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IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON
ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Second periodic reports submitted by States parties
under articles 16 and 17 of the Covenant

Addendum

URUGUAY* **

[25 March 1996]

* The initial report submitted by the Government of Uruguay concerning rights covered by articles 6 to 15 of the Covenant (E/1990/5/Add.7) was considered by the Committee on Economic, Social and Cultural Rights at its tenth session (see E/C.12/1994/SR.3, 4, 6 and 13).

** The information submitted in accordance with the guidelines concerning the initial part of reports of States parties is contained in the core document (HRI/CORE/1/Add.9).

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Introduction

1. The Eastern Republic of Uruguay hereby submits its second periodic report, covering the period 1993-1995 for consideration by the Committee on Economic, Social and Cultural Rights. The report outlines the progress made in the realization of the various rights protected by the Covenant, and also contains the additional information requested in the concluding observations on the initial report of Uruguay (see E/C.12/1994/3). In keeping with those observations and with the request made by the Committee at that time, Uruguay, in presenting its second periodic report for consideration by the Committee, is providing fuller and supplementary information relating to those observations.

2. The preparation of the report was entrusted to the Human Rights Section of the Ministry of Foreign Affairs, but it received the support and cooperation of various public authorities and non-governmental organizations (NGOs).

I. INITIAL PART

A. Geographical characteristics

3. Uruguay lies to the north of the River Plate and to the east of the River Uruguay. It shares borders with the Argentine Republic and the Federative Republic of Brazil. The total area of the country is 318,000 km²; including islands, lakes, rivers and maritime areas. The average height above sea-level is 116.7 m, the highest point (513.66 m) being the Cerro Catedral in Sierra Carapé. The coordinates are 34° 22' 58" S, and 54° 40' 26" W.

B. Population

4. The findings of the latest population and housing census are contained in the annexes, 1/ which may be consulted in the files of the Centre for Human Rights.

C. System of government

5. Uruguay has adopted a republican, democratic system of government, in accordance with the Constitution of 1967. Sovereignty resides with the people and is exercised directly by the electorate through elections, initiatives and referendums, and indirectly by the representative branches (Executive, Legislature and Judiciary).

1. Structure of the Legislature

6. Legislative authority is exercised by the General Assembly, consisting of two chambers. The Chamber of Representatives is composed of 99 members directly elected by the people in accordance with the system of proportional representation. The Senate has 30 members, elected directly by popular vote under the system of comprehensive proportional representation. Access to the offices of senator and deputy is conditional upon certain requirements. Deputies must be Uruguayan by birth or have been naturalized Uruguayans for at least five years and be at least 25 years of age.

7. Senators must be Uruguayan by birth or have been naturalized Uruguayans for at least seven years and be at least 30 years of age. The following are ineligible for the office of deputy, under article 91 of the Constitution: the President and Vice-President of the Republic and members of the Judiciary, Court of Audit, Administrative Court, departmental governments, autonomous entities and decentralized services, if they receive a salary, with the exception of retirees and pensioners. This provision does not apply to those holding technical university posts with teaching responsibilities, but if the person elected chooses to continue in the post, he will do so without remuneration for the duration of his term in office. Military personnel who give up their posting and salary to enter the Legislature will retain their rank but for the duration of their legislative terms they may not be promoted; they will be exempt from military discipline and the time during which they serve in the Legislature will not be counted towards seniority or promotion.

8. In the case of Senators, to the above-mentioned list of ineligible persons should be added judges and public prosecutors, police officers and members of the armed forces in command of troops or currently engaged in a military activity, unless they relinquish their office three months prior to the election.

9. Citizens elected to serve as senators or deputies will hold office for five years; they may be re-elected for similar periods by popular vote.

10. The duties of the General Assembly are listed in article 85 of the Constitution. 2/

2. Structure of the Executive

11. The Executive branch consists of the President of the Republic, the Vice-President of the Republic and the Council of Ministers. The President and the Vice-President are elected directly by the people, by a simple majority of votes, under the simultaneous dual-vote system. The Vice-President of the Republic is also President of the General Assembly and of the Senate. The President or Vice-President must be Uruguayan by birth and be at least 35 years of age. Their term of office shall be five years and they may be re-elected, provided five years have passed since the end of the first term of office. The Council of Ministers consists of several members, who are the heads of ministries with exclusive competence in the areas of their respective portfolios.

12. The same requirements and ineligibilities apply to membership of the Executive Cabinet as to the office of senator. Member ministries are currently as follows:

Ministry of National Defence;

Ministry of the Interior;

Ministry of Economic Affairs and Finance;

Ministry of Foreign Affairs;

Ministry of Industry and Energy;
Ministry of Transport and Public Works;
Ministry of Labour and Social Security;
Ministry of Housing, Regional Planning and the Environment;
Ministry of Tourism;
Ministry of Agriculture and Fisheries;
Ministry of Education and Culture.

13. The duties of the Executive are set forth in article 168 of the Constitution.

3. Structure of the Judiciary

14. Judicial authority is exercised by the Supreme Court of Justice and by the various courts and tribunals. The Supreme Court of Justice consists of five members appointed by the Legislature, by a two-thirds majority vote of all members of the General Assembly.

15. Appointments must be made within 90 days of the occurrence of a vacancy. If that period elapses without a special appointment having been made, the office will be conferred upon the most senior member of the Court of Appeal. The maximum duration of the appointment is 10 years, re-election being possible if five years have elapsed between the end of the previous term of office and the re-election. The hierarchical structure of the Judiciary is as follows:

Supreme Court of Justice;
Courts of appeal;
Examining Courts;
Magistrates' Courts;
Courts of Misdemeanours.

16. All members of the judiciary must possess a licence to practise as a lawyer or notary public.

17. Under article 254 of the Constitution the administration of justice is free for those who are declared needy in accordance with the law. The powers of the Supreme Court of Justice are set out in article 239.

D. Recent economic developments

18. Uruguay has long distinguished itself through social legislation that has been advanced for its time. Between the 1930s and the 1960s, the economy

prospered and the infant mortality and literacy rates were important indicators of the living conditions of the majority of Uruguayans.

19. Subsequent decades were marked by the breakdown of institutions and by the military dictatorship, with consequences for the observance of civil, political, economic and social rights. The peaceful transition towards today's democratic system represented a major effort on the part of all sectors of society to heal the wounds of the past and formulate long-term policies that would enable existing social and economic problems to be overcome.

20. Living conditions began to improve markedly as from 1985. Inflation has diminished considerably. Whereas in 1990, it was about 128.9 per cent by 1994 it was down to around 44 per cent. Real wages also rose 1.5 per cent during the period 1990-1994. 3/

21. The Government considers that its policy succeeded because of the economic liberalization, which led to a greater supply of consumer goods at lower prices and improved living conditions for the middle and lower classes. Economic policy was focused principally on cutting public spending, reducing the shortfall in tax revenue, favouring social policies, including new housing for the neediest sectors, and reforming the State through the privatization of public entities.

22. With respect to economic variables, it can be said that the proportion of the population whose basic needs were unmet decreased significantly in the capital, from 10.4 per cent in 1984 to 4.8 per cent in 1993. In towns in the interior it fell from 22.5 per cent to 14 per cent.

23. At the regional level, the agreements on the establishment of the Southern Common Market (MERCOSUR) created favourable economic, trade and production prospects both for Uruguay and for its Argentine, Brazilian and Paraguayan partners.

E. General legal framework within which human rights are protected

1. Authorities responsible for ensuring the observance of human rights

24. Fundamental human rights have been safeguarded in the doctrinal section of the current Constitution. The list of rights and guarantees covers civil and political rights (arts. 7-39) and economic, social and cultural rights (arts. 40-71). Article 72 states that the enumeration of rights and guarantees is neither constitutive nor restrictive, since the other rights inherent in the human being or which derive from the republican form of government may not be excluded from protection by the State.

25. In consequence of the foregoing provision, and in keeping with the status of ordinary law which the international treaties ratified by the Republic, acquire in domestic law, the list of rights subject to domestic protection may be expanded by the incorporation of other human rights, keeping

pace with the progressive development of international law. Domestic protection derives from the concatenation of functions and responsibilities shared by the Executive, the Legislature and the Judiciary.

26. All the branches of government are duty-bound to uphold the Constitution and the law. Human rights violations that constitute ordinary or minor offences will be judged by the impartial and independent courts that make up the Judiciary. If the violation or infraction has not been classified as an offence by national legislation, article 332 of the Constitution will be applied. This article states as follows:

"The provisions of this Constitution which recognize the rights of individuals, as well as those which confer powers and impose duties on public authorities, shall not be without effect by reason of the lack of corresponding regulations; such lack shall be made good by recourse to similar laws, general principles of law and generally accepted doctrines."

2. Acceptable remedies in the event of violation of human rights

27. Existing remedies provide a range of possibilities depending on the nature of the right violated, the source of the violation and its perpetrator.

(a) Nature of the right violated

28. Violations of such fundamental rights as the right to life, physical integrity and liberty constitute criminal offences which are subject to the penalty established by law. Uruguayan domestic law offers the remedy of habeas corpus as a means of protecting personal freedom. Article 17 of the Constitution stipulates:

"In the event of wrongful detention, the person concerned or any other person may apply to the competent judge a writ of habeas corpus so as to require the arresting authority to explain and substantiate without delay the legal grounds for the arrest and to comply with the judge's decision."

29. There is also the remedy of amparo, which has only recently been embodied in the law. Act No. 16,011 of 19 December 1988 states:

"Application for amparo may be made with respect to any act, omission or deed by the State or parastatal authorities or by individuals which actually or potentially jeopardizes, restricts, infringes or threatens, in a manifestly illegal manner, any of the rights or freedoms expressly or implicitly enshrined in the Constitution."

(b) Source of violation

30. There are several possible sources of violation:

(a) Laws;

(b) Decrees;

(c) Administrative acts or decisions.

31. If the source of the violation is in the law, application for a declaration of unconstitutionality may be made to the country's highest judicial organ, the Supreme Court of Justice. Anyone who considers his direct, personal and legitimate interests to have been damaged is legally entitled to bring an action of unconstitutionality in question or to advance the defence that application of the law would, exceptionally, be unconstitutional in his case. The court's decision will refer to the specific case in question, and will not be of general scope its effects being limited to the proceedings in which it was handed down. Article 79 of the current Constitution created a mechanism for direct democracy, which is the institution of the referendum. Voters may apply for a referendum on the repeal of legislation within a year of its promulgation and thereby exercise the right of initiative (formulation of laws) before the Legislature. This petition will be admissible if it is signed by 25 per cent of all registered voters. The petition for a referendum may be lodged against all or any of the articles of the law in question, and the Electoral Court has exclusive competence to receive it.

32. When the violation stems from a decree by the executive, application for the repeal and annulment of the decree may be made to the Administrative Court. Article 303 of the Constitution provides that the decrees of the departmental boards which function as local legislatures may be appealed against before the central Legislature Chamber of Representatives.

33. Administrative acts may be challenged by means of an application for reconsideration to the authority that issued them. In the case of authorities that are themselves subject to a higher body, the application must be filed jointly with an appeal to that body. If the outcome is not favourable to the injured party, the latter has the right to bring an action for annulment. This action may be brought once the administrative remedies have been exhausted, and a decision on it lies with the Administrative Court, which has jurisdiction over administrative decisions. This Court is competent to hear applications for annulment of administrative acts that are contrary to a rule of law or constitute an abuse of authority.

(c) Perpetrator

34. When a human rights violation is committed by a State agent, criminal liability is increased, as reflected in the severity of the corresponding penalties. Thus, for example, the offence of assault, covered by article 316 of the Penal Code, carries a penalty of 3 to 12 months' imprisonment. If, however, the offence is committed by a public official responsible for the administration of a jail or for the custody or transfer of a detainee or convicted prisoner, the penalty is increased by one third. In addition to this criminal liability, misconduct by public officials that does not constitute an offence under law is further subject to the consequences of the officials' administrative and functional liability.

(d) Schemes for the compensation of victims

35. Civil or administrative procedures are streamlined for victims of human rights violations claiming compensation for damage thereby caused. When the damage is caused by a State official, the victim may bring proceedings against the State, which bears civil liability for the damage. All this is without prejudice to actions for recovery that the State may bring against the official who caused the damage, if the latter acted fraudulently or with serious negligence (Constitution, art. 25).

II. GENERAL PROVISIONS OF THE COVENANT

Article 1

36. Under the current Constitution, Uruguay is the political association of all inhabitants of its territory, with no distinction between nationals and foreigners. Full sovereignty resides in the nation, which has exclusive competence to enact laws. Article 2 of the Constitution states that the Republic is and will always be free and independent of any foreign Power. Protection of the nation's wealth is also enshrined in the Constitution, article 34 of which states:

"All the country's artistic or historical wealth, no matter who its owner may be, constitutes the cultural fortune of the nation and shall be under the protection of the State. The law shall determine what is deemed advisable for its defence."

