



XVI Regional Conference  
**on Women**  
in Latin America and the Caribbean  
Mexico City, 12–15 August 2025

# The Care Society

Governance, Political Economy  
and Social Dialogue for a Transformation  
with Gender Equality



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with Gender Equality



UNITED NATIONS

**ECLAC**

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# Executive summary



## Foreword

The sixteenth session of the Regional Conference on Women in Latin America and the Caribbean comes at a pivotal time for our region. Three years ago, member States adopted the Buenos Aires Commitment, taking up the idea of the care society as an important horizon to drive what they referred to as “transformative recovery” in the wake of the multiple crises that had defined the pandemic. This proposal has been further developed and strengthened in the intervening years. Now, in 2025, we come together in Mexico City with a purpose: to bring about urgent political, economic, social, cultural and environmental transformation to realize the care society.

The Economic Commission for Latin America and the Caribbean (ECLAC) remains emphatic in its analysis that the countries of Latin America and the Caribbean are facing three development traps: low growth capacity; high inequality, low social mobility and weak social cohesion; and low institutional capacity and ineffective governance. These traps are entwined, moreover, in a prolonged crisis stemming from the unfair social organization of care, which disproportionately affects women and exacerbates gender inequality. Further compounding this situation are the demographic, technological, climate and geopolitical changes reshaping our societies, with fresh challenges cropping up even as opportunities emerge to position care policies and gender equality at the centre of a new development model.

The Regional Gender Agenda emanating from the meetings of the Regional Conference on Women has been gradually consolidated in Latin America and the Caribbean since 1977. It is a profound, visionary and comprehensive public policy agenda. At its core is a commitment to substantive equality and a firm belief that the establishment of a care society is a vital transformation. Our task now is to move this agenda forward, undertaking transformative action to change the structures that perpetuate gender inequality in Latin America and the Caribbean. To this end, we must ask ourselves what steps are needed to achieve the care society, what cross-cutting transformations are vital in that regard and how to mobilize the necessary funding.

This document offers a multilevel perspective of progress in various forms, ranging from the Regional Gender Agenda itself and its synergy with other regional agreements to specific national and local experiences and concrete achievements. The Latin American and Caribbean region is a recognized leader in positioning care as a global public good and a central pillar of sustainable development, and its contributions to international discussions on the matter have been significant.

The recognition of care as a need throughout the life cycle, as a right and as work that drives the economy compels us to re-evaluate the existing development model. The care society is centred on the sustainability of life and recognizes the synergistic interdependence among people, the environment, and economic and social development. Care policies represent an essential mechanism for reorganizing care work to improve social and gender co-responsibility and thereby to reduce the structural inequalities affecting women. Care policies also represent an investment strategy that yields high social and economic returns, as they boost a sector with enormous potential to create quality jobs and enable women’s increased participation in the labour market, enhancing their economic autonomy.

Our approach must necessarily be forward-looking. Economic and productive transformations, territorial and environmental sustainability concerns, growing long-term care needs related to population ageing, and human mobility challenges require innovative responses to craft and transform our policies and our societies, incorporating gender and care perspectives.

Moving towards a care society will entail a paradigm shift across multiple interconnected dimensions. The consensus-building needed to sustain essential transformations will require more robust approaches to social dialogue and political economy. Establishing solid governance and institutional frameworks for care policy is also essential, and the role of machineries for the advancement of women in gender mainstreaming will be key in that regard. A cultural shift towards valuing and redistributing care work is vital to overcome discriminatory patriarchal patterns. Adequate financial resource mobilization, even when fiscal space is limited, should be understood as a strategic investment that will continue to deliver returns over time. The statistical silence in this area has to be broken through fortified information systems capable of measuring the value of care and assessing policies once implemented.

Latin America and the Caribbean has an inestimable wealth of care policies, agreements and experiences. The Regional Gender Agenda, representing the collective work of nearly half a century, offers guiding principles for the design of care policies that incorporate gender, intercultural, intersectional and territorial perspectives. We must value and leverage these regional assets.

We have before us an unprecedented political opportunity. Care has become a major topic in international discussions since the pandemic, with demographic and epidemiological changes and the intensifying effects of climate change promising a sustained increase in demand for care. Recent resolutions of multilateral forums, emerging regional agreements and the growing legal recognition of the right to care are opening up new avenues for structural transformation. It is incumbent upon us to seize this moment by strengthening commitments and forging necessary partnerships. The care society to which we aspire is within reach, provided that we mobilize adequate resources and recognize the interdependence among individual, collective and environmental well-being as the cornerstone of truly sustainable and inclusive development.

The time has come to redouble our efforts, to accelerate progress towards substantive equality and to set our collective sights on achieving the care society. By acting now, we will sow the seeds of hope; and it is through collective intergenerational action, together with strategic investment, public policies and regional cooperation that we will realize this goal. Advancing the care society will transform economies and societies, reaffirming our unyielding commitment to creating a more productive, inclusive and sustainable future.

**José Manuel Salazar-Xirinachs**

Executive Secretary  
Economic Commission for Latin America  
and the Caribbean (ECLAC)

# Introduction

The sixteenth session of the Regional Conference on Women in Latin America and the Caribbean is taking place amid a complex international and regional landscape that calls for structural responses. The region is caught in three development traps: low capacity for growth; high inequality with low social mobility and weak social cohesion; and low institutional capacities and ineffective governance (Economic Commission for Latin America and the Caribbean [ECLAC], 2024a). It is also facing a care crisis reflected in growing demand for care and multiple interlinked processes, such as rapid population ageing, changes in the labour market, climate change impacts, migration movements that alter the dynamics of care in places of origin and destination, and the chronic insufficiency of services and infrastructure, time and workers required to meet this demand (ECLAC, 2025b). This crisis disproportionately affects women, particularly those facing multiple interrelated forms of discrimination.

The Economic Commission for Latin America and the Caribbean (ECLAC) has proposed a paradigm shift, the care society, a form of social organization and renewed multilateralism that prioritizes the sustainability of life and care for people and the planet (ECLAC, 2022a). This entails overcoming the sexual division of labour and moving towards a fair social organization of care, under a new development model that fosters gender equality in the economic, social and environmental dimensions of sustainable development. This paradigm recognizes care as a need, a right and a global public good, and as essential work to boost the economy as a whole.

It is thus urgent to design and implement policies that guarantee the right to care throughout the life cycle, advancing in parallel towards social and gender co-responsibility. There is no question that the region is facing challenges that call for innovative, effective policies, supported by a robust, coordinated institutional framework capable of fostering gender equality, with clear mainstreaming processes and active participation, integrating gender equality plans and care interventions into national and territorial development policies with a bold strategic vision. In this process, the role of machineries for the advancement of women is critical for ensuring that policies effectively incorporate a transformative vision of gender relations.

This document is the outcome of a wide-ranging and constructive dialogue with the region's governments, and includes contributions from the United Nations system, the academic community, think tanks, development banks and civil society, in particular organizations of feminists, Indigenous and Afrodescendent women, women with disabilities, women defenders of human and environmental rights, and care cooperative and business labour unions, among others.

The analysis presented in this document calls for urgent action and proposes strategies to advance towards the care society and achieve substantive gender equality. Key elements are also examined: the "how" of driving transformation, including governance and institutional frameworks, the political economy and social dialogue, cultural change, statistics and financing. Achieving this shared objective requires collective intergenerational action, public policies, strategic investment and regional cooperation.



# I. A multilevel approach to care

Latin America and the Caribbean is facing a number of development traps that present significant obstacles to a more productive, inclusive and sustainable future: first, low capacity for growth; second, high inequality, low social mobility and weak social cohesion; and third, weak institutional capacities and ineffective governance to address development challenges (ECLAC, 2024a). The care crisis is reflected in growing demand—exacerbated by population ageing and the effects of climate change—that far surpasses the service, infrastructure and personnel capacity available for the provision of care. This crisis disproportionately affects women, particularly those who face multiple and interrelated forms of discrimination, including women living in poverty, those in rural areas, and women who are Indigenous, Afrodescendent, living with disabilities, older, or in situations of human mobility or conflict (ECLAC, 2019a, 2021a, 2021b, 2022b, 2024b; Benería, 2008; Fraser, 2016).

The sexual division of labour and unfair social organization of care must be overcome in order to address the care crisis. Care is understood as a need, as work, as a right and as a public good, since all individuals require care and support throughout their lives, and as a sector that drives the entire economy.

ECLAC has pointed to the need for a paradigm shift aimed at advancing towards the construction of a care society, in which the sustainability of life and the planet are prioritized, in a new development paradigm that fosters gender equality in the economic, social and environmental dimensions of sustainable development. Such a society also considers eco-dependence—or human dependence on nature—and human interdependence (ECLAC, 2022a). Achieving a care society requires building through a collective, multidimensional effort, and entails recognizing the right to care as part of the fundamental human rights already enshrined in international covenants and treaties and enjoyed by all throughout their lives. This means ensuring the rights of both those who need care and those who provide it, along with the right to exercise self-care, based on the principles of equality, non-discrimination, universality, progressivity and non-regression, and social and gender co-responsibility (ECLAC, 2022a).

Highlighting and considering the interdependence of production and social reproduction processes means transitioning to a fair social organization of care, reorienting economies towards sectors that are essential for the sustainability of life, and reimagining patterns of consumption, production and distribution, to reverse gender inequalities in the economic, social and environmental dimensions of development (ECLAC, 2022a). There is increasing recognition that caring for people and the environment is an intergenerational endeavour and is essential to sustaining life and to the functioning of markets (Heintz et al., 2021).

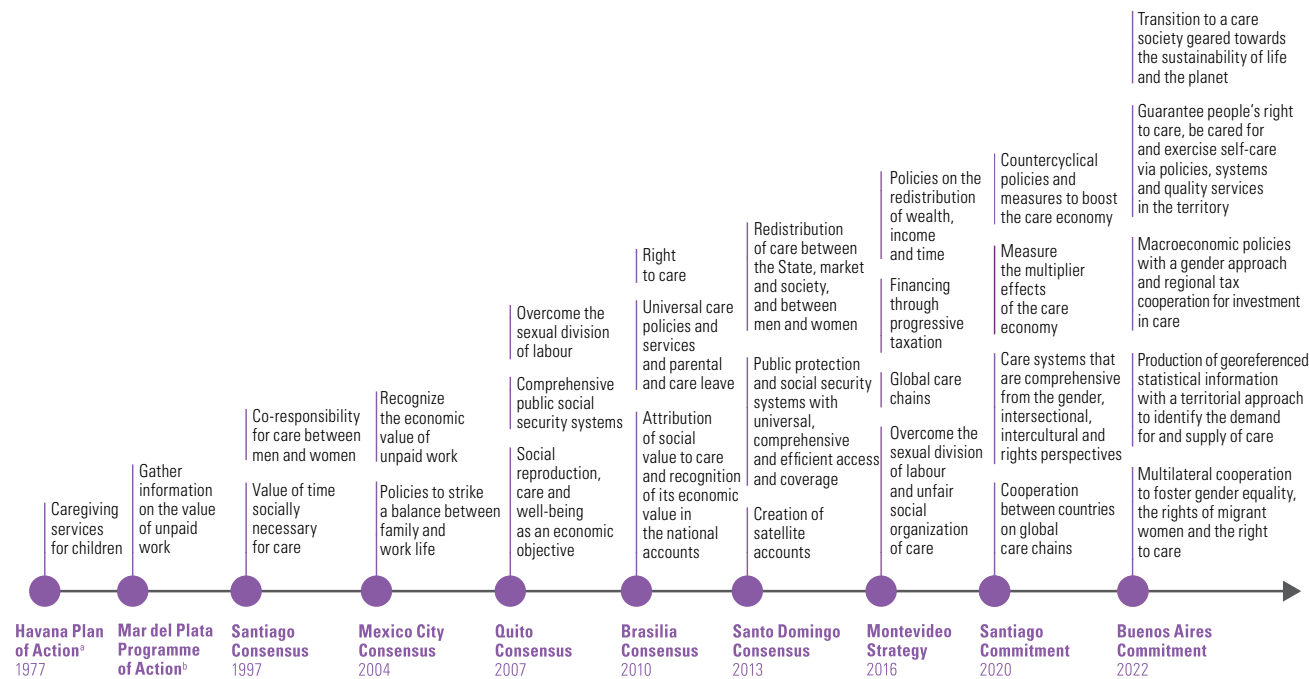
## A. Care in the Regional Gender Agenda and synergy with other agreements in Latin America and the Caribbean

The agreements reached by ECLAC member States since 1977 at sessions of the Regional Conference on Women in Latin America and the Caribbean form the Regional Gender Agenda (ECLAC, 2023a). In addition to recognizing the role of care in the functioning of economies, democracies and societal well-being, the Regional Gender Agenda highlights the importance of tax cooperation and macroeconomic policies for boosting investment in care, among other factors (Güezmes García et al., 2023) (see diagram I.1).

Adopted in 2010 at the eleventh session of the Regional Conference on Women in Latin America and the Caribbean, the Brasilia Consensus marked a milestone as the first time that care was recognized as a universal right under an intergovernmental agreement, while encouraging social and gender co-responsibility and social and economic policy coordination. The Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (2016) calls for an end to the sexual division of labour and the unfair social organization of care with a view to accelerating progress towards fulfilment of the various agreements of the Regional Gender Agenda in synergy with the 2030 Agenda for Sustainable

Development. One of its measures refers to responses to transnational issues, such as global care chains. In the Santiago Commitment (2020), governments agreed to design comprehensive care systems from a gender, intersectional, intercultural and human rights perspective, as part of social protection systems, and undertook to implement countercyclical policies that galvanize the economy in key sectors, including the care economy.

**Diagram I.1**  
The centrality of care in the Regional Gender Agenda



**Source:** Gúezmes García, A., Bidegain Ponte, N., and Scuro, M. L. (2023, December). Gender equality and the care society. *CEPAL Review* (141) (LC/PUB.2023/29-P/-\*). Economic Commission for Latin America and the Caribbean.

<sup>a</sup> The Regional Plan of Action for the Integration of Women into Latin American Economic and Social Development.

<sup>b</sup> The Regional Programme of Action for the Women of Latin America and the Caribbean, 1995–2001.

In that regard, at the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean, in 2022, the region’s governments adopted the Buenos Aires Commitment, in which they welcomed the position document presented by ECLAC, which calls for a transition towards a new development model that prioritizes the sustainability of life and the planet. The Commitment proposes a path towards a care society and agreements for a transformative recovery informed by gender equality and sustainability (ECLAC, 2023e).

In the context of sustainable development, the issue of care is increasingly recognized in public policy guidance and in agreements adopted by other subsidiary bodies of ECLAC. An example is the Montevideo Consensus on Population and Development, in which countries agreed to develop policies and universal care services based on the highest human rights standards, from a gender equality and intergenerational perspective, promoting co-responsibility between the State, the private sector, civil society, families and households. Similarly, the Asunción Declaration (ECLAC, 2017a) urges governments to combat age-based discrimination and to provide comprehensive health and care services, promoting healthy ageing. The Santiago Declaration (ECLAC, 2022d) aims to ensure the human rights and participation of older persons for progress towards an inclusive and resilient care society. The lines of action of the Regional Agenda for Inclusive Social Development (ECLAC, 2020a), adopted in 2019 by the Regional Conference on Social Development in Latin America and the Caribbean at its third session, include incorporating care into social protection systems.

The Statistical Conference of the Americas of ECLAC endorsed the *Guidelines for mainstreaming the gender perspective in statistical production*, while the Regional Conference on Women and the Statistical Conference of the Americas partnered to develop instruments such as the Time-use classification for Latin America and the Caribbean (CAUTAL) and the *Methodological guide on time-use measurements in Latin America and the Caribbean*. Decision III/4 on mainstreaming the gender perspective (ECLAC, 2024c) of the Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean (Escazú Agreement) recommends that the Parties incorporate the gender perspective into the defence of human rights in environmental matters. More recently, resolution 771(XL) adopted by ECLAC at its fortieth session (ECLAC, 2024d) and the conclusions of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development reaffirm the importance of designing comprehensive care systems that take into account decent work and women's participation in strategic positions in the economy (ECLAC, 2025a).

## B. Care in the global debate and the contribution of Latin America and the Caribbean in the multilateral arena

Since the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean, held in 2022, the region has made critical contributions to the debate on care, a subject that has gained importance in global intergovernmental agreements. The General Assembly of the United Nations, in its resolution 77/317 of 24 July 2023 (United Nations, 2023), proclaimed 29 October as the International Day of Care and Support. In October 2023, the Human Rights Council adopted resolution 54/6, which recognizes the centrality of care and support from a human rights perspective. The report of the United Nations High Commissioner for Human Rights on the human rights dimension of care and support was presented at the fifty-eighth session of the Human Rights Council (Human Rights Council, 2025a). The Economic and Social Council of the United Nations adopted resolution 2024/4 of 5 June 2024 on promoting care and support systems for social development, while Chile was serving as Chair of the Council and with the support of various countries in Latin America and the Caribbean (Economic and Social Council [ECOSOC], 2024).

In line with that Commission's resolution, which addresses the central role of care in achieving sustainable development, the United Nations system prepared a policy paper entitled *Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda* (United Nations, 2024a), in which guidelines, approaches and policy options are proposed to address care in different contexts and territories with a view to accelerating progress on the Goals. The International Labour Conference adopted resolution V, concerning decent work and the care economy, at its 112th session. Resolution V defines the scope of the concept of the care economy and refers to the current social organization of care, under which a disproportionate share of unpaid care work falls to women. In September 2024, the General Assembly of the United Nations adopted the Pact for the Future, a commitment that highlights gender equality and the empowerment of all women as prerequisites for a sustainable future (United Nations, 2024b). The Economic and Social Council adopted the multi-year programme of work of the Commission on the Status of Women for the period 2026–2029 and decided that the priority theme for the seventy-second session, in 2028, would be recognizing and strengthening care and support systems to achieve gender equality and the empowerment of all women and girls (ECOSOC, 2025). Lastly, various stakeholders have advanced the discussion on care, in particular the need to invest in the care economy and to recognize, value and redistribute care, in the context of the discussions for the Fourth International Conference on Financing for Development held in Seville, Spain, from 30 June to 3 July 2025, with an emphasis on the link between care, gender equality and development.

## C. Care at the national and local levels

Over the past decade, multilateral discussions on care in the region and around the world have supported the design and implementation of national, subnational and local care policies and systems in various Latin American and Caribbean countries.

Countries are at different stages in adopting, designing and implementing national care policies and systems (ECLAC, 2025b; ECLAC et al., 2025). The territorial dimension has become increasingly important. This approach to care means considering how territories organize care, which requires avoidance of centralist, decontextualized perspectives, recognition of local circumstances and encouragement of the participation of stakeholders in the territories to ensure a more effective, contextualized response to community needs (ECLAC, 2022a; ECLAC et al., 2025; Falú and Pérez Castaño, 2024).

This calls for a more situated and intersectional approach. In care policies incorporating a territorial approach, the environmental dimension must therefore be explicitly integrated, and environmental policies, in turn, must recognize human interdependence and eco-dependence, as well as ecosystems, the social organization of care and the sustainability of life. Local care systems and policies represent a strategic opportunity to coordinate or implement a supply of care that is close at hand and suited to the territory.

The potential of a multilevel care approach thus goes beyond linking the national and subnational levels and extends to the regional and global dimensions. The road map derived from the Regional Gender Agenda and the global efforts described in this chapter provide clear examples of the importance of a multilevel approach to care.

## II. Care as a need, a right and work that drives the economy

Care encompasses activities and relationships that ensure the human reproduction of current and future societies, the sustainability of life and the well-being of people and the planet (ECLAC, 2023e; Folbre, 2006; Fraser, 2016; United Nations, 2024a; Tronto, 1993). Amid an ongoing care crisis, care needs are rising in all the region's countries on account of demographic and epidemiological changes and the impact of climate change.

Care can take various forms, such as supporting and assisting people in carrying out their day-to-day activities and tasks, including personal hygiene, preparing meals and running errands. Care also involves sustaining social ties, child-rearing and transmitting social and cultural norms (Arango Gaviria, 2011; ECLAC, 2022a; Hochschild, 1983) and can be provided in different settings, such as the home, communities, health and social services and the education system (ECLAC, 2024b; International Labour Organization [ILO], 2024a). The idea of interdependence means that all people need care in their life cycle, albeit to varying degrees of intensity (ECLAC, 2022a).

