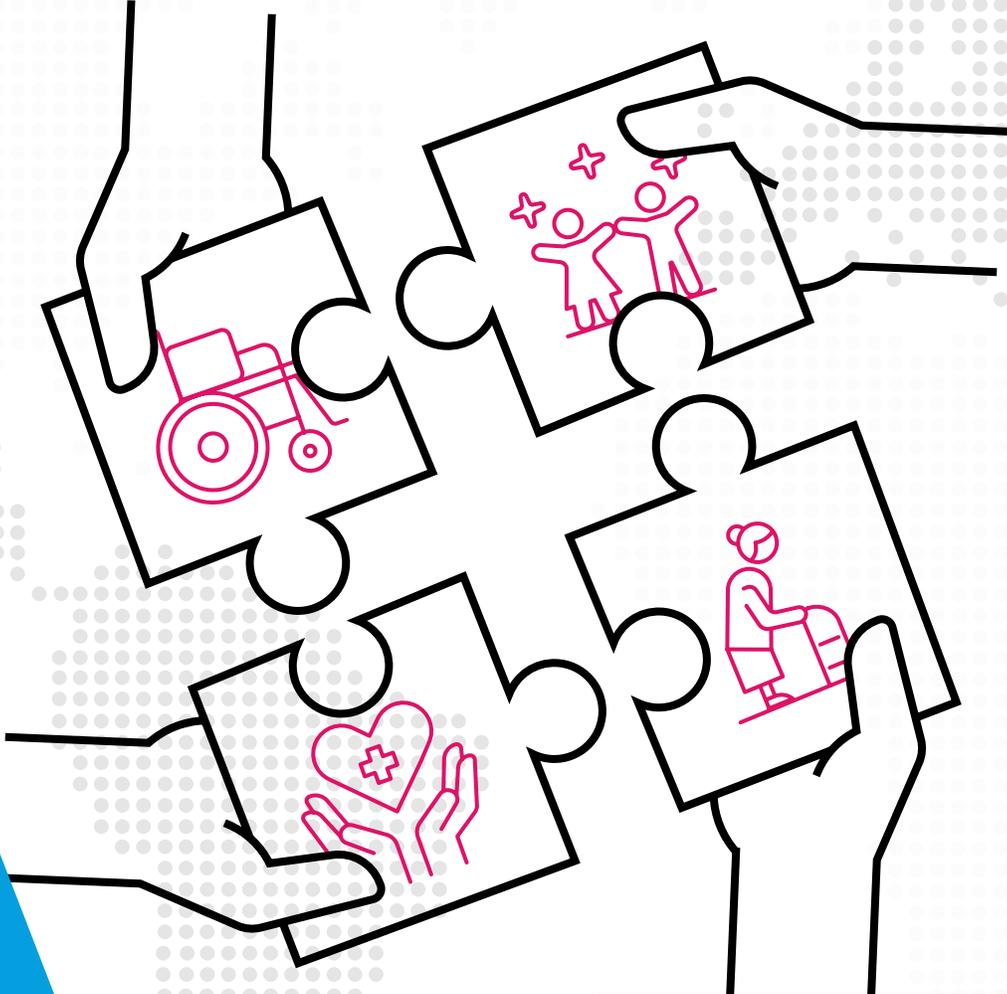


Towards people-centered Comprehensive Care Systems and Policies: Dialogues between Latin America, the Caribbean, and the European Union



TOWARDS PEOPLE-CENTERED COMPREHENSIVE CARE SYSTEMS AND POLICIES: DIALOGUES BETWEEN LATIN AMERICA, THE CARIBBEAN, AND THE EUROPEAN UNION

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This document presents the results of the interregional dialogues carried out jointly by the EU-LAC Foundation, the UN Women Regional Office for the Americas and the Caribbean, the Economic Commission for Latin America and the Caribbean (ECLAC), the National Institute for Women of Mexico, and the Global Alliance for Care.

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Executive summary

In recent years, feminist, and civil society movements, especially representatives of care workers and caregivers, have pushed for the recognition of care on the international public agenda.

To promote the care agenda, the EU-LAC Foundation, through the EU-LAC International Women's Network, in close collaboration with UN Women for the Americas and the Caribbean, the Economic Commission for Latin America and the Caribbean (ECLAC), the Global Alliance for Care and the National Institute for Women of Mexico (INMUJERES) conducted a series of five interregional dialogues on Comprehensive Care Systems. The cycle of dialogues, held between November 2022 and September 2023, sought to place the priority populations that receive and provide care at the center.

This document presents the main conclusions derived from this cycle of dialogues due to the exchange of experiences between experts from Latin America, the Caribbean, and Europe. The first chapter offers a conceptual framework on Comprehensive Care Systems, defining the principles, components, priority populations, and recognizing the diverse realities of how care is received and provided. The second chapter presents the main advances and commitments made in Latin America and the Caribbean (LAC), and the European Union (EU) countries in care. In the bi-regional agenda, the governments of the EU and LAC have committed to moving towards societies that recognize care as an indispensable social function for the sustainability of life via the Buenos Aires Commitment, adopted in November 2022 within the framework of the XV Regional Conference on Women in Latin America and the Caribbean, and the European Care Strategy for Carers and Care Receivers, presented in September 2022 by the European Commission.

A third chapter presents the advances, challenges, successful initiatives, and lessons learned to put the persons who receive and provide care at the center of Comprehensive Care Systems. The main findings are summarised as follows:

- **Persons with disabilities:** the traditional view of care has placed persons with disabilities as subjects of dependent care, resulting in care policies that violate their autonomy and self-determination over the system of support and care they require and violate their right to an independent life. The field of motherhood is one of the most vulnerable as a result of the infantilization experienced by persons with disabilities.

We also found that discrimination and violence multiply when other categories, such as ethnicity and belonging to an indigenous community, intersect.

- **Older persons with care needs:** during the dialogues, it was recognized that the increase in life expectancy, added to the low birth rate, will produce an increase in the number of older persons, which has direct implications for care systems. The aging process affects women differently, who tend to age in worse conditions and require long-term care at a higher rate than their male counterparts. In addition, older women continue with the role of caregivers they have exercised throughout their lives without recognition or redistribution. The care crisis deepens the pressure on women, aggravated in rural areas.
- **Child care:** for children, we found that providing formal quality care services can positively impact family income, child development and well-being, and the reduction of gender gaps. However, despite efforts to increase formalization and accessibility to childcare services, families experience challenges such as high costs. When childcare services are limited, it falls disproportionately on families and especially on women. In addition to the gender dimension, there are factors such as coming from disadvantaged backgrounds or having disabilities.
- **Paid and unpaid care workers:** it was revealed that the high percentage of informality in this sector, low wages, part-time contracts, and grueling working hours, among other factors, lead to high turnover rates and staff shortages in the care work sector. It is primarily migrant women who make up for the lack of staff at the national level. Still, they experience even more precarious working conditions and the persistence of unjust migration policies that expose them to a situation of greater vulnerability. Regarding unpaid care work, carers have difficulty reconciling care with professional life and experience burnout, physical and mental weakness, and a possible reduction in their income. In addition, there is still an information gap in measuring and recognizing the contribution of unpaid care to economic growth estimates.

During the dialogues, good practices in the care field were highlighted that should be assessed and, if necessary, replicated in the countries of both regions to promote a transformation towards a care society. It has been possible to identify initiatives to promote social and gender co-responsibility in care, such as the split parenting workshops in Mexico and the care and education centers in Uruguay. Other initiatives highlighted during the dialogues are policies in Ireland and countries in Latin America for the formalization of care work, including access to social security for domestic workers, and other measures in

Argentina, Portugal, and Chile to recognize and reward unpaid care work. A cross-cutting element of all these chapters is that the demands, needs, and solutions were presented by representatives of the populations that receive and provide care.

The document ends with a chapter with recommendations taken from the dialogues with elements to put each of the priority populations at the center of Comprehensive Care Systems and some reflections by way of conclusion, calling for the promotion of a bi-regional pact for care between LAC and the EU at a time when strategic relations between the two regions are being renewed.

Introduction

Introduction

Social, demographic, economic, and labor changes have generated a care deficit. Among other factors, aging processes, changes in the composition of families, and the incorporation of women into the labor market have led to a care crisis that deserves to be addressed by the government sector and other sectors co-responsible for care, such as the private sector, communities, and trade unions, involving men and boys in these tasks as well.

To this end, it is important to take steps towards a new social organization of care that incorporates care as a fundamental pillar of well-being and as an engine of socioeconomic recovery to successfully address the reduction of social and gender inequalities and overcome poverty.

The COVID-19 pandemic has deepened the unbalanced distribution of care responsibilities, which continues to fall on households and mainly on women, in an unpaid and precarious manner. The impacts of COVID-19 have highlighted the importance that paid and unpaid care work have for the sustainability of life, the functioning of our economic system and our societies. That is why a change is needed in the current development model that does not value essential activities for sustaining life, that reproduces gender, socio-economic, ethnic, and territorial inequalities, and that produces socio-environmental havoc¹.

The countries of both regions have set out to move towards a new model that puts care for persons and the planet at the center, seeking a transformative, sustainable, and equal recovery². This proposal implies guaranteeing the rights of both persons who require and provide care, as well as the right to self-care. At the same time, it seeks to combat the precariousness of jobs in the care economy and visibilize its multiplier effects, as well as advance in the formalization and professionalization of this sector. It seeks to recognize the value of care work and those who carry it out, and aims to promote the co-responsibility of this work between the State, the private sector, households, and the community. This proposal represents an opportunity to move towards the construction of Comprehensive

1 Economic Commission for Latin America and the Caribbean (ECLAC) (2022a). The Care Society: Horizon for a Sustainable Recovery with Gender Equality, p. 12. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48363-la-sociedad-cuidado-horizonte-recuperacion-sostenible-igualdad-genero>

2 ECLAC (2022a). The Care Society: Horizon for a Sustainable Recovery with Gender Equality, p. 12. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48363-la-sociedad-cuidado-horizonte-recuperacion-sostenible-igualdad-genero>

Care Systems as a key element of post-pandemic recovery with gender equality and from a comprehensive and systemic approach. This is especially important in an aging population where the demand for care for older people is increasing. To this end, it is necessary to incorporate all populations that require care and generate synergies with economic, labor, health, education, and social protection policies from a gender, human rights, and social co-responsibility approach. It is necessary to promote co-responsibility among all the actors involved to move towards a more just and equitable social organization of care that puts a dignified life at the center.

Given the importance of moving towards care societies, the EU-LAC Foundation, through the EU-LAC Women's International Network, and in close cooperation with the United Nations entity dedicated to gender equality and the empowerment of women (UN Women), the Economic Commission for Latin America and the Caribbean (ECLAC), the Global Alliance for Care (GAC), and the National Institute for Women of Mexico (INMUJERES), committed to develop a cycle of five dialogues³ on the centrality of Comprehensive Care Systems, between November 2022 and September 2023. More than 500 people from Africa, Asia, Latin America and the Caribbean (LAC), North America and the European Union (EU) participated in this cycle of exchanges. This cycle of dialogues focused on the priority populations that comprise Comprehensive Care Systems: persons with disabilities, older persons with care needs, children, and persons who provide paid and unpaid care services. In addition, it aimed to exchange successful experiences and lessons learned for inter-institutional articulation at the national and territorial level between government authorities, academia, the participating public and civil societies of both regions, understanding that coordination between all institutions that implement actions aimed at caring for different populations is key to shaping Comprehensive Care Systems.

This document presents the main conclusions derived from this cycle of dialogues due to the exchange of experiences between experts from Latin America, the Caribbean, and Europe. The challenges, lessons learned, and successful experiences identified are based on the inputs presented by the panelists and attendees throughout the dialogues, not as desk research work. The first chapter seeks to present a conceptual framework and define the key principles and concepts for constructing comprehensive persons-centered care systems. The second chapter includes the main advances and commitments made in LAC countries and the EU. The following chapters present the advances, challenges, good practices, and lessons learned to consider the persons who receive and provide care in the construction of Comprehensive Care Systems: persons with disabilities, older

3 The first dialogue took place within the framework of the agenda of side events during the XV Regional Conference on Women in Latin America and the Caribbean, held in Buenos Aires, Argentina, in November 2022.

people, children, and paid and unpaid care workers. A cross-cutting element of all these chapters is that the demands, needs, and solutions were presented by representatives of the populations that receive and provide care. The main findings are followed by a chapter of recommendations with the main elements for building Comprehensive Care Systems focused on priority populations. The document ends with a concluding chapter of reflections.

1.

**Conceptual
framework:
Comprehensive Care
Systems as a horizon**

1. Conceptual framework: Comprehensive Care Systems as a horizon

What is the definition of care?

Care is an indispensable social function for the sustainability of life that encompasses the “activities that regenerate people’s physical and emotional well-being on a daily and generational basis,” including daily tasks of managing and sustaining life, such as the maintenance of domestic spaces and goods, the education and training of persons, among other aspects. Care is, therefore, necessary for the sustenance of life and the reproduction of the labor force and societies by generating contributions to economic production, development, and well-being⁴. The sexual division of labor permeates the current social organization of care, and gender stereotypes place the responsibility for care work on women, generating inequality and exclusion and negatively impacting their development and well-being.

Despite the advances in care policies and programmes, the countries of both regions should have the creation of Comprehensive Care Systems (CCS) as their horizon. Comprehensive Care Systems can be defined as a “set of policies aimed at concretizing a new social organization of care to care, assist and support people who require it, as well as recognize, reduce and redistribute care work from a human rights, gender, intersectional and intercultural perspective.” Comprehensive Care Systems must have a governance model, which includes inter-institutional articulation at the national and/or territorial level between all State institutions, which must coordinate and implement actions to care for different target populations. The existing debate between the familiarisation and institutionalization of care must move towards its socialization, prioritizing the voice and autonomy of those who receive it.

4 UN Women and ECLAC (2020). Care in Latin America and the Caribbean in times of COVID-19. Towards comprehensive systems to strengthen response and recovery. UN Women and ECLAC., p.11. Retrieved from: <https://www.cepal.org/es/publicaciones/45916-cuidados-america-latina-caribe-tiempos-covid-19-sistemas-integrales-fortalecer>

Components, priority populations, and principles of Comprehensive Care Systems

On the other hand, the articulation of care policies involves developing five components, to constitute a CCS⁵:

1. Creation and expansion of services. Sometimes, there are existing services. However, there is also a need to create new services around the target populations to meet the demand for care. This enlargement must be progressive and with a tendency towards universality.

2. Regulation and supervision of services, working conditions of caregivers, and time policies. The quality of support and care services, regardless of the model or modalities of care the person chooses to receive, the improvement of working conditions in the sector, and the possibility of taking care leave or leave of absence, is key in designing a Comprehensive Care System.

3. Training of caregivers to professionalize, value, and specialize care work and ensure the quality of services;.

4. Information and knowledge management so that State agencies can dialogue with each other with information systems, which will allow making policy decisions based on quality information.

5. Communication to promote cultural change that redistributes care work between men and women as well as among the other co-responsible sectors (State, market, households and community)..

5 UN Women and ECLAC (2021). Towards the construction of comprehensive care systems in Latin America and the Caribbean. Elements for implementation. UN Women and ECLAC. Retrieved from: <https://lac.unwomen.org/en/digiteca/publicaciones/2021/11/hacia-la-construccion-de-sistemas-integrales-de-cuidados-en-america-latina-y-el-caribe>

Furthermore, Comprehensive Care Systems must incorporate the target populations as a whole, understanding as a target population all people who may require care from third parties throughout their lives or who perform care work, as well as incorporate the programmes and policies that serve these populations:



Children and adolescents in the process of acquiring their autonomy who require care in their daily lives beyond the educational system.



Persons with disabilities who require support and care to exercise their right to an independent life.

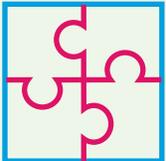


Older persons who require support and care to live an active, dignified aging with respect for their autonomy.