37. Article 50 makes provision for foreign trade policy, under the guidance of the State, protecting production activities that create exports or replace imported goods. The Constitution expressly states:

"Any commercial or industrial organization in the form of a trust shall be under the control of the State" (art. 50, final para.).

Article 2

38. Because of our national character, which is the result of a blending of successive waves of foreigners, primarily Europeans, who arrived in the country in the late nineteenth and early twentieth centuries and settled there, choosing Uruguay as their permanent place of residence, Uruguay and its citizens have an attitude of respect and consideration towards foreigners. Constitutionally and legally, foreigners in Uruguay enjoy the same civil, economic, social and cultural rights as the rest of the population, without discrimination of any kind.

39. According to figures for 1985, 4/ 100,003 persons resident in Uruguay were foreigners. Some 70 per cent of them had arrived and settled in the country prior to 1960. In the period 1980 to 1985, only 10,000 foreigners settled in Uruguay with the intention of taking up permanent residence. As regards the overall figures, it should be noted that 62,145 of all foreigners were of European origin, 38,057 were Latin American, and 1,999 were from the Middle East.

40. By way of example, it may be noted that in the educational field, according to the most recent university census ^{5/} conducted in 1988, 2.2 per cent of students were foreigners. Of those students, 68.6 per cent were from other Latin American countries, of whom 25 per cent were from neighbouring countries, 31 per cent from Chile and 12.6 per cent from other countries in the western hemisphere. About 31.4 per cent of foreign students were from the rest of the world, including 23 per cent from Europe.

Legislation concerning discrimination between Uruguayans and foreigners

41. The right to equal treatment is recognized by the Constitution, and specifically article 8 of the current Constitution. That article forbids discrimination between Uruguayans and foreigners. It states: "All persons are equal before the law, no other distinction being recognized between them save that relating to talent or virtue."

42. Articles 3 and 22 of the Civil Code proclaim the following:

"The laws are binding on all persons inhabiting the territory of the Republic without distinction."

"Uruguayan law makes no distinction between Uruguayans and foreigners as to the acquisition and enjoyment of the civil rights covered by this Code."

43. If the Constitution is violated through the establishment of discriminatory distinctions, the injured party has the right to exercise the pertinent remedies, the nature and scope of which are described in this report.

Realization of economic, social and cultural rights

44. In about 1990, when democratization was under way, social policies were placed in a uniform framework as a strategy to combat poverty. The restructuring of State policies in this field was intended not only as a response to the current situation but also, and primarily, as a means of establishing institutional conditions for sustainable development.

45. With the creation of the Social Investment Programme by the General Planning Office within the Office of the President of the Republic, the problem became one of the country's top priorities. The strategies carried out within this programme called for three types of action. First, there were the short-term assistance activities which permitted the rapid transfer of goods and services required for the survival of critically poor sectors and to reduce the incidence of extreme poverty. This action included the Food Supplement Programme for children and older people. Secondly, there were the short-term activities targeted at the "new poor" to compensate for the serious and undesirable effects of the economic adjustment policy. Economic reform through the establishment of minimum wages for each sector and the promotion of vocational training for workers are other measures geared to the same purpose. Thirdly, there were the medium and long-term activities, forming part of a global process of economic and social reform and aimed at increasing

employment and income for society as a whole, redistributing tax revenue, and giving budgetary priority to the food, housing, health and education sectors.

46. Many of these activities would not have been possible without international financial assistance from the Inter-American Development Bank (IDB), the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

III. SPECIFIC RIGHTS

Article 6

International agreements

47. Uruguay is a party to the following international instruments: International Convention on the Elimination of All Forms of Racial Discrimination; Convention on the Elimination of All Forms of Discrimination against Women; and International Labour Organization (ILO) Conventions Nos. 122 and 111. The reports submitted by Uruguay under article 22 of the Constitution of ILO are annexed to this report. 6/

Levels of employment, unemployment and underemployment

48. Statistical data on employment, unemployment and underemployment for the years 1991-1994 are provided in the annex to this report. 7/

Policies to combat unemployment

49. The State has attempted to reduce unemployment levels through a series of measures. These include the establishment, by Act No. 16,320 of 17 November 1992, of the National Employment Directorate and the National Employment Council, which operate under the direction of the Ministry of Labour and Social Security. The National Employment Directorate has the following responsibilities:

- (a) To design employment policies;
- (b) To advise the Executive on the planning and implementation of migration plans in the labour sector;
- (c) To plan, implement or coordinate plans for placing special groups of workers;
- (d) To supervise private placement agencies;
- (e) To propose and implement labour and vocational guidance programmes, concluding agreements with public bodies and national, foreign or international private entities for this purpose;
- (f) To prepare information programmes on the labour force and its development;

(g) To maintain a roster of persons who have been retrained or have benefited from the labour retraining system;

(h) To develop guidance and technical assistance programmes for workers wishing to run small businesses;

(i) To implement, execute and coordinate studies and projects relating to the utilization of human resources in national, regional, departmental and local plans for social and economic development;

(j) To update the National Classification of Occupations and coordinate occupational certification with other bodies.

50. The National Employment Council has the following responsibilities:

(a) To advise the National Employment Directorate on its legal duties;

(b) To design manpower retraining programmes, either directly or by agreement with public or private, national or foreign entities;

(c) To study and measure the impact of new technologies and integration policies on the labour market, proposing appropriate measures;

(d) To advise other public bodies or private entities on matters within its competence, at their request;

(e) To cooperate and coordinate with the National Employment Directorate on the design of local human resources development policies, coordinating their implementation with municipal governments and NGOs;

(f) To cooperate in the preparation of information programmes on manpower and its development;

(g) To cooperate and coordinate with the National Employment Directorate on the development of career and vocational guidance programmes;

(h) To administer the Workers' Retraining Fund;

(i) To study the needs of workers receiving unemployment benefit, defining their retraining in accordance with their abilities and the demand of the labour market. To this end it allocates the funds it administers on the basis of reasoned and unanimous decisions, and may spend up to 5 per cent of them on studies and research.

51. The National Employment Directorate is a tripartite body. One of its members is the National Employment Director, who acts as chairman; the second member is appointed by the Executive on the recommendation of the most representative trade union organization; and the third member is appointed by the Executive on the recommendation of the employers' sector (industry, trade and agriculture). This structure is completed by the Workers' Retraining Fund, whose purpose is to finance the following services:

(a) Training activities for vocational retraining provided by other State organs or private entities. These programmes will be implemented by means of a contract to be concluded between the National Employment Directorate and the entities selected by the Council for the purpose of conducting the courses;

(b) A special allowance for workers who undergo retraining, consisting of a benefit additional to unemployment insurance. The allowance, representing a percentage of the monthly unemployment benefit, continues to be payable once the insurance benefits have ceased where this is required by the length of the retraining programme. These amounts are determined by the National Employment Directorate, taking into account the number of workers to be retrained, the availability of funds and other factors.

52. The Fund is financed by a contribution of 0.25 per cent of the earnings of employees and employers in the private sector, income from the provision of services to third parties, amounts received through legacies or donations, funds received from loan contracts with national and international organizations, and the proceeds from fines or infractions of Act No. 16,320. The Fund represents an alternative for the vocational guidance and training of unemployed unskilled persons, helping them to find another job quickly.

53. According to article 332 of the Act, the Fund is to concern itself primarily with workers who are unemployed as a result of the incorporation of new technologies or other rationalization processes. The Workers' Retraining Programme is relatively new, having been initiated in Montevideo on 1 December 1993. Of the 18,000 workers receiving unemployment benefit, 2,000 have completed the programme. 8/

54. Workers who are beneficiaries of the Fund must comply with certain legal obligations. In the first place, they must attend the vocational guidance interviews organized or risk being omitted from the list of beneficiaries. Secondly, they must participate in such vocational training activities as are deemed appropriate.

55. The complete list of workers wishing to join or having already joined the retraining scheme is placed in a register, which is consulted by companies wishing to fill vacancies. Employers who hire persons from this list will be exempted during the first 90 days of their employment from the corresponding employers' contributions but must pay 50 per cent of the amount exempted into the Workers' Retraining Fund. During a period of six months, the company may not dismiss such workers, except on grounds of misconduct.

General Labour Inspectorate

56. In its initial report, Uruguay described the regulations contained in domestic law to give effect to the obligations arising under ILO Conventions Nos. 81 and 129. In 1991, the General Labour Inspectorate was established in the public sector by Act No. 15,851. Official inspections or inspections following workers' complaints are conducted to ascertain whether there has been any violation of the rights and guarantees to which the worker is entitled.

Conditions of employment

57. As regards conditions of employment which, even when agreed to by the worker, constitute a violation of his economic rights and freedoms, the Committee's attention is drawn to Judgement No. 12,676 9/ handed down by the court of first instance in the department of Maldonado against a multinational soft-drinks company. In this case, a legal subterfuge was used to conceal the worker's full-time employee status and make him appear as an independent company providing services. As stated in the preamble to the Judgement, fraudulent business transactions permit a powerful company to take advantage of the personal and subordinate nature of the labour relationship in order to evade mandatory regulations and the financial and social insurance contributions which these regulations impose.

58. The principle of the "supremacy of substance" over form, applied by the Uruguayan courts in labour matters, enables judges to require transparency in labour relations and in that way protect workers' rights.

Article 7

59. Uruguay is a party to ILO Conventions Nos. 131, 100, 14, 106, 132, 81, 129 and 155. The reports submitted by Uruguay in accordance with article 22 of the ILO Constitution are contained in the annexes 10/ to this report.

Principal methods used for fixing wages

60. Collective agreements are the principal means of fixing wages in Uruguay. A collective agreement is a written agreement concluded between organizations representing employers and workers, the contents of which govern working conditions. A study of the collective agreements concluded from 1986 to 1988 indicated that 25.80 per cent dealt only with wages. The remaining 74.20 per cent also dealt with such matters as paid leave, overtime, night work, safety conditions and dispute settlement. 11/

61. The Executive branch, through its representatives, acts as a facilitator in collective bargaining by helping to reconcile the parties' positions and approving the agreements reached.

62. Alongside this method, the wages of public employees in certain sectors, domestic employees and agricultural workers are fixed by the authorities.

Minimum wages

63. In 1978, the de facto Government established a body known as DINACOPRIN, to centralize and implement overall wages policy. In 1983, the involvement of the Executive was reduced to fixing the national minimum wage. With the introduction of democracy in 1985, the Executive reinstated the system of bipartite negotiation by branch of activity, and maintained in force the administrative system for fixing the national minimum wage. This wage, however, constitutes a theoretical base, since all manual and clerical workers in Uruguay are currently earning above the minimum wage.

64. Wage-setting decrees have force of law and are monitored by the Labour Inspectorate, which is a department of the Ministry of Labour and Social Security.

65. The minimum wage is adjusted every four months on the basis of previous and projected inflation rates, in order that its real purchasing power may be maintained.

66. As stated earlier, most employees settle wage issues through collective bargaining or through agreements which remain in force for varying periods (1 to 5 years). The minimum wage is confined to a virtually non-existent category of workers and is set by the Government.

67. In the annexes 12/ statistical information is provided on wage trends.

68. The Labour Inspectorate is specifically responsible for monitoring minimum wage levels.

Equal pay for equal work

69. In Uruguayan positive law, the principle of "equal pay for equal work" is embodied in article 53 of the Constitution.

70. In Judgement No. 12,365 of the Second Rota Labour Court of Appeal, the Court interpreted the protective scope of this principle in the light of domestic provisions (Constitution, art. 8) and international provisions (International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, ratified by Act No. 13,752 of 1970).

71. According to the preamble to the Judgement, which can be found in annexes 13/ to this report, "the notion of a fair wage is based on the concept of an equitable and equal wage for work of equal value, without distinction of any kind". In the case in question, the Labour Court imposed a penalty for the employer's discriminatory behaviour, adding 15 per cent compensation in addition to what was owed for wage differences as damages for the worker discriminated against.

72. Without prejudice to the provisions in force, it should be acknowledged that discrimination in men's and women's remuneration still exists.

73. According to a recent survey 14/ by the National Institute of Statistics, women's income per hour worked is 75 per cent of men's. The greatest inequalities are found among professionals, managers and businesspeople, where for each hour worked women earn slightly over half of the amount earned by men under equal conditions.

74. The increase in women's participation is the most outstanding feature of recent changes in the workforce. At present some 45.5 per cent of women aged 14 or over work, representing 42.4 per cent of the economically active population. More than 70 per cent of women work in the business and services sector, but only one of every four managers is a woman. Underemployment affects women more than men, while women represent 55.4 per cent of the total number of unemployed.