In this conception of care work, consideration of the care economy must go beyond the constraints of the market, taking both paid and unpaid work into account. The care economy involves locations both inside and outside the home, the people who provide care and those who hire caregivers, the recipients of care and the institutions that offer care services (ECLAC, 2019a; Esquivel, 2011; Folbre, 2006; ILO, 2019, 2024a, 2024e).

In Latin America and the Caribbean, the current social organization of care concentrates care work primarily within households and families, where it falls disproportionately on women, while the supply of care provided by the public sector and the market is insufficient and fragmented. The excessive burden of unpaid care work shouldered by women limits their participation in the labour market (ILO, 2024c, 2024d), their economic autonomy, their access to social protection and their engagement in different spheres of life and, as a result, reproduces structural inequalities.

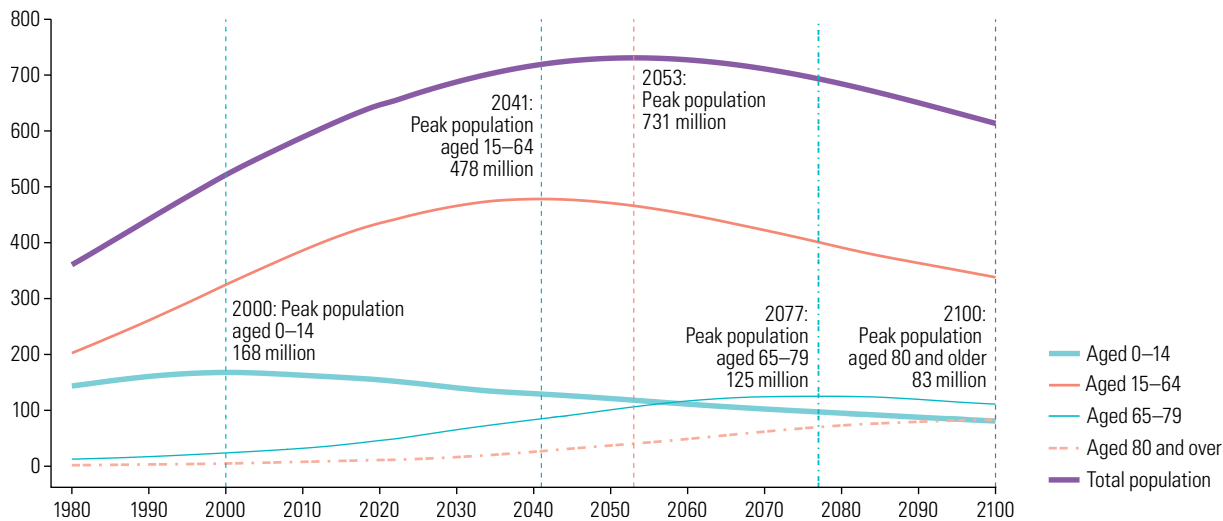
### A. Care needs in the face of demographic trends

Latin America and the Caribbean is undergoing major demographic changes, with a rapidly ageing population and an accelerated demographic transition involving significant drops in mortality and fertility rates. While children and adolescents are decreasing in number and as a proportion of the total population (see figure II.1), they experience higher poverty rates than other population groups (ECLAC, 2024b). The population aged 65 and over increased from less than 5.0% of the total population in 1980 to 10.0% in 2024, and it is expected to double over the next 25 years to reach a share of 18.9% in 2050, for a total of 138 million people (ECLAC, 2024b). Population ageing in Latin America and the Caribbean has progressed more rapidly than in other regions of the world. In particular, Caribbean countries have undergone an earlier ageing process and currently have a larger share of persons aged 65 and older (15%) than Latin American countries (10%) (see figure II.2). The population aged 80 and over is growing at a faster rate than the over-65 cohort and is projected to reach 5.0% in 2050 and 10.0% in 2075 (ECLAC, 2024b). This “ageing within ageing” phenomenon will bring with it new care needs and characteristics, while unmet childcare needs remain unresolved.

**Figure II.1**

Latin America and the Caribbean (47 countries and territories):<sup>a</sup> total population at mid-year, by age group, estimated and projected, 1980–2100

(Millions of people)



**Source:** Economic Commission for Latin America and the Caribbean. (2024), *Social Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/21-P/Rev.1).

**Note:** The vertical dotted lines in different colours indicate the year in which the age group of the corresponding colour peaks.

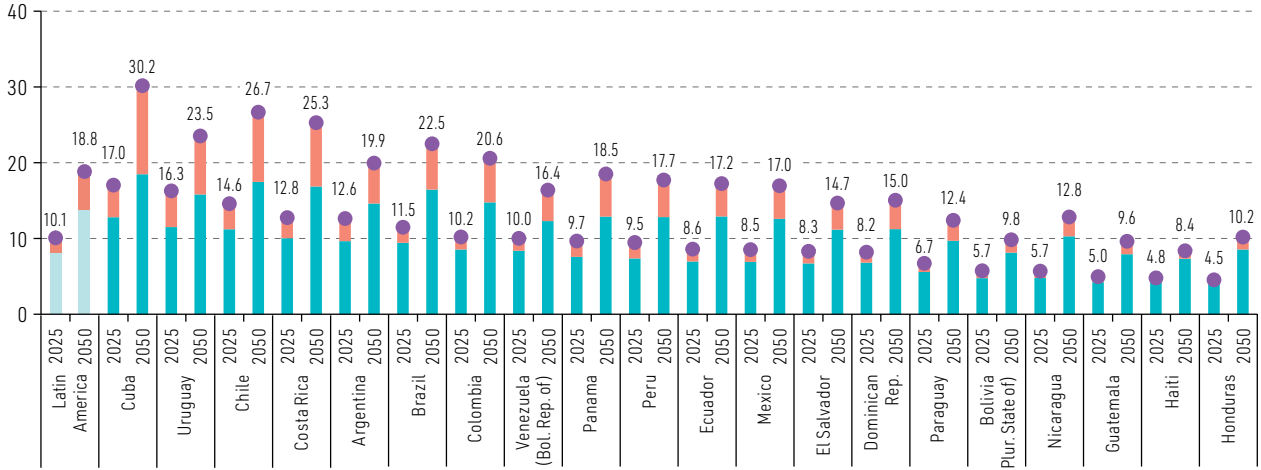
<sup>a</sup> South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay. Central America: Belize, Costa Rica, Cuba, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua and Panama. The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas (The), Barbados, British Virgin Islands, Caribbean Netherlands, Cayman Islands, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands and United States Virgin Islands.

ECLAC uses the Durán II scale (or Madrid II scale) to estimate care demands according to a society's demographic structure. The scale assigns three care units to persons aged 0–4 years and 85 and over, two units to those aged 5–14 and 65–84 and one unit to those aged 15–64 (Durán Heras, 2012). The per-person care units will rise from 2.1 in 2020 to almost 3 in 2100 (ECLAC, 2022a, 2024b). From 2050 on, it is expected that the population aged 65 and older will need more care units than the population aged 14 and younger (see figure II.3). One factor to bear in mind is that the ageing of the population implies a significant increase in the demand for long-term care and in spending on pensions and healthcare (ECLAC, 2024b). This demand for long-term care is affected by a higher prevalence of disabilities among those aged 80 and over compared with the 60–79 age group (see figure II.4).

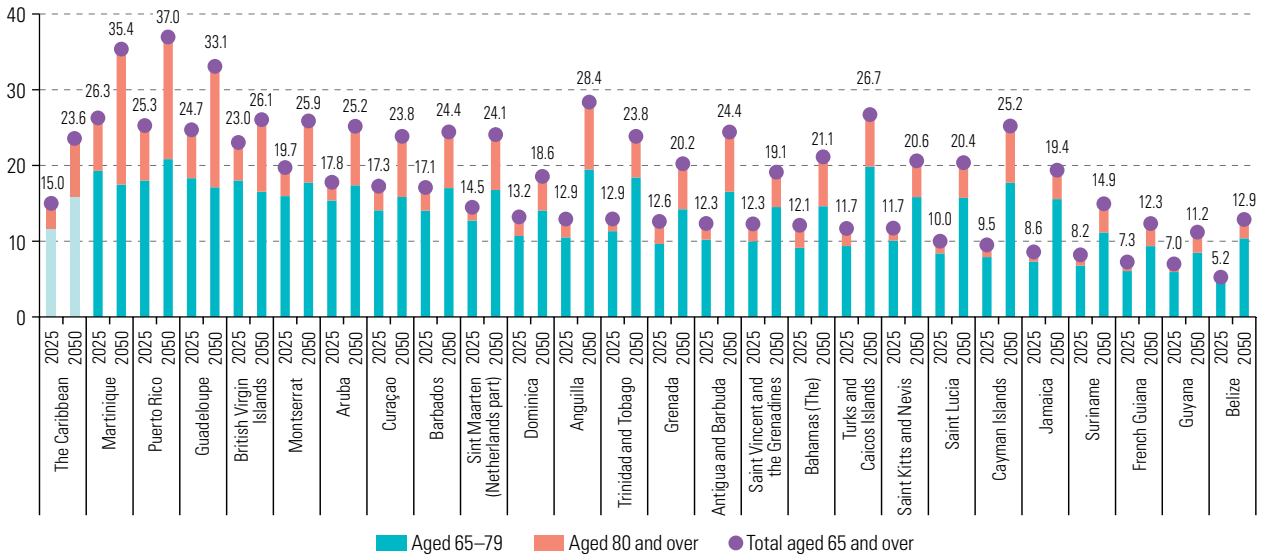
**Figure II.2**

Latin America and the Caribbean (45 countries and territories): population aged 65 and over and aged 80 and over, 2025 and 2050  
(Percentages of the total population)

**A. Latin America**



**B. The Caribbean**

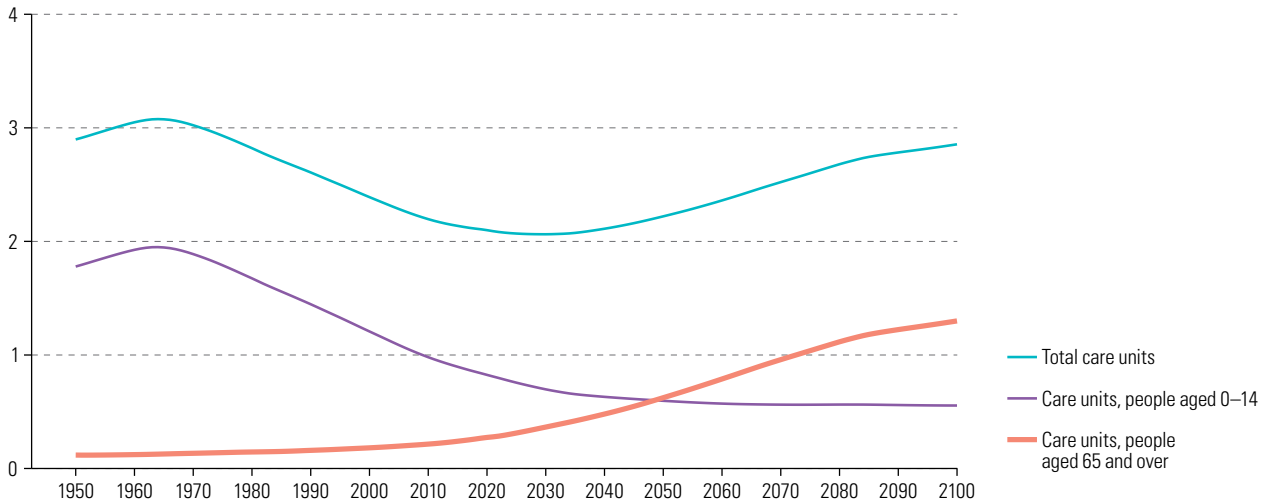


■ Aged 65–79 ■ Aged 80 and over ● Total aged 65 and over

Source: Economic Commission for Latin America and the Caribbean, on the basis of United Nations (2024). *World Population Prospects 2024*.

**Figure II.3**

Latin America and the Caribbean (46 countries and territories):<sup>a</sup> projected burden of care according to the Durán II scale, by age group, 1950–2100  
(Care units per caregiver aged 15–64 years)



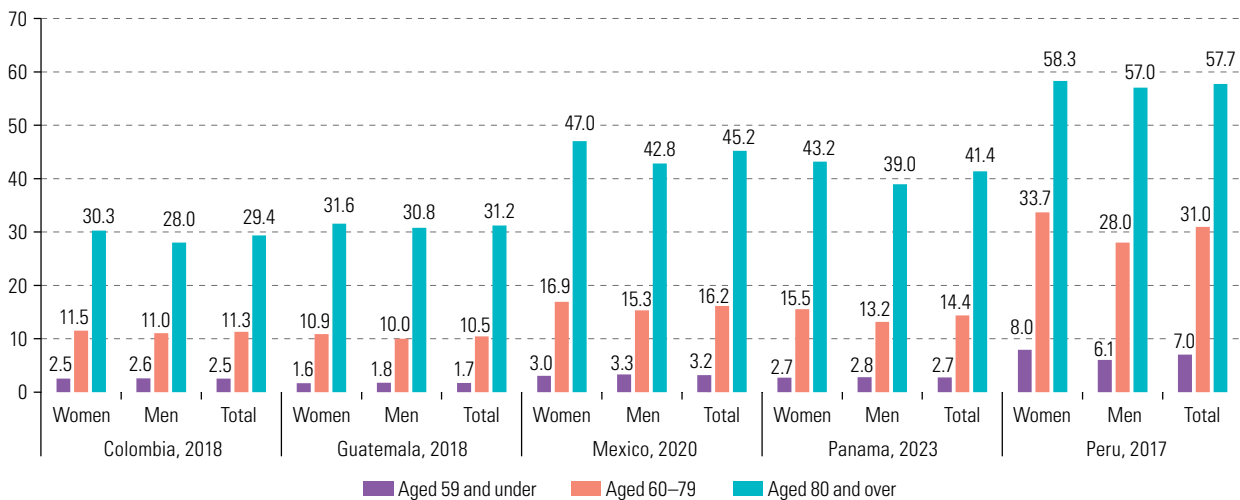
**Source:** Economic Commission for Latin America and the Caribbean. (2024). Social Panorama of Latin America and the Caribbean, 2024 (LC/PUB.2024/21-P/Rev.1); and data from the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

**Note:** The care units for each age group equal the total number of care units required by that group, according to the scale provided by Durán (2012), divided by the population aged 15–64. Total care units equal the sum of care units for the 0–14, 15–64 and 65 and over age groups divided by the total number of persons aged 15–64.

<sup>a</sup> Anguilla, Antigua and Barbuda, Argentina, Aruba, The Bahamas, Barbados, Belize, the Bolivarian Republic of Venezuela, British Virgin Islands, Brazil, Chile, Colombia, Costa Rica, Cuba, Cayman Islands, Curaçao, Dominica, the Dominican Republic, Ecuador, El Salvador, Grenada, Guadeloupe, Guatemala, French Guiana, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands and Uruguay.

**Figure II.4**

Latin America and the Caribbean (5 countries): persons with disabilities, by sex and age group, 2020 census round  
(Percentages)



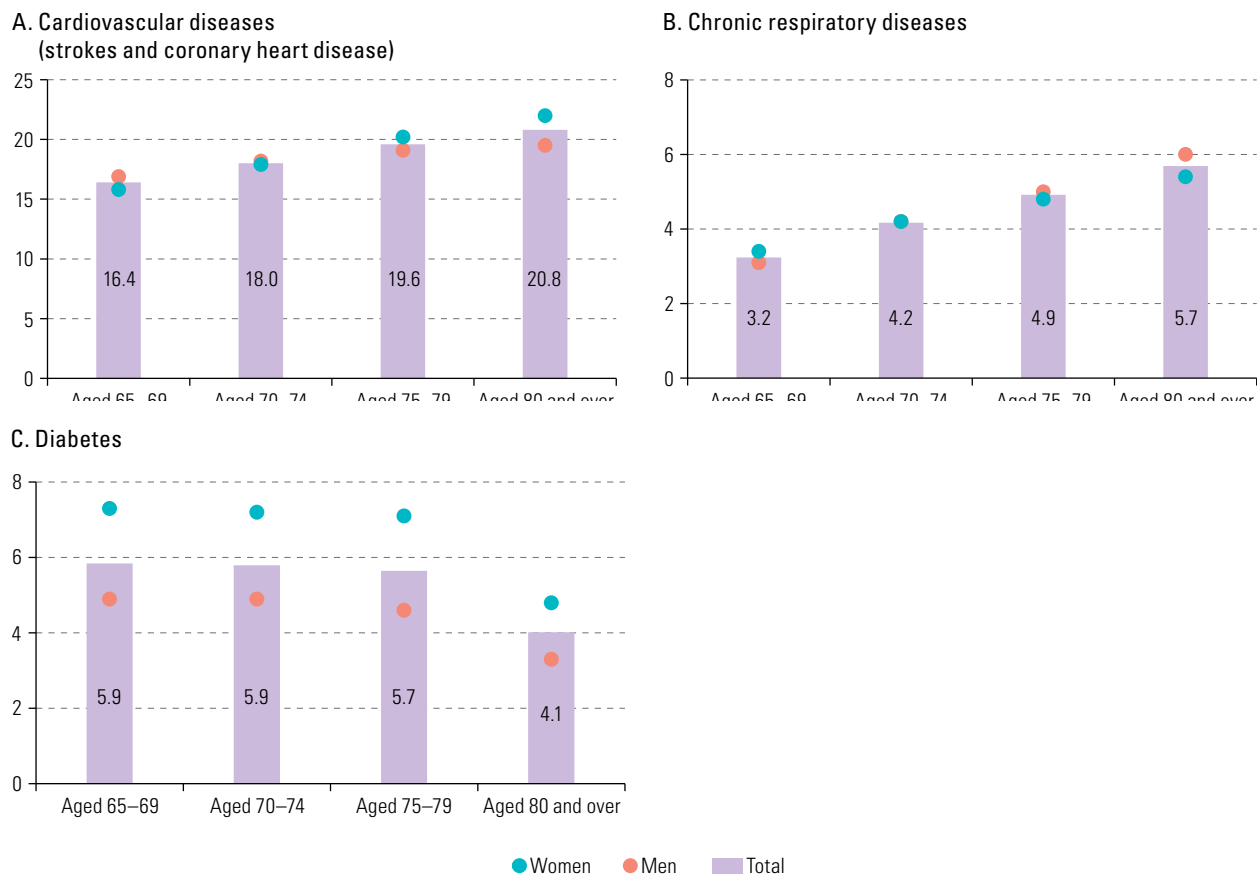
**Source:** Economic Commission for Latin America and the Caribbean, on the basis of census microdata processing.

**Note:** Because of methodological differences in the collection instruments, data are not strictly comparable between countries.

In addition, the higher morbidity of chronic and limiting diseases among older persons (ECLAC, 2024b), especially at more advanced ages, is one of the main reasons for their relatively greater care needs (see figure II.5).

**Figure II.5**

Latin America and the Caribbean (36 countries and territories):<sup>a</sup> older persons (65 and older) with selected chronic diseases, around 2021  
(Percentages)



**Source:** Economic Commission for Latin America and the Caribbean. (2024), *Social Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/21-P/Rev.1).

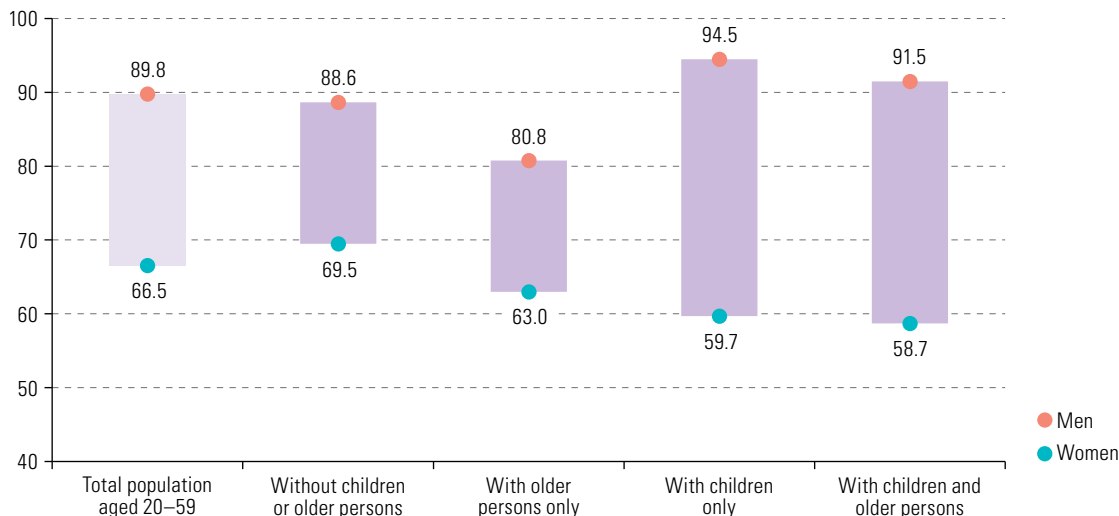
<sup>a</sup> South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Plurinational State of Bolivia and Uruguay. Central America: Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama. Caribbean: Antigua and Barbuda, Bahamas (The), Barbados, Belize, Bermuda, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and United States Virgin Islands.

