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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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 most countries of the region are facing three development traps: low growth capacity; high inequality and low social mobility and cohesion; and weak institutional capacities 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, which has gradually taken shape over the course of the many sessions of the Regional Conference on Women held since 1977, 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.

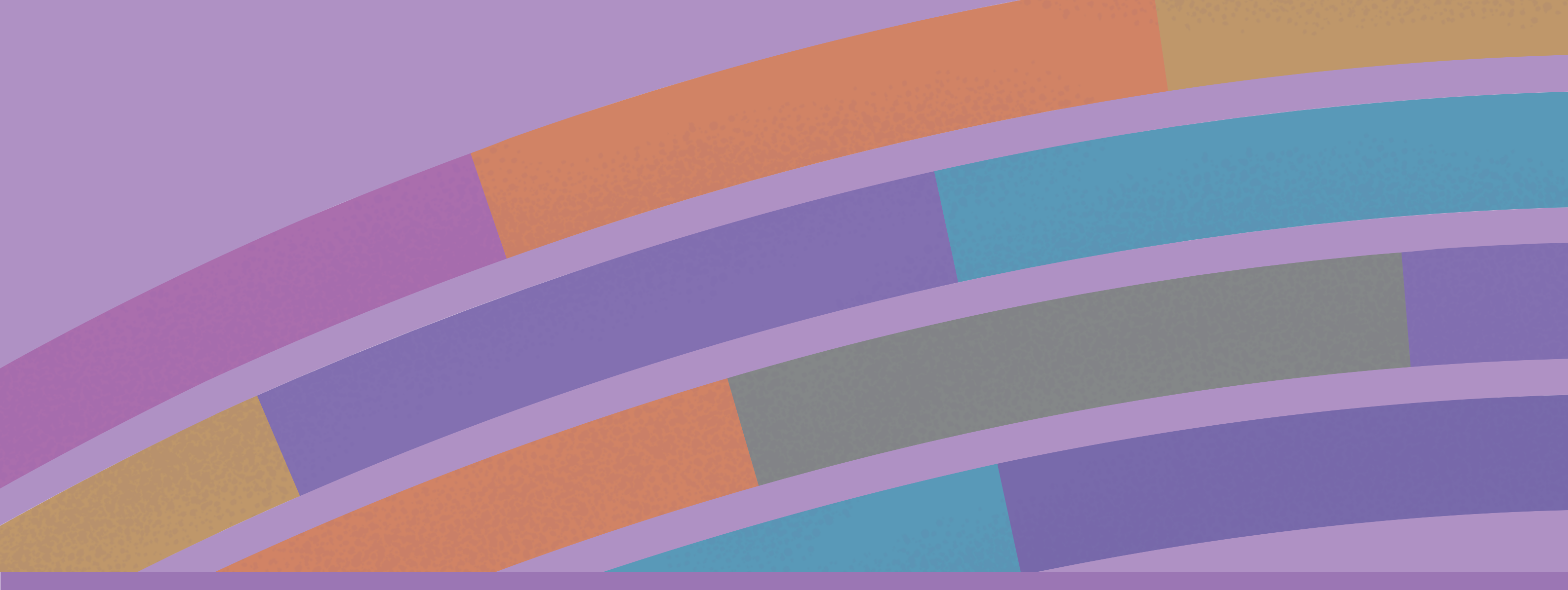
Latin America and the Caribbean has an inestimable wealth of care policies, agreements and experiences. The Regional Gender Agenda, representing the collective work of nearly half a century, offers guiding principles for the design of care policies that incorporate gender, intercultural, intersectional 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 being held in Mexico City from 12 to 15 August 2025, on the theme of political, economic, social, cultural and environmental transformations to advance towards the care society and gender equality.

This meeting 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 and low social mobility and cohesion; and weak institutional capacity and ineffective governance (Economic Commission for Latin America and the Caribbean [ECLAC], 2024). 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, 2025a). 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, 2022). 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.

This document, *The Care Society: Governance, Political Economy and Social Dialogue for a Transformation with Gender Equality*, which is being presented at the sixteenth session of the Regional Conference on Women in Latin America and the Caribbean, comprises five chapters. The first addresses the multilevel approach to care, which includes agreements and progress at the global, regional, national and local levels. It emphasizes Latin America and the Caribbean's key role in creating and disseminating the care society paradigm and in guiding many of the agreements and much of the reflection on the subject, not just in the region but globally. It underscores the region's importance in naming the right to care, adopting the care society paradigm in the Regional Gender Agenda and extending this commitment to global intergovernmental agreements. The second chapter looks at care as a right, a need, work, and a key driving sector of the economy, offering an analysis of demographic trends —including rapid population ageing— and of the care economy, and presenting the main regulatory advances in the region. The third chapter analyses care policies, care as a cross-cutting and intersectoral approach, and its importance in redistributing resources, time and work in public policies as a whole. It also examines the fiscal and financing challenges of sustainable care policy implementation. The fourth chapter explores the trends that will mark the coming decades —economic and productive transformations, territorial and environmental sustainability challenges, the growing demand for long-term care owing to population ageing, and human mobility— to establish a forward-looking approach that enables countries to anticipate changes, implement comprehensive policies and take collective action for a better future.

Lastly, the fifth chapter recommends various strategies to advance the care society and gender equality, including strengthening governance and the importance of the political economy in conceptualizing care and establishing agreements, expanding social dialogue, fostering cultural change, and securing sufficient, progressive and sustainable financing. The chapter also stresses the importance of information in care policy design and implementation, and of strengthening institutions' technical, operational, political and prospective capabilities. In this context, it also underscores the role of machineries for the advancement of women in ensuring that policymaking is guided by a transformative gender perspective.

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.

Bibliography

Economic Commission for Latin America and the Caribbean. (2019). *Women's autonomy in changing economic scenarios* (LC/CRM.14/3).

Economic Commission for Latin America and the Caribbean. (2022). *The care society: a horizon for sustainable recovery with gender equality* (LC/CRM.15/3).

Economic Commission for Latin America and the Caribbean. (2023). *Buenos Aires Commitment* (LC/CRM.15/6/Rev.1).

Economic Commission for Latin America and the Caribbean. (2024). *Development Traps in Latin America and the Caribbean: Vital Transformations and How to Manage Them. Summary* (LC/SES.40/4).

Economic Commission for Latin America and the Caribbean. (2025). *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 on, in synergy with the implementation of the Regional Gender Agenda* (LC/MDM.66/5).

I

A multilevel approach to care

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

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

C. Care at the national and local levels

Bibliography

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 (Economic Commission for Latin America and the Caribbean [ECLAC], 2024a). To overcome those traps and close the related structural gaps, the Economic Commission for Latin America and the Caribbean (ECLAC) has identified 11 major transformations deemed vital, one of which relates to progress towards a care society and gender equality (ECLAC, 2022a and 2024a).

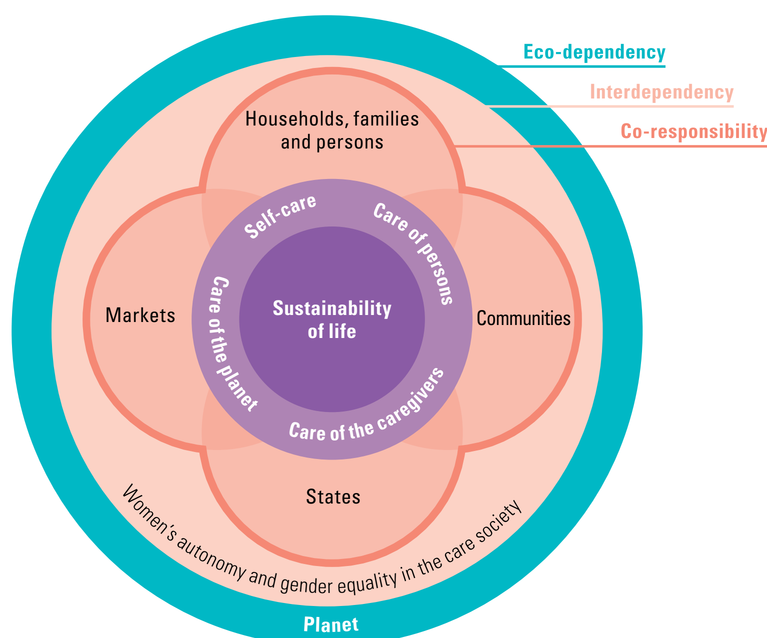
The care crisis is reflected in growing demand —exacerbated by population ageing and the effects of climate change— that far surpasses the service, infrastructure and personnel capacity available for the provision of care. This crisis disproportionately affects women, particularly those who face multiple 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, 2019, 2021a, 2021b, 2022b, 2024d; 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. These factors, together with socioeconomic inequality and persistent poverty; discriminatory, violent and patriarchal cultural patterns; a culture of privilege; and the concentration of power and hierarchical relations in the public sphere, form the region's structural obstacles to gender inequality that must be overcome (ECLAC, 2017b).

In recent decades, ECLAC has made strides in analysing the importance of care for a multifaceted understanding of how societies and economies are organized and operate. That process has led to care being 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. Conceiving of care as a public good and a policy priority focuses attention away from the private and towards the public sphere, underscoring in particular the role of the State as guarantor of the right to care in the human rights framework (ECLAC, 2022a).

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) (see diagram I.1).

Diagram I.1
Women's autonomy and gender equality in the care society



Source: Economic Commission for Latin America and the Caribbean. (2022). *The care society: a horizon for sustainable recovery with gender equality* (LC/CRM.15/3).

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. This responsibility must be assumed by men, women, families and households and by communities, businesses and the State (Pautassi, 2007; ECLAC, 2022a). The care society paradigm entails a transformation of the way societies are organized to illustrate the pivotal role of care for achieving individual and societal well-being and prosperity, and sustainable development, by redistributing power, time and resources, now and in looking towards a better future for humanity from an intergenerational perspective.

A key theme of this analysis is highlighting and considering the interdependence of production and social reproduction processes. This 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). Not only does care benefit those who receive it at a given time and place, it also benefits future generations and society at large, as it enhances well-being. Similarly, actions taken now to care for the planet and strategies put in place to mitigate and adapt to climate change will contribute to the long-term sustainability and well-being of future generations.

Moreover, a multilevel approach is required in addressing the issue of care. There are multiple vectors that link the distribution of care work between men and women in territories, households and communities with economic, social and environmental dynamics at the national, regional and global levels, as revealed in global and regional care networks. In addition, caring for the planet, especially as regards climate change and environmental degradation, also poses a challenge that transcends borders and requires multilateral, multilevel cooperation strategies.

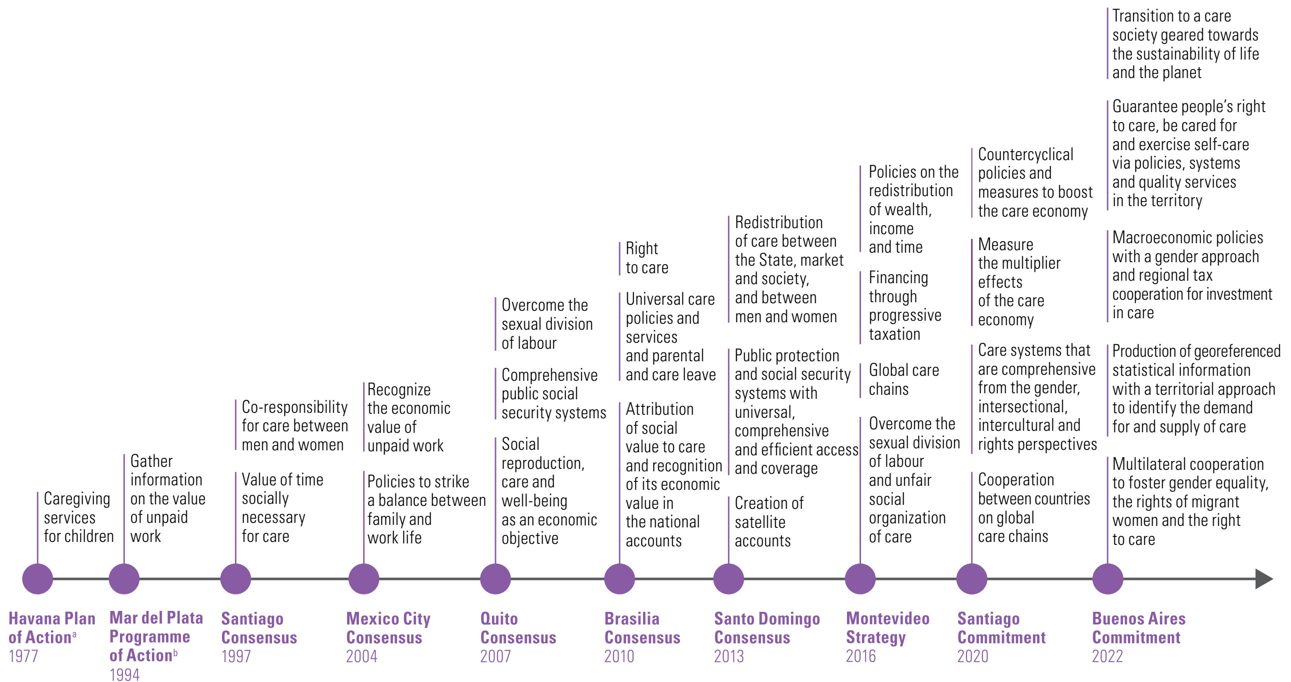
A. Care in the Regional Gender Agenda and synergy with other agreements in Latin America and the Caribbean

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). This comprehensive and far-reaching intergovernmental Agenda guides countries' policies aimed at achieving gender equality, ensuring women's rights and autonomy, and establishing a foundation to build more egalitarian societies.

Progressively, the region's governments have adopted a series of agreements that are fundamental for ending the current sexual division of labour and promoting a fair social organization of care. The agreements represent advances in recognizing care as a right and as a sector with the potential to energize economies, and include commitments on time-use measurement and on recognizing the economic value of unpaid work in public policy design and implementation. 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.2).

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.

Diagram I.2
The centrality of care in the Regional Gender Agenda



Source: Güezmes 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.

[a] The Regional Plan of Action for the Integration of Women into Latin American Economic and Social Development.

[b] The Regional Programme of Action for the Women of Latin America and the Caribbean, 1995–2001.

The Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (Montevideo Strategy), adopted in 2016, calls for an end to the sexual division of labour and the unfair social organization of care to accelerate implementation of the various agreements of the Regional Gender Agenda, leveraging synergies with the 2030 Agenda for Sustainable Development. In particular, the Montevideo Strategy underscores the need for progress towards policies for redistributing wealth, income and time. Centred around 10 implementation pillars, the measures contained in the Montevideo Strategy are implemented at many levels (local, subnational, national, regional and global), a multilevel approach that seeks to reduce inequalities within and between countries in their pursuit of gender equality. One of its measures refers to responses to transnational issues, such as global care chains.

In the Santiago Commitment, adopted in 2020, governments agreed to "design comprehensive care systems from a gender, intersectional, intercultural and human rights perspective that foster co-responsibility between men and women, the State, the market, families and the community, and include joined-up policies on time, resources, benefits and universal, good-quality public services to meet the different care needs of the population, as part of social protection systems" (ECLAC, 2023b). Countries thus undertook to implement countercyclical policies aimed at mitigating the impact of crises on women's lives and to promote policies to galvanize the economy in key sectors, including the care economy. The Commitment also promoted a systemic change in the approach to migration, paying particular attention to displacement phenomena such as global care chains (ECLAC, 2023b).

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 recognizes the right to provide and receive care and to exercise self-care, calls for measures to overcome the sexual division of labour and move towards a fair social organization of care, and proposes a path towards a care society and agreements

for a transformative recovery informed by gender equality and sustainability (ECLAC, 2023c). In particular, it provides for the adoption of "regulatory frameworks that ensure the right to care through the implementation of comprehensive care policies and systems from a gender, intersectional, intercultural and human rights perspective, and include joined-up policies on time, resources, benefits and universal, good-quality public services in the territory" (ECLAC, 2023c, para. 9).

Governments also agreed to encourage the measurement of the multiplier effects of boosting the care economy in terms of the labour market participation of women in their diversity, and of well-being, redistribution, economic growth and the macroeconomic impact of the care economy, and to promote the adoption of a territorial perspective in information systems to foster the integration of statistical and georeferenced information to identify the demand for and supply of care in the territories.

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. For example, in 2013, the Regional Conference on Population and Development in Latin America and the Caribbean adopted 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. It was also agreed that care should be incorporated into social protection systems, and attention was drawn to the importance of maximizing the autonomy and dignity of older persons.

Similarly, the Asunción Declaration (ECLAC, 2017a), adopted in 2017 at the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, urges governments to combat age-based discrimination and to provide comprehensive health and care services, promoting healthy ageing. The Santiago Declaration (ECLAC, 2022d), adopted in 2022 at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, aims to ensure the human rights and participation of older persons for progress towards an inclusive and resilient care society.

Meanwhile, the lines of action of the Regional Agenda for Inclusive Social Development (ECLAC, 2020), 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. This entails ensuring the accessibility of care policies for those who require and provide care, including children's access to care and measures for the long-term care of older persons. Resolution 5(V), adopted in 2023 by the Regional Conference on Social Development in Latin America and the Caribbean at its fifth session, reaffirms the importance of developing comprehensive, universal, sustainable and resilient social protection systems, and care policies that ensure co-responsibility between the State and society and between women and men, as these are key elements of a transformative recovery.

Similarly, the Santiago Declaration of the thirty-first General Assembly of the Forum of Ministers and High-Level Authorities on Housing and Urbanism in Latin America and the Caribbean (MINURVI), held in 2022, includes a commitment on promoting the development of inclusive cities by incorporating a gender-sensitive and care perspective into urban and housing policy (General Assembly of the Forum of Ministers and High-Level Authorities on Housing and Urbanism in Latin America and the Caribbean [MINURVI], 2022). Subsequently, in 2023, the Buenos Aires Declaration of the thirty-second General Assembly of MINURVI mentions mainstreaming the gender perspective and the care economy into urban policies (General Assembly of MINURVI, 2023).

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*. These outcomes underscore the central role of the gender perspective in statistical production, reflecting the region's leadership in establishing conceptual frameworks and methodological instruments adopted by member States.

In paragraph 4 of decision III/4 on mainstreaming the gender perspective (ECLAC, 2024e), adopted in 2024 by 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 (Escazú Agreement) (ECLAC, 2022c) at its third meeting, the Conference of the Parties "recommends that the Parties incorporate

the gender perspective into the creation of a safe and enabling environment for the defence of human rights in environmental matters, and to prevent discrimination and gender-based violence against women defenders". In paragraph 2 of the same decision, the Conference of the Parties also "urges the Parties to continue to promote the full and effective participation of women in all their diversity, including indigenous women, and the incorporation of a gender-equality perspective into the implementation of the Agreement, particularly in their national implementation plans and road maps".

More recently, in paragraph 11 of resolution 771(XL), adopted by ECLAC at its fortieth session, held in Lima in 2024, the Commission "encourages the design and implementation of comprehensive public policies based on data collection and programmes that integrate sustainable development, including mainstreaming a transformative gender perspective, to respond to multiple crises, and reiterates the call to include actions that foster comprehensive care systems, decent work and the full, significant and equal participation of women in positions of leadership in strategic sectors of the economy for a sustainable, inclusive and resilient recovery and development" (ECLAC, 2024b).

It has been recognized, at recent meetings of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development, that a disproportionate burden of care work is borne by women, substantially limiting their participation in the social, political and economic spheres (ECLAC, 2024c, 2025a). Reference has also been made to the Buenos Aires Commitment, given the importance of advancing recovery plans with proactive measures to achieve substantive equality. Paragraph 22 of the *Intergovernmentally agreed conclusions and recommendations of the eighth meeting of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development* recognizes the need to implement concrete measures to recognize, reduce and equitably redistribute the disproportionate share of unpaid care and domestic work done by women, including through the promotion of the equal sharing of responsibilities between women and men and by prioritizing, inter alia, social protection policies, and resilient infrastructure development, as well as improving conditions for paid care workers. Similarly, the importance of designing comprehensive care systems that take into account decent work and women's participation in strategic positions in the economy is reaffirmed (ECLAC, 2025a).

The agreements adopted by ECLAC subsidiary bodies and at its intergovernmental meetings have enabled the countries of Latin America and the Caribbean to advance the discussion on care, recognizing it as a need, a right and a public good, and as work and a sector that drives the economy as a whole. These agreements have also helped to conceptualize care as a right that is linked with other rights, in the context of the inter-American human rights system (see section C, chapter II).

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, with a view to raising awareness of the importance of care and its contribution to the achievement of gender equality and to societal and economic sustainability.

In October 2023, the Human Rights Council adopted resolution 54/6, which recognizes the centrality of care and support from a human rights perspective and urges States to implement all measures necessary to recognize and redistribute care work among individuals, as well as families, communities, the private sector and States, in a manner that promotes gender equality and the enjoyment of human rights by all. The resolution also urges States to increase investment in care and support policies and infrastructure to ensure universal access to affordable and quality services for all. 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, 2025). The report, prepared pursuant to Human Rights Council resolution 54/6, analyses the international human rights standards applicable to care and support and makes recommendations for their implementation.

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. This resolution is a milestone, as it renews the focus on the notion of the care society and encourages a series of commitments under the Regional Gender Agenda at the global multilateral level. It "stresses that Member States, which bear the main responsibility for social integration and social inclusion, should foster a care society in which all receive the care they need, promoting their rights and well-being, based on the principles of equality and non-discrimination, access to basic social services and promotion of the active participation of every member of society as well as a collective responsibility, involving individuals, families, communities, States and the private sector, including through poverty eradication measures, labour policies, public services and gender-sensitive social protection programmes" (United Nations Economic and Social Council, 2024). Moreover, in keeping with paragraph 25 of the Santiago Commitment (2020) and paragraph 34 of the Buenos Aires Commitment (2022), the resolution, adopted on the recommendation of the Commission for Social Development, underscores the importance of measuring the multiplier effects of the care economy. In particular, it "encourages Member States to consider the multiplier effects of the care economy in terms of increasing labour participation, facilitating the transition from informal to formal work and decent working conditions in the care sector, investing in social infrastructure and strengthening social protection, as well as the returns on the investments in care policies and systems" (United Nations Economic and Social Council, 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 notion of the care society, proposed in the Buenos Aires Commitment, is highlighted as an innovation of the conceptual frameworks for addressing the topic of care (United Nations, 2024a).

Meanwhile, 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. It also includes guiding principles to be applied in policies to promote decent work in the care economy and priorities for governments and employers' and workers' organizations to promote decent work in that context, as appropriate in their spheres of responsibility. Among these priorities is promoting women's economic autonomy, including through efforts to "address the unequal gender distribution of paid and unpaid work, and promote women's economic inclusion and autonomy beyond caregiving, including by changing social norms and gender stereotypes around caregiving roles". The resolution also emphasizes the need to ensure effective access to labour protection and social security for care workers, especially for those most at risk of insufficient or inadequate protection, such as domestic workers, migrant workers or health and community care workers.

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 achieving a sustainable future. In this context, action 8 aims to achieve gender equality and the empowerment of all women and girls as a crucial contribution to progress across all the Sustainable Development Goals and targets. In particular, it establishes a commitment to "significantly increase investments to close the gender gap, including in the care and support economy, acknowledging the linkage between poverty and gender inequality and the need to strengthen support for institutions in relation to gender equality and the empowerment of women". Action 34, which focuses on children and young people, resolves to "create decent jobs and livelihoods for youth ... particularly for young women and young people in vulnerable situations, while dismantling inequalities in the care economy" (United Nations, 2024b). These commitments are particularly important because they raise awareness of the care economy and underscore the need to transform gender inequalities, from a perspective that acknowledges their intersection with other factors, such as age, socioeconomic status and poverty, to achieve sustainable development.

At the sixty-ninth session of the Commission on the Status of Women, Member States adopted a political declaration in which they committed to taking action to ensure the full, effective and accelerated implementation of the Beijing Declaration and Platform for Action 30 years on from its adoption, which could contribute to the achievement of the Sustainable Development Goals, including by "recognizing, reducing and redistributing women's and girls' disproportionate share of unpaid care and domestic work by promoting the equal sharing of responsibilities between men and women within the household and promoting work-life balance, inter alia, through prioritizing public investments to develop and expand integrated care systems, including care leave policies, the provision of universal care and support services throughout the life course and the proper recognition, representation, remuneration and reward of care workers" (United Nations Economic and Social Council, 2025). The Economic and Social Council also 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.

The discussion on care, in particular on the need to invest in the care economy and to recognize, value and redistribute care, was advanced by various stakeholders in the context of the preparatory discussions for the Fourth International Conference on Financing for Development held in Seville, Spain, from 30 June to 3 July 2025, emphasizing the link between care, gender equality and development. The Conference presents an opportunity to draw more attention to the pivotal importance of care in the furtherance of strategies for sustainable development with gender equality at multiple levels.

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.

Care policies and systems are defined as a coordinated set of measures and initiatives aimed at establishing a new social organization of care that fosters greater gender equality. Their purpose is to provide care, assistance and support to those in need, and to recognize, reduce and redistribute care work (United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women] and ECLAC, 2021). In keeping with the agreements of the Regional Gender Agenda, care systems may include coordinated policies on guaranteed time for care, the provision of resources and universal, good-quality public services and infrastructure in the territories.

As discussed in the document *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* (ECLAC, 2025b) and as revisited in chapter II of this document, countries are at different stages in adopting, designing and implementing national care policies and systems. The territorial dimension has become increasingly important in this public policy space, both at the national and subnational levels. This approach to care means considering how territories organize care, which requires avoidance of centralist, decontextualized perspectives (ECLAC, 2022a), recognition of local circumstances, and encouragement of the participation of stakeholders in the territories to ensure a more effective, contextualized response to community needs (Falú and Pérez Castaño, 2024). In this regard, some of the region's countries have advanced in implementing care policies and systems with a territorial approach, which has meant considering the suitability and organization of care services and examining their governance, public participation and financing systems, among other factors.

Moreover, the challenges of climate change and environmental degradation are manifested differently in each territory and their impact on the social organization of care is context-dependent, which calls for a more situated and intersectional approach. In many communities, in particular those that are poor, rural or vulnerable to climate change —as in various areas in the Caribbean— these impacts are intertwined with structural gender, race and class inequalities. Women, who take on most unpaid care work, face additional burdens in the context of disasters, resource scarcity or forced displacement, which directly affects their physical and

mental health. As a result, gender inequalities may be exacerbated in the absence of an approach that tackles the different issues these women face, such as various forms of discrimination and violence, exclusion from decision-making processes, and social and gender co-responsibility in care work. 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 policies and systems present an opportunity for designing relevant, accessible and culturally appropriate services and entitlements that meet the care needs of each territory (see box I.1). Given their close connection with people's day-to-day lives, local governments are uniquely situated to detect gaps, speak with communities and coordinate comprehensive solutions tailored to the population's care needs. One example is programmes developed to provide respite and cleaning services for those caring for dependents. Many such policies include training, employability and community-strengthening components, which boost their impact on both the well-being of those receiving care and the economic autonomy and well-being of caregivers.

Box I.1

Care policies at the local level: innovative care initiatives in the territories

Care policies can be territorialized through local adaption and implementation of national systems and policies or through initiatives designed and implemented directly by subnational governments and local communities. Far from being exclusionary, these strategies may complement and strengthen institutional, political and social frameworks in each context.

In Latin America, national care systems have been implemented through various coordination mechanisms, including specific agencies tasked with more effective national and subnational coordination adapted to local realities.

In Chile for instance, the Chile Cares programme, which is centrally coordinated by the Ministry of Social Development and Family Affairs, uses a model in which local governments are responsible for managing implementation and operations.

Care policies established at the subnational level are also highly responsive to specific local needs, as demonstrated by the District Care System of Bogotá, a groundbreaking initiative in Colombia and in the region that uses innovative tools, such as georeferenced maps with gender indicators. This subnational policy model is being replicated in other territories. For example, in Cali, the district care system explicitly incorporates community-based and ancestral forms of care, reflecting the extent to which cultural and territorial diversity is a key element of social and environmental sustainability.

In Belém do Pará, Brazil, a Municipal Care Committee was established, with local government and civil society participation, and has served as a pilot project, yielding lessons that are now being applied to inform national policy. In Jalisco, Mexico, a comprehensive system was implemented that recognizes care as a fundamental pillar of social development, which encourages co-responsibility between the State, families, the community and the private sector. Also notable is the Utopias Project, begun by the government of Mexico City in Iztapalapa, which is based on the use of multifunctional community spaces to strengthen the local social fabric through accessible infrastructure and educational, cultural and sporting activities that foster social inclusion, community spirit and co-responsibility of care. Lastly, in the Dominican Republic, Azua and Santo Domingo have strengthened local plans that are integrated into the national policy.

These subnational initiatives show the wealth and diversity of approaches to care in the different territories, demonstrating that local governments can coordinate specific, contextualized responses. Local initiatives to address local care needs are also being designed and implemented in Ecuador, Panama, Peru and the Plurinational State of Bolivia.

Source: Economic Commission for Latin America and the Caribbean. (2025). Transformando la organización del cuidado en los territorios desde una perspectiva de género, intercultural, interseccional y territorial; United Nations Entity for Gender Equality and the Empowerment of Women (2024). *Cuidados a nivel local: relevamiento de experiencias en América Latina y Caribe.*

Local care systems and policies should not be understood as a mere complement to national or federal efforts, but rather as 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. Collective learning and cooperation among countries have been essential in reducing a trial-and-error approach and in facilitating the sharing of knowledge, methodologies and good practices. Moreover, international, regional and multilateral cooperation through North-South, South-South and triangular modalities has been essential for advancing and accelerating the development of care policies. 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.

Bibliography

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 Seville.

Economic Commission for Latin America and the Caribbean. (2016). *Care policies in Latin America: towards equality*. Gender Affairs Series (140) (LC/L.4226).

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. (2019). *Women's autonomy in changing economic scenarios* (LC/CRM.14/3).

Economic Commission for Latin America and the Caribbean. (2020). *Regional Agenda for Inclusive Social Development* (LC/CDS.3/5).

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). *Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean* (LC/PUB.2018/8/Rev.1).

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. (2023a). *45 Years of the Regional Gender Agenda* (LC/MDM-E.2022/4/Rev.1).

Economic Commission for Latin America and the Caribbean. (2023b). *Santiago Commitment* (LC/CRM.14/6/Rev.1), Santiago.

Economic Commission for Latin America and the Caribbean. (2023c). *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). *Resolutions adopted at the fortieth session of the Economic Commission for Latin America and the Caribbean*.

Economic Commission for Latin America and the Caribbean. (2024c). *Conclusions and recommendations agreed by the governments participating in the Seventh Meeting of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development* (LC/FDS.7/5).

Economic Commission for Latin America and the Caribbean. (2024d). *Social Panorama of Latin America and the Caribbean, 2024: the challenges of non-contributory social protection in advancing towards inclusive social development* (LC/PUB.2024/21-P).

Economic Commission for Latin America and the Caribbean. (2024e). *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. (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).

Falú, A., and Pérez Castaño, L. (2024). *La Agenda Local de Cuidados en América Latina y el Caribe*. United Nations Entity for Gender Equality and the Empowerment of Women.

Forum of Ministers and High-level Authorities on Housing and Urbanism in Latin America and the Caribbean. (2022). *Declaration of Santiago. Transforming and humanizing the city and the territory.*

Forum of Ministers and High-level Authorities on Housing and Urbanism in Latin America and the Caribbean. (2023). *Declaración de Buenos Aires. Instrumentos, políticas e instituciones para un desarrollo urbano inclusivo y sostenible*.

Fraser, N. (2016, 1 August). Contradictions of capital and care. *New Left Review* (100).

Güezmes 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, 3 April). Don't let another crisis go to waste: The COVID-19 pandemic and the imperative for a paradigm shift. *Feminist Economics, 27*(1–2).

Human Rights Council. (2025). *The human rights dimension of care and support: Report of the United Nations High Commissioner for Human Rights* (A/HRC/58/43).

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.

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 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 and Economic Commission for Latin America and the Caribbean. (2021). *Towards the construction of comprehensive care systems in Latin America and the Caribbean: elements for their implementation* (LC/TS.2022/26).

