile of the income distribution, or who are indigenous or Afro-descendant (UNICEF and Tulane University 2016, 9).

Figure 2.3
Prevalence of Disability by Sex and Age Group



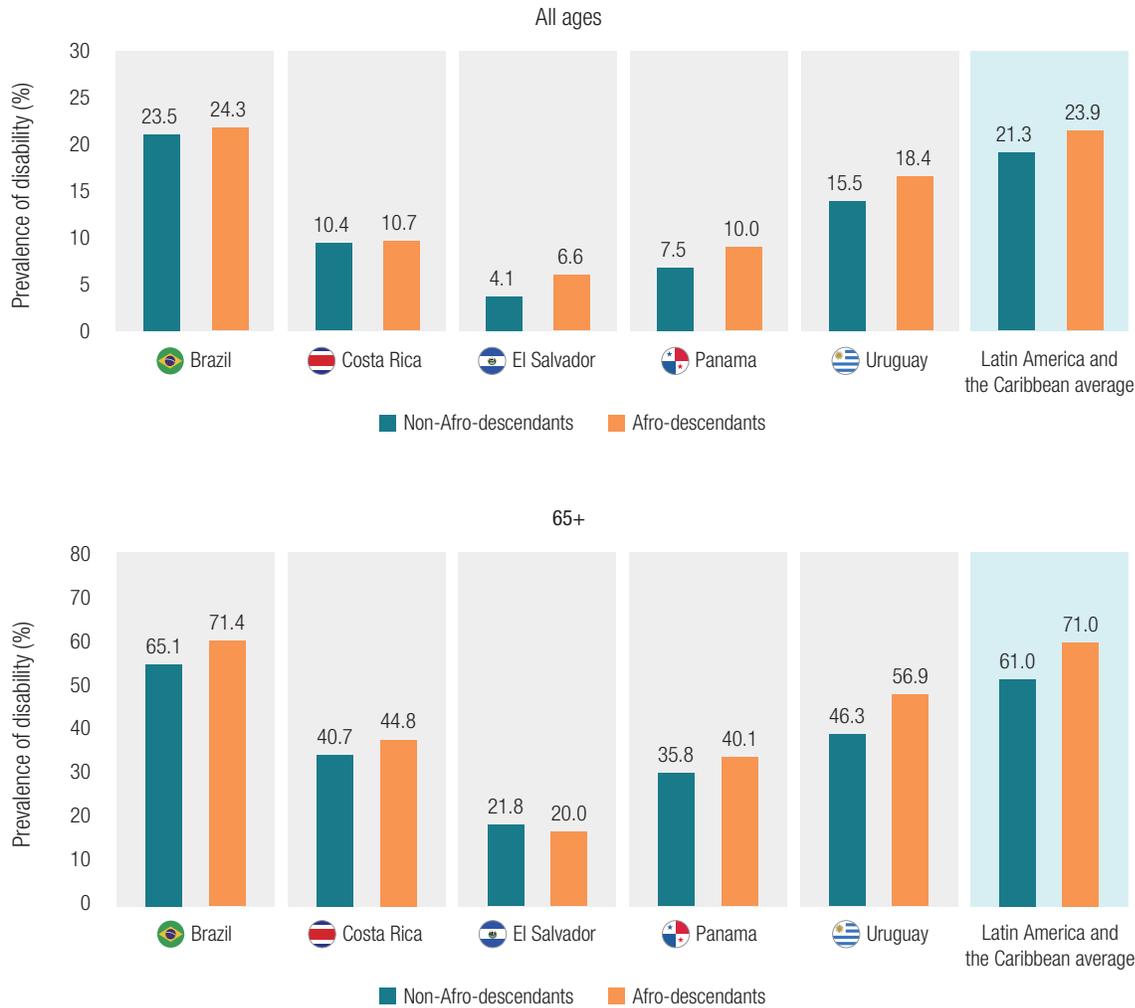
Source: Author's calculations using census data (IPUMS).

Note: Latin America and the Caribbean (LAC) average represents a weighted average by population of Brazil, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay.

³⁴ In Latin America and the Caribbean, life expectancy at birth for women is 77.4 years versus 71.6 years for men. This can be explained by improvements in maternal mortality, a lower fertility rate, reduction in infectious diseases, and the growing rate of smoking among men (OECD and World Bank 2020, 26).

Women also have additional vulnerabilities. They are more exposed to gender-based violence in the region. A PAHO study of 12 countries found that between a quarter and half of all women experienced physical, sexual, or emotional violence from an intimate partner at least once in their life. Most women who had been victims of violence reported physical injuries, chronic pain, and mental health consequences (including anxiety, depression, and suicidal thoughts). Among those who suffered mental health conditions, between half and two thirds were unable to keep working (PAHO and CDC 2013).

Figure 2.4
Prevalence of Disability among Afro-descendants versus non-Afro-descendants



Source: Author’s calculations using census data (IPUMS).

Note: Latin America and the Caribbean average represents a weighted average by population in Brazil, Costa Rica, El Salvador, Panama, and Uruguay.



Afro-descendants also have a higher prevalence of disabilities, especially in old age, partly because they suffer more frequently from noncommunicable and chronic diseases. While 71 percent of Afro-descendants (ages 65 and older) reported having a disability, only 61 percent of non-Afro-descendants did (figure 2.4) (ECLAC 2017, 102).³⁵ Afro-Uruguayans, for example, report higher rates of sleep disorders, depression, and work-related stress, but forgo medical visits more often than white Uruguayans (Freire et al. 2020).

Afro-descendants are also overrepresented in low-skilled or informal jobs, making them more susceptible to work-related injuries. The proportion of Afro-descendants living in slums is considerably higher than non-Afro-descendants, since they are twice as likely to live in slums in Brazil, Colombia, Costa Rica, Ecuador, Mexico, and Uruguay (Freire et al. 2020), increasing their exposure to natural disasters and unhealthy living conditions, and they are more prone to being victims of gun violence compared to any other group. In Brazil, three in four victims of homicide are Afro-descendants, which highlights their much higher exposure to gun-related injuries.

Another example that shows how race and disability intersect in negative ways is prenatal care. In Latin America and the Caribbean, Afro-descendant mothers experience worse health conditions during their pregnancy (for example, infections, low birthweight, inadequate medication use) that can increase the risk of health complications in their newborns. In Uruguay, 78 percent of Afro-descendant women received prenatal care, compared to 90 percent of white women (ECLAC and AECID 2018). In fact, at the height of the Zika virus epidemic in Brazil between 2015 and 2016, 8 in 10 newborns with congenital Zika syndrome (which often results in microcephaly, infection of the eyes, and mobility limitations) were from Afro-descendant mothers. Discriminatory attitudes among health care workers often underlie Afro-descendants' worse access to medical care.

In Bolivia, Costa Rica, Mexico, and Peru, indigenous people also exhibit a higher prevalence of disability, especially in rural areas. One exception is Chile, where the prevalence of disability for indigenous people is slightly lower than the national average, though this might reflect underreporting.³⁶ In most countries, especially in regions with a high density of indigenous households, the rates of disability are more pronounced. For example, in the Purépecha region, in Mexico's state of Michoacán, over 20 percent of the indigenous population reports a disability, compared to the national average of 6.4 percent and the Mexico City average of 5 percent (Rivas Velarde 2015, 20). In the Comarca Emberá of Panama, 33 percent of indigenous households have a person with disability (surpassing the national average of 23 percent).

35 Latin America and the Caribbean average weighted by population using census information from Brazil, Costa Rica, El Salvador, Panama, and Uruguay.

36 Indeed, a previous study from the National Disability Fund found in 2008 that 7.1 percent of indigenous people reported a disability, which was slightly higher than the national average of 6.9 percent (Government of Chile 2008, 22).



Numerous factors underpin these disparities, including disproportionate poverty and unemployment, greater exposure to environmental pollution and toxic waste, and greater victimization during armed conflicts and natural disasters (Rivas Velarde 2015). The Ngäbe and Buglé people in Panama, for example, have worked for decades in sugarcane and banana plantations in the Bocas del Toro province, often performing dangerous tasks and being chronically exposed to toxic pesticides. In the Honduran Moskitia, lack of labor safety protection also affects Miskito men that engage in underwater fishing activities. These workers are susceptible to suffering decompression sickness, which can cause irreversible neurological damage and impair mobility.

The incidence of infectious and noncommunicable diseases, as well as mental health illness, also plays an important role. In Latin America and the Caribbean, the health situation of indigenous peoples is significantly worse than that of other social groups. Across Latin America and the Caribbean, health care services also tend to be of lower quality or, with important exceptions, are culturally inadequate to serve the needs of indigenous people (World Bank 2015, 30).

The report focuses on a restricted set of groups, and does not exhaust the universe of people who experience a disability and who might face forms of exclusion due to their overlapping identities. No census in the region currently collects information to identify LGBTI+ people, making it impossible to estimate disability prevalence among that segment of the population.³⁷ The Uruguay trans census of 2016—a one-of-a-kind exercise in the region—offers some insights into the association between trans persons and disabilities, such as the fact that over 40 percent of respondents experienced mental health conditions (such as depression and anxiety disorders) (Techera, Garin, and Masi 2017). Analogously, the report does not explore in depth migrant populations with disability. Though this segment is at greater risk of being excluded from basic services and social protection, often because of their legal status, they tend to be statistically invisible and fall beyond the reach of disability inclusion programs (box 2.3).

³⁷ However, research from the United States finds that gay, lesbian, and trans people experiences higher rates of disability, in part associated with poor physical and mental health (Fredriksen-Goldsen, Kim, and Barkan 2020; Rodríguez-Roldan 2020).

**BOX
2.3**

Migration and Disability

The intersection between migration and disability is elusive. Globally, persons with disabilities make up a significant part of the refugee population (up to 30 percent by one account) (Fries 2019). In Colombia, of the 192,000 persons with disabilities registered as victims of the armed conflict in 2015, 86 percent were internally displaced (Peña Montoya 2020). Migrants—who leave their countries of origin in search of better opportunities—are generally better off than their peers at origin (healthier and more resourceful), but often fail to get quality health services in host countries or accept jobs with minimal occupational health protections (heightening the risk of developing a disability). Yet, there is lack of disaggregated data to fully understand the situation of refugees and migrants with disabilities.

The growing Venezuelan diaspora exemplifies the complex relationship between migration and disability. Over 5.4 million Venezuelans are estimated to have left their country since 2014—the largest movement of migrants in a short period of time in Latin America's history. Nearly 4.6 million of them are hosted in the region and close to 1 million are undocumented (Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela 2021). The exact number of persons with disabilities that are part of the Venezuelan diaspora is unknown, though country-specific surveys find that it ranges from 2.6 percent in Colombia to 11 percent in Chile. Since most Venezuelans are economic migrants, families might self-select younger members to move abroad or deliberately leave behind persons with disabilities. Despite this, psychosocial disabilities and mental health conditions are found at higher rates among Venezuelan migrants. These conditions often start or have been aggravated at home, as some Venezuelan migrants in Colombia fled due to the decline of their country's health care system, including their inability to get medicines or mental health services. But migrants that have left for other reasons have been equally exposed to high levels of anxiety, stress, trauma, and discrimination, both in their transit and host countries, affecting their mental health (Carroll et al. 2020).

In Peru, the second-largest receiver of migrants, the story is strikingly similar. For Venezuelans living in shelters, the inability to provide for their children, send money back home, find decent housing and work, and communicate regularly with their families were constant drivers of stress, anxiety, and sadness. Such feelings were also tied to their uncertain migratory status, growing xenophobia, and obstacles to finding safe and decent housing (Blouin, Goncalves de Freitas, and Jave 2019). At any point, these poor mental health conditions can result in a disability.

Migrants tend to have lower access to high-quality health care in their host countries. In Colombia, most Venezuelans are excluded from the health care system since it requires individuals to be enrolled in private or public insurance (only 16 percent of Venezuelan migrants are enrolled). Thus, most Venezuelans are only eligible for emergency care and other services provided through humanitarian agencies, since the cost of private medical care is too steep (Profamilia Association and U.S. Office of Foreign Disaster Assistance Abroad 2020, 40). In Peru, most Venezuelans refrain from visiting the doctor due to financial constraints, anxieties about their undocumented status, and the lack of health insurance (only 8 percent have insurance compared to 77 percent among Peruvians) (World Bank 2019b, 27). Without proper care, migrants of all ages have less chance of getting an adequate and timely diagnosis of or early interventions for disabilities.

The Convention on the Rights of Persons with Disabilities calls on States to protect the rights of persons with disabilities undergoing humanitarian emergencies, including migrants and refugees. This calls for greater coordination in host countries to address the basic needs of migrants and more robust, comparable data collection on their situations, needs, and challenges.

► Conclusion: Strengthening Disability Data Collection

Persons with disabilities have shaped how countries in Latin America and the Caribbean define and measure disability in national data collection instruments. Owing to their work, the region has been shifting from impairment-based approaches to one based in the recommendations of the Washington Group, which strives to align data collection efforts with the Convention on the Rights of Persons with Disabilities, the 2030 Agenda for Sustainable Development, and current rights-based understandings of disability.

Nevertheless, reversing decades of statistical invisibility is not easy. In fact, given the slow and uneven adoption of the Washington Group recommendations, the region is still lacking harmonized data on disability. As described throughout this chapter, many censuses and household surveys have variations in their questionnaires that inhibit their comparability between countries and across time. Other statistical records—such as official registries and certification databases—have disparate criteria and often underreport persons with disabilities, potentially excluding them from programs and public benefits. As the region undertakes the 2020s census round, and countries standardize their methodological criteria, disability data will likely become more robust and comparable in the future. But to achieve this important goal, countries must also be cognizant of the current drawbacks in existing sources, such as the limited data on certain types of disabilities (especially to understand the barriers persons with psychosocial and intellectual disabilities face), the obstacles to measuring degrees of difficulty, and the lack of disaggregated data for certain population segments (for example, Afro-descendants, indigenous peoples, children, LGBTI+ people, and migrants). They must also address the forms of stigmatizing language that can distort the collection of disability data.

Disability-inclusive policies, but also preventive policies, need to account for the risks that certain subgroups of persons with disabilities experience, especially those historically affected by exclusion and discrimination. In fact, while there are close to 85 million persons with disabilities in Latin America and the Caribbean, the prevalence of disability is not uniformly distributed, as the highest rates are found in rural areas and low-income households, as well as among women, Afro-descendants, and indigenous people. As previous analytic work by the World Bank underscores, these subgroups are less likely to receive timely medical care and have a higher chance of residing in unsafe and high-risk environments that can expose them to accidents, natural disasters, and violence. The interplay of these factors can conspire to produce higher disability rates. Exploring these overlaps is thus an urgent task, not just for enhancing the overall quality of data and enabling future analytic work, but also as a starting point for implementing targeted and more effective disability-inclusive policies.

Generating robust statistical data is a first step toward disability inclusion, but it must be accompanied by other analytic efforts that move beyond the metrics and ask about the series of interconnected phenomena that produce negative outcomes. In the following chapters, the report explores precisely *why* persons with disabilities experience worse outcomes in terms of poverty, access to education, and labor market participation, as well as in their ability to participate in decision making and enjoy the public space.

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3 Poverty and Vulnerability





The previous chapter described how, despite steady improvements, many countries still lack high-quality disaggregated data, which inhibits having a fuller picture of the barriers that persons with disabilities face on the path from poverty. Indeed, decades of statistical invisibility make it hard to assess how economic progress, political crises, or even the current pandemic impact differently persons with disabilities. And it is even more difficult to grasp how these forces affect specific subgroups such as persons with psychosocial and intellectual disabilities—for whom there are no robust data.

In spite of these constraints, this chapter examines poverty trends in the region and the situation of monetary poverty among households with persons with disabilities. It analyzes how sustained inclusive policies have led to sharp declines in poverty in Chile and Costa Rica, a trend potentially driven in large part by a combination of cash transfers. It then focuses on the reinforcing cycle between poverty and disability that prevails in the region, where disability prevalence is greater among the lowest quintiles of the population who, at the same time, experience worse outcomes and disability-related exclusion as a result of living in contexts of poverty. It discusses how persons with disabilities in all countries examined are more likely to reside in households that are poor and are overrepresented amongst those vulnerable to falling back into poverty (earning \$13 per day or less). This makes them susceptible to being disproportionately hit by shocks (such as the ongoing COVID-19 pandemic), especially women and ethnoracial minorities.

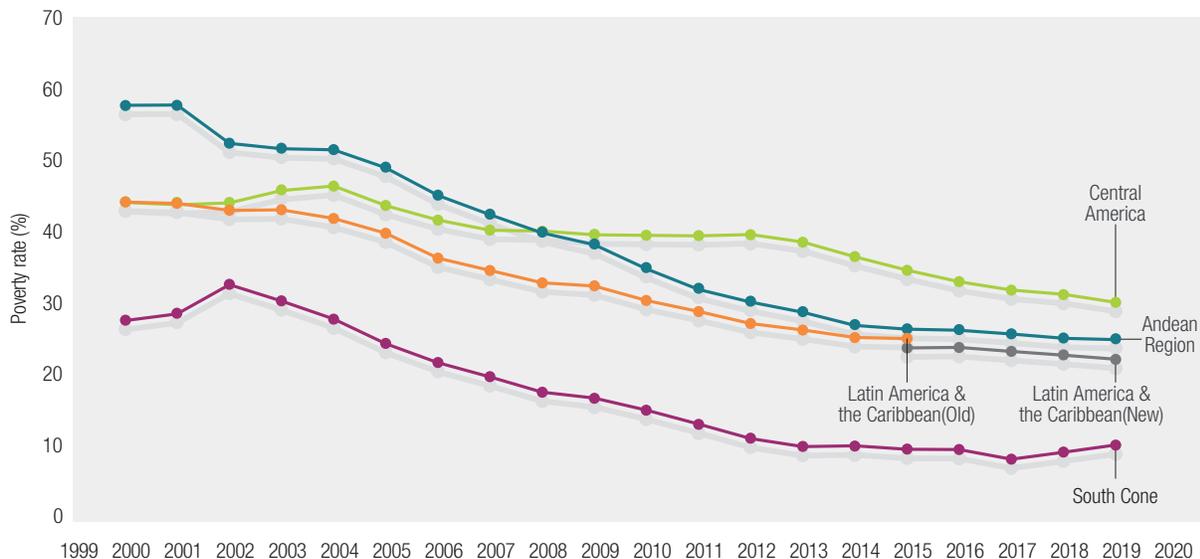
The second part of the chapter delves into the living conditions of persons with disabilities. It describes their overrepresentation in informal neighborhoods and their mixed access to public utilities and physical assets across the region. While there is nearly equal access to sewerage, electricity, and water (with some notable exceptions), there are critical gaps in accessing the internet, television, and private transportation, all of which can broaden the digital divide and obstruct mobility. Subsequently, it looks at the added costs of living with a disability, especially in the areas of transportation, health services, reasonable accommodation, assistive technologies, and care. It concludes by outlining a profile of households with persons with disabilities in the region, an exercise that will better inform programs and policies for their inclusion.

► Monetary Poverty

The golden decade of poverty reduction at the beginning of the millennium is now a distant memory for the Latin America and the Caribbean region. The significant drop in poverty from 45.1 percent in the early 2000s to 26.7 percent in 2012 has since decelerated, with more humble gains in the last few years. Some countries known for their strong social inclusion policies, such as Costa Rica and Uruguay, have reduced overall poverty but are struggling to reach the chronic poor and excluded. And poverty remains extremely high in other countries—half of Haitians and a third of Hondurans live in extreme poverty (income below \$3.2 per day). Between 2018 and 2019, poverty declines stalled at 22.5 percent (less than \$5.5 per day, 2011 PPP), and

even started reverting in some subregions such as the Southern Cone (figure 3.1). Thus, about 62.5 million people in Latin America and the Caribbean continue to live in extreme poverty (below \$3.2 per day 2011 PPP), more than half of them in Brazil and Mexico (60.3% in 2019) (World Bank 2019).

Figure 3.1
Poverty Rate \$5.5 per Day (2011 PPP), Latin America and the Caribbean



Source: Latin America and the Caribbean Equity Lab tabulations of SEDLAC (CEDLAS and World Bank) and World Development Indicators (WDI).

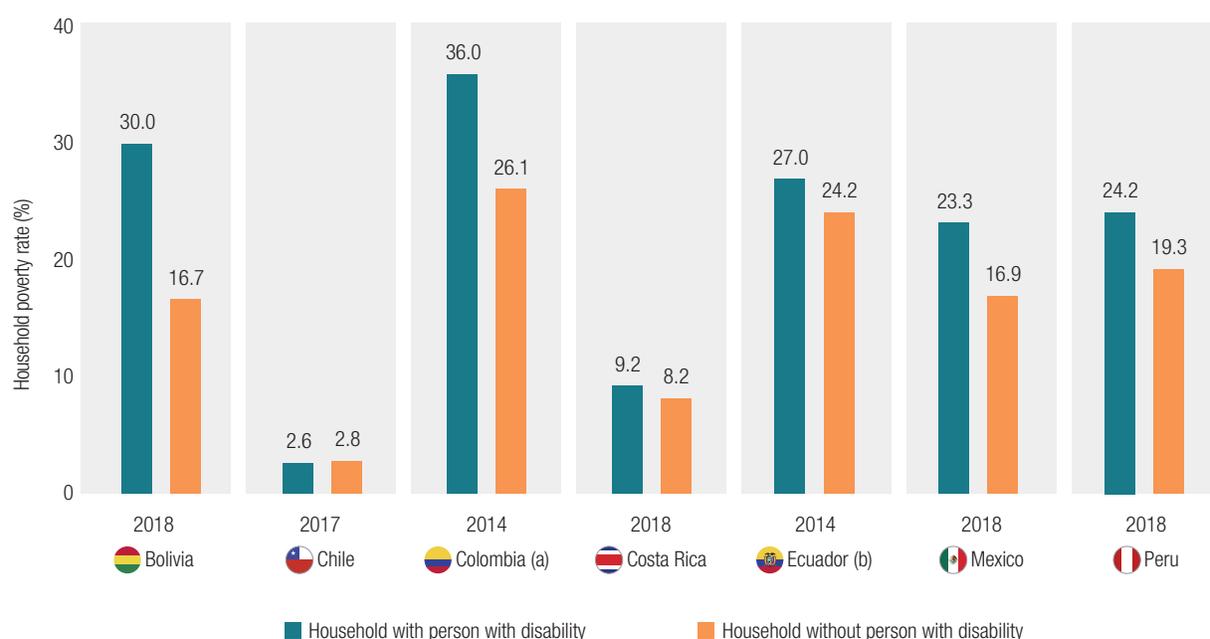
Note: Since the numbers presented here are based on SEDLAC, a regional data harmonization effort that increases cross-country comparability, they may differ from official statistics reported by governments and national statistical offices. In cases where data are unavailable for a given country in a given year, values have been interpolated using WDI data to calculate regional measures. The number of poor is based on total population from WDI. The Latin America and the Caribbean aggregate is based on 18 countries in the region for which microdata are available at national level. Brazil and Mexico are not part of the aggregate of the subregions. The Andean region is the aggregate of Bolivia, Colombia, Ecuador, and Peru; the Central American region is the aggregate of Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama; and the Southern Cone region is the aggregate of Argentina, Chile, Paraguay, and Uruguay. Urban and rural poverty rates are not available for the subregions. Only connected points are comparable over time. Noncomparability may arise from using other periods or methodological changes in the underlying survey, amongst other factors (this is the case for poverty rate estimates for Latin America and the Caribbean Old vs New). Argentina only has urban coverage. Updated April 2021.

The COVID-19 pandemic has aggravated many of these trends. When COVID-19 struck, the region was already struggling with stalled economic growth, inequality, and growing social conflicts. The pandemic has uncovered the fragility of the poverty gains achieved thus far and exposed persistent forms of exclusion, including the uneven access to health services, precarious labor conditions, and the flaws of existing safety nets. And while COVID-19 has made everyone vulnerable to illness and economic hardship, some groups are more vulnerable than others, such as persons with disabilities. In what follows, the chapter explores poverty data of households with persons with disabilities, with attention to their vulnerability to shocks.

About one out of five households living under extreme poverty (\$3.2 per day) has a person with disability. A disability can affect a household's income due to a mix of factors, including lower educational attainment (tied to lower productivity and less secure job options), reduced participation in the labor market (of persons with disabilities and caregivers), and larger expenditures related to health, transportation, and accessibility. Based on a comparable poverty line of \$5.5 per day, the majority of countries analyzed (Bolivia, Colombia, Ecuador, Mexico, and Peru) have a higher incidence of monetary poverty in households with persons with disabilities compared to those without (figure 3.2). Such gaps range from 13.3 percentage points in Bolivia to 1.1 in Costa Rica. Chile is the only country—aside from Panama (box 3.1)—where there is no gap whatsoever.

Figure 3.2

Percentage of Households That Are Poor (\$5.5 per Day), by Disability in the Household



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: The household poverty rate used is different to the one normally presented in poverty statistics (which is headcount poverty as shown in figure 3.1 that shows regional poverty estimates). We present this rate to keep consistency with nonmonetary poverty indicators included below. Estimates of the "traditional" poverty rate of people that are poor (\$5.5 per day) by disability in the household are as follows: for Bolivia, 30.4 percent for people living with at least one person with disability versus 20.6 percent for people in a household without a person with disability; Chile, 3.4 versus 3.6 percent; Colombia, 40.6 versus 31.4 percent; Costa Rica, 12.2 versus 11 percent; Ecuador, 34.6 versus 32.3 percent; Mexico, 26.9 versus 21.6 percent; and Peru, 23.7 versus 22.1 percent.

- Poverty rates estimated using the Quality of Life Survey (Encuesta de Calidad de Vida, ECV), 2014. They differ from official World Bank poverty rates for Colombia, which are estimated using the Large Integrated Household Survey (Gran Encuesta Integrada de Hogares, GEIH).
- Poverty rates are consumption based, estimated using data from the ECV, 2014. Poverty estimates differ from official World Bank poverty estimates for Ecuador, which are income based and estimated using data from the National Survey of Employment, Unemployment, and Underemployment (Encuesta Nacional de Empleo, Desempleo y Subempleo, ENEMDU). Estimates are not comparable with other countries.

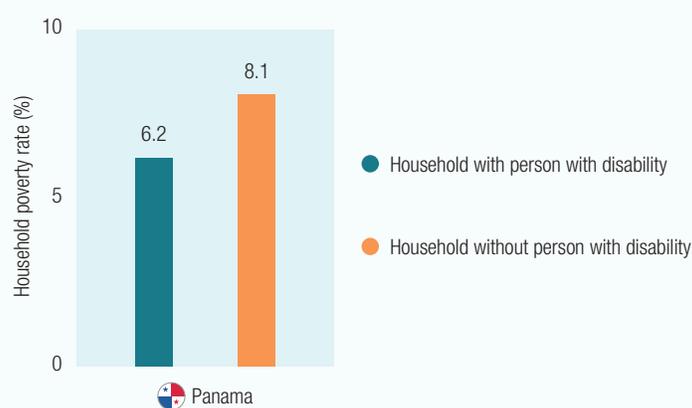
**BOX
3.1**

Disability and Poverty in Panama

The data collected in Panama's 2018 National Household Survey (Encuesta Nacional de Hogares) show a higher incidence of poverty in households without persons with disabilities, a pattern that breaks away from regional trends. Moreover, as figure 3.3 shows, a probit regression found no statistically significant effect of having a person with disability in the household over the probability of being poor, controlling for other potential factors associated with lower incomes, such as area of residence (urban/rural), household head's characteristics (gender, married status, educational attainment, age cohort), and number of children (two or more children or none).

Figure 3.3

Percentage of Households in Panama That Are Poor (\$5.5 per Day), by Disability in the Household

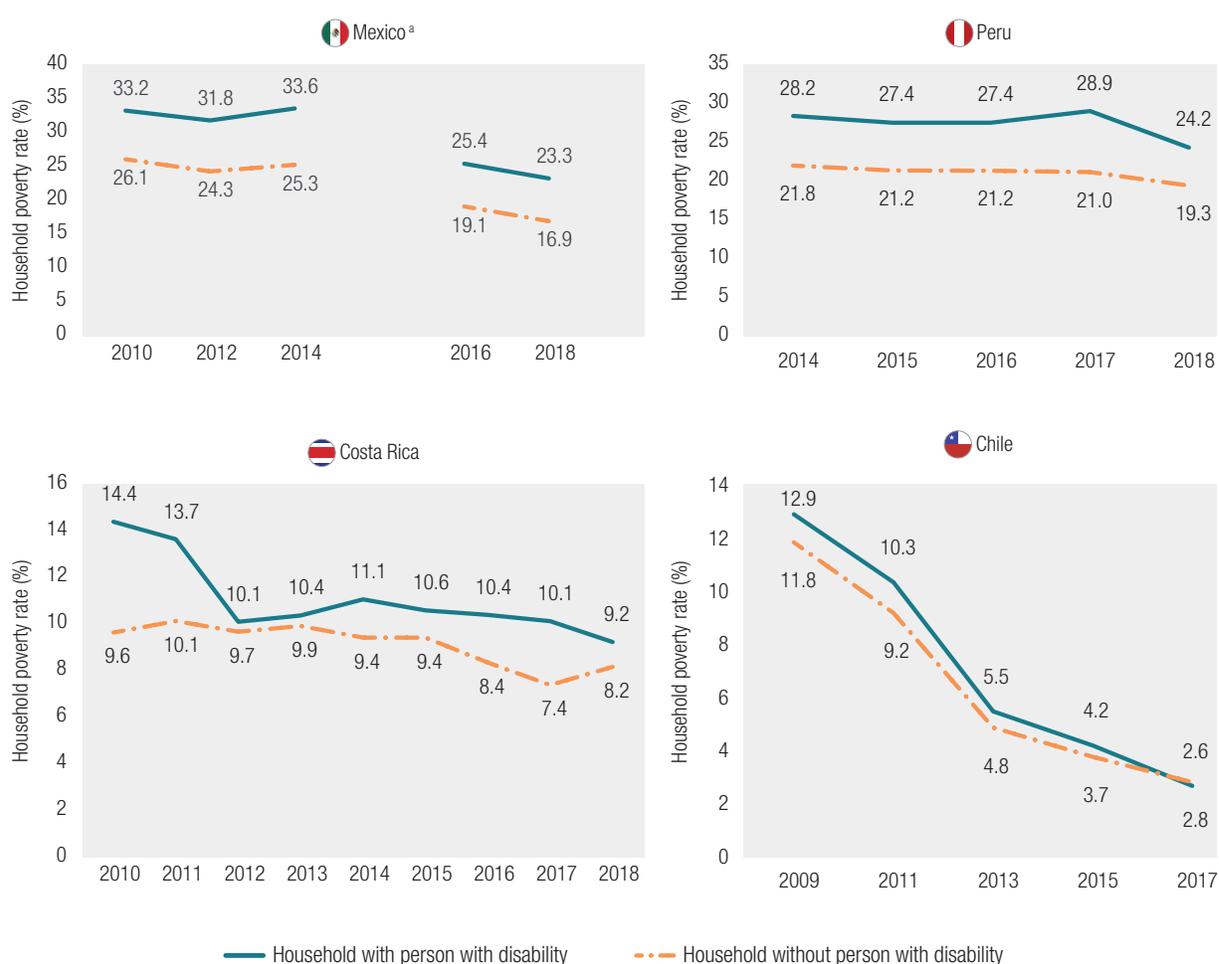


Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

However, these findings are not consistent with what is observed in other countries in the region, where the reduced probability of being poor is linked to nationwide policies that promote the inclusion of persons with disabilities, either through targeted cash transfers or through care systems. Such programs in Panama are limited in order to explain such a positive outlook (a puzzle that calls for closer scrutiny). Data limitations, such as stigma in reporting or measurement errors, should be further studied. Our findings are also not consistent with our analysis of nonmonetary poverty, which shows high levels of vulnerability for households with persons with disabilities. They also differ from other studies that use multidimensional poverty indexes (University of Panama, National Secretariat for Disability, and UNDP 2016). In light of this, this chapter will not include Panama in the analysis.

As noted above, analyzing poverty trends for households with persons with disabilities is a challenging task due to data limitations (for example, the absence of comparable variables that measure disability and poverty in household surveys covering the last decade). Yet, for the countries for which there are robust data, the evolution of poverty gaps between households with and without persons with disabilities tells a mixed story. While in countries such as Mexico and Peru the gaps have remained stagnant (around 7.1 percentage points for Mexico and 6.3 percentage points for Peru), in other countries, such as Costa Rica and Chile, they have been successfully closed (going from 4.8 percentage points in 2010 to 1.1 in 2018 for Costa Rica and from 1.1 in 2009 to -0.1 in 2017 in Chile) (figure 3.4).

Figure 3.4
Poverty Trends, Percentage of Households That Are Poor (\$5.5 per Day), by Disability in the Household

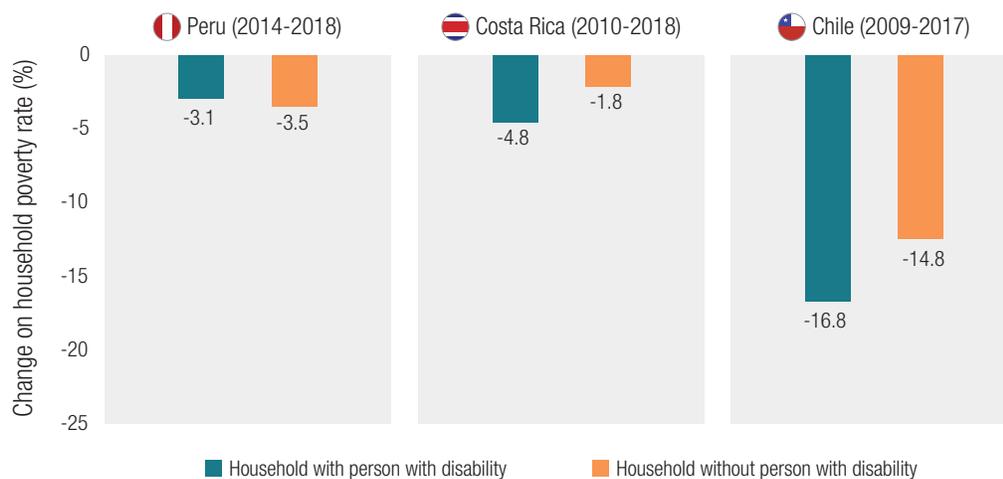


Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

a. There is discontinuity in the poverty measurement between 2014 and 2016 due to a change in methodology in Mexico's National Survey of Household Income and Expenditure (Encuesta Nacional de Ingresos y Gastos de los Hogares, ENIGH).

The progress of Chile and Costa Rica merits closer attention. Indeed, Chilean households with persons with disabilities experienced an extraordinary annualized poverty reduction of 16 percent in the period 2009–2017. In a similar vein, in Costa Rica the annualized drop in poverty for households with persons with disabilities was 2.6 times that of those without persons with disabilities. In other countries, such as Peru, the annualized poverty reduction was superior for households with persons with disabilities, but not enough to fully eliminate the gap (figure 3.5). In Mexico there was little progress in this area, a shortfall possibly linked to the poor performance of the National Program for the Development and Inclusion of Persons with Disabilities (which met less than 40 percent of all expected outcomes) (National Council for the Evaluation of Social Development Policy 2018).

Figure 3.5
Annualized Reduction in Poverty Rate (\$5.5 per Day), by Disability in the Household



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

The remarkable accomplishments in Chile and Costa Rica seem to be closely associated with the role of transfers (box 3.2). Data do not allow to differentiate whether this could be attributed to focalized programs or a wealth effect that allows households to privately cope better with the exclusionary effects of a disability. Yet, households with disabilities in Chile and Costa Rica do depend more on nonlabor sources. A disaggregation of sources of income shows that, in all countries with available data, the share of income from nonlabor sources is almost double for households with persons with disabilities (on average, 35 versus 18 percent of income in households with and without elderly which might be accessing old-age pensions);³⁸ the shares in Chile and Costa Rica are the highest among the countries included in the analysis. This difference in source of income

38 Weighted average by population of Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018), and Peru (2018).

is maintained when disaggregating by old age (with or without members 60 years of age); in all countries, the percentage of income coming from nonlabor sources is higher for households with persons with disabilities when compared to those without a person with disability, independently of the presence of elderly persons in the household (figure 3.6).

**BOX
3.2**

The Role of Transfers in Reducing Poverty: The Success Story of Chile and Costa Rica

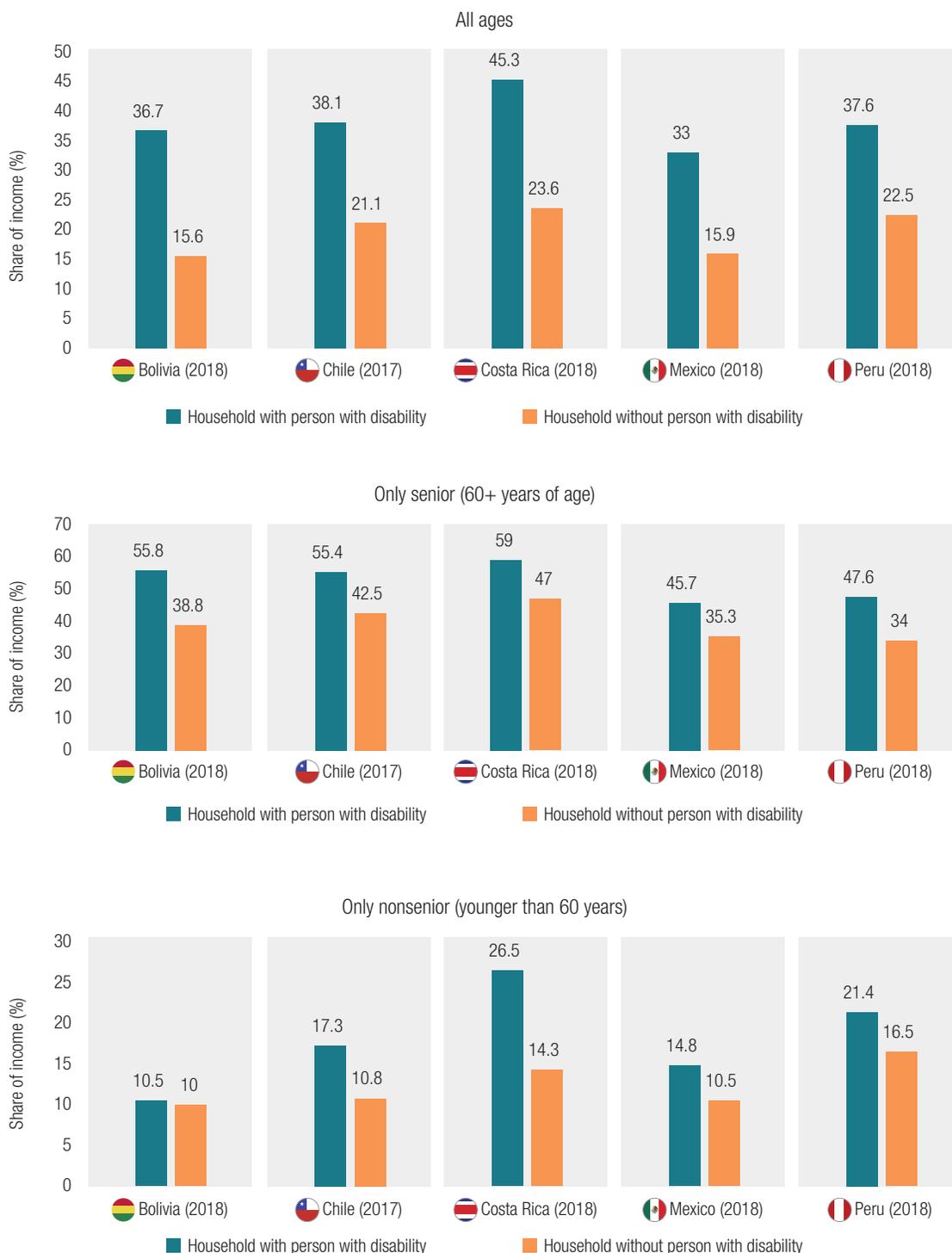
Cash transfers have been used in Chile and Costa Rica as a strategy for eradicating poverty among persons with disabilities. In Costa Rica, the National Commission for Persons with Disabilities (Consejo Nacional para las Personas con Discapacidad, CONAPDIS) has implemented a program—Poverty and Disability (Pobreza y Discapacidad)—that targets persons with disabilities from birth to 64 years of age. This program is carried out nationally by the regional offices of CONAPDIS. It has two main dimensions: (a) to promote access to services on education, rehabilitation services, and job training; and (b) to improve the living arrangements for persons with disabilities ages 18–64 who experience neglect. Both dimensions are accompanied by a cash transfer, which aims to offset the extra expenses incurred by recipients for accessing basic services, assistive devices, or adjustments in their living arrangements. All beneficiary households who are enrolled in the national program to fight extreme poverty, called Bridge (Puente), and who have a person with disability, are automatically eligible for the transfers provided by this program.

Chile, on the other hand, has put forth a combination of cash transfers and pensions to support persons with disabilities living in low-income households (that is, with incomes in the bottom 60 percent of the national distribution, estimated through a proxy means test). These programs include the following: (a) the Family Subsidy (Subsidio Unico Familiar), targeted at families without members in dependent work (that is, on a firm's payroll and getting benefits, including contributions to private pension funds); (b) Family Allocation (Asignacion Familiar), targeted at low-income families with members in dependent work; (c) pension for children ages 18 and younger with psychosocial disabilities; (d) pension for individuals ages 18–64 with disabilities (who do not receive disability pensions from private funds); and (e) pensions for persons ages 65 and older, which covers older persons who are not receiving old-age pensions from private funds. All programs directed at persons with disabilities (except the old-age pension) require a certificate issued by the local office of the disability medical commissions. And while families can only be a beneficiary of a single program or pension, the wide scope of alternatives allows for a broad coverage.

The transfers in Chile and Costa Rica demonstrate that, if well designed and carefully implemented, policies that seek to eradicate poverty among households with persons with disabilities can bring about positive change. Further analysis is needed to extract the lessons from Chile and Costa Rica and replicate their success across the region.

Figure 3.6

Share of Income from Nonlabor Sources



Source: Author's calculation using SEDLAC (CEDLAS and World Bank).

Note: Income excluding self-imputed rent.



For countries with a high incidence of monetary poverty among households with persons with disabilities, numerous factors may explain this situation, including larger unemployment or inactivity rates and lower educational attainment among household heads or place of residence. To explore this further, it is important to disentangle how much of the differences in poverty can be explained by these factors.³⁹ Overall, as figure 3.7 shows, households with persons with disabilities in Latin America and the Caribbean are more likely to be poor, even after accounting for differences pertaining to (a) place of residence (urban/rural); (b) household head's characteristics (gender, marital status, educational attainment, age cohort); and (c) number of children (that is, whether the household has two or more children or none). In other words, there is a large unexplained gap, especially in Bolivia and Colombia, which can be attributed to disability itself.

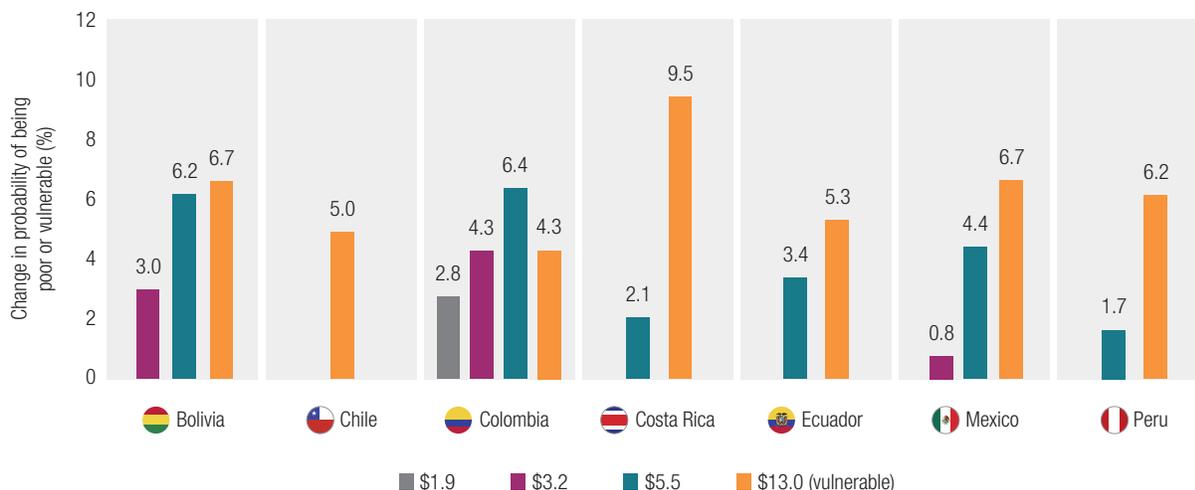
Among households with persons with disabilities, the probability of being poor is higher in Bolivia, Colombia, and Mexico when using the threshold of extreme poverty of \$3.2 per day. In Chile, Costa Rica, Ecuador, and Peru, on the other hand, the presence of a person with disability does not raise the likelihood of living in extreme poverty. Yet, in all countries except Chile, among households with persons with disabilities the probability of being poor at \$5.5 per day is higher. Figure 3.8 shows that this is consistent over time; only in Chile do we see a decreasing trend over time, leading to closure of the gap in 2017.

Yet, when we look at vulnerability (using a \$13 per day threshold) rather than poverty, the picture is even less encouraging. Indeed, in all countries persons with disabilities are at greater risk of being vulnerable. In Latin America and the Caribbean, about 7 out of 10 households with persons with disabilities are vulnerable. In Costa Rica, persons with disabilities face the highest probability of being vulnerable (at 9.5 percent), despite living in a country renowned for its poverty reduction and social inclusion policies. This might indicate that, while cash transfers have been successful in lifting households out of poverty, they are not equally effective in protecting them from future welfare losses. Indeed, as the pandemic persists, it is likely that those living at the margins of poverty have fallen back (box 3.3). Building back better and addressing the pandemic fallout thus entails paying attention to households that are vulnerable. But not all vulnerable households with persons with disabilities are equal. Overlapping identities, as described next, can in some instances make it even harder to stay out of poverty.

³⁹ The team used a probity model that isolates the effect of having a person with disability over the probability of being poor, controlling for other potential factors associated with lower incomes.

Figure 3.7

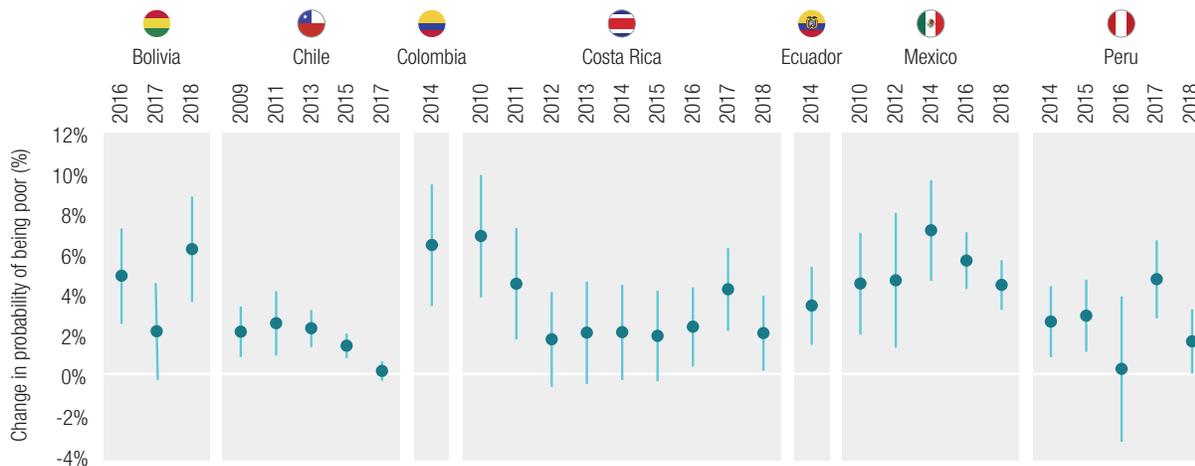
Change in Probability of Being Poor (\$1.9, \$3.2, \$5.5 per Day) or Vulnerable (\$13) If Household Has Person with Disability



Note: OLS regression of household's poverty status (under the \$1.9, \$3.20, and \$5.50 per day global poverty lines) or vulnerable (\$13 per day), controlling for area (urban/rural), household head's gender, whether married, educational attainment, age cohort, number of children (whether two + children or not). The graph only includes effects significant at 95%.

Figure 3.8

Change in Probability of Being Poor (\$5.5 per Day) If Living in Household with Person with Disability (95% Confidence Interval), All Available Data



Note: OLS regression of household's poverty status (\$5.50 per day poverty line), controlling for area (urban/rural), household head's gender, whether married, educational attainment, age cohort, number of children (whether two + children or not).

COVID-19, Poverty, and Disability

Based on recent World Bank estimates, COVID-19 is expected to push around 175 million to 228 million people into poverty globally (\$5.5 a day poverty line), of which between 17.5 million and 19.6 million will come from Latin America and the Caribbean (Lakner et al. 2021). The new poor are projected to be mostly living in urban areas, in dwellings with better access to infrastructure, and with slightly better access to basic assets than those who were poor in 2019 and 2020 (World Bank 2020). The new poor (ages 15 and older) are also more likely to be paid employees and work in the manufacturing, services, and commerce sectors. This emergent group will also be more educated than the chronic poor. In addition to the new poor, it is estimated that between 21.6 million and 23.6 million people in Latin America and the Caribbean will become vulnerable (that is, earning \$13 per day or less).

Once again, statistical invisibility prevents having a fuller picture of the consequences of the pandemic for persons with disabilities and their households. In an effort to anticipate some of these impacts, the report presents simulations for Bolivia and Peru.

In Bolivia, the economic downturn has especially affected two key areas, industry and services, with self-employed workers and informal workers being more vulnerable to the shock. This means that 54.6 percent of the population and 48.7 percent of individuals living in households with persons with disabilities will be directly impacted. The Bolivian government made three one-time emergency cash transfers in the early phases of the pandemic. Overall, 97 percent of the population living in households with persons with disabilities were covered by at least one transfer. Thus, cash transfers helped mitigate the rise in poverty by 2.1 percentage points. This means that about 41,000 people living in households with persons with disabilities avoided falling back into poverty. Yet, simulations drawing on data from the latest Household Survey (2019) estimate that poverty (\$5.5 a day poverty line) in 2020 would increase by 4.2 percentage points for individuals living in these households. Even though mitigation measures covered almost every household with a person with disability, the benefit incidence was low. In fact, our estimations reveal that, for example, cash transfers represented only 4 percent of the per capita income for an average person living in a household with a person with disability. Thus, the transfers might just be enough to have these houses linger on the margins of poverty.

In Peru, job losses in 2020 were among the largest in the region. By January 2021, total employment in Lima was still lower than its precrisis levels. Urban workers seem to have experienced a larger loss of employment, a trend that stands in contrast to rural areas, where the declines were mostly around the quality of employment (labor incomes dropped by 55 percent between April and June 2020 at the national level as opposed to 25 percent in rural areas).

The Peruvian government launched several mitigation measures to ease the impacts of the crisis. Such actions covered 73 percent of the population living in households with persons with disabilities (or 97 percent of households at the bottom of the income distribution with a person with disability). Based on the latest National Household Survey (2019), it is estimated that the pandemic would have increased poverty (\$5.5 a day poverty line) by 9.3 percentage points for people living in households with persons with disabilities. Yet, the rapid rollout of the cash transfers mitigated such trends in poverty for this population by 4.7 percentage points, pushing 2.3 million people who live in a household with a person with disability out of poverty.

In other countries in Latin America and the Caribbean, relief efforts were less effective because of poor-quality disaggregated data, as well as operational and political barriers for proper distribution. For instance, the delivery of three rounds of cash transfers to beneficiary households under the Better Life Bonus (Bono Vida Mejor) in Honduras in 2020 experienced significant delays.

The mix of inequality and deficient relief measures have exacerbated the impacts of the pandemic. As vaccination plans and campaigns unfold, there is a need to focus more on the quality of economic growth in ways that ensure a more just and sustainable recovery (Balseca et al. 2021).

► Overlapping Disadvantages

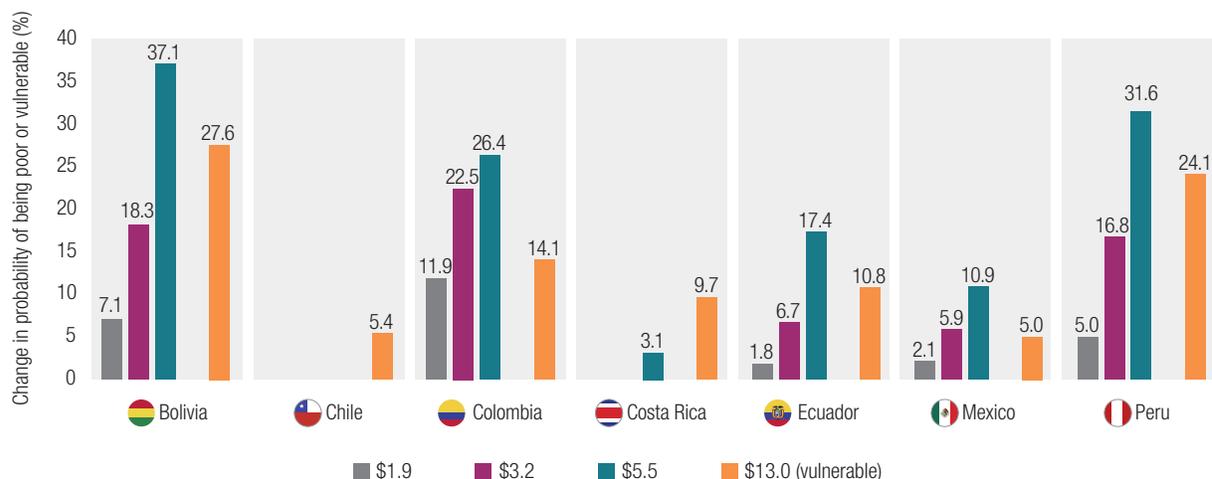
As described in chapter 1, the experience of a person with disability is shaped by their multiple identities—including race, ethnicity, sexual orientation, and gender identity—which can multiply advantages or disadvantages in many areas of life. Indeed, households with persons with disabilities are more likely to live in monetary poverty, but other factors can make their exclusion worse, such as residing in certain areas (rural spaces are linked to a higher propensity of being poor) or having certain demographic characteristics (being a woman or self-identifying as an ethnic minority).

Although urban–rural disparities affect everyone in the region, the probability of being poor for a rural household with a person with disability is significantly higher in most countries of Latin America and the Caribbean (compared to those in urban settings) (figure 3.9). Rural spaces tend to be less accessible and have fewer accessible transportation options, restricting the job options for persons with disabilities. As described in chapter 5, income-generating opportunities in rural spaces might be heavily tilted toward manual labor, which often entails lower wages and riskier workplaces. In some countries, the reach of social safety nets is less comprehensive in rural areas.

Place of residence does not seem to make a difference in Chile—and only slightly in Costa Rica—in altering the poverty rate of households with persons with disabilities. In both countries, their respective national policies on disability specifically target rural areas in their strategy for inclusion. Costa Rica’s National Policy on Disability 2011–2021, for example, mentions that access to health and education, as well as accessibility standards, are a priority in rural areas (National Council for Rehabilitation and Special Education 2011). The same can be said of Chile’s National Policy for the Social Inclusion of People with Disabilities 2013–2020, a program that emphasizes territorial diversity, universal access, and rehabilitation services (National Disability Service 2013). However, in all countries examined, including Chile and Costa Rica, rural dwellers with disabilities are still more likely to be vulnerable.

Figure 3.9

Change in Probability of Being Poor (\$1.9, \$3.2, \$5.5 per Day) or Poor or Vulnerable (\$13 per Day) If Household with Person with Disability and If Residence in Rural Area



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

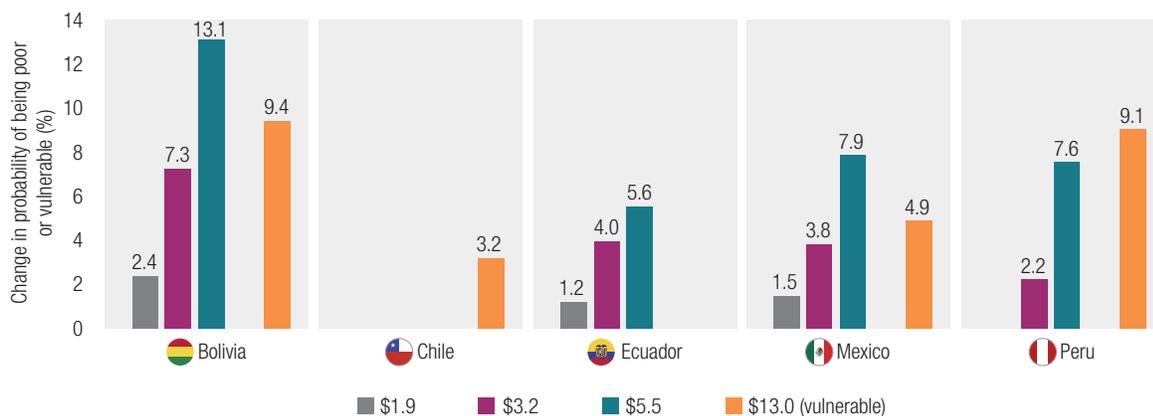
Note: OLS regressions controlling for area of residence (urban/rural), sex of household head, head's marital status, head's education, number of children (dummy if household has more than two children ages 15 and older). Statistically significant results (at least $p < 0.01$).

In terms of ethnoracial identities, in all countries—except Chile—the probability of being poor for a household with a person with disability increases if there is at least one member who identifies as indigenous or Afro-descendant (figure 3.10). The sharpest increases are found in Bolivia (11.1 percentage points), followed by Mexico and Peru (both at around 7.6 percentage points). Such links between poverty and ethnoracial minorities resonate with previous analytic work conducted by the World Bank, which finds that while indigenous people and Afro-descendants comprise one third of the population in Latin America and the Caribbean, they represent about two thirds of the extreme poor (Freire et al. 2018; World Bank 2015).

Finally, female-headed households are often associated with higher levels of poverty in Latin America and the Caribbean. A World Bank paper found that single female-headed households represented 14 percent of all poor households in Latin America and the Caribbean, while single male-headed households only represented 2.1 percent (Muñoz Boudet et al. 2018). Yet, in most countries households with persons with disabilities do not face a higher probability of being poor if they are led by women. Only in Colombia and Ecuador is there a higher likelihood of being poor under these conditions (figure 3.11). But across all countries there is a significant increase in vulnerability, suggesting that female-headed households with persons with disabilities are at greater risk of falling into poverty.

Figure 3.10

Change in Probability of Being Poor (\$1.9, \$3.2, \$5.5 per Day) or Poor or Vulnerable (\$13 per Day) If Household with at Least One Person with Disability and If Head of Household Identifies as Indigenous Person or Afro-descendant



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: OLS regressions controlling for area of residence (urban/rural), sex of household head, head's marital status, head's education, number of children (dummy if household has more than two children ages 15 and older). Statistically significant results (at least $p < 0.01$). Ethnicity variable not available for Costa Rica.

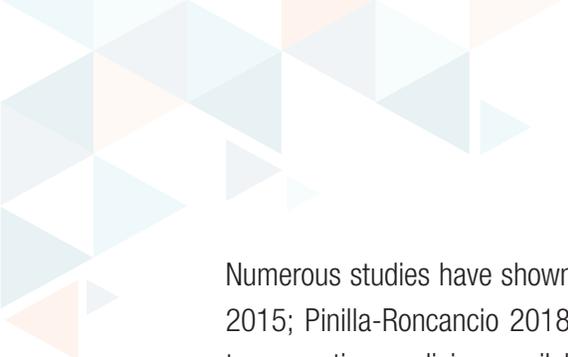
Figure 3.11

Change in Probability of Being Poor (\$1.9, \$3.2, \$5.5 per Day) or Poor or Vulnerable (\$13 per Day) If Household with Person with Disability and If Household Is Female Headed



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: OLS regressions controlling for area of residence (urban/rural), sex of household head, head's marital status, head's education, number of children (dummy if household has more than two children ages 15 and older). Statistically significant results (at least $p < 0.01$).