Income distribution of employees in the public and private sectors

75. According to the statistical tables contained in the annexes, 15/ in 1993 public sector employees represented 18.2 per cent and private sector employees 53.9 per cent of the economically active population. Trends in the average wage index by year and by sector of activity, for the period 1989-1993 are also shown in the annexes. 16/

76. The State bureaucracy is excessively large, and this has caused chronic deficits in expenditure on wages under the general State budget. Five years ago a start was made on efforts to gradually solve this problem. First, in 1993 several public posts considered to be highly political were abolished. Vacant posts at lower echelons were also abolished as part of the rationalization policy ordered at all levels of the central administration. Finally, public-sector employees were encouraged to resign and take up productive activity in the private sector. They received cash for that purpose and their posts were held open for them for a period of one year. Through all these measures, the State is seeking to combat excessive bureaucratization, reducing the number of persons employed in the public sector and channelling them towards more productive areas of national activity. According to official statistics published in the press, 17/ the National Civil Service Office reported that in the first four months of 1995 the number of State employees decreased by 1,536 (a monthly average of 384 employees).

Occupational health and safety

77. As noted in the initial report, Uruguay has extensive legislation for the protection of workers' rights in this area. The reader is referred in this connection to the contents of document E/1990/5/Add.7 (pp. 28 and 29). The General Labour Inspectorate is responsible for "the full protection of workers in the workplace and, in general, for the health, safety and environmental conditions under which any form of work is carried out".

78. Decree No. 680/77 of 1977 contains regulations relating to the powers and competence of this State body and grants it broad powers for monitoring, advising on and investigating safety in the workplace.

General Labour Inspectorate

79. Labour regulations apply to all workers, and the law empowers the General Labour Inspectorate to examine working conditions in any place where workers are presumed to be employed. In accordance with this power it is possible to inspect establishments which do not conform to the regulations or law or which employ clandestine workers.

80. The number and percentage of industrial accidents and occupational diseases recorded by the Welfare Bank for the 1992-1993 biennium are shown in the annexes. 18/

81. Recent progress includes the adoption of Act No. 16,713 of 3 September 1995, which added a temporary allowance for partial disability to the existing system of protection. This allowance, whose cost is borne by

the State is paid even when employees are receiving unemployment benefit. The allowance is paid according to the remaining degree of fitness and the beneficiary's age for a maximum period of three years. If within this period the beneficiary becomes completely and permanently unfit for any kind of work, the conditions will have been for retirement on the ground of total disability. 19/

Opportunity for advancement

82. According to the statistical information available, it is obvious that women are under-represented in the organs of power. Although there have been more female members of the electorate than male since 1971, there are only 7 women deputies out of a total of 99 and 2 women senators out of 30. In the Executive branch, there is only one woman in a cabinet composed of 11 ministers. All the 17 ambassadors in office in 1994 were men. Of the 24 posts of minister in the foreign service, only 4 are held by women. In the Judiciary, there are no women members of the Supreme Court of Justice, and only 16 per cent of appeal court judges are women. Of the 17 members of the Executive of the Single Federation of Workers 3 are women.

Overtime

83. With regard to remuneration for overtime, Decree No. 504/86 rectified the unequal treatment of employees in the nursing profession. In that connection, the reader is referred to Judgement No. 12,537 of the First-Rota Labour Court of Appeal, 20/, which relates to remuneration for overtime performed by employees in the nursing profession.

Just and favourable conditions of work

84. When the initial report was considered, the Committee expressed its concern at the low purchasing power of teachers' salaries. In this connection, in 1992 the National Public Education Administration, the Executive and the Teachers' Unions Coordinating Organization formed a tripartite commission to discuss salaries. The commission agreed salary increases for teaching and non-teaching staff in the public sector, to be provided for in the legislation on the State budget.

85. It was also agreed that a joint study would be conducted on provisions for salary and budgetary restructuring. This mechanism has made possible a significant rise in teachers' salaries, as shown in the charts in the annexes. 21/

International assistance

86. Uruguay receives international technical assistance in this field through CINTERFOR, which is a specialized body.

Article 8

87. Uruguay is a party to the International Covenant on Civil and Political Rights and to ILO Conventions Nos. 87, 98 and 151. The annexes 22/ contain the reports prepared by the Ministry of Labour and Social Security on these international labour agreements.

Freedom to join and form trade unions

88. Freedom to join and form trade unions has existed in Uruguay since democracy was restored in 1985. There are no restrictions of any kind on membership of trade unions or federations.

89. The right to join and form trade unions is guaranteed by the Constitution. In the event that employers adopt measures persecuting trade union members, the injured party or the union representing him may institute legal proceedings and apply for the constitutional remedies available under domestic legislation for the violation of a constitutionally protected right.

90. The Uruguayan State considers tripartite bargaining with representatives of unions and employers to be an indispensable guarantee of the rule of law.

91. In this connection, trade-union membership levels remain at approximately 35 per cent of all public and private-sector employees making up the country's working population. This percentage represents some 250,000 persons.

92. The Uruguayan trade-union movement is built around the Single Federation of Workers, whose Executive is made up of representatives of the various unions by sector, in accordance with the organizational chart contained in document E/1990/5/Add.7. The annexes 23/ contain a list of unions registered with the Ministry of Labour and Social Security during the period 1992-1995.

Right to strike

93. Pursuant to article 57 of the Constitution, trade unions have the right to strike. The Government stated in the initial report that a bill governing the exercise of the right to strike had reached the legislative stage. The bill did not in fact obtain sufficient votes for adoption and was therefore rejected by the plenary. The reasons for this outcome lie in the existence of two schools of thought traditionally found in Uruguayan society. One holds that the regulation of strikes is essential in order to protect the exercise of the right to strike, for which specific rules and limits must be established. Another school of thought, which proved to represent the majority, holds that union self-regulation is the mechanism which has traditionally prevailed in Uruguay and which has proved satisfactory in practice. The Uruguayan trade-union movement agrees with this opinion and believes that it has the maturity and responsibility necessary to exercise this right without allowing it to be misused in such a way as to harm the interests of the community.

94. In practice, collective bargaining and the conclusion of medium-term agreements have dramatically reduced the number of labour disputes. During

the first few months of 1995 there was only a one-day general strike called by the Single Federation of Workers which, as mentioned earlier, comprises employees in the public and private sectors.

Restrictions on the right to strike

95. As stated earlier, the right to strike is not governed by legislation. The restrictions which the State has placed on the exercise of this right are based on considerations of general interest, which may be adversely affected by an interruption of services. In the case of hospitals and health services for example, it is required that a strike should not affect emergency care or care in serious cases, where results may be irreversible. Normally the trade-union movement practises self-regulation and authorizes a skeleton staff to perform duties considered to be essential to the community (public transport, health, ports, etc.).

96. The right to strike applies to all workers, and the Constitution does not establish any prohibitions or restrictions of any kind in relation to special categories of workers.

Certain categories of employees and the right to strike

97. Public administration employees are unionized by sector, and most of these unions are affiliated to the COFE (Confederation of State Employees), which is represented on the Executive of the Single Federation of Workers.

98. In the military sector, the associations which exist are of a social nature; they do not engage in union-type activities. There have been no known cases of "strikes" by the military.

99. There have been some cases of the right to strike being exercised by police officers.

100. There was a serious conflict in 1992 among police officers in the operational sector 24/ involving wage demands. The conflict, which caused a work stoppage, was resolved after a few days on the basis of negotiations with the government authorities which resulted in wage increases for these personnel.

Court decisions on the right to strike

101. Decisions of the national courts in cases involving the right to strike provide examples of the way in which Convention No. 98 is implemented. In Judgement No. 12,702 of the Second-Rota Labour Court of Appeal, which is contained in the annexes, 25/ the Court conducted a broad review of the extent and protection of trade union rights.

102. In the specific circumstances referred to in the Judgement, a number of employees were punished a posteriori after a strike had ended. The Court stated categorically that "the penalties imposed on the workers for events which occurred during the strike amount to anti-union practice." The Court finally quashed the disciplinary penalties imposed by the employer and ordered the deducted wages to be restored, with an additional 10 per cent for damages.

Article 9

103. Uruguay is a party to Conventions Nos. 121, 128 and 130; the periodic reports submitted by the Ministry of Labour and Social Security are contained in the annexes. 26/

Social security benefits in Uruguay

104. The following contingencies are covered by the domestic social security system:

Ordinary illness;

Family allowances;

Industrial accidents and occupational diseases;

Retirement and other pensions;

Unemployment.

Description of benefits

105. A decentralized service attached to the Executive, called the Sickness Insurance Department, has been functioning in Uruguay since 1975; it is responsible for awarding benefits to cover workers' loss of physical and psychological integrity. The beneficiaries are: all employees providing services as subordinates, whether permanent or temporary members of cooperatives, companies, individuals owning their own businesses and employees covered by unemployment insurance. The insurance scheme also covers retired workers, workers taking early retirement and direct family members of workers, who join a medical care body through an optional insurance policy involving a system of exemptions.

106. Sickness insurance includes:

(a) Full medical care provided by private and State medical institutions; and

(b) Cash benefits through allowances (ordinary, disability, supplementary for industrial accidents, sickness allowance as a result of pregnancy or childbirth, funeral expenses).

Family allowances

107. In accordance with the principle of mandatory allowances available to all:

"Family allowances shall be granted to all persons employed in the private sector or public employees who provide services for third persons in return for payment and have children or dependent minors. The beneficiary of this allowance is the worker's child or minor up to the age of 14. The age-limit may be extended to 16 if the beneficiary

has been unable to complete secondary education for substantiated reasons or if he or she is the child of an employee who has died, is completely unfit for work or has been deprived of liberty. The age-limit shall be extended to 18 if the beneficiary is in higher education. The benefit shall be paid for life when the beneficiary suffers from a mental or physical disability which prevents him or her from doing any kind of paid work."

108. Benefits granted may be of two types: cash benefits or benefits in kind. In addition to family allowances, cash benefits include maternity allowances and the family wage. Benefits in kind include care provided by the maternal and child health service, scholarships and summer or rest camps.

Industrial accidents and occupational diseases

109. All employers incur civil liability for industrial accidents. The benefit covers the costs of the injured worker's care, surgery, pharmaceuticals, treatment and transport. The amounts of indemnity payable are calculated in the light of the temporary or permanent nature of the disability. Insurance is obligatory and employers who fail to provide it are liable to heavy financial penalties.

Retirement and other pensions

110. Uruguay recently reformed its social security system and introduced a combined regime, to be applied progressively, consisting of the system of solidarity between generations and the system of individual saving for retirement. There are three types of retirement:

- (a) Ordinary retirement (age 60 and 35 years of service);
- (b) Retirement on grounds of total disability;
- (c) Old-age retirement (age 70 and 15 years of recognized service).

111. The basic pension is the updated average monthly wage earned over the last 10 years of service. Amounts are updated on the basis of the average wage index.

112. The following are entitled to a pension:

- (a) Widowers and widows;
- (b) Unmarried children under 21 years of age and unmarried children over 21 years of age who are completely unfit for any kind of work;
- (c) Parents who are completely unfit for any kind of work;
- (d) Divorced persons.

Partial disability

113. A temporary allowance for partial disability was introduced by Act No. 16,713 of 3 September 1995, the text of which is contained in the annexes. 27/ The allowance is payable in the event of complete unfitness for normal employment or work occurring during periods of employment or paid leave provided that there has been a minimum of two years of service.

Unemployment insurance

114. The Uruguayan unemployment insurance scheme covers workers in the private sector who are in a situation of enforced unemployment, in other words, who are able and willing to work but have not succeeded in obtaining employment. Benefits are payable in three situations:

- (a) Dismissal;
- (b) Total suspension of the labour relationship; and
- (c) Partial reduction of normal duties.

115. To be eligible for unemployment benefit, a person must have had a contract for a minimum of 12 months preceding the commencement of unemployment and have actually worked for six months in the case of an employee paid monthly, or 150 days in the case of a day labourer, or have earned six times the minimum wage in the case of workers whose pay varies.

116. The benefit terminates in the following four situations:

- (a) Expiration of the six-months period for which it is granted;
- (b) Worker resumes remunerated work;
- (c) Rejection of a suitable job without legitimate reason;
- (d) Initiation of retirement procedure.

117. The amount of the benefit in the event of complete unemployment is equivalent to 50 per cent of the average monthly wage earned during the six months preceding the enforced unemployment. Persons in this situation are given priority attention through the National Employment Council and its workers' retraining programmes, which were described in the analysis of article 6 in this report.

