

Persons with Disabilities

From Statistical Visibility to the Exercise of Rights

Accessible version



UNITED NATIONS

ECLAC



**Sixth meeting of the
Presiding Officers of the
Regional Conference on
Population and Development in
Latin America and the Caribbean**

Santiago, 29 and 30 October 2025

Persons with Disabilities

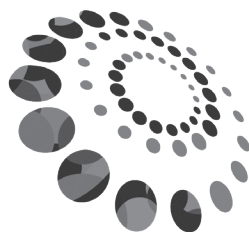
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This document was prepared by the Latin American and Caribbean Demographic Centre (CELADE) -Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), in its capacity as technical secretariat of the Regional Conference on Population and Development in Latin America and the Caribbean, for the sixth meeting of the Presiding Officers of the Conference (Santiago, 29 and 30 October 2025), with support from the United Nations Population Fund (UNFPA).

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Support for the preparation of the document was also provided under the annual programme of work of ECLAC and UNFPA.

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United Nations publication

LC/A.2025/2

LC/MDP.6/3

Distribution: G

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Printed at United Nations, Santiago

2500466[E]

This publication should be cited as: Economic Commission for Latin America and the Caribbean. (2025). Persons with Disabilities: From Statistical Visibility to the Exercise of Rights. Accessible version (LC/A.2025/2-LC/MDP.6/3).

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Foreword

The Programme of Action of the International Conference on Population and Development held in Cairo (1994) and the Convention on the Rights of Persons with Disabilities (2006) are closely linked by a shared focus on human rights, inclusion and people-centred development.

By ensuring that population and development agendas explicitly include persons with disabilities, and by understanding and addressing disability as a human rights issue, it is possible to improve the well-being of such persons and encourage the design of inclusive policies and programmes that safeguard their autonomy, equality and active participation in all areas of life.

In Latin America and the Caribbean, persons with disabilities make up a significant proportion of the population: around 6.5% of the regional population has some form of disability, according to data from the countries that conducted censuses in the 2010 and 2020 rounds. This underscores the importance of strengthened efforts towards the full exercise of fundamental rights for persons with disabilities.

To that end, robust and comparable data are essential for designing more inclusive and effective public policies. Measurement in this regard is not just a technical imperative but also a political issue, as statistical visibility is one of the keys to promoting the rights of persons with disabilities.

The Convention on the Rights of Persons with Disabilities was a landmark global instrument in advancing these aims. Later instruments, namely the Montevideo Consensus on Population and Development (2013) at the regional level and the 2030 Agenda for Sustainable Development (2015) at the global level, echoed the substance and spirit of the Convention.

More recently, the Regional Conference on Population and Development in Latin America and the Caribbean marked another regional milestone at its fifth session, held in Cartagena de Indias, Colombia, in 2024, when it resolved to establish within its framework the open-ended group of friends of the Chair on the rights of persons with disabilities and the population and development agenda (the Cartagena group), on the initiative and under the leadership of the Government of Colombia.

Promoting the rights and full and effective inclusion of persons with disabilities through accessibility—achieved by removing barriers in multiple dimensions— and participation in all areas of life is mandated by the United Nations Disability Inclusion Strategy, at the international level, and by the Disability Inclusion Strategy 2021–2025 of the Economic Commission for Latin America and the Caribbean. At the core of both strategies is the recognition of persons with disabilities as rights holders, in keeping with the slogan taken up by organizations of persons with disabilities: “nothing about us without us”.

The countries of the region have increasingly sought to better centre persons with disabilities in public policies. The most significant progress has been in the legislative arena, but substantial gaps in living conditions continue to separate persons with disabilities from those without.

We are mindful that there is still a long way to go to achieve the full exercise of the rights of persons with disabilities. Approaching disability as a matter of inclusion and rights will make it possible to further the design of policies and programmes to uphold the autonomy, equality and active participation of persons with disabilities in Latin America and the Caribbean.

Governments, the private sector and civil society should direct their actions, efforts and commitments towards this objective.

José Manuel Salazar-Xirinachs

Executive Secretary

Economic Commission for

Latin America and the Caribbean (ECLAC)

Introduction

The fifth session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in Cartagena de Indias, Colombia, in July 2024, marked a milestone in the treatment of the rights of persons with disabilities in the framework of the subsidiary bodies of the Economic Commission for Latin America and the Caribbean (ECLAC).

The meeting featured a high-level panel on persons with disabilities and the population and development agenda. By its [resolution 5\(V\)](#), the Regional Conference reaffirmed the critical importance of strengthening public policy management aimed at ensuring the full exercise of the rights of persons with disabilities, an issue that is an inherent part of the population and development agenda. It also resolved to establish the open-ended group of friends of the Chair on the rights of persons with disabilities and the population and development agenda in the framework of the Regional Conference on Population and Development in Latin America and the Caribbean (Cartagena group). Furthermore, the Regional Conference requested countries to report on the public policy action implemented regarding the inclusion of persons with disabilities at the sixth meeting of the Presiding Officers of the Regional Conference.¹

¹ See [Resolution 5\(V\)](#).

This document, prepared by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, in its capacity as technical secretariat of the Regional Conference on Population and Development, with the support of the United Nations Population Fund (UNFPA), is a contribution to the sixth meeting of the Presiding Officers of the Regional Conference, the Cartagena group and the implementation of the work plan presented by the Government of Colombia, in its capacity as coordinator of the group, with the support of UNFPA.

This working document is organized into four chapters. The first chapter presents the conceptual framework linking the rights of persons with disabilities to the population and development agenda, drawing on the Convention on the Rights of Persons with Disabilities. It outlines the social and rights-based approach to disability, with a view to achieving effective equality and the inclusion of persons with disabilities in society. The chapter also analyses the institutional context of the rights of persons with disabilities in the framework of the Regional Conference on Population and Development in Latin America and the Caribbean and the Montevideo Consensus on Population and Development, as well as the interlinkages between the Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development.

The second chapter focuses on the challenges associated with the production of statistical information on persons with disabilities for the design and implementation of public policies. It addresses two interrelated aspects: (i) progress and challenges in the inclusion of questions on disability in population censuses and household surveys; and (ii) challenges faced in achieving regional comparability of disability data derived from these sources.

The third chapter, based on data from official sources, describes the sociodemographic situation of persons with disabilities in Latin America and the Caribbean. It provides a basic sociodemographic profile of this population group, drawing on information from the 2020 census round in selected countries of the region, as well as survey data.

The final chapter presents conclusions and policy recommendations to advance the inclusion of persons with disabilities so that they may fully exercise their human rights.

Chapter I

Persons with disabilities and the population and development agenda

- A. [The social and rights-based approach to disability: towards effective equality](#)
- B. [The Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development](#)
- C. [Institutional framework for the rights of persons with disabilities in the population and development agenda](#)

In recent decades, there has been significant progress in how disability is addressed and understood, with a shift from the traditional approach in which it was viewed as an individual impairment or deficiency to a social and rights-based one that recognizes the importance of the context in which persons with disabilities live. This conceptual transformation calls for reflection on the way in which structural barriers—whether physical, social or cultural— affect the participation of persons with disabilities in society.

Against this backdrop, the Convention on the Rights of Persons with Disabilities, adopted in 2006, is a key pillar for promoting equal rights and the full inclusion of persons with disabilities and for addressing disability as a human rights issue in which the entire community must be engaged.

The social and rights-based approach to disability thus represents a critical paradigm shift in the formulation of public policies aimed at improving the quality of life of persons with disabilities. This approach is not limited to recognizing their rights; rather, it requires States and society as a whole to take responsibility for eliminating the barriers to their inclusion and participation.

As the countries of Latin America and the Caribbean advance in implementing the Montevideo Consensus on Population and Development and the 2030 Agenda for Sustainable Development, it is essential to integrate the social and rights-based approach to disability into the policies and strategies for eradicating poverty and reducing inequalities. This is fundamental for ensuring that the voices of persons with disabilities are heard and for the full exercise of their rights, thereby fostering a more just, inclusive and equitable society.

A. The social and rights-based approach to disability: towards effective equality

There has been much debate in recent decades on the concept of disability owing to its complexity and ever-evolving nature. Definitions of disability, for example, focus on personal characteristics, participation in a specific social context or a combination thereof. [Altman \(2014\)](#) notes that to define disability, it must be understood as an umbrella term used to represent the different aspects of a disablement process associated with the interaction between a person and their environment. This interaction is critical for gaining an understanding of the various theoretical models of disability, since whether a person with a functional limitation is considered to have a disability depends on their interaction with their surroundings. As noted by [Burchardt \(2014, p. 738\)](#), in common usage, the term “capability” may refer to an intrinsic ability (the ability to run or jump, for example), but within the capabilities framework, it clearly refers to the substantive freedom to be or to do something, which may be more constrained by the social, economic or physical environment than by intrinsic ability.

Discrimination and stigma are the main barriers faced by persons with disabilities, be they educational, occupational, economic, physical, institutional or legal. These barriers are rooted in a lack of knowledge of such persons and their living conditions and, as stated in the Convention on the Rights of Persons with Disabilities, hinder their full and effective participation in society on an equal basis with others. Recognizing these barriers is essential for advancing towards a more equitable and just society, in which persons with disabilities are fully included.

In this regard, the disability model adopted by States is very important, as it underpins the formulation and implementation of public policies aimed at persons with disabilities. For example, the medical

model defines disability as an inherent individual condition and focuses on “impairment”, while the social and rights-based model emphasizes the environment and the social barriers that limit individuals’ participation. As a result, the policy actions that States undertake on the basis of each paradigm will differ not only in their design but also their expected outcomes.

The social and rights-based approach of disability emerged as a critical response to the medical model —and its precursor, the traditional, moral or religious model— under which persons with disabilities were not viewed as rights holders, reflecting a limited understanding of disability as a condition that arises from situations shaped by the broader societal context. The social and rights-based approach to disability represents a paradigm shift, in which the definition of disability based on impairment gives way to one that incorporates health, economic, sociocultural and political factors ([González and Stang, 2014](#)). This model highlights the ontological distinction between impairment (a physical or mental condition) and disability, such as the loss or limitation of opportunities to participate in community life on an equal basis with others ([Burchardt, 2004](#)). Because disability arises in relation to the environment, this approach views persons with disabilities as bearers of rights that must be ensured by addressing the barriers to their participation in social life in terms of effective equality.

In this paradigm, disability is largely understood as the product of society itself and of its power dynamics, which are reflected in the physical, social and cultural barriers that prevent persons with disabilities from pursuing their life goals and participating in society on equal terms. Within the human rights framework, States have an obligation to tackle these barriers to ensure full respect for the dignity and equal rights of all individuals ([Victoria Maldonado, 2013](#)). Moreover, persons with disabilities are not a homogenous group and they may face other forms of discrimination based on other aspects of their identity, such as gender, race or ethnicity, age, sexual orientation

and migratory status. Each individual with limitations or disabilities is in a distinct situation, which gives rise to diverse needs. The perception of disability as a “problem” stems largely from a lack of sensitivity on the part of the State and society at large toward difference and diverse conditions. The lack of recognition of diversity is reflected in the absence or insufficiency of policies, which impedes appropriate responses to the structural barriers faced by persons with disabilities and results in welfarist approaches to predominate.

In sum, the social and rights-based approach to disability aims to advance respect for human dignity, equality and personal freedom, fostering the social inclusion of persons with disabilities, on the basis of certain principles: independent living, non-discrimination, universal accessibility, standardization of the environment and civic dialogue, among others ([González and Stang, 2014](#); [Victoria Maldonado, 2013](#); [Stang Alva, 2011](#); [Palacios, 2008](#)). The social and rights-based approach is thus critical for ensuring that persons with disabilities can participate in all aspects of social life, thereby fostering a more just and inclusive society.

B. The Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development

In December 2006, the General Assembly of the United Nations adopted the Convention on the Rights of Persons with Disabilities, which entered into force in 2008.¹ As set forth in its first article, the purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Its adoption was the culmination of years of negotiations and activism

¹ See General Assembly resolution [61/106](#).

by persons with disabilities and organizations working to advance their rights with a view to achieving global recognition of disability as a human rights issue ([Office of the United Nations High Commissioner for Human Rights \[OHCHR\], 2008](#)).

The Convention expresses a global consensus on the rights of persons with disabilities, and, as a legally binding instrument, is grounded in the social and rights-based model and the full inclusion of persons with disabilities. In particular, the Convention:

- Recognizes that disability “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”.
- Sets out the commitment of States to undertake the necessary modification and adjustments to the environment to ensure accessibility for and the full participation of persons with disabilities.
- Establishes legal obligations for States Parties to the Convention, requiring them to harmonize their legislation and implement appropriate public policies to ensure compliance with those obligations, promote the full realization of the rights of persons with disabilities and take measures to eliminate discrimination (OHCHR, n.d.).

The Convention thus seeks to shift the perspective on disability so that it is no longer viewed as an individual problem and instead becomes a human rights and social justice issue. This approach calls for society to adapt to include everyone.

There are clear links between the Convention and the 2030 Agenda for Sustainable Development, adopted in 2015 by the General Assembly as a road map towards a new development paradigm in which people, planet, prosperity, peace and partnership have a central role. People-centred and rights-based,

the 2030 Agenda expresses the commitment to “leave no one behind” on the path to development. Eradicating poverty and reducing inequalities, which are priorities for Latin America and the Caribbean, are central themes in the 2030 Agenda and its Sustainable Development Goals (SDGs).

Several obligations set forth in the Convention are reflected in the aspirations of the 2030 Agenda. First, central to both instruments are the principles of inclusion and non-discrimination, which entail the full and effective participation of persons with disabilities in all aspects of social life. Second, the Convention promotes ensuring access for persons with disabilities to the physical environment, transportation, information and communications, enabling the removal of physical, communicational and attitudinal barriers —issues that are related to Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable). Third, the Convention recognizes the right of persons with disabilities to education, which is realized through access to inclusive and quality education, and the right to work on an equal basis with others, which is closely aligned with the aspirations of Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all). The Convention also recognizes the right of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability, which relates to Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 5 (Achieve gender equality and empower all women and girls). The foregoing entails strengthening infrastructure and regulatory frameworks as well as mainstreaming sexual and reproductive rights and bodily autonomy in all areas of social life. Lastly, the Convention recognizes the right of persons with disabilities to effectively and fully participate in political and public life on an equal basis with others, which is related to several targets of Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels).

Moreover, several of the 17 SDGs include targets that explicitly refer to persons with disabilities: Goal 4, on quality education;² Goal 8, on decent work and economic growth;³ Goal 10, on reducing inequality within and among countries;⁴ Goal 11, on sustainable cities and human settlements; and lastly, Goal 17, on partnerships for the Goals.⁵ In particular, target 17.18 refers to enhancing, by 2020, capacity-building support to developing countries “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographical location and other characteristics relevant in national contexts”. In this context, it is essential to promote the generation and use of disaggregated data that highlight the situation of persons with disabilities and support the effective incorporation of the social and rights-based approach in implementing the SDGs.

Notwithstanding the call made in SDG target 17.18, limitations remain in the collection of information and disaggregation of data to increase the visibility of persons with disabilities and enable thorough monitoring of progress towards the SDGs. In the Disability and Development Report 2024, the [United Nations \(2024\)](#) notes that globally, only 50% of SDG targets have indicators with enough data to assess progress on the issues affecting persons with disabilities. For 40% of the targets, the available data provide a snapshot for a single point in time, which does not facilitate progress

² Target 4.5 is “By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities”, among others.

³ Target 8.5 is “By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities”, among other aspects.

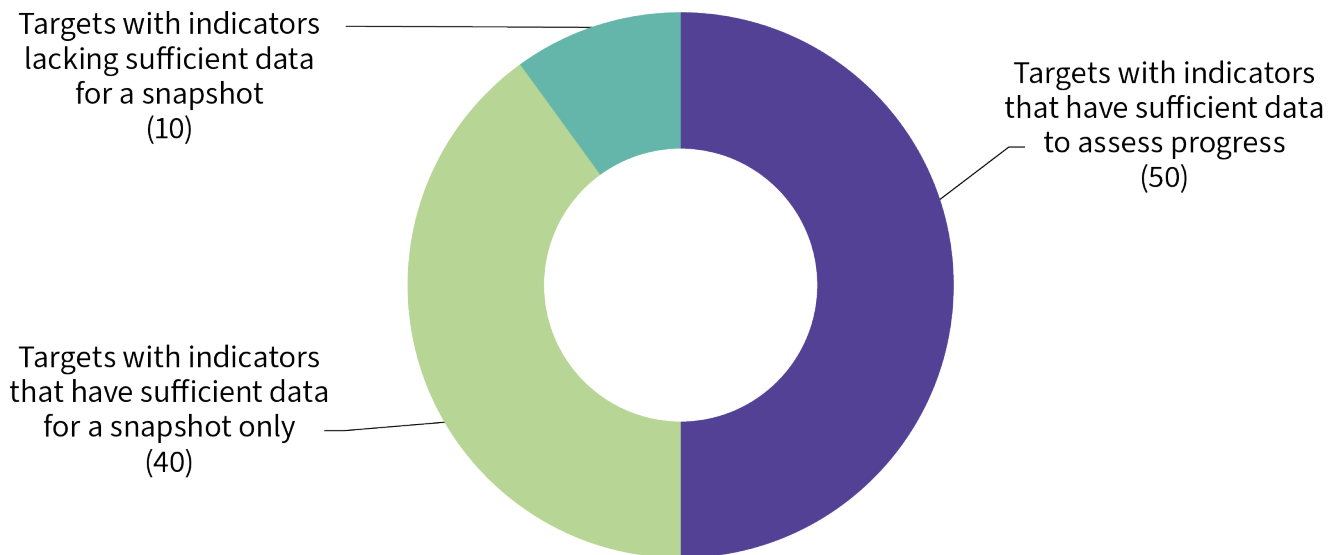
⁴ Target 10.2 is “By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status”.

⁵ Target 11.2 is “By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons”.

assessments. For the remaining 10%, the data are insufficient to provide such a snapshot, including for targets on extreme poverty, child mortality, the health impact of pollution, early childhood development, child labour and the impact of corruption and bribery (see figure I.1). However, compared to the situation described in the Disability and Development Report 2018,⁶ there are now significantly more data on persons with disabilities, and data availability is at the highest level since the adoption of the Convention on the Rights of Persons with Disabilities.

Figure I.1

SDG targets by availability of data disaggregated by disability for measuring progress on indicators, 2024
(Percentages of the total number of targets)



Source: Economic Commission for Latin America and the Caribbean, on the basis of United Nations. (2024). [Disability and Development Report 2024: Accelerating the Realization of the Sustainable Development Goals by, for and with Persons with Disabilities. Advance unedited version.](#)

⁶ See [United Nations \(2019\)](#).

In 2019, a report by [Red Latinoamericana de Organizaciones de Personas con Discapacidad y Sus Familias \(2019\)](#) referred to four barriers for the production of information: (i) insufficient budgets for preparing reports with statistical information; (ii) limited awareness and use of the question sets proposed by the Washington Group on Disability Statistics;⁷ (iii) lack of training among enumerators on administration of the questions; and (iv) concealment or denial of the existence of persons with disabilities in households, mainly by their own families.

To overcome these barriers, which have been identified by organizations of persons with disabilities, States should incorporate the Washington Group's questions into their national population and housing censuses and household surveys and should train enumerators to properly formulate the questions, ensuring accurate and reliable results. Gaps also remain in the participation of organizations of persons with disabilities in the preparatory phases of countries' statistical operations. In this regard, the Economic Commission for Latin America and the Caribbean (ECLAC) and the United Nations Population Fund (UNFPA) have worked actively in the region to support the strengthening of statistical systems, together with national statistical offices and organizations of persons with disabilities.

In addition, as noted by the United Nations in its 2024 report on disability and development, with six years remaining until the deadline for achieving the SDGs, global progress in relation to persons

⁷ The main purpose of the Washington Group on Disability Statistics is to promote and coordinate international cooperation in generating statistics on disability suitable for countries' censuses and household surveys. Its major objective is to provide basic information on disability that is comparable worldwide. Since 2001, the Washington Group has developed, extensively tested and validated several tools to collect internationally comparable disability statistics. The Group meets annually with representatives of national statistical offices, United Nations entities and non-governmental organizations. In recent years, more than 135 countries have participated in the Group (see "[About de Washington Group](#)" and [Washington Group on Disability Statistics \(2020\)](#)).

with disabilities was insufficient for 30% of the targets, while for 14%, the target had not been met, or progress had stalled or reversed. This includes the targets on access to financial resources, healthcare, drinking water and information and communications technologies (ICTs) and on building the resilience of persons with disabilities in the event of disasters and other emergencies ([United Nations, 2024](#)).

Based on the information analysed, persons with disabilities are often left behind. Only five indicators appear to be on track and have enough data to show notable progress in the following areas: (i) adoption of laws on equal access to education; (ii) provision of disaster early warnings in accessible formats; (iii) provision of online services for persons with disabilities; (iv) government offices are accessible for persons with disabilities; and (v) monitoring of bilateral aid dedicated to disability inclusion ([United Nations, 2024](#)).

Available data indicate that large gaps persist between persons with and without disabilities, particularly in the areas of food security, health and access to energy and ICT—with gaps of more than 10 percentage points— and in multidimensional poverty and employment (more than 20 percentage points). For women, Indigenous People and residents of rural areas with disabilities and for persons with intellectual or psychosocial disabilities, the gaps appear to be even wider ([United Nations, 2024](#)).

In the case of Latin American and Caribbean countries, the report highlights significant gaps, with example of the average wage of persons without disabilities in the region that tends to be between 7% and 29% higher than that of persons with disabilities ([United Nations, 2024](#)).

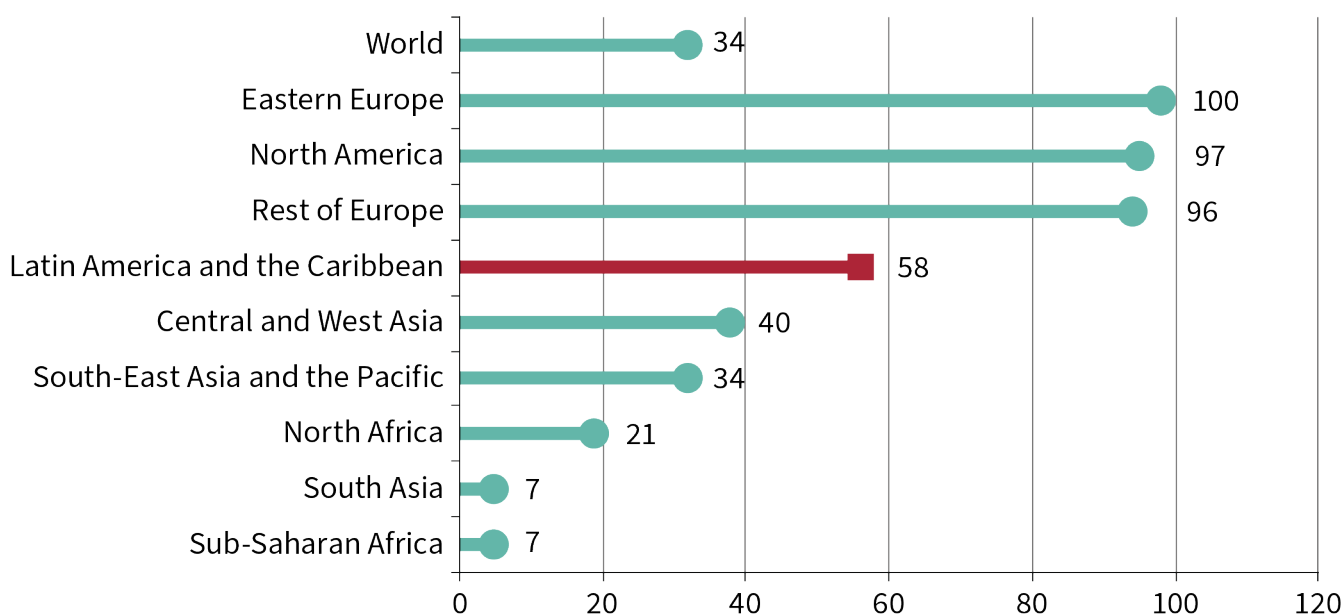
While only 34% of persons with severe disabilities worldwide received cash benefits in 2020, a regional comparison shows significant disparities: coverage was lowest in the countries of

sub-Saharan Africa, South Asia, North Africa and South-East Asia and the Pacific, at between 7% and 34%, while coverage was highest in the countries of Europe and North America, at or near 100%. With coverage of 58%, Latin America and the Caribbean is in the middle range. These differences relate to the economic development and level of maturity of countries' social protection systems ([United Nations, 2024](#)) (see figure I.2).

Figure I.2

Persons with severe disabilities receiving cash benefits, by region, 2020 or latest year available

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of United Nations. (2024). [Disability and Development Report 2024: Accelerating the Realization of the Sustainable Development Goals by, for and with Persons with Disabilities. Advance unedited version.](#)

In light of the progress made to date, the [United Nations \(2024\)](#) concludes that the world will not achieve the SDGs for persons with disabilities by 2030. Depending on the target, achievement

would require accelerating the current rate of progress by a factor of between 2 and 65, especially for targets on making physical and virtual environments accessible for persons with disabilities, adopting anti-discrimination laws, expanding social protection and implementing measures to guarantee the safety and protection of all persons with disabilities during disasters and emergencies ([United Nations, 2024](#)).

C. Institutional framework for the rights of persons with disabilities in the population and development agenda

The International Conference on Population and Development, held in Cairo in September 1994, was the largest intergovernmental conference on population and development at the time. It was attended by representatives of 179 countries and of United Nations specialized agencies, other United Nations agencies, funds and programmes, and intergovernmental and civil society organizations. At the Conference, the Programme of Action of the International Conference on Population and Development was adopted and serves as a guide for national and international action on population and development issues.⁸

The Programme of Action placed emphasis on the indissoluble relationship between population and development, focusing on meeting the needs of individuals within the framework of universally recognized human rights standards instead of merely meeting demographic goals. Its adoption marked a milestone and a new phase of commitment and determination to effectively integrate population issues into socioeconomic development proposals and to achieve a better quality of life for all individuals, including those of future generations ([United Nations, n.d.](#)).

⁸ See the [Programme of Action of the International Conference on Population Development](#).