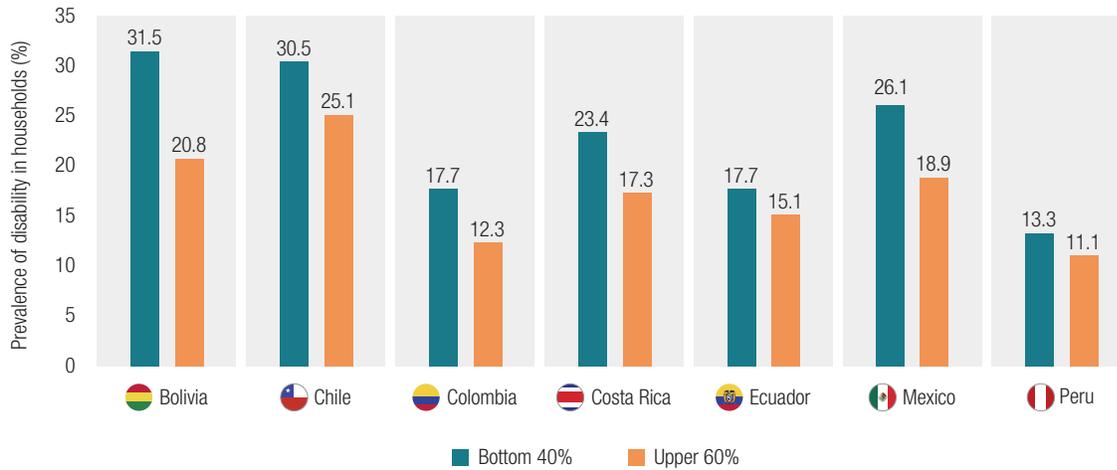
Numerous studies have shown the mutually reinforcing relationship between poverty and disability (Deaton 2015; Pinilla-Roncancio 2018). On the one hand, a higher income often leads to better nutrition, access to preventive medicine, availability of maternal health and immunizations, and clean water and sanitation, among other benefits. All this can help reduce the risks of illness and in turn lower the likelihood of acquiring a disability (see chapter 2). Moreover, a higher income can impact how an impairment affects people's full and effective participation in markets, services, and spaces. Income can, for example, determine whether individuals can make use of assistive devices or services such as speech, physical, or occupational therapy, can afford private transportation, or can hire specialized tutors or teachers that support their human capital accumulation.

On the other hand, as we explain in the next chapters, in noninclusive societies persons with disabilities face numerous barriers to go to school, hold decent jobs, and fully participate in social, political, and cultural spaces. In some cases, they also face steep health care expenses, which can substantially deplete assets, force an early retirement, or lead to a temporary or permanent departure from the workforce or school, impacting human capital accumulation.

Regional data precisely confirm this vicious cycle as persons with disabilities are, in fact, more concentrated in the poorest households and the bottom 40 percent by income (figure 3.12). As figure 3.13 shows, the prevalence of disability is higher in households in the poorest quintile (quintile 1) compared to the richest one (quintile 5). Such difference in prevalence varies from over 17 percentage points in Bolivia to around 6 percentage points in Peru. Box 3.4 presents further information on the analysis of chronic poverty.

Figure 3.12

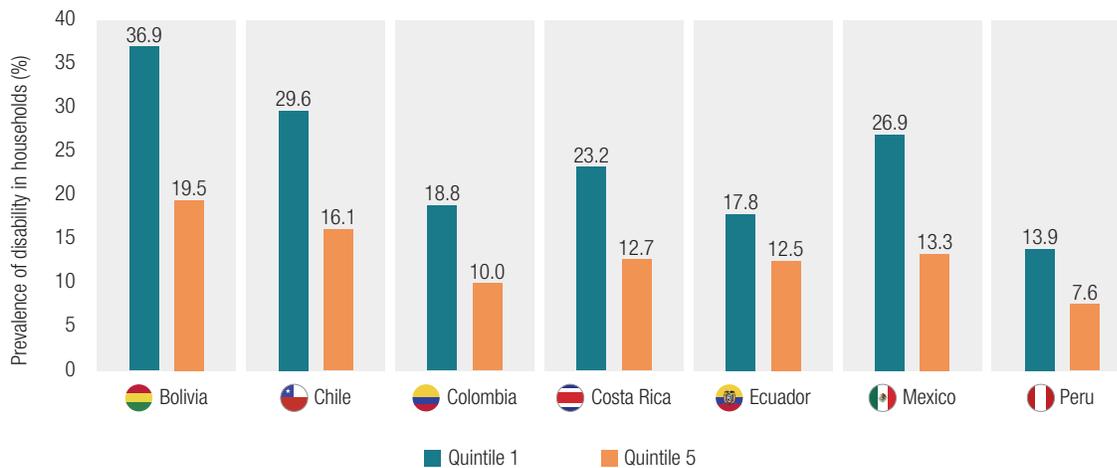
Prevalence of Disability in Households in Bottom 40 and Upper 60 Percent (% of Households with at Least One Person with Disability)



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Figure 3.13

Prevalence of Disability in Households by Quintile (% of Households with at Least One Person with Disability)



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

**BOX
3.4**

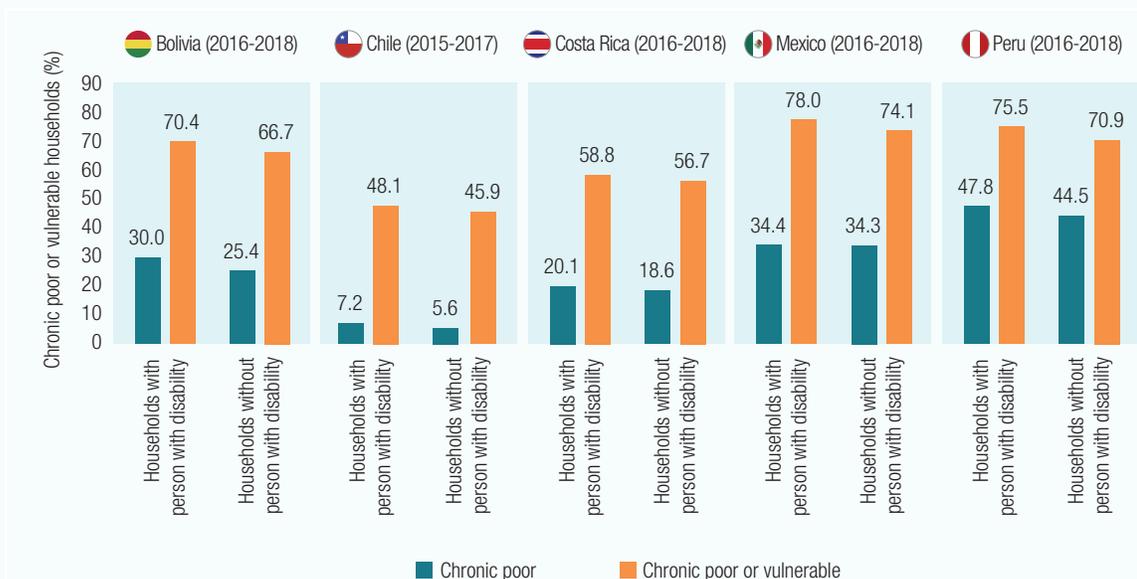
Chronic Poverty

To study chronic poverty (that is, the proportion of individuals who remain poor between two points in time), this analysis uses the methodology developed by Lucchetti et al. (2020). Considering the lack of longitudinal data in many countries of the region (that would allow a direct analysis of poverty transitions and income mobility), the methodology uses a Least Absolute Shrinkage and Selection Operator method with multiple imputation by Predictive Mean Matching (LASSO-PMM) to estimate intragenerational income mobility between two moments in time using cross-sectional data. As such, the method allows estimating the proportion of chronic poor (poor individuals in the first round who remain poor in the second round of data), downward mobile (nonpoor, poor), upward mobile (poor, nonpoor), and never poor (nonpoor, nonpoor).

As in previous sections of this chapter, the analysis presented here uses the percentage of households to estimate poverty rates (with income up to \$5.5 per day). Considering the high incidence of vulnerability among households with persons with disabilities, we also consider in our estimates the income threshold for vulnerability (income higher than \$5.5 and up to \$13 per day). As shown in figure 3.14, in all countries analyzed the proportion of poor or vulnerable that did not change this condition (chronic poor or vulnerable) is higher among households with persons with disabilities, though difference in prevalence is not large, ranging from 4.6 percentage points in Bolivia to 0.1 in Mexico for chronic poverty and from 4.6 in Peru to 2.1 in Costa Rica for chronic vulnerability.

Figure 3.14

Chronic Poverty and Vulnerability in Bolivia, Chile, Costa Rica, Mexico, and Peru circa 2016–2018

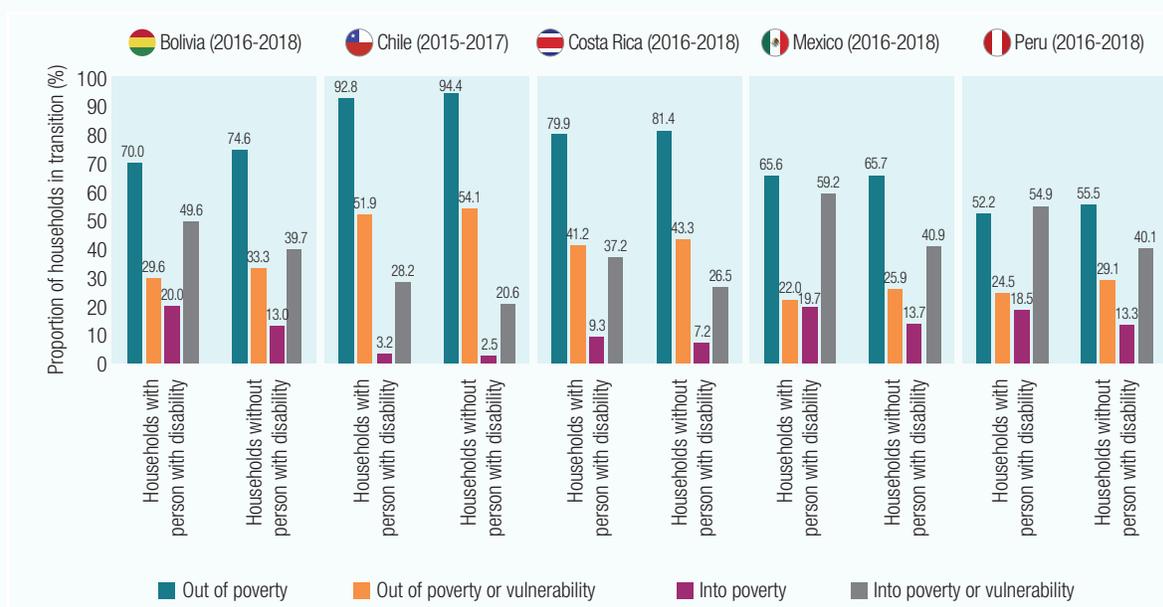


Source: SEDLAC data (CEDLAS and World Bank).

Note: Results are constrained to the sample of households whose heads are between ages 25 and 65 years. The underlying models include household time-invariant characteristics, region fixed effects, and interactions between household time-invariant characteristics and fixed effects. Poor are those individuals with a per capita income lower than \$5.5/day. Poverty lines and incomes are expressed in 2011 \$PPP/day. Estimates calculated using LASSO-PMM method (Lucchetti et al. 2020).

The transitions in and out of poverty or vulnerability, in all countries analyzed, also show higher vulnerabilities among households with persons with disabilities. In all countries the proportion of poor or vulnerable who moved out of poverty or vulnerability is higher among households without persons with disabilities (figure 3.15). This is especially prevalent in Bolivia and Peru, where households with persons with disabilities that are poor have more than 3 percentage points less incidence of escaping poverty or vulnerability. In the same line, the proportion of nonpoor or nonvulnerable that transitioned into poverty or vulnerability is higher among households with person with disabilities. The difference between households with and without persons with disabilities is especially high for the transition into poverty in Bolivia, with a difference of 7 percentage points; and for the transition into vulnerability in Mexico, Peru, and Costa Rica, with differences of 18, 15, and 11 percentage points, respectively.

Figure 3.15
Poverty and Vulnerability Transitions in Bolivia, Chile, Costa Rica, Mexico, and Peru circa 2016–2018



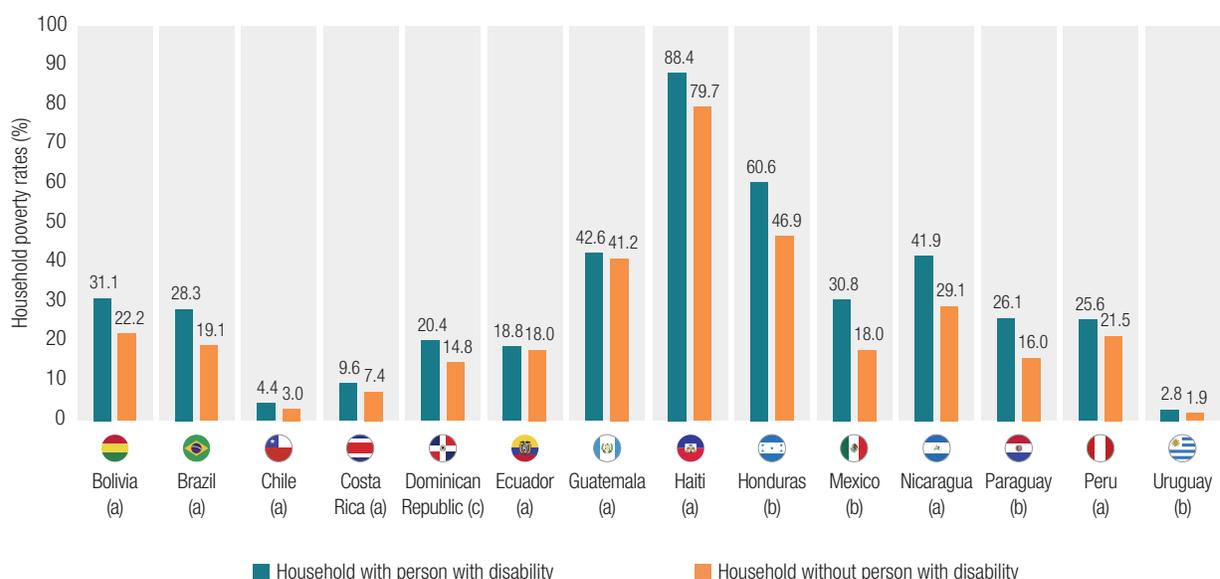
Source: SEDLAC data (CEDLAS and World Bank).

Note: Results are constrained to the sample of households whose heads are between ages 25 and 65 years. The underlying models include household time-invariant characteristics, region fixed effects, and interactions between household time-invariant characteristics and fixed effects. Poor and vulnerable are those individuals with a per capita income lower than \$13/day. Poverty lines and incomes are expressed in 2011 \$PPP/day. Estimates calculated using LASSO-PMM method (Lucchetti et al. 2020).

A factor that contributes heavily to this cycle is exclusion from the labor market. Income from labor is, for most households, the only source of wealth and the only path out of poverty. But persons with disabilities of economically active age face challenges to participate in the labor market, and this seems to be correlated with higher poverty rates in their households (figure 3.16). As described in more depth in chapter 5, persons with disabilities are more likely to be out of the workforce and unemployed. Most of those who work are concentrated in low-skilled, informal, and self-employed jobs.

Figure 3.16

Household Poverty Rates by Presence of a Person Who Does Not Work Because of Disability or Because of Disease or Disability (\$5.5 per Day)



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

a. disability or disease; b. disability; c. permanent or temporary disability.

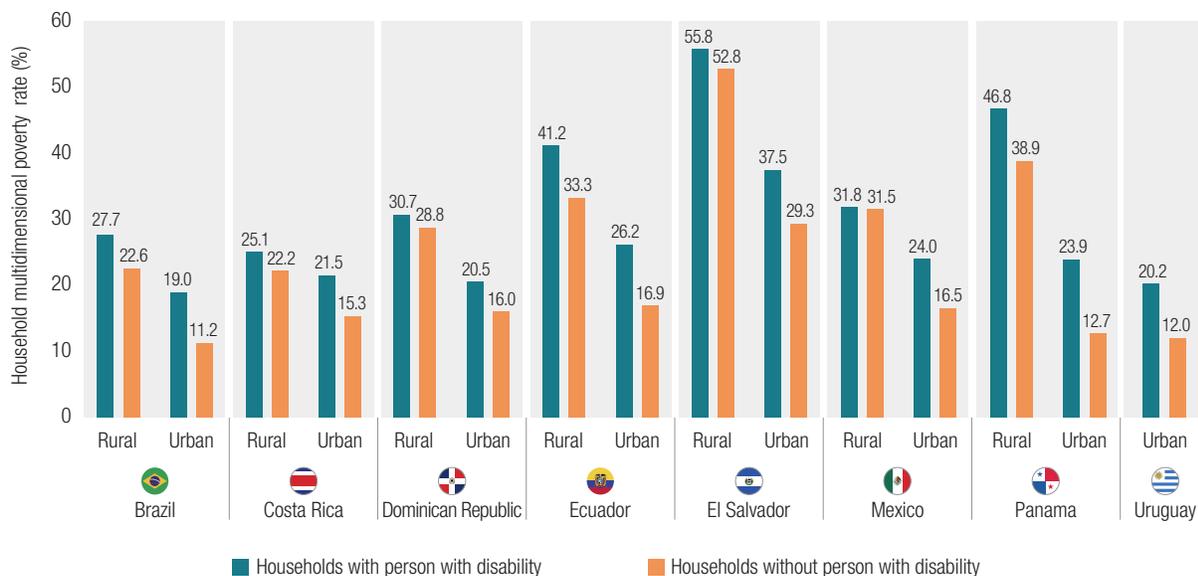
► Nonmonetary Poverty

In addition to income, poverty manifests through other forms of deprivation. As figure 3.17 shows, households with persons with disabilities have higher indicators of multidimensional poverty compared to those without a person with disability.⁴⁰ Overall, households with persons with disabilities experience 1.4 times more multidimensional poverty compared to their peers without disability (23 percent versus 16 percent).

⁴⁰ This multidimensional poverty indicator is calculated based on information on educational attainment of household members, demographics (dependency and head of household characteristics), and housing conditions, such as access to basic services (water, sanitation, electricity).

Figure 3.17

Household Multidimensional Poverty Rates, by Disability and Area of Residence

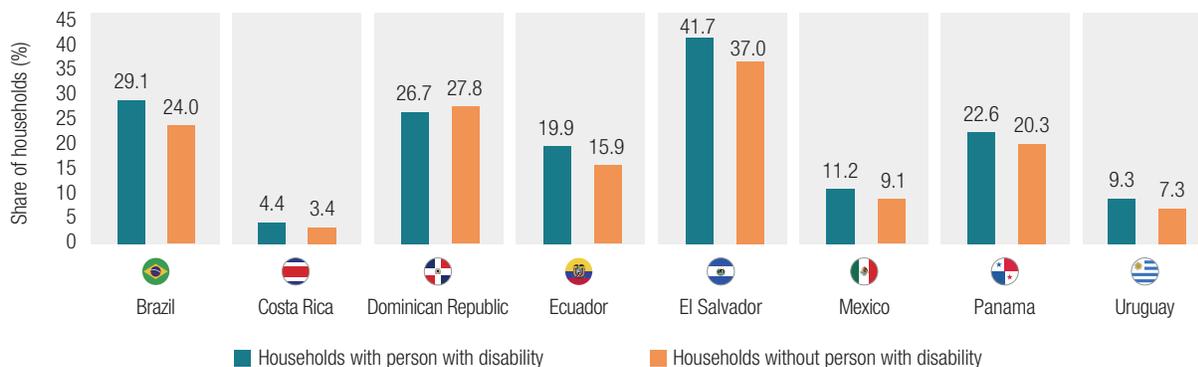


Source: Author's calculations using census data (IPUMS).

The gaps in multidimensional poverty seem larger in urban areas. In part, this reflects the fact that persons with disabilities tend to reside in precarious dwellings in cities. As figure 3.18 shows, in all countries except for the Dominican Republic there is a larger incidence of households with person with disabilities living in suboptimal housing conditions (or slums)—that is, lacking at least one basic public service (water, electricity, sewage) and/or the presence of dirt floors.

Figure 3.18

Share of Households with Persons with Disabilities That Live in Slums (Urban)



Source: Author's calculations using census data (IPUMS).

Note: The definition of slums is a simplified version of the UN-Habitat definition, determined by the absence of at least one basic public service (water, electricity, sewage) and/or the presence of dirt floors, as a proxy for poor construction materials, in urban households.

In terms of basic services, the disparities in access are not very pronounced. Compared to indigenous or rural dwellers in Latin America and the Caribbean, persons with disabilities have in general better access to basic services. But the situation varies across countries and services, and targeted efforts will be needed to close some gaps (for example, in sewerage in urban Brazil or El Salvador) (figure 3.19).

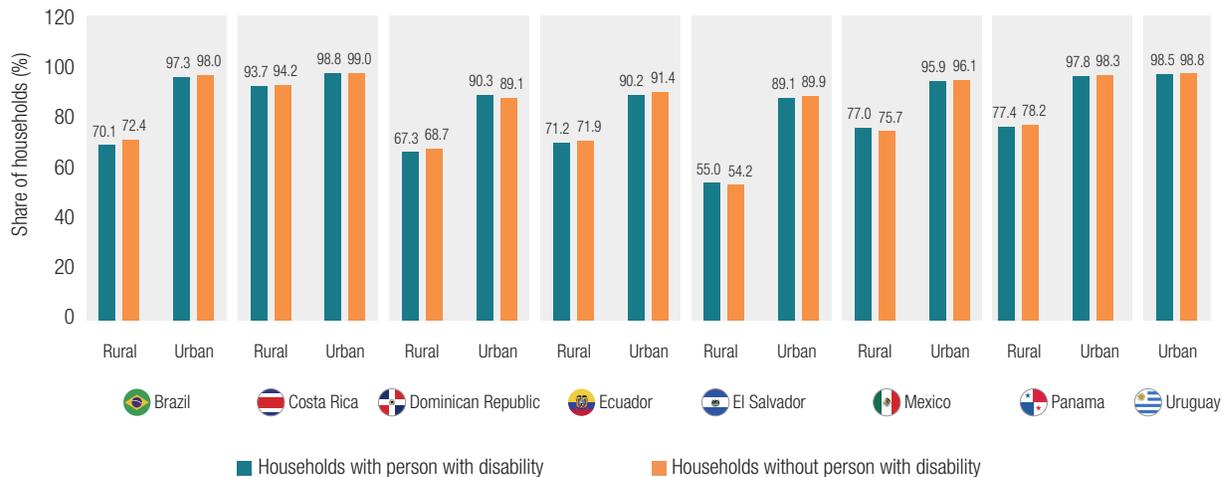
Figure 3.19

Access to Sewerage, Water, and Electricity among Households with Persons with Disabilities and Households without Persons with Disabilities, by Area of Residence

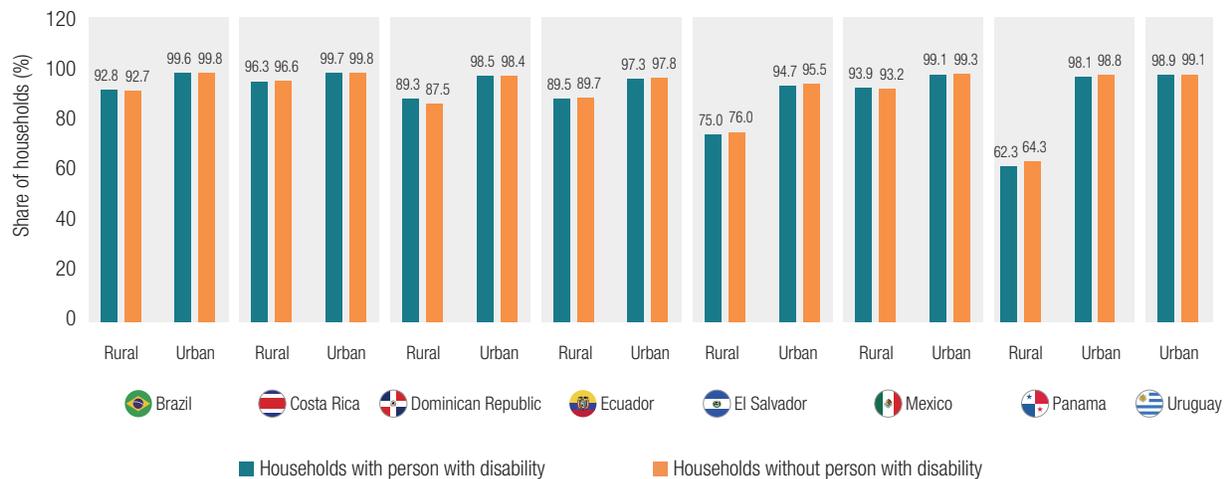
► a. Sewerage



► b. Water



► c. Electricity



Source: Author's calculations using census data (IPUMS).

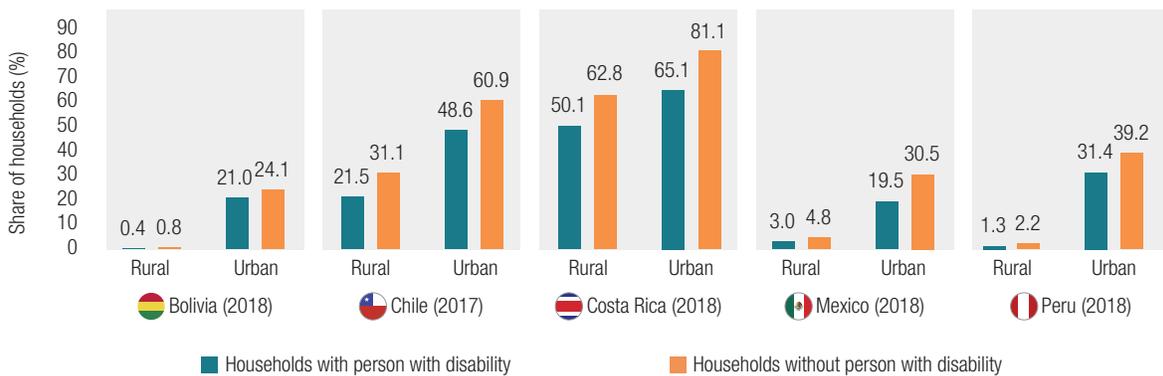
However, when certain assets and services are considered, such as access to the internet and computer and cellphone ownership, the gaps become more salient (figure 3.20). Such divergences are visible in Chile and Costa Rica, even though both countries have made substantial strides in reducing poverty among households with persons with disabilities. This illustrates that income alone does not tell the whole story when it comes to poverty, as persons with disabilities can be above the poverty line and still be deprived of essential services that allow greater independence and equal participation in society.

Indeed, one concerning finding is that a digital divide, especially with regard to the internet (through any device), is found across all countries (figure 3.20). Data from 2011 in Uruguay showed the widest gaps in the region with 19 percentage points. Since 2007, Uruguay has been implementing a national program, Plan Ceibal, to distribute laptops and free internet connection to students. This program has been credited for its role in closing the digital divide and includes measures to ensure that the devices offered are accessible and include special education schools and centers for persons with disabilities. Yet, its 10-year evaluation does not include a disaggregated analysis to see to what extent households with persons with disabilities benefited from the program (Plan Ceibal 2017). This underscores the importance of measurable indicators to track how excluded groups are benefiting from this type of program. Even in countries with high connectivity rates (that is, more than 50 percent of households), such as Chile and Costa Rica, the gap is visible. While the digital divide is disadvantageous for society at large, for persons with disabilities it can put out of reach technologies that are crucial for their inclusion (box 3.5).

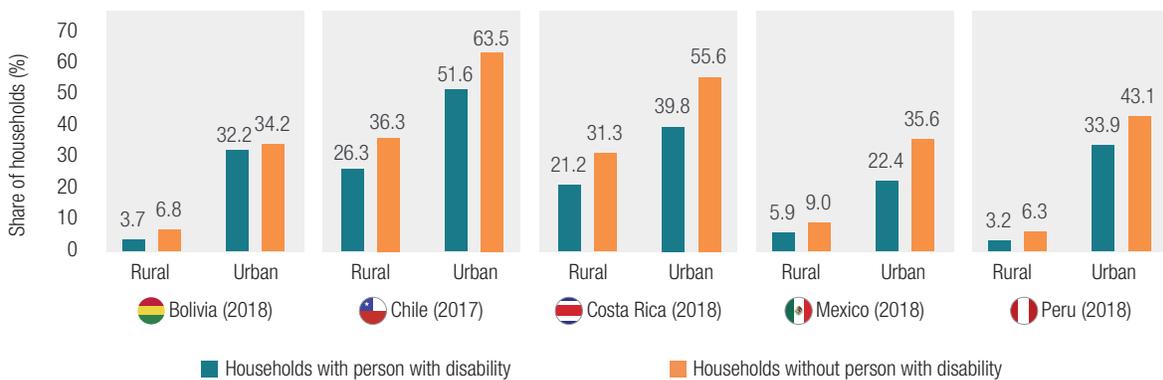
Figure 3.20

Access to Internet, Computer, and Cellphone among Households with Persons with Disabilities and Households without Persons with Disabilities, by Area of Residence

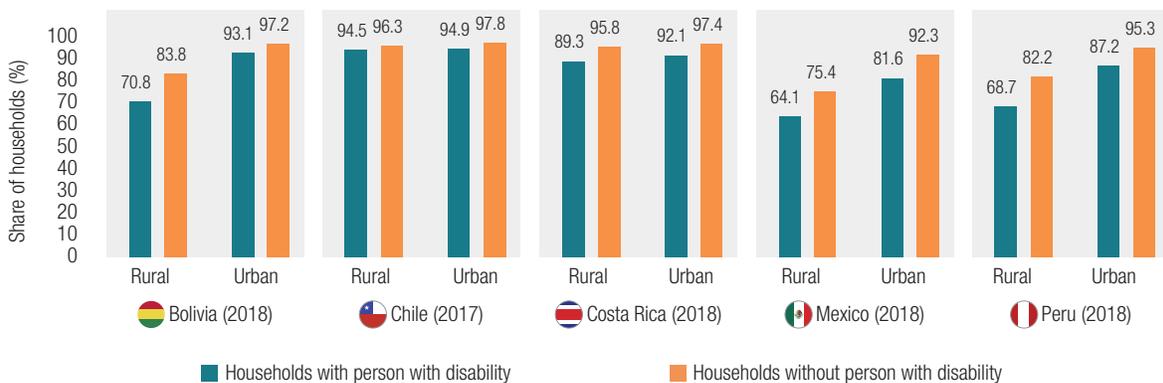
► a. Access to internet



► b. Access to Computer



► c. Access to Cellphone



Source: Author's calculations using SEDLAC (CEDLAS and World Bank). Given the evolving nature of information and communication technology in the last decade, we utilize household surveys rather than censuses, as they are more recent.

**BOX
3.5**

The Promise and Challenge of Disruptive Technologies for Persons with Disabilities

Multimedia such as voice, text, and video can allow persons with disabilities to understand and convey information. Specialized assistive technology has the potential to decrease the functional dependence of persons with disabilities. Accessible functionalities that are increasingly being included in mainstream information and communication technology can also reduce costs and are attractive features for all users. These technologies have applications in education, the job market, urban development, and service delivery, contributing to more effective participation in markets, services, and spaces.

In recent years, a wide array of disruptive technologies have emerged. These include artificial intelligence, virtual reality, and the internet of things. Such disruptive technologies can greatly amplify the potential to empower persons with disabilities.

Some of these technologies include autocaptioning systems that help persons with deafness or hearing loss, facial recognition and image recognition software that helps people with low vision, and language use applications that facilitate comprehension for persons with intellectual disabilities. By combining artificial intelligence, cloud computing, and the internet of things, governments can promote smart cities in which technologies such as automatic dictation, automatic captioning, and speech and voice control are ubiquitous. This can expand the independence of persons with disabilities and make streets and roads safer. In the health and education sectors, services can become more accessible and customized to the needs of persons with disabilities through mobile and adapted materials. It is important to underscore that these adaptations are also necessary or useful for others, such as the elderly.

One example is Santiago's metro system, where three mobility support systems were designed for persons with vision disabilities to make their navigation safe, autonomous, and functional. In the metro system, a software called Mobile Blind Navigation (MBN) provides a virtual tour through the stations and relevant information about facilities within and near the metro stations. The AudioTransantiago software provides contextual information for planning trips using the urban bus transportation system. The software stores data on each stop of the urban public bus system within the city routes, which helps users plan their trips in advance. In addition, the software incorporates information on nearby streets and significant landmarks near to the bus stops. The ambientGPS software allows users to navigate independently different points throughout the city.

A similar experience can be found in Villa 31 in the city of Buenos Aires, Argentina. While the project organizes regular visits to the new houses for most beneficiaries, virtual reality allows future residents that cannot go physically to the construction site (such as children, elderly persons, and some persons with disabilities) to take the virtual tour, which includes 360 video footage and information on the main characteristics of their prospective houses.⁴¹

Continue

⁴¹ Santiago Scialabba, "Viviendas Nuevas," last modified July 3, 2019, https://youtu.be/n4Uqn_Opm9k. It is meant to be watched with a simple virtual reality headset.



Article 9 of the Convention on the Rights of Persons with Disabilities requires States Parties to take appropriate measures to ensure that persons with disabilities have access, on an equal basis with others, to information and communication technologies and systems. The COVID-19 pandemic has made work, education, and even access to social safety nets even more dependent on technology. The digital divide can thus cause significant exclusion among persons with disabilities.

To realize the potential of technology for the empowerment of persons with disabilities, the region must first equalize access. In the case of cellphones, which generally have a high penetration in the region, gaps can be as high as 13 percentage points in rural areas of Bolivia and Peru for persons with disabilities. In the case of computer ownership, gaps in urban areas range between 15.8 percentage points in Costa Rica and 2 percentage points in Bolivia. The gaps in access to the internet are also persistent across countries. These statistics, while sobering, fail to capture the situation of persons with overlapping identities, such as indigenous peoples and Afro-descendants with disabilities, who experience even greater layers of exclusion.

While specific statistics for Latin America are not available, the same pattern is likely true in terms of digital skills. A recent consumer survey study carried out by the Global System for Mobile Communications across seven countries, among which were Brazil and Mexico from Latin America, found that persons with disabilities, regardless of gender, perceived mobile technologies as less beneficial, and that women with disabilities, in particular, were less aware of mobile internet (Aranda-Jan and Shanahan 2020).

Disruptive technologies carry their own risks, regardless of access gaps. One case in point is the issue of design. Within artificial intelligence systems, training data that do not represent persons with disabilities will result in patterns that perpetuate historical discrimination, as seen in chapter 1. For example, interview tools that use artificial intelligence to screen job applicants based on facial expression, tone of voice, and word choice, if not accompanied by proper training, may negatively affect or screen out persons with communication or mobility impairments. In an even more worrying example, if inclusion issues are not considered, algorithms used for targeting advertising in social media may infer that a user with disability does not need advertisements for employment, housing, and other resources, thereby perpetuating biases present in society (Marks 2020).

With about 85 million persons with disabilities in the region in about 52 million households, any technology will potentially have persons with disabilities as users. The market for accessible and customizable devices and technologies, which also appeal to users without disabilities, is very significant. Unfortunately, universal design does not come naturally in the design thinking processes, but has to be deliberately considered. Consulting with and ensuring the participation of persons with disabilities in the design process is important in understanding the specific barriers that a product may cause for persons with different types of disabilities. Finally, as governments seek to create regulatory frameworks for disruptive technologies, it will be important to make sure that these regulations foster inclusiveness.

► The Cost of a Disability

In addition to monetary and nonmonetary poverty, persons with disabilities often confront additional costs of living, such as larger health expenditures (including costs associated with mental health or rehabilitation), higher transportation expenses, costly daily items (such as specialized diets or clothing), and expenditures related to assistive devices, house adaptations, and care. In other words, the same income level for a household with a person with disability does not necessarily translate into a similar standard of living for a household without a person with disability.⁴² Furthermore, there are additional indirect costs such as foregone income (for example, in order to care for a person with disability, or accepting a lower-paying job that provides the needed flexibility to attend to related medical conditions) or time poverty (for example, if accessible transportation is sparingly available then moving within the city takes significantly more time).

Numerous studies have documented the added costs of living with a disability. Irrespective of methodologies, heterogeneity of disabilities, or diversity of contexts, the overall conclusion is that these additional direct costs are significant. Persons with severe disabilities confront even higher costs, but studies also find that living alone or in small-sized households also leads to higher costs—perhaps due to the need to rely on paid care work (Mitra et al. 2017).

► Staying Healthy Costs More

Health expenditures are consistently higher for households with persons with disabilities. A clear sign of this is the tendency to ration or underutilize required medical services. In El Salvador, for example, a study found that a third of persons with physical disabilities were not using assistive devices but expressed the need for them. When it comes to rehabilitation services, two thirds of adults with disabilities stated that they required but did not have access to rehabilitation services. The situation was worse for those living in poor households. If disaggregated by income, those in the richest quintile had nearly double the access to rehabilitation services (46.1 percent) than those living in the poorest quintile (26.5 percent) (National Council for Comprehensive Attention to Persons with Disabilities, General Directorate of Statistics and Censuses, and UNICEF 2015). In Chile, there is also a gap in access to rehabilitation services if disaggregated by income, since 14.1 percent of persons with disabilities living in the poorest quintile accessed rehabilitation services versus 28.2 percent of those living in the richest quintile in the previous 12 months (National Disability Service 2016). Finally, in a survey in Peru, 22.6 percent of persons with disabilities answered that lack of money was the reason

⁴² Extra disability costs are imputed as the additional income required to maintain the same standard of living as an equivalent household without a person with disability, controlling for other sources of variation via regression.



why they did not visit the doctor. What is more, 61.2 percent of Peruvians with disabilities said they lacked any health insurance at all to cover health-related costs (National Institute of Statistics and Informatics and National Council for the Integration of Persons with Disabilities 2014).

In times of shock, such as the current COVID-19 crisis, households are forced to decrease their health spending. A WHO survey of 105 countries conducted in May–July 2020 found that 90 percent reported the disruption of non-COVID-19-related essential health services. The disruptions were more pronounced in lower-income than in higher-income countries. The disruptions affected all areas but were particularly severe for care for noncommunicable diseases, mental health, and reproductive, maternal, and child health. On the demand side, about a third said that their decision to forgo a doctor's visit was due to financial difficulties during the pandemic (33 percent) (World Health Organization 2020).

The heterogeneity of disabilities and their level of severity has important implications for the associated costs. Acquired disabilities (particularly those related to accidents) might translate into steep health expenditures in the short run but, depending on the disability, they could amount to little or no impact for medium- to long-term or recurrent long-term expenditures. This will also depend on added comorbidities, the cause of the disability, and the need for assistive devices, but also the different options for care, some of which might not be available for poorer and underserved communities.

Persons with psychosocial disabilities also face added costs with limited supply of quality care. Average spending on mental health services worldwide is 2.8 percent of total spending allocated to health, despite the fact that mental disorders represent 35 percent of total years of life lost. In the Americas, spending ranges from 0.2 percent in Bolivia to 8.6 percent in Suriname. This gap is likely to lead to increasing treatment differences in the poorest countries and high private spending on mental health services. In Peru, for example, only 1 out of 100 people with a diagnosis of depressive disorder received adequate treatment (PAHO 2018).

The cost of getting treatment is likely higher due to the limited availability of psychiatrists in many countries. Only Argentina and Uruguay have more than 10 psychiatrists for every 100,000 inhabitants, and 9 of the 26 countries of Latin America and the Caribbean with data have less than 1 per 100,000 population, compared to 17 per 100,000 in OECD countries (OECD and World Bank 2020). Psychiatrists, as is the case for many medical specialties, are not evenly distributed. Mexico is a clear example, with 60 percent of total psychiatrists located only in Mexico City and the states of Jalisco and Nuevo León, which are among the top 10 richest states (Heinze, del Carmen Chapa, and Carmona-Huerta 2016). Getting proper care might come with added costs, such as transportation and lodging.

In Latin America and the Caribbean, it is estimated that between 50 percent and 70 percent of the population does not have access to mental health services (Gallo 2020). The current pandemic has put an additional strain on mental health spending, which further impacts those that cannot access private care. According to a WHO study, obtaining a daily dose of antipsychotic medication is equivalent to 8 percent of the minimum wage on average in South America. The provision of coverage for all mental disorders through social security systems is lacking in some countries (PAHO 2013).

Antidiscrimination legislation often fails to protect access to the insurance market, particularly discrimination on the basis of actuarial risk and coverage exclusions, preexisting condition exclusions, restrictions on treatments, and annual or lifetime coverage limits. This can leave persons with disabilities out of the private insurance market, impacting their out-of-pocket expenditures or forcing them to pay a high premium while not receiving sufficient coverage for their needs.

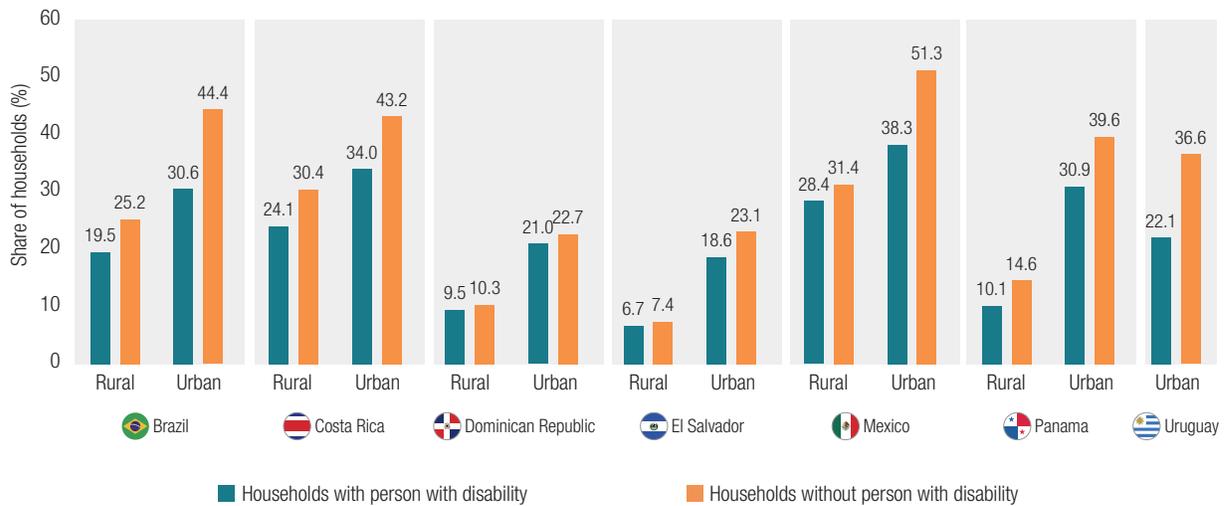
► **Overreliance on Private Transportation**

Transportation is another area that brings about additional costs. Accessible public transportation options are seldom available, as most countries do not comply with accessibility standards. When accessible options do exist, they are often not reliable—for example, due to low frequency of services, limited coverage, lack or limited service during the weekends, and poor sensibilization of drivers, as a consequence of which they may fail to stop or do not know how to utilize the accessibility features. For instance, in Uruguay only one third of buses were accessible, way below the legal requirements.⁴³ Once again households in the poorest quintiles have additional constraints due to transportation costs. Only 10 countries in the region provide subsidized access to transportation for persons with disabilities through their legal framework (de Moraes and Pedraza 2020). Although there are few data on this matter in Latin America and the Caribbean, the cost of transportation for persons with disabilities affects the income of households globally. In fact, according to a study in the United Kingdom, persons with disabilities spent 25 percent more than the general population on transport, technical aids, and assistance. This can exclude persons with disabilities from accessing public transport. In many cases, they must decide between either staying at home and restricting their mobility or relying heavily on private transportation, which is costly. As figure 3.21 shows, households with persons with disabilities have lower access to private cars, with the highest gaps seen in urban Brazil, Costa Rica, Mexico, and Uruguay.

43 Data from the Mobility Area of the Municipality of Montevideo (Área de Movilidad de la Intendencia de Montevideo), cited in Freire et al. 2020.

Figure 3.21

Access to Vehicles among Households with Persons with Disabilities and Households without Persons with Disabilities, by Area of Residence



Source: Author's calculations using census data (IPUMS).

► Assistive Devices and Care

Assistive devices are critical for persons with disabilities to live healthy, productive, independent, and dignified lives. Furthermore, they allow persons with disabilities to participate actively and effectively in education and the labor market, as well as in political and civic life. However, according to WHO, only 1 in 10 people in need have access to assistive technology due to high costs, among other reasons (World Health Organization 2018). The situation is even more dramatic in many low- and middle-income countries that have limited to nonexistent national service delivery for assistive devices, limiting access to private provision for those that can afford it. Even in high-income countries, accessing these services presents several challenges, particularly due to their lack of integration, forcing persons with disabilities to navigate through several appointments, often in different locations, adding to the already stretched health and welfare budgets of users and caregivers (World Health Organization 2018).

Although there are no specific data on the cost of assistive technologies for Latin America and the Caribbean, research from the United States estimates that “the assistive technology market in the United States for vision and reading aids will reach \$34.4 billion by 2020.” The burden of covering such costs falls primarily on private users, even for those that have private insurance, since many are not considered

medical devices (Radu 2017). In Europe, persons with disabilities spend an additional 25 percent of their budget, compared to persons without disabilities, on assistive devices, as well as on transportation and care. Specifically, persons with visual and hearing disabilities claim that assistive devices are the main additional expense items derived from disability. The lack of access to assistive devices can significantly impact the ability and opportunity of persons with disabilities to access markets, services, and spaces, additionally compromising their dignity.

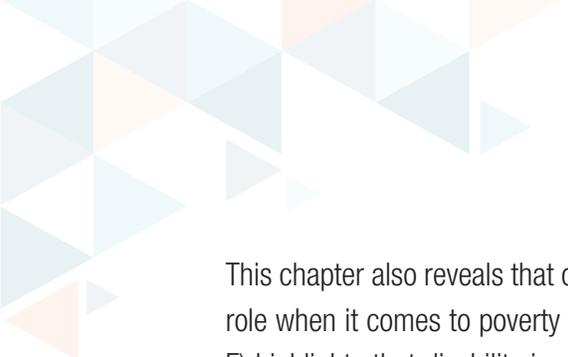
▶ Concluding Remarks

This chapter examined key trends for monetary and nonmonetary poverty among persons with disabilities. Regional data show that about one out of five households living under extreme poverty has a person with disability. In all countries, except Chile, households with persons with disabilities are also more likely to be poor. Over time, the poverty gaps separating households with and without persons with disabilities have narrowed minimally or remained unchanged.

The good news is that some countries—such as Chile and Costa Rica—have managed to close these gaps, most likely through a combination of disability transfers targeted at the poorest households. This shows that targeted policies can break the vicious cycle of poverty and disability. Other countries—not included in our data on monetary poverty—have made similar efforts. Jamaica’s Program of Advancement through Health and Education (PATH), for example, identifies poor households with persons with disabilities as one of its five main types of beneficiaries (some of which are eligible for a cash grant).⁴⁴ In Brazil, the Continuous Benefit Program (Benefício de Prestação Continuada) also serves poor persons with disabilities.

However, even if these households manage to stay above the poverty line, households with disabilities across all countries are still more likely to be vulnerable (earning \$13 per day or less), that is, they face a greater risk of falling back into poverty during shocks (such as the COVID-19 pandemic). In Latin America and the Caribbean, about 7 out of 10 households with persons with disabilities are vulnerable. This demonstrates that transfers, while keeping persons with disabilities from being poor, are not enough to overcome their vulnerability. This signals the need for policies that can minimize future shocks for vulnerable households and strengthen their resilience by enabling the accumulation of skills and knowledge, better insertion in the labor market, and greater recognition of their voice and participation.

⁴⁴ A cash grant is offered for families with school-age children who meet an attendance threshold or are classified as having a severe disability. Persons with disabilities are also eligible for the grant contingent on two annual visits to a health center. Yet in 2018, UNICEF’s Situational Analysis of Persons with Disabilities found that 50 percent of respondents had not received the benefit, hinting at pending challenges around coverage.



This chapter also reveals that overlapping identities (such as gender and ethnoracial identities) play a crucial role when it comes to poverty and disability. A profile of a household with a person with disability (appendix E) highlights that disability is more common among households with an ethnoracial minority (indigenous or Afro-descendant), either as head or as members. It also shows that households with persons with disabilities tend to have older members. As one would expect, the heads are on average older and, in general, their dependency rate is higher. Such households are more often led by women and tend to be located in rural areas. In other words, persons with disabilities are not a homogeneous group. On average, out of 100 persons with disabilities, 26 live in rural areas, 53 are women, and 29 are Afro-descendants or indigenous people, all of which are elements that heighten the risk of being poor.⁴⁵ Indeed, out of 100 persons with disabilities, 23 are poor (less than \$5.5 per day) and 42 are in the bottom 40 percent by income.

Beyond monetary poverty, persons with disabilities experience other forms of deprivation. In general, households with persons with disabilities experience 1.4 times more multidimensional poverty compared to their peers without disability. And while their households seem to have better access to basic services compared to other vulnerable minorities in Latin America and the Caribbean, they have less access to the internet, computers, and cellphones. This digital divide can prevent them from going to school, taking on a decent job, or visiting the doctor, all of which can diminish their human capital accumulation.

These findings reflect the importance of resilience and the urgent need to address the conditions of vulnerability that many households with persons with disabilities experience. About one in three households in Latin America and the Caribbean (or 52.1 million) have at least one person with disability. As the population ages, this number is likely to keep growing in coming decades, which makes the inclusion of vulnerable households ever more important. The COVID-19 pandemic has also brought into sharp relief the growing need for stronger and more effective safety nets. As of December 2020, 9 out of 31 countries in Latin America and the Caribbean (Argentina, Belize, Brazil, Chile, Costa Rica, Ecuador, Jamaica, Peru, and St. Vincent and the Grenadines) established pensions and disability benefits as part of their social insurance programs to mitigate the effects of the COVID-19 pandemic (Gentilini et al. 2020). As Latin America and the Caribbean recovers from the crisis, this set of programs, which were originally conceived as emergency measures, could serve as the groundwork for putting forth more comprehensive and permanent social protection programs.

Yet the region's resilience cannot depend on safety nets alone, and as one of the fastest aging regions globally—the number of persons ages 60 and older is expected to climb from 59 million to 196 million between the present and 2050—it needs to find sustainable solutions for the inclusion of persons with

⁴⁵ Weighted average, most recent estimate from harmonized household surveys from Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama, and Peru.

disabilities. As disabilities accumulate with age, the number of persons with disabilities is expected to keep growing. Moving toward a sustainable future will thus entail necessarily putting disability at the front and center of debates on inclusion and development, and making the region more resilient.

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4 Education





Education is essential for building inclusive and resilient societies. A robust education system promotes the accumulation of human capital and economic growth, while expanding the opportunities, participation, and voice of individuals. A high-quality education system can also help break the cycle of poverty and exclusion affecting vulnerable groups.

Making education available for all has been a global goal for several decades. In Latin America and the Caribbean, countries have made significant progress in this direction. Access to primary education is nearly universal, and the coverage of secondary education has doubled since the 1980s (World Bank 2018; Bruns and Luque 2015).⁴⁶ Gender parity has been achieved at the primary level, and the enrollment of young women in secondary and tertiary education is higher than that of young men—even if it remains far from universal (World Bank 2020a).⁴⁷ Ethnic minorities have also benefited from these advances. School attendance rates for indigenous children improved between the last two census rounds, and the number of Afro-descendants without primary and secondary schooling dropped during this same period. All these efforts have translated into a significant accumulation of human capital.

Despite these positive gains, abundant research shows that the promise of education is not being realized for everyone. Many children and youths are still out of school (especially at the secondary and tertiary levels), unable to receive the skills and knowledge needed to thrive in life. Even more concerning, those in school are failing to get the high-quality learning experience they deserve. As a recent *World Development Report* highlights, “schooling is not the same as learning,” and a substantial number of students in Latin America and the Caribbean are not meeting their full learning potential (World Bank 2018). Such learning gaps are frequently worse among the most vulnerable and disadvantaged segments of society, including children and youths with disabilities.

Children and youths with disabilities have experienced chronic barriers to accessing education. For decades, they were denied the right to enroll in mainstream schools and were (and many are still currently) relegated to special institutions that offered limited opportunities. These institutions often fail to prepare them for the workforce or cultivate their full learning potential. In recent years, however, school enrollment for children with disabilities has been growing steadily in the region, which signals a slow but steady change toward more inclusive education systems. In Chile, Costa Rica, and Uruguay, the gap in primary education between students with and without disabilities has been narrowed to less than 5 percentage points. Similarly, the region has taken steps to enhance the accessibility of schools, improving the flexibility of curricula (Chile and

46 Notable exceptions include Guatemala and Haiti, which still lag behind the rest of the region.

47 In 2017, enrollment in primary education was 94 percent for girls and 93 percent for boys, while for secondary schooling it was 79 and 76 percent, respectively (World Bank 2020a, 15). Yet, gender disparities still affect indigenous girls and women, who experience higher rates of illiteracy and dropout.

Costa Rica) and collecting disaggregated data on education (Argentina, Colombia, Mexico, Nicaragua, and Peru). Aligned with the Convention on the Rights of Persons with Disabilities, about 20 countries have passed laws that forbid discrimination against persons with disabilities and include provisions regarding reasonable accommodation in school environments. Nonetheless, as with other policy and legal reforms, there is a significant lag in their implementation.

Children and youths with disabilities are still being left behind with limited opportunities to access school and to learn. They are more likely to drop out, miss school, and encounter discrimination and violence in school settings (Singh and Abu Alghaib 2019, 26). Illiteracy is five times higher among persons with disabilities (22.1 percent versus 4.3 percent), a trend that extends to other members of their households—among people in households with persons with disabilities the prevalence of illiteracy is higher compared to their peers without a person with disability (5.6 percent versus 4.1 percent). Therefore, even if they are physically in school, children and youths with disabilities might not be getting the full benefits of education.

Closing the attendance gaps among children with and without disabilities is of vital importance, but Latin America and the Caribbean needs to do more to make education systems more inclusive. As the World Bank *Inclusive Education Resource Guide* states, this entails “strengthening the capacity of the whole education system to reach out to all learners” (World Bank n.d.). In some cases, this means transitioning from special, segregated spaces to schools that include all learners under one roof. Some countries in the region have been gradually moving in this direction, but in many the transition has lacked coordination, leading to dropout and a greater sense of alienation among children with disabilities and their caregivers. Today, the challenge is to design and implement tailored solutions that keep students with disabilities enrolled, while maximizing their learning potential.

An inclusive education system can have long-term benefits for the economy. The economic returns to education have been found to be up to three times higher for persons with disabilities, compared with the global average return for persons without disabilities (Lamichhanea and Sawada 2013; Patrinos and Psacharopoulos 2009). For each additional year of schooling, a person with disability decreases their probability of occupying the poorest income quintiles by up to 5 percentage points (Filmer 2008, 150).⁴⁸ But inclusive education benefits *all* learners, adding gains difficult to quantify, such as building more inclusive and just societies. Building inclusive education systems is also necessary to meet the Sustainable Development Goals (SDGs) and realize the principles of the Convention on the Rights of Persons with Disabilities. To ensure that all children have

48 The 2–5 percentage points decrease refers to a reduction in the probability of being in the two poorest quintiles estimated by a probit model using data from 11 countries (though results from this model are only statistically significant and with expected coefficients for disability and education/quintile for three countries: Cambodia, India, and Jamaica).



access to a safe, inclusive, high-quality learning experience, the region needs to adopt the Universal Design for Learning⁴⁹ and develop an approach that can tackle barriers across the education system, including such matters as school accessibility, curricula and teaching materials, teacher training, modifications of mindsets and attitudes, and data collection (World Bank 2020b).

This chapter explores the regional progress toward inclusive education, drawing from census data and household surveys. It describes school attendance and educational attainment rates and analyzes some of the persistent gaps at the individual and household levels. It highlights that persons with disabilities are not moving effectively from preschool through tertiary education, with significant dropout rates in secondary education. It analyzes the impacts of ethnoracial and gender identity of children and youths with disabilities on education outcomes. Subsequently, it presents the spatial, attitudinal, legal, and policy barriers that persons with disabilities face in education systems, and the critical role of teachers, teaching and learning materials, curricula, and data collection. It presents the added challenges arising from the COVID-19 pandemic and the risks of losing the progress achieved. It concludes by outlining a number of lessons learned that can help the region transition to disability-inclusive education systems.

► Exclusion from Schools

Exclusion in education starts early in life. Early education is essential for ensuring a child's cognitive, linguistic, and socioemotional development and can facilitate the early diagnosis of disabilities, which is critical for addressing a child's learning needs. Failure to receive early childhood education can have negative learning and health consequences throughout life, increasing the risk of future dropout and grade repetition and worsening labor outcomes. In Latin America and the Caribbean, however, the coverage of early education is highly uneven, a neglect that is reinforced by a narrow understanding of the long-term benefits of early education. In fact, a World Bank report found that governments in the region invested in children under 5 years of age a third of the amount destined to children ages 6–11 (World Bank 2018, 114).

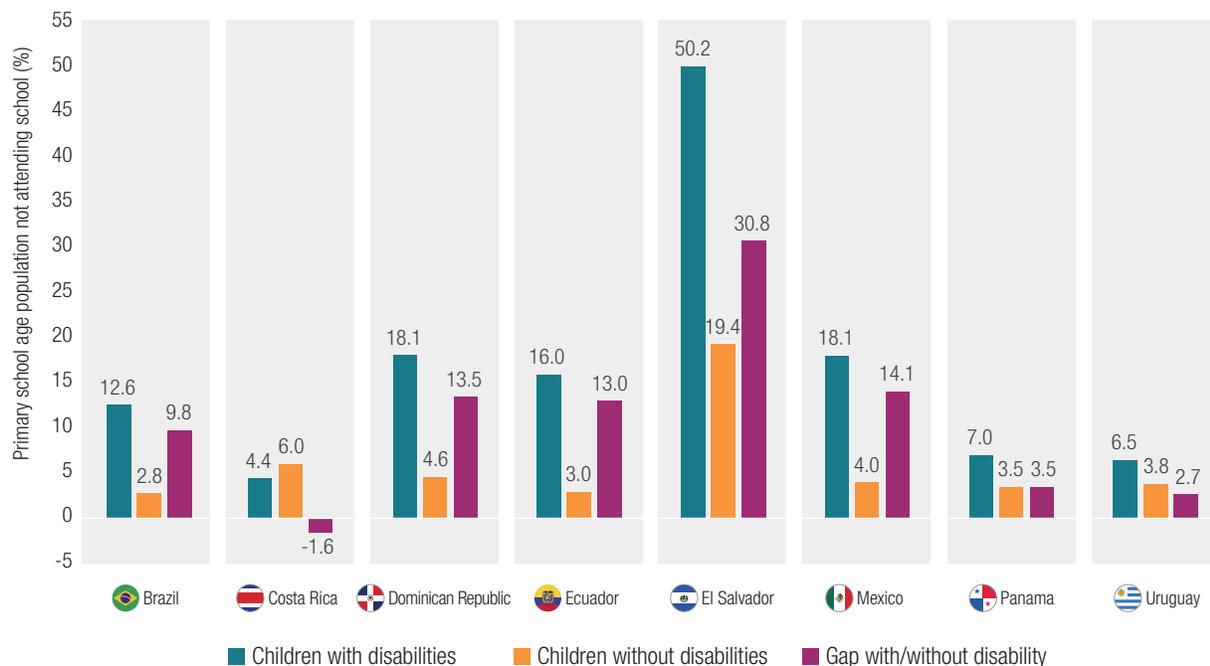
Early childhood education is not mandatory in most countries in Latin America and the Caribbean, and very few countries offer comprehensive, let alone inclusive, early childhood education. Early childhood facilities are often inaccessible to children with disabilities, especially in rural areas. In Costa Rica, for example, the government offers early childhood education to infants with disabilities across a network of 19 centers for special education. However, place of residence and socioeconomic status can constrain access for some families, as these are located in the head city of each canton. Some cantons, such as Limón, Cariari,

⁴⁹ This is an educational framework that seeks to guide the development of flexible learning spaces and methodologies that can accommodate the diversity of learning styles and rhythms.

and Siquirres, do not have centers for special education (Directorate of Curricular Development 2018, 8). Incidentally, these cantons are located in the province of Limón, which has the largest concentration of Afro-descendants and the lowest per capita income level in the country. This contributes to having about 85 percent of learners with disabilities (ages 4–6) and 63 percent ages 4 and younger missing out on early education in Costa Rica in 2011 (Directorate of Curricular Development 2018, 11, 13).