Government expenditure on social security

118. In the last six years, disbursements by the Social Welfare Bank rose by 4.56 per cent of the gross domestic product (GDP). In 1994, total spending for benefits under the respective programmes represented 9.13 per cent of GDP. The annexes 28/ contain four statistical tables illustrating these figures.

Private social insurance system

119. Together with the public social insurance system, private schemes are available, managed by non-State social security institutions. Examples are the Bankers' Retirement Fund, the Notaries Retirement and Pensions Fund, the University Staff Fund and the sectoral assistance funds. Members of the armed forces and the police are covered by special systems, managed by centralized bodies attached to the Ministry of Defence (Military Retirement and Pensions Service) and the Ministry of the Interior (Police Retirement and Pensions Service).

120. Pursuant to article 1 of Act No. 16,713 of 3 September 1995, the Executive must prepare, by 1 January 1997, a bill for submission to Parliament, making compatible the provisions of the general social insurance system into line and those governing these private funds.

Universality of the social security system

121. The Uruguayan social insurance system is universal. Since its introduction at the beginning of this century, it has built up an extensive social protection network which covers virtually the entire population. Greatest attention has focused on the social security system and within the system the disability, old-age and survival (retirement and pensions) schemes, in particular, as attested by their early and more developed coverage.

The crisis in the Uruguayan social security system and reforms introduced by the Government in 1995

122. Following free and democratic elections held at the end of 1994, the newly-elected authorities of the Executive branch, before formally assuming office, called for a broad dialogue between political parties and social sectors with the aim of seeking alternatives to the social security system, which, financially, was in a critical situation. On 24 February 1994 the representatives of the two majority parties and a centre-left sector drew up a basic document on the elements which must be included in the reform of the social security system. The document stressed the seriousness of the problem as follows: "Forty years ago, for every non-employed person in Uruguay four were employed. That ratio today is one to one, which unquestionably causes a loss of financial viability in the current system of distribution. The system is therefore being changed for the future, so that younger persons, under 40 years of age, may move from the current system, based solely on solidarity between generations to a combined system where this principle will continue in force but in combination with a personal accounts system. The rights of today's retirees will be fully protected, but with the certainty that a more financially sound system will remove the fear that the Social Welfare Bank will collapse."

123. Together with a change in the conception of social security as such, the number of years taken into account for calculating the amount of the retirement pension is being extended from the current period of three years to the contributor's 10 best working years, thereby discouraging the evasion practiced at present.

124. In addition, changes are being made in the labour registry to prevent the fraud that so badly affected public finances. Instead of a simple declaration, more specific documentary evidence will now be required.

125. All these reforms are designed to introduce transparency and openness in the social security system, as well as improve the country's financial situation, and will become fully effective as from 1997.

International assistance

126. Uruguay has received international technical assistance, in particular from ILO, in setting the objectives for the reform of the social security system. An agreement is now being negotiated with IDB to carry out the reform.

Article 10

127. Uruguay is a party to the following conventions:

- (a) International Covenant on Civil and Political Rights;
- (b) Convention on the Rights of the Child;
- (c) Convention on the Elimination of All Forms of Discrimination against Women;
- (d) ILO Convention No. 103;
- (e) ILO Convention No. 138.

128. The initial report of Uruguay under the Convention on the Rights of the Child is annexed. 29/ The reports submitted by Uruguay under article 22 of the ILO Constitution are also to be found in the annexes. 30/

Concept of the "family"

129. Article 40 of the Constitution reads: "The family is the basis of our society. The State shall safeguard its moral and material stability so that children may be properly reared within that society." Although there is no specific definition of the term "family", it may be said that two types of family are recognized in Uruguayan society: the legitimate family arising from the contraction of a formal civil marriage, and the natural family defined as one in which the parents were not joined in marriage at the time of conception. All of this, of course, is without prejudice to the adoptive family. Under the Constitution, "Parents have the same duties towards children born out of wedlock as towards children born within it". There is an obligation on the part of parents to support their children, and if they are unable to do so, that obligation extends to the grandparents or other ascendant relatives by marriage or blood.

Age of majority

130. In this connection, the reader is referred to annex 23 and the observations concerning article 1 of the Convention on the Rights of the Child. The Legislature recently passed Act No. 16,719 of 11 October 1995, setting the age of majority at 18 years.

Requirements for entering into marriage

131. The Uruguayan Civil Code specifies the requirements which must be satisfied in order to contract a valid civil marriage, viz.:

(a) Minimum age requirements: 14 years for males and 12 for females. If they are under 18 years of age, the contracting parties must obtain the express consent of their parents or guardians for the purpose of entering into marriage;

(b) Requirements of consent: the express and free consent of the parties;

(c) Civil status entitling the parties to enter into marriage; in particular, neither party must have any previous undissolved marital ties;

(d) The parties must not be related in direct line by consanguinity or affinity, i.e. outside or through marriage. Such impediment extends to the transverse line, i.e. the relationship between siblings;

(e) No responsibility must have been attributed to either party for any criminal acts committed or attempted against the right to life of the other party;

(f) Formal and solemn requirements. A file containing information attesting to the eligibility of the parties to enter into marriage must be submitted to the registry office.

State support for the family

132. The State provides for the family's welfare (family allowances) through the social security system, which is referred to above. As regards measures taken to compensate for the disadvantages of Uruguayan households living below the poverty line, the reader is referred to the information given in annex 23 concerning article 10 of the Convention on the Rights of the Child.

Maternity protection

133. Regarding the current regulations on maternity protection, the reader is referred to the initial report (paras. 83-90 and 170-173), as there has been no change in the law since 1991.

Eradication of inequality

134. Decree No. 28/92 of 23 January 1992 established a legal provision granting equality to female military personnel as regards maternity leave. This provision stipulates:

"Any female member of the armed forces who is pregnant shall, upon presentation of a medical certificate stating the anticipated date of childbirth be entitled to maternity leave. The duration of such leave shall be 13 weeks. For these purposes, the woman concerned shall cease all work one week before giving birth and may not resume work until 12 weeks after giving birth."

135. Female military personnel may bring forward the start of their leave to six weeks before the anticipated date of childbirth. If the birth occurs after the anticipated date, the leave already taken will be extended until the date of the birth and the mandatory period of postnatal leave may not be reduced. In the event of illness resulting from childbirth, the mother will have the right to an extension of her postnatal leave for a period to be determined by the Health Service of the Armed Forces or any other medical institution providing care. Female military personnel nursing their children may ask for their working hours to be reduced by half for such period as the infant requires, immediately after taking postnatal leave.

136. The new provision expressly repealed the provision contained in Decree No. 123/84 of 28 March 1984, which discriminated against female military personnel by granting them only 12 weeks' prenatal and postnatal leave. The new provision is based on the view that motherhood is a fact of life affecting any woman, whatever work she performs, and female military personnel must therefore have the same rights as all other female employees in the public sector.

Measures of protection for children and young persons

137. Concerning paragraph 6 (a)-(f) of the guidelines, the reader is referred to annex 23 and the observations concerning article 32 of the Convention on the Rights of the Child.

Legislative provisions and judicial practice

138. Family Court judgement No. 12,476 31/ is appended for purposes of illustration.

International assistance

139. The first UNICEF technical cooperation project with Uruguay has made it possible to finance activities in support of disadvantaged children, as previously reported.

Article 11

Poverty

140. Within a period of nine years, Uruguay has witnessed a significant reduction in structural poverty, defined as the percentage of households with unmet basic needs (NBIs). The reduction has been appreciable both in Montevideo (down from 10.4 per cent in 1984 to 4.9 per cent in 1993) and in towns in the interior (down from 22.5 per cent in 1984 to 14 per cent in 1993).

141. When structural poverty is put into context by geographical disaggregation (Montevideo and the interior) and with reference to the indicators making up the overall NBI index, we find that:

(a) The highest values for Montevideo are recorded in the indicators for overcrowding (3.2 per cent) and type of housing (1.4 per cent). In towns in the interior, the most critical values relate to overcrowding (6.3 per cent), type of housing (4.4 per cent), sanitation (3 per cent) and type of excreta disposal (3 per cent), the rest being quite marginal;

(b) The geographical segmentation is considerable: during the period 1984-1993, the proportion of NBI households was higher in towns in the interior than in Montevideo, with the gap tending to widen between 1989 and 1993;

(c) Both in Montevideo and in towns in the interior, irrespective of the 1984 base value, no significant increases have been observed in the critical values of the indicators, except for type of housing, although this increase (from 0.7 per cent in 1984 to 4.4 per cent in 1993) was confined to towns in the interior.

142. The improvement in the satisfaction of certain basic needs does, however, conceal the fact that critical situations are concentrated in particularly vulnerable segments of the population. In about 1993, for example, 15.2 per cent and 29.1 per cent, respectively, of under-14-year-olds in Montevideo and towns in the interior were still living in substandard housing. The concentration can also be gauged by relating the NBI index to income levels: in the 20 per cent of low-income households, 22.4 per cent of people in Montevideo and 41.4 per cent of people in towns in the interior report some kind of unmet need.

143. A combined strategy has been applied to analyse poverty levels. It indicates the weighting of household income and the indicators of access to particular services as discriminating factors. With this method, based on the poverty-line and NBI approaches, it is possible to define four types of household:

(a) Socially integrated households (not poor, with basic needs met);

(b) Households suffering from chronic poverty (poor, with unmet basic needs);

(c) Recently impoverished households (poor, with basic needs met);

(d) Households with long-standing shortages (not poor, with unmet basic needs).

144. The NBI index is a reasonable measure of the quality of life since it covers access to basic services (sanitation, housing standards, drinking water, education). Disaggregation of the index makes it possible to appreciate the criticality of the components and their evolution through periodic measurements through the Continuing Household Survey. The following tables show the percentage of people suffering from some kind of shortage, according to the components of the index.

Percentage of persons with unmet basic needs
and indicators derived from continuing household
survey data for 1984, 1989 and 1993

	1984	1989	1993
Unmet basic needs (NBIs)	14.7	12.5	7.5
Type of housing	1.9	1.2	1.5
Overcrowding	10.9	9.5	6.1
Drinking water	5.6	2.9	0.2
Sanitation	0.8	1.1	0.5
School attendance	1.9	1.4	0.1
Subsistence level	2.5	1.5	0.0

Source: OPP/IDB Social Policy Coordination Unit, based on continuing household survey data for 1984, 1989 and 1993.

Percentage of persons with unmet basic needs in towns
in the interior and indicators derived from continuing
household survey data for 1984, 1989 and 1993

	1984	1989	1993
Unmet basic needs (NBIs)	28.9	22.8	18.7
Type of housing	0.6	1.6	5.1
Overcrowding	16.8	12.3	12.1
Drinking water	14.3	9.2	4.3
Sanitation	1.1	1.5	3.1
School attendance	2.9	3.5	0.2
Subsistence level	6.6	4.7	0.2

Source: OPP/IDB Social Policy Coordination Unit, based on continuing household survey data for 1984, 1989 and 1993.

Food

145. In 1985, in view of the gravity of the social situation inherited from the de facto Government, the first policy measures were implemented to deal with extreme poverty. The most specific short-term measure was the 1985 Winter Emergency Solidarity Programme, aimed at providing food to meet approximately 50 per cent of a family's caloric requirements.

146. In 1986, this stop-gap measure gave way to a Permanent Supplementary Feeding Programme. Then, in 1990, the Social Investment Programme (PRIs) was set up with the overall objective of analysing and evaluating the full range of State-sponsored social programmes. The latter Programme gave priority to the areas of health, education and food. Study of the food sector forms part of the technical cooperation of IDB in the Programme.

Food programmes

147. The priorities here are women and children. Regarding the situation of children, the focus is on infants, undernourished children, children affected by family break-up or social distress, preschool children and schoolchildren from poor or disadvantaged areas. The approach is to address both social vulnerability and the biological vulnerability of pregnant or nursing women.

National food situation

148. According to the table showing the availability and recommended intake of foods, 32/ there are no shortages of food in general. Uruguay has the land and climate to support large-scale crop and livestock production.

149. Policy measures have brought about a reduction in the cost of imported inputs, with the aim of improving the competitiveness of the exporting sector, and domestic consumer goods output has benefited as a result. This has been an important factor in the trend towards relatively low domestic food prices, helping to improve the situation of the most disadvantaged groups.

Principal food-related diseases

150. In their eating habits, Uruguayans show a preference for beef. Research studies warn that this bias and the use of inappropriate methods of cooking (too much fried food, over-boiling of vegetables, etc.) have a direct bearing on the principal causes of death.

151. As can be seen from the annexed table prepared by the Ministry of Public Health, 33/ the main cause of death is cardiovascular disease. Cholesterol resulting from excessive consumption of saturated animal fats appears to be a risk factor in this connection.