In addition to requiring more care work, households with children and older members require higher levels of income. In the current social organization of care, the division of labour is such that women perform almost all the care work, which limits their participation in paid work and their ability to earn their own income. In households with children aged 5 and under,<sup>1</sup> the labour participation gap between men and women of productive or reproductive age stands at 35 percentage points (see figure II.6).

<sup>1</sup> For data on similar trends worldwide, see ILO (2024g).

**Figure II.6**

Latin America (15 countries):<sup>a</sup> labour participation rate of persons aged 20–59, by sex and presence of children (aged 0–5) and older persons (aged 80 and over) in the household, 2023<sup>b</sup> (Percentages)



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

<sup>a</sup> Weighted average of data from the following countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

<sup>b</sup> Data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

In terms of equal opportunities, as the organization of care currently stands, the presence of children and older persons in the household increases the barriers to women's labour market access and affects their ability to earn their own income (ECLAC, 2020b; ILO, 2024g).

International and intraregional migration flows are an important element in analysing current and future care needs. Virtually all the region's countries are involved in migration cycles as either countries of origin, destination, return or transit (ECLAC, 2024e). In recent decades, the international migrant population in Latin America and the Caribbean has grown by 141%, from 7 million in 1990 to 17.5 million in 2024. In particular, the proportion of intraregional migrants within the total almost doubled, from 15% in 2000 to 29% in 2024 (United Nations, 2024c). Migration trends are also related to demographic transition processes. In Latin America, countries with ageing populations need to attract people of working age to redress labour shortages in various economic sectors, such as agriculture, services and, especially, care (Cecchini and Martínez Pizarro, 2023; Martínez Pizarro and Cano Christiny, 2022). In the Caribbean, the more advanced stage of population ageing is related to the negative net migration rates seen in most of the subregion's countries and territories, indicating that emigration outstrips immigration, particularly among young people (Jones et al., 2024). In addition, because Caribbean countries and territories are extremely vulnerable to the effects of climate change, their populations are particularly affected by human displacements (International Organization for Migration [IOM], 2024).

As the environmental crisis intensifies, the demand for care will rise; accordingly, care systems must be strengthened, and sufficient resources must be secured to care for the affected population. For example, water stress (ECLAC, 2024a) can make the provision of water in certain households difficult, which has time- and work-related impacts on caregivers. At the same time, climate change has a differentiated impact on men and women owing to their unequal representation in climate-sensitive jobs and unequal access to the resources needed to address this problem (ILO, 2023a; ECLAC, 2022a).

Self-care as part of the right to care is becoming increasingly relevant in the context of current consumption and production patterns; a labour market that generally does not recognize the importance of devoting time to rest and personal development; and demographic, technological, social, cultural and environmental changes that deplete the time available for self-care. Self-care should be understood as an individual practice and as a necessary condition for collective well-being. Public policies must therefore recognize self-care as a right and address dimensions including access to transport, food, health services and labour market benefits in order to ensure that all people can pursue it effectively and equally (ECLAC, 2022a; ILO, 2024a). Not only does the excessive care burden restrict women's opportunities to earn their own income; it also limits their access to self-care and other activities that are essential to their autonomy.

## B. Care work and the care economy as drivers of economic growth

Because of the current sexual division of labour and unequal social organization of care, the care economy is sustained mainly by women performing both paid and unpaid work. Within the proposed care society framework, the care economy is closely related to the future of work and its multiplier effects on the economy as a whole.

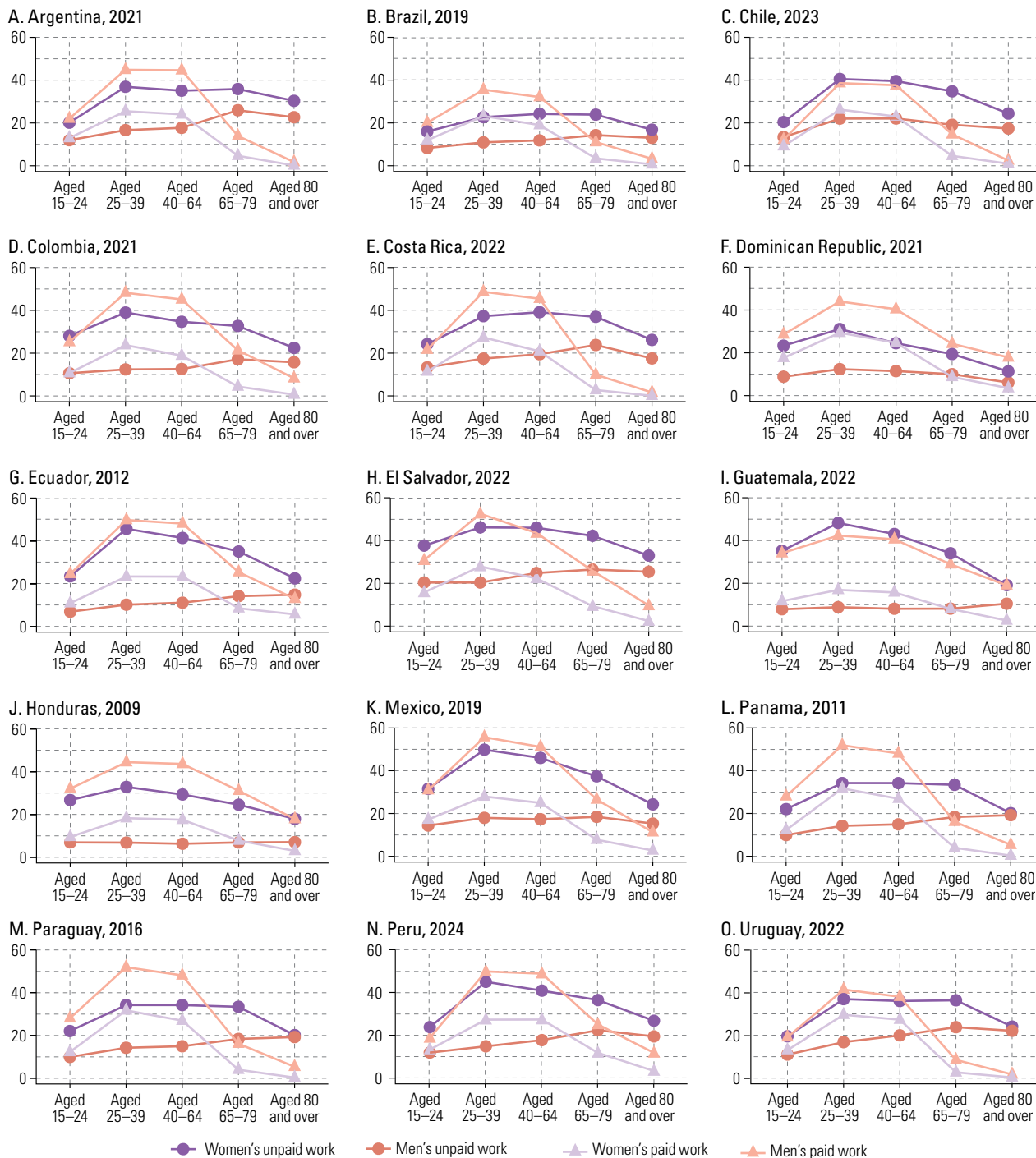
Women report similar or slightly higher total working hours than men but spend less time than men on paid work in the labour market. Women aged 15 and over spend between 22 and 43 hours a week on unpaid domestic and care work, while men in the same age group spend between 7 and 20 hours (ECLAC, 2023d). The time spent on unpaid work is even higher in rural areas, where the gender gap translates into 12–38 additional working hours for women. Women spend about one third of their total working hours on paid work and two thirds on unpaid domestic and care work, while that proportion is reversed among men. A life-cycle analysis shows that the sexual division of labour becomes more pronounced over time, as the gaps are smaller among young people (aged 15–24) and larger in adulthood and at reproductive age (see figure II.7).

In 2023, despite the progress made in female labour participation over the past 30 years, 23.6% of the region's women had no monetary income of their own, while the proportion of men in the same situation was 10.2% (ECLAC, n.d.). The "own income" indicator—a foundational indicator of the Gender Equality Observatory for Latin America and the Caribbean—reveals another side of monetary poverty, as it establishes that not only the absence of household income but also the absence of individual income must be taken into account. The availability of an income of one's own is associated with such factors as economic decision-making within households and the ability to save and manage money, which are key elements of autonomy.

One of the most visible manifestations of occupational segregation is the concentration of women in the expanded care sector, which includes jobs related to health, education and paid domestic work. In line with what has been called the "penalization of care"—whereby lower wages are earned for working in more female-dominated occupations—the undervaluation of care work can be seen in the reduced income levels of women and men in this sector (Armenia, 2018; González et al., 2022; Folbre, 2017, 2021). Productive sectors linked to the care economy account for 27.4% of the region's employed women (9.3% in education, 7.8% in health and 10.3% in paid domestic work) and 6.0% of its men (3.1% in education, 2.2% in health and 0.7% in paid domestic work) (see infographic II.1).

**Figure II.7**

Latin America (15 countries): time spent on paid and unpaid work, by sex and age group, most recent year with information available  
(Hours per week)

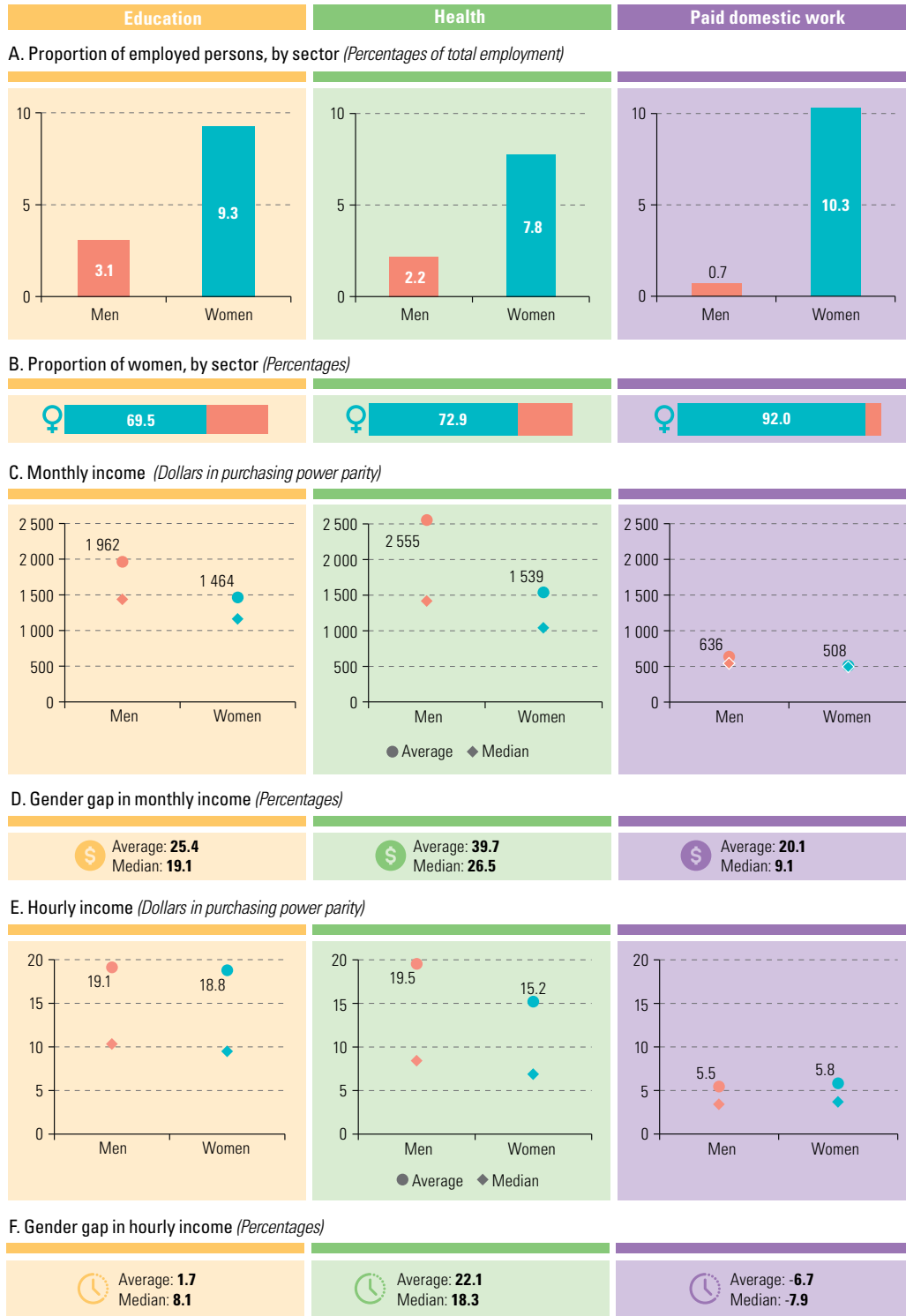


**Source:** Economic Commission for Latin America and the Caribbean, on the basis of Repository on time use in Latin America and the Caribbean, Gender Equality Observatory for Latin America and the Caribbean.

**Note:** Because of methodological and time differences in the collection instruments, data are not strictly comparable between countries.

**Infographic II.1**

Latin America (14 countries):<sup>a</sup> labour characteristics of the population aged 15 and older employed in the expanded care sector, by sex, 2023<sup>b</sup>



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

<sup>a</sup> Weighted average of data from the following countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Peru, Plurinational State of Bolivia and Uruguay.

<sup>b</sup> Data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

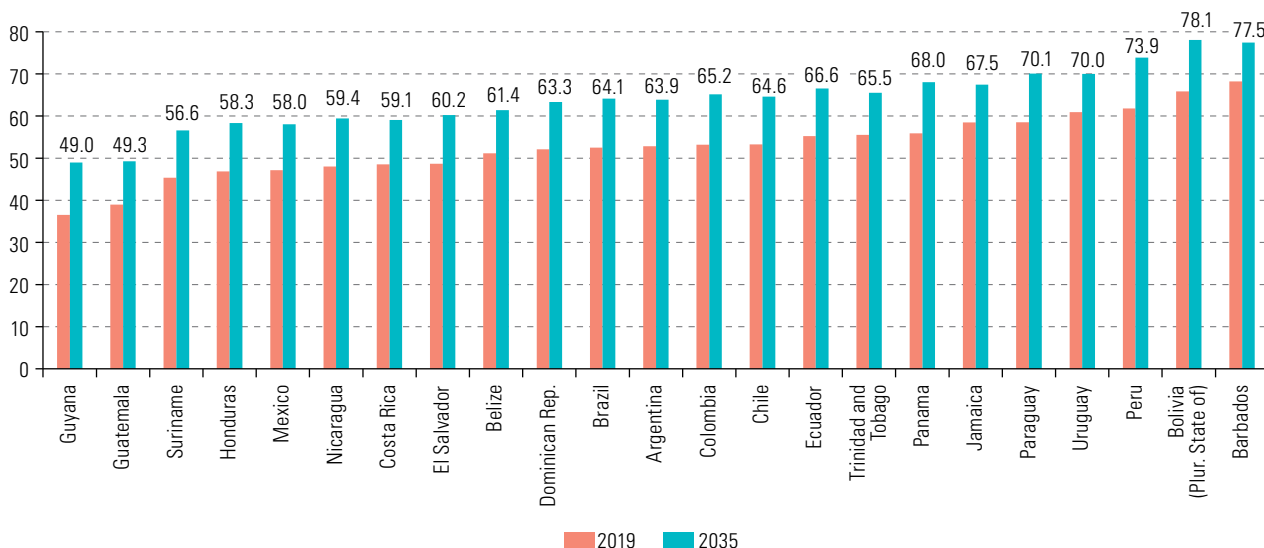
Demographic, climatic and technological changes, and their relationship with transformations in the labour market, have an impact on demand for, supply of and access to care. As already noted, projections indicate that the demand for care will increase and continue to evolve, which presents an opportunity—and a need—to invest in care systems in order to reduce the time spent on unpaid work in households.

In addition to promoting social and gender justice, the development of the care sector offers a major opportunity to catalyse the economy and create decent work. ECLAC and the International Labour Organization (ILO) have been working together on a series of calculations to estimate investments in the expansion of the care economy and its effects through various policies aimed at providing care for children and older persons and improving the working conditions of people with family responsibilities (for example, by allowing for and extending periods of leave). The benefits modelled relate to the short-term return on investment (annual tax revenues) and the reduction of gender gaps in employment and wages.

At present, the care economy provides 381 million jobs worldwide, representing approximately 11.5% of total employment. Data were included for 23 Latin America and Caribbean countries. The required level of investment in care at the regional level varies according to each country's characteristics but, on average, it stands at 4.7% of GDP, ranging from 2.7% in Uruguay to 11% in Nicaragua. By 2035, investment in care could create some 31.3 million jobs, of which 10.6 million would be in universal childcare services and 20.7 million in long-term care. In addition to these benefits, the projected increase in the employment rate among women would have a significant effect on reducing gender gaps in employment (see figure II.8).

**Figure II.8**

Latin America and the Caribbean (23 countries): employment rate among women aged 15–64, 2019 (baseline) and 2035 (based on simulated investment in the care sector)<sup>a</sup>  
(Percentages)



**Source:** Economic Commission for Latin America and the Caribbean, on the basis of the ILO Care Policy Investment Simulator. <https://webapps.ilo.org/globalcare/?language=en#simulator>; and ILOSTAT. <https://ilostat.ilo.org/>.

<sup>a</sup> For Suriname and Nicaragua, 2019 data are from 2016 and 2014, respectively.

The rise in care needs and the transformations in the world of work present the region with a dual opportunity: first, they encourage the creation of new quality jobs in the care economy as a result of the growth in care services; and second, they help to reduce unpaid work time in the home, which would eliminate the main barrier to women's labour participation. Investment in comprehensive care policies and systems, linked with labour policies that promote the rights of people in the job market, can help to reduce gender gaps in employment, improve productivity levels and increase tax revenue (ECLAC, 2021b, 2024b; United Nations, 2024a; ILO, 2024b). Such investments promote current and future well-being, as they can increase resilience

to crises (pandemics, disasters, conflicts, migration and other phenomena) (ILO, 2024a). A paradigm shift is therefore needed to recognize investment in care as a strategic investment for sustainable development with a positive impact on reducing poverty and inequality.

## C. The right to care

The care society model recognizes care as a right: to care, to be cared for and to perform self-care. The right to care, based on the principles of equality, universality, progressivity and non-regression, interdependence and social and gender co-responsibility, is fundamental for the sustainability of human life and the planet. The right to care implies recognizing the value of care work and guaranteeing the rights of both those who need it and those who provide it, which entails challenging the stereotyped assignment of those responsibilities exclusively to women and promoting social and gender co-responsibility (ECLAC, 2022a, 2024b). The recognition of care as a human right makes it possible to define the roles of the State and the different actors involved and to identify those persons who have the right to care, those entities that have the duty to provide it, the mechanisms available for enforcing the right and the measures in place for reducing inequalities and gaps in access to care and enjoyment thereof (Pautassi, 2007, as cited in ECLAC, 2024b).