The issues addressed in the Programme of Action include the pressing need for continued action to promote effective measures for the prevention of disability, for rehabilitation and for the realization of the goals of full participation and equality for persons with disabilities (para. 6.28). In the section on persons with disabilities, it sets out the following objectives: (a) to ensure the realization of the rights of all persons with disabilities, and their participation in all aspects of social, economic and cultural life; (b) to create, improve and develop the necessary conditions to ensure equal opportunities for persons with disabilities and the valuing of their capabilities in the process of economic and social development; and (c) to ensure the dignity and promote the self-reliance of persons with disabilities (para. 6.29).

The Programme of Action also provides that governments should consider the needs of persons with disabilities in terms of the ethical and human rights dimensions and eliminate forms of discrimination that persons with disabilities might face with regard to reproductive rights, household and family formation, and international migration; promote the development of infrastructure to address the needs of persons with disabilities; promote mechanisms ensuring the realization of the rights of persons with disabilities; and implement and promote a system of follow-up of social and economic integration of persons with disabilities (paras. 6.30 to 6.33).

Since the International Conference on Population and Development, there have been significant changes in policy approaches and actions in this area, including the entry into force of the Convention on the Rights of Persons with Disabilities.

At the regional level, countries adopted the [Montevideo Consensus on Population and Development](#) at the first session of the Regional Conference on Population and Development in Latin America and the Caribbean, held in August 2013.⁹ The Montevideo Consensus serves as the region's road map on the subject and the regional expression of the Programme of Action of the International Conference on Population and Development.

⁹ See the [Montevideo Consensus on Population and Development](#).

The Montevideo Consensus mainstreamed disability across its various chapters, taking into account the important contribution of the Convention on the Rights of Persons with Disabilities in incorporating disability-related issues into national sustainable development strategies, from a rights-based perspective, with equality and without discrimination. The Consensus called on countries to “fulfil the commitment to promote and ensure gender mainstreaming and its intersection with perspectives on race, ethnicity, age, social class and disability status in all public policies, especially those in economic and cultural policies” (priority measure 50).

In this context, the Regional Conference on Population and Development in Latin America and the Caribbean has provided an ideal opportunity to analyse the strategies needed to place persons with disabilities at the centre of the population and development agenda and to identify the best ways to promote and increase the visibility of their rights.

In this spirit, at its third session, held in 2018, the Regional Conference requested countries to include in their national reports specific information on persons with disabilities (resolution 3(III), para. 24). At its fourth session, in 2022, the Regional Conference requested countries to include in their national reports more in-depth information on persons with disabilities in relation to each chapter of the Montevideo Consensus (resolution 4(IV), para. 23).

Subsequently, at the fifth session of the Regional Conference, held in Cartagena, Colombia on 3 and 4 July 2024, a panel discussion was held on persons with disabilities and the population and development agenda. The aim of the panel was to assess progress and challenges in the realization of their rights since the adoption of the Programme of Action of the International Conference on Population and Development, taking into account the Convention on the Rights of Persons with Disabilities and the Montevideo Consensus on Population and Development.¹⁰

¹⁰ See panel 2: [Persons with disabilities and the population and development agenda](#).

The panel marked a milestone and a turning point in how the topic is addressed in the framework of the Regional Conference on Population and Development and the other subsidiary bodies of ECLAC. Moderated by and composed of persons with disabilities representing governments, civil society organizations and academia, and as an outcome of the dialogue and consultation with members of the organizations that represent them, the panel recognized the slogan “Nothing about us without us”, which these organizations had adopted. The discussion highlighted that, despite progress in the region on the policy and regulatory front, the persistent gap between public action and the daily lived reality of persons with disabilities must not be overlooked. In that regard, the importance of advancing the implementation of the Convention on the Rights of Persons with Disabilities was underscored, while ensuring the full participation of persons with disabilities in society and their access to services and opportunities, without discrimination.

Participants also reflected on the importance of community- and home-based care and support networks to enable persons with disabilities to live in community and underscored the link between population ageing and the proposal for a care society, which would secure the conditions for a dignified life for all. The importance of ensuring decent work for caregivers and quality standards for care recipients was also emphasized. Lastly, the discussion addressed the statistical invisibility of persons with disabilities as one of the most serious forms of discrimination. This is a key topic in following up on the Montevideo Consensus and brings to the fore the need to continue strengthening the sociodemographic statistical systems of the region’s countries and to strengthen the capacity of national statistical systems to generate quality, timely, relevant and reliable data that are appropriately disaggregated, and also to begin using tools and methodological approaches that enable intersectional analysis of the inequalities and diversity of the population with disabilities.

In resolution 5(V), adopted by the Regional Conference at its fifth session, the Conference reaffirmed the critical importance of strengthening public policy management aimed at ensuring the full exercise of the rights of persons with disabilities, stressing that these issues are an inherent part of the population and development agenda (para. 16). In that context, under the leadership and initiative of the Government of Colombia in its capacity as Chair of the Conference, countries agreed to establish an open-ended group of friends of the Chair on the rights of persons with disabilities and the population and development agenda, in the framework of the Regional Conference on Population and Development in Latin America and the Caribbean (Cartagena group), to examine possible strategies to advance the inclusion of persons with disabilities, in close collaboration with the United Nations Population Fund (para. 17).

The Regional Conference also called upon countries to cooperate actively in the analysis of strategies to advance the inclusion of persons with disabilities in the framework of the Conference and to contribute to the promotion and protection of their human rights. In addition, it requested countries, in their presentations on national progress on implementation of the Montevideo Consensus on Population and Development to be delivered at the sixth meeting of the Presiding Officers of the Regional Conference, to be held in 2025, to report on the progress made and public policy action implemented regarding the inclusion of persons with disabilities (resolution 5(V), paras. 17 and 18).

The Cartagena group was established as an open mechanism in which all Latin American and Caribbean countries may participate. Its purpose is to analyse the situation and living conditions of persons with disabilities of the region, in order to propose and evaluate strategies to increase their inclusion and thus strengthen protection of their human rights.

In follow-up to resolution 5(V), the first meeting of the Cartagena group was held virtually on 30 April 2025.¹¹ The meeting was an occasion for the Government of Colombia to formally introduce the group, invite the region's countries to join the initiative and present the group's workplan. On that occasion, the technical secretariat delivered a presentation on the social and rights-based approach to disability for effective equality for persons with disabilities., The Government of Colombia presented the group's workplan and UNFPA expressed support for the initiative, in the framework of the Regional Conference on Population and Development.

The meeting was attended by 85 participants from 20 countries of the region, the majority of whom were officials from foreign ministries, country representatives to the Regional Conference on Population and Development, and representatives of national disability institutions and national statistical offices, as well as representatives from ECLAC and UNFPA.

A technical meeting of the Cartagena group was also held on 25 June 2025,¹² at which the main findings of a study on sources of data on persons with disabilities in Latin America from a social and rights-based perspective were presented.¹³ The study was prepared by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC with support from UNFPA, as part of its ongoing commitment to strengthen data systems and support the generation of information to inform inclusive policymaking on population and development matters. The meeting brought together more than 70 participants, including representatives of the region's governments and of civil society organizations of persons with disabilities, academia and international agencies.

¹¹ For more information on the meeting, see [ECLAC website](#).

¹² See [ECLAC website](#).

¹³ [García \(2025\)](#).

Chapter II

Production of statistical information on persons with disabilities based on censuses and household surveys for the implementation of public policies

- A. [Progress and challenges in the inclusion of disability questions in population censuses and household surveys](#)
- B. [Disability data from censuses and household surveys: challenges for regional comparability](#)

[Annex II.A1](#)

The statistical visibility of persons with disabilities is an essential element for the design and implementation of public policies that contribute to the observance, promotion and defence of the rights of such persons.

The importance of collecting and generating appropriate, timely and disaggregated information on persons with disabilities is highlighted in the Convention on the Rights of Persons with Disabilities. In its article 31, concerning data collection and statistics, the Convention provides, inter alia, that: (i) States Parties shall collect appropriate information and, in that process, shall ensure confidentiality and comply with internationally accepted norms to protect human rights and ethical principles; (ii) the information collected shall be disaggregated; and (iii) States Parties shall assume responsibility for ensuring that the statistics are accessible to persons with disabilities and others who need them.

Complying with the provisions of article 31 involves a number of actions, including providing data sources and disaggregated information which, from an intersectional perspective, forms the foundation for the design, implementation and evaluation of public policies aimed at enhancing the well-being and quality of life of persons with disabilities.

In Latin America and the Caribbean, however, there continue to be barriers to the collection and disaggregation of the data that would bring visibility to persons with disabilities. In its 2019 regional report on the implementation of the Sustainable Development Goals in Latin America in the context of the Convention on the Rights of Persons with Disabilities, the Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS) identified four barriers to generating information: (i) lack of budgetary resources for the

preparation of reports with statistical information; (ii) limited knowledge and use of the sets of questions proposed by the Washington Group on Disability Statistics; (iii) lack of training of census takers in administering the questions; and (iv) concealment or denial of the existence of persons with disabilities in households, mainly by their own families.

To begin to overcome these barriers, States need to incorporate the Washington Group questions into their national population and housing censuses and household surveys and to provide training to the people who conduct the surveys, to enable them to formulate questions appropriately and thus ensure the accuracy and reliability of findings. Organizations of persons with disabilities should also be encouraged to participate in the preparatory phases of the countries' statistical operations (refer to box II.1).

Box II.1

Participation of persons with disabilities in statistical data collection

Despite the progress made in the world and in the region, organizations of persons with disabilities hardly participate and are rarely consulted at the global level—and even less so at the regional level—in the preparatory phases of statistical operations, such as population and housing censuses and household surveys. The Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC) has provided useful technical support for the inclusion and definition of disability in censuses in the region. Its inclusive approach to providing technical assistance and information has involved the active participation of organizations of persons with disabilities. For example, in its capacity as technical secretariat of the Regional Conference on Population and Development in Latin America and the Caribbean, ECLAC, in collaboration with the United Nations Population Fund (UNFPA), has facilitated the participation of representatives of civil society organizations of persons with disabilities in the sessions of the Conference, making

appropriate accommodations to that end. It has also collaborated with the Buenos Aires Group, which promotes implementing the proposals of the Washington Group on Disability Statistics at the regional level, to ensure that statistical instruments and operations in Latin America and the Caribbean adequately reflect the diverse realities of that population group. It has also worked with UNFPA to address the availability of data for the design and implementation of public policies concerning persons with disabilities, such as the seminar on the statistical visibility of persons with disabilities in Latin America and the Caribbean held in November 2022 and the seminar entitled “Inclusion of persons with disabilities”, held in August 2023, which included a panel of persons with disabilities.

One of the best practices identified among national census activities in the region was the public consultation held by the National Institute of Statistics and Geography (INEGI) of Mexico in 2017 ahead of the 2020 census, where a document detailing the objectives, methodology, data collection method, sample and conceptual coverage of the census was submitted for consultation. The process was conducted for both the basic questionnaire and the extended questionnaire.^a Of the total number of population-related proposals received, disability was one of the most prominent topics for both the basic questionnaire (49.1% of the proposals) and the extended questionnaire (14.8% of the proposals). The consultation gave various sectors of society, including civil society organizations, academia and citizens, a platform to express their needs and concerns about the census content and methodology.

Other countries of the region (Ecuador, Paraguay and Uruguay) have also organized dialogues between national statistical offices, national institutions for persons with disabilities and organizations of persons with disabilities to disseminate the census questionnaire, explain the reasons for the inclusion of a short set of questions and discuss the best options for measuring disability in data sources. This has helped to ensure that organizations are informed about the questions, the purpose of their inclusion in the questionnaire and the analytical possibilities that they offer for understanding the situation of persons with disabilities at the national or subnational level, in order to generate inputs for public policies concerning this population group.

Source: Economic Commission for Latin America and the Caribbean, on the basis of García, L. (2025). [Fuentes de datos sobre las personas con discapacidad en América Latina desde un enfoque social y de derechos](#). Project Documents (LC/TS.2025/53). Economic Commission for Latin America and the Caribbean.

^a In the Population and Housing Census of Mexico, two types of questionnaires are used to collect information: the basic questionnaire, which provides general data on the entire population and on housing as a whole, and the extended questionnaire, which is applied to a sample of the population in order to examine specific issues in depth and obtain more detailed information.

A. Progress and challenges in the inclusion of disability questions in population censuses and household surveys

Obtaining adequate information on persons with disabilities has been a constant challenge in the countries of Latin America and the Caribbean. This implies leaving behind old stigmatizing measurements, avoiding under-enumeration —and over-enumeration— and providing quality data that reflect the living conditions of persons with disabilities from a social and rights-based perspective.

Taking into consideration the contributions and recommendations of the Washington Group (refer to box II.2), this section analyses the inclusion of the short set of questions on functioning in countries' censuses and household surveys.

Although the short set of questions does not capture data on all types of disability (for example, it does not identify psychosocial disabilities), its inclusion in censuses and household surveys helps to obtain data on the situation of persons with disabilities, including in terms of access to education, employment, and information and communications technology (ICT). Besides, the universal character of censuses enables disaggregation to determine, without errors related to

sample size and design, whether persons with disabilities enjoy the same level of participation in the different areas of their lives as persons without disabilities.

In the case of household surveys, which are conducted more frequently, the short set of questions can be used to monitor compliance with various provisions of the Convention on the Rights of Persons with Disabilities and to assess whether public policies take into account and meet their needs.

In addition to the short set of questions, the Washington Group has prepared extended and enhanced sets of questions for other measurement instruments, such as specific surveys on disability, employment and health, and multiple indicator cluster surveys. These sets are not suitable for inclusion in censuses and household surveys owing to various practical and methodological factors that hinder their application and affect data quality. According to Principles and Recommendations for Population and Housing Censuses, Revision 4 (Draft) ([United Nations, 2025a](#)), for example, the census questionnaire offers limited space for the addition of an extended set of questions, and if more questions are included, more time will be needed to canvass each respondent, which could affect the quality of responses. It is therefore recommended that the census should focus on the six domains of the short set of questions and that the extended sets of questions on functioning should be used in other instruments.

Box II.2

Recommendations of the Washington Group on Disability Statistics

To date, the work of the Washington Group on Disability Statistics, which approaches disability from a social perspective, is the most significant contribution to the measurement of disability using countries' official statistical measurement instruments, such as population and housing censuses and household surveys.

The Washington Group short set of questions on functioning represents a major step forward in the measurement of disability, since it can be incorporated into national statistical instruments to include a variety of areas concerning disability in a simple and efficient manner. The short set also reflects degree of limitation and can therefore be used to assess whether a person has limitations or disability, on the basis of his or her responses in relation to six basic, universal actions: vision, hearing, mobility, cognition, self-care and communication. Whether the person can be categorized as “with disability” or “without disability” is determined by the hierarchy of responses: a response of “yes, a lot of difficulty” or “cannot do at all” in at least one of the six domains indicates that the person should be considered “with disability” for the purpose of data analysis (refer to table).

Difficulties or limitations included in the Washington Group short set of questions on functioning

Domain	Question
Vision	[Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses?
Hearing	[Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid(s)?
Mobility	[Do/Does] [you/he/she] have difficulty walking or climbing steps?
Cognition (remembering)	[Do/does] [you/he/she] have difficulty remembering or concentrating?
Self-care	[Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing?
Communication	Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood?
Answers: No, no difficulty/ Yes, some difficulty/ Yes, a lot of difficulty/ Cannot do at all	

Source: Economic Commission for Latin America and the Caribbean, based on the Washington Group short set of questions on functioning.

For the use of this set, the following recommendations and characteristics of the questions should be considered: (i) the Washington Group questions are related to the social model of disability and are not intended to offer an individual diagnosis; (ii) the respondent is not asked whether the individual in question has a “disability”; rather, the determination of whether he/she is a person “with disability” or “without disability” is based on the responses to the six questions, where “disability” denotes a greater risk of limited social participation; (iii) it is not recommended to use filter questions, such as “do you have a disability?” or “are you disabled?”; (iv) using hierarchical responses instead of confining respondents to the “yes” or “no” categories gives them several options to indicate their degree of difficulty; (v) the questions do not pertain to children under 5 years of age, nor do they capture data on developmental disability in many children above 5 years of age or on a specific group of conditions affecting physical, psychosocial, language or behavioural development; (vi) many persons with psychosocial disabilities will not be reflected in the short set responses; and (vii) the questions do not offer a sufficiently specific or detailed basis for designing service delivery methods.

In addition to the short set of questions on functioning, the Washington Group has prepared four other sets of questions for different types of surveys:

- (i) The enhanced short set of questions on functioning is designed to collect information on the adult population aged 18 years and older in population and health surveys or disability-specific surveys. It obtains information on difficulties or limitations in eight basic domains of functioning, namely seeing, hearing, walking or climbing steps, remembering or concentrating, self-care, communication (expressive and receptive), upper body, and depression and anxiety. The set consists of 12 questions that address these eight domains, including the 6 from the short set of questions on functioning.
- (ii) The extended set of questions on functioning is also designed for demographic and health surveys or disability-specific surveys but can also be included in surveys focusing on other

topics. The questions are designed to collect information on the adult population aged 18 years and older and on difficulties or limitations in 10 basic domains of functioning, namely seeing, hearing, walking or climbing steps, remembering or concentrating, self-care, communicating (expressive and receptive), upper body, affect (depression and anxiety), pain and fatigue. It consists of 34 questions, plus an additional 3 optional questions, covering these 10 domains, and includes the 6 questions from the short set.

- (iii) The Washington Group/International Labour Organization (ILO) labour force survey disability module can be incorporated into employment and labour force surveys and consists of five sections: disability identification (includes the short set of questions, at a minimum, and two optional questions, on anxiety and on depression); employment barriers; accommodation for employment purposes; attitudes; and social protection.
- (iv) The Washington Group/United Nations Children's Fund (UNICEF) child functioning module was developed for inclusion in multiple indicator cluster surveys and other population-based surveys that collect data on children and adolescents. The module for ages 2–4 is designed to collect information on that age group through a knowledgeable proxy respondent. It contains 16 questions on the following domains: vision, hearing, mobility, dexterity, communication, learning, play and behavioural control. The module for ages 5–17 also relies on a proxy respondent, although in some cases older children may respond by themselves. It contains 24 questions on the following domains: vision, hearing, mobility, self-care, communication, learning, recall or memory, concentration, coping with change or adaptability, making friends, anxiety and depression.

Source: Economic Commission for Latin America and the Caribbean, on the basis of information from the Washington Group on Disability Statistics.

1. Inclusion of questions about disability in population and housing censuses

The inclusion of questions for counting persons with disabilities in census questionnaires has been a widespread practice since the 2010 round, if not earlier. All population and housing censuses conducted in Latin America and the Caribbean in the 2010 round included at least one such question, though not all followed the recommended social and rights-based approach ([González and Ullman, 2019](#)). In the 2020 census round, disability measurement was more aligned with international recommendations, thanks to wider adoption of the social and disability rights-based approach and recognition of persons with disabilities as rights-holders.

That shift was based on international human rights instruments, in particular the Convention on the Rights of Persons with Disabilities, and the efforts of movements of persons with disabilities,¹ which have advocated greater statistical visibility and have focused their demands on achieving greater recognition of their rights by States and the international community, together with greater equality. The CELADE-Population Division of ECLAC, with support from UNFPA, has also contributed by providing national statistical offices with technical assistance on population and housing censuses in general and on the inclusion of disability questions in particular. These technical assistance initiatives have consisted of support for the development of census questionnaires and awareness workshops for experts and civil society representatives on the importance of including

¹ In the 1960s and 1970s, inspired by civil rights movements, persons with disabilities began to challenge practices of institutionalization and exclusion, ushering in a new understanding that defied social perceptions of their abilities and rights. This gave rise to the disability rights movement and the social model of disability, which has evolved over time while continuing to serve as a fundamental guide for achieving equality and promoting social change.

the Washington Group short set of questions.² More recently, ECLAC supported the Buenos Aires Group, which, through South-South cooperation, has worked towards the harmonization of disability measurement in the region by highlighting good practices and lessons learned for including and applying questions in key sources of statistical data.

Table II.1 contains a regional summary of the different approaches to disability measurement incorporated into the countries' census questionnaires in the 2020 round.³ Of the 16 countries analysed, 10 incorporated the recommendations of the Washington Group by adopting its questions and a range of possible responses. Barbados, Colombia and Mexico employed something closer to a biopsychosocial approach:⁴ the questions from the short set were included and other limitations were added, but there were also questions about the causes of disability (in all three countries) and the use of assistive devices (in Colombia).

² The [seminar on conceptual issues related to population and housing censuses and challenges regarding inclusion of content in the 2020 round](#) is one example of such efforts.

³ For additional details about the questions considered in the table, refer to table II.A1.1 of annex II.A1.

⁴ In the biopsychosocial model, disability is viewed as the result of interactions between biological, psychological and social factors.

Table II.1

Latin America and the Caribbean (16 countries): approaches to disability measurement in census questionnaires, 2020 round

Country and year	Approaches to disability measurement in questionnaires in the 2020 census round
Argentina, 2022	More than one approach or approach not specified
Barbados, 2021	More than one approach or approach not specified
Bolivia (Plur. State of), 2024	Social and rights-based approach
Brazil, 2022	Social and rights-based approach
Chile, 2024	Social and rights-based approach
Colombia, 2018	Biopsychosocial approach
Costa Rica, 2022	Social and rights-based approach
Dominican Republic, 2022	Social and rights-based approach
Ecuador, 2022	Social and rights-based approach
El Salvador, 2024	Social and rights-based approach
Guatemala, 2018	Social and rights-based approach
Mexico, 2020	Biopsychosocial approach
Panama, 2023	More than one approach or approach not specified
Paraguay, 2022	Social and rights-based approach
Peru, 2017	More than one approach or approach not specified
Uruguay, 2023	Social and rights-based approach

Source: Economic Commission for Latin America and the Caribbean, on the basis of García, L. (2025). [Fuentes de datos sobre las personas con discapacidad en América Latina desde un enfoque social y de derechos](#). Project Documents (LC/TS.2025/53). Economic Commission for Latin America and the Caribbean.

In other countries (Argentina, Panama and Peru), census questionnaires combined more than one approach or did not include a range of possible responses. In Argentina, the relevant question elicited information at the household level. In Peru, questions from the short set were used, but responses did not reflect the degree of respondents' limitations (refer to table II.A1.1 in annex II.A1) because the possible responses were in a dichotomous (yes/no) format. In Panama, the census included a specific question on disability status and types of disability in addition to the short set questions (refer to table II.A1.1 in annex II.A1), combining a medical approach with the social and rights-based approach.

In most Caribbean countries, population and housing censuses are the only source of statistical information on persons with disabilities, and different questions are used to collect data on disability ([Jones and Serieux-Lubin, 2018](#)). Changes to the wording of questions about disability, even subtle ones, affect data comparability, both over time and across countries. For the 2010 census round, some countries changed their questions to align them with international best practices, using the Washington Group short set of questions, while others made changes not aligned with the Washington Group questions or no changes at all. As a result, the findings show differences among Caribbean countries; variation in the percentage of persons with disabilities in each country could be a reflection of differences in how the questions were asked, or they could reflect actual differences in the population.

In summary, an analysis of the census questionnaires used in Latin American and Caribbean countries shows significant progress in incorporating the social and rights-based approach, though challenges persist with respect to methodological consistency and full implementation of international recommendations. The diversity of approaches reflects countries' varying capacities and priorities, which underscores the ongoing need to scale up technical assistance, training and collaboration with organizations of persons with disabilities to ensure the availability of more precise and useful data for designing inclusive public policies.

2. Inclusion of questions about disability in household surveys

An analysis of the household survey questionnaires used in the countries of the region reveals diverse approaches to disability measurement, which reflects uneven progress in the integration of the social and disability-rights based approach in such surveys and underscores the need for greater methodological consistency to improve data comparability and the design of inclusive public policies.

In most cases, questions included a range of possible responses to capture degree of difficulty, which enables a more comprehensive and nuanced assessment of disability, in keeping with the Washington Group's recommendations. Nevertheless, methodological differences continue to hinder regional comparability. Some countries included a single disability question with multiple options, which may not adequately capture complexity, because it is not possible distinguish between limitations or difficulties and disability if the questionnaire only allows two responses —“has” or “does not have”— instead of a range. In some countries, disability measurement consisted of counting the number of persons with disabilities in the household, limiting individual analysis.

Notably, Chile and Guatemala fully incorporated the Washington Group short set of questions into their household surveys, including a range of possible responses. Meanwhile, Brazil, Colombia and Mexico broadened their disability measurement by using a set of seven or eight questions, including elements not found in the short set. In other countries, household surveys still do not include a range of possible responses.

Table II.2 shows the questions about disability included in the most recent household survey questionnaires available in the Household Survey Data Bank. In some countries (Brazil, Chile, Colombia, Mexico and Plurinational State of Bolivia), questions about ongoing difficulties have been asked for a number of years and have been included on various versions of the survey. In others (Guatemala and Honduras), such questions were only included in the most recent round.

Table II.2

Latin America (10 countries): questions about disability included in household surveys, 2021–2024

Country	Survey	Questions included	Unit of analysis
Argentina	Permanent Household Survey, 2022	Number of persons with disabilities in the household	Household
Bolivia (Plurinational State of)	Household Survey, 2021	Seven questions on types of disability, with a range of possible responses	Individual
Brazil	Continuous National Household Sample Survey, 2022	Eight questions on difficulties, with separate sections for the under-5 age group and ages 5 and older, and a range of possible responses	Individual, 2 years of age and older
Chile	National Socioeconomic Survey, 2022	Six questions about difficulties, with a range of possible responses	Individual, 5 years of age and older
Colombia	Large Integrated Household Survey, 2023	Eight questions on functional limitations, with a range of possible responses	Individual
Costa Rica	National Household Survey, 2023	Seven questions on limitations, allowing respondents to indicate up to two	Individual
Guatemala	National Household Income and Expenditure Survey, 2021–2022	Six questions on difficulties, with a range of possible responses	Individual
Honduras	Permanent Multipurpose Household Survey, 2023	One question with eight possible responses (no indication whether multiple responses may be given)	Individual
Mexico	National Household Income and Expenditure Survey, 2022	Eight questions on difficulties, with a range of possible responses, and one additional question on the causes of disability	Individual
Peru	National Household Survey, 2024	Six questions on difficulties, with two possible responses	Individual

Source: García, L. (2025). [Fuentes de datos sobre las personas con discapacidad en América Latina desde un enfoque social y de derechos](#). Project Documents (LC/TS.2025/53). Economic Commission for Latin America and the Caribbean.