CHAPTER II

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

A. Care needs in the face of demographic trends

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

C. The right to care

Bibliography

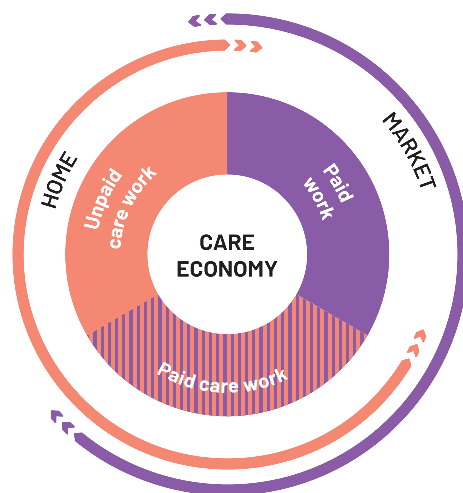
Annex II.A1

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 (Economic Commission for Latin America and the Caribbean [ECLAC], 2023a; Folbre, 2006; Fraser, 2016; United Nations, 2024a; Tronto, 1993). Amid an ongoing care crisis (see chapter I), care needs are rising in all the region's countries on account of demographic and epidemiological changes and the impact of climate change. As the region's population aged 65 and over continues to grow —especially in the 80-and-over age group— care demands will continue to increase and evolve over the coming decades.

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, 2022; Russell Hochschild, 1983) and can be provided in different settings, such as the home, communities, health and social services and the education system (ECLAC, 2024a; 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, 2022).

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 (see diagram II.1). 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, 2019; Esquivel, 2011; Folbre, 2006; ILO, 2018, 2024a, 2024d). In a document presented to member States at its fortieth session, in 2024, the Economic Commission for Latin America and the Caribbean (ECLAC) identified the care economy as one of the 15 key sectors for driving growth, productivity and employment and transforming the development model in order to reduce persistent structural gaps in the social, productive and environmental spheres (ECLAC, 2024b).

Diagram II.1
Work in the care economy



Source: Prepared by the authors, on the basis of Economic Commission for Latin America and the Caribbean. (2019). *Women's autonomy in changing economic scenarios* (LC/CRM.14/3).
Note: "Market" refers to companies, government institutions, non-profit organizations and households as employers.

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 sexual division of labour and the unfair organization of care is one of the structural challenges of gender inequality (ECLAC, 2017a), which perpetuates traditional patterns that restrict the full enjoyment of women's rights. The excessive burden of unpaid care work shouldered by women limits their participation in the labour market (ILO, 2024b, 2024e), their economic autonomy, their access to social protection and their engagement in different spheres of life and, as a result, reproduces structural inequalities.

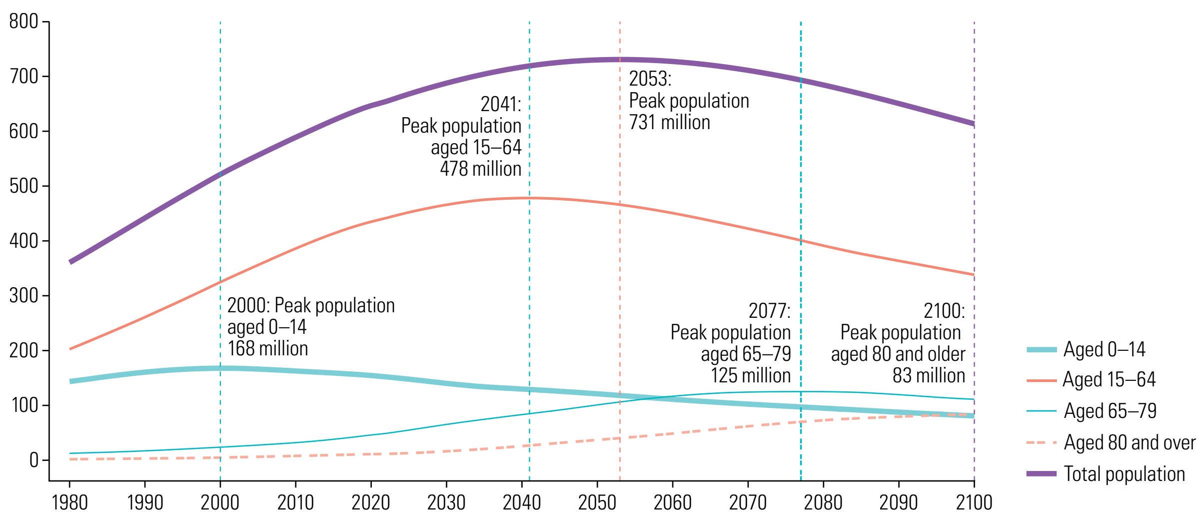
The right to care —understood as the right to provide and receive care and to exercise self-care— is a component of the human rights already enshrined in international covenants and treaties that are to be enjoyed by all people over the course of their lives, regardless of their dependency status (Pautassi, 2007; ECLAC, 2022, 2024a).

This chapter analyses care through the lens of three interrelated dimensions: care as a need experienced by all people throughout the life cycle, as a form of work that sustains and drives the economy and as a human right that must be guaranteed by the State. This perspective is crucial for the region to evolve towards a care society.

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. Over the past 70 years, life expectancy has risen from 48.7 years to 75.9 years, and the total fertility rate has fallen from 5.8 births per woman to 1.8[1] (ECLAC, 2024a, 2024c). The decline in fertility has not, however, been uniform. Compared to global averages, fertility rates are higher among teenage girls, in particular those living in low income households.[2] At the same time, children and adolescents are decreasing in number and as a proportion of the total population (see figure II.1), but they experience higher poverty rates than other population groups (ECLAC, 2024a).

Figure II.1
Latin America and the Caribbean (47 countries and territories):[a] total population at mid-year, by age group, estimated and projected, 1980–2100
(Millions of people)



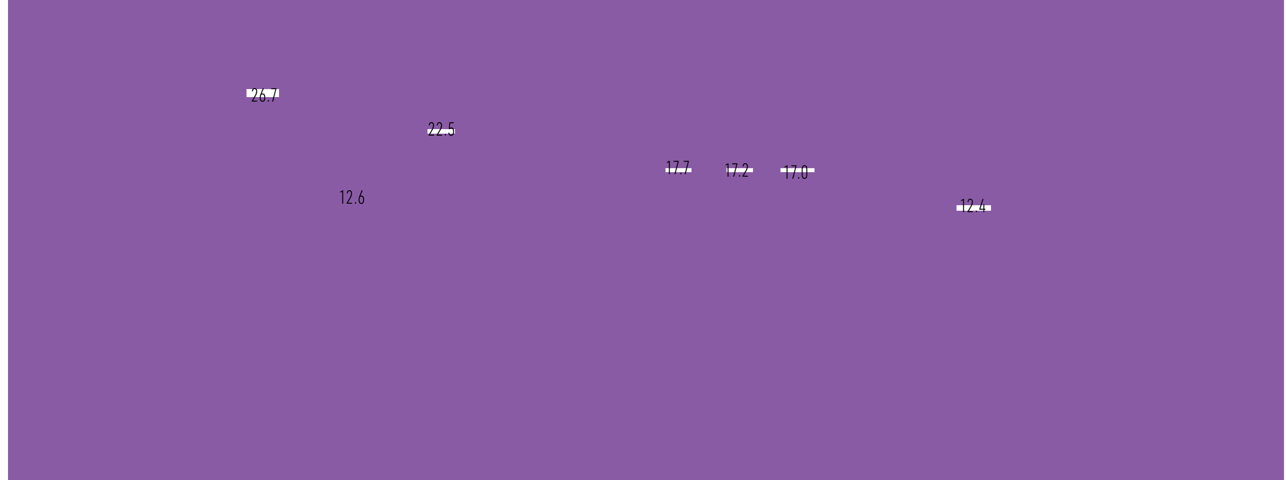
Source: Economic Commission for Latin America and the Caribbean. (2024), *Social Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/21-P/Rev.1).
Note: The vertical dotted lines in different colours indicate the year in which the age group of the corresponding colour peaks.
[a] South America: 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, 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 (Netherlands part), Trinidad and Tobago, Turks and Caicos Islands and United States Virgin Islands.

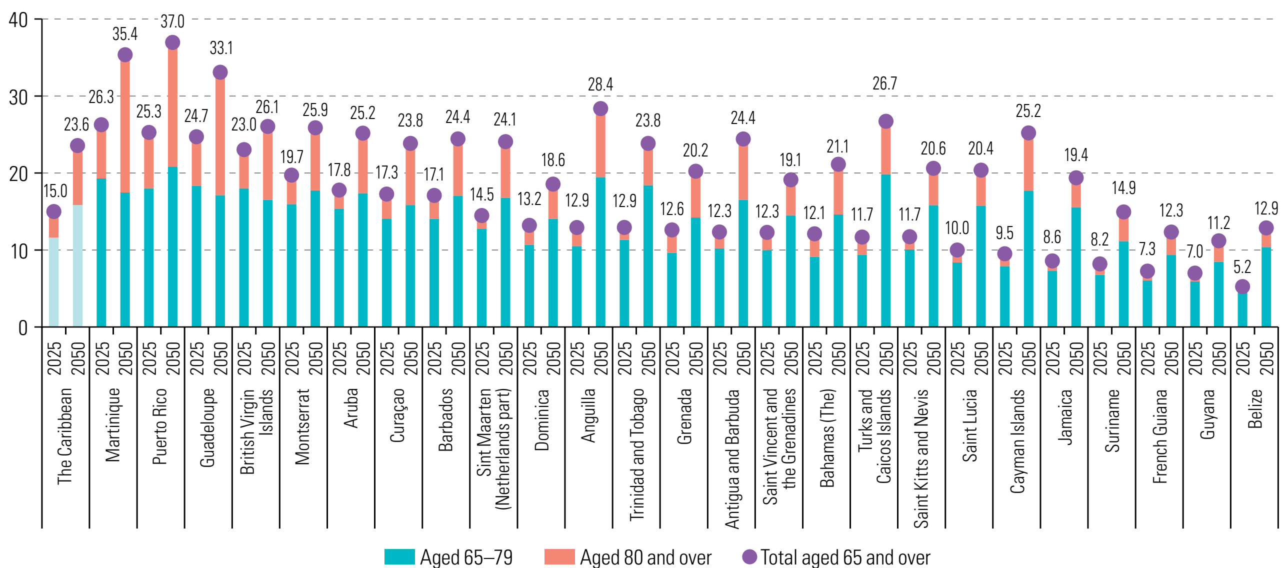
[1] Latin America is experiencing a rapid demographic transition, as can be seen in the drastic reduction in fertility over the past 70 years. In 1950, when the world fertility rate was 4.9 live births per woman, the region's rate was the second highest (5.8), just below that of Africa (6.6) and close to that of Asia (5.7). The current global fertility rate is 2.3 live births per woman, while the region's figure (1.8) is the third lowest in the world, surpassing only North America (1.6) and Europe (1.5) (ECLAC, 2024c).

[2] While fertility among adolescents aged 15–19 in the region has fallen significantly, the estimated rate for 2024 (50.6 live births per 1,000 women) is still well above the global average of 40.7 per 1,000. At the same time, the impact of socioeconomic inequality on adolescent fertility is even higher than on total fertility and, in general, these are unwanted pregnancies, especially among the 10–14 age group. A close relationship exists between this indicator and certain rights violations —such as sexual abuse, child marriage and forced unions— that continue to be associated with poverty and social inequality; efforts to prevent them must therefore be strengthened (ECLAC, 2024c).

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, 2024a). Population ageing has been especially rapid in the region[3] and swifter still in the Caribbean countries, where the share of the population aged 65 and over is greater (15%) than in Latin American countries (10%) (see figure II.2).

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)





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

In Latin America and the Caribbean, the population aged 80 and over is growing at a faster rate than the over-65 cohort. In 1950, the former group accounted for less than 0.5% of the region's population; at present, that figure stands at 2.0% and is projected to reach 5.0% in 2050 and 10.0% in 2075 (ECLAC, 2024a). This "ageing within ageing" phenomenon will bring with it new care needs and characteristics, while unmet childcare needs remain unresolved.

[3] For example, it took Europe 57 years for its population aged 65 and over to increase from 10% to 20% of the total, while it will take the region only 30 years (ECLAC, 2024a).

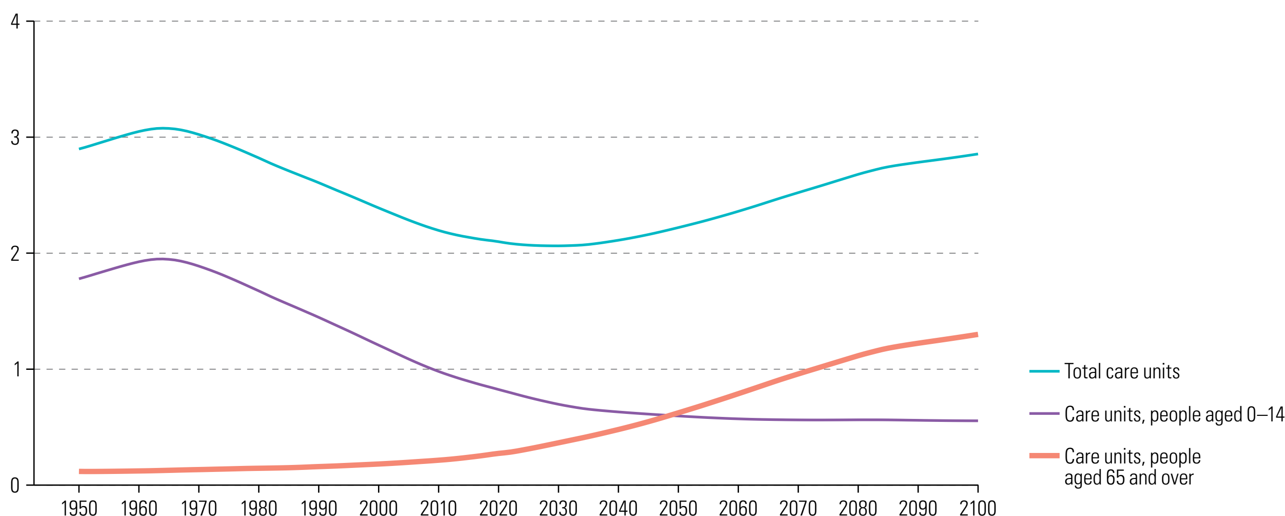
ECLAC uses the Durán II scale (or Madrid II scale) to estimate care demands according to a society's demographic structure, which indicates the units of care required by a person in a certain age range and uses ages 15–64 as the reference group, in which the burden is equal to 1. The scale assigns three 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). Thus, the demand for care increases on account of both population growth and population ageing (ECLAC, 2024a).

Population projections show the 2020s as a turning point in the demand for care, which will increase progressively going forward. The estimates indicate that the per-person care units will rise from 2.1 in 2020 to almost 3 in 2100. Under the current demographic distribution, each person aged 15–64 devotes, on average, 1 unit of care to him/herself and 1.1 units of care to others. By 2050, however, the care provided to other people is expected to rise to 1.7 units (55% more than the current burden) (ECLAC, 2022, 2024a). In addition to being heavier, the care burden will also take on different characteristics: in 2050, it is expected that the population aged 14 and younger will need more care units than the population aged 65 and older, but from 2050 on, that ratio will flip (see figure II.3 and additional information on the countries in ECLAC (2024a, pp. 163–170)).

Figure II.3

Latin America and the Caribbean (46 countries and territories):[a] 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.

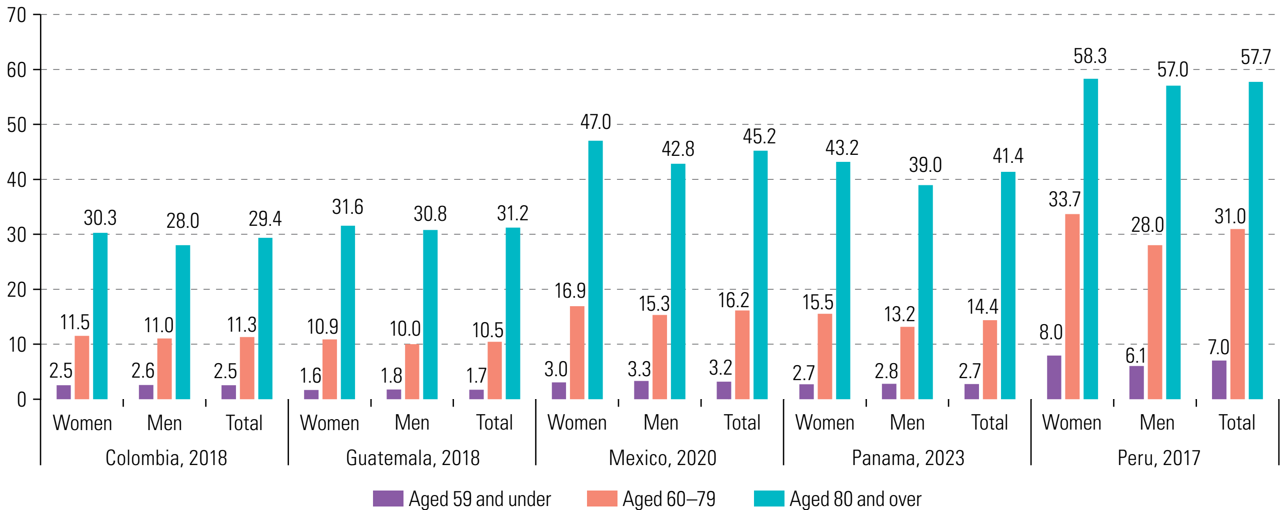
Note: The care units for each age group equal the total number of care units required by that group, according to the scale provided by Durán (2012), divided by the population aged 15–64. Total care units equal the sum of care units for the 0–14, 15–64 and 65 and over age groups divided by the total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

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

One factor to bear in mind is that the ageing of the population, especially the increase in the proportion aged 80 and over, implies a significant increase in the demand for long-term care and in spending on pensions and health care (ECLAC, 2024a). In addition, because of their longer life expectancy,[4] women are likely to need more long-term care than men (ECLAC, 2024c) while they themselves continue to provide care. This demand for long-term care is affected by a higher prevalence of disabilities among those aged 80 and over compared to the 60–79 age group (see figure II.4). As the population ages, the number of older persons who need assistance in their day-to-day activities —such as eating, dressing and bathing— is expected to increase. In the region's five countries for which data from the 2020 census round are available, around 12% of people aged 60 and over (rising to over 30% in the case of Peru) are dependent because of illness or disability, and that figure could triple by 2050 (ECLAC, 2024a).

[4] In 2024, life expectancy in the region was 79 years for women and 73 years for men (see CEPALSTAT. https://statistics.cepal.org/portal/databank/index.html?lang=es&indicator_id=4784).

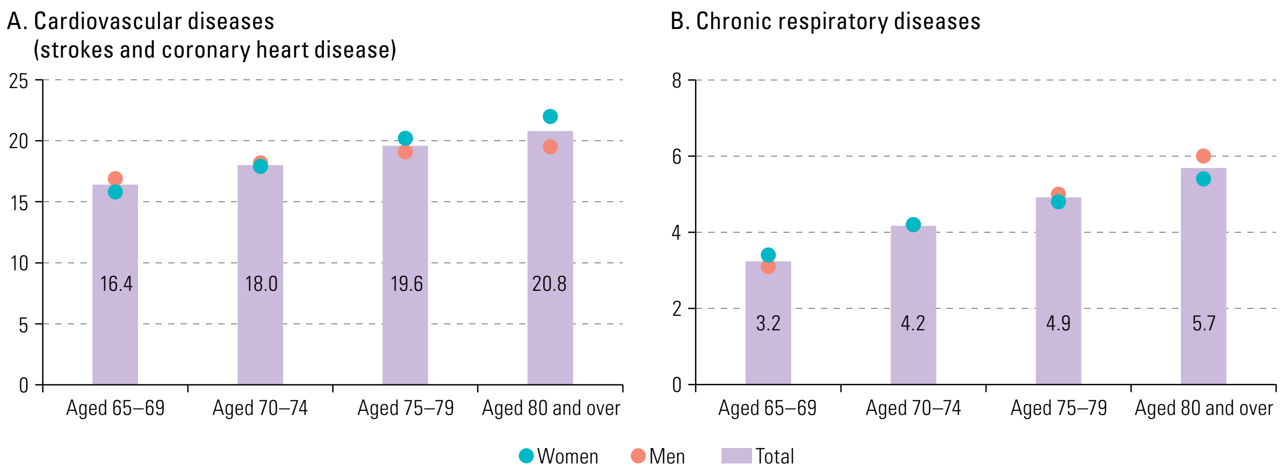
Figure II.4
Latin America and the Caribbean (5 countries): persons with disabilities, by sex and age group, 2020 census round
(Percentages)



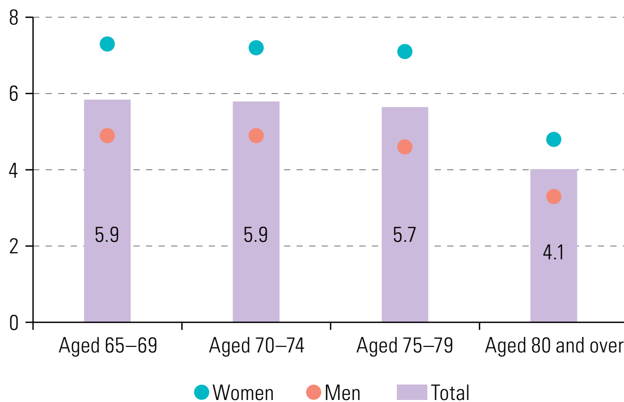
Source: Economic Commission for Latin America and the Caribbean, on the basis of census microdata processing.
Note: Because of methodological differences in the collection instruments, data are not strictly comparable between countries.

In addition, the higher morbidity of chronic and limiting diseases among older persons (ECLAC, 2024a), especially at more advanced ages, is one of the main reasons for their relatively greater care needs. People aged 65 and older suffer more from cardiovascular diseases, such as strokes and coronary heart disease, and the prevalence of these diseases among people aged 80 and older is greater than 20% (see figure II.5). Although chronic respiratory diseases have a lower incidence, they affect a considerable proportion of this population, as does diabetes. As age increases, so do prevalence and comorbidity, leading to greater demand for support and care, especially among those who already have symptoms or disabilities associated with pre-existing diseases. A higher prevalence of diabetes can be seen among women of all age groups.

Figure II.5
Latin America and the Caribbean (36 countries and territories):[a] older persons (65 and older) with selected chronic diseases, around 2021
(Percentages)



C. Diabetes



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).
[a] 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, 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.

The region also reports shifting family dynamics and a greater diversity in cohabitation models and household types (Arriagada, 2007; Cerrutti and Binstock, 2009; Jelin, 2010), which impacts household care arrangements and poses new challenges for access to support networks and care services with social and gender co-responsibility. Average household size has decreased,[5] and there has been an increase in the proportion of one-person households and households headed by single mothers, alongside a reduction in two-parent households (consisting of a couple and their children). According to the average of 18 countries of the region, the proportion of households headed by single mothers in the first income quintile doubled from 9.6% in 2003 to 18.3% in 2023, while the proportion of two-parent households shrank from 55.8% in 2003 to 39.8% in 2023 (see figure II.6). This is compounded by the disproportionate burden of care work borne by women in lower income households and with children.[6] At the same time, the proportion of composite and extended households, comprising several generations or families, has remained relatively stable over the past 20 years. Also noteworthy is the increase in one-person households as a share of the total population, which grew from 9.8% in 2003 to 17.1% in 2023, and to 30% among households in the highest income quintile.

Demographic change and population ageing also have an impact on older persons' living arrangements. The past decade has seen increases in the proportion of people aged 65 and over living alone (the regional average rose from 13% in 2003 to 17% in 2023) and in the proportion of people living in households comprising older persons only (from 18.5% in 2003 to 23.5% in 2023).[7] This situation demands care services and infrastructure to enable older persons to live in good health and dignity and to protect people from risks and emergencies. In that light, it is especially important to establish community strategies and proximity networks for older persons' care in order to mitigate situations of isolation and vulnerability (Aguirre Cuns and Scavino Solari, 2018).

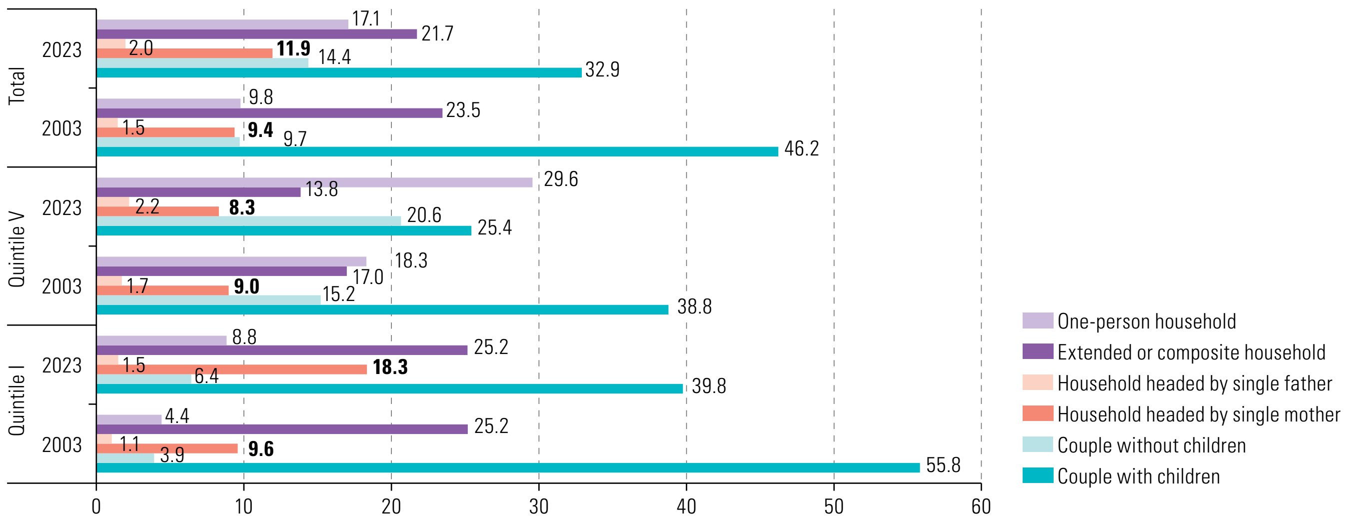
In addition to requiring more care work, households with children and older members require higher levels of income. In the current social organization of care, the division of labour is such that women perform almost all the care work, which limits their participation in paid work and their ability to earn their own income. In households with children aged 5 and under,[8] the labour participation gap between men and women of productive or reproductive age stands at 35 percentage points. When people aged 80 and over also live in those households, the gap is 33 percentage points (see figure II.7). It should be noted that older persons, especially women, are not only recipients of care; they also provide care for children in their families, as well as for other older persons. This sometimes makes it easier for younger women in the household or family to participate in the labour market.

[5] See information on average household size in ECLAC (2025b).
[6] In 2023, the prevalence in Latin America of poverty among households with children aged 5 and under was 33.4%, compared to 13.6% among households without children (ECLAC data, based on the 2025 Household Survey Data Bank (BADEHOG)).
[7] ECLAC data, based on BADEHOG.
[8] For data on similar trends worldwide, see ILO (2024g).

Figure II.6

Latin America (15 countries):[a] distribution of households, by type and income quintile, 2003 and 2023[b]

(Percentages)



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

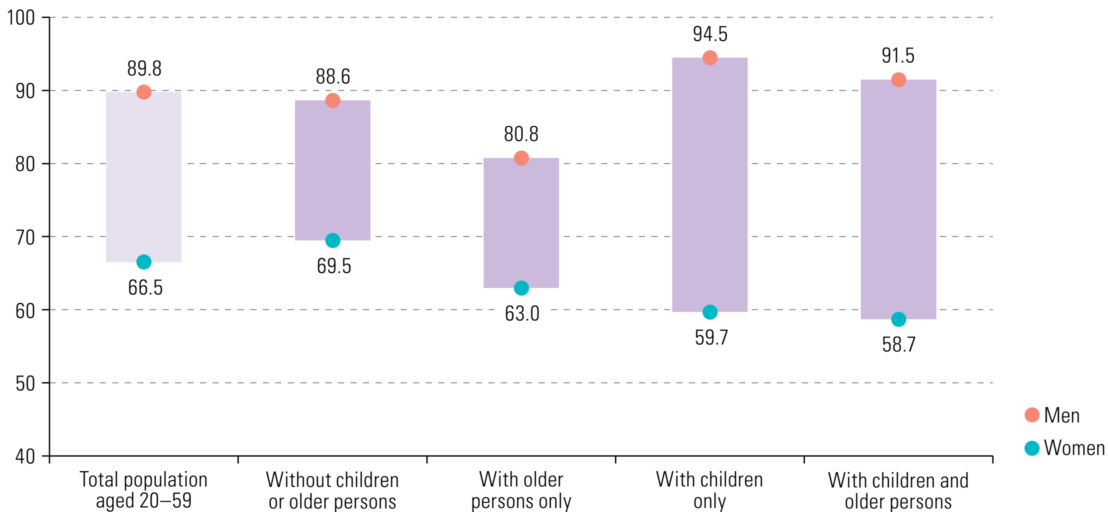
[a] Weighted average of data from the following countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

[b] In the absence of available data for 2003, data are from 2004 for Honduras and 2002 for the Plurinational State of Bolivia and Mexico; in the absence of available data for 2023, data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

Figure II.7

Latin America (15 countries):[a] 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[b]

(Percentages)



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

[a] 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.

[b] 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, 2020; ILO, 2024g). Labour market participation is a key factor in understanding women's monetary poverty and the exercise of their economic autonomy. One third of women living in households with children aged 5 and under do not earn an income, compared to one tenth of men in the same situation (see figure II.8).

Figure II.8
Latin America (15 countries):[a] population aged 15 and over without own income, by sex and presence of children (aged 0–5) and older persons (aged 80 and over) in the household, 2023[b]
(Percentages)

Source: Economic Commission for Latin America and the Caribbean, on the basis of data from the Household Survey Data Bank (BADEHOG).
[a] 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.
[b] Data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

International and intraregional migration flows, which are increasingly numerous and diverse, 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, 2024c). 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, 2024b). This has multiple implications for care needs: first, in terms of the care needs of migrants, especially in cases of vulnerability, displacement,[9] humanitarian crisis or irregularity; and, second, in terms of how the care needs of migrants' households of origin are met, especially when the migrant is a woman. Thus, migrant women often end up working in the care sector at their places of arrival while continuing to provide care and support for family and dependants back home (see chapter IV).

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

[9] The underlying causes of migration are multifaceted and stem from a confluence of push and pull factors. Push factors include the structural lack of decent work opportunities, economic crises, disasters and the repercussions of climate change, humanitarian emergencies and violence. Pull factors include employment and education opportunities, higher wages and family reunification (ECLAC and ParlAmericas, 2024).

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). Although many migrants relocate to countries in other regions, migration within the subregion is frequent. 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, 2024).

It is worth noting that climate change can increase care demand, as it exacerbates some health problems and heightens the vulnerability of certain population groups (see chapter IV). Heatwaves, environmental pollution and the increased frequency of extreme weather events have a particularly pronounced impact on children, older persons and persons with chronic illnesses, who need assistance to cope with those risks. In addition, the impact of climate change on health systems and food security can aggravate pre-existing diseases and create new support and care needs. 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, 2024b) 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, 2023c, 2024d; ECLAC, 2022).

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 must not be understood solely as an individual practice, but as a necessary condition for collective well-being. The ability of individuals, families and communities to perform self-care is determined by structural factors, such as access to health and recreation services, the existence of policies that foster healthy environments and the availability of time and resources. 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, 2022; ILO, 2024a). Similarly, access to living conditions that facilitate self-care, with healthy and sustainable consumption and production patterns (as established in Sustainable Development Goal 12, in particular target 12.8), access to health and recreation services, policies that foster healthy environments and guarantee rights and the availability of time and resources for rest and the pursuit of personal and social activities are key to comprehensive personal well-being. 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.

Self-care encompasses several dimensions, including physical, emotional, cognitive and social well-being (see box II.1). Adequate and safe housing, a healthy food supply, physical activity and rest are essential, but so are the cultivation of positive interpersonal relationships, the recognition and management of emotions and the identification of opportunities for personal growth. These actions have positive effects not only on a personal level, but also at work, in the family and within the community, as they contribute to an improved quality of life for both individuals and society as a whole.

Analysis and decisions regarding investment strategies for care services and infrastructure must recognize that most of the region's countries have to meet the care needs of multiple generations (e.g. children and of older persons) simultaneously, and this requires differentiated approaches and resources (ECLAC, 2024a). Moreover, older persons are not a monolith: some of them remain active and healthy —for example, many older women serve as caregivers for other older persons or for the children in their families or communities— while others are socioeconomically underprivileged and have limited access to care services, and still others require long-term care because of their health (United Nations, 2011). As people grow older, their care

requirements increase in magnitude and complexity. There is therefore an urgent need to modify how care is currently organized within society, as the care crisis could worsen, aggravating existing gender inequalities and jeopardizing the sustainability of life (ECLAC, 2024a).