152. It should furthermore be noted that a high proportion of Uruguayans are overweight. A National Food Institute study has shown that of adults aged between 20 and 65, a third of women and one quarter of men are obese.

153. According to a study made in 1988 by the National School of Nutrition, there is a clear difference in nutrition between low-income groups and those earning more than five or six times the minimum wage. 34/ Consumption of foods other than bread, grains and dairy products is higher in those groups with greater purchasing power.

154. A report by UNICEF in 1989 showed a marked difference in nutritional status between poor and non-poor children. Among under-five-year-olds, about 73 per cent of non-poor children in urban areas were well-nourished or normal, whereas 44 per cent of poor children were normal.

155. In the light of these findings, the State has initiated and promoted supplementary feeding programmes for the benefit of the segment of the population at risk. Total public spending through the National Food Institute has tripled during the period under review and its distribution is, moreover, among the most progressive, being targeted entirely on high-risk social groups. 35/ The positive impact of these social policies is evidenced by the fact that the proportion of NBI households has steadily declined, from 10.4 per cent in 1984 to 6.3 per cent in 1992 in urban Montevideo; meanwhile, in the country's interior, the proportion of households affected by structural poverty fell from 22.5 per cent in 1984 to 11.7 per cent in 1992.

The right to adequate housing

156. As indicated in Uruguay's initial report to the Committee, the right to housing has not yet been fully realized in our country. The measures taken in

response to this situation have brought about a substantial improvement over the critical values recorded in 1984. As part of the solution, a Ministry of Housing, Regional Planning and the Environment was set up in 1990 as the body responsible for housing policy in Uruguay. In the first half of 1992, the Legislature passed Act No. 16,237, known as the Housing Plan Act.

157. Under this Act, the Executive is required to draw up a five-year plan for housing. Together with the national budget, Parliament must be presented, in the first year of each Government's term of office, with an economic and social development plan that includes:

- (a) Appraisal of and trends in the housing situation;
- (b) Needs assessment by geographical area and income group;
- (c) Investment;
- (d) Loan and subsidy requirements by programme;
- (e) Targets for public-sector housing construction;
- (f) Provision for and allocation of resources; and
- (g) Additional measures and draft legislation considered necessary.

158. The Five-Year Plan classifies families by income group, determining for each group the amount of income that can be set aside to service housing loans. This amount may not exceed 20 per cent of the total household income. For these purposes, the household is taken to mean persons, whether or not related, who live under the same roof.

159. For the most disadvantaged groups, "progressive housing" is being created to provide an immediate solution for families in acute need of accommodation. These basic units have to meet certain conditions:

- (a) The structure cannot be less than 30 m²;
- (b) The site cannot be less than 100 m²;
- (c) The structure and land should allow for an extension of 12 m² to add a bedroom;
- (d) If the structure has one habitable room with sanitary facilities, it should be possible for this to be divided into two;
- (e) The value of the structure must not exceed the maximum laid down in the regulations.

160. For middle-income groups, two borrowing facilities are being made available by the Banco Hipotecario del Uruguay: (i) loans for the purchase and renovation of used housing for owner occupation; and (ii) loans for the purchase or conversion of used housing with a view to increasing the number of dwelling units in the original building.

161. The National Housing and Urban Development Fund was set up to finance these housing plans with resources deriving from: general tax of 1 per cent on all nominal earnings of civil servants, special central government budget provisions for housing, international loans contracted for the purpose of housing construction, interest on mortgage-backed long-term government securities, fines for non-compliance with restrictions concerning transfer of title, and grants for housing.

162. The public housing scheme aims to provide affordable housing to low-income families, compensating for the inadequate private supply in meeting housing needs at those levels. The scheme may, however, be broadened to include middle-income groups, particularly in the following cases:

(a) When the integration of families of various income levels in the same housing complex is recommended to avoid undesirable social segregation;

(b) When housing is being built for the personnel of public enterprises in areas where families with average incomes also have difficulty in finding accommodation.

163. The intervention of the State as promoter of housing construction does not affect the priority attached to developing self-help and mutual-aid programmes.

164. The cooperative movement in Uruguay, as a powerful driving-force of popular participation, has proven to be an effective mechanism for dealing with housing problems and is recognized as such in the new Act. Housing cooperatives are legal entities which may be beneficiaries of housing programmes financed by the National Housing and Urban Development Fund.

Results of policy measures

165. The annexed statistical tables 36/ show a decrease of some 35 per cent in the critical values for overcrowding, which applied equally to Montevideo and towns in the interior and occurred mainly between 1984 and 1989. This decline may be associated with the sharp increase in the number of homes financed by the Banco Hipotecario del Uruguay between 1986 and 1988, when the annual average was 9,069 dwelling units. Over the period 1984-1992, there was a significant rise in construction and loans to obtain housing through the State sector.

State expenditure on housing

166. The pattern of increasing social investment by the State may be summarized as follows. Expenditure on education has increased in relative terms to 55 per cent more than in the base year (1983) and represented 13.2 per cent of total spending at period end. Expenditure on health has increased, growing by significantly more than 200 per cent in the last two years. The programmes showing the largest increases were those relating to food, which rose 328 per cent in 1991, and housing, which reached 466 per cent in 1991.

Total central government expenditure as a percentage of GDP

	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Education	2.3	2.0	2.0	2.6	2.5	2.6	2.5	2.5	2.5	2.4
Health	1.5	1.6	1.9	2.0	2.0	2.0	2.2	2.1	2.6	2.2
Food	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Other social expenditure (housing) <u>37/</u>	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.3	0.3	0.3

Statistical information on housing.

167. It is worth noting that the most recent national population and housing census was conducted in 1985. Continuing household surveys have been held since that date and provide useful guidance. The information given here is confined to those sources. In 1985, there was a total of 528 persons without housing. 38/

168. The National Institute of Statistics has divided housing into four categories:

- Comfortable: Well-built, with very good materials. Integral flooring or parquet flooring of the highest quality. Heavy (concrete) roofs or lightweight roofs (with flat tiles, if sloping) but of a quality allowing good thermal insulation. Windows should have roller or Venetian blinds of good quality.
- Average: Housing of standard type. Well-built, with good materials.
- Modest: Built with cheap materials, cement or stone tile floors. Low-quality windows. Small-sized dwellings.
- Substandard: Built with scrap materials. Earth floors. Dwellings typical of distressed areas.

169. The sample survey made in 1993 gave the following results (%):

Type of housing	Montevideo	Interior	Total
Comfortable	4.9	3.2	4.1
Average	64.4	44.1	54.5
Modest	38.7	29.5	48.3
Substandard	1.2	4.4	2.7

170. It will be apparent that Uruguayans live for the most part in average or modest housing, but with notable differences according to the geographical area concerned. While a large majority in Montevideo are housed in average dwellings, with rather more living in these than in modest dwellings, in the country's interior there are similar proportions of both these types, although with a slight bias towards modest dwellings. Furthermore, dwellings built with scrap materials are far more common in the interior than in the capital.

171. The habitability of these dwellings is estimated (in percentage terms) on the basis of the repairs they need:

State of repair	Montevideo	Interior	Total
Major repairs needed	14.7	26.3	20.4
Minor repairs needed	36.6	44.8	40.6
No repairs needed	48.7	28.9	39.0

Article 12

Physical health

172. The third stage of the demographic transition has, together with the epidemiological transition, been completed in Uruguay. During this phase, the main changes in patterns of health and disease occurred among children and young women, probably due to the fact that these groups are more susceptible to infectious diseases and deficiencies in general.

173. The general mortality rate in Uruguay has been stable for the past decade. According to the most recent data, it was 9.8 per 1,000 inhabitants in 1992. The main cause of death is disease of the circulatory system, which accounts for 38.7 per cent of deaths. From the statistics provided in the annexes, 39/ it can be seen that the commonest reasons for hospital consultations in Montevideo and the interior were disorders of the circulatory system, followed by respiratory infections. With regard to maternal and child health, the maternal mortality rate fell from 5.1 per 10,000 births in 1980

to 1.6 per 10,000 in 1990, a decrease paralleling that of the infant mortality rate. In 1990, there were only nine maternal deaths, a fact that can be explained by the increased demand for prenatal check-ups and the greater efficiency and effectiveness of the peripheral health services of the Ministry of Public Health, check-ups now being performed in 65 per cent of all recorded pregnancies.

174. The accompanying continued drop in the infant mortality rate was due to improvements in instruments for measuring mortality and to the introduction, following the guidelines issued by the World Health Organization (WHO), of the medical-obstetrical birth certificate and the perinatal death certificate.

175. The national infant mortality rate decreased by 14.8 (44 per cent) between 1981 and 1992. An analysis of the principal causes of death among children between 1 and 14 years of age shows that accidents, congenital abnormalities and cancer accounted for 46.5 per cent of all deaths among children aged between 1 and 4. These three factors also accounted for 60 per cent of all deaths among children aged five to nine. Among adolescents, pregnancy and addiction were the most serious problems. In 1992, there were 383 deaths in the 15-24 age group, 258 men and 125 women; traffic accidents and suicides accounted for the higher death rate among males.

Mental health

176. Mental health care in Uruguay is provided by the State (specialized psychiatric hospitals) or by private institutions to which private patients and members of mutual insurance institutions are referred for hospitalization.

177. In the public sector, in-patient psychiatric care is provided by two psychiatric institutions located in Montevideo (the Musto and Vilardebó hospitals), which have approximately 600 and 650 patients respectively. Outside the urban area, there are two institutions (Santín Carlos Rossi and Etchepare) located 90 kilometres from the capital, which have a total of 1,300 in-patients. In the interior, beds in general hospitals have been set aside for people with this type of disorder. Under private insurance schemes, patients may be hospitalized in psychiatric institutions for a maximum of 30 days.

178. In 1985, the Ministry of Public Health invited representatives of the scientific communities, and representatives of scientific and professional associations in the field of mental health, representatives of the general community, psychologists and psychiatrists to develop a mental health policy and to set up the National Mental Health Programme. The Programme's goal was to develop a community-based health system as part of the general health care system. The plan emphasized the importance of an interdisciplinary approach to psychiatric treatment and of a prevention and rehabilitation strategy.

179. Although this programme was formulated, it did not receive funding and has not yet been implemented. The Programme for Improvement of the Conditions of Patients in Mental Hospitals, under the aegis of the Ministry of Public Health, which emphasizes rehabilitation, has somewhat improved the quality of life for such patients.

180. To these difficulties must be added the age of existing national legislation relating to mental patients; adopted in 1936 and known as the Psychopath Act, it does not reflect scientific and social developments in the field of mental illness as it is viewed today.

181. NGO 40/ recently published a collection of guidelines for the reform of Uruguayan law in the area of mental health. This document 41/ has been submitted to the Ministry of Public Health and is under consideration. These guidelines call for the creation of a national mental health commission composed of representatives of the Executive, the Judiciary, professional organizations and some of the country's universities. The creation of a prevention programme in the field of mental health, which would make it possible to develop comprehensive policies for at-risk groups, has also been proposed.

182. Finally, there are plans to consolidate a roster of rights of mental health services patients and users, including, inter alia, the following: right to information on their progress, right to communicate freely with their families and friends, right to work, principles governing the length of commitment, a system for voluntary commitment, post-hospitalization care, an ombudsman to protect the human rights of mental patients, elimination from the laws on mental illness, of the idea that mental illness poses a threat, etc. The proposal has been supported by major sectors of society, including the Judiciary and the scientific and university communities. The State considers that the proposal should be analysed in depth, and the Ministry of Public Health has accordingly taken steps to that end.

Priority health care programmes

183. As a result of the conclusions arrived at in the area of health, the State of Uruguay has identified 12 urgent problems and redesigned its policy in this area accordingly. These programmes are:

- (1) Disability and death resulting from traffic accidents;
- (2) Cardiovascular diseases;
- (3) Living conditions of the mentally ill;
- (4) Acquisition of harmful habits and addictions;
- (5) Poorly monitored pregnancy and childbirth;
- (6) Sexually transmitted diseases;
- (7) Breast and lung cancer;
- (8) Tooth loss;
- (9) Water pollution;
- (10) Social isolation, malnutrition and accidents affecting older persons;

- (11) Chagas' disease;
- (12) Hydatid disease.

The primary health care (PHC) approach

184. The primary health care approach has been implemented in Uruguay through various actions focusing primarily on the retraining of health care professionals, intersectoral coordination and health education.

Health education

185. In the 1991 secondary school curriculum, the subject "hygiene" was replaced by "Health education". This represents a major attitudinal change in which the student plays an active role. The programme's goal is to develop students' problem-solving skills by increasing their knowledge of, and sensitivity to, the issues dealt with.