B. Disability data from censuses and household surveys: challenges for regional comparability

1. Findings from census questions about disability

An analysis of five population censuses in the 2020 round, in Colombia, Ecuador, Guatemala, Mexico and Panama, was performed with a view to demonstrating the potential utility of including the Washington Group short set in censuses.⁵

The findings of the analysis, as depicted in figure II.1, show that the proportion of persons with disabilities in the population⁶ did not exceed 7%. Guatemala had the lowest proportion of persons with disabilities (2.8%), followed by Colombia (4.1%). Both Mexico and Panama had a proportion around 5%, and Ecuador had the highest proportion (7.0%).

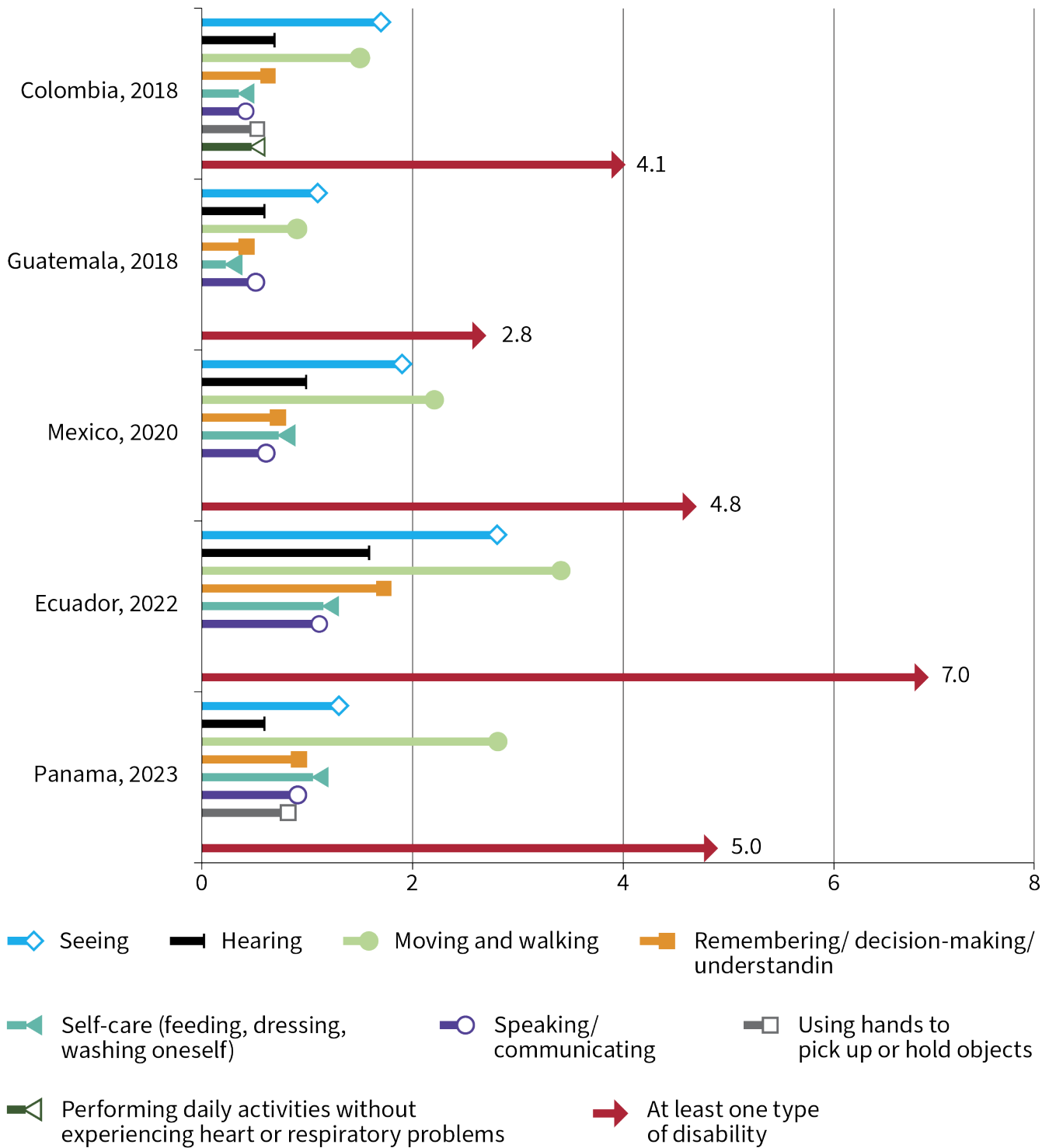
⁵ These countries were chosen because their questionnaires included the questions from the Washington Group short set (Guatemala, in 2018, and Ecuador, in 2022), as well as, in some cases, questions from the extended set (Colombia, in 2018, Mexico, in 2020, and Panama, in 2023). In addition, all five had census microdata available for processing the information.

⁶ Persons with disabilities are defined as persons who have one or more severe difficulties or limitations or who cannot perform a given activity; in other words, those who responded “yes, but with a lot of difficulty” or “cannot do at all”.

Figure II.1

Latin America (5 countries): persons with disabilities as a proportion of the population, by type of disability, 2020 census round

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of special processing of population and household census data with REDATAM.

Note: The percentages indicated do not include individuals whose limitations or disabilities are unknown or left out of surveys. In Guatemala, the questions about limitations or disabilities pertained to persons 4 years of age and older. The types of limitations are listed in the order suggested by the Washington Group on Disability Statistics and do not necessarily reflect the order in which the questions appear on each country's questionnaire.

The figures produced by the World Health Organization (WHO) and those produced in accordance with the standards of the Washington Group on Disability Statistics are not comparable (refer to box II.3). One of the Washington Group's provisos is that its question sets for measuring difficulties or limitations are not useful for collecting data on specific health conditions; rather, they should be used to determine the prevalence of disability, which is considered a continuum.

Box II.3

Comparability of data on persons with disabilities

Disability is a complex concept, and the way that it is measured can result in statistics that are not comparable or that are hard to interpret. Data on disability are collected for different purposes, such as estimating the prevalence of disability in the population or delivering certain services, which determine the type of statistics generated. Even when the intention is to measure the same concept, questions may differ in ways that significantly limit comparability ([World Health Organization \[WHO\], 2022](#)). Furthermore, data from population and housing censuses and from household surveys may differ from data obtained from other sources, such as disability surveys or registries that measure various aspects of disability.

According to the Global Report on Health Equity for Persons with Disabilities, in 2021 an estimated 1.3 billion people —16% of the global population— had a significant disability. Of those people, around 142 million had severe levels of disability ([WHO, 2022](#), p. 23).

The data used in that report were taken from the Global Burden of Disease study, whose disability measurement methodology differs from that of the Washington Group short set of questions on functioning, which is focused on measuring difficulty regarding six basic, universal actions (abilities) that, in an unaccommodating environment, would place an individual at risk of restricted social participation ([Washington Group on Disability Statistics, 2020](#)). According to the Washington Group, the measurement of environmental barriers and participation (e.g. access to education or employment) is extramural; the task then is to analyse data to determine whether persons identified with difficulties or limitations in these basic actions have participation rates equal to persons without disabilities.

Owing to the divergent natures of the tools used to collect the underlying data, the WHO estimates cannot be directly compared with estimates produced using the Washington Group short set.

Source: Economic Commission for Latin America and the Caribbean, on the basis of the World Health Organization. (2022). [Global Report on Health Equity for Persons with Disabilities](#), and Washington Group on Disability Statistics. (2020). [An introduction to the Washington Group on Disability Statistics question sets](#).

Figures obtained from censuses can be used to determine criteria for developing public programmes and policies that incorporate the social and disability rights-based approach, but not for making decisions regarding the delivery of services designed to address specific health conditions ([Washington Group on Disability Statistics, 2020](#)).

The fact that the short set does not capture all types of disabilities does not in any way detract from the relevance of the data collected; in many cases, including the short set in population and housing censuses facilitates the measurement of inequality gaps between persons with disabilities and the rest of the population with respect to employment, education, access to basic services, access to and use of ICT and other areas covered by censuses.

Because of their universal nature, population and housing censuses are the most important and extensive primary source of statistical data, as well as the main official statistical tool for obtaining data on a more granular geographical scale. Censuses can be used to obtain disaggregated data on persons with disabilities and reveal differentials, difficulties and gaps. This facilitates various sociodemographic and socioterritorial analyses of persons with disabilities and the identification of geographical and demographic inequalities, which not only yields benefits at the national level, but can also help local governments to implement public policies within their jurisdictions.

Censuses also provide basic background information on housing, households and individuals, including persons with disabilities, thereby enabling the preparation of essential statistics for developing public policies for persons with disabilities, integrating the social and rights-based approach and incorporating inclusion programmes and the allocation of resources to improve accessibility, access to health services and the overall well-being of such persons.

Using censuses to measure disability therefore offers significant advantages, especially if that measurement follows the international recommendations issued by the Washington Group and contained in the Principles and Recommendations for Population and Housing Censuses ([United Nations, 2025a](#)). Multiple options for data disaggregation, including by ethnic group and race, can be used to develop a more comprehensive overview of the population with disabilities and their living conditions. This makes it easier to identify geographical and demographic inequalities,

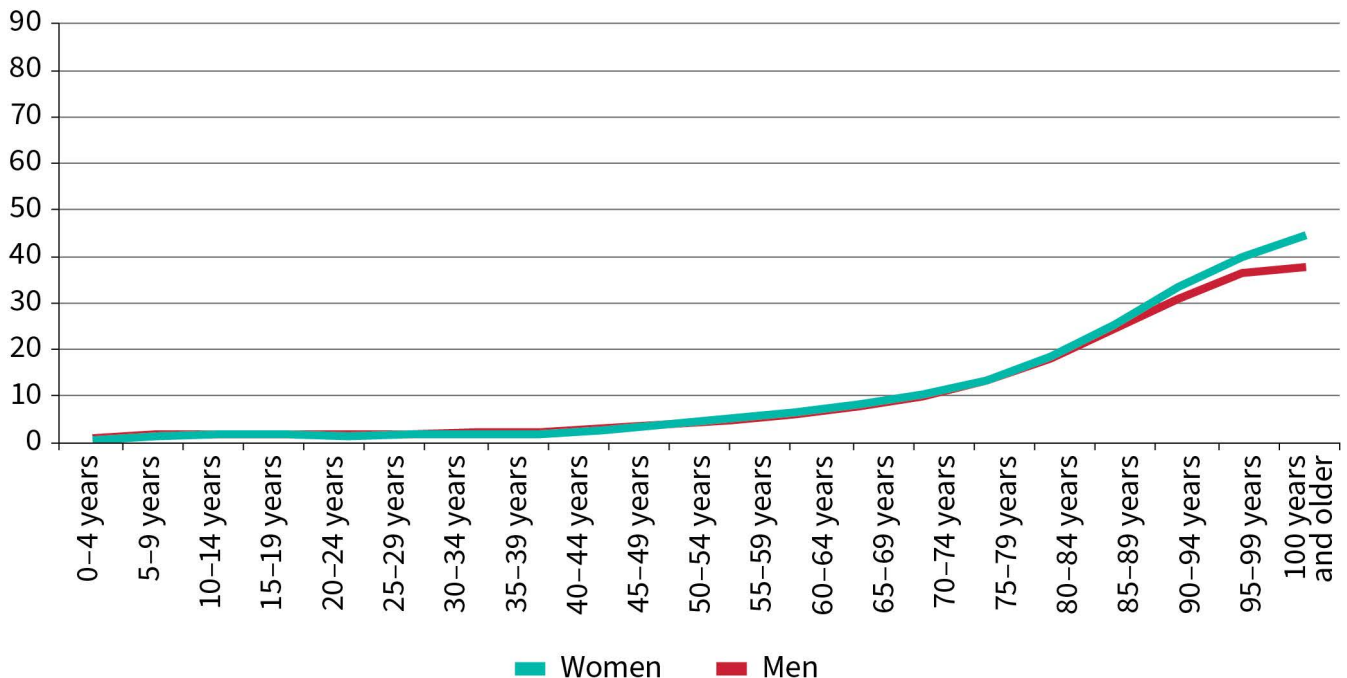
such as a higher prevalence of disabilities in rural areas or within certain age groups. Other advantages include the ability to measure inequalities in access to basic services and education by comparing the situations of persons with and without disabilities and the ability to measure such gaps at different geographical levels.

For example, census data show that disability increases with age and disproportionately affects women. The prevalence of disability is higher among older adults and even more pronounced among those aged 80 and older, where the gender gap is significant, as the highest percentages of disability are among women of this age group (except in the case of Guatemala) ([García, 2025](#)) (refer to figure II.2).

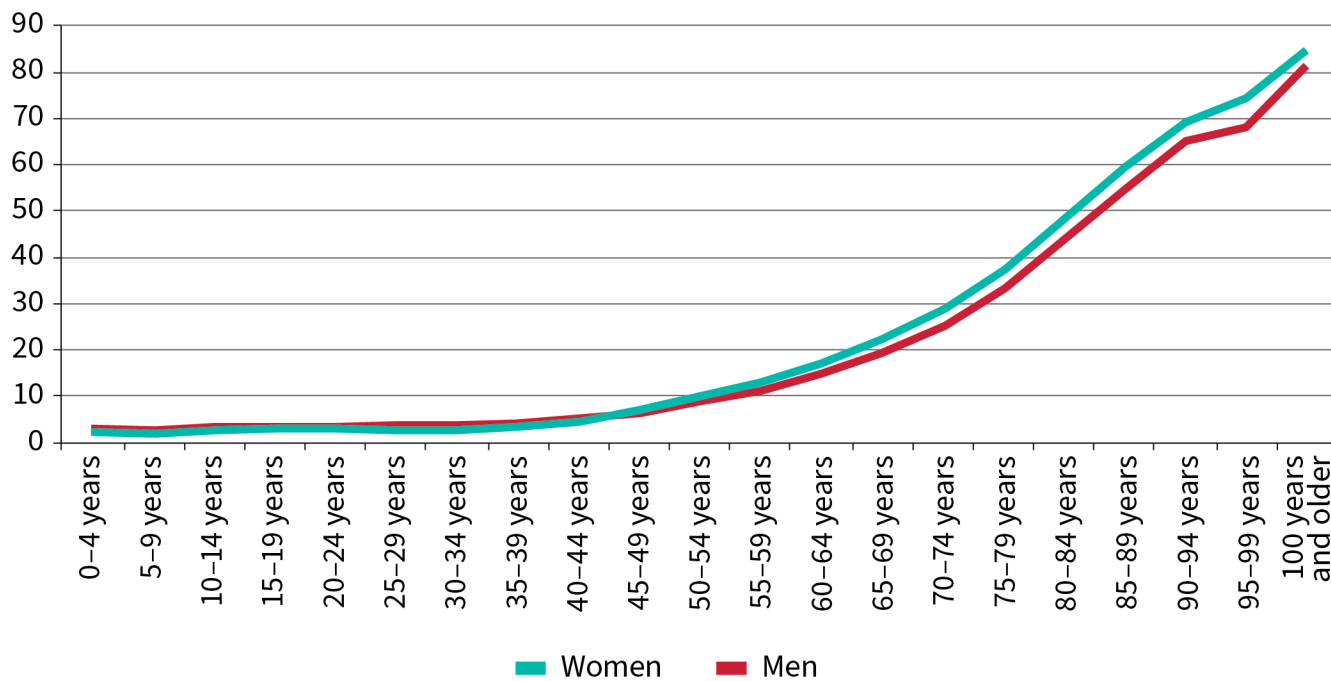
Figure II.2

Latin America (5 countries): persons with at least one disability as a proportion of the population, by age group and sex, 2020 census round
(Percentages)

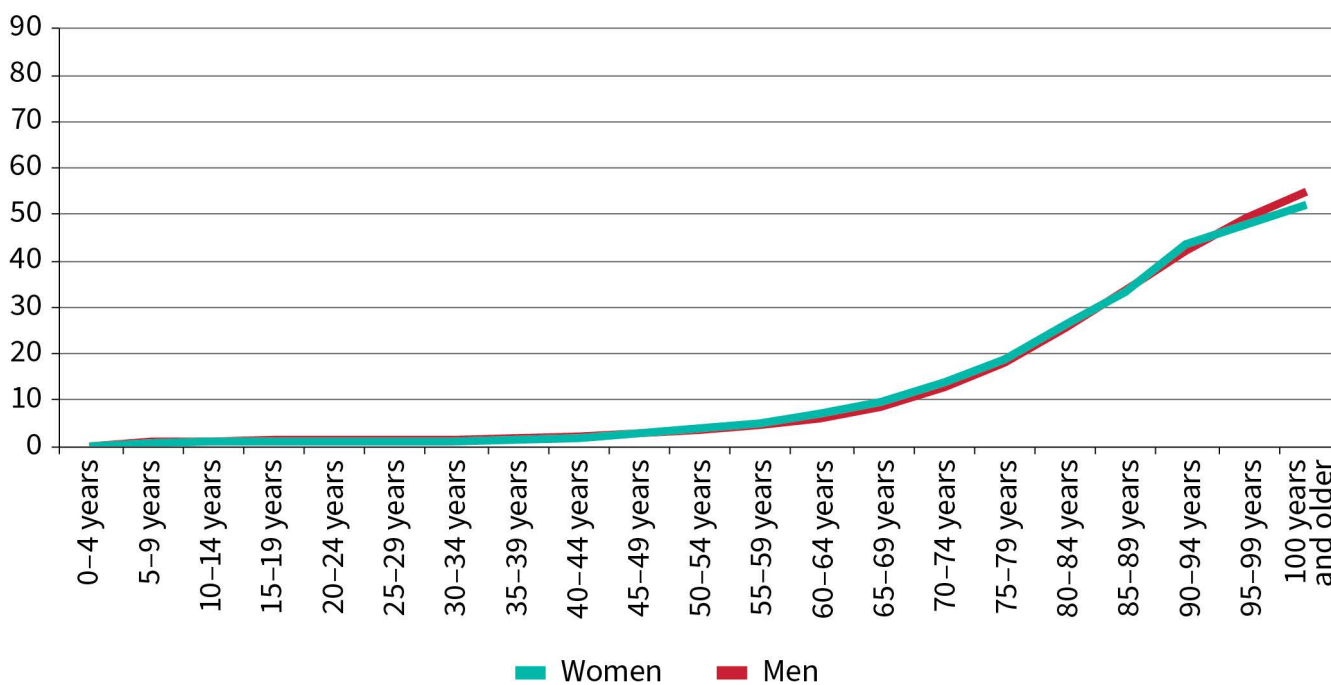
A. Colombia, 2018



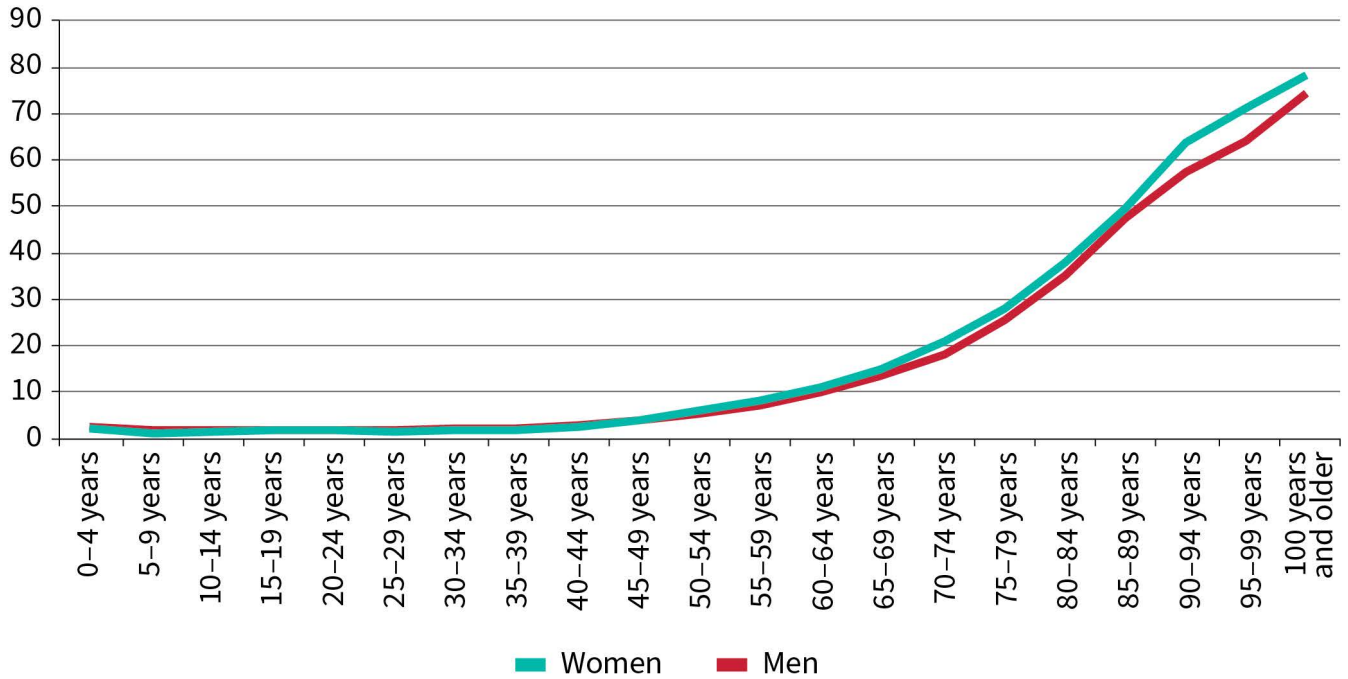
B. Ecuador, 2023



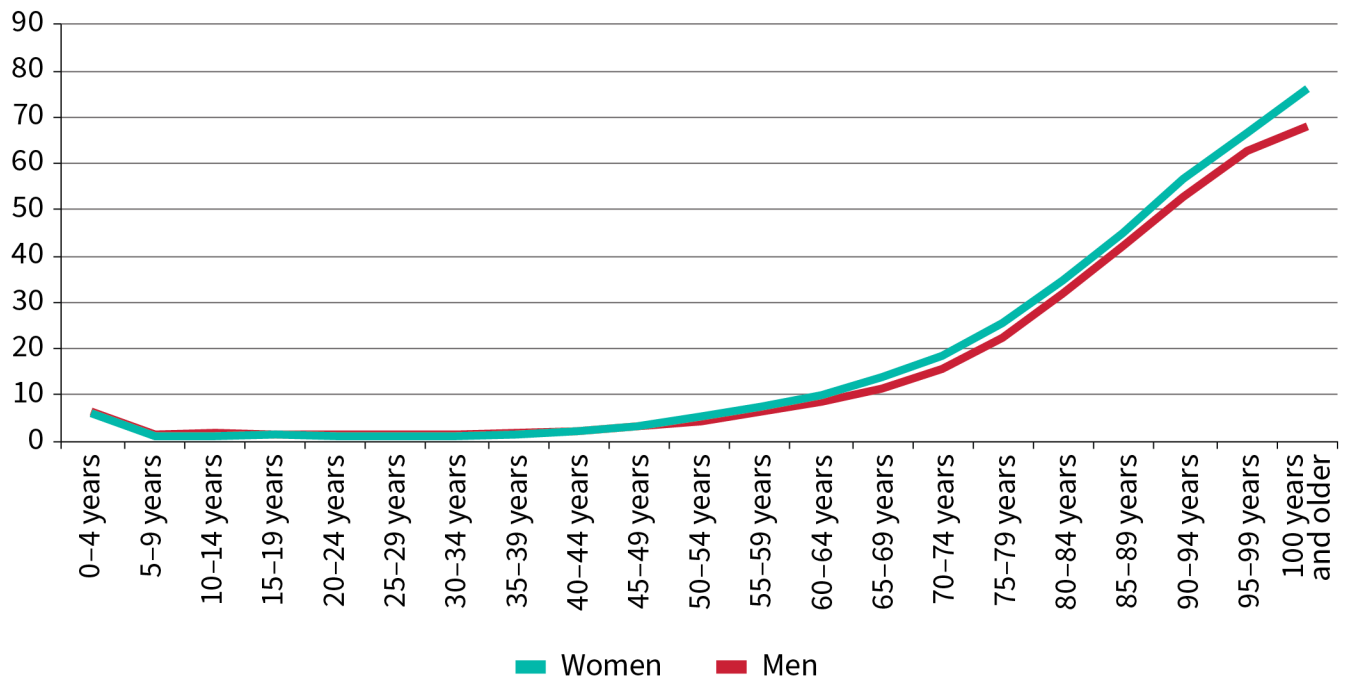
C. Guatemala, 2018



D. Mexico, 2020



E. Panama, 2024



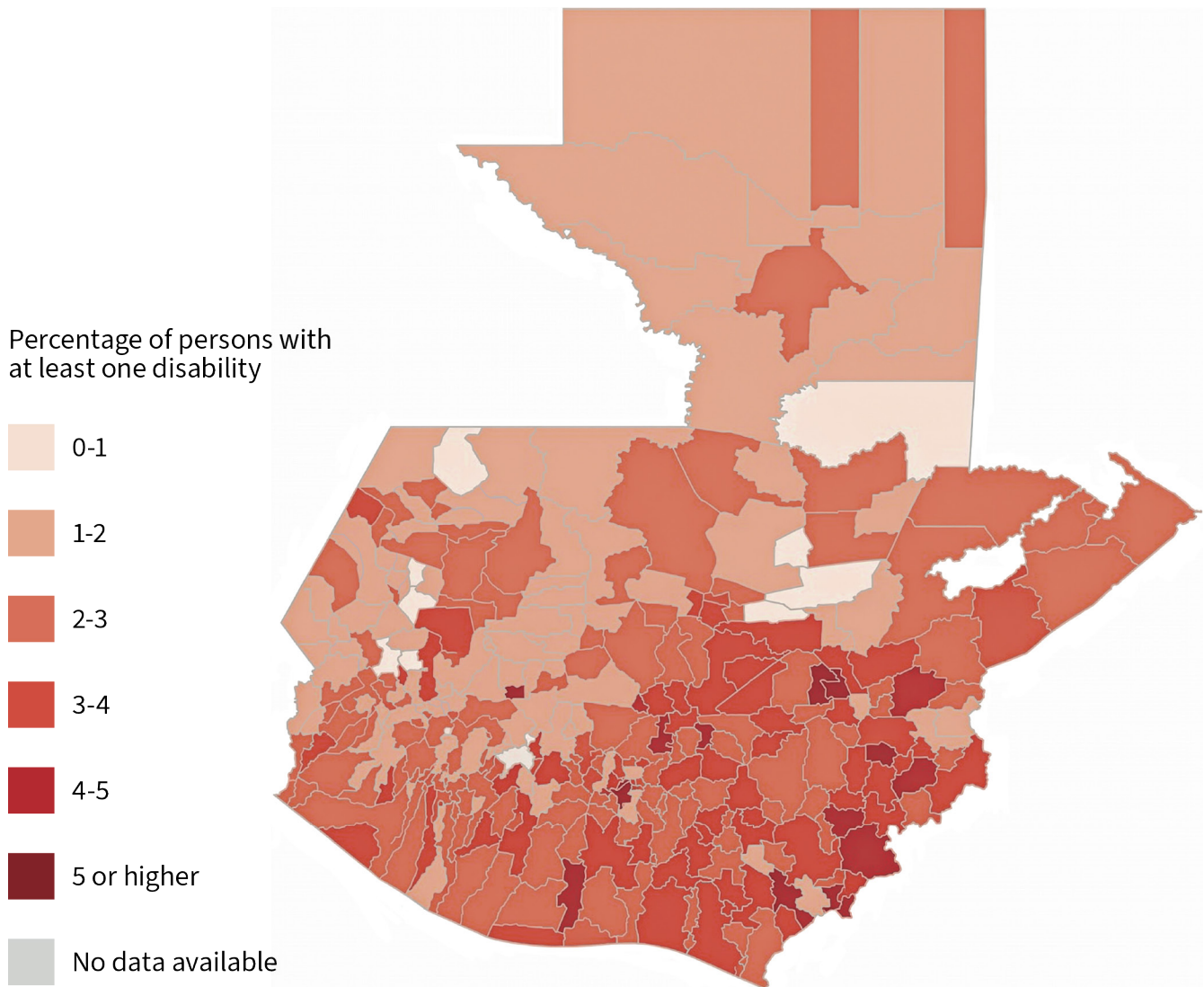
Source: Economic Commission for Latin America and the Caribbean, on the basis of special processing of population and housing census data with REDATAM.