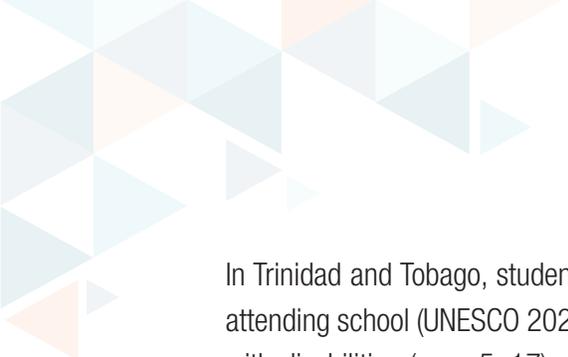
Despite the significant expansion in access to primary education across the region, a significant number of students are being left behind. Regionally, students with disabilities represent a significant share of the children of school age who are out of school, with one out of five children ages 6–12 out of school. At the primary level, while the regional average of out-of-school children is 3.6 percent, 15.1 percent of children with disabilities ages 6–12 are not attending school.⁵⁰ Inequality of opportunity is one of the major constraints to the accumulation of human capital and optimal participation in the education system. In only two countries—Panama and Uruguay—the percentage of children with disabilities attending primary school is close or similar to the national average, and in Costa Rica the gap has even reversed. Yet, in most of the region the gaps are very large. El Salvador, Mexico, the Dominican Republic, and Ecuador top the list, with gaps ranging from 31 to 13 percentage points (figure 4.1).

Figure 4.1
Percentage of Primary School Population (Ages 6–12) That Is Not Attending School, by Disability Status



Source: Author's calculations using census data (IPUMS).

⁵⁰ Weighted average from census data from Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay.



In Trinidad and Tobago, students with disabilities (ages 12–17) were 10 percentage points less likely to be attending school (UNESCO 2020a). And in Jamaica, based on its latest census (2011), 27 percent of children with disabilities (ages 5–17) were out of school, compared to the 5 percent national average for that age group (Gayle-Geddes 2020).

Even in the best cases the picture can be misleading, as numerous students that are enrolled are attending special education schools. In countries with parallel systems, the rate of students with disabilities that are still attending special schools is significant. A study in Argentina, Brazil, the Dominican Republic, Mexico, Paraguay, and Peru found that, on average, only about half of students with disabilities were enrolled in mainstream schools, with notable variations (Regional Office of Education for Latin America and the Caribbean 2013). While in Brazil and Mexico over 70 percent of students with disabilities went to mainstream schools, in Paraguay less than 10 percent did so. Even in those countries that have achieved near parity in access to primary education, the number of children with disabilities excluded from mainstream schools is notably high, reaching 57 percent in Uruguay (da Rosa and Mas 2013).

Access to higher education in the region is also restricted for persons with disabilities, with a completion gap nearly doubling the national average—only about 20 percent of children and youths with disabilities complete secondary education and 5 percent complete tertiary education ((against 41 percent and 13 percent for persons without disabilities, respectively).

In the Caribbean, young adults with disabilities (ages 25–34) are 40 percent less likely to have a secondary and tertiary degree than their peers (ECLAC 2011). In addition to favoring separate educational settings, schools in the Caribbean have poor accessibility, teachers often have ambivalent or negative attitudes toward children with disabilities, and curricular and teaching practices are still far from fully inclusive.

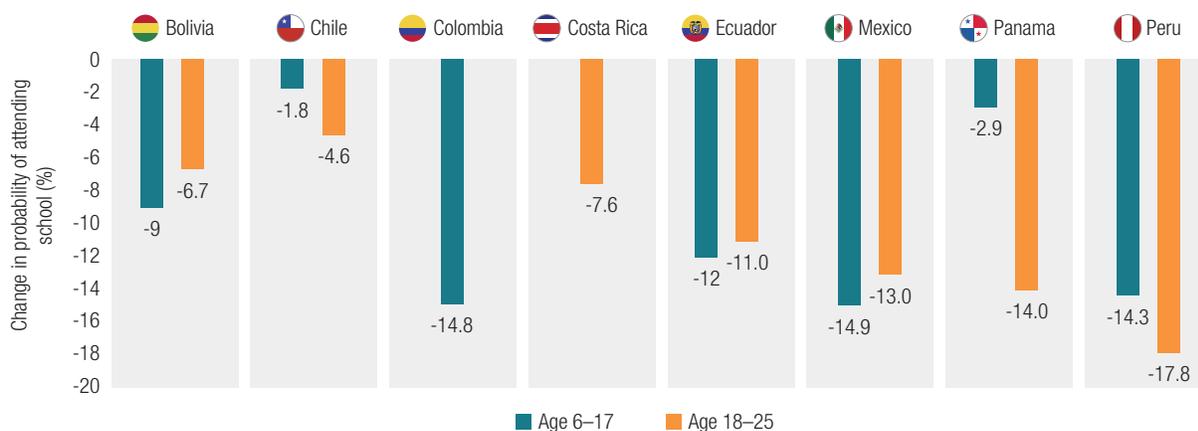
Gaps in access to higher education persist in countries with disability-inclusive education systems. In Chile, only 9 percent had completed tertiary education in 2018, as opposed to the 20 percent national average (Division of Higher Education 2017, 16). In Costa Rica, another inclusive system, about 17 percent of persons with disabilities have received some kind of postsecondary education, compared to the 25 percent average (CONAPDIS and INEC 2019, 65).

The exclusion from higher education can have profound, long-lasting economic effects. In Latin America and the Caribbean, a person with a college degree earns, on average, nearly 104 percent more than high school graduates. And the outlook for persons with disabilities is not encouraging. On average, the chances of children and youths with disabilities of going to school are 12.9 percent points lower for those ages 6–17

(for primary and secondary) and 10.1 percentage points lower for those ages 18–25 (for tertiary) than their peers without disabilities⁵¹ (figure 4.2).

Figure 4.2

Decrease in Probability of Attending School If Person Has Disability, Ages 6–17 and 18–25



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: OLS controlling for gender, area of residence (urban/rural), age, head's education, and head's age. Results statistically significant (at least $p < 0.01$).

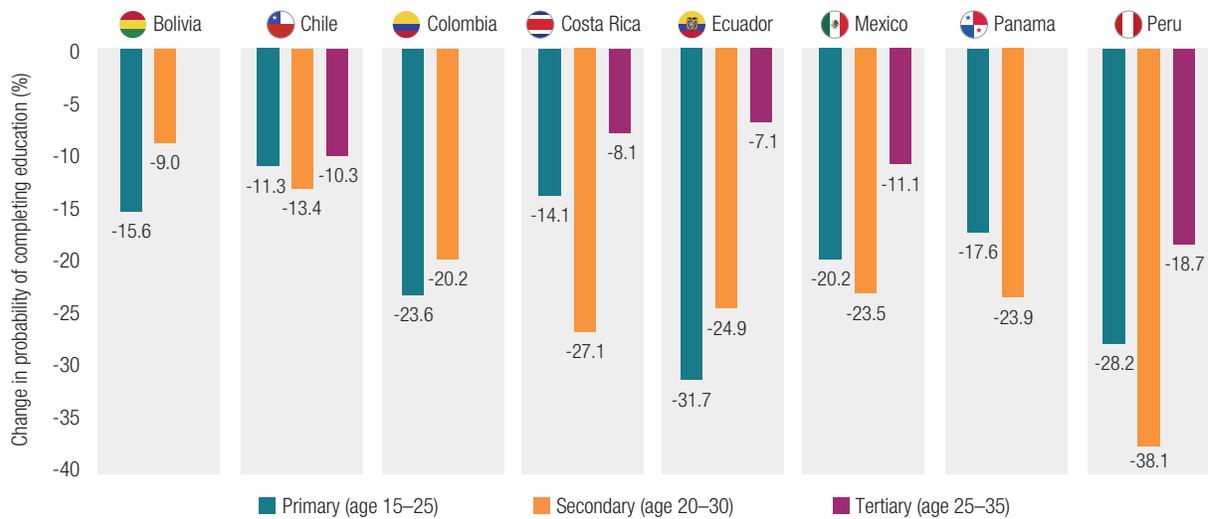
In fact, holding all else constant, persons with disabilities in Latin America have fewer chances of completing formal education at all levels. On average, persons with disabilities (ages 15–25) are 21 percentage points less likely to complete primary education compared to their peers. This gap intensifies at secondary level—with the exceptions of Bolivia, Colombia, and Ecuador—as persons with disabilities are on average 23 percentage points less likely to finish high school, and 9 percentage points less likely to finish tertiary school (figure 4.3).⁵² Generally, secondary education carries higher dropout risks, especially among disadvantaged students from low-income and rural households (ages 15–17). These students face multiple obstacles to completing education, including affordability and pressure to do paid or care work, low-quality school environments, and skepticism about the usefulness of and expected returns to their education. Yet, children with disabilities are at greater risk of dropping out sooner and in greater numbers, suggesting that many of the above-mentioned barriers may be insurmountable for themselves and their families.

51 Data not representative at the regional level. Estimated with eight countries for which household surveys are available, namely Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama, and Peru.

52 In the case of Ecuador, this may be driven by nationwide efforts to facilitate the completion of secondary school for students with disabilities. One example is the exam Ser Bachiller, which secondary students must pass in order to graduate and gain access to higher education institutions. As an affirmative action measure, the government has introduced a series of accommodations for taking the test, such as additional time, staff support, accessible test locations, a flexible scoring system, and close coordination with high school teachers before administering the test (Ministry of Education of Ecuador 2018).

Figure 4.3

Decrease in Probability of Completing Primary, Secondary, and Tertiary If Person Has Disability



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

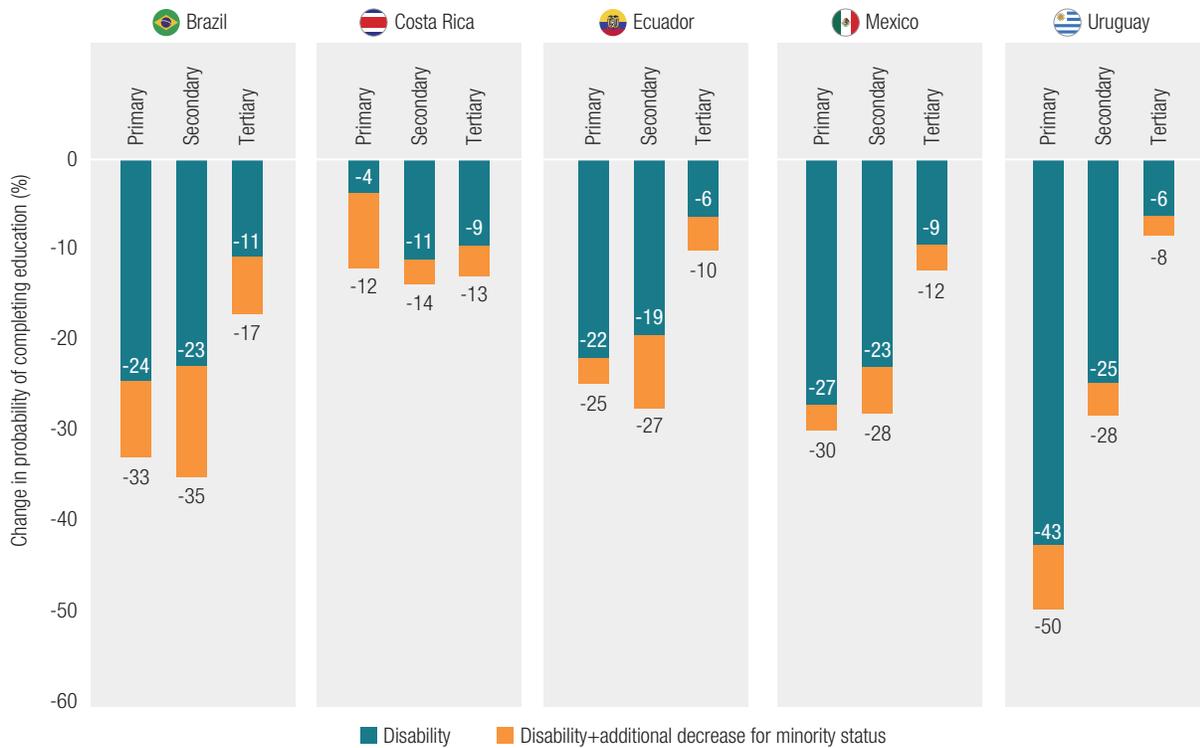
Note: OLS controlling for gender, area of residence (urban/rural) and age. Results statistically significant (at least $p < 0.01$).

► Intersecting Vulnerabilities of Learners with Disabilities

The ethnoracial identity and gender of children and youths with disabilities plays a role in reducing even further their chances of completing primary, secondary, and tertiary education. In Brazil, Costa Rica, Ecuador, Mexico, and Uruguay, persons with disabilities are on average 24 percent less likely to complete primary education, but 30 percent less likely if they belong to an ethnoracial minority. This additional disadvantage is also visible across secondary and tertiary levels, where persons with disabilities are on average 20 and 8 percentage points less likely to finish, but if they identify as Afro-descendant or indigenous persons they are 26 and 12 percentage points less likely to do so, respectively (figures 4.4 to 4.7). The impact of gender is only significant in Chile, where women with disabilities are 4.9 and 8.2 percentage points more likely to complete primary and secondary school than their male peers, respectively (figures 4.5 and 4.6).

Figure 4.4

Decrease in Probability of Completing Education by Disability and Minority Status, All Levels of Disability (%)

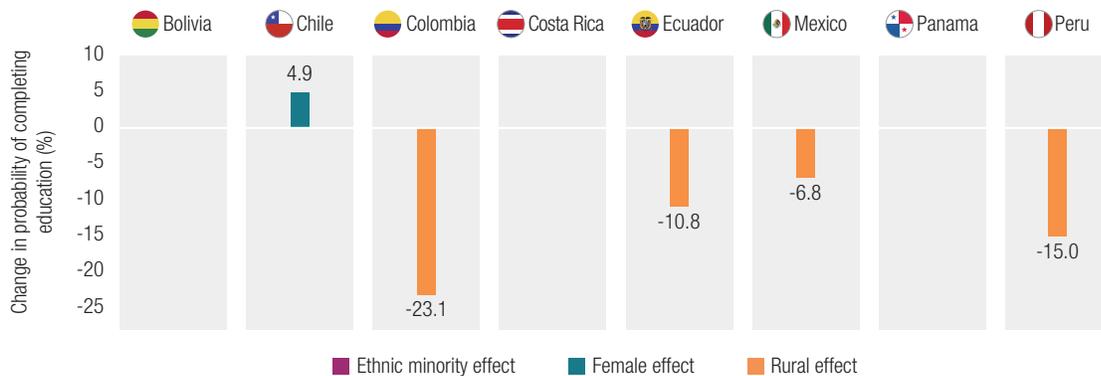


Source: Author's calculation using IPUMS.

Note: The results for "minority" status indicate Afro-descendants for Brazil, Costa Rica, Ecuador, and Uruguay, and indigenous self-identification in Mexico.

Figure 4.5

Change in Probability of Having Completed Primary Education (Ages 15–25) If Person with Disability Is Indigenous, Afro-descendant, Female, or Lives in Rural Area

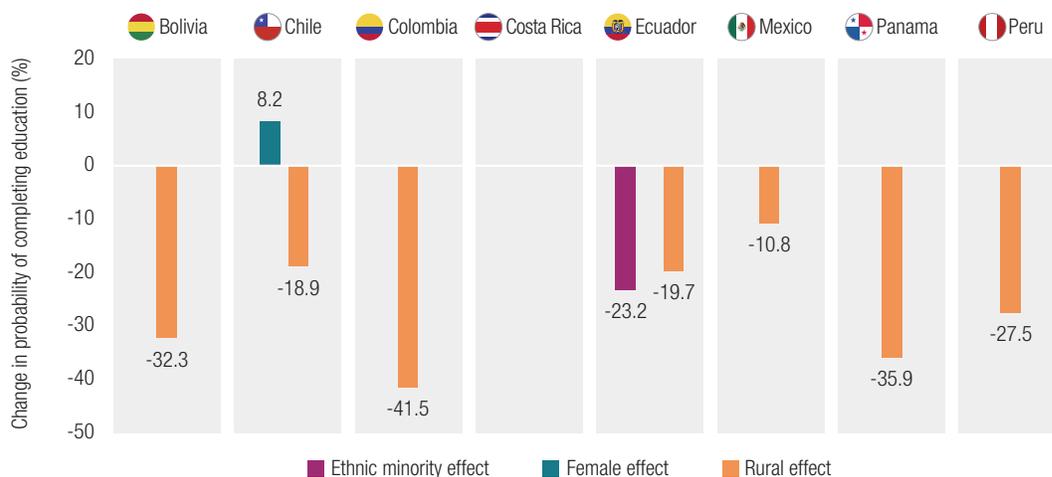


Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Marginal effects from OLS controlling for gender, area of residence (urban/rural), and age. Results statistically significant (at least $p < 0.01$).

Figure 4.6

Change in Probability of Having Completed Secondary Education (Ages 20–30) If Person with Disability Is Indigenous, Afro-descendant, Female, or Lives in Rural Area

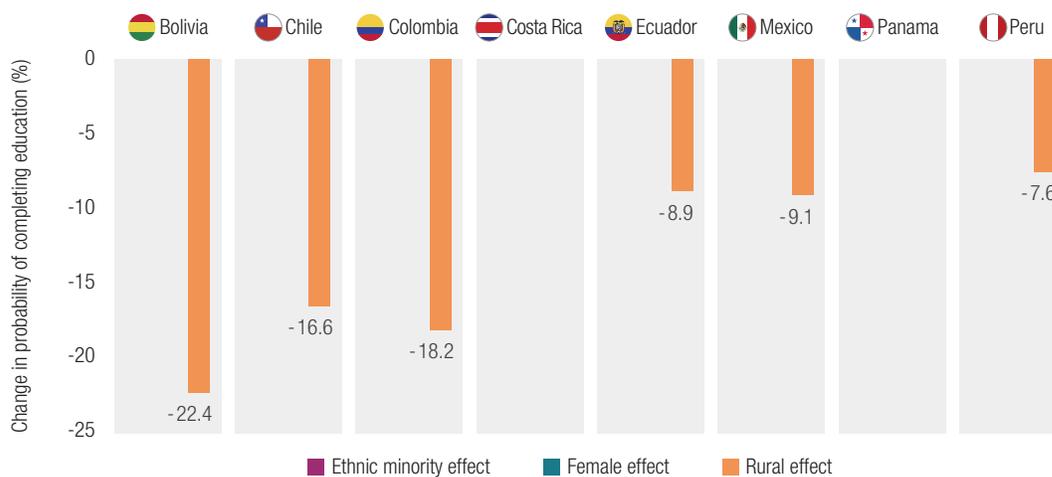


Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Marginal effects from OLS controlling for gender, area of residence (urban/rural), and age. Results statistically significant (at least $p < 0.01$).

Figure 4.7

Change in Probability of Having Completed Tertiary Education (Ages 25–35) If Person with Disability Is Indigenous, Afro-descendant, Female, or Lives in Rural Area



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Marginal effects from OLS controlling for gender, area of residence (urban/rural), and age. Results statistically significant (at least $p < 0.01$).

Similarly, where a person lives can also exacerbate exclusion from education. Based on household survey data, persons with disabilities living in rural areas are on average 10 percentage points less likely to complete primary school, 21 percentage points less likely to complete secondary school, and 11 percentage points less likely to complete tertiary school, controlling for gender, area of residence (urban/rural), and age⁵³ (figure 4.7). The gaps in rural areas might be driven by a lack of accessible facilities, shortage of aides or support, and lack of trained teachers that can address the needs of children with disabilities. In rural spaces, teachers in general tend to have more limited training, experience, and available resources. These elements can discourage students with disabilities from going to and remaining in school.

► Learning Poverty and the Importance of Assessments

Persons with disabilities not only are less likely to attend and finish school, they also graduate with lower qualifications than their peers. Generally, Latin American and Caribbean students fail to acquire skills that are critical for their insertion in the labor market.⁵⁴ Among children with disabilities, some evidence suggests that these learning gaps could be larger than in the general population. A global study across 10 low- and middle-income countries (excluding Latin America and the Caribbean) found that children with disabilities were 19 percent less likely to acquire minimum reading skills compared to their peers without disabilities (UNESCO 2020b, 4). Yet, there are no systematic records to assess regional learning outcomes by disability status.

Our limited understanding of how much children with disabilities are learning stems from the heterogeneity of disabilities, the disparities in teachers qualifications to assess learning, the continuation of segregated schools, and the limited accessibility and disaggregation of data of standardized assessments, such as LLECE (2013), PISA, PIRLS, and TIMSS.⁵⁵ PISA, for example, does offer minimal accommodations to students with certain types of disabilities, such as “extended time, rest periods, dictation of answers, graphics modification of test booklets, adaptive furniture or tools” (Singh and Abu Alghaib 2019, 47). Yet, it excludes the use of sign language interpretation or the use of braille, and excludes students with multiple or intellectual disabilities from taking the test. The justification for this exclusion is that their participation will distort the validity of the scores and the assumption that these students are necessarily attending special schools. PISA, in fact, offers an alternative test for those with “special needs” (called Une Heure, UH), but data availability on its content and scores is limited (Singh and Abu Alghaib 2019, 47).

53 Weighted average of statistically significant results in Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama, and Peru.

54 International test scores over the past four decades put Latin America and the Caribbean only above Sub-Saharan Africa. In the PISA exam, the eight participating Latin American countries scored below the average for countries with similar per capita income (Bruns and Luque 2015, 4).

55 Latin American Laboratory for Evaluation of the Quality of Education (Laboratorio Latinoamericano de Evaluación de la Calidad de la Educación, LLECE); Programme for International Student Assessment (PISA); Progress in International Reading Literacy Study (PIRLS); and Trends in International Mathematics and Science Study (TIMSS).



At the national level, only a handful of countries have comprehensive learning assessments, and even fewer include data disaggregation. A notable exception is Colombia's ICFES examination or Saber 11, which has disaggregated data for students with physical, visual, and hearing disabilities.⁵⁶ ICFES has also designed a separate assessment available for students with disabilities. Prior to 2017, the test offered some accommodations, but had a very restricted definition of disability—taking into account mobility, hearing, or visual impairments only. Nevertheless, after Executive Decree 1421 of 2017 and a ruling by Colombia's Constitutional Court,⁵⁷ ICFES started implementing comprehensive reasonable accommodation. Today, students who report a disability can decide to use the standard booklet or one designed for students with disabilities. ICFES also provides a broader range of assistive devices (such as screen readers and sign language interpreters), accessible classrooms, and psychological support, making the test more disability inclusive. This is a positive trend toward inclusive education, but further analysis is needed in assessing learning outcomes for children with disabilities and their impacts on labor market participation, particularly for those with cognitive and psychosocial disabilities.

► The Importance of Identifying Learners with Disabilities

Early diagnosis of hidden disabilities is crucial to ensure that students receive adequate support and to prevent development difficulties later in life. Undiagnosed disabilities bring additional challenges to learning. In Jamaica, students with attention deficit/hyperactivity disorder (ADHD)—a condition that can remain undiagnosed for years—have lower grade point averages and difficulties adjusting to school at the college level (Pottinger, La Hee, and Asmus 2009). In Colombia, 12 out of 100 students that experience learning difficulties lack a concrete diagnosis. Undiagnosed psychosocial or cognitive disabilities have been linked to early dropout in Chile, Colombia, and Mexico.

Some mobility, communicative, and psychosocial disabilities appear early in life, but most school systems in the region lack a mandated yearly health assessment for their student population. In Guatemala, about half the teachers and school staff have not received adequate training for identifying children with disabilities (Government of Guatemala and World Bank 2019, 43). In Belize, teachers put students on a list awaiting a resource officer's assessment from the National Committee for Families and Children, but these assessments can take months to be performed. Since school-based strategies are rare, the identification of a disability

⁵⁶ This standardized test of the Colombian Institute for the Evaluation of Education (Instituto Colombiano para el Fomento de la Educación Superior, ICFES) is taken by high school students (assessing knowledge on critical reading, mathematics, social studies, science, and English), and it is the main criterion used to evaluate students' admission to college.

⁵⁷ The court ruled that the standardized test without accommodation was discriminatory and unconstitutional, since it failed to consider the diverse capacities of those who make up the student population (El Espectador 2017).

usually comes from parents, fostering inequalities across households, as parents with greater resources and access to quality medical care are more likely to identify learning disabilities earlier on (UNESCO 2020b, 43). Finally, identification of disabilities can bring with it stigmatization from peers and also lower expectations from teachers, negatively impacting students' aspirations and self-esteem.

► Improving Access to and Quality of Education

While the share of out-of-school children and youths with disabilities is higher in all countries analyzed, Chile and Costa Rica have shown signs of improvement. In Costa Rica, the rate of children and youths with disabilities that are out of school dropped from 15.5 percent to 8 percent between 2009 and 2017, while in Chile it went from 11 percent to 3.6 percent during the same period (figure 4.8). Such progress may be partially attributed to the positive impact of sustained inclusive policies. In fact, Costa Rica has been moving from special, segregated schools to inclusive learning environments for several decades. Through a system of supports,⁵⁸ the government assists students with disabilities to remain in school and provides disability inclusion teacher training. Similarly, Chile has been moving toward disability-inclusive education since the 1990s, largely through the School Integration Program (Programa de Integración Escolar, PIE). Through this program, regular schools receive public funding for students with “special educational needs”⁵⁹ who require temporary or permanent support to meet their learning goals. While coverage is not universal, the number of participating students with disabilities has more than tripled in four years (serving nearly 92 percent of all children and youths with disabilities in Chile).⁶⁰ But these policies are not only about school attendance; they also address learning goals and teacher training, reinforcing the link between improved school attendance and quality of education to keep learners with disabilities in schools.

By contrast, in Peru and Mexico the gap in school attendance for children with disabilities has plateaued or is rising, respectively. Peru has a legal framework that forbids discrimination and supports curricular flexibility, school accessibility, and teacher training with the aim of including students with disabilities in regular classrooms.⁶¹ Yet, issues around implementation seem to be keeping many children and youths with disabilities out of school. The Attention and Counseling Services for Special Educational Needs (Servicios de

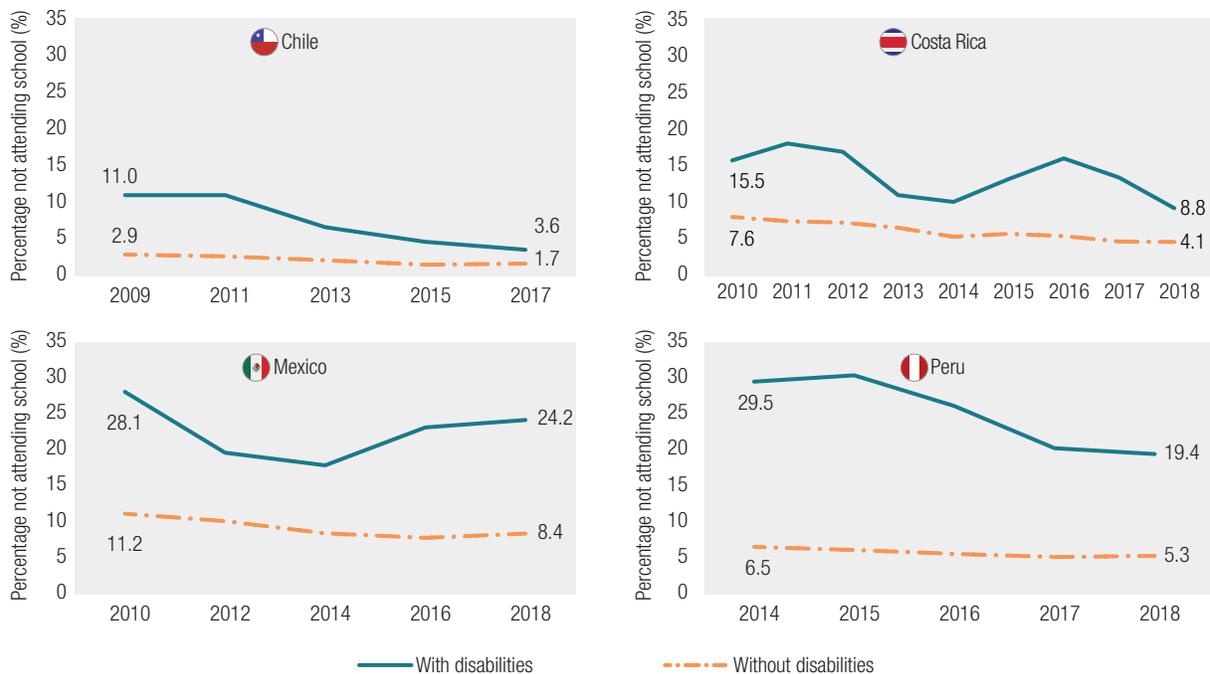
58 The kinds of support can be material and technological (such as assistive devices), organizational (such as accommodation in schools), curricular, or in human resources. They can also be permanent or temporary. The supports (*apoyos*) seek to foster a collaborative learning environment by connecting instructors, school staff, families, and community members. They have a stable budget and staff (Ministry of Public Education of Costa Rica et al. 2018, 10).

59 A student is considered to have “special educational needs” when, due to their personal characteristics, individual differences, or context (family, social, cultural, or other), they face barriers at school that hinder their learning progress (Ministry of Education of Chile 2016, 9).

60 The National Disability Survey (2015) estimated that 229,904 children and youths (ages 2–17) had a disability (Ministry of Social Development of Chile 2015; Center for Innovation in Education 2013, 14).

61 For example, the Plan of Equal Opportunities for Persons with Disabilities (Plan de Igualdad de Oportunidades para las Personas con Discapacidad) 2009–2018, and General Law of Persons with Disabilities (Ley General de la Persona con Discapacidad) (National Council of Education 2013, 10).

Figure 4.8
Percentage Not Attending School (Ages 6–17) over Time



Source: Author’s calculations using SEDLAC (CEDLAS and World Bank).

Atención y Asesoramiento a las Necesidades Educativas Especiales, SAANEE), for example, which supports students with disabilities and their teachers, is understaffed and not available in all provinces (such as Amazonas, Apurímac, Ayacucho, Huánuco, Madre de Dios, Moquegua, Pasco, and Tumbes). It is also unclear whether SAANEE’s services and guidelines apply to private institutions, increasing the chances that these institutions deny enrollment to children with disabilities. A study by the Ombudsperson’s Office also found that 92 percent of teachers had not received course materials adapted to students with disabilities, 95 percent of private institutions had not purchased accessible learning materials, and 71 percent of students with disabilities were not getting adequate support (National Council of Education 2013, 50–51; Ombudsperson’s Office 2011, 56). In Mexico, the education reform of 2013 was meant to spearhead inclusive education, but one study found it led to a drop in the budget assigned specifically to disability inclusion (García Cedillo 2018). The National Council for the Evaluation of Social Development Policy also found that schools lack accessible infrastructure, staff, and resources, and provide narrow or no capacity-building training for teachers working with students with disabilities.⁶² It also found that students with disabilities received fewer financial support

62 A survey in 2015 found that only 20 percent of primary school teachers that had students with disabilities had accessible materials, and then only for visual and hearing difficulties. In secondary schools, only 15 percent of teachers were said to have those materials available (National Council for the Evaluation of Social Development Policy 2018, 31, 131).

scholarships than their peers without disability, despite facing higher costs for attending school. Both cases reveal how inclusive legislation is insufficient in the absence of adequate implementation.

► Losing the Ground Gained

The progress achieved will likely be reversed by the COVID-19 pandemic, which has been termed the “greatest worldwide shock suffered by education systems in history” (World Bank 2021, 7). Initial estimates of the effects of the pandemic are staggering, and there is no disaggregated analysis for students with disabilities. As of the end of 2020, countries in the region had been estimated to have missed an average 159 in-person school days. Learning loss is likely to have the greatest effect on the poorest and most vulnerable, widening further the existing education and learning gaps. COVID-19 has proven to be an amplifier of vulnerabilities (box 4.1).

BOX 4.1

Inclusive Education under COVID-19

Latin America and the Caribbean is facing an education crisis. Following the massive school closures, more than 120 million school-age children have lost a year and a half of presential education, with severe impacts on learning and mental health. Students with disabilities have suffered disproportionately from the consequences of the COVID-19 pandemic. Responses from parents and caregivers from the global Learners with Disabilities and COVID-19 School Closure Survey⁶³ highlighted critical challenges, including learning loss due to inaccessible instruction modalities, lack of access to therapies, services or accommodations typically offered at school, and unavailability of accessible educational materials (McClain-Nhlapo et al. 2020).

But the impacts of the pandemic go beyond learning. For children with autism spectrum disorder, for example, mood swings, disruptive behaviors, and the regression of some already overcome symptoms are the main manifestations during confinement (Carmenate and Rodríguez 2020). The sudden and unexpected lockdown also changed the daily routine of children with cerebral palsy, since they “require physiotherapy regularly, repeated botulinum toxin injections, and, if needed, orthopedic surgery to maximize their developmental potential and minimize musculoskeletal deformity.” The lack of these rehabilitation services may adversely affect their functionality and mental health (Cankurtaran et al. 2021). The absence of these services is pushing learners with disabilities and their families to obtain private services, where available, with the added steep costs.

A recent survey by the United Nations Educational, Scientific, and Cultural Organization (UNESCO), UNICEF, and the World Bank found that in Latin America and the Caribbean, 67 percent of countries—above the 56 percent global

Continue

63 Conducted by the Inclusive Education Initiative, which was launched by the World Bank with the support of the United Kingdom’s Department for International Development (DFID) and the Norwegian Agency for Development Cooperation (NORAD) to provide technical expertise and resources to help countries foster more inclusive education systems.

average—were implementing measures to support students with disabilities during the COVID-19 pandemic (World Bank 2021). While there is no comprehensive evaluation to understand how many of the programs offered in the region were made accessible to students with disabilities, there are early lessons to highlight.

In Peru, the Directorate of Special Basic Education of the Ministry of Education through Aprendo en Casa has produced more than 500 educational resources and television programs that are accessible to students with hearing disabilities. In Guyana, the Ministry of Education is distributing printed and manipulative materials that allow a hands-on approach for students with disabilities (World Bank 2021, 48). Meanwhile, in Chile, the Aprendo en Línea platform provides educational content and digital resources, including software that facilitates access for students with visual or hearing disabilities. The country also developed Chile Atiende, which added a series of goods and services to the list of eligible expenses to help students with disabilities, including tablets, voice recognition software, and reading stands.

Uneven access to the internet and computers is also hindering the efforts to continue education for students with disabilities. In circa 2018, among households with persons with disabilities, only 20.7 percent in the region had access to the internet (compared to 30.3 percent of households without persons with disabilities), 80.5 percent had access to cellphones (compared to 90.7 percent of households without persons with disabilities), and 22.9 percent had access to a computer (compared to 34.1 percent of households without persons with disabilities).⁶⁴

But closing the digital divide should focus not only on infrastructure and accessibility but also on the pedagogical capacity of teachers to use these systems. While the majority of teachers in Latin America and the Caribbean reported receiving rapid digital training, there are no data showing how many received training on how to support students with disabilities. Similarly, parents and caregivers of students with disabilities may require additional resources to help their children learn. Yet, there is no information on programs to support parents with children and youths with disabilities.

The impacts of the pandemic threaten to erase the progress gained thus far on inclusive education. To build back better, some measures should be taken, including the following:

- 1. Mainstreaming educational technologies following universal design**, including personal computing devices, classroom teaching tools such as electronic whiteboards, online class management and content delivery through open online courses and e-books, and mobile applications for learning, web access, and videoconferencing.
- 2. Providing accessible information and communication technologies for students with disabilities**, including hardware such as magnification devices and e-book readers, software such as screen readers, and mobile applications to enhance functional access to content and communication, including voice recognition, magnification, object recognition, and apps for alternative and augmentative communication.
- 3. Adapting teaching and learning materials following the Universal Design for Learning approach**, thereby changing how content is delivered and disseminated, such that it responds to the learning needs of each student.

64 Weighted average from data from household surveys from Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018), and Peru (2018).

4. **Ensuring that teacher training incorporates inclusive pedagogical and digital skills** to support students with disabilities and includes teacher assistants and other resource and support staff.
5. **Expanding psychosocial support** to help mitigate the pandemic's social impact, particularly for students with intellectual and psychosocial disabilities.
6. **Complementing digital learning with tactile materials** to support comprehensive learning, particularly for younger students.
7. **Offering additional support to parents and caregivers** of students with disabilities to prevent school dropout and support them in offsetting learning loss.
8. **Tracking financing by disability markers** to ensure that inclusive education financing has clear indicators to monitor progress.
9. **Establishing measures to monitor learning outcomes** to go beyond the focus on inputs and outputs.

In sum, children and youths with disabilities are not moving effectively from preschool through tertiary education. While the gaps in school attendance and completion emerge in primary school and even earlier, they tend to widen at later stages, especially secondary school, signaling problems with keeping students enrolled and engaged as they transition from one level to the next. The exclusion of children and young people with disabilities from education hurts their ability to acquire the skills and knowledge to enter and prosper in the labor market. Poor educational outcomes are a complex and multilayered problem that largely stems from a disconnect between the goals of inclusive education outlined in legal frameworks and the quality of education that persons with disabilities are getting. Correcting this mismatch requires a good diagnosis that examines the visible and invisible barriers that still exist in the region's schools.

► Barriers to Inclusive Education

The World Conference on Special Needs Education in Salamanca, Spain (1994), the Convention on the Rights of Persons with Disabilities, and SDG 4 have all called on countries to promote inclusive, regular schools and phase out special, segregated learning spaces. The Convention on the Rights of Persons with Disabilities, in its Article 24, calls on States to ensure an inclusive education system at all levels (Committee on the Rights of Persons with Disabilities 2016). Among other things, this means including persons with disabilities in a single learning environment, eliminating discrimination, providing reasonable accommodation, and adopting flexible curricula and pedagogies that foster a diverse and participatory learning environment (box 4.2).

Toward Inclusive Education: General Comment No. 4

The Committee on the Rights of Persons with Disabilities published General Comment No. 4 (2016), which clarified the meaning of inclusive education and outlined the multifaceted changes that education systems must make to become disability inclusive. It identified the core features of inclusive education as follows.

- a) **Whole systems approach.** Education ministries must ensure that resources are invested toward advancing inclusive education, and embedding the necessary changes in institutional culture, policies, and practices.
- b) **Whole educational environment.** Committed leadership is essential to achieve inclusive education at all levels, including classroom teaching and relationships, board meetings, teacher supervision, counselling services and medical care, school trips, budgetary allocations, and any interface with parents of learners with and without disabilities and, when applicable, the local community or wider public.
- c) **Whole person approach.** Recognition is given to the capacity of every person to learn, and high expectations are established for all learners, including learners with disabilities. This approach implies the provision of support, reasonable accommodation, and early intervention so that all learners are able to fulfil their potential. The focus is on learners' capacities and aspirations rather than on content.
- d) **Supported teachers.** In recognition of the critical role that teachers play in ensuring inclusive education, all teachers and support staff receive the education and training they need to acquire core values and competencies for inclusive learning environments.
- e) **Respect for and value of diversity.** All members of the learning community are welcomed equally and with respect for diversity irrespective of disability, race, color, sex, language, linguistic culture, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age, or other status.
- f) **Learning-friendly environment.** Inclusive learning environments must create an accessible environment where everyone feels safe, supported, stimulated and able to express themselves, and where there is a strong emphasis on involving students in building a positive school community.
- g) **Effective transitions.** Learners with disabilities receive support to ensure the effective transition from learning at school to vocational and tertiary education and, finally, to work.
- h) **Recognition of partnerships.** Teacher associations, student associations and federations, organizations of persons with disabilities, school boards, parent–teacher associations, and other functioning school support groups, both formal and informal, are all encouraged to increase their understanding and knowledge of disability.
- i) **Monitoring.** As a continuing process, inclusive education must be monitored and evaluated on a regular basis to ensure that segregation or integration (as opposed to inclusion) is not happening, either formally or informally. Monitoring should involve persons with disabilities, including children and persons with intensive support requirements, through their representative organizations, as well as parents or caregivers of children with disabilities, where appropriate. Disability-inclusive indicators must be developed and used in a manner consistent with the 2030 Agenda for Sustainable Development.

Source: Adapted from Committee on the Rights of Persons with Disabilities 2016.

► Together but Separate

A legal analysis commissioned for this report found that out of 32 countries in Latin America and the Caribbean, 17 explicitly recognized the principle of inclusive education and articulated explicitly its aims. By contrast, 7 countries (Antigua and Barbuda, Bahamas, Barbados, Guyana, Haiti, St. Vincent and the Grenadines and Trinidad and Tobago) made no reference to inclusive education in their domestic legal and policy frameworks.

Even in countries that have explicitly adopted inclusive education, there are differences in how this concept is interpreted and operationalized. For example, some countries have laws and policies aimed at children with disabilities, but which favor their placement in separate learning environments. A recent UNESCO report found that a Special Education Desk program in Grenada was aimed at identifying and supporting children with disabilities, but recommended removing them from mainstream schools, providing separate assistance, and reinserting them at a later time (UNESCO 2020a).

Many countries in Latin America and the Caribbean continue to have special schools in operation or separated units within schools, or mix models in which children with disabilities spend part of their day in regular classrooms and the rest in separate spaces. In countries with parallel systems, the rate of students with disabilities that are still attending special schools is significant, as described above.

Evidence shows that parallel systems of education often contravene the rights of persons with disabilities. Inclusive education systems benefit all children. These learning environments have the potential to enhance proficiency in reading and mathematics, increase attendance, reduce dropout, and improve secondary graduation rates (Hehir et al. 2016, 2). In inclusive schools, students with disabilities perform better academically than their peers in special schools. Likewise, these spaces can foster attitudinal changes, increasing tolerance and diminishing prejudice toward others. While phasing out special school takes time and political will, many countries are converting their special schools into resource centers for helping in this transition (Samaniego 2018; UNESCO 2020a). Yet, there are several lessons to be considered in the transition to inclusive systems (box 4.3).



**BOX
4.3**

Global Lessons Learned in the Transition from Segregated to Inclusive Schools

The region is slowly but decidedly moving toward inclusive learning environments. While this transition will take place differently in each country, experiences across the globe provide some valuable lessons that countries can take stock of as they move toward this goal.

The transition to inclusive education requires addressing teachers' training and attitudes toward disability. Teachers commonly report lacking the skills for serving the needs of children with disabilities. A law on inclusive education in South Africa, passed in 2001, conflicted with a system where teachers had been trained as regular or special educators, a divide that lingered in the teaching culture and fomented negative attitudes toward having children with disabilities in regular classrooms (Donohue and Bornman 2014). In Spain, surveys have found that teachers are willing to work with children with disabilities but lack the preparation and resources for doing so (Hehir et al. 2016, 19). In Kazakhstan, teachers think that addressing the needs of students with disabilities will necessarily mean a higher workload. One immediate lesson is that teachers and school staff need professional development training on differentiated instruction (Makoelle 2020). Sharing expertise and resources and encouraging whole school collaboration—among teachers, language specialists, school psychologists, and school principals—is crucial for making the transition happen.

Regular schools can inadvertently place students with disabilities in built and learning environments that are inaccessible. In Kazakhstan, the number of students in regular classrooms exceeded the norm by over 50 percent. Overcrowded classrooms may be especially hard for students with psychosocial disabilities. Likewise, regular schools can lack the flexible and accessible curricula that are needed for meeting all learning needs. Beyond improving physical accessibility, regular schools also need to embrace the principles of Universal Design for Learning, an approach that enables multiple means of representation, expression, and engagement for a diversity of learners.

Making an effective transition also requires ongoing dialogue between parents, teachers, and school staff. Parents can have different views about the relevance of inclusive education. Cultural attitudes and fears of stigmatization can thus make families resist the transition to regular, mainstream spaces. One way of avoiding this is through meaningful and ongoing consultation with parents as well as inclusion and awareness campaigns.

Finally, the transition to inclusive schools requires better data collection. Without robust data, it is impossible to trace whether children and young persons with disabilities are transitioning effectively from special schools, staying enrolled in regular schools, and making progress on learning goals.

► Accessibility Barriers

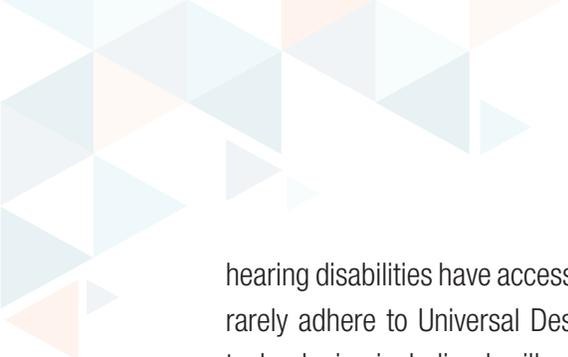
Barriers to inclusive education go beyond the existence of special schools. Regardless of their place of study, persons with disabilities are exposed to accessibility barriers both in and out of school. A crucial barrier is the travel chain itself (for example, the transit from home to school), especially due to inaccessible public transportation or the costs of private commuting. All countries examined, with the exception of Jamaica and Paraguay, have legal provisions that mandate universal access to the physical environment and transportation. Yet, this is seldom achieved in practice. In rural areas, this situation can make it impossible for children and youths with disabilities to reach schools safely. And even if transportation options are available, they are more likely to experience violence (including harassment or bullying) in their transit to and from school (see chapter 6). Private commuting is also limited; census data from seven countries show that households with persons with disabilities have in all cases less access to automobiles.⁶⁵

In Latin America and the Caribbean, children with disabilities often attend school facilities that are unsafe or physically inaccessible. Schools that lack universal access (for example, ramps, railings, accessible toilet rooms, adequate walkways and roads, universal signage, adequate handles and doorknobs, and accessible information and communication technology) or appropriate visual and acoustic environments for a variety of learning and teaching practices can exclude children with disabilities.

School compliance with national and regional standards of accessibility and usability is low across the region, even though this is enshrined in the Convention on the Rights of Persons with Disabilities and the legal frameworks of 18 countries in the region (Alasutari et al. 2020). Preschools and primary schools frequently lack all types of universal access design features. In Peru, only 3.8 percent of preschools and 2.4 percent of primary schools have ramps for access and circulation and only 1 percent have accessible toilets (Hincapie, Duryea, and Hincapie 2019). While Argentina, Mexico, and Peru have recently conducted censuses of the accessibility of their education infrastructure, paving the ground for future targeted interventions, most countries have very limited data on accessibility in school settings.

Accessibility encompasses other features that go beyond the built and natural environment. The unavailability of assistive devices, or lack of training of teachers to use them, can add extra barriers. The use of certain devices—such as hearing aids—is correlated with higher graduation rates, earnings, and employment options later in life (Bouck, Maeda, and Flanagan 2012; UNESCO 2020a). However, access to these devices tends to be low in Latin America and the Caribbean. In Haiti and Peru, less than 10 percent of students with

⁶⁵ Countries include Brazil, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama, and Uruguay. The gaps range from 2 percentage points in the Dominican Republic (18 versus 20 percent) to 15 percentage points in Uruguay (22 versus 37 percent).



hearing disabilities have access to assistive devices (Hincapie, Duryea, and Hincapie 2019). Moreover, schools rarely adhere to Universal Design for Learning principles, which includes the use of multiple formats and technologies including braille, sign language, speech to text, large print, graphics, computer input controls, adapted keyboards, communication aids, dictation software, screen readers, accessible presentation media, easy-to-read teaching and learning materials, and hearing loops. In Peru, 8 percent of schools have braille printers, 6 percent have braille books, and 12 percent have audiobooks. But in most countries these data are not available. These barriers can prevent children with disabilities from achieving their full learning potential.

Accessibility also impacts printed materials. Globally, only between 1 and 7 percent of all books are accessible for persons with print disabilities (WIPO 2016; UNESCO 2020a). This can limit the availability of a copy of a book needed for a university course or high school project. The Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled was adopted in 2013 to address copyright restrictions and reduce the global shortage of print materials in accessible formats for persons who are blind or visually impaired or who have other print disabilities, such as physical limitations that prevent them from holding a book. One positive outcome of the Marrakesh Treaty is the Virtual Library for the Blind of Colombia, a free service by which persons with vision loss can access over 32,000 books in accessible formats (Digital Public Innovation Center 2017). Similarly, in Ecuador, there were about 30,000 accessible books in 2018 (including audiobooks, enriched PDF, digital accessible information system (DAISY), and braille), but they rarely included specialized texts for university students.⁶⁶ Universities in Ecuador are contributing to the provision of accessible knowledge through the generation of audiobooks as part of the courses on social communication and the generation of accessible material as a graduation project, amongst other actions. Additionally, Ecuador has created a specialized software, URSULA, which provides users with a national catalog of all accessible formats. While 20 out of 30 countries in Latin America and the Caribbean have ratified the Marrakesh Treaty, data on its implementation are still very limited. To ensure the full benefits of its implementation, regional collaboration is needed.

► Language of Instruction and Respecting Diversity

The heterogeneity of persons with disabilities demands recognition of subsystems of education that respect and recognize this diversity. For over 50 years, persons with hearing loss have stressed the importance of recognizing and preserving sign language. All countries, with the exception of Argentina, Honduras, and Jamaica, have in some manner officially recognized sign languages. Yet, this recognition does not necessarily match public action, and bilingual learning spaces continue to be scarce. There are only four public schools

⁶⁶ According to a survey of universities undertaken by the National Service for Intellectual Rights in collaboration with the Secretariat for Higher Education, Science, Technology, and Innovation..

for students with hearing disabilities in Uruguay (Oviedo 2015), and it was not until 2018 that the creation of the first public school for hard of hearing students or students with hearing loss was approved in Mexico (Laboratorio Distintas Latitudes 2018). Despite clear evidence of the importance of language of instruction in learning outcomes (Crawford and Marin 2021), bilingual educational opportunities beyond primary school are limited throughout Latin America and the Caribbean. In addition, the region lacks trained teachers, sign language interpreters, and other professionals necessary for bilingual education programs. This can also hinder the flourishing and public appreciation of sign languages and Deaf culture (box 4.4).

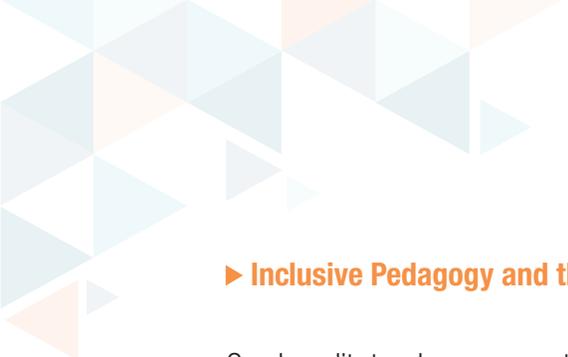
BOX 4.4

Sign Languages and Deaf Culture

Since the 1970s, persons with hearing loss have claimed that their inability to hear, rather than a limitation, is a condition that is generative of linguistic, social, and cultural diversity. “Deaf” (with a capital “D”) is used by those who see hearing loss as part of their cultural and political identity, as opposed to “deaf” with a lower-case “d,” which points to audiological impairment. Deaf culture thus comprises a set of learned behaviors, including a linguistically different language, that varies across places and peoples.

Deaf culture has emerged and is closely linked to the development and recognition of sign language. As of 2013, Ethnologue, a world languages database, had registered 144 sign languages. Most countries have at least one distinctive sign language, but there are international sign languages commonly used by people to communicate across borders. Today, all countries in Latin America and the Caribbean fully or partially recognize sign language, with the exception of Argentina, Honduras, and Jamaica.

Given that close to 90 percent of children with hearing loss are born to hearing parents, the acquisition and use of sign languages in public settings—including schools—has been essential for creating and strengthening Deaf communities (Monaghan 2003, 4). Deaf culture has also been the result of years of activism. In Latin America and the Caribbean, Deaf associations started to emerge in the early twentieth century. These groups have since offered “social, educational and political opportunities” for persons with hearing disabilities, while at the same time advocating their rights to health, education, and employment. In Brazil, for example, the National Federation of Education and Integration of the Deaf (Federação Nacional de Educação e Integração dos Surdos, FENEIS) was created in 1987. Alongside a local Deaf theater company (Compania Surda de Teatro), they launched the grassroots movement Surdos Venceremos and organized the first large-scale protests in 1994, in Rio de Janeiro, demanding rights for persons with hearing disabilities, including the constitutional protection of sign language and its adoption as an official language of instruction. In 2002, Law No. 10436/2002 was passed, recognizing Brazilian sign language (known as Libras) as a legal means of communication and expression. Deaf organizations remain a vibrant space of participation, as shown in the 2011 demonstration to keep the National Institute of Education for the Deaf (Instituto Nacional de Educação de Surdos, INES) in Brazil (Gerner de García and Becker Karnopp 2016).



► Inclusive Pedagogy and the Critical Role of Teachers

Good-quality teachers can exert a positive impact on learning, classroom environments, and inclusivity. However, the quality of instruction in the region often fails to achieve the expected results. In part, this is caused by the time teachers spend in actual instruction (65 percent of classroom time as opposed to the recommended 85 percent). It is also reinforced by teachers' limited use of available teaching materials and technologies (such as laptops or projectors), their almost exclusive reliance on the blackboard, and the ensuing challenges for keeping students engaged (on average students are engaged about 25 percent of class time) (Bruns and Luque 2015). Many teachers are also trained at institutions that are academically less competitive, where they are less likely to learn all the skills and strategies necessary for their students to excel.

Poor teaching quality can affect more harshly students with disabilities. In many countries of Latin America and the Caribbean, disability-inclusive training and professional development is still considered as part of the field of “special education,” which reinforces the view that inclusivity is not relevant for mainstream instructors. In fact, a regional study found that over 40 percent of teachers had never received any sort of training on inclusive education (UNESCO 2020a). Teachers often lack the support, tools, and training for addressing the learning needs of children with disabilities, especially in rural areas. There are some experiences in tertiary education, for example the elaboration of pedagogical resources for university professors in the San Pablo Catholic University in Bolivia or the accompaniment strategy for the education of persons with disabilities in the National University of Rio Negro in Argentina.

The impact of poor teaching quality is found even in countries with strong disability-inclusive policies. Chile has made substantial progress in improving teaching and student learning, including efforts targeted at children with disabilities. However, a comprehensive evaluation report in 2014 of their School Integration Program (PIE) found issues around teacher training. Most of the program's funds were allocated to hiring professionals who worked alongside students with disabilities, rather than to teachers' professional development on disability-inclusive pedagogies. Some teachers were also reticent about the PIE or coordinated very little with other professionals to make concrete changes in their teaching goals and methodologies (Center for Innovation in Education 2013, 26, 29).

► Attitudes and Perceptions

Persons with disabilities are often affected by attitudinal barriers. Consistent discrimination, ingrained prejudice, and structural stigma can have long-lasting effects on economic exclusion and truncate life trajectories of the subgroup by limiting people's abilities to identify opportunities and realize aspirations to social mobility. Collective and sustained exclusion can lessen what anthropologist Arjun Appadurai calls the “capacity to aspire”—the possibility of imagining a better life and future for themselves and their families.



Global evidence shows that students with disabilities face bullying at higher rates than their peers without disabilities (UNESCO 2020b, 164). An unwelcoming school culture can lead to lower self-esteem and diminished learning attainment among children with disabilities. Hostile interactions in schools can equally contribute to early dropout. The stigma associated with a disability can often discourage parents from sending their children to school. Often, families exclude their children from school due to concerns about potential discrimination or violence directed at them. In other cases, it is driven by the belief that their children will ultimately be excluded from the labor market, so there is little point in them gaining skills and knowledge early in life. In Mexico, for example, about 37 percent of persons with disabilities (ages 15 and older) reported never having attended school because their parents did not consider it necessary.

Stereotypes and stigmatizing attitudes can also penetrate school staff, including principals, teachers, and administrative personnel. While discrimination can manifest as acts of bullying and violence against children with disabilities, it often works in implicit and indirect ways through attitudes, beliefs, and social interactions that enact biased and stigmatizing ideas. People commonly pass on and reproduce these ideas without being aware of their existence and their damaging impact. Negative beliefs about excluded groups can also become anchored in institutional spaces, constraining the delivery of services. Since schools often lack pre-service or professional development training on disability, these stereotypes and stigmatizing views can often go unchecked. Misconceptions about children with disabilities (such as their inherent inability to learn or interact with others), for example, can lower the expectations of teachers and staff on their performance, which in the long run can result in a diminished learning experience.

Curricula and teaching materials are also critical for inclusive education. Inadequate curricula and teaching materials can normalize or exacerbate the exclusion of persons with disabilities. They can often reinforce biased representations or fail to reflect the voices and rights of persons with disabilities. Some countries—such as Chile and Mexico—have undertaken curriculum reforms that promote disability inclusion and flexible pedagogies. But in most countries, there is a “special education” curriculum separate from the one used by mainstream schools (UNESCO 2020b, 21).

In terms of teaching materials, a global study found that only 9 percent of textbooks mentioned the rights of persons with disabilities. This represented an increase from 2 percent in the 1970s, but still shows how disability continues to be a neglected topic (UNESCO 2020b, 129). Lack of role models and misrepresentation in teaching and learning materials can perpetuate stereotypes and negative mental models.

► **Statistical Invisibility**

Inclusive education can confront barriers related to data collection. The Convention on the Rights of Persons with Disabilities has called for expanding data collection efforts as a strategy for identifying gaps and areas



of policy intervention. Robust disaggregated data can render visible vulnerable groups and help monitor their progress through an evidence-based approach. In Latin America and the Caribbean, education management and information systems often lack quality disaggregated data or the data disaggregation does not follow the recommendations of the Washington Group. Education management and information systems frequently undercount children with disability or lack indicators on their educational involvement. In other cases, they are not sufficiently comprehensive, since they lack information on accessibility and reasonable accommodation, school materials, teacher training resources and activities, number of teachers supporting students with disabilities, academic progress indicators, or types of disability. In Guatemala, a study found that education management and information systems lack data on instances of violence and abuse affecting children with disabilities, which can assist in making changes in school environments. In many cases, school data cannot be compared or extrapolated for a national or regional analysis (Ministry of Education of Guatemala 2019, 42).

In sum, the barriers discussed above highlight some of the ongoing challenges that need to be addressed in order to make education systems fully inclusive. They also show that inclusion is a multilayered process that requires numerous and gradual changes in many areas at once. In what follows, the chapter outlines some broad recommendations that can aid the region in making a successful transition.

Toward Disability-Inclusive Education

This chapter explored the advances and challenges for including children and youths with disabilities in education, which is even more important in the current learning crisis created by the school closures due to the COVID-19 pandemic. In the last decade, the region has made modest progress in expanding school enrollments and increasing completion rates across all levels. Due to their commitment to inclusive education, some countries, such as Chile and Costa Rica, have narrowed the gap in primary school among children with and without disabilities, and made significant changes in school curricula, accessibility, and teacher training. Despite these positive examples, children with disabilities in Latin America and the Caribbean continue to face numerous barriers that diminish their schooling experience and outcomes. As a result, they accumulate fewer years of instruction, drop out faster and more frequently, and risk attending schools that are unwelcoming, inaccessible, and unresponsive to their learning needs, especially at the secondary level (which is when most persons with disabilities interrupt their studies).

Education is “the unparalleled agent of social change” and can affect intrahousehold and societal dynamics of power (World Bank 2013, 146). It can also have important payoffs at the individual, household, and societal levels. It can increase autonomy and independence, leading to better employment outcomes, and a better insertion in public, civic, and social spaces. It can improve development outcomes not only for the individual but also for the next generation. It can enhance productivity and make institutions more representative and strengthen the social contract.



To achieve this, Latin America and the Caribbean needs systemic changes to make its education systems disability inclusive. Many countries still have special schools in place that serve, on average, about half the student population with disabilities. There is thus a disconnect between the goals of the Convention on the Rights of Persons with Disabilities, which has been universally ratified, and the reality on the ground. And while the region needs to transition to inclusive learning spaces, closing special schools overnight can have even worse consequences, such as a spike in dropout rates and a greater sense of alienation among children with disabilities. The challenge that lies ahead is to design and implement tailored transitions that keep students with disabilities enrolled, while maximizing their learning potential. Inclusive learning environments not only make sense for students with disabilities, they also benefit *all* students.