186. The effectiveness of this method of health education was put to the test by the threat of a cholera epidemic. In several areas of the rural interior, high-school students explored ways of communicating with the community through marches, informal theatre groups and leaflets explaining ways of preventing infection and contagion. Increased public awareness made it possible to halt the disease at the borders, with the result Uruguay was the only cholera-free country in Latin America.

Tacuarembó project: Health in rural areas

187. By implementing the primary health care approach, the Ministry of Public Health plans to achieve universal health care coverage by increasing individuals' and communities' geographical, cultural, functional and financial access to health services.

188. The "Improved Primary Health Care in the Department of Tacuarembó" 42/
project focused on:

- (a) Staff training in PHC;
- (b) Participation of the local population in PHC planning, organization and implementation;
- (c) Intersectoral coordination;
- (d) Inter-agency coordination of the first level of health services;
- (e) Coordination of instruction and care;
- (f) International cooperation with the participation of the German Agency for Technical Cooperation (GTZ).

189. The project's goal was to reduce the incidence of endemic infectious diseases and of certain chronic illnesses, and this was successfully achieved. Particular efforts were made to encourage intrasectoral coordination through

the active participation of the principal local actors in the health field. To that end, the project's regional and departmental offices, the Tacuarembó town council and the local union of medical workers (COMTA) combined their efforts to take advantage of the limited resources, making them available to all. Public participation with a strong human touch was achieved through the appropriate training of rural auxiliary nurses in the small communities of the department, who became a powerful force for the dissemination of health information. The Faculty of Medicine also ensured fruitful coordination between instructors and paraprofessionals for human resource training in health.

190. The goals of the project were :

(a) To improve means of transportation and communication by equipping the most isolated locations with radio and vehicles;

(b) To develop technical manuals for the use of workers in rural areas;

(c) To establish agreements for the construction of polyclinics and health posts;

(d) To ensure that auxiliary nurses were recruited by municipalities and the Ministry of Health;

(e) To provide refresher courses on theory and practice, based on the actual situation in rural areas, for auxiliary nurses;

(f) To incorporate the supervision of rural auxiliary nurses through a predetermined schedule of visits to the area and periodic meetings in order to unify views on the goals to be achieved;

(g) University cooperation through courses open to the community.

191. During November and December 1993, a private firm 43/ carried out an opinion poll among users of the Tacuarembó health services. In that department, 65 per cent of those surveyed expressed approval of these services, whereas in other departments less than 50 per cent did so. The percentages are similar with regard to the beneficiaries' sense of security under the health care systems of Tacuarembó and other departments. In the private sector 89 per cent of those surveyed, as opposed to 86 per cent in the public sector, said they felt "very well protected" or "quite well protected".

192. The nursing services were rated highly by 65 per cent of those surveyed in the private sector and 91 per cent in the public sector.

State spending on health

193. There have been variations in budget allocations during the period in question. Health spending in the public sector doubled under the first democratic Government (1985-1989). Allocations to the Ministry of Public Health continue to account for over 40 per cent of the total, but that

percentage dropped from 44.3 per cent to 41.6 per cent in 1989. Overall health spending accounted for approximately 8 per cent of GDP. At 255 dollars per capita, Uruguay ranks second among MERCOSUR countries.

194. In 1982, 50 per cent of the low-income population received 73 per cent (34 per cent for the poorest quintile) of the benefits from health spending, although they received only 25 per cent of public health spending. In 1989, the poorest half of the population received 66 per cent of the benefits from health spending and 47 per cent of total public health spending. Health ranks second only to nutrition in income redistribution spending in Uruguay.

195. Since it is impossible to obtain disaggregated data on spending by executing unit, breakdown of medical consultations by department has been selected as an approximate indicator of public health spending.

196. One of the tables in the annexes 44/ accordingly includes information on consultations, broken down by department, and data on households living below the poverty line. These statistics indicate that there were fewer consultations among the poor than among the population as a whole. This seems to indicate that, for historical reasons of budget allocation, the Ministry's public health spending presupposes a pattern of consultations distributed over the population as a whole, not over the segment of the population living below the poverty line. This means that the distribution of public health resources does not follow the distribution of poor people by department; instead, there are major disparities between departments.

Health indicators

197. Infant mortality rate: national value. The greatest reduction in infant mortality since 1961 occurred during the period 1982-1993, when the 14.8 point decrease represented a 44 per cent reduction in the infant mortality rate for the entire country. There is a trend towards stabilization of that rate at 20-30 per 1,000 in both public and private hospitals.

198. In the early 1980s, the public-sector mortality rate was four times higher than that of the private sector (51 per 1,000 versus 13 per 1,000). During that decade, there was a 57 per cent reduction in the public-sector rate but only a 9 per cent reduction in the private sector, a fact which considerably reduced the gap between the two sectors.

199. Birth trauma, postnatal and perinatal problems, and prematurity resulted in a mortality rate of 19.3 per 1,000 in 1979, 13.0 per 1,000 in 1983 and 9.18 per 1,000 in 1993, while the rate of congenital abnormalities followed a very similar pattern (3.87 per 1,000, 4.19 per 1,000 and 3.32 per 1,000 respectively).

200. It is important to note that there has been a striking decrease in infant mortality from intestinal infections and malnutrition: from 6.06 per 1,000 in 1979 to 2.88 per 1,000 in 1989 and 0.96 per 1,000 in 1993. The death rate from respiratory infection, unlike that resulting from diarrhoea, has remained stationary: 1.95 per 1,000 in 1979 and 1.48 per 1,000 in 1983 and 1993.

201. The mortality rate is higher for boys than for girls.

202. Comparison shows that there is an extremely close relationship between the annual actual and recorded death rate of children under one year of age, broken down by mother's place of residence, 45/ and the proportion of households living below the poverty line, broken down by Department. 46/

203. The reorientation of State policies towards the social sphere is intended to reverse this situation. Public spending on mothers and children rose from 226 million dollars in 1983 to 331.7 million in 1989. The Pregnancy and Childbirth Monitoring Programme, set up in 1990, is linked to early intervention programmes for monitoring the health of children, including home visits to newborn infants. That year also marked the implementation at the national level, in the public and private sectors, of the computerized perinatal system developed by the Latin American Centre for Perinatology and Human Development and the Pan-American Health Organization (PAHO). This system serves as the basis for the organization of care, human resources training, and local planning and evaluation of basic activities.

204. The Official Health Programme for Mothers and Children concentrates its activities on areas where structural poverty predominates. Statistical data on these matters are provided in the annexes. 47/

205. Access to drinking water. The most significant aspect of statistical trends over the past eight years, and in particular between 1989 and 1992, has been the drastic reduction, from 14.3 per cent to 1.3 per cent, in the drinking water supply deficit in towns in the interior. In Montevideo, the decrease was from 5.6 per cent in 1984 to 0.1 per cent in 1991. There was an average of 21,606 new connections to the drinking-water supply network between 1985 and 1989 (9,966 in Montevideo and 11,640 in towns in the interior). 48/

206. Water sources. In 1985, according to statistics derived from the National Population and Housing Census, there were a total of 39,844 households in "rural" Uruguay. Of that total, 1,568 were connected to the public drinking-water supply system, 10,091 were supplied by spring-fed wells and 15,603 by cisterns or shallow wells; the remaining households were supplied with water from sources outside the home. In general, these statistics indicate that about 80.3 per cent of the total population (43.7 per cent living in Montevideo and 36.5 per cent in the interior) have access to drinking water. 49/

207. Excreta disposal. During the period 1984-1992, there was a considerable reduction in the number of NBI households with no access to excreta disposal; the current figures are approximately 0.1 per cent for Montevideo and 3 per cent for towns in the interior. The reduction in Montevideo is a result of major investments in Sanitation Plans I, II and III by the Montevideo City Council, with IDB financial cooperation, between 1990 and 1995.

208. Child immunization. Uruguay has an Expanded Immunization Programme, established by Decree-Law No. 15,272 of 4 May 1982. That Law established State responsibility for the administration to the public of vaccines against the following diseases: diphtheria, mumps, pertussis (whooping cough), poliomyelitis, rubella, measles, tetanus and tuberculosis. The vaccination

programme, a copy of which appears in the annexes, 50/ calls for an official schedule of vaccinations for children under the age of 12. In 1994, meningitis, which frequently occurs in young children, was added to the eight diseases vaccinated against under the programme. Parents are required to submit vaccination certificates for their children on the following occasions:

- (a) At the time of receipt of the family allowance for children under six years of age;
- (b) Upon enrolment in any form of public education;
- (c) When applying for the issue or renewal of an identity card;
- (d) When requesting any type of health certificate; and
- (e) When applying for the issue or renewal of a Ministry of Public Health assistance card.

Countrywide access to vaccination is ensured through a broad network of vaccination posts in urban and rural areas, mobile vaccination posts and temporary, rotating vaccination posts in schools.

209. Affordability is not a problem since the entire service is provided free of charge, and the Ministry of Public Health keeps accurate records.

210. For the past seven years, the percentage of children vaccinated has been among the highest in the world: 99 per cent for Bacillus Calmette-Guérin (anti-tuberculosis: BCG), 91 per cent for diphtheria/pertussis/tetanus (DPT) and 86 per cent for measles/mumps/rubella (MMR). As a result of this policy, Uruguay has had no recorded case of polio, diphtheria or neonatal tetanus since 1989. The annexes 51/ show the almost zero incidence of the diseases covered by the Expanded Immunization Programme.

211. Life expectancy at birth. In 1994, average life expectancy at birth in Uruguay was 72 years for the two sexes combined (69 years for men and 75 years for women). When added to the average annual population growth rate of 5.83 per cent, this means that the Uruguayan population is ageing and children are a scarce human resource. Persons over the age of 65 make up 11 per cent of the total population; in absolute numbers, this translates to about 330,000 people. Older persons account for 33 per cent of the female population and 10 per cent of the male population. A total of 90 per cent of the older population reside in urban areas. Of the older population, 86 per cent receive a monetary income, while 14 per cent (45,193 people) depend on others for their subsistence. However, 89 per cent of the latter group are concentrated in urban areas. There are serious deficiencies in the living conditions of older persons in rural areas, where 34 per cent of such persons live in poor households. 52/

212. In 1990, the Ministry of Public Health set up the Priority Programme for the Care of Older Adults, which focuses on the analysis and evaluation of the country's various types of public and private institutions for older persons. The purpose of the programme is to improve the quality of life of adults over the age of 65. Its goals include the following:

(a) To adapt health services to the needs of older persons, establishing a clinical history and a network of references; to develop laws and regulations for homes for older persons;

(b) To encourage improvements in the psychological, social and family environment of older persons and to set up a system of economic assistance for families which include an older person with no income; to promote employment and jobs for people in this age group, according to their abilities;

(c) To develop appropriate training for people who work with older adults by training health care professionals and community officials in the specific area of psychological and social care of older persons.

213. Circulatory problems and cancer account for about 64 per cent of deaths in this age group, followed by pneumonia and diabetes. These statistics make Uruguayan society a classic transition model, characterized as it is by demographic stagnation, a predominance of adults, a steady increase in the number of people over the age of 60, low birth and mortality rates, and the replacement of infectious diseases by chronic diseases as causes of death.

214. Channels through which medical care is provided. There are two primary sources of medical care in Uruguay: the Ministry of Public Health and group medical institutions. The latter are private organizations which offer health care through a pre-paid insurance scheme. According to the official statistics gathered by the National Institute of Statistics, about 88 per cent of the population are covered and only 12 per cent have no formal link with the health system.

215. The Ministry of Public Health is the principal health provider in the interior (urban and rural); it plays a lesser role in Montevideo, the capital, where only 14.9 per cent of the population receive care in Ministry facilities.

216. Pattern of public health care. At the first level of care, there are two types of institution: polyclinics and health centres. These two types, which meet the needs of persons living no more than one hour away, represent the local level of health services. The second level includes regional hospitals which serve those living no more than two hours away. The third level includes hospitals with sophisticated equipment and highly specialized medical staff. In general, they cover whole departments and serve those living no more than six hours away. Finally, the fourth level corresponds to institutions which treat only complex pathologies and are therefore considered to cover the whole country.

217. The Ministry of Public Health, which provides free treatment, care and medicine, has 61 hospitals throughout the country, 12 of them specialized, 18 health centres, 25 health sub-centres and 191 polyclinics (10 in Montevideo and 181 in the interior, mostly in rural areas). 53/

218. The Ministry of Public Health, through the Childbirth Promotion and Monitoring Unit, has increased its monitoring of teenage pregnancies. In Pereira Rossell Hospital, 54/ the largest public children's hospital in the capital, a study revealed the following: 73 per cent of girl patients or

girls making appointments were 16 or 17 years of age, and 6.6 per cent were under the age of 14. 61 per cent of these girls had finished primary school and 2 per cent had finished secondary school. A total of 92 per cent were pregnant for the first time, 7 per cent for the second time and 1 per cent for the third time. Of the newborn infants from that group, 54.5 per cent weighed between 3,000 and 4,000 grams and 10.9 per cent between 1,500 and 2,500 grams. The State has based its policy concerning teenage pregnancy on an overall approach that takes into account the psychological and social environment and calls for closer monitoring than in the case of adults and continuing support of teenage mothers.