Note: In Guatemala, the questions about limitations or disability pertained to persons 4 years of age and older.

Map II.1

Guatemala: persons with at least one disability as a proportion of the population, by municipality, 2018

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of special processing of population and housing census data with REDATAM.

Note: In the 2018 census in Guatemala, questions about limitations or disabilities pertained to persons 4 years of age or older. The boundaries and names shown on this map do not imply official acceptance or endorsement by the United Nations.

As the identification of persons with disabilities in censuses improves, more precise analyses of geographical areas can be performed. For example, maps of socioenvironmental risks can be produced and linked to the geographical locations of persons with disabilities in order to develop risk management plans that include measures specifically targeting them (refer to map II.1) ([García, 2025](#)).

Owing to more rigorous pre-census testing of questions and better training of census takers on collecting disability data, coupled with greater social awareness of the rights of persons with disabilities, respondents in more recent censuses may have been better able to identify and declare their own physical and mental conditions than in previous censuses.

There is still a need to take additional steps to harmonize census measurements and promote international comparability. In its recommendations for censuses ([ECLAC, 2021a](#)), ECLAC reiterates the need to consolidate measurement methodologies that are subsequently used to develop sampling frameworks for specific surveys. With respect to disability measurement in particular, it recommends improving the training provided to those who conduct and oversee the surveys, with a view to fostering a better understanding of the social and rights-based approach and preventing bias in interviews. Another important task is to consider response options that facilitate better measurement of disability in censuses, improving the production of valid and reliable statistical data to support public policy design and implementation.

2. Survey findings on disability

Household surveys are an apt tool for measuring the prevalence of disability, because they provide an opportunity to develop a socioeconomic, demographic and health profile of persons with disabilities. Such surveys can be a good source of information on the living conditions of persons with disabilities, provided that consideration is given to the recommendations of the

Washington Group when developing the questionnaires and the possibility of underrepresentation or overrepresentation of certain groups is controlled for, given that sampling tends to not be specifically focused on households with persons with disabilities.

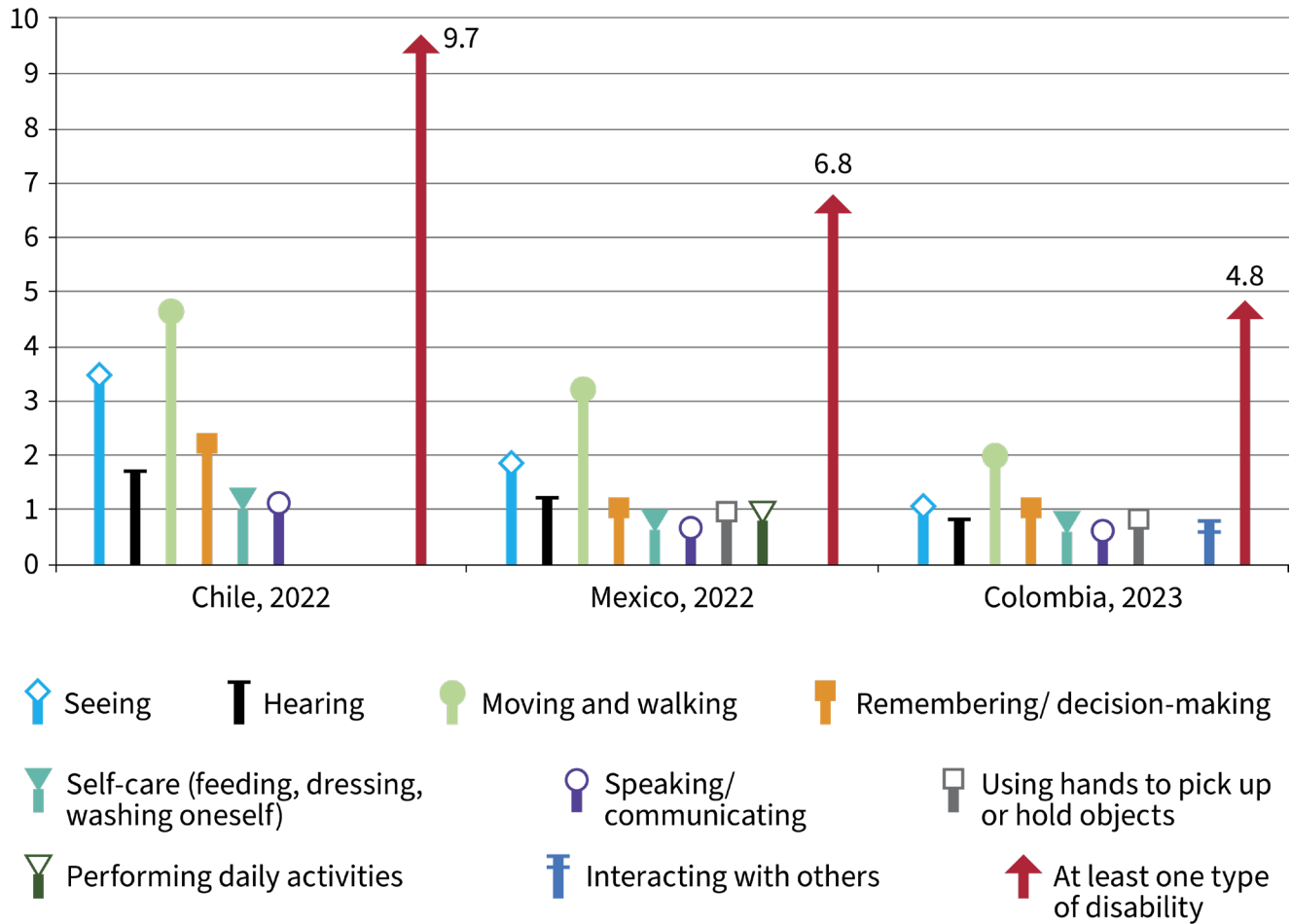
Recent household surveys in Chile (2022), Colombia (2023) and Mexico (2022) included questions on disability, in line with the recommendations of the Washington Group, and Mexico included additional questions about the causes of disability.

Figure II.3 shows the prevalence of disability in the three countries according to household surveys. Colombia had the lowest prevalence of persons with disabilities (4.8%), compared to 6.8% in Mexico and around 10% in Chile.

Figure II.3

Latin America (3 countries): persons with disabilities as a proportion of the population, by type of disability, around 2022

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of special processing of data from the Household Survey Data Bank (BADEHOG).

Note: The types of limitations are listed in the order proposed by the Washington Group on Disability Statistics and do not necessarily reflect the order in which the questions appear on each country’s questionnaire.

Those figures are not far from the percentages indicated by the population censuses. In Colombia, the two sources indicate very similar figures: 4.1% according to the population census and 4.8% according to the household survey. In Mexico, the census figure is lower (4.9%, compared with 6.8% indicated by the household survey). In Chile, the recently released findings of the 2024 census indicate that 11.1% of the population has at least one type of disability, a figure that is slightly higher than the 9.7% indicated by the 2022 National Socioeconomic Survey (refer to figure II.3).

In the three countries analysed, as the census data also show, the prevalence of disability gradually increases with age and becomes slightly higher among older women than older men, reaching nearly 100% among people at the end of their lives. Such limitations are practically non-existent at birth and escalate rapidly from the age of 50 onward. The higher concentration of persons with disabilities in middle and older ages is illustrated in figure II.4, which shows the population pyramids of persons with disabilities in Chile, Colombia and Mexico.⁷

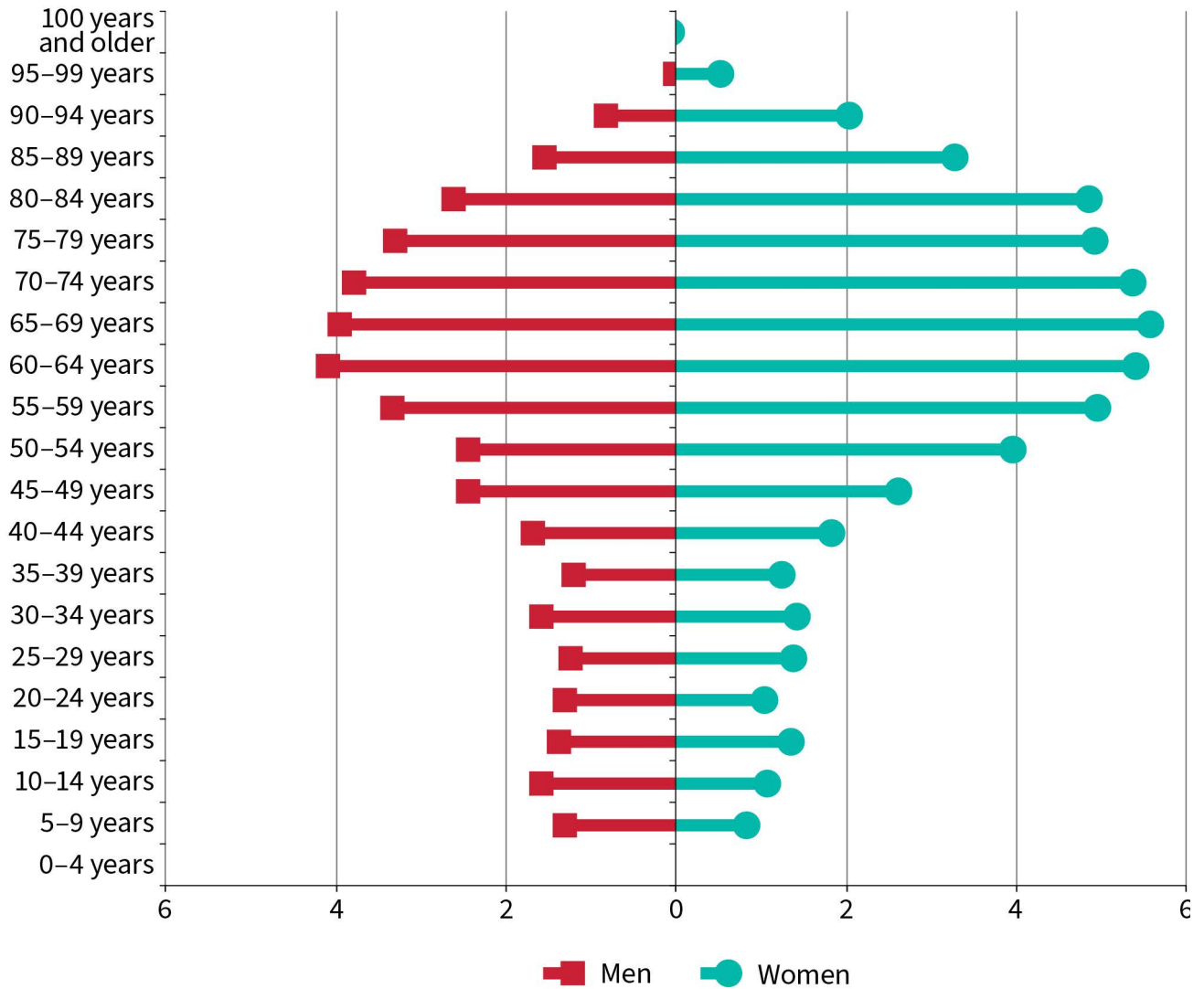
⁷ Population ageing is directly linked to an increase in functional difficulties and limitations. For that reason, consideration needs to be given to how far along each country is in the demographic transition (or post-transition) in order to contextualize survey and census figures.

Figure II.4

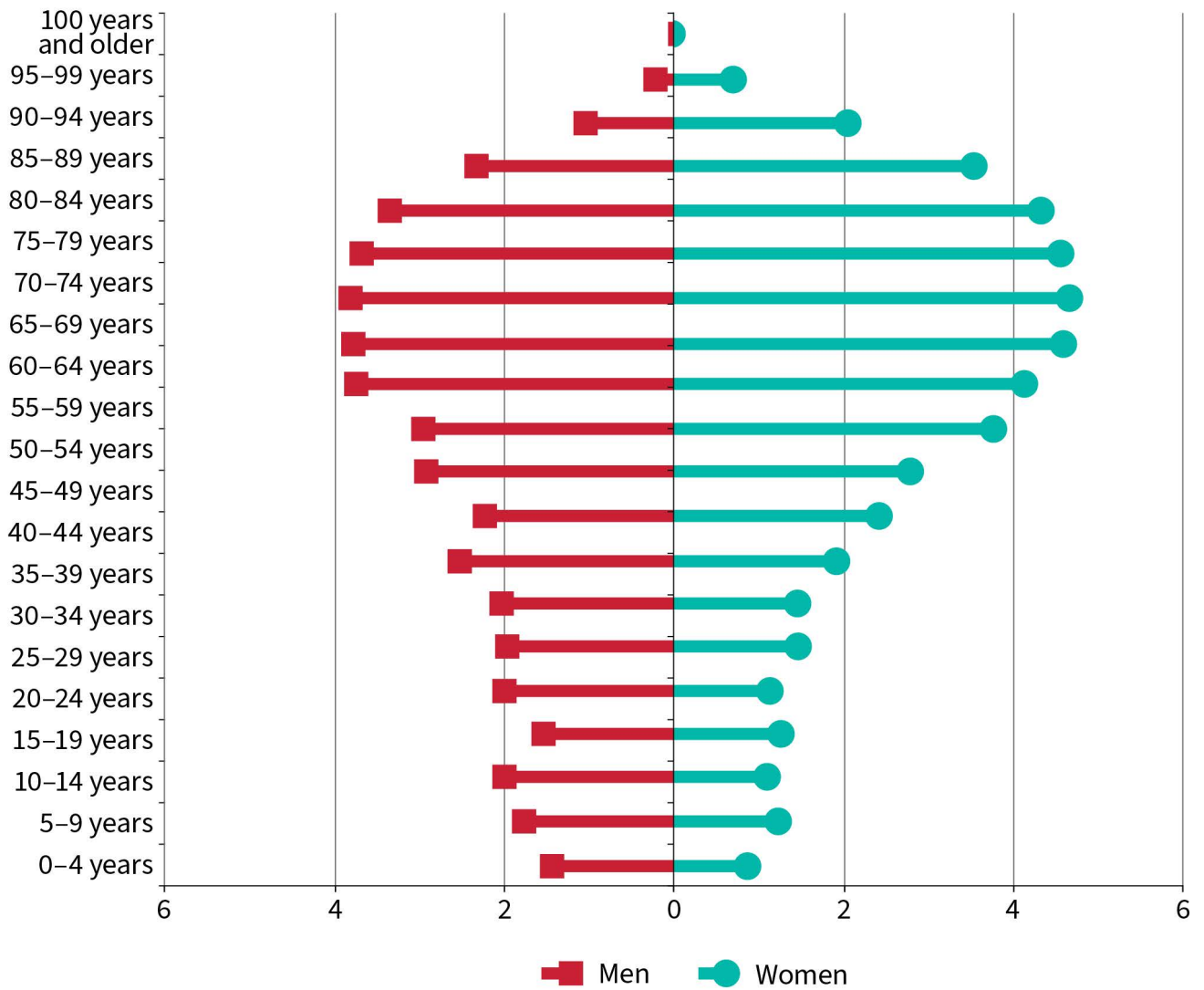
Latin America (3 countries): persons with at least one disability as a proportion of the population, by age group and sex, around 2022

(Percentages)

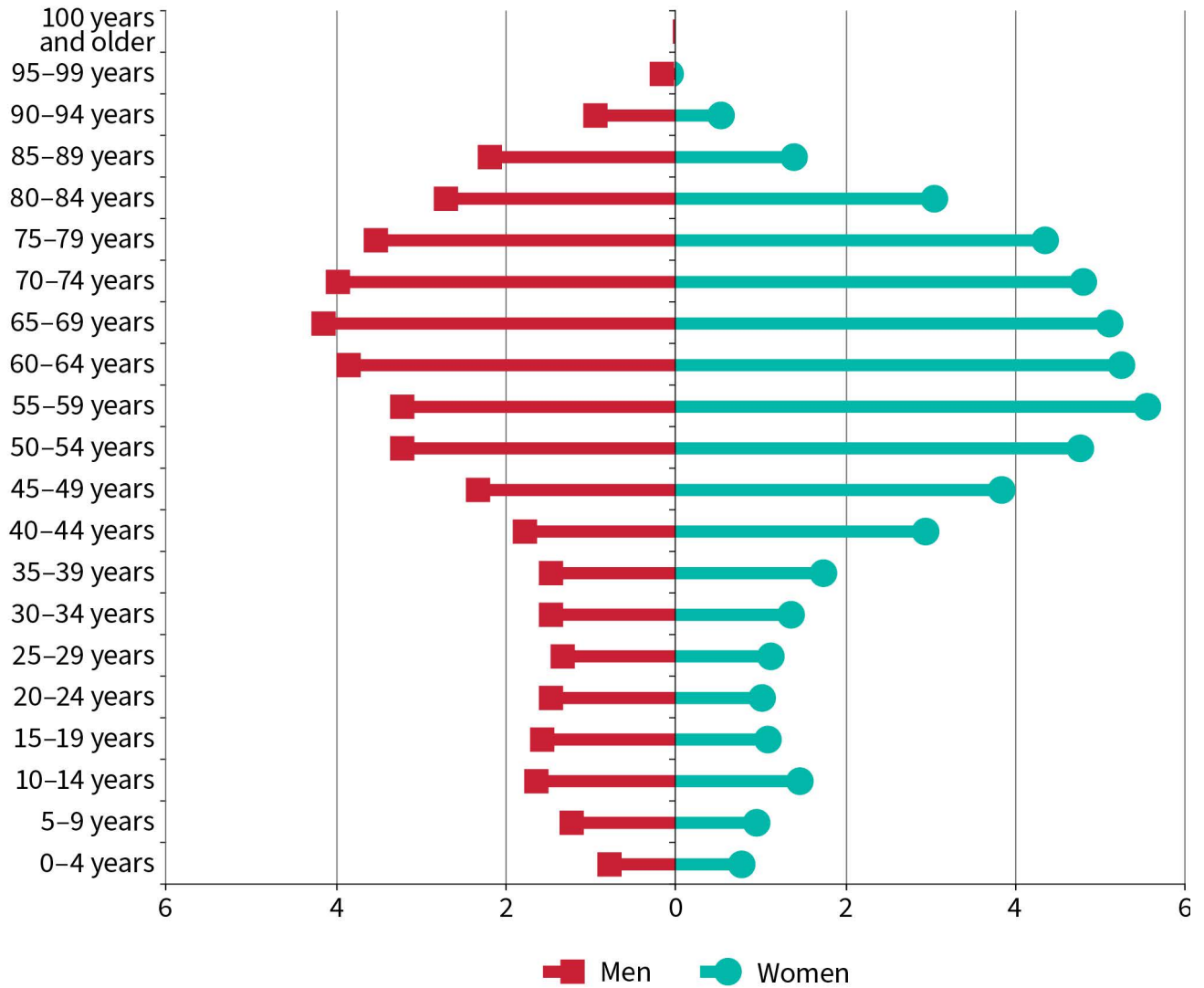
A. Chile, 2022



B. Colombia, 2023



C. Mexico, 2022



Source: Economic Commission for Latin America and the Caribbean, on the basis of special processing of data from the Household Survey Data Bank (BADEHOG).

Note: The percentages indicated do not include individuals whose limitations or disabilities are unknown or left out of surveys. In Chile, survey data on limitations or disabilities is for persons 5 years of age and older.

On the basis of the household survey data, [García \(2025\)](#) indicates that the prevalence of disability is more pronounced in rural areas, at least in the cases of Chile and Colombia. The differences between urban and rural areas attest to the ways that social and economic circumstances—for example, the lack of adequate infrastructure to foster participation in social and community life— affect the prevalence of functional difficulties and how such difficulties are managed, perpetuating gaps that require targeted attention.

One advantage for disability measurement that household surveys have over censuses is frequency: surveys are conducted every year or every few years. While that timing varies from country to country, it is more frequent than censuses, which are conducted once every 10 years. In addition, because household surveys provide an opportunity to examine and better understand a broader range of issues related to living conditions, the data collected can more accurately reflect the well-being and needs of persons with disabilities.

For example, surveys include questions about access to healthcare services, social security coverage, income and the availability of support networks for persons with disabilities. In Colombia and Mexico, household surveys include sections specifically designed to assess the relationship between disability and access to basic services, which yields a more comprehensive overview of that population's living conditions. Furthermore, household surveys enable an analysis of the impact of functional limitations on access to the labour market, education, social assistance programmes and urban mobility, which facilitates the identification of structural barriers that hinder the social and economic inclusion of persons with disabilities.

Another important feature of household surveys is that they can be used to measure income poverty and multidimensional poverty, which makes it possible to evaluate the relationship between economic conditions and the prevalence and impact of functional difficulties. This is particularly

useful for developing targeted public policies, since it affords an understanding of the relationship between disability, social exclusion, poverty and inequality, which helps governments to implement more effective support programmes tailored to the social and geographical context.

Continuous or longitudinal surveys also have the advantage of providing recurring measurements of household composition and the characteristics of members of the household, making it possible to track changes in household composition, which are important for planning social projects and programmes.

Nevertheless, there is one significant disadvantage to using household surveys to measure the living conditions of persons with disabilities: subpopulation analysis is limited because sampling errors increase as the number of cases decreases. Similarly, the limited size of the sample means that there are fewer options for disaggregation than with census data. For example, more granular geographical disaggregation is not possible. Furthermore, in some countries, household surveys cover only urban areas or major cities.

3. Conclusions

At present, population and housing censuses and household surveys are key data sources for identifying persons with disabilities and painting a general picture of their living conditions, on the basis of the Washington Group short set of questions on functioning, which serve to enquire about functional limitations or difficulties, and international recommendations.

It is important to bear in mind, however, that the short set does not capture data on specific health conditions; rather, it is aimed at measuring the prevalence of disability. The short set is focused on measuring difficulty functioning in six basic, universal actions that, in an unaccommodating

environment, would place an individual at risk of restricted social participation. The limitations of the short set notwithstanding, general trends in the prevalence of disability should be consistent with those outlined in other sources of data on disability. Both censuses and household surveys indicate that disability is more prevalent among women than men, that the prevalence of disability increases with age and is high among older adults, particularly those 80 years of age and older, and that persons with disabilities have less access to formal education, ICT and employment ([WHO, 2022](#)).

Both census data and household survey data can be used to analyse social and environmental barriers to participation. For example, it is possible to measure access to education or employment by disability status, thereby quantifying gaps between persons with disabilities and the rest of the population (refer to chapter III).

Figures from censuses and household surveys can therefore be used to determine basic criteria for developing public programmes and policies that integrate the social and disability rights-based approach. Given that the short set does not capture data on all types of disability, however, other measurement tools are needed for a variety of purposes, including the delivery of services designed to address specific health conditions ([Washington Group on Disability Statistics, 2020](#)).