The transition to inclusive education thus needs to be attentive to the particularity of each context and the heterogeneity of students with disabilities. It needs to set progressive and reasonable expectations cognizant of the financial and human resource constraints of education systems across Latin America and the Caribbean in the current context. There is no one-size-fits-all approach, as some places will require more time than others to move from one system to the next. Even in places with established special education systems, positive interventions toward inclusive education can begin from within. Countries can strive for changing the mindset of teachers and administrators of special schools to make them more disability inclusive or repurpose these facilities into resource centers that serve the needs of students and teachers of regular facilities. School leaders can embrace the principles of inclusive education and promote changes in pedagogical practices that favor inclusion, even if nationwide policies point to the opposite direction.

Disability-inclusive education entails adopting an inclusive pedagogy and the Universal Design for Learning in ways that can tackle a variety of spatial, attitudinal, legal, and policy barriers. In addition, it requires making all elements of education attentive and responsive to the needs of children and youths with disabilities, including teachers, teaching and learning materials, curricula, and data collection practices. To be sure, the region has been moving gradually in the right direction, but more efforts will be needed to fully realize the educational principles contained in the Convention on the Rights of Persons with Disabilities.

Nearly all countries in Latin America and the Caribbean include in their disability laws the principle of “universal access.” Yet, most schools continue to be inaccessible for many students with disabilities. The compliance with national and regional standards of accessibility and usability is low. The good news is that making schools universally accessible does not have to come with a steep cost. A recent report found that the cost of adapting facilities from the outset only elevated construction cost by 1 percent, while making adaptations afterwards amounted to an additional 5 percent (United Nations 2019). One positive example is the Accessible School Program, established in Brazil in 2013, which provides resources to selected schools for undertaking architectural adaptation (ramps, toilets, access roads, handrails, and visual, tactile, and sound signaling) and material acquisition (wheelchairs, assistive technology resources, and accessible furniture).



But improving the accessibility of schools demands attending to other barriers in transportation and the built environment, which can stop children and youths with disabilities from transiting safely to and from school. It also demands improving virtual and linguistic accessibility, including expanding access to assistive devices and training teachers and professionals in the use of multiple formats and technologies.

Building a more supportive and inclusive learning environment requires strategies and interventions for changing the attitudes, mindsets, and values of teachers, school staff, leaders, parents, and students. Changes in school culture can have a positive effect, both by increasing students' sense of belonging and emotional well-being and by strengthening their academic success. A parallel step is designing curricula and teaching and learning materials that are flexible enough to accommodate all learning needs. Eliminating stereotypical representations or biased understandings of disability from learning materials can foster a more welcoming learning space.

A successful transition needs to position teachers, teacher assistants, resource teachers, community volunteers and school leaders as agents of change. To do so, countries need to improve teacher training (both pre- and in-service teacher education) and professional development in order to ingrain the skills, knowledge, and attitudes for engaging and supporting students with disabilities. One positive example is found in Peru, where in 2015 about 1,940 teachers received virtual training courses on the teaching–learning process for children with visual and hearing impairments and psychosocial disabilities. At the same time, teachers in Latin America and the Caribbean need more structural support in the form of better salaries, working conditions (especially in rural areas), and incentives for attracting a highly qualified pool of candidates into the profession. Countries also need to make disability inclusion a theme that pertains to all teachers—not just those working in special schools.

Finally, disability-inclusive schools will need to optimize disaggregated data collection through their education management and information systems. But measuring enrollment of children with disabilities is not enough. Data collection needs to be more comprehensive, covering aspects such as accessibility, school materials, academic progress indicators, reasonable accommodation, and teacher training resources. Through these efforts, the region can monitor more effectively the degree to which meaningful changes are taking place and whether the academic outcomes and well-being of children and youths with disabilities are improving.

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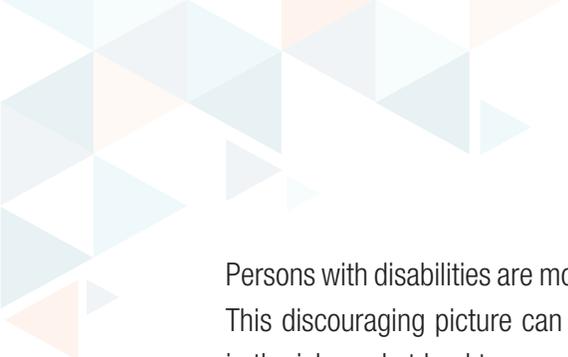
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5 Skills, Work, and Labor Outcomes





Persons with disabilities are more likely to live in a poor household all across Latin America and the Caribbean. This discouraging picture can be partially attributed to the way they navigate the labor market. Disparities in the job market lead to poverty traps and bolster exclusion in other social, political, and cultural domains.

For persons with disabilities, exclusion from the labor market not only curbs access to stable and decent income-generating activities, it also strains their ability to cover medical expenses that informal work might be unable to cover. Many social security benefits are tied to formal employment, a condition that can put out of reach much-needed transfers or other public safety nets. Leaving workers with disabilities behind also has a substantial cost for the rest of society. A global study estimated that their exclusion from the job market decreased national GDPs by between 3 and 7 percent (Buckup 2009; ILO 2015, 137). Eliminating the barriers that exclude them from jobs and economic opportunities would enable countries to expand their productive population and maximize their human resources in the long run.

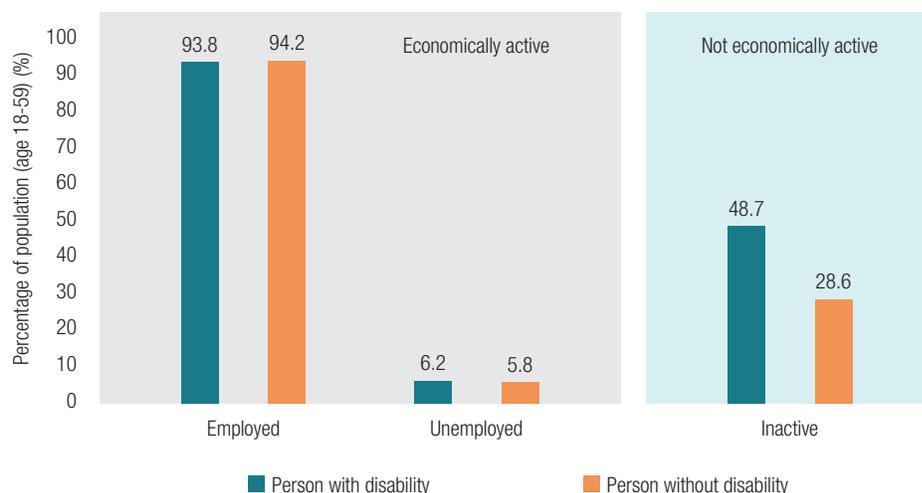
The underrepresentation of workers with disabilities has numerous causes. On one level, it is driven by their low human capital accumulation and ensuing mismatch of skills, both of which are directly connected to their uneven access to education (see chapter 4). As the region expands its service sector and demands a different skill set, jobs will increasingly demand cognitive and sociobehavioral skills, a trend that will be likely amplified by the COVID-19 pandemic, putting low-skilled workers—including a significant share of persons with disabilities—at greater risk of being left out of the workforce (Beylis et al. 2020, 2). On another level, their exclusion is triggered by workplaces that fail to be disability inclusive. Employers all too often discriminate against candidates or workers because of their disabilities. In other instances, they refuse to provide reasonable accommodation or are reluctant to promote them to managerial or high-paying roles. Together, these forces can restrict people's ability to earn an income and eventually move out of poverty, and can also inhibit countries from benefiting from the richness of diversity and realizing the principles of the Convention on the Rights of Persons with Disabilities and the SDGs.

This chapter will explore the employment situation of persons with disabilities in the region. Drawing from household surveys and census data, it describes recent trends in employment and unemployment, inactivity, informality, and wage disparities. It underscores how gaps in the labor market affect women with disabilities more severely than other groups, aggravating already stark gender disparities. Subsequently, it attends to the multiple barriers that keep workplaces from being disability inclusive. In particular, it looks at the impact of physical, legal, and attitudinal barriers that end up restricting the kinds of jobs available to, the career prospects of, and the wages offered to persons with disabilities. It highlights lessons learned and policy changes that could support the transition to disability-inclusive working environments.

► Exclusion from Labor Markets

Inactivity rather than employment rates explains the exclusion of persons with disabilities from the labor market. That is, in contrast to other world regions, Latin America and the Caribbean shows no major difference in unemployment rates between persons with and without disabilities at the individual level. In large part, this is because persons with disabilities are overwhelmingly out of the labor market in the first place (that is, neither working nor looking for a job). Almost half of them (ages 18–59) are inactive, and their inactivity rates are 20 percentage points higher compared to those without disabilities (figure 5.1). When looking at disparities among ethnic minorities, the inactivity gap is larger for Afro-descendants. Indigenous people experience a higher incidence of inactivity (regardless of disability status), which may reflect the weight of local subsistence economies and unpaid reproductive labor. Inactivity also tends to affect women with disabilities more severely than any other group, as 57 percent of them are out of the workforce, compared to 40 percent of their male peers (figure 5.2).⁶⁷

Figure 5.1
Employment Status among Persons with and without Disabilities (Ages 18–59), Weighted Average, Latin America and the Caribbean



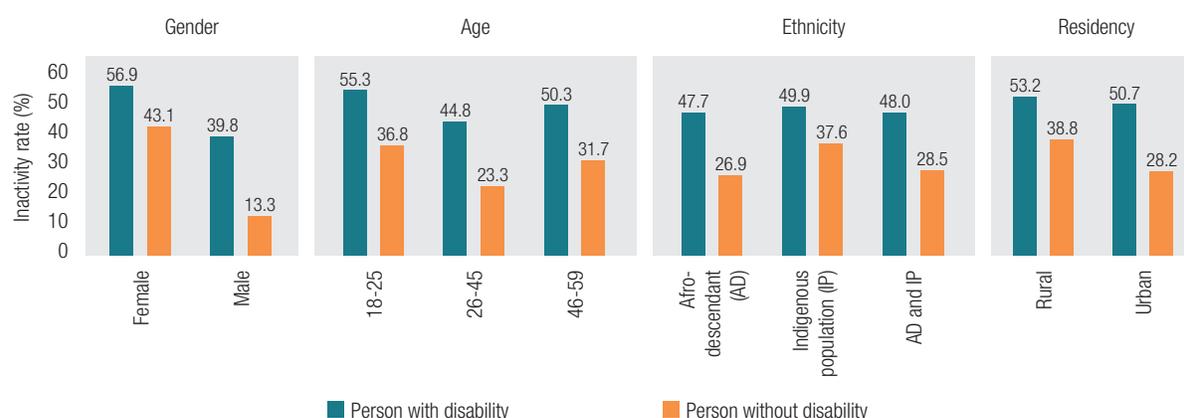
Source: Author's calculations using IPUMS.

Note: Weighted average using information from Brazil, Costa Rica, Ecuador, El Salvador, Mexico, Panama, and Uruguay.

⁶⁷ Author's calculations using census data from Brazil, Costa Rica, Ecuador, El Salvador, Mexico, Panama and Uruguay (the prevalence presented corresponds to a weighted average of these countries).

Such degrees of inactivity are salient in all countries, including those that have taken steps to narrow these gaps (figure 5.3). Over the past two decades, Uruguay has made great strides to reduce inequality, becoming the most egalitarian country in the region and a regional leader in the design and implementation of progressive social policies, yet it did not manage to reduce the rate of inactivity among persons with disabilities. Uruguay in fact has the largest gap among the countries analyzed—more than half of all persons with disabilities in the country are inactive, compared to 17 percent of the rest of the population.

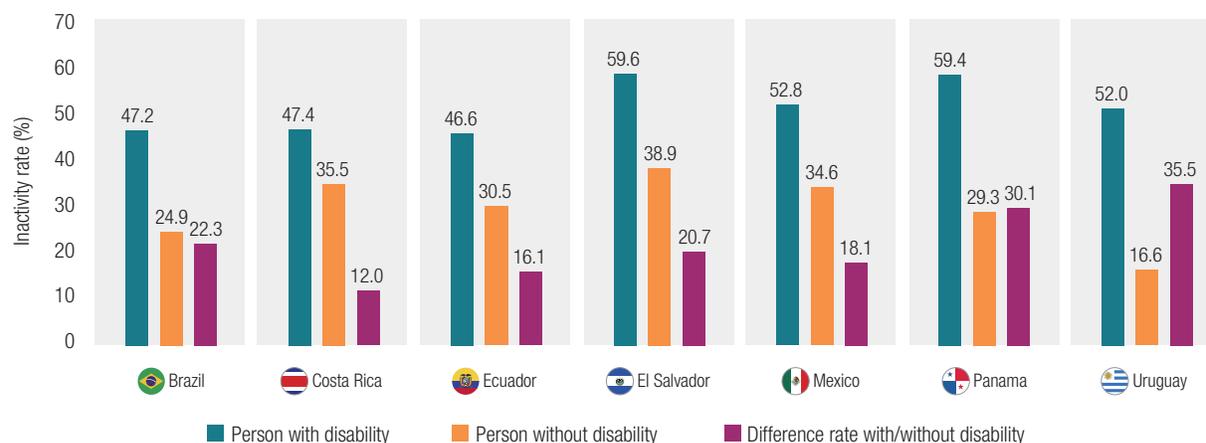
Figure 5.2
Inactivity Rate by Disability Status and Gender, Age Range, Ethnicity Group, and Area of Residence (for Individuals Ages 18–59), Weighted Average, Latin America and the Caribbean



Source: Author's calculations using IPUMS.

Note: Weighted average using information from Brazil, Costa Rica, Ecuador, El Salvador, Mexico, Panama, and Uruguay. Information from Mexico is not used for ethnicity disaggregation and data from Uruguay are not used for residency.

Figure 5.3
Inactivity Rate among Persons with and without Disabilities (Ages 18–59)



Source: Author's calculations using IPUMS.

The lack of regional data makes it hard to map how these disparities vary by type of disability (see chapter 2), yet secondary studies suggest that labor market participation is worse for some subgroups. Persons with intellectual disabilities, for example, are three to four times less likely to be employed than their peers without disabilities (World Health Organization and World Bank 2011, 237). They also undergo longer and more frequent periods of unemployment. Similarly, persons with Down syndrome experience higher rates of unemployment compared to those with other disabilities. In Argentina, less than 10 percent of adults with Down syndrome have a job (ASDRA 2021).⁶⁸ Underlying this trend is the misperception that workers with Down syndrome are less capable of performing certain tasks or are less productive overall. Hence, they face hurdles finding work or are only offered low-skilled and low-paying positions, often at the cost of underutilizing their skills.

Rather than outright self-exclusion, the elevated inactivity rates in Latin America and the Caribbean hint at barriers that prevent many perfectly capable individuals from entering the workforce. An International Labour Organization (ILO) study identified, within the inactive population, a subgroup termed the “potential labor force.” The subgroup comprises “those not in employment who express interest [in working] but for whom existing conditions limit their active job search or availability.” The potential labor force—measured by assessing the *desire for work*—can represent anywhere between 6 and 18 percent of the inactive population, depending on age, gender, and region (ILO 2019a). In Latin America and the Caribbean, a similar or even larger share of persons with disabilities who are inactive might fall into this category. In Argentina, for example, 14 percent of inactive persons with disabilities (ages 14 and older) were not looking for a job since they believed they would not be offered one because of their disability. Another 2.8 percent looked for work but got tired after an unsuccessful search, and 1.3 percent mentioned accessibility (in buildings and transportation) as a hurdle that kept them from taking a job. Aggregating these responses, almost 18 percent of inactive persons with disabilities in Argentina are part of the potential labor force (INDEC 2018, 132). Specialized surveys elsewhere signal similar trends. In Guatemala, 14 percent of inactive persons with disabilities who wanted to work said that their families and employers kept them from doing so (Christian Blind Mission et al. 2016, 57). And in Chile, 42.5 percent of persons with disabilities said they were willing to return to the workforce (SENADIS 2016, 113). Hence, rather than an inability or reluctance to work, the large inactivity rates that affect persons with disabilities mask invisible job search and accessibility barriers.

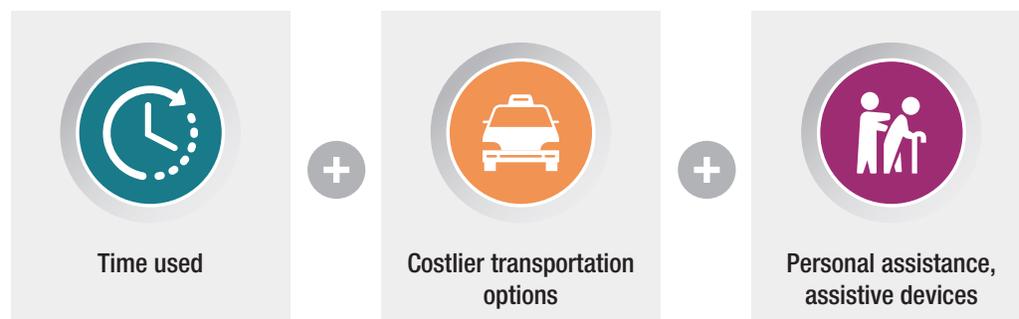
Social support programs minimally expand the size of the inactive population. Global evidence shows that cash transfers, including disability pensions, seldom lead to declining incentives to seek employment (Baird, McKenzie, and Ozler 2018, 18). But in some countries in Latin America and the Caribbean the eligibility

68 This is slightly higher than the European and US rates. The European Down Syndrome Association in 2006 found that the employment rate for adults with Down syndrome was 1 percent. In 2014, a study in the United States found that persons with Down syndrome had a 3 percent employment rate. In spite of their unemployment rates, in the United States about 42 percent of adults with Down syndrome do volunteer work, surpassing their peers. This reflects at once their desire to contribute to society and the barriers to finding paid work (Kumin and Schoenbrodt 2016).

criteria for disability transfers may discourage potential recipients from seeking well-paying jobs or push them to the informal sector (as a strategy for staying productive without losing the transfer). In Uruguay, for example, Law 17.847 provides a disability transfer whose eligibility criteria may inadvertently create a “benefit trap,” which discourages some recipients from working in the formal sector (in fact, 6 out of 10 household heads of working age with disabilities are currently out of the labor force).⁶⁹ The concern of losing disability benefits is visible in other countries as well. In Argentina, about 6 percent of persons with disabilities were not seeking employment because of the fear of losing their pensions, while having very little chance of getting employment that would offset that loss (that is, they have to choose between continuing to receive low income benefits or seeking even lower income employment) (INDEC 2018, 132).

Elevated inactivity rates might also be bolstered by the higher “reservation wage” of some persons with disabilities—that is, the lowest wage an individual is willing or able to work for. Yet, the link between reservation wages and inactivity is not clear-cut. While workers with “poor health” are expected to have a higher reservation wage (because they have to offset the costs of medical care), those who receive disability benefits are often willing to work for lower wages than what they earned before receiving the transfer. Reservation wages tend to be higher for persons with disabilities anyway, as they have to face added and hidden costs (monetary and in terms of time used) to reach workplaces safely (for example, paying for taxis or private services in areas where public transportation is inaccessible) (Figure 5.4). In Quito, for instance, a study found that public buses, the built environment (for example, surfaces, signals, sidewalks), and users’ attitudes made private transportation the preferred option for persons with disabilities (Chacon 2019). In Bolivia, the absence of technical norms for public transportation that regulate the use of assistive devices, including the use of guide dogs or human aides, exposes persons with disabilities to additional barriers to reach their workplaces (Ombudsperson’s Office 2020).

Figure 5.4
Additional Costs of Disability

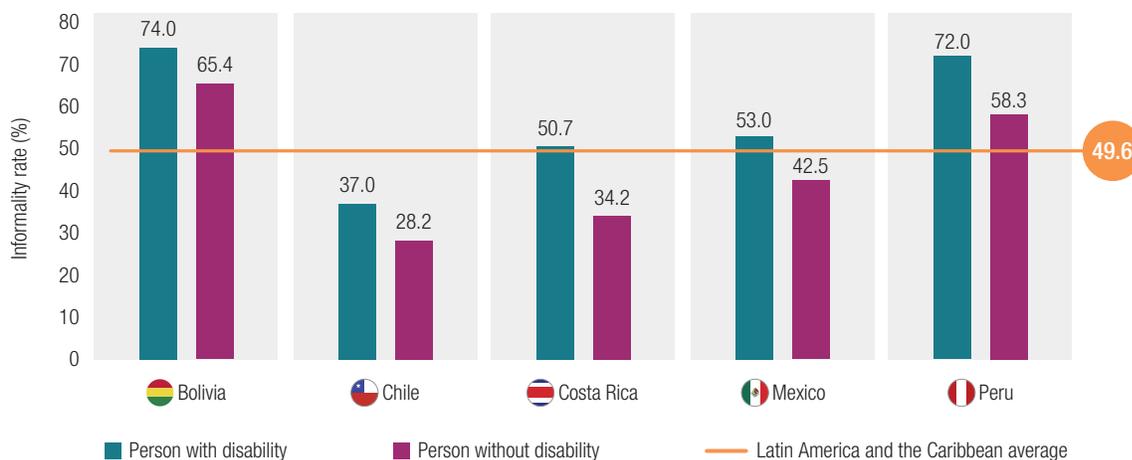


⁶⁹ For qualifying, the applicant’s income should not exceed three times the amount of the transfer, in addition to other caps based on their family’s income. For those who formally work, the lost income can be very high for persons with disabilities, especially those earning less than three times the minimum wage (after deductible taxes). This can discourage individuals from pursuing certain jobs (Freire et al. 2020).

In addition to transportation costs, workers with disabilities often need assistive support to perform their duties, or assistive devices such as cognitive aids (computers or other devices for those with memory difficulties) or specialized software or hardware (voice recognition programs or screen readers) that may not be directly funded by the employer. In other instances, employers may simply be unwilling to pay standard remuneration to workers with disabilities, due to biased views around their presumed “unproductivity” or the allegedly steep cost of making the workplace accessible.⁷⁰ Hence, the disconnect between a living wage and what employers are willing to pay can discourage persons with disabilities from engaging in the formal labor market.

Additionally, persons with disabilities are often offered jobs under detrimental conditions. The rate of informality for workers with disabilities is, on average, 11 percentage points higher than that of persons without disabilities.⁷¹ Even in countries with robust disability inclusion policies, such as Costa Rica, workers with disabilities are 7 percent more likely to be in the informal economy. Informality often means being omitted from social security systems and being unable to enroll in a retirement scheme or receive employment-based health care (figures 5.5 and 5.6).

Figure 5.5
Informality Rate, If Employed and Ages 18–59, by Disability Status



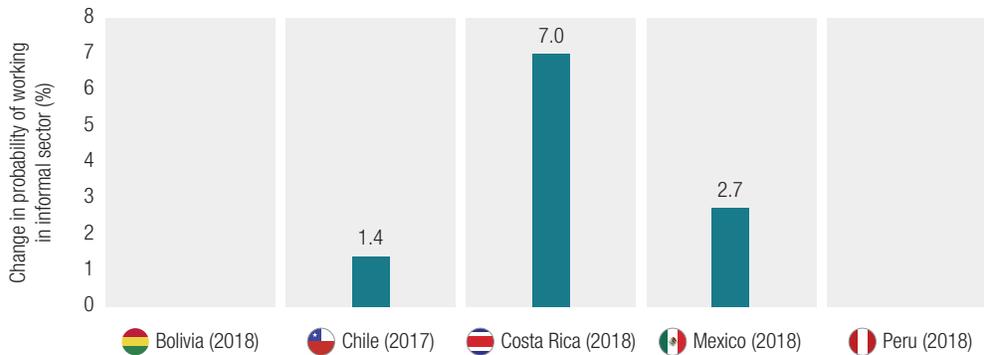
Source: Author’s calculations using SEDLAC (CEDLAS and World Bank), Latin America and the Caribbean average for nonagriculture employment from ILO 2018.

70 On the contrary, many countries provide fiscal incentives to offset the cost of reasonable accommodation. In Uruguay, Law 19.691 offers fiscal benefits and similar forms of public support for firms that need to make reasonable accommodation. In Mexico, the cost of making reasonable accommodation is entirely tax deductible, and in Argentina and Peru the State awards fiscal incentives, credit lines, and other benefits for employers who hire persons with disabilities (Incluyeme 2021).

71 Weighted average by population using information from household surveys from Bolivia, Chile, Costa Rica, Mexico, and Uruguay.

Figure 5.6

Increase in Probability of Working in Informal Sector If Person (Ages 18–59) Has a Disability



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

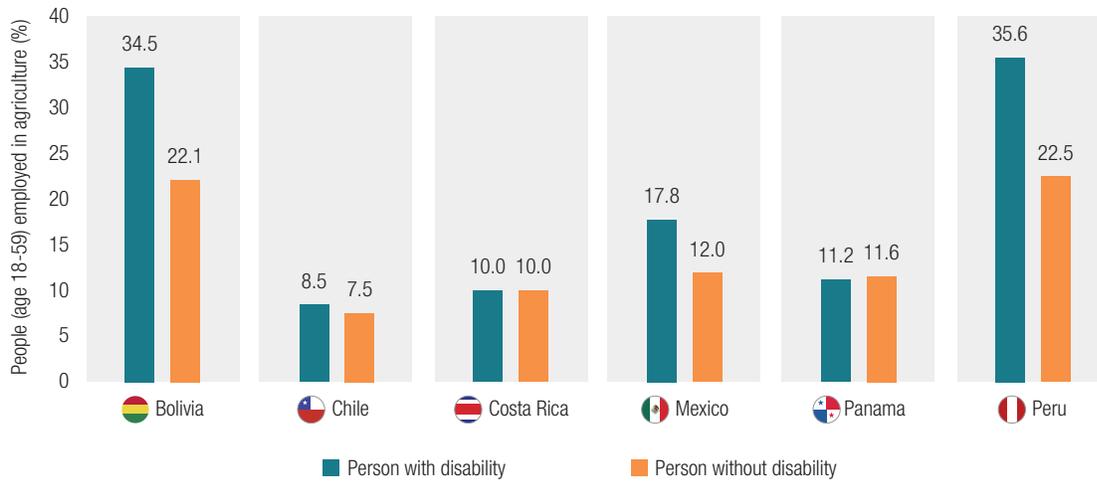
Note: OLS regression of informality, controlling for disability, gender, area of residence, age cohort (18–25, 26–44, 45–55, 56–59), educational attainment (complete primary, complete secondary, tertiary), type of work (wage workers, self-employed, and no-wage workers), agriculture (in or out), experience (defined as potential experience, which is equal to the difference between age and years of schooling minus six years), square of experience. Including statistically significant results with at least $p < 0.01$.

In some countries, a substantial share of persons with disabilities work in agriculture (figure 5.7). In Bolivia and Peru, nearly 35 percent of persons with disabilities (ages 18–59) are part of this sector. The returns to work in rural areas tend to be lower than in urban spaces, and the working conditions are usually harder. In Guatemala, for example, agricultural workers with disabilities enter sharecropping arrangements that provide incomes below what is needed to cover the basic food basket (Grech 2019). In Peru, over 60 percent of workers with disabilities in rural areas earn less than the minimum wage (National Institute of Statistics and Informatics and National Council for the Integration of Persons with Disabilities 2014). Reasonable accommodation, accessible transportation, and assistive technologies are far less common in agricultural workplaces, making them more prone to accidents. For this reason, agricultural workers have a higher risk of acquiring disabling injuries from the use of equipment and machinery. But since agriculture is frequently the only job option available in rural areas, persons with disabilities are often forced to take on hazardous duties.

One example is the banana plantations in Boca del Toro (Panama), where many members of the Ngäbe and Buglé indigenous peoples work. The Comarca Ngäbe-Buglé concentrates the largest indigenous population

Figure 5.7

Percentage Employed in Agriculture, Ages 18–59, by Disability Status



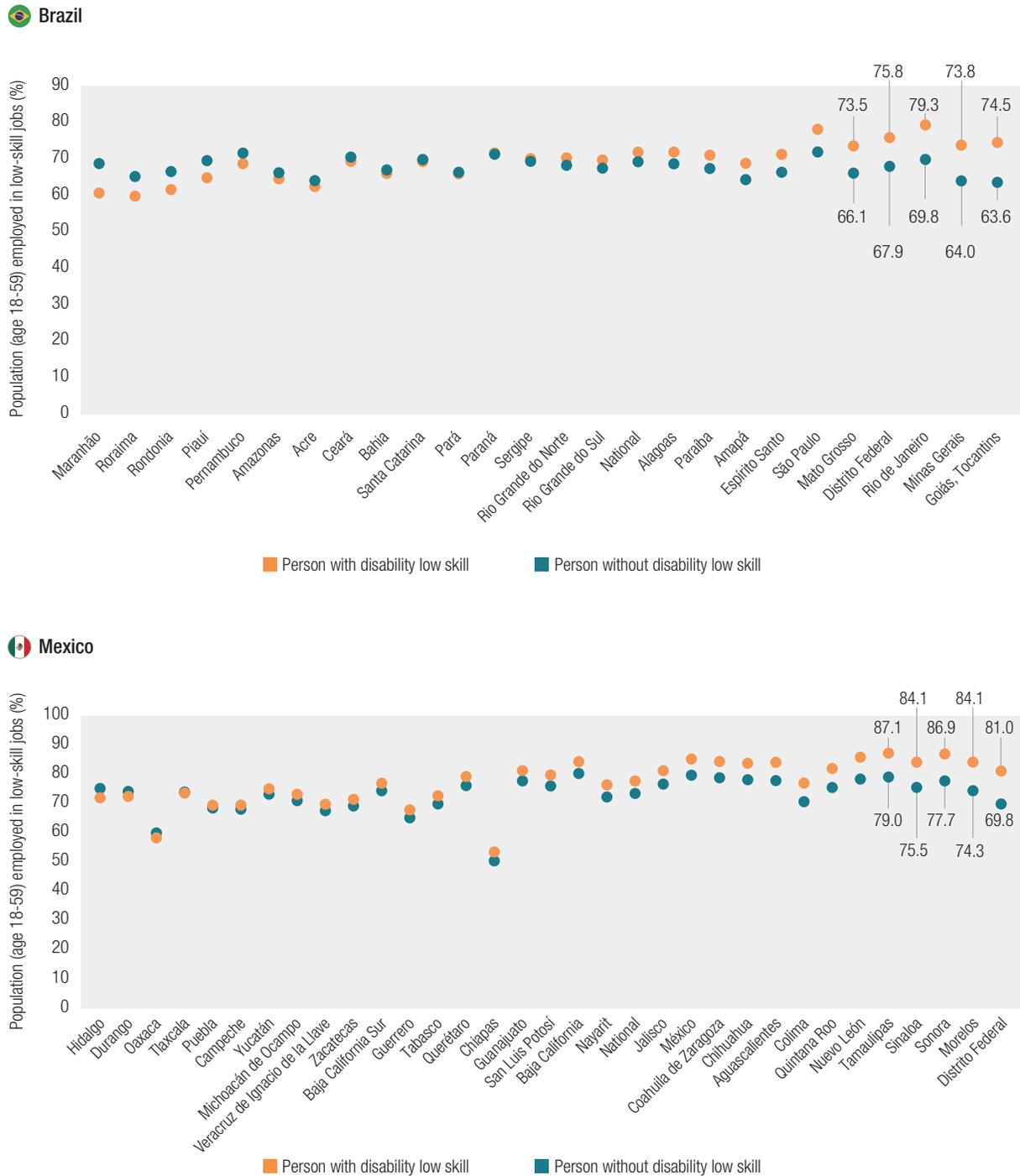
Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

in Panama (roughly 157,000 people). They rely on hunting, fishing, and horticulture in the surrounding forest to support their livelihoods, but they also engage in paid work and live temporarily outside the *comarca* to get cash incomes that complement their traditional livelihoods. Most travel to coffee farms in Costa Rica and banana plantations in Boca del Toro, Panama. According to one study, indigenous workers in these spaces were seven times more at risk of suffering a work-related accident and five times more likely to suffer a job-related disease than nonindigenous workers. Indigenous workers have historically been assigned the most dangerous jobs in the agroindustry, including hand fumigation. However, since they are typically hired on a temporary basis, many do not have access to social security benefits or health insurance when returning to their *comarcas* (Ministry of Health of Panama, National Secretariat for Disability, and IADB 2020, 29).

In urban areas, persons with disabilities are also overrepresented in low-skilled positions. The largest cities in Brazil (Rio de Janeiro, Brasília, and São Paulo) and Mexico (Mexico City) have the highest differences in prevalence of this type of job between workers with and without disabilities (figure 5.8). Such numbers suggest that, even in wealthy cities with a diversified labor market, persons with disabilities tend to be relegated to low-skilled jobs, with limited prospects for professional growth and better compensation.

Figure 5.8

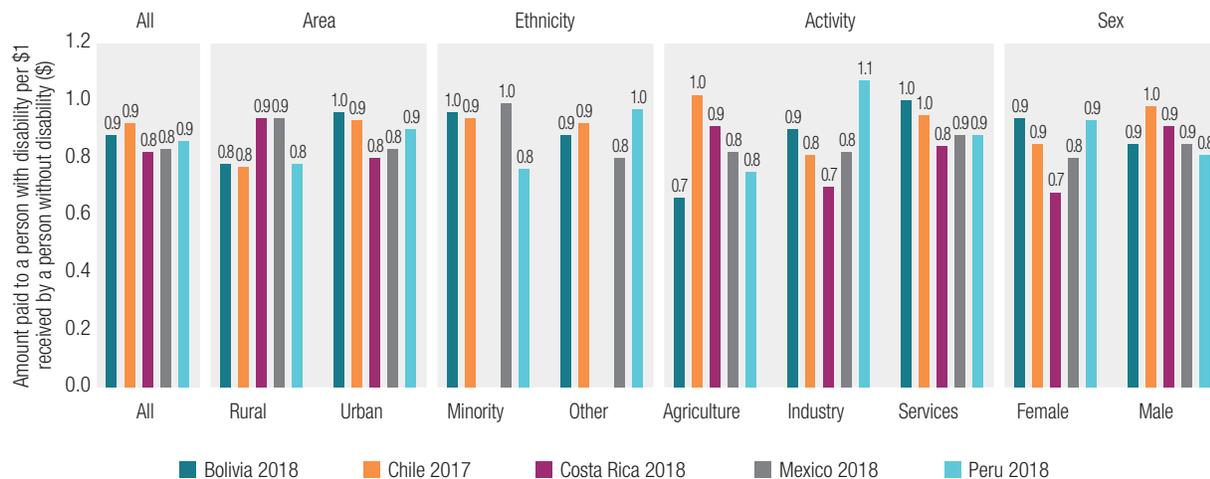
Employment in Low-Skilled Jobs among Those Employed Persons with and without Disabilities (for Individuals Ages 18–59), by Region, Brazil and Mexico



Source: Author's calculations using IPUMS.

Regardless of their line of work, persons with disabilities also earn lower wages compared to their peers. A worker with disabilities in Costa Rica or Mexico earns on average \$0.8 compared to every \$1 made by a worker without disabilities. The wage gap is salient in other countries too, and is slightly worse for women and agricultural workers (figure 5.9). In Chile, persons with disabilities earned about two thirds of the national average in 2015, affecting more intensely women with disabilities, rural dwellers with disabilities, and those with “severe” disabilities.⁷²

Figure 5.9
Amount (\$) Paid to a Person with Disability per \$1 Received by a Person without Disability, for Employed People Ages 18–59, by Residency, Ethnicity, Activity, and Sex



Source: Author’s calculations using SEDLAC (CEDLAS and World Bank).

Note: “Minority” refers to indigenous or Afro-descendant.

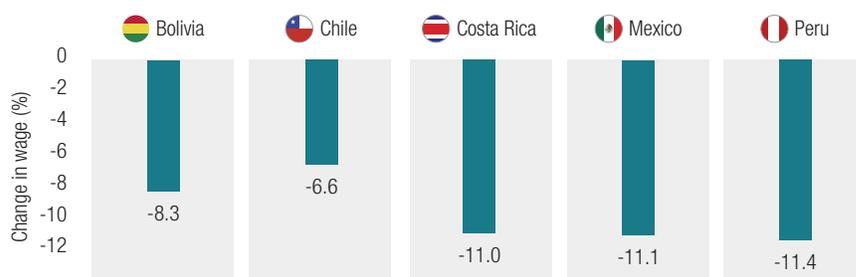
Holding all else constant, in fact, persons with disabilities still earn between 6 and 11 percent less for the same types of job than other workers in the countries for which there are data, with Costa Rica, Mexico, and Peru showing the highest gaps in the countries analyzed (figure 5.10). But if other overlapping identities, such as ethnicity or gender, are factored in, salary disparities are even larger. Women with disabilities, for example, earn 17.5 percent less in Peru and 22.9 percent less in Costa Rica, holding all else constant. In

⁷² While the average monthly income for a worker without disability was 434,586 Chilean pesos, for persons with a mild to moderate disability or severe disability it was 303,820 and 269,583 pesos, respectively. By severe disability, the survey refers to individuals with the highest difficulty in the ability-based index and who report severe problems in their performance index (SENADIS 2016).

Bolivia, workers with disabilities who identify themselves as indigenous or Afro-descendant earn 20 percent less on average than others who share their ethnoracial identity but do not report a disability (figure 5.11). That is, after controlling for education, location, and socioeconomic background, persons with disabilities still get lower wages, but these gaps widen when disability intersects with gender and ethnoracial identity.

Figure 5.10

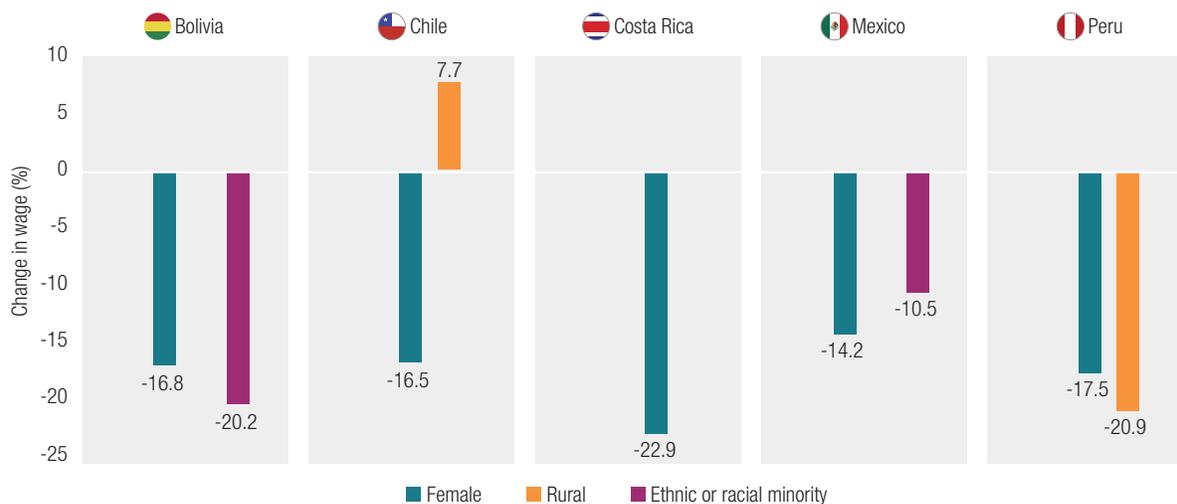
Percentage Points Decrease in Wage If Person (Ages 18–59) Has a Disability



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Figure 5.11

Percentage Points Decrease in Wage If Person (Ages 18–59) Has a Disability and Is a Female, Lives in a Rural Area, or Is a Member of an Ethnic Minority (Indigenous or Afro-descendant)



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: OLS regression of the marginal effect of disability on income (log hourly income on main occupation) controlling for disability, gender, area of residence, age cohort (18–25, 26–44, 45–55, 56–59), informality, educational attainment (complete primary, complete secondary, tertiary), type of work (wage workers, self-employed, and no-wage workers), agriculture (in or out), experience (defined as potential experience, which is equal to the difference between age and years of schooling minus six years), square of experience and occupation (1 “managers, professionals, scientists, intellectuals”; 2 “technicians and associates”; 3 “clerks”; 4 “service and sales workers”; 5 “skilled agricultural and fishery workers”; 6 “craft and related trades workers”; 7 “plant and machine operators and assemblers”; 8 “elementary occupations”). Includes statistically significant results with at least $p < 0.01$.



The wage gap affecting persons with disabilities also seems to be related to their tendency to be in sheltered or supported employment—spaces where people with disabilities receive services and training to develop work-related skills and behaviors. There are no data on the number of sheltered workers in Latin America and the Caribbean, but the global evidence shows that they tend to earn below the minimum wage, and to be excluded from occupational safety regulations and other working rights, including the right to unionize (ILO 2015, 71, 74). More importantly, the transition from sheltered to open labor markets—which is called upon by the Convention on the Rights of Persons with Disabilities—is slow or nonexistent (globally between 1 and 5 percent are able to make the transition successfully). This is partly because sheltered jobs frequently fail to generate the skills that are demanded in open labor markets. For this reason, this modality of work has been criticized by organizations of persons with disabilities as an approach that perpetuates segregation and reaffirms a charity ethos. On the other hand, supported employment (where workers are integrated into ordinary workplaces with special supervision or assistance) seems more conducive to better workplace safety standards, adequate compensation, and job satisfaction. While this model has been found to be successful, especially for persons with psychosocial or intellectual disabilities (World Health Organization and World Bank 2011, 242), the transition rate to ordinary work is equally low. Hence, forms of employment that function at the margins of open labor markets—if not designed in an inclusive and sustainable manner—may contribute negatively to the wage gap and to equal labor insertion.

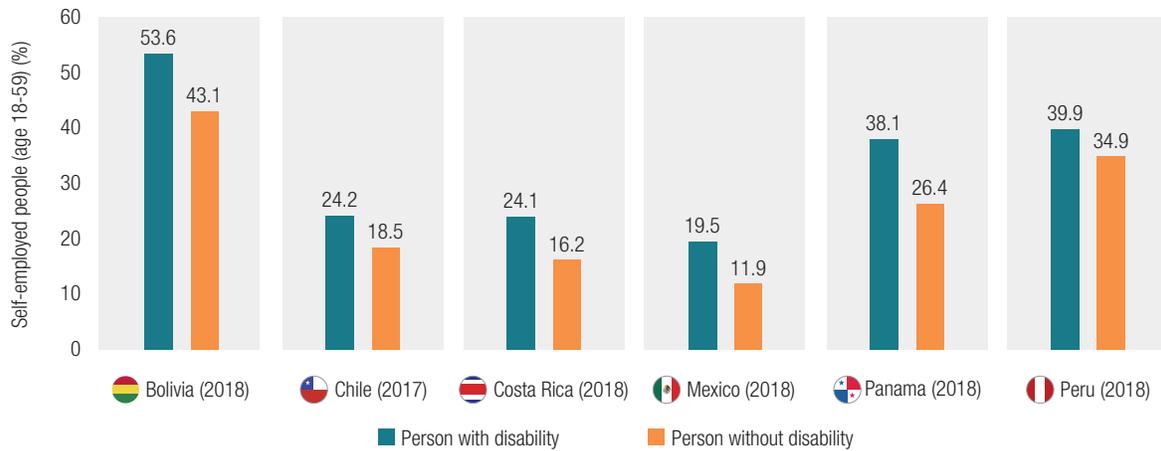
The wage gaps are also associated with the tendency of persons with disabilities to be self-employed, which, in some instances, can result in limited or no job security, benefits, or other forms of social support. Drawing on data from six countries, the self-employment rate for persons with disabilities is on average 6.6 percent higher than for persons without disabilities, after controlling for other factors (figure 5.12).⁷³

Self-employment is not negative in itself, as it can allow business owners with disabilities greater time and flexibility, and can provide regular income (box 5.1). But a successful business depends on steady credit lines and other business training. Yet, these tools tend to be out of reach for persons with disabilities. Their lower access to formal education might impact their opportunity of acquiring such specialized skills. Additionally, persons with disabilities are often denied access to credit. According to the Center for Financial Inclusion, persons with disabilities make up roughly 15 percent of the global population but “represent only 0.5 percent of current microfinance institutions’ clients.” Negligible access to credit is caused by many factors, from the

73 Weighted average by population in Bolivia, Chile, Costa Rica, Mexico, Panama, and Peru.

Figure 5.12

Percentage of Self-Employed Persons Ages 18–59, by Disability Status



Source: Author’s calculations using SEDLAC (CEDLAS and World Bank).

absence of reasonable accommodation during the application process to discriminatory attitudes ingrained in financial institutions, which view persons with disabilities as risky borrowers irrespective of their assets and credit history. Restriction on a person’s “legal capacity” can equally diminish or block entirely their ability to manage their financial affairs independently (Goldstein 2014).

**BOX
5.1**

Los Perejiles: A Success Story of Self-Employment of Persons with Intellectual Disabilities

In Argentina, four youngsters with Down syndrome opened up their own business, named Los Perejiles, after facing the difficulty of finding a real job opportunity. They sell pizza and have successfully catered for events all over the country since 2016. Their first one was for 50 people, and after a year of work, 250 events were covered by the team, the largest being for 600 people. The team currently comprises over 20 staff who not only make the pizzas but also serve them in an efficient manner.⁷⁴

Their commitment and professionalism, and the quality of their pizzas, have been praised by their customers, and is due to the fact that they acquired the technical skills to deliver their product following quality standards. In 2019, the Autonomous City of Buenos Aires, through its Ciudad Productiva Joven awards, recognized the team under the “social impact” category (Legislature of the Autonomous City of Buenos Aires 2019).

⁷⁴ See Los Perejiles Eventos: <http://www.losperejileseventos.com.ar/>.

Persons with disabilities are also more vulnerable to losing their jobs during economic shocks. The COVID-19 pandemic has led to a substantial number of job losses (the region had 11.6 million more unemployed in 2020 than in 2019). This has primarily affected the population living in poverty or vulnerable to fall back into poverty, as well as those under precarious employment arrangements, such as persons with disabilities. Although it will take years to fully assess the impact of the pandemic in Latin America and the Caribbean, data from other regions suggest that the pandemic has taken a heavy toll on persons with disabilities. According to the United States Bureau of Labor Statistics, unemployment rates for those with disabilities climbed from 5.3 percent in 2019 to 12.6 percent in 2020 (United States Bureau of Labor Statistics 2021). There is little reason to believe that in Latin America and the Caribbean the situation is different, as their education and employment indicators were inferior to those of the United States even prior to the pandemic.

Despite its devastating health and socioeconomic impacts, the pandemic may leave a positive outcome for persons with disabilities, as it has normalized a long-held demand of their organizations: home-based working arrangements. Remote work can benefit persons with disabilities by reducing transportation costs and commuting time, minimizing disruptions, and eliminating environmental barriers that push them out of the streets and the office environment. Yet, not all workers with disabilities can perform remote work. For those in manual jobs or the informal sector, for example, home-based working arrangements might not be feasible. In El Salvador, a larger share of women with disabilities are domestic workers, making remote work virtually impossible. The digital divide poses additional obstacles, as described in chapter 3. Also, if teleworking laws and policies fail to consider inclusive working arrangements many workers might not be able to transfer reasonable accommodation adjustments from their workplaces to their homes (such as specialized software and equipment).

► Impact on Households

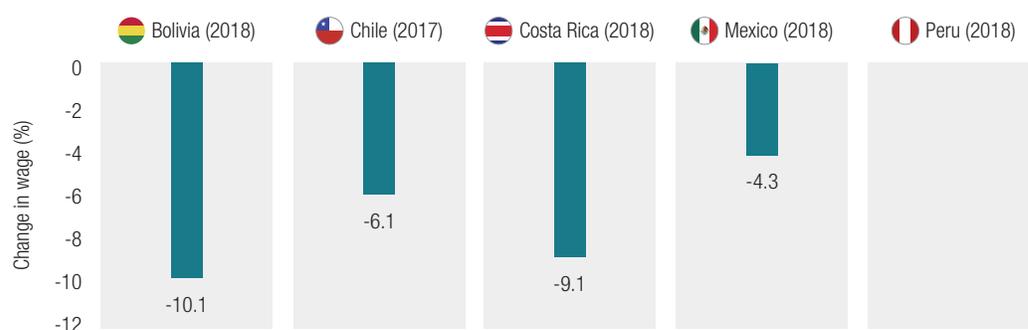
The exclusion of persons with disabilities from the labor market not only is detrimental for them but also has spillover effects on other members of their households. The presence of persons with disabilities diminishes the household's income by as much as 10 percent in Bolivia and 9 percent in Costa Rica, even after controlling for other factors such as socioeconomic characteristics of the household, level of education of their members, area of residence, and type of employment (figure 5.13). This effect is even more pronounced for households in rural areas in Bolivia and Chile, where the income loss is up to 20 percent of the average household's income in Bolivia and 6 percent in Chile (figure 5.14).

The lack of disability-inclusive policies brings about negative effects on other household members in areas such as unemployment, informality, and inactivity (figures 5.15 and 5.16). Several factors might explain this spillover effect, such as the time that household members devote to providing care to persons with disabilities

in the absence of public care support. In fact, the incidence of inactivity is higher for men and women living with persons with disabilities in all countries for which there are data (except in the case of women in Bolivia and Mexico and Mexico).

Figure 5.13

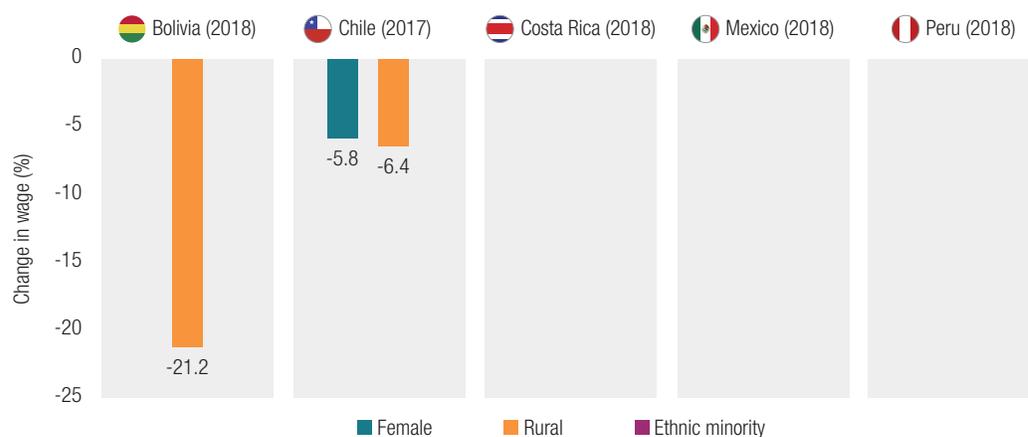
Percentage Points Decrease in Wage for Members of Household with a Person with Disability (Ages 18–59), Excluding the Person with Disability



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Figure 5.14

Percentage Points Decrease in Wage If Person (Ages 18–59) in Vulnerable Group (Female, Resident of Rural Area, or Member of Ethnic Minority) Lives in a Household with a Person with Disability, Excluding the Person with Disability

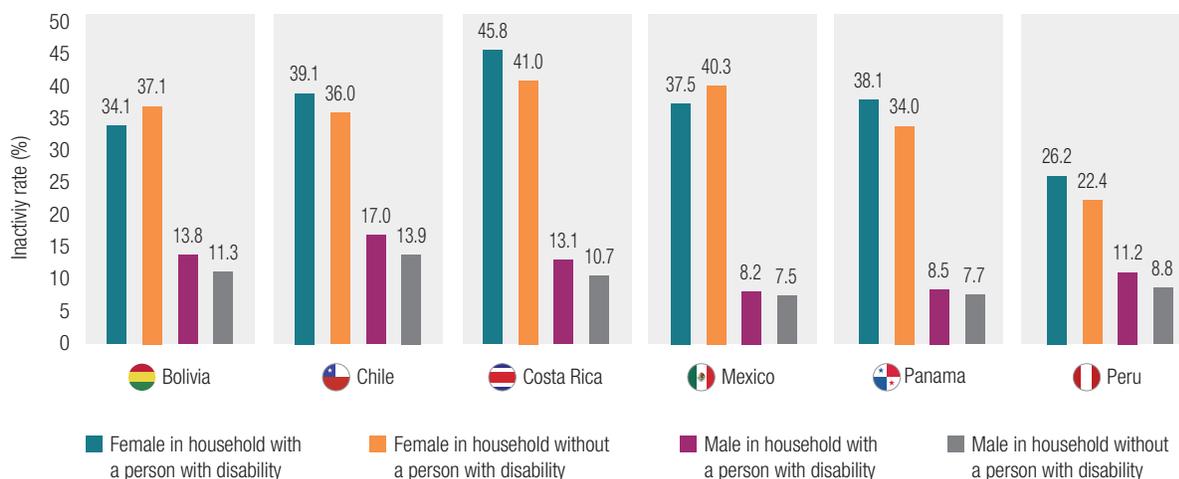


Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: OLS regression of the marginal effect of disability on income (log hourly income on main occupation) controlling for disability, gender, area of residence, age cohort (18–25, 26–44, 45–55, 56–59), informality, educational attainment (complete primary, complete secondary, tertiary), type of work (wage workers, self-employed, and no-wage workers), agriculture (in or out), experience (defined as potential experience, which is equal to the difference between age and years of schooling minus six years), square of experience and occupation (1 “managers, professionals, scientists, intellectuals”; 2 “technicians and associates”; 3 “clerks”; 4 “service and sales workers”; 5 “skilled agricultural and fishery workers”; 6 “craft and related trades workers”; 7 “plant and machine operators and assemblers”; 8 “elementary occupations”). Includes statistically significant results with at least $p < 0.01$.

Figure 5.15

Inactivity Rate of Persons in Households with Members with and without Disabilities (Ages 18–59)

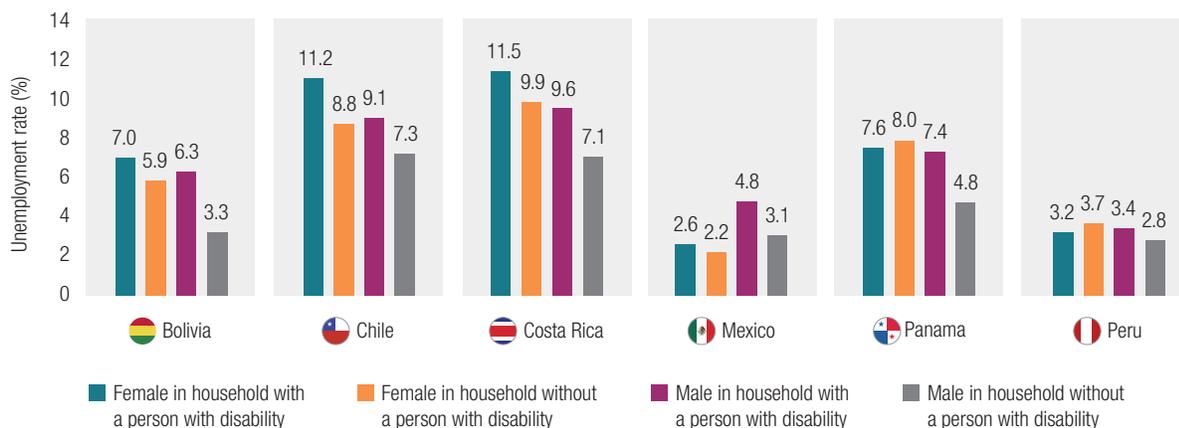


Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Estimate excludes person with disability in the household.

Figure 5.16

Unemployment Rate of Persons in Households with Members with and without Disabilities (Ages 18–59)

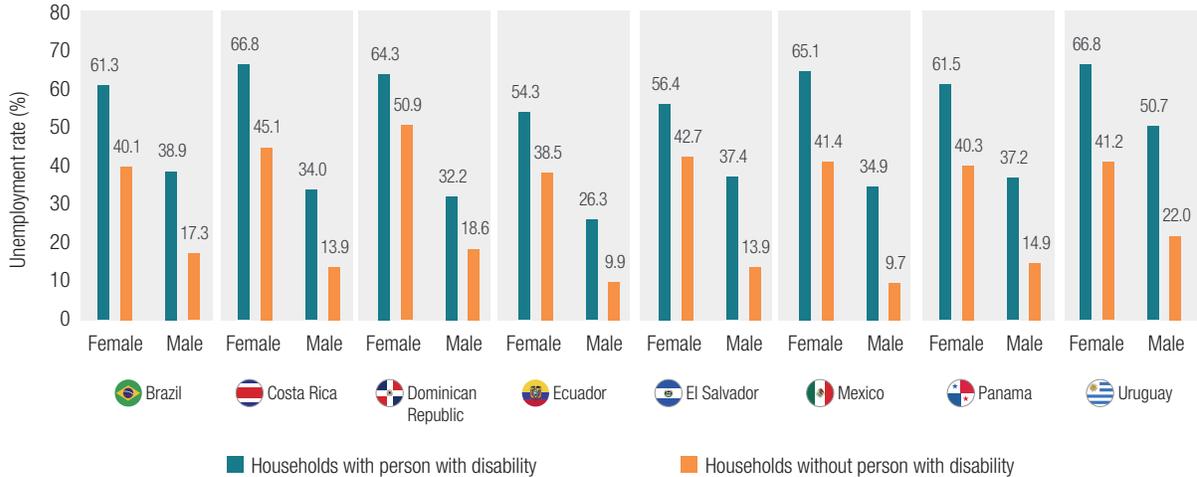


Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Estimate excludes person with disability in the household.

The economic impact of having a household member with disability is also slightly greater for women, if judged by their higher unemployment rates in most countries (figure 5.17). Between 5 and 7 out of 10 female heads of households with persons with disabilities are unemployed. Further, nearly 7 out of 10 female heads of households with persons with disabilities are inactive in Costa Rica, the Dominican Republic, Mexico, and Panama. This further exacerbates a difficult market insertion for women in Latin America and the Caribbean, who already earn less than men, have higher unemployment rates, and work more often in the informal economy. Crucially, women report being unavailable to work due to unpaid domestic obligations nine times more often than men (43 percent versus 5.2 percent), including providing care to persons with disabilities (box 5.2).

Figure 5.17
Unemployment of Head of Household, by Disability



Source: Author’s calculations using IPUMS.

In sum, persons with disabilities are overwhelmingly excluded from the world of work. Although most are not even inserted in the workforce, those that are able to get a job often do so in the informal sector or through self-employment. Further, workers with disabilities earn less than their counterparts for similar jobs. Being left behind in the labor market not only affects them as individuals, precluding their chances of leading an independent life, it also has spillover effects, as other members of their household—especially women—end up faring worse when it comes to employment, informality, and wages. Such a bleak picture is in part an offshoot of the absence of high-quality education or vocational training options, which reduces their chances of acquiring skills and knowledge for thriving in formal jobs. But these trends are also intrinsically related to workplaces and work cultures that are not disability inclusive.

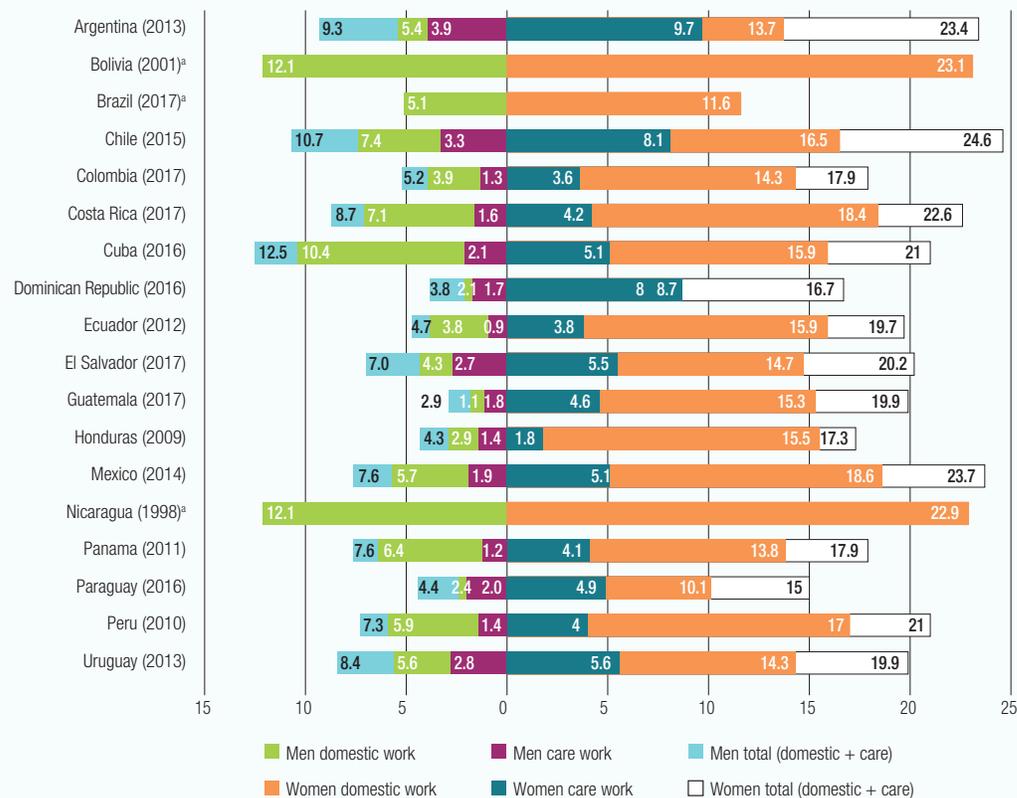
**BOX
5.2**

Care Work and Disability

Latin American and Caribbean women devote a substantial amount of time and energy to caring for others, including children, the elderly, and persons with disabilities (figure 5.18). In Latin America and the Caribbean, 80 percent of all domestic tasks are fulfilled by women, yet this labor almost always goes unpaid (ILO 2019b, 11). Of the adults with disabilities in Chile who receive personal assistance, 80 percent get it from someone living at home. About 74 percent of the caregivers are women related by kin—daughters, wives, or partners—and nearly 94 percent of the work is unremunerated (SENADIS 2016).