Paid and unpaid care workers. In many cases, people working in the care sector are unpaid caregivers, so policies and systems must integrate caregivers as a whole..

When designing Comprehensive Care Systems, five principles should be considered⁶:

	<p>1. Care as a human right, considering all policy recipients as subjects of active rights and not as passive beneficiaries of a policy;</p>
	<p>2. Universality, so that all persons have access to affordable, accessible, and quality care services;</p>
	<p>3. Social and gender co-responsibility, so that all actors in society can provide and receive care (State, households, the private sector, and community), ensuring that the State guarantees the right to care as a universal right without conditioning it on the ability to pay for services, creating frameworks for the organization and regulation of these activities through public-private-community arrangements. Likewise, promotes gender co-responsibility between men and women to share the responsibility of care.</p>
	<p>4. Promote the autonomy and self-determination of people so that they can decide the conditions under which they have access to care, support, and assistance policies and be agents of transformation in society.</p>
	<p>5. Solidarity-based financing model, so that care systems consider households' ability to pay to facilitate universal access to services and policies.</p>

6 UN Women and ECLAC (2021). Towards the construction of comprehensive care systems in Latin America and the Caribbean. Elements for implementation. UN Women and ECLAC. Retrieved from: <https://lac.unwomen.org/en/digiteca/publicaciones/2021/11/hacia-la-construccion-de-sistemas-integrales-de-cuidados-en-america-latina-y-el-caribe>

The importance of Comprehensive Care Systems

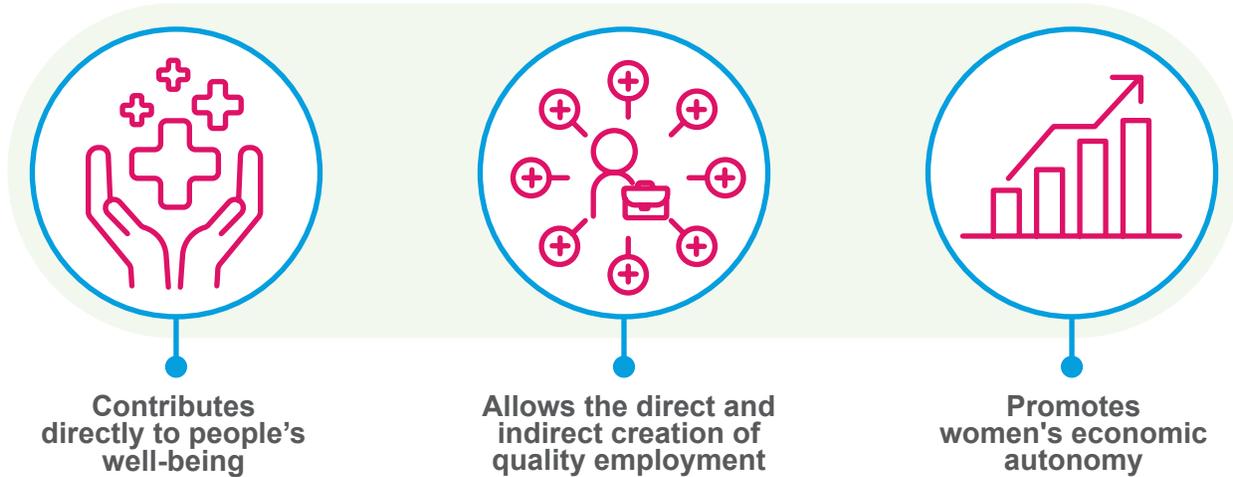
Investment in Comprehensive Care Systems generates economic and social returns through the “**triple dividend of investment in Care.**”⁷ Firstly, investment in Comprehensive Care Systems **contributes directly to people’s well-being**, especially if the quality of community, public, and private care services is regulated and controlled. In this sense, preschool education and childcare can improve the physical and cognitive development of children, especially those from impoverished backgrounds, which have lasting effects even into adulthood through, for example, employment and income prospects.

Secondly, if articulated with labor policies, investment in Comprehensive Care Systems can **allow the direct and indirect creation of quality employment**. Quality employment also means a return of income for the State through tax contributions and social security contributions.

Thirdly, investment in Comprehensive Care Systems facilitates people’s participation in the workforce, which has a particular impact on women, **improving their economic autonomy**, given that the time spent on unpaid domestic and care work is currently the main obstacle to women’s full participation in the labor market. Therefore, care services are essential for people who work on a paid basis and are in a time of high demand for care, whether childcare, care for sick people, or older people, to remain in their jobs or return to them. Incorporating women into the labor market will increase family income that will improve the quality of life of households, and activate the economy through greater consumption and savings capacity, again generating a return via taxes to the State.

7 UN Women and ECLAC (2021). Towards the construction of comprehensive care systems in Latin America and the Caribbean. Elements for implementation. UN Women and ECLAC. Retrieved from: <https://lac.unwomen.org/en/digiteca/publicaciones/2021/11/hacia-la-construccion-de-sistemas-integrales-de-cuidados-en-america-latina-y-el-caribe>

Illustration 1. Triple dividend of investment in Care



Other realities of care

The particular conditions of marginalization that derive from being in rural areas with limited accessibility to essential services, including care, whether public or private, favor the organization of other forms of care. Indigenous women, who are affected beyond gender by other factors such as poverty or xenophobia, among others, formulate community care from their contexts, in which, together with other members of the family and community, they assume different roles to continue exercising care. Thus, the worldviews of native peoples, for example, show different approaches to how aging is conceived and the articulation of care related to it. In this sense, it is essential to think of approaches that are not based on imposition but on dialogue, mutual respect, and alliance with communities to strengthen the implementation and operation of Comprehensive Care Systems that consider the specific needs of persons. The absence of an intercultural approach can provoke strong resistance, as exemplified by a 2018 study in Uruguay where the imposition of a scientific vision of care excludes indigenous women's forms of care, increasing distrust towards public care services ⁸.

Rural areas are characterised by low population density, greater masculinization, and increasing aging of the population. The growing demand for care and the reduced availability of caregivers, coupled with the limited supply of public or private care services, increase the prevalence of women as caregivers. On the other hand, the forms, contents

8 CLACSO and UN Women (2022). State of the art on care in rural contexts in Latin America and the Caribbean. Retrieved from: <https://www.clacso.org/en/estado-del-arte-sobre-cuidados-en-contextos-de-ruralidad-en-america-latina-y-el-caribe/>

and meanings of care in rural contexts that are framed in gender stereotypes and social representations of care result in a greater socio-symbolic weight to family and community care based on the idea that reasonable care is provided by families and, in particular, women⁹.

Intersectionality emerges as a fundamental concept when talking about care, as it recognizes that the way we perceive, experience, receive, and provide care is profoundly influenced by a series of interconnected characteristics such as age, ethnicity, disability status, elements that are not only interwoven in the construction of our identity but also uniquely shape our experiences and perspectives around care. Each of these dimensions adds layers of complexity to how we interact with the care system, evidencing the need for an intersectional approach to fully understand how people relate to caring and being cared for in a heterogeneous society.

9 CLACSO and UN Women (2022). State of the art on care in rural contexts in Latin America and the Caribbean. Retrieved from: <https://www.clacso.org/en/estado-del-arte-sobre-cuidados-en-contextos-de-ruralidad-en-america-latina-y-el-caribe/>

2.

Background

2. Background

The EU, its member countries, and LAC countries have made progress in constructing care programmes and policies focused on specific populations. A long tradition of social policies in the area of competitive public early childhood care services and paternity leave characterizes Scandinavian countries such as Finland and Sweden.

Other countries, such as Italy and Spain, have made progress in the socialization of care to give greater prominence to the State and reduce the responsibility for care in families, especially women¹⁰. In Latin America and the Caribbean, feminist movements in recent decades have placed the issue of care on the public agenda as a central aspect for the development and well-being of our economies and societies, as well as civil society from the different target populations at the global level, who, together, they have advocated for these agendas, policies, and initiatives to take into account the relevant perspectives of those who require and provide care.

Specifically, the importance of care has been included in the 2030 Agenda for Sustainable Development, calling for “recognizing and valuing unpaid care and domestic work through public services, infrastructure, and social protection policies, and promoting shared responsibility in the household and family, as appropriate in each country” (Target 5.4).

The care agenda in the European Union

Within the EU, the **Directive on Work-Life Balance for Parents and Carers**¹¹ came into force in August 2022, which aims to promote a balance between family and professional obligations and provide greater equal opportunities at work and home for women and men.

10 Jarty, Julie and Batthyány, Karina (2021). Chapter 12. Recent evolutions of gender, state feminism and care models in Latin America and Europe, in López-Roldán, Pedro and Fachelli, Sandra (2021). Towards a comparative analysis of social inequalities between Europe and Latin America. University of Barcelona; and Domínguez, Amorós, Márius; Muñiz, Leticia and Rubilar, Gabriela (2021). Social times, reproduction and social inequality at work: contrasts and comparative perspectives between countries, in López-Roldán, Pedro and Fachelli, Sandra (2021). Towards a comparative analysis of social inequalities between Europe and Latin America. University of Barcelona.

11 Directive 2019/1158, Directive 2019 /1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers: <https://www.consilium.europa.eu/es/policies/work-life-balance/>

Another significant milestone in the EU is the **European Care Strategy**¹², presented in September 2022 by the European Commission, which offers specific guidelines, actions, and recommendations to ensure comprehensive care services that include the provision of quality, affordable, and accessible long-term and early childhood services in all EU countries. The Strategy seeks to improve the situation of formal and informal caregivers, review the conditions and rights of migrant care workers, and offer technical assistance to Member States in the design and implementation of reforms to integrate care as a cross-cutting axis of health, education, social security, and labor policies, among others¹³.

Together with the European Care Strategy, the Commission presented two proposals for recommendations from the Council of the European Union on access to quality and affordable long-term care and the revision of the Barcelona targets, both adopted in December 2022. The Council Recommendation on Access to Quality and Affordable Long-Term Care¹⁴ invites Member States to take measures to improve access to long-term care and ensure the quality and affordability of long-term care in different formal and informal care settings. The Council Recommendation on the revision of the Barcelona targets¹⁵ encourages Member States to increase the participation of boys and girls in quality, accessible, and affordable early childhood education and care services to facilitate and promote women's participation in the labor market and enhance children's social and cognitive development and educational success; in particular for children in vulnerable situations or from disadvantaged backgrounds.

Most EU countries stand out for their care policies focused on specific populations such as older people, persons with disabilities, and children. However, this strategy is an important step in moving from sectoral policies to the conceptualization and design of Comprehensive Care Systems in these countries.

12 Communication 2022/440. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions of 7 September 2022 on the European Care Strategy. <https://cde.ugr.es/index.php/union-europea/noticias-ue/1443-una-estrategia-europea-de-cuidados-para-cuidadores-y-receptores-de-cuidados> / <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382#navItem-relatedDocuments>

13 Communication 2022/440. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions of 7 September 2022 on the European Care Strategy. <https://cde.ugr.es/index.php/union-europea/noticias-ue/1443-una-estrategia-europea-de-cuidados-para-cuidadores-y-receptores-de-cuidados> / <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382#navItem-relatedDocuments>

14 Recommendation 2022/C 476/01. Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care: <https://eur-lex.europa.eu/legal-content/ES/TXT/?uri=CELEX%3A32022H1215%2801%29>

15 Recommendation 2022/C 484/01, Council Recommendation of 8 December 2022 on early childhood education and care: the Barcelona 2030 targets: <https://eur-lex.europa.eu/legal-content/ES/TXT/?qid=1697553940244&uri=CELEX%3A32022H1220%2801%29>

The Regional Gender Agenda and care in Latin America and the Caribbean

In LAC, for the past 45 years, within the framework of the Regional **Conference on Women in Latin America and the Caribbean (RCW)**, organized by ECLAC as the Secretariat of the Conference, and, since 2020, in coordination with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), LAC governments have approved a series of agreements that include measures on the design of policies for care and the call for co-responsibility for care between the State, the private sector, households and the community. Through these agreements, which nourish the **Regional Gender Agenda**¹⁶, the generation of information on the use of time and work dedicated to care is promoted, on its economic value, and the commitment to develop Comprehensive Care Systems from a gender, intersectional, intercultural and human rights perspective is also promoted. At the same time, the concept of the right to care is introduced as a right whose guarantee and protection are one of the country's primary obligations¹⁷.

In this regard, the **Montevideo Strategy** adopted in 2016 urges governments to promote the adoption of care policies and the promotion of co-responsibility between women and men that contribute to women's autonomy and a fair social organization of care. This commitment was ratified at the XIV Regional Conference on Women in Latin America and the Caribbean, held in January 2020 in Santiago, Chile, through the **Santiago Commitment**, which urges States to promote regulatory frameworks and policies that boost the economy in sectors such as the care economy, to account for its multiplier effects and to design Comprehensive Care Systems from a gender, intersectional, intercultural and human rights perspective that promote co-responsibility¹⁸.

Then, at the XV Regional Conference on Women in Latin America and the Caribbean, held in November 2022 in Argentina, ECLAC presented the document "The Care Society: Horizon for a Sustainable Recovery with Gender Equality," calling for a transition towards a care society that prioritizes the sustainability of life and the planet, that guarantees the rights of the people who need care, the rights of the persons who provide it and that considers self-care, that counteracts the precariousness of jobs in the care sector and that

16 ECLAC (2023a). 45 years of the Regional Gender Agenda. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/47950-45-anos-agenda-regional-genero>

17 ECLAC (2022a). The Care Society: Horizon for a Sustainable Recovery with Gender Equality, p. 12. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48363-la-sociedad-cuidado-horizonte-recuperacion-sostenible-igualdad-genero>

18 ECLAC (2023b). Buenos Aires Commitment (XV Regional Conference on Women in Latin America and the Caribbean). ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48737-compromiso-buenos-aires-xv-conferencia-regional-la-mujer-america-latina-caribe>

makes visible the multiplier effects of the care economy in terms of well-being and as a dynamic sector for a transformative recovery with equality and sustainability¹⁹. At the same time, during the XV Conference, the **Buenos Aires Commitment** was adopted, which calls for the adoption of normative frameworks that guarantee the right to care through the implementation of comprehensive care policies and systems from the perspectives of gender, intersectionality, interculturality, and human rights²⁰. This Commitment outlines a roadmap to place the care society at the center of a new inclusive development model.

This proposal involves the design and implementation of transformative public policies, cultural change, and the transformation of social relations to guarantee care. It aims to recognize the value of care work and those who carry it out and to promote the co-responsibility of this work between the State, the private sector, households, and the community. The care society is the way to achieve an equitable distribution of power, resources, time, and work between women and men. It means recognizing the interdependence between persons and between production processes and society and rethinking production, consumption, and distribution patterns. It is possible to end the culture of privilege and patriarchy through the care society while considering the environmental dimension and economic development²¹. A care society translates, among other things, into a better quality of life for all persons, a reduction in social, economic, and gender inequalities, promotes active aging, creates new jobs, and cares for the planet.

In addition, the Inter-American Commission of Women (ICW), with the support of the EUROsociAL+ Programme, promoted the **Inter-American Model Law on Care**, a legal instrument for States that recognizes, values, redistributes, and generates new forms of attention to care, as well as unpaid domestic work²². This Model Law includes key elements of international instruments. It is based on the highest standards regarding rights, non-discrimination, and equality, seeking to strengthen the regulatory frameworks of States to support the full exercise of women's economic rights, empowerment and autonomy.