Annex II.A1

Table II.A1.1

Latin America (18 countries): questions about disability included in censuses, 2010 and 2020 rounds

Country	Year	Description of the questions	Domains included	Universe to which the questions are applied
Argentina	2010 (expanded questionnaire)	Five questions on functional limitations, with two possible responses	Vision, hearing, mobility Upper body, learning	Everyone
Argentina	2022	Five questions on functional limitations, with two possible responses	Mobility, cognition/ understanding, communication, hearing, vision, self-care	Counted the number of persons with limitations in the household, excluding infants and children
Bolivia (Plurinational State of)	2012	Five questions on functional limitations, with two possible responses	Vision, hearing, mobility, cognition	Identified the persons with limitations in the household
Bolivia (Plurinational State of)	2024	Four questions on functional limitations, with a range of possible responses	Vision, hearing, mobility, communication	Individuals aged 5 years and older
Brazil	2010 (expanded questionnaire)	Four questions on functional limitations, three with a range of possible responses and one with two possible responses	Vision, hearing, mobility Intellectual difficulties	Everyone
Brazil	2022 (expanded questionnaire)	Five questions on functional limitations, with a range of possible responses	Vision, hearing, mobility, communication and self-care (the last two covered by a single question) Upper body	Individuals aged 2 years and older

Country	Year	Description of the questions	Domains included	Universe to which the questions are applied
Chile	2012	One question with options for five functional limitations, with two possible responses	Vision, hearing, mobility Speech, intellectual difficulties	Everyone
Chile	2024	Six questions on functional limitations, with a range of possible responses	Vision, hearing, mobility, cognition (remembering), self-care, communication	Individuals aged 5 years and older
Colombia	2018	Nine questions on functional limitations, with a range of possible responses, and additional questions on the causes of those limitations and the use of assistive devices	Vision, hearing, mobility, cognition (remembering), self-care, communication Speech, upper body and ability to relate to or interact with others	Everyone
Costa Rica	2011	One multiple-response question on seven functional limitations	Vision, hearing, mobility Speech, upper body, intellectual, mental	Everyone
Costa Rica	2022	Six questions on functional limitations, with a range of possible responses	Vision, hearing, mobility, cognition (remembering), self-care, communication	Everyone
Cuba	2012	One multiple-response question on nine conditions	Vision, hearing, mobility Speech, hearing impairment, visual impairment, mental illness, intellectual disability, chronic kidney disease	Everyone

Country	Year	Description of the questions	Domains included	Universe to which the questions are applied
Dominican Republic	2010	Twelve questions on ongoing difficulties, with two possible responses	Vision, hearing, walking, cognition Upper body, lower body, speech, mutism, mental problems, loss of one or both legs, loss of one or both arms	Everyone
Dominican Republic	2022	Six questions on difficulties, with a range of possible responses	Vision, hearing, mobility, cognition, self-care, communication	Everyone
Ecuador	2010	One multiple-response question on seven permanent disabilities. A screening question was included	Vision, hearing, mobility Intellectual, mental	Everyone
Ecuador	2022	Six questions on functional limitations, with a range of possible responses	Mobility, self-care, communication, hearing, vision, cognition	Everyone
El Salvador	2024	Seven questions on functional limitations, with a range of possible responses	Mobility, cognition, self-care, communication, vision, hearing Upper body	Everyone
Guatemala	2018	Six questions on functional limitations, with a range of possible responses	Vision, hearing, mobility, cognition, self-care, communication	Individuals aged 4 years and older
Honduras	2013	One multiple-response question on eight functional limitations, with a range of possible responses. An additional question on the cause of each limitation was included	Mobility, vision, hearing, self-care Upper body, speech, mental impairments	Everyone

Country	Year	Description of the questions	Domains included	Universe to which the questions are applied
Mexico	2010 (expanded questionnaire)	Seven questions on difficulties and one question, with two possible responses, on mental problems or conditions. An additional question on the cause of each limitation was included	Mobility, vision, hearing, self-care, cognition Speech, mental limitations	Everyone
Mexico	2020 (expanded questionnaire)	Six questions on difficulties, with a range of possible responses, and one question, with two possible responses, on mental problems or conditions. An additional question on the cause of each limitation was included	Vision, hearing, mobility, cognition, self-care, communication Mental problems or conditions	Everyone
Panama	2010	Six questions on health limitations, with two possible responses. One additional question on the type of disability applicable to those who indicated that a member of the household had a disability	Hearing, vision, mobility, communication Learning, upper body	Everyone

Country	Year	Description of the questions	Domains included	Universe to which the questions are applied
Panama	2023	A screening question was used. One multiple-response question on the types of disability and seven questions on functional difficulties, with a range of possible responses	Mobility, communication, cognition, self-care, vision, hearing Upper body	Everyone
Paraguay	2012	Five questions on ongoing difficulties, with a range of possible responses	Vision, hearing, mobility Difficulties understanding or learning, mental or emotional difficulties	Everyone (some questions applied only to individuals aged 2 years and older)
Paraguay	2022	Four questions on difficulties or limitations, with a range of possible responses	Mobility (including upper body), vision, hearing, self-care	Everyone
Peru	2017	Seven questions on ongoing limitations or difficulties, with two possible responses	Vision, hearing, communication, mobility, cognition, communication Speech	Everyone
Peru	2022	Six questions on difficulties, with a range of possible responses	Vision, hearing, mobility, cognition, self-care, communication	Everyone

Country	Year	Description of the questions	Domains included	Universe to which the questions are applied
Uruguay	2011	Four questions on ongoing difficulties, with a range of possible responses	Vision, hearing, mobility, cognition	Everyone
Uruguay	2023	Six questions on ongoing difficulties, with a range of possible responses, and one question on diagnosis with autism (autism spectrum disorder (ASD))	Vision, hearing, mobility, communication, cognition, self-care ASD diagnosis	Everyone (instructions indicate to record infants and children as persons with no limitations)
Venezuela (Bolivarian Republic of)	2011	One multiple-response question on 10 deficiencies, conditions or disabilities. One multiple-response question on limitations, with eight possible responses	Vision, hearing Neurological, musculoskeletal (loss of limbs), voice and speech, cardiovascular, mental/intellectual, respiratory, mental/ psychosocial	Everyone

Source: Economic Commission for Latin America and the Caribbean, on the basis of each country's census questionnaire.

Note: Domains are listed in the order in which they appear on the given country's questionnaire. Those written in italics are not included on the Washington Group short set of questions on functioning.

Chapter III

Sociodemographic panorama of persons with disabilities in Latin America and the Caribbean

- A. [Demographic profile of persons with disabilities](#)
- B. [Territorial distribution of persons with disabilities and access to services in rural and urban areas](#)
- C. [Education gaps between persons with and persons without disabilities](#)
- D. [Exclusion of persons with disabilities from the labour market](#)
- E. [Intersection of disability and gender gaps in the labour market](#)
- F. [Higher levels of poverty and inequality in households of persons with disabilities](#)
- G. [Conclusions](#)

At the global level, the [United Nations \(2024\)](#) has demonstrated that persons with disabilities experience exclusion and discrimination that prevent them from fully participating in society.

Barriers with respect to attitudes, information, institutions and the physical environment hinder their access to services in the fields of health (including sexual and reproductive health), education and transport, as well as employment, social protection, leisure, civic and political participation and justice, limiting their opportunities and perpetuating the inequality they face. That inequality results in wide gaps between persons with and without disabilities ([United Nations, 2024](#)), which are further accentuated by intersecting forms of discrimination on the basis of gender, territory, ethnic and racial identity and life stage, among other factors.

An analysis of the sociodemographic profile of persons with disabilities in Latin America and the Caribbean, based on population and housing census and household survey data, is set out below. Census and survey data can be used to describe the characteristics of the population with disabilities, including its size and breakdown by age and sex, as well as territorial distribution and other sociodemographic variables, including employment status and access to education and information and communications technology (ICT). That background information is useful in assessing the inclusion of persons with disabilities in those areas and measuring disparities in access between persons with and without disabilities.

A. Demographic profile of persons with disabilities

According to data from 28 countries and territories in the region that conducted censuses in the 2010 and 2020 rounds, approximately 6.5% of the Latin American and Caribbean population has some type of disability, which represents a significant proportion of the regional population.

That figure may well be an underestimate, owing to the measurement limitations outlined in chapter II, including the partial application of the approach advocated by the Washington Group on Disability Statistics, but it remains a valuable reference point. Census data reveal, however, that the proportion of persons with disabilities in the population varies considerably from one country to the next. For example, according to the censuses conducted in Latin America in the 2020 round, the percentage of persons with disabilities ranges from 2.8% in Guatemala (2018) to 11% in Chile (2024) ([Economic Commission for Latin America and the Caribbean \[ECLAC\], 2022](#)) (refer to figure III.1).¹

The population with and without disabilities in five countries of the region, broken down by age and sex, is shown in figure III.2. The probability of having a disability increases with age, so prevalence is higher among older persons (ECLAC, [2022](#), [2024](#)). In the five countries, over 50% of persons with disabilities are aged 60 and older, but people in that age bracket account for just 14% of persons without disabilities.

Similarly, persons in the 80-and-older age group account for a far higher proportion —with a slight preponderance of women— of persons with disabilities than persons without disabilities. This demographic group has higher levels of dependency and disability, resulting in greater long-term support, assistance and care needs. In addition, women, who have a higher life expectancy than men, are overrepresented in this age group. Thus, in the absence of comprehensive, accessible and effective public care systems, women in later stages of life may find themselves in the dual role of caregiver and person in need of care or support ([ECLAC, 2024](#)).

¹ Given that disability is more prevalent among older persons, the percentage of persons with disabilities is likely to be higher in countries with an older population, like Chile, than it is in countries with a substantially younger population, like Guatemala.

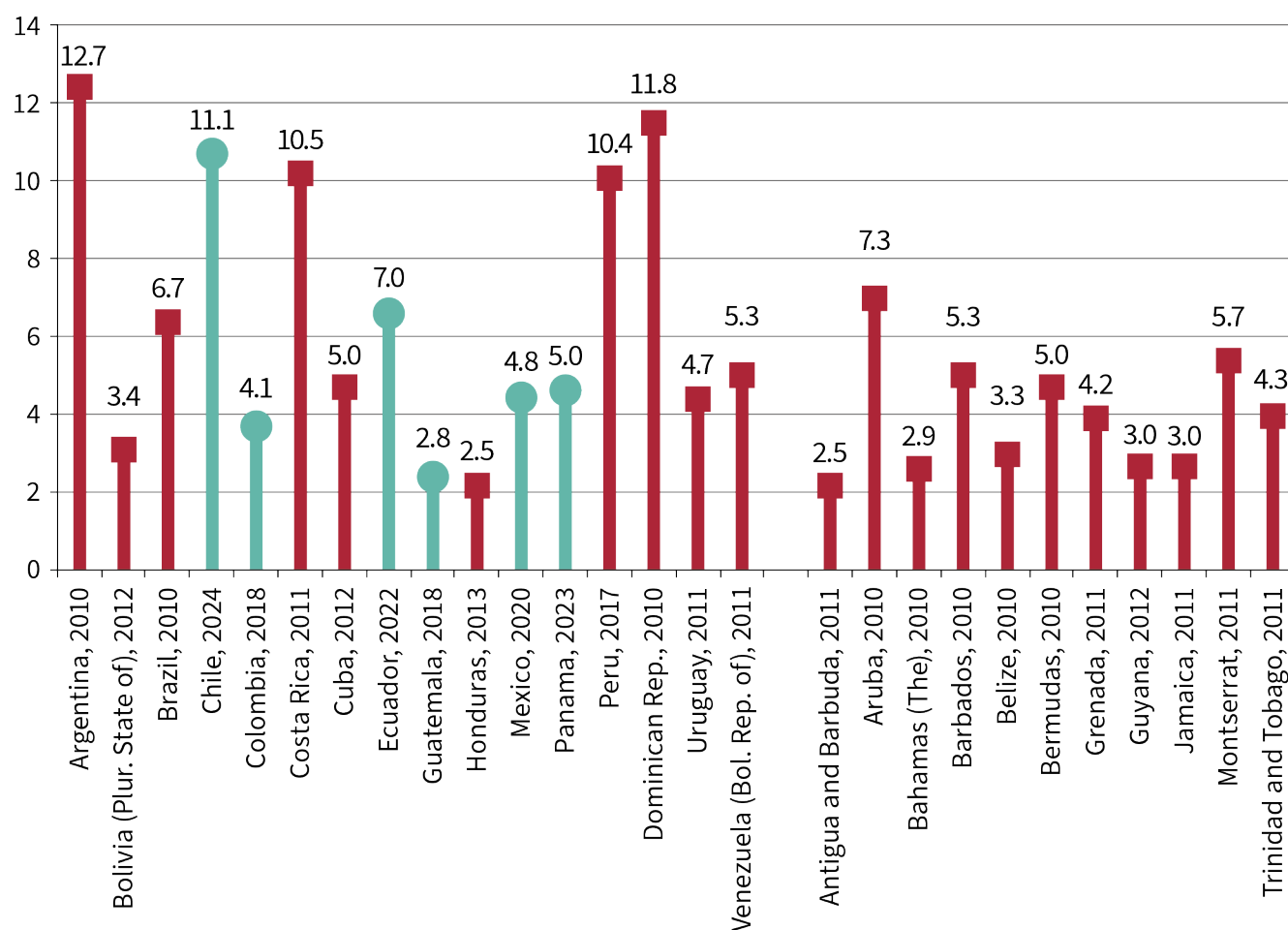
Fewer than 10% of children and adolescents under the age of 15 have some type of disability, though notably, in Panama, the proportion of children with disabilities in the 0–4 age group is higher than in the other countries.²

Broken down by sex, data show that disability is more prevalent among women, and the ratio of women to men among persons with disabilities is consistently 115 to 100 (refer to figure III.2) ([ECLAC, 2021b](#); [García, 2025](#)). This disparity is more pronounced among those aged 60 and older, owing mainly to the fact that “women’s longer life expectancy increases their likelihood of having a disability associated with a long-term health condition or an accident at a later stage of life” ([González and Stang, 2014](#), p. 83).

² This may be because seven domains are taken into consideration to measure limitations and disability in Panama (refer to table II.A1.1 of annex II.A1). When assessing the domains in which children under the age of 5 may have a disability, respondents can report that a given task “cannot be accomplished” or “can be accomplished with great difficulty”. This is not always due to a severe, permanent limitation, however; it can also be explained by the heterogeneous nature of children’s physical, cognitive and psychosocial development at that age. A child experiencing a delay in developing motor skills or in learning to speak or interact with others, therefore, cannot necessarily be classified as having a disability. The Washington Group on Disability Statistics recommends asking questions on functioning in reference to persons aged 5 and older, and has developed a set of questions specifically designed for early childhood, which are contained in the multiple indicator cluster surveys (refer to chapter II) ([García, 2025](#)).

Figure III.1

Latin America and the Caribbean (28 countries and territories): persons with disabilities as a proportion of the population, 2010 and 2020 census rounds (Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata from the respective countries and territories processed with REDATAM, and Jones, F. and Serieux-Lubin, L. (2018). [Disability, human rights and public policy in the Caribbean: a situation analysis](#). Studies and Perspectives series–ECLAC Subregional Headquarters for the Caribbean (64) (LC/CAR/TS.2017/12-LC/TS.2017/151). Economic Commission for Latin America and the Caribbean.

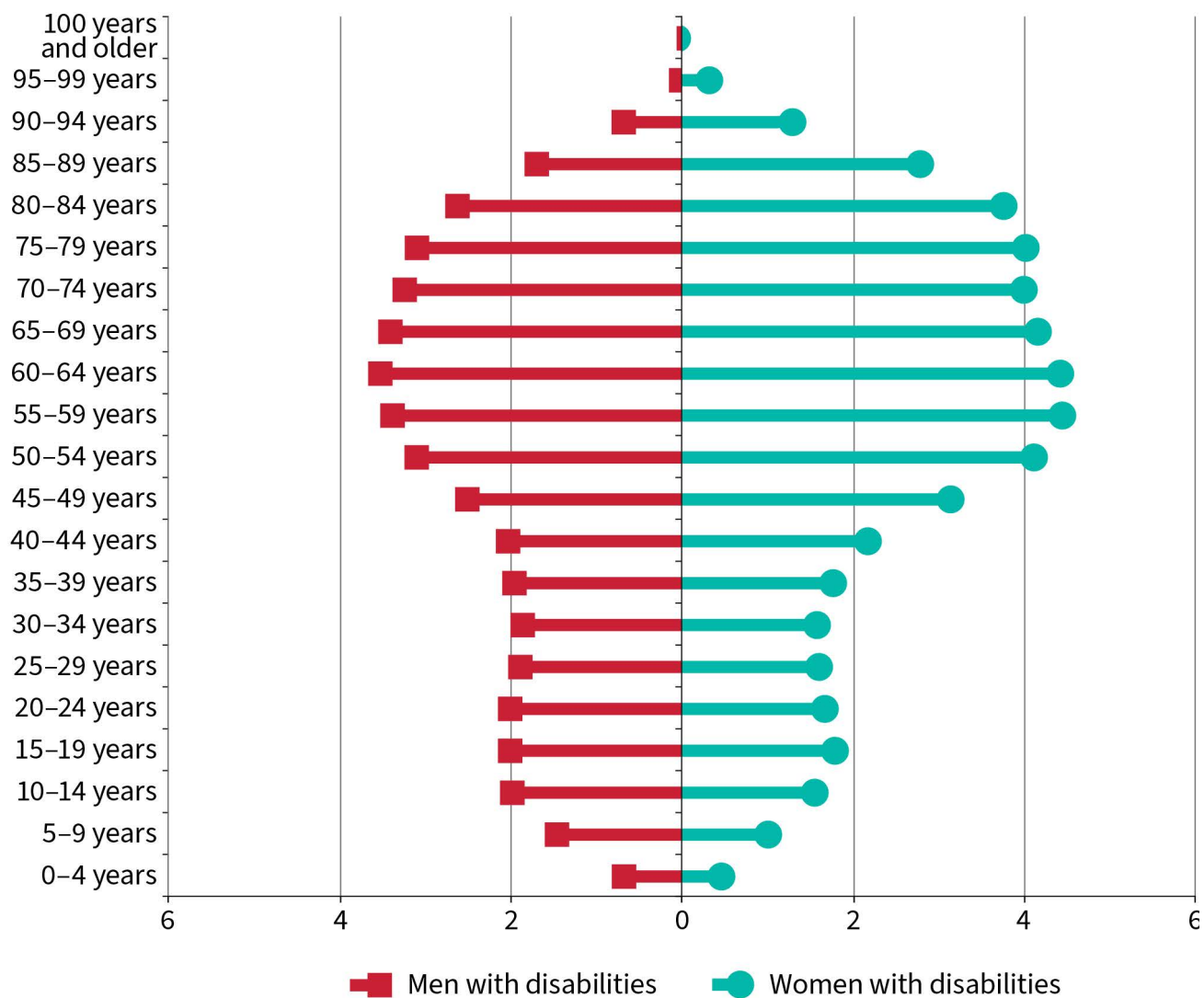
Note: Census data from the 2020 round are highlighted in green (Chile, Colombia, Ecuador, Guatemala, Mexico and Panama).

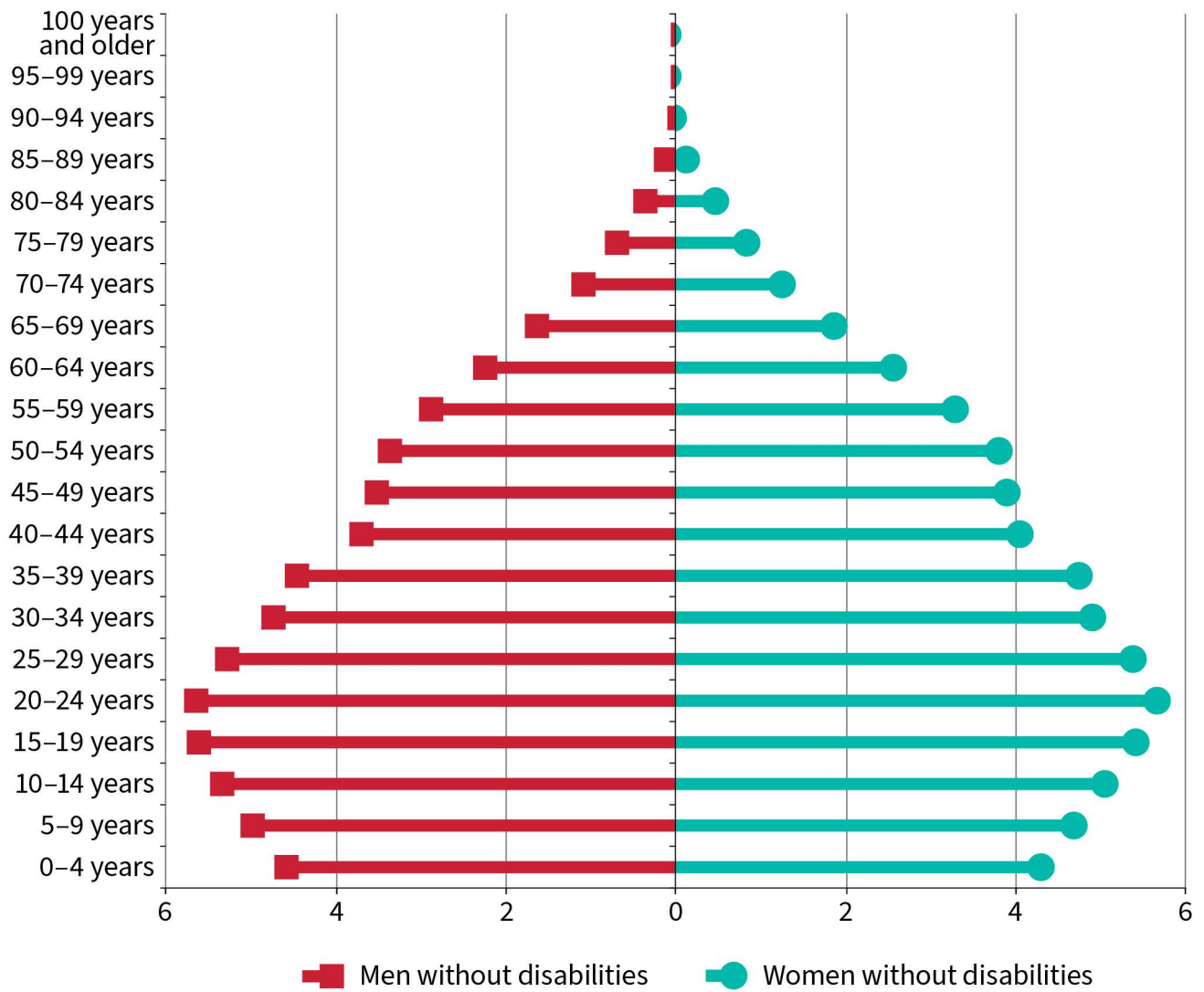
Figure III.2

Latin America (5 countries): breakdown of the population by disability status, age and sex, 2020 census round

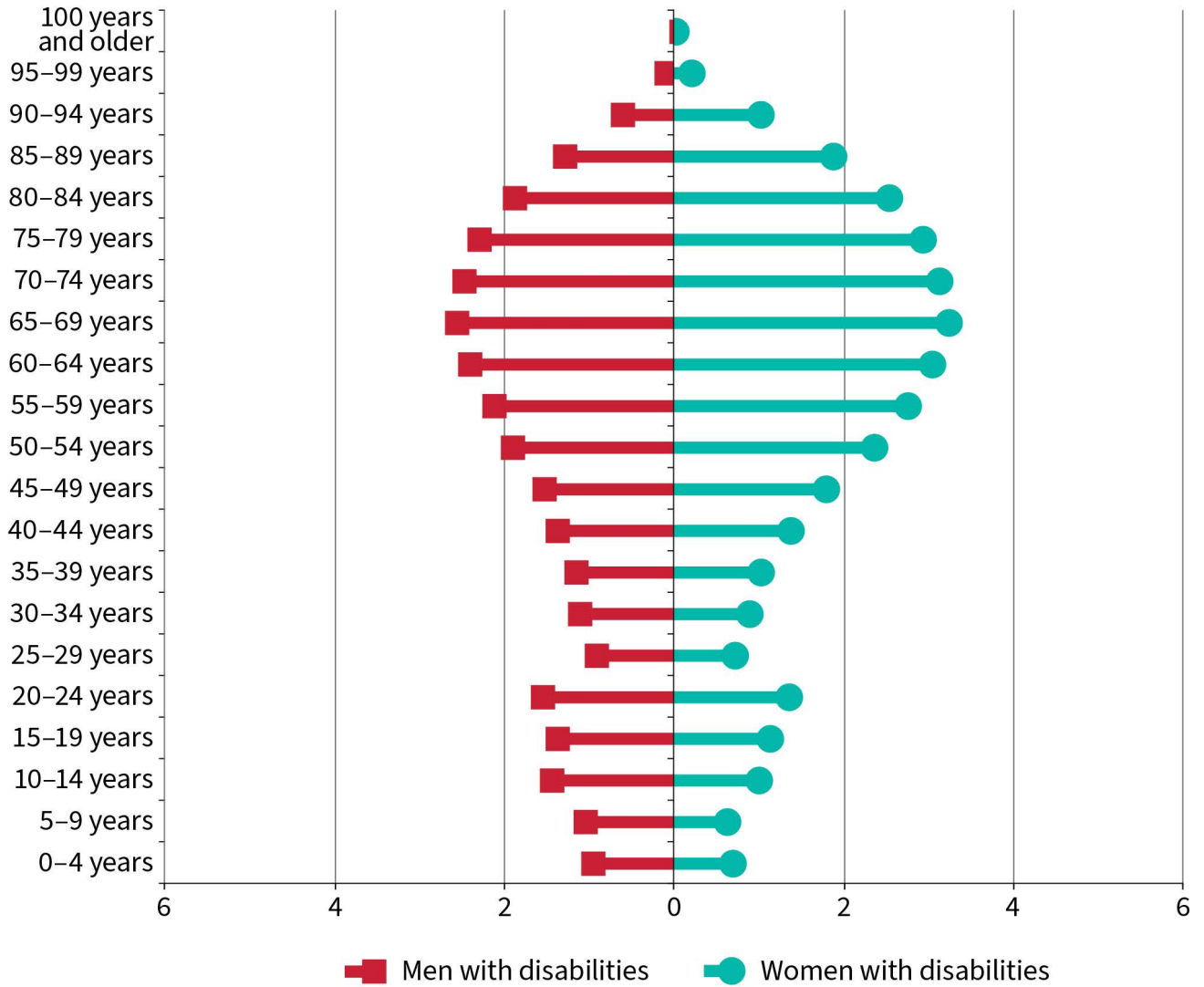
(Percentages)