The burden of unpaid care work falls more heavily on girls and women, especially those who are married, have low educational levels, live in rural areas, or are mothers of children below school age. To a large extent, this is bolstered by enduring stereotypes that codify women as having a natural propensity for caring for others, even if it means restricting personal time and self-care (Pew Research Center 2014).

Figure 5.18
Time Used in Unpaid Domestic or Care Work, by Sex



Source: ECLAC 2020, 13.

Note: Heterogeneity of sources made estimations not comparable, but findings should be used to identify trends. Domestic work is defined as activities for the production of goods and services to be consumed by members of the household. Care work is defined as activities to directly support members of the household. The estimations are for persons ages 15 and older, except in Argentina where the age range is 18 and older, and Cuba ages 15–74.

a. Disaggregation of domestic and care work is not possible for Bolivia, Brazil, and Nicaragua.

Care work restricts women's ability to pursue employment opportunities, reducing their autonomy and career growth. Women in Latin America and the Caribbean already earn on average 17 percent less than their male counterparts of the same age, educational level, presence of children in the household, presence of other wage earners in the household, geographic location, and type of work (ILO 2019b, 11). They also experience higher rates of unemployment and informality. In 2018, over 42 percent of women reported that they were not seeking employment or were unavailable to work because of unpaid domestic obligations (only 5.2 percent of men were in this situation) (ILO 2019b, 101). Time use surveys also indicate that when women hold paid positions the amount of work conducted per day increases considerably (combining productive and reproductive tasks). And when gender inequality intersects with other disadvantaged identities the burden is worse. In Uruguay, for example, women from all socioeconomic strata take on a higher number of unpaid obligations than men, but Afro-descendant women spend even longer hours on domestic tasks, hindering other income-generating activities (World Bank 2020).

The economic value of unpaid care work in the region ranges between 16 percent and 25 percent of GDP for different countries. Women contribute nearly 75 percent of this value, and the demand for this kind of labor will continue to grow in the coming decades for at least two reasons (ECLAC 2021). First, the demographic transition will increase the relative weight of the elderly population, which means a greater incidence of chronic diseases or disability, thereby heightening the demand for care. Second, cultural changes in gender relations, the growing insertion of women in the workforce, and flexible family arrangements add to the impending deficit of care. The confluence of both forces is creating a “crisis of care.”

The COVID-19 pandemic has also underlined the centrality of care policies and their impact on female labor force participation. According to a high frequency phone survey conducted by the World Bank in 13 countries in Latin America and the Caribbean, women were 44 percent more likely than men to lose their employment at the beginning of the pandemic, in part due to the added degree of unpaid work. As of August 2020, most economic sectors had shown no signs of recovery, including those where women play a sizable role (commerce, personal services, and education). On the contrary, the number of women with salaried positions has dropped from 61 percent to 53 percent, signaling that a fraction of them are unable to return to the labor market, mainly due to the presence of school-age minors in their homes.⁷⁵

In light of the negative outcomes of unpaid care work, the region needs to develop policies based on the equal distribution of care work between men and women, and between families, communities, and the public and private sectors. As part of these efforts, countries need to promote better-paid care work to counter the often precarious conditions and meager wages that surround this line of work. It is thus essential to enact policies that set rules and common quality standards for care services (for the public and the private sectors), including efforts that safeguard the dignity and professionalization of care workers.

75 The countries surveyed included Argentina, Brazil, Bolivia, Colombia, Costa Rica, Chile, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Paraguay, and Peru (World Bank 2021, 5).

► Building an Inclusive Workplace

In an enabled and accessible environment, persons with disabilities can work and be fully productive. The Convention on the Rights of Persons with Disabilities forbids any kind of employment discrimination on the basis of disability. The legal frameworks of most countries in Latin America and the Caribbean (22 out of 33) also prohibit discrimination in the workplace (during the recruitment, hiring, and employment phases) and stipulate the right to safe and healthy working conditions. Despite this robust legal structure, persons with disabilities continue to be discriminated against in the labor market. In Argentina, nearly 14 percent were not working or looking for a job, since they firmly believed their disability would disqualify them (INDEC 2018). In Mexico, a national survey found that 15 percent of the population rejected having a colleague with disabilities and nearly 11 percent of candidates felt they were denied a job because of their disability.

This form of discrimination is partly fueled by employers' ableist attitudes and beliefs. Many employers still perceive workers with disabilities as lacking the skills to succeed in a job, as well as demanding greater supervision and training, being more prone to absenteeism, and being less productive than their peers without disabilities. A study in Jamaica and Trinidad and Tobago found that prospective employers had lower expectations of workers with disabilities based on the assumption that they were unable to perform all work-related tasks. In 2012, Mexico's Supreme Court took up a case of a law student with disability who encountered a job advertisement that specifically discouraged candidates with disabilities from applying. In a landmark ruling, the court sided with the plaintiff, and determined that public or private enterprises cannot discriminate against persons with disabilities when posting a job offer.⁷⁶ In 2021, the Inter-American Commission on Human Rights filed a case against Costa Rica before the Inter-American Court of Human Rights. An individual who had applied for a position through public competition in the Ministry of Finance had discovered that an internal report advised against hiring him due to "his problems of retardation and emotional block." The Court dismissed the State's defense, which invoked reasons of discretion, and considered it a case of covert discrimination. The Court recommended that the State reincorporate the victim into a public service position, repair human rights violations, and adopt systemic measures to prevent similar events (IACHR 2021).

In light of these attitudinal barriers, persons with disabilities are frequently either placed as the last option during selection processes or not hired at all. Candidates with psychosocial or intellectual disabilities face even greater forms of prejudice from employers and coworkers. Although there is a lack of robust regional

76 Mexico's Supreme Court file 1387/2012: <https://www2.scjn.gob.mx/ConsultaTematica/PaginasPub/DetallePub.aspx?AsuntoID=139091>



data, global data show that about 4 out of 10 persons with schizophrenia feel the need to conceal their condition when applying for jobs, since employers tend to react negatively to the disclosure of a candidate's disabilities. Hostile workplaces can even push families to discourage or prevent persons with disabilities from pursuing jobs altogether out of fear of potential discrimination and mistreatment.

After being hired, workplace environments can pose additional barriers that diminish workers' aspirations, career advancement, and job performance. For example, workers with disabilities may face hurdles getting promotion due to prejudicial views that they cannot manage other employees or excel in key decision-making roles. But even if they get promoted and occupy managerial positions, persons with disabilities tend to stay silent about their disability, citing as the main reasons the lack of trust, the fact that some disabilities are invisible and therefore easy to ignore or hide, and a wish to not be made to feel different. In fact, a global study by Accenture—a global professional services company—determined that the majority of employees (76 percent) and leaders (80 percent) with a disability are not fully transparent about their disabilities (Accenture 2020). As these examples convey, discrimination not only keeps qualified candidates from getting jobs, it can also introduce invisible barriers in the workplace itself, blocking their success and career advancement.

► **Quotas: A Step Forward, but Not Enough**

One way the region has sought to address the underrepresentation of workers with disabilities is through affirmative action—namely, employment quotas. Quotas for persons with disabilities were first implemented in the 1920s in Europe (targeted at war veterans with disabilities), and were expanded after World War II across the world, rearranged to cover civilians. Today, there are variations in terms of size, degree of obligation (voluntary or mandatory), reach (public or private sector), and compliance penalties and sanctions (from fines to a levy that goes into small funds for supporting persons with disabilities).

Quotas can expand access to decent employment, create role models, and reassert the value of diversity in the workforce. Some countries in Latin America and the Caribbean have launched in recent years affirmative action programs aimed at the inclusion of ethnoracial minorities in higher education and workplaces with varying degrees of success. In this context, they have implemented actions specifically targeted at persons with disabilities, reserving between 2 percent and 5 percent of all positions (in the private or public sector) across at least 18 countries in Latin America and the Caribbean (ILO 2019c) (table 5.1). Yet, we see cases where, due to governmental transitions, these progressive initiatives have been lost. Mexico had a 3 percent quota for the public sector as part of its National Program for the Development and Inclusion of Persons with Disabilities, which ran from 2014 to 2018. At the time of writing, this quota had not been renewed (Government of Mexico 2014).

Some national laws contemplate incentives for private sector hiring of persons with disabilities as well as funding to offset the costs of reasonable accommodation. One example is Uruguayan Law 19.691/2018. Under this law, all private sector employers with 25 or more employees are required to have 4 percent of workers with disabilities. The law foresaw a gradual implementation process of three years—after the law came into effect—to reach the quota. The text also opens the possibility of preferential treatment for those employers who contract persons with disabilities beyond the quota amount, including economic incentives to pay for adaptations and accommodations. In the same vein, El Salvador’s new Special Law on the Inclusion of Persons with Disabilities (approved in August 2020) establishes that employers complying with the disability quota may have an income tax deduction for all investments related to the provision of reasonable accommodation for workers with disabilities that were hired (CONAIPD 2021).

Table 5.1
Disability-Inclusive Employment Quotas in Latin America and the Caribbean

Country	%	Public sector	Private sector	Rate of compliance (year of data)
Antigua and Barbuda	No quota	No quota	No quota	No quota
Argentina	4	Yes	Yes, only for public utility concession companies	0.91% of public institutions (2017)
Belize	No quota	No quota	No quota	No quota
Bolivia	4 (public) 2 (private)	Yes	Yes	1.27% (public, 2020) 0.3% (private, 2020)
Brazil	2 to 5 varying by size of workforce; 20% of vacancies offered in the public sector	Yes	Yes	1% of total formal vacancies (2018)
Chile	1	Yes	Yes	33% of total vacancies (2020)
Colombia	0.5 to 4, varying by size of workforce	Yes	No	0.21% of total civil servants (2019)
Costa Rica	5	Yes	No	U
Dominica	No quota	No quota	No quota	No quota
Dominican Republic	5 (public) 2 (private)	Yes	Yes	U
Ecuador ^a	4	Yes	Yes	3.5% (2013)
El Salvador	5	Yes	Yes	2,679 employees with disabilities in 383 companies (2017) ^b
Grenada	No quota	No quota	No quota	No quota
Guatemala	No quota	No quota	No quota	No quota
Guyana	No quota	No quota	No quota	No quota

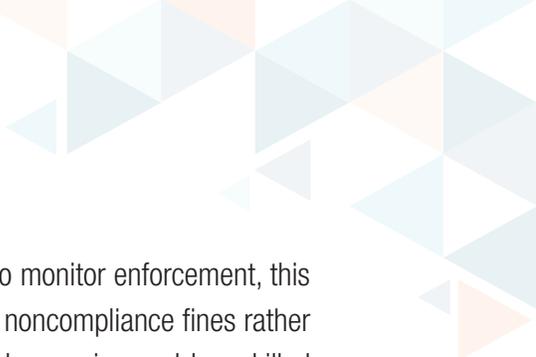
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Country	%	Public sector	Private sector	Rate of compliance (year of data)
Haiti	2	No	Yes	U
Honduras	2–5, varying by size of workforce	Yes	Yes	U
Jamaica	5	Yes	No	U
Mexico ^a	No quota	No quota	No quota	No quota
Nicaragua	2	Yes	Yes	U
Panama	2	Yes	Yes	U
Paraguay	5	Yes	No	28 State entities out of a total of 414 evaluated comply with the 5% quota (2020)
Peru	5 (public) 3 (private)	Yes	Yes	0.79% of total companies complied with the quota (2017)
St. Kitts and Nevis	No quota	No quota	No quota	No quota
St. Lucia	No quota	No quota	No quota	No quota
St. Vincent and the Grenadines	No quota	No quota	No quota	No quota
Suriname	No quota	No quota	No quota	No quota
Trinidad and Tobago	No quota	No quota	No quota	No quota
Uruguay	4	Yes	Yes	1.3% of total vacancies for persons with disabilities (2019)
Venezuela (Bolivarian Republic of)	5	Yes	Yes	U

Source: Author's analysis based on legal framework analysis and ILO's 2019 report on quota schemes.

- a. Vacancies in the police, firefighting or private security companies are excluded from these quotas.
- b. Reports of compliance under previous law that mandated a 4% quota.
- c. Mexico had a 3% quota for the public sector under the 2014–2018 National Program for the Development and Inclusion of Persons with Disabilities.
- U: No information was available online or from the national commissions for disability inclusion.

Yet, global compliance with quotas has never been achieved. In the 1990s, about 20 percent of employers reached the United Kingdom quota, in part due to poor monitoring and government enforcement. A more recent study among OECD countries found that compliance rates oscillated between 50 percent and 70 percent (World Health Organization and World Bank 2011, 242). As table 5.1 shows, compliance reporting



is patchy at best in Latin America and the Caribbean. For those countries that do monitor enforcement, this pattern of noncompliance is equally widespread. Often employers opt for paying noncompliance fines rather than integrating eligible workers. In other instances, they only make available low-paying and low-skilled positions to persons with disabilities, or legally include their names in the payroll but explicitly ask them not to come to work.

Since the early 1990s, Brazil has had a mandatory quota of 2 to 5 percent for all private firms with more than 100 employees. But compliance has fallen short since its passage, especially among larger companies (Stull 2014). A study found that there was a deficit of 2,000 auditors to enforce the quota. In addition, the quotas have been successfully challenged in courts, exempting companies from fines or reducing their obligation to comply. In some of these cases, plaintiffs have argued that there are not enough qualified candidates to fill the required spots, or that certain workplaces (such as airport tarmacs) cannot accommodate persons with disabilities in a safe way. But workers hired through the quotas system in Brazil encounter additional barriers in the workplace, including few or no promotions and prejudicial treatment by coworkers and supervisors.

In Uruguay, the story is similar. The 4 percent quota for the public sector (through Law 18.651/2010) has not been filled a single year since it was enacted in 2010. The highest compliance rate (in 2017) was 1.3 percent of all new recruits. Many public agencies fail to report their compliance rates consistently to the National Civil Service Office (Oficina Nacional del Servicio Civil, ONSC), or the information sent is incomplete (though this has improved in recent years). Audit mechanisms are also not properly in place. Persons with disabilities also identify challenges in getting the proper certificate from the National Registry of Persons with Disabilities. Of all excluded minorities in Uruguay, persons with disabilities are the only group that requires such verification.

Both examples show that quotas that are poorly designed or inadequately implemented can deepen the exclusion of persons with disabilities from the labor market. Quotas can have positive outcomes in expanding access to decent employment, reasserting the value of a diverse workforce, and countering conscious or unconscious biases against persons with disabilities. But they can fail to level the playing field if the conditions holding them back in the education system are not resolved. Unequal schooling can diminish the odds of having a skilled cohort of workers (for example, with secondary, tertiary, or vocational training) ready to fill the available openings. Quotas can have narrow impacts if other societal dynamics that exclude persons with disabilities remain in place, such as the inaccessibility of the built and virtual environments, discriminatory attitudes and beliefs, poverty, and vulnerability (see chapter 6). Quota systems therefore need to be complemented with other multilayered and long-term responses that address these other cumulative disadvantages.



There are other promising programs not necessarily associated with affirmative action. A private sector example is Mexico City's Benito Juárez airport. The airport—through Grupo Eulen and Fundación Vida Independiente—has hired at least 72 persons with disabilities in security, cleaning, maintenance, and customer service (Díaz 2021). Workers hired through the program were less prone to absenteeism and more willing to remain in the company for longer compared to employees without disabilities. However, there is a need to further evaluate the scalability and replicability of the good practices that are emerging in the region.

► Demystifying the Cost of Reasonable Accommodation at Work

Another significant barrier to the labor inclusion of persons with disabilities is the absence of reasonable accommodation. According to the Convention on the Rights of Persons with Disabilities, reasonable accommodations are the “necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.”⁷⁷ Reasonable accommodation can encompass a variety of modifications such as vocational counseling and guidance, changes in work schedules and workplace organization, adjustment in transportation systems, accessible architectural design and furniture, and the provision of assistive technologies or assistants. It can mean working differently and does not necessarily imply costly arrangements. Such changes are meant to enable persons with disabilities to safely and comfortably arrive at, enter, and perform their duties in their workplace. It also entails putting in place equal opportunities during hiring, selection, training, and career advancement practices, and implementing the principles of nondiscrimination and disability inclusion on an everyday level. It is not only a right in itself, but a societal gain that otherwise could result in significant talent loss. A notable example is that of Alicia Alonso, a Cuban ballerina who was partially blind and depended on guidance from the location of lights on stage as well as on the dependability of her dance partners, who had to be in an exact spot. As one of the best ballerinas in history, anyone that has seen her perform *Giselle* or *Swan Lake* can attest that if she had not received those reasonable accommodations it would have been a loss to performing arts everywhere.

About 16 countries mandate reasonable accommodation in their legal frameworks, a principle that would apply to workplaces, while 12 countries consider the denial of reasonable accommodation as a form of discrimination (map 5.1). Yet, compliance rates are low in Latin America and the Caribbean. In Peru, most employed persons with disabilities (73.2 percent) reported that their workspace was not adequate (National Institute of Statistics and Informatics and National Council for the Integration of Persons with Disabilities 2014). In Mexico, only a quarter of workers with disabilities evaluated their workplace conditions as adequate

77 United Nations Convention on the Rights of Persons with Disabilities, Article 2.

(National Institute of Public Health 2013). Such limited compliance might be driven by employers' concerns over potential workplace accommodation costs. In Uruguay, the World Bank conducted a survey to evaluate the perception of public servants, members of civil society, and the private sector on the implementation of Law 19.691, which sets a 4 percent quota for private sector jobs. Two of the top three concerns were the cost of adapting offices and providing extra leave days to these workers (Freire et al. 2020, 73).

Map 5.1

Recognition of Reasonable Accommodation in the Workplace in Latin America and the Caribbean



Source: Author's analysis—comparative legal analysis on disability inclusion (see appendix B).

However, these adjustments do not always require a large investment. Although there are no systematic assessments of the cost of workplace adaptations in Latin America and the Caribbean, in the United States a study found that 56 percent of all accommodations had no cost whatsoever, while the remaining adaptations averaged \$500 (compared to a hiring investment of approximately \$343 for an employee without a disability). For those reasonable accommodations with associated expenses, nearly 40 percent were a one-time cost and only 4 percent reported recurring annual costs (Heymann, Stein, and Moreno 2014). Furthermore, the social and economic benefits also outweigh these costs, including retention of valuable employees, reduction of training costs and absenteeism, higher workplace safety, and better interaction with customers.



Additionally, not all workers with disabilities ask for reasonable accommodation. The same study in the United States found that 43 percent of employees with disabilities and 6 percent of employees without disabilities required adjustment. The most common petition was alternative working schedules, followed by requests to work from home, modifications to the individual work environment, and the need for different computer equipment or information technology devices. This underlines that workers with disabilities do not always need adjustments, but also that the kinds of adaptations can vary greatly depending on the type of disability and industry.

In Latin America and the Caribbean, the negligible compliance with reasonable accommodation partly stems from the lack of legal consensus on the definition of “undue burden.” While in Peru there is a formula for determining if the cost of adjustments is excessive, in Paraguay the government makes this determination through an arbitration system. Indeed, the right to receive reasonable accommodation is not absolute. It is an individual right, but States have the final call in establishing what constitutes “disproportionate or undue burden.” Thus, there is a balancing test that needs to be performed by States, who can consider financial aspects. In General Comment No. 4, the Committee on the Rights of Persons with Disabilities affirmed that the “the availability of resources and financial implications is recognized when assessing disproportionate burden” (Committee on the Rights of Persons with Disabilities 2016a). In two landmark cases, the Committee also asserted that States “enjoy a margin of discretion when formulating and assessing the reasonableness and proportionality of accommodation measures.”⁷⁸ The lack of unified criteria, however, carries the risk that some employers may refrain from providing reasonable accommodation, citing its “disproportionate and undue burden.”

► Skills and Information Asymmetries

Skills and information asymmetries constitute an additional barrier for job candidates with disabilities. An inadequate education, as we explain in chapter 4, can put them on an unequal standing. But even in instances where workers are fully trained, there can still be a mismatch between talent and jobs available.

One example is the lack of recognition of the value of neurodiverse talent. Neurodiverse workers (that is, those with autism or certain intellectual disabilities) often have higher-than-average skills. Yet, they encounter obstacles finding suitable jobs, in part because the recruitment processes can play against them. Workplaces can privilege interviews or personality assessments that have a higher likelihood of disqualifying neurodiverse candidates (overlooking their productive potential) or post job descriptions that discourage these candidates

78 Marie-Louise Jungelin v Sweden and Gemma Beasley v Australia (Committee on the Rights of Persons with Disabilities 2014, 2016b).

from applying. Interviewers react negatively to the disclosure of a candidate's disability. Thus, lack of accessible information regarding potential jobs can affect persons with disabilities.

In Uruguay, the public firms that complied with the disability quotas attributed their success to committed and informed management and human resource staff, as well as their ability to access a database managed by the Honorary National Commission for Persons with Disabilities with curricula vitae and relevant information on prospective candidates. In the United States, nonprofit organizations provide services for connecting professionals with disabilities with technology firms. Such entities offer training and postplacement assistance. Silicon Valley companies—such as Facebook and Google—also recruit recent graduates with disabilities from college campuses. For these companies, hiring workers with disabilities stems less from a charity ethos and more out of a concern for creating products for consumers with disabilities, including the growing aging population. By hiring a workforce that can understand how users with disabilities use and navigate digital assistive technologies, companies can thus design products that are universally accessible, expanding their consumer base (Dremann 2015).

To bridge the divide between skills and jobs, countries in Latin America and the Caribbean have undertaken other steps. In Guatemala, the National Council for the Attention of Persons with Disabilities (Consejo Nacional para la Atención de las Personas con Discapacidad, CONADI) has worked with the National Association of Mayors to reach the most remote areas of the country to sensitize employers on disability inclusion. It has also organized job fairs that have sought to fill vacancies. In Paraguay, the National Secretariat for the Human Rights of Persons with Disabilities (Secretaría Nacional por los Derechos Humanos de las Personas con Discapacidad, SENADIS) has deployed labor facilitators to assist persons with intellectual and psychosocial disabilities. Such facilitators are tasked with orienting and supporting the insertion of persons with disabilities in the workplace. SENADIS has launched a handbook for training labor facilitators.

Other countries have bridged this divide through supported employment by which a job coach or tutor assists workers with disabilities to perform their duties. In Argentina, the Supported Employment Program of the DISCAR Foundation, which has been replicated in other countries in the region, has been functioning since 1993, connecting nearly 240 workers with 78 inclusive firms.⁷⁹ In Mexico, an employment program with the support of the Mexican Confederation of Organizations in Favor of Persons with Intellectual Disability (Confederación Mexicana de Organizaciones en Favor de la Persona con Discapacidad Intelectual, CONFE) was awarded the National Labor Award in 2012. The program has integrated over 230 employees in nearly 80 companies. In 2019, CONFE assisted nearly 250 members with intellectual disabilities and trained

79 Fundación DISCAR, “Empleo con Apoyo (EcA).” <https://www.fundaciondiscar.org.ar/formacion.html>.



37 young adults on social and work skills (CONFE 2019). In Ecuador, a Tripartite Interinstitutional Cooperation Agreement signed in 2017 between the Ministry of Labor, the National Council for the Equality of Persons with Disabilities (Consejo Nacional para la Igualdad de Discapacidades, CONADIS), and the National Federation of Ecuadorians with Physical Disabilities (Federación Nacional de Ecuatorianos con Discapacidad Física, FENEDIF) has led to comprehensive and targeted inspections in the public and private sector, identifying possibilities for inclusion. The program has inspected over 2,000 private firms and integrated nearly 700 workers in the workforce.

Another common path has been fostering self-employment and independent businesses owned by persons with disabilities. In Brazil, the National Bank for Economic and Social Development, through a support program for social investment by companies, has provided resources to finance business ventures by persons with disabilities. In Chile, the National Disability Service (Servicio Nacional de la Discapacidad, SENADIS) has also supported independent businesses through a national competition for microenterprise projects. In Costa Rica, the National Program to Support Microenterprise and Social Mobility (PRONAMYPE) has granted credits under favorable terms and provided microentrepreneurial training to people with limited economic resources who do not have access to the banking system, including persons with disabilities, to develop productive ventures. In Ecuador, in accordance with Article 55 of the Organic Law on Disabilities, public credit entities maintain preferential credit lines for individual and collective business ventures for clients with disabilities and their families.

Toward a Disability-Inclusive Labor Market

The inclusion of persons with disabilities in the labor market is an urgent task that requires a multilayered approach. A first critical step is to address the sizable inactivity rates. As described above, persons with disabilities are overwhelmingly left out of the workforce. This trend not only hurts their economic well-being as it puts beyond reach income-generating activities, it also diminishes their agency and independence. The economic consequences of inactivity seem to affect other members of their household. Incorporating persons with disabilities in the workforce would thus have an immediate direct benefit not only for their lives but also for their families and future generations.

This is especially true for women and girls who perform long hours of unpaid care work—assisting children, older persons, and persons with disabilities—which keeps them away from school and paid work. In fact, between five and seven out of ten female heads of households with persons with disabilities are unemployed. The feminization of unpaid care work is to a large degree propelled by stereotypes that portray women as having inherent qualities and obligations toward others, even if it comes at the expense of their own well-



being, professional lives, and education. This calls for policies that generate a more equitable distribution of care work between men and women, families and communities, and the public and private sectors.

Including persons with disabilities in the workforce also means addressing subtle barriers that either make job searches unfruitful or that discourage candidates who desire to work from pursuing opportunities (for example, out of fear of losing a disability transfer or because the wages offered are unable to cover the additional expenses of going to the workplace). But policies also need to address the conditions of the sectors and workplaces themselves where workers with disabilities are concentrated. As shown above, workers with disabilities are overrepresented in the informal economy—in spaces with little or no regulatory oversight and entirely disconnected from social security systems. This is also the case for agricultural work, which comprises a substantial share of workers with disabilities in Latin America and the Caribbean, but also carries a higher risk of occupational accidents and abusive payment practices.

Workers that hold professional and managerial roles are not immune to exclusion, especially in the form of wage disparities. Workers with disabilities earn less for the same type of work than their peers without disabilities. In Costa Rica, Mexico, and Peru, the wage gap is 11 percentage points, but when combined with other disadvantaged identities (such as being a woman or an indigenous person) it widens even more. While the pay gap can be partially attributed to the tendency of workers with disabilities to pursue self-employment options or part-time positions, it is also linked to discriminatory views on behalf of employers who simply pay less based on the prejudicial assumption that disability means less productivity.

The cost of excluding persons with disabilities from work is not negligible. Though there are no accurate estimates for Latin America and the Caribbean, global data suggest that their exclusion can amount to a drop of between 3 percent and 7 percent of a country's GDP. A diverse workforce would enable countries not only to maximize their human resources but also to gain from the invaluable contributions that workers with disabilities can bring to the workplace. The talent of persons like Mary Temple Grandin—a renowned American scientist with autism who revolutionized humane treatment standards for the livestock industry—is one of many global examples of the meaningful contributions that persons with disabilities can make to improve how we work and revolutionize entire industries.

The region has already taken crucial steps toward the inclusion of persons with disabilities in the labor market. In addition to universally ratifying the Convention on the Rights of Persons with Disabilities, most countries have laws that forbid workplace discrimination during the recruitment, hiring, and employment phases. At least 18 countries have launched quota systems, signaling growing awareness of the importance of a diverse workforce and disability inclusion. Yet, quota goals have rarely, if ever, been met, in part due to a



mix of factors, including limited audit mechanisms and regulatory agencies, court challenges, and the small pool of qualified candidates ready to fill some available positions (for example, with secondary, tertiary, or vocational training). For quotas to work well, it is thus important to address the forces that are holding back persons with disabilities in school, as well as the role of other societal dynamics (such as the inaccessibility of built and virtual environments and discriminatory attitudes and beliefs).

Similarly, about 16 countries stipulate the right to reasonable accommodation in the workplace as a principle that has the potential to deliver safe and accessible workplaces. Despite this legal framework the compliance rates continue to be low, driven in part by employers' apprehensions over the potential costs of making adjustments and adaptations (often claiming that they pose an "undue burden" on their businesses). Yet, research shows that these costs tend to be low or nonexistent in the majority of cases, far outweighed by the benefits of having workers with disabilities in terms of consumer interactions and workplace cohesion. This calls for more efforts to sensitize employers on accessibility, demystify the cost of reasonable accommodation, and generate more clarity around when "undue burden" is in fact an issue.

The region has also implemented an array of other programs and efforts that seek to match employers with potential candidates, including fostering self-employment options, direct partnership with employers, and job search assistance. Yet, a common weakness is the negligible number of evaluations of their impacts: we do not know if the programs are being effective, if they can be replicated, or if they need crucial corrections in order to bring about meaningful change. It is thus important to fund and carry out comprehensive evaluations that can assess their impact, identify areas for improvement, and disseminate best practices. Ongoing and robust evaluations would also contribute to more detailed and disaggregated data collection practices on employment and disability.

Finally, as the Convention on the Rights of Persons with Disabilities affirms, persons with disabilities have the right work in environments that are "open, inclusive, and accessible" (Article 27). This chapter has shown that, while the region has made important strides in building a disability-inclusive legal framework around work, there is still a long way to go to fully realize such principles. As labor markets in Latin America and the Caribbean become more geared toward services and as such demand a different set of skills, and as the fallout from the COVID-19 pandemic pushes for the continuity of remote work, the demand for workers with cognitive and sociobehavioral skills acquired in school will likely grow, putting persons with disabilities, who are overrepresented in low-skilled jobs, at a disadvantage. This makes disability inclusion in the workplace all the more urgent.

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6 Voice, Agency, and Resilience





Excluded groups share a chronic lack of voice and agency. To a large extent, this is because denying the ability to speak up and partake in decision making is one of the main mechanisms of exclusion. Legal regulations and social norms—attitudes, beliefs, and perceptions—conspire to create visible and invisible barriers that prevent certain groups from fully participating in society, heightening their sense of powerlessness, invisibility, and injustice.

The lack of voice and agency has development and economic costs at the individual, household, and societal levels. Without the participation of excluded groups, policies risk misrepresenting their special needs and aspirations, in the best scenario, or simply make them invisible. This perpetuates “inequality traps,”⁸⁰ as the legal and informal mechanisms that marginalize minorities (for example, by denying them personhood, restricting their right to stand for office and vote, and failing to enforce antidiscrimination legislation) narrow the possibility of positive change. Stereotypes and prejudices inform how people think about and interact with others, permeating the job market and public and institutional settings, pushing excluded groups to refrain from pursuing valuable opportunities as they anticipate unfair treatment.

Persons with disabilities have fought for decades to have their voices heard and partake in decision making. “Nothing about us without us” has been the main motto of the global disability rights movement since the 1990s. In this vein, the Convention on the Rights of Persons with Disabilities seeks to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms, including the right to equal recognition before the law and the right to participate in political and public life on an equal basis with others.

This chapter examines some of the legal, political, spatial, and attitudinal barriers that prevent the full inclusion of persons with disabilities in Latin America and the Caribbean. Based on an analysis of 33 countries (see appendix B), it looks at some of the persisting weaknesses in national legal frameworks. It focuses specifically on legal capacity and access to justice. Subsequently, it explores barriers around political participation, especially as they relate to accessible voting, the right to stand for office, and the degree to which persons with disabilities occupy key decision-making roles in government and political organizations. In the third part, it looks at spatial barriers to participation by examining the level of accessibility in the built and virtual environment and the extent to which care policies contribute to independent living. The final part of this chapter delves into the attitudinal barriers that discriminate against persons with disabilities in their everyday life, from ableism⁸¹ and unfair treatment in public spaces to expressions of violence against persons

80 According to the World Development Report 2006, an inequality trap “encapsulates the mutually reinforcing nature of various inequalities, which leads to their persistence and to an inferior development trajectory” (Manuelyan Atinc et al. 2006, 18).

81 This refers to ideas and practices that diminish the value of persons with disabilities by assuming that a “fully functional” body and mind are the norm.

with disabilities. Knowing that persons with disabilities are a highly heterogeneous group and cognizant of the diversity of contexts and wide spectrum of situations, this chapter does not pretend to provide specific answers to current challenges. Instead, the solutions to strengthen voice and agency need to be tailored, but always based on respect, recognition, and dignity, and ensuring full participation of persons with disabilities in devising and implementing these solutions.

► Exclusion in the Law

Disability issues are addressed through a variety of legislative texts across the region. Most countries in the region have integrated into their national legislation the principle of full and effective participation for persons with disabilities. While in Ecuador and the Bolivarian Republic of Venezuela this is explicitly written into the Constitution, the remaining countries have similar provisions in other legal texts (such as disability laws).⁸² Some of these laws mandate government entities to apply this principle in all their programming and plans or even carry out affirmative action measures. Yet, in most countries there is still a remarkable disconnect between national legal frameworks and their implementation, especially when it comes to determining how persons *with* disabilities can participate and be consulted on issues that pertain to them.

► Denial of Legal Capacity

The denial of legal capacity is an extreme, albeit common, form of obstructing the voice and participation of persons with disabilities. A key aspect of full and effective participation in society concerns legal recognition and, specifically, how legal frameworks address the legal capacity of persons with disabilities. Most of the countries examined conflate the concepts of mental and legal capacity such that when a person is deemed to have impaired decision making due to intellectual or psychosocial disability, their legal capacity is denied.⁸³ By law such persons are considered “absolutely incapable” and thus have no capacity to make decisions. In these countries, restrictions based on incapacity found in civil, commercial, electoral, or health codes often conflict with more recently adopted disability legislation.

82 In Ecuador, Article 47 of the Constitution refers to the obligation of the State to “provide equal opportunities for persons with disabilities and their social integration.” In the Bolivarian Republic of Venezuela, Article 81 of the Constitution recognizes the “right to the full and autonomous exercise of his or her abilities and to his or her integration into the family and community.”

83 The countries include Bolivia, Chile, Colombia, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Paraguay, and Uruguay.

When the legal framework does not recognize or undermines a person's legal capacity it restricts the enjoyment and exercise of other fundamental rights.⁸⁴ It can severely constrain that person's ability to live independently. For instance, it can prevent them from performing civil and commercial transactions, such as signing contracts, managing bank accounts and economic assets, applying for an insurance policy, getting married and adopting children, or defending their rights in court. It also affects the respect for inherent dignity and individual autonomy, including the freedom to make one's own choices. The presumed inability of persons with disabilities to make decisions about their lives often becomes a mechanism to enforce institutionalization, improper detention, and forced medication and treatment, including those related to sexual and reproductive health. Losing legal capacity is comparable to becoming a "nonperson" before the law, a practice that resembles other forms of dehumanization that persons with disabilities have experienced throughout history (Nilson 2012) (see chapter 1) (box 6.1).

BOX 6.1

Locked Away without Any Recourse

Forced institutionalization is a way in which the State can deprive a person from exercising their right to legal capacity. A vivid example is the case of Luis Eduardo Guachalá Chimbó, in Ecuador, who disappeared while he was institutionalized in a public mental health institution in Quito, in 2004. The Inter-American Commission on Human Rights indicated that he was confined without his informed consent and thereby his right to legal capacity, to life, and personal integrity were violated by the Ecuadorian State (International Network for Economic, Social, and Cultural Rights 2020).

Guachalá Chimbó's case, however, is not unique. Members of national disability offices and organizations of persons with disabilities—consulted for this report—emphasized that the institutionalization of persons with disabilities is a common practice, especially for those with psychosocial disabilities, but that across the region there is a concern that the systems in place are insufficient to protect their rights. Institutionalization, if not done with a rights-based approach, can remove an individual's ability to maintain social relations and family ties. But these spaces are frequently the only option for families who lack access to resources or community-based systems for independent living arrangements.

There are very few data on the number of persons with disabilities residing in institutions in the region. In Brazil, it was estimated that they were over 3,000 institutions for children and nearly 260 for adults in 2016 (Human Rights Watch 2018). Most of these institutions are run privately or by nonprofit organizations, and thus have limited public oversight. A study on Paraguay's Neuropsychiatric Hospital found that there was limited space and barely any privacy for residents (National Mechanism for the Prevention of Torture 2018).

84 Some of these rights, contained in the Convention on the Rights of Persons with Disabilities, include "access to justice (art. 13 of the convention), liberty and security of the person (art. 14), freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15), freedom from exploitation, violence and abuse (art. 16), integrity (art. 17), nationality and liberty of movement (art. 18), living independently and being included in the community (art. 19), freedom of expression and opinion, access to information (art. 21), privacy (art. 22), marriage, family, parenthood and relationships (art. 23), health, including the right to free and informed consent (art. 25), work and employment (art. 27), adequate standard of living and social protection (art. 28), and participation in political and public life (art. 29)" (United Nations Human Rights Council 2016, 7).

Institutionalized residents can face multiple forms of neglect and abuse. A study conducted by Human Rights Watch in Brazil found that most residents were isolated, lacking basic control over their lives. In some places, residents were confined to their beds for the better part of the day. Others were medicated against their will or were restrained as a form of punishment (Human Rights Watch 2018, 3).

The institutionalization of children can have a particularly damaging effect on their well-being. Brazilian law stipulates that children can only remain institutionalized for up to 18 months, but in practice some of them lose all contact with their families and stay in institutions for the rest of their lives. Institutions can hurt children's emotional, physical, and cognitive development. A United Nations report found that institutionalized children exhibit lower educational attainment and have higher risk of being homeless, imprisoned, and committing suicide (United Nations Committee on the Rights of the Child 2016, para. 52).

Some countries have experimented with deinstitutionalization, with limited success. The case of Linda Bishop in the United States is another dramatic example of the failure of the systems in place to protect persons with disabilities. Linda Bishop, diagnosed with bipolar and schizoaffective disorders, was discharged from a mental health institution without a safety net in place. She died of starvation and dehydration shortly after her release and documented in a diary her struggle. This case exposes several issues, such as the risks of deinstitutionalization without the proper safety nets in place, as well as the need to respect autonomy and privacy while protecting the right to life and well-being of persons with disabilities. The push for deinstitutionalization was misconstrued to a point that it led to a steady decline of resources. In that country, psychiatric hospitals and mental health institutions were closed without establishing adequate alternative policies, which led to the "institutional circuit", which forces people to alternate between living on the streets, hospitals, centers of detention, transitional homes or prisons. These types of dynamics can be repeated given the little government support for these issues. On average, countries around the globe spend less than 2 percent of their health budgets on mental health (Human Rights Watch 2020; PAHO 2017). Asylums and mental health institutions were shut down without adequate policy alternatives in place, leading to what is known as the "institutional circuit" that forces people to alternate between homelessness, hospitals, detention centers, halfway homes, or jails.

The region needs to move towards policies that ensure supported decision-making systems, community-based safety nets, and systems to ensure accountability to avoid ill-treatment and abuse. States are taking the first steps to ensure a rights-based approach that minimizes institutionalization and improves the conditions in mental care institutions, always accompanied with respect and dignity, but much remains to be done. In Paraguay, after the Inter-American Commission granted precautionary measures in 2003 to address violations of human rights by the Neuropsychiatric Hospital, the government committed to undertake a full-scale restructuring of its mental health services with the technical assistance of PAHO and Disability Rights International (at the time, Mental Disability Rights International). In the Dominican Republic, the publicly known "28" or "old madhouse" was transformed into the Padre Billini Psychosocial Rehabilitation Center as part of the Health Sector Reform Plan. Rather than becoming a permanent place of residence, the new facility aims to find ways of reincorporating individuals into communities.

Investing in community-based approaches has been proposed as a partial solution, as these are less expensive and can lead to better outcomes for certain types of disabilities. But much more analysis needs to be done to fully grasp the needs of and viable solutions to respond to the full spectrum of persons with psychosocial and intellectual disabilities.



Some countries in Latin America and the Caribbean recognize the right to legal capacity in their disability laws, but their civil, commercial, and family codes are often not aligned with this legislation. In Guatemala, for example, Article 9 of the Civil Code defines persons with psychosocial disabilities as “incapable.” Once a person is declared “incapable,” they cannot represent themselves and are denied voting and other rights contemplated in the Convention on the Rights of Persons with Disabilities. Similarly, in Panama, Law 15/2016 recognizes equal capacity before the law of persons with disabilities but includes limitations in the Civil Code. Article 45 refers to “demented, imbeciles and not able to speak and talk” as limitations on exercising legal capacity. Other countries, such as Mexico, use broader terms, for example referring to those with “reversible or irreversible disease,” or those who due to their “physical, sensory, intellectual, emotional, mental or a combination of these, cannot govern themselves, commit themselves or express their will, by themselves or through another mechanism (Civil Code for the Federal District, art. 450).” These ample and subjective terms aimed to recognize the spectrum and heterogeneity of disabilities can, if not accompanied by rights-based institutions and protections, lead to important barriers to exercising fundamental rights.

Globally, a larger share of women with disabilities than men lose their legal capacity, are placed in institutions, and undergo medical procedures without their consent (Women Enabled International 2019, 2). Women and girls with psychosocial disabilities who have lost their legal capacity are often unable to make choices about their sexual and reproductive health and are frequently denied their parental rights. In Mexico, one report found that institutionalized women in psychiatric facilities were at higher risk of being sterilized or given contraceptives without their consent (or solely with the authorization of their parents or guardians) (Disability Rights International et al. 2019). A survey also found that half of the women with psychosocial disabilities had been encouraged by medical professionals or family members to get sterilized (Rodriguez 2015, 18). Such procedures are often justified by pointing at the lack of resources to prevent sexual abuse or other ways to support mothers with disabilities. This is further compounded by the lack of adequate protection in legal frameworks. Fourteen countries partially or totally deny the right to free and informed consent with regard to access to health services (map 6.1).

Historically, persons that lose their legal capacity enter into substitute decision-making arrangements whereby a third party—such as a guardian—assumes legal authority to act on their behalf and make legally binding decisions. The number of persons with disabilities with guardians in Latin America and the Caribbean is unknown.⁸⁵ Evidence shows that guardians can act in ways that go against the best interest of the ward or abuse their positions of power when they have little scrutiny—for example, by placing individuals in hospitals

⁸⁵ In Europe, nearly 1 million people are estimated to live under partial or full guardianship (Nilson 2012).

Map 6.1

Recognition of Free and Informed Consent



Source: Author's elaboration based on legal framework analysis (see appendix B).

or long-term institutions against their will, mismanaging economic assets, or making decisions that are detrimental to their health. Since guardianships are often backed by a medical report or court order, they are very difficult to revoke.

Instead of guardianship, the global consensus increasingly points toward forms of supported decision making for those who require assistance to exercise their legal capacity. This has the benefit of upholding a person's human rights and dignity, minimizing forms of paternalism and abuse, and giving persons with disabilities the freedom to decide their future. Supported decision making can involve a combination of actors, including public and private advocates, members of civil society organizations, family, and friends. In cases where individuals require complete assistance, supported decision making should still aim to reflect their intentions to the highest extent possible. Supported decision making thus privileges the agency, interests, and goals of persons with disabilities, while introducing more robust forms of accountability.



A first, crucial step for addressing issues of legal capacity is to make sure that the principle of equality before the law is clearly articulated. Although some countries recognize this principle in their disability laws, this is often not reflected in the legislative framework more generally and may be contradicted by other laws. There are only six countries that have aligned their obligations under the specific disability law and the general obligations under the civil, commercial, and family codes: Argentina, Brazil, Colombia, Costa Rica, Peru, and the Bolivarian Republic of Venezuela. Other countries, such as Ecuador, El Salvador, and Nicaragua, have specific provisions in the disability law but have not aligned the legal framework more generally. None of the countries in the Caribbean recognize the legal capacity of persons with disabilities either in disability laws or in other laws, while others are in the process of reforming their systems (Chile, the Dominican Republic, and Paraguay). What is clear is that further research is urgently needed on community-based mechanisms and systems in place to ensure supported decision making.

► Access to Justice

Persons with disabilities also face barriers to accessing justice.⁸⁶ According to the Office of the United Nations High Commissioner for Human Rights, these include lack of accessibility of justice facilities and difficult travel chain to get there; restrictions on their legal capacity; lack of information in accessible formats and lack of translators; stigma regarding the abilities of persons with disabilities to participate in the administration of justice; and lack of training for professionals working in the field of justice (OHCHR 2020).

The overrepresentation of persons with disabilities among the imprisoned population might be a sign that judicial barriers remain in place. According to one study, a substantial proportion of prisoners have one or more disabilities (Penal Reform International and Thailand Institute of Justice 2020). When disaggregated by type of disability, the United Nations Office on Drugs and Crime estimates that between 50 and 80 percent of the entire imprisoned population globally has some type of psychosocial disability. Delving deeper into the causes that may initiate or exacerbate a psychosocial disability for the imprisoned population, the United Nations Office on Drugs and Crime states that “unfortunately, most of the prison systems in the world do not provide an environment that promotes the physical and mental well-being of their population,” citing overcrowded and poorly ventilated prisons, “an atmosphere that is fraught with perceived or actual risk of violence and abuse,” and the segregation or even chaining of inmates with psychosocial disabilities as the main factors creating anxiety and depression (UNODC 2009). While these numbers also reflect acquired psychosocial disabilities related to imprisonment, they also show institutional failures to support persons with disabilities in their full participation in society. As described in chapter 2, the overall shortage of data on persons with psychosocial disabilities calls for future studies.

⁸⁶ For this report, this refers to “people’s effective access to systems, procedures, information and locations used in the administration of justice” (Ortoleva 2010).

For sure, the last decades have shown significant progress. In 13 countries of Latin America and the Caribbean, the legal frameworks seek to broaden accessibility in many areas, allowing the use of alternative means of communication and other accessible means for official interactions, including those utilized in courts (for example, use of sign language or braille).⁸⁷ They also impose penalties for noncompliance with nondiscrimination mandates. The structure and strength of these mechanisms, however, varies widely across countries. In Argentina, for example, the National Assistance Program for Persons with Disabilities in their Relationships with the Administration of Justice (ADAJUS), under the Ministry of Justice and Human Rights, has operated since 2011 with the purpose of facilitating access to justice for persons with disabilities and providing reasonable accommodation for civil, criminal, social security, and labor proceedings.

Other countries have followed suit. Ecuador, for example, developed a protocol for fostering disability-inclusive courts. The protocol identifies barriers faced by persons with disabilities in justice-related services and offers tools for making these spaces more accessible (Program for Social Cohesion in Latin America 2013). Peru, through Administrative Resolution 266 of 2010, has also developed a program to modernize justice-related services, which includes training and awareness-raising for officials working in the judicial branch (CONADIS Peru 2015). Finally, Uruguay has developed a national plan aimed at enhancing and facilitating access to justice for persons with disabilities (PRONADIS 2015).

But the legal analysis for this report reveals that some countries still have numerous physical, communication, and information barriers that constrain people's access to judicial facilities, services, and procedures. Even for those countries that are making progress, there is still a long way to go. In Argentina, for example, according to a legal needs diagnostic, more than three quarters of persons with disabilities have had at least one legal problem in the last three years as opposed to 66 percent among the general population. When it comes to legal needs, the gap widens even more, with 71 percent of persons with disabilities reporting having at least one legal need versus 54 percent among the general population, and 26 percent reporting unmet legal needs compared to 19 percent of the general population (Ministry of Justice and Human Rights of Argentina 2019).

While the Convention on the Rights of Persons with Disabilities calls on States to eliminate obstacles that may deny access to justice and procedural safeguards for persons with disabilities, realizing this goal involves work on many fronts. This can range from making spaces and forms of communication fully accessible to ensuring due process for persons with disabilities at all times (including during police interactions, hearings and trials, detention, and imprisonment). Such changes would also benefit from increasing the number of persons with disabilities working in the judicial branch.

87 Argentina, Bolivia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Mexico, Nicaragua, Panama, Peru, Trinidad and Tobago.



In sum, several legal frameworks in Latin America and the Caribbean have introduced principles designed to facilitate the participation of persons with disabilities on an equal basis with others. In most countries, however, there is still a significant gap in implementation. One common weakness is the proliferation of laws and disability-specific regulations that are not aligned with the remainder of the legal framework. Such disconnect is especially salient for issues of legal capacity, in which outdated provisions in civil and commercial codes are at odds with principles of inclusion and participation that inform disability-specific legislation. But it is also palpable when persons with disabilities navigate the justice system and encounter barriers that diminish their right to due process and fair proceedings.

► Exclusion from Political Participation

► Voting

Persons with disabilities have the right to participate in political spaces and democratic processes on an equal basis with others. Indeed, the Convention on the Rights of Persons with Disabilities (Article 29) forbids any kind of exclusion from political participation based on disability status. This comes as a response to a protracted global history of denial of the right to vote and be political subjects. Such exclusion has frequently been justified on the incorrect generalization that disability forecloses the capacity to make rational political choices or support candidates and policy measures that advance their best interest.

Restriction on legal capacity has been one way of blocking people's right to vote. Even though the Committee on the Rights of Persons with Disabilities has insisted on the repeal of laws that forbid persons with disabilities from voting on the basis of perceived or actual disabilities, these kinds of measures—most often couched in terms of mental incapacity—are still reflected in numerous legal frameworks in Latin America and the Caribbean (Committee on the Rights of Persons with Disabilities 2013). For instance, 19 countries maintain this kind of restriction, most often in their electoral legislation (map 6.2).⁸⁸ Such provisions strip away the right to vote for those who are under an irrevocable court order on account of “insanity” or “frailty of intellectual faculties.”

⁸⁸ Antigua and Barbuda, Argentina, Bolivia, Chile, Dominica, Dominican Republic, Ecuador, Guatemala, Guyana, Honduras, Jamaica, Panama, Mexico, Paraguay, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

Map 6.2

Restrictions on the Right to Vote and Stand for Office in Latin America and the Caribbean



Source: Author's elaboration based on legal framework analysis (see appendix B).

In Paraguay, for example, the Civil Code (Article 37) declares “persons with mental disabilities” and “persons that cannot hear or are mute and cannot make themselves understandable by other means” to be totally incapable. Such characterization is in turn reflected in Article 91 of the Electoral Code, which states that: “The following persons may not be electors: (a) persons who are under legal interdiction; (b) deaf-mutes who cannot make themselves understood in writing or by any other means.” A similar trend is found in Uruguay. The country’s Electoral Code refers to voters as “*personas capacitadas*” (persons with capacity), which, if read in the context of the Uruguayan Civil Code, implies that persons deemed as “demented” or that cannot speak or listen are incapacitated (Article 1278 of the Civil Code).⁸⁹ In Chile, for example, a person’s right to vote might be removed by a court-ordered “dementia interdiction.” But a study found that the definition of “dementia” in this context is quite expansive and can encompass many conditions, from Down syndrome and autism spectrum disorder to Alzheimer disease and schizophrenia. Thus, persons with a psychosocial, intellectual, or hearing disability, irrespective of their level of functioning, might be forbidden from voting.

⁸⁹ Law 17.113 on Elections (June 9, 1999), modified by Law 17.239/2000, Article 173.



The right to vote also entails having accessible polling sites, procedures, and materials. The Committee on the Rights of Persons with Disabilities argues that States must provide reasonable accommodation to ensure that voting is universally accessible (Committee on the Rights of Persons with Disabilities 2013). Yet, while half of the region's legal frameworks mandate reasonable accommodation in schools, workplaces, and public services, only eight countries have enacted similar rules for voting—Brazil, Costa Rica, Ecuador, El Salvador, Jamaica, Mexico, Nicaragua, and Peru. Without reasonable accommodation and adequate assistance, persons with disabilities might not be able to cast their votes or may fail to receive all the relevant information surrounding an election.

Trained poll workers are also essential for making voting accessible. In Peru's 2010 presidential election, a local nongovernmental organization (Transparencia) received a high number of complaints from voters who claimed that poll staff did not provide braille templates. Peru's Ombudsperson's Office also documented cases of workers who denied access to persons with disabilities to the voting center in spite of their having the correct identity card and being registered in the voting rolls. In other contexts, electoral regulations give these workers too much discretionary power to decide whether a person with disability can vote or receive reasonable accommodation. In Chile, for example, Electoral Law 18.700 (Article 61) allows more time for persons with disabilities to cast their ballot and, if needed, bring along a companion to the voting booth. Yet, persons with invisible, psychosocial, and intellectual disabilities are at greater risk of not getting such accommodations. Indeed, the law mentions that if a poll worker has doubts over a person's disability, the head of the voting center will consult with other staff members before making a final determination. In other words, the law gives them the power to decide if a voter *has* a disability and whether they are entitled to reasonable accommodation (Ponce de León Solís 2020).

Another accessibility barrier is the lack of proper identity cards. In Peru, persons with disabilities can request an identity card, which requires certification by the national disability office (CONADIS) (Human Rights Watch 2012). Although this procedure is free, not all regions have access to doctors that can certify a disability. Globally, persons with disabilities experience numerous obstacles to acquiring official identity cards, particularly girls and women (World Bank 2020, 10).

These barriers can result in substantial levels of abstention. In El Salvador, for example, a national survey found that over a third of eligible voters with disabilities did not vote in the most recent election. Most of them claimed that their disability was the main cause, while others mentioned the lack of proper identity



cards or not knowing the location of voting centers (National Council for Comprehensive Attention to Persons with Disabilities, General Directorate of Statistics and Censuses, and UNICEF 2015). In urban Peru, nearly 3 out of 10 persons with disabilities reported not voting in the 2011 presidential election. Many of them said that their disability and the lack of accessible conditions in voting sites dissuaded them from participating (National Institute of Statistics and Informatics and National Council for the Integration of Persons with Disabilities 2014).

On the positive side, in countries such as Chile and Ecuador the voting rates for persons with disabilities have been rising. In Chile, the second National Disability Study (2015) found that persons with disabilities voted at higher rates than their peers without disability in the most recent election (67 percent versus 60 percent). Although voting is optional for persons with disabilities in Ecuador, participation rates peaked at 75.58 percent in 2019, increasing steadily since the 2009 general election (starting at 70.50 percent) (CONADIS Ecuador 2019, 2020). A key part of this success can be attributed to Ecuador's National Electoral Council, which has carried out several programs to improve the participation of persons with disabilities, including the creation of special booths at polling sites, preferential and assistive vote options, expanding the availability of braille templates, and designing a program for voting from home. In alliance with organizations of persons with disabilities and transportation associations, the council has also launched a program and public campaign titled "You have a right to vote," which provides free transportation to voting centers. According to a report by Ecuador's CONADIS, about 9 out of 10 of persons with disabilities who voted in the 2019 elections agreed that the necessary conditions were provided to them to rightfully vote (CONADIS Ecuador 2020). All this shows that efforts to improve accessibility and provide reasonable accommodation can yield positive results in increasing voice and agency. Despite all of the noteworthy progress, reports show that during the most recent presidential election in Ecuador, essential parts of the electoral information were inaccessible, including the candidates' political programs and the location of polling sites. Thus, there is still room for ensuring inclusiveness in voting.

Inclusive voting must go beyond making voting centers accessible. It also entails reforming legal frameworks (by removing restrictions to voting), improving electoral planning (through better outreach to organizations of persons with disabilities or accessible information campaigns), making voter registration inclusive (by adopting flexible procedures, plain language materials, and targeted information sessions), broadening participation during campaigns and elections (by making campaigns and electoral materials accessible), and conducting postelection assessments (by way of disability-inclusive reviews and further legal reforms) (figure 6.1).

Figure 6.1

Framework toward a Disability-Inclusive Electoral Cycle



► Right to Stand for Elections

In addition to exercising the right to vote, persons with disabilities face obstacles when running for office. Despite some cases in the region—such as Lenin Moreno, a wheelchair user, who was elected president of Ecuador in 2017; Gabriela Michetti, a wheelchair user, who was vice president of Argentina from 2015 to 2019; and sitting Guatemalan president Alejandro Giammattei, who has multiple sclerosis and uses walking aids—persons with disabilities in general remain underrepresented in decision-making arenas. In some places, this is even codified into the law. Of the 33 countries analyzed, 18 have discriminatory disqualification criteria that deny the right to stand for public office based on disability.⁹⁰

90 Antigua and Barbuda, Belize, Bolivia, Chile, Dominica, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Paraguay, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay. The legislation of some of the countries includes discriminatory language contrary to Article 5 of the Convention on the Rights of Persons with Disabilities by automatically forbidding persons to stand for public office on the basis of mental disability. For example, some of the countries refer to persons with “unsound mind.” Other legislation includes limitations based on legal capacity.

While exclusion is multilayered and it is difficult to pin down a single factor, these legal restrictions, added to other barriers—for example poverty (chapter 3), limited human capital accumulation (chapter 4), and structural discrimination—might explain why so few persons with disabilities run as candidates. In Peru’s 2020 congressional elections, out of 2,338 candidates at the national level, only 28 were persons with disabilities (1.1 percent) (National Elections Jury n.d.). The internal organization of political parties contributes heavily to this trend. Indeed, parties seldom assign important roles to persons with disabilities in their steering committees and national congresses. Thus, although persons with disabilities can be officially registered in these organizations, they seldom occupy key roles or are relegated to debates pertaining solely to disability. Similarly, accessibility barriers can also prevent candidates from having an equal level of exposure during their political campaigns. A report found in 2012 that candidates with disabilities in Peru had been selected by their parties as congressional candidates. However, they were unable to join other party members on stage during special campaign events because these spaces were inaccessible (Human Rights Watch 2012, 80). Moreover, while persons with mobility and visual disabilities have run and won elections in Peru, it is considerably harder for persons with hearing disabilities who use sign language, given the limitations to communication with the public. In Uruguay, the case of Camila Ramírez, elected as substitute congresswoman in 2014, is illuminating: she was unable to take office due to the lack of a sign language interpreter in the congress hall.

Finally, there are no disability quotas for political parties and elected bodies in Latin America and the Caribbean, as there are for other excluded groups such as women, and to a lesser extent for indigenous people or Afro-descendants. One recent development is Chile’s Constitutional Convention. Recent legislation (Law 21.298) stipulates that political parties and independent groups must include in their list of candidates a quota for persons with disabilities. However, many potential candidates have said that some political organizations and the public in general still perceives them as candidates that can only provide inputs for issues around disability.

► Participation in Political and Public Life

Persons with disabilities occupy positions in government and are employed in the public sector at lower rates. While the right to vote and stand for office is important, it is equally urgent to expand the number of persons with disabilities in decision-making roles. Persons with disabilities in government roles are often relegated to national or municipal disability offices, which limits the type of contributions to development they can make and their professional growth and aspirations.

In addition to political spaces, persons with disabilities show low rates of participation in other social organizations. For example, in El Salvador, only a third of persons with disabilities partake in any kind of social organization, most of which are religious, and less than 1 percent are organizations of persons with disabilities. The lowest rates of participation are found among the youngest segment of the population (ages



18–29) and the poorest quintile. Similarly, Chile’s second National Disability Study (2015) found that persons with disabilities participated less in social organizations than their counterparts without disability (39 versus 45 percent). Religious and neighborhood organizations drew the highest number of members, and women engaged more frequently in these groups than their male counterparts. When asked about the reasons for not participating in social organizations, more than half said that it was primarily for health reasons (only 8 percent of persons without disabilities mentioned this reason). Finally, in Peru, only 20 percent of persons with disabilities belonged to an organization of any kind, most of which were religious. Among the reasons for not participating, about a quarter insisted that their impairment hindered their ability to do so (National Institute of Statistics and Informatics and National Council for the Integration of Persons with Disabilities 2014). The frequent mention of health issues and impairment as central reasons for not participating illuminates accessibility barriers that render community and social spaces unwelcoming.

