

Disability Inclusion in Latin America and the Caribbean:

A Path to Sustainable Development

Executive Summary ▶



October 2021

Latin America and Caribbean Region, Social Sustainability and Inclusion



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Executive Summary

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

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

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





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

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

► **Who Are Persons with Disabilities?**

According to the United Nations Convention on the Rights of Persons with Disabilities, persons with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Based on this definition, the exclusion of persons with disabilities is not caused solely by impairments, but also by the set of environmental and social barriers that obstruct their full participation. Such barriers, as this report underlines, can be more stringent for certain subgroups that already face cumulative disadvantages and fewer opportunities, such as women, rural dwellers, indigenous people, and Afro-descendants.

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



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

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

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

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

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



► The Social Inclusion Framework

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

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

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

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

2 Ableism is discrimination in favor of persons without disabilities.

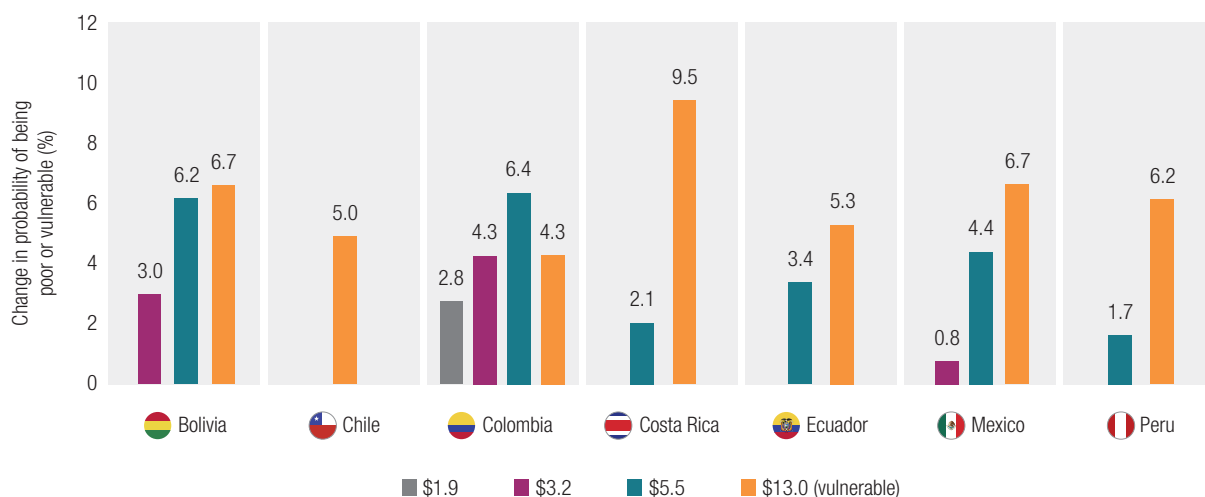
3 World Bank, *Inclusion Matters: The Foundation for Shared Prosperity* (Washington, DC: World Bank, 2013), 110.