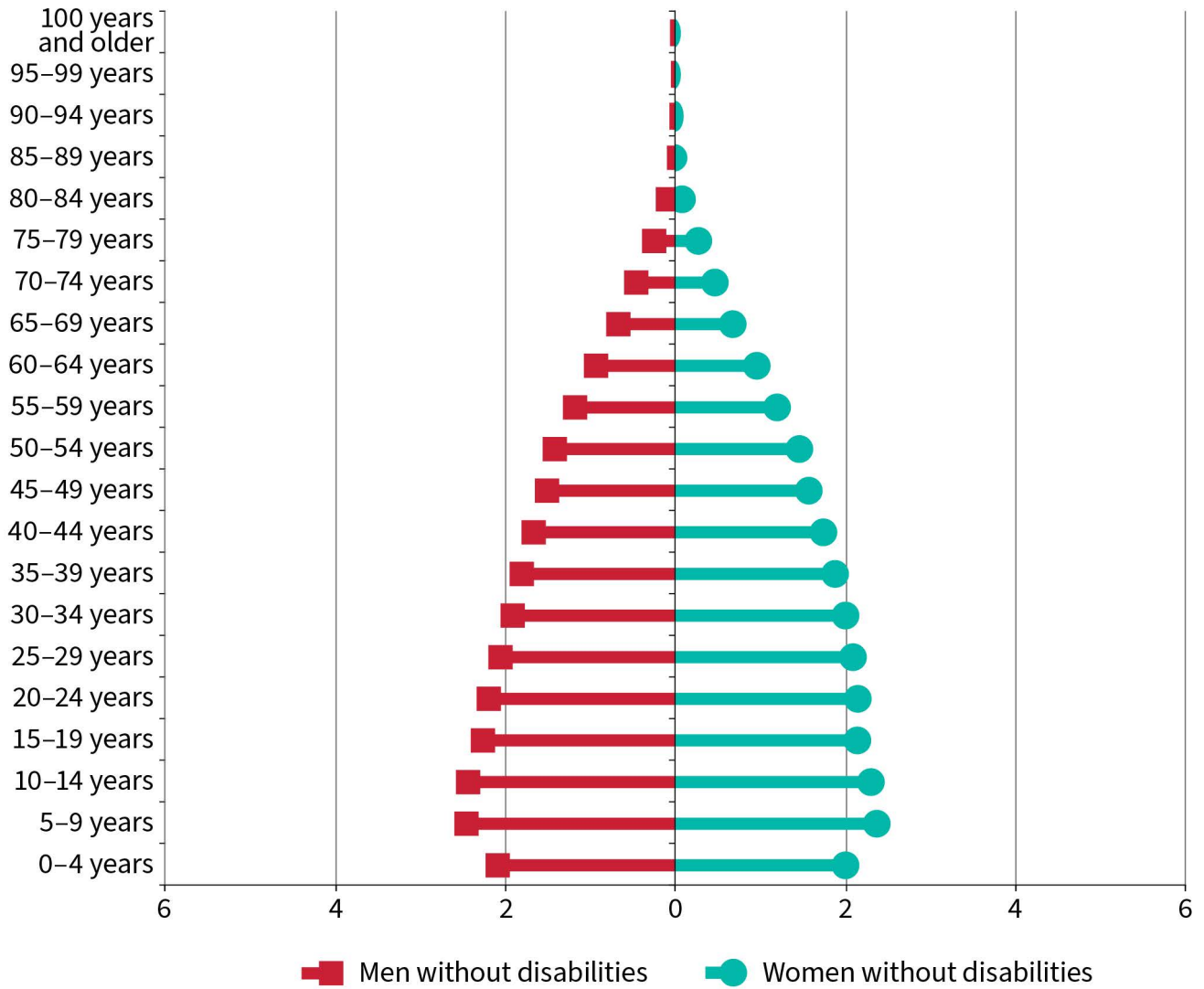
A. Colombia, 2018



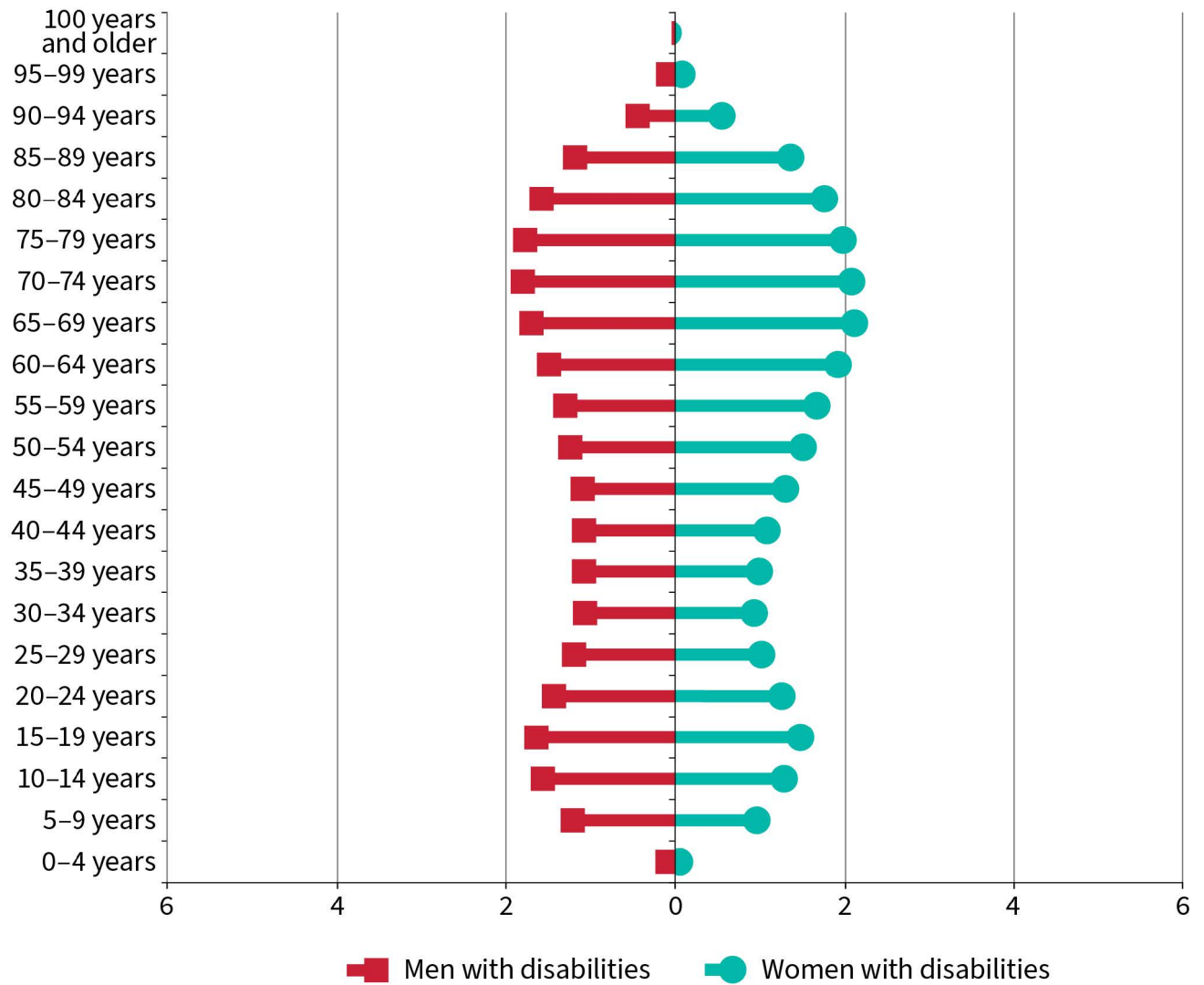


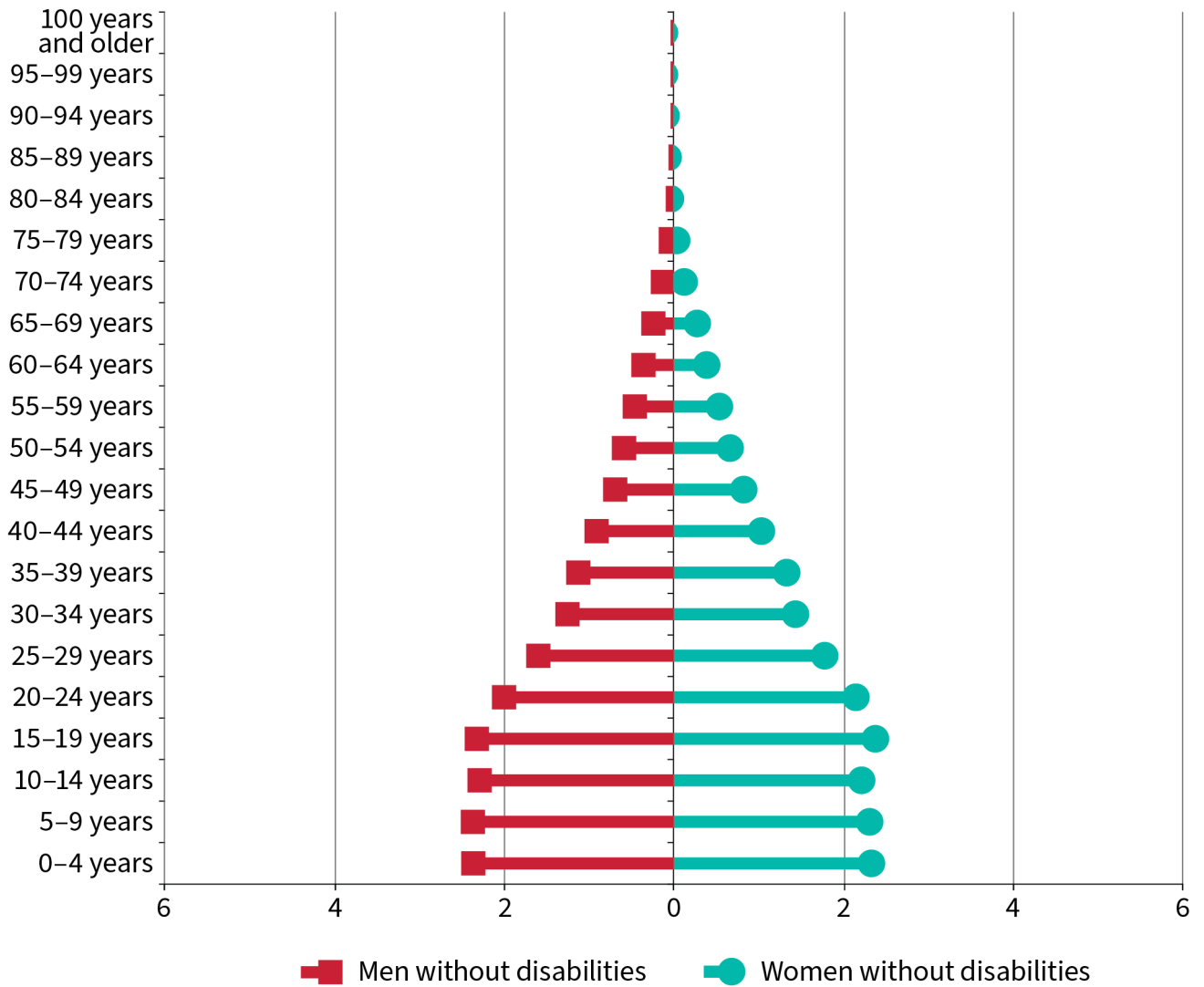
B. Ecuador, 2022



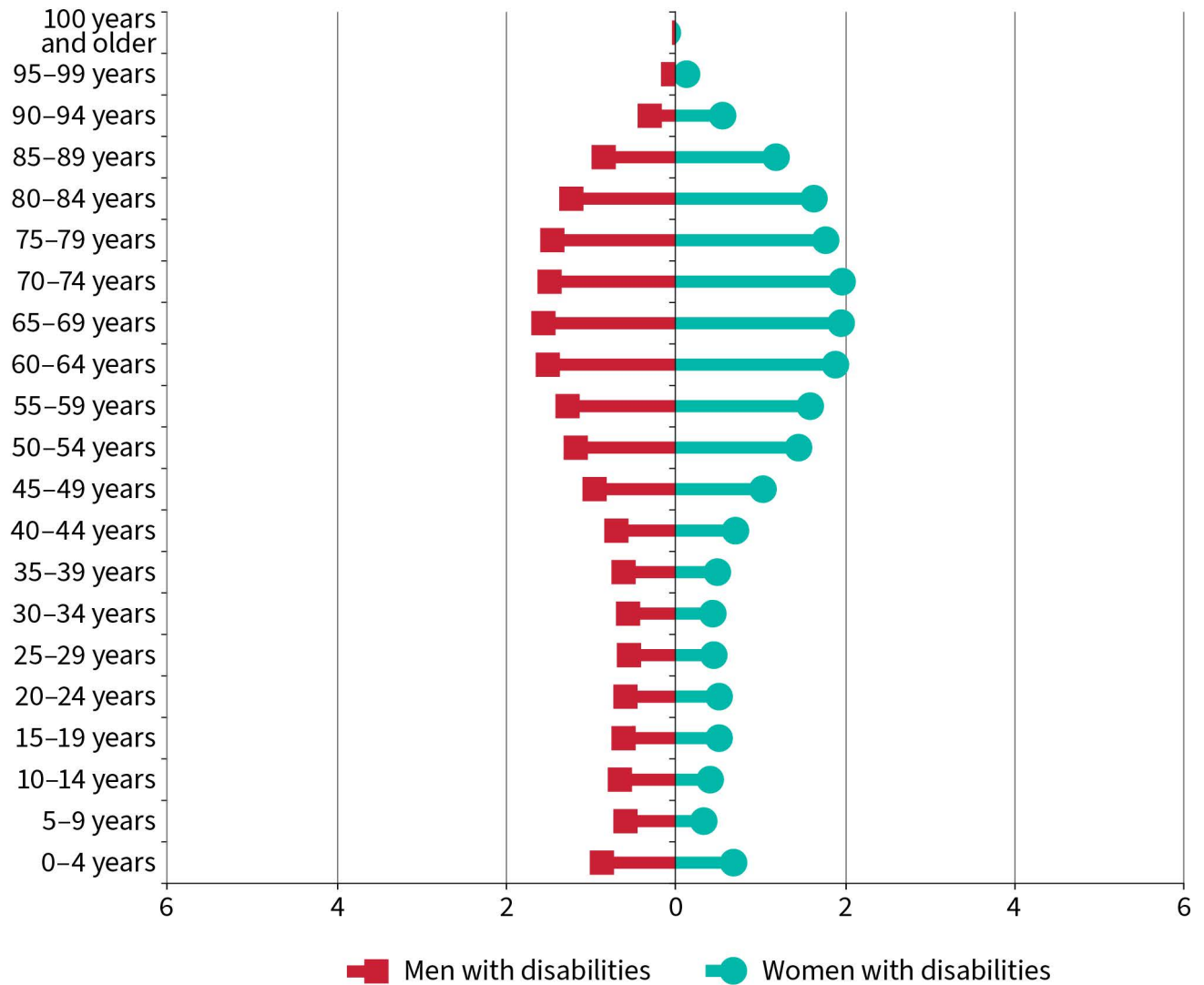


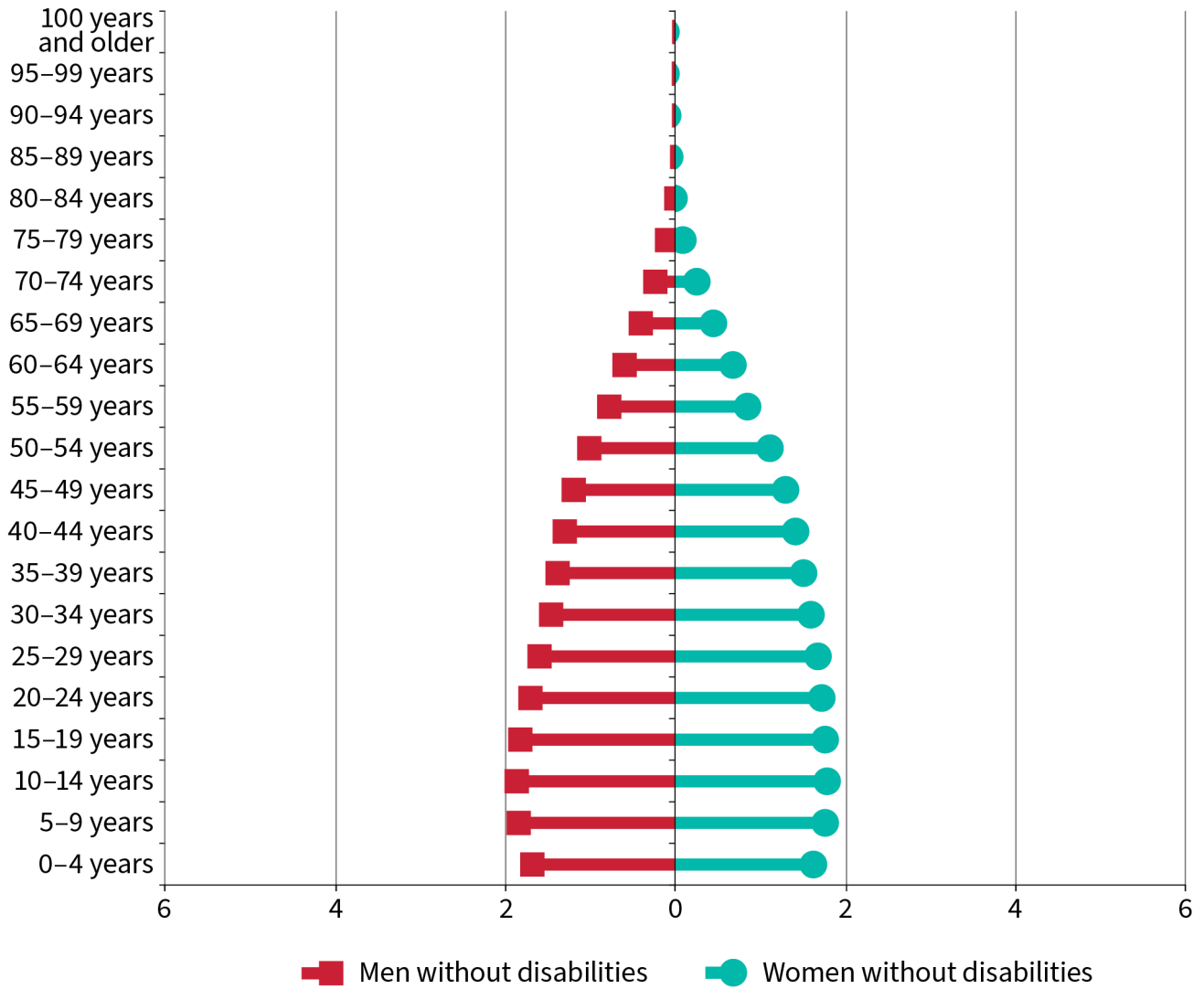
C. Guatemala, 2018



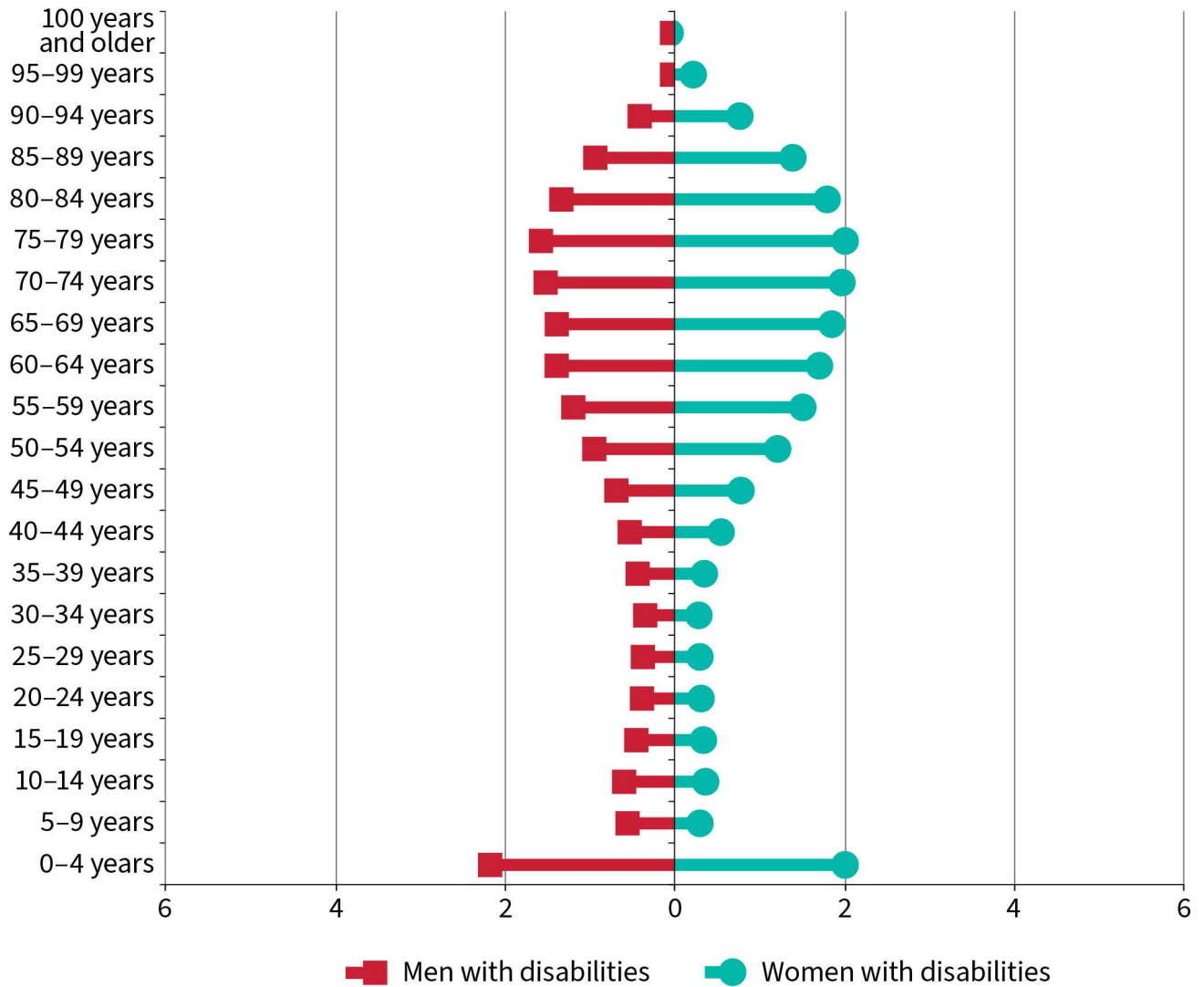


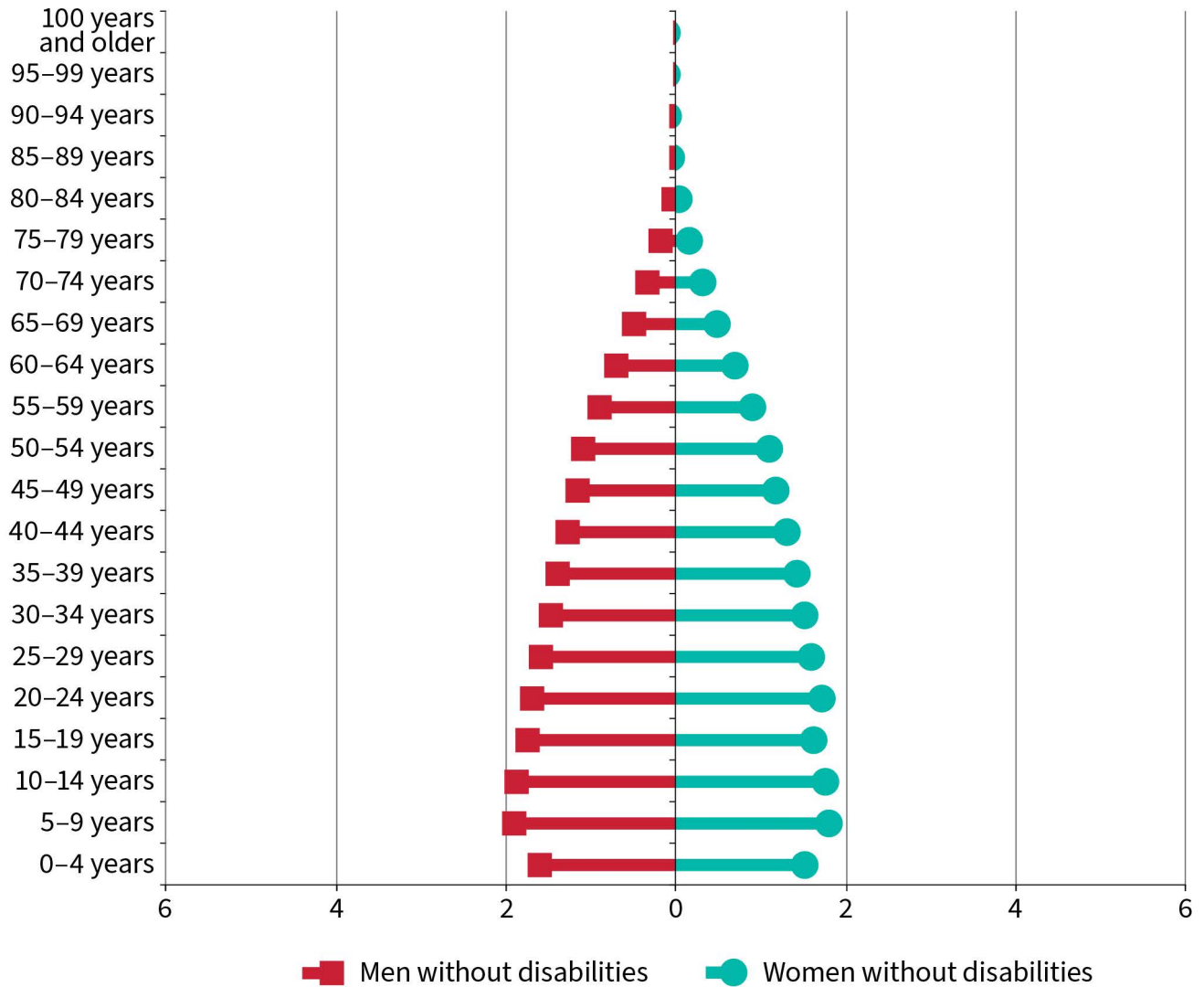
D. Mexico, 2020





E. Panama, 2023





Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata from the respective countries processed with REDATAM.

