

## MULTI-STAKEHOLDER FORUM, 1 FEBRUARY 2019

### URUGUAY'S INTERVENTION

At the outset, let me thank UNWOMEN for inviting Uruguay to participate in this Forum in preparation for CSW63. We seize this opportunity to welcome the Secretary General's report.

At this time, following the concept note and the specific questions, we want to share our experience and the achievements made in Uruguay.

#### **[First question]**

Let me start with the **right to care and social protection** and provide some examples of the *national social protection system*.

As a historical precedent, an important set of laws passed as early as in 1907, aiming at the protection of worker's rights, could be considered the starting point of Social Law in Uruguay and founding acts of a rich legislative framework.

Uruguay continues advancing in rights. With the approval of the Care Law 19.353 (2015) all children, elderly people, and people with disabilities in a situation of dependency have the right to access to quality care. The Law recognizes, both, the right to care and the right to take care of.

The plan was born with the aim of generating a co-responsible model of care, between families, the State, the community and the market.

The approach of gender co-responsibility in care is also legally incorporated, promoting the participation of men and women in equal conditions, thus aiming to overcome the unjust sexual division of work that historically and still today characterizes our societies.

The Care System seeks to be a universal policy. The care system is for everyone; the access does not depend on the income or place of residence, but on the situation of dependency of each person.

The National Care Plan 2016-2020 is the map of implementation of the System:

- **Policies for early childhood care:** universal coverage of 3-year-old children in primary education has been achieved and the coverage of early childhood care centers has been extended up to 2 years of age.

- **Care programs for people with dependency** (girls, youth, adults and seniors), also incorporating a variety of modalities according to needs.

**The Personal Assistant Program has been consolidated:** Consists of people trained to provide care and personal assistance (the Care Givers) for the activities and daily life of people in a situation of severe dependence.

During 2017, the **Home Tele assistance service** was launched, which allows people over 70 years of age, in situations of mild or moderate dependence, to notify their family, neighbors or medical service in case of any incident that occurs in their home.

**Day Centers** provide comprehensive care to the elderly living in their homes, but present certain difficulties for carrying out some activities of daily living, meaning that they are in a situation of mild or moderate dependence.

The **Long Stay Centers** began to work on instruments that contribute to the improvement of the quality of these centers. In 2018, new regulations were approved to improve the quality of these centers.

**Conclusion: CARE as a new right and as a social function.**

**[Second Question]**

**Regarding the issue of social protection systems.** Uruguay has a social protection system with a universal vocation, committed to the complementarity of public and private sectors with high state regulation.

The National Integrated Health System is universal and has prioritized a change in the model of health care that promotes health and prevention of diseases as well as a better level of care.

Within the health objectives of the current Administration, the needs of children and teenagers have been prioritized, as well as the health of women in a comprehensive manner, recognizing their sexual and reproductive rights and the interruption of pregnancy by law, as well as the access to technologies for assisted fertility. Complete contraceptive methods, suitable birthing rooms, and early diagnosis of genital cancer, free of charge are some highlights of the priorities.

The Ministry of Public Health also incorporated the diagnosis and first response in gender violence with emphasis on sexual abuse, as a benefit for all users of the health system.

Likewise, progress has been made in health measures in non-communicable diseases, which are the main causes of death in our country.

The Social Security System has ample coverage in Uruguay. It should be noted that the level of contributing workers is more than 70%, with recognition of full rights due to illness, unemployment insurance, leaves, among others.

In relation to working women, it is emphasized that one year of contribution is calculated for each child born, which is an acknowledgment of the care work of each child; also, for the calculation of the retirement pension is taken into account the same projection of years for men and women, which benefits the latter because women have higher life expectancy.

On the other hand, Uruguay approved the Law on Domestic Work (95% of the workers are women), which states the mandatory inscription in the social security, that grants all the rights, and a minimum obligatory award agreed by collective negotiation, among others benefits.

### **[Third question]**

**With regard to social protection coverage for workers in the informal sector**, it is estimated that about 20% of workers are not yet registered in the Uruguayan Social Security System. Some reports indicate that self-employed workers and owners of micro-enterprises represent 20.6% of employed workers, while salaried informal workers are close to 21.8%.

**Law No. 18.874** of Social Single Tax represents the central strategy for the formalization of informal workers (street vendors, vendors at fairs, etc.), which has allowed them not only integrate at a low cost the social security, but also to access the Health System and all the benefits arising from social security system.

Women represent 61% of beneficiaries of Social Single Tax, an instrument coordinated by the General Labour Inspectorate.

**Law No. 17.978** of social cooperatives, aimed at people with socio-economic vulnerabilities, promotes their associativity and grants benefits for contracting with the State.

The role of the Ministry of Labor and Social Security acting through General Labour Inspectorate is noteworthy; it controls the fulfillment of duties by companies, implementation of complementary laws, prevention and combating sexual harassment.

All these tools particularly benefit women because they are the ones who have the greatest presence as informal and unemployed workers.

### **[Fourth question]**

**With regard to parental leave** and the incentive for men of take care of children, in November 2013, Law No. 19.161 on Parental Licenses came into force.

The norm regulates the maternity and paternity leaves, establishes the paternity bonus and regulates the reduction of working hours for the care of boys and girls, for both parents/progenitors. Adoptions are included too.

## **[One concrete result/outcome for CSW63 and contribution]**

Lastly, in line with the aforementioned and with regard to the results of the 63CSW, I would like to point out three recommendations that my delegation considers important and that should be included in the agreed conclusions, these are:

- That National Care Systems would be implemented by States as an indispensable pillar of the social protection system, contributing to integral socioeconomic development models that allow the full incorporation of women and promote co-responsible social relations.
- That public policies, especially those linked to economic and productive development, promote the formalization of women workers and strengthen opportunities for access to financial and technological resources in order to favor women's economic initiatives.
- That by means of Comparative Law and good practices, State members would have at their disposal concrete references in order to update or pass new law in favour of women rights and inclusion, inspired in principles as: universality, co-responsibility and solidarity.