Finally, full and effective participation also involves the right to be consulted by the State when developing and implementing legislation, policies, and other decision-making procedures. This principle is articulated in many national laws. But there is still a long way to go in devising the best mechanism for carrying out consultations. In Ecuador, for example, under the Law on the National Councils for Equality, persons with disabilities from civil society are represented in CONADIS, which was created to formulate, mainstream, observe, monitor, and evaluate public policies on disabilities. To achieve this, a part of the Council Board includes civil society representatives from each type of disability (physical, visual, hearing, intellectual, and psychosocial), selected through a merit contest. Members of organizations of persons with disabilities, however, do not always secure a place on the council. Similarly, in Costa Rica, Law 9303, which created CONAPDIS, established a consultative forum of persons with disabilities, in which persons with disabilities and representatives of organizations of persons with disabilities can participate. The forum is the accredited body for any consultation process developed by public entities. Yet, even in countries with strong institutions, much remains to be done to ensure participation in decision making. Currently, organizations of persons with disabilities in Chile have written an open letter to the President addressing the limitations of the draft mental health law and raising concerns on the inadequate participation of organizations of persons with disabilities.⁹¹ These spaces offer key insights into how other consultation spaces should be designed with full participation of persons with disabilities.

91 The National Plan on Mental Health of Chile (2017–2025) recognizes the need to develop an appropriate legal framework for the promotion of mental health and the protection of the rights of persons with mental disabilities. Recently, the Chilean Senate approved a draft law on mental health, which represents an important legislative step toward the promotion of mental health and the protection of the rights of persons that seek mental health services. Yet, organizations of persons with disabilities have identified several shortcomings, including the use of stigmatizing terminology such as “mental illnesses,” and lack of clarity between psychosocial or mental disability on the one hand and intellectual disability on the other. The draft also misses an opportunity to address key aspects of legal capacity. While the draft recognizes the principle of “equal capacity before the law,” it limits its scope to the context of “arbitrary discrimination.” Other important dimensions of legal capacity and mental disability are not addressed (National Institute of Human Rights et al. 2021).

Despite these obstacles, the tenacious work of persons with disabilities continues enabling spaces so their voices can be heard through consultation processes and in the political arena. Yet, even in the cases where persons with disabilities have been publicly elected to take office, they continue experiencing violations of basic rights for their effective participation. Floyd Morris, the first Jamaican senator with visual loss, publicly protested against the lack of reasonable accommodation while serving, which on occasions only meant additional time to review bills before proceeding to a vote. The participation in political and civic spaces of persons with disabilities is still severely restricted by legal and accessibility barriers, some of which impact their access to social and public spaces.

► Exclusion from Built and Virtual Spaces

Persons with disabilities are also excluded from inaccessible built and virtual spaces. Accessibility is a key principle of the Convention on the Rights of Persons with Disabilities and includes the physical environment, transportation, information and communications (including technologies and systems), and other public facilities and services (Article 9). Denying accessibility is a form of discrimination insofar as it obstructs the participation of persons with disabilities and might even put them at risk of physical harm.

Most countries examined in the legal analysis include in their disability laws the concept of accessibility, by which products, environments, programs, and services are universally usable by and culturally adapted to all persons at all times.⁹² Universal design is included in most disability laws or specific technical norms, with the exception of Bolivia, Guatemala, Honduras, Jamaica, and Nicaragua. However, principles and requirements found in national laws are often not captured in detailed regulations, manuals, guidelines, procurement documents, and other documentation. The absence of this “downward cascade” of general provisions to more specific operational instruments (such as building codes at municipal or provincial level) can undermine the strength of the legislation in making tangible changes.

In spite of the wide acceptance and adoption of the concept of universal access, the availability of accessible public spaces in cities of Latin America and the Caribbean is still limited. In Ecuador, based on a methodology with more than 480 indicators, the Technical Secretariat for Inclusive Management of Disabilities determined that only half of the built environment of three provinces (Pastaza, Imbabura, and Santa Elena) was accessible. This means that more than half of all buildings and public areas lacked accessible design features, including sidewalks, elevators, ramps, doors, stairs, handrails, signage,

⁹² Some exceptions include Antigua and Barbuda, Guatemala, Jamaica, St. Vincent and the Grenadines, Trinidad and Tobago, and the Bolivarian Republic of Venezuela, and partially for Guyana, Haiti, Paraguay, and Uruguay. It is recognized as partial when the law does not refer to accessibility specifically but does include sectoral provisions, such as accessibility in transport and infrastructure, that refer only to the physical environment (Guyana, Haiti, and Paraguay). There is also the case of Uruguay, where the law does not recognize the concept but universal access is recognized in the National Plan for Persons with Disabilities.



bathrooms, vertical and horizontal surfaces, windows, and parking lots (Technical Secretariat for Inclusive Management of Disabilities 2015). In Colombia, a national survey led by the Ministry of Health and Social Protection revealed that nearly half of streets and stairs and a third of public transport vehicles were inaccessible (Ministry of Health and Social Protection of Colombia and Profamilia 2015). Yet, data on urban accessibility are seldom available or not easily comparable from one country to the next. Promising experiences utilizing government data and crowdsourcing could start changing how we understand accessibility, at least in the urban space.

Transportation is another central domain of the built environment. Nearly 68 percent of passenger travel in cities of Latin America and the Caribbean is made on public transport using intermodal systems (Estupiñan et al. 2018). And in 21 countries, the legislation mandates universal access to transportation. Some cities have made substantial changes to make their transportation networks accessible. However, the supply of high-quality public transport has not kept pace with the growth in demand and global accessibility standards. Inaccessible transportation can prevent people from going to school and workplaces or visiting doctors. In Chile, for example, persons with disabilities are three times more likely to report obstacles to visit medical facilities than their peers without disability (Rotarou and Sakellariou 2017). Most studies are concentrated in urban spaces, leaving an important knowledge gap for those in rural areas.

The New Urban Agenda of UN-Habitat, which was endorsed by all countries in Latin America and the Caribbean through a resolution adopted by the United Nations General Assembly in 2016, argues that cities cannot be universally inclusive if they fail to reflect the needs and rights of everyone, including persons with disabilities. Changes toward making the built environment disability inclusive are under way. Indeed, Argentina, Brazil, Chile, Colombia, and Mexico have published technical standards and manuals for accessibility. Built environments and public spaces represent some of the largest investments in a country—close to 35 percent of total expenditure for the world’s largest cities—and if well designed from the beginning can have important ramifications for access to markets, services, and spaces. If accessibility is integrated from the beginning, overhead costs can range from a negligible percentage up to a maximum of 3 percent, depending on building typology, siting, and design complexity, showing that universally accessible cities are not only more inclusive, but do not come with exceedingly high costs (Ratzka 1994).

Disability inclusion goes beyond accessible physical spaces and encompasses the ability to navigate virtual environments. Digital technologies can help break traditional barriers to communication and access to information for persons with disabilities. The internet can act as a means to foster social cohesion and strengthen civic engagement, including for vulnerable groups. Yet, when accessibility, socioeconomic, and other barriers are not considered the digital divide can further expand existing inequalities, restricting access to information and services. This has become especially salient in the context of COVID-19, where the shift to remote work and school has underlined the unequal access to digital technologies and the negative impact

this has had on children’s learning and adults’ ability to work from home (see chapter 3). According to a report by ECLAC, 67.5 percent of the people surveyed confirmed in 2020 that distant learning in countries of Latin America and the Caribbean has not considered the educational needs of children and adolescents with disabilities (Meresman and Ullman 2020). Similarly, the digital divide has played an important role in limiting vaccine access to populations in several cities that have favored online registration sites.

Most countries, with the exception of Antigua and Barbuda, Guyana, Jamaica, Paraguay, St. Vincent and the Grenadines, Trinidad and Tobago, and Uruguay, include provisions relating to the right to information and communication for persons with disabilities. But the lack of a law does not necessarily mean poor implementation in practice, as the case of Jamaica shows. Brazil ranks 2nd and Jamaica 19th in a list of 121 countries for digital accessibility.⁹³ However, most countries of Latin America and the Caribbean score below the 50 most accessible countries. As described in chapter 3, the digital divide is especially visible in the unequal access of households to computers and the internet. It is also noticeable in legal gaps in the accessibility of official communications. Nine countries have no clear legislative base for accessible information, which in the context of emergencies such as the COVID-19 pandemic can lead to critical gaps in information access.⁹⁴

For some persons with disabilities, full and effective participation in built and virtual spaces depends on having proper assistive devices. As stated by WHO, “policy development and planning of public health actions and services require a precise understanding of disability, including detailed information on needs for assistive products, inequalities, and barriers faced by persons experiencing different levels of disability” (World Health Organization 2019). Some countries have made significant progress in making assistive devices widely available. In Chile, assistive technologies and rehabilitation services are subsidized or provided free for poor children under 10 years of age. In Ecuador, the government also provides wheelchairs, hearing and visual aids, prosthetic devices, and psychological and rehabilitation services. Yet, coverage and adequacy of some of these devices is still limited. In Haiti and Peru, for example, only 1 in 10 people with hearing impairments has access to assistive technologies (Duryea, Salazar, and Pinzon 2019). In other cases there are issues with the quality of the devices; for example, in El Salvador, half of wheelchair users surveyed had a hospital-style wheelchair (which is not appropriate for long-term use), half had no skin protection at all, and 2 out of 10 had to add a pillow as a seat cushion in lieu of an adequate chair. For others, full and effective participation and independent living require the support of caregivers, which might be out of reach for many households (box 6.2).

93 In terms of information and communication technology accessibility, 23 countries in Latin America and the Caribbean were assessed as part of the Global Initiative for Inclusive Information and Communication Technologies (G3ict), which presented individual country reports to assess progress in digital accessibility. G3ict implements the Digital Accessibility Rights Evaluation Index score to assess unrestricted access to digital devices, content, information, and services.

94 Antigua and Barbuda, Brazil, Chile, Colombia, Guatemala, Guyana, St. Vincent and the Grenadines, Uruguay, and the Bolivarian Republic of Venezuela.

BOX 6.2

Independent Living, Autonomy, and the Impact on Women

Care can be defined as the actions that enable people with functional dependency to carry out basic activities (showering, using the bathroom, getting dressed, moving around the house, and eating), instrumental activities (using the media, shopping, preparing food, cleaning the home, doing laundry, using public transport, taking medicine, and using money), and advanced activities (education, work, and leisure) of daily life. Care relations are crucial for some persons with disabilities to participate in markets, services, and spaces fully and effectively. Historically, however, policies aimed at meeting care needs have rarely been established. This impacts the quality of life not only of persons with disabilities but also of those that provide care for them. As seen in chapter 5, it has important effects at the household level on foregone income, missed labor and education opportunities, and intrahousehold dynamics.

Unmet functional dependency needs can represent unsurmountable barriers to participation in society, leaving persons with disabilities siloed. A child that cannot go to the bathroom on their own might not be able to attend school if these needs are unmet, despite being completely capable of study. This is the story of Florencia de los Santos, who was denied enrollment in a Uruguayan school because she needed support for her daily needs. Through her perseverance, Florencia finished secondary school in 2019, completing the first three grades in only one year. Care systems can help ensure that persons with disabilities, such as Florencia, can achieve their full potential.

Although with significant heterogeneity, many countries in the region have made progress in designing care policies. Argentina, Chile, Costa Rica, Mexico, and Uruguay began to debate and, in some cases, implement care programs, policies, and systems. In 2015 Uruguay created the National Integrated Care System, which provides subsidies for caregiver service (subsidies are paid to hire 80 hours of monthly home care) and a teleassistance program to children, elderly persons, and persons with disabilities (Care System 2020). Another experience is Chile Cuida, which aims to provide assistance, intermediation, and care to support daily activities to persons with functional dependency to enable them to participate in social spaces, the labor market, education services, and cultural and political spheres, expanding their independence and autonomy.⁹⁵ This is done through technical support, home adaptations, capacity building, home visits, and services to prevent progression in the severity of impairment.

Care policies for persons with disabilities face fundamental challenges in the region. They are highly fragmented, coverage is far from universal, and in places that lack State-financed regimes there are serious equity problems, not only in terms of access but also in quality of services. Policies seldom articulate intersectoral coordination between education, work, housing, and health services. There are few data to show their effectiveness in improving the lives of those who require care. Closing this knowledge gap is essential to better address the needs of those with functional dependency.

It is essential to move toward a multidimensional assessment of dependency that allows a comprehensive approach to providing care, evaluating the needs for help, considering the care strategies accessed, and measuring the care burden of primary caregivers and their respite needs. Excessive and strenuous unpaid care work can have negative consequences for people in need of care, leading to limitations in their autonomy and independent living, barriers to pursuing education and job opportunities and strengthening their human capital, and, in extreme cases, neglect and violence.

⁹⁵ Chile Cuida: <https://www.chilecuida.gob.cl/>.

In sum, accessibility barriers in public spaces and transportation are prevalent throughout the region, limiting the activities and locations that persons with disabilities and their families can enjoy. Inaccessible public transportation systems push users with disabilities to rely on costlier private alternatives that not everyone can afford. Lack of tactile surfaces in crosswalks or accessible pedestrian signals can put persons with vision loss at risk of physical harm. Inaccessible features in low-income condominiums may leave persons with disabilities stranded in their homes. And disparities in accessing assistive devices increases further the gaps for persons with disabilities living in poverty. This leads to the segregation of persons with disabilities, limiting their interactions in social and public spaces and reinforcing existing stereotypes and prejudices concerning what persons with disabilities can and cannot do.

► **Attitudinal Barriers to Participation**

Discriminatory attitudes can diminish the voice and participation of excluded groups. As a form of unfair and prejudicial treatment toward certain groups, discrimination is often written into formal rules or becomes salient in concrete acts, such as denial of reasonable accommodation. But discrimination can also be exercised by anyone in myriad contexts and situations, including everyday interactions, beliefs and shared knowledge, media representations, and humor. Such indirect and seemingly “harmless” behaviors, though not physically violent, can nevertheless perpetuate exclusion over time. Since these ideas imagine the subordination of certain collectivities as a fact of life or as nobody’s fault, they can easily be passed on without any awareness of their negative impacts.

Persons with disabilities frequently encounter discriminatory attitudes in their everyday life. As we show in chapter 1, the stigma and prejudiced beliefs associated with disability—as a disease or object of pity—has deep historical roots. This history has shown that the effects of discrimination on persons with disabilities can be profound. It can limit their chances of completing school, getting a decent job, or receiving timely medical care. It can also erode their willingness to make friends, move around the city safely, express their sexuality, and form a family. All this can harm a person’s dignity, self-worth, and aspirations. Indeed, since discriminatory attitudes can become entrenched in many kinds of environments and institutional settings, persons with disabilities can avoid these spaces altogether as a way of protecting themselves from symbolic or physical violence. Over time, these prejudiced beliefs and interactions can normalize the idea that persons with disabilities simply do not deserve to work, go to school, or navigate the city under the same conditions as others.

► Latin America and the Caribbean: Regulatory Framework on Disability

Countries of Latin America and the Caribbean have broadly adopted the principle of nondiscrimination on the basis of disability in their legislation. While few countries reference this principle in their constitutions, most of them have it in some part of their legal frameworks. In Colombia, for example, Disability Law 1618/2013 establishes that its main goals are to “guarantee and ensure the full exercise of the rights of persons with disabilities by adopting inclusion measures, affirmative action, and reasonable accommodation, and eliminating any form of discrimination on the basis of disability” (Article 1). Furthermore, the Convention on the Rights of Persons with Disabilities—which has been universally adopted in Latin America and the Caribbean—forbids discrimination on the basis of disability. Yet, while necessary, legal codes that forbid discrimination are often insufficient. Indeed, most of these instruments are unaccompanied by appropriate measures and mechanisms for preventing or eliminating discrimination or compensating victims who have suffered acts of discrimination (including penalties and steps for filing complaints). Ecuador, for instance, has written the principle of nondiscrimination into its Constitution, but it has narrow provisions that enable victims of discrimination to seek legal recourse. In Mexico, a survey found that nearly 17 percent of persons with disabilities had experienced an episode of discrimination at some point in their lives, but only 6 percent had decided to file a complaint (a trend that may hint at accessibility barriers and minimal trust that this path would yield a positive outcome) (National Institute of Public Health 2010).

Legal codes on discrimination are also uneven regarding the protection of disadvantaged subgroups of persons with disabilities, such as children, older persons, women, and indigenous people. Since people ascribe to different social categories at once (for example, gender, ethnicity, race, and class), these intersecting identities have the potential to amplify or reduce their level of exclusion. In Latin America and the Caribbean, belonging to certain social groups (such as being an indigenous or Afro-descendant woman) is correlated with reduced socioeconomic outcomes, human capital accumulation, and involvement in decision-making spaces (Freire et al. 2018; World Bank 2015). Such negative trends tend to be intergenerational since, for instance, the human capital endowments of a person are closely related to their parents’ education and background.

Eighteen out of 33 examined countries have specific protection for children and youths with disabilities, through their children and youth code, family code, or national disability act. However, older persons seem to have lower levels of protection, as only 9 out of 33 countries devote specific protection to older persons with disabilities. Eight of the analyzed countries have adhered to the Inter-American Convention on Protecting the Human Rights of Older Persons, which calls on States to enact policies, plans, and laws aimed at older people who are victims

of multiple forms of discrimination, including those associated with disability.⁹⁶ But at least 13 countries have neither signed the convention nor have specific legislation protecting older persons with disabilities.

For women and girls with disabilities, legal protection is equally patchy. Only 11 out of 33 countries provide specific safeguards for women with disabilities. In the case of Panama, these provisions have been included in the Equal Opportunities for Women Act, while other countries (for example, Costa Rica, Guatemala, and Uruguay) focus primarily on the issue of violence against women with disabilities. But the remaining countries lack any kind of protection for this segment of the population. Analogously, legal protections for indigenous peoples and Afro-descendants with disability are nearly nonexistent. Even in countries with a large indigenous population, there are no special provisions aimed at those that have a disability. Ecuador, Guatemala, Mexico, and Peru have some narrow mentions of the needs of indigenous people with disabilities. For example, Ecuador's disability law recognizes the intercultural dimension of the rights of persons with disabilities. To a large degree, as described in chapter 2, this legal neglect stems from the region's limited understanding of how disability intersects with ethnoracial identities in ways that lead to worse outcomes in schools, the job market, and access to services (table 6.1).

Table 6.1
Overlapping Identities and Disability in the Legal Framework

Country	Provide specific protection to children with disabilities?	Provide specific protection to older persons with disabilities?	Provide specific protection to women and girls with disabilities?	Provide specific protection to indigenous peoples and Afro-descendants with disabilities?
Antigua and Barbuda	No	No	No	U
Argentina	Yes/Partial	Yes	Yes/Partial	No
Bahamas	U	U	U	U
Barbados	U	U	U	U
Belize	U	U	U	U
Bolivia	Yes	Yes	Yes	No
Brazil	Yes	Yes	Yes	No
Chile	Yes	Yes	Yes	No
Colombia	Yes	No	Yes	No
Costa Rica	Yes	Yes	Yes/Partial	No

96 See the ratification and signature status of the Inter-American Convention here: http://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp. In Guatemala, the law offers protection for older persons with disabilities, despite the fact that the country is not a signatory of the Inter-American Convention.

Country	Provide specific protection to children with disabilities?	Provide specific protection to older persons with disabilities?	Provide specific protection to women and girls with disabilities?	Provide specific protection to indigenous peoples and Afro-descendants with disabilities?
Dominica	U	U	U	U
Dominican Republic	Yes	Yes	Yes	No
Ecuador	Yes	Yes	No	Yes for IPs, No for ADs
El Salvador	Yes	No	Partial	No
Grenada	U	U	U	U
Guatemala	Yes/Partial	Yes/Partial	No/Partial	No/Partial for IPs, No for ADs
Guyana	Partial	No	No	No
Haiti	No	No	No	n.a.
Honduras	Yes	No	No	No
Jamaica	No/Partial	No	No	n.a.
Mexico	Yes	Partial	Yes	partial for IPs, No for ADs
Nicaragua	Yes	No	Yes	No
Panama	Yes	No	Yes	No
Paraguay	Yes	No	No	No
Peru	Yes	Partial	Yes	Yes for IPs, No for ADs
St. Kitts and Nevis	U	U	U	U
St. Lucia	U	U	U	U
St. Vincent and the Grenadines	No	No	No	n.a.
Suriname	U	U	U	U
Trinidad and Tobago	No	No	No	U
Uruguay	Yes	Yes	No	No
Venezuela (Bolivarian Republic of)	Yes	No	Partial	Yes for IPs, No for ADs

Source: Author's elaboration based on legal framework analysis (see appendix B).

U: Unknown, meaning that the team did not have enough data to provide a response.

n.a. = not applicable.

IPs = indigenous persons, ADs = Afro-descendants.

► Discrimination against Persons with Disabilities

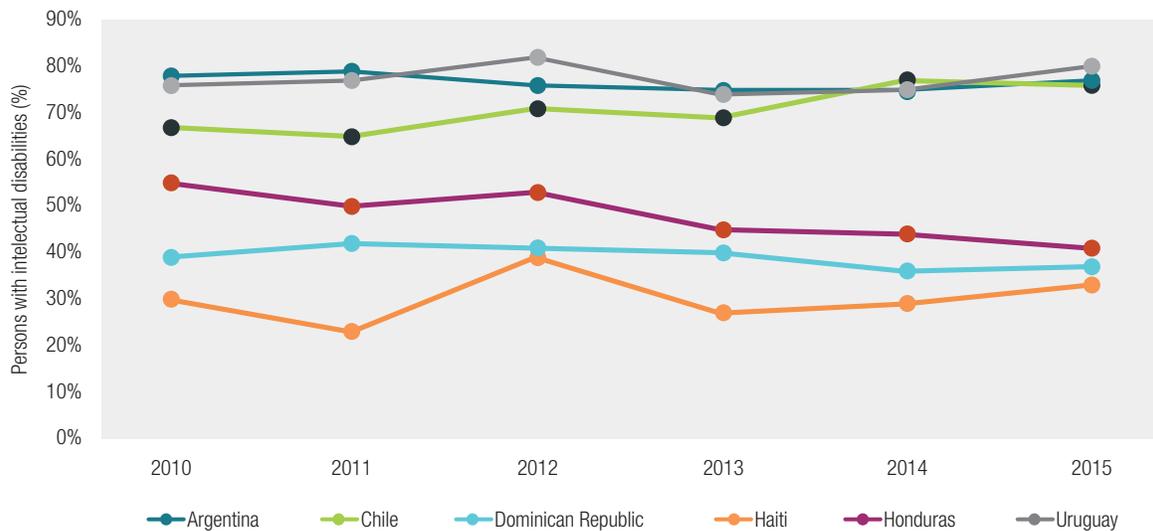
In addition to these legal drawbacks, national disability surveys in the region paint a bleak picture regarding discriminatory attitudes. They show that a higher share of persons with disabilities are discriminated against compared to their peers without disabilities. In Chile, for example, nearly a quarter of all persons with disabilities reported being discriminated against in the past 12 months (against 13 percent for the general population) (National Disability Service 2016). Women with disabilities and persons with severe disabilities reported even higher rates of discrimination. Likewise, in Peru close to a third of persons with disabilities said they were treated differently (National Institute of Statistics and Informatics and National Council for the Integration of Persons with Disabilities 2014). In most places, the prejudiced attitudes tied to disability are widely recognized by a country's general population. In Mexico, the national discrimination survey notes that 71 percent of all respondents agreed that persons with disabilities are one of the most rejected groups in society (INEGI et al. 2017). In Costa Rica, a similar survey revealed that disability was ranked by the general population as the third leading cause of discrimination (53.9 percent)—after being gay or lesbian or being Nicaraguan.

Despite the awareness of ableist attitudes, unfair treatment is still common in many settings, especially those that are crucial for a person's human development. In Mexico, persons with disabilities indicated that most incidents of discrimination had taken place in the street, at work, in health care institutions, and in schools (National Institute of Public Health 2010). But these attitudes can also arise in more intimate spaces, such as among neighbors and family members. In El Salvador, for example, about half of respondents with disabilities described feeling discriminated against by their neighbors and 40 percent by their own family (National Council for Comprehensive Attention to Persons with Disabilities, General Directorate of Statistics and Censuses, and UNICEF 2015). In Panama, persons with disabilities said that most expressions of rejection came from their neighbors (National Secretariat for the Social Integration of People with Disabilities and Executive Secretariat of the Pre-Investment Fund 2006). And, while not as pronounced as other excluded minorities (such as LGBTI+ or HIV-positive individuals), about 18 percent of Mexicans said they would not rent a room to or be a roommate with a person with disability, and nearly 14 percent said they would not accept a romantic relationship between their son or daughter and a person with disability (INEGI et al. 2017). These findings resonate with global research that shows that children and youths with disabilities are more likely to be hidden by their families and ostracized from community interactions.

The stigma surrounding disability can lead to forms of abuse and violence. But these attitudes can also trigger a sense of worthlessness and the feeling of being unappreciated by their communities. When a survey in Costa Rica asked respondents whether they considered themselves “useful” to society, persons with disabilities were less likely to answer affirmatively (80 versus 95 percent among their peers without disabilities) (CONAPDIS and INEC 2019). Rejection is often more intense for persons with psychosocial or intellectual disabilities, and those with multiple disabilities, as seen in a survey in Panama (National Secretariat for the Social Integration

of People with Disabilities and Executive Secretariat of the Pre-Investment Fund 2006). Globally, persons with psychosocial or intellectual disabilities have a higher risk of experiencing rejection in their communities, a trend that is driven in part by the narrow knowledge and misinformed beliefs about these disabilities (World Health Organization and World Bank 2011, 6).

Figure 6.2
City or Area Where I Live Is a Good Place to Live for Persons with Intellectual Disabilities (%)



Source: Gallup surveys.

Discriminatory attitudes can restrict the range of places that persons with disabilities think of as welcoming and are willing to visit. A recent Gallup poll asked individuals whether their cities were good places to live for persons with intellectual disabilities (figure 6.2). The findings show sharp disparities across the region, where respondents in countries in the southern cone evaluate their urban spaces as more inclusive than those in the Caribbean and Central America. Accessibility in the built environment probably plays a crucial role in the low ratings, and in the case of the Dominican Republic and Honduras, decreasing ratings. But these numbers may also signal other less visible and quotidian barriers, such as mistreatment in the street and public transportation or disrespectful interactions with neighbors, residents, and passers-by. Although discriminatory attitudes can appear anywhere, they can be especially damaging in spaces that are critical for a person's health and well-being, such as medical centers (box 6.3).

**BOX
6.3**

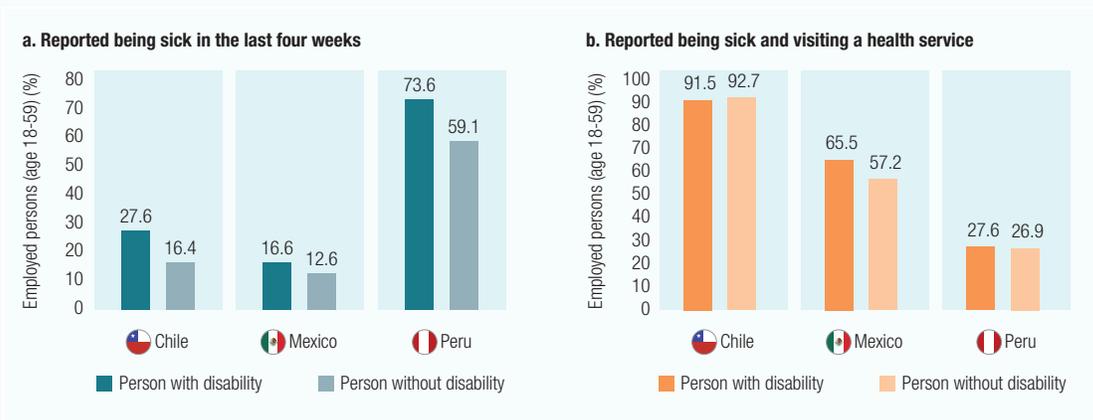
Discriminatory Attitudes and Disability in Medical Spaces

Persons with disabilities evaluate their health in worse terms than their peers without disabilities. In Guatemala, for example, persons with disabilities were three times more likely to report a serious health problem in the previous year compared to their peers without disability (Kuper et al. 2018). In Chile, persons with hearing loss are 2.5 times more likely to be treated for depression and are five times more likely to visit a mental health specialist than the general population (Fuentes-López and Fuente 2020).

Most countries in the region recognize in their constitution the right to health. Such mandates have led some countries to design universal health coverage systems. Likewise, all countries have provisions, usually in disability-related laws, for delivering free or affordable care to persons with disabilities of the same standard of quality as others. Incidentally, Latin America and the Caribbean is one of the regions where health care coverage is higher among persons with disabilities than among the general population (figure 6.3).

Figure 6.3

Percentage of Employed People Ages 18–59, by Disability Status, Who Reported Being Sick and/or Visiting a Health Service in the Last Four Weeks



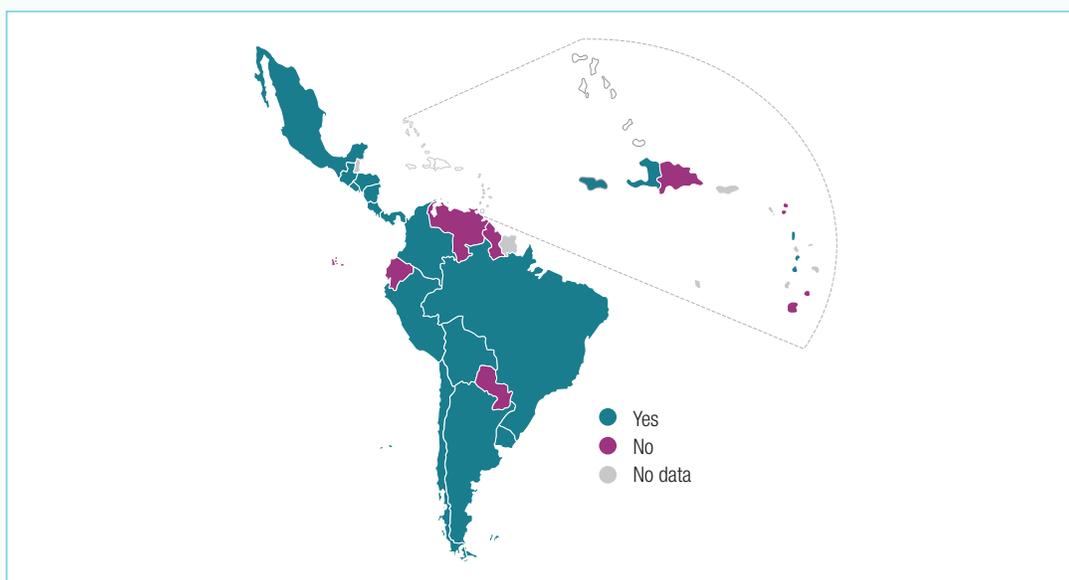
Source: Author’s calculations using SEDLAC (CEDLAS and World Bank).

Nonetheless, high rates of coverage do not always translate into better access to high-quality care. In Chile, for instance, the health coverage rate of persons with disabilities and the general population is similar, but the former still face obstacles to receiving services, such as making appointments (Rotarou and Sakellariou 2017). In Colombia, persons with disabilities also face delays on insurance authorizations for rehabilitation services (Gomez-Perea et al. 2018).

Patients with disabilities can also run into attitudinal barriers in medical spaces. Persons with disabilities are less satisfied with their medical care than others (United Nations Department of Economic and Social Affairs 2019, 57). About 1 out of 10 persons with disabilities felt disrespected when receiving medical care in Guatemala, which is over two times what peers without disabilities reported.

Medical staff tend to allocate less time and attention to the needs of persons with disabilities in general. In Guatemala, 22 percent of persons with disabilities had problems understanding medical information, and 20 percent said it was difficult to communicate effectively with health care staff (Christian Blind Mission et al. 2016). Only sixteen out of 33 countries have laws that protect the right to reproductive health for persons with disabilities (map 6.3).⁹⁷ Yet, women with disabilities get screened at much lower rates for cervical cancer, compared to their peers without disabilities.

Map 6.3
Access to Reproductive Health



Source: Author's elaboration based on legal framework analysis (see appendix B).

These attitudinal barriers become especially salient during health emergencies, such as the ongoing COVID-19 pandemic. A survey conducted across 15 countries of Latin America and the Caribbean found that 7 out of 10 respondents with disabilities evaluated negatively their access to health care during the pandemic (Meresman and Ullman 2020). Persons with disabilities are among those who face higher risk of contracting the virus, or becoming seriously ill, for a variety of reasons, from the inability to follow social distancing guidelines to a higher propensity to have underlying medical conditions. Persons with Down syndrome, for instance, are more prone to respiratory infections than their peers without disabilities (RIADIS 2020). Yet, persons with disabilities are more susceptible to being deprioritized, especially when health care systems become overburdened. Even before the pandemic, persons with disabilities were still four times more likely to be mistreated and a third more likely to be denied medical care than their peers without disabilities (RIADIS 2020).

⁹⁷ The countries include Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Peru, and Uruguay.

The pandemic has had other consequences beyond the high toll of infections and deaths. Persons on the autism spectrum, for example, have experienced higher levels of stress and anxiety because of lockdown measures, diminishing their overall health and well-being (Partnership on the Rights of Persons with Disabilities et al. 2020). This is further compounded by the disruption of mental health services, with estimates of nearly 70 percent of services interrupted in the region (World Health Organization 2020). The impacts also affected rehabilitation services and physical and speech therapies. A regional survey found that most families had limited their out-of-pocket expenses on therapeutic services because of the pandemic.

In sum, ableist attitudes that surface in medical spaces have high stakes: they can keep persons with disabilities from going to the doctor, receiving the care and information they need, and being treated with dignity and respect.

Ableist ideas and attitudes can also circulate in seemingly innocuous yet highly visible mediascapes. Representations in television, film, and other popular media forms can reinforce medicalized or patronizing views on disability that reassert harmful stereotypes. In widely popular Hollywood films, for example, villain characters are often depicted with a disability, or their malevolent actions seem to be driven by one. In other instances, films put forth spectacular accounts of persons with disabilities who “overcome” their impairment by performing impressive but unrealistic tasks (Hayes and Black 2003).

These tropes are ingrained in television and radio shows in Latin America. In Argentina, a study discovered that most shows alternated between accounts that emphasized pity and compassion toward persons with disabilities and those that depicted them in a heroic fashion, whose impressive actions or “rehabilitation” served as an inspiration (Observatory of Discrimination on Radio and Television 2015, 34). Furthermore, nearly 65 percent of all mentions of disability in the media fell within the medical or charity model of disability. Only a minority of shows focused on environmental barriers, disability inclusion, and the rights of persons with disabilities. The analysis also finds multiple instances where disability (especially psychosocial) was used as an insult. Persons with disabilities were largely absent from publicity advertisements (only 8 percent had a person with disability) (Observatory of Discrimination on Radio and Television 2014, 13, 20, 21). In Peru, a similar study concluded that ideas of beauty, economic success, and happiness in the media are never associated with persons with disabilities or other minorities (Vega 2014, 39). An ableist mediascape can help perpetuate, and make it harder to challenge, stereotypes and stigmatizing attitudes among the general population.

► Violence against Persons with Disabilities

Discriminatory attitudes matter not just because they symbolically undermine persons with disabilities, but also because they can result in, or in some cases be used to justify, forms of physical violence. This has led to egregious manifestations of violence, even leading to shackling of persons with psychosocial disabilities, as has occurred in Brazil, Guatemala, and Mexico.⁹⁸ Globally, children with disabilities are nearly three times more likely to suffer physical or sexual violence than their peers without disabilities (Jones et al. 2008). In El Salvador, more than half of children with disabilities reported being victims of violence because of their disability. Women with disability also experience sexual and gender-based violence in greater numbers than their peers.

Available data in Latin America and the Caribbean point to a similar pattern. In Ecuador, about 68 percent of women with disabilities had suffered gender-based violence at some point in their lives (against 60 percent for women without disabilities) (OAS and Government of Panama 2017). In Colombia, a national survey found that 72 percent of women with disabilities who had been married or lived with a partner had suffered psychological, physical, sexual, or economic violence in their lifetime (against 67 percent for women without disabilities). Psychological violence—including threats of being abandoned, feeling ignored or insulted—was the most common form, followed by physical and economic violence. Almost 8 percent of women with disabilities had been victims of sexual violence (3 percentage points higher than for women without disabilities). On most occasions, the aggressors were male relatives (Government of Colombia 2015; Marques Garcia, Ortiz Sosa, and Urban 2019, 31).

The vulnerability of women and girls with disabilities is tied to several factors, including family and social isolation, dependence on others for care, and the skepticism of law enforcement agencies when victims file complaints and testimonies. Overlapping identities also seem to aggravate the problem. Girls living in rural or hard-to-reach areas have fewer opportunities for education and basic services and often perform household chores, such as collecting water and firewood, that put them at higher risk of sexual harassment and abuse. Indigenous women with disabilities also face a higher risk of being forcefully sterilized (World Bank, Global Women's Institute, and IDB 2019).

Violence against women and girls with disabilities can appear across all ages. Adolescents and young women, for example, can be subjected to forced sterilization, hysterectomies, and contraception to prevent unwanted pregnancies and suppress menstruation and sexual expression without their consent. As adults, women with disabilities can be exposed to sexual abuse, including intimate partner violence, forced family planning, or denial of opportunity to have children or raise them.

⁹⁸ Shackling encompasses “the practice of confining a person with a psychosocial disability using chains, locking them in a room, a shed, a cage, or an animal shelter” (Human Rights Watch 2020).

In Latin America and the Caribbean, the data on violence against women and girls with disabilities are not robust, as much remains unreported, either out of shame or fear of retaliation, or simply because complaint mechanisms are not accessible. Indeed, in Uruguay less than half of women who were victims of violence sought any kind of help (Ministry of Social Development of Uruguay 2013). The region urgently needs to optimize data collection on gender-based violence, disaggregated by sex, age, race, ethnicity, geographic location, disability, and socioeconomic context. Some countries—for example, Colombia—have made great strides in their ability to generate, analyze, and disseminate data with a gender perspective (DANE, Presidential Council for Women's Equity, and UN Women 2020). But very few countries have laws that address specifically the issue of disability and violence against women. There is also limited access to response services for gender-based violence, such as shelters, intervention centers, helplines, and care routes, or the ones available are deficient when it comes to accessibility.

Countries that have written policies against gender-based violence with a focus on disability include Argentina, Costa Rica, Mexico, and Uruguay. In Uruguay, the Law on Gender-Based Violence against Women (Law No. 19.580) proposes specific actions to protect girls and adolescents, older women, and women with disabilities. As a result, the government is working to develop a training protocol for health professionals on prevention of violence and care of survivors with disability. It has also proposed other cross-cutting actions such as adoption of a disability-inclusive approach across all institutions, plans, and programs, providing adequate assistance to women with disabilities, improving access to sexual and reproductive health, and optimizing the accessibility of complaint and investigation mechanisms for women and girls with disabilities who have suffered violence.⁹⁹

In a similar vein, Mexico's National Program for the Development and Inclusion of Persons with Disabilities 2014–2018 included a strategy for protecting women with disabilities against any type of violence. Among other things, the strategy included (a) promoting shelters with adapted infrastructure; (b) developing programs and actions to prevent violence against women with disabilities; (c) designing mechanisms to report acts of violence and discrimination against women, girls, and elderly women living with a disability; and (d) disseminating information about legal assistance services and organizations (Marques Garcia, Ortiz Sosa, and Urban 2019). Yet, there were several issues related to implementation of the strategy. Likewise, Argentina has launched a National Plan for Persons with Disabilities that seeks to ensure that communication tools on gender violence are made available to women with disabilities. To do so, it has modified the telephone helpline to make it accessible for women with hearing disabilities and has developed an accessible guide on issues related to sexual and reproductive health and gender-based violence (Marques Garcia, Ortiz Sosa, and Urban 2019).

99 Such actions are coordinated with the Ministry of Public Health, the National Institute of Women (INMUJERES), the Secretariat for Women and the Secretariat of Social Management for Disability of the Municipality of Montevideo, civil society organizations, and international organizations such as UN Women, WHO, and the United Nations Population Fund (World Bank, Global Women's Institute, and IDB 2019, 21).



Addressing gender-based violence will require similar or more robust plans and programs, as well as the allocation of funds targeting women and girls with disabilities. But change will not be possible without also targeting the ableist attitudes and views that perpetuate the idea that persons with disabilities are dependent individuals that do not have the same rights or deserve the same respectful treatment as others.

► **Amplifying the Voice, Agency, and Resilience of Persons with Disabilities**

After centuries of exclusion and segregation, persons with disabilities have been gaining ground in decision-making spaces, owing to the persistent work and tenacity of persons with disabilities and organizations of persons with disabilities. The progress to strengthen the voice and participation of persons with disabilities across the region reveals a number of positive trends. International standards on the rights of persons with disabilities have been universally ratified—not an easy feat, and one that is not replicated for other minorities such as indigenous peoples. Most importantly, this has translated into significant law reform and the gradual inclusion of persons with disabilities in policy debates.

Most countries have elevated the protection of persons with disabilities into new cross-sectoral disability legislation. And as we were writing the report, important progressive reforms were taking place, including the Special Law on the Inclusion of Persons with Disabilities in El Salvador in August 2020, the modification of the Constitution in Chile to reserve quotas for political participation in December 2020, and the Mental Health Law in Chile. Legal frameworks in most countries across the region have adopted nondiscrimination principles that specifically apply to persons with disabilities, sometimes at the level of the constitution. Yet, these are seldom accompanied by accountability mechanisms.

Public policies have also followed suit, with incentives for hiring persons with disabilities in the public sector (and increasingly in the private sector), national plans to ensure inclusive education, measures to ensure accessibility of health services, including sexual and reproductive health care, and specific protection for persons in social safety net programs. There is a long way to go, however, to ensure its implementation and little to no evidence of the effectiveness of these policies in improving the opportunities, ability, and dignity of persons with disabilities and enabling them to participate fully in society. Low capacity, underresourcing, and institutional weaknesses of the offices in charge of disability inclusion further limit their ability to enforce the rights gained.

At the same time, significant practical and legal gaps that are limiting the voice and participation of persons with disabilities persist. Most importantly, the systems in place in more than half of the countries examined are limiting the legal capacity of many persons with disabilities, particularly those with intellectual and psychosocial disabilities. At a basic level, these limitations can remove the ability to open a bank account or



sign a contract, which in and of itself can significantly hinder economic prospects and impact labor market outcomes. But their implications can be much more severe and even have irreversible effects, including loss of freedom and negative impacts on health and well-being.

Persons with disabilities remain vastly underrepresented in both national and local decision-making spaces. The participation (or lack thereof) can impact decisions on location of hospitals, prioritization of health services, or even ensuring that providers, such as teachers or doctors, are present and respond to the differentiated needs of excluded groups. The low participation of persons with disabilities is partly explained by their limited participation in consultations to devise and implement policies and programs that affect them. This lack of representation severely limits the understanding of the needs of persons with disabilities and the prioritization of programs that can remove barriers in daily life. This invisibility is further compounded by data and knowledge gaps, and by the continuation of segregation of persons with disabilities in social, cultural, and public spaces. When persons with disabilities are out of sight, it influences mental models of “otherness,” whereby the mainstream group cannot empathize with those they cannot see. When children do not share a classroom with students with disabilities and adults do not work alongside persons with disabilities, it reinforces prejudices that persons with disabilities cannot participate in society on the same terms, or that their inclusion is too costly.

Discrimination against persons with disabilities has existed for centuries, and opinion polls in the region demonstrate that this is widely acknowledged. Yet, discriminatory attitudes rooted in ableism persist. This is because prejudices are ingrained in informal microexpressions of everyday life. The term “microaggression” is commonly used to refer to these subtle, seemingly innocuous, and possibly unintentional expressions—from humor to daily social interactions—that can further reinforce exclusion. This can manifest in social interactions that might belittle the need for assistive devices for ambulatory wheelchair users; assuming all disabilities are visible; or referring to certain disabilities in conversations (such as obsessive compulsive disorder or bipolar disorder) to illustrate a negative personality trait.

But COVID-19 made it increasingly clear that beyond these microaggressions, the systems in place fail to protect persons with disabilities. Examples of structural discrimination were seen in the interruption of essential, and on occasion lifesaving, services; the impacts on schooling due to the digital divide; the lack of disaggregated data to understand how best to serve this population; the lack of policies to ensure accessible public health information; and, in the most egregious cases, deprioritization of persons with disabilities in cases of critical care. If we fail to address the structural causes behind this discrimination, we miss an opportunity to build an inclusive and egalitarian society.

Increasing the voice and agency of persons with disabilities is an effective way to fight negative mental models and stereotypes. The region needs to do more to strengthen the capacity of organizations of persons with disabilities and formalize the channels of participation to ensure greater accountability. Expanding the voice and recognition of persons with disabilities is important in itself but is also essential if we are to build back better and reconstruct a more inclusive and resilient society.

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7 Toward a Disability-Inclusive Future





In the last couple of decades persons with disabilities improved their situation in terms of statistical visibility, poverty reduction, access to schools, and increased recognition and participation in public and private spaces. The tenacious work of persons with disabilities and their representative organizations led to regional recognition of disability inclusion as a human rights issue. The region has universally ratified the Convention on the Rights of Persons with Disabilities and has mainstreamed disability in policy debates in education, labor, health care, and public and political spaces.

Yet, persons with disabilities still live in households that are poorer than the average, have a higher propensity to live in informal neighborhoods, have fewer years of education, are often out of the labor market, and, when they work, earn considerably less for the same types of jobs. A higher share of persons with disabilities work in the informal sector, which most often means limited access to safety nets and health care protection. They are often isolated due to inaccessible built and virtual environments.

The disadvantages faced by persons with disabilities remain constant even after controlling for other factors, such as the socioeconomic conditions of the household, its human capital, or its location. That is, persons with disabilities face discrimination and are confronted with glass ceilings that limit their personal development and social mobility.

Overlapping identities play a fundamental role in shaping the experience of a disability, particularly for those belonging to ethnoracial minorities. If there is at least one member that identifies as indigenous or Afro-descendant, the probability of being poor for households with persons with disabilities increases between 8 and 11 percent in countries as diverse as Bolivia, Mexico, and Peru. Similarly, ethnoracial identity has a dramatic impact on the education outcomes of persons with disabilities. In Brazil, Costa Rica, Ecuador, Mexico, and Uruguay, persons with disabilities are on average 24 percent less likely to complete primary education, but 30 percent less likely if they belong to an ethnoracial minority. Ethnicity also magnifies wage disparities—in Bolivia, a worker with disability who identifies as an ethnic minority earns 20 percent less than those who share the same ethnoracial identity but do not report a disability. These imbalances multiply when augmented by gender disparities, especially for indigenous and Afro-descendant women. Women with disabilities earn 17.5 and 23 percent less in Peru and Costa Rica, respectively, compared to other women.

Centuries of exclusion and segregation of persons with disabilities—compounded by ethnoracial and gender discrimination—drive many of these gaps. While countries of Latin America and the Caribbean have broadly adopted the principle of nondiscrimination on the basis of disability in their legislation, there is limited enforcement capacity and only a minority of countries have managed to translate legislative provisions into effective programs in employment, education, or provision of health services. Prejudice and stigma continue to be deeply ingrained in institutions and in many areas of everyday life, including in seemingly



innocuous practices such as colloquial offensive humor and name calling. But these attitudes can also arise in more intimate spaces, such as among neighbors and family members. In El Salvador, 5 in 10 persons with disabilities felt discriminated against by their neighbors and 4 in 10 within their families (National Council for Comprehensive Attention to Persons with Disabilities, General Directorate of Statistics and Censuses, and UNICEF 2015). Structural discrimination is also reflected in more egregious violations such as the lack of recognition of legal capacity, practices of institutionalization that violate a person's dignity and essential rights, and an increased risk of violence, including sexual and gender-based violence. Discrimination curtails the agency, dignity, and opportunities of persons with disabilities to fully participate in society, which over time reinforces biases of what persons with disabilities can and cannot do, and their contributions to society.

Nevertheless, the perseverance of the disability movement has paved the way for even broader recognition and set the foundations for the construction of a disability-inclusive future. Their efforts have shaped how statistical institutes define and measure disability in national data collection instruments, with a significant shift away from statistical invisibility. In the 1980s, only 4 in 30 countries in Latin America and the Caribbean included a question on disability in their national censuses—30 years later, 24 countries did so. Other statistical tools—such as household and health surveys—are following suit and slowly but surely expanding disability-disaggregated data collection. About a third of countries have undertaken specialized disability surveys. Yet, much remains to be done to ensure harmonization and data quality. A significant drawback that calls for urgent attention is the lack of data to understand the situation and challenges that persons with psychosocial and intellectual disabilities face.

Many countries have adopted national policies to ensure inclusive education, and a lesser but growing number are strengthening their administrative disaggregated data to understand the barriers students with disabilities are facing. And while the need to move toward schools that respect the differentiated needs of every student is widely recognized, the transition to inclusive education systems in practice is still elusive. Similarly, albeit more slowly in their implementation, 18 countries have adopted targeted programs to boost the insertion of persons with disabilities in the labor market, mainly through affirmative action. However, quotas conceived in isolation are insufficient to level the playing field. For quotas to work there has to be a critical mass of eligible beneficiaries—with secondary and tertiary education—and awareness campaigns to dispel societal prejudices on the ability and productivity of workers with disabilities and the costs of their inclusion. Also of importance is the establishment of enforcement and monitoring mechanisms.

The recognition of disability inclusion in government machinery has also expanded significantly in recent decades. Around 20 countries have created specialized national commissions that have the sole objective of ensuring the inclusion of persons with disabilities with a multisectoral and coordination mandate, though their budgets and political power often remain weak. Despite these challenges, many are making strides in



influencing multisectoral dialogue, which is much needed to truly achieve disability inclusion. Indeed, the most successful cases have strong partnerships and build on the networks of organizations of persons with disabilities within each country.

Throughout the report, we have emphasized that social exclusion is a complex and multilayered problem. This is further compounded by the heterogeneity of persons with disabilities and the intricate ways in which the interaction of environments, impairments, identities, and socioeconomic conditions can create specific situations that require tailored solutions. Cognizant of these complexities, the following section does not offer specific recommendations but instead outlines some broad strokes to consider in the design of inclusive programs and policies that respect and recognize the dignity and viewpoints of persons with disabilities, especially as they pertain to their development. The launch of this report, in 2021, coincides with the 15th anniversary of the United Nations Convention on the Rights of Persons with Disabilities. As we commemorate this important milestone, we hope that our contribution will shed some light as our client countries strive to close the gaps in preparation for the 2030 Agenda for Sustainable Development and the World Bank implements its disability inclusion commitments (see appendix C).

► **Amplifying the Voice and Recognition of Persons with Disabilities**

Lack of voice and recognition not only renders disability inclusion barriers invisible in policy debates, but also creates other obstacles to the full and effective participation in society of persons with disabilities. More than half of the countries examined in this report limit the legal capacity of many persons with disabilities, particularly those with intellectual and psychosocial disabilities. At a basic level, these limitations remove their ability to open bank accounts and sign contracts, which in and of itself can significantly hinder a person's economic prospects and labor market outcomes. But its implications can be much more severe and even have irreversible effects, including losing one's freedom and ability to make decisions on one's health and well-being. The tide is clearly shifting, with progressive reforms that aim at supported decision-making arrangements and protecting informed consent. Yet, much remains to be done for a person-centered approach that is based on respect of autonomy and basic rights.

But beyond these legal barriers, discrimination against persons with disabilities is ingrained in informal interactions of everyday life. The term “microaggression” captures precisely these subtle, seemingly innocuous, and possibly unintentional expressions—from humor to avoidance—that can further reinforce exclusion. This can manifest in social situations in which individuals might, for instance, belittle the need for assistive devices; use priority seats in a metro car assuming all disabilities are visible; or allude to certain disabilities in



conversations (such as obsessive-compulsive disorder or bipolar disorder) to illustrate a negative personality trait. In fact, in Chile and Costa Rica—countries with a strong record of inclusive policies and institutions—persons with disabilities experience forms of discrimination at twice the rate experienced by their peers without disabilities. Over time, this might lead to persons with disabilities opting out of participating in the labor market, navigating public and social spaces, and accessing education and health services, especially if their dignity and safety might be compromised. Fear of discrimination might stop parents from sending their children to school or prompt them to opt for what could be perceived as a safer space in special education settings, even when access to mainstream education is an option.

Persons with disabilities are also vastly underrepresented in decision-making spaces. Their participation (or lack thereof) can impact decisions on the location of future hospitals, on the prioritization of health services, or even on ensuring that providers, such as teachers or doctors, are attentive and responsive to the differentiated needs of excluded groups. Additionally, including the voice of excluded groups is critical to avoid reproducing prejudices. When persons with disabilities are out of sight, it influences mental models about “otherness” and often hinders mainstream groups from empathizing with those they cannot see. When children do not share a classroom with students with disabilities and adults do not work alongside persons with disabilities, it reinforces long-standing prejudices that persons with disabilities cannot participate in society on the same terms as others, or that their inclusion is too costly. In Mexico, 16 percent of parents of children without disabilities ages 3–5 disagreed that it was possible to integrate children with disabilities into their children’s class (National Institute of Public Health 2013).

But identifying and combating prejudices rarely happens without the backing of a strong social movement. The lack of formal channels has not stopped activists from making sure that their voices are heard (figure 7.1). The efforts to strengthen the voice and participation of persons with disabilities across Latin America and the Caribbean reveals a number of positive trends. Most countries have broadened the protection of persons with disabilities through new cross-sectoral disability legislation. And, at the time of writing, important progressive reforms were taking place, including the Special Law on the Inclusion of Persons with Disabilities in El Salvador in August 2020 and the constitutional reform in Chile that reserves quotas for political participation in December 2020. Legal frameworks in most countries have adopted nondiscrimination principles that specifically apply to persons with disabilities, sometimes at the level of the constitution. There is a long way to go, however, to ensure their proper implementation, and there is very little evidence to assess the effectiveness of these policies in improving the opportunities, abilities, and dignity of persons with disabilities. Weak institutional capacity, lack of accountability mechanisms, and underresourcing further limit the ability of countries to enforce the rights gained.

Figure 7.1

Activists with Disabilities Take to the Streets of Cochabamba, Bolivia, in Objection to the Government's Failure to Enforce Basic Equality Legislation



Source: Getty Images.

The COVID-19 pandemic has also made it painfully clear that existing systems are insufficient to protect persons with disabilities or take into account their voice and participation in decision-making spaces. This has led to the interruption of essential, and on occasion lifesaving, services; learning impacts due to the digital divide and the lack of preparation of schools for addressing the needs of students with disabilities; inaccessible and thus ineffective public health campaigns; and, in the worst cases, the deprioritization of persons with disabilities in critical care. The lack of disaggregated data still prevents a comprehensive analysis of the differentiated impacts of the pandemic on persons with disabilities.

Amplifying the voice and agency of persons with disabilities is an effective way to help tackle the underlying causes of exclusion and bring forward the needs and priorities of this highly heterogeneous population. It can help counter negative mental models and stereotypes that keep dominating the current discourse on what persons with disabilities can and cannot do. Governments need to provide opportunities to persons with disabilities to shape their own future and have a meaningful voice in decision-making spaces. The region needs to do more to strengthen the capacity of organizations of persons with disabilities and formalize the channels of participation to ensure greater accountability. Expanding the voice and recognition of persons with disabilities is important in itself but it is also essential if we are to build back better and reconstruct a more inclusive and resilient society.

► Start with a Robust and Nuanced Diagnosis

Despite the significant progress in disaggregated data collection, reversing decades of statistical invisibility is not an easy task. In fact, given the slow and uneven adoption of the Washington Group recommendations, the region is still lacking harmonized data on disability and there is little that can be said of changes over time. Other statistical records—such as official registries and certification databases—have disparate criteria and often underreport persons with disabilities, potentially excluding them from programs and public benefits. Critical drawbacks are still commonplace and stigmatizing language persists when referring to persons with psychosocial and intellectual disabilities in official instruments—including references to “craziness” and “mental retardation.”



As the region undertakes the next round of censuses, countries should strive to standardize their methodological criteria so disability data become more robust and comparable in the future. But to achieve this important goal, countries must also be cognizant of the current drawbacks in existing domains (for example, health, labor, and political participation); the limitations of disability-disaggregated data in flagship household surveys; the obstacles to comparing data due to the slow and uneven adoption of the Washington Group recommendations; and the lack of disaggregated data for certain population segments (for example, Afro-descendants, indigenous peoples, children, LGBTI+ people, and migrants). Countries must also address stigmatizing language that can distort the collection of disability data. Experience in the region of statistical inclusion of ethnoracial minorities shows that these efforts should be accompanied by sensibilization training of enumerators and empowerment campaigns to tackle existing prejudices and stigmatization and to prevent underreporting.

Robust statistical data are a first step toward disability inclusion, but they must be accompanied by other analytic efforts that explore precisely *why* persons with disabilities experience worse outcomes and what is stopping them from participating fully in markets, services, and spaces. In the context of this study, the World Bank created a set of tools that include data that are compiled, harmonized, and processed, and that are publicly available from the Bank's Latin America and the Caribbean Equity Lab to facilitate further analysis. The user should be aware of the data limitations noted throughout the report, in particular with regard to comparability, concerns regarding data on persons with psychosocial and intellectual disabilities, and variations in self-reporting.

One area that merits special attention is the inclusion of persons with psychosocial and intellectual disabilities, who are among the least understood in the region. The widely disparate, and even stigmatizing, ways of data collection make it impossible to study their situation cross-regionally—and even to understand the barriers they face within a particular country. However, secondary sources suggest that, compared to other persons with disabilities, they have the worst access to medical and social programs, experience worse education and job outcomes, have a higher risk of being institutionalized against their will or imprisoned, and are nearly absent from the disability inclusion agenda. As the region improves its data collection practices, an urgent challenge is to devise shared and robust criteria for reversing decades of statistical invisibility and policy neglect. An analysis of supported decision-making systems is necessary, as well as gathering and evaluating experiences of human rights-based institutionalization in combination with community-based efforts. Another knowledge gap, which was barely touched upon on this report, is the increased incarceration of persons with psychosocial and intellectual disabilities, and the cumulative disadvantages of racial discrimination.

Therefore, this report underlines that a starting point for any analytic efforts should be to acknowledge the heterogeneity of persons with disabilities and the myriad of contexts, identities (for example, sex, ethnoracial characteristics, sexual orientation, and gender identity), and socioeconomic conditions that can significantly



impact how a disability is lived. It must consider such diversity not only across physical, psychosocial, intellectual, or sensory impairments, but also with regard to different severity levels and the timing of the onset of a disability. The analysis of historically excluded groups, such as persons with disabilities, must acknowledge this diversity of situations and the associated multiplicity of forms of exclusion. One of the main messages of this report is that exclusion is the result of complex interactions at the individual, societal, and institutional levels, and policies that do not consider this multilayered feature will likely fail. Tackling the underlying causes of exclusion demands strong and nuanced analytics and tailored and enforceable policy solutions.

► **Implementation of Progressive Policies**

The universal ratification of the Convention on the Rights of Persons with Disabilities signals a substantial change from the attitudes and policies of a few decades ago. For some countries, this commitment is quite recent—St. Lucia was the last country in the region to ratify the convention in 2020, preceded by St. Kitts and Nevis in 2019. Despite the widespread recognition of disability as a human rights issue in the region, few countries are monitoring compliance with these rights. There is now an unequivocal tension between the rights gained and the limited progress in their implementation.

Over the past two decades the region has seen a plethora of quota systems for hiring persons with disabilities in the public sector (and increasingly in the private sector). Yet, inclusive workplaces remain elusive. Quotas if conceived in isolation will likely fail to address the multiple layers and complexities of exclusion. For example, employment quotas will be insufficient if not accompanied by a robust effort to strengthen human capital accumulation. But if quotas are accompanied by inclusive education systems, skills training, matching services to help recruit and find talent, and nondiscrimination and sensitization campaigns for employers, they can play a pivotal role toward broadening the autonomy of persons with disabilities. Furthermore, quotas have seldom been accompanied by robust accountability and enforcement mechanisms, and there is little evaluation of the effectiveness of these policies.