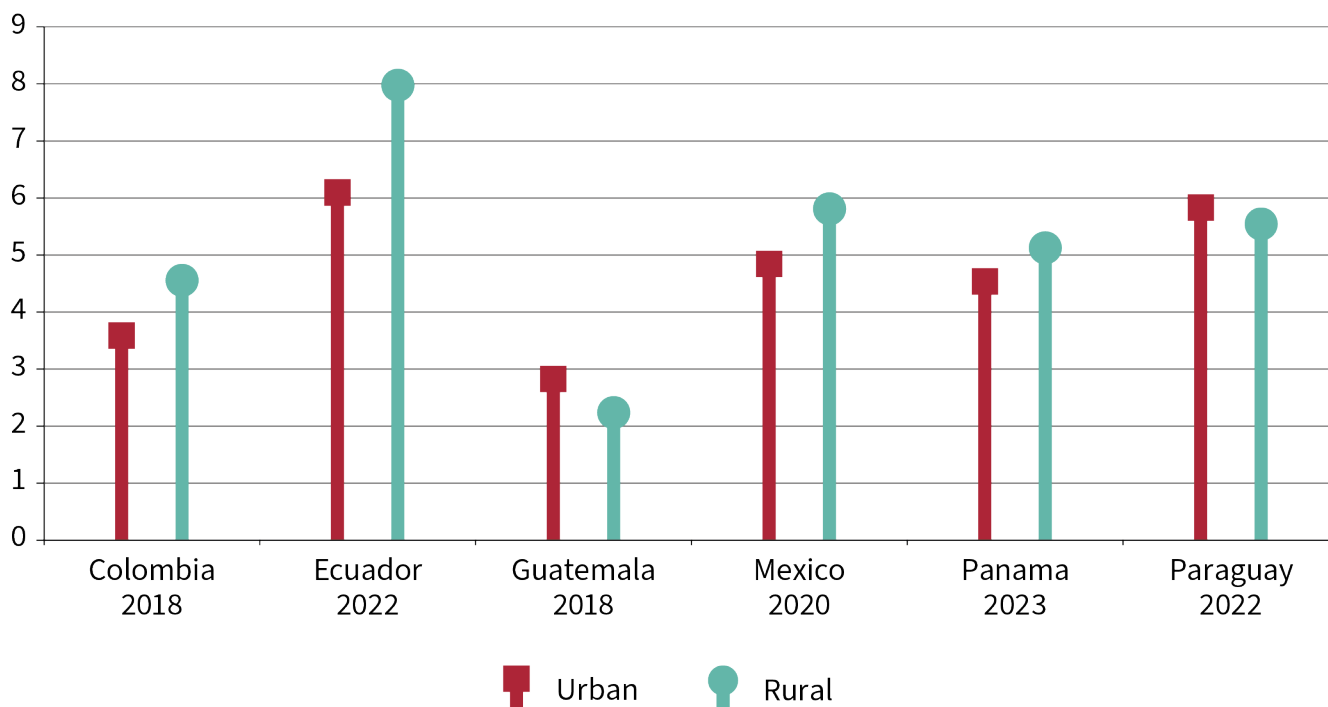
B. Territorial distribution of persons with disabilities and access to services in rural and urban areas

Information from six countries that have conducted censuses in recent years (Colombia, Ecuador, Guatemala, Mexico, Panama and Paraguay) shows that the proportion of persons with disabilities in urban and rural areas varies from country to country. In Guatemala and Paraguay, the proportion is slightly higher in urban areas than in rural areas, while in Colombia, Ecuador, Mexico and Panama, the proportion is higher in rural areas (refer to figure III.3).

Figure III.3

Latin America (6 countries): persons with disabilities as a proportion of urban and rural populations, 2020 census round

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata from the respective countries processed with REDATAM.

The socioeconomic divides between urban and rural areas have been documented for several decades ([ECLAC, 2012](#)). Persons with disabilities who live in rural areas, especially in those furthest away from major cities, have greater difficulty in gaining access to basic services, healthcare and education, as well as ICT ([ECLAC, 2021b](#), [2024](#)), which limits their full and equal participation in society.

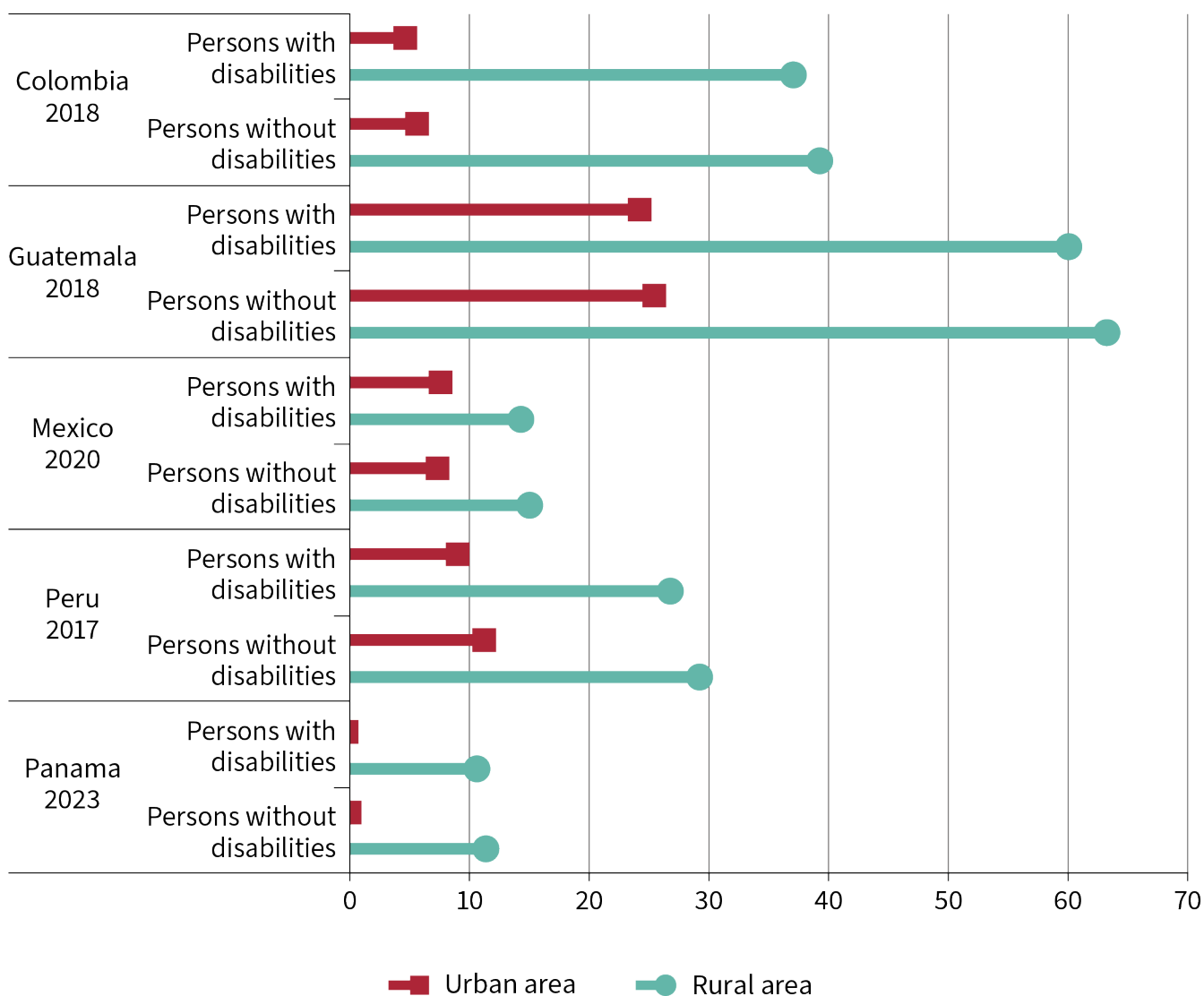
Figure III.4 shows the differences in access to basic drinking water and sanitation services by area of residence (rural or urban) in five Latin American countries.

Figure III.4

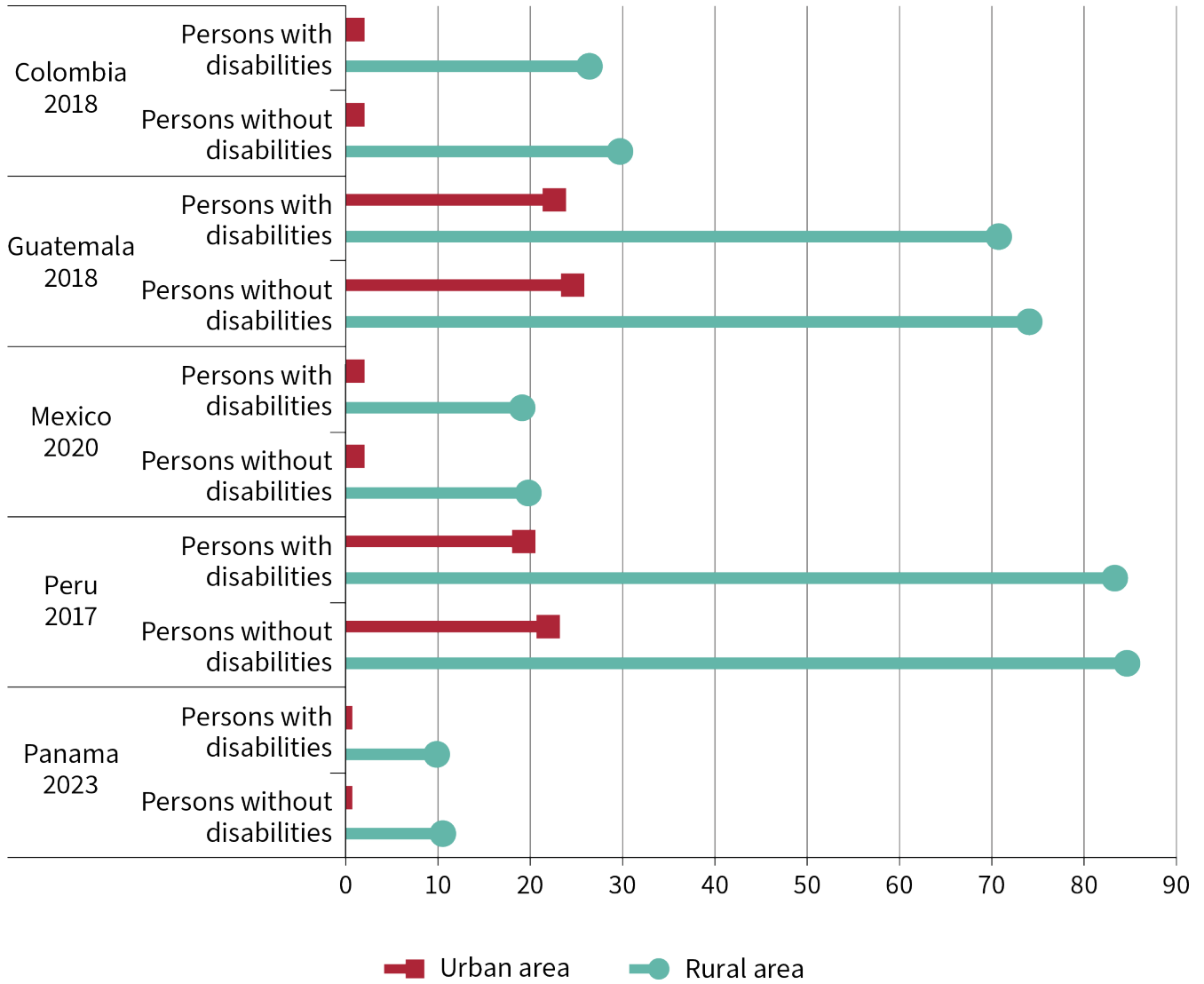
Latin America (5 countries): proportion of the population without in-home access to safe drinking water and sanitation, by disability status and area of residence, 2020 census round

(Percentages)

A. Population without access to drinking water



B. Population without access to sanitation



Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata from the respective countries processed with REDATAM.

The urban population also has greater access to health services and education than the rural population. The cities of Latin America and the Caribbean are very segregated, however, which exacerbates social and economic inequality and limits access to opportunities and services ([ECLAC, 2012](#)). Persons with disabilities therefore still face barriers in access to basic health services (in particular sexual and reproductive health services) and education in urban areas, especially if they belong to lower socioeconomic strata.

Similarly, the extent to which collective and public transport is accessible to persons with disabilities varies greatly across the region. In rural areas, persons with disabilities face many difficulties owing to a lack of adaptations within transport systems, insufficiently frequent services and the inaccessibility of mass transit stations. Depending on the quality of planning and availability, these barriers to access and use are also present in many urban transport systems. Thus, in each country, local conditions and existing urban planning can perpetuate or widen divides between persons with disabilities—who face impediments to the full enjoyment of their rights—and the rest of the population ([Vega, 2023](#)).

There are also significant gaps in ICT access and use favouring urban areas over rural areas ([ECLAC, 2024](#)). It is very important for persons with disabilities to have access to ICT and the ability to use it, as this facilitates their access to the assistance and reasonable accommodations (i.e. appropriate and necessary measures, adaptations, support, resources or modifications, based on their specific needs) that they require in order to use such technology.

According to census data, the ICT access and use gaps between persons with and without disabilities in the region are wider in rural areas compared to urban areas. Persons with disabilities may also face specific barriers to using ICT according to the nature of their disability. The challenge, therefore, is not only to reduce these divides but also to create inclusive applications that can be used by persons with disabilities of all types (ECLAC, [2022](#), [2024](#)).

Similarly, the fact that a lower percentage of persons with disabilities have access to and use ICT at home impedes their ability to work remotely and bypass the physical barriers associated with travelling to a workplace, especially in smaller cities and rural areas ([ECLAC, 2021b](#); [Bietti, 2023](#); [United Nations, 2024](#)).

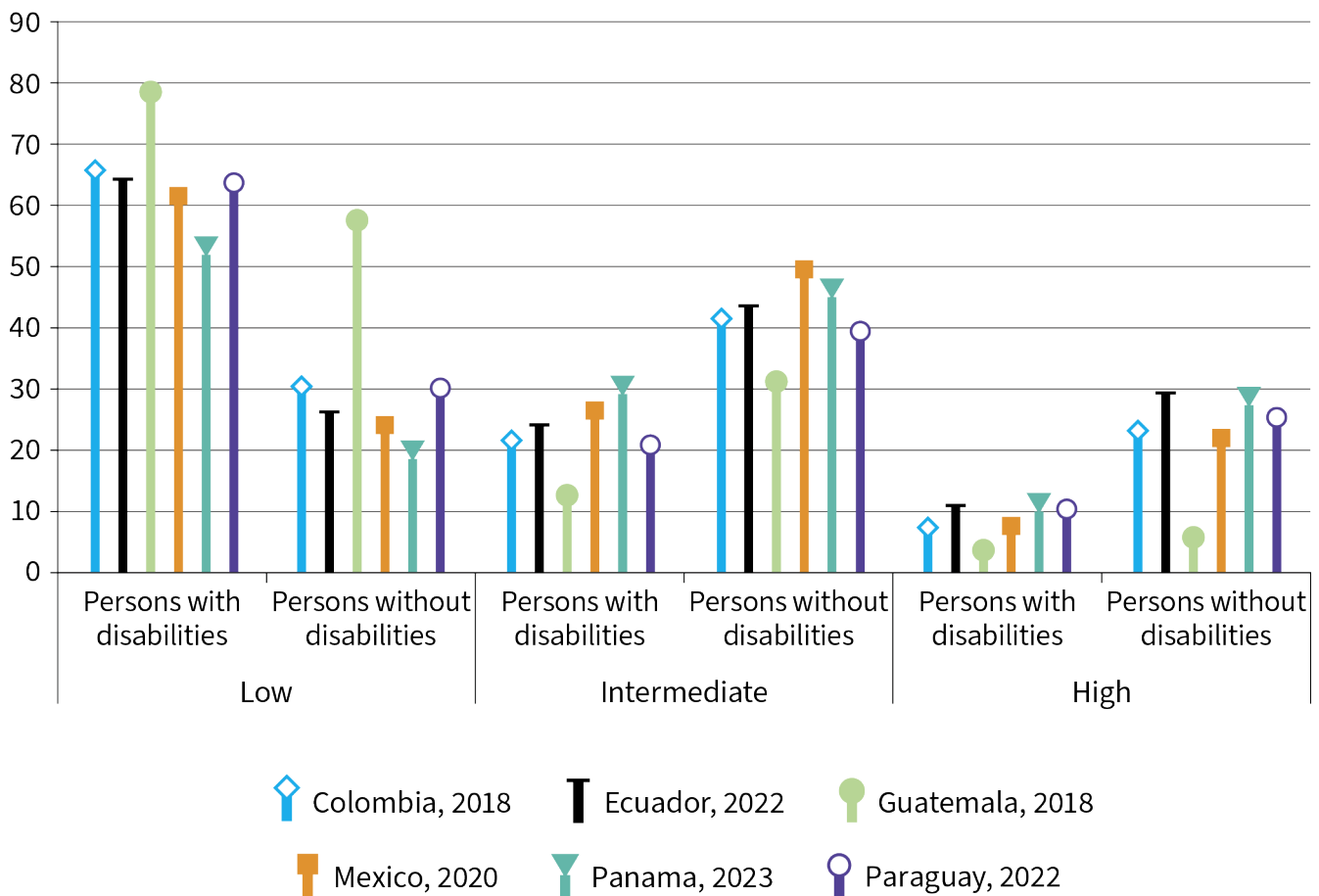
C. Education gaps between persons with and persons without disabilities

According to country data from the 2020 census round, persons with disabilities have less access to formal education than persons without disabilities, and the disparity is particularly acute between rural and urban areas. Persons with disabilities tend to be among those with the lowest levels of education. An analysis of six Latin American countries for which this information is available shows the proportion of persons with disabilities with a low level of education ranging from 55% in Panama to 80% in Guatemala, while the proportion with a high level of education is 13% and 5%, respectively. Persons without disabilities, meanwhile, are more likely to have an intermediate level of education (refer to figure III.5).

Figure III.5

Latin America (6 countries): distribution of the population aged 30–59 years, by education level and disability status, 2020 census round

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata from the respective countries processed with REDATAM.

The high proportion of persons with disabilities who have a low level of education results in higher rates of informal employment and influences the types of job for which they are hired. In cases where persons with disabilities have access to training, it is often not what they really need or want in relation to securing a job. In addition, training courses are often held in inaccessible locations and geared towards jobs with limited prospects that reflect the low expectations of what persons

with disabilities can do. Even when persons with disabilities remain in the education system and study for many years, their chances of joining the open labour market are very low or non-existent and depend on their gender and type of disability ([Bietti, 2023](#); [United Nations, 2024](#)).

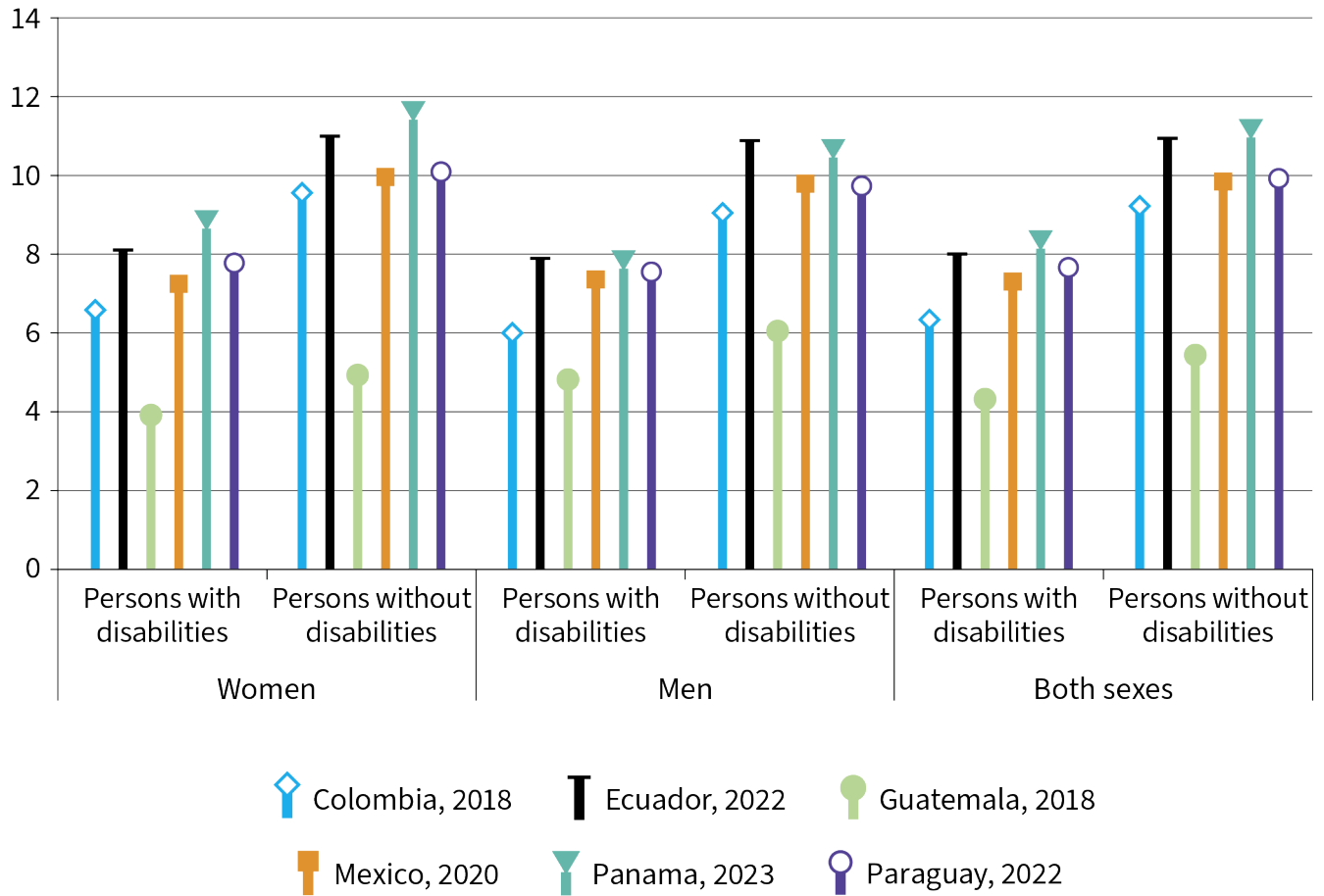
This situation is due largely to the lack of an inclusive education system that embraces universal accessibility in a cross-cutting manner. Obstacles in its absence include the unavailability of adapted curricula and teaching resources and the lack of training to enhance the education community's general knowledge regarding persons with disabilities and, in particular, the various reasonable adaptations and accommodations required to meet their specific needs. It is also important to factor in the intersections between disability, gender, ethnicity, race, age and area of residence, which exacerbate exclusion from the formal labour market, especially in the case of young women in rural areas. Physical, architectural and communication barriers that restrict access to education and training institutions, as well as commuting options, must also be taken into account ([Bietti, 2023](#); [ECLAC, 2021b](#); [United Nations, 2024](#)).

In general, the countries of the region provide universal access to primary and secondary education; nevertheless, barriers to access persist for children and young persons with disabilities. Most countries continue to maintain special schools or special education institutions for children who have been identified as having “special educational needs”, in the absence of universally accessible inclusive education. Higher education presents additional barriers to access for persons with disabilities. Even though some universities or technical training institutions have enrolment quotas for persons with disabilities, which may expedite their access, the dropout rate is high owing to the physical, communication and attitude-related barriers that students with disabilities face in the course of their education.

As shown in figure III.6, on average, persons with disabilities have between two and three fewer years of schooling than persons without disabilities. In Colombia, for example, persons with disabilities have an average of three fewer years of schooling than persons without disabilities, while in Guatemala the difference is only one year. The gender gap for this indicator is not particularly wide in the countries for which data are available, but the territorial gap is wider—with individuals receiving fewer years of schooling in rural areas than in urban areas—and even more pronounced for persons with disabilities ([González and Stang, 2014](#)).

Figure III.6

Latin America (6 countries): average number of years of schooling completed by the population aged 30–59 years, by disability status and sex, 2020 census round (Years)



Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata from the respective countries processed with REDATAM.

D. Exclusion of persons with disabilities from the labour market

The rate of labour participation is lower for persons with disabilities than persons without disabilities. In its report *Disability and Development Report 2024: Accelerating the Realization of the Sustainable Development Goals by, for and with Persons with Disabilities*, the [United Nations \(2024\)](#) indicates that, worldwide, only 27% of persons with disabilities are employed, compared with 56% of persons without disabilities, while the unemployment rate for persons with disabilities is 10%, compared with 8% for persons without disabilities.

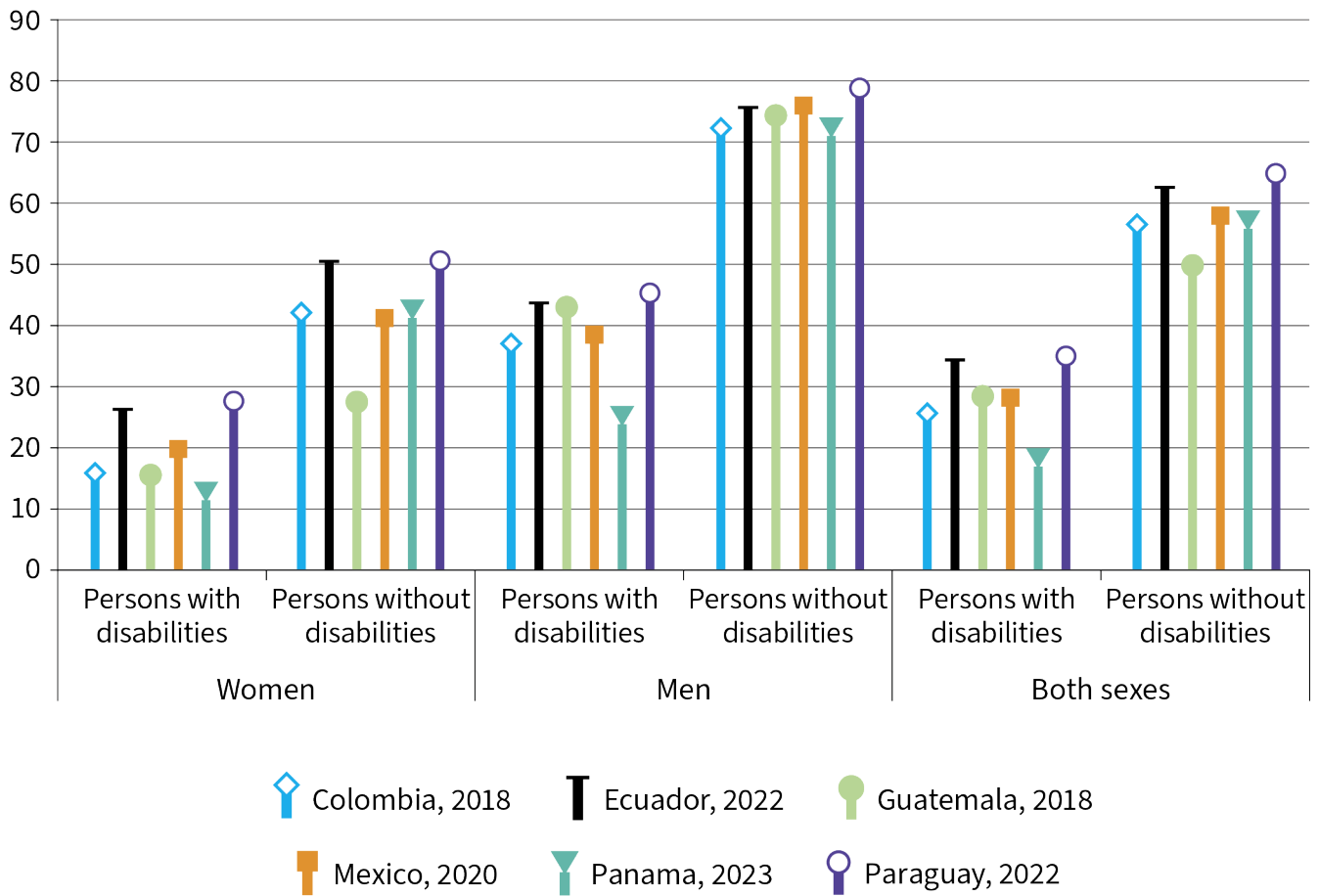
The inclusion of persons with disabilities in the labour market is essential to advancing the recognition of equal opportunities and rights, but the outlook in the region is dispiriting, as both the share of persons with disabilities in the economically active population and their employment rate are much lower than the figures for persons without disabilities ([Bietti, 2023](#)).