219. The age group made up of 785,000 children under the age of 14 constitutes 27 per cent of the country's population. At the national level, 94 per cent of children have access to public or private health care. Uruguay has 125 hospitals, of which 113 are general and 12 are specialized.

220. There are a total of 13,232 hospital beds, representing an average of 3.90 beds per 1,000 inhabitants. 55/

Disadvantaged groups

221. Despite Uruguay's small size and population, there are considerable differences between standards of living in the different regions of the country. According to information supplied by the National Institute of Statistics, there are four departments with substantial numbers of needy households: Rivera, Cerro Largo, Tacuarembó and Salto.

222. State policy gives these regions priority in health-related matters. The previously-mentioned Tacuarembó project was a successful effort in the field of primary health care. Another primary health project, in Salto, focused on the control and prevention of vectorial transmission of Chagas' disease, which has a high incidence in the above-mentioned departments located in the north of the country.

223. The project, which was launched in 1990, included the following stages: (a) dissemination of information to residents of the area; (b) evaluation of the situation; (c) the anti-vector campaign. The last of these stages also included three phases: chemical attack using insecticides; environmental approach based on the improvement of insanitary housing; consolidation phase with the active participation of local volunteers. The final phase was one of surveillance and included identification of responsible members of the community who are designated to receive and collect reports from people living in the area. Schoolchildren assist with this phase, which is based on the invention of a continuous household-monitoring device nicknamed the "Gomez Nuñez" box.

224. The measures taken have made it possible to considerably reduce the level of seropositivity in the population of this region. As a result of treatment, vigilance and community participation in solving the problem, control of this disease has been a significant achievement for the health situation of the regions of the country with the greatest number of needy households.

225. Public and private health-related efforts over and above the priority sector are aimed at achieving equal access to, and enjoyment of, the right to health for all.

Practical difficulties

226. Organizational problems are among the most practical difficulties impeding the full use of the resources devoted to health. Over-centralization of the medical system often hampers the efficiency of the services provided. The Executive recently submitted a message and bill to encourage broad decentralization of public health services. The new proposal includes the establishment of small regional health offices which, in cooperation with community advisory councils or committees, would be in a position to reorganize the administration of the health-related agencies.

Successful strategies

227. The Primary Health Care approach, adopted by Uruguay as an appropriate model for improving the quality of life of all inhabitants, automatically implies teaching methods of self-care in health-related matters to all members of society.

228. Within the framework of the technical cooperation project launched with UNICEF in 1991, the Ministry of Public Health concluded an agreement for the ongoing training of educators (teachers) which, in addition to promoting the development of "healthy habits", provides tools for dealing with health problems and developing an awareness of the role of sanitation in certain illnesses with a major impact on society.

International cooperation

229. International cooperation has played an important role in giving impetus to the country's new public health priorities. The contributions of organizations such as WHO, PAHO, UNICEF and GTZ have made possible significant progress in the health indicators of needy groups in Uruguay.

Article 13

230. For over a century, education in Uruguay has been based on a set of values. The democratization of enrolment and the related phenomenon of the deep penetration of education in all sectors of society, the secular orientation which encourages non-dogmatic and critical attitudes on the part of students, and educational freedom and autonomy are the fundamental principles of education in Uruguay and are, in fact, protected by the Constitution. The Constitution in force since 1967 recognizes education as a priority human right, and this recognition is conveyed by the guarantee of freedom of education, including the right to teach, to learn and to establish and organize educational institutions. The compulsory nature of primary, secondary, agricultural and industrial education and the fact that all types of education, including university and higher education, are free of charge, form the foundations of the country's entire education system.

Education is entirely free of charge in Uruguay

231. State primary education is free and compulsory.

232. The compulsory curriculum includes six years of basic education and three years of secondary education. Of all children beginning their education in Uruguay, some 74 per cent enrol in State schools while the remainder opt for private education. The official statistics show that some 98.9 per cent of 11-year-olds have completed the last year of primary schooling.

233. According to data from UNESCO, in 1986 the school enrolment rate was 92 per cent, the fifth highest in the Americas.

234. Secondary education is also free and secondary schools are attended by young people from the upper, middle and lower strata of society.

235. Enrolment in secondary education has grown steadily since the restoration of democracy. Pupils attending the basic single cycle of secondary education currently account for 90 per cent of young people aged between 13 and 15; in other words, coverage is gradually reaching the point where it will be complete. The number of pupils enrolled is stationary since coverage has become almost complete and there is virtually no population growth in Uruguay.

236. University-level higher education is also free. Until 1986, the State had a complete monopoly of higher education. In that year, Uruguay's first private university, the Universidad Católica del Uruguay, was authorized to open.

237. Relevant information and guidance on the range of studies is available from the appropriate university departments.

The right to education, a right that has been realized

238. In Uruguay there are no problems in the realization of the right to education. Nevertheless, Uruguayan society in general recognizes the need for a thorough educational reform to adapt education to the new circumstances of today's changing world.

239. The National Public Education Administration faces operational problems, deriving from the institutional structure and the way planning units are organized.

240. Because of the time-lag between the planning and decision-making stages and maladjustment between channels of communication and agencies responsible for implementing educational programmes operational reform is essential. One factor with a harmful impact on education has been the level of remuneration of primary and secondary-school teachers. The Government has made considerable efforts to improve pay, although it also appreciates the need for high levels of motivation among teachers in order to guarantee the quality of the education provided by the State.

241. Another problem which is being addressed in the educational field is the role of technology in the education of children and young people as a tool for narrowing the educational gap between Uruguay and the more developed countries and ensuring that our skilled human resources remain competitive.

242. The annexes 56/ contain statistical information on the following:

(a) Nationwide enrolment in basic education, broken down by rural and urban areas;

(b) Drop-out rate;

(c) Graduation rates, by sex.

Public expenditure and education

243. The share of public expenditure on pre-primary, primary and secondary education and teacher training as a percentage of GDP has varied considerably over the past 30 years. Since the restoration of democracy until the present the figure has averaged 2 per cent. 57/ In terms of the national budget, at 1991 figures, education accounts for 11.6 per cent of total expenditure. The statistical tables 58/ show the share of public expenditure by sector of education for the period 1984-1989.

244. Description of the primary education network. The network of primary education services is nationwide. They comprise core, special and adult education. Although compulsory education begins with the first year of formal schooling, most five-year-olds (86.6 per cent) have previously attended kindergartens, which are designed to prepare them for primary education.

245. According to the tables provided in the annexes, 59/ in 1991 there were 2,352 schools in Uruguay, 2,105 of which were State schools and 247 private. In the same year the total number of State schools located in rural areas was 1,339, of which 1,241 taught the core course and 98 were agricultural schools. There were 679 urban schools, 520 of which were in the interior.

246. Rural education is the responsibility of a Department of Education in Rural Areas, attached to the Primary Education Council. In 1991, the number of pupils enrolled in rural schools was 4,325. However, it should be noted that about 13.4 per cent of these were pupils who were repeating a year or had dropped out. The highest percentage of repeating pupils was in the first year and the lowest in the sixth year. The total number of pupils who completed school was 4,757, i.e. 14.9 per cent of those enrolled.

247. The term special education designates the education provided for children suffering from a physical or psychological disability which prevents them from following a normal school day. According to the 1991 household survey, 18 per cent of the population aged over 3 suffered from some form of disability; 6.9 per cent of those aged 3-5 and 8.3 per cent of those aged from 6-11 were affected.

248. In 1991 there were 77 special education establishments in Uruguay, 28 in Montevideo and 49 in the interior. About 81.8 per cent of these schools cater for mentally disabled pupils.

249. Finally, regarding adult education in 1991 there were 3,124 students enrolled in adult education, 1,863 in Montevideo and 1,261 in the interior.

250. State school infrastructure. The annexes 60/ show that in the 650 primary schools there are 5,626 classrooms, i.e. an average of 8.7 classrooms per school, the average classroom size being 41.6 m². Most of the schools are situated in non-urban areas in the interior (43.4 per cent) where there are almost twice as many as in Montevideo. A total of 23 per cent of such schools are in the capital and 33.5 per cent are located in departmental capitals in the interior.

251. A national survey carried out in 1991 found that a considerable proportion of schools required substantial repairs. In Montevideo, 68 per cent of schools were in a good state of repair, 24 per cent in a satisfactory state and the remaining 8 per cent in a poor state. In the departmental capitals, 74.3 per cent of schools were in a good state of repair, 22 per cent in a satisfactory state and 3.7 per cent in a poor state.

252. In 1992 the Public Administration Council signed a number of construction agreements with the Ministry of Transport and Public Works in order to begin repair work in schools that were in a poor condition. At the time of writing, the situation has improved considerably.

Realization of the right to higher education by men and women

253. The tables contained in the annexes 61/ show that the percentages of women and men enrolled in higher education establishments were virtually equal. This is particularly striking at the Universidad de la República, where almost 10,000 more women were enrolled than men.

Specific difficulties

254. In Uruguay the greatest problems in the sphere of education relate not to access but to performance of the system as an instrument for remedying social inequality and fostering social mobility. The education system is characterized by high levels of penetration; only 3.5 per cent of children aged 6-11 are not enrolled in school. Nevertheless, the problems of repeating pupils, attendance and over-age pupils are substantial in schools in areas with the greatest concentration of households with unmet basic needs (NBI) in Montevideo and in towns in the interior. In schools in rural areas the failure rates are lower, a fact which seems to be connected with the links developed with the community. The State has attempted to reformulate the school structure in order to offer the possibility of remedial education, while avoiding the pitfall of discrimination implicit in setting up "schools for the poor". The "full-time" school experiment, in which education is supplemented by school meals, has begun operating in 12 schools located in areas where there is a high concentration of NBI households. Full-time schooling represents an educational alternative based on closer links between

the school as an institution and its social environment, and offering educational outreach activities designed to achieve the full development of the child and to involve his family in the learning process.

Teachers' salaries

255. Teachers' salaries lie at the heart of the debate and negotiations between the government authorities and teachers' unions. A study by the National Public Education Administration of the movement of teachers' salaries in real terms between 1960 and 1989 found that they had suffered a net loss of some 46.6 per cent. ^{62/} A recent report by the Economic Commission for Latin America and the Caribbean (ECLAC) noted that teachers in all sectors of education are in twelfth place on the income scale for 19 occupational groups.

256. The bulk of budgetary expenditure has been earmarked for financing educational services; as a result, teachers' salaries have lagged behind. Since 1990 there has been a sustained effort to increase teachers' salaries in real terms by fixing them through budgetary or administrative means. This has been a priority for the Government and measures have been taken to compensate for the loss of value in salaries.

Supervision of private education

257. Under the principle of freedom of education, the operation of the private sector of education is regulated by the National Education Council. The National Private Education Inspectorate monitors and supervises the performance of private schools in terms of the health, hygiene and curriculum standards which apply to all schools. An average of 222 pupils attend each of Uruguay's 247 private schools. Examination of the availability of school places in terms of the socio-economic status of the area concerned shows that most private schools are in places where basic needs are met. In the capital, private schools account for 36 per cent of school places and for 6.2 per cent in the interior. The private sector includes religious schools (Catholic, Jewish and Baptist) and non-religious schools. Both types of school require their teachers to have an official teacher's certificate.

258. The changes in the period under review have been beneficial for the full realization of the right to education.

259. Through international technical assistance from UNICEF and IDB it has been possible to redirect Uruguay's social policies in the past decade.

Article 14

260. As explained in connection with the previous article, in Uruguay education is completely free and compulsory.

Illiteracy

261. According to the 1985 census, a total of 4.3 per cent of the population is illiterate. In terms of age groups, illiteracy exists among older persons and is tending to disappear among the younger generations. More thorough

studies have found that the majority of illiterates are functional illiterates (persons who have lost the ability to read and write through lack of practice or learning difficulties).

262. The educational incentives policy focuses on providing assistance to the most disadvantaged sectors of the population through programmes such as that of the Montevideo City Council, which comprises:

- (a) Free public transport for schoolchildren.
- (b) Free transport for State secondary-school pupils.

263. The Executive has been responsible for the following:

- (a) Agreements with the Ministry of Transport and Public Works for the refurbishment of schools;
- (b) Increase of about 25 per cent in the salaries of teachers in substandard schools.