19 ECLAC (2022a). The Care Society: Horizon for a Sustainable Recovery with Gender Equality, p. 12. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48363-la-sociedad-cuidado-horizonte-recuperacion-sostenible-igualdad-genero>

20 ECLAC (2023b). Buenos Aires Commitment (XV Regional Conference on Women in Latin America and the Caribbean). ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48737-compromiso-buenos-aires-xv-conferencia-regionalla-mujer-america-latina-caribe>

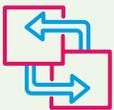
21 ECLAC, 2022b. Breaking the statistical silence to achieve gender equality by 2030: application of the information systems axis of the Montevideo Strategy for the Implementation of the Regional Gender Agenda in the Framework of Sustainable Development towards 2030, p. 87. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48371-romper-silencio-estadistico-alcanzar-la-igualdad-genero-2030-aplicacion-eje>

22 Organization of American States (OAS) and Inter-American Commission of Women (2022). Inter-American Model Law on Care. Inter-American Commission of Women and EuroSocial. Retrieved from: <https://www.oas.org/es/cim/docs/LeyModeloCuidados-ES.pdf>

Care in the bi-regional agenda: towards a bi-regional pact between LAC and the EU

On 11 and 12 May 2023, the EU-LAC Gender Equality Forum was held in Berlin, organized by the EU-LAC Foundation with the support of partners from the Network of United Women between Germany, Latin America and the Caribbean and the Deutsche Gesellschaft für Internationale Zusammenarbeit [GIZ]. During the Forum, participants advocated for joint progress towards a **bi-regional pact for care between Latin America and the Caribbean, and the European Union**, based on the European Care Strategy and the Buenos Aires Commitment²³.

A bi-regional pact for Care between Latin America and the Caribbean and the European Union, which UN Women, ECLAC, the EU-LAC Foundation, with support from the governments of Argentina and Spain, aims to promote cooperation in public policies and Comprehensive Care Systems with a gender perspective that guarantee the right to care for those who require it, to self-care, and to providing quality care, between the countries of both regions, whose main axes are:

	1. Promoting exchange on progress and promising practices in care policies, systems, programmes and services.
	2. Conducting comparative studies and analyses.
	3. Promoting subregional, regional, and multilateral cooperation programmes through North-South, South-South and triangular cooperation modalities.
	4. Stimulating the formulation of concrete proposals to be considered by decision-makers in both regions and by the authorities, to contribute to advancing towards the care society.

23 EU-LAC Foundation (2023). EU-LAC Gender Equality Forum Report. EU-LAC Foundation. Retrieved from: <https://eulacfoundation.org/en/report-eu-lac-gender-equality-forum>

From this EU-LAC Gender Equality Forum, the recommendation was raised to other spaces for civil society participation, such as the EU-LAC Forum “Partners in Change,” held in Brussels on 13 and 14 July 2023, where young persons, civil society, and local authorities prepared a declaration of civil society organizations, networks and platforms and trade unions from Latin America and the Caribbean and the European Union. This declaration includes the recommendation to promote the bi-regional pact for Care between LAC and the EU²⁴.

It was also elevated to high-level spaces such as the **EU-CELAC Summit of Heads of State and Government**, held in Brussels on 17 and 18 July 2023, after 8 years of absence of bi-regional dialogue at the highest political level, which brought together leaders from Europe, Latin America, and the Caribbean to renew and strengthen relations between the two regions. The Summit was held under the theme “Renewing the Bi-regional Partnership to Strengthen Peace and Sustainable Development.” As a result of the EU-CELAC Summit, the Heads of State and Government published a Joint Declaration and an EU-CELAC Roadmap 2023-2025 for upcoming high-level bi-regional events. Although there is no explicit mention of care in the declaration, States do commit to “combat multiple and interrelated forms of discrimination and gender-based violence and to promote fundamental labor principles and rights and ILO’s core labor standards and Conventions relating to decent work for all, **gender equality, full and equal representation and participation of all women and girls in decision-making processes**, the rights of indigenous peoples as reflected in the United Nations Declaration on the Rights of Indigenous Peoples, the rights of the child, the rights of human rights defenders, and the rights of persons in vulnerable situations and of Afro-descendants.”

Also, at the Euro-Latin American Parliamentary Assembly (EuroLat) that took place in Madrid between 24 and 27 July 2023, several parliamentarians from the EU and Latin America expressed their support for the bi-regional pact for Care. They signed a commitment for the advancement of gender equality in which they urge “to strengthen bi-regional cooperation to ensure the right to care, to receive care and self-care in conditions of equality and quality and, therefore, to advance in the consolidation and financing of Comprehensive Care Systems in all Latin American, Caribbean and European countries.”²⁵

24 NGDO Coordinator (14 July 2023). Statement by civil society from Latin America, the Caribbean and the EU following the EU-LAC Forum. <https://coordinadoraongd.org/2023/07/declaracion-de-la-sociedad-civil-de-america-latina-caribe-y-ue-tras-el-foro-ue-lac/>

25 UN Women (2023, July 31). Euro-Latin American Women’s Forum calls for gender equality and a Bi-regional Pact for Care. <https://lac.unwomen.org/es/stories/noticia/2023/07/foro-euro-latinoamericano-de-la-mujer-hace-un-llamado-hacia-la-igualdad-de-genero-y-un-pacto-birregional-por-los-cuidados>

Likewise, in the Agreements of the Sixty-fifth Meeting of the Presiding Officers of the Conference on Women in Latin America and the Caribbean, held in Santiago, Chile, on October 11 and 12, 2023, the ECLAC member States approved in paragraph 7 that the "Economic Commission for Latin America and the Caribbean, [...] in coordination with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the EU-LAC Foundation, promote a bi-regional pact for care between Latin America and the Caribbean and the European Union", among other agreements.

Progress in the construction of Comprehensive Care Systems in the LAC and the EU

In both regions, some countries, such as Uruguay, already have a consolidated national care system, while others are taking giant steps towards building national care systems. Other countries have progressed in consolidating subnational care systems, such as Zapopan in Mexico and Bogota in Colombia (see Table 1).

Table 1. Progress in the construction of Comprehensive Care Systems



Uruguay is a pioneer in the region in creating a Comprehensive Care System²⁶. In 2015, Law No. 19,353 was passed, creating the National Integrated Care System (SNIC in its Spanish acronym).²⁷ A key aspect for the success of this system, organized in an integrated scheme of benefits and oriented to the target populations, is the intersectoral and inter-institutional nature thanks to the creation of a National Care Board, made up of the competent public bodies; a National Secretariat for Care and Disability and a Consultative Committee on Care, made up of workers, academia, private entities that provide care services and non-governmental organizations.



Costa Rica passed Law No. 9220 in 2014, creating the National Child Care and Development Network (REDCUDI)²⁸ and Law No. 10192 in 2022 the National System of Care and Support for Adults and Older

26 Ministry of Social Development of Paraguay (2023). System of care. <https://www.gub.uy/sistema-cuidados/>

27 Ministry of Social Development of Paraguay (2015, December 8). Law No. 19,353 dated 08/12/2015 Creation of the National Integrated Care System (SNIC). <https://www.gub.uy/ministerio-desarrollo-social/institucional/normativa/ley-n-19353-fecha-08122015-creacion-del-sistema-nacional-integrado-cuidados>

28 Law No. 9220. Creates the National Child Care and Development Network. 24 March 2014. http://www.pgrweb.go.cr/scij/Busqueda/Normativa/Normas/nrm_texto_completo.aspx?param1=NRTC&nValor1=1&nValor2=77044&nValor3=96409&strTipM=TC

persons in a Situation of Dependency (SINCA).²⁹ The National Care Policy 2021-2031 was recently approved to move towards the progressive implementation of an integrated and coordinated care support and dependency care system.



Since 2017, **Chile** has had the “Chile Cuida” programme, which sought to lay the foundations for a National Care Subsystem until the subsequent configuration of the National Support and Care Subsystem (SNAC).³⁰ Among the main programmes of the current SNAC, the Local Support and Care Network (RLAC)³¹ of the Ministry of Social Development and Family, which is focused on people, stands out. Currently, the Chilean government is working on creating a National and Comprehensive Care System (SNIC)³² that seeks to integrate institutions under the principles of care as a social and human right of universal access. The process includes two areas of action: (1) the institutional dimension through the formation of a Ministerial Advisory Council and (2) the participatory dimension through the holding of territorial and sectoral meetings.



In **Argentina**, the Interministerial Table on Care Policies was created in 2020 to promote a care agenda in a transversal and articulated way. Argentina has made enormous progress in positioning care through the launch of the Federal Care Map³³, the creation of the Infrastructural Care Programme, and a programme for the Recognition of Contributions for Care Tasks. Since May 2022, the “Care in Equality” Law has been in Congress³⁴, which hopes to create a Comprehensive System of Care Policies in Argentina. In addition to the Roundtable, Territorial Care

29 Law No. 10192 of 2014. Creation of the National System of Care and Support for Adults and Elderly in Situations of Dependency (Sinca). 28 April 2022. https://www.pgrweb.go.cr/scij/Busqueda/Normativa/Normas/nrm_texto_completo.aspx?param1=NRTC&nValor1=1&nValor2=97181&nValor3=130901&strTipM=TC

30 Ministry of Social Development and Family of Chile (22 January 2022). President Piñera announces the creation of a National Subsystem of Support and Care for People in a Situation of Dependency. <https://www.desarrollosocialyfamilia.gob.cl/noticias/presidente-pinera-anuncia-creacion-de-subsistema-nacional-de-apoyos-y-cuidados-para-personas-en-situ>

31 Social Safety Net. Local Support and Care Network. Ministry of Social Development and Family of Chile. https://www.reddeproteccion.cl/fichas/red_local_de_apoyos_y_cuidados

32 Ministry of Social Development and Family of Chile (4 April 2023). A Presidential Advisory Council is set up to develop a Care Policy. <https://www.desarrollosocialyfamilia.gob.cl/noticias/se-constituye-consejo-asesor-presidencial-para-la-elaboracion-de-una-politica-de-cuidados>

33 Ministries of Women, Gender and Diversity (2023). Federal Care Map. Accessed 6 June 2023. <https://mapafederaldelcuidado.mingeneros.gob.ar/>

34 Ministries of Women, Gender and Diversity (2023). Equal Care Law. <https://www.argentina.gob.ar/generos/proyecto-de-ley-cuidar-en-igualdad>

Parliaments were held in 15 provinces to learn about the conditions of the territories.



In **Mexico**, the Senate is analyzing a constitutional reform approved by the Chamber of Deputies in November 2020, to give institutional sustainability to the National Care System. At the same time, the approval of the General Law of the National Care System is being promoted.³⁵ The Law provides for the creation of a Care Board made up of various government bodies, the creation of Technical Commissions and a Consultative Assembly.



In **Spain**, in September 2021, the Ministry of Equality convened the State Advisory Board for Care, made up of more than 70 expert entities in the field of care policies, social agendas and institutional representatives, with the aim of designing regulatory frameworks and public care policies and creating the necessary conditions to configure the future State Care System.³⁶ As part of the results of the Advisory Table, the Document of Bases for Care³⁷ arises with the aim of inspiring the foundation of a future State Public Care System. Although the pillars of this State System are still in the development stage, it seeks to incorporate four axes: (1) Early Childhood Care and Education System; (2) System for Autonomy and Dependency Care; (3) Strategy to professionalize and dignify care work; (4) cultural and paradigm shift actions.



Paraguay has a National Care Policy approved in December 2022 to guarantee the well-being and development of people who provide and receive care, ensuring access to services and resources to care and be cared for, based on a model of co-responsibility between households, the State, the private sector and the community. In April 2023, the Inter-institutional Care Commission was formed, which is working on an Action Plan. In 2021, the Law for the creation of a National Care System³⁸,

35 Mexican Senate Gazette (21 November 2021). Issuance of the General Law of the National Care System. https://www.senado.gob.mx/65/gaceta_del_senado/documento/121550

36 Ministry of Social Rights and Agenda 2030 and Ministry of Equality. Roadmap of the State Care Strategy. <https://www.mdsocialesa2030.gob.es/derechos-sociales/docs/estrategia-estatal-de-cuidados-v8.pdf>

37 Ministry of Equality and Women's Institute. Document of Bases for Care. Advisory board for care. <https://www.inmujeres.gob.es/publicacioneselectronicas/documentacion/Documentos/DE1969.pdf>

38 Paraguay Legislative Information System (16 December 2021). Draft law creating the National Care System (SINACUP). <http://silpy.congreso.gov.py/web/expediente/125027>

enshrining care as a human right, was presented to the Chamber of Deputies and had a favorable opinion from three commissions.

Advances in Care Policies at the Subnational Level



In **Bogota, Colombia**, the District Care System³⁹, attached to the District Secretariat for Women of Bogota, has been implemented since 2021. It is aimed at carers, particularly those who do it on a paid basis and, on the other hand, persons who require high levels of support, such as children under 13 years of age, persons with disabilities, or older people. A key point of the success of this system is the coordination with educational, labor, health, and social protection policies to ensure that services operate at compatible times and simultaneously for all population groups. The System operates through four strategies: (1) Blocks of Care to position care as a key axis of urban organization criteria; (2) Mobile Care Units; (3) House-to-House Care Programme; (4) Cultural Transformation Strategy.



Zapopan, Mexico, approved in 2021 a Comprehensive Care System⁴⁰, becoming the first municipality in Mexico to create a comprehensive system. This system comprises support services for the four target populations, including economic support and psychological support for caregivers, agreements with childcare centers, vouchers for purchases in centers, training for caregiver mothers and fathers to promote labor insertion, and courses on co-parenting to promote gender co-responsibility. The State of Jalisco is building a State Care System, which would become the first model in Mexico. Likewise, the State of Jalisco, together with Mexico City, is a state that recognizes the right to care in their Constitutions.

3.

**Key findings: from
the logic of services
to the logic of
caregivers and care
receivers**

3. Key findings: from the logic of services to the logic of caregivers and care receivers



Inclusion of persons with disabilities in Comprehensive Care Systems

Disability and care

According to a World Bank report, in 2021, about 85 million persons with disabilities lived in Latin America and the Caribbean, representing 15% of the total population⁴¹. Due to the region's aging population and related loss of skills, the number of persons with disabilities is expected to increase in the future to approximately 145.5 million people by 2050.⁴² As of 2021, there were 87 million persons living in the EU with some form of disability, equivalent to one in four European adults⁴³.

Despite the great paucity of data on the access of persons with disabilities to support and care services, it is estimated that coverage is still very limited: in Chile alone, by 2023, 61% of adults with disabilities do not have their support or care needs met. The gaps are greater in the rural context: in Chile, the percentage of persons with unmet support needs in rural areas is 66% versus 53% in urban areas⁴⁴. For many persons with disabilities, access to support and care services is necessary to live and participate fully in the community on an equal footing. For those with high demands for support, a comprehensive system is essential to living with dignity, autonomy, and independence.

41 World Bank (2021). The inclusion of persons with disabilities, key to the sustainable development of Latin America and the Caribbean. World Bank. Retrieved from: <https://www.bancomundial.org/es/news/press-release/2021/12/02/la-inclusion-de-las-personas-con-discapacidad-clave-para-el-desarrollo-sostenible-de-america-latina-y-el-caribe>

42 World Bank (2021). Population ageing could increase the prevalence of disability to 20% by 2050 in LAC. World Bank. Retrieved from: https://blogs.iadb.org/igualdad/es/ciudades-inclusivas-personas-con-discapacidad-2/#_ftn1

43 Council of the EU and the European Council (4 July 2022). Disability in the EU facts and figures [Factsheet]. General Secretariat of the EU Council.

44 Center for Inclusive Policy (2023). Autonomy, a regional challenge. Building support systems for community living for people with disabilities in Latin America and the Caribbean. Development Bank of Latin America. Retrieved from: <https://scioteca.caf.com/handle/123456789/2048>

Interdependence as a new paradigm

The proposal for a care society involves, among other things, an in-depth analysis of the concept of interdependence⁴⁵. According to the joint report by UN Women and ECLAC (2021),⁴⁶ the traditional notion of care has caused persons with disabilities and organizations working in the field of persons with disabilities to reflect on the extent to which this conceptualization may go against international human rights standards. The traditional narrative of care has treated different populations as dependent subjects of care, violating the principles of autonomy, self-determination, and the right to live an independent life.