In Latin America, according to recent census data from six countries, less than 40% of persons with disabilities are in the labour force. Panama has the lowest percentage, at 20%, as compared with about 60% for persons without disabilities (refer to figure III.7). These differences are more pronounced for women with disabilities—among whom the economically active population falls short of 30% in each of the six countries—and even more so for rural women with disabilities.

Figure III.7

Latin America (6 countries): economically active population (aged 15 years and older), by disability status and sex, 2020 census round

(Percentages of the population aged 15 years and older)



Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata from the respective countries processed with REDATAM.

The lower participation rates in the economically active population among women in general and women with disabilities in particular are attributable to prevailing gender stereotypes and the sexual division of labour, as a result of which women and girls shoulder most care and support work, as well as unpaid domestic work, often at the expense of their own rights and

well-being. Worldwide, more than three quarters of unpaid care and support work is performed by women and girls. Women and girls with disabilities also provide care and support, but their contribution continues to be disregarded and devalued owing to stigma and ableist attitudes ([United Nations, 2025b](#)).³

E. Intersection of disability and gender gaps in the labour market

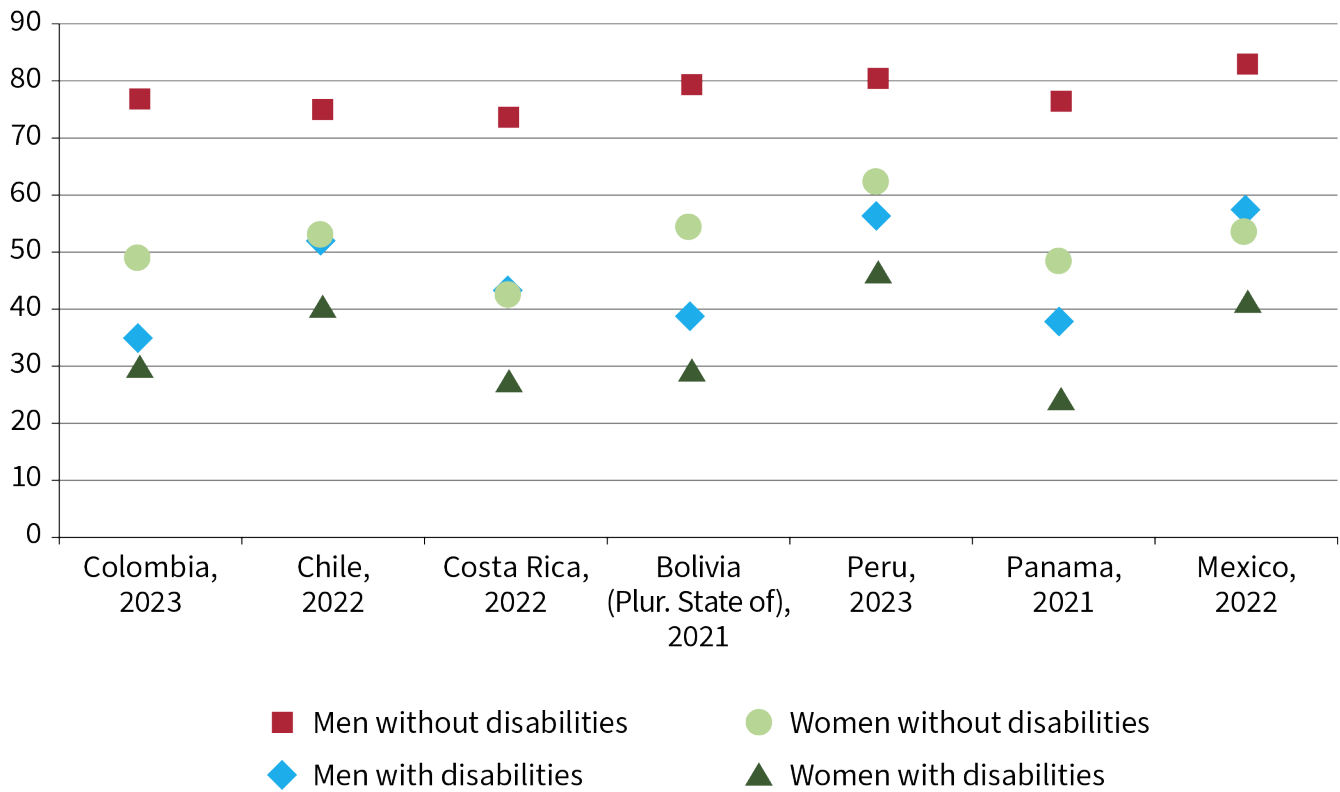
Significant gender inequality is apparent in the employment rates of persons with and persons without disabilities. The gap between the employment rate for men without disabilities and that for women with disabilities is about 50 percentage points in the Plurinational State of Bolivia and Panama, while in Chile and Peru it is slightly narrower. Gender inequality is so profound that the employment rate for men with disabilities is very close to that for women without disabilities, particularly in Chile, Costa Rica and Mexico (refer to figure III.8).

³ According to the [Office of the United Nations High Commissioner for Human Rights \(2019, para. 15\)](#), “‘ableism’ is commonly described as the belief system that underlies the negative attitudes, stereotypes and stigma that devalue persons with disabilities on the basis on their actual or perceived impairments. Ableism considers persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, and of less inherent value than others”.

Figure III.8

Latin America (7 countries): employment rate for the population aged 15–59 years, by disability status and sex, around 2022

(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of the Household Survey Data Bank (BADEHOG).

According to the [United Nations \(2024\)](#), in all regions, women with disabilities are less likely to be employed than both men with disabilities and men and women without disabilities; the same is true in the countries of Latin America and the Caribbean for which such data are available.

In her report, the Special Rapporteur on the rights of persons with disabilities indicates that:

... the compounded discrimination based on gender and disability significantly restricts economic independence and stability for women with disabilities. They are more likely to live in poverty, face wage gaps and encounter barriers to employment compared with both men with disabilities and women without disabilities. They also face a lack of reasonable accommodations at the workplace and are often excluded based on deeply rooted stigmas regarding their capacity and value in society ([United Nations, 2025b](#), para. 67).

Persons with disabilities who are employed typically work in either informal jobs, in particular women and older persons with disabilities, or in a primarily self-employed capacity. Persons with disabilities who have formal jobs are generally employees (as opposed to employers) and represent a small proportion of the total number of persons with disabilities who are employed. Moreover, [Bietti \(2023\)](#) points out a disincentive to labour formality, whereby the eligibility requirements for social entitlements in some countries of the region may deter potential recipients from formal employment.⁴ However, some authors argue that cash transfers, including disability allowances, rarely diminish the incentive to seek employment.

Relative to the rest of the population, persons with disabilities are less likely to remain in the labour market once there and experience higher unemployment rates, in addition to the gender-based differences that persist ([Bietti, 2023](#); [ECLAC, 2021b](#); [United Nations, 2024](#)). What is more, wages are generally lower for workers with disabilities, which in some cases is attributable to their having a shorter workday, as established at the time of hiring, but in others is unjustified.

⁴ [Ullmann et al. \(2021\)](#), p. 71) show that, in Argentina, the exit criteria for the non-contributory disability allowance can “create perverse incentives that discourage adults with disabilities from seeking work: not only do they lose their allowance once they get a job, but the process for reapplying and being granted the allowance is lengthy, which in turn impacts the integration of persons with a disability into society and the guarantee of their rights “.

F. Higher levels of poverty and inequality in households of persons with disabilities

Census information and household survey data can be used to conduct an analysis not only of individuals with disabilities but also of their households and families, since these units inform their family relationships and their interaction with society ([ECLAC, 2021b](#)). In all countries, the percentage of households with at least one person with disabilities far exceeds the percentage of persons with disabilities in the population ([ECLAC, 2022](#)). According to census data from the 2020 round, 25% of households in Peru have one or more members with some type of disability, and around 15% of households in Guatemala and Mexico and 10% in Colombia include a person with disabilities ([ECLAC, 2021b](#)). However, it is noteworthy that about 10% of persons with disabilities live in single-person households ([ECLAC, 2021b](#)).

An analysis focused on households and families makes it possible to understand the different situations, in terms of assistance, support and care, in households where one or more of members has some form of disability, since these situations depend on household and family characteristics ([ECLAC, 2021b](#)).

Care, support and assistance for the autonomy of persons with disabilities are generally provided by other members of the household, primarily women, such as mothers, daughters or partners.

In general, households that include persons with disabilities face higher levels of poverty and inequality, given that, in addition to the basic expenses of all households, they also incur high health-related and other expenses, such as therapies, rehabilitation services, support and care, mobility and accessibility, assistive devices and housing modifications to facilitate mobility

([Bietti, 2023](#)), which deplete household income. Considering the low rate of labour participation and the higher level of informal employment among this population group, and the consequent likelihood that the persons with disabilities in these households have a low income and low or no social benefits, the resulting situation of multidimensional deprivation affects the quality of life of all members of the household.

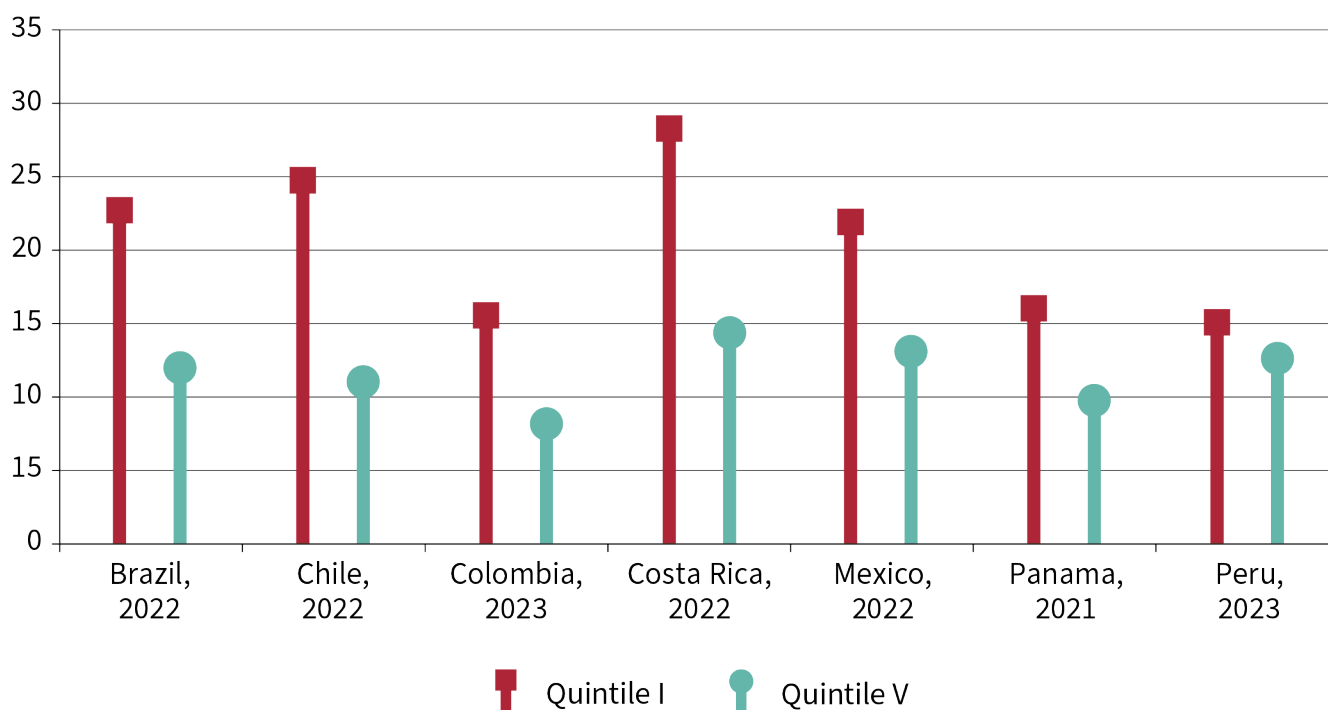
In addition, the low rate of labour participation and the prevalence of informal employment among persons with disabilities make it difficult or impossible for them to earn a stable and decent income; and a considerable proportion of them do not have access to unemployment insurance or maternity or sick leave ([Bietti, 2023](#)).

An analysis of the population residing in households in which there is at least one person with disabilities shows that a large proportion of such households are in the lower income quintiles. Figure III.9 shows that 15%–30% of the population in the poorest quintile (quintile I) lives in households with at least one person with disabilities, while in the highest income quintile (quintile V), that figure is less than 15%.

Figure III.9

Latin America (7 countries): population living in households with at least one person with disabilities, by income quintile, around 2022

(Percentages of the total population in each quintile)



Source: Economic Commission for Latin America and the Caribbean, on the basis of the Household Survey Data Bank (BADEHOG).

G. Conclusions

At the fifth session of the Regional Conference on Population and Development in Latin America and the Caribbean (held in 2024), countries of the region submitted voluntary national reports on progress made in the implementation of the Montevideo Consensus on Population and Development. Of those reports, the 13 that contained information on disability mentioned 23 laws, plans, programmes and funds for the inclusion, accessibility and well-being of persons with disabilities, which reflect

intensifying efforts to introduce the adaptations and accommodations required to protect the principle of non-discrimination on the basis of disability.

Notwithstanding these positive developments, persons with disabilities are still falling behind and continue to face barriers and structural discrimination, as demonstrated by the gaps between persons with and without disabilities in different areas described in the present chapter.

Population ageing will present a particular challenge to the countries of the region, as older persons —especially those aged 80 years and older— experience higher levels of dependency and disability and will require long-term assistance and care, among other things.

The inequalities experienced by persons with disabilities are compounded by territorial inequalities, generating even greater barriers to access to basic services, including health and education services, which prevent them from participating fully in society.

Similarly, until universally accessible inclusive education exists at all levels, the education gaps between persons with and without disabilities will persist. This also leads to low employment rates among persons with disabilities, in particular women, restricting their economic independence and stability and increasing the likelihood that they will face poverty, lower wages and barriers to access to employment. Labour market inclusion for persons with disabilities is therefore a matter of urgency for furthering the realization of their rights and equality of opportunity for all.

Chapter IV

Conclusions

Throughout this document, the importance of highlighting, implementing and disseminating the social and rights-based approach to disability in the region has been emphasized, with a view to ensuring that public policy action concerning persons with disabilities promote the full and equal enjoyment of all their rights, in keeping with the Convention on the Rights of Persons with Disabilities, the 2030 Agenda for Sustainable Development, the Programme of Action of the International Conference on Population and Development and the Montevideo Consensus on Population and Development. The adoption of this approach is a sine qua non condition for enabling persons with disabilities to participate in all aspects of social life and thus for fostering a more just and inclusive society. This approach should be reflected in regulatory and legal frameworks, in the institutional design of social protection systems and in public policies with the corresponding budget allocations.

Persons with disabilities face discrimination, stigma and violence, as well as health, educational, labour, economic, physical, institutional and legal barriers, among others. These barriers stem from ignorance of persons with disabilities, their rights, their living conditions and the factors that perpetuate their exclusion. Recognizing these barriers, which hinder their full and effective participation in society on an equal basis with others, is essential for advancing towards a more equitable and just society, in which persons with disabilities are fully included.

Persons with disabilities represent a significant segment of the population, accounting for approximately 6.5% of the region's inhabitants, according to population census data. The most recent census figures show that the proportion of persons with disabilities varies widely from country to country, ranging from 2.8% in Guatemala in 2018 to 11% in Chile in 2024.

This age structure persons with disabilities tends to be older than that of the population without disabilities, since the proportion of persons with disabilities is higher in the middle and upper age brackets. This poses major public policy challenges, as higher levels of dependency among

this population group translate into a greater need for support, assistance and long-term care. In addition, disability is more prevalent among women, and even more so among older women. This highlights the urgent need for the inclusion of disability-related care and services in national care systems, with an intersectional approach, bearing in mind the disproportionate responsibility traditionally placed on women as unpaid caregivers.

With regard to sources of statistical information, population and housing censuses and household surveys are the primary sources of data for measuring disability. The information provided by these instruments is an essential input for the design and implementation of policies and programmes that incorporate the social and rights-based approach to disability. In Latin America and the Caribbean, the most significant progress in applying this approach to disability measurement has been achieved in population and housing censuses through the use of the short set of questions on functioning of the Washington Group on Disability Statistics. In household surveys, the adoption of international recommendations on the measurement of disability has been more recent and nuanced.

Given their universal nature, censuses provide a detailed overview of the population with disabilities, ensuring that information is available with many disaggregation options, while establishing benchmarks for the design of policies and programmes using the social and rights-based approach. Although census questionnaires show that considerable progress has been made in adopting this approach, several countries of the region continue to face challenges in harmonizing methodologies and fully implementing international recommendations.

Beyond the limitations of the short set of questions on disability (see chapter II), it is important to note that the Washington Group's expanded set of questions was designed for other measurement instruments. The short set used in censuses and household surveys facilitates data on access to education, employment, and information and communications technologies for persons with

disabilities, among other areas. Meanwhile, data disaggregated by age, gender, education level, socioeconomic status, race, ethnicity and territory shed light on whether persons with disabilities have been able to participate in various areas of life to the same degree as those without disabilities. Using the short set of questions also facilitates comparability, both across countries and over time, which is essential for public policy impact assessments. In the case of household surveys, it is also possible to analyse the nexus between poverty, social exclusion and disability and to include questions on access to health services, social protection coverage and the existence of support networks for persons with disabilities.

Statistical harmonization is essential for planning and monitoring public policies on inclusion. Administrative records on education, health, justice and other subjects must also be consolidated to improve the information on persons with disabilities. The availability of robust and comparable data strengthens accountability and follow-up in the implementation of international commitments, such as the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals of the 2030 Agenda.

The participation of organizations of persons with disabilities in the preparatory phases of statistical operations is also essential for collecting inclusive information that aligns with their needs.

In its Disability and Development Report 2024, the [United Nations \(2024\)](#) recommends, among other actions, integrating and harmonizing the collection of disability data in national information systems; using internationally comparable methods to collect data on persons with disabilities; establishing and maintaining standardized data collections; building statistical capacity in developing countries; and involving persons with disabilities and their representative organizations in data production and analysis.

The efforts already made by the countries of the region are significant. At the same time, they must renew their commitment to continue strengthening the collection and systemization of data on persons with disabilities in national statistical systems.

In Latin America and the Caribbean, household survey data show that households with at least one person with a disability are concentrated in the lowest-income quintiles. In light of the wide gaps between persons with and without disabilities, the recommendations in [United Nations \(2024\)](#) include mainstreaming disability inclusion in national poverty reduction strategies, programmes and actions; ensuring accessibility across the social protection delivery chain; and meaningfully involving persons with disabilities and their representative organizations in the design and implementation of national poverty reduction strategies and social protection policies.

Territorial inequalities in the region intersect with those faced by persons with disabilities, compounding the barriers to access to basic, health and education services and hindering the full participation of this population group in society.

With regard to health services, although access is better in urban areas, persons with disabilities continue to face barriers in accessing care centres and the services they provide, including sexual and reproductive health services. The recommendations in [United Nations \(2024\)](#) include ensuring the provision of integrated health services close to where persons with disabilities live; ensuring that health emergency management includes and protects persons with disabilities; and ensuring the meaningful participation of persons with disabilities, their families and representative organizations in decision-making about their health. Furthermore, in the area of sexual and reproductive health and reproductive rights, the recommendations underscore the need to develop laws and policies that guarantee access for persons with disabilities and to make the services safe and affordable and the care facilities, communication and information accessible.

Census data show that persons with disabilities in the region tend to have the lowest educational attainment and that on average, they have between two and three fewer years of schooling than persons without disabilities. Their access to formal education is lower than that of persons without disabilities, as registered in the countries with more recent census data, and these gaps are particularly wide between urban and rural areas. Taking into account the barriers faced by children, adolescents and young people with disabilities in accessing education, the recommendations in [United Nations \(2024\)](#) include establishing inclusive education for persons with disabilities in legislation and policies; expanding disability inclusion across all levels of education, adopting education practices that ensure that all learners have equal opportunities to realize their full potential; implementing universal design principles and accessibility in schools and other learning environments; and developing teacher capacities in inclusive education and building a diverse workforce in schools that includes teachers with disabilities.

In the region, there are also gaps in access to and use of information and communications technology (ICT) between persons with and without disabilities, which are wider between urban and rural areas. In this regard, the recommendations in [United Nations \(2024\)](#) include making disability inclusion a core feature of digital development investments and programmes, promoting digital skills training for persons with disabilities, and involving persons with disabilities and their representative organizations in the development of ICTs. This digital divide, together with the educational divide, result in low employment rates and higher levels of labour informality among persons with disabilities, which particularly affect women, limiting their autonomy and financial stability and increasing their likelihood of living in poverty.

Labour market inclusion for persons with disabilities is essential for equal opportunities and rights. However, low levels of educational attainment affect their job opportunities and the type of position they are able to obtain. Recent census data from some countries of the region show that fewer than 40% of persons with disabilities are part of the economically active population, compared with approximately 60% of persons without disabilities.

The scourge of violence and discrimination against persons with disabilities is a critical issue in the region, particularly affecting women and girls with disabilities. In this regard, the recommendations in [United Nations \(2024\)](#) include establishing mechanisms to report violence that are accessible for persons with disabilities; raising awareness and providing training on combating violence against persons with disabilities; developing mechanisms for reporting and addressing discrimination; reviewing national laws and policies to identify and abolish discriminatory provisions therein; adopting legislation that protects persons with disabilities against discrimination on the basis of disability in all matters of employment; and combating negative stereotypes against persons with disabilities. The recommendations also highlight the importance of justice systems that are fully accessible and inclusive for persons with disabilities.

With regard to gender equality policies, the recommendations in [United Nations \(2024\)](#) include building the capacity of non-governmental organizations to promote the equality and empowerment of women with disabilities; putting in place mechanisms to eliminate violence against them and ensuring that women and girls with disabilities who are victims of violence have access to gender- and disability-responsive services and support. The recommendations also include adopting cross-sectoral laws and policies to facilitate access to comprehensive care and support systems for persons with disabilities and investing in developing or scaling up community support and care systems, services and networks.

The region has made major strides in establishing and consolidating spaces for dialogue and regional coordination, including the establishment, in 2024, of the open-ended group of friends of the Chair on the rights of persons with disabilities and the population and development agenda in the framework of the Regional Conference on Population and Development in Latin America and the Caribbean (the Cartagena group), a step forward in recognizing the importance of matters linked with the inclusion of persons with disabilities and their rights in the area of population and

development. The group's first meeting was held in virtual format on 30 April 2025¹ and a technical meeting was held on 25 June 2025,² at which a document was presented on sources of data on persons with disabilities in Latin America from a social and rights-based perspective ([García, 2025](#)).

Latin America and the Caribbean has also made progress on the regulatory front. However, as noted in this document, considerable gaps persist between the living conditions of persons with and without disabilities. The need therefore remains to intensify efforts, actions and resources to reduce and eliminate these gaps. Organizations of represent persons with disabilities, which have long and consistently advocated for the full recognition of their rights and the centrality thereof in the region's population and development agenda, will continue to play a vital role in that process. These organizations are key stakeholders in guiding the design and implementation of inclusive policies, assessing their impact and ensuring the participation of persons with disabilities.

It is therefore essential to continue working to ensure that disability is addressed under the social and rights-based approach, moving beyond the individual model and understanding disability as the result of an interaction between individuals' attributes and the social, cultural and physical barriers to their full and effective participation in society.

Framing disability as a matter of inclusion and rights will help to advance the design of public policies that ensure the autonomy, equality and active participation of persons with disabilities, in keeping with their motto: "Nothing about us without us".

¹ For more information, see [ECLAC website](#).

² For more information, see [ECLAC website](#).

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In the past four decades, the Convention on the Rights of Persons with Disabilities has fundamentally changed the way disability is understood. Traditional conceptions focused on individual deficiency have been replaced by a social and rights-based approach that holds the State and society responsible for eliminating the structural barriers —physical, social and cultural— that limit the participation of persons with disabilities in community life.

A central aspect of this process is the availability of robust and comparable statistical information, which increases the visibility of persons with disability. Generating data to that end is not only a technical challenge but also a political imperative, as statistical visibility is indispensable to the promotion of the fundamental rights of this population group.

Latin America and the Caribbean has made progress in the inclusion of disability in the public agenda, but marked inequalities persist between persons with disabilities and persons without disabilities. It is therefore critical to approach disability from the perspective of rights and inclusion to ensure that persons with disabilities have their voices heard and can fully exercise their rights, in pursuit of more just and inclusive societies.