In Latin America and the Caribbean, some countries have expressly included the recognition of care and its contribution to the economy in their constitutions, expanded the applicable guarantees and broadened its interpretation through case law (Bolivarian Republic of Venezuela, Dominican Republic, Ecuador, Plurinational State of Bolivia and, at the subnational level, Mexico City). In addition, the region's parliaments have ratified international conventions and drafted comprehensive laws and regulations relating to care policies and services. Those regulations include the recognition of paid domestic work, the implementation of policies relating to time for providing care, co-responsibility and maternity, paternity and parental leave, the development of comprehensive systems and policies for care and various other measures. Eight countries (Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Cuba, Ecuador, Panama and Uruguay) have enacted laws to create national care systems or policies (ECLAC, 2025c). At the same time, the region has made progress in labour regulations to provide time for care, which is a vital factor in striking a balance between paid work and family and care responsibilities. In addition to the progress made with regulatory frameworks and public policies for comprehensive care systems, advances in jurisprudence reflect the progressive development of the various dimensions of the right to care.

Making progress towards a care society demands the consolidation of regulatory and jurisprudential frameworks for care systems and policies; the adoption of laws to govern the time assigned for care; and a response to new and growing care needs to promote a care economy based on decent work and stewardship of the planet.



### III. The role of care in the design and implementation of public policies

Care policies are defined as a set of actions aimed at establishing a new social organization of care, so as to guarantee the right to care and promote social and gender co-responsibility. The policies in question encompass legal frameworks, information systems, infrastructure, care services and benefits, sufficient and sustainable financing, regulation, training and the certification of care-worker competencies, as well as instruments for protecting employment in the care economy. These policies need to be implemented through regulations that guarantee that people have time to provide care, expanded services and infrastructure, and sufficient resources to redistribute care work and guarantee the right to care (ECLAC and United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], 2021; ECLAC, 2022a, 2024b; United Nations, 2024a).

Comprehensive care systems entail the consistent and systemic coordination of care policies and seek to address the direct provision of services and benefits aimed at guaranteeing care for those who need it most, including children, older persons, persons with disabilities who require support and care, and persons with chronic diseases (ECLAC and UN-Women, 2021; ECLAC, 2022a; United Nations, 2024a). In addition, the fact that care systems have incorporated the rights and needs of caregivers, most of whom are women, into policy design is a step forward that reveals their potential to achieve gender equality. These systems must meet the population's care demands and, at the same time, recognize, reduce and redistribute unpaid care work from a human rights, gender, intersectional and intercultural perspective. In this regard, the 5R framework for decent work in the care economy proposes to recognize, reduce and redistribute unpaid care work; and, at the same time, it advocates for adequate reward and representation—and capacity to be heard—of those who provide care on a paid basis. It also guides the development of integrated and coherent strategies to achieve decent work in this sector (ILO, 2024a).

The agreements of the Regional Gender Agenda make it possible to define at least five criteria that guide its development (ECLAC, 2022a). The first of these is the incorporation of a gender equality and human rights-based perspective that promotes co-responsibility between men and women, and between households, the State, the market, families and the community (ECLAC, 2020c; United Nations, 2024a). Secondly, as all people need some type of care during the course of their lives, it is important that care policies guarantee this as a universal right, even when adopting progressive criteria in respect of existing inequalities. Thirdly, in view of the multidimensional nature of care, the policies must integrate an intersectoral and interinstitutional approach that helps to harmonize and coordinate work between the different ministries and levels of government in responding to multiple and often overlapping needs. This perspective is reinforced when the machineries for the advancement of women have institutional capacity and influence in coordinating the system, which also promotes consistency in implementing the gender perspective. Fourthly, it is crucial that financial sustainability include the concept of intergenerational solidarity, as well as the public investment needed to satisfy current and future demand based on demographic trends. Lastly, it is vital for care services to adopt a situated or territorial, intercultural and intersectional view, to ensure that they are culturally and locally relevant and enable the effective enjoyment of rights. This requires care policies to engage the active participation of stakeholders related to care work and to be developed through effective social dialogue.

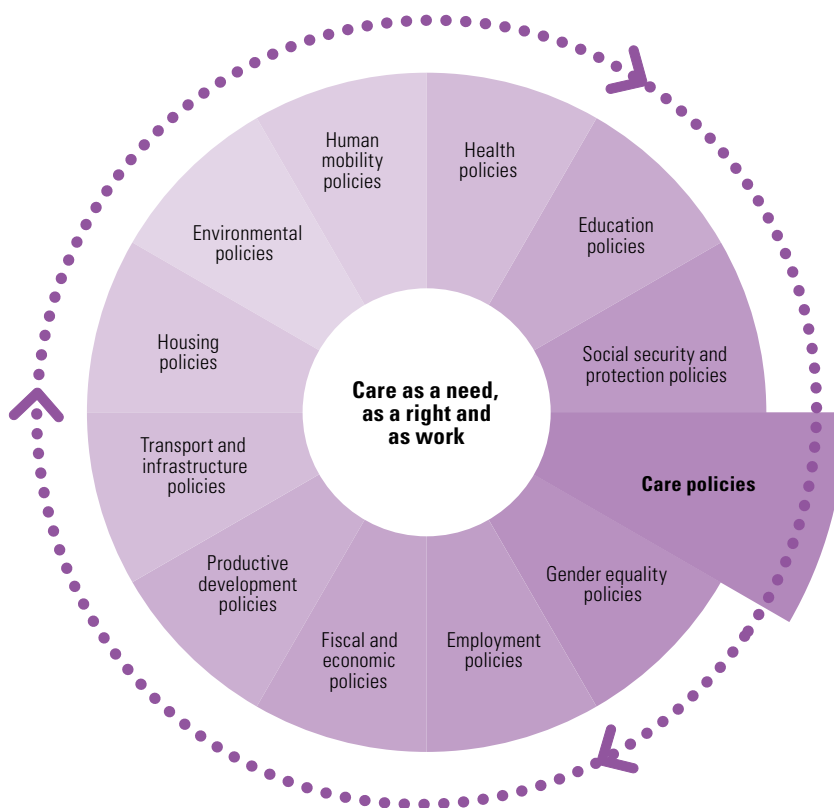
#### A. Synergies between care policies and public policies at large

In recent years, significant progress has been made on intersectoral coordination in the design of care policies and systems in Latin America and the Caribbean. This action, which invokes the guiding principle of intersectorality and inter-institutionality, needs to take account of the various facets of social protection, such as education, health and social security, as well as the employment, fiscal and economic, environmental, productive development, transportation and infrastructure, housing and human mobility, and other policies

that interact in care (see diagram III.1). This requires coordinating and linking the work of various ministries and different levels of government, to respond to multiple and often overlapping needs. In this context, the machineries for the advancement of women play a fundamental role, by incorporating a transformative vision of gender relations in care policies and bringing their technical and political experience to bear on the path towards substantive equality.

### Diagram III.1

The care approach in the design and implementation of public policies as a whole



Source: Economic Commission for Latin America and the Caribbean.

Progressing towards the care society requires policies that respond to the needs of populations requiring care and guarantee the rights of the caregivers; it is necessary to adopt a care perspective and integrate it into all public policies to guarantee the right to care and achieve a new social organization of care.

Rapid population ageing and the growing demand for long-term care raise the need to include these issues in the public policy mix, which underscores the urgency of addressing the care crisis comprehensively (Frasier, 2016; ECLAC, 2016, 2024a). Given its multidimensional nature, care policy requires interlinkage with all public policies —environmental, labour, fiscal, economic, productive development, transport and infrastructure, housing, human mobility and equality policies— and with the social protection, health and education systems. This makes interventions more effective, serves as a response to demands for gender justice and represents a fundamental pillar for social, economic and demographic sustainability. Through this integration of policies, the government, in its role as guarantor of rights and coordinator of endeavours, must promote the equitable redistribution of responsibilities between men and women, and between different institutions. This generates major benefits, such as overcoming the sexual division of labour, professionalizing the sector, enhancing women’s autonomy, reducing poverty, boosting economic growth and strengthening social protection systems. Progress towards a care society can only be made by consolidating an institutional framework based on intersectoral coordination, sustainable financing and a territorial perspective.

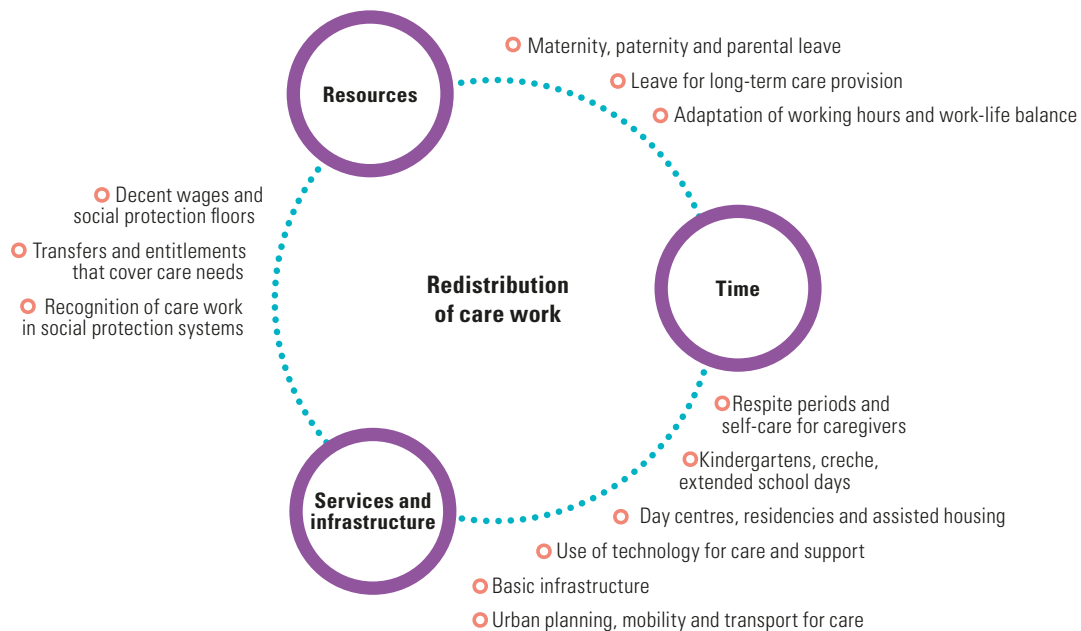
## B. Redistribution of care work through resources, time, services and infrastructure

Care policies redistribute time, work and resources simultaneously. For example, they help to free up the disproportionate amount of time that women spend in unpaid work, thereby easing their path into paid employment. Such redistribution makes it possible not only to alter the allocation of tasks within households, but also to shift responsibilities to the State, the market and the community, thereby transforming the social organization of care. As a result, women can increase their own incomes, gain access to social protection and advance in their economic autonomy.

The creation and expansion of care policies has simultaneous effects on access to services and resources and the availability of time (see diagram III.2). For example, the expansion and increased coverage of in-home and out-of-home care services helps to significantly alleviate the time burden borne by unpaid caregivers, most of whom are women and girls. In addition, care resources provided by the State, whether in the form of economic transfers or as direct entitlements, not only have an impact on disposable income, but also make it possible to contract services, which frees up time for paid activities, training, social and political participation, or self-care. Moreover, bringing services closer to the places where daily life unfolds greatly reduces the time that caregivers spend travelling, which can then be used for other activities.

**Diagram III.2**

Redistribution of care work: resources, time, services and infrastructure



**Source:** Economic Commission for Latin America and the Caribbean.

Recognizing, respecting and reconciling care time for those who participate in the labour market is fundamental for advancing towards a new social organization of care with greater equality. In this regard, it is essential to recognize the close relationship that exists between time spent in paid employment and time devoted to caregiving and unpaid work, especially since labour market participation coexists with growing demands for care at different stages in the life cycle. Care leave is a key instrument for balancing paid work with family life and redistributing care work between men and women (ECLAC and ILO, 2025; ILO, 2022; ECLAC, 2022a). These leave periods can help to promote social and gender co-responsibility,

provided that they are designed and implemented with criteria that encourage a redistribution of care tasks to enhance equality. These measures should be complemented by others that promote work-life balance, such as a reduction in working hours and the adaptation of work schedules and workplaces, as well as shift arrangements for persons who have caregiving responsibilities. However, such policies need to be designed from a gender and co-responsibility perspective to prevent them from becoming mechanisms that exacerbate women's care burden, discrimination with respect to entry or permanency in the formal labour market, or the informalization of women's work. They should also be accompanied by cultural change strategies that underscore the importance of co-responsibility in caregiving, provide incentives for men to avail themselves of these measures, and offer quality care services that are accessible for men and women with family caregiving responsibilities. The redistribution of work, time and resources allocated to care requires labour, security and social protection policies that recognize the social value of unpaid care work, promote women's economic autonomy and help to avoid mechanisms that could reinforce gender stereotypes or perpetuate the feminization of poverty and gender inequality.

Employment policies must recognize the link between paid work in the labour market and unpaid care work, without which the economy could not function. This should result in improvements in employment quality, which would make it possible to achieve decent wages that enable employed persons and their families to live decently and take the costs of care into account. It should also involve the implementation of social protection floors that guarantee a basic income and access to essential services for all people (ILO, 2012), and explicitly integrate the costs associated with care in methodologies for estimating the living wage. This means recognizing that households face additional care-related costs and thereby contribute to an appropriate valuation of the real needs of families, especially those headed by women, who mostly assume burdens in terms of time—and often resources—derived from households' care needs.

The recognition, in social protection systems, of time devoted to unpaid work is another fundamental element in progressing towards a social organization of care with equality. Key measures for analysing the relationship between care and social security policies include recognizing periods devoted to unpaid caregiving as periods worked in the labour market, for social security purposes, and guaranteed access by female paid domestic workers to social security entitlements, under equal conditions (ECLAC, 2024b). Another strategy to address women's persistent poverty resulting from the unequal distribution of care work relates to non-contributory social protection entitlements, such as cash transfers and non-contributory pensions. However, their effectiveness depends largely on the adequacy of the entitlements they provide. In most of the region's countries, these are insufficient to cover both basic needs and specific household care requirements (ECLAC, 2024b). In conjunction with investment in infrastructure and technology, care services can help to reduce and redistribute care work in households.

The creation, expansion or restructuring of services and other entitlements form part of strategies to redistribute care work. These policies can target children and adolescents, older persons, persons with disabilities in a situation of dependency, and those with chronic and transitory illnesses. Moreover, when designing the services, it is essential to consider the conditions of the individuals employed in them, such as their training and the regulation and professionalization of their work. In addition to having the capacity to provide care and support services, the State can regulate the provision of care in the market (ECLAC, 2024b). Its regulatory function is essential for ensuring that care policies help to transform the unfair social organization of care and class inequality, and not adding to women's workload or deepening socioeconomic stratification in access to these services (Faur, 2011; Rodríguez Enríquez and Marzonetto, 2015). In terms of programmatic support for caregivers, there is a need to adopt a comprehensive approach that includes local support networks, temporary and systematic relief or rest programmes and psychosocial assistance, together with measures that enable a better balance to be struck between personal life and caregiving responsibilities.

In addition to the specific infrastructure of care services and the mechanisms of accessibility, transfer and adaptation that enable everyone to use the facilities, it is essential to invest in basic service infrastructure, since this is a key element in reducing the care workload. In Latin America and the Caribbean, deficits in basic utilities, such as water, sanitation and electricity, increase the time women spend in unpaid work, which exacerbates the existing inequalities (ECLAC, 2022a; ILO, 2016). Urban planning and mobility criteria are also

central in addressing care from the environmental sustainability standpoint. This means analysing how the organization of the public space affects care work and the environment, especially as regards the incorporation of accessibility criteria in mobility and transportation.

## C. Taxation and financing for care

Investment in care policies and systems is not just an imperative of social and gender justice; it is also a strategic opportunity for the region's economic, social and environmental development. Care is a public good, and guaranteeing the right to it requires sufficient and sustainable fiscal financing, for when it depends solely on household income, the resulting shortcomings have a high cost for individuals, society and the economy as a whole. Financing for investment in care systems and policies requires fiscal space and a framework of sustainability, which means increasing tax revenue. In this context, the agreements of the Regional Gender Agenda link fiscal policy with gender equality and the care economy, and establish how to channel endeavours into the design and implementation of fiscal policies with a gender perspective, which mobilize resources to guarantee universal access to care infrastructure and services; the adoption of progressive fiscal policies and specific mechanisms to ensure sufficient resources to reverse inequalities and guarantee the right to care; the strengthening of regional cooperation to combat tax evasion, increase revenue through corporate, wealth and property taxes, and advance options for debt relief; and the promotion of calculation of the multiplier effects of the care economy, taking into account costs, investments and returns.

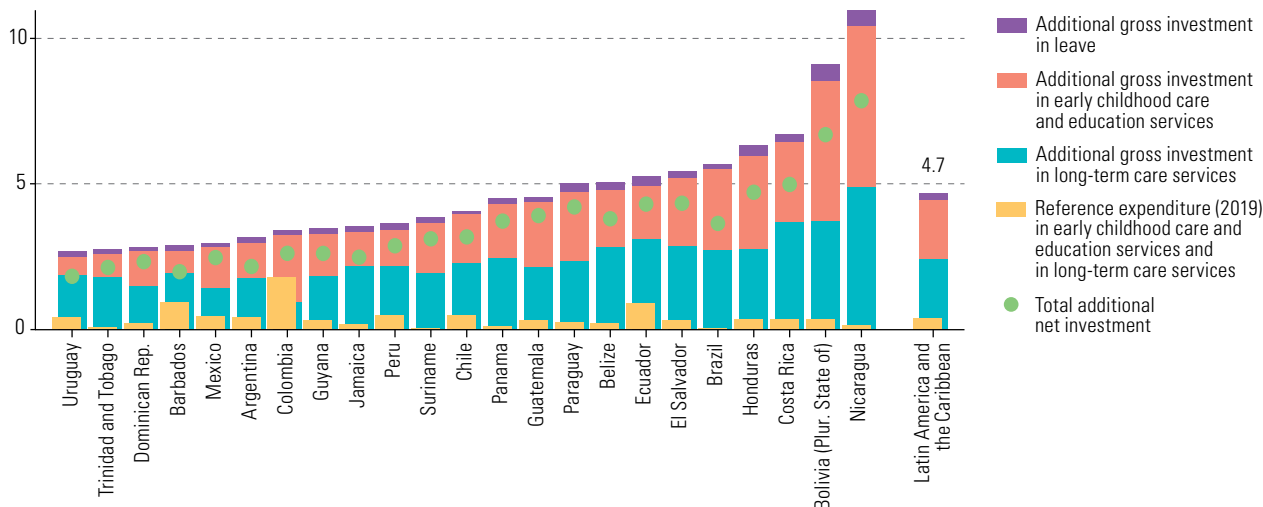
In this context, the region has the opportunity to create new jobs in the care economy, as a result of the expansion of long-term care and childcare services, and to reduce unpaid work in households. This would make it possible to tackle the main barrier to women's labour market participation. Investment in care contributes not only to breaking the cycle of poverty and exclusion, but also to promoting the population's general well-being, fostering women's autonomy and overcoming barriers to their labour market participation. It also generates employment and invigorates other sectors of the economy, such as public works and transportation, which helps to generate higher tax revenues (ECLAC, 2022a) and, in the long term, increase productivity (Onaran et al., 2022, p. 23).

According to simulations by ECLAC and ILO, the levels of gross investments that should be gradually targeted in the coming years vary widely, ranging from 2.7% to 11% of GDP, but the average amount needed would be equivalent to 4.7% of GDP (see figure III.1). In terms of the effects of the investment simulation analysed, it can be established that higher tax revenue would reduce 19% of the amount of investment needed, on average. The main obstacles are low levels of tax revenue, high rates of tax evasion and avoidance and tax expenditures, regressive tax structures (ECLAC, 2022a) and high levels of informality in the regional labour market. In 2022, average tax revenue in Latin America and the Caribbean was 12.5 percentage points of GDP below the average of countries of the Organisation for Economic Co-operation and Development (OECD) (Organisation for Economic Co-operation and Development [OECD] et al., 2024).

The region's countries rely heavily on indirect taxes, which account, on average, for half of all tax revenues, compared with about one third in the OECD economies. This preponderance of indirect taxes, such as value added tax, implies the presence of a regressive bias in tax systems, since it imposes a disproportionate tax burden on those with the least payment capacity. As women are overrepresented among the region's lowest income earners, this type of tax also contains an implicit gender bias. In addition, tax expenditures —that is, benefits that alleviate the tax burden— and tax evasion and avoidance erode governments' revenue-raising capacity. According to data available from 13 countries in the region, average tax expenditures in 2021 represented 3.7% of GDP (ECLAC, 2023c). The contribution of these expenditures to fiscal sustainability and redistribution depends on the people and sectors to which they are directed, so ECLAC (2019c) highlights the importance of evaluating them. Data for 2023 indicate that the rate of non-compliance with income tax and value added tax in Latin America is 6.7% of GDP (ECLAC, 2024f). Tax evasion and avoidance also have an international dimension; in 2021, tax losses resulting from cross-border tax evasion and avoidance represented 1.3% and 1.0% of GDP in the Caribbean and Latin America, respectively (Tax Justice Network, 2024).