The traditional vision of care that places people with disabilities as dependent subjects and care targets has led to welfare policies and processes of admission to institutions or what is known as institutionalization, where severe violations of human rights such as the right to independent living and autonomy are evidenced. A 2018 Human Rights Watch study found that in Brazil alone, more than 10,000 adults with disabilities are still in institutions where they experience abuse and deprivation of their legal capacity⁴⁷. Plans to combat institutionalization are being developed in several countries, such as in Chile, where a National Plan for the Deinstitutionalization of Persons with Psychosocial Disabilities living in psychiatric hospitals and clinics is under development to transfer long-stay patients to homes with intensive care and build a network of community services, as part of the new National Strategy for Mental Health and Human Rights⁴⁸.

Persons with disabilities and organizations invite us to overcome traditional visions of care and redesign a new concept of care based on interdependence, which recognizes and promotes that all people provide and need care at some point throughout their lives and respect for progressive autonomy concerning care requirements and preferences. They also invite us to think about policies for care, assistance, and support, depending on the different levels of disability. The International **Convention on the Rights of Persons with Disabilities**, adopted in December 2006, recognizes that physical or mental impairments

45 ECLAC (2022a). The Care Society: Horizon for a Sustainable Recovery with Gender Equality, p. 12. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48363-la-sociedad-cuidado-horizonte-recuperacion-sostenible-igualdad-genero>

46 UN Women and ECLAC (2021). Towards the construction of comprehensive care systems in Latin America and the Caribbean. Elements for implementation. UN Women and ECLAC. Retrieved from: <https://lac.unwomen.org/en/digiteca/publicaciones/2021/11/hacia-la-construccion-de-sistemas-integrales-de-cuidados-en-america-latina-y-el-caribe>

47 Human Rights Watch (2018). They stay until they die: a lifetime of isolation and neglect in institutions for people with disabilities in Brazil. Human Rights Watch. Retrieved from: <https://www.hrw.org/news/2018/05/23/brazil-people-disabilities-confined-terrible-conditions>

48 Government of Chile (7 July 2022). They begin work on the new National Strategy for Mental Health and Human Rights. Government of Chile. <https://www.gob.cl/noticias/inicia-su-trabajo-la-estrategia-nacional-de-salud-mental-y-derechos-humanos/>

do not determine a person's disability status but by the barriers that are present at the social level to enable a person to carry out the activities of their daily life and to participate actively in the society to which they belong.

Although several countries have made significant progress in implementing their care systems (see Table 1), they must be assessed constantly to make the corresponding improvements and adaptations. In the case of Law No. 19.3553 in Uruguay, for example, it is necessary to address the difficulties it has in dealing with disability situations other than physical, such as intellectual, developmental, or psychosocial disabilities. Approaches to these policies need to be reviewed to avoid narratives of dependency that stigmatize people⁴⁹.

Women and mothers with disabilities: challenges for their autonomy

The intersection between gender and disability has traditionally been invisible in care. However, the feminized nature of care work undeniably intersects with the discrimination and violence experienced by women with disabilities. In the 2020 disability survey in Spain, in cases where the figure of the primary caregiver falls on parents (for people aged 6 to 44), mothers assume this responsibility in a higher proportion than fathers (59% versus 11%). In the case of persons aged 80 and over, daughters are more likely than sons to provide a higher proportion of care (41% versus 18%)⁵⁰. In the case of Chile, in the dimension of paid care work, a 2019 study shows that out of every ten persons who provide paid care and support services to persons with disabilities, eight are women⁵¹.

Added to this is the discrimination and structural violence that women with disabilities go through, especially when it comes to exercising motherhood and becoming care figures themselves. According to one study, "the field of motherhood is one of the areas that most evidences the contradictory stereotypes faced by women with disabilities (...)

49 The traditional narrative of care has given rise to discussions and rejection by persons with disabilities, elderly and civil society organizations that work in favour of the rights of these populations. They call for a profound revision of the concept of dependence, since it is not legitimised by international human rights law. Persons become dependent on an environment that is not conducive to maximising people's freedoms. Reflecting on the traditional concept of care invites us to differentiate between the concepts of disability, dependency and old age: a person with a disability may not be dependent, there are people who are dependent and do not have a disability, and elderly who may require fewer care services or have also disabilities.

50 National Institute of Statistics of Spain (2022). Survey on Disability, Personal Autonomy and Dependency Situations (EDAD). Main results for 2020. Retrieved from: https://www.ine.es/prensa/edad_2020_p.pdf

51 Ministry of Social Development and Family (2019). Feminisation of care and people with disabilities. Diagnosis from sources and administrative records. Retrieved from: https://www.senadis.gob.cl/pag/447/1729/otros_documentos_de_interes

considering them legally and socially incapable of exercising it”⁵². This situation is the result of the infantilization that concerns them and that contributes to the collective imaginary of considering persons with disabilities as “eternal infants.” Some studies point to the particular challenges faced by mothers with disabilities in terms of access to information about their sexual and reproductive rights, the assumption of legal custody of their children in cases of divorce and violence, and adoption proceedings⁵³.

Stigma is multiplied by intersecting gender, maternity, disability status, and being indigenous. Community care is part of the worldview of the native peoples, and on this basis, women come to play roles as caretakers of the territory, of ancestral knowledge, of language, of health and their ancestral medicine, of the land to preserve their way of eating, of natural resources and of the persons who make up their communities. This is not taken into account by the current social organization of care, which lacks an intercultural approach and is incompatible with indigenous communities’ particular realities and needs. In addition, racism and xenophobia perpetuate stereotypes that infantilize women not only because they are women but also because they are indigenous and/ or disabled. This deepens the loss of autonomy and self-determination over themselves to exercise motherhood.

In the European context, access to sexual and reproductive rights is legally recognized under conditions of equality and non-discrimination. The most emblematic document is the **second manifesto of the Rights of Women and Girls with Disabilities of the European Union**⁵⁴, adopted in 2011 by the General Assembly of the European Disability Forum. It recognizes the right to form a family based on free and informed consent, to decide the number of children they wish to have, and to access information on reproduction and family planning, as well as to maintain their fertility on an equal basis with others. For example, in Uruguay, there is an innovative programme to ensure that mothers with disabilities are recognized as caregivers and have a robust care and support system in their motherhood process (see Table 2).

52 Spanish Confederation of People with Physical and Organic Disabilities (2019). A Core Handbook on Gender and Disability. COCEMFE, P. 62. Retrieved from: <https://www.cocemfe.es/wp-content/uploads/2020/06/COCEMFE-manual-genero-discapacidad.pdf>

53 Castellanos Torres, Esther (2022). The discourse of women with disabilities on the exercise of motherhood and their right to form a family. Ministry of Social Rights and Agenda 2030 and State Observatory on Disability. Retrieved from: <https://www.observatoriodeladiscapacidad.info/wp-content/uploads/Estudio-el-discurso-de-las-mujeres-y-ninas-con-discapacidad-1.pdf> ; Cruz Pérez, María del Pilar (2014). Myths about motherhood in women with disabilities. *Perinatology and Human Reproduction*, Volume 28, No. 2. Retrieved from: https://www.scielo.org.mx/scielo.php?script=sci_arttext&id=S0187-53372014000200004

54 Institution of the Public Prosecutor of the Principality of Asturias (2011, July). Second European Union Manifesto on the Rights of Women and Girls with Disabilities: A Tool for Activists and Policy Makers. Spanish Committee of Representatives of People with Disabilities, European Disability Forum, European Women’s Lobby, Institution of the Public Prosecutor of the Principality of Asturias. <https://consaludmental.org/centro-documentacion/manifiesto-derechos-mujeres-ninas-discapacidad/>

Table 2. Parenting support for women with disabilities in Uruguay⁵⁵

In Uruguay, the Ministry of Social Development enforces the “Parenting support for women with disabilities” programme through the National Secretariat for Care and Disability. It has been implementing it since 2021 with the aim of guaranteeing the effective exercise of the right to motherhood for women with disabilities and in situations of socioeconomic vulnerability, providing a support system that promotes autonomy in parenting practices. Among the services provided by the programme is the development of a personalized plan to support the upbringing and accompaniment of women with disabilities at home; the detection and provision of the necessary support, including childcare vouchers, cots, changing tables, among others and technical aids such as wheelchairs, hearing aids, among others.

This programme reflects a successful experience of linking the care, disability, and gender agenda. To offer a joint response, the programme was linked to the public policy “Uruguay Crece Contigo,” which aims to consolidate a comprehensive system of protection for early childhood. In this way, the programme is complemented by other policies to offer scholarships for early childhood, incorporation into educational centers for three- and four-year-old children, and economic contribution vouchers for mothers with disabilities.

Source: Source: Antonia Irazábal, Head of Regulation of the Disability Division at the Ministry of Social Development of Uruguay (28 February 2023). The inclusion of people with disabilities in Comprehensive Care Systems with a gender perspective: good practices and challenges in the EU and LAC. Watch [here](#).



Inclusion of older persons in Comprehensive Care Systems

Aging population and care

The longer life expectancy of the population and the decline in the birth rate have led to an increase in the groups of older persons. In the European Union, the population aged 65 and over is expected to increase 41% over the next 30 years, from 92 million in 2020 to 130 million in 2050 (29.5% of the total population). At the same time, populations over

55 Ministry of Social Development of Uruguay (13 March 2023). Parenting support for women with disabilities. <https://www.gub.uy/ministerio-desarrollo-social/node/10973>

the age of 80 will increase by 88% to nearly 50 million people by 2050⁵⁶. In Latin America and the Caribbean, the proportion of people over 60 in the region will reach 17% of the total population by 2030, and life expectancy is expected to continue to increase to 77 years in 2030⁵⁷. Although long-term care services are available in 18 countries in the LAC region, coverage is scarce and often outsourced⁵⁸.

This aging of the population has direct implications for care systems. On the one hand, it is a growing sector, with a significant increase in the demand for services for older people and specific support needs, accompanied by increasing outsourcing of services and the emergence of private intermediaries. However, the decrease in working-age persons may make it difficult to finance public spending on long-term care services beyond generating a deficit of care workers. This threatens the sustainability of care systems and increases the risk of persons in need of care and their families falling into poverty.

Intersectional dimensions in care and aging

Gender has a significant impact on how long-term care is experienced. Despite having a longer life expectancy than men, women age in poorer health conditions and spend more years in situations of dependency. In the EU, one in three women age 65 and over need long-term care versus one in five men⁵⁹. In addition, wage inequality exposes women to situations of social exclusion, dependency, and violence as they age. On the other hand, although their capacities to exercise care in the family environment are diminished, this continues to fall mainly on women and migrant workers who are mostly hired privately. In Latin America and the Caribbean, women spend more than three times as much time as men on unpaid domestic and care work, with the burden being proportionately more significant on lower-income women and older women^{60,61}. In this way, it should not be

56 European Commission (2021). 2021 Long-term care report. Trends, challenges and opportunities in an ageing society. European Commission. Retrieved from: <https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>

57 ECLAC (2022). Ageing in Latin America and the Caribbean. Inclusion and rights of the elderly. Report of Latin America and the Caribbean for the fourth review and appraisal of the Madrid International Plan of Action on Ageing. Retrieved from: <https://www.cepal.org/es/publicaciones/48567-envejecimiento-america-latina-caribe-inclusion-derechos-personas-mayores>

58 International Labor Organization (2022). Care at work: investing in leave and care services for greater equality in the world of work. Supplementary regional report for Latin America and the Caribbean. Retrieved from: https://www.ilo.org/americas/publicaciones/WCMS_860719/lang-es/index.htm

59 United Nations (2023). World Social Report 2023: leave no one behind in an ageing world. Retrieved from: <https://iberoamericamayores.org/2023/02/18/onu-informe-social-mundial-2023-no-dejar-a-nadie-atras-en-un-mundo-que-envejece/>

60 UN Women and ECLAC (2020). Care in Latin America and the Caribbean in times of COVID-19. Towards comprehensive systems to strengthen response and recovery. UN Women and ECLAC.,. Retrieved from: <https://www.cepal.org/es/publicaciones/45916-cuidados-america-latina-caribe-tiempos-covid-19-sistemas-integrales-fortalecer>

61 ECLAC (2022a). The Care Society: Horizon for a Sustainable Recovery with Gender Equality, p. 12. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48363-la-sociedad-cuidado-horizonte-recuperacion-sostenible-igualdad-genero>

forgotten that older women are not only recipients of care but that, on many occasions, they continue with the role of caregivers that they have exercised since the beginning of their life cycles without recognition or redistribution and limiting their access to social benefits, so moving towards policies and mechanisms to compensate these caregivers is a fundamental aspect in the construction of care systems (see Table 3). In OECD countries, women comprise over 90% of the paid long-term care workforce⁶². Unfortunately, the crisis generated by the growing demand for care in the face of a lack of services and staff deepens the pressure that already exists on women to provide care.

Table 3. Compensatory measures for unpaid care work

Argentina grants retirement to older women who engage in unpaid care

In Argentina, the Comprehensive Programme for the Recognition of Contributions for Care Tasks was presented in July 2021, a programme to **recognize and grant economic value to the work that women dedicate to the care of their children**, formalized through Decree 475 of 2021. The programme is aimed at mothers of retirement age (60 years or older), who do not have the necessary years of contributions, or who do not have a retirement granted or in process. In this sense, the objective is to recognize one year of contributions for care tasks for each child or two years in case they have been adopted. In addition, the disability perspective is implemented by additionally counting one year per child with disabilities and two years if they were beneficiaries of the Universal Child Allowance for at least 12 months.

This policy is a reflection of equalizing opportunities and creating the necessary conditions for women who have dedicated themselves to care to be able to access the right to retire. As of July 2022, the programme had reached more than 180,000 women⁶³.

Source: Isabel Lovrincevich, President of the Latin American Greater Platform for the Rights of Older persons (13 April 2023). Third Dialogue Long-term care: good practices and challenges for constructing Comprehensive Care Systems in the EU and LAC. Watch [here](#).

62 United Nations (2023). World Social Report 2023: leave no one behind in an ageing world.. Retrieved from: <https://desapublications.un.org/publications/world-social-report-2023-leaving-no-one-behind-ageing-world>

63 Government of the Province of Buenos Aires. (8 August 2022). It was the first year since the implementation of the Programme for the Recognition of Contributions for Care Tasks. https://www.gba.gob.ar/comunicacion_publica/gacetillas/se_cumplió_el_primer_año_desde_la_implementación_del_programa_de

Previously, countries such as **Uruguay** (Law No. 18,395 of 6 November 2008 on the Flexibility of the Regime for Access to Retirement Benefits), **Chile** (Law No. 20,255 of 11 March 2008 establishing pension reform) and **Bolivia** (Law No. 065 of 10 December 2010 on pensions) have also recognized additional contribution periods for each child. Likewise, **Spain, Brazil, and Ecuador** also have other compensatory measures for unpaid care work at the time of retirement.

Source: Flavia Marco Navarro, gender specialist, (September 7, 2023). Fifth dialogue Caring for those who care: good practices and challenges of protection and decent conditions for caregivers in the EU and LAC. Watch [here](#).

These responsibilities limit the possibilities of full participation in the labor market, in addition to affecting the quality of care received by older persons. In contexts where the public provision of care services is limited, the role of civil society organizations has been key in advancing the care agenda, offering comprehensive care and support services, and building networks and models of care that put the quality of services at the center, such as the example of Costa Rica in providing long-term care (see Table 4).

Table 4. Care from civil society: the example of Costa Rica

In Costa Rica, **long-term care is mainly carried out by civil society organizations**, which manage long-term care homes, day care centers and other care services with State resources and community contributions. There are more than 120 associations in the country that provide care services to older persons.

The Carthaginian Association of Care for older people (ASCATE) is one of the civil society organizations dedicated to offering care services to older people through a person-centered model of gerontological care, which directly involves the professional and technical staff, families, volunteer groups, and students who work in this association. This model puts older people at the center and recognizes their central role so that they are the ones who decide and actively participate in all present and future care, to improve and maintain their quality of life.

This model of care has been replicated by the vast majority of civil society organizations that work to provide care in four care modalities: (1) care in day

centers; (2) home care part of the Care Network; (3) Alzheimer’s Specialty Unit and (4) Community Care.