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

► Poverty and Access to Services


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

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



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

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



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

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

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

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

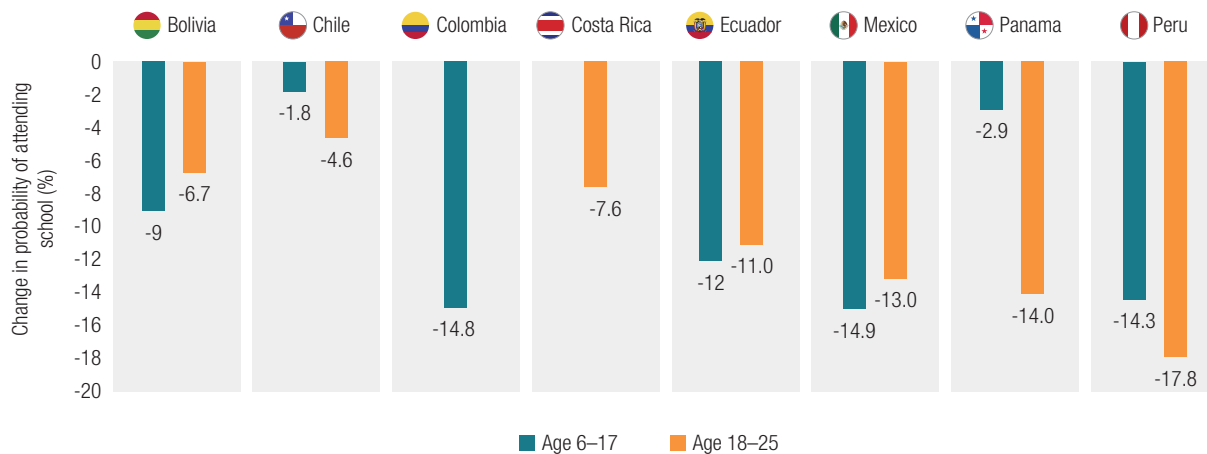
► Access to Education

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

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

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

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



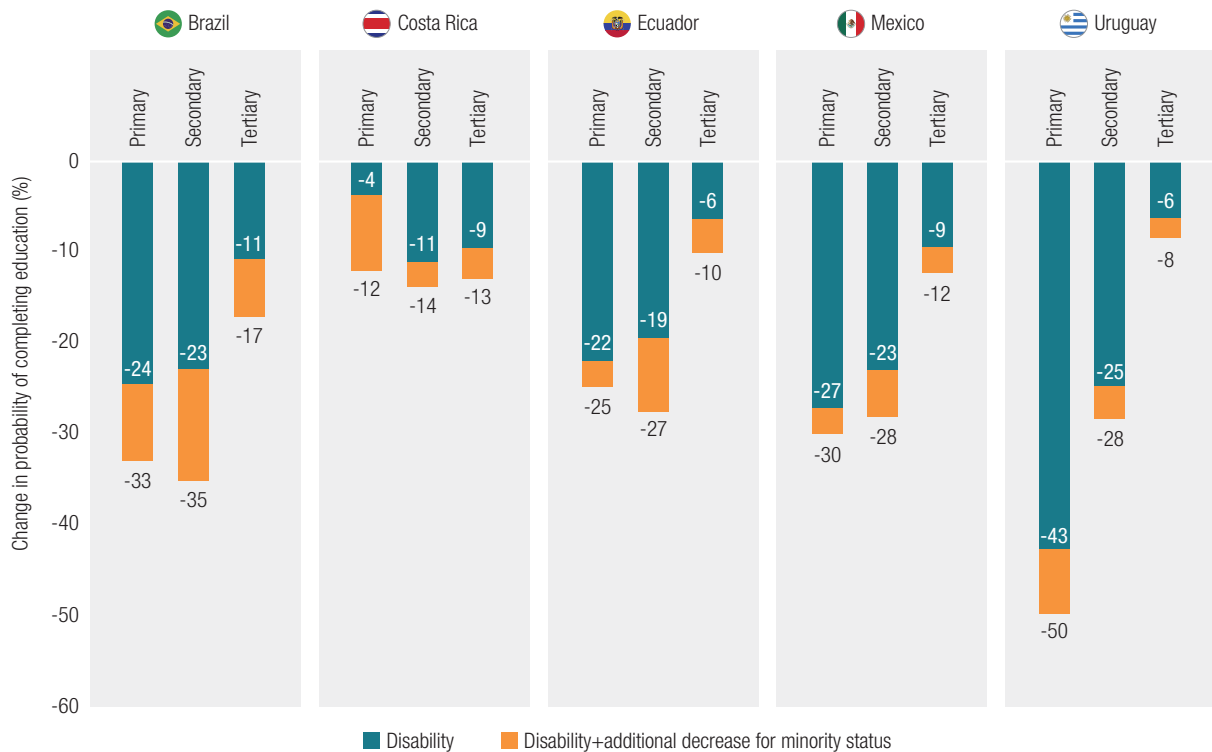
Source: Author's calculations using Socio-Economic Database for Latin America and the Caribbean (SEDLAC) (CEDLAS and World Bank).