Box II.1
The World Health Organization approach to self-care

The World Health Organization (WHO) defines self-care as the ability of individuals, families and communities to promote and maintain their own health, prevent disease and cope with illness or disability, either independently or with the support of a health or care worker.

WHO defines self-care interventions as tools that support this ability, including quality medicines, devices, diagnostic tests and digital technologies that can be provided fully or partially outside formal health services and be used with or without the support of a health worker.

Self-care measures, supported by a socioecological model, are grounded in a series of basic concepts to situate healthcare practices, behaviours, capacities and decisions in the social context of individuals' and communities' lives, including:

- Promoting resilience, autonomy and agency as expressions of human dignity and development from a holistic approach to health, with social support, empathy and respect, in order to maintain health and cope with illness.
- Understanding that people have different perceptions of health risks and that these can shape their values and preferences regarding self-care interventions; thus, the acceptance of health-related risks must be assessed in light of people's values and preferences.
- Recognizing that approaches to prevention, treatment and cure differ across societies and populations for reasons relating to culture and tradition, and that providing options without coercion, violence, stigmatization or discrimination is crucial for decision-making and improved health outcomes.

The WHO guideline on self-care interventions for health and well-being, first published in 2019 and updated in 2022, includes the most comprehensive data on 37 interventions and their effectiveness, safety and best practices.

Self-care interventions encourage people's active participation in their healthcare and enable self-determination, self-efficacy, autonomy and a commitment to health. Person-oriented self-care bolsters the role of individuals in managing their own health and places health and well-being at the centre of all interventions.

Source: World Health Organization. (2024, 26 April). *Self-care for health and well-being*. https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions; World Health Organization. (2022). *WHO guideline on self-care interventions for health and well-being, 2022 revision*. https://iris.who.int/handle/10665/357828; World Health Organization (2018). *Classification of Digital Health Interventions v1.0: a shared language to describe the uses of digital technology for health*. https://iris.who.int/handle/10665/260480; World Health Organization (n.d.). *WHO Family of International Classifications (FIC)*. https://www.who.int/standards/classifications. World Health Organization. (n.d.). *Self-care for health and well-being*. https://www.who.int/health-topics/self-care#tab=tab_1.

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.

The resolution concerning decent work and the care economy adopted at the 112th session of the International Labour Conference was the first tripartite international agreement to recognize that "care work, paid and unpaid, is essential to all other work" (ILO, 2024a, p. 1). It also notes that the way care is currently organized tends to reinforce social and gender inequalities. The resolution highlights the close interconnections between the care economy —which encompasses both paid and unpaid work and different occupations and sectors, such as health, education, social services and paid domestic work— and gender equality, decent work, sustainable development and social justice, and it underscores the heterogeneous nature of care work in Latin America and the Caribbean and around the world.

1. The sexual division of labour and women's autonomy

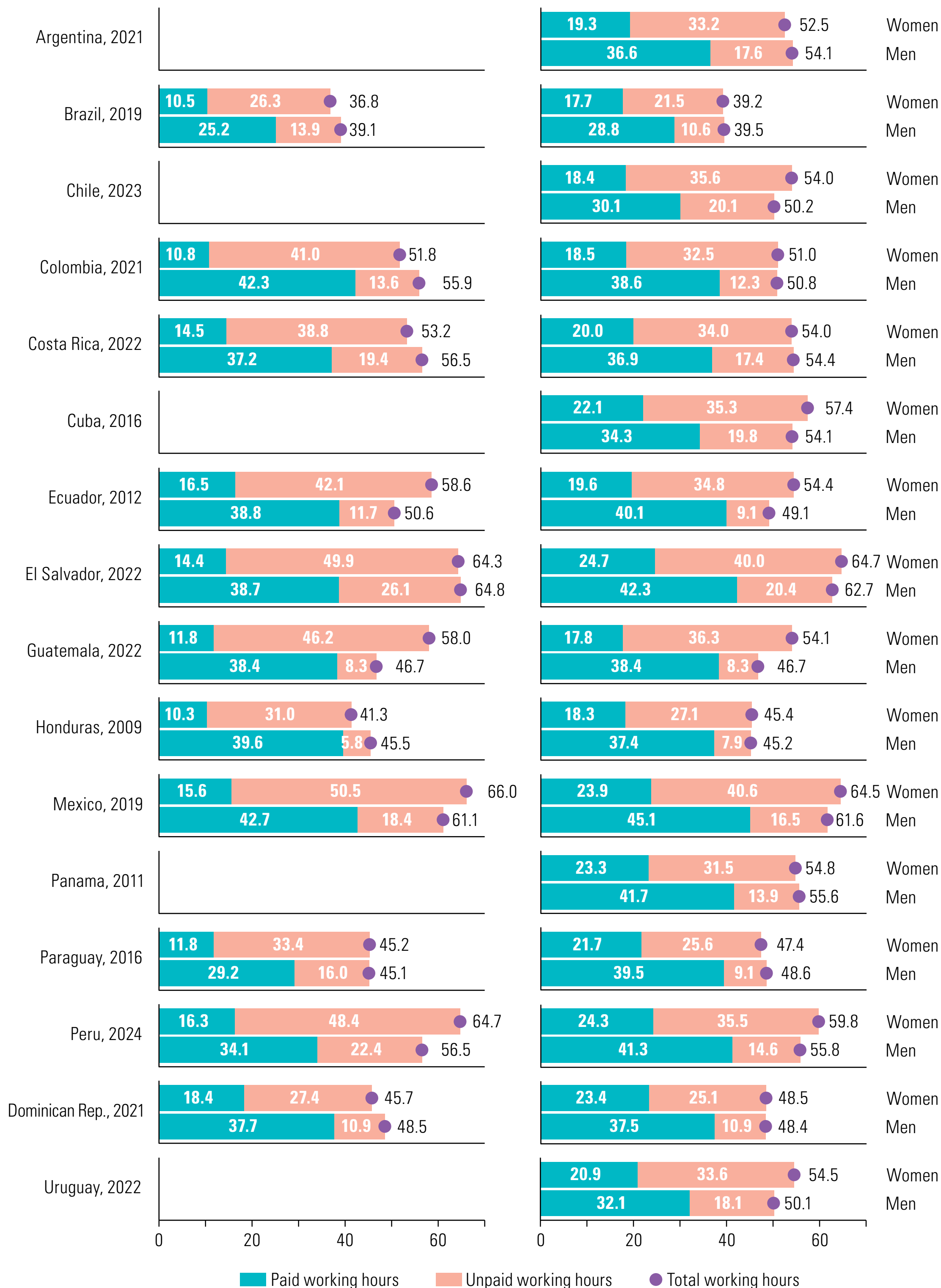
The care economy includes the provision of care in the home, in communities, through public services and by the private sector. It encompasses the people who provide and receive care, those who employ caregivers and the institutions that provide care services. Although some people employed in these sectors are highly qualified and well paid, a large number of paid domestic workers —in particular migrant, Indigenous and Afrodescendent women— remain in the informal economy, receive meagre wages and are excluded from social and labour protections. Despite the low social appreciation that paid care work garners, women continue to form the bulk of the expanded care sector, even as they continue to perform unpaid care work in their own homes (ECLAC, 2020; ILO, 2024a).

The need to recognize, reduce and redistribute care work as a fundamental factor in achieving gender equality is included in SDG target 5.4 (Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate). The indicator for this target (5.4.1) measures the proportion of time dedicated to unpaid domestic and care work, broken down by sex. In Latin American and Caribbean countries, women spend between 12% and 24% of their time on unpaid work, compared to between 5% and 9% for men. This means that the amount of time spent on unpaid work by women in the region is between double and triple the amount spent by men (ECLAC, 2023d).

The region's monitoring framework for the 2030 Agenda for Sustainable Development includes a complement to indicator 5.4.1 (indicator C-5.4), which measures the average weekly hours devoted to both paid work and unpaid domestic and care work (total workload). Since it covers both paid and unpaid work, this indicator is key to raising the visibility of the sexual division of labour and the excessive burden shouldered by women compared to men. In terms of general trends, 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, 2023b). 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. Although total working times in urban areas are similar for men and women, the same pattern in the sexual division of labour can be seen in all geographical areas and countries: 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 (see figure II.9).

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.10).

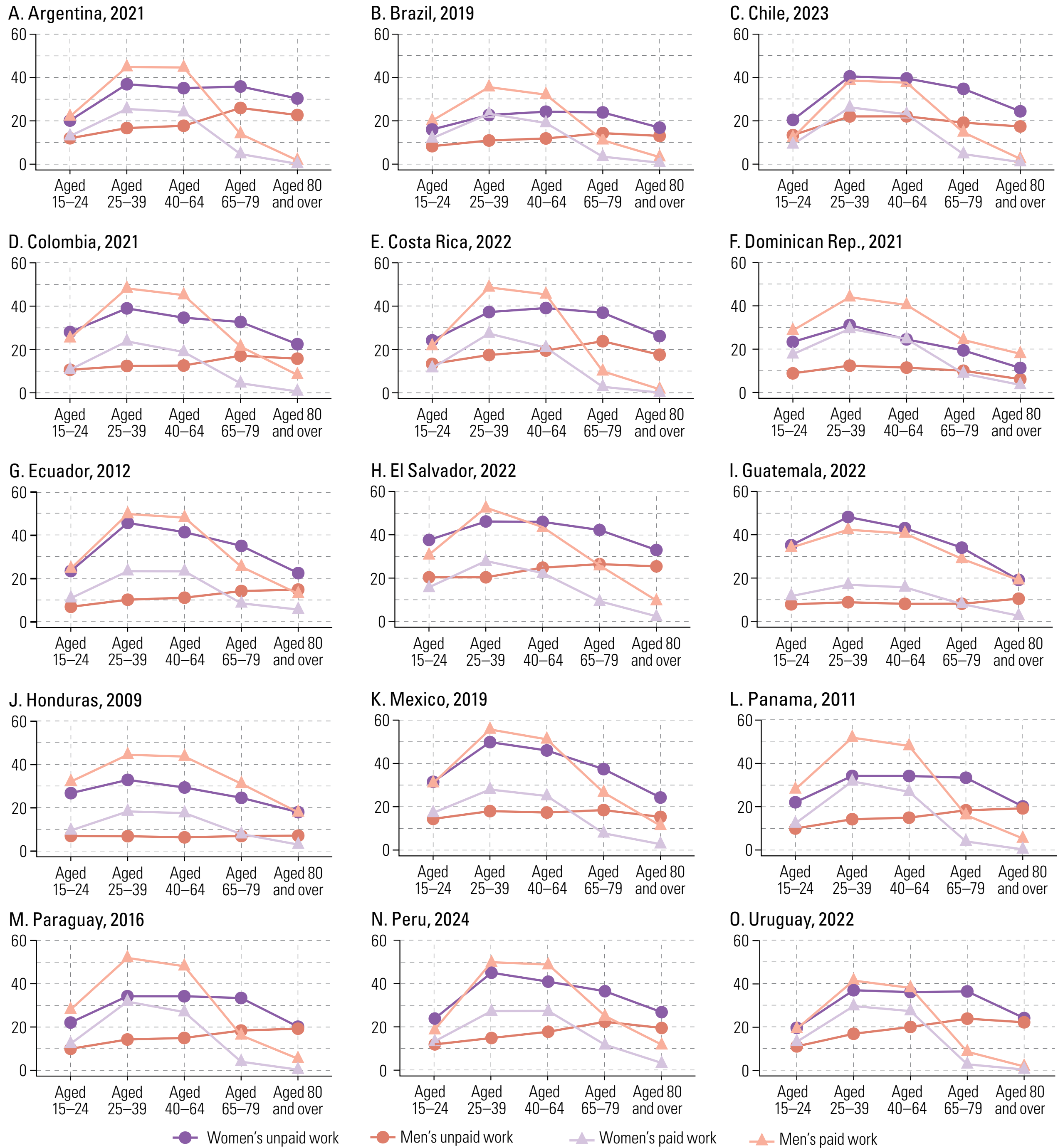
Figure II.9
Latin America (16 countries): time spent on paid and unpaid work by persons aged 15 and over, by sex and geographical area, most recent year with information available
(Hours per week)



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.

Figure II.10
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.

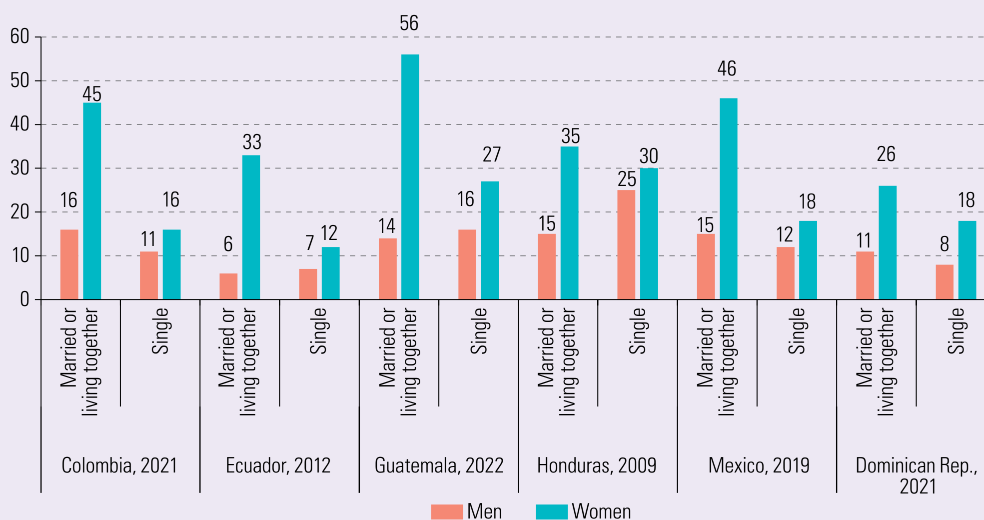
The care responsibilities shouldered by young women affect their education and careers, perpetuating cycles of inequality and economic dependence and impacting their long-term autonomy and well-being (see box II.2). In the region, 50% of young men (aged 15–29) participate in the labour market, compared to 33% of young women. In contrast, 18.1 million young women (28%) and 8.7 million young men (14%) are not in paid employment or education. As a result, 16% of all young women devote themselves primarily to unpaid domestic and care work, compared to 1.6% of all young men (ECLAC and ILO, 2023).

Box II.2
Child marriages, early unions and adolescent pregnancies violate the human rights of children and adolescents and deepen the sexual division of labour

Child marriages and early and forced unions affect one fifth of all girls in the region, constituting a persistent human rights violation that occurs more frequently among girls living in poverty. These harmful practices reproduce patriarchal cultural patterns and deepen gender inequality through the disproportionate burden of unpaid work that falls on the affected girls and adolescent women, limiting their autonomy for the rest of their lives.

There is a close link between marital status and school dropout and explusion among adolescent women. According to the most recent census round in four of the region's countries (Colombia, Guatemala, Mexico and Peru), both women and men in the 15–17 age group who were not in early unions were mostly in education. In contrast, between 50% and 80% of women in early unions were engaged in unpaid work, while men in such unions were mainly engaged in paid work. According to time-use statistics from Colombia, Guatemala and Mexico, girls and adolescent women in marriages or unions take on an unpaid workload in excess of 40 hours per week, while that amount is reduced by between one half and two thirds among their single peers in those countries (see figure).

Latin America (6 countries): time spent on paid and unpaid work by persons aged 18 and under, by sex and geographical area, 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.

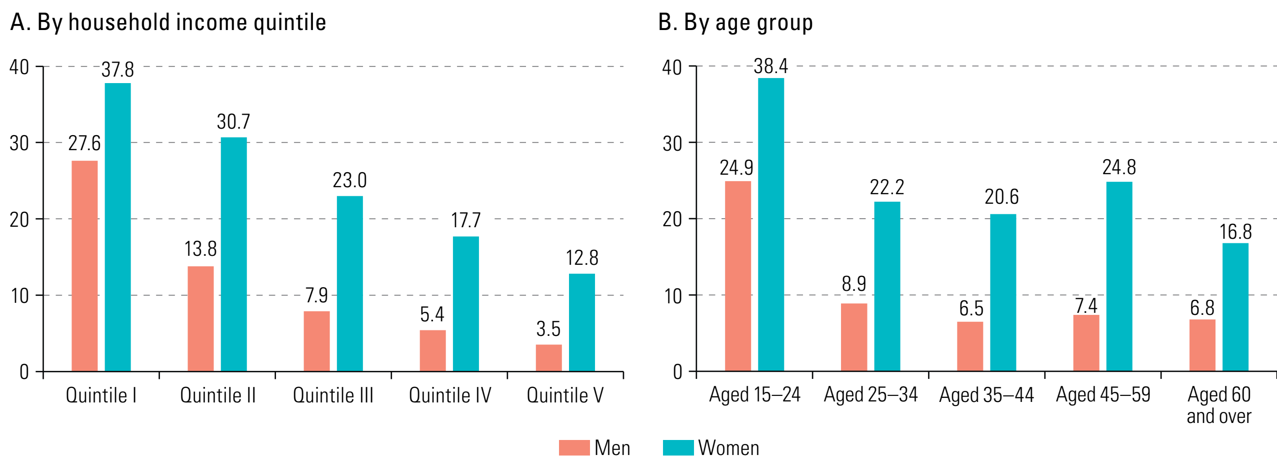
In general, girls and adolescent women spend more time on unpaid domestic and care work than boys and adolescent men, regardless of their marital status. However, according to time-use statistics from Argentina, Chile, Colombia, Mexico and Uruguay, the excessive burden of unpaid work has a particular impact on females in marriages or unions. Likewise, the presence of children under the age of 5 in the household increases the amount of time adolescent women spend on unpaid work, especially when affordable, quality childcare services are not available (United Nations Children's Fund [UNICEF], 2024).

Tackling the structural challenge of patriarchal cultural patterns —which are closely intertwined with the sexual division of labour, socioeconomic inequality and the persistence of poverty— requires addressing the complex blend of variables and factors that perpetuate the discrimination, inequality and violence affecting girls and adolescent women. An analysis of early and forced child marriages and unions reveals that low income levels are part of the context that gives rise to these harmful practices; girls and adolescents in those circumstances face greater barriers in escaping poverty, including the amount of time spent on unpaid work and the interrupted transition from formal education to the paid employment.

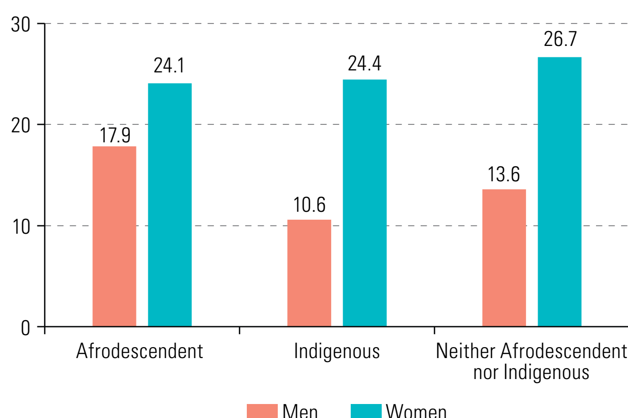
Source: Economic Commission for Latin America and the Caribbean. (2023). Child marriages and early unions: inequality and poverty among women, girls and adolescents in Latin America and the Caribbean. *Gender Equality Bulletin* (1); United Nations Children's Fund. (2024). *Time use among adolescents in Latin America.*

The sexual division of labour also leads to unequal access to own income. 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.). Among women aged 45–59, for example, that gap is wider (three times the proportion of men). The same is also true among Indigenous populations, where 1 in 4 women have no incomes of their own, compared to 1 in 10 men. 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. In all the categories and situations analysed, women are systematically disadvantaged compared to men (see figure II.11). 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.

Figure II.11
Latin America (15 countries):[a] population aged 15 and over without own income, by sex, household income quintile, age group and ethnicity or race, 2023[b]
(Percentages)



C. By ethnicity or race



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

[a] 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.

[b] Data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

Among the population engaged in the labour market, gender gaps take the form of less initial job security and less stable career paths among women. Women are more likely to be informally employed than men,[10] especially when there are household members who require care (children aged 5 and under and people aged 70 and over not engaged in the labour market) (ECLAC, 2024d). This also translates into higher levels of labour underutilization[11] and unemployment among women (ILO, 2024b).

In addition, gender continues to act as a determining factor in the employment structure, shaping the concentration of women and men in different occupations (Blackburn and Jarman, 2006). In this gender-based occupational segregation, care-related jobs tend to be assigned to women, and gender inequalities exist with respect to access to better quality jobs, opportunities for advancement and levels of income (Arora et al., 2023; ECLAC, 2023c; Vaca Trigo, 2019; ILO, 2024d).

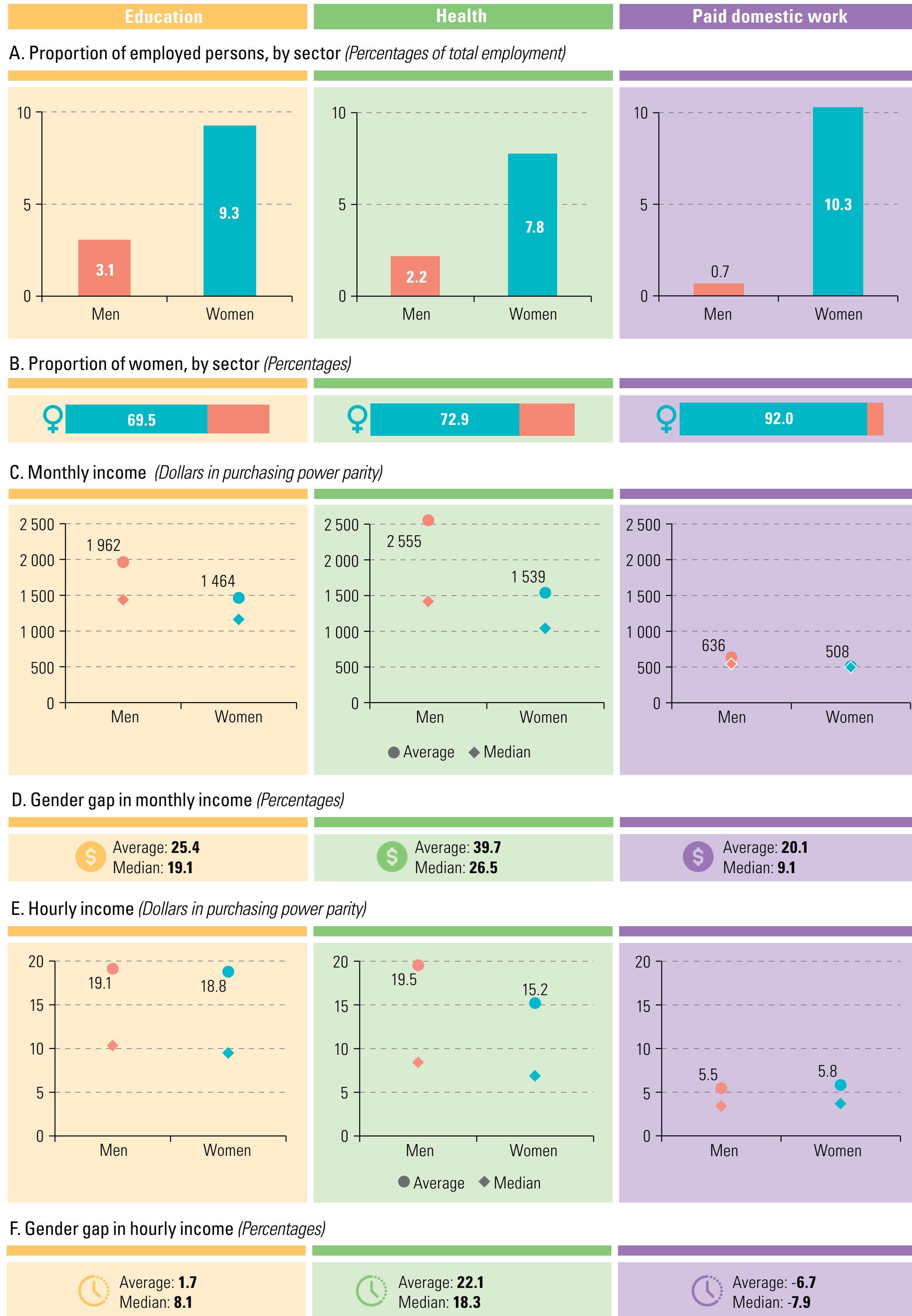
One of the most visible manifestations of occupational segregation is the concentration of women in the expanded care sector, which includes jobs related to health, education and paid domestic work. In line with what has been called the "penalization of care" —whereby lower wages are earned for working 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, even when controlling for a range of variables relating to personal characteristics and the work environment. Given that the proportion of women working in the care sector is higher, however, this penalization affects them disproportionately, thus deepening gender gaps in the labour market (Armenia, 2018; González et al., 2022; Folbre, 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 (2.2% in health, 3.1% in education and 0.7% in paid domestic work) (see infographic II.1 and the detailed country figures in annex II.A1).

[10] These results are based on probit models that measure the correlation of certain variables which, according to studies, are determinants of labour informality. In particular, the coefficient between being a woman and the probability of being in informal employment is positive and statistically significant in most countries (the exceptions are the Dominican Republic, Panama, Peru and Uruguay, where the coefficient is negative). According to the regional average, women are 2.6% more likely to be informally employed than men (ECLAC, 2024d).

[11] In addition to the fact that women report higher unemployment rates than men —in the first quarter of 2024, the unemployment rate for women was 8.1%, compared to 5.5% for men (ECLAC, 2024d)— neither the ability to seek employment nor the willingness to accept a job at short notice is evenly distributed among the population. Women are less likely to meet those demands because of their disproportionate involvement in unpaid care work, an activity that leaves little time to seek employment and organize alternative care arrangements. Thus, the concept of underutilization encompasses all persons who wish to have a job but are not necessarily classified as unemployed. When that idea is taken into account, the gender gap increases by up to 25% (ILO, 2024b).

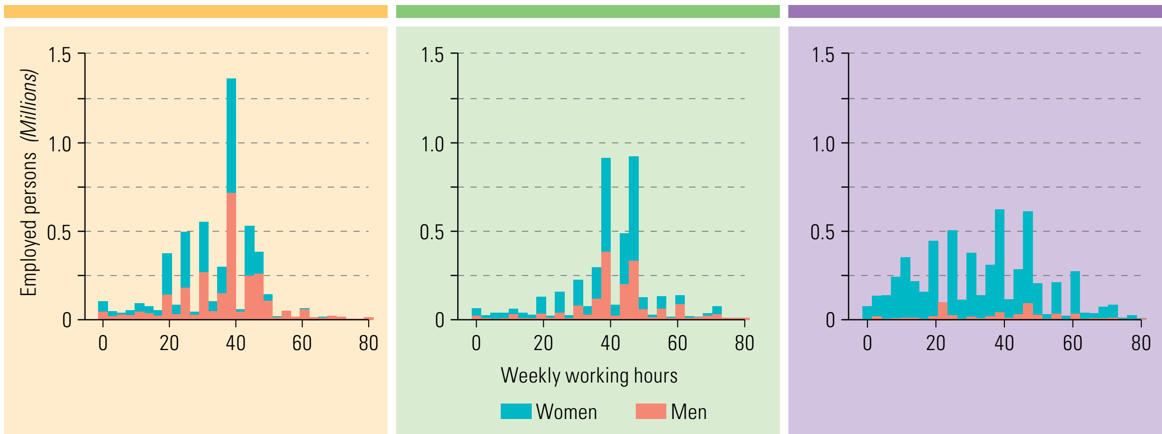
Infographic II.1
Latin America (14 countries):[a] labour characteristics of the population aged 15 and older employed in the expanded care sector, by sex, 2023[b]



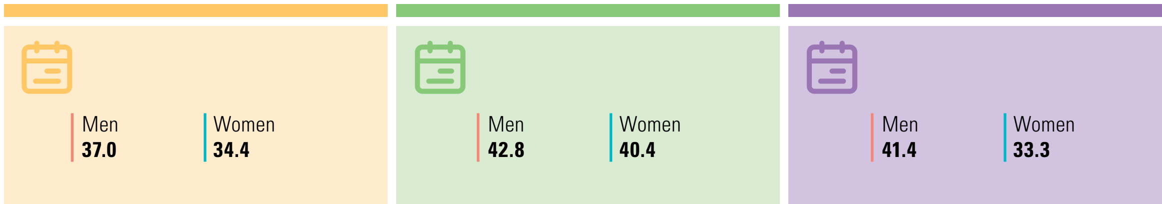
Education	Health	Paid domestic work

G. Employed population contributing to social security systems[c] *(Percentages)*

H. Distribution of employed persons by weekly working hours, by sector *(Millions of persons)*



I. Average time spent on paid work *(Hours per week)*



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

[a] 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.

[b] Data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

[c] The social security contribution variable is available in all countries except Ecuador, Panama and the Dominican Republic, where the available variable is social security registration. No data are available for Honduras.

In these highly feminized sectors, there are also significant gender gaps in wages and pension coverage. In the health sector, for example, although monthly earnings are higher than in education and in paid domestic work, women earn 60% of what men make, on average.[12] Paid domestic work is situated at the other extreme of monthly earnings, where 92 out of every 100 people employed are women, earning 80% of what men earn in the same sector. Paid domestic work reports the lowest income levels in the care economy. A gender gap favouring men also exists in monthly income and working hours. Although the sector has reported a slight reduction in its income gap in recent years, domestic work in private households remains one of the poorest-paid occupations in most countries (ILO, 2023c). Within the sector, there is gender segregation by activity: the range of women's activities is generally broader, encompassing everything from housekeeping, food preparation and household maintenance to the direct provision of care, which may include administering medicine or supervising children; men employed in the sector tend to perform more specialized tasks, such as gardening, driving vehicles and cleaning certain spaces, and those jobs are generally better paid.

In terms of hours worked, men work more paid hours across the board, and the difference is more pronounced (approximately 10 percentage points) in the domestic work sector. This explains why women receive lower monthly incomes than men, even when they receive higher hourly earnings (as in the paid domestic work sector). As regards participation in the social security system, the health and education sectors report high participation in contributory pension systems; among paid domestic workers, however, participation is considerably lower (below 25% in the case of women).

Special attention must be paid to the situation of women engaged in paid domestic work, since they face working conditions that fail to meet decent work standards in every country of the region, in addition to a particularly serious lack of protection. Although the reality of paid domestic work varies across the region, some broad trends can be distinguished: the number of live-in jobs has decreased, while there has been a rise in the number of part-time jobs and daily or hourly wage jobs. The average level of schooling among female domestic workers has also improved, although there is still a gap compared to employed women as a whole. Likewise, the average age of women who perform paid domestic work is higher than that of other employed women, because of young women's scant interest in entering the profession and the difficulties faced by older women workers in retiring (ILO, 2023c).

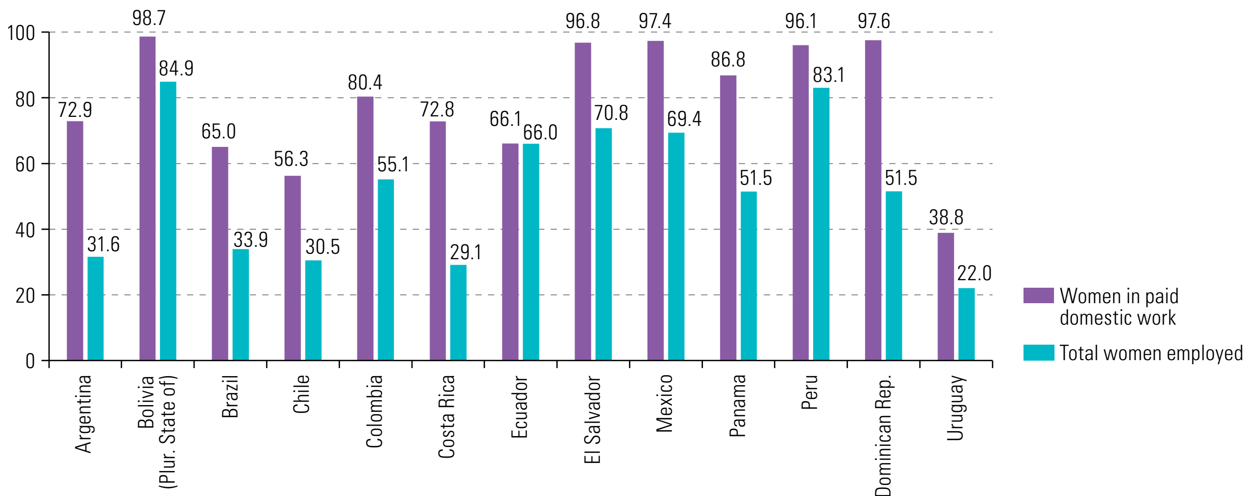
This increases the likelihood of vulnerable circumstances, such as poverty and violence. Although significant progress with formalizing domestic work has been made in some countries over the past 20 years (Gontero and Velásquez Pinto, 2023), challenges remain in the areas of oversight, regulatory compliance and incentives related to social security affiliation and the value that society assigns to work of this kind. The regional average proportion of women working in private homes and not affiliated or contributing to social security is 75.9%, and the national figure exceeds 60% in all countries of the region except Chile and Uruguay (see figure II.12).