Source: Ruth Rivera, Secretary General of Ibero-American Federation of Associations of Older Persons (13 April 2023). Third Dialogue Long-term care: good practices and challenges for constructing Comprehensive Care Systems in the EU and LAC. Watch [here](#).

In addition to gender, other factors, such as belonging to indigenous communities or living in rural environments, have implications for how long-term care is conceived and experienced. In indigenous groups, older persons people are a vital support for family and community care. Care is also an important space for transmitting knowledge and cultural practices between different generations. In rural areas, public and private care services are often very limited. Factors such as geographical dispersion, demographic structure, and accessibility difficulties limit the installation of paid services in these territories, favoring unpaid family care by women. Care in rural areas also requires greater time and physical effort than in urban spaces, as it encompasses activities that have to do with productive tasks related to the care of the environment and the supply of essential goods⁶⁴. That is why considering the particularities of rural and urban areas is key to designing care systems that meet the needs of the territories (see Table 5).

Table 5. Care with a territorial approach: the case of Cordoba in Argentina

Aside from the unequal distribution of care responsibilities among care stakeholders and between men and women, the territory conditions access to care infrastructures. Thus, care is closely related to the conditions of the inhabited territory and the conditions that occur inside the homes. Due to the urbanization process, premature aging in rural areas leads to disadvantageous social and economic conditions, especially in dispersed rural areas far from urban centers.

In Argentina, a 2022 exploratory study in Córdoba found that the highest concentration of care facilities for older persons with some degree of care needs and children is concentrated in the sectors of the city where the middle- and high-income population lives and with the lowest number of children. On the other hand, in the areas with

64 CLACSO and UN Women (2022). State of the art on care in rural contexts in Latin America and the Caribbean. Retrieved from: <https://www.clacso.org/en/estado-del-arte-sobre-cuidados-en-contextos-de-ruralidad-en-america-latina-y-el-caribe/>

the greatest presence of children and with greater territorial vulnerability, there is little or no presence of care infrastructures, in addition to finding a greater number of households with women as the only ones responsible for care and with a greater number of people who require care and support⁶⁵. The result is that areas with the highest demand for care services have a greater shortage of public care supply, which translates into greater responsibility and work for women and care services being transformed into a commodity.

Source: Ana Falu, Executive Director of the Center for Exchanges and Services for the Southern Cone (CISCOSA) Córdoba, Argentina / Women and Habitat Network Latin America - Marcosur Feminist Articulation (2023, April 13). Third Dialogue Long-term care: good practices and challenges for the construction of Comprehensive Care Systems in the EU and LAC. Youtube. Watch [here](#).



Inclusion of childcare in Comprehensive Care Systems

Childhood and care

The rise of single-parent and dual-income families (where both figures work full-time) has led to new needs for child care services. Providing quality, accessible, and affordable care is essential for mothers and fathers to remain or enter the labor market. Despite efforts to increase the formalization and accessibility of childcare services, childcare still falls significantly on families: by 2020, in European Union countries, more than half of children under the age of three were cared for exclusively by their parents, with significant differences between countries: in Germany more than 80%, followed by Bulgaria (71%), Portugal and the Netherlands (22%) and Denmark (29%).

When mothers and fathers in Europe require formal services, they rely on institutions such as preschools and daycare centers; one in three attends at least 1 hour a week at one of these centers, and 60% attend more than 30 hours a week. Overall, there are improvements in childcare services, with one in three infants under the age of 3 and about 905 children between the age of 3 and school-age receiving early childhood education and care services⁶⁶.

65 Falú, Ana and Lía Colombia, Eva (2022). Care infrastructures. An instrument of social redistribution in the territories. Housing and City Magazine, ISSN 2422 670X, volume 9. Retrieved from: <https://revistas.unc.edu.ar/index.php/ReViyCi/article/view/38303>

66 Eurostat (2022, May 2). Childcare arrangements in the EU. <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20220504-2>

In LAC countries, experiences of childcare services are diverse, although no regional aggregate results have been found. A study by the International Labor Organization (ILO) with figures from 2019 showed that Brazil and Uruguay are the countries with the highest coverage of formal childcare services: in Brazil, 36% of children up to 3 years of age had initial education services, while in Uruguay coverage exceeded 52%, being the country in the region with the greatest reach in the 0 to 3 years bracket. In countries such as Peru and the Dominican Republic, the coverage of the programmes is limited. Most of the programmes are focused on and directed at populations in conditions of poverty or vulnerability, which hinders progress toward universal care services⁶⁷.

Over the past ten years, the EU has shown progress on multiple fronts: improving Member States' legal frameworks for early childhood care and education, strengthening coordination between institutions to allocate budgets and responsibilities, and developing quality frameworks and standards at EU level, such as the 2021 European Child Guarantee⁶⁸ at the national level. In LAC, childcare has also positioned itself as a central issue on political agendas, such as through the **Regional Agenda for the Comprehensive Development of Early Childhood**, signed in 2017.

Intersectional dimensions in care and childhood

When the provision of public and private childcare services is limited, it often falls disproportionately on women, directly impacting their employment opportunities and widening gender gaps in the labor market. In EU countries, 40% of employed women reported experiencing changes in childcare responsibilities, compared to 17% of men in similar circumstances in 2018. In addition, employed women were more impacted by reduced working hours to care for their children than their male peers (18% versus 3%)⁶⁹. In LAC countries, a World Bank report found that women in the region are likelier to lose their

67 International Labour Organization (2022). Care at work: Investing in leave and care services for greater equality in the world of work. Supplementary regional report for Latin America and the Caribbean. Retrieved from: https://www.ilo.org/americas/publicaciones/WCMS_860719/lang-es/index.htm

68 The Child Guarantee is one of the main instruments of the European Strategy on the Rights of the Child and the Action Plan of the European Pillar of Social Rights. It seeks to ensure that children in the European Union can access at least six basic rights: education and childcare, education and extracurricular activities, at least one healthy meal per school day, health, adequate housing and healthy nutrition. Retrieved from: <https://www.hablamosdeeuropa.es/es/Paginas/Noticias/Plan-de-acci%C3%B3n-estatal-para-la-implementaci%C3%B3n-de-la-garant%C3%ADa-infantil-europea.aspx#:~:text=El%2024%20de%20marzo%20de,riesgo%20de%20pobreza%20en%20Europa.>

69 European Institute for Gender Equality (2021). Beijing Platform for Action: Gender inequalities in care and consequences for the labor market. EIGE. https://eige.europa.eu/publications-resources/publications/gender-inequalities-care-and-consequences-labor-market?language_content_entity=en

jobs because of increased childcare responsibilities. The results show how the presence of school-age children is related to job loss in the case of women but not among men⁷⁰.

The provision of formal childcare services can have a positive impact on families' incomes and reduce gender gaps. A study published by the European Institute for Gender Equality with data from 2018 found that women in EU countries with children under the age of 12 who use care services at least 13 hours a week, earn 5% more than those women who do not use care services. For men, this figure is 3% higher⁷¹. Beyond the impact on gender gaps and families' finances, investing in quality care services is critical to child development in multiple aspects. Quality care provides a safe and stimulating environment in which children can grow and learn, contributing to their physical and emotional well-being and developing their cognitive and emotional skills, positively impacting future academic performance. The quality of childcare is critical for the various benefits to materialize⁷².

In addition to the gender dimension, other dimensions need to be considered, such as children who are in vulnerable situations or come from disadvantaged backgrounds. This includes other intersections such as being a child with a disability, being a refugee and/or migrant child, Roma children, or children from homeless families. Families in poverty and vulnerable situations experience challenges in accessing childcare services: in the EU, 13% of parents do not use childcare services due to their high cost. This percentage doubles in households at risk of poverty (28%). In addition, half of children with disabilities in the EU are only cared for by their parents. Children at risk of poverty or social exclusion receive fewer early childhood education and care services than the overall average (27% versus 35%)⁷³. In the LAC region, the gap between families with lower and higher incomes

70 World Bank Gender Innovation Lab for Latin America and the Caribbean (2021). The Gendered Impacts of COVID-19 on Labor Markets in Latin America and the Caribbean. Policy Brief January 2021. World Bank. Retrieved from: <https://www.worldbank.org/en/results/2021/05/05/the-gendered-impacts-of-covid-19-on-labor-markets-in-latin-america-and-the-caribbean#:~:text=Survey%20results%20showed%20that%20at,among%20women%20and%20men%20persisted.>

71 European Institute for Gender Equality (2021). Beijing Platform for Action: Gender inequalities in care and consequences for the labour market. EIGE. Retrieved from https://eige.europa.eu/publications-resources/publications/gender-inequalities-care-and-consequences-labour-market?language_content_entity=en

72 Devercelli, Amanda E. and Beaton- French Day (2021). Better Jobs and Brighter Futures: Investing in Childcare to build Human Capital. The World Bank. Online: <https://www.worldbank.org/en/events/2021/03/04/better-jobs-and-brighter-futures-investing-in-childcare-to-build-human-capital>

73 Communication from the European Commission on the European Care Strategy. Retrieved from: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13298-Estrategia-asistencial-europea_es

is also evident: for 2018 in Uruguay, the attendance of children in high-income households is 73% versus 44% in low-income households⁷⁴.

In addition, some families ask for voluntary admission to delegate care to public or private institutions due to the situation of poverty they are experiencing: it is estimated that between two and eight million children and adolescents worldwide are institutionalized⁷⁵. In the case of Mexico, the number of institutionalized children (users of social assistance shelters) amounts to 24.574 minors, according to data from the 2020 National Population and Housing Census⁷⁶.

Social and gender co-responsibility in childcare

Beyond increasing childcare coverage to ensure access for the most disadvantaged populations, a challenge is the participation of men in the work of caring for their children in all phases of child development, from family planning processes through programmes that focus on new fatherhoods (See Table 6), and responsibility for care when family schemes change as a requirement to promote a new social organization of care with a focus on gender co-responsibility, such as split parenting programmes for couples in the process of separation (see Table 7).

Table 6. Programme P, an initiative for active fatherhood in Chile

The Masculinity Network for Gender Equality of Nicaragua, Promundo (now Equimundo), and Fundación CulturaSalud of Chile, through its Masculinities and Gender Equity area, developed a manual of best practices to promote the participation of men in fatherhood and caregiving⁷⁷. The programme, whose **main objective is to promote the active involvement of men in the care and upbringing of children**, has three areas of action: (1) to offer resources to health professionals

74 International Labour Organization (2022). Care at work: Investing in leave and care services for greater equality in the world of work. Supplementary regional report for Latin America and the Caribbean. Retrieved from: https://www.ilo.org/americas/publicaciones/WCMS_860719/lang-es/index.htm

75 United Nations Children's Fund (2020). Beyond Institutional Care: A Roadmap for Child Care and Protection System Reform for Governments in Latin America and the Caribbean. UNICEF. Retrieved from: <https://www.unicef.org/lac/informes/mas-alla-del-cuidado-institucional>

76 INEGI (2020). Population and Housing Census 2020. Retrieved from: <https://www.inegi.org.mx/programas/ccpv/2020/>

77 REDMAS, PROMUNDO and EME (2013). Programme P: A Handbook for Active Parenthood. Retrieved from: <http://men-care.org/wp-content/uploads/2013/11/Program-P-Spanish.pdf>

on how to involve men in reproductive health processes such as health check-ups during pregnancy, childbirth, and health check-ups with children up to the age of four; (2) to offer tools for the education of male fathers and their partners through group sessions; (3) to provide guidelines for creating community campaigns.

A novel aspect of this programme is its intersectoral approach, working hand in hand with professionals in the health and education sectors, recognizing these sectors as key to promoting co-responsible fatherhood. The programme has been replicated in at least 18 countries, adapting to the local needs of each context, and has been assessed in several of the countries of implementation, showing positive effects within households^{78 79}.

Source: Wessel van den Berg, MenCare Officer at Equimundo (8 June 2023). Fourth Dialogue on Child Care: Good Practices and Challenges for the Construction of Comprehensive Care Systems in the EU and LAC. Watch [here](#).

Table 7. Split Parenting Workshops to Protect Children in Zapopan, Mexico

In Mexico, following the COVID-19 pandemic, divorces increased by up to 60% nationwide. The divorce process can cause severe emotional damage to children and adolescents. That is why the City of Zapopan and the Council of the State Judiciary presented the split parenting workshops in December 2022. Through these workshops, we seek to **offer positive parenting tools that make it easier for mothers and/or fathers to carry out the process of healthy parenting, thinking about the well-being of children and adolescents.**

The two workshops that took place in the municipality have managed to train more than 700 people on how to carry out responsible parenting.

Source: Martha Merlo Huertas, Social Policy Officer at UNICEF (8 June 2023). Fourth Dialogue on Child Care: Good Practices and Challenges for the Construction of Comprehensive Care Systems in the EU and LAC. Watch [here](#).

78 Equimundo (2013). Programme P. Promoting men as caring, equitable and non-violent fathers. Retrieved from: <https://www.equimundo.org/programs/program-p/>

79 Stern, Erin; Alemann, Clara; Flores, Gustavo; Escobar, Alexia (2023). Lessons learned from implementing the parenting Programme P in Bolivia to prevent family violence. *Assessment and Programme Planning*, 97, 102207. Retrieved from: https://www.equimundo.org/wp-content/uploads/2023/05/Lessons-from-Program-P-Bolivia_Journal-article-published.pdf

Another of the main challenges is coordination with the institutions and actors that provide care services, including companies and unions, so that they can jointly define objectives and assign responsibilities according to the competencies of each instance. To this end, interventions must consider children and their families to facilitate the labor insertion of mothers and fathers. An example of a successful coordination experience with the private sector is the “SIEMPRE” centers in Uruguay (see Table 8).

Table 8. Social Co-Responsibility Approach: “SIEMPRE” Centers in Uruguay

In Uruguay, a lesson learned in implementing a child-friendly care system was the need to get all communities involved in care through a focus on social and gender co-responsibility, moving from a logic of services to a logic of people.

The “SIEMPRE” centers are spaces where care and education services are provided aimed at children under the age of 12 and their families. The objective is to promote the comprehensive development of girls and boys, as well as the promotion and exercise of their rights, taking into account the occupational situation of their families. The project has three specific objectives: (1) to facilitate work-life balance by offering services adapted to the needs of each family (more flexible and extended Annexes); (2) to offer families a support and accompaniment service in strengthening their parenting capacities, growth, and social integration; (3) to promote actions of social and gender co-responsibility.

The programme seeks to benefit children up to 12 years of age, with priority in 0 to 3 years old, whose families are linked to unions and/or companies. The programme is also aimed at families in vulnerable situations located in the reference area of the centers. Although these are aimed at the children of workers who are members of trade unions or companies, they must include 20% of children in the community, regardless of the occupational status of the parents.

The centers are always an example of a successful experience of social co-responsibility between the private sector (companies, unions, or care centers), the community, and the State. The private sector must provide the necessary infrastructure and initial equipment to implement care services, as well as their maintenance, while the State, within the framework of the Care System through the Uruguayan Institute for Children and Adolescents (INAU), provides the corresponding costs to the human resources required for the operation of the

childcare service. The day-to-day management of the service is carried out by an organization with legal status and management capacity in agreement with INAU⁸⁰.

As of 2022, there were 12 care centers run by unions and companies in eight country departments, covering more than 850 children from 0 to 3 years old⁸¹.

Source: Julio Bango, UN Women Consultant and former National Secretary of Care of Uruguay (8 June 2023). Fourth Dialogue on Child Care: Good Practices and Challenges for the Construction of Comprehensive Care Systems in the EU and LAC. Watch [here](#).



Inclusion of paid and unpaid care workers in Comprehensive Care Systems

Reward: more work in decent conditions for care workers

An essential component in the design of Comprehensive Care Systems is to involve the diversity of persons (primarily women) engaged in care, whether unpaid caregivers and paid care workers in the public and private sectors or in the informal economy. The ILO distinguishes three groups of care workers: (1) care workers in the health, education, or social work sectors; (2) indirect or direct care in other sectors; (3) domestic or housework. Working conditions and possibilities for access to decent work are different between the three groups, but some common challenges limit efforts to reward work in the care sector.