**Figure III.1**

Latin America and the Caribbean (23 countries): projected additional investment in early childhood care and education services, long-term care services and childcare leave, 2035  
(Percentages of GDP)



**Source:** International Labour Organization. (2024). *ILO Care Policy Investment Simulator. Technical note - version 2.0.*

**Note:** For early childhood care and education, among other parameters, coverage is to be expanded to 60% for children aged 0–2 and to 100% for children aged 3–5. The parameters for leave, early childhood care and education, and long-term care differ between two groups of countries (high- and upper-middle-income countries, and middle- and low-income countries) (see further details in the Simulator Technical Note, available at <https://www.ilo.org/publications/ilo-care-policy-investment-simulator-technical-note>). Data for 2019 reference expenditure are shown for guidance only, as they are not always systematically harmonized.

In closing, it should be noted that expenditure on care policies in the region’s countries has remained stable in recent years, at levels far below what is needed to achieve a fair social reorganization of care. In terms of projected financing, in order to achieve sustainable systems, it is essential to implement a diversified strategy that involves active participation by numerous societal actors and generates a persistent mobilization of funds —public and private, domestic and foreign. This would produce a series of positive effects that would help to tackle the care crisis, such as the promotion of gender equality, greater generation of human capabilities, creation of direct and indirect jobs and increased tax revenues. This resource mobilization involves a process to reform national tax systems and the international financial system, including tax cooperation to combat evasion and avoidance, and participation by development banks. In the case of international tax cooperation, the region’s countries have played an important role in advancing negotiations on the United Nations Framework Convention on International Tax Cooperation, which is expected to contribute to an agreement on new global tax rules. The Convention is also expected to mobilize the largest possible amount of resources to achieve sustainable development and promote gender equality and environmental sustainability (ECLAC, 2025b). At the same time, ECLAC is exploring the role that multilateral development banks could play in financing the initial stages of implementing comprehensive care systems. The trap of low capacity for growth facing the region, compounded by the high level of debt and rising interest rates, significantly diminish the fiscal space for countries to make this type of investment. Lastly, in terms of concessional financing, as noted in the draft outcome document of the Fourth International Conference on Financing for Development, the use by international financial institutions of complementary measures that go beyond GDP can contribute to more inclusive international cooperation (United Nations, 2025b). Accordingly, in addition to increasing tax collection, ECLAC also identifies the need to mobilize other types of innovative financing.

## IV. Emerging trends and prospective analysis of the care sector

The care society paradigm places care at the centre of the sustainability of life and the planet and recognizes the synergistic interdependence among people, the environment and economic and social development. Progressing in this direction entails laying the groundwork today for the transformations envisioned for the future, while also anticipating the range of possible scenarios. Foresight focuses on the analysis, exploration and anticipation of possible futures to design strategies and make informed decisions in the present. It seeks to identify potential medium- and long-term scenarios by considering tendencies, risks and opportunities. This approach takes into account both pathways for change and structural transformations, considering multiple scenarios that enable the development of adaptive and resilient responses. By identifying futures that are desirable or to be avoided, foresight analysis facilitates the construction of long-term visions through dialogue among stakeholders, fostering strategic, informed and flexible decision-making (Máttar and Perroti, 2023; Medina Vásquez, 2023).

To advance the care society, States need institutional capacities that allow them to anticipate, assess and interpret possible futures. These capacities must be accompanied by the design of strategies that enable societies to harness the opportunities stemming from social, demographic, environmental and economic transformations, as well as to mitigate the constraints and impacts they may bring. Prospective capabilities allow the recognition of emerging trends, the design of pathways to achieve desired transformations and the establishment of adaptive mechanisms that allow for course corrections in response to changing or disruptive conditions (ECLAC, 2024a).

Prospective analysis is particularly important in view of the care crisis currently facing the region, which disproportionately affects women, especially those experiencing multiple intersecting forms of discrimination and exclusion. This crisis is also linked to other trends, as will be examined in the following sections. These include the demographic transition, marked by rapid population ageing; territorial demands and the effects of climate change and environmental degradation; and migration flows that alter care in both territories of origin and destination.

Moreover, transformations in the world of work, rapid digitalization and other factors that are reshaping labour relations present both challenges and opportunities for the provision of care services—from telecare and remote monitoring to the development of digital platforms facilitating coordination between care supply and demand. The region will face increasingly complex care demands, even as basic childcare needs remain unmet. This scenario requires the application of an anticipatory approach that enables the design of systems that can meet multiple simultaneous demands.

Feminist economics has provided a fundamental theoretical framework for rethinking responses to this crisis, by making care visible and valuing it as an essential pillar of the economy, encompassing both its productive dimension and the unpaid care work performed within households (Carrasco, 2001; Folbre, 2006; Pérez Orozco, 2014). From this perspective, the care society emerges as a comprehensive paradigm aimed at recognizing, redistributing and placing greater value on care, while promoting co-responsibility among all social and economic stakeholders.

### A. Economic and productive growth and transformation: what is required in terms of care?

Latin America and the Caribbean faces three structural traps that constrain its long-term development: one of low capacity for growth; one of high inequality, low social mobility and weak social cohesion; and one of weak institutional capacity and ineffective governance (Salazar-Xirinachs, 2023; ECLAC, 2024a). Overcoming these traps requires fostering higher, sustained, inclusive and sustainable growth. This can be achieved through productive development policies aimed at reducing inequality and strengthening social cohesion through integrated approaches to employment, social protection and education, complemented by progressive tax systems.

Investment in care systems holds potential to stimulate economic activity, generating both direct and indirect employment in labour-intensive, high-demand sectors. Furthermore, by reducing the burden of unpaid care work that disproportionately falls on women, such investment would facilitate their entry in the labour market, thereby increasing economic productivity, for example, through the full integration of highly qualified women (ECLAC, 2022a; Braunstein, Van Staveren and Tavani, 2011; Heintz, Staab and Turquet, 2021). Investment in care not only improves the health, education and well-being of the population; it also strengthens the tax base by converting some unpaid labour into formal employment, thereby expanding tax collection and social protection in a traditionally precarious sector (UN-Women, 2020; ILO, 2023b). Altogether, promoting the care economy creates a virtuous circle of sustainable development that is reflected in macroeconomic improvements and positive outcomes in employment, health and education (UN-Women, 2020; Scuro and Silva Güiraldes, 2022; ILO, 2023b).

The paradigm of the care society can drive the transformation of the development model, which is, at the same time, a prerequisite for building a care society. This virtuous circle is reflected in the productive dimension of care, which encompasses two complementary aspects. First, as an economic sector, paid care work includes both direct and indirect services provided in public, private and community settings, which generate value, employment and conditions for the development of other productive activities. Second, care is a cross-cutting dimension of all productive sectors, as individuals engaged in the labour market inevitably assume unpaid care responsibilities at some point in their lives (ECLAC, 2019a, 2022a; ILO, 2023a, 2024h).

Advancing decent work in the care sector ensures better employment conditions and higher-quality services, boosts recruitment and staff retention and fosters gender equality. It also reduces labour shortages in this field and strengthens the resilience of societies and economies (ILO, 2023a, 2024h). In this sense, the development and strengthening of the care sector would optimize the use of productive capacities and increase employment, especially among women, thereby reducing inequalities and promoting greater social cohesion.

Beyond positioning care as a stand-alone economic sector that generates employment, investment and growth, care policies should be integrated into all productive sectors, given that all individuals in the labour market may bear unpaid care responsibilities at some point in their lives. This includes, for example, implementing care policies in the labour market through parental leave, flexible working hours, accessible and local childcare services, onsite workplace care facilities and lactation rooms. Although this reality has been recognized in various international instruments, significant challenges persist, for example in productive, social, labour and environmental standards pertaining to production, investment strategies, public procurement, international trade agreements and treaties and cross-border regulation applicable to global production chains.

Contemporary economies are structured around value chains, understood as the set of activities, processes and actors involved in creating a good or providing a service, from design and production to distribution, marketing and final consumption. These sequential, interdependent activities add value at each stage of the process and take place at local, regional or global, national or transnational levels (Durán Lima and Zaclicever, 2013). Value chains involve both formal and informal productive practices, and often varying degrees of job insecurity, especially when they transcend geographical boundaries and local regulations. They are referred to as global value chains when they extend beyond national borders and different stages of the production process take place in various countries. Such chains are often coordinated by a lead firm that organizes geographically dispersed production.

All value chains can play a crucial role in mainstreaming care, thus helping to implement a more productive, inclusive and sustainable development model. Global value chains account for more than two thirds of international trade (Bidegain et al., 2023) and often reflect structural inequalities in the labour participation of women, who are frequently employed in low-value added sectors. The integration of care as a global standard in local, national and international trade and in value chains requires the coordination of both binding and non-binding instruments that progressively include social co-responsibility as a fundamental component of corporate sustainability.

With regard to public policy intervention, value chains —through cluster initiatives and other productive coordination initiatives— can play a key role in implementing and scaling up care strategies by enabling territorial interventions adapted to local and regional contexts; involve multiple stakeholders, including the private sector, public sector, academia and civil society; and strengthen governance mechanisms that foster effective coordination (Salazar-Xirinachs and Llinás, 2023). An advanced regulatory framework already exists

at the international level to support the integration of care in States' and firms' responsibilities. Instruments such as the United Nations Guiding Principles on Business and Human Rights (2011) and the European Union directive on corporate sustainability due diligence (2024) establish the duty to guarantee fair working conditions that respect human rights. For instance, the latter instrument sets out concrete obligations for large European companies and their global suppliers, offering an unprecedented opportunity to operationalize care standards across chains connecting Latin America and the Caribbean with Europe. This directive can be interpreted to require firms to ensure accessible care services, extended parental leave, dignified working conditions for care workers and the extension of these principles to non-traditional sectors. Bilateral and multilateral trade agreements represent another strategic vehicle, as they may include specific chapters on strengthening the care economy in signatory countries, similar to existing chapters on gender equality, establishing verifiable commitments to improve the availability of care infrastructure and working conditions that recognize the interdependence between productive and reproductive activities.

The public sector plays a fundamental role in this process —not only as regulator, but also as provider, driver of strategic investments and guide in the allocation of private investments, as well as promoter of social dialogue. Through strategic public procurement, contracting and investment projects, the State helps to steer economic and social development towards objectives of collective interest. However, such strategies can only effect structural change if they recognize the centrality of care for the sustainability of life, the planet and the economy. This calls for rethinking how investments are defined and assessed, prioritizing long-term impact criteria and ensuring that they generate public value equitably (Mazzucato, 2023).

A key element of such planning is the adoption of dynamic evaluation criteria that make it possible to quantify value creation in terms of public goods. These criteria should go beyond traditional economic efficiency indicators and incorporate dimensions such as their effects on the closure of gender gaps and environmental and social sustainability.

In this way, the State, in its dual role as regulator and provider, is equipped with tools to mobilize resources, influence market dynamics and create incentives that support production models with a care-based perspective. By incorporating care-related clauses into public procurement and bidding contracts, the State can promote labour, social and gender standards that help to transform value chains, advance social co-responsibility for care and strengthen social protection systems.

Ultimately, advancing the implementation of care initiatives, measures and policies through diverse instruments and strategies is essential to progress towards a new development model. Integrating the right to care into economic and productive strategies strengthens the supply of essential services, boosts employment, reduces gender inequality and increases social and environmental sustainability. Looking ahead, it is crucial to move beyond a vision of care as solely a family responsibility or, at best, a form of social expenditure, and instead position it as a priority area for strategic investment in sustainable development. This entails strengthening regulatory frameworks, advancing universal care policies and ensuring that care responsibilities are recognized and redistributed within productive processes.

## B. Care, territories and environmental sustainability

Understanding the interplay between care, territories and environmental sustainability is essential to achieve sustainable, equitable and socially just development in Latin America and the Caribbean. Territory is understood as a space encompassing geographical, social, cultural, political and economic dimensions, where relationships, cultural practices and collective identities are forged. Within it, both cooperation and conflict take place, shaping social structures and structural inequalities that affect its inhabitants (ECLAC et al., 2025).

Territorial care policies are State-led actions, strategies and programmes in which civil society, the private sector and communities may also participate. Their purpose is the implementation, management, regulation and oversight of care services in territories and the establishment and application of the standards required for this purpose, adopting a gender, intercultural and intersectional approach. Given the intersectional nature of care and its relationship with local realities, the environmental dimension must be considered when analysing

it. This means examining the links between climate change, environmental degradation and the social and economic organization of care (United Nations, 2022). The consequences of climate change shape not only how care is provided in territories and communities —by increasing the domestic work and care required by families and others (ECLAC, 2022a)— but also the activities associated with self-care and care for the planet.

More determined efforts are urgently needed to boost women’s participation in policymaking in these areas, as noted in paragraph 17 of the Buenos Aires Commitment, in which countries agreed to “promote women’s participation in environmental decision-making and disaster risk reduction” (ECLAC, 2023e). Their participation is essential to ensure that climate change mitigation and adaptation strategies respond effectively to the differentiated needs of men and women.

Human vulnerability to the impacts of climate change is linked to heavy reliance on livelihoods that are affected by climate conditions. The most serious consequences are borne by those who rely on agricultural and coastal activities and by Indigenous populations, children, older persons, communities living in poverty and those inhabiting ecosystems of island States (World Health Organization [WHO], 2023; United Nations, 2021; World Bank, 2020; ECLAC, 2024g). Women in these territories tend to have less access to and control over land and production resources, and they shoulder the main responsibility for providing food for their families, collecting water and firewood, and tending vegetable plots and animals (ECLAC, 2017c).

Women are more involved in all stages of the food cycle, from growing and processing to preparation and distribution, whether their work is paid or unpaid. However, in times of crisis, it is women and girls who are the first to reduce their food intake, and women in poor households are less likely to get the nutrients they need and to be able to meet the physical demands of pregnancy and breastfeeding, even when they have health problems or high-risk pregnancies (ECLAC and UN-Women, 2025). Another critical factor that must be addressed in analysing climate change and care is access to water, given that in most cases, women are responsible for collecting water. This unpaid, physically demanding work increases the burden on women and girls, limiting their time and energy for other activities and deepening gender inequalities; hence the emphasis on the need to recognize their role in water management and to implement inclusive policies (United Nations Children’s Fund [UNICEF] and WHO, 2023). In other areas, such as deforestation and ecosystem biodiversity loss, women have even fewer opportunities to adapt to the harmful effects of climate change. Other detrimental climate change impacts, which include flooding, prolonged drought, changes in temperature and agricultural production cycles and increases in crop pests, affect women and men differently owing to their gender roles and further exacerbate the unequal conditions under which care is provided.

As extreme weather events and rising temperatures intensify, higher rates of climate-sensitive diseases are expected, transmitted through food, water and other vectors. Women, who are often primarily responsible for caring for household members who are ill, are especially affected by this additional burden. In addition, the damage caused by pollution and extractive activities to the territories and common goods of Indigenous Peoples impairs their ability to preserve traditional livelihoods, such as food gathering, farming and pasturage (ECLAC, 2022a). Resource scarcity forces many Indigenous women to abandon their communities, which places them at greater risk of human rights violations (Inter-American Commission on Human Rights [IACHR], 2017; ECLAC, 2022a). Recognizing the role of communities centred around care for the planet could therefore be a way to build peace and climate resilience.

The extraction and processing of minerals and other commodities poses significant socioenvironmental challenges that must be appropriately managed to support sustainable development, seeking to decouple economic growth from the environmental footprint (greenhouse gas emissions and biodiversity and soil loss, among others) (ECLAC, 2024g). In that regard, it is essential to develop sectors such as the bioeconomy and the circular economy, and to safeguard the ecosystem services supplied by nature and protect critical natural heritage. Progress with the above-mentioned decoupling will require a paradigm shift, placing the sustainability of life and care for the planet and people at the centre, and recognizing the link between productive development, the environment and social reproduction. At the structural level, action will be required to foster a green transition that recasts the development model through enhanced environmental and economic efficiency in the use of natural resources and basic and ecosystem services, generating a structural change in the means of production, consumption and distribution (ECLAC, 2024g).

Care work—which is primarily performed by women—is essential for withstanding the impacts of climate change and environmental degradation, owing to its adaptive capacity to sustain life, even under difficult circumstances (Sánchez, 2024), as conclusively demonstrated during disasters and emergencies. It is therefore essential that public action not only recognize care work but also strengthen it as a key pillar for fostering societal resilience in Latin America and the Caribbean. Such action must first recognize the role of care under extreme weather conditions and the attendant changes in the dynamics and needs of those who provide and receive care (Sánchez, 2024; Kan, 2016). Globally, environmental degradation and climate change are likely to worsen if countries fail to act. In a context of worsening climate impacts, that response must be informed by a forward-looking perspective that integrates care policies into climate action and incorporates a territorial, intersectional and intercultural approach.

A true transformation will require progress towards comprehensive, universal and sustainable care systems, designed with the current and future consequences of climate change in mind. In light of the increasing frequency of emergencies, care services need to be designed for emergency response capacity and adaptability.

Likewise, the climate agenda and the current sustainability challenges offer opportunities for green jobs, which could help to close gender gaps in the labour market, provided that women's equal participation is guaranteed (ECLAC, 2024h). The care economy can play a fundamental role in the just transition. As it encompasses low-emission activities and services, its growth increases environmental sustainability with gender equality. This connection underscores the importance of advancing the climate agenda in a manner that is consistent with the construction of a care society (Valenzuela, 2023).

To design effective strategies, it is essential to promote the participation of women, in all their diversity, in environmental and climate decision-making processes, ensuring that their voices are fully considered in public policymaking. Furthermore, climate change adaptation initiatives must recognize the contributions of communities' sustainable practices.

It is also essential to recognize that certain forms of adaptation, far from reducing climate vulnerability, may in fact exacerbate it or result in new forms of exclusion. Adaptation strategies may be maladapted if they fail to recognize existing structural inequalities, particularly those related to care work and the distribution of time and responsibilities within households and communities. For this reason, incorporating the care dimension into climate adaptation policies is a necessary condition for designing and implementing sustainable and equality-oriented responses (Williams, 2025). Countries in the region must recognize and position care as a key component for addressing the climate crisis in a just and inclusive manner, and this centrality must be reflected in their commitments relating to adaptation strategies (Moïse, 2024).

## C. Long-term care in the context of demographic transformations

Although long-term care needs can arise at any age, population ageing in the region means that the number of older persons with care dependency will triple over the next 30 years, particularly among women (Pan American Health Organization [PAHO] and ECLAC, 2023). The steady rise in the relative frequency of chronic and limiting diseases or conditions will not only increase future care needs but also make them more complex. The care society paradigm recognizes that vulnerability—and interdependence—is intrinsic to the human condition (ECLAC, 2022a; Tronto, 2020; Butler, 2017; Esquivel et al., 2012). Understanding dependency as a continuum allows for the design of long-term care services that not only respond to existing disabilities but also support the process of functional decline, with the goal of maximizing individuals' potential autonomy through interventions that maintain or restore capabilities (Etxeberria Mauleon, 2014).