The total time spent working also warrants particular attention. For many years, national laws allowed longer working hours in this sector, and this is still the case in some Central American countries (ILO, 2021). In 2019, only 39.9% of the region's female domestic workers had working weeks of between 35 and 48 hours, compared to 63.9% of other wage earners. Because of recent dynamics in the sector, female domestic workers are increasingly overrepresented among those with very short working days. At the same time, in some countries, such as El Salvador, Guatemala, Honduras, Nicaragua and Peru, there is still a high percentage of women workers who put in more than 60 hours a week (ILO, 2021).

Regulating the care economy is therefore essential to ensure decent working conditions in the sector, which entails establishing appropriate social protection standards and mechanisms. That approach is of particular importance with regard to paid domestic work, where measures should be implemented in line with the ILO resolution on decent work and the care economy of 2024, the Domestic Workers Convention, 2011 (No. 189), ratified by 19 countries in Latin America and the Caribbean, and the Violence and Harassment Convention, 2019 (No. 190), ratified by 11 of the region's countries.

[12] For similar results on gender gaps in the global health sector, see World Health Organization and International Labour Organization (2020).

Figure II.12
Latin America (13 countries): women not contributing to a social security programme[a] as a share of women in paid domestic work and total women employed, aged 15 and over, 2023[b]
(Percentages)



Source: Economic Commission for Latin America and the Caribbean, on the basis of data from the Household Survey Data Bank (BADEHOG).
[a] The social security contribution variable is available in all countries except Ecuador and Panama, where the available variable is social security registration.
[b] Data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

In order to overcome the obstacles that impede compliance with domestic workers' rights and to ensure decent work in the sector, effective multilevel and multidimensional strategies must be adopted. First, progress must be made on equal rights in those countries where regulatory gaps persist (ILO, 2023d). Second, formalization strategies must be adopted that consider aspects such as revision of requirements and procedures for social security affiliation and contributions, the introduction of incentives for both employers and workers, the implementation of oversight efforts that take into account the sector's characteristics, and broad dissemination through information campaigns (ILO, 2023d).

Professionalizing and improving perceptions of this type of work is another key element. Thus, the contributions of domestic workers must be made more visible; greater value must be assigned to their work, for example by including specific provisions for improving the sector's working conditions in national care policies and systems; and sectoral professionalization and career development programmes must be established within the framework of vocational training and skills certification policies (ILO, 2023d). Another essential factor is strengthening domestic workers' organizations and forums for social dialogue. Lastly, basic guidelines on occupational health and safety must be established, including measures to keep workplaces free from violence and harassment (ILO, 2023d).

Although the health, education and paid domestic work sectors are different and have unique characteristics, they contain a continuum of practices and knowledge linked to the right to care, to health, to education and to decent work that is fundamental for understanding and strengthening the care economy.

2. Improving conditions and investing in the care sector

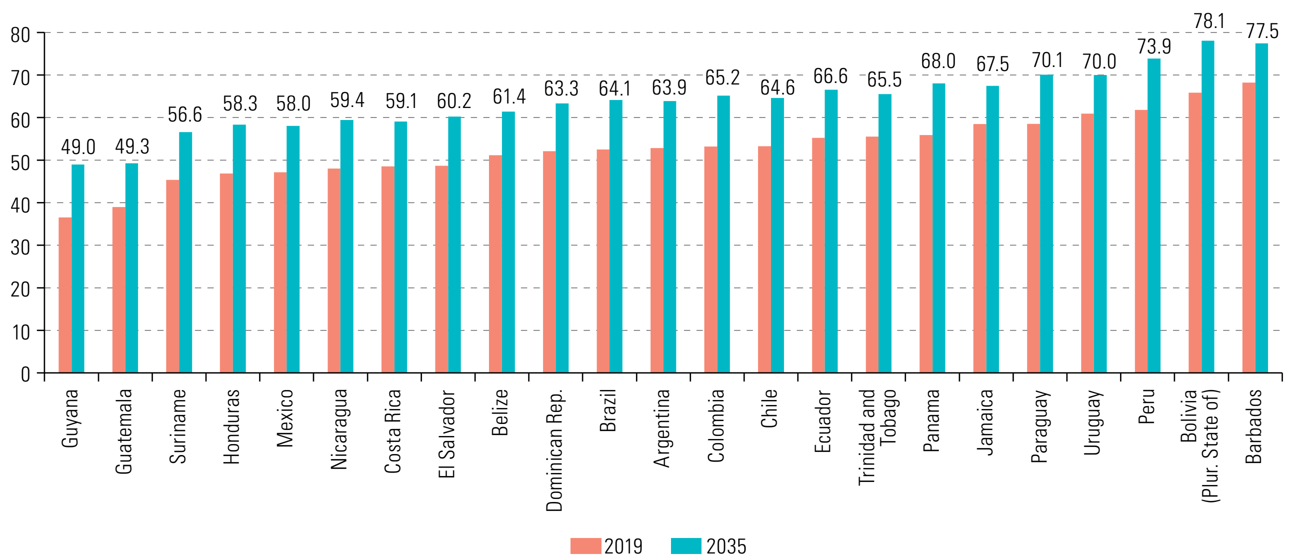
Demographic, climatic and technological changes, and their relationship with transformations in the labour market, have an impact on demand for, supply of and access to care. As already noted, projections indicate that the demand for care will increase and continue to evolve, which presents an opportunity —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 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 ILO Global Care Policy Portal[13] enables simulations of the annual public spending required in a given country with different parameters for the creation and expansion of care policies. The benefits modelled relate to the short-term return on investment (annual tax revenues) and the reduction of gender gaps in employment and wages. In the estimates, the increase in job numbers is calculated as a result of direct increases in care sectors, indirect increases in the industries supplying care sectors and induced increases in the economy through household consumption and spending (due to the added jobs and resulting increase in income).

At present, the care economy provides 381 million jobs worldwide, representing approximately 11.5% of total employment. As already noted, investment in childcare and long-term care offers enormous potential for job creation. Using the simulator, it can be projected that by 2035, such investments in the care economy could create more than 178 million jobs in Asia and the Pacific, of which 47% would be direct jobs in the long-term care sector and 29% would be direct childcare jobs. In addition, by that same year, 13 million jobs could be created in the Middle East and North Africa: 41% direct jobs in the long-term care sector and 39% direct childcare jobs (ILO, 2023a, 2023b). 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.13). Although the implementation of care policies and systems requires a fiscal effort, it also helps to guarantee the general population's well-being at different points in the life cycle and can catalyse the labour market, creating jobs and generating income, which helps to strengthen the entire economy.

Figure II.13
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)[a]
(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/.

[a] For Suriname and Nicaragua, 2019 data are from 2016 and 2014, respectively.

[13] https://webapps.ilo.org/globalcare/?language=en#

Progress is therefore needed with formalization and training and in recognizing the skills of workers in the care sector, particularly those engaged in non-professionalized occupations —which includes a large proportion of paid domestic work and care in the home and in institutions— and the gender perspective must be incorporated into employment strategies. This entails adopting the "5R" framework (ILO, 2024a): recognition, reduction and redistribution of unpaid care work, and reward and representation of care workers, within the framework of creating decent work (see chapter III). The assessment, professionalization and certification of skills in the care sector must also be improved to ensure that its worth is duly recognized. The implementation of policies that promote training and skill certification will help to reduce occupational segregation, improve the quality of the services provided and ensure the dignity of workers in this sector. These measures must be tailored to the needs of both caregivers and care recipients and guarantee their rights and their access to better professional development opportunities (ILO, 2023d).

The adaptation of working hours, workplaces and work shifts is key in meeting care needs, provided that the gender perspective and joint responsibility are integrated into policies. In addition, steps must be taken to ensure that policies do not worsen the overburden of care work on women, to the detriment of their labour rights, in accordance with the Workers with Family Responsibilities Convention, 1981 (No. 156) (ILO, 2024d). The limits of the working day must be reviewed and a care-centric model must be adopted to safeguard the rights, dignity and safety of sector employees.

Establishing safe and healthy work environments for caregivers is also essential in order to guarantee the labour rights of women workers and increase the value that society places on work of this kind (Guillén Subirán et al., 2025). This requires adopting laws and policies to prevent and address workplace violence and harassment and ensure occupational health and safety. Box II.3 underscores the need to implement comprehensive policies for promoting decent work and gender equality in the care economy, and it highlights the challenges and opportunities arising from technological, demographic and climate change.

Box II.3
Transformations in the world of work and the care economy

Globally, paid care work accounts for about 11.5% of total employment, or around 381 million jobs. It is also dominated by women workers, who account for two thirds of the workforce (ILO, 2018). In general, those women have less access to social security, earn low wages and work excessive hours, often informally, in insecure environments and at risk of violence and harassment. Paid domestic workers, community workers and migrant workers in the care economy, in particular, lack protections.

The transformations currently under way in the world of work —driven by technological innovations and demographic, environmental and climatic changes— have an impact on care supply and demand. Global trends are exacerbating certain challenges, but they also offer opportunities for progress.

Technological advances, such as artificial intelligence, telecare and digital work platforms, are transforming the care sector by improving efficiency and expanding access to employment. They also have the potential to reduce time spent on unpaid care work and to provide people —primarily women— with more free time as a result of increased efficiency in performing chores, for example by completing care-related procedures online (e.g. e-government, online access to accounts and scheduling medical appointments). However, steps must be taken so that the most vulnerable workers can benefit from these advances and so that the sector can create decent work.

Climate change may increase women's care work burdens, worsen health problems and cause displacements due to natural disasters, all of which disproportionately affect women, children and vulnerable populations. However, care jobs have a smaller environmental footprint than other sectors, making them a sustainable employment option.

With ageing populations and rising demand for care, there will be a growing need for skilled caregivers and long-term care planning. Governments must invest in training programmes to equip caregivers with the skills needed for a care economy that adopts the available technology.

At the same time, leave for caregivers and new ways of organizing work, with flexible workplaces and schedules, can reconfigure caregiving obligations and encourage gender co-responsibility and a better work-life balance.

Comprehensive solutions are required to meet these challenges. The ILO resolution on decent work and the care economy (2024a) clearly states that work in the care economy is not a commodity and that promoting decent work in the sector is not optional. Recognizing care work as a key economic sector can boost investment, improve wages and create sustainable employment opportunities.

Achieving decent work in the care economy entails implementing comprehensive and well-designed care and support policies that create decent work for caregivers, guarantee the rights of people receiving care and remove the barriers that prevent women's labour market entry and retention and their professional advancement. Prioritizing the care economy would create more inclusive labour markets, support gender equality and build resilient economies.

Source: International Labour Organization. (2024a). *Resolution concerning decent work and the care economy*. https://www.ilo.org/resource/record-decisions/resolution-concerning-decent-work-and-care-economy; International Labour Organization. (2018). *Care work and care jobs for the future of decent work*; International Labour Organization. (2024e). The impact of care responsibilities on women's labour force participation. *Statistical Brief*; 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).

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, 2021, 2024a; United Nations, 2024a; ILO, 2024f). Such investments promote current and future well-being, as they can increase resilience to crises (pandemics, disasters, conflicts, migration and other phenomena) (ILO, 2024a, 2024c). 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, 2022, 2024a).

The concept of human interdependence over the course of the life cycle refers to the fact that everyone will need care and provide care at some point in their life. Aspects of the right to care (though not always identified by that name) have received progressive recognition in various universal and regional human rights instruments, as well as in ILO conventions and in the general recommendations of the committees responsible for following up on those agreements; they include the concept of a life with dignity and involve living conditions and access to the material and cultural goods required for human dignity (ECLAC, 2025a) (see box II.4).

Box II.4

The right to care under international and regional regulatory frameworks

The recognition of care as a fundamental right has undergone a significant evolution within the international and regional human rights framework and has been gaining momentum since the 1980s. The Universal Declaration of Human Rights (1948) marked its inception by recognizing the right to care and special assistance in motherhood and childhood. The American Convention on Human Rights (1969) expanded that recognition by emphasizing the protection and development of a life of dignity, equality and non-discrimination, as well as the protection of the family and children. The Convention on the Elimination of All Forms of Discrimination against Women (1979) emphasized motherhood as a social function and the shared responsibility of men and women in children's upbringing and education. The Convention on the Rights of the Child (1989) established the State's duty to ensure adequate care services for children and adolescents. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women ("Convention of Belém do Pará", 1994) established the right of women to be valued and educated free of stereotyped patterns of behaviour and social and cultural practices based on concepts of inferiority or subordination. It also promoted the modification of the sociocultural behavioural patterns of men and women, including formal and non-formal education programmes at all education levels, to counteract prejudices, customs and practices based on the premise of gender inferiority or superiority or stereotyped male and female roles that legitimize or exacerbate violence against women. Later, States parties to the Convention on the Rights of Persons with Disabilities (2006) committed to providing persons with disabilities with support in various spheres and, notably, the Inter-American Convention on Protecting the Human Rights of Older Persons (2015) made explicit reference to the right to a comprehensive system of care and included the right to long-term care. Thus, care is extensively addressed in the various universal and legally binding international and regional commitments.

Within the conventions of the International Labour Organization (ILO), the Maternity Protection Convention, 1919 (No. 3), played a pioneering role. In terms of social security, the Social Security (Minimum Standards) Convention, 1952 (No. 102), established minimum standards for social security family benefits focused on children, maternity benefits and old-age benefits. This agreement laid the foundations for the recognition of care within social security systems, which were later expanded and strengthened through other instruments. The Workers with Family Responsibilities Convention, 1981 (No. 156), and the Workers with Family Responsibilities Recommendation, 1981 (No. 165), broadened the focus to encompass the needs of both male and female workers and introduced principles such as the recognition and protection of employment rights and non-discrimination of persons with family responsibilities through the implementation of care policies, including parental leave and care services for infants and other family members in need of care or support. Subsequently, the Maternity Protection Convention, 2000 (No. 183), strengthened protection for motherhood, targeting categories of women engaged in atypical forms of dependent work. The Indigenous and Tribal Peoples Convention, 1989 (No. 169), and the Domestic Workers Convention, 2011 (No. 189), addressed the specific needs of Indigenous Peoples and domestic workers, respectively. In addition, the latter Convention brought domestic work in line with the conditions of other jobs and expanded the rights of paid domestic workers.

Regarding the right to long-term care, the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights ("Protocol of San Salvador", 1988) recognized older persons' right to social security, specialized attention and care for their well-being. Likewise, the Santiago Declaration, entitled "Human rights and participation of older persons: towards an inclusive and resilient care society" (2022), adopted by the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, highlighted the importance of moving towards an inclusive and resilient care society that promotes the human rights and participation of older persons.

Source: Economic Commission for Latin America and the Caribbean. (n.d.). *Contenido y alcance del derecho al cuidado y su interrelación con otros derechos.* https://corteidh.or.cr/sitios/observaciones/OC-31/13_CEPAL.pdf; 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); Economic Commission for Latin America and the Caribbean. (2020). *Regional Agenda for Inclusive Social Development* (LC/CDS.3/5); Human Rights Council. (2023). *Resolution adopted by the Human Rights Council on 11 October 2023. Centrality of care and support from a human rights perspective* (A/HRC/RES/54/6).

In Latin America and the Caribbean, the notion of the right to care arose within the framework of the Regional Gender Agenda, formed gradually since 1977 from the agreements adopted at the sessions of the Regional Conference on Women in Latin America and the Caribbean. The term "right to care" was first used in the Brasilia Consensus, an intergovernmental agreement adopted at the eleventh session of the Regional Conference, in 2010, and was refined in the Buenos Aires Commitment of 2022. In the region, the right to a comprehensive care system is expressly mentioned in the Inter-American Convention on Protecting the Human Rights of Older Persons (2015). In addition, an advisory opinion on "the content and scope of the right to care and its interrelationship with other rights", submitted by Argentina on 20 January 2023, is currently being examined by the Inter-American Court of Human Rights.

At the intergovernmental level, significant progress has been made in the recognition of care as a human right. The General Assembly of the United Nations, in its resolution 77/317 of 24 July 2023, proclaimed 29 October as the International Day of Care and Support. Similarly, the Human Rights Council adopted resolution 54/6 of 11 October 2023 on the importance of care and support from a human rights perspective, in which it recognized that "the equal distribution of care and support work and resulting distribution of time is a fundamental basis to achieve gender equality" and urged States to "implement all measures necessary to recognize and redistribute care work among individuals, as well as families, communities, the private sector and States, in a manner that promotes gender equality and the enjoyment of human rights by all".

The progressive evolution of the right to care in concepts, conventions and jurisprudence has coalesced around a set of legal principles and standards that guide its implementation: (i) universality, (ii) the obligation to ensure the minimum content of rights, (iii) the obligation of States to adopt progressive actions and measures, and the prohibition of regressive measures or actions, (iv) the duty to guarantee citizen participation, (v) the principle of equality and non-discrimination, (vi) access to justice and (vii) access to public information (Pautassi, 2021, as cited in ECLAC, 2024a).

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, 2024a). Thus, a State that guarantees the right to care, with a gender perspective, plays a key role in the social regulation of care in line with international standards, in organizing the services designed and provided by public and private institutions and in establishing quality standards and financing mechanisms (ECLAC, 2024a). Consequently, if States are to fulfil their role as guarantors, they must design, implement and oversee the supply of care services and ensure that access to them is not conditional on recipients' purchasing power, ethnic origin or any other individual characteristic (Güezmes et al., 2022, as cited in ECLAC, 2024a; ECLAC, 2025c).

The right to care implies reinforcing the State's oversight function through an adequate and appropriate monitoring system that ensures its effective enjoyment. The right to care requires a progressive approach so that its scope of application can be gradually expanded while prioritizing the immediate protection of specific social groups. As States strengthen their role as guarantors, the social organization of care must be based on joint responsibility between governments, families, communities, companies and civil society.

It also falls to the guarantor State to pursue cultural public policies that foster social and gender co-responsibility, in order to transform traditional patterns and overcome the patriarchal assignment of caregiving roles exclusively to women. In short, the aim is to build a democratic society that aspires to equality among its members, sees the provision of care as one of the most important social responsibilities and moves towards greater social and gender co-responsibility for care (ECLAC, 2017a; United Nations Entity for Gender Equality and the Empowerment of Women, 2018).

Ultimately, the right to care must be understood as universal, indivisible, inalienable and interdependent with other rights, based on the principles of equality, non-discrimination, progressivity and non-regression. This implies guaranteeing its access and enjoyment for all people, regardless of ethnic or racial origin, sexual orientation, gender identity, age, language, religion, conditions of disability or other characteristics. An intercultural and intersectional vision that takes due account of the different worldviews, conceptions of well-being and development models of the region's various ethnic and cultural groups must also be promoted.

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. For example, the 2008 Constitution of Ecuador emphasizes care for older persons, people with disabilities and children, and it provides that the State is to establish public policies and programmes that are differentiated by geographical area, gender inequaly, ethnicity and culture, and tailored to individuals, communities, peoples and nationalities. It also stipulates that the State will encourage the greatest possible degree of personal autonomy and participation in the definition and execution of those policies. In addition, it recognizes unpaid self-support and care work within households as a productive endeavour. Meanwhile, article 338 of the 2009 Political Constitution of the Plurinational State of Bolivia states that the economic value of household work is to be recognized as a source of wealth and should be quantified in public accounts. Similarly, the 1999 Constitution of the Bolivarian Republic of Venezuela and the 2010 Constitution of the Dominican Republic recognize the productive value of household work in generating wealth and social well-being (Centro de Estudios de la Mujer, 2021).

The 2017 Political Constitution of Mexico City stands alone in recognizing the fundamental right to care and the need to organize a care system. Its text expressly states that "all persons have the right to the care that sustains their lives and provides them with the material and symbolic elements to live in society throughout their lives. The authorities shall establish a care system that provides universal, accessible, relevant, sufficient and quality public services and develops public policies. The system shall give priority attention to people in situations of dependency due to illness, disability, phase of life —especially childhood and old age— and to those who, on an unpaid basis, are in charge of their care" (art. 9.b).

In addition to constitutional developments, 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, maternity leave, maternal, paternal and family leave, the development of comprehensive systems and policies for care and various other measures. Most of those provisions are systematized and available in the repository of laws of the ECLAC Gender Equality Observatory for Latin America and the Caribbean[14] and in ECLAC and ILO (2025).

The parliamentary work conducted on the issue at the regional level includes the draft framework law on the comprehensive care system (Latin American and Caribbean Parliament [PARLATINO], 2012), the Framework Law on the Care Economy (PARLATINO, 2013) and the declaration of the Parliamentary Network for Gender Equality (2022), entitled "Legislative perspectives for inclusive economic growth: investing in the care economy". One notable contribution from the Inter-American Commission of Women of the Organization of American States is its proposal for a model Inter-American law on care (CIM, 2022a) and its implementation guide (CIM, 2022b).

At the national level, the pioneering steps taken by Costa Rica and Uruguay have been followed over the past five years by significant advances elsewhere in the adoption of regulations and the design and implementation of policies and comprehensive care systems. At least 16 of the region's countries have made some progress in that direction. Although their emphasis varies, most of those endeavours are characterized by efforts to ensure that the policies include both the people who require care and support over the course of the life cycle and those who provide it —whether on a paid or unpaid basis— together with the principle of social and gender co-responsibility (ECLAC, 2025a). In almost all the countries, oversight of those policies is the responsibility of ministries of social development, in coordination with mechanisms for the advancement of women. 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).[15]

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 (see chapter III, section B).

[14] The repository provides official information from ECLAC member States and facilitates the monitoring of international agreements on women's rights.
[15] For further details on the regulatory systems, see the Gender Equality Observatory for Latin America and the Caribbean (https://oig.cepal.org/en/laws/care-related-policies-laws).

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. For example, in 2012 the Constitutional Court of Colombia established (judgment C-383 of 2012) that paternity leave operates in relation to sons and daughters on equal terms, regardless of their parentage. In 2023, the Third Review Chamber (judgment T-583/23) ruled on the right to care for a 4-year-old child with Down syndrome, sleep apnea, tonsil hypertrophy and epilepsy syndrome, stating that care was a human right and that health systems were required to adapt in order to provide care when it relates to a person's ability to live in dignity. In 2024, judgment T-446/24 established that in households headed by mothers, references to a redistribution of care responsibilities were inadmissible, since the women in question do not have partners to share those tasks. Lastly, there have been new developments that recognize the rights of nature from a biocultural and multi-ethnic perspective: for instance, the judgment on the Atrato River in Chocó (T-622 of 2016), which underscores the interdependence between ecosystems and the communities that inhabit them. This innovative judgment states that nature cannot continue to be treated as an object of appropriation or exploitation and creates the figure of "guardians of the Atrato River", comprising representatives of the State and local communities.

In Ecuador, the Constitutional Court (judgment 3-19-JP/20) ruled that care as a right and as public policy calls for social co-responsibility as a principle for overcoming the feminization of care. It further provided that the National Assembly should legislate on extending paternity leave for care, which, if possible, should be progressively equated with leave granted to mothers and should include adoptive parents. In Mexico, the Supreme Court of Justice of the Nation (direct amparo 6/2023) recognized that all persons have the human right to care, to be cared for and to self-care; critically, it also highlighted the unequal distribution of unpaid care work between men and women, ruled that gender mandates must not force women and girls to provide care and recognized the decisive role of the State in guaranteeing and protecting that right. In the Dominican Republic, the Constitutional Court (judgment TC/0901/23) ruled in 2023 that the time allotted for paternity leave was too short and urged the National Congress to review, within a period not exceeding two years, the period of leave provided for in the Labour Code, in order to set a duration more in line with the principles of equality and reasonableness, to be adjusted progressively until it truly and effectively guarantees the exercise of responsible paternity in conditions of gender equality.

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.

Bibliography

Aguirre Cuns, R. and Scavino Solari, S. (2018). *Vejeces de las mujeres: desafíos para la igualdad de género y la justicia social en Uruguay*. Doble Clic Editoras.

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 Universidad Nacional de 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.

Arora, D., Braunstein, E. and Seguino, S. (2023, April). A macro analysis of gender segregation and job quality in Latin America. *World Development*, *164*. https://doi.org/10.1016/j.worlddev.2022.106153

Arriagada, I. (2007, July-September). Familias latinoamericanas: cambiantes, diversas y desiguales. *Papeles de Población*, *13*(53), 9-22. https://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S1405-74252007000300002

Blackburn, R. M. and Jarman, J. (2006, March). Gendered occupations: exploring the relationship between gender segregation and inequality. *International Sociology*, *21*(2), 289-315. https://doi.org/10.1177/0268580906061380

Braunstein, E., Bouhia, R. and Seguino, S. (2020, January). Social reproduction, gender equality and economic growth. *Cambridge Journal of Economics*, *44*(1), 129–156. https://doi.org/10.1093/cje/bez032

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.

Centro de Estudios de la Mujer. (2021). Comparativo Constituciones América Latina. *Material Pedagógico* (109/110).
Cerrutti, M. and Binstock, G. (2009). Familias latinoamericanas en transformación: desafíos y demandas para la acción pública. *Social Policy Series* (147) (LC/L.3100-P). Economic Commission for Latin America and the Caribbean.
De Henau, J. and Himmelweit, S. (2021). A care-led recovery from Covid-19: investing in high-quality care to stimulate and rebalance the economy. *Feminist Economics, 27*(1-2), 453–469. https://doi.org/10.1080/13545701.2020.1845390
Durán Heras, M. Á. (2012). *Unpaid Work in the Global Economy*. Fundación BBVA.
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. (2017a). *Montevideo Strategy for the Implementation of the Regional Gender Agenda in the Framework of Sustainable Development towards 2030* (LC/CRM.13/5).
Economic Commission for Latin America and the Caribbean. (2017b). *Social Panorama of Latin America and the Caribbean, 2016* (LC/PUB.2017/12-P).
Economic Commission for Latin America and the Caribbean. (2019). *Women's autonomy in changing economic scenarios* (LC/CRM.14/3).
Economic Commission for Latin America and the Caribbean. (2020, March). The care economy as an accelerator of the structural change with equality. *Notes for Equality* (30).
Economic Commission for Latin America and the Caribbean. (2021). *Social Panorama of Latin America and the Caribbean, 2020* (LC/PUB.2021/2-P/Rev.1).
Economic Commission for Latin America and the Caribbean. (2022). *The care society: a horizon for sustainable recovery with gender equality* (LC/CRM.15/3).
Economic Commission for Latin America and the Caribbean. (2023a). *Buenos Aires Commitment* (LC/CRM.15/6/Rev.1).
Economic Commission for Latin America and the Caribbean. (2023b). *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. (2023c). *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1).
Economic Commission for Latin America and the Caribbean. (2023d, 20 September). *Proportion of time spent on unpaid domestic and care work by sex*. Gender Equality Observatory for Latin America and the Caribbean. https://oig.cepal.org/en/indicators/proportion-time-spent-unpaid-domestic-and-care-work-sex
Economic Commission for Latin America and the Caribbean. (2024a). *Social Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/21-P/Rev.1).
Economic Commission for Latin America and the Caribbean. (2024b). *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. (2024c). *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. (2024d). *Economic Survey of Latin America and the Caribbean, 2024* (LC/PUB.2024/10-P).
Economic Commission for Latin America and the Caribbean. (2025a). *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 on, in synergy with the implementation of the Regional Gender Agenda* (LC/MDM.66/5).
Economic Commission for Latin America and the Caribbean. (2025b). *Statistical Yearbook for Latin America and the Caribbean, 2024* (LC/PUB.2024/26-P).
Economic Commission for Latin America and the Caribbean. (2025c). *Avances en materia de normativa: el derecho al cuidado en América Latina y el Caribe*.
Economic Commission for Latin America and the Caribbean and International Labour Organization. (2023, December). Labour market inclusion of young people and redistribution of care work: challenges and opportunities. *Employment Situation in Latin America and the Caribbean* (29) (LC/TS.2023/197).
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 and ParlAmericas. (2024). *Inclusive Migration Governance in the Americas and Caribbean: A Primer for Parliamentarians* (LC/TS.2024/94).
Esquivel, V. (2011). La economía del cuidado en América Latina: poniendo a los cuidados en el centro de la agenda. *Atando Cabos; Deshaciendo Nudos*. Programa de las Naciones Unidas para el Desarrollo.
Folbre, N. (2021). *The rise and decline of patriarchal systems: an intersectional political economy*. Verso.

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
Fraser, N. (2016, July-August). Contradictions of capital and care. *New Left Review* (100). https://newleftreview.org/issues/ii100/articles/nancy-fraser-contradictions-of-capital-and-care
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
Güezmes 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.
Guillén Subirán, C., Arancibia Román, P. and Radoslavova, T. (2025). *Seguridad y salud en el trabajo con perspectiva de género: desafíos y avances en Iberoamérica*. International Labour Organization.
Inter-American Commission of Women. (2022a). *Inter-American Model Law on Care*. Organization of American States.
Inter-American Commission of Women. (2022b). *Implementation Guide for the Inter-American Model Law on Care.* Organization of American States.
International Labour Organization. (2018). *Care work and care jobs for the future of decent work*.
International Labour Organization. (2019). Women in the world of work: pending challenges for achieving effective equality in Latin America and the Caribbean. *Thematic Labour Overview* (5).
International Labour Organization. (2021). *El trabajo doméstico remunerado en América Latina y el Caribe, a diez años del Convenio núm. 189*.
International Labour Organization. (2023a). *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work. Companion Regional Report for the Middle East and North Africa*.
International Labour Organization. (2023b). Care at work in Asia and the Pacific: investing in care leave and services for a more gender equal world of work. *ILO Regional Brief.*
International Labour Organization. (2023c). *Hacer del trabajo doméstico un trabajo decente: invertir en cuidado. Una agenda común*.
International Labour Organization. (2023d). *El papel en auge de las Instituciones de Formación Profesional de América Latina: servicios de formación y certificación para el trabajo de cuidados*.
International Labour Organization. (2024a). *Resolution concerning decent work and the care economy*. https://www.ilo.org/resource/record-decisions/resolution-concerning-decent-work-and-care-economy
International Labour Organization. (2024b). The jobs gap: measuring labour underutilisation beyond unemployment. *Spotlight on Work Statistics* (13).
International Labour Organization. (2024c). 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). 112th session of the International Labour Conference.
International Labour Organization. (2024d). *Las personas trabajadoras de América Latina con responsabilidades de cuidados: una mirada regional al Convenio núm. 156*.
International Labour Organization. (2024e). The impact of care responsibilities on women's labour force participation. *Statistical Brief*.
International Labour Organization. (2024f). 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. (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 Organization for Migration. (2024). *World Migration Report 2024*. https://worldmigrationreport.iom.int/
Jelin, E. (2010). *Pan y afectos: la transformación de las familias*. Fondo de Cultura Económica.
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.
Latin American and Caribbean Parliament. (2012). *Proyecto de Ley Marco de Sistema Integral de Cuidados*.
Latin American and Caribbean Parliament. (2013). *Ley Marco sobre Economía del Cuidado*.
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.
Parliamentary Network for Gender Equality. (2022). *Legislative Perspectives for Inclusive Economic Growth: Investing in the Care Economy*. ParlAmericas.

Pautassi, L. (2007). El cuidado como cuestión social desde un enfoque de derechos. *Women and Development Series* (87) (LC/L.2800-P). Economic Commission for Latin America and the Caribbean.

Pautassi, L. (2021). El derecho humano al cuidado: su relevancia constitucional. In Juntas en Acción and Centro de Estudios de la Mujer, *Las tramas del cuidado en la nueva Constitución*.

Russell Hochschild, A. (1983). *The Managed Heart: Commercialization of Human Feeling*. University of California Press.