First, even though the aging of the population, especially in EU countries, shows potential for more significant job creation, the paid sector is facing a crisis marked by high turnover and staff shortages, unable to respond to the growing demand for care and support⁸². A survey conducted by Social Employers involving employers' organizations and social service providers from 20 EU countries revealed that 85% of these face a staff shortage in the care sector⁸³. Intentions to leave the sector are widespread in several countries in

80 Government of Uruguay (2022). Education and Care Centers of trade unions and companies. <https://www.gub.uy/sistema-cuidados/tramites-y-servicios/servicios/centros-educacion-cuidados-sindicatos-empresas-0>

81 National Board of Care (2023). National Integrated Care System: Annual Report 2022. Retrieved from: <https://www.gub.uy/sistema-cuidados/institucional/informacion-gestion/memorias-anales/sistema-cuidados-informe-anual-2022>

82 Eurofound (2020), Long-term care workforce: employment and working conditions. Eurofound. Retrieved from: <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>

83 Federation of European Social Employers (2022). Staff shortages in social services across Europe. Retrieved from: <https://socialempleyos.eu/en/news/survey-results-illustrate-extent-of-current-staff-shortages-in-social-services/>

the region: according to a study part of the RETAIN project of the organization UNICARE / UNI Global Union Europe, 31% of long-term care workers in Germany have considered leaving their job in the sector to look for other opportunities, while in Ireland, 61% of nurses have considered leaving their position due to the impact it has on their well-being⁸⁴. Among the reasons that lead to high turnover rates and labor shortages are low wages, partial and temporary contracts, irregular work models, and intense working hours that lead to burnout⁸⁵.

Gender pay gaps are also reflected in the paid care sector. According to a study by the ILO and the World Health Organization in 54 countries, salaried female workers in the care and health sector earn 20% less than their male peers in the same sector⁸⁶.

The low professionalization of the sector is another major challenge. Without vocational training programmes, care workers do not have opportunities to certify their caregiving skills, negatively affecting their skills' valuation. That is why encouraging the formalization of care work is key to advancing adequate remuneration and representation of this sector as sought by the childcare formalization scheme in Ireland (see Table 9).

Table 9. Ireland and its plan to formalize childcare workers

Over the past decade, Ireland has shown significant progress in providing childcare services. In 2021, the Department of Children, Equality, Diversity, Inclusion, and Youth developed the National Action Plan for Child Care to promote childcare under the principles of high quality, accessibility, and affordability, with particular emphasis on regulating and supporting paid childcare.

In this context, the 2022-2028 Skills Development Plan **emerged in December 2022, a plan to professionalize the workforce in the early childhood care and learning sector and school-age children**⁸⁷. The Plan highlights five main actions to recognize

84 Milos, J. & Bergfeld, M. (2022) RETAIN: Addressing Staff Turnover and Labor Shortages in Care. UNI Global Union. Retrieved from: <https://uniglobalunion.org/report/tackling-labor-shortages-and-turnover-in-the-long-term-care-sector/>

85 Milos and Bergfeld, 2022; See also Caritas Europe (2023). Growing old with dignity. The challenges of long-term care in Europe. Retrieved from: https://www.caritas.eu/wordpress/wp-content/uploads/2023/06/Caritas_Cares.pdf

86 ILO and WHO (2022). The Gender Pay Gap in the Health and Care Sector – A Global Analysis in the time of COVID-19. Retrieved from: https://www.ilo.org/global/publications/books/WCMS_863706/lang-es/index.htm

87 Department of Children, Equality, Disability, Integration and Youth of Ireland (7 December 2021). Minister O’Gorman launches Nurturing Skills: The Workforce Plan for Early Learning and Care and School-Age Childcare (2022 – 2028). tags. <https://www.gov.ie/en/press-release/c5275-minister-ogorman-launches-nurturing-skills-the-workforce-plan-for-early-learning-and-care-and-school-age-childcare-2022-2028/>

the central role that child caregivers play in children’s development and well-being, working hand-in-hand alongside families: (1) achieving a graduated early care workforce, financially supporting educators in their studies while working in the sector; (2) supporting school-age child care professionals to meet the new qualification requirements that will be phased in over the next few years; (3) developing a career outline and strengthen career paths, with particular emphasis on the development of leadership skills; (4) building a national infrastructure for the professional development of child care workers and (5) supporting staff recruitment, retention, and diversity.

These actions will be accompanied by improvements in the employment conditions and wages of childcare workers, as well as financial support to families and communities in disadvantaged and vulnerable situations to strengthen accessibility to services.

Source: Agata D’Addato, Eurochild Senior Programme Coordinator, (8 June 2023). Fourth Dialogue on Child Care: Good Practices and Challenges for the Construction of Comprehensive Care Systems in the EU and LAC. Watch [here](#).

Paid domestic workers have historically been unprotected and face greater precariousness compared to their counterparts working in the care sector in public or private institutions. Being in a private work environment, such as in private homes, encourages practices that threaten the dignified exercise of the profession. The lack of workplaces to live together generates isolation and makes it difficult to organize with other counterparts to demand compliance with labor and social protection regulations. According to a 2022 study in the 22 countries of the Ibero-American community carried out by the ILO, UN Women, and the Ibero-American Social Security Organization (OISS) on the access of paid domestic workers to social protection systems, 17 out of 22 legislations analyzed contain some form of direct discrimination compared to other salaried jobs, such as, for example, less favorable treatment in terms of regulations on working hours and minimum income. The countries that represent the most significant gap are Bolivia, Guatemala, Honduras, and Portugal⁸⁸.

Additionally, Honduras, El Salvador, and the Dominican Republic do not have a minimum wage for domestic work, while Costa Rica, Panama, and the Dominican Republic

88 UN Women, OISS and ILO (2022). Access to social security for paid domestic workers in Ibero-America. Retrieved from: https://www.ilo.org/americas/publicaciones/WCMS_861167/lang-es/index.htm

exclude this sector from the occupational risk regime. Added to this are forms of indirect discrimination. The existence of in-kind payments has a negative impact on the amount of the contributions and additional requirements for affiliation and contributions to social security⁸⁹. On the other hand, progress and successful experiences are also recognized in the countries analyzed to promote access to social security for paid domestic workers, based on the recommendations of ILO **Convention 189** on domestic workers (see Table 10). The ratification of Convention 189 is a first step in favor of domestic workers. However, this must be translated into the corresponding regulations and policies. In addition, the mechanisms for access to justice in both regions must be improved to demand and comply with rights adequately.

The COVID-19 pandemic highlighted and deepened many of these challenges. Many domestic workers lost their jobs when the quarantine began. Unlike other sectors that carried out their activities remotely, the physical impossibility of this for domestic work left the only alternative to dismissal to continue performing tasks in risky conditions. In a context of isolation, the transfer to their workplaces increased the chances of contagion. Considering the already precarious conditions of the sector, it is logical to think about the lack of adequate medical care in case of infection⁹⁰. On the other hand, there was an overload in the education and health sectors. The women in these sectors saw an increase in the workload and risk not only when exercising their professions but also within their homes, where care work did not decrease either.

Table 10. Good practices for domestic workers' access to social security

ILO Convention 189 has marked a milestone in the actions and regulatory changes of governments to promote the exercise of domestic workers' rights. **Of the 22 Ibero-American countries analyzed in a 2022 joint study by ILO, UN Women**

89 UN Women, OISS and ILO (2022). Access to social security for paid domestic workers in Ibero-America. Retrieved from: https://www.ilo.org/americas/publicaciones/WCMS_861167/lang-es/index.htm

90 ECLAC (2020a). COVID-19 Reports. The COVID-19 pandemic deepens the care crisis in Latin America and the Caribbean. Retrieved from: <https://repositorio.cepal.org/server/api/core/bitstreams/c2424803-6a63-4f96-89fb-3d89b654476d/content>; European Institute for Gender Equality (2022). Gender Equality Index 2022. Covid-19 pandemic and care. Retrieved from: https://eige.europa.eu/publications-resources/publications/gender-equality-index-2022-covid-19-pandemic-and-care?language_content_entity=en;

UN Women, ECLAC, ILO (2020), Paid domestic workers in Latin America and the Caribbean in the face of the COVID-19 crisis. Retrieved from: https://lac.unwomen.org/sites/default/files/2023-06/ES_Trabajadoras%20Remuneradas%20del%20Hogar%20v11.06.20%20_.pdf

and the OISS, 13 countries have had one or more successful experiences in promoting domestic workers' access to social security⁹¹. For the identification of good practices, the criteria to be considered are the mandatory nature of affiliation, the possibility of multi-employment contributions and framing, help or support mechanisms to facilitate the procedures and processes of affiliation and contributions, centralized collection schemes and financing mechanisms that encourage access and the realization of sustained campaigns to inform about occupational health and safety protocols, among other criteria.

Uruguay and Chile have the highest coverage of domestic workers to social security, with 76% and 56% of people contributing to social security, respectively, for 2020. In the case of Uruguay, this group of workers has won the same rights as the rest of the sectors, including health coverage, unemployment benefits, working hours and rest, and wage fixing by collective agreement. These advances have been possible thanks to regulatory reforms and incentives for compliance, such as incorporating domestic workers into Wage Councils and other participation bodies. There has also been progress in Costa Rica, Spain, and recently in Ecuador and Peru.

Source: Flavia Marco Navarro, gender specialist, (7 September 2023). Fifth Dialogue Caring for those who care: good practices and challenges of protection and decent conditions for carers in the EU and LAC. Watch [here](#).

The third challenge is racism, xenophobia, and the persistence of unjust migration policies⁹², especially in the case of the EU. The feminization of migration is closely linked to the care crisis. Globally, migrant women account for 17 percent of domestic workers, making up for the lack of domestic labor in higher-income regions, while in Europe, they account for 55 percent of paid domestic workers.⁹³

This overrepresentation is related to the current configuration of **global care chains**. In these, care jobs are transferred from low-income areas to other, more advantaged areas. Thus, they can be internal, from rural to urban areas; of a transoceanic nature, from one

91 UN Women, OISS and ILO (2022). Access to social security for paid domestic workers in Ibero-America. Retrieved from: https://www.ilo.org/americas/publicaciones/WCMS_861167/lang-es/index.htm

92 European Institute for Gender Equality (2022). Gender Equality Index 2022. Covid- 19 pandemic and care. Retrived from: https://eige.europa.eu/publications-resources/publications/gender-equality-index-2022-covid-19-pandemic-and-care?language_content_entity=en; Cáritas Europa (2023). Growing old with dignity The challenges of long-term care in Europe. Retrived from: https://www.caritas.eu/wordpress/wp-content/uploads/2023/06/Caritas_Cares.pdf

93 ECLAC (2022a). The Care Society: Horizon for a Sustainable Recovery with Gender Equality, p. 12. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/48363-la-sociedad-cuidado-horizonte-recuperacion-sostenible-igualdad-genero>

continent to another, in the case of Latin America and the Caribbean towards Europe, particularly Spain; and trans-regional, from lower-middle-income countries in the region to upper-middle-income countries.⁹⁴ This phenomenon seeks to meet the demand for care in higher-income areas, which are experiencing a decline in the national or local workforce in these sectors.

In the case of Latin America, **migratory corridors for caregiving** have been forming, with the main destinations being Argentina, Chile and Costa Rica, but other significant migratory corridors include those from Guatemala to the southern border of Mexico; from Haiti to the Dominican Republic; from Central America to Panama; and in Brazil, women migrants from various countries are also entering paid domestic workforce. In Latin America and the Caribbean, the majority of paid migrant domestic workers come from neighboring countries⁹⁵. These women who migrate to take care of “third parties” often leave children or older persons in their place of origin, whose care is assumed, in turn, by other women (usually grandmothers and sisters, among others)⁹⁶. These jobs are often informal, poorly paid, and without access to social protection; Only 22% of the world’s women migrant workers have social protection globally⁹⁷. During the COVID-19 quarantine, for example, migrants living in their workplaces continued to carry out their tasks without receiving the corresponding remuneration, either due to ignorance of their labor rights or due to their irregular administrative situation, with the only incentive of having some income that allows them to cover their and their family’s basic needs⁹⁸.

Recognizing, reducing, and redistributing unpaid care work

In EU countries, 92% of women consider themselves regular informal caregivers, i.e., they provide unpaid care services at least several days a week, while only 68% of men report being regular caregivers. The most significant differences in care responsibilities are in

94 UN Women (2018) Recognising, redistributing and reducing care work. Inspiring practices in Latin America and the Caribbean. Retrieved from: www.bit.ly/RRR_Cuidados

95 ECLAC (2020b). Inequality, Care Crisis and Migration of Paid Domestic Work in Latin America. ECLAC. Retrieved from: <https://repositorio.cepal.org/server/api/core/bitstreams/3807d08e-c4b5-41de-9fe5-ad115f2f1447/content>

96 UN Women (2018). Recognising, redistributing and reducing care work. Inspiring practices in Latin America and the Caribbean. Retrieved from: www.bit.ly/RRR_Cuidados.

97 UN Women (2020). Leaving No One Behind: Access to Social Protection for All Migrant Women. Policy brief no. 14. Retrieved from: https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy%20Brief%2014_Migration%20and%20social%20protection_ES.pdf

98 IOM, UN Women (2023), Gender, Migration and Care Tasks: Challenges in South America. International Organization for Migration (IOM) / UN Women Regional Office for the Americas and the Caribbean, Buenos Aires: Retrieved from: <https://robuenosaires.iom.int/sites/g/files/tmzbdl626/files/documents/2023-03/OIM-ONU-MUJERES-Genero-migracion-tareas-del-cuidado.pdf>⁹⁸

Greece, Cyprus, and Poland, where women spend twice as much time on unpaid care work compared to their male counterparts, while in Denmark, Sweden, and Slovenia, there is a more equitable distribution thanks to the introduction of equal and non-transferable paternity leave and an increase in paternity benefits.⁹⁹

The unequal distribution of care responsibilities occurs mainly in the care of children: a 2022 survey in EU countries revealed that nearly 56% of women surveyed spend at least 5 hours a day caring for their children compared to 26% of men surveyed¹⁰⁰. This gender gap is not as visible in long-term care: 42% of women surveyed provide long-term care versus 38% of men¹⁰¹. Access to formal care services is key to reducing gender inequalities in care. However, there are challenges in accessing these services, including the lack of economic resources, the lack of availability, the lack of flexibility of Annexs, and the distance from the establishments where the services are provided¹⁰².

In LAC, women spend more than three times as much time on unpaid domestic and care work as men, with the burden being proportionally greater on lower-income women. These responsibilities significantly limit their ability to participate fully in the labor and education markets and hinder their personal development. According to ECLAC data, around 60% of women in households with children under the age of 15 declared in 2020 that they did not participate in the labor market because they had family care responsibilities¹⁰³.

Among the significant challenges experienced by informal carers are reconciling care with professional life, reduced income in cases of leaving the labor market, exhaustion, stress, and physical and mental weakness. This is because the variety of tasks and efforts may exceed a family member's or informal caregiver's capabilities, which can affect the quality of care provided and the quality of life of both caregivers and care recipients. In this sense, one of the main demands to reduce and redistribute unpaid care work is to increase and diversify resources to accompany unpaid caregivers. Initiatives to reduce and redistribute

99 European Institute for Gender Equality (2021). Gender inequalities in care and consequences for the labor market. Retrieved from: https://eige.europa.eu/publications-resources/publications/gender-inequalities-care-and-consequences-labor-market?language_content_entity=en

100 European Institute for Gender Equality (2023). A better work-life balance: bridging the gender care gap. Retrieved from: <https://eige.europa.eu/publications-resources/publications/better-work-life-balance-bridging-gender-care-gap>

101 EIGE (2023). A better work-life balance: bridging the gender care gap. Retrieved from: <https://eige.europa.eu/publications-resources/publications/better-work-life-balance-bridging-gender-care-gap>

102 European Institute for Gender Equality (2021). Gender inequalities in care and consequences for the labor market. Retrieved from: https://eige.europa.eu/publications-resources/publications/gender-inequalities-care-and-consequences-labor-market?language_content_entity=en

103 Economic Commission for Latin America and the Caribbean (ECLAC) (2020). Social Panorama of Latin America, 2020 (LC/PUB.2021/2-P/Rev.1), Santiago, 2021. ECLAC. Retrieved from: <https://www.cepal.org/es/publicaciones/46687-panorama-social-america-latina-2020>

unpaid care include offering support services and professionalized accompaniment, either in facilities or at home, and offering training and psychosocial support services. Among the successful policies, a program in Chile called 4 to 7 to support female relatives responsible for caring for children in their labor integration process stands out¹⁰⁴.