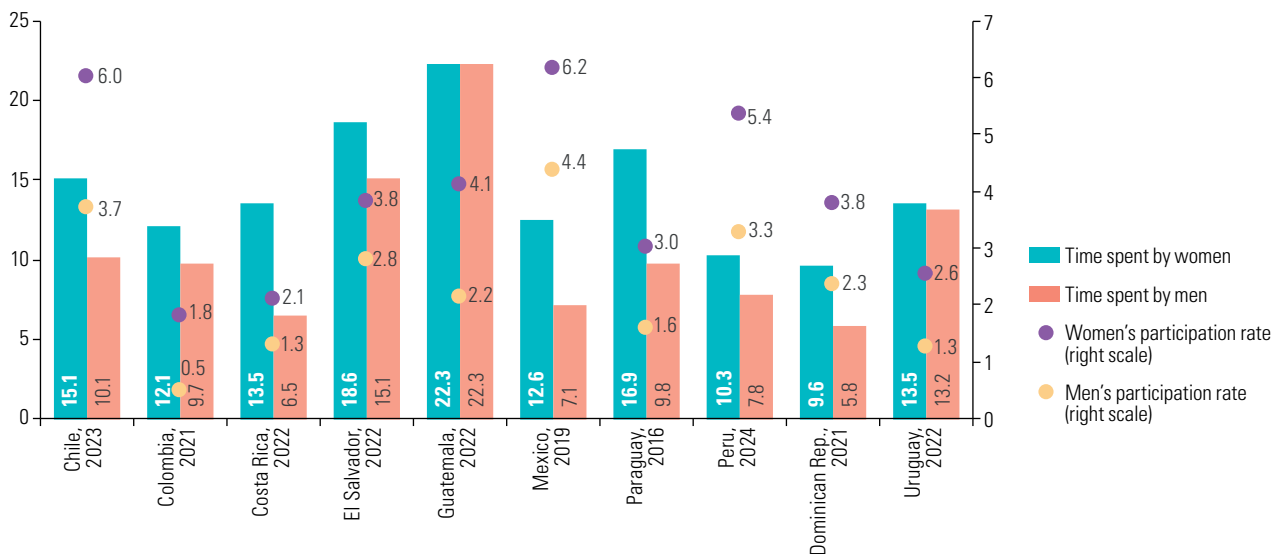
According to the Convention on the Rights of Persons with Disabilities (2006), persons with disabilities face various barriers that may hinder their full and effective participation in society on an equal basis with others, and they require internationally agreed scales and definitions to be adapted to local contexts. Likewise, the Inter-American Convention on Protecting the Human Rights of Older Persons (2015) affirms the right of older persons to receive long-term care services.

Population ageing is also characterized by women’s higher survival rates, particularly among the population aged 80 and over. In 2024, there were 154.6 women aged 80 and over for every 100 men in the same age group in the region (ECLAC, 2024b), a ratio that will remain above 120 women per 100 men in the coming decades (ECLAC, 2024e). This increase in life expectancy is frequently accompanied by more precarious living conditions and a greater risk of experiencing disability or losing functional capacity, especially at older ages (ECLAC, 2024b; PAHO and ECLAC, 2023). Over the past decade, the proportion of persons aged 65 and over living alone and those living in households composed exclusively of older persons has risen. Women are also more likely than men to be widowed in old age, particularly after the age of 80 (PAHO and ECLAC, 2023). While the expansion of non-contributory pension coverage in the region has played a critical role in reducing poverty in old age, gender gaps persist, underscoring the need to increase both the coverage and amounts of these pensions (ECLAC, 2024e). These vulnerabilities are more pronounced among women living in rural areas and among Indigenous women. Often, the provision of care and the response to the lack of formal services or networks falls to other older persons, especially women, who care for their partners or parents in the 80-and-over age group (ECLAC, 2024b).

Households remain the primary providers of long-term care. While this often enables persons who require care to remain in a family environment and fosters intergenerational solidarity, it also results in a disproportionate long-term care burden for both younger and older women (see figure IV.1) (ECLAC, 2022a; Montes de Oca Zavala, 2023). Consequently, the specialized care required by persons with dependencies is often provided without the necessary training and without adequate assistance from the State to cover the high economic, physical and emotional costs borne by both those who need and provide care. At the same time, the mental health issues and excess burden faced by caregivers, and their need for support in times of bereavement, among other issues, remain largely invisible.

**Figure IV.1**

Latin America (10 countries): time spent and participation rate of population aged 15 years and over in providing unpaid long-term care to dependent household members with disabilities or chronic illnesses, by sex, latest year available  
(Hours per week and percentages)



**Source:** Economic Commission for Latin America and the Caribbean, on the basis of Repository on time use in Latin America and the Caribbean, Gender Equality Observatory for Latin America and the Caribbean.

**Note:** Given the heterogeneity of the data sources, which prevents comparison between countries, the purpose of this graph is to illustrate trends within each country. The time spent on care work is calculated as the total hours spent per week caring for dependent household members by each person who reported undertaking these activities. The participation rate in caring for household members with dependency is calculated as the percentage of people who reported having participated in these activities with respect to the total population aged 15 years and older of each sex.

The increasing need for long-term care and the lack of public services to address it translates into a shortage of household resources, since additional time and money are required to satisfy those needs (Villalobos Dintrans, 2019). Establishing and expanding long-term care policies —services, entitlements and care leave— would improve both access to services and the resources and time available to those primarily tasked with providing unpaid care for family members.

One of the most common settings in which long-term care is provided is the home, and households with members who are care-dependent, in particular persons with disabilities, have additional needs and expenses that vary based on the type and degree of dependency. These needs may include specific support or modifications to facilitate autonomy, or specialized equipment and personal assistance services and a greater time commitment from other members of the household. Coordinating the provision of high-quality care services, cash entitlements and time-management mechanisms is essential, as these components are complementary. The role of services goes beyond individual care and extends to enhancing social cohesion and the well-being of those who receive care and support. While cash transfers —set near the poverty line in the region— provide income that prevents poverty from deepening, they are never designed to substitute for care requirements or to adequately remunerate household members who provide care (ECLAC, 2024b).

Adapting the care policies of the region's countries to demographic and epidemiological shifts will be critical to respond to accelerated changes in the demand for and supply of care. The use of technologies to support long-term care can enhance the autonomy of dependent persons, compensate for a loss of intrinsic capacity and restore functionality, while relieving caregivers' burden (WHO, 2021). Although technological innovation and automation may improve routine tasks, it is unlikely that they will replace humans owing to the relational dimension of care (ILO, 2019; ECLAC, 2022c). Long-term care poses a significant financial challenge for households with members who are older, living with disabilities or dependent. To ensure that those costs are not privately absorbed, which would deepen socioeconomic and gender inequalities in the region, it is of paramount importance to design long-term care systems and policies with sustainable financing. Given the growing demand for and greater complexity of care stemming from increased life expectancy and epidemiological changes, programmes to strengthen the training and certification of those working in the care economy must be implemented (ILO, 2024h). It is essential, in long-term care, to foster independence and healthy ageing. It is also critical for long-term care policies to include measures to avoid caregiver burnout, providing spaces for rest, psychosocial support and access to tools to facilitate their work —and ensure their well-being is not compromised— while recognizing their physical and mental needs.

Moreover, to ensure the quality of services, oversight and monitoring mechanisms must be established, especially in the private sphere. This means defining minimum standards for quality, safety and care and strengthening oversight and accreditation systems to prevent abuse, neglect and infringement of individual dignity and autonomy, in both residential facilities and homes. Progress is essential in establishing legal frameworks that punish abuse, neglect and exclusion, pursuant to instruments such as the Convention on the Rights of Persons with Disabilities (2006) and the Inter-American Convention on Protecting the Human Rights of Older Persons (2015). Services must incorporate specific protocols to detect, prevent and address ill-treatment, including training for personnel on identifying its signs and on reporting procedures. In family and community settings, it is crucial to establish awareness-raising campaigns as well as clear reporting and protection mechanisms.

## D. Care in the context of human mobility

International migration has emerged as a key issue in recent decades, with far-reaching implications for social and economic trends. Migration flows will continue to reshape the region's societies in the coming decades, which calls for foresight analysis to design policies that are suited to the new realities of care. The growing trend of human mobility —across and within regions and within national borders— will continue to shape and transform global care chains. This poses a considerable challenge for care systems, as it demands political and social responses that address demographic shifts, account for the transformation of transnational family structures and recognize migrants' realities in their destination countries.

The relationship between migration and care has become increasingly important owing to the feminization of migration and its implications for the social organization of care, in both origin and destination countries. Today, these chains are particularly affected by the care crisis, population ageing, changing epidemiological trends and climate change impacts, which presage a sustained increase in the demand for labour in the care sector and a reduction in the time and number of people available to provide care (ECLAC, 2023b).

Care chains are transnational networks through which people, primarily women, migrate from their countries of origin to provide care services in destination countries, moving care work across national borders, generally through migration from lower-income to higher-income regions (Hochschild, 2000; Hondagneu-Sotelo, 2001; Ehrenreich and Hochschild, 2003; Pérez Orozco, 2007; Salazar Parreñas, 2015). These networks are largely composed of women who leave their families behind to provide services in other countries. Migration to provide care may take place within a country (between rural and urban areas) or within or between regions, and is driven by multiple factors: in origin countries, by poverty, lack of employment, economic crises and violence and insecurity; in destination countries, by the shortage of labour to cover care needs, especially in the context of care crises (Valenzuela et al., 2020). Moreover, migrant care workers face inequalities associated with gender, ethnicity and social class in their countries of origin as well as in destination countries (Pérez Orozco, 2007).

The migration of women reconfigures care in both countries of origin and destination. In countries of origin, migrant women must delegate the care of their children and relatives, often relying on extended family networks that tend to become overburdened, and especially on other women such as grandmothers and sisters (Ehrenreich and Hochschild, 2003; Hochschild, 2000; Salazar Parreñas, 2015; Hondagneu-Sotelo, 2001). At the same time, in destination countries, migrant women engaged in care work provide economic support to their households in their countries of origin through remittances, which, while essential, are often insufficient to cover all expenses and family needs (ECLAC, 2024e; Molano Mijangos et al., 2012). Physical separation brings emotional and social costs, such as feelings of guilt among migrant mothers and vulnerability among children, although technology, through phone calls and social networks, helps to maintain emotional bonds and partially mitigates the effects of distance (González Torralbo, 2013; Valenzuela et al., 2020). In this way, care relationships transcend borders, giving rise to new forms of transnational families and long-distance caregiving.

The barriers and discrimination that migrant women, in particular, face, lead many of them to view the care sector, especially paid domestic work, as a viable alternative to enter the labour market (ILO, 2021). In Latin America and the Caribbean, paid domestic work accounts for 35% of employment among migrant women (ILO, 2021) and is often informal (Gontero and Velásquez Pinto, 2023).

For migrant women, the difficulty of securing a written contract is amplified by the restrictions on immigration regularization, which is a requirement for formal work. Workers whose migration status is irregular are at higher risk of experiencing various forms of abuse and labour exploitation, particularly when the work is performed within private households, as is often the case in the care sector (ILO, 2019). These situations are further compounded by barriers to labour mobility, including discrimination, prejudice and difficulty in validating degrees, which hinder migrant women's ability to improve their working conditions (ECLAC, 2024b). Many migrate to industrialized countries in search of better pay and opportunities, increasing skilled emigration levels. This is particularly evident in the Caribbean, where nursing vacancy rates average 40% (Rolle Sands et al., 2020; Dywili et al., 2013). While migration may offer opportunities for both migrant workers and destination countries, it is essential to ensure that this process does not undermine the resilience of the health systems in countries of origin.

The care crisis has highlighted and, in many cases, deepened existing inequalities based on gender, class, ethnicity and territory, as reflected most clearly in the transnationalization of care (Salazar Parreñas, 2015; Razavi, 2007). Migrant women and racial minorities are overrepresented in the lowest-paid segments of the care workforce (ILO, 2024f). Indigenous and Afrodescendent populations are also disproportionately represented in paid domestic work, exposing the racist and classist dimensions of labour market segmentation in the region, which involve unregulated, poorly paid jobs for a large majority of Indigenous, Afrodescendent and migrant women (UN-Women et al., 2020).

Migrant women also face risks and hardship during transit, which directly affects how care responsibilities are organized. Women are particularly vulnerable to such risks, often experiencing gender-based and sexual violence as well as limited access to essential health services (ECLAC, 2024e), especially when travelling with dependants.

Given the transformation of global care chains in the region and their considerable impact on care dynamics in both origin and destination countries, it is essential to align care policies with migration policies, addressing the multiple dimensions of care from a transnational perspective. Migration policies directly affect both paid and unpaid care work by regulating key aspects of migration. They determine who may legally enter and remain in a country; establish residency periods and family reunification options; and regulate the recognition of professional qualifications and working conditions for migrant care workers. These policies shape the organization of care in both origin and destination countries.

If structural changes are not incorporated into current policies and systems, the care crisis could intensify exponentially, exacerbating existing inequalities. An increase in migration driven by both climatic and economic factors is likely, which would in turn lead to a rise in the number of women entering global care chains under precarious conditions. It is therefore essential to develop the capacity to anticipate and plan for these migration flows, ensuring they do not place an excessive burden on countries of origin while enabling the inclusion of migrants in countries of destination.



## V. A paradigm shift: building the care society and gender equality

Care embodies value not only because of its impact on individuals; it is essential for peaceful coexistence, social stability writ large and the feasibility of growth occurring alongside equality. Amid recurrent shocks and crises, orienting economies towards activities that cherish life —of people and the planet— not only reduces the adverse impacts of the moment. It also contributes to sustainable development and the well-being and prosperity of people and societies, not only in the present, but also looking towards a better future for humanity.

Treating the care of people and the planet as the central focus, as the care society paradigm does, means recognizing it as a public good; that is, as a good whose provision benefits society as a whole, generating positive effects beyond its recipients, sustaining both life and the economy, thus ensuring the social reproduction necessary to underpin a more inclusive and sustainable future. Having acknowledged that people are interdependent and understood that everyone needs care throughout their life cycle, it follows that individual well-being is closely bound up with collective well-being. Accordingly, interdependence refers not only to links between individuals, but also to the profound bonds between human beings and the environment we inhabit. This approach entails understanding care as a necessity, and as skilled and valuable work, and recognizing the right to care as integral to human rights (United Nations, 2024a; ILO, 2024a; ECLAC, 2023e).

Governments have recognized the comprehensive rights of women, adolescents and girls and have adopted pro-equality regulatory frameworks, eliminated discriminatory laws and strengthened gender-related institutional architecture and gender information systems within the structure of the State (ECLAC, 2024j). However, substantive equality has yet to be achieved in any country in the region.

Moving towards a care society with substantive equality is not only a local or national responsibility, but a collective and global one. A global approach is thus needed to create standards and effective mechanisms for international cooperation and financing, and to share knowledge and resources. This means that public policies must ensure the right to care and the necessary redistribution of care work to end the current sexual division of labour and achieve gender equality and the well-being of the population as a whole. To this end, technical, operational, political and prospective (TOPP) capabilities will have to be generated within the institutions responsible for the transformations needed to overcome development traps (ECLAC, 2024a).

### A. The political economy and social dialogue

Addressing the political economy of care means identifying the benefits and responsibilities of care, as well as ascertaining the contributions in time, resources, services and infrastructure of each sector and actor —at the local, national and international levels—, that are needed to build viable and sustainable partnerships to underpin the necessary changes and overcome obstacles.

Political economy implies understanding the economic and political fronts as inextricably connected and integral to normal cultural and social processes. Thus, the actors and processes involved in the organization of care at a multiscale and intersectoral level can be identified and analysed.

Understanding care as a right and as a global public good renders it important for the population as a whole, for collective well-being and for sustainable development. It is also necessary to consider what kinds of social dialogue may be undertaken and which are most suited to ensuring the right to care and decent work in the care economy. These are fundamental aspects for successfully promoting significant changes and managing transformations effectively, not only as challenges for the public sector but for society as a whole, as well as for the long term (ECLAC, 2024a).

Caring for life in all its dimensions demands a holistic approach that encompasses the environmental, social and economic dimensions. From the environmental dimension, it is evident that problems such as

environmental degradation, climate change and biodiversity loss transcend national borders and affect the sustainability of life as a whole. Environmental stewardship must thus be viewed as an essential component of any global strategy. From the social dimension, respect for inalienable human rights means that all people, regardless of their origin or situation, should be guaranteed the right to care, in line with the principle of social justice. At the economic level, growing global interdependence, financial and trade flows, and labour and migratory mobility directly affect the social organization of care, in terms of both its financing and the availability of services.

As part of multi-stakeholder strategic planning, evaluation criteria should be adopted for monitoring results and measuring the impact of policies and investments (see box V.1). Beyond traditional economic efficiency indicators, these should include dimensions such as gender equality, environmental impact and social sustainability. Treating care as a pillar of multi-stakeholder planning and action contributes powerfully to recognition of the paid and unpaid work that sustains the functioning of society and the time that people have available, both for the care of others and for self-care. This implies ensuring investments in infrastructure and care services, designing labour regulations that promote co-responsibility, and recognizing the role of care economies in social and macroeconomic stability.

### Box V.1

#### Anticipatory governance: a modern approach to managing transformations

Anticipatory governance refers to the systematic and sustained application of foresight throughout the government apparatus, encompassing policy analysis and decision-making. This involves using foresight—that is, the ability to identify and analyse future trends and scenarios—as a tool for making more proactive and resilient policy and administrative decisions that enable adaptation to the trends the region is experiencing, such as population ageing, changes in household composition and new demands for care. The aim is thus to institutionalize reflection on the future as a strategic practice to help face structural challenges and seize emerging opportunities.

This approach ties in fully with the idea of strengthening State capacities, particularly through TOPP capabilities. For ECLAC, anticipatory governance is not a matter of rhetoric about the future; it entails thinking about future scenarios in order to be better prepared and adopt State policies in the present—like care policies—, generating a favourable political climate to reduce polarization and advance in the directions desired.

Anticipatory governance has become a necessity and an imperative for Latin America and the Caribbean amid the rapid technological, social and geopolitical changes shaping the twenty-first century. Anticipatory governance fosters specific processes and tools, such as long-term planning, adaptation and resilience, innovation and technology, and participation and social dialogue. In short, anticipatory governance provides a framework for countries to adopt proactive and adaptive policies that aim in the direction of sustainable development. It also means fostering an institutional culture of continuous learning, intersectoral collaboration and citizen participation. It not only improves the quality of public policies, but can also strengthen democratic legitimacy by generating more transparent and inclusive responses that are aligned with the expectations of future generations. In the case of care, forward-looking perspectives and anticipatory governance are key to address demographic trends, transformations in the world of work, new technological possibilities and the effects of climate change.

**Source:** Economic Commission for Latin America and the Caribbean. (2024). *Development Traps in Latin America and the Caribbean: Vital Transformations and How to Manage Them* (LC/SES.40/3-P/-\*). Medina Vásquez, J., Pizarro, P. and Bustamante, A. (2025). Anticipatory governance and legislative foresight: an imperative for Latin America and the Caribbean. *Project Documents* (LC/TS.2025/34). Economic Commission for Latin America and the Caribbean.

Recognizing care as a global public good is a fundamental step in building a new paradigm that prioritizes the sustainability of life and the planet. From this premise, the political economy and social dialogue—by showcasing the benefits of the paradigm as well as the transformations involved in terms of greater justice and equality—are strategic to ensure that such recognition spreads to the population as a whole. Social dialogue enables the design of universal policies, with social and gender co-responsibility, that are financially and time sustainable in order to respond to present needs without compromising the well-being of future generations. Anticipatory governance makes it possible to project possible scenarios and steer public action

accordingly, favouring decisions based on solid information, participation and multi-stakeholder action and social justice criteria. Recognizing interdependence —between people, generations, territories and sectors— as a guiding principle entails reorganizing care as a pillar of social cohesion and as a shared responsibility. To consolidate the care society, it is essential to translate these transformations into State policies capable of transcending political junctures and, over time, ensuring universal access to quality care, recognizing care work and redistributing responsibilities between men and women, generations and sectors, and guaranteeing financial sustainability with social justice.

## B. Governance and institutional framework for the care society

It has been acknowledged that Latin America and the Caribbean cannot build more inclusive societies unless it overcomes the trap of weak institutional capacity and ineffective governance (ECLAC, 2024a). Robust institutions are essential to ensure the stability and continuity of processes and policies, including policies aimed at reducing structural inequalities and promoting gender equality (UN-Women, 2024; ECLAC, 2023a; Organization for Security and Cooperation in Europe [OSCE], 2023). Effective governance implies not only designing appropriate regulatory and institutional frameworks, but also an ongoing effort to strengthen TOPP capabilities (ECLAC, 2024a).

Collaborative processes must also be strengthened in the area of regional governance. Governance networks made up of governments, international cooperation agencies and social organizations at different levels have driven a policy agenda around care, launching systems, regulations and diverse policies aimed at transforming the current social organization of care. Coordination between governments and feminist and other organizations with a territorial presence, at the national, regional and international levels, has been key to making more robust and effective progress towards substantive equality (Sawer et al., 2023; Vargas and Wieringa, 1998; Woodward, 2004; Zaremborg, 2023).