Despite some incipient efforts, there is also little traction for protecting the human rights of those that are institutionalized. Countries that have adopted deinstitutionalization policies have not necessarily accompanied them with the creation of community-based programs and other measures targeted at persons with psychosocial disabilities. This report barely scratches the surface of this issue, as further data collection and analyses are needed to fully understand the situation of persons with psychosocial and intellectual disabilities, especially those that are institutionalized against their will. Similarly, there is little progress in safeguarding the right to legal capacity before the law of persons with psychosocial and intellectual disabilities, despite the recent enactment of progressive, specialized laws and the growing awareness of the benefits of supported decision-making systems.



For an adequate transition from rights to action, the design of disability-inclusive policies must establish clear responsibilities and accountability mechanisms and set specific and measurable goals to assess progress toward the realization of the Sustainable Development Goals by 2030. The myriad of situations explained above should be considered when setting these goals. For instance, the goal of inclusive education, if narrowly understood, could be measured solely by considering the number of students with disabilities that transition from specialized schools to mainstream education. Yet, mainstream education might not be the best solution for all. Deaf and hard of hearing students might thrive in and prefer a specialized, bilingual education setting. They might otherwise feel excluded in social interactions at mainstream schools or fall behind learning their native sign language. Policies that treat persons with disabilities as a homogeneous group will likely fail in addressing their specific needs and therefore tackling their exclusion.

In order to succeed, these policies also need to have clear, progressive, and measurable goals with allocated budgets and clear institutional responsibilities. In fact, low capacity, underresourcing, and institutional weaknesses of the offices in charge of disability inclusion further limit their ability to enforce the rights gained thus far. National disability commissions often have an uneven territorial coverage, insufficient staff and budgets, and limited power within the government to push for cross-sectoral commitments that can lead to meaningful change. Hence, the everyday obstacles that these commissions face can jeopardize or slow down countries' compliance with many of the articles of the Convention on the Rights of Persons with Disabilities.

► Building Social Resilience

With nearly 7 out of 10 households with persons with disabilities living in the margins of poverty (\$13 per day) in the region, this report underscores the importance of building the resilience of persons with disabilities. The term resilience has been used in policy for quite some time but has gained momentum as the world focuses on recovering from a crisis it is still grappling to comprehend. The term resilience is used to mean the ability of individuals and communities to withstand the impacts of shocks and to bounce back and thrive despite the adversities faced.

Education has been coined as the great equalizer for centuries, as the accumulation of knowledge and skills has translated into greater resilience to withstand economic shocks. Education can also shift power dynamics and empower excluded groups to participate in decision-making spaces. Yet, persons with disabilities accumulate fewer years of instruction, drop out faster and more frequently, and risk attending schools that are unwelcoming, inaccessible, and unresponsive to their learning needs. Students with disabilities more often than not receive an education that does not serve them well to develop their full human potential. Policies that aim at enhancing the human capital accumulation of persons with disabilities can have important payoffs at the individual, household, and societal levels, including for the next generation. The critical role



that teachers play needs to be brought to the forefront of the debate on education reform. Human capital accumulation can enhance productivity, make institutions more representative, and strengthen social and individual resilience.

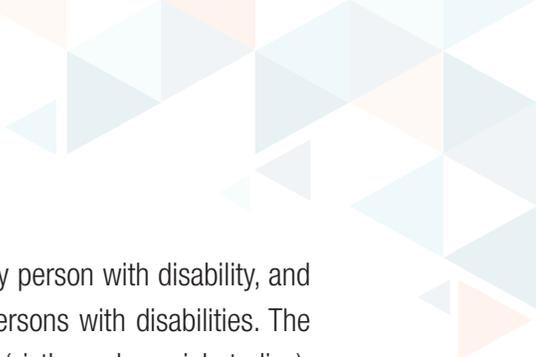
The cost of excluding persons with disabilities from work is not negligible. Though we do not have an accurate estimate for Latin America and the Caribbean, global data suggest that their exclusion can amount to a drop of between 3 and 7 percent of a country's GDP. To avoid these losses, the countries of the region need to do more to make their education systems disability inclusive and set up vocational skills training centers to ensure that persons with disabilities are getting the skills they need to join the job market. The challenge that lies ahead is to design and implement solutions that maximize the learning potential and autonomy of persons with disabilities. Policies that enhance the autonomy and job security of persons with disabilities have an impact on women and care.

These policies could also benefit women who provide care. In Latin America and the Caribbean, nearly 80 percent of all domestic tasks are done by women, a burden that is sustained by stereotypes and gender roles that codify women as having a natural propensity for caring for others. Unpaid care work can, however, restrict their school attendance and ability to pursue paid jobs. In the coming decades, the demand for care work is likely to keep growing, which could compromise even more the human capital accumulation and autonomy of girls and women in the future. The professionalization and recognition of care work is critical in a rapidly ageing region. Supporting the autonomy and the right to independent living of persons with disabilities could simultaneously help remove the weight of unpaid care work from women and thus contribute to greater gender equality in schools and the labor market.

► **Changing Mental Models and Reducing Stigma**

An inclusive education can have added positive externalities, for example by influencing mental models and fighting stereotypes. Countries can strive to change the mindset of teachers and administrators and promote changes in pedagogical practices and curricula and development of learning materials that favor inclusion. Eliminating stereotypical representations or biased understandings of disability from learning materials can foster a more welcoming learning space. In fact, a systematic analysis¹⁰⁰ of official or officially recommended textbooks of history and language courses of recent years, covering primary and early years of secondary education for 10 countries, analyzed a total of 40 books with over 5,100 images. The study found that persons with disabilities only appeared 83 times, with a great variation between countries. The

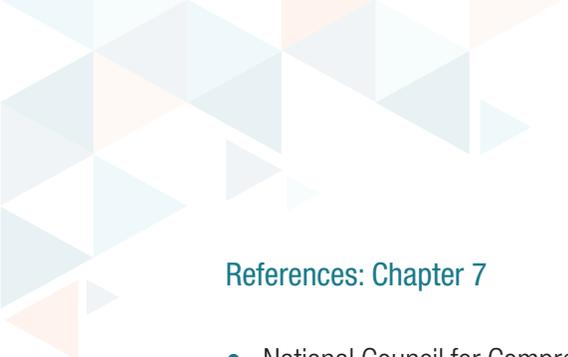
100 Freire et al., Afro-descendant Inclusion in Education (working title), forthcoming.



textbooks of Uruguay and the Bolivarian Republic of Venezuela did not show any person with disability, and Brazil, Colombia, Honduras, Nicaragua, and Peru combined only showed six persons with disabilities. The vast majority of persons with disabilities appear in only one book from Ecuador (sixth grade social studies), with 65 people represented in gender parity and only 1 of the 83 persons with disabilities represented as Afro-descendant (the rest being whites or mestizos). It is harder to imagine an inclusive society when one cannot see one, whether in textbooks, classrooms, or public spaces. Interventions in schools should foster noncognitive values such as tolerance, empathy, and compassion. The curriculum and learning materials should ensure that role models represent the diversity and richness of society, fostering a sense of belonging, resilience, and collaboration toward change.

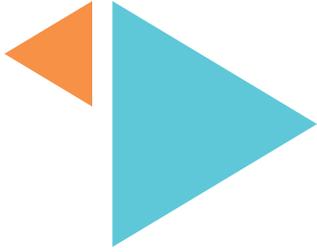
To strengthen the implementation of inclusive policies, policy makers should address the common misunderstandings that these policies are a zero sum game, that they only benefit a few, or that they are too costly. On the contrary, the current status quo is unsustainable and too costly for the region. Disability inclusion is ever more important as Latin America and the Caribbean is one of the fastest aging regions globally—the number of persons ages 60 and older is expected to climb from 59 million to 196 million between the present and 2050. As disabilities accumulate with age, the number of persons with disabilities is also expected to keep growing. Without disability inclusion, the development and prosperity of Latin American societies will become unsustainable, as larger portions of the population will face barriers to work, use public space, exercise their right to vote, or live autonomously. Thus, principles such as accessibility, reasonable accommodation, and universal design should become even more mainstream, shaping how markets, services, and spaces are designed and used. Moreover, we are all susceptible to becoming a person with disability at some point in our lives. This mutually shared condition means that disability inclusion is something that potentially serves and could serve everyone in the future. Moving toward a sustainable future will thus entail necessarily putting disability at the front and center of debates on inclusion and development.

This report offers a sweeping view of the challenges faced by persons with disabilities in the Latin America and the Caribbean region and reflects upon potential solutions. It celebrates the many achievements over the past decades while underlining the long path that lies ahead for the inclusion of persons with disabilities. It was written in a year full of uncertainties and collective pain through an unprecedented crisis in recent history, one that has exposed the unequal basis on which our societies are founded. It is our hope that its findings will inform the dialogue within countries and across the region to build a more inclusive and resilient society.



References: Chapter 7

- National Council for Comprehensive Attention to Persons with Disabilities, General Directorate of Statistics and Censuses, and UNICEF (United Nations Children's Fund). 2015. *Análisis y Caracterización de las Personas con Discapacidad a partir de la Encuesta Nacional 2015*. San Salvador, El Salvador.
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Glossary

Accessibility. Like the *World Report on Disability*, this report defines “accessibility” as the degree to which an environment, service, or product allows access by as many people as possible, in particular persons with disabilities.

Assistive technology. Like the *World Report on Disability*, this report defines “assistive technology” as any device designed, made or adapted to help a person perform a particular task. Products may be specially produced or generally available for persons with disabilities.

Communication. Like the Convention on the Rights of Persons with Disabilities, this report defines “communication” as languages, display of text, braille, tactile communication, large print, and accessible multimedia, as well as written, audio, plain language, human reader, and augmentative and alternative modes, means, and formats of communication, including accessible information and communication technology.

Discrimination. Like the Convention on the Rights of Persons with Disabilities, this report defines “discrimination” as any distinction, exclusion, or restriction on the basis of disability that has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.





Functional dependency. The term “functional dependency” refers to the impossibility of living a fully independent life and carrying out basic (showering, using the bathroom, getting dressed, moving around the house, and eating), instrumental (using the media, shopping, preparing food, cleaning the home, doing laundry, using public transport, taking medicine, or using money), or advanced (education, work, and leisure) activities of daily life without dependence on a caregiver.

Intellectual disability. Like the *World Report on Disability*, this report defines “intellectual disability” as the state of arrested or incomplete development of mind, which means that the person can have difficulties understanding, learning, and remembering new things, and in applying that learning to new situations.

Language. Like the Convention on the Rights of Persons with Disabilities, this report defines “language” as spoken and signed languages and other forms of nonspoken languages.

Legal capacity. Like General Comment No. 1 of the Committee on the Rights of Persons with Disabilities, this report defines “legal capacity” as the capacity to be both a holder of rights and an actor under the law. Legal capacity to be a holder of rights entitles a person to enjoy full protection of his or her rights by the legal system. Legal capacity to act under the law recognizes that a person is an agent with the power to engage in transactions and create, modify, or end legal relationships.

Mental health condition. A mental health condition is a disturbance in a person’s thinking, feeling, or behavior (or a combination of these) that reflects a problem in mental function. Such conditions cause distress or disability in social, work, or family activities. The team prefers the term “psychosocial disability,” as we consider it to be more inclusive as well as being accepted by organizations of persons with disabilities.

Person with disability. Like the Convention on the Rights of Persons with Disabilities, this report defines a “person with disability” as any person who has long-term physical, psychosocial, intellectual, or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Psychosocial disability. The preferred term to describe persons with mental health conditions such as depression, bipolar disorder, schizophrenia, and catatonia. The term “psychosocial disability” describes conditions commonly referred to—particularly by mental health professionals and media—as “mental illness”

or “mental disorder.” The Convention on the Rights of Persons with Disabilities recognizes that disability is an evolving concept and that it results from the interaction between people with impairments and social, cultural, attitudinal, and environmental barriers that prevent their full and effective participation in society on an equal basis with others. The term “psychosocial disability” is preferred as it expresses the interaction between psychological differences and social or cultural limits to behavior, as well as the stigma that society attaches to people with mental health conditions.

Reasonable accommodation. Like the Convention on the Rights of Persons with Disabilities, this report defines “reasonable accommodation” as the necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure for persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Undue burden. Like General Comment No. 6 of the Committee on the Rights of Persons with Disabilities, this report defines “undue burden” as a single concept that sets the limit on the duty to provide reasonable accommodation. The request for reasonable accommodation needs to be bound by a possible excessive or unjustifiable burden on the accommodating party. In assessing whether the modification imposes a disproportionate or undue burden on the duty bearer, the determination of whether a reasonable accommodation is disproportionate or unduly burdensome requires an assessment of the proportional relationship between the means employed and its aim, which is the enjoyment of the right concerned. The right to be provided with reasonable accommodation is not absolute. It is an individual right and the State needs to demonstrate if there is “disproportionate or undue burden.” Therefore there is a balancing test that needs to be performed by the State, which may include consideration of financial limitations.

Universal design. Like the Convention on the Rights of Persons with Disabilities, this report defines “universal design” as the design of products, environments, programs, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where they are needed.

Universal Design for Learning. An approach to teaching and learning that acknowledges that all learners are different and there is thus a need to utilize multiple methods to support all learners, including learners with disabilities.



Appendixes



Appendix A. Methodological Approach for Quantitative Analysis

► Approach Used to Estimate Prevalence of Disability

The number of persons with disabilities is estimated using harmonized information from the latest census available—Integrated Public Use Microdata Series (IPUMS) or national statistical offices using Retrieval of Data for Small Areas by Microcomputer (REDATAM)—or household surveys from the Socio-Economic Database for Latin America and the Caribbean (SEDLAC) when census data were not available. Census data from IPUMS was used for Brazil 2010, Costa Rica 2011, El Salvador 2007, Panama 2010, and Uruguay 2011; and from the national statistical office’s webpage using the REDATAM engine for Antigua and Barbuda 2011, Argentina 2010, Aruba 2010, Bolivia 2012, Chile 2017, Colombia 2018, Dominican Republic 2010, Guatemala 2018, Honduras 2013, Paraguay 2012, Peru 2017, St. Lucia 2010, Trinidad and Tobago 2011, and the Bolivarian Republic of Venezuela 2011. The estimations used household survey information from SEDLAC for Ecuador 2014 and Mexico 2018. The estimations used questions that followed guidelines from the Washington Group on Disability Statistics, that is, identified self-perception of functioning limitations rather than impairments. To estimate the number of persons with disabilities, the most inclusive definition of disability was used (second level or “some difficulty” and above) and the binary response (yes/no) for surveys not including severity questions (only Brazil, Colombia, Ecuador, Guatemala, and Uruguay report severity of disability).

► Approach for Analysis on Education, Labor, and Poverty

For the analysis on education, labor and poverty, the estimations used the Washington Group suggested cutoff line of levels 3 and 4 of difficulty, when available. Census data were used primarily to draw descriptive analytics, which allowed identification of the general distribution of the population as well as gaps in access to services, markets, and assets. Household survey data were used for more in-depth analysis, including comparisons in time within a country, and comparisons between countries that have a high degree of comparability. Hence, household survey data were used to investigate drivers behind the gaps that persons with disabilities experience. Only eight household surveys include questions on disability following the Washington Group guidelines (using the Washington Group Short Set on Functioning, WGSS) (table A.1).

Table A.1**Inclusion of Disability Variable in Household Surveys in Latin America and the Caribbean**

Country	Survey	Year consulted	Question on disability? Uses WG-SS?	Observations
Argentina	Encuesta Permanente de Hogares	2016	No	
Bolivia	Encuesta de Hogares	2018	Yes, uses WG-SS	
Brazil	Pesquisa Nacional por Amostra de Domicílios Contínua	2016	No	
Chile	Encuesta de Caracterización Socioeconómica Nacional	2017	Yes, uses WG-SS	
Colombia	Encuesta Nacional de Calidad de Vida	2014	Yes, uses WG-SS partially	The questions on mobility, cognition and communication are asked differently
Costa Rica	Encuesta Nacional de Hogares	2018	Yes, uses WG-SS partially	The questions on audition, cognition and communication are asked differently; self-care question is lacking
Dominican Republic	Encuesta Nacional de Fuerza de Trabajo	2016	No	
Ecuador	Encuesta de Condiciones de Vida	2013–14	Yes, uses WG-SS	
El Salvador	Encuesta de Hogares de Propósitos Múltiples	2017	No	
Guatemala	Encuesta Nacional de Condiciones de Vida	2014	No	
Haiti	Enquête sur les Conditions de Vie des Ménages Après le Séisme	2012	No	
Honduras	Encuesta Permanente de Hogares de Propósitos Múltiples	2016	No	
Mexico	Encuesta Nacional de Ingresos y Gastos en los Hogares, Nueva Serie	2016	Yes, uses WG-SS partially	Asks if someone has a disability; offers a yes or no response
Nicaragua	Encuesta de Medición de Nivel de Vida	2016	No	
Panama	Encuesta de Mercado Laboral	2018	Yes, uses WG-SS	
Paraguay	Encuesta Permanente de Hogares	2016	No	
Peru	Encuesta Nacional de Hogares	2016	Yes, uses WG-SS partially	Asks if someone has a disability; allows a yes or no response. Questionnaire does not include self-care question
Uruguay	Encuesta Continua de Hogares	2016	No	

Appendix B. Legal Framework Methodology

A legal and institutional analysis of 30 countries across the Latin America and the Caribbean region examined the strengths and weaknesses of existing national frameworks with respect to key issues related to the World Bank's commitments on disability inclusion. The principal purpose of the collected data set is to support research and policy discussions about how the legal and institutional framework influences the social inclusion of persons with disabilities and their meaningful participation in society. In analyzing existing national legal frameworks on disability inclusion, the principal benchmarks utilized in the study are (a) the universally ratified Convention on the Rights of Persons with Disabilities; (b) the World Bank's Ten Commitments to Disability-Inclusive Development;¹ and (c) relevant provisions in the World Bank Environmental and Social Framework, as well as the accompanying *Good Practice Note on Disability*.

▶ Questionnaire and Preliminary Analysis

Drawing from the themes covered by the Convention on the Rights of Persons with Disabilities, a uniform template questionnaire was developed as a tool to guide and structure the analysis of each national legal framework. The design of the questionnaire followed (a) the obligations set forth in the Convention on the Rights of Persons with Disabilities; (b) the reporting guidelines for States Parties prepared by the Committee on the Rights of Persons with Disabilities; (c) the interpretative guidance of the Committee on the Rights of Persons with Disabilities in its general comments; and (d) core resource material published by the Office of the United Nations High Commissioner for Human Rights and leading academic presses. The questionnaire was discussed and validated with disability experts and organizations of persons with disabilities. During this process, several questions were added pertaining to the institutional arrangements mandated by the Convention on the Rights of Persons with Disabilities.

The review of the legal framework included disability-specific legislation, the national constitution, and other relevant non-disability-specific legislation, including civil and commercial codes, tax codes, labor laws, family

¹ At the Global Disability Summit in 2018, the World Bank Group adopted the Ten Commitments to accelerate global action for disability-inclusive development in key areas such as education, digital development, data collection, gender, postdisaster reconstruction, transport, private sector investment, and social protection.

codes, education laws, and legislation addressing the protection of women and children. In some instances, the review included public strategies and policies that, while typically not legally binding, are often useful as guides to the objectives of governments in pursuing the implementation of related laws. Where available, the review included the State Party country report to the Committee on the Rights of Persons with Disabilities and the committee's response in the form of concluding observations and recommendations. These reports, as well as the commentary of the committee, have assisted in mapping out areas of weakness in national laws and institutions that may require more attention.

► **Validation and Consultation Process**

The preliminary analysis was shared with the national authorities responsible for disability inclusion. The analysis was validated through virtual workshops with representatives from each of the authorities in order to carry out direct consultation, verify the preliminary findings and confirm the main challenges identified in the draft questionnaires. This exercise was essential to overcome the inherent limitations of the desk research, including the fact that in some countries, access to legislation through digital platforms is challenging. Through this consultation, national authorities provided firsthand information on the legal and institutional aspects of disability inclusion in the respective countries. The team sent a follow-up message to all the authorities to complete the information included in the questionnaire and to add to and amend that information. The team also requested national authorities to identify a focal point for follow-up and to update the information. In selected countries validation meetings were held with organizations of persons with disabilities to complement the analysis.

The validated information will be included in a regional database providing up-to-date and comprehensive information on national frameworks related to persons with disabilities. It is anticipated that this database will be a useful tool for sharing information and innovations between countries, for building capacity within countries, and for informing policy dialogue at national and international levels.

► **List of countries**

Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

Appendix C. Disability Inclusion in the World Bank

Disability inclusion is at the core of the World Bank’s work on sustainable development and is aligned to its twin objectives of ending extreme poverty and promoting shared prosperity. Through the adoption of the Environmental and Social Framework in 2016, the Bank unequivocally states that “social development and inclusion are critical for all the World Bank’s development interventions and for achieving sustainable development.”² The Environmental and Social Framework embeds disability inclusion throughout its standards (table C.1) and its *Good Practice Note on Non-Discrimination and Disability*.³ The World Bank further reinforces its commitment through the adoption of the Bank’s directive *Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups*.⁴ In July 2018, the World Bank Group made Ten Commitments (table C.2) to accelerate global action for disability-inclusive development in key areas such as education, digital development, data collection, gender, postdisaster reconstruction, transport, private sector investment, and social protection. To help implement these commitments the Bank adopted its first Disability Inclusion and Accountability Framework in 2018.⁵ Disability inclusion is also embedded as a cross-cutting theme in the financing package for the 19th Replenishment of the International Development Association, with the aim of systematic inclusion of persons with disabilities across the portfolio. Much remains to be done, but the last five years have seen an accelerated and stronger commitment to further strengthening this agenda.

2 World Bank. 2018. *Environmental and Social Framework for IPF Operations: Good Practice Note on Non-Discrimination and Disability*. Washington, DC: World Bank.

3 World Bank. 2018. *Good Practice Note on Non-Discrimination and Disability*. Washington, DC: World Bank.

4 World Bank. 2021. *Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups*. Washington, DC: World Bank.

5 Charlotte Vuyiswa McClain-Nhlapo, Lauri Heikki Antero Sivonen, Deepti Samant Raja, Simona Palummo, and Elizabeth Acul. 2018. *Disability Inclusion and Accountability Framework*. Washington, DC: World Bank.

Table C.1

Disability Inclusion in the World Bank's Environmental and Social Framework

Under the World Bank's Environmental and Social Framework, the Bank has strengthened its commitment to working against prejudice and discrimination toward project-affected individuals, groups, and workers and to enhancing development opportunities, specifically for disadvantaged or vulnerable individuals or groups, including persons with disabilities. Disability inclusion is embedded throughout the Environmental and Social Framework. Examples of entry points for disability inclusion across the environmental and social standards (ESS) are presented below (for a comprehensive analysis see the Good Practice Note on Non-Discrimination and Disability).⁶

ESS1. Assessment and management of environmental and social risks and impacts

- Undertake social risk assessment to identify persons with disabilities and assess potential differentiated impacts, barriers to access and differentiated measures for participation in project benefits, including the provision of reasonable accommodation.
- Carry out a review of the Borrower's institutional and legal framework, including identification of discrimination and exclusion based on disability.

ESS2. Labor and working conditions

- Clarify legal requirements for employment and disability, including reasonable accommodation in the workplace.
- Identify labor management procedures, strategies, nondiscrimination policies, codes of conduct, confidentiality of personnel records that might include disability or medical information, and recruitment requirements.
- Identify practices that could discriminate against workers with medical conditions, such as forced testing or treatment, and establish policies to accommodate workers with disabilities or long-term illnesses, including HIV/AIDS.
- Review worker grievance mechanisms for issues of harassment and discrimination, and their accessibility for workers with disabilities.
- Identify occupational health and safety measures to prevent workplace illnesses or accidents for all workers, including workers with disabilities.

ESS3. Resource efficiency and pollution prevention and management

- Identify the differentiated impacts of pollution on persons with disabilities.
- Identify opportunities for barrier removal in resource efficiency interventions.

ESS4. Community health and safety

- Apply principles of universal access for new buildings and structures.
- Recognize differentiated health and security hazards for persons with disabilities.
- Introduce differentiated measures in emergency response and preparedness procedures for persons with disabilities.

⁶ World Bank, 2018. *Environmental and Social Framework for IPF Operations: Good Practice Note on Non-Discrimination and Disability*. Washington, DC: World Bank.

ESS5. Land acquisition, restrictions on land use, and involuntary resettlement

- Introduce requirements to address needs of persons with disabilities, including universal access principles and accessibility measures for new housing, access to services, and secure land tenure.
- The baseline socioeconomic surveys conducted in resettlement action plans should identify individuals who might experience disproportionate impacts of the project. The determination of the compensation and assistance measures need to take into consideration that restoring livelihoods might be harder for persons with disabilities.

ESS6. Biodiversity conservation and sustainable management of living natural resources

- Identify differentiated impacts of biodiversity loss on persons with disabilities.

ESS7. Indigenous peoples

- Recognize and introduce measures to mitigate augmented discrimination on the basis of disability and indigenous status.
- Identify cultural differences with regard to disability, including language and conceptual frameworks, and rephrase issues and impacts where needed, so that discussion is meaningful.
- Ensure that provisions for the inclusion of persons with disabilities are culturally appropriate and are designed in accordance with universal access principles and in consultation with indigenous persons with disabilities.

ESS8. Cultural heritage

- Undertake specific measures to ensure that persons with disabilities maintain or attain access to cultural heritage sites.

ESS9. Financial intermediaries

- Develop or implement social requirements consistent with nondiscrimination on the basis of disability and the need to provide reasonable accommodation where required for persons with disabilities.

ESS10. Stakeholder engagement and information disclosure

- Mandate specific measures or assistance to facilitate the meaningful participation of stakeholders with disabilities in consultations (for example, means of participation, information in accessible formats, venues), to be incorporated into the Stakeholder Engagement Plan.
- Apply measures to facilitate the participation of stakeholders with disabilities, disability inclusion experts, and other important stakeholders concerned with disability inclusion.

Table C.2**Ten Commitments to Disability-Inclusive Development**

The Ten Commitments to Disability-Inclusive Development build on the World Bank's ongoing efforts to respond to the urgent need for accelerated action at scale to achieve disability-inclusive development in support of the 2030 Agenda for Sustainable Development.

The following presents a summary of the potential work that could be undertaken in line with each commitment.

Commitment 1: Inclusive education	Ensure that all World Bank-financed education programs and projects are disability inclusive by 2025.
Commitment 2: Technology and innovation	Ensure that all World Bank-financed digital development projects are disability sensitive, including through the use of universal design and accessibility standards.
Commitment 3: Data disaggregation	Scale up disability data collection and use, guided by global standards and best practices, such as using the Washington Group's short set of questions on disability.
Commitment 4: Women and girls with disabilities	Introduce questions on disability into the Women, Business, and Law survey to better understand the economic empowerment of women with disabilities.
Commitment 5: People with disabilities in humanitarian contexts	Ensure that all projects financing public facilities in postdisaster reconstruction are disability inclusive by 2020.
Commitment 6: Transport	Ensure that all World Bank-financed urban mobility and rail projects that support public transport services are disability inclusive by 2025.
Commitment 7: Private sector	Enhance due diligence in private sector projects financed by the International Finance Corporation regarding disability inclusion.
Commitment 8: Social protection	Ensure that 75 percent of World Bank-financed social protection projects are disability inclusive by 2025.
Commitment 9: Staffing	Increase the number of staff with disabilities in the World Bank Group.
Commitment 10: Disability Inclusion and Accountability Framework	Promote the Disability Inclusion and Accountability Framework among World Bank staff as a way to support the World Bank's new Environmental and Social Framework.

Appendix D.

Types of Disability

In countries analyzed, the most common types of disability relate to mobility and vision (in Chile, Colombia, Costa Rica, Mexico, and Peru mobility has a higher prevalence, followed by vision; and in Bolivia, Ecuador, and Panama, vision followed by mobility) (table D.1). In general, a weighted average of available information shows that in Latin America and the Caribbean the most common type of disability is mobility (31 percent) followed by vision (26 percent) (figure D.1). Persons with disabilities tend to have more than one disability: prevalence of persons with disabilities with more than one type of disability ranges from 29 percent in Costa Rica to 85 percent in Bolivia.

Table D.1
Prevalence of Disabilities by Type of Disability (Percentage of Population)

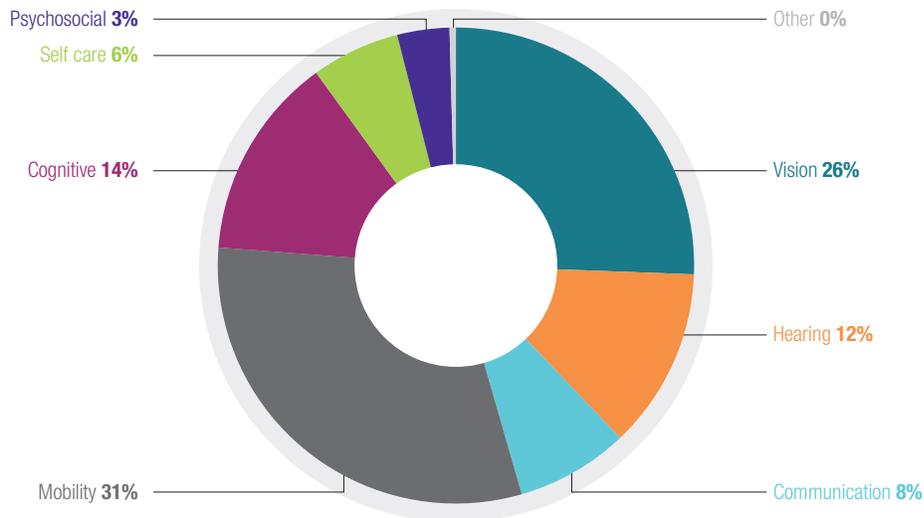
	Bolivia	Chile	Colombia	Costa Rica	Ecuador	Mexico	Panama	Peru
Disability type	2017	2017	2014	2018	2014	2018	2018	2018
Vision	6.5	2.6	1.4	1.6	14.4	2.3	8.9	1.2
Hearing	3.3	1.9	0.6	1.1	5.7	1.2	2.6	1.0
Communication	1.3	2.3	0.6	0.3	2.6	0.7	1.9	0.6
Mobility	4.8	6.0	1.8	3.7	9.8	4.4	6.3	2.3
Cognitive	2.4	1.6	0.7	0.7	9.3	0.6	3.0	1.1
Self-care	1.3	.	1.0	1.1	3.5	0.6	2.9	.
Psychosocial	0.7	1.0	0.5	0.9	.	0.6	.	0.6
Other	.	.	.5
% of persons with more than one type of disability	85%	36%	50%	29%	81%	39%	74%	48%

Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: A person can have more than one type of disability. Ecuador and Panama only include persons ages 5 years and older.

Figure D.1

Prevalence by Type of Disability among Persons with Disabilities, Latin America and the Caribbean Regional Average



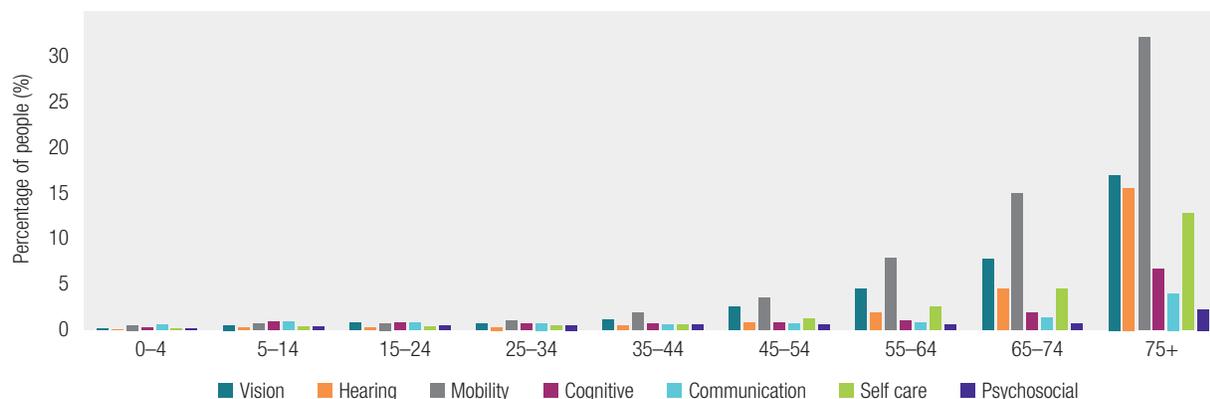
Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Weighted average by estimated number of population with disability in Bolivia, Chile, Costa Rica, Mexico, Peru, and Panama; a person can have more than one type of disability. Ecuador and Panama only include persons ages 5 years and older.

The prevalence of all types of disability increases with age, especially when age 65 or older (figure D.2). The prevalence of cognitive, communication, psychosocial, and self-care disabilities needs to be analyzed with caution due to differences in definitions among countries, leading to lack of comparability.

Figure D.2

Prevalence of Type of Disability by Age Group, Latin America and the Caribbean Regional Average



Source: Author's calculations using SEDLAC (CEDLAS and World Bank).

Note: Weighted average by estimated number of population with disability in Bolivia, Chile, Costa Rica, Mexico, Peru, and Panama; a person can have more than one type of disability. Ecuador and Panama only include persons ages 5 years and older.

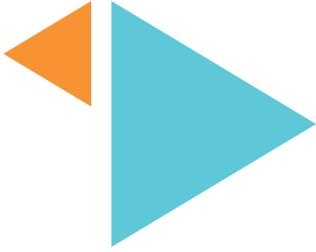
Appendix E. Latin America and the Caribbean Household Profiles, by Disability

	Bolivia (2018)	Chile (2017)	Colombia (2014)	Costa Rica ^a (2018)	Ecuador (2014)	Mexico (2018)	Peru (2018)	Average available countries
Head of household								
Minority (indigenous persons or Afro-descendants)								
With person with disability	42.7	8.1	15.0		13.2	34.8	45.2	28.7
Without person with disability	29.1	8.3	14.4		12.7	30.1	37.0	24.7
Female head								
With person with disability	32.3	45.4	41.0	44.4	32.2	34.8	33.4	36.7
Without person with disability	26.9	41.3	33.7	38.9	25.3	27.0	29.8	30.0
Average age								
With person with disability	58.5	59.9	56.3	60.1	58.5	60.7	62.5	59.7
Without person with disability	43.9	50.8	46.6	49.4	45.9	46.9	51.6	47.6
Household's composition								
At least one member from a minority (excluding nonrelatives)								
With person with disability	45.6	13.0	17.3		17.0	36.8	55.5	32.2
Without person with disability	31.1	12.2	17.0		15.5	31.7	47.8	27.9
Dependency rate 0–14 years (excluding nonrelatives)								
With person with disability	38.9	27.2	40.4	26.0	44.1	34.0	33.6	35.4
Without person with disability	54.7	32.8	47.2	37.2	59.8	46.3	45.3	46.3

	Bolivia (2018)	Chile (2017)	Colombia (2014)	Costa Rica^a (2018)	Ecuador (2014)	Mexico (2018)	Peru (2018)	Average available countries
Dependency rate 65+ years (excluding nonrelatives)								
With person with disability	26.8	35.4	28.9	36.2	32.2	34.8	40.3	33.8
Without person with disability	6.0	14.0	9.2	11.9	8.5	8.1	13.6	9.5
Poverty and rurality								
Poverty rate (\$5.5)								
With person with disability	30.0	2.6	36.0	9.2	27.0	23.3	24.2	24.6
Without person with disability	16.7	2.8	26.1	8.2	24.2	16.9	19.3	18.2
Vulnerability rate (\$13)								
With person with disability	63.3	29.4	70.1	44.3	76.2	70.8	65.6	66.1
Without person with disability	53.7	24.8	61.1	35.2	70.5	58.6	56.9	56.2
Bottom 40%								
With person with disability	44.0	36.5	42.2	40.4	34.6	40.7	43.5	40.8
Without person with disability	31.0	30.6	32.3	31.8	30.5	31.2	34.8	31.8
Living in rural areas								
With person with disability	44.0	13.6	16.0	25.8	34.4	27.3	27.3	25.0
Without person with disability	27.8	12.3	14.5	27.9	30.5	22.0	22.4	20.6

Source: Authors' calculations using SEDLAC (CEDLAS and World Bank).

a. No information on indigenous persons or Afro-descendants on harmonized database.



Annexes

Figure ES.1: Grouped bar graph showing change in probability of being poor (using different poverty lines \$1.9, \$3.2, and \$5.5 per day) or vulnerable (\$13) if household has a person with disability in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru. X-axis representing seven countries and Y-axis representing change in probability of being poor and vulnerable. The graph only shows statistically significant probabilities. The probability of being poor with \$3.2 per day is at 3, \$5.5 per day is at 6.2% and vulnerable with \$13 per day is at 6.7% in Bolivia. The probability of being vulnerable with \$13 per day is at 5% in Chile. The probability of being poor with \$1.9 per day is at 2.8%, \$3.2 per day is at 4.3%, \$5.5 per day is at 6.4% and vulnerable with \$13 per day is at 4.3% in Colombia. The probability of being poor with \$5.5 per day is at 2.1% and vulnerable with \$13 per day is at 9.5% in Costa Rica. The probability of being poor with \$5.5 per day is at 3.4% and vulnerable with \$13 per day is at 5.3% in Ecuador. The probability of being poor with \$3.2 per day is at 0.8%, \$5.5 per day is at 4.4% and vulnerable with \$13 per day is at 6.7% in Mexico. The probability of being poor with \$5.5 per day is at 1.7% and vulnerable with \$13 per day is at 6.2% in Peru. The highest probability of being vulnerable is observed in Costa Rica while the highest probability of being poor with \$1.9, \$3.2, \$5.5 per day is observed in Colombia.



Figure ES2: Grouped bar graph showing decrease in probability of attending school if people of age groups 6 to 17 and 18 to 25 have disability in eight countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. X-axis representing eight countries and Y-axis representing change in probability of attending school (%). The graph only shows statistically significant probabilities. The decrease in probability of attending school for age groups 6 to 17 and 18 to 25 in Bolivia is at 9% and 6.7% respectively. The decrease in probability of attending school for age groups 6 to 17 and 18 to 25 in Chile is at 1.8% and 4.6% respectively. The decrease in probability of attending school for age group 6 to 17 in Colombia is at 14.8%. The decrease in probability of attending school for age group 18 to 25 in Costa Rica is at 7.6%. The decrease in probability of attending school for age groups 6 to 17 and 18 to 25 in Ecuador is at 12% and 11% respectively. The decrease in probability of attending school for age groups 6 to 17 and 18 to 25 in Mexico is at 14.9% and 13% respectively. The decrease in probability of attending school for age groups 6 to 17 and 18 to 25 in Panama is at 2.9% and 14% respectively. The decrease in probability of attending school for age groups 6 to 17 and 18 to 25 in Peru is at 14.3% and 17.8% respectively.

Figure ES.3: Stacked bar graph showing decrease in probability of completing Primary, Secondary and Tertiary education by disability and disability and ethnoracial minority status in five countries which are Brazil, Costa Rica, Ecuador, Mexico and Uruguay. X-axis representing five countries and Y-axis representing change in probability of completing education (%). The graph only shows statistically significant probabilities. In Brazil, the decrease in the probability of completing primary education due to disability is of 24% and for disability and ethnoracial minority status is 33%, for secondary education is at 23% and at 35% respectively and for tertiary education is at 11% and 17% respectively. In Costa Rica, the decrease in the probability of completing primary education due to disability is of 4% and for disability and ethnoracial minority status is 12%, for secondary education is at 11% and at 14% respectively, and for tertiary education is at 9% and 13% respectively. In Ecuador, the decrease in the probability of completing primary education due to disability is of 22% and for disability and ethnoracial minority status is 25%, for secondary education is at 19% and at 27% respectively, and for tertiary education is

at 6% and 10% respectively. In Mexico, the decrease in the probability of completing primary education due to disability is of 27% and for disability and ethnoracial minority status is 30%, for secondary education is at 23% and at 28% respectively, and for tertiary education is at 9% and 12% respectively. In Uruguay, the decrease in the probability of completing primary education due to disability is of 43% and for disability and ethnoracial minority status is 50%, for secondary education is at 25% and at 28% respectively, and for tertiary education is at 6% and 8% respectively.

Figure ES.4: Grouped bar graph showing decrease in wage percentage points if a person (ages 18 to 59) has a disability and is Female, lives in Rural Area or is Indigenous or Afro-descendant in five countries which are Bolivia, Chile, Costa Rica, Mexico and Peru. X-axis representing five countries and Y-axis representing change in wage (%). The graph only shows statistically significant probabilities. The decrease in the wage percentage point for All, Female and Ethnic Minority in Bolivia is observed at 8.3%, 16.8% and 20.2% respectively. The decrease in the wage percentage point for All and Female in Chile is observed at 6.6% and 16.5% respectively along with a 7.7% increase in Rural. The decrease in the wage percentage point for All and Female in Costa Rica is observed at 11% and 22.9% respectively. The decrease in the wage percentage point for All, Female and Ethnic Minority in Mexico is observed at 11.1%, 14.2% and 10.5% respectively. The decrease in the wage percentage point for All, Female and Rural in Peru is observed at 11.4%, 17.5% and 20.9% respectively.

Figure 2.1: Graph depicting the changes in the population pyramids by sex and age group in 1970, 2000, 2019 and projection for 2050. X-axis representing percentage of population from 0% to 10% with the right side showing women and the left side men, and Y-axis representing various age groups from 0 to 4 to 100+. The graph is represented in steps highlighting the years 1970, 2000, 2019, and 2050. Share of older people from the age group 45 to 49 and older grows significantly between 2019 to 2050.

Figure 2.3: Horizontal stacked bar graph showing the prevalence of disability by male and female for age groups 0 to 25, 26 to 64 and 65+ years in eight countries which are Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, Uruguay and the regional average for Latin America and the Caribbean. X-axis representing prevalence of disability (%) and Y-axis representing the countries. In Brazil, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 9% and 11%, 26 to 64 years at 26.9% and 32.9%, and 65+ years at 64.6% and 70.1% respectively. In Costa Rica, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 4.2% and 3.9%, 26 to 64 years at 11.9% and 12%, and 65+ years at 40% and 41.8%. In the Dominican Republic, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 3.9% and 4.6%, 26 to 64 years at 13.3% and 18.4%, and 65+ years at 45.3% and 53.6% respectively. In Ecuador, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 3.2% and 2.6%, 26 to 64 years at 7% and 5.4%, and 65+ years at 24.1% and 23.2% respectively. In El Salvador, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 1.9% and 1.4%, 26 to 64 years at 5.4% and 3.7%, and 65+ years at 23.6% and 20.5% respectively. In Mexico, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 1.9% and 1.4%, 26 to 64 years at 5.3% and 4.9%, and 65+ years at 30.2% and 32.6% respectively. In Panama, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 2.3% and 2%, 26 to 64 years at 8.6% and 9.4%, and 65+ years at 35.3% and 37% respectively. In Uruguay, the percentage of prevalence of disability by male and female for age groups 0 to 25 years is observed at 5.4% and 5.2%, 26 to 64 years at 12.7% and 16.6%, and 65+ years at 41.5% and 50.2% respectively. In Latin America and the Caribbean, the average of prevalence of disability by male and female for age groups 0 to 25 years is observed at 5.8% and 6.7%, 26 to 64 years at 18.4% and 21.7%, and 65+ years at 50% and 55.2% respectively. Disability prevalence is higher among older population (specially 65 and older) and among women.

Figure 2.4: Grouped bar graphs of Prevalence of Disability among Afro-descendants (AD) versus non-Afro-descendants for all age groups showing Latin America and the Caribbean average along with five countries which are Brazil, Costa Rica, El Salvador, Panama, and Uruguay. X-axis representing five countries and the region's average, and Y-axis representing prevalence of disability (%). The prevalence of disability for all age groups among Afro-descendants and non-Afro-descendants in Brazil is at 24.3% and 23.5%, respectively. In Costa Rica, the prevalence of disability for all age groups among Afro-descendants and non-Afro-descendants is at 10.7% and 10.4%, respectively. In El Salvador, the prevalence of disability for all age groups among Afro-descendants and non-Afro-descendants is at 6.6% and 4.1%, respectively. In Panama, the prevalence of disability for all age groups among Afro-descendants and non-Afro-descendants is at 10% and 7.5%, respectively. In Uruguay, the prevalence of disability for all age groups among Afro-descendants and non-Afro-descendants is at 18.4% and 15.5%, respectively. In Latin America and the Caribbean, the disability's prevalence average for all age groups among Afro-descendants and non-Afro-descendants is at 23.9% and 21.3%, respectively. The prevalence of disability is slightly higher among Afro-descendants than non-Afro-descendants of all ages.

Grouped bar graphs of Prevalence of Disability among Afro-descendants (AD) versus non-Afro-descendants for 65 years or older showing Latin America and the Caribbean average along with five countries which are Brazil, Costa Rica, El Salvador, Panama, and Uruguay. X-axis representing five countries and the region's average and Y-axis representing prevalence of disability (%). In Brazil, the prevalence of disability for those being 65 years or older among Afro-descendants and non-Afro-descendants is at 71.4% and 65.1%, respectively. In Costa Rica, the prevalence of disability for those being 65 years or older among Afro-descendants and non-Afro-descendants is at 44.8% and 40.7%, respectively. In El Salvador, the prevalence of disability for those being 65 years or older among Afro-descendants and non-Afro-descendants is at 20% and 21.8%, respectively. In Panama, the prevalence of Disability for those being 65 years or older among Afro-descendants and non-Afro-descendants is at 40.1% and 35.8%, respectively. In Uruguay, the prevalence of disability for those being 65 years or older among Afro-descendants and non-Afro-descendants is at 56.9% and 46.3%, respectively. In Latin America and the

Caribbean, the disability's prevalence average for those being 65 years or older among Afro-descendants and non-Afro-descendants is at 71% and 61%, respectively. The prevalence of disability among Afro-descendants is higher than from non-Afro-descendants of 65 years of age or older.

Figure 3.1: Line graph showing the poverty rate (\$5.5 per day) in various regions such as Central America, Andean Region, Latin America and the Caribbean (Old), Latin America and the Caribbean (New) and South Cone from 1999 to 2020. Latin America and Caribbean has two lines to represent old and new measurements as described in the note. X-axis representing years and Y-axis representing poverty rate (%). In the Andean Region, the trends show a gradual decrease in the poverty rate from about 59% in 2000 to about 26% in 2019. In Central America, the trends show a gradual decrease in the poverty rate from about 45% in 2000 to about 34% in 2019. In Latin America and the Caribbean (old), the trends show a gradual decrease in the poverty rate from about 45% in 2000 to about 30% in 2015. In Latin America and the Caribbean (New), the trends show a gradual decrease in the poverty rate from about 24% in 2015 to about 23% in 2019. In the South Cone, the trends show a gradual decrease in the poverty rate from about 28% in 2000 to about 12% in 2019. In general, the trends show a gradual decrease in the poverty rate except in the South Cone where there is a slight increase from 2018 onwards.

Figure 3.2: Grouped bar graph showing the percentage of households with person with disability and households without a person with disability that are poor (\$5.5 per day) in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru. X-axis representing seven countries and Y-axis representing household poverty rate (%). In Bolivia, the percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability is observed at 30% and 16.7%, respectively. In Chile, the percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability is observed at 2.6% and 2.8%, respectively. In Colombia, the percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability is observed at 36% and

26.1%, respectively. In Costa Rica, the percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability is observed at 9.2% and 8.2%, respectively. In Ecuador, the percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability is observed at 27% and 24.2%, respectively. In Mexico, the percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability is observed at 23.3% and 16.9% respectively. In Peru, the percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability is observed at 24.2% and 19.3%, respectively. The biggest difference in percentage of poverty (\$5.5 per day) in households with person with disability and households without a person with disability are observed in Bolivia and Colombia.

Figure 3.4: Line graphs showing the household poverty rate of household with person with disability and household without a person with disability in Mexico, the data going from 2010 to 2014, and resuming again from 2016 to 2018. X-axis representing years and Y-axis representing household poverty rate (%). The poverty rate of household with person with disability is observed at 33.2% in 2010 which showed a bit of a raise to 33.6% in 2014, decreasing to 23.3% in 2018. The poverty rate of household without a person with disability is observed at 26.1% in 2010 which showed a bit of a decrease to 25.3% in 2014 and finally declined to 16.9% in 2018.

Line graphs showing the household poverty rate of household with person with disability and household without a person with disability in Peru from 2014 to 2018. X-axis representing years and Y-axis representing household poverty rate (%). The poverty rate of household with person with disability is observed at 28.2% in 2014 which showed a bit of a decline to 27.4% in 2016 and finally reached to 24.2% in 2018. The poverty rate of household without a person with disability is observed at 21.8% in 2014 which showed a bit of a decline to 21.2% in 2016 and finally declined to 19.3% in 2018.

Line graphs showing the household poverty rate of household with person with disability and household without a person with disability in Costa Rica from 2010 to 2018. X-axis representing years and Y-axis representing household poverty rate (%). The poverty rate of household with person with disability is observed at 14.4% in 2010 which showed rapid decline to 10.1% in 2012 and finally reached to 9.2% in 2018. The poverty rate of household without a person with disability is observed at 9.6% in 2010 which showed a bit of a raise to 10.1% in 2011 and finally declined to 8.2% in 2018 after fluctuations.

Line graphs showing the household poverty rate of household with person with disability and household without a person with disability in Chile from 2009 to 2017. X-axis representing years and Y-axis representing household poverty rate (%). The poverty rate of household with person with disability is observed at 12.9% in 2009 which showed a sharp decline to 5.5% in 2013 and finally reached to 2.6% in 2017. The poverty rate of household without a person with disability is observed at 11.8% in 2009 which showed a sharp decline to 4.8% in 2013 and finally declined to 2.8% in 2017.

Figure 3.5: Grouped bar graph showing annualized reduction on poverty rate (\$5.5 per day) in households with a person with disability and households without a person with disability in three countries which are Peru (2014 to 2018), Costa Rica (2010 to 2018) and Chile (2009 to 2017). X-axis representing three countries and Y-axis representing change on household poverty rate (%). In Peru, the percentage of poverty reduction rate in households with person with disability is observed at 3.2%, while households without a person with disability is at 2.5%. In Costa Rica, the percentage of poverty reduction rate in households with a person with disability is observed at 5.1% and in households without a person with disability is at 1.9%. In Chile, the percentage of poverty reduction rate in households with person with disability is observed at 19.3%, while for households without disability at 4.9%. The highest percentage of poverty reduction rate in households with a person with disability and households without a person with disability is observed in Chile.

Figure 3.6: Grouped bar graph showing the percentage of share of income from nonlabor sources in households with all ages and with person with disability and households with all ages and without a person with disability in five countries which are Bolivia, Chile, Costa Rica, Mexico, and Peru. X-axis representing five countries and Y-axis representing share of income (%). In Bolivia (2018), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 36.7% and 15.6%, respectively. In Chile (2017), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 38.1% and 21.1%, respectively. In Costa Rica (2018), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 45.3% and 23.6%, respectively. In Mexico (2018), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 33% and 15.9%, respectively. In Peru (2018), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 37.6% and 22.5%, respectively. In all countries the share of nonlabor income for households with all ages and a person with disability is higher than in households with all ages and without a person with disability.

Grouped bar graph showing the percentage of share of income from nonlabor sources in households with an elder (60 years of age or older) and with person with disability and households with an elder (60 years of age or older) and without a person with disability in five countries which are Bolivia, Chile, Costa Rica, Mexico, and Peru. X-axis representing five countries and Y-axis representing share of income (%). In Bolivia (2018), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 55.8% and 38.8%, respectively. In Chile (2017), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 55.4% and 42.5%, respectively. In Costa Rica (2018), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 59% and 47%, respectively. In Mexico (2018), the percentage of share of income in households with

a person with disability and households without a person with disability is observed at 45.7% and 35.3%, respectively. In Peru (2018), the percentage of share of income in households with a person with disability and households without a person with disability is observed at 47.6% and 34%, respectively. In all countries the share of nonlabor income for households with an elder (60 years of age or older) and a person with disability is higher than in households with an elder (60 years of age or older) and without a person with disability.

Grouped bar graph showing the percentage of share of income from nonlabor sources in households without an elder (60 years of age or older) and a person with disability and households without an elder (60 years of age or older) and without a person with disability in five countries which are Bolivia, Chile, Costa Rica, Mexico, and Peru. X-axis representing five countries and Y-axis representing share of income (%). The percentage of share of income in households with a person with disability and households without a person with disability in Bolivia (2018) is observed at 10.5% and 10%, respectively. The percentage of share of income in households with a person with disability and households without a person with disability in Chile (2017) is observed at 17.3% and 10.8% respectively. The percentage of share of income in households with a person with disability and households without a person with disability in Costa Rica (2018) is observed at 26.5% and 14.3%, respectively. The percentage of share of income in households with a person with disability and households without a person with disability in Mexico (2018) is observed at 14.8% and 10.5%, respectively. The percentage of share of income in households with a person with disability and households without a person with disability in Peru (2018) is observed at 21.4% and 16.5%, respectively. In all countries the share of nonlabor income for households without an elder (60 years of age or older) and a person with disability is higher than in households without an elder (60 years of age or older) and without a person with disability.

Figure 3.7: Grouped bar graph showing change in probability of being poor (using different poverty lines at \$1.9, \$3.2, and \$5.5 per day) or vulnerable (\$13) if household has persons with disability in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru. X-axis representing seven countries and Y-axis representing change in probability of being poor and vulnerable. The graph only shows statistically significant probabilities. In Bolivia, the probability of being poor with \$3.2 per day is at 3%, with \$5.5 per day is at 6.2% and vulnerable with \$13 per day is at 6.7%. In Chile, the probability of being vulnerable with \$13 per day is at 5%. In Colombia, the probability of being poor with \$1.9 per day is at 2.8%, with \$3.2 per day is at 4.3%, with \$5.5 per day is at 6.4% and vulnerable with \$13 per day is at 4.3%. In Costa Rica, the probability of being poor with \$5.5 per day is at 2.1% and vulnerable with \$13 per day is at 9.5%. In Ecuador, the probability of being poor with \$5.5 per day is at 3.4% and vulnerable with \$13 per day is at 5.3%. In Mexico, the probability of being poor with \$3.2 per day is at 0.8%, with \$5.5 per day is at 4.4% and vulnerable with \$13 per day is at 6.7%. In Peru, the probability of being poor with \$5.5 per day is at 1.7% and vulnerable with \$13 per day is at 6.2%. The highest probability of being vulnerable is observed in Costa Rica while the highest probability of being poor with \$1.9, \$3.2, \$5.5 per day is observed in Colombia.

Figure 3.8: Dot plot showing change in probability of being poor (\$5.5 per Day) if living in household with a person with disability in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru, in different years between 2009 and 2018 depending on data availability for each country. X-axis representing seven countries and Y-axis representing change in probability of being poor (%). The highest percentage of being poor in household with persons with disability for Bolivia is in 2018, for Chile is in 2011, for Colombia is in 2014, for Costa Rica is in 2010, for Ecuador is in 2014, for Mexico is in 2014, and for Peru is in 2017. The graph includes the 95% confidence interval and shows how along years the estimated change in probability varies per country, only being consistently different from zero for all years covered in Colombia and Mexico.

Figure 3.9: Grouped bar graph showing change in probability of being poor (using different poverty lines at \$1.9, \$3.2, and \$5.5 per day) or vulnerable (\$13) if the household with a person with disability lives in a rural area in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru. X-axis representing seven countries and Y-axis representing change in probability of being poor or vulnerable (%). The graph only shows statistically significant probabilities. In Bolivia, the probability of being poor with \$1.9 per day is at 7.1%, with \$3.2 per day is at 18.3%, with \$5.5 per day is at 37.1% and vulnerable with \$13 per day is at 27.6%. In Chile, the probability of being vulnerable with \$13 per day is at 5.4%. In Colombia, the probability of being poor with \$1.9 per day is at 11.9%, with \$3.2 per day is at 22.5%, with \$5.5 per day is at 26.4% and vulnerable with \$13 per day is at 14.1%. In Costa Rica, the probability of being poor with \$5.5 per day is at 3.1% and vulnerable with \$13 per day is at 9.7%. In Ecuador, the probability of being poor with \$1.9 per day is at 1.8%, with \$3.2 per day is at 6.7%, with \$5.5 per day is at 17.4% and vulnerable with \$13 per day is at 10.8%. In Mexico, the probability of being poor with \$1.9 per day is at 2.1%, with \$3.2 per day is at 5.9%, with \$5.5 per day is at 10.9% and vulnerable with \$13 per day is at 5%. In Peru, the probability of being poor with \$1.9 per day is at 5%, with \$3.2 per day is at 16.8%, with \$5.5 per day is at 31.6% and vulnerable with \$13 per day is at 24.1%. The highest probability of being vulnerable (\$13 per day) as well as poor (\$3.2, \$5.5 per day) are observed in Bolivia while being extreme poor (\$1.9 per day) is observed in Colombia.

Figure 3.10: Grouped bar graph showing change in probability of being poor (using different poverty lines at \$1.9, \$3.2, and \$5.5 per day) or vulnerable (\$13), if the household with a person with disability has a head of household identified as indigenous person or afro-descendant in five countries which are Bolivia, Chile, Ecuador, Mexico, and Peru. X-axis representing five countries and Y-axis representing change in probability of being poor or vulnerable (%). The graph only shows statistically significant probabilities. In Bolivia, the probability of being poor with \$1.9 per day is at 2.4%, with \$3.2 per day is at 7.3%, with \$5.5 per day is at 13.1% and vulnerable with \$13 per day is at 9.4%. In Chile, the probability of being vulnerable with \$13 per day is at 3.2%. In Ecuador, the probability of being poor with \$1.9 per day is at 1.2%, with \$3.2 per day is at 4% and with \$5.5 per day is at 5.6%.

In Mexico, the probability of being poor with \$1.9 per day is at 1.5%, with \$3.2 per day is at 3.8%, with \$5.5 per day is at 7.9% and vulnerable with \$13 per day is at 4.9%. In Peru, the probability of being poor with \$3.2 per day is at 2.2%, with \$5.5 per day is at 7.6% and vulnerable with \$13 per day is at 9.1%. The highest probability of being vulnerable (\$13 per Day) as well as poor (\$1.9, \$3.2, \$5.5 per Day) is observed in Bolivia.

Figure 3.11: Grouped bar graph showing change in probability of being poor (using different poverty lines at \$1.9, \$3.2, and \$5.5 per day) or vulnerable (\$13) if the household with a person with disability is female headed in four countries which are Chile, Colombia, Ecuador and Mexico. X-axis representing four countries and Y-axis representing change in probability of being poor or vulnerable (%). The graph only shows statistically significant probabilities. In Chile, the probability of being poor with \$1.9 per day is at negative 0.4% and vulnerable with \$13 per day is at 2.4%. In Colombia, the probability of being poor with \$3.2 per day is at 4% and vulnerable with \$13 per day is at 10.3%. In Ecuador, the probability of being poor with \$5.5 per day is at 4.6% and vulnerable with \$13 per day is at 7.6%. In Mexico, the probability of being vulnerable with \$13 per day is at 4%. The highest probability of being vulnerable (\$13 per Day) is observed in Colombia.

Figure 3.12: Grouped bar graph showing Prevalence of Disability in Households prevalence of disability in households in bottom 40 and upper 60 percent of income (% of Households with at Least One Person with Disability) in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico and Peru. X-axis representing various countries and Y-axis representing the prevalence of disability in households (%). The percent of bottom 40 at 31.5% and upper 60 at 20.8% are recorded in Bolivia. The percent of bottom 40 at 30.5% and upper 60 at 25.1% are recorded in Chile. The percent of bottom 40 at 17.7% and upper 60 at 12.3% are recorded in Colombia. The percent of bottom 40 at 23.4% and upper 60 at 17.3% are recorded in Costa Rica. The percent of bottom 40 at 17.7% and upper 60 at 15.1% are recorded in Ecuador. The percent of bottom 40 at 26.1% and upper 60 at 18.9% are recorded in Mexico. The percent of bottom 40 at 13.3% and upper 60 at 11.1% are recorded in Peru. In all countries the prevalence of disability in the household is higher in the bottom 40 percent of income when compared to upper 60 percent of income.