Regarding redistribution, the creation of laws relating to maternity and parental leave has contributed to co-responsibility among families. In the EU, 15 countries have ratified **ILO Convention 183 on Maternity Protection** (C183) of 2000, while in LAC, the vast majority have not ratified it, except for Peru, Panama, and the Dominican Republic, among others (See Annex 1).¹⁰⁵ The introduction of paternity leave in several countries has also been a significant step in redistributing childcare. Before paternity leave, the alternative for fathers to have access to paid leave was for their partners to give them part of the maternity leave, which limited men's involvement in early care processes.

The recognition of unpaid work (domestic and care) and its economic valorization is a challenge for national accounting and the conceptualization of production and the well-being of societies. There is still a gap in the information to measure the contribution of households and individuals to economic growth estimates. In several countries, progress has been made in having updated time-use figures through national surveys or other data collection mechanisms to estimate the contribution of these activities to countries' gross domestic product (GDP). In Chile, for example, a study to make a first estimate of the monetary value of unpaid domestic work for 2020 found that it would represent 25% of its expanded GDP in 2020¹⁰⁶. Other measures to promote the recognition of these people are the new status of informal caregiver in Portugal (see Table 11) and the delivery of the credential for unpaid care workers in Chile, which certifies their care work and grants preferential access in various public institutions (see Table 12).

104 Chile Atiende (7 March 2023). Programme 4 to 7 in Chile. <https://www.chileatiende.gob.cl/fichas/12255-programa-4-a-7>

105 ILO Global Care Policy Portal (2023), accessed 20 September 2023. ILO: <https://www.ilo.org/globalcare/> ; ILO (2023). Ratification of the Maternity Protection Convention, 2000, C183. Accessed 23 September 2023: https://www.ilo.org/dyn/normlex/es/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312328

106 Central Bank of Chile (2020). June 2021 Unpaid Domestic Work Estimate. Central Bank of Chile. Retrieved from: <https://www.bcentral.cl/contenido/-/detalle/estimacion-trabajo-domestico-no-remunerado>

Table 11. Recognizing unpaid care workers in Portugal

In Portugal, following a petition made by citizens, a formal statute for unpaid or informal workers was approved in 2019 through Law 100/2019 with the aim of recognizing the fundamental role they play and offering support to reduce redistribute and improve the quality of the services provided.

Among the benefits that can be accessed by those who are recognized with this status are receiving training, advice, and follow-up from health and social security professionals, receiving psychological support, developing a specific intervention plan for the person they care for, receiving subsidies and actively participating in the design of public policies on care. However, this law does not respond to the

needs of caregivers. This statute recognizes that only informal carers with family ties can benefit from support measures, in addition to the fact that this financial support is relatively low and conditional on the socio-economic level of the families, with the average value being 300 euros. Additionally, measures regarding support through reference professionals have not been implemented yet, as well as the development of intervention plans, breaks, and self-help groups, among others.

The statute's scope is very limited: of the 827,000 carers in Portugal, only 15,000 have their status recognized, and just over 2,000 have benefited from a subsidy. This process is, therefore, still very bureaucratic and does not meet the needs and demands of care workers. Civil society demands that all caregivers have financial support since they all suffer losses in this aspect.

Source: Liliana Chaves, President of Associação Nacional Cuidadores Informais [National Informal Caregivers Association] Portugal, (7 September 2023) Fifth Dialogue Caring for those who care: good practices and challenges of protection and decent conditions for carers in the EU and LAC. Watch [here](#).

Table 12. Accompaniment of unpaid care workers in Chile

In Chile, one of the main objectives of the Local Support and Care Network Programme is to help persons with moderate or severe functional dependency maintain or improve the development of basic activities and situations of daily living. On the other hand, to help primary care workers maintain or reduce their overload level through specialized care support services. The Programme is mainly aimed at persons who belong to the 60% most vulnerable bracket and who have declared moderate or severe dependency and at their caregivers.

Among the benefits of the programme is the delivery of a specialized care plan which consists of generating an intervention plan to improve the psychosocial well-being of persons with moderate or severe care needs and their caregivers; the provision of basic care services in the beneficiary's home that contribute to reducing the burden of the primary caregiver; and access to specialized services and goods that facilitate care. For example, podiatry, hairdressing, occupational therapy, technical aids, functional housing adaptations, and mobilization, among others. Households are accompanied for three years.

The Local Support and Care Network Programme is implemented in 90 communes in the country and has benefited more than 6,500 people between 2020 and 2021.

Source: Almendra Orellana, Advisor to the Ministry of Women and Gender Equality, (7 September 2023). Fifth Dialogue Caring for those who care: good practices and challenges of protection and decent conditions for carers in the EU and LAC. Watch [here](#).

Representation, social dialogue, and collective bargaining

To achieve greater co-responsibility and advance the care agenda, social dialogue is needed in which all the actors involved - State, employer(s), and worker(s) – get together, as well as consultation processes with other actors involved - communities and households. In this context, it is necessary to strengthen the right to free association and unionize. **ILO Conventions No. 87 and No. 96** (see Annex 1) are part of the ILO's core labor standards to protect workers' rights and ensure a balance of power in industrial relations, as well as adequate representation in bargaining on equal terms to improve their conditions of employment around working hours, minimum wage, maternity, paternity, and parenting policies and require states to ratify and implement international labor conventions in support of care and care workers (see Annex 1) such as **ILO Convention 189 on domestic**

workers adopted in 2011 and ratified by only 8 countries out of the 27 EU members and¹⁰⁷ 18 LAC countries¹⁰⁸.

Collective agreements can become effective tools to extend rights and protections to care workers (see Table 13). However, care workers, including those in domestic work, face challenges in exercising their right to organize, form unions, and bargain collectively¹⁰⁹. In most LAC countries, domestic workers do not have access to collective bargaining spaces, except for Uruguay and Brazil, while in Argentina, there is tripartite dialogue. This lack of collective bargaining possibilities stems partly from the difficulty of virtually no employers organizations for domestic workers¹¹⁰.

Table 13. Supporting social dialogue and collective bargaining for care workers

The International Trade Union Confederation (ITUC) promotes and defends the rights and interests of workers and puts public investment in the care economy at the center of job creation and formalization. A study published by ITUC in 2022¹¹¹ collects experiences of trade unions and participation in lobbying and advocacy, social dialogue, and collective bargaining activities to promote the rights and protection of carers, including the transition to formal jobs in the care sector through ILO Convention 189. It shows how public investment in childcare, long-term care, and family-friendly labor market policies significantly boost women's employment in direct and formal jobs, reducing the gender gap in employment and the gender gap in monthly earnings.

For example, in the Dominican Republic, an inter-union committee of women workers (CIMTRA) has joined forces to push for improved working conditions and protection for paid care workers, particularly in the domestic space. Following the

107 In Spain, ratification will enter into force in February 2024, so there would be 9 soon.

108 Information System on International Labour Standards. NORMLEX. https://www.ilo.org/dyn/normlex/es/f?p=1000:11300:::P11300_INSTRUMENT_SORT:1

109 ILO (2019). Care work and care workers for a future with decent work. ILO. Retrieved from: https://www.ilo.org/global/publications/books/WCMS_737394/lang-es/index.htm

110 UN Women, OISS and ILO (2022). Access to social security for paid domestic workers in Ibero-America. Retrieved from: https://www.ilo.org/americas/publicaciones/WCMS_861167/lang-es/index.htm

111 ITUC (2022). ITUC report on care: Putting the Care Economy in place: Trade Unions in Action Around the World. Retrieved from: <https://www.ituc-csi.org/ituc-report-on-care-2022-en?lang=en>

committee's requests, the Government has launched a pilot project to transform home care services from unpaid and informal employment to formal employment paid at minimum wage under the minimum conditions set by social security and labor regulations.

Spain was the first EU country to implement the Work-Life Balance Directive thanks to the push of Spanish trade unions who participated in social dialogue to ensure its proper implementation and decent work for all carers, including domestic workers. Trade unions are calling for increased public spending, worker protection, and improved working conditions for carers and the quality of care.

Source: Marieke Koning, ITUC Equality Advisor, (7 September 2023). Fifth Dialogue Caring for those who care: good practices and challenges of protection and decent conditions for carers in the EU and LAC. Watch [here](#).

Recommendations: elements for creating person-centered Comprehensive Care Systems

Recommendations: elements for creating person-centered Comprehensive Care Systems

The recommendations expressed here arise from the interventions of the experts who participated in the series of Interregional Dialogues “Care at the center of new development models: challenges and opportunities for the construction of Comprehensive Care Systems from the European Union and Latin America and the Caribbean”.



Persons with disabilities

- Reflecting on the conceptualization of persons with disabilities as dependent people to move **towards a new paradigm of care and support oriented towards scenarios of interdependence**. Reconsider the concept of dependency since we all require care at some point throughout the life cycle. It is also necessary to move from the conception of persons with disabilities as dependent persons to considering them as priority populations.
- Universalizing the approach towards **persons with disabilities as subjects of rights**, respecting their will and autonomy. In addition, spaces for dialogue and consultation should be formalized with organizations and individuals working on behalf of persons with disabilities to ensure their participation and leadership in the design of public policies.
- **Rethinking the institutionalization of persons with disabilities** to ensure that they have agency, autonomy, and control over the support and care system that they require.
- **Moving towards models of community and social care and support**. It is recommended to incorporate mechanisms for repairing damages, empowerment, and generating citizenship, as well as moving towards socio-health and community care that promotes personal support. Likewise, the principles of the multisectoral strategy of Community-Based Rehabilitation (CBR) for the rehabilitation, equal opportunities,

and social integration of all persons with disabilities, which serves to implement the Convention on the Rights of Persons with Disabilities, must be followed¹¹².

- Considering **reforms to the model of legal capacity of persons with disabilities**, incorporating disability, human rights, gender, and intersectionality approaches. Some legal systems have been moving towards the recognition of the equal legal capacity of persons with disabilities, regardless of the use of support tools for the exercise of this legal capacity, always in alignment with the Convention.
- **Promoting inter-institutional articulation to link the disability, gender, and care agendas**. A system of care and support must include intersectoral actions that promote the inclusion of the disability perspective from early childhood and throughout life. In several countries, progress has been made in linking the disability, gender, and care agendas and formalizing spaces for dialogue between institutions.
- **Ensuring that, while respecting their autonomy, persons with disabilities who decide to provide care have a robust system of support** that takes into account the particular vulnerabilities involved in the exercise of maternity or paternity in a situation of disability. In this sense, it is recommended to accompany and advise them in the care processes, reduce the digital gap, and encourage technological innovations to facilitate care and ensure accessibility and autonomy.

112 International Disability and Development Consortium (2012). Community-based rehabilitation and the Convention on the Rights of Persons with Disabilities. Retrieved from: <https://www.iddconsortium.net/wp-content/uploads/2019/11/2012-CBRTG-CBR-and-the-CRPD-Guidance-Note-Es.pdf>



Older persons with care needs

- **Moving towards a life-course approach in the construction of care systems.** It is important to approach aging as a dynamic process throughout life, recognizing that human health and development depend on the interaction of economic, social, cultural, and family factors and that all persons require care at different levels at some point throughout the life cycle. This requires campaigns from an early age that promote cultural changes in the concept of aging and care.
- **Recognizing the heterogeneity of aging.** The criterion of reaching a certain age to classify a person as older has resulted in a denial of each person's situation, needs, demands, and abilities. It is urgent to respect and recognize the diversity of aging, to assume that they are not a homogeneous group, and to consider the different ways of aging due to different lifestyles and socioeconomic, cultural, and health factors, among others. There is no single model of care, so the offer of care must respond to the heterogeneities of aging¹¹³.
- **Implementing an ethnic-territorial and intercultural approach in the design of care systems** takes into account older people's demands and needs. The scientific and Western views of care can limit the scope of care infrastructures. Therefore, it is necessary to respect and recognize the different practices and cultures of care based on the diverse conceptions and practices of indigenous peoples and other communities, incorporating the colonial matrix as a central crossroads for the understanding of community care in the region. Dialogue and coordination between government agencies and the communities and organizations that provide other types of care is important to ensure the success of this approach.
- **Respecting the autonomy of older people** in terms of how they want to receive and provide care (if they wish to). It is essential to promote a care system that meets the needs and demands of diverse older persons and responds to an active aging process.
- **Promote a community-based approach in care systems** to combat the institutionalization of aging and prioritize community living while respecting the right to live independently. Different models within a care system can take shape through

113 There are different risks of ageing (advanced, moderate, mild) and the demand for care must respond to these different geographies and heterogeneities of ageing.

the provision of day support centers and the promotion of home care to respect each person's life projects in a safe and healthy environment.

- **Promoting the associativity of older persons** through the provision of collective and interactive spaces that are friendlier to older persons, that allow socialization and exchange between generations, and the training and involvement of older persons in daily life.
- **Promoting an inclusive digital transition with older people.** Technology can allow seniors to continue their productive lives and gain greater independence and autonomy.
- **Incorporating the territory** as a central axis to analyze care from identifying territorial gaps between the supply and demand of care services. Capturing territorial specificities through tools such as cartographies, the territorial vulnerability index, and georeferencing of care¹¹⁴ is useful in considering the territory as a dimension of analysis in designing care policies aimed at older persons with a gender perspective.
- **Combating ageism**, as it is a significant obstacle to the enjoyment of human rights by older people. Care systems must combat this and any form of age-based discrimination and stigmatization in decision-making, especially concerning the allocation of care.

114 United Nations Development Programme [UNDP] (2022). Mapping Care: Innovative tools for the georeferencing of care supply and demand in Latin America and the Caribbean. Retrieved from: <https://www.undp.org/es/latin-america/publications/mapeando-cuidados-herramientas-innovadoras-para-la-georeferenciacion-de-oferta-y-demanda-de-cuidados-en-america-latina-y>



Childhood

- **Moving towards a life-course approach in the construction of care systems.** It is important to address and secure transitions in the different public provision systems offered to families for a better reconciliation between the work agenda and childcare.
- **Responding to the needs of children and their families.** It is necessary for care services to be adjusted to the needs of families, for example, adapting service Annexes to working or study days with night-time care options, adjusting age groups to coincide between the end of parental leave and the beginning of preschool or primary school to promote work-life balance; and considering proximity to homes and the variable of the territory in designing the systems.
- **Placing childhood policies within a broader framework of Comprehensive Care Systems.** It is important to strengthen the link between the agendas of gender equality, childhood, and care. One recommendation is the development of common frameworks, tools, and budgets to integrate movements and policies fighting for children's rights, gender equality, care, and labor rights.
- **Seeking complementarity in child care programmes and policies.** It is necessary to complement care in the family environment with care offered by other actors outside and inside the home. Each stage of childhood has technical specificities, so it is recommended to combine interventions in family settings with formal and institutionalized care to address the particularities of each stage of childhood.
- **Strengthening coordination with local actors in the implementation of child care.** Especially in the case of the EU, it is important to strengthen the work with the focal points for the correct implementation of the European Child Guarantee and for member countries to develop action plans in coordination with those who provide care services at the local level to generate incentives for participation. This can also lead to a greater sense of ownership and responsibility in local institutions.
- **Offering professional accompaniment to families** in their skills, capacities, and conditions of care. So far, there is no consensus on the type of appropriate accompaniment that should be offered to families in terms of care, so it is recommended to develop guidelines to define quality standards for the professional accompaniment of families, with the aim of guaranteeing the right to live in a family and combating institutionalization.