The effective implementation of comprehensive care policies and systems requires intersectoral and multilevel governance structures that articulate coordinated participation by various stakeholders, including sectoral ministries (health, education, labour, social protection, productive development, among others) and levels of government (national, subnational and local). This governance is essential to ensure that care policies reflect the specific needs of people and territories, promoting universal, equitable and culturally relevant access to care entitlements, time, services and infrastructure (UN-Women and ECLAC, 2021; ECLAC, 2023a). In this complex web of actors, the machineries for the advancement of women play an essential role as guarantors that care policies incorporate a transformative gender perspective in synergy with equality policies.

Regardless of their position in governance and the institutional structure, machineries for the advancement of women have the capacity and responsibility to drive a transformative perspective in care policies. When machineries for the advancement of women position themselves strategically —be it through the steering role of care policies, their governance, inter-institutional partnerships or their technical capacity— they can steer these policies towards social and gender co-responsibility. The regional experience shows that when machineries for the advancement of women build strategic alliances with academia and civil society, they generate governance networks that allow them to successfully influence the design of care policies, the inclusion of caregivers as a priority population in policies and the mainstreaming of gender in those policies (Aguirre et al. 2014; Aguirre and Ferrari, 2014).

To guarantee an effective territorial approach, the governance model must avoid fragmentation of services, ensure even access and quality, and be able to adapt services to the specific and varied needs of each context.

Subnational governments play a key role as they are often responsible for services that directly or indirectly affect several aspects of care, such as the improvement of public spaces, waste collection, street sweeping and cleaning, local transportation and street lighting, and they are often responsible for essential services such as transportation, water and sanitation.

The implementation of democratic and transformative care policies requires effective participation mechanisms to convene the voices, experiences and knowledge of those who form the care economy. The sustainability of care policies requires formalized, standing participatory mechanisms to ensure that civil society acts as a propositional and consultative agent in the design, implementation and evaluation of policies (ECLAC and UN-Women, 2021). Existing local government participation mechanisms, such as multilevel arrangements, tripartite cooperation and collective bargaining, should be leveraged and strengthened. They should adopt monitoring and evaluation systems, including time-use measurements and gender-sensitive indicators, to identify differentiated policy impacts. Institutional stability is key to sustaining long-term policies that outlive government cycles, under democracy-building principles of active transparency, accountability and access to information.

Lastly, care policy governance cannot be understood without its intrinsic link to care for the planet. The experiences of different communities and leaders in Latin America and the Caribbean have demonstrated how environmental protection is integrated with social and gender justice, promoting sustainable and equal development.

## C. Cultural change to foster the care society paradigm

Promoting cultural change is essential to ensure the sustainability of transformations aimed at reversing the unfair social distribution of care. Care policies, in addition to strengthening the provision of care services and benefits, must also involve communication strategies and awareness-raising and education to promote the cultural shift needed to ensure that changes will be sustainable. To this end, strategies must foster gender co-responsibility, while stressing the importance of achieving a model of social co-responsibility, in which all actors in society—the State, the market, the community and families—play an active role.

Moving towards a new social organization of care with greater social and gender co-responsibility requires not only policies that redistribute, recognize and reduce unpaid care work, represent those who provide and receive care and reward those who perform paid care work (United Nations, 2024a), but also a profound cultural change that contributes to dismantling the structural challenges of gender inequality, and in particular, to combating and eliminating patriarchal and discriminatory cultural patterns and gender stereotypes on care.

The paradigm shift requires eliminating all forms of discrimination and violence against women and girls, as well as recognizing cultural diversity and different forms of care, without losing sight of universal human rights principles.

In this regard, specific policies and measures are needed to challenge and transform the gender stereotypes that perpetuate the unequal organization of care. This implies questioning the perception that care work is the exclusive responsibility of women and showing that it requires skill and could be a driving sector of the economy as a whole. Norms and laws should be developed to prohibit restrictive gender stereotypes in advertising and the media, and possibly intersectoral measures involving the community, civil society and the media, targeting households, institutions and the general public. Other stereotypes which often coexist with gender stereotypes should be challenged, such as those based on age and disability (United Nations, 2024a).

Cultural change must also contribute to democratizing caregiving experiences and restoring the diversity of families and care practices, in order to prevent the perpetuation of the notion that care is primarily the responsibility of women within the home. To build a care society, a broad approach to redistribution or co-responsibility is needed, with the participation of both men and women. This will foster a creative transformation of masculinities in the performance of care work from childhood and adolescence, and promote responsible fatherhood and a vision of care as a shared and socially valued task. Communication efforts must become more intersectional and avoid portraying caregivers solely as women and as a homogeneous group. Renewed value must be afforded to the knowledge, practices and historical experiences of care that are present in the region, especially those of Indigenous, Afrodescendent and rural women, whose community, ancestral and territorial forms of care have been systematically obscured.

## D. Financing

Investment in care and gender equality policies is a key strategy for economic and social development. Investment in care has the potential to boost growth, create direct and indirect employment, increase tax revenues and strengthen women's economic autonomy, and to form the basis for boosting the economy as a whole. Gender equality is thus not only a principle of social justice, but can also contribute to economic growth (ECLAC, 2019b). These dimensions of care place it at the heart of the economic debate and make it all the more important to view it as a public good, to which access—and provision—must be guaranteed collectively. From a normative perspective, this implies recognizing the role of the State in the design, implementation and evaluation of macroeconomic and fiscal policies from a gender equality and human rights perspective and mobilizing the maximum available resources.

The main fiscal challenges in Latin America and the Caribbean are low levels of tax revenue, high rates of tax evasion and avoidance, and regressive tax structures (ECLAC, 2022e). This results in insufficient funding to address gender inequalities and the growing demand for care. Although most countries in the region are already financing care programmes and policies from general public funds, these efforts are still not enough, and they are mostly isolated and not yet coordinated as part of a policy capable of transforming the current organization of care.

In the current scenario of fiscal constraints and large financing needs for comprehensive care systems, it is important not to lose sight of the principles of universality with progressivity, solidarity and sustainable financing that should underpin the implementation of these systems (Scuro et al., 2022). Ensuring the right to care may be based on progressivity criteria, by prioritization of the needs of different people. With regard to the principle of solidarity, any new payments need to be assessed in the light of families' contributory capacity. Given the high levels of wage inequality, mix of contributory capacity and the high degree of informality typical of the region's labour markets, combinations of contributory and non-contributory resources will likely need to be considered. Lastly, financing may be based on combinations of sources such as general revenues, social insurance, progressive co-payments and private sector contributions, among others, to ensure its sufficiency and sustainability. At the national level, strengthening public finances means increasing tax collection and making it more progressive by levying taxes on income, property and wealth (ECLAC, 2024a). Lack of tax system progressivity has an impact on gender inequalities. Tax evasion also needs to be curbed, and cost-benefit analyses of existing tax expenditures must be carried out. Finally, private financing and investment can be aligned, for example, through public-private dialogue platforms (ECLAC, 2024a).

At the global level, the reform of the international financial architecture is also crucial, and requires addressing multiple issues and achieving greater regional coordination in order to tap greater resources for development. Necessary reforms include the creation of debt-related mechanisms, the reallocation of special drawing rights, international tax reforms to combat evasion and avoidance across national borders, and an increase in the lending capacity of multilateral banks (ECLAC, 2024a).

The incorporation of a gender focus in development policies and macroeconomics holds out the prospect of reversing inequalities and providing tools to face crisis contexts without reproducing the patterns of women's excess care burden. Fiscal policies—on expenditure, income and investment—have differentiated distributional effects for men and women, as well as for households of different income levels, which also makes fiscal policy a suitable tool to mitigate the effects of economic crises and help to close gender gaps (Collado and Bidegain, 2025). Gender-sensitive public budgets seek to identify spending aimed at reducing inequalities, taking into account the differentiated needs and effects between women and men. This, in turn, can help to target this spending more efficiently.

## E. Information and knowledge systems

In order to build a care society, robust, integrated information systems on the time, resources, demand and available supply of care and its social and economic value will be essential. These systems must bring gender inequalities fully into the light and steer evidence-based decision-making. This presupposes improving the production and use of statistics to clearly identify needs, populations and gaps in care and to improve the processes of collecting, integrating, analysing and disseminating information (ECLAC, 2017b). For these systems to make a sustained and effective contribution to achieving the objectives sought, they must have a consolidated governance and institutional framework, and stronger TOPP capabilities to ensure their sustainability, interoperability and strategic use (ECLAC, 2024a). Gender mainstreaming and the intersectional approach are key to making structural gaps fully visible, understanding the diverse needs of women and men in different contexts, and providing guidance for the design of transformative policies. It is essential that data be disaggregated by sex, and to conduct gender and intersectional analyses to diagnose needs, evaluate progress, identify obstacles and propose solutions to fit each reality (ECLAC, 2017b, 2022a).

Building a care society also requires changing the parameters that define value, wealth and well-being beyond traditional measures such as GDP. This way of measuring what is produced does not include the value of unpaid care work, which is fundamental for well-being, economic growth, sustainable development and the reproduction of life (Vaca Trigo and Baron, 2022). Indeed, GDP was conceived as a limited measure of production, confined to market activities and therefore necessary, but insufficient, not only to measure well-being but even to account for all the economic activities carried out in a country (Goldin, 2021). Faced with the environmental, inequality and care crisis, calls are mounting for information systems that recognize essential dimensions for the sustainability of life and well-being, beyond the inherent limitations of indicators such as GDP. Complementary, comprehensive and multidimensional measurements are essential to make rights visible, ensure they can be exercised effectively and steer transformative policies.

The measurement of total work time—which includes both paid work and unpaid domestic and care work—has been essential to show the unequal distribution of time and the sexual division of labour. So far, 24 countries in the region have conducted at least one official measurement of time use. At least 8 countries have carried out more than one measurement between 2015 and 2025, which reveals progress or setbacks, and 5 have officially estimated the value of unpaid domestic and care work as a percentage of GDP, through satellite accounts, in line with the provisions of the Beijing Declaration and Platform for Action.

The design, implementation and management of care policies require information systems that integrate different sources in a complementary manner, for both structural diagnosis and ongoing management. It is therefore essential to seek greater complementarity between sources and to more systematically include variables, questions and specialized modules that reflect care-related information—especially in reference to long-term care and unpaid work—, as well as to increase territorial disaggregation.

Administrative records are essential dynamic sources for the operational management and implementation of integrated care systems. It is necessary to achieve standardization, interoperability, coordination and continuous updating of these records—related to services, resources and care infrastructure provided by different levels of government and sectors—so that they can underpin robust statistical analyses, be integrated into interoperable information systems and support the monitoring and management of policies (ECLAC and UN-Women, 2021; ECLAC, 2022a; Bango et al., 2024). The systematization and georeferencing of the public, private and community care supply, together with the identification of caregivers (paid and unpaid) and of those needing care in social programme management systems, are strategic tools for guiding policy decisions, improving access and closing gaps in the territory (ECLAC et al., 2025). Developing such integrated information and interoperable data systems boosts the technical and operational capabilities of care systems by providing strategic information for designing, implementing and managing more effective policies that are relevant from a territorial perspective and integrated across sectors.

## F. Concluding remarks

Governments in Latin America and the Caribbean have recognized all the rights of women, adolescents and girls, adopted regulatory frameworks for equality, progressively eliminated discriminatory laws, and strengthened States' gender institutional architecture and gender information systems. These are areas in which the countries of the region have achieved progress in formal equality.

Notwithstanding, no country in the region has achieved substantive equality. The magnitude of gender inequalities still exceeds the capacities, financing and information that States have available to overcome them in a complex and uncertain context. Efforts must be directed not only towards continuing gender mainstreaming with the State, but also towards overcoming the sexual division of labour and achieving a fair social organization of care, within the framework of a new development paradigm —the care society— that fosters gender equality across the economic, social and environmental dimensions of sustainable development. To achieve this objective, the region has the Regional Gender Agenda, the outcome of agreements adopted at the sessions of the Regional Conference on Women in Latin America and the Caribbean, in synergy with the Beijing Declaration and Platform for Action, the Convention on the Elimination of All Forms of Discrimination against Women, and other international treaties, conventions and commitments, which together form an international framework for women's human rights and gender equality.

Latin America and the Caribbean leads the way in positioning care as a human right, a global public good and a key pillar of sustainable development. The region has contributed significantly to the international discussion on the matter, while countries are forging national and local policies.

The region has agreed on an aim, the "what": a paradigm shift in the form of the care society. The question this document seeks to answer is the "how"; in other words, how to bring it about. To this end, it calls for dialogue on the forms and characteristics of governance, the TOPP capabilities of the institutions responsible for transformations, spaces for social dialogue, the political economy of care, international cooperation, and sufficient and sustainable financing of care policies and systems.

Fifty years after the World Conference of the International Women's Year (Mexico City, 1975), 30 years after the adoption of the Beijing Declaration and Platform for Action at the Fourth World Conference on Women (1995), and 5 years before the deadline set for the implementation of the 2030 Agenda for Sustainable Development, the Regional Conference on Women in Latin America and the Caribbean, at its fifteenth session, now calls for a decade of action for substantive equality and the care society.

This is a proposal elevated from the territories of the region to the national level, and from the region to the world, for renewed multilateralism and resolute and decisive collective action to achieve substantive equality, peace and development.



## Bibliography

- Aguirre, R., Batthyány, K., Genta, N. and Perrotta, V. (2014). Caregiving in the research agenda and in public policies in Uruguay. *Íconos: Revista de Ciencias Sociales*, 18(50). 43-60.
- Aguirre, R. and Ferrari, F. (2014). La construcción del sistema de cuidados en el Uruguay: en busca de consensos para una protección social más igualitaria. *Serie Políticas Sociales* (192) (LC/L.3805). Economic Commission for Latin America and the Caribbean.
- Arango Gaviria, L. G. (2011). El trabajo de cuidado: ¿servidumbre, profesión o ingeniería emocional? In L. G. Arango Gaviria and P. Molinier (Comps.), *El trabajo y la ética del cuidado*. La Carreta Editores and National University of Colombia.
- Armenia, A. (2018). Caring as work: research and theory. In B. J. Risman, C. M. Froyum and W. J. Scarborough (Eds.), *Handbook of the Sociology of Gender*. Springer International Publishing.
- Bango, J., Cossani, P., Piñeiro, V. and Campanella, J. (2024). *Aportes para la gestión territorial de sistemas integrales de cuidados*. United Nations Entity for Gender Equality and the Empowerment of Women.
- Benería, L. (2008). From “harmony” to “cooperative conflicts”: Amartya Sen’s contribution to the theory of the household unit. *Araucaria: Ibero-American Journal of Philosophy, Politics and Humanities*, 10(20). University of Sevilla.
- Bidegain, N., Fernández-Stark, K., Mulder, N. and Weck, W. (Eds.). (2023). *Brechas de género en las cadenas globales de valor de América Latina y el Caribe: nuevos y viejos retos en un escenario de incertidumbre* (LC/TS.2023/17). Economic Commission for Latin America and the Caribbean and Fundación Konrad Adenauer.
- Braunstein, E., Van Staveren, I. and Tavani, D. (2011). Embedding care and unpaid work in macroeconomic modeling: a structuralist approach. *Feminist Economics*, 17(4), 5–31.
- Butler, J. (2014). Bodily vulnerability, coalitions, and street politics. *Critical Studies*, 37, 97–119.
- Carrasco, C. (2001). La sostenibilidad de la vida humana: ¿un asunto de mujeres? *Mientras Tanto*, 82, 43-70.
- Cecchini, S. and Martínez Pizarro, J. (2023, December). International migration in Latin America and the Caribbean: a development and rights perspective. *CEPAL Review* (141) (LC/PUB.2023/29-P/\*). Economic Commission for Latin America and the Caribbean.
- Collado, D. and Bidegain, N. (2025). Effects of countercyclical policies on women’s and men’s incomes during the COVID-19 pandemic: a gender analysis of personal taxes and transfers in Colombia, Ecuador and the Plurinational State of Bolivia. *Gender Affairs series* (166) (LC/TS.2024/133/\*). Economic Commission for Latin America and the Caribbean.
- Durán Heras, M. Á. (2012). *Unpaid Work in the Global Economy*. Fundación BBVA.
- Durán Lima, J. E. and Zaclicever, D. (2013). América Latina y el Caribe en las cadenas internacionales de valor. *International Trade series* (124) (LC/L.3767). Economic Commission for Latin America and the Caribbean.
- Dywili, S., Bonner, A. and O’Brien, L. (2013). Why do nurses migrate? - a review of recent literature. *Journal of Nursing Management*, 21(3), 511-520.
- Economic Commission for Latin America and the Caribbean. (n.d.). *People without incomes of their own*. Gender Equality Observatory for Latin America and the Caribbean. <https://oig.cepal.org/en/indicators/people-without-incomes-their-own>
- Economic Commission for Latin America and the Caribbean. (2016). *Social Panorama of Latin America, 2015* (LC/G.2691-P).
- Economic Commission for Latin America and the Caribbean. (2017a). *Asunción Declaration. Building inclusive societies: Ageing with dignity and rights*. <https://hdl.handle.net/11362/48509>
- Economic Commission for Latin America and the Caribbean. (2017b). *Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030* (LC/CRM.13/5).
- Economic Commission for Latin America and the Caribbean. (2017c). *40 years of the Regional Gender Agenda* (LC/G.2682/Rev.1).
- Economic Commission for Latin America and the Caribbean. (2019a). *Women’s autonomy in changing economic scenarios* (LC/CRM.14/3).
- Economic Commission for Latin America and the Caribbean. (2019b). *Social Panorama of Latin America, 2018* (LC/PUB.2019/3-P).
- Economic Commission for Latin America and the Caribbean. (2019c). *Fiscal Panorama of Latin America and the Caribbean, 2019* (LC/PUB.2019/8-P).
- Economic Commission for Latin America and the Caribbean. (2020a). *Regional Agenda for Inclusive Social Development* (LC/CDS.3/5).
- Economic Commission for Latin America and the Caribbean. (2020b). The care economy as an accelerator of the structural change with equality. *Notes for Equality* (30).
- Economic Commission for Latin America and the Caribbean. (2020c). *Santiago Commitment* (LC/CRM.14/6).
- Economic Commission for Latin America and the Caribbean. (2021a). *Towards a care society: the contributions of the Regional Gender Agenda to sustainable development* (LC/MDM.61/3).
- Economic Commission for Latin America and the Caribbean. (2021b). *Social Panorama of Latin America, 2020* (LC/PUB.2021/2-P/Rev.1).