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

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

Figure ES.3

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



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

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

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

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

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

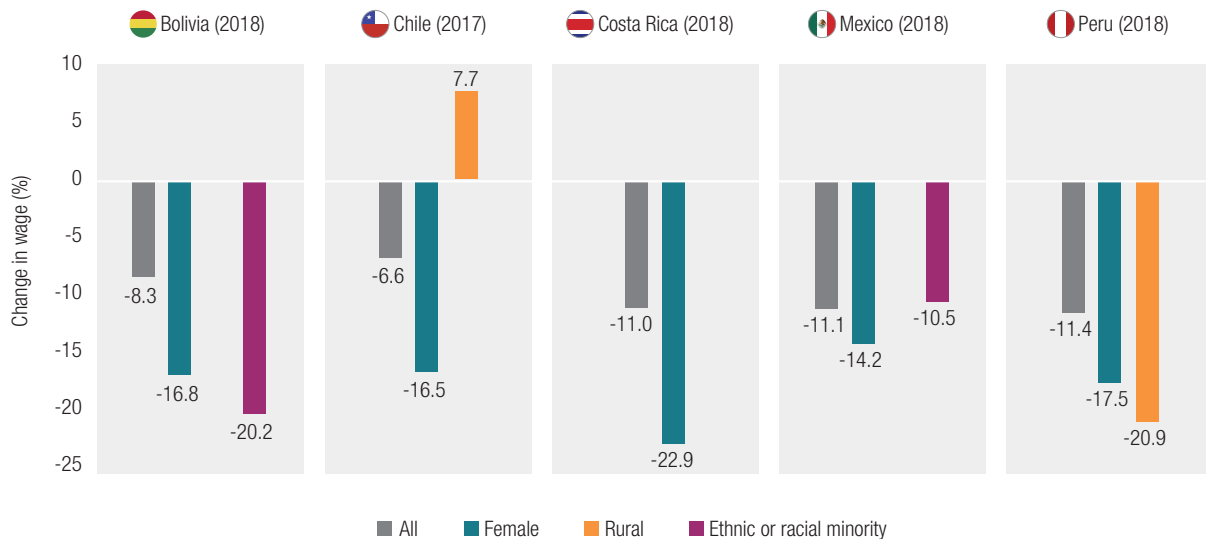
► Access to the Labor Market

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

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

Figure ES.4

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



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

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

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

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




► Toward a Disability-Inclusive Future

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

Amplifying the Voice and Recognition of Persons with Disabilities

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

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




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

Starting with a Robust and Nuanced Diagnosis

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

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




imprisoned, and are nearly absent from the disability inclusion agenda. Experience in the region shows that statistical inclusion efforts should be accompanied by awareness training for enumerators and public campaigns to address existing biases related to underreporting.

Implementation of Progressive Policies

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

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

Proceeding from rights to action also requires policies with clear responsibilities and accountability and compliance mechanisms, as well as specific, quantifiable, and, in some cases, tailored goals for tracking progress that take into account the heterogeneity of persons with disabilities. The path to inclusive education yields important lessons in this regard. If narrowly understood, progress toward inclusive education could be measured solely by considering the number of students with disabilities that move from specialized to mainstream schools. But focusing exclusively on the number of learners with disabilities in mainstream facilities leaves out the broader systemic changes that are needed to make education truly inclusive, from enhancing school accessibility, curricula, and teaching materials to supporting pre- and in-service teacher education, which encompasses inclusive pedagogy, the utilization of the Universal Design for Learning, and a change in mindsets to create a conducive learning environment for all learners. Furthermore, mainstream schools might not be the best solution for everyone. Deaf and hard of hearing students might thrive in and



prefer a specialized, bilingual education setting. Or they might otherwise feel excluded in social interactions at mainstream schools or lag behind in learning their local sign language. An uncoordinated transition can even trigger school dropout and a heightened sense of alienation among learners with disabilities. Therefore, policies that treat persons with disabilities as a homogeneous group are often unsuccessful in addressing exclusion. Similarly, policies that think of stakeholders in a narrow sense will not be able to promote change. Teachers and schools will not be able to achieve this transition successfully without the role of policy makers, teacher assistants, resource teachers, community volunteers, occupational and speech therapists, and parents and students themselves.

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

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

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

Changing Mental Models and Reducing Stigma


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

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

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

Strengthening Social Resilience

This report underlines the need to strengthen the resilience of persons with disabilities—that is, their ability to withstand the impacts of shocks and to bounce back and thrive despite adversities. Education has been



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

Supporting persons with disabilities will also make the region more resilient. Policies that promote the autonomy and job security of persons with disabilities and policies that professionalize care work, for example, directly benefit women who perform unpaid care work. In Latin America and the Caribbean, nearly 80 percent of all domestic tasks are done by women, a burden that is reinforced by stereotypes and gender roles that codify them as having a natural propensity to care for others. Fostering forms of independent living among persons with disabilities could in this sense simultaneously help remove the burden of unpaid care work for women and thus contribute to greater gender equality in schools and the labor market. As this shows, disability inclusion policies benefit not only individuals, but also their families and the next generation.

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

The launch of this report, in 2021, coincides with the 15th anniversary of the United Nations Convention on the Rights of Persons with Disabilities. As we commemorate this important milestone, we hope that this report will advance the work of our countries in the region toward the 2030 Agenda for Sustainable Development, support the obligations under the World Bank's Environmental and Social Framework, and

promote achievement of the World Bank's 10 Commitments to Disability-Inclusive Development. The report was written in a year full of uncertainties and collective pain over a health crisis unprecedented in recent history, one that has exposed once again the entrenched inequality in the region. We hope that its findings will inform dialogues within countries and throughout the region on how best to include persons with disabilities in the postpandemic reconstruction.