Article 15

Governmental, national and departmental bodies involved in cultural development

264. Information is provided in the annexes 63/ concerning libraries, museums and other cultural institutions in Uruguay.

Mass media

265. The mass media play a very diverse role in promoting participation in cultural life; the media include private and public television stations, radio stations and publications.

266. The private media are free to broadcast any programmes they wish, provided they observe certain legal guidelines. The State is actively involved in promoting culture through the Servicio Oficial de Difusión Radio Eléctrica (SODRE) radio station, whose "principal aim is to broadcast cultural and information programmes and to:

- (a) Organize or help to organize artistic, scientific, illustrative, informational or similar exhibitions or shows aimed at improving the cultural awareness of Uruguay's inhabitants ...
- (b) To purchase or hire phonographic, theatrical, cinematographic, musical, printed or other material linked with its activities, to use it in its programmes and to contribute its productions to the appropriate archives ...".

To achieve these aims, SODRE currently operates a television channel and two radio stations offering AM and FM broadcasts.

Professional education

267. Various public and private professional education courses are available in the sphere of culture and the arts.

268. At the State and, in particular, municipal levels, the main purpose of many of the institutions referred to in this report includes the provision of professional education in the sphere of culture and the arts. In addition to the private institutions providing training in this sphere, the State institutions include the following:

(a) Universidad del Trabajo del Uruguay, which provides the following vocational training courses: carpet-making, leather craft, ceramics, basket-making, drawing and painting, setting precious and semi-precious stones, sculpture, jewellery engraving, jewellery, polishing, varnishing and gilding, decorative art, metalwork, painting on canvas, wood carving, glass engraving, silk-screen printing, cutting and polishing semi-precious stones, tapestry, rug-making, violin-making and saddlery;

(b) Instituto de Profesores Artigas, which provides teacher-training in the fields of literature and music;

(c) Universidad de la República, whose National Fine Arts School offers a variety of courses;

(d) Ministry of Education and Culture, whose Cultural Department offers courses in the following areas:

Escuela Nacional de Danza (ballet and traditional dances)

Escuela Nacional de Arte Lírico (singing, solmization, repertoire, physical expression, musical interpretation, etc.).

The right to culture

269. The annexes 64/ provide statistical information on cinemas, theatres, museums and the number of bibliographic units consulted in municipal libraries in 1994.

State policies to promote culture

270. Foreign cultural relations. Cultural development is encouraged by the State through cultural exchanges with a number of countries. In recent years the following cooperation agreements have been signed:

(a) Act No. 16,596 of 14 October 1994. Basic Technical and Scientific Cooperation Agreement between the Eastern Republic of Uruguay and the Republic of Colombia;

(b) Act No. 16,402 of 10 August 1993. Cultural Cooperation Agreement with the Dominican Republic;

(c) Act No. 16,564 of 19 August 1994. Scientific and Technological Cooperation Agreement with the Government of New Zealand;

(d) Act No. 16,525 of 12 July 1994. Technical cooperation agreement with the Government of the United Kingdom of Great Britain and Northern Ireland, covering assistance services by the Natural Resources Institute to develop agricultural, livestock and forestry projects in Uruguay;

(e) Decree No. 364/93. Agreement with the Government of Spain relating to the exchange of technicians, experts and researchers.

271. Activities within Uruguay. Since 1979 Uruguay has had a Commission on the Historical, Artistic and Cultural Heritage, which is responsible for protecting and taking specific measures to preserve our cultural heritage. By Act No. 16,609 of 1994, the Executive decided to establish the Comisión Pro Museo Histórico Artiguista, charged with celebrating and evoking the memory of General José Artigas and highlighting his contribution as Uruguay's founding father and a leader of the Latin American independence movement, by disseminating knowledge of the historic events in which he took part through lectures and research.

272. Act No. 16,624 of 10 November 1994 established the Fondo Nacional de la Música, whose purpose is to support and disseminate musical activity throughout Uruguay. The Fund's Board of Management includes authors belonging to the Uruguayan Authors' Association, the Uruguayan Society of Performers and the Uruguayan Musicians' Federation.

273. The Fund's resources are intended to finance performances by national musicians in Uruguay and abroad, to produce individual recordings or series of recordings for non-profit-making promotion and distribution, and to encourage the creation and performance of Uruguayan music. The Act obliges radio and television stations to ensure that at least 30 per cent of their programmes consist of Uruguayan music. Any foreign musical group performing in Uruguay, is required to contribute 5 per cent of its receipts to the Fund; this contribution is used to finance the activities described above.

274. Legislation to protect copyright. Article 33 of the Constitution guarantees legal recognition and protection for intellectual work and authors', inventors' or artists' copyright. Act No. 9,739 of 17 December 1937 and Act No. 15,913 of 1987, which are included in the annexes to this report, 65/ guarantee intellectual property and prohibit the unlawful reproduction of literary, theatrical, musical, poetic or cinematographic works, sculptures, paintings and scientific works, and lay down custodial sentences or fines for persons who violate their provisions. In addition, Act No. 10,089 of 12 December 1941, which is also included in the annexes, 66/ guarantees the property rights of discoverers or inventors.

275. The procedure to obtain an inventor's patent requires the contents of the invention or device to be published in two newspapers (one of them the Diario Oficial), thereby disseminating knowledge of scientific progress.

276. Attention should also be drawn to the principal responsibilities of the official radio station (SODRE) as described in paragraph 266.

277. In addition to the above, a wealth of private national and international scientific publications appear regularly in Uruguay. A considerable number of radio and television programmes provide information on scientific progress.

278. Science and technology. In 1988, the universities established the Central Programme for Scientific and Technological Research and Artistic Activities, which included seven research projects in the following areas:

- (a) Multidisciplinary and support projects;
- (b) Basic sciences;
- (c) Health sciences;
- (d) Agricultural science and technology;
- (e) Industrial and service technology;
- (f) Social sciences;
- (g) The humanities and art.

279. The programme is supplemented by postgraduate courses in a number of subjects, including master's degrees in development and planning, public administration and accountancy, a postgraduate course in engineering, a wider range of master's degrees and doctorates in chemistry, postgraduate courses in nuclear technology, and the establishment of the Social Science Research and Postgraduate Centre.

280. This new impetus for science is completed by a special programme to train researches, with financial support from OAS and IDB; this programme has made it possible successfully to pursue projects in the fields of biotechnology and its industrial applications, the development of technologies to produce seeds for forestry, the use of non-conventional energy sources, statistical research in the social and commercial fields and studies of the impact of binational public works such as the Colonia-Buenos Aires bridge, which will link Uruguay to the capital of Argentina.

281. Since 1985, one of the main concerns of the university authorities, as part of a general policy to open up the university to its environment, has been to develop closer links with the productive sector in order to help solve scientific and technological problems of national interest, instilling into academic life a constant concern to integrate the university into the surrounding world and actively to participate in identifying and discussing the latter's problems. With this end in mind, an office has been established to channel agreements and conventions with public and private bodies. We may cite as examples the university internships for persons employed in industry and agreements with institutions such as CONAPROLE. 67/

282. Regarding the development of technical and scientific research, since 1994 an annual amount of US\$ 500,000 has been earmarked within the State budget as a contribution to priority research projects.

Notes

- 1/ Annex 1. Population and Housing Census.
- 2/ Annex 2. Complete text of the Constitution.
- 3/ Report by economist Claudio Billig, General Coordinator, Finance Office, Ministry of Economic and Finance Affairs.
- 4/ The most recent National Population and Housing Census was conducted in 1985.
- 5/ Annex 3. Results of the 1988 university census.
- 6/ Annex 4. Reports of Uruguay to ILO Conventions Nos. 122 and 111.
- 7/ Annex 5. Statistics on employment, unemployment and underemployment.
- 8/ Statistical data on the Workers' Retraining Programme are provided in annex 5.
- 9/ Annex 6. Judgement No. 12,676.
- 10/ Annex 7. Reports of Uruguay under ILO Conventions.
- 11/ Book. "Study of 23 collective labour agreements".
- 12/ Annex 8 contains statistical information on average and minimum wage trends.
- 13/ Annex 9 contains Labour Court of Appeal Judgement No. 12,365.
- 14/ "Mujeres in cifras", prepared for the Fourth World Conference on Women, 1995.
- 15/ See annex 10. Statistical information on public employees.
- 16/ Annex 11 contains statistical information from the National Institute of Statistics.
- 17/ Annex 12. Ultimas Noticias (daily newspaper).
- 18/ Annex 13. Accident statistics for the 1992-1993 biennium.
- 19/ Annex 14. Act No. 16,713, arts. 22, 23 and 24.
- 20/ Annex 15. First-Rota Labour Court of Appeal, Judgement No. 12,537.
- 21/ Annex 16. Charts showing trends in teachers' salaries.
- 22/ Annex 17. Reports submitted by Uruguay on the implementation of ILO Conventions on union membership.

23/ Annex 18. List of trade-union organizations registered with the Documentation and Registration Division of the Ministry of Labour and Social Security during the period 1 July 1992 to 3 June 1994.

24/ In police parlance, "operational sector" is the term used to denote personnel engaged in security duties.

25/ Annex 19. Second-Rota Labour Court of Appeal, Judgement No. 12,702.

26/ Annex 20. Reports submitted by Uruguay under the ILO Conventions.

27/ Annex 21. Text of Act No. 16,713 of 3 September 1995.

28/ Annex 22. Statistics on the impact of social security on the Uruguayan GDP.

29/ Annex 23. Initial report of Uruguay to the Committee on the Rights of the Child, 1995.

30/ Annex 24. Reports submitted by Uruguay to ILO Conventions Nos. 103 and 138.

31/ Annex 25. Judgement No. 12,476. Published in La Justicia Uruguaya, Vol. 108, p. 116.

32/ Annex 26. Table on the availability and recommended food intake.

33/ Annex 27. Tables showing the main causes of death in Uruguay, prepared by the Ministry of Public Health.

34/ The national minimum wage is equivalent to approximately \$100.

35/ Annex 28. Distribution of public spending. Food subsector. Source: Publication of the Planning and Budget Office (OPP) Office of the Presidency of the Republic, Vol. XI.

36/ Annex 29. Statistical information on the downward trend in the factor of overcrowding in housing supply in Uruguay. Source: OPP/PRIS/UNDP publication, Evolución de la Pobreza, Vol. X.

37/ The heading "Other social expenditure" in the statistical tables includes resources allocated for social housing.

38/ "Housing" means any separate and independent shelter, fixed or mobile, which has been built or converted to accommodate people permanently or temporarily. Source: Housing Census, 1985, p. 429.

39/ Annex 30. Statistics on medical consultations.

40/ Instituto de Estudios Legales y Sociales del Uruguay (IELSUR) (Uruguayan Institute for Legal and Social Studies).

- 41/ Annex 31. Pautas para la legislación de salud mental (Guidelines for mental health legislation).
- 42/ A predominantly rural department.
- 43/ Equipos Consultores y Asociados.
- 44/ Annex 32. Health care statistics compiled by the Statistics Division of the Ministry of Public Health.
- 45/ Annex 33. Statistical data on maternal and child health.
- 46/ Annex 34. Statistical data on households with unmet basic needs.
- 47/ Annex 35. Statistical data on maternal and child health.
- 48/ Evolución de la Pobreza en el Uruguay (Evolution of Poverty in Uruguay) OPP/PRIS/IDB, 1994, pp. 25 and 26.
- 49/ Annex 36. Statistical tables on water sources.
- 50/ Annex 37. National vaccination programme.
- 51/ Annex 38. Statistical data on the zero incidence of diseases such as polio, diphtheria and prenatal tetanus.
- 52/ Programas Prioritarios de Salud (Priority Health Programmes), Ministry of Public Health, 1994.
- 53/ El Sistema de Salud en el Uruguay (The Health System in Uruguay), Vol. V.
- 54/ The largest children's hospital in Uruguay.
- 55/ Annex 39. Statistical information on the availability of hospital beds.
- 56/ Annex 40. Statistical information on education.
- 57/ Educación Cooperación Internacional, vol. IV, OPP/PRIS/IDB publication, 1994.
- 58/ Annex 41. Statistical information on public expenditure on education.
- 59/ Annex 42. Statistical information on State and private schools in Uruguay.
- 60/ Annex 43. Statistics on school premises in Montevideo and the interior.
- 61/ Annex 44. Statistics on university enrolment.

62/ Diagnóstico Sectorial. Educación, vol. II, OPP/IDB publication, p. 156.

63/ Annex 45.

64/ Annex 46. Statistics relating to cinemas, museums and bibliographic works consulted in 1991, 1992 and 1993.

65/ Annex 47.

66/ Annex 48.

67/ National Cooperative of Milk Producers, this product being particularly important in Uruguay's export sector.

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