Seguino, S. (2020). Engendering macroeconomic theory and policy. *Feminist Economics, 26*(2), 27–61. https://doi.org/10.1080/13545701.2019.1609691

Tronto, J. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. Routledge.

United Nations. (2011). *Follow-up to the Second World Assembly on Ageing. Report of the Secretary-General* (A/66/173).

United Nations. (2024a). *Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda*. UN System Policy Paper.

United Nations. (2024b). *International Migrant Stock 2024*. https://www.un.org/development/desa/pd/content/international-migrant-stock

United Nations. (2024c). *World Population Prospects 2024*.

United Nations Development Programme. (2023, 2 May). *Being a migrant in Latin America and the Caribbean*. https://www.undp.org/latin-america/stories/being-migrant-latin-america-and-caribbean

United Nations Entity for Gender Equality and the Empowerment of Women. (2018). Consideraciones recientes del debate sobre cuidado. In *El trabajo de cuidados: una cuestión de derechos humanos y políticas públicas*.

Vaca Trigo, I. (2019). Oportunidades y desafíos para la autonomía de las mujeres en el futuro escenario del trabajo. *Gender Affairs Series* (154) (LC/TS.2019/3). Economic Commission for Latin America and the Caribbean.

World Health Organization and International Labour Organization. (2022). *The gender pay gap in the health and care sector: a global analysis in the time of COVID-19*.

Annex II.A1

Table II.A1.1
Latin America (14 countries): proportion of persons aged 15 and over employed in the expanded care sector, by sector and sex, 2023
(Percentages of total employed)

	Women			Men		
	Health	Education	Paid domestic work	Health	Education	Paid domestic work
Argentina	10.3	14.1	13.8	3.2	3.9	0.3
Bolivia (Plurinational State of)	4.6	4.8	4.3	1.7	3.1	0.1
Brazil	10.2	11.6	12.9	2.7	3.1	0.9
Chile	11.6	13.9	8.0	3.6	4.3	0.5
Colombia	8.1	6.4	6.7	1.8	2.8	0.3
Costa Rica	6.8	12.2	14.4	2.1	3.6	0.7
Dominican Republic	7.5	10.8	11.1	1.6	3.0	0.7
Ecuador	4.2	5.7	5.5	1.5	2.3	0.2
El Salvador	3.8	4.0	13.0	1.4	1.6	1.3
Honduras	3.5	6.9	9.8	0.8	2.1	0.5
Mexico	4.6	6.7	9.5	1.6	2.9	0.7
Panama	8.8	10.0	8.9	2.2	3.9	1.1
Peru	3.8	5.6	4.6	1.1	2.9	0.2
Uruguay	15.2	10.6	11.9	4.0	3.1	1.1

Source: Economic Commission for Latin America and the Caribbean, based on data from the Household Survey Data Bank (BADEHOG).
Note: Data are from 2021 for the Plurinational State of Bolivia and 2022 for Chile and Mexico.

The role of care in the design and implementation of public policies

A. Synergies between care policies and public policies at large

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

C. Taxation and financing for care

Bibliography

The care crisis that is currently unfolding makes it urgent to review the social organization of care, to be able to guarantee well-being and the right to care for all people. This should involve co-responsibility between men and women, and between the State, the market, families and the community, and thus make it possible to achieve gender equality. In addition, transforming the current social organization of care has the potential to contribute to economic development through job creation, the provision of quality services, greater generation of human capabilities and increased tax revenue (Economic Commission for Latin America and the Caribbean [ECLAC], 2019a, 2022a).

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. In terms of governance and administration, decisive public policy actions are needed to overcome the current sexual division of labour and the unfair organization of care. 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, 2022a, 2024d; ECLAC and United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], 2021; United Nations, 2024b).

Comprehensive care systems entail the consistent and systemic coordination of care policies. Over the last decade, some of the region's countries have made progress in creating such systems; and, while their approaches and priorities vary, they have common definitions and challenges. Comprehensive care systems 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, 2022a; ECLAC and UN-Women, 2021; United Nations, 2024b). 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 2015, the recognition of unpaid care and domestic work was included in the Sustainable Development Goals (SDGs) (specifically, target 5.4).

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 (International Labour Organization [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, 2020b; United Nations, 2024b). 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 (see chapter V). 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.

By considering the social, economic and environmental dimensions, the notion of the care society opens the way for the convergence of structural elements that can serve as pillars for sustainable, transformative development with equality (ECLAC, 2022a). This chapter explores fundamental issues that make it possible to analyse care in public policies from a comprehensive and cross-cutting perspective. It also recognizes that transforming the social organization of care requires a collective and sustained strategy that transcends sectoral logic, supported by investment that provides sustainable financing over generations and is socially co-responsible. The chapter firstly reviews synergies between care policies and public policies at large, and analyses how their effective coordination can enhance social, economic and environmental development. It then reviews the necessary redistribution of care work through relief, guaranteed care time and the provision of resources, services and infrastructure, which is crucial for overcoming the current sexual division of labour and advancing towards gender equality. Lastly, the chapter considers issues related to resources and taxation, which are essential for implementing and sustaining comprehensive care systems in the midst of changing demographic trends. Investment in the care economy is recognized not only as a social responsibility, but also as an opportunity for growth.

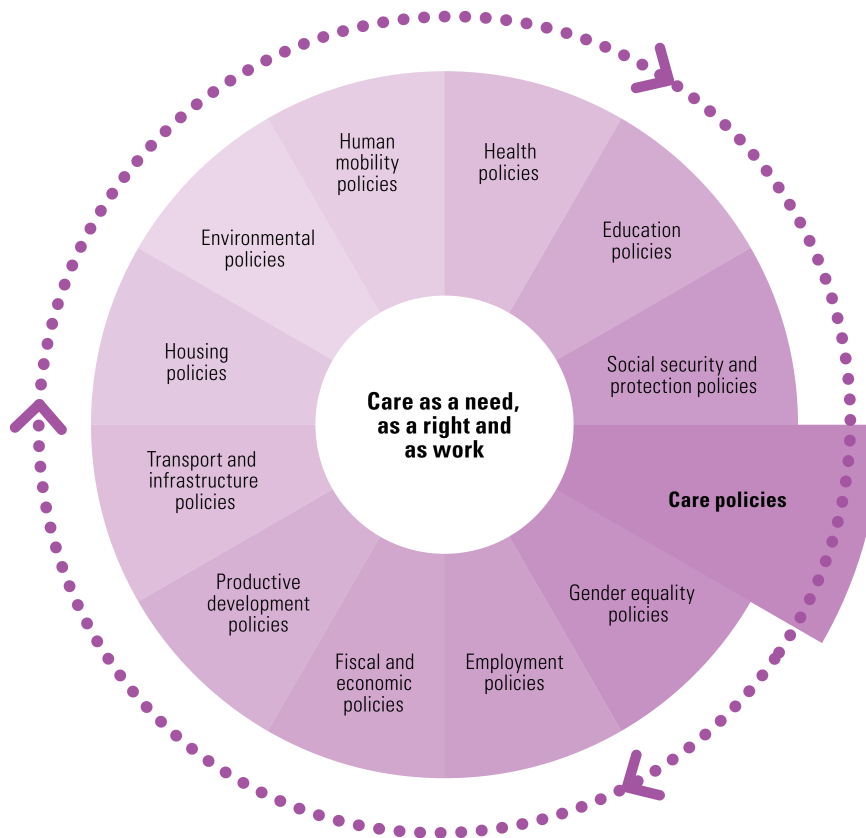
A. Synergies between care policies and public policies at large

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. In view of the regulatory and institutional challenges involved in the coordination of care systems, most regional initiatives to design such systems included initial milestones, such as the creation of intersectoral coordination bodies between public institutions. This enables different actors and institutions to be involved in the development of public policies and be committed to this work. Based on their specific mandates and competencies, they can prepare the system's foundations, the implementation plan and, in certain cases, the draft law that establishes the creation of the system. 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.

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. In the region, the concept of the care society was proposed as a new paradigm that entails mainstreaming the gender perspective and integrating the care perspective into public policies. This enhances the areas of action of other policies that foster well-being, which has a positive impact on social security, health, education and employment, and contributes to reducing poverty, increasing the level of economic activity and tax collection, and promoting women's autonomy. This will be achieved as long as care policies are coordinated with other sectoral policies and an approach that considers care is included as a dimension in the design and implementation of other sectoral policies.

As the coverage, segmentation, accessibility and quality of social protection systems are closely related to the design of care policies, it is essential to integrate the care perspective into health, education and social security policies throughout the life cycle. The implementation of good-quality comprehensive care policies and systems must consider coverage levels in the areas of healthcare, education and social security, along with labour participation and informality rates, commercialization of education and health systems, and gender gaps in access to services and entitlements, and their availability in territories (ECLAC, 2022a).

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.

For example, the creation of care and support centres, along with other services and transfers for the care and self-care of older persons, are framed within an integrated long-term care model, which coordinates the management of chronic diseases, rehabilitation, palliative care, prevention and promotion, and social support. The objective is to meet care demands in conjunction with the health system and specialized services for the care of older persons at both the national and the subnational levels. This interlinkage and coordination between specific care and support policies and programmes, as well as the adjustment of the care perspective and its integration into existing health, psychosocial or support programmes, are key to the success and efficient use of resources both nationally and locally (ECLAC 202a, 2022a, 2024d).

The same applies in the case of early childhood policies, since investment in care strengthens children's social and cognitive capacities, which then has a positive impact on their development within the education system. For example, after-school care programmes, in conjunction with education policies, help counteract school dropout and keep children in the school system, while also making it easier for their caregivers to enter and remain in the labour market. Inequality and poverty have a disproportionate impact on unpaid caregivers, by making it difficult for them to enter and remain in the labour market, especially in the formal sector. As a result, many are either excluded from social protection, or else their access to it is unstable. It is therefore essential to incorporate a care-centred perspective in the contributory and non-contributory components of social protection systems (ECLAC, 2024d). The creation of mechanisms to recognize and value unpaid care work in the social security systems ensures that periods devoted to caregiving do not generate gaps in women's contribution records. This facilitates their access to entitlements and helps reduce gender gaps and poverty among older persons (Arza et al., 2024; ILO, 2024a).

The design of care policies is also linked intrinsically to labour policies that seek a better balance between time spent in employment and time devoted to unpaid work. Public policies must recognize the distribution of time as a fundamental resource for people's well-being. In this context, governments should promote innovative public policies that foster a distribution of time and unpaid work that helps increase social and gender co-responsibility and overcome the current sexual division of labour (ECLAC, 2017b). These would include measures related to leave periods for the care of children and other family members, the availability of breastfeeding rooms and nearby childcare centres, the adaptation of working hours and schedules, and mechanisms for flexible and reduced working hours (ECLAC and ILO, 2025; ILO, 2024a).

Labour policies are central for achieving equal opportunities and decent work in the care economy, especially in the paid domestic work sector and personal home-based care. Accordingly, in addition to regulating this sector and enforcing the labour and employment protection laws, it is essential to develop strategies to formalize and value paid care work within households, while also professionalizing and certifying skills. Respecting and promoting freedom of association, social dialogue and collective bargaining are key factors for improving wage levels and the quality and conditions of employment in the care sector (ECLAC, 2022a, United Nations, 2024b, ILO, 2024a) Moreover, social dialogue and the inclusion of gender clauses in collective bargaining agreements are crucial for the labour market as a whole, as they help overcome the current sexual division of labour and achieve greater co-responsibility for care (ECLAC, 2022a).

The redistribution of care away from families and towards quality care services —whether provided by the public or private sector or by cooperatives— has direct consequences for employment, particularly in terms of women's entry and continuation in the labour market. An increase in employment and, hence, in economic activity boosts tax revenue and increases the resources available for reinvestment in social well-being (ECLAC, 2019a, 2022a). Investment in care policies can become the driver of economic activity and generate a triple dividend consisting of job creation, increased government revenue and higher incomes for individuals and households (ECLAC and UN-Women, 2021; ECLAC, 2022a; ILO, 2024a).

In structural terms, progress towards gender equality and the care society is one of the 11 transformations that are indispensable for moving towards a more productive, inclusive and sustainable development pattern in the region (ECLAC 2024b; Salazar-Xirinachs and Llinás, 2023). Among these great transformations, and in a cross-cutting manner, State capacities are strengthened through governance, institutional capacities and spaces for social dialogue (ECLAC, 2024b). In a well-defined framework of governance for care policy, strengthening intersectoral coordination is a key step on this path; and the machineries for the advancement of women play a fundamental role in mainstreaming the gender perspective.

It is important to bear in mind that in addition to social protection systems, employment and fiscal policies, productive development and transport and infrastructure policies, focused on territorial development, urban planning and mobility, must also be interlinked with a care perspective (ECLAC 2016, 2022a, 2024d). In fact, the way in which care is organized is related closely to the conditions of infrastructure and connectivity and the means available to people to move about in the public space. Thus, people's use of time is linked directly to space and territory (ECLAC, 2016, 2017b). This makes it essential to incorporate accessibility criteria in relation to mobility and transportation and the deconcentration of services, which enable the entire population to move about and participate in the social, cultural and economic domains, according to their capacities. This helps foster greater autonomy and access for all people to welfare services and entitlements (ECLAC, 2022a, 2024d).

Housing conditions are also crucial for the design of care policies. There is a strong correlation between the time devoted to unpaid work and the non-monetary deprivations faced by households (ECLAC, 2016, 2022a). The care workload increases significantly in households that have inadequate access to basic services, such as drinking water, sanitation and electricity, or among those that live in situations of overcrowding (ECLAC, 2016). It is therefore particularly important to incorporate a care perspective in housing policy, in order to guarantee the accessibility and adaptation of housing for persons who require care and support to undertake daily living tasks.

Care policy should also be designed in coordination with human mobility policies to address the issue of migratory flows and ensure that migrants and their families have access to care benefits and services, as well as to the other forms of social protection —in the countries of origin, transit and destination (Valenzuela et al., 2020) (see chapter IV).

Lastly, it is fundamental that environmental policies include a care perspective. Investment in the care economy not only fuels economic growth, but also generates sustainable jobs, which make it possible to counteract environmental degradation. Caring for the planet is an essential part of the care society, since this is only viable if it is sustainable and incorporates respect for the capacities of the planet and human dignity (ECLAC, 2022a). Care and environmental policies therefore need to be designed and implemented in a coordinated manner, to promote the redistribution of care work and balance the burdens and benefits derived from the relationship with environmental resources (ECLAC, 2022a) (see chapter IV).

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 (ECLAC, 2016, 2024b; Fraser, 2016). 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

The excess burden of unpaid care work that is borne by women restricts their opportunities for participation in the labour market, diminishes their economic autonomy, and both reproduces and deepens existing gender inequalities. Given this reality, care policies are a fundamental tool for overcoming the structural challenge of the sexual division of labour and the unfair social organization of care (ECLAC, 2017a), and for moving towards a more equitable distribution of resources, time and responsibilities, as an imperative of distributive justice (ECLAC, 2024d; United Nations, 2024b).

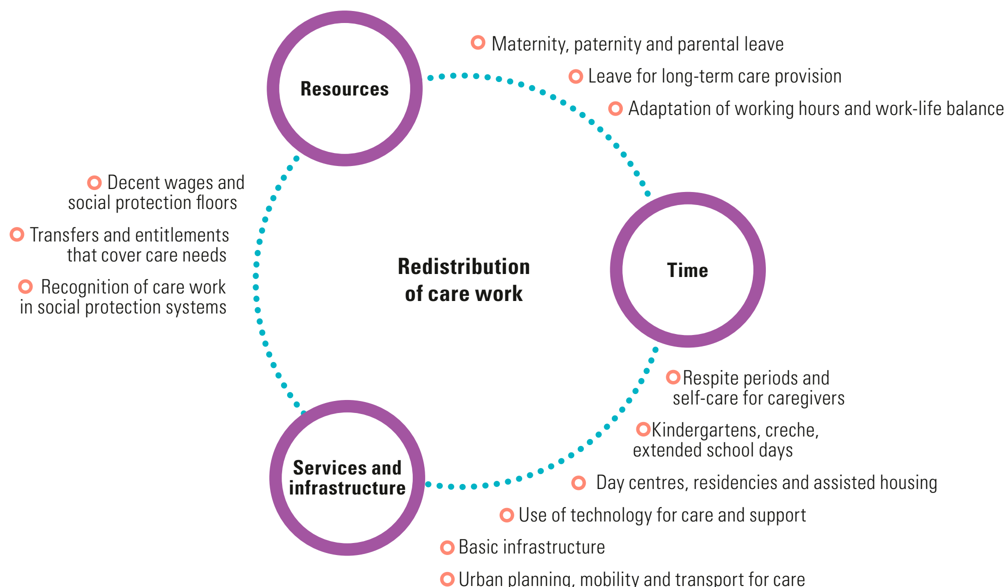
The way in which care is organized in society has been debated extensively, starting with the theory of welfare regimes (Esping-Andersen, 1990); and it has been enriched by contributions from experts on the social arrangements of care (Jenson, 1997), social care (Daly and Lewis, 2000) and care regimes (Bettio y Plantenga, 2004). This debate is crystallized in the care diamond concept (Razavi, 2007), which explains how the design, financing and provision of care arise from the interaction between State, market, family and community. The diamond metaphor shows that these arrangements are neither symmetrical nor static: the responsibilities and relative weight of each actor in the provision of care vary according to each society's historical context, economic, political and social relations, and cultural patterns.

By allocating resources and formulating laws, the State can generate profound and lasting changes in gender relations and in the social organization of care (Dore and Molyneux, 2000; Sainsbury, 1996). However, there is also a risk that inequalities are perpetuated if the measures adopted do not seek to modify them. From an intersectional perspective, it is crucial to be aware that public policies on care can have differentiated effects according to age, race, class and socioeconomic level of the beneficiaries. It is also essential to implement comprehensive strategies to modify traditional masculinities and foster greater involvement of men in caregiving throughout the life cycle. In addition to promoting responsible fatherhood, these strategies include men in responsibilities for caring for older persons or persons with disabilities, which are central elements for avoiding maternalist biases in labour and social protection policies (Aguirre, 1997).

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, which is a *sine qua non* for them to make free decisions and exercise their rights to the full.

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). While Ellingsæter (1999) focused mainly on policies in relation to time, resources and services for individuals in the formal labour market, these policies are now understood as operating on multiple levels. For example, the expansion and increased coverage of in-home and out-of-home care services helps significantly to 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 financial 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.

This section discusses a number of policies related to time, resources, services and infrastructure aimed at redistributing care work. These can include measures to safeguard care time in the labour market, grant entitlements and provide services, infrastructure and technology to reduce time spent on care. Their aim is to make the social organization of care fairer and more equitable, and to achieve equality, as envisaged globally in the 2030 Agenda for Sustainable Development (United Nations, 2015) and also in the Regional Gender Agenda (ECLAC, 2017a, 2022b).

1. Time for paid work and time for care

Safeguarding care time for those who participate in the labour market is fundamental for advancing towards a new and more equal social organization of care. 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, 2022a; ECLAC and ILO, 2025; ILO, 2022). These leave periods can help 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. In this context, the Buenos Aires Commitment calls on States to "Design and implement State policies that favour gender co-responsibility and make it possible to overcome harmful sexist roles, stereotypes and norms, through regulations aimed at establishing or broadening parental leave for the diverse forms of families, as well as other types of leave to care for dependent persons, including inalienable and non-transferable paternity leave" (ECLAC, 2023c, paragraph 10). International regulatory frameworks, such as the Maternity Protection Convention, 2000 (No. 183) and the Workers with Family Responsibilities Convention, 1981 (No. 156) of the International Labour Organization (ILO), establish minimum standards for these protections. As of May 2025, however, only eight of the region's countries had ratified Convention No. 183, and 13 had ratified Convention No. 156.

Although significant progress has been made in Latin America and the Caribbean, there are still gaps in the implementation of leave for childcare. In the case of maternity leave, which aims to ensure the care of the newborn and the mother's recovery, only 5 countries[1] comply with ILO Recommendation No. 191 to grant 18 weeks or more, while 17 countries do not even attain the minimum of 14 weeks established in the Maternity Protection Convention, 2000 (No. 183) (ECLAC and ILO, 2025; ECLAC 2025b). Furthermore, most of these leave periods are only available to women who are employed in the formal sector and pay social security contributions, in a region where 50.8% of employed women work informally (ECLAC and UN-Women, 2025). In addition, several countries still have regulatory gaps with respect to coverage in cases of adoption and same-sex couples, which limits access to this right for the various family formats (ECLAC and ILO, 2025). The situation is even more precarious in the case of paternity leave: 11 countries provide for paid leave of less than 10 days, 5 offer between 10 and 15 days and only two offer more than 2 days[2] (ECLAC and ILO, 2025; ECLAC 2025b). This scant recognition of the right of fathers to provide care not only reduces their chances of participating in care from birth, but also reinforces gender stereotypes that associate care exclusively with women. As is the case with mothers, eligibility for paternity leave is also often conditional on participation in the formal labour market; and in several countries it does not cater for the diversity of family arrangements, including those involving same-sex couples and adoption (ECLAC and ILO, 2025). Furthermore, while most of the region's countries have made progress in protecting childhood and pregnancy among students in basic education, adequate leave periods or facilities are not usually available for students at the higher, university or tertiary level, which restricts their right to education and puts the continuation of their studies at risk (ECLAC, 2025b).

Parental leave, defined as periods of employment-protected leave available to one or both parents after maternity or paternity leave has expired (Güezmes García and Vaeza, 2023; ILO, 2024b), provides an opportunity to enhance co-responsibility within households. Only four countries in the region have implemented this right with pay, each with distinctive characteristics (ECLAC and ILO, 2025). Cuba was the first to approve this type of leave, which currently lasts for the child's first year of life. Coverage was also extended to persons, other than the father or mother, who in practice are responsible for the care, and for whom 60% of the wage is covered. In Chile, postnatal parental leave is available to women in formal employment and allows them to extend their maternity leave for 12 weeks full-time (18 weeks part-time). Women can transfer part of the leave period to the father as from the seventh week. In the case of Uruguay, a half-time care subsidy was established, which

[1] The Bolivarian Republic of Venezuela, Chile, Colombia, Cuba and Paraguay.

[2] In March 2025, Barbados established paternity leave of three weeks, effective from 1 June of the same year. In August 2024, Uruguay extended paternity leave to 17 days, which will increase to 20 days starting in January 2026, and up to 30 days in cases of multiple births, premature births or low birth weight, among other cases.

is transferable between the mother and the father until the child is six months old; and the father is entitled to the subsidy regardless of the woman's employment status. In 2021, Colombia created shared parental leave, which allows the mother to transfer the last 6 weeks of the 18 weeks provided for maternity leave to the father (Article 236(4)) (ILO, 2022). However, if the 6 weeks are transferred, the mother's leave remains at 12 weeks, in other words two weeks less than the standard established in the provisions of the Maternity Protection Convention, 2000 (No. 183). Ecuador establishes unpaid parental leave for childcare, which can last for up to 15 months and is available to both parents. However, this is of limited value because it is not linked to a entitlement that guarantees income security (ILO, 2023).

It is essential to develop and implement laws on parental leave that ensure it is used, prevent the weakening of family incomes, and promote cultural change to avoid stigmatization and discrimination when exercising the right to care. Prevalent gender stereotypes make it even more difficult to achieve co-parenting, as can be seen in countries that already have this type of leave. In the case of Chile, only 183, or 0.21%, of 85,230 parental leaves granted in 2023 were transferred to the father (Office of the Superintendent of Social Security, n.d); and, in Uruguay, men accounted for just 2% of persons on parental leave in 2021 (World Bank et al., 2022).

Long-term care leave is special leave granted to persons who need to care for family members (both children and adults) who are subject to prolonged functional dependency (ILO, 2022). This is one of the areas in which least regulatory progress has been made, despite its increasing relevance in the context of population ageing and the persistence of chronic diseases, as well as situations of disability with dependency. Only seven countries provide for this type of leave, each with different characteristics in terms of coverage, duration and financing. In Chile, Costa Rica and Mexico, this leave, intended for wage-earners, is paid and financed by social security; in Chile, it is also extended to self-employed workers if they pay social security contributions.[3] In the case of Peru, the cost is covered by social security and the employer. In Ecuador and Panama, the cost is borne by the employer alone (ECLAC, 2025b; ECLAC and ILO, 2025). Most of these leaves are restricted to providing care for children: Chile offers the subsidy for infants under one year of age with a serious illness, transferable to the father, and insurance to support children affected by a serious health condition (SANNA Law). This covers serious health situations for a period of up to 180 days up to 18 years of age, or for an unlimited period in cases of terminal illness. Mexico provides up to 364 days' leave on 60% pay for the mother or father of children with cancer up to the age of 16, while Ecuador grants 25 days for the medical treatment of children with degenerative diseases. Panama grants paid leave of up to three months (non-extendable) to the father or mother of children under 16 years of age suffering from leukaemia, cancer or a degenerative, serious or terminal illness. Peru offers paid leave of up to one year to the father or mother of children aged under 18 years who are diagnosed with cancer. Only Costa Rica extended coverage beyond the filial relationship, by offering a subsidy to persons in the formal labour market who are responsible for terminally ill patients, with a duration determined according to medical criteria.

Lastly, these measures should be complemented by others that promote work-life balance. The ILO Workers with Family Responsibilities Convention, 1981 (No. 156) and Recommendation No. 165 highlight the need for policies that contribute to achieving a balance between care responsibilities and professional obligations, including adjustments in the terms and conditions of work (ILO, 2024b). The measures in question can include 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. Moreover, considering the high levels of informality prevailing in the region, it is essential to develop innovative mechanisms to address informality and promote the transition to formality, to ensure that all people have equal access to care-related benefits and rights (ILO, 2025). These mechanisms can range from dialogue with organizations representing persons employed in the informal economy to the digitalization of procedures through e-government initiatives.

[3] Some self-employed female workers are ineligible for maternity leave because of specific requirements such as having made a minimum number of previous contributions. In addition, the targeting of the maternity subsidy means that a group of women workers is excluded from this benefit.

2. Recognizing and valuing unpaid care work by providing resources and entitlements

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 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,[4] pursuant to recent ILO recommendations (ILO, 2024c). 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. Women, who spend much of their time in unpaid care work, tend to face more precarious and unstable employment paths, involving interruptions, part-time work and spells outside the formal labour market. This situation has a direct effect on their access to contributory social protection and, consequently, their economic autonomy. For example, women's lower contribution levels and amounts, and the greater frequency of gaps in their contribution record, means that they receive smaller retirement pensions than men (Arza et al., 2024). Accordingly, 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, 2024d). Policies on the recognition of care work in regional social protection systems have been scarce and limited to maternity-related measures (Arza et al., 2024). It is necessary, for example, to broaden this perspective and make persons who spend most of their time in unpaid care work eligible for entitlements from social protection systems. This is particularly relevant since households with dependents face not only larger expenses, but also significant restrictions on women's participation in the labour market. Accordingly, social security systems are needed that recognize and compensate for the time spent on these tasks (see box III.1).

Box III.1
Latin America and Europe: recognition of care time in social security systems

Despite the progress achieved on non-contributory social protection, the design of social security systems still needs to take account of gender inequalities and, in particular, the recognition of unpaid care work. In this context, a number of relevant instruments have been adopted in Latin American and European countries.

When calculating retirement pensions, time spent on maternity leave or caring for other family members is recognized as periods of effective contribution (commonly referred to as care credits). In some cases, subsequent periods spent caring for children are also taken into account. The credits can take the form of direct State contributions to the social security system or else of recognition mechanisms for calculating the entitlement. These measures mitigate gender inequalities and guarantee access to a higher income in old age, which enhances the inclusive and redistributive nature of the systems (Arza, 2012, 2017; Arza et al., 2024).

[4] Living wages tend mainly to be applied in the formal sphere of the economy and have a greater impact in contexts where there are collective bargaining processes. However, in Latin America and the Caribbean, collective bargaining has sparse coverage. In addition, a large proportion of the region's labour force is in the informal sector, which may reduce the effectiveness of these measures in large segments of the labour market.

The design of the credits varies, since some are associated with interruptions in employment, as is usually the case in Europe, and others directly with parenthood, regardless of labour market participation, as in the case of maternity credits in Latin America. There are also significant differences in terms of the periods (months of contributions) considered for each child, the income limits and reference bases for the calculation, and whether they are granted for a fixed amount.

Care credits are adapted to the different pension system models. For example, Sweden offers a parental benefit for 480 days, renewable for a further 120 days per year in special cases involving sickness-related care. An additional income is granted to lower-income parents who have children of up to four years of age during their first three years of life, to those who devote more time to caring for children of between three and 10 years old, or to unemployed persons who have two or more children (at least one of whom aged under 10 years) (Arza et al., 2017). Maternity supplements have also been introduced in countries such as Spain and Poland (European Commission, 2021).

In Latin America, some countries have adopted mechanisms in pension systems to recognize periods associated with caregiving, by recording contributions or paying allowances into the individual capitalization accounts of women who became mothers. Mechanisms of this type currently exist in Argentina, Chile, the Plurinational State of Bolivia and Uruguay (Amarante, Colacce and Manze, 2016; Arza et al., 2024), and have recently been approved as part of pension system reforms in Colombia and Peru.

In the case of Chile, for example, the child allowance, equivalent to 18 months of minimum-wage-related contributions, is deposited in women's individual capitalization accounts when they withdraw from the labour market. In addition, the pension reform, approved in January 2025, compensates for life expectancy differences in the pension calculation (which affects women in particular); it requires women to contribute for fewer years than men to access the entitlement as an implicit recognition mechanism, and extends the insurance for pension gaps (Law No. 21735 of 2025). In Colombia, the pension reform, enacted in 2024, allows women to access non-contributory and semi-contributory entitlements at a younger age than men and with fewer contributions required. It also recognizes 50 weeks of contributions for each child (up to three) of women who do not meet the requirements for a contributory pension, and a family pension, which allows the contributions of both spouses to be added together to obtain a contributory pension (Law No. 2381 of 2024). Lastly, the recent reform passed in 2024 in Peru (Law No. 32124 of 2024) recognizes up to six contribution units for each child (up to three) for periods in which no contributions were made to the pension system during the child's first six months of life, targeted to persons who cannot obtain a minimum pension or a special proportional retirement pension with a State guarantee.

Source: Amarante, V., Colacce, M., Manzi, P. (2016). La brecha de género en jubilaciones y pensiones: los casos de Argentina, Brasil, Chile y Uruguay. *Gender Affairs Series* (138) (LC/L.4223). Economic Commission for Latin America and the Caribbean; Arza, C. (2012). Pension Reforms and Gender Equality in Latin America *UNRISD Research Paper 2012–2*; Arza, C. (2017). El diseño de los sistemas de pensiones y la igualdad de género: ¿Qué dice la experiencia europea? *Gender Affairs Series* (142) (LC/L.4298). Economic Commission for Latin America and the Caribbean; Arza, C., Robles, C. and Arenas de Mesa, A. (2024). Non-contributory pension systems in comprehensive pension models: conceptual framework, background, challenges and opportunities in the current context. In A. Arenas de Mesa and C. Robles (Eds.), *Non-contributory pension systems in Latin America and the Caribbean: towards solidarity with sustainability.* ECLAC Books (164) (LC/PUB.2024/6-P/-*). Economic Commission for Latin America and the Caribbean; European Comission. (2021). *Pension adequacy report 2021: Current and future income adequacy in old age in the EU,* 1 y 2. Publications Office of the European Union.

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, 2024d). In Latin America, conditional cash transfers reached 27.1% of the population in 2022 and covered, on average, just 46.8% of the income shortfall of poor households[5](ECLAC, 2024d). In contrast, in Latin America and the Caribbean as a whole, the coverage of non-contributory systems increased from 3.4% to 31.0% of persons aged 65 years and over between 2000 and 2022. Nonetheless, challenges persist in terms of the entitlement amounts, since, on average, they are below the poverty line (ECLAC, 2024d; Vila et al., 2024). Although they remain insufficient, these pensions have a significant impact in terms of reducing

[5] In some Latin American countries, the minimum benefit amount represented 33.2% of the poverty line in 2022 (Figueroa and Vila, 2024).

poverty. An analysis of their impact reveals that the proportion of women aged 65 years and over who have incomes of their own that are below the poverty line ranges between 70.3% among those who do not receive any type of pension and 42.6% among those who receive a non-contributory pension. However, more than 85% of women in both groups have own income that does not exceed twice the poverty line (ECLAC, 2024d).