- **Considering the intersectional dimensions** so that the most vulnerable children can be cared for. There is an urgent need to address the multiple discriminations experienced by children in families from disadvantaged backgrounds and to include them as specific groups within universal childcare systems.
- **Creating indicators for monitoring and assessing** child care to measure impacts, replicate successful experiences, and share lessons learned for better coordination between different institutions responsible for care.



Caring for those who care: paid and unpaid care workers

- **Pushing for the ratification of ILO Convention 189 on domestic workers** and supporting countries for proper implementation is essential to guarantee the labor rights of domestic workers, promote gender equality, and fight labor exploitation in this sector.
- **Promoting the professionalization** of the care sector through developing strategies such as education and training programmes, accreditation or certification systems that ensure that people are equipped to provide care, value the care profession and establish minimum quality standards in providing care.
- **Promote co-responsibility among paid and unpaid care workers** through national laws and policies on the redistribution of care and the recognition and valorization of unpaid care work. This can lead to more equitable and responsive care for all population groups needing care, economic empowerment, and the reduction of gender stereotypes, among others. It is important that training programmes also incorporate unpaid care workers.
- **Strengthening tripartite social dialogue and collective bargaining to move towards implementing the care agenda.** This includes promoting the unionization of workers in the sector, freedom of association and collective bargaining, training paid and unpaid care workers on issues of collective bargaining and labor rights, and involving employers, among others.
- **Strengthening observation, surveillance, and sanction mechanisms** for the supervision of working conditions, the implementation of labor policies, and the application of sanctions in case of violations of ILO norms and conventions. This can be achieved through social dialogue, national standards enforcement mechanisms, resourced and trained labor inspectorates, the right to freedom of association and collective bargaining, ILO monitoring mechanisms, and the obligation for countries to report on implementing ILO conventions.
- **Promoting inter-institutional coordination** to ensure the creation of decent working conditions for paid care workers, mainly among the ministries responsible for labor, employment, and social security and protection.

- **Building a unified staffing system in the care sector** to include skills, working conditions, and salaries aligned with other salaried sectors and contribute to equal rights.
- **Considering the particularities of migration and migratory corridors in care systems.** Care systems and policies must be consistent with a country's migration policies and regulations. This includes ensuring the protection of migrant care workers' labor rights and safe migration routes and access to adequate permits and visas to work in the sector on an equal footing.
- **Regulate the affiliation of domestic workers to the different branches of social security** under the same conditions as the rest of salaried employment.
- **Carrying out awareness-raising campaigns and communication strategies** to promote the recognition of care, decent working conditions for care workers, formalizing informal care work, and informing paid and unpaid care workers about their rights and protection. In addition, these actions must be aimed at changing socio-cultural patterns.

By way of Conclusion

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In the course of this study, the undeniable importance of care as a fundamental pillar for well-being has been reaffirmed. Care, therefore, permeates everyone's life. And all persons, at all times of life, require care.

In a context of growing global interdependence, the importance of strengthening bi-regional relations between the European Union, Latin America, and the Caribbean has been underlined, especially when talks are being reactivated to move towards Comprehensive Care Systems. These dialogues have fostered the exchange of knowledge and good practices between the two regions, which is expected to promote and strengthen public policies related to care. The proposal for a **bi-regional pact for care** emerges as an essential instrument to explore in greater depth the concepts, policies, and good practices that have been generated in both regions, to learn from experiences, and to establish an axis of cooperation sustainably and fruitfully from which societies on both sides of the Atlantic can benefit¹¹⁵.

The analysis of these dialogues has revealed that Comprehensive Care Systems and policies are already a reality in many countries in both regions. Notable progress in its implementation indicates the commitment of governments and society to address this crucial issue. However, the need for effective inter-institutional articulation involving local actors, such as the education sector, the private sector, the health sector, and employers' organizations, has become evident to build solid care systems that guarantee quality services and facilitate access for all.

On the other hand, including various stakeholders in these processes has proven to be critical. The participation of representatives of networks, civil society organizations, academia, and public institutions in the formulation of care policies has been reported as a key element. Civil society, in particular, has played a leading role in creating and overseeing Comprehensive Care Systems, promoting accountability and equity.

115 The objective of the bi-regional Pact for Care between Latin America and the Caribbean and the European Union is to promote cooperation in the field of public policies and comprehensive care systems between the countries of both regions, promoting cooperation actions in the following areas: i) To promote the exchange of progress and promising practices in policies; care systems, programmes and benefits, among others; (ii) To conduct comparative studies and analyses on care; (iii) To promote subregional, regional and multilateral cooperation programmes through North-South, South-South and triangular cooperation modalities; iv) To stimulate the formulation of concrete proposals to be taken into consideration by decision-makers and authorities in both regions.

Ultimately, based on this report, the impact of the bi-regional dialogues and the future prospects are promising. These exchanges have stimulated collaboration and mutual learning, laying the groundwork for ongoing policies and practices in the care field. The promotion of comprehensive care systems is conceived as an investment in well-being and gender equality, and it is expected that these efforts will continue to be a priority in the future, improving the quality of life of all people and moving towards caring societies.

References to dialogues

References to dialogues

- EU-LAC Foundation, UN Women, Global Alliance for Care, National Institute for Women of Mexico, Economic Commission for Latin America and the Caribbean (7 November 2022). Side event of the Regional Conference on Women in Latin America and the Caribbean, Buenos Aires. ***Dialogue 1: Towards the construction of Comprehensive Care Systems. Experiences from Europe, Latin America and the Caribbean.*** Invited speakers: **Leire Pajín Iraola**, president of the EU-LAC Foundation and founder of the EU-LAC WIN Network; **Nadine Gasman**, President of the National Institute for Women of Mexico (INMUJERES); **Patricia Cossani**, Care and Social Protection Specialist of UN Women; **Ayelén Mazzina**, Minister of Women, Gender and Diversity of Argentina; **Clemencia Carabalí**, Presidential Advisor for Women’s Equity of Colombia; **Celina Esther Lezcano**, Minister of Women of Paraguay; **Montserrat Ruiz**, President of the Human Rights Commission of the Legislative Assembly of Costa Rica; **Natalia Gherardi**, Executive Director of the Latin American Justice and Gender Team; **Cecilia Alemany**, Deputy Regional Director for Latin America and the Caribbean, UN Women; **Lucía Scuro**, Senior Social Affairs Officer, Gender Affairs Division, Economic Commission for Latin America and the Caribbean (ECLAC); **María Cristina Perceval**, Secretary for Equality and Diversity Policies of the Ministry of Women, Gender and Diversity of Argentina. Moderation: **Belén Sanz**, Representative of UN Women Mexico, and **Marta Ares**, Global Development and Policy Advocacy coordinator at ISGlobal. Watch [here](#).
- EU-LAC Foundation, UN Women, Global Alliance for Care, National Institute for Women of Mexico, Economic Commission for Latin America and the Caribbean (28 February 2023). ***Dialogue 2: Inclusion of people with disabilities in Comprehensive Care Systems. Good practices and challenges in the EU and LAC.*** Invited speakers: **Raquel Coello**, Regional Policy Specialist in Economic Empowerment at UN Women for the Americas and the Caribbean; **Facundo Chávez Penillas**, Advisor on the rights of persons with disabilities to the United Nations High Commissioner for Human Rights (OHCHR); **Antonia Irazábal**, Head of Regulation of the Disability Division of the Ministry of Social Development of Uruguay; **Carlos Ríos Espinosa**, Associate Director of the Disability Rights Division of Human Rights Watch; **Inge Volleberg**, Researcher and Coordinator of Inclusion Europe; **Olga Montúfar**, President of the Network of Indigenous and Afro-descendant Women with Disabilities in Latin America and the Caribbean; **Leire Pajín Iraola**, president of the EU-LAC Foundation and founder of the EU-LAC WIN Network. Moderation: **Marta Castro**, Consultant of the EU-LAC

Women's International Network; **Valentina Zendejas**, former Technical Secretary of the Global Alliance for Care (GAC), and **Natalia Bubulina Moreno**, Management for the inclusion of persons with disabilities - Vice-Presidency of Colombia. Watch [here](#).

- EU-LAC Foundation, UN Women, Global Alliance for Care, National Institute for Women of Mexico, Economic Commission for Latin America and the Caribbean (13 April 2023). **Dialogue 3: Long-term care: good practices and challenges for the construction of Comprehensive Care Systems in the EU and LAC.** Invited speakers: **Leire Pajín Iraola**, president of the EU-LAC Foundation and founder of the EU-LAC WIN Network; **Nava Sanmiguel**, Gender Expert, Directorate General for Sustainable Development Policies, Ministry of Foreign Affairs, European Union and Cooperation; **Isabel Lovrinevich**, President of the Latin American Major Platform for the Rights of Older Persons; **Alessandra Giannessi**, Project Coordinator at UNICARE/UNI Global Union Europe; **Verónica Montes de Oca**, Consultant at Economic Commission for Latin America and the Caribbean; **Ana Falú**, Executive Director of the Center for Exchanges and Services for the Southern Cone (CISCSA), Cordoba, Argentina / Red de Red Económica para América Latina y Caribe; **Ana Güezmes**, Director of the Gender Affairs Division of the Economic Commission for Latin America and the Caribbean. Moderation: **Sara Valdés**, Programme Officer of the Global Alliance for Care (GAC); **Alejandra D Hyver**, coordinator of economic empowerment projects for UN Women Mexico, and **Ruth Rivera**, Secretary General of the Ibero-American Federation of Associations of Older Adults. Watch [here](#).
- EU-LAC Foundation, UN Women, Global Alliance for Care, National Institute for Women of Mexico, Economic Commission for Latin America and the Caribbean (8 June 2023). **Dialogue 4: Child care: good practices and challenges for the construction of Comprehensive Care Systems in the EU and LAC.** Invited speakers: **Lucía Scuro**, Senior Social Affairs Officer, Gender Affairs Division, Economic Commission for Latin America and the Caribbean (ECLAC); **Shekufeh Zonji**, Technical Leader, Global Early Childhood Development Action Network (ECDAN); **Jiri Svarc**, Head of Social Policy Unit, Child Guarantee, Directorate General Employment, Social Affairs and Inclusion, European Commission; **Agata D'Addato**, Senior Programme Coordinator, Eurochild; **Martha Merlo Huerta**, Social Policy Officer, UNICEF Mexico; **Julio Bango**, UN Women consultant and former National Secretary of Care of Uruguay; **Wessel van den Berg**, co-founder of the MenCare International campaign; **Marta Clara Ferreyra**, General Director of National Policy on Equality and Women's Rights, National Institute for Women of Mexico. Moderation: **Raquel Coello**, Economic Empowerment Policy Specialist for the Americas and the Caribbean, UN Women; **Anna Barrera**, senior

program coordinator, EU-LAC Foundation; **María Sánchez**, content coordinator at Red Latinoamericana de Acogimiento Familiar (RELAF) for the right to live in a family and community, and **Oscar Melchor**, coordinator of RELAF Mexico. Watch [here](#).

- EU-LAC Foundation, UN Women, Global Alliance for Care, National Institute for Women of Mexico, Economic Commission for Latin America and the Caribbean (7 September 2023). ***Dialogue 5: Caring for those who care: good practices and challenges of protection and decent conditions for carers in the EU and LAC.*** Invited speakers: **Emilienne de León Aulina**, Representative of the Global Alliance for Care; **Flavia Marco Navarro**, gender specialist; **Carolina Elías Espinoza**, Councillor of the Madrid City Council and Former President of the Association of Active Domestic Service (SEDOAC); **Almendra Orellana**, Advisor to the Ministry of Women and Gender Equality of Chile; **Larraitz Lexartza**, Gender and Non-discrimination Specialist for the Regional Office of the International Labor Organization; **Timothy Ghilain**, Internal Executive Director of the European Association of Service Providers for Persons with Disabilities (EASPD); **Marieke Koning**, Equality Advisor at the International Trade Union Confederation (ITUC); **Liliana Chaves**, President of the Associação Nacional Cuidadores Informais de Portugal; **Raquel Coello**, Economic Empowerment Regional Policy Specialist for the Americas and the Caribbean at UN Women. Moderation: **Marta Castro**, Consultant for the EU-LAC Women's International Network; **Lucía Scuro**, Senior Social Affairs Officer, Gender Affairs Division, Economic Commission for Latin America and the Caribbean; **Carmen Brítez**, Director General for the International Domestic Workers Federation (IDWF). Watch [here](#).

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Sebastián González, legislative advisor to the Human Rights Commission of the Legislative Assembly of the Republic of Costa Rica; Verónica Montés de Oca, Consultant at Economic Commission for Latin America and the Caribbean; Wessel van den Berg, Co-founder of the MenCare International Campaign.



Dialogue 1:

Towards the construction of Comprehensive Care Systems. Experiences from Europe, Latin America and the Caribbean.



Dialogue 2:

Inclusion of people with disabilities in Comprehensive Care Systems. Good practices and challenges in the EU and LAC.



Dialogue 3:

Long-term care: good practices and challenges for the construction of Comprehensive Care Systems in the EU and LAC



Dialogue 4:

Child care: good practices and challenges for the construction of Comprehensive Care Systems in the EU and LAC.



Dialogue 5:

Caring for those who care: good practices and challenges of protection and decent conditions for carers in the EU and LAC.

Annexes

Annexes

Annex 1. ILO Conventions and Recommendations to Advance the Care Agenda and Represent and Remunerate Paid and Unpaid Care Workers

- **Violence and Harassment in the World of Work Convention (C190) of 2019 and Recommendation 206:** ratified by Albania (2022), Antigua and Barbuda (2022), Argentina (2021), Bahamas (2022), Barbados (2022), Belgium (2023), Chile (2023), Ecuador (2021), El Salvador (2022), France (2023), Germany (2023), Greece (2021), Italy (2021), Ireland (2023), Mexico (2022), Panama (2022), Spain (2022), Peru (2022), Uruguay (2020) among EU and LAC countries.
- **Domestic Workers Convention (C189) of 2011 and Recommendation 201:** ratified by Antigua and Barbuda (2021), Argentina (2014), Belgium (2015), Bolivia (2013), Brazil (2018), Chile (2015), Colombia (2014), Costa Rica (2014) Germany (2013), Ecuador (2013), Spain (2023), Finland (2015), Grenada (2018), Guyana (2013), Ireland (2014), Italy (2013), Jamaica (2016), Malta (2021), Mexico (2020), Nicaragua (2013), Panama (2015), Paraguay (2013), Peru (2018), Portugal (2015), Dominican Republic (2015), Sweden (2019), Uruguay (2012) among EU and LAC countries.
- **Maternity Protection Convention (C183) of 2000 and Recommendation 191:** ratified by Antigua and Barbuda (2022), Austria (2004), Belize (2005), Bulgaria (2001), Cuba (2004), Cyprus (2005), Czech Republic (2017), Germany (2022), Hungary (2003), Italy, (2001), Latvia (2009), Lithuania (2003), Luxembourg (2008), Netherlands (2009), Panama (2022), Peru (2016), Portugal (2012), Dominican Republic (2016), Romania (2002) among EU and LAC countries.
- **Workers with Family Responsibilities Convention No. 156, 1981 and Recommendation 165:** ratified by Argentina (1988), Belgium (2015), Belize (1999), Bolivia (1998), Bulgaria (2006), Chile (1994), Costa Rica (2019), Croatia (1991), Ecuador (2013), El Salvador (2000), Finland (1983), France (1989), Greece (1988), Guatemala (1994), Lithuania (2004), Netherlands, Slovakia (2002), Slovenia (1992), Spain (1985), Spain (1985), Paraguay (2007), Peru (1986), Portugal (1985), Sweden (1982), Uruguay (1989), Venezuela (1984) among EU and LAC countries.