Figure 3.13: Grouped bar graph showing Prevalence of Disability in Households by Quintile 1 and Quintile 5 of income (% of Households with at Least One Person with Disability) in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico and Peru. X-axis representing seven countries and Y-axis representing Prevalence of disability in households (%). In Bolivia, the percent of Quintile 1 is at 36.9% and of Quintile 5 is at 19.5%. In Chile, the percent of Quintile 1 is at 29.6% and of Quintile 5 is at 16.1%. In Colombia, the percent of Quintile 1 is at 18.8% and of Quintile 5 is at 10%. In Costa Rica, the percent of Quintile 1 is at 23.2% and Quintile 5 is at 12.7%. In Ecuador, the percent of Quintile 1 is at 17.8% and of Quintile 5 is at 12.5%. In Mexico, the percent of Quintile 1 is at 26.9% and of Quintile 5 is at 13.3%. In Peru, the percent of Quintile 1 is at 13.9% and of Quintile 5 is at 7.6%. In all countries the prevalence of disability is higher in the poorest quintile (quintile 1) when compared to richest quintile (quintile 5).

Figure 3.14: Grouped bar graph showing percentage of chronic poverty and vulnerability in households with person with and without disability in five countries which are Bolivia (2016 to 2018), Chile (2015 to 2017), Costa Rica (2016 to 2017), Mexico (2016 to 2018) and Peru (2016 to 2018). X-axis representing five countries and Y-axis representing chronic poverty or vulnerable households (%). The percentage of 'Chronic poor' and 'Chronic poor or vulnerability' is observed at 30% and 70.4% in Households with person with disability while 25.4% and 66.7% for household without disability in Bolivia. The percentage of 'Chronic poor' and 'chronic poor or vulnerability' is observed at 7.2% and 48.1% in Households with person with disability while 5.6% and 45.9% for household without disability in Chile. The percentage of 'Chronic poor' and 'chronic poor or vulnerability' is observed at 20.1% and 58.8% in Households with person with disability while 18.6% and 56.7% for household without disability in Costa Rica. The percentage of 'Chronic poor' and 'chronic poor or vulnerability' is observed at 34.4% and 78% in Households with person with disability while 34.3% and 74.1% for household without disability in Mexico. The percentage of 'Chronic poor' and 'chronic poor or vulnerability' is observed at 47.8% and 75.5% in Households with person with disability while 44.5% and 70.9% for household without disability in Peru.

Figure 3.15: Grouped bar graph showing poverty or vulnerability transitions in households with a person with disability and households without a person with disability in five countries which are Bolivia (2016 to 2018), Chile (2015 to 2017), Costa Rica (2016 to 2018), Mexico (2016 to 2018) and Peru (2016 to 2018). X-axis representing five countries and Y-axis representing Proportion of households in poverty or vulnerability transition (%). In Bolivia, the proportion of households with a person with disability and households without a person with disability out of poverty is 70% and 74.6%, Out of poverty or vulnerability 29.6% and 33.3%, Into Poverty 20% and 13% and into poverty or vulnerability 49.6% and 39.7%, respectively. In Chile, the proportion of households with a person with disability and households without a person with disability Out of poverty is 92.8% and 94.4%, Out of poverty or vulnerability 51.9% and 54.1%, Into Poverty 3.2% and 2.5% and into poverty or vulnerability 28.2% and 20.6%, respectively. In Costa Rica, the proportion of households with a person with disability and households without a person with disability Out of poverty is 79.9% and 81.4%, Out of poverty or vulnerability 41.2% and 43.3%, Into Poverty 9.3% and 7.2% and into poverty or vulnerability 37.2% and 26.5%, respectively. In Mexico, the proportion of households with a person with disability and households without a person with disability Out of poverty is 65.6% and 65.7%, Out of poverty or vulnerability 22% and 25.9%, Into Poverty 19.7% and 13.7% and into poverty or vulnerability 59.2% and 40.9%, respectively. In Peru, the proportion of households with a person with disability and households without a person with disability Out of poverty is 52.2% and 55.5%, Out of poverty or vulnerability 24.5% and 29.1%, Into Poverty 18.5% and 13.3% and into poverty or vulnerability 54.9% and 40.1% respectively. In Chile and Costa Rica, the proportion of households in and out of poverty is similar between households with a person with disability and households without a person with disability. In Bolivia, Mexico and Peru the proportion of households that transition into poverty is higher among households with a person with disability compared to households without a person with disability.

Figure 3.16: Grouped bar graph showing household poverty rates by presence of a person who does not work because of disability or because of disease (\$5.5 per day) grouped in households with a person with disability and households without a person with disability in fourteen countries which are Bolivia, Brazil, Chile, Costa Rica, Dominican Republic, Ecuador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru and Uruguay. X-axis representing fourteen countries and Y-axis representing Household poverty rates (%). The poverty rate of Households with a person with disability is 31.1% and of Household without a person with disability is 22.2% in Bolivia. The poverty rate of Household with a person with disability is 28.3% and of Household without a person with disability is 19.1% in Brazil. The poverty rate of Household with a person with disability is 4.4% and percentage of Household without a person with disability is 3% in Chile. The poverty rate of Household with a person with disability is 9.6% and percentage of Household without a person with disability is 7.4% in Costa Rica. The poverty rate of Household with a person with disability is 20.4% and of Household without a person with disability is 14.8% in Dominican Republic. The poverty rate of Household with a person with disability is 18.8% and of Household without a person with disability is 18% in Ecuador. The poverty rate of Household with a person with disability is 42.6% and of Household without a person with disability is 41.2% in Guatemala. The poverty rate of Household with a person with disability is 88.4% and of Household without a person with disability is 79.7% in Haiti. The poverty rate of Household with person with disability is 60.6% and of Household without person with disability is 46.9% in Honduras. The poverty rate of Household with a person with disability is 30.8% and of Household without a person with disability is 18% in Mexico. The poverty rate of Household with person with disability is 41.9% and of Household without a person with disability is 29.1% in Nicaragua. The poverty rate of Household with a person with disability is 26.1% and of Household without a person with disability is 16% in Paraguay. The poverty rate of Household with a person with disability is 25.6% and of Household without a person with disability is 21.5% in Peru. The poverty rate of Household with a person with disability is 2.8% and of Household without a person with disability is 1.9% in Uruguay. In all countries poverty rates are higher among households with a person with disability compared to households without a person with disability.

Figure 3.17: Grouped bar graph showing household multidimensional poverty rates in households with a person with disability and households without a person with disability for rural and urban areas in eight countries which are Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay. X-axis representing eight countries and Y-axis representing Household Multidimensional Poverty rate (%). The multidimensional poverty rates in households with a person with disability is 27.7% and in households without a person with disability is 22.6% in rural areas and the multidimensional poverty rates in households with a person with disability is 19% and in households without a person with disability is 11.2% in urban areas in Brazil. The multidimensional poverty rates in households with a person with disability is 25.1% and in households without a person with disability is 22.2% in rural areas and the multidimensional poverty rates in households with a person with disability is 21.5% and in households without a person with disability is 15.3% in urban areas in Costa Rica. The multidimensional poverty rates in households with a person with disability is 30.7% and in households without a person with disability is 28.8% in rural areas and the multidimensional poverty rates in households with person with disability is 20.5% and in households without a person with disability is 16% in urban areas in Dominican Republic. The multidimensional poverty rates in households with a person with disability is 41.2% and in households without a person with disability is 33.3% in rural areas and the multidimensional poverty rates in households with person with disability is 26.2% and in households without a person with disability is 16.9% in urban areas in Ecuador. The multidimensional poverty rates in households with person with disability is 55.8% and in households without a person with disability is 52.8% in rural areas and the multidimensional poverty rates in households with a person with disability is 37.5% and in households without a person with disability is 29.3% in urban areas in El Salvador. The multidimensional poverty rates in households with a person with disability is 31.8% and in households without a person with disability is 31.5% in rural areas and the multidimensional poverty rates in households with a person with disability is 24% and in households without a person with disability is 16.5% in urban areas in Mexico. The multidimensional poverty rates in households with a person with disability is 46.8% and in households without a person with disability in rural areas 38.9% and the multidimensional poverty rates in households with a person with disability is 23.9% and in households without a person with disability is 12.7% in urban areas in



Panama. The multidimensional poverty rates in households with a person with disability is 20.2% and in households without a person with disability is 12% in urban areas in Uruguay. In all countries and areas of residence multidimensional poverty is higher among households with a person with disability compared to households without a person with disability.

Figure 3.18: Grouped bar graph showing share of households with a person with disability and households without a person with disability for urban areas in eight countries which are Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay. X-axis representing eight countries and Y-axis representing Share of Households living in slums (%). In Brazil, the share of households living in slums among those with a person with disability is 29.1% and in households without a person disability is 24%. In Costa Rica, the share of households living in slums among those with a person with disability is 4.4% and in households without a person with disability is 3.4%. In the Dominican Republic, the share of households living in slums among those with a person with disability is 26.7% and households without a person with disability is 27.8%. In Ecuador, the share of households living in slums among those with a person with disability is 19.9% and in households without a person with disability is 15.9%. In El Salvador, the share of households living in slums among those with a person with disability is 41.7% and in households without a person with disability is 37%. In Mexico, the share of households living in slums among those with a person with disability is 11.2% and in households without a person with disability is 9.1%. In Panama, the share of households living in slums among those with a person with disability is 22.6% and in households without a person with disability is 20.3%. In Uruguay, the share of households living in slums among those with a person with disability is 9.3% and in households without a person with disability is 7.3%. In all countries, except for the Dominican Republic, the share of households living in slums is higher among those with a person of with disability compared to those without a person with disability.

Figure 3.19: Grouped bar graph depicting access to sewerage among households with a person with disability and households without a person with disability by urban and rural areas in eight countries which are Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay. X-axis representing eight countries and Y-axis representing Share of Household (%). In Brazil, the share of households with access to sewerage with a person with disability is 18.2% and in households without a person with disability is 20.6% in rural areas and the share of households with a person with disability is 71.8% and households without a person with disability is 76.7% in urban areas. In Costa Rica, the share of households with access to sewerage with a person with disability is 89.8% and in households without a person with disability is 90.6% in rural areas and the share of households with a person with disability is 96.9% and in households without a person with disability is 97.6% in urban areas. In the Dominican Republic, the share of households with access to sewerage with a person with disability is 37.2% and in households without a person with disability is 36.9% in rural areas and the share of households with a person with disability is 80.8% and in households without a person with disability is 80.8% in urban areas. In Ecuador, the share of households with access to sewerage with a person with disability is 49.6% and households without a person with disability is 54.1% in rural areas and the share of households with a person with disability is 89.6% and in households without a person with disability is 91.8% in urban areas. In El Salvador, the share of households with access to sewerage with disability is 8.7% and in households without a person with disability is 8.7% in rural areas and the share of households with a person with disability is 62.3% and households without a person with disability is 66.1% in urban areas. In Mexico, the share of households with access to sewerage with a person with disability is 65.9% and in households without a person with disability is 65% in rural areas and the share of households with a person with disability is 94.8% and households without a person with disability is 95.9% in urban areas. In Panama, the share of households with access to sewerage with a person with disability is 24.2% and households without a person with disability is 27.1% in rural areas and the share of households with a person with disability is 78.3% and in households without a person with disability is 80.3% in urban areas. In Uruguay, the share of households with access to sewerage of households with persons with disability is 97.1% and households without a person with disability is 97.6% in urban areas. In all countries access to sewerage is similar

among households with a person with disability and households without a person with disability.

Grouped bar graph depicting access to water among households with a person with disability and households without a person with disability by urban and rural areas in eight countries which are Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay. X-axis representing eight countries and Y-axis representing Share of Household (%). In Brazil, the share of households with access to water with a person with disability is 70.1% and in households without a person with disability is 72.4% in rural areas and the share of households with a person with disability is 97.3% and in households without a person with disability is 98% in urban areas. In Costa Rica, the share of households with access to water with a person with disability is 93.7% and in households without a person with disability is 94.2% in rural areas and the share of households with a person with disability is 98.8% and households without person with disability is 99% in urban areas. In the Dominican Republic, the share of households with access to water with a person with disability is 67.3% and in households without a person with disability is 68.7% in rural areas and the share of households with a person with disability is 90.3% and in households without a person with disability is 89.1% in urban areas. In Ecuador, the share of households with access to water with a person with disability is 71.2% and households without a person with disability is 71.9% in rural areas and the share of households with a person with disability is 90.2% and households without person with disability is 91.4% in urban. In El Salvador, the share of households with access to water with a person with disability is 55% and in households without a person with disability is 54.2% in rural areas and the share of households with a person with disability is 89.1% and households without a person with disability is 89.9% in urban areas. In Mexico, the share of households with access to water with a person with disability is 77% and households without a person with disability is 75.7 in rural areas and the share of households with a person with disability is 95.9% and households without a person with disability is 96.1% in urban areas. In Panama, the share of households with access to water with a person with disability is 77.4% and households without a person with disability is 78.2% in rural areas and the share of households with a person with disability is 97.8% and households without a person with disability is 98.3% in urban areas. In Uruguay, the percentage of households

with a person with disability is 98.5% and in households without a person with disability is 98.8% in urban areas. In all countries access to water is similar among households with a person with disability and households without a person with disability.

Grouped bar graph depicting access to electricity among households with a person with disability and households without a person with disability by urban and rural areas in eight countries which are Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay. X-axis representing eight countries and Y-axis representing Share of Household (%). In Brazil, the share of households with access to electricity with a person with disability is 92.8% and households without a person with disability is 92.7% in rural areas and the share of households with a person with disability is 99.6% and in households without a person with disability is 99.8% in urban areas. In Costa Rica, the share of households with access to electricity with a person with disability is 96.3% and households without a person with disability is 96.6% in rural areas and the share of households with a person with disability is 99.7% and households without a person with disability is 99.8% in urban areas. In the Dominican Republic, the share of households with access to electricity with a person with disability is 89.3% and in households without a person with disability is 87.5% in rural areas and the share of households with a person with disability is 98.5% and in households without a person with disability is 98.4% in urban areas. In Ecuador, the share of households with access to electricity with a person with disability is 89.5% and in households without a person with disability is 89.7% in rural areas and the share of households with a person with disability is 97.3% and in households without a person with disability is 97.8% in urban areas. In El Salvador, the share of households with access to electricity with a person with disability is 75% and in households without a person with disability is 76% in rural areas and the share of households with a person with disability is 94.7% and in households without a person with disability is 95.5% in urban areas. In Mexico, the share of households with access to electricity with a person with disability is 93.9% and in households without a person with disability is 93.2% in rural areas and the share of households with a person with disability is 99.1% and in households without a person with disability is 99.3% in urban areas. In Panama, the share of households with access to electricity with a person with disability is 62.3% and in households

without a person with disability is 64.3% in rural areas and the share of households with a person with disability is 98.1% and in households without a person with disability is 98.8% in urban areas. In Uruguay, the share of households with access to electricity with a person with disability is 98.9% and in households without a person with disability is 99.1% in urban areas. In all countries access to electricity is similar among households with a person with disability and households without a person with disability.

Figure 3.20: The grouped bar graph represents the share of households with access to internet among households with a person with disability and households without a person with disability for five countries which are: Bolivia (2017), Chile (2017), Costa Rica (2018), Mexico (2018), and Peru (2018). The X-axis on the graph indicates countries with an urban and rural division, whereas the Y-axis on the graph indicates the share of households in percentage. In rural Bolivia, the share of households with a person with disability with access to internet is 0.4%, and without a person with disability is 0.8%. In urban Bolivia, the share of households with a person with disability with access to internet is 21%, and without a person with disability is 24.1%. In rural Chile, the share of households with a person with disability with access to internet is 21.5%, and without a person with disability is 31.1%. In urban Chile, the share of households with a person with disability with access to internet is 48.6% and without a person with disability is 60.9%. In rural Costa Rica, the share of households with a person with disability with access to internet is 50.1% and without a person with disability is 62.8%. In urban Costa Rica, the share of households with a person with disability with access to internet is 65.1%, and without a person with disability is 81.1%. In rural Mexico, the share of households with a person with disability with access to internet is 3%, and without a person with disability is 4.8%. In urban Mexico, the share of households with a person with disability with access to internet is 19.5%, and without a person with disability is 30.5%. In rural Peru, the share of households with a person with disability with access to internet is 1.3%, and without a person with disability is 2.2%. In urban Peru, the share of households with a person with disability with access to internet is 31.4%, and without a person with disability is 39.2%. In all countries and areas of residence, households without a person with a disability have higher access to internet compared to households with a person with disability.

The grouped bar graph represents the share of households with access to a computer among households with a person with disability and households without a person with disability for five countries which are: Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018), and Peru (2018). The X-axis on the graph indicates countries with an urban and rural division, whereas the Y-axis on the graph indicates the share of households in percentage. In rural Bolivia, the share of households with a person with disability with access to a computer is 3.7%, and without a person with disability is 6.8%. In urban Bolivia, the share of households with a person with disability with access to a computer is 32.2%, and without a person with disability is 34.2%. In rural Chile, the share of households with a person with disability with access to a computer 26.3%, and without a person with disability is 36.3%. In urban Chile, the share of households with a person with disability with access to a computer is 51.6%, and without a person with disability is 63.5%. In rural Costa Rica, the share of households with a person with disability with access to a computer is 21.2%, without a person with disability is 31.3%. In urban Costa Rica, the share of households with a person with disability with access to a computer is 39.8%, without a person with disability is 55.6%. In rural Mexico, the share of households with a person with disability with access to a computer is 5.9%, without a person with disability is 9%. In urban Mexico, the share of households with a person with disability with access to a computer is 22.4%, without a person with disability is 35.6%. In rural Peru, the share of households with a person with disability with access to a computer is 3.2%, without a person with disability is 6.3%. In urban Peru, the share of households with a person with disability with access to a computer is 33.9%, without a person with disability is 43.1%. In all countries and areas of residence, households without a person with a disability have higher access to a computer compared to households with a person with disability.

The grouped bar graph represents the share of households with access to a computer among households with a person with disability and households without a person with disability for five countries which are Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018), and Peru (2018). The X-axis on the graph indicates countries with an urban and rural division, whereas the Y-axis on the graph indicates the share of households in percentage. In rural Bolivia, the share of households with



a person with disability with access to cellphones is 70.8%, and without a person with disability is 83.8%. In urban Bolivia, the share of households with a person with disability with access to cellphones is 93.1%, and without a person with disability is 97.2%. In rural Chile, the share of households with a person with disability with access to cellphones is 94.5%, and without a person with disability is 96.3%. In urban Chile, the share of households with a person with disability with access to cellphones is 94.9%, and without a person with disability is 97.8%. In rural Costa Rica, the share of households with a person with disability with access to cellphones is 89.3%, and without a person with disability is 95.8%. In urban Costa Rica, the share of households with a person with disability with access to cellphones is 92.1%, and without a person with disability is 97.4%. In rural Mexico, the share of households with a person with disability with access to cellphones is 64.1%, and without a person with disability is 75.4%. In urban Mexico, the share of households with a person with disability with access to cellphones is 81.6%, and without a person with disability is 92.3%. In rural Peru, the share of households with a person with disability with access to cellphones is 68.7%, and without a person with disability is 82.2%. In urban Peru, the share of households with a person with disability with access to cellphones is 87.2%, and without a person with disability is 95.3%. In all countries and areas of residence, households without a person with a disability have higher access to cellphones compared to households with a person with disability.

Figure 3.21: The grouped bar graph represents the share of households having access to cars among households with a person with disability and households without a person with disability for seven countries which are Brazil, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama and Uruguay. The X-axis on the graph indicates countries with an urban and rural division, whereas Y-axis on the graph indicates the share of households in percentage. In rural Bolivia, the share of households with a person with disabilities having access to cars is 19.5%, and without a person with disability is 25.2%. In urban Bolivia, the share of households with persons with disabilities having access to cars is 30.6%, and without a person with disability is 44.4%. In rural Costa Rica, the share of households with a person with disability having access to cars is 24.1%, and without a person with disability is

30.4%. In urban Costa Rica, the share of households with persons with a disability having access to cars is 34%, and without a person with disability is 43.2%. In rural Dominican Republic, the share of households with persons with disability having access to cars is 9.5%, and without a person with disability is 10.3%. In urban Dominican Republic, the share of households with a person with disability having access to cars is 21%, and without a person with disability is 22.7%. In rural El Salvador, the share of households with a person with disability having access to cars is 6.7%, and without a person with disability is 7.4%. In urban El Salvador, the share of households with a person with disability having access to cars is 18.6%, and without a person with disability is 23.1%. In rural Mexico, the share of households with a person with disability having access to cars is 28.4%, and without a person with disability is 31.4%. In urban Mexico, the share of households with a person with disability having access to cars is 38.3%, and without a person with disability is 51.3%. In rural Panama, the share of households with a person with disability having access to cars is 10.1%, and without a person with disability is 14.6%. In urban Panama, the share of households with a person with disability having access to cars is 30.9%, and without a person with disability is 39.6%. In urban Uruguay, the share of households with a persons with disability having access to cars is 22.1%, and without a person with disability is 36.6%. In all countries and areas of residence, households without a person with a disability have higher access to cars compared to households with a person with disability.

Figure 4.1: Grouped bar graph depicting percentage of primary school population for age group 6 to 12 that is not attending school for children with disability and children without disability and the gap between the two, in eight countries which are Brazil, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Panama and Uruguay. X-axis representing eight countries and Y-axis representing Primary school age population not attending school (%). In Brazil, the percentage of Primary school age population not attending school of children with disability is 12.6%, children without disability is 2.8% and the Gap is 9.8%. In Costa Rica, the percentage of Primary school age population not attending school for children with disability is 4.4%, children without disability is 6% and the Gap is 1.6%. In the Dominican Republic, the percentage of Primary school age population not attending school for children with disability is 18.1%, children without disability is 4.6% and the Gap is 13.5%. In Ecuador, the percentage of Primary school age population not attending

school for children with disability is 16%, children without disability is 3% and the Gap is 13%. In El Salvador, the percentage of Primary school age population not attending school for children with disability is 50.2%, children without disability is 19.4% and the Gap is 30.8%. In Mexico, the percentage of Primary school age population not attending school for children with disability is 18.1%, children without disability is 4% and the Gap is 14.1%. In Panama, the percentage of Primary school age population not attending school for children with disability is 7%, children without disability is 3.5% and the Gap is 3.5%. In Uruguay, the percentage of Primary school age population not attending school for children with disability is 6.5%, children without disability is 3.8% and the Gap is 2.7%. In all countries except Costa Rica the percentage of children with disability not attending school is higher compared to children without disability; El Salvador shows the bigger gap.

Figure 4.2: Grouped bar graph showing decrease in probability of attending school if a person has disability and is aged between 6 and 17 years old or between 18 and 25 years old in eight countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. X-axis representing eight countries and Y-axis representing change in probability of attending school (%). The graph only shows statistically significant probabilities. In Bolivia, the decrease in the probability between the age group 6 to 17 is 9% whereas for age group 18 to 25 is 6.7%. In Chile, the decrease in the probability between the age group 6 to 17 is 1.8% whereas for age group 18 to 25 is 4.6%. In Colombia, the decrease in the probability between the age group 6 to 17 is 14.8%. In Costa Rica, the decrease in the probability between the age group 18 to 25 is 7.6%. In Ecuador, the decrease in the probability between the age group 6 to 17 is 12% whereas for age group 18 to 25 is 11%. In Mexico, the decrease in the probability between the age group 6 to 17 is 14.9% whereas for age group 18 to 25 is 13%. In Panama, the decrease in the probability between the age group 6 to 17 is 2.9% whereas for age group 18 to 25 is 14% in Panama. In Peru, the decrease in the probability between the age group 6 to 17 is 14.3% whereas for age group 18 to 25 is 17.8% in Peru.

Figure 4.3: The grouped bar graph represents the probability of completing primary, secondary, or tertiary school for eight countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. The X-axis indicates eight countries, whereas Y-axis indicates the change in probability of completing each level of education (%). The graph only shows statistically significant probabilities. In Bolivia, the decrease in probability of attending primary school is 15.6%, and secondary school is 9%. In Chile, the decrease in probability of attending primary school is 11.3%; secondary school is 13.4%; tertiary school is 10.3%. In Colombia, the decrease in probability of attending primary school is 23.6%, and secondary school is 20.2%. In Costa Rica, the decrease in probability of attending primary school is 14.1%; secondary school is 27.1%; tertiary school is 8.1%. In Ecuador, the declined probability of attending primary school is 31.7%; secondary school is 24.9%; tertiary school is 7.1%. In Mexico, the decrease in probability of attending primary school is 20.2%; secondary school is 23.5%; tertiary school is 11.1%. In Panama, the decrease in probability of attending primary school is 17.6%, and secondary school is 23.9%. In Peru, the decrease in probability of attending primary school is 28.2%; secondary school is 38.1%; tertiary school is 18.7%. Peru has the highest decrease in probability of completing education for secondary and tertiary school, Ecuador for primary. In all countries the probability of completing school in at least one level of education is reduced because of disability.

Figure 4.4: Stacked bar graph showing decrease in probability of completing primary, secondary and tertiary education by disability and ethnoracial minority in five countries which are Brazil, Costa Rica, Ecuador, Mexico and Uruguay. X-axis is representing five countries and y-axis is representing the change in probability of completing each level of education (%). In Brazil, the decrease in probability of completing education due to disability is 24%, 23% and 11% for primary, secondary and tertiary respectively and because of disability plus ethnoracial identification is 33%, 35% and 17% for primary, secondary and tertiary respectively. In Costa Rica, the decrease of in probability of completing education due to disability is 4%, 11% and 9% for primary, secondary and tertiary respectively and because of disability plus ethnoracial identification is 12%, 14% and 13% for primary, secondary and tertiary respectively. In Ecuador, the decrease in probability due to disability is 22%,

19% and 6% for primary, secondary and tertiary respectively and because of disability plus ethnoracial identification is 25%, 27% and 10% for primary, secondary and tertiary respectively. In Mexico, the decrease in probability due to disability is 27%, 23% and 9% for primary, secondary and tertiary respectively and because of disability plus ethnoracial identification is 30%, 28% and 12% for primary, secondary and tertiary respectively. In Uruguay, the decrease in probability due to disability is 43%, 25% and 6% for primary, secondary and tertiary respectively and because of disability plus ethnoracial identification is 50%, 28% and 8% for primary, secondary and tertiary respectively. In all countries the probability of completing any level of education decreased if the person has a disability and an additional decrease is observed if the person identifies as being part of an ethnoracial minority.

Figure 4.5: The grouped bar graph represents the change in probability of completing primary education for persons with disability age 15 to 25 that identifies as an ethnoracial minority, is female or lives in rural areas for eight countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. The X-axis indicates eight countries, whereas the y-axis indicates the change in probability of completing education (%). The graph only shows statistically significant probabilities. Bolivia, Costa Rica, and Panama showed no additional decrease in the probability of completing primary education among persons with disability associated to the effects of identification with an ethnoracial minority, being female or living in rural areas. Chile has a 4.9% increase in probability associate to the female effect. Colombia, Ecuador, Mexico and Peru have respectively a 23.1%, 10.8%, 6.8% and 15% decline in the probability of completing primary education associated to the rural effect. Living in rural areas is the effect that shows in most countries statistical significance and is associated to a decrease in the probability of completing primary education among persons with disability age 15 to 25.

Figure 4.6: The grouped bar graph represents the change in probability of completing secondary education for persons with disability age 25 to 30 that identifies as an ethnoracial minority, is female, or lives in rural areas for eight countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. The X-axis indicates eight countries, whereas the y-axis indicates the change in probability of completing education (%). The graph only shows statistically significant probabilities. Costa Rica showed no additional decrease in the probability of completing secondary education among persons with disability associated to the effects of identification with an ethnoracial minority, being female or living in rural areas. Bolivia, Chile and Colombia have respectively a 32.3%, 18.9% and 41.5% decrease in the probability of completing secondary education associated to the rural effect whereas Ecuador, Mexico, Panama and Peru have a 19.7%, 10.8%, 35.9% and 27.5% decrease, respectively. Chile is the only country with an increase probability of completing secondary education associated to the female effect of 8.2%. Ecuador is the only country with a decrease in probability of completing secondary school associated to identification to an ethnoracial minority of 23.2%. Living in rural areas is the effect that shows in most countries statistical significance and is associated to a decrease in the probability of completing secondary education among persons with disability age 25 to 30.

Figure 4.7: The grouped bar graph represents the change in probability of completing tertiary education for persons with disability age 25 to 35 that identifies as an ethnoracial minority, is female, or lives in rural areas for eight countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. The X-axis indicates eight countries, whereas the y-axis indicates the change in probability of completing education (%). The graph only shows statistically significant probabilities. Costa Rica and Panama showed no additional decrease in the probability of completing tertiary education among persons with disability associated to the effects of identification with an ethnoracial minority, being female or living in rural areas. Bolivia, Chile, Colombia and Ecuador have a 22.4%, 16.6%, 18.2% and 8.9% decrease in the probability of completing education associated to the rural effect whereas Mexico and Peru have a 9.1% and 7.6%, respectively. Living in rural areas is the effect that shows in most countries statistical significance and is associated to a decrease in the probability of completing tertiary education among persons with disability age 25 to 35.

Figure 4.8: Line graphs depicting percentage of children age 6 to 17 not attending school for persons with disability and persons without disability in four countries which are Chile, Costa Rica, Mexico, and Peru. The X-axis indicates years which cover 2009 to 2017 in Chile, 2010 to 2018 in Costa Rica, 2010 to 2018 in Mexico and 2014 to 2018 in Peru, whereas the y-axis indicates the percentage of students who did not attend school (%). In Chile, children with disability who did not attend school went from 11% to 3.6%, and without disability went from 2.9% to 1.7 % from 2009 to 2017. In Costa Rica children with disability who did not attend school went from 15.5% to 8.8%, and without disability from 7.6% to 4.1 % from 2010 to 2018. In Mexico, children with disability who did not attend the school went from 28.1% to 24.2%, and without disability from 11.2% to 8.4% from 2010 to 2018. In Peru, children with disability who did not attend the school went from 29.5% to 19.4%, and without disability from 6.5% to 5.3% from 2014 to 2018. In all countries the percentage of children with disability not attending schools is higher compared to those without disability. Chile and Costa Rica show the lowest gap of attendance to school between children with disability and those without disability.

Figure 5.1: Grouped bar graph showing employment status among people with and without disability of age group 18 to 59 divided in two categories which are economically active and not economically active. X-axis representing labor status which are employed, unemployed and inactive and y-axis representing percentage of population, age 18 to 59 (%). The rate of employment among persons with disability is 93.8% and among persons without disability is 94.2%. The rate of unemployed among persons with disability is 6.2% and among person without disability is 5.8%. The rate of inactivity among persons with disability is 48.7% and among persons without disability is 28.6%. On average, in the Latin America and Caribbean region the inactivity rate is 20 percentage points higher among persons with disability compared to persons without disability.

Figure 5.2: Grouped bar graph showing inactivity rate among person with and without disability by gender, age groups, ethnoracial identity, and area of residency. The X-axis indicates a classification of people with and without disability based on gender, age, ethnicity, and area of residence, whereas the y-axis indicates the inactivity rate. The inactivity rate of females with disability is 56.9%, and without disability is 43.1%, whereas the inactivity rate of males with disability is 39.8% and without disability is 13.3%. The inactivity rate of age 18-25 with disability is 55.3%, and without disability is 36.8%; the inactivity rate of age 26-45 with disability is 44.8% and without disability is 23.3%; the inactivity rate of age 46-59 with disability is 50.3% and without disability is 31.7%. The inactivity rate of afrodescendant with disability is 47.7%, and without disability is 26.9%; the inactivity rate of the indigenous population with disability is 49.9% and without disability is 37.6%; the inactivity rate of indigenous populations and afrodescendants with disability is 48% and without disability is 28.5%. The inactivity rate of people living in rural areas with disability is 53.2%, and without disability is 38.8%, whereas the inactivity rate people living in urban areas with disability is 50.7% and without disability is 28.2%. In all levels of desegregation persons with disability show a higher rate of inactivity, especially among females, the youth age 18 to 25, indigenous populations and if living in rural areas.

Figure 5.3: Grouped bar graph showing inactivity rate among person with and without disability and the gap between the two in seven countries which are Brazil, Costa Rica, Ecuador, El Salvador, Mexico, Panama, and Uruguay. The X-axis indicates seven countries, whereas y-axis indicates inactivity rates (%). In Brazil, the inactivity rate of persons with disability is 47.2%, without disability is 24.9%, and the difference rate between those with and without disability is 22.3%. In Costa Rica, the inactivity rate of persons with disability is 47.4%, without disability is 35.5%, and the difference rate between those with and without disability is 12%. In Ecuador, the inactivity rate of persons with disability is 46.6%, without disability is 30.5%, and the difference rate between those with and without disability is 16.1%. In El Salvador, the inactivity rate of persons with disability is 59.6%, without disability is 38.9%, and the difference rate between those with and without disability is 20.7%. In Mexico, the inactivity rate of persons with disability is 52.8%, without disability is 34.6%, and the difference rate between those with and without disability is 18.1%. In Panama, the inactivity rate of

persons with disability is 59.4%, without disability is 29.3%, and the difference rate between those with and without disability is 30.1%. In Uruguay, the inactivity rate of persons with disability is 52%, without disability is 16.6%, and the difference rate between those with and without disability is 35.5%. In all countries the inactivity rate of persons with disability age 18 to 59 is higher than the one for persons without disability, the biggest gap is observed in Uruguay.

Figure 5.5: Grouped bar graph depicting informality rate of persons age 18 to 59 with disability and without disability in five countries which are Bolivia, Chile, Costa Rica, Mexico and Peru. X-axis representing five countries and y-axis is representing the informality rate (%). The graph also indicates the Latin America and Caribbean average at rate of 49.6%. In Bolivia, the informality rate of persons with disability is 74% and of persons without disability is 65.4%. In Chile, the informality rate of persons with disability is 37% and of persons without disability is 28.2%. In Costa Rica, the informality rate of persons with disability is 50.7% and of persons without disability is 34.2%. In Mexico, the informality rate of persons with disability is 53% and of persons without disability is 42.5%. In Peru, the informality rate of persons with disability is 72% and of persons without disability is 58.3%. In all countries the informality rate is higher among people with disability compared to people without disability and higher than the regional average, except for Chile and persons without disability in Mexico.

Figure 5.6: Bar graph depicting the change in probability of working in an informal sector for persons with disability between the age group 18 to 59 in five countries which are Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018) and Peru (2018). X-axis is representing five countries and y-axis is representing change in probability of working in informal sector (%). The graph only shows statistically significant probabilities. Bolivia and Peru showed no increase in the probability of working in the informal sector because of disability. The probability of working in informal sector is increased because of disability in Chile, Costa Rica and Mexico by 1.4%, 7% and 2.7%, respectively.

Figure 5.7: Grouped bar graph depicting the percentage of persons age 18 to 59 with disability and without disability employed in agriculture in six countries which are Bolivia, Chile, Costa Rica, Mexico, Panama and Peru. X-axis is representing six countries and y-axis is representing people employed in agriculture (%). In Bolivia, the percentage of persons with disability employed in agriculture is 34.5% and without disability is 22.1%. In Chile, the percentage of persons with disability employed in agriculture is 8.5% and without disability is 7.5%. In Costa Rica, the percentage of persons with disability employed in agriculture is 10% and without disability is 10%. In Mexico, the percentage of persons with disability employed in agriculture is 17.8% and without disability is 12%. In Panama, the percentage of persons with disability employed in agriculture is 11.2% and without disability is 11.6%. In Peru, the percentage of persons with disability employed in agriculture is 35.6% and without disability is 22.5%. In most countries, especially in Bolivia, Peru and Mexico, the percentage of persons employed in agriculture is higher among persons with disability when compared to persons without disability.

Figure 5.8: Dot plot graph depicting employment in low skilled jobs among persons age 18 to 59 with and without disability in all states of Brazil. The percentage of persons with disability employed in low skill jobs is around 60%, and of persons without disability around 70% in Maranhão. The percentage of persons with disability employed in low skill jobs is around 60%, and of persons without disability low skill is around 65% in Roraima. The percentage of persons with disability employed in low skill jobs is around 61%, and of persons without disability is around 66% in Rondônia. The percentage of persons with disability employed in low skill jobs is around 65%, and of persons without disability is around 71% in Piauí. The percentage of persons with disability employed in low skill jobs is around 70%, and of persons without disability is around 71% in Pernambuco. The percentage of persons with disability employed in low skill jobs is around 64%, and of persons without disability is around 65% in Amazonas. The percentage of persons with disability employed in low skill jobs is around 61%, and of person without disability is around 62% in Acre. The percentage of persons with disability employed in low skill jobs is around 69%, and of persons without disability is around 71% in Ceará. The percentage of persons with disability employed in low skill jobs is around 67%, and of persons without disability is around 68% in Bahia. The percentage of persons with

disability employed in low skill jobs is around 70%, and of persons without disability is around 71% in Santa Catarina. The percentage of persons with disability employed in low skill jobs is around 67%, and of persons without disability is around 68% in Pará. The percentage of persons with disability employed in low skill jobs is around 73%, and of persons without disability is around 72% in Paraná. The percentage of persons with disability employed in low skill jobs is around 70%, and of persons without disability is around 69% in Sergipe. The percentage of persons with disability employed in low skill jobs is around 70%, and of persons without disability is around 69% in Rio Grande do Norte. The percentage of persons with disability employed in low skill jobs is around 70%, and of persons without disability is around 69% in Rio Grande do Sul. The percentage of persons with disability employed in low skill jobs is around 71%, and of persons without disability is around 69% at the National level. The percentage of persons with disability employed in low skill jobs is around 71%, and of person without disability is around 69% in Alagoas. The percentage of persons with disability employed in low skill jobs is around 71%, and of persons without disability is around 69% in Paraíba. The percentage of persons with disability employed in low skill jobs is around 67%, and of persons without disability is around 65% in Amapá. The percentage of persons with disability employed in low skill jobs is around 71%, and of persons without disability is around 67% in Espírito Santo. The percentage of persons with disability employed in low skill jobs is around 80%, and of persons without disability is around 78% in São Paulo. The percentage of persons with disability employed in low skill jobs is around 73.5%, and of persons without disability is around 66.1% in Mato Grosso. The percentage of persons with disability employed in low skill jobs is around 75.8%, and of persons without disability is around 67.9% in Distrito Federal. The percentage of persons with disability employed in low skill jobs is around 79.3%, and of persons without disability low skill is around 69.8% in Rio de Janeiro. The percentage of persons with disability employed in low skill jobs is around 73.8%, and of persons without disability is around 64% in Minas Gerais. The percentage of persons with disability employed in low skill jobs is around 74.5%, and of persons without disability is around 63.6% in Goiás and Tocantins .The percentage of persons with disability working in low skill jobs is higher than the percentage among persons without disability specially in the largest cities such as Rio de Janeiro, Brasilia, and São Paulo in Brazil.

Dot plot graph depicting employment in low skilled jobs among persons age 18 to 59 with and without disability in all states of Mexico. The percentage of persons with disability employed in low skill jobs is 71.9%, and of persons without disability is 75.1% in Hidalgo. The percentage of persons with disability employed in low skill jobs is 72.4% and of persons without disability is 74.1% in Durango. The percentage of persons with disability employed in low skill jobs is 58.2% and of persons without disability is 59.8% in Oaxaca. The percentage of persons with disability employed in low skill jobs is 71.9% and of persons without disability is 75.1% in Hidalgo. The percentage of persons with disability employed in low skill jobs is 73.5% and of persons without disability is 73.9% in Tlaxcala. The percentage of persons with disability employed in low skill jobs is 69.4% and of persons without disability is 68.5% in Puebla. The percentage of persons with disability employed in low skill jobs is 69.4% and of persons without disability is 68% in Campeche. The percentage of persons with disability employed in low skill jobs is 75% and of persons without disability is 73.3% in Yucatan. The percentage of persons with disability employed in low skill jobs is 73.1% and of persons without disability is 71.1% in Michoacán de Ocampo. The percentage of persons with disability employed in low skill jobs is 69.7% and of persons without disability is 67.6% in Veracruz de Ignacio de la Llave. The percentage of persons with disability employed in low skill jobs is 71.3% and of persons without disability is 69.1% in Zacatecas. The percentage of persons with disability employed in low skill jobs is 76.9% and of persons without disability is 74.4% in Baja California Sur. The percentage of persons with disability employed in low skill jobs is 67.7% and of persons without disability is 65.1% in Guerrero. The percentage of persons with disability employed in low skill jobs is 72.6% and of persons without disability is 69.8% in Tabasco. The percentage of persons with disability low skill is 79.2% and of persons without disability is 76.1% in Querétaro. The percentage of persons with disability employed in low skill jobs is 53.5% and of persons without disability is 50.4% in Chiapas. The percentage of persons with disability employed in low skill jobs is 81.2% and of persons without disability is 77.7% in Guanajuato. The percentage of persons with disability employed in low skill jobs is 79.7% and of persons without disability is 75.9% in San Luis Potosi. The percentage of persons with disability employed in low skill jobs is 84.2% and of persons without disability is 80.3% in Baja California. The percentage of persons with disability employed in low skill jobs is 76.3% and of persons without disability is



72.1% in Nayarit. The percentage of persons with disability employed in low skill jobs is 77.7% and of persons without disability is 73.4% at the National level. The percentage of persons with disability employed in low skill jobs is 81.2% and of persons without disability is 76.6% in Jalisco. The percentage of persons with disability employed in low skill jobs is 85.2% and of persons without disability is 79.6% in Mexico. The percentage of persons with disability employed in low skill jobs is 84.3% and of persons without disability is 78.8% in Coahuila de Zaragoza. The percentage of persons with disability employed in low skill jobs is 83.7% and of persons without is 73.1% in Chihuahua. The percentage of persons with disability employed in low skill jobs is 84.1% and of persons without disability is 77.8% in Aguascalientes. The percentage of persons with disability employed in low skill jobs is 76.9% and of persons without disability is 70.6% in Colima. The percentage of persons with disability employed in low skill jobs is 81.9% and of persons without disability is 75.4% in Quintana Roo. The percentage of persons with disability employed in low skill jobs is 85.8% and of persons without disability is 78.3% in Nuevo Leon. The percentage of persons with disability employed in low skill jobs is 87.1% and of persons without disability is 79% in Tamaulipas. The percentage of persons with disability employed in low skill jobs is 84.1% and of persons without disability is 75.5% in Sinaloa. The percentage of persons with disability employed in low skill jobs is 86.9% and of persons without disability is 77.7% in Sonora. The percentage of persons with disability employed in low skill jobs is 84.1% and of persons without disability is 74.3% in Morelos. The percentage of persons with disability employed in low skill jobs is 81% and of persons without disability is 69.8% in Distrito Federal. The percentage of persons with disability working in low skill jobs is higher than the percentage among persons without disability specially in the largest cities such as Mexico City.

Figure 5.9: Grouped bar graph represents the amount paid to a person with a disability per \$1 received by a person without a disability in a similar job in five countries which are Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018) and Peru (2018). The X-axis indicates a population of persons with disability by all, ethnicity, area, activity, and sex, whereas the y-axis indicates the amount paid to a person with a disability per \$1 received by a person without a disability in a similar

job. The amount paid to a person with a disability per \$1 received by a person without a disability in a similar job on average per country is \$0.9 in Bolivia, Chile and Peru and \$0.8 in Costa Rica and Mexico. The amount paid to a person with disability per \$1 received by a person without a disability by area of residency is in rural areas \$0.8 in Bolivia, Chile and Peru and \$0.9 in Costa Rica and Mexico, and in urban areas \$1 in Bolivia, \$0.9 in Chile and Peru and \$0.8 in Costa and Mexico. The amount paid to a person with disability per \$1 received by a person without a disability by ethnicity if the person identifies as part of an ethnoracial minority is \$1 in Bolivia and Mexico, \$0.9 in Chile and \$0.8 in Peru, and if not part of an ethnic minority \$0.9 in Bolivia and Chile, \$1 in Peru and \$0.8 in Mexico. The amount paid to a person with a disability per \$1 received by a person without a disability by economic activity in agriculture is \$0.7 in Bolivia, \$1 in Chile, \$0.9 in Costa Rica, and \$0.8 in Mexico and Peru; in industries is \$0.9 in Bolivia, \$0.8 in Chile and Mexico, \$0.7 in Costa Rica, and \$1.1 in Peru, and in services \$1 in Bolivia and Chile, \$0.8 in Costa Rica and \$0.9 in Mexico and Peru. The amount paid to a person with disability per \$1 received by a person without a disability by sex is if female \$0.9 in Bolivia, Chile and Peru, \$0.7 in Costa Rica and \$0.8 in Mexico, and if male \$0.9 in Bolivia, Costa Rica and Mexico, \$1 in Chile, and \$0.8 in Peru. On average, in all countries persons with disability earn less than persons without disability in similar jobs.

Figure 5.10: Bar graph represents the percentage points decrease in wage if a person, age 18 to 59, has a disability in five countries which are Bolivia, Chile, Costa Rica, Mexico and Peru. The X-axis indicates five countries, whereas the Y-axis indicates the change in wage if the person has a disability (%). The percentage decrease in wage is of 8.3% in Bolivia, 6.6% in Chile, 11% in Costa Rica, 11.1% in Mexico and 11.4% in Peru. In all countries there is a decrease in wage associated to disability.

Figure 5.11: Grouped bar graph depicting percentage points decrease in wage if a personage 18 to 59 has a disability and is a female, lives in a rural area or is a member of an ethnic minority in five countries which are Bolivia, Chile, Costa Rica, Mexico, and Peru. The X-axis indicates five countries, whereas the Y-axis indicates a percentage change in wages. The graph only shows statistically significant results. In

Bolivia, the decline in the wages of persons with disabilities that are female is 16.8%, and of those identifying as an ethnic minority is 20.2%. In Chile, the decline in the wages of persons with disabilities that are female is 16.5%; however, the wages of persons with disabilities that are living in rural areas is increased by 7.7%. In Costa Rica, the decline in the wages of persons with disabilities that are female is 22.9%. In Mexico, the decline in the wages of persons with disabilities that are female is 14.2%, and if identifying as an ethnic minority is 10.5%. In Peru, the decline in the wages of persons with disabilities that are female is 17.5%, and of those living in rural areas is 20.9%. In all countries the wage of a person with disability is further reduced if the worker is female.

Figure 5.12: Grouped bar graph represents the percentage of self-employed persons age 18 to 59 with and without disability for the age group 18-59 in six countries which are Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018), Panama (2018) and Peru (2018). The X-axis indicates six countries, whereas the Y-axis indicates the percentage of self-employed persons with and without disability. In Bolivia, self-employed persons with disability are 53.6%, and without disability is 43.1%. In Chile, self-employed persons with disability are 24.2%, and without disability are 18.5%. In Costa Rica, self-employed persons with disability are 24.1%, and without disability are 16.2%. In Mexico, self-employed persons with disability are 19.5%, and without disability are 11.9%. In Panama, self-employed persons with disability are 38.1%, and without disability are 26.4%. In Peru, self-employed persons with disability are 39.9%, and without disability are 34.9%. In all countries the rate of self-employment is higher among persons with disability compared to persons without disability.

Figure 5.13: Bar graph representing the percentage points decrease in wage if a person age 18 to 59 that lives in a household with a person with disability in five countries which are Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018), Panama (2018) and Peru (2018). The Y-axis indicates percentage points of wages of a person living in a household with a person with disability, whereas the X-axis indicates five countries. The decrease in wages in Bolivia is 10.1%; in Chile is 6.1%; in Costa Rica is 9.1%; and in Mexico is 4.3%. Peru showed no decrease in wage associated to living in a household with a person with disability. In all countries, except Peru, there is a decrease in wage for member of a household that has a person with disability.

Figure 5.14: Bar graph represents the percentage points decrease in wage if a person age 18 to 59 that lives in a household with a person with disability and is female, lives in a rural area, or identifies as an ethnic minority in five countries which are Bolivia (2018), Chile (2017), Costa Rica (2018), Mexico (2018), Panama (2018) and Peru (2018). The Y-axis indicates percentage points of wages decrease of a person living in a household with a person with disability, whereas the X-axis indicates five countries. In Bolivia, the decrease in wages of a person living in a household with a person with disability in a rural area is 21.2%. In Chile, the decrease in wages a person living in a household with a person with disability that is female is 5.8%, and if living in a rural area is 6.4%. Costa Rica, Mexico and Peru showed no additional decrease in wage associated to living in a household with a person with disability and being female, living in a rural area, or identifying as an ethnic minority. In two countries, Bolivia and Chile, living in rural area is associated to a decrease in wage of a person living in a household with a person with disability.

Figure 5.15: Grouped bar graph represents the inactivity rate of persons age 18 to 59 that lives in a household with a person with disability or in a household without a person with disability by sex in six countries which are Bolivia, Chile, Costa Rica, Mexico, Panama, and Peru. The Y-axis indicates the inactivity rate, whereas the X-axis indicates countries. In Bolivia, the inactivity rate of females in households with a person with disability is 34.1% and without disability is 37.1%, whereas the rate of males in households with disability is 13.8% and without disability is 11.3%. In Chile,

the inactivity rate of females in households with a person with disability is 39.1% and without disability is 36%, whereas the rate of males in households with disability is 17% and without disability is 13.9%. In Costa Rica, the inactivity rate of females in households with disability is 45.8% and without disability is 41%, whereas the rate of males in households with disability is 13.1% and without disability is 10.7%. In Mexico, the inactivity rate of females in households with a person with disability is 37.5% and without disability is 40.3%, whereas the rate of males in households with disability is 8.2% and without disability is 7.5%. In Panama, the inactivity rate of females in households with disability is 38.1% and without disability is 34%, whereas the rate of males in households with disability is 8.5% and without disability is 7.7%. In Peru, the inactivity rate of females in households with a person with disability is 26.2% and without disability is 22.4%, whereas the rate of males in households with disability is 11.2% and without disability is 8.8%. In all countries the inactivity rate of persons living in a household with a person with disability that are male is higher compared to those in households without a person with disability. Among females, only in Mexico and Bolivia the inactivity rate is slightly lower among person living in households without a person with disability compared to those in households with a person with disability.

Figure 5.16: Grouped bar graph represents the unemployment rate of persons age 18 to 59 that lives in a household with a person with disability or in a household without a person with disability by sex in six countries which are Bolivia, Chile, Costa Rica, Mexico, Panama, and Peru. The Y-axis indicates the unemployment rate, whereas the X-axis indicates six countries. In Bolivia, the unemployment rate of females in households with a person with disability is 7% and without disability is 5.9%, whereas the rate of males in households with disability is 6.3% and without disability is 3.3%. In Chile, the unemployment rate of females in households with a person with disability is 11.2% and without disability is 8.8%, whereas the rate of males in households with disability is 9.1% and without disability is 7.3%. In Costa Rica, the unemployment rate of females in households with disability is 11.5% and without disability is 9.9%, whereas the rate of males in households with disability is 9.6% and without disabilities is 7.1%. In Mexico, the unemployment rate of females in households with a person with disability is 2.6% and without disability is 2.2%,

whereas the rate of males in households with disability is 4.8% and without disability is 3.1%. In Panama, the unemployment rate of females in households with disability is 7.6% and without disability is 8%, whereas the rate of males in households with disability is 7.4% and without disability is 4.8%. In Peru, the unemployment rate of females in households with a person with disability is 3.2% and without disability is 3.7%, whereas the rate of males in households with disability is 3.4% and without disability is 2.8%. In all countries the unemployment rate of persons living in a household with a person with disability that are male is higher compared to those in households without a person with disability. Among females, only in Panama and Peru the unemployment rate is slightly lower among person living in households without a person with disability compared to those in households with a person with disability.

Figure 5.17: Grouped bar graph represents the unemployment rate of the head of household with and without a person with disability by sex in eight countries which are Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, and Uruguay. The Y-Axis indicates the rate of unemployment, whereas the X-axis indicates the countries. In Brazil, the unemployment rate of the head of households if the head is female with a person with disability is 61.3% and the unemployment rate of the head of households if the head is female is 40.1% in households without a person with disability, whereas if male is 38.9% in households with a person with disability and 17.3% in households without a person with disability. In Costa Rica, the unemployment rate of the head of households if the head is female and has a person with disability is 66.8% and the unemployment rate of the head of households if the head is female is 45.1% in households without a person with disability, whereas if male is 34% in households with a person with disability and 13.9% in households without a person with disability. In the Dominican Republic, the unemployment rate of the head of households if the head is female and has a person with disability is 64.3% and the unemployment rate of the head of households if the head is female is 50.9% in households without a person with disability, whereas if male is 32.2% in households with a person with disability and 18.6% in households without a person with disability. In Ecuador the unemployment rate of the head of households if the head is female and has a person with disability is 54.3% and the unemployment rate of the head of households if the head is female is 38.5% in households without a



person with disability, whereas if male is 26.3% in households with a person with disability and 9.9% in households without a person with disability. In El Salvador, the unemployment rate of the head of households if the head is female and has a person with disability is 56.4% and is 42.7% in households without a person with disability, whereas if male is 37.4% in households with a person with disability and 13.9% in households without a person with disability. In Mexico, the unemployment rate of the head of households if the head is female and has a person with disability is 65.1% and 41.4% in households without a person with disability, whereas if male is 34.9% in households with a person with disability and 9.7% in households without a person with disability. In Panama, the unemployment rate of the head of households if the head is female and has a person with disability is 61.5% and is 40.3% in households without a person with disability, whereas if male is 37.2% in households with a person with disability and 14.9% in households without a person with disability. In Uruguay, the unemployment rate of the head of households if the head is female and has a person with disability is 66.8% and is 41.2% in households without a person with disability, whereas if male is 50.7% in households with a person with disability and 22% in households without a person with disability. In all countries the unemployment rate of the head of households, for both sexes, is higher among those living with a person with a disability compared to those without a person with disability.

Figure 5.18: Horizontally stacked bar graph represents the time spent in domestic or care work by men and women in eighteen countries which are Argentina (2013), Bolivia (2001), Brazil (2017), Chile (2015), Colombia (2017), Costa Rica (2017), Cuba (2016), Dominican Republic (2016), Ecuador (2012), El Salvador (2017), Guatemala (2017), Honduras (2009), Mexico (2014), Nicaragua (1998), Panama (2011), Paraguay (2016), Peru (2010), and Uruguay (2013). The X-axis indicates the time spent in unpaid domestic or care work of men and women doing domestic or care work in percentages, whereas the Y-axis indicates eighteen countries. In Argentina, the percentage of time spent by men in domestic work is 5.4%, and care work is 3.9%, whereas the time spent by women in domestic work is 13.7%, and care work is 9.7%. In Bolivia, the percentage of time spent by men in domestic work is 12.1%, whereas the time spent by women in domestic work is 23.1%. In Brazil, the percentage of time spent by men in domestic work is 5.1%, whereas the time spent

by women in domestic work is 11.6%. In Chile, the percentage of time spent by men in domestic work is 7.4%, and care work is 3.3%, whereas the time spent by women in domestic work is 16.5%, and care work is 8.1%. In Colombia, the percentage of time spent by men in domestic work is 3.9%, and care work is 1.3%, whereas the time spent by women in domestic work is 14.3%, and care work is 3.6%. In Costa Rica, the percentage of time spent by men in domestic work is 7.1%, and care work is 1.6%, whereas the time spent by women in domestic work is 18.4%, and care work is 4.2%. In Cuba, the percentage of time spent by men in domestic work is 10.4%, and care work is 2.1%, whereas the time spent by women in domestic work is 15.9%, and care work is 5.1%. In the Dominican Republic, the percentage of time spent by men in domestic work is 2.1%, and care work is 1.7%, whereas the time spent by women in domestic work is 8.7%, and care work is 8%. In Ecuador, the percentage of time spent by men in domestic work is 3.8%, and care work is 0.9%, whereas the time spent by women in domestic work is 15.9%, and care work is 3.8%. In El Salvador, the percentage of time spent by men in domestic work is 4.3%, and care work is 2.7%, whereas the time spent by women in domestic work is 14.7%, and care work is 5.5%. In Guatemala, the percentage of time spent by men in domestic work is 1.1%, and care work is 1.8%, whereas the time spent by women in domestic work is 15.3%, and care work is 4.6%. In Honduras, the percentage of time spent by men in domestic work is 2.9%, and care work is 1.4%, whereas the time spent by women in domestic work is 15.5%, and care work is 1.8%. In Mexico, the percentage of time spent by men in domestic work is 5.7%, and care work is 1.9%, whereas the time spent by women in domestic work is 18.6%, and care work is 5.1%. In Nicaragua, the percentage of time spent by men in domestic work is 12.1%, whereas the time spent by women in domestic work is 22.9%. In Panama, the percentage of time spent by men in domestic work is 6.4%, and care work is 1.2%, whereas the time spent by women in domestic work is 13.8%, and care work is 4.1%. In Paraguay, the percentage of time spent by men in domestic work is 2.4%, and care work is 2%, whereas the time spent by women in domestic work is 10.1%, and care work is 4.9%. In Peru, the percentage of time spent by men in domestic work is 5.9%, and care work is 1.4%, whereas the time spent by women in domestic work is 17%, and care work is 4%. In Uruguay, the percentage of time spent by men in domestic work is 5.6%, and care work is 2.8%, whereas the time spent by women in domestic work is 14.3%, and care work is 5.6%. In all countries, women spent a higher percentage of time in domestic and care work.



Figure 6.2: Multiple line graph depicting the percentage of persons with intellectual disability that perceives that the city where they live is a good place to live in. The X-axis indicates Years, whereas the Y-axis indicates Persons with intellectual disabilities (%). The percentage of persons with intellectual disability perceiving that the city where they live is a good place to live in Haiti show a rise from 30 % in 2010 to 40 % in 2012 and then declined to about 33 % in 2015. The percentage of persons with intellectual disability perceiving that the city where they live is a good place to live in Uruguay show fluctuations starting from about 79% in 2010 and increasing to about 82% in 2015. The percentage of persons with intellectual disability perceiving that the city where they live is a good place to live in Honduras show fluctuations, starting from about 55% in 2010 and declining to about 41% in 2015. The percentage of persons with intellectual disability perceiving that the city where they live is a good place to live in Chile show fluctuations starting from about 68% in 2010 and raising to about 75 % in 2015. The percentage of persons with intellectual disability perceiving that the city where they live is a good place to live in the Dominican Republic show fluctuations starting from about 39% in 2010 and raising to 40% in 2015. The percentage of persons with intellectual disability perceiving that the city where they live is a good place to live in Argentina show fluctuations starting from about 78% in 2010 and declining to about 75% in 2015. Countries perceived as better places to live in by persons with disability include Uruguay, Argentina and Chile.

Figure 6.3: Grouped bar graphs depicting the percentage of persons age 18 to 5 with and without disability who reported sick and/or visiting a health service in the last four weeks in three countries which are Chile, Mexico and Peru. The X-axis indicates countries, whereas the Y-axis indicates the percentage of employed persons. In Chile, among persons who reported being sick, the percentage of persons with disability is 27.6% and of people without disability is 16.4%; the percentage of those who reported being sick and visiting a health service is 91.5% among persons with disability and 92.7% among those without disability. In Mexico, among persons who reported being sick, the percentage of persons with disability is 16.6% and of people without disability is 12.6%; the percentage of those who reported being sick and visiting a health service is 65.5% among persons with disability and 57.2% among those without disability. In Peru, among persons who

reported being sick, the percentage of persons with disability is 73.6% and of persons without disability is 59.1%; the percentage of those who reported being sick and visiting a health service is 27.6% among persons with disability and 26.9% among those without disability. In all countries the percentage of persons with disability that reported being sick is higher when compared to persons without disability. The percentage of persons that reported being sick and visiting a health services is also higher among persons with disability compared to persons without disability, except in Chile.

Figure D.2: Grouped bar graphs depicting the percentage of people with disability by type of disability which are Vision, Hearing, Mobility, Cognitive, Communication, Self-care and Psychosocial for age groups from 0 to 75 and older. The X-axis indicates the various age groups such as 0 to 4, 5 to 14, 15 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, 65 to 74 and 75 and older; whereas the Y-axis indicates percentage of people (%). The highest prevalence of all types of disability is observed in the age group 75 and older which shows Vision at 17 %, Hearing at 15.6 %, Mobility at 32.1%, Cognitive at 6.8%, Communication at 4.1%, Self-care at 12.8% and Psychosocial at 2.3%.The prevalence of disability increase with age, especially after 65 years of age.





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