The design of non-contributory entitlements is a key area for addressing the specific needs of different population groups. Households with members requiring care face additional needs and expenses that vary according to the type and degree of dependency, which adds to the burden of unpaid work in the household. In the case of persons with disabilities, needs may include specific forms of support and adjustments to ensure their autonomy, specialized equipment or personal assistance services, as well as support from other household members. Insufficient or non-coverage of entitlements, or eligibility criteria that ignore these needs, not only have an impact on household disposable incomes, but also increase the demand for unpaid work and deepen gender inequalities.

While conditional cash transfers have proven to have a significant positive impact on multiple dimensions of family welfare, including improvements in school attendance, health indicators and labour inclusion (ECLAC, 2024d), their design suffers from significant shortcomings. In particular, conditionalities frequently impose additional burdens on women, who mostly assume responsibility for ensuring that other household members fulfil the programme requirements ((ECLAC, 2013; Ladhani and Sitter, 2020). This dynamic can reinforce traditional gender roles and maternalist biases, especially when the transfers are granted exclusively to women, and the counterparts are linked to care tasks (Franzoni and Voorend, 2012; Rodríguez Enríquez, 2011). The shortcomings of cash transfers include administration costs related to targeting strategies and verification of compliance with the conditions (Krubiner and Merritt, 2017; Ladhani and Sitter, 2020; Scheel et al., 2020). It is therefore essential to design transfers with a view to universal coverage, applying progressive criteria and a transformative gender perspective that, instead of reinforcing the role of women as the main caregivers, actively promotes social and gender co-responsibility.

Cash transfers can also prevent the socioeconomic vulnerability of households being exacerbated by emergencies affecting individuals, such as job loss or the illness of a household member. This is particularly important in view of the difficulties that women face in accessing credit, and what this implies in terms of indebtedness and restrictions on their economic autonomy (ECLAC, 2022a; Partenio et al., 2024). Therefore, in an economic crisis situation, in addition to considering measures that guarantee equal opportunities for women in the financial market, social protection policies should be complemented with interventions that address care requirements and do not generate debt distress.

It is essential to coordinate the supply of quality care services and cash allowances or transfers, because they are not necessarily substitutes. Care services serve functions of individual care and social cohesion and well-being for those who receive care and support. Cash transfers, the amounts of which in the countries of the region are close to the poverty line provide incomes that help prevent poverty from worsening. However, they are not designed to replace or cover care requirements, or to provide decent pay for the care provided by a household member. They are measures designed and implemented as supplemental to the comprehensive entitlements package. As care is a public good (see chapter V), investment in care services and infrastructure complements the resources analysed in this section.

3. Redistribution of care work through services and infrastructure

In conjunction with investment in infrastructure and technology, care services can help reduce and redistribute care work in households. In terms of reduction, if the burden is redistributed between State, market and community, household members can increase the time they have available and reduce the amount they devote to providing care. Moreover, investment in care services and infrastructure not only responds to the fundamental rights of those who require and provide care, but also constitutes an effective strategy for

promoting gender equality, expanding opportunities for labour participation and generating conditions for greater social cohesion. Policies of this type have proven fundamental for increasing women's labour market participation (Erceg et al., 2024; Martínez and Perticará, 2017; Shure, 2019).

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, 2024d). Its regulatory function is essential for ensuring that care policies help 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). This includes care practices in community settings (see box III.2).

Box III.2

Community care organizations in the design and implementation of care policies

Community care encompasses a variety of experiences and initiatives, the conceptual and institutional boundaries of which are still vague. In Latin America and the Caribbean, these initiatives aim to meet the population's care needs in contexts of weak State presence and high levels of social exclusion. The organization of care in territories is linked closely to community work. In most countries, the main characteristic of this type of work is physical or geographical proximity, which also implies knowledge of the territory, the available spaces, and the presence of care provision materials, which are often owned collectively.

These initiatives take various organizational forms, ranging from informal networks based on geographical proximity and family, neighbourhood, or friendship ties, to more institutionalized structures, such as community canteens, soup kitchens, libraries, social clubs, religious and trade union organizations, cooperatives, and entities of the social and solidarity economy. They also include a wide range of activities, including care for children, older persons, and persons with disabilities, and actions related to health, nutrition, recreation, culture, and sports. These initiatives arise in response to inadequate public provision and the inability of families to access market services because of their costs. The weak presence of the State is often evident in areas that are remote from major urban centres, or suffer from adverse geographical features or institutional weakness in the provision and regulation of public services. This further reinforces the importance of the territorial dimension and a situated and intersectional approach, because the initiatives are developed in different ways depending on the context—urban, rural, Indigenous, sacrifice zones or conservation areas—and the social and cultural practices of the populations that inhabit them.

In addition to meeting urgent needs, community services strengthen the social fabric and cohesion; and they create spaces for democratic participation and citizenship building, especially in territories that are subject to exclusion and inequality. Community care work depends largely on the time women devote to it; and it includes unpaid, voluntary, poorly recognized, and highly precarious tasks.

Strengthening the conditions of community work makes it possible to improve the quality of life of both care recipients and caregivers. Prioritizing people's well-being and social goals over capital fosters approaches that respect and value fundamental rights at work and interculturality. In recent years, there has been growing interest in the relationship between decent work, the care economy, and community care; and their joint role in building more just and sustainable societies has been recognized.

The development of a community-based care approach poses a number of challenges for public management, such as establishing a harmonious relationship between the government and the community in the design and implementation of care services. It is therefore essential to create institutional structures that promote relations and collaboration with community organizations. The provision of community care services must take social and material conditions into account, have government support to strengthen activities with sufficient resources

and materials, and guarantee the rights of caregivers and care recipients (ILO, 2022). In addition, it is necessary to ensure permanent participation through institutionalized mechanisms, such as territorial networks, business and trade union organizations, and other local bodies, which contribute to joint management and participatory monitoring. The specific characteristics of these organizations should also be taken into account in the design of legal frameworks and practical actions to ensure their participation in the design, implementation, and monitoring of care policies (ECLAC, 2022b; ILO, 2022). The government must ensure that the services provided in the territories, including those delivered by community care organizations, are of high quality and accessible to diverse individuals and communities, have a gender, intersectoral, comprehensive, and intercultural perspective, and are based on respect for the rights of both care providers and care recipients (ILO, 2024). To this end, decent work must be guaranteed by implementing suitable regulations and systematic oversight.

Source: 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).

As States assume their role as guarantors of the right to care, public institutions can develop, implement and monitor the provision of care services, and make sure that access is independent of purchasing power, ethnicity, sexual orientation, gender identity, place of residence or any other individual characteristics (Güezmes García et al., 2023). The creation and expansion of new care services, both public and private, must be accompanied by the definition of clear and demanding quality standards; and service quality cannot be considered a goal to be achieved only after having expanded public provision (Rossel, 2023).

(a) Services for populations requiring care and support

In addition to supporting the timely development and well-being of children, childcare services can reduce the time that parents or other persons with responsibility spend looking after them. Chile, Costa Rica, Cuba and Uruguay, in particular, offer comprehensive programmes and a variety of entitlements through services, including day care centres, kindergartens and specialized child development centres, which combine educational and health services aimed at fostering physical, cognitive and emotional development. Universal access to services of this type from an early age is a child's right and an indispensable component of social cohesion and gender equality. These policies, which need to be comprehensive, mitigate the effects of poverty and inequality in families.

The services in question also make the education and health systems as a whole more effective. When interventions begin in the first few years of life, they tackle inequalities at their source and prevent them from accumulating and deepening throughout the life cycle, thus enabling fairer pathways into adulthood (Cortázar, et al., 2024; Heckman and Masterov, 2007). Comprehensive services extend or complement the compulsory school day and provide school support related to nutrition and extracurricular and sports activities.

In terms of providing care services, the State's responsibility includes the direct provision of public services, as well as the regulation and development of rules governing the provision and supervision of private services, along with active monitoring of the conditions in which care is provided in communities and families (ECLAC, 2024d; Faur, 2014; Santos García, 2024). It can also task the private sector, specifically businesses, with helping to cover the costs or with providing care alternatives for the children of their employees. Moreover, to avoid biases in the hiring of women, regulations should include both men and women as subjects of these entitlements. However, it is crucial that the expansion of access to these services should target universality and not be restricted to the formal employment status of fathers and mothers, since households that are less likely to have adults employed in the formal sector could be excluded from these entitlements (ECLAC, 2012).

Care services for older persons should foster ageing in dignified conditions and in community, and reduce vulnerability at this stage of the life cycle. In Latin America and the Caribbean, the development of these services has been related to guaranteed access to social protection in other areas, such as health. There is

an urgent need to create and expand these services in view of population ageing and the increasing number of dependent older persons in households.[6] Social care programmes have been designed and implemented for persons aged 60 years and over in the region, including day centres or day care programmes, long-stay facilities, home care and support programmes, and group or sheltered housing programmes, among others. The public provision of care for dependent older persons, persons with disabilities and severe or moderate dependency is included in long-term care programmes (see chapter IV).

At the present time, and given the experiences of countries in the region, the public provision of care and support for persons with severe or moderate disability and dependency has been developed in conjunction with the health system and social programmes, which depend mainly on the ministries of development or social assistance. Health benefits usually include specialized support actions tailored to individual needs, along with access to care, rehabilitation, nursing, medical care and family support services. In contrast, social benefits cover assistance in undertaking daily living activities, home care, psycho-emotional support, and transfer or respite services for caregivers at home (see chapter IV). In most cases, long-term care programmes combine both types of service, in order to provide comprehensive care. These programmes should be structured with a rights-based approach that respects the dignity and autonomy of those who provide and require care and support, in order to promote their empowerment and ensure non-discrimination (Human Rights Council, 2025).

There are care services for dependent older persons that seek to promote a dignified and active life, foster autonomy, reduce the incidence of disease and prevent health deterioration. For example, day centres have teams of professionals and offer activities for leisure, recreation and the prevention of cognitive decline. These programmes usually adopt a socio-community approach to ageing and integrate the positive factors of the process of ageing in company.

The need for long-term care is growing in the context of the demographic transition and the process of ageing-within-ageing that the region's countries are experiencing. This exacerbates the lack of public care services, but provides opportunities for the growth of private services, which also need regulation, quality standards and government oversight. Services provided by the private sector alone may reproduce the socioeconomic and territorial inequalities that exist in the region. It is therefore necessary to approach care policy systemically and comprehensively, to avoid exacerbating fragmentation and inequality, which would leave lower-income families condemned to receiving meagre and low-quality care.

In Latin America and the Caribbean, the main long-term care modality consists of long-stay services for older persons, which have limited coverage; and the public sector plays a small role compared to the private sector (ECLAC, 2024d). In the last decade, the countries of the region made progress in regulating long-stay institutions and following up on the Madrid International Plan of Action on Ageing (2002); 11 countries have a special law governing the operation of long-stay institutions (ECLAC, 2024d; Montes de Oca Zavala, 2023).

(b) Who provides care for the caregivers?

Care systems and policies that explicitly target populations with the greatest need and demand for care, have included the caregivers (whether paid or unpaid) among their objectives. Furthermore, the notion of the care society, established in 2022 in the framework of the Buenos Aires Commitment, refers not only to the right to receive and provide care, but also to the concept of self-care (ECLAC, 2023c). Self-care is fundamental for the well-being of all persons and has been particularly invisible in the case of caregivers.

From the standpoint of paid care work, persons engaged in paid domestic work, along with persons with inferior working conditions in the areas of health, education and other personal services, have had to neglect their self-care time owing to the conditions under which they participate in these sectors of the labour market. In the case of unpaid care, many women fulfil this function almost exclusively, without being able to pursue activities other than caring for dependent family members. Here, too, self-care is an invisible dimension. Persons in this situation often face conditions that put their physical and mental health at risk.

[6] Chapter IV provides a more detailed explanation the demographic transition in Latin America and the Caribbean, and its effects on the prevalence of dependency and the increased burden of long-term care within households.

Long working hours, compounded by the physical and emotional demands of caregiving tasks and the lack of recognition and support, can generate high levels of stress, burnout, emotional exhaustion or physical injury, among other consequences. It is therefore urgent to build the notion of self-care into the design and implementation of public policies.

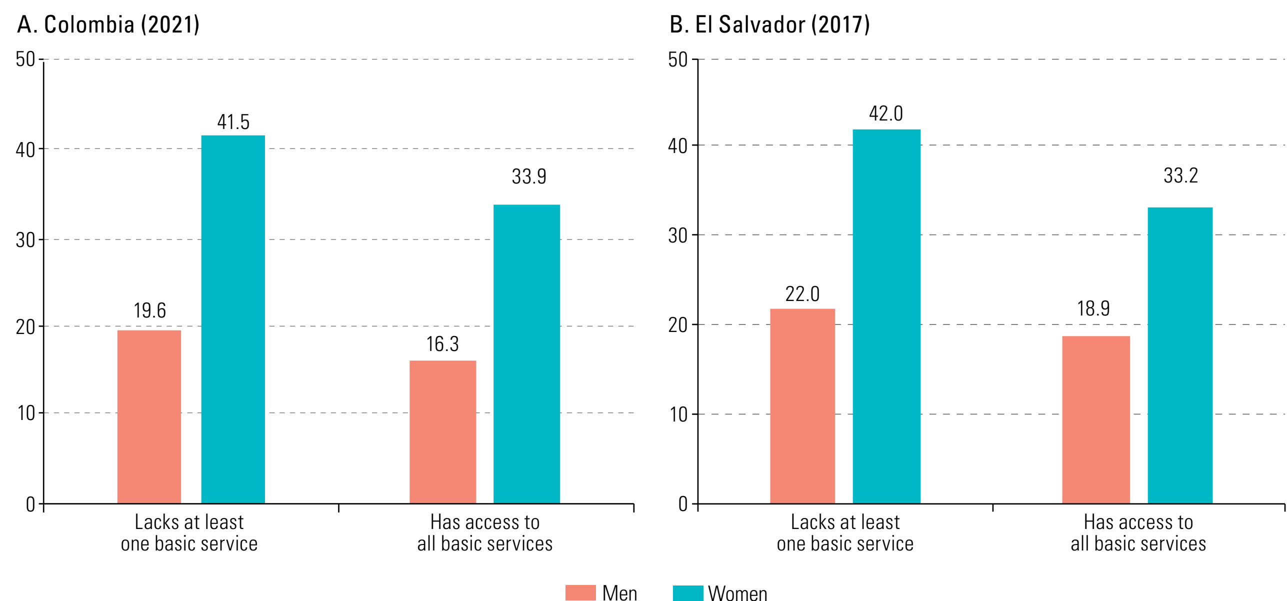
This requires adopting a comprehensive approach that includes local support networks, temporary and systematic relief or rest programmes and psychosocial assistance, together with measures that enable a better balance to be struck between personal life and caregiving responsibilities. Respite time plays a central role in this context and is made possible through programmes to provide relief both in caring for dependents and in domestic work, which are generally done by the same person, especially in low-income households. The programmatic supply of services for caregivers must consider that many of those who perform unpaid care work are themselves older persons; so it is essential to design programmes of respite and disease prevention, as well as other programmes that address specific needs at this stage of the life cycle.

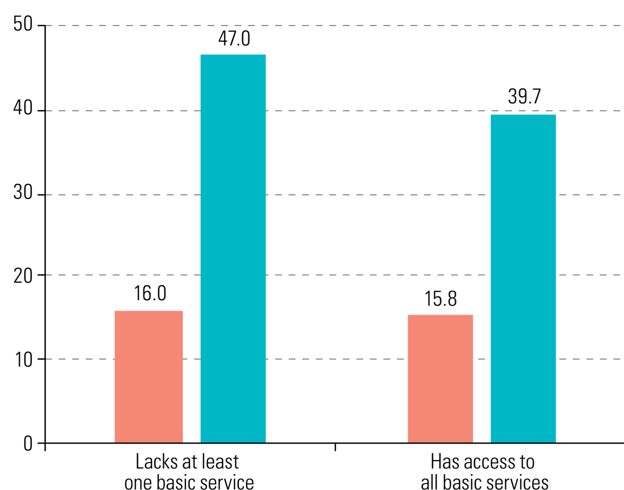
(c) Care infrastructure

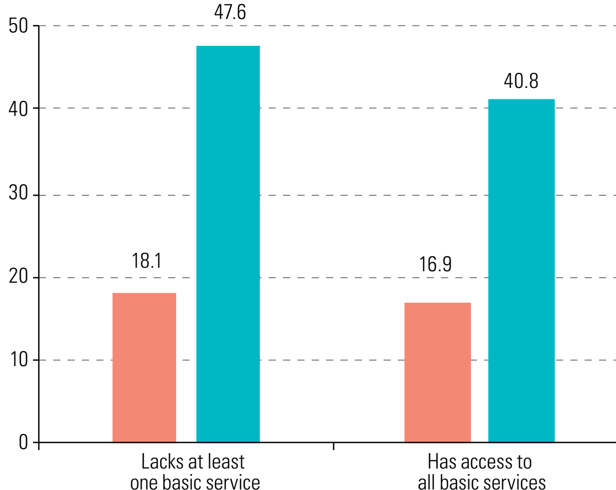
In addition to the specific infrastructure of care services and the mechanisms of accessibility, transfer and adaptation that enable everyone to use the facilities, it is essential to invest in basic service infrastructure, since this is a key element in reducing the care workload.

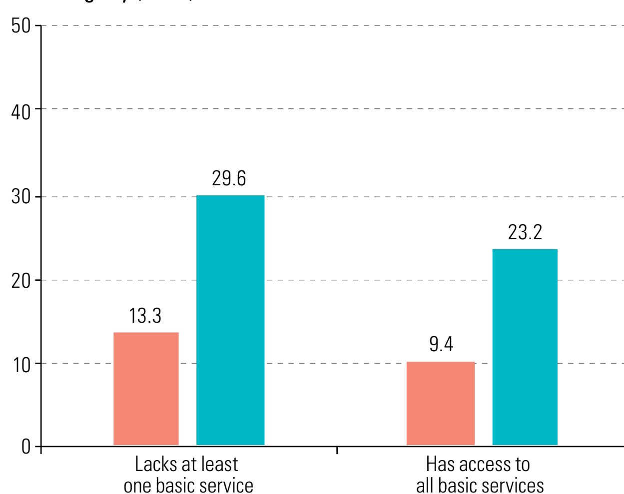
In Latin America and the Caribbean, deficits in basic utilities, such as water, sanitation and electricity, increase the time women spend in unpaid work (see figure III.1), which exacerbates the existing inequalities (ECLAC, 2022a; ILO, 2016). This situation is particularly critical in periurban areas and in rural and low-income zones, where gaps in access to basic infrastructure continue to affect poor households (ECLAC, 2022a; ILO, 2019b). According to the database of the United Nations Human Settlements Programme (UN-Habitat), 17% of the region's population lives in informal settlements or inadequate housing. Among Caribbean countries, the situation is worst in Haiti, where 51% of the population lives in such conditions. In Latin America, more than 45% of the populations of Ecuador, Peru and the Plurinational State of Bolivia live in informal neighbourhoods and settlements or inadequate housing (United Nations, 2025a).

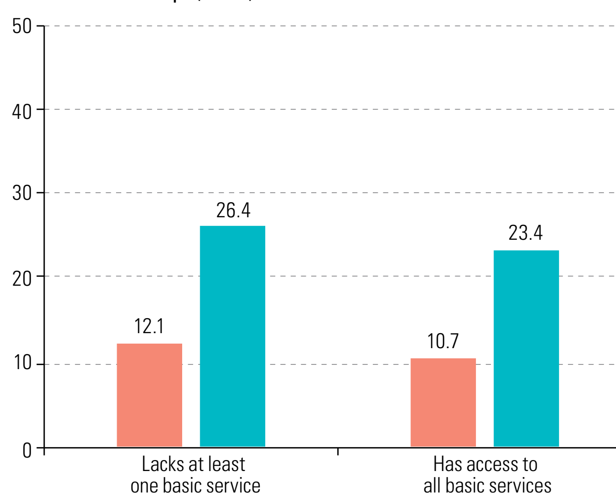
Figure III.1
Latin America (6 countries): time spent in unpaid work, population aged 15 years and over, by sex and access to selected basic services[a]
(Hours per week)











Men Women

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: The data are not strictly comparable between countries because of timing and methodological differences in the collection instruments.

[a] Access to basic services includes the availability of water, sewerage, electricity and garbage collection services.

An analysis of information on the use of time and unpaid work shows that this situation affects men and women unequally, and that women have to devote more time to the well-being of household members if there is no access to basic service infrastructure. In rural areas, the respective shortcomings are particularly alarming because of the longer distances that have to be covered to obtain public services, compounded by the scarcity of public transport and impassable roads. According to data from the Gender Equality Observatory for Latin America and the Caribbean and the six national time-use surveys for which this information is available, women living in rural areas spend between 1.6 and 7.1 hours per week carrying water.[7]

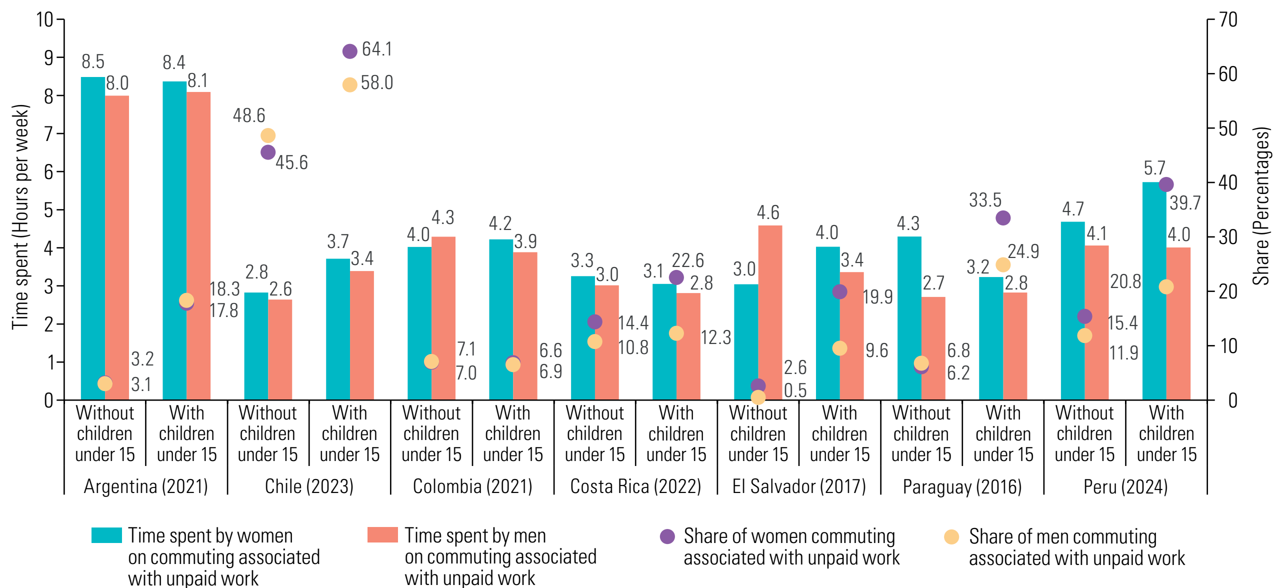
[7] ECLAC data, on the basis of the following national time use surveys included in the Time Use Information Repository of the Gender Equality Observatory for Latin America and the Caribbean: Colombia (2021), Costa Rica (2022), El Salvador (2017), Guatemala (2022), Mexico (2019) and Dominican Republic (2021).

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. Such criteria should allow all people to move about, according to their capacities, and participate in the social, cultural and economic spheres, in both urban and rural areas. In urban areas, this involves factors such as travel time, road conditions, and the frequency and safety of public transport, which influences the care workload directly. This affects women in particular, who tend to rely on public or non-motorized means of transport, and who commute with children proportionately more than men (Scuro and Vaca Trigo, 2017). Time-use surveys show that women spend more time commuting in connection with unpaid work; and their share of it is greater than that of men, especially in the case of households with children and adolescents (see figure III.2). It is therefore essential for care policies to include proximity services and to be linked to the construction of accessible, high-quality neighbourhood infrastructure and the design of public transport routes and circuits, in order to advance towards a more egalitarian social organization of care.

Figure III.2

Latin America (7 countries): share and time spent commuting in connection with unpaid care work, population aged 15 and over, by sex and the presence of household members aged 15 years or less

(Percentages and 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: The data are not strictly comparable between countries because of timing and methodological differences in the collection instruments used.

Proximity services seek to shorten distances by deploying equipment and infrastructure that reduce travel time and generate proximity spaces for the performance of care tasks. Some strategies include the development of community infrastructure and equipment at the neighbourhood level, such as the establishment of child development centres, day centres for older persons, and multigenerational recreational spaces, while also improving the accessibility and safety of public transportation (Scuro and Vaca Trigo, 2017).

Infrastructure adaptation is a key element in guaranteeing accessibility and the inclusion of persons with disabilities. As recognized in the Convention on the Rights of Persons with Disabilities (2006), the physical environment can serve as either a barrier or a facilitator for participation in society. The Inter-American Convention on Protecting the Human Rights of Older Persons (2015) states that accessible spaces are essential for reducing and preventing situations of dependency. The corresponding adaptations —which must adhere to universal design criteria— should cover not only public buildings, but also housing, transportation, recreational spaces and information technologies. Moreover, energy- and labour-saving equipment and appliances, such as energy-efficient washing machines, low-consumption stoves, water-harvesting technologies and vacuum cleaners, have the potential to reduce the time spent on household and care tasks (United Nations, 2024b). Similarly, devices to assist dependent persons, such as emergency buttons or alert watches, can increase their autonomy and ease the burden on caregivers. Nonetheless, although technological innovation and task automation processes can generate significant advances, especially in routine tasks, they are unlikely to replace the relational dimension of care (ECLAC, 2022a; ILO, 2019a). The mere existence of these innovations does not guarantee equitable access to them, since factors such as income, age and the digital divide affect people's ability to benefit from such developments. The incorporation of digital technologies by governments can help reduce the time people spend on administrative and social service procedures. Procedural simplification, the use of online platforms and the automation of processes could speed up tasks that usually involve travel, waiting and bureaucratic burdens, thus having a positive impact on the organization of time in households. For these technologies to fulfil the purpose of reducing the time spent on such tasks, they need to be designed with an inclusive approach that guarantees accessibility for all people and recognizes the gaps that exist in access to digital tools and the use made of them.

Climate emergencies and disasters place an additional burden on women and girls, both because of the extraordinary work they generate and because of the interruption to healthcare, education, transport and other services. This burden affects women and girls in particular, especially those living in poverty, rural areas, sparsely populated territories or conflict zones, and those belonging to migrant and displaced populations, among other reasons, because unpaid domestic and care work is traditionally borne by them. Integrating a care perspective into climate change adaptation and mitigation policies, and also in disaster risk reduction policies, can significantly reduce the impact of disasters on the burden of unpaid work.

Policies that increase adaptive capacity and strengthen climate resilience can reduce the need for additional care work resulting from extreme phenomena. For example, the development of climate-resilient infrastructure, such as rainwater-harvesting technologies and other safe and accessible drinking water systems, helps women reduce time and effort spent in tasks such as water collection in drought situations (United Nations Framework Convention on Climate Change [UNFCCC], 2023). It is therefore essential to incorporate a gender perspective and a care approach into the design and implementation of such policies. Likewise, the use of information technologies and the Internet are essential for early warning systems in rural areas; and they have proven supportive in generating networks among women, especially in rural areas, where they play a key role in the conservation of natural resources, treatment of diseases and food security (Menna and Fernández, 2019). The creation of a resilient structure of public services (water and sanitation, safe energy, and accessible transportation), and the incorporation of appropriate technologies in disaster response plans make it possible to alleviate the care burden that falls disproportionately on women and girls, both during and after climate disasters.

In conclusion, care policies constitute a transformative element that makes it possible to redistribute care work effectively between family, community, State and market. This not only alleviates the overburden of care that women have faced historically, but also has a positive impact on their participation in paid work. Care policies seek to recognize, redistribute and reduce the unpaid care burden, promote the payment and representation of persons who perform paid care work, and foster social and gender co-responsibility. They also directly impact women's economic autonomy and reduce their vulnerability to poverty and social exclusion. Accordingly, the implementation of comprehensive care policies and systems is a fundamental strategy for advancing towards a society that is fairer and more egalitarian and for promoting the care society.

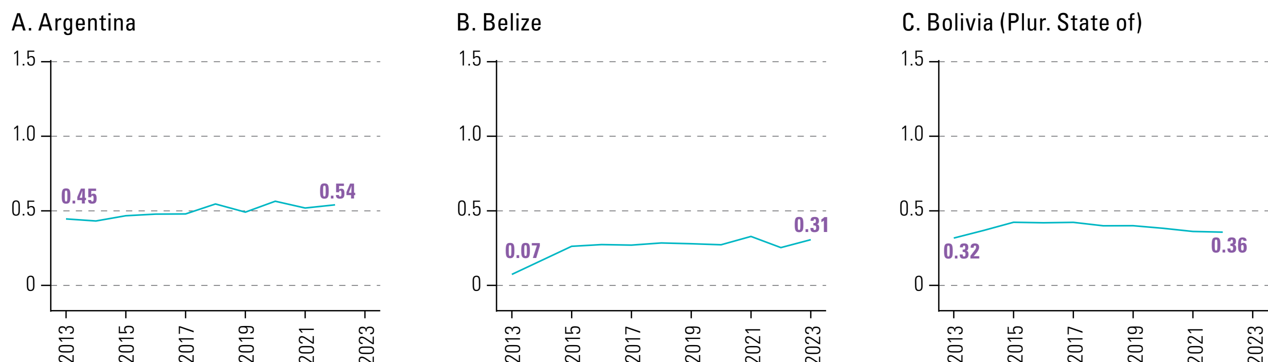
C. Taxation and financing for care

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 infrastructures 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.

Meeting the care financing challenge requires analysing the current situation and future requirements, and dressing the context of fiscal constraints through a search for different alternatives, supported by a social and fiscal pact that contributes to energizing the economy and closing gender gaps. This section analyses the trend of spending on early childhood care and education services[8] and long-term care services. It also discusses public investment needs in both the aforementioned services and in terms of childcare leave, and the returns that such investments would generate. Lastly, it considers the necessary resource mobilization and identifies potential sources of financing for these policies (non-contributory public revenues, public or private insurance, or mixed sources).

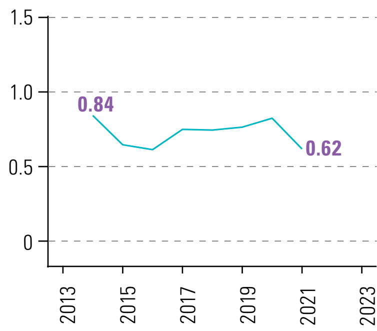
Expenditure on early childhood care and education services, as defined by the United Nations Educational, Scientific and Cultural Organization (UNESCO), is divided into early childhood educational development, targeted to children aged 0 to 2 years, and pre-primary education, for 3-year-olds until the start of primary education (Organisation for Economic Co-operation and Development [OECD], 2019; United Nations Educational, Scientific and Cultural Organization (UNESCO), 2024). Public spending on pre-primary education has remained broadly stable over the last decade in 15 of the region's countries,[9] albeit with some exceptions. According to the latest year for which information is available, this expenditure averaged 0.45% of GDP in Latin America and 0.18% in the Caribbean (see figure III.3).

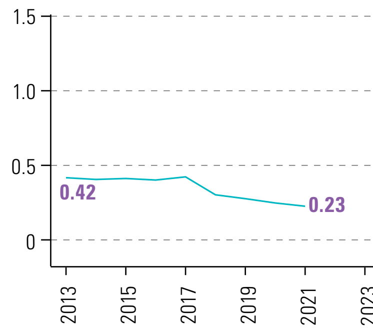
Figure III.3
Latin America and the Caribbean (15 countries): public expenditure on pre-primary education, 2013–2023
(Percentages of GDP)

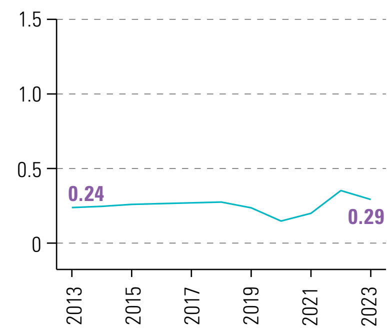


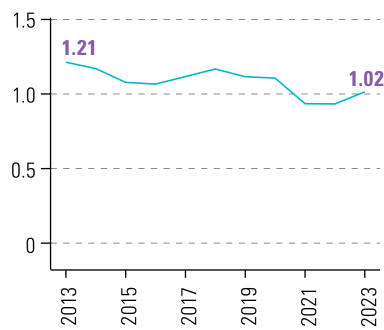
[8] The term "Early childhood education", which corresponds to level 0 of UNESCO's International Standard Classification of Education (ISCED) (UNESCO Institute for Statistics, 2013), refers to the same concept as "Childcare and early education" in the SOCX methodology (OECD social expenditure database), which CEPALSTAT uses (OECD, 2019).