Annexes

Figure ES.1: Grouped bar graph showing change in probability of being poor (using different poverty lines US\$1.9, US\$3.2, and US\$5.5 per day) or vulnerable (US\$13) if household has persons with disabilities in seven countries which are Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, and Peru. X-axis representing various countries along with their flags and y-axis representing change in probability of being poor and vulnerable, the graph only shows statistically significant probabilities. The probability of being poor with US\$3.2 per day is at 3.0, US\$5.5 per day is at 6.2 and vulnerable with US\$13.0 per day is at 6.7 in Bolivia. The probability of being vulnerable with US\$13.0 per day is at 5.0 in Chile. The probability of being poor with US\$1.9 per day is at 2.8, US\$3.2 per day is at 4.3 and US\$5.5 per day is at 6.4 and vulnerable with US\$13.0 per day is at 4.3 in Colombia. The probability of being poor with US\$5.5 per day is at 2.1 and vulnerable with US\$13.0 per day is at 9.5 in Costa Rica. The probability of being poor with US\$5.5 per day is at 3.4 and vulnerable with US\$13.0 per day is at 5.3 in Ecuador. The probability of being poor with US\$3.2 per day is at 0.8, US\$5.5 per day is at 4.4 and vulnerable with US\$13.0 per day is at 6.7 in Mexico. The probability of being poor with US\$5.5 per day is at 1.7 and vulnerable with US\$13.0 per day is at 6.2 in Peru.




Figure ES.2: Grouped bar graph showing decrease in probability of attending school if person has disabilities among age groups 6–17 and 18–25 in the countries such as Bolivia, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. X-axis representing various countries and y-axis representing the percentage of change in probability of attending school, the graph only shows statistically significant probabilities. In Bolivia, decrease in probability for the age groups 6-17: negative 9 and 18-25: negative 6.7; in Chile, 6-17: negative 1.8 and 18-25: negative 4.6; in Colombia, 6-17: negative 14.8; in Costa Rica, 18-25: negative 7.6; in Ecuador, 6-17: negative 12 and 18-25: negative 11.0; in Mexico, 6-17: negative 14.9 and 18-25: negative 13.0; in Panama, 6-17: negative 2.9 and 18-25: negative 14.0; and in Peru, 6-17: negative 14.3 and 18-25: negative 17.8.

Figure ES.3: Stacked bar graph showing decrease in probability of completing education by disability and minority status (indigenous populations or afrodescendants), for all levels of education (Primary, Secondary and Tertiary) in countries such as Brazil, Costa Rica, Ecuador, Mexico and Uruguay. X-axis represents various countries and y-axis represent the percentage of change in probability of completing education. The accumulated decrease of probability due to disability plus belonging to an ethnoracial minority in Brazil is primary: negative 33 with disability: negative 24, secondary: negative 35 with disability: negative 23 and tertiary: negative 17 with disability: negative 11; in Costa Rica is primary: negative 12 with disability: negative 4, secondary: negative 14 with disability: negative 11 and tertiary: negative 13 with disability: negative 9; in Ecuador is primary: negative 25 with disability: negative 22, secondary: negative 27 with disability: negative 19 and tertiary: negative 10 with disability: negative 6; in Mexico is primary: negative 30 with disability: negative 27, secondary: negative 28 with disability: negative 23 and tertiary: negative 12 with disability: negative 9; and in Uruguay is primary: negative 50 with disability: negative 43, secondary: negative 28 with disability: negative 25 and tertiary: negative 8 with disability: negative 6.

Figure ES.4: Grouped bar graph showing percentage points decrease in wage if person (ages 18–59) has a disability and is female, lives in rural area or is indigenous/ afro-descendant. X-axis represents various countries along with their maps and y-axis represents the percentage of change in wage, the graph only shows statistically significant probabilities. Percentage of change in wage in Bolivia(2018) are All: negative 8.3, Female: negative 16.8, Ethnic or racial minority: negative 20.2; in Chile (2017), All: negative 6.6, Female: negative 16.5 and Rural: 7.7; in Costa Rica (2018), All: negative 11.0 and Female: negative 22.9; in Mexico (2018), All: negative 11.1, Female: negative 14.2 and Ethnic or racial minority: negative 10.5; and in Peru (2018), All: negative 11.4, Female: negative 17.5 and Rural: negative 20.9.



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