- Economic Commission for Latin America and the Caribbean. (2022a). *The care society: A horizon for sustainable recovery with gender equality* (LC/CRM.15/3).
- Economic Commission for Latin America and the Caribbean. (2022b). *Breaking the statistical silence to achieve gender equality by 2030: application of the information systems pillar of the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030* (LC/CRM.15/4).
- Economic Commission for Latin America and the Caribbean. (2022c). *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P).
- Economic Commission for Latin America and the Caribbean. (2022d). *Santiago Declaration. Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean*. <https://conferenciaenvejecimiento.cepal.org/5/en/documents/santiago-declaration>
- Economic Commission for Latin America and the Caribbean. (2022e). *Fiscal Panorama of Latin America and the Caribbean, 2022* (LC/PUB.2022/7-P).
- Economic Commission for Latin America and the Caribbean. (2023a). *45 Years of the Regional Gender Agenda* (LC/MDM-E.2022/4/Rev.1).
- Economic Commission for Latin America and the Caribbean. (2023b). *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1).
- Economic Commission for Latin America and the Caribbean. (2023c). *Fiscal Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/5-P).
- Economic Commission for Latin America and the Caribbean. (2023d). *Repository on time use in Latin America and the Caribbean. Information systems: transforming data into information, information into knowledge and knowledge into political decisions*. <https://www.cepal.org/en/infographics/repository-time-use-latin-america-and-caribbean>
- Economic Commission for Latin America and the Caribbean. (2023e). *Buenos Aires Commitment* (LC/CRM.15/6/Rev.1).
- Economic Commission for Latin America and the Caribbean. (2024a). *Development Traps in Latin America and the Caribbean: Vital Transformations and How to Manage Them* (LC/SES.40/3-P/-\*).
- Economic Commission for Latin America and the Caribbean. (2024b). *Social Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/21-P).
- Economic Commission for Latin America and the Caribbean. (2024c). *Decision III/4 "Mainstreaming the gender perspective," adopted at the third meeting of the Conference of the Parties to the Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean*.
- Economic Commission for Latin America and the Caribbean. (2024d). *Resolutions adopted at the fortieth session of the Economic Commission for Latin America and the Caribbean*.
- Economic Commission for Latin America and the Caribbean. (2024e). *Population, Development and Rights in Latin America and the Caribbean: second regional report on the implementation of the Montevideo Consensus on Population and Development* (LC/CRPD.5/3).
- Economic Commission for Latin America and the Caribbean. (2024f). *Fiscal Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/5-P).
- Economic Commission for Latin America and the Caribbean. (2024g). *Natural Resources Outlook in Latin America and the Caribbean, 2023* (LC/PUB.2024/4).
- Economic Commission for Latin America and the Caribbean. (2024h). International trade as an opportunity to promote women's economic autonomy: contributions for reflection in Latin America and the Caribbean. *Gender Equality Bulletin* (3).
- Economic Commission for Latin America and the Caribbean. (2024i). *Preliminary Overview of the Economies of Latin America and the Caribbean, 2024* (LC/PUB.2024/27-P).
- Economic Commission for Latin America and the Caribbean. (2024j). *Action for equality, development and peace in Latin America and the Caribbean: draft regional report on the review of the Beijing Declaration and Platform for Action, 30 years on, in synergy with the implementation of the Regional Gender Agenda* (LC/MDM.66/3).
- Economic Commission for Latin America and the Caribbean. (2025a). *Intergovernmentally agreed conclusions and recommendations of the eighth meeting of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development* (LC/FDS.8/5).
- Economic Commission for Latin America and the Caribbean. (2025b). *Action for equality, development and peace in Latin America and the Caribbean: regional report on the review of the Beijing Declaration and Platform for Action 30 years after its adoption, in synergy with the implementation of the Regional Gender Agenda* (LC/MDM.66/5).
- Economic Commission for Latin America and the Caribbean. (2025c). The right to care in Latin America and the Caribbean: progress on the regulatory front. *Gender Equality Observatory for Latin America and the Caribbean. Studies* (4).
- Economic Commission for Latin America and the Caribbean. (2025d). *Tlatelolco Commitment: A decade of action to achieve substantive gender equality and the care society*. [https://conferenciamujer.cepal.org/16/sites/crm16/files/2500671e\\_crm.16\\_tlatelolco\\_commitment\\_0.pdf](https://conferenciamujer.cepal.org/16/sites/crm16/files/2500671e_crm.16_tlatelolco_commitment_0.pdf)

- Economic Commission for Latin America and the Caribbean and United Nations Entity for Gender Equality and the Empowerment of Women. (2021). *Towards the construction of comprehensive care systems in Latin America and the Caribbean: elements for implementation* (LC/TS.2022/26).
- Economic Commission for Latin America and the Caribbean and United Nations Entity for Gender Equality and the Empowerment of Women. (2025). *The 2030 Agenda for Sustainable Development and the Regional Gender Agenda in Latin America and the Caribbean: gender indicators up to 2024* (LC/TS.2025/8).
- Economic Commission for Latin America and the Caribbean and International Labour Organization. (2025). Time for care in Latin America and the Caribbean: towards social and gender co-responsibility. *Gender Equality Bulletin* (4).
- Economic Commission for Latin America and the Caribbean, United Nations Entity for Gender Equality and the Empowerment of Women, United Nations Development Programme and International Labour Organization. (2025). *Guidelines for care policies from a gender, territorial and intersectional perspective* (LC/CRM.16/4).
- Ehrenreich, B. and Hochschild, A. R. (Eds.). (2003). *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. Macmillan.
- Elson, D. (2017). Recognize, reduce, and redistribute unpaid care work: how to close the gender gap. *New Labor Forum*, 26(2). SAGE Publications.
- Esquivel, V. (2011). La economía del cuidado en América Latina: poniendo a los cuidados en el centro de la agenda. *Atando Cabos; Deshaciendo Nudos*. United Nations Development Programme.
- Esquivel, V., Faur, E. and Jelin, E. (2012). Hacia la conceptualización del cuidado: familia, mercado y estado. In V. Esquivel, E. Faur and E. Jelin (Eds.), *Las lógicas del cuidado infantil: entre las familias, el Estado y el mercado*. Institute of Economic and Social Development.
- Etxeberria Mauleon, X. (2014). Autonomía moral y derechos humanos de las personas ancianas en condición de vulnerabilidad. In S. Huenchuan and R. Icela Rodríguez (Eds.), *Autonomía y dignidad en la vejez: teoría y práctica en políticas de derechos de las personas mayores* (LC/L.3942). Economic Commission for Latin America and the Caribbean.
- Falú, A. and Pérez Castaño, L. (2024). *Agenda local de cuidados en América Latina y el Caribe*. United Nations Entity for Gender Equality and the Empowerment of Women.
- Faur, E. (2011). A widening gap? The political and social organization of childcare in Argentina. *Development and Change*, 42(4).
- Folbre, N. (2006). Measuring care: gender, empowerment, and the care economy. *Journal of Human Development*, 7(2), 183–199. <https://doi.org/10.1080/14649880600768512>
- Folbre, N. (2017). The Care Penalty and Gender Inequality. In S. L. Averett, L. M. Argys and S. D. Hoffman (Eds.), *The Oxford Handbook of Women and the Economy*. Oxford University Press.
- Folbre, N. (2021). *The rise and decline of patriarchal systems: an intersectional political economy*. Verso.
- Fraser, N. (2016). Contradictions of capital and care. *New Left Review* (100).
- Goldin, C. (2021). *Career and Family: Women's Century-Long Journey toward Equity*. Princeton University Press.
- Gontero, S. and Velásquez Pinto, M. (2023). Trabajo doméstico remunerado en América Latina: claves para una ruta de formalización. *Project Documents* (LC/TS.2023/82/Corr.1). Economic Commission for Latin America and the Caribbean.
- González, I., Seo, B. and Floro, M. S. (2022). Gender wage gap, gender norms, and long-term care: a theoretical framework. *Feminist Economics*, 28(3), 84–113. <https://doi.org/10.1080/13545701.2022.2081353>
- González Torralbo, H. (2013). The cares in the middle of migration. the social organization of transnational care from a gender perspective. *Migraciones* (33), 127–153.
- Gúezmes García, A., Bidegain Ponte, N. and Scuro, M. L. (2023, December). Gender equality and the care society. *CEPAL Review* (141) (LC/PUB.2023/29-P/-\*). Economic Commission for Latin America and the Caribbean.
- Heintz, J., Staab, S. and Turquet, L. (2021). Don't let another crisis go to waste: the COVID-19 pandemic and the imperative for a paradigm shift. *Feminist Economics*, 27(1-2), 470–485.
- Hochschild, A. R. (1983). *The Managed Heart: Commercialization of Human Feeling*. University of California Press.
- Hochschild, A. R. (2000). Global care chains and emotional surplus value. In W. Hutton and A. Giddens (Eds.), *On the Edge: Living with Global Capitalism*. Jonathan Cape.
- Hondagneu-Sotelo, P. (2001). *Doméstica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence*. University of California Press.
- Inter-American Commission on Human Rights. (2017). *Indigenous women and their human rights in the Americas* (OEA/Ser.L/V/II. Doc.44/17).
- International Labour Organization. (2012). *Social Protection Floors Recommendation, 2012 (No. 202)*.
- International Labour Organization. (2016). *Women at Work: Trends 2016*.
- International Labour Organization. (2019). *Care work and care jobs for the future of decent work*.
- International Labour Organization. (2021). *El trabajo doméstico remunerado en América Latina y el Caribe, a diez años del Convenio núm. 189*. Regional Office for Latin America and the Caribbean.

- International Labour Organization. (2022). *Los cuidados en el trabajo: invertir en licencias y servicios de cuidados para una mayor igualdad en el mundo del trabajo. Informe regional complementario para América Latina y el Caribe*. Regional Office for Latin America and the Caribbean and Gender, Equality, Diversity and Inclusion Branch.
- International Labour Organization. (2023a). *Hacer del trabajo doméstico un trabajo decente: invertir en cuidado. Una agenda común. Hoja de ruta y recomendaciones para políticas públicas*.
- International Labour Organization. (2023b). The benefits of investing in transformative childcare policy packages towards gender equality and social justice. *ILO Brief*.
- International Labour Organization. (2024a). *Resolution concerning decent work and the care economy* (ILC.112/Resolution V).
- International Labour Organization. (2024b). Cerrar la brecha de género para impulsar la economía y la productividad en América Latina. *Serie Panorama Laboral en América Latina y el Caribe 2024*.
- International Labour Organization. (2024c). The jobs gap: measuring labour underutilisation beyond unemployment. *Spotlight on Work Statistics* (13).
- International Labour Organization. (2024d). The impact of care responsibilities on women's labour force participation. *Statistical Brief*.
- International Labour Organization. (2024e). *Las personas trabajadoras de América Latina con responsabilidades de cuidados: una mirada regional al Convenio núm. 156*.
- International Labour Organization. (2024f). Decent work and the care economy. *Report VI*.
- International Labour Organization. (2024g, 14 May). *Women with young children have much lower labour force participation rates*. <https://ilostat.ilo.org/blog/women-with-young-children-have-much-lower-labour-force-participation-rates/>
- International Labour Organization. (2024h). Outcome of the General Discussion Committee on Decent Work and the care economy: proposed resolution and conclusions submitted to the Conference for adoption. *Record of Proceedings* (8A).
- International Organization for Migration. (2024). *World Migration Report 2024*. <https://worldmigrationreport.iom.int/>
- Jones, F., Leon, D., Skerrette, N. and Mkrtchyan, I. (2024). Development profile of ECLAC associate members: statistical report on the economic, social and environmental situation. *Studies and Perspectives series-ECLAC Subregional Headquarters for the Caribbean* (129) (LC/TS.2024/120-LC/CAR/TS.2024/6). Economic Commission for Latin America and the Caribbean.
- Kan, K. (2016). Protection for lives of mothers and children by utilizing regional supports in the event of a natural disaster. *Procedia. Social and Behavioral Sciences*, 218, 191–201.
- Martínez Pizarro, J. and Cano Christiny, M. V. (Eds.). (2022). Sobre las contribuciones de la migración al desarrollo sostenible: estudios en países seleccionados. *Project Documents* (LC/TS.2021/195). Economic Commission for Latin America and the Caribbean.
- Máttar, J. and Perroti, D. (2023). Prospectiva del desarrollo sostenible y el cambio climático en América Latina. In C. Olavarrieta, G. Gándara and J. Máttar (Coords.), *Latinoamérica 2050: retos, escenarios y acciones*. Franz Tamayo University.
- Mazzucato, M. (2023). *Transformational change in Latin America and the Caribbean: A mission-oriented approach* (LC/TS.2022/150/Rev.1). Economic Commission for Latin America and the Caribbean.
- Medina Vásquez, J. (2023). *Prospectiva para un mundo interdependiente*. Colombian Academy of Economic Sciences.
- Moise, M. (2024). *Cuidados, territorios y sostenibilidad ambiental*. [Paper presented at the academic forum Territories of Care: Contributions from Academia to the XVI Regional Conference on Women in Latin America and the Caribbean].
- Molano Mijangos, A., Robert, E. and García Domínguez, M. (2012). *Cadenas globales de cuidados: síntesis de resultados de nueve estudios en América Latina y España*. United Nations Entity for Gender Equality and the Empowerment of Women.
- Montes de Oca Zavala, V. (2023). Políticas y sistemas integrales de cuidados de largo plazo para las personas mayores: análisis de experiencias en América Latina y el Caribe. *Project Documents* (LC/TS.2023/158). Economic Commission for Latin America and the Caribbean.
- Onaran, Ö., Oyvatt, C. and Fotopoulou, E. (2022). Gendering macroeconomic analysis and development policy: a theoretical model. *Feminist Economics*, 28(3). Routledge.
- Organisation for Economic Co-operation and Development, Economic Commission for Latin America and the Caribbean, Inter-American Center of Tax Administrations and Inter-American Development Bank. (2024). *Revenue Statistics in Latin America and the Caribbean 2024*. OECD Publishing.
- Organization for Security and Cooperation in Europe. (2023). *Institutional Mechanisms as Critical Actors for Gender Equality: A Review from the OSCE Region*.
- Pan American Health Organization and Economic Commission for Latin America and the Caribbean. (2023). *Aging in Latin America and the Caribbean from the Perspective of National Transfer Accounts* (LC/TS.2023/53).
- Pautassi, L. (2007). El cuidado como cuestión social desde un enfoque de derechos. *Mujer y Desarrollo series* (87) (LC/L.2800-P). Economic Commission for Latin America and the Caribbean.
- Pérez Orozco, A. (2007). Global care chains. *Working Paper* (2). International Research and Training Institute for the Advancement of Women.

- Pérez Orozco, A. (2014). *Subversión feminista de la economía: aportes para un debate sobre el conflicto capital-vida*. Traficantes de Sueños.
- Razavi, S. (2007). *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options*. United Nations Research Institute for Social Development.
- Rodríguez Enríquez, C. and Marzonetto, G. (2015). Organización social del cuidado y desigualdad: el déficit de políticas públicas de cuidado en Argentina. *Revista Perspectivas de Políticas Públicas*, 4(8).
- Rolle Sands, S., Ingraham, K. and Salami, B. O. (2020). Caribbean nurse migration —a scoping review. *Human Resources for Health*, 18(19).
- Salazar Parreñas, R. (2015). *Servants of Globalization: Women, Migration, and Domestic Work*. Stanford University Press.
- Salazar-Xirinachs, J. M. (2023). Rethinking, reimagining and transforming: the “whats” and the “hows” for moving towards a more productive, inclusive and sustainable development model. *CEPAL Review* (141) (LC/PUB.2023/29-P/-\*). Economic Commission for Latin America and the Caribbean.
- Salazar-Xirinachs, J. M. and Llinás, M. (2023). Towards transformation of the growth and development strategy for Latin America and the Caribbean: the role of productive development policies. *CEPAL Review* (141) (LC/PUB.2023/29-P/-\*). Economic Commission for Latin America and the Caribbean.
- Sánchez, L. (2024). *Heat and care: rethinking the implication of climate change for family and public care*. [Paper presented at the international symposium Care that Matters, Matters of Care: Overcoming Inequalities Through Care Policies, 14 and 15 October].
- Sawer, M., Banaszak, L. A., True, J. and Kantola, J. (2023). *Handbook of Feminist Governance*. Edward Elgar Publishing.
- Scuro L., Alemany, C. and Coello Cremades R. (Coords.). (2022). *Financing care systems and policies in Latin America and the Caribbean: Contributions for a sustainable recovery with gender equality* (LC/TS.2022/134). Economic Commission for Latin America and the Caribbean and United Nations Entity for Gender Equality and the Empowerment of Women.
- Scuro, L. and Silva Güiraldes, M. J. (2022). Comuna de San Pedro de Atacama: mapeo y recomendaciones para la implementación de soluciones de cuidado. *Project Documents* (LC/TS.2022/112). Economic Commission for Latin America and the Caribbean.
- Tax Justice Network. (2024). *State of Tax Justice 2024*.
- Tronto, J. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. Routledge.
- Tronto, J. (2020). *¿Riesgo o cuidado?* Fundación Medifé.
- United Nations. (2021). *Five ways the climate crisis impacts human security*. <https://www.un.org/en/climatechange/science/climate-issues/human-security>
- United Nations. (2022). *Achieving gender equality and the empowerment of all women and girls in the context of climate change, environmental and disaster risk reduction policies and programmes. Report of the Secretary-General* (E/CN.6/2022/3).
- United Nations. (2023). *International Day of Care and Support* (A/RES/77/317).
- United Nations. (2024a). *Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda*.
- United Nations. (2024b). *The Pact for the Future. Resolution adopted by the General Assembly on 22 September 2024* (A/RES/79/1).
- United Nations. (2024c). *International Migrant Stock 2024*. <https://www.un.org/development/desa/pd/content/internationalmigrant-stock>
- United Nations. (2025a). *Human rights dimension of care and support Report of the United Nations High Commissioner for Human Rights* (A/HRC/58/43).
- United Nations. (2025b, 16 June). *Outcome document of the Fourth International Conference on Financing for Development* [Final draft]. <https://financing.desa.un.org/sites/default/files/ffd4-documents/2025/Compromiso%20de%20Sevilla%20for%20action%2016%20June.pdf>
- United Nations Children’s Fund and World Health Organization. (2023). *Progress on household drinking water, sanitation and hygiene 2000-2022: special focus on gender*.
- United Nations Economic and Social Council. (2024). *Promoting care and support systems for social development* (E/RES/2024/4). Commission for Social Development, 62nd session.
- United Nations Economic and Social Council. (2025). *Draft resolution submitted by the Chair of the Commission on the Status of Women: Political declaration on the occasion of the 30th anniversary of the Fourth World Conference on Women* (E/CN.6/2025/L.1).
- United Nations Entity for Gender Equality and the Empowerment of Women. (2020). *Costs, Returns, and Effects of a Universal, Free, and Quality Child Care System in Mexico*.
- United Nations Entity for Gender Equality and the Empowerment of Women. (2024). *Mechanisms for the advancement of women in Latin America and the Caribbean: a necessary condition for the advancement of gender equality*.

- United Nations Entity for Gender Equality and the Empowerment of Women, International Labour Organization and Economic Commission for Latin America and the Caribbean. (2020). Domestic workers in Latin America and the Caribbean during the COVID-19 crisis. *Policy Brief*, 1.1.
- Vaca Trigo, I. and Baron, C. (2022). Decentring GDP: well-being, care and time. *Project Documents* (LC/TS.2022/80). Economic Commission for Latin America and the Caribbean.
- Valenzuela, M. E. (2023). *Green Jobs, an Opportunity for Women in Latin America: Climate Change, Gender and Just Transition*. International Labour Organization and European Commission.
- Valenzuela, M. E., Scuro, L. and Vaca Trigo, I. (2020). Desigualdad, crisis de los cuidados y migración del trabajo doméstico remunerado en América Latina. *Gender Affairs series* (158) (LC/TS.2020/179). Economic Commission for Latin America and the Caribbean.
- Vargas, V. and Wieringa, S. (1998). The triangle of empowerment: processes and actors in the making of public policy for women. In G. Lycklama à Nijeholt, V. Vargas and S. Wieringa (Eds.), *Women's Movements and Public Policy in Europe, Latin America, and the Caribbean*. Routledge.
- Villalobos Dintrans, P. (2019). Informal caregivers in Chile: the equity dimension of an invisible burden. *Health Policy and Planning*, 34(10).
- Williams, M. (2025). *Care, territories, and environmental sustainability in small island developing States (SIDS)*. [Paper presented at the academic forum Contributions to the XVI Regional Conference on Women in Latin America and the Caribbean: Advancing Towards Care Societies, 25 and 26 March].
- Woodward, A. (2004). Building velvet triangles: gender and informal governance. In T. Christiansen and S. Piattoni (Eds.), *Informal Governance in the European Union*, 76-93. Edward Elgar.
- World Bank. (2020). *Poverty and Shared Prosperity 2020: Reversals of Fortune*.
- World Health Organization. (2021). *Framework for countries to achieve an integrated continuum of long-term care*.
- World Health Organization. (2023). Climate change and noncommunicable diseases in small island developing States. SIDS Ministerial Conference on NCDs and Mental Health. *Policy Brief*.
- Zarembeg, G. (2023). Latin American perspectives on feminist governance: between mainstreaming and sidestreaming challenges. In M. Sawyer, L. A. Banaszak, J. True and J. Kantola (Eds.), *Handbook of Feminist Governance*, 408-420. Edward Elgar Publishing.



Building the care society is a vital transformation for substantive equality, sustainable development and peace. This paradigm prioritizes the sustainability of life and of the planet, and recognizes care as a need, a right, a public good and as crucial work to boost the economy. It also establishes a synergistic interdependence among people, the environment, and economic and social development.

Governments now have a prime opportunity to drive this transformation and address a growing care crisis —exacerbated by population ageing and climate change effects— that far surpasses existing capacities of services, infrastructure and people to provide care.

This document examines scenarios for achieving the care society and proposes how to effect this change, with assessments and recommendations that underscore governance, political economy and social dialogue, along with cultural change, measurement and financing, as key elements to bring about vital transformations for sustainable development with gender equality.

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