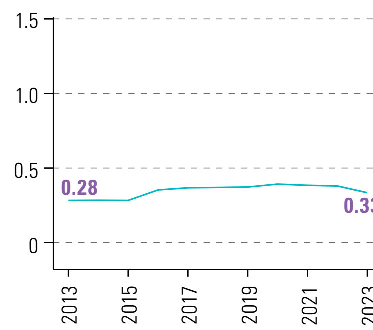
[9] Shortcomings in the available information pose a challenge for the planning and design of care policies, which makes it necessary to strengthen information systems and calculation methodologies to reflect all expenditures adequately. For example, there is no expenditure on early childhood educational development in this source.

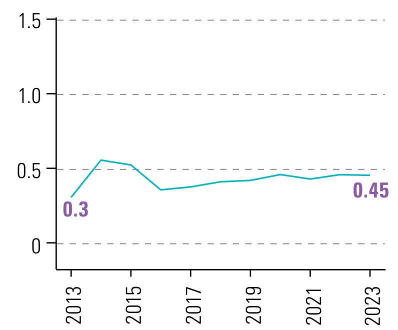


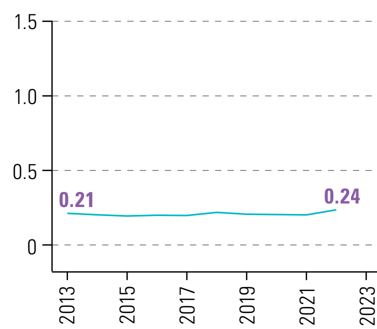


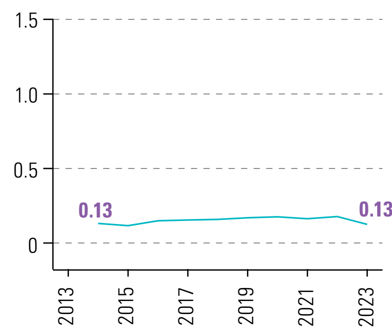


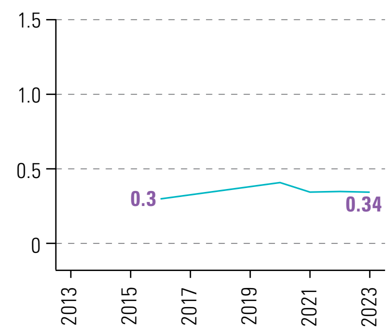


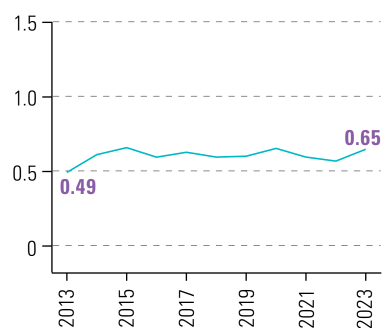


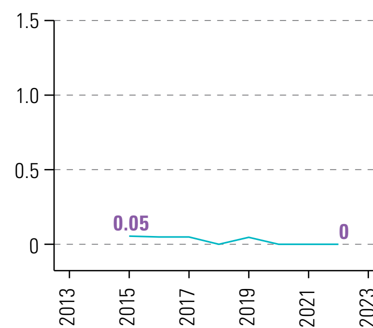


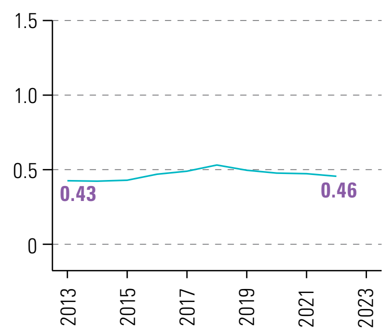












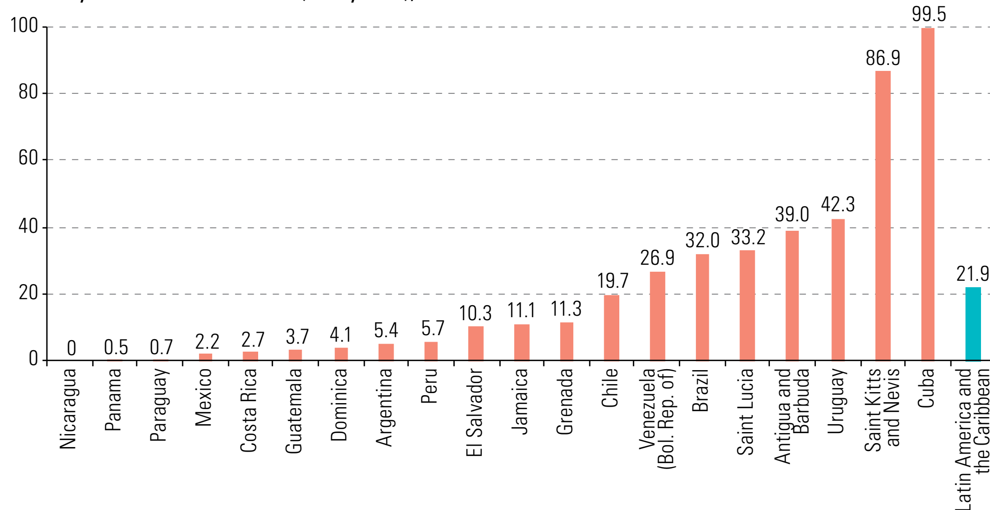
Source: UNESCO Institute for Statistics (UIS). Retrieved on 12 November 2024.
Note: Countries for which information was available for at least four years in the period analysed were selected. Points between years in which information is missing are joined with straight lines.

An analysis of the information compiled by the OECD, which includes both age brackets (spending on early childhood educational development —from 0 to 2 years old— and spending on pre-primary education —for 3-5 year-olds) shows that public spending represented 0.38% of GDP in Latin America,[10] and almost twice as much (0.70% of GDP) in OECD countries.

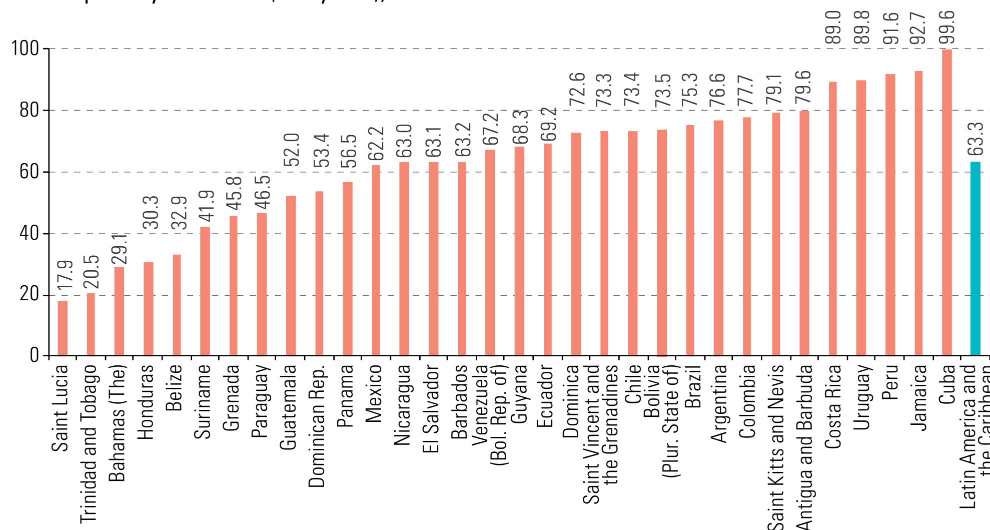
Coverage varies widely among the countries of the region; and there are also differences between early childhood and pre-primary education. In the first case, coverage barely exceeds 20%, while in the second, it encompasses around 60% of the population in the respective age group. At the 2022 World Conference on Early Childhood Care and Education, the countries made commitments to increase financing for this level of education, in particular by allocating at least 10% of education spending to the preschool level (UNESCO, 2022) (see figure III.4).

Figure III.4
Latin America and the Caribbean: net enrolment rate, latest year available
(Percentages)

A. Early childhood education (0–2 years), 20 countries



B. Pre-primary education (3–5 years), 32 countries[a]



Source: UNESCO Institute for Statistics (UIS). Retrieved on 14 March 2025.
Note: The net enrolment rate is the number of children in the age group corresponding to the level of education in question, as a percentage of the total population of that age group.

[10] ECLAC data, on the basis of CEPALSTAT https://statistics.cepal.org/portal/cepalstat/dashboard.html?theme=2&lang=es, retrieved 4 February 2025; and for Chile and Mexico based on OECD data https://www.oecd.org/en/data/datasets/social-expenditure-database-socx.html, retrieved 11 November 2024. Data correspond to the following countries: Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Mexico, Peru and Uruguay.

According to data from the World Health Organization (WHO), spending on long-term care services[11] has remained broadly stable over the last decade, at levels below 0.2% of GDP except in Colombia, where it represented more than 2% of GDP.[12] Between 2015 and 2023, the countries with the highest levels of expenditure on the health component of long-term care were Brazil (0.17% of GDP), Costa Rica (0.11% in 2016 and 0.04% in 2022) and Uruguay (0.17% in 2016 and 0.11% in 2022). In the OECD countries,[13] average expenditure amounts to 1.3% of GDP.

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).

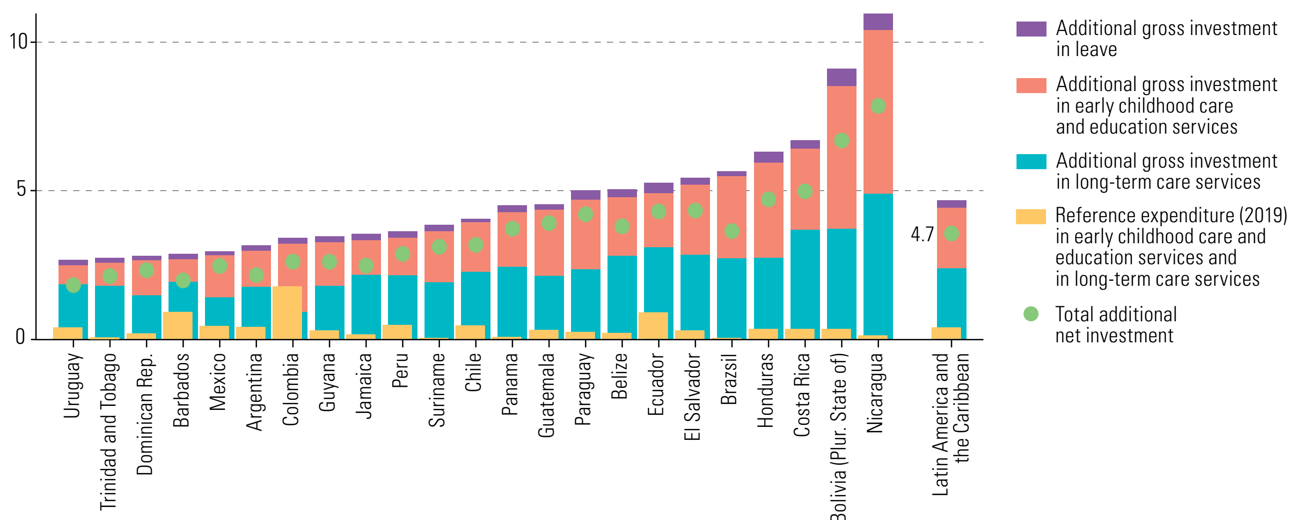
With a view to establishing scenarios for the costs and returns of these investments, ECLAC and ILO are working together on the ILO Simulator of investments in care policies for the countries of Latin America and the Caribbean. The simulated investments relate to early childhood care and education services, long-term care services and paid childcare leave, as well as breastfeeding breaks.

A comparison of baseline expenditure (2019) with the investments needed for the scenario proposed in the simulation for 2035 shows that the vast majority of countries would require significant additional investment. The levels of investment required vary, ranging from 2.7% to 11% of GDP per year, but the average amount needed would be equivalent to 4.7% of GDP. Investment in long-term care services would be slightly higher than in early childhood care and education services, while investment in licensing would be considerably lower (see figure III.5).

Figure III.5

Latin America and the Caribbean (23 countries): projected additional annual 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 simulator of investments in care policies. 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.

[11] Expenditure on long-term care services is divided into a health component and a social component. The former includes bodily support services for activities of daily living, such as help with mobility, bathing, or eating; and the latter covers assistance services or home help for instrumental activities of daily living, such as cleaning, cooking, or shopping (World Health Organization [WHO], 2022).

[12] Data retrieved on 5 February 2025 from the WHO Global Health Expenditure Database (GHED) and, in the case of Colombia, from OECD Health expenditure and financing.

[13] ECLAC data, based on OECD Health expenditure and financing, retrieved on 5 February 2025.

If this expenditure is linked to other areas of social spending, the figures are similar. For example, in 2018, public and private spending on old-age pensions in 12 of the region's countries averaged 4.9% of GDP (6.9% in OECD countries), while, in the same year, public spending on education in 32 countries averaged 4.4% of GDP (5.1% in OECD countries).[14]

In view of the above, three groups of countries are distinguished: those with additional investments below 4.5 percentage points of GDP (12 countries), those with additional investments between 4.5 and 7 percentage points (nine countries), and those with additional investments close to 10 points (two countries).

In conclusion, the region needs additional financing averaging around 5% of GDP, which should serve as a call to action for countries, international organizations and social and private actors to boost investment in care policies.

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 OECD average (OECD et al., 2024). The region's countries rely heavily on indirect taxes, which account, on average, for half of all tax revenues, compared to about one third in the OECD economies. This preponderance of indirect taxes, such as value added tax (VAT), gives a regressive bias to 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. Moreover, tax expenditures —that is, benefits that reduce the tax burden— and tax evasion and avoidance erode the State's revenue-raising capacity. According to available data, in 2021 average tax expenditures represented 3.7% of GDP in 13 of the region's countries (ECLAC, 2023b). 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 VAT in Latin America is 6.7% of GDP. 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).[15]

In this context, the measures being proposed globally to increase taxes on high-net-worth individuals and multinational corporations are encouraging. According to the study for Latin America conducted by De Rosa et al. (2024), effective tax rates taper off significantly at the upper end of the income distribution in most countries. In a report commissioned by the Brazilian G-20 Presidency on the development of a plan to establish an effective and coordinated minimum tax standard for very-high-net-worth individuals, Zucman (2004) reached a similar conclusion for some developed countries. Emerging and developing economies proposed a significant initiative in this area, which consisted of creating a body within the United Nations to promote the adoption of inclusive and effective international tax measures. In August 2024, the draft terms of reference were approved for a United Nations Framework Convention on International Tax Cooperation. In addition to defining the objectives of the framework convention, the taxation of cross-border services was proposed as the subject of the first preliminary protocol. The Committee will meet at least three times a year, and the final text of the Convention, along with its two preliminary protocols, will be submitted for consideration by the United Nations General Assembly in 2027 (United Nations, 2024a).

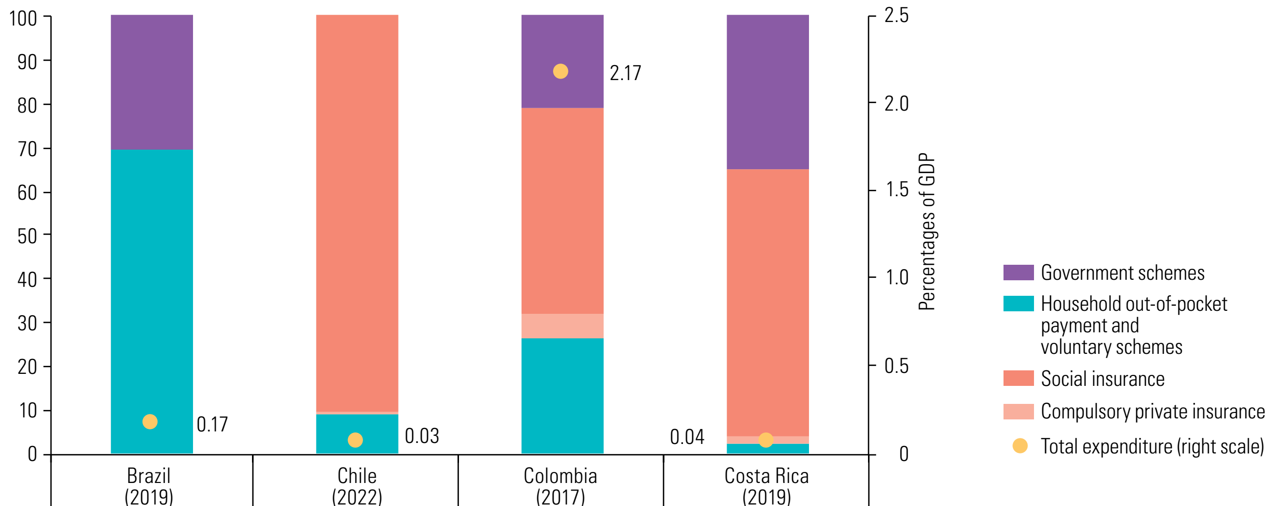
The financing of care policies can be based on several instruments or variable combinations thereof to generate solidarity care funds (Scuro et al., 2022; UN-Women, 2022). These include contributory social security models; general taxation; progressive co-payment systems; private-sector contributions; public-private partnerships at the macro level and in specific groups or sectors; care funds managed by firms (including corporate social responsibility activities), trade unions or cooperatives; individual insurance in situations of dependency; and sovereign funds financed from the exploitation of natural resources. The diversified financing of care policies should be adapted to the realities of each country, to integrate and strengthen the existing models.

[14] ECLAC data, on the basis of UNESCO Institute for Statistics, for 32 ECLAC member countries, retrieved on 13 May 2025.

[15] The figures in Tax Justice Network (2024) as a percentage of GDP were calculated using data from CEPALSTAT (retrieved on 6 February 2025). The Bolivarian Republic of Venezuela is not included in the average because the indicator has not been updated.

In the region, there are various strategies and combinations of financing sources, such as those that exist for long-term care (see figure III.6). In the countries for which information is available, where spending averages less than 1% of GDP, various sources are established to pay for this type of care.

Figure III.6
Latin America (4 countries): financing sources for long-term care (health) expenditure, latest year available
(Percentages)



Source: OECD Health expenditure and financing, retrieved on 12 December 2024.
Note: Disaggregated on the basis of Costa-Font et al. (2015). This database uses the definitions of the system of health accounts provided in World Health Organization (2022), *A System of Health Accounts 2011: Revised edition* (CC BY-NC-SA 3.0 IGO). Expenditure on long-term care services is divided into a health component and a social component. The former includes bodily support services for activities of daily living, such as help with mobility, bathing, or eating, and the latter covers assistance services or home help for instrumental activities of daily living, such as cleaning, cooking, or shopping. Data on the social component are not available for these countries.

By way of comparison, 23 OECD countries (excluding those from Latin America and West Asia, along with the United States) use taxation to finance long-term care, which accounts for 52% of total expenditure. Social insurance is also used in many countries, and a sizable group strikes a balance between the different sources of financing. On the other hand, out-of-pocket expenditures are significant in some of these countries, and, as in Colombia, private insurance is incipient in all of them (Costa-Font et al., 2015).

In terms of potential amounts inputs from households (whether actual contributions or co-payments), their level and progressivity need to be analysed to ensure that they do not deepen existing inequalities. Recent research for Argentina by Partenio et al. (2024) shows that female-headed low-income households display greater demand for care and more debt, and they make greater use of borrowing to meet basic needs. In addition, women resort to informal money lending circuits that charge high interest rates, to cover expenses related to the care of household members. Similarly, given the high degree of inequality in wages and contributory capacity, and the region's high rate of informality, it is essential that social protection and care systems be designed to include combinations of contributory and non-contributory resources.[16]

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 tackle the current care crisis, such as the promotion of gender equality, greater generation of human capabilities, creation of direct and indirect jobs and increased tax revenues.

[16] On this point, see ECLAC (2019b), for example.

Box III.3
Financing of Uruguay's National Integrated Care System

According to Act No. 19353, the National Integrated Care System (SNIC) has a specific budget programme, designed by the agencies that form part of the National Care Board. The Board sends its proposal to the executive branch for approval, which includes the budget allocations of the public bodies and agencies that are SNIC members. This is taken into account for preparation of the national budget bill and approval of the autonomous entities' budgets, if applicable.

SNIC is financed on a solidarity basis, since it is maintained mainly by general revenues. Users only have to make co-payments or pay fees for certain services and entitlements, such as telecare and personal assistants. These payments help subsidize access for those who cannot afford the service.

Source: Law 19353 https://www.impo.com.uy/bases/leyes/19353-2015 and https://oig.cepal.org/sites/default/files/2015_ley19353snic_ury.pdf.

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, 2025a). 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 region's low-growth capacity trap, 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 gross domestic product 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.

Bibliography

Aguirre, R. (1997). El maternalismo en las políticas sociales. In E. Hola and A. M. Portugal (Eds.), *La ciudadanía a debate*. Ediciones de las Mujeres (25). Isis Internacional.

Alstadsæter, A., Godar, S., Nicolaides, P. and Zucman, G. (2024). *Global Tax Evasion Report 2024*. EU Tax Observatory.

Arenas de Mesa, A. and Robles, C. (2024). *Non-contributory pension systems in Latin America and the Caribbean: towards solidarity with sustainability*, ECLAC Books (164) (LC/PUB.2024/6-P/-*).

Arza, C., Robles, C. and Arenas de Mesa, A. (2024). Non-contributory pension systems in comprehensive pension models: conceptual framework, background, challenges and opportunities in the current context. In A. Arenas de Mesa and C. Robles (Eds.), *Non-contributory pension systems in Latin America and the Caribbean: towards solidarity with sustainability*, ECLAC Books (164) (LC/PUB.2024/6-P/-*). Economic Commission for Latin America and the Caribbean.

Bennett, F. and Himmelweit, S. (2020). *Taxation and Social Security: Overview Policy Paper for the Commission on a Gender-Equal Economy*. Women's Budget Group.

Bettio, F. and Plantenga, J. (2004). Comparing care regimes in Europe. *Feminist Economics*, *10*(1), 85–113.

Collier, R. B. and Collier, D. (1992). Shaping the political arena: critical junctures, the labour movement, and regime dynamics in Latin America. *The American Historical Review, 97*(5).

Cortázar, A., Santos García, R. and Torres, E. (2024). Opportunities and challenges for quality education from the first years of life. *Project Documents* (LC/TS.2024/42). Economic Commission for Latin America and the Caribbean.

Costa-Font, J., Courbage, C. and Swartz, K. (2015). Financing long-term care: ex ante, ex post or both? *Health Economics, 24*(S1).

Daly, M. and Lewis, J. (2000). The concept of social care and the analysis of contemporary welfare states. *The British Journal of Sociology*, *51*(2).

De Rosa, M., Flores, I. and Morgan, M. (2024). More unequal or not as rich? Revisiting the Latin American exception. *World Development, 184*.

Dore, E. and Molyneux, M. (2000). *Hidden histories of gender and the state in Latin America*. Duke University Press.

Economic Commission for Latin America and the Caribbean. (2012). *Social Panorama of Latin America, 2011* (LC/G.2514-P).
Economic Commission for Latin America and the Caribbean. (2013). *Gender Equality Observatory of Latin America and the Caribbean. Annual report 2012: A look at grants, support and burden for women* (LC/G.2561/Rev.1).
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). *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. (2017b). *Social Panorama of Latin America, 2016* (LC/PUB.2017/12-P).
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). From beneficiaries to citizens: Access by and treatment of women in Latin American pension systems. *Gender Equality Observatory for Latin America and the Caribbean. Studies* (2) (LC/PUB.2019/4-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). The COVID-19 pandemic is exacerbating the care crisis in Latin America and the Caribbean. *COVID-19 Reports*.
Economic Commission for Latin America and the Caribbean. (2020b). *Santiago Commitment*. (LC/CRM.14/6).
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). *45 Years of the Regional Gender Agenda* (LC/MDM-E.2022/4).
Economic Commission for Latin America and the Caribbean. (2023a). *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P/Rev.1).
Economic Commission for Latin America and the Caribbean. (2023b). *Fiscal Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/5-P).
Economic Commission for Latin America and the Caribbean. (2023c). *Buenos Aires Commitment* (LC/CRM.15/6/Rev.1).
Economic Commission for Latin America and the Caribbean. (2024a). *Growth and the distribution of its benefits: measurement and policy recommendations. ECLAC contribution to the G20 Framework Working Group* (LC/TS.2024/111).
Economic Commission for Latin America and the Caribbean. (2024b). *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. (2024c). *Fiscal Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/5-P).
Economic Commission for Latin America and the Caribbean. (2024d). *Social Panorama of Latin America and the Caribbean, 2024* (LC/PUB.2024/21-P).
Economic Commission for Latin America and the Caribbean. (2024e). *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. (2025a). *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 on, in synergy with the implementation of the Regional Gender Agenda* (LC/MDM.66/5).
Economic Commission for Latin America and the Caribbean. (2025b). 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 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 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).
Ellingsæter, A. L. (1999). Dual breadwinners between state and market. In R. Crompton (Ed.), *Restructuring Gender Relations and Employment: The Decline of the Male Breadwinner*. Oxford University Press.
Elson, D. (2017). Recognize, reduce, and redistribute unpaid care work: how to close the gender gap. *New Labour Forum*, *26*(2). SAGE Publications.
Erceg, A., Genadek, K. and West, K. (2024). Universal full-day kindergarten and maternal labour supply: a life-cycle analysis. *Research Square*.
Esping-Andersen, G. (1990). The three political economies of the welfare state. *International Journal of Sociology*, *20*(3).
Esquivel, V., Faur, E. and Jelin, E. (2012). Hacia la conceptualización del cuidado: familia, mercado y Estado. In E. Jelin, E. Faur and V. Esquivel (Eds.). *Las lógicas del cuidado infantil: entre las familias, el Estado y el mercado*. Institute of Economic and Social Development.

Faur, E. (2011). A widening gap? The political and social organization of childcare in Argentina. *Development and Change*, *42*(4).

Faur, E. (2014). *El cuidado infantil en el siglo XXI: mujeres malabaristas en una sociedad desigual*. Siglo XXI Editores.

Figueroa, N. and Vila, J. (2024). Programas de protección social no contributiva en América Latina y el Caribe: revisión metodológica de la estimación de tendencias de cobertura e inversión. *Project Documents* (LC/TS.2024/119). Economic Commission for Latin America and the Caribbean.

Franzoni, J. and Voorend, K. (2012). Blacks, whites, or grays? Conditional transfers and gender equality in Latin America. *Social Politics: International Studies in Gender, State and Society*, *19*.

Fraser, N. (2016, July-August). Contradictions of capital and care. *New Left Review* (100).

Güezmes García, A. and Vaeza, M.-N. (2023). Advances in care policies in Latin America and the Caribbean: towards a care society with gender equality. *Project Documents* (LC/TS.2022/175/Rev.1). Economic Commission for Latin America and the Caribbean and United Nations Entity for Gender Equality and the Empowerment of Women.

Güezmes 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.

Heckman, J. J. and Masterov, D. V. (2007). The productivity argument for investing in young children. *Review of Agricultural Economics, 29*(3), 446–493.

Hugger, F., González Cabral, A. C., Bucci, M., Gesualdo, M. y O'Reilly, P. (2024). The global minimum tax and the taxation of multinational enterprise profit. *OECD Taxation Working Papers*, *68*.

Human Rights Council. (2025). *Human rights dimension of care and support Report of the United Nations High Commissioner for Human Rights* (A/HRC/58/43).

Institute for Economics and Peace. (2024). *Global Peace Index 2024: Measuring Peace in a Complex World*.

International Labour Organization. (2012). *Social Protection Floors Recommendation, 2012 (No. 202).*

International Labour Organization. (2016). *Women at Work: Trends 2016*.

International Labour Organization. (2019a). *Care work and care jobs for the future of decent work.*

International Labour Organization. (2019b). *Empowering Women in the Rural Economy. Decent Work in the Rural Economy. Policy Guidance Notes.*

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*. Regional Office for Latin America and the Caribbean and Gender, Equality, Diversity and Inclusion Branch.

International Labour Organization. (2023). *Draft outcome of the discussion by the Committee on the Application of Standards of the General Survey: Achieving gender equality at work.*

International Labour Organization. (2024a). *Resolution concerning decent work and the care economy* (ILC.112/Resolución V).

International Labour Organization. (2024b). *Las personas trabajadoras de América Latina con responsabilidades de cuidados: una mirada regional al Convenio 156*.

International Labour Organization. (2024c). *Wage policies, including living wages: report for discussion at the Meeting of Experts on Wage Policies, including Living Wages (Geneva, 19–23 February 2024).*

International Labour Organization. (2025). Innovative approaches to addressing informality and promoting the transition to formality for decent work. *Report VI*. 113th session of the International Labour Conference.

Jenson, J. (1997). Who cares? Gender and welfare regimes. *Social Politics: International Studies in Gender, State and Society*, *4*(2).

Krubiner, C. B. and Merritt, M. W. (2017). Which strings attached: ethical considerations for selecting appropriate conditionalities in conditional cash transfer programmes. *Journal of Medical Ethics*, *43*(3).

Ladhani, S. and Sitter, K. C. (2020). Conditional cash transfers: a critical review. *Development Policy Review*, *38*(1).

Martínez, A., C. and Perticará, M. (2017). Childcare effects on maternal employment: evidence from Chile. *Journal of Development Economics*, *126*.

Menna, F. and Fernández, B. (2019). *Género, TIC y cambio climático: acelerando los procesos de adaptación climática de las mujeres del Gran Chaco a través de adopción de tecnologías digitales*. Latin American Faculty of Social Sciences.

Molyneux, M., Jones, N. and Samuels, F. (2016). Can cash transfer programmes have 'transformative' effects? *The Journal of Development Studies*, *52*(8). Routledge.

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.

National Planning Department. (2024). Política Nacional de Cuidado. *Documento CONPES*.

Office of the Superintendent of Social Security. (n.d.). *Subsidio por permiso postnatal parental traspasados agrupados por año*. https://www.suseso.cl/608/w3-article-686011.html

Onaran, Ö., Oyvat, 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. (2019). *The OECD SOCX Manual 2019 Edition: A guide to the OECD Social Expenditure Database.*

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.

Partenio, F., Tumini, L., Villafañe, S. and Wilkis, A. (2024). *Endeudarse para cuidar: género y desigualdad en la Argentina*. ECLAC Books (165) (LC/PUB.2024/23-P). Economic Commission for Latin America and the Caribbean.

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. (2011). Programas de transferencias condicionadas de ingreso e igualdad de género: ¿Por dónde anda América Latina? *Women and Development Series* (109) (LC/L.3416). Economic Commission for Latin America and the Caribbean.

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).

Rossel, C. (2023). Prestaciones familiares y cuidados de larga duración: lecciones de Europa y apuestas estratégicas para un Estado de bienestar en América Latina. *Project Documents* (LC/TS.2023/29). Economic Commission for Latin America and the Caribbean.

Sainsbury, D. (1996). *Gender, equality and welfare states*. Cambridge University Press.

Salazar-Xirinachs, J. M. and Llinás, M. (2023, December). 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.

Santos García, R. (2024). Addressing inequality in early childhood: the impacts of the COVID-19 pandemic on new generations of children in Latin America and the Caribbean. *Project Documents* (LC/TS.2024/42). Economic Commission for Latin America and the Caribbean.

Scheel, I. B., Scheel, A. E. and Fretheim, A. (2020, 1 de julio). The moral perils of conditional cash transfer programmes and their significance for policy: a meta-ethnography of the ethical debate. *Health Policy and Planning*, *35*(6).

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 Vaca Trigo, I. (2017). La distribución del tiempo en el análisis de las desigualdades en las ciudades de América Latina. *¿Quién cuida en la ciudad? Aportes para políticas urbanas de igualdad.* ECLAC Books (150) (LC/PUB.2017/23-P). Economic Commission for Latin America and the Caribbean.

Shure, N. (2019). School hours and maternal labour supply, *Kyklos*, *72*(1).

Tax Justice Network. (2024). *State of Tax Justice 2024*.

UNESCO Institute for Statistics. (2012). *International Standard Classification of Education ISCED 2011*.

UNESCO Institute for Statistics. (2024). *Background Information on Education Statistics in the UIS Database*.

United Nations. (2015). *Transforming Our World: the 2030 Agenda for Sustainable Development* (A/RES/70/1).

United Nations. (2024a). *Promotion of inclusive and effective international tax cooperation at the United Nations. Note by the Secretary-General* (A/79/333).

United Nations. (2024b). Transforming care systems in the context of the Sustainable Development Goals and our Common Agenda. *UN System Policy Paper*.

United Nations. (2025a). *Sustainable Development Goals / INDICATOR 11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing*. Regional data bank for statistical follow-up to the SDGs in Latin America and the Caribbean. https://agenda2030lac.org/estadisticas/regional-data-bank-statistical-follow-up-sdg-1.html?lang=en

United Nations. (2025b). *Outcome document of the Fourth International Conference on Financing for Development* [Final draft]. https://financing.desa.un.org/ffd4

United Nations Educational, Scientific and Cultural Organization. (2022). *World Conference on Early Childhood Care and Education: Tashkent Declaration and Commitments to Action for Transforming Early Childhood Care and Education, 16 November 2022* (ED/PLS/EDP/2022/14).

United Nations Entity for Gender Equality and the Empowerment of Women. (2022). *Financing of Comprehensive Care Systems: Proposals for Latin America and the Caribbean*.

United Nations Framework Convention on Climate Change. (2023). *Progress, good practices and lessons learned in prioritizing and incorporating gender-responsive adaptation action*.

Valenzuela, M. E., Scuro, M. 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.

Vila, J. I., Robles, C. and Arenas de Mesa, A. (2024). Overview of non-contributory pension systems in Latin America and the Caribbean: analysis of their evolution and their role in old-age economic security. *Non-contributory pension systems in Latin America and the Caribbean: towards solidarity with sustainability*, ECLAC Books (LC/PUB.2024/6-P). Economic Commission for Latin America and the Caribbean.

World Bank, United Nations Entity for Gender Equality and the Empowerment of Women and University of the Republic. (2022). *Compartiendo los cuidados entre padres y madres: uso del subsidio de medio horario en Uruguay*.

World Health Organization. (2022). A *system of health accounts 2011. Revised edition* (CC BY-NC-SA 3.0 IGO).

Zucman, G. (2024). *A blueprint for a coordinated minimum effective taxation standard for ultra-high-net-worth individuals.* EU Tax Observatory.

CHAPTER

IV

Emerging trends and prospective analysis of the care sector

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

B. Care, territories and environmental sustainability

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

D. Care in the context of human mobility

Bibliography

Advancing towards gender equality and the care society is a vital transformation for the adoption of a more productive, inclusive and sustainable development model in the region (Salazar-Xirinachs, 2023). 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 (Economic Commission for Latin America and the Caribbean [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 migratory flows that alter care in both territories of origin and destination.

These trends unfold in a regional context of traps including low capacity for growth, high inequality, and low social mobility and weak social cohesion. It is thus crucial to understand how reorganizing care can help to overcome these barriers to development. 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— that must be considered in any foresight-based planning exercise aimed at designing resilient and adaptable care systems in increasingly volatile and uncertain environments. 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). This approach has made it possible to challenge traditional economic categories, showing that social well-being and the sustainability of production models depend on care work, whether paid or unpaid. 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.

The current moment presents a historic opportunity to transform the social organization of care, capitalizing on progress made in the formalization and recognition of care as a matter of public policy. Recent advances in the establishment of national care systems, the recognition of care work as formal employment and increased public investment in infrastructure provide a foundation for deeper changes that can anticipate and mitigate the impact of ongoing trends that may exacerbate the crisis.

This chapter will delve into an analysis of how the aforementioned trends are currently affecting and could affect countries in the region, with the aim of supporting governments in harnessing the opportunities that arise from ongoing transformations and in anticipating, assessing and interpreting possible future scenarios. The analysis will be complemented by the presentation of strategies to integrate these changes and trends into both specific policies and the mainstreaming of the care perspective in public policy as a whole, in order to develop a forward-looking approach that promotes more just, sustainable and caring societies.

To this end, the chapter is organized into four sections aimed at strategically thinking about the future of care policies. The first section explores the opportunities and tensions arising from the relationship between economic growth, sustainable development and the reorganization of care as both a sector and a productive standard. The second section examines the territorial dimension of care and its connection to climate change. The third analyses the effects of demographic change on long-term care needs. Lastly, the fourth section addresses human mobility and its impact on care demands in both places of origin and destination, as well as institutional responses to the needs that arise from the intersection of migration flows and care policies. Taken together, the chapter outlines a future-oriented agenda that allows States to address emerging challenges with care policies that ensure greater social co-responsibility and gender equality.

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. Moreover, advancing environmental sustainability and climate action is essential, particularly through the development of driving sectors such as e-mobility, the bioeconomy, efficient water management, the circular economy, modern services and the care economy (Salazar-Xirinachs, 2023; ECLAC, 2024a).

Investment in care systems holds potential to stimulate economic activity, generating both direct and indirect employment in labour-intensive, high-demand sectors. This investment creates job opportunities —with the potential to create an estimated 31.3 million new jobs in the region by 2035— and boosts economic growth (ECLAC, 2024e; Economic Commission for Latin America and the Caribbean and International Labour Organization [ECLAC and ILO], 2025). 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 (United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], 2020; International Labour Organization [ILO], 2023a). 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, 2023a).

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, 2019, 2022a; ILO, 2023b, 2024a). While this reality is already recognized in various international instruments and notable advances have been made in the region in terms of its incorporation into national legislation, progress has been slower when it comes to its inclusion in instruments such as social, labour and environmental standards applicable to production, investment strategies, public procurement, international trade agreements and treaties, and the regulations that govern global production chains beyond national borders.

For the care economy to become a true driver of productive transformation, sufficient investment in care is essential, as is the formalization and creation of quality jobs in the sector, the promotion of sustainable value chains and the strengthening of the State's role as guarantor of the right to care. Like other driving sectors, the care economy can benefit from productive development policies that address key dimensions such as science, technology and innovation, technological extension, digital transformation, entrepreneurship, gaps in labour market training and dedicated infrastructure, on the basis of governance modalities that coordinate multiple stakeholders, resources and efforts linked to this sector (ECLAC, 2024f). From this perspective, building a care society entails —but also transcends— the creation of care policies and systems. Indeed, there is a close relationship between productive structures and the ways in which societies organize reproductive and care processes (Federici, 2012; Mies, 1986; Picchio, 1992). The absence or weakness of care policies and systems and, more broadly, of social protection systems, increases the care burden borne by women through unpaid work, which in turn reduces the capacities of productive systems. In addition, low-productivity structures generate high inequality, low social mobility and weak social cohesion, which not only undermines social protection but also exacerbates precarious labour conditions, thereby increasing care demands within households and across income levels (ECLAC, 2024a; Villegas Plá, 2025). There is thus a need to redefine productive structures by incorporating care work and care itself as a sector capable of boosting the economy, while also assessing the impacts of productive structures on care, as essential factors for achieving sustainable and inclusive development.

1. Care as a productive sector

Care can be understood as an economic sector in its own right, comprising specific activities and services linked to care and dependency that generate employment, investment and economic growth. The care sector includes paid activities such as childcare, care for older persons, care for individuals with temporary or permanent disabilities and healthcare services. It also encompasses paid domestic work and paid permanent care work within communities to fill gaps or complement insufficient public services, or to respond to emergencies such as disasters, conflicts or wars. This conceptualization —narrower than the broader notion of the care economy, which also includes unpaid work— focuses on care as a sector with its own labour market and requirements with regard to training, certification, regulation and representation. The main challenge lies in formalizing and strengthening this sector, ensuring better working conditions and broadening its access to both public and private financing.

Focusing on paid care work and on care as a productive sector of the economy does not mean disregarding the importance of unpaid care. Rather, it highlights the urgent need to consolidate the care sector as a driver of decent employment, innovation and social and productive development. This approach draws on a feminist perspective that not only highlights and denounces the unequal distribution of care, but also demands its recognition within economic and productive models (Razavi, 2007; ECLAC, 2022a). Through formalization and improved working conditions, the care sector has the potential to promote more inclusive and sustainable productive development. 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, 2023b, 2024a). 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. This is particularly important in the current context of rapid technological progress, which calls for fostering economic activities with high potential for job creation (ECLAC, 2024f).

The care sector is also strategic in the context of demographic shifts, as it promotes job creation and formalization while enabling more people to enter the labour market. It is a labour-intensive sector with low levels of technological substitution and significant potential for job creation in areas such as health, education, social services and long-term care. This is especially important in light of growing care needs associated with population ageing and the increasing frequency of disasters. The care sector has the potential to mitigate the inequalities arising from these emerging phenomena.

Progress must be made in several priority areas to ensure the productive development of the care sector. In this regard, the resolution concerning decent work and the care economy, adopted at the 112th session of the International Labour Conference in 2024, is the first international tripartite agreement recognizing the importance of both paid and unpaid care work as a fundamental condition for the exercise of all other work. It also underscores how the current organization of care tends to worsen social and gender inequalities. The resolution highlights the fundamental links between the care economy, gender equality, decent work, sustainable development and social justice, and acknowledges the diversity and challenges of care work.

In this respect, promoting formal employment by encouraging the regulation and certification of care work is essential. To improve job quality, care must be recognized as essential work and collective bargaining should be encouraged, especially in feminized and low-paid occupations such as domestic work. It is also crucial to incorporate the sector into national accounts, measuring its contribution to GDP and employment, and highlighting its role in development. Lastly, public and private investment in care infrastructure is required to expand the availability of accessible, sustainable and quality services, with incentives for the participation of private and community stakeholders.

2. Care as a social, labour and environmental production standard throughout value chains

Beyond positioning care as a stand-alone economic sector that generates employment, investment and growth, as discussed in the previous section, 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, embedding care policies in the labour market through parental leave, flexible working hours, accessible and local childcare services, onsite workplace care facilities and lactation rooms. This situation has been acknowledged in various international mechanisms, such as the Regional Gender Agenda and International Labour Organization (ILO) instruments regarding workers with family responsibilities, as well as the resolution on decent work and the care economy adopted in 2024. Nevertheless, 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 crossborder regulation applicable to global production chains. It is essential that these instruments explicitly integrate commitments already adopted through conventions, recommendations and other agreements related to care. Effectively embedding care measures within these instruments —across various productive sectors and beyond national borders— not only fulfils a human rights obligation but also yields tangible benefits: it enhances job quality, increases productivity and narrows gender gaps, all of which are essential for a more productive, inclusive and sustainable development model (ILO, 2018; ECLAC, 2022a).

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, helping to implement a more productive, inclusive and sustainable development model. This includes those that contribute to economic growth while generating employment, as well as those that produce jobs and distribute income without necessarily driving economic growth. 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. In agriculture, manufacturing and tourism for example, women are primarily engaged in operational and service positions with limited advancement opportunities and are overrepresented in temporary and informal employment. In contrast, men predominate in higher-value added sectors, such as management, innovation and technological development, widening gender gaps in income and professional opportunities (Bidegain et al., 2023).

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 (SalazarXirinachs 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) (see box IV.1) 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 nontraditional sectors. In addition, instruments such as the European Critical Raw Materials Act, which is relevant for resourceexporting countries like those producing lithium, and voluntary standards such as the international standard on social responsibility (ISO 26000) offer additional mechanisms to introduce carerelated coresponsibility criteria. 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.

Box IV.1

European Union directive on corporate sustainability due diligence (2024) and its impact on Latin America and the Caribbean

Acting with due diligence means doing things properly and responsibly, ensuring that one's actions do not harm other persons, communities or the environment. In the realm of work and business, this entails reviewing, preventing and addressing issues such as unfair labour conditions, adverse environmental impacts or human rights violations.

The European Union directive on corporate sustainability due diligence, adopted in June 2024, requires European firms to identify, prevent and mitigate the adverse effects of their activities on human rights and the environment in their operations, supply chains and other business relationships, and to account for how they address them. The directive:

- Applies to large European and nonEuropean firms operating in the European Union and their global value chains.
- Requires companies to assess risks, implement remediation plans and ensure transparency in their operations and in their relationships with suppliers.
- Establishes sanctions and mechanisms of access to justice for affected communities, including the prohibition to commercialize products and services that do not meet the due diligence standards established by the directive.

- In Latin America and the Caribbean, it could give rise to higher social and environmental sustainability standards for exports to the European Union, particularly in sectors such as agro-industry, mining and manufacturing.

This directive could be a key tool to integrate care into production models worldwide.

Source: European Union. (2024a). Directive (EU) 2024/1760 of the European Parliament and of the Council, of 13 June 2024, on corporate sustainability due diligence and amending Directive (EU) 2019/1937 and Regulation (EU) 2023/2859. *Official Journal of the European Union*. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=OJ:L_202401760; European Union. (2024b). Regulation (EU) 2024/1252 of the European Parliament and of the Council, of 11 April 2024, establishing a framework for ensuring a secure and sustainable supply of critical raw materials and amending Regulations (EU) No 168/2013, (EU) 2018/858, (EU) 2018/1724 and (EU) 2019/1020. *Official Journal of the European Union*. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=OJ:L_202401252; European Union. (2024c). *Corporate sustainability due diligence*. https://commission.europa.eu/business-economy-euro/doing-business-eu/sustainability-due-diligence-responsible-business/corporate-sustainability-due-diligence.

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 longterm 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 positive 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 (see box IV.2).

Box IV.2

Care-related clauses in public contracts: labour standards and social co-responsibility

The inclusion of care-related clauses in public procurement contracts and bidding processes constitutes an innovative tool for embedding care-related obligations into the commercial relationships between the State and its suppliers. These clauses require that successful bidders include services, working conditions or specific measures that promote social co-responsibility for care and the well-being of both caregivers and care recipients.

A pioneering example in the field of social protection can be found in Costa Rica: since 2000, public institutions must verify that their contractors meet their employer obligations related to social security. This approach could be extended to care standards, such as the availability of childcare services for subcontracted personnel or the existence of leave policies or work arrangements compatible with care responsibilities.

These types of clause allow the State to use its purchasing power as a mechanism for social transformation, accelerating the guarantee of rights through administrative means by prioritizing promotion and prevention over corrective measures, thereby avoiding sole reliance on lengthy judicial processes. In addition, they strengthen coherence between public procurement policies and commitments related to gender equality, labour rights and co-responsibility in the organization of care.

This approach is consistent with the International Labour Organization (ILO) Labour Clauses (Public Contracts) Convention, 1949 (No. 94), which establishes that public contracts —whether for construction, goods production or service provision— must include clauses requiring contractors and subcontractors to ensure working conditions equivalent to those applicable to public sector employees.

For this mechanism to be effective, it is essential that the right in question —such as the right to care— be recognized and enforceable for public sector workers, so that it can be contractually extended across the entire production and service chain. The Convention also authorizes contracting authorities to withhold payments or deny contracts in cases of non-compliance with these rights, including by allocating funds directly to affected workers. This is grounded in the principle that companies are awarded public contracts because they provide a good or service that meets certain quality standards at the lowest possible price, in compliance with defined rights and labour standards. In other words, the lowest price cannot be justified by a failure to uphold rights.

Source: Castro Méndez, M., Carvajal Loaiza, K. and Chacón Rojas, E. (2020). Hacia una tipología de relaciones de trabajo. *Revista de la Sala Segunda* (17), Supreme Court of Justice; Costa Rica. (1983). Artículo 71, *Ley Constitutiva de la Caja Costarricense de Seguro Social CCSS*.

3. Foresight with respect to care for growth and productive transformation

The growing demand for care represents both an opportunity and a challenge for regional development. While the care sector offers significant potential for economic growth and the generation of formal employment, if care needs are not adequately addressed, they will represent an even greater barrier to the participation of millions of people —particularly women— in other productive sectors. Ignoring this reality would mean foregoing significant economic opportunities, while reinforcing structural inequalities. Proposing to place the sustainability of life at the centre of the development model is not only a response to the care crisis but also a call for a profound transformation in the way economies and societies are conceptualized and organized.

There is an urgent need to incorporate care for people and the planet as central elements of the social, economic and environmental standards that will guide productive transformation in the coming decades. The transition to green, digital and circular economies must be based on a new paradigm that recognizes the interdependence between productive development and social reproduction, on the one hand, and between human well-being and environmental balance, on the other. Without these structural changes, the care crisis is likely to deepen, exacerbating existing inequalities and undermining the very foundations of the development agenda.

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. Existing international regulatory frameworks offer strategic starting points for this integration. Despite their voluntary nature, the United Nations Guiding Principles on Business and Human Rights (see box IV.3) have provided a critical conceptual foundation by affirming the responsibility of businesses to respect human rights throughout their chain of operations, thus making it possible to argue that the right to care is an integral part of this framework.

Box IV.3
The Guiding Principles on Business and Human Rights

The Guiding Principles on Business and Human Rights, endorsed by the United Nations Human Rights Council in 2011, provide a framework to prevent and resolve adverse human rights impacts arising from business activities. They apply globally to all enterprises, regardless of size or sector, and are founded on the premise that business and human rights can be aligned to promote more equitable and sustainable economic development.

These guiding principles are structured around three core pillars:

(i) The State's duty to protect human rights: States must safeguard individuals from human rights abuses committed by businesses operating within their territory or jurisdiction. This involves legislating and regulating to prevent violations of human rights, ensuring access to justice for victims of abuses committed by businesses and integrating human rights considerations into trade and investment policies.

(ii) The corporate responsibility to respect human rights: companies must exercise due diligence to avoid committing or contributing to violations across their value chains. This includes identifying, preventing and mitigating adverse impacts of their activities, ensuring accountability for such actions, establishing clear and accessible mechanisms for access to justice —including remedies— accessible for all affected individuals and integrating human rights principles into corporate culture and business relationships.

(iii) Access to effective mechanisms of redress for victims: both States and businesses must guarantee that victims of corporate human rights abuses can access effective remedy through judicial and extrajudicial mechanisms. This includes accessible and credible internal reporting channels within companies and efforts to enhance international cooperation for greater accountability.

Effective implementation of these principles requires commitment from both States and businesses, including the establishment of accessible monitoring and remedy mechanisms for affected individuals and communities. While the guiding principles' voluntary nature has limited their reach in terms of concrete progress, they have nonetheless been instrumental in informing national and regional legislation that provides material incentives for transforming value chains.

Source: Office of the United Nations High Commissioner for Human Rights (2011). *Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework* (HR/PUB/11/04).

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. However, achieving this shift requires concrete, coordinated action between the State, the private sector and civil society along with sufficient investment, suitable regulation and protection mechanisms for care workers. Formalizing employment in the care sector, integrating care into value chains and incorporating standards of social co-responsibility will be central to advancing this transformation.

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. Building a caring society is not only possible —it is necessary for fostering more equitable, resilient and inclusive economies. The transformation is already under way; the challenge lies in accelerating its pace and ensuring that human well-being becomes a cornerstone of the development model.

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. The call to focus efforts on the vital transformations required to move in this direction demands particular attention to this interrelation, in order to adopt a situated and intersectional approach to addressing the multiple impacts of climate change and environmental degradation.

Territory is understood as a space encompassing geographical, social, cultural, political and economic dimensions, where relationships, cultural practices and collective identities are forged. As a multidimensional space, it is not merely a physical environment, but also a site of social relations, shared meanings and processes of social construction. Within it, both cooperation and conflict take place, shaping social structures and structural inequalities that affect its inhabitants (ECLAC et al., 2025).

1. The environmental dimension of care for a territorial policy approach

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. These policies are based on common values such as equality, universality, progressivity and non-regression, and on principles that include interdependence and social and gender co-responsibility. Intended to safeguard human life and the environment, they are modified to suit the socioeconomic and cultural characteristics of each context, while also bearing in mind human rights, gender equality, decent work and the right to care (ECLAC et al., 2025).

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). Environmental degradation has measurable impacts on human health and well-being that intensify the demand for care (Bauhardt and Harcourt, 2020; Cielo and Coba, 2018; Floro and Poyatzis, 2018). The unsustainability of the prevailing development pattern arises from the exploitation both of nature and of the work and time of women, whose unpaid domestic and care work operates as an "adjustment variable to alleviate both the effects of environmental degradation and shortcomings in the provision of care services" (ECLAC, 2022a, p. 23). A comprehensive approach is thus essential for developing sustainable, equitable care systems amid the current environmental and climate crisis. Absent or insufficient care, health, social protection and other services and infrastructure, combined with the distance between the facilities that provide some of them, increase the time required and difficulty of accessing basic goods and services —such as water, sanitation, energy, mobility, medical care, education, and information and communications technology (ICT)—, exacerbating inequalities (ECLAC et al., 2025).

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. Climate change, biodiversity loss and environmental degradation have accelerated and intensified to become interconnected crises. The Intergovernmental Panel on Climate Change estimates that a global mean temperature rise of 3°C above pre-industrial levels would result in a tenfold increase in the extinction risk of endemic flora and fauna (Intergovernmental Panel on Climate Change [IPCC], 2023). Such an ecosystem and biodiversity loss would threaten sources of food, water and air, undermine health and safety, and jeopardize humanity's survival, especially in the countries of the global South, such as those of Latin America and the Caribbean. The region, as the second most vulnerable in the world to the effects of climate change, faces significant challenges, in the form of disasters such as heatwaves, forest fires, droughts, storms, flooding, landslides, epidemics, mass displacement and insect infestations, with more than 1,500 such events recorded between 2000 and 2022, affecting more than 190 million people (Office for the Coordination of Humanitarian Affairs and United Nations Office for Disaster Risk Reduction [OCHA and UNDRR], 2023).

Of particular concern is the situation of Caribbean island States and territories, whose characteristics and geographical location render them particularly vulnerable to such effects (World Meteorological Organization [WMO], 2025). In 2024, hurricanes Oscar and Rafael damaged more than 40,000 hectares of crops in Cuba, affecting the food supply of 2 million people in Havana. The heavy rains associated with these hurricanes also compromised the agricultural livelihoods of 15,000 people in rural areas of the Dominican Republic. In addition to multiple hurricanes and rising sea levels, Barbados, Grenada and Trinidad and Tobago suffered severe droughts in 2024. Grenada experienced its worst water crisis in 14 years, while the authorities in Trinidad and Tobago were forced to restrict water use until mid-2024 (WMO, 2025).

As natural resources dwindle and disasters intensify, the weight of unpaid domestic and care work, which falls largely to women and girls, becomes even more burdensome, deepening structural inequalities and limiting the potential for resilience to environmental impacts. Faced with this reality, the region's countries, at the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean in 2022, established specific agreements in the Buenos Aires Commitment on addressing the effects of climate change and on the consideration of environmental sustainability.[1]

Integrating a gender, intersectional and intercultural perspective into policies aimed at enhancing adaptive capacity, strengthening resilience and reducing vulnerability to climate change requires a profound transformation of how care work is managed and distributed at the territorial level. In that regard, it is essential to analyse the climate effects arising from the dominant global patterns of production, consumption, energy use and technology (ECLAC, 2017b), focusing on their expression in each territory. Differentiated impacts in different territories should be considered from a situated, intersectional perspective to design a response to the climate crisis —which is also a care crisis— that is suited to local realities and is implemented in dialogue with local governments and communities centred around care.

Populations that reside in the territories hardest hit by climate change impacts —especially women in Indigenous, rural and island populations— are often underrepresented in decision-making spaces, although they bear the primary responsibility for sustaining livelihoods in their territories, through their work to ensure food security and to supply water and energy, in particular to meet the health and care requirements of those in need. In this context, it is important to consider women's contribution to climate change mitigation as producers, paid or unpaid workers, and consumers, and as researchers in the areas of clean, safe technology and energy, and public policymakers (ECLAC, 2017b).

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". Their participation is essential to ensure that climate change mitigation and adaptation strategies respond effectively to the differentiated needs of men and women, and that the abovementioned intersectionality is factored in. Along those lines, the region has the Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean (Escazú Agreement), which was adopted in March 2018 and entered into force in April 2021. In this context, at the third meeting of the Conference of the Parties to the Escazú Agreement, held in April 2024, countries adopted decision III/4 on mainstreaming the gender perspective, which supports and encourages efforts aimed at integrating and strengthening the gender perspective in matters related to the Escazú Agreement, promotes the full and effective participation of women in all their diversity, including Indigenous women, in the implementation of the Agreement, and recommends action to prevent discrimination and gender-based violence against women defenders. The aim of the Agreement, which represents a great stride forward in the recognition of human rights relating to environmental matters, is to ensure the right of all persons to have access to information in a timely and appropriate manner, to participate meaningfully in making the decisions that affect their lives and their environment, and to access justice when

[1] In paragraph 16, member States agree to "integrate the gender, intersectional and intercultural perspective into national policies, initiatives and programmes on the environment, climate change adaptation and mitigation, and disaster risk reduction, recognizing the differentiated risks for and effects on women, adolescent girls and girls in all their diversity, especially women subject to multiple and intersecting forms of discrimination and violence and environmental defenders".

those rights have been infringed. The Escazú Agreement and the Regional Gender Agenda bring together, and are themselves, fundamental and complementary agreements for sustainable development, environmental justice and gender equality.

The differentiated impacts of climate change on men and women have also been noted in the context of the United Nations Framework Convention on Climate Change. In the enhanced Lima work programme on gender and its gender action plan, adopted at the twenty-fifth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, it is recognized that "climate change impacts on men and women can often differ owing to historical and current gender inequalities and multidimensional factors and can be more pronounced in developing countries and for local communities and Indigenous Peoples" (decision 3/P.25). At the twenty-ninth session of the Conference of the Parties, the enhanced Lima work programme on gender was extended for a period of 10 years (decision 7/CP.29). In 2025, in the framework of the Paris Agreement, countries will submit new national action plans as part of their nationally determined contributions, and a new gender action plan is expected to be adopted at the thirtieth session, to be held in Belém, Brazil, in November. Under this new gender action plan, governments must be able to establish an ambitious road map to address the effects of climate change on the social organization of care. International recognition of the relationship between climate change and care remains minimal and it is critical for environmental agreements to reflect the importance of the repercussions of climate change and environmental degradation on care.

2. Impacts of climate change on the social organization of care

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). In low-income rural areas, where the opportunities for paid work are few, smallholder production is the financial mainstay for many households (ECLAC, 2024d). This production is seriously affected by climate change impacts, reducing families' capacity to grow food and generate income. Although these processes affect all populations, the territories in which rural and Indigenous women reside are especially impacted (ECLAC, 2024d). In rural, Indigenous and farming zones, for example, care work plays a fundamental role in safeguarding biodiversity, which is very fragile and subject to exploitation. 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, 2017b).

Turning to food security, following the coronavirus disease (COVID-19) pandemic and the ensuing economic crisis, the latest estimates for Latin America and the Caribbean show that undernourishment and food insecurity declined for two consecutive years, in a trend unique to the region (Food and Agriculture Organization of the United Nations [FAO] et al., 2025), which reflects the economic recovery and support provided by social protection systems, especially in some South American countries. However, the prevalence of undernourishment varies significantly across subregions: while progress has been made in reducing hunger in South America, no significant shift has been recorded in Central America, and the Caribbean has the highest prevalence of hunger in the region (FAO et al., 2025). Data from 2023 on Sustainable Development Goal 2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture) revealed a gender gap for moderate or severe food insecurity, to the detriment of women, of approximately 1.0 percentage points in all global regions except Latin America and the Caribbean, where the gap rose to 5.2 percentage points: 30.3% of women and 25.1% of men experienced food insecurity over that period (ECLAC and UN-Women, 2025; FAO et al., 2024). 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 (see box IV.4).

Box IV.4
The effects of heatwaves, hurricanes, flooding and droughts on care work

Climate change is profoundly disrupting environmental conditions in increasingly unpredictable ways, making it difficult to implement traditional approaches to managing climate-related threats. It also hinders social planning and interventions that do not consider their interlinkages with the ecosystems in which they occur. While reducing existing social inequalities is essential for enhancing adaptive capacity to climate impacts, it will be equally imperative to develop specific capacities to address the needs that emerge as environmental transformations and their consequences become apparent (Lemos et al., 2016). What does this mean for the care society?

Climate change has increased the frequency and intensity of extreme events and shifted their geographical distribution and periodicity (Bell et al., 2018). Providing care in extreme weather conditions —such as heatwaves, flooding and droughts— requires adjustments to the time, care practices and resources required (Sánchez, 2024). A sudden climate shock, such as a hurricane or heatwave, rapidly affects city infrastructure, the functioning of health and care services and the very demand for care, as extreme weather conditions trigger changes in the needs of those who require and provide care. For instance, older persons' physiological responses to high temperatures and certain pre-existing cardiovascular, kidney or mental health conditions render them more vulnerable to extreme heat (Meade et al., 2020). Similarly, the displacement often needed in the event of a hurricane entails providing care under circumstances that are not merely unusual but extreme: in emergency shelters, with insufficient supplies and under conditions that endanger the health and lives of children and mothers (Peek and Fothergill, 2008; Sánchez, 2024). In both cases, extreme weather events increase the time required to provide care, as caregiving tasks in the home intensify while health and care services deteriorate or even cease to operate altogether (Sánchez, 2024; Nunes, 2018). This is illustrated by the events in Dominica in the wake of Hurricane María, in 2017: women, older persons and children were in the majority in all the country's shelters, and women over 65 years of age provided most of the necessary care, both in shelters and elsewhere (Government of Dominica, 2017).

In terms of events that emerge over time, droughts, which were widespread in Latin America in 2023 (World Meteorological Organization [WMO], 2024), are still the most frequent, and also have implications for care and gender inequalities. Droughts gradually undermine household resources, both material resources and support networks, which reduces their certainty with regard to future environmental conditions (Baez et al., 2017; Arceo-Gómez et al., 2020; Hernández-López et al, 2024). One of the clearest impacts of drought is its effect on the food security of both rural and urban households, owing to lower agricultural production and higher prices (Food and Agriculture Organization of the United Nations [FAO] and others, 2023). This forces them to adopt new strategies, including migration, holding multiple jobs, and increasing production for personal consumption, a task that often falls to women (Baez et al., 2017; Arceo-Gómez et al., 2020; United Nations Development Programme [UNDP] et al., 2023). Moreover, less food is consumed under these circumstances, which disproportionately affects

women and their nutrition. In 2021, 45.2% of women and 33.9% of men in the region suffered from some degree of food insecurity, a gap which, at 11.3 percentage points, was the largest in the world (FAO et al., 2023). Water stress also contributes to the transmission of communicable diseases, with higher rates among children, placing a caregiving burden on women, especially mothers.

Source: Arceo-Gómez, E. O., Hernández-Cortés, D. and López-Feldman, A. (2020). Droughts and rural households' wellbeing: evidence from Mexico. *Climate Change*, 162, 1197-1212. https://doi.org/10.1007/s10584-020-02869-1; Baez, J., Caruso, G., Mueller, V. and Niu, C. (2017). Droughts augment youth migration in Northern Latin America and the Caribbean. *Climate Change*, 140, 423-435. https://doi.org/10.1007/s10584-016-1863-2. Bell, J. E., Brown, C. L., Conlon, K., Herring, S., Kunkel, K. E., Lawrimore, J., Luber, G., Schreck, C., Smith, A. and Uejio, C. (2018). Changes in extreme events and the potential impacts on human health. *Journal of the Air & Waste Management Association, 68*(4), 265–287. https://doi.org/10.1080/10962247.2017.1401017. Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, Pan American Health Organization, World Food Programme and United Nations Children's Fund. (2023). *Regional Overview of Food Security and Nutrition – Latin America and the Caribbean 2022: towards improving affordability of healthy diets*; Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, Pan American Health Organization, World Food Programme and United Nations Children's Fund. (2021). *Latin America and the Caribbean – Regional Overview of Food Security and Nutrition 2021: statistics and trends*; Government of Dominica. (2017). *Post Disaster Needs Assessment Hurricane Maria September 18, 2017: A Report by the Government of the Commonwealth of Dominica*; Hernández-López, J. A., Puerta-Cortés, D. X. and Andrade, H. J. (2024). Predictive analysis of adaptation to drought of farmers in the central zone of Colombia. *Sustainability*, 16(16). https://doi.org/10.3390/su16167210; Lemos, M. C., Lo, Y.-J., Nelson, D. R., Eakin, H. and Bedran-Martins, A. M. (2016). Linking development to climate adaptation: leveraging generic and specific capacities to reduce vulnerability to drought in NE Brazil. *Global Environmental Change, 39*. https://doi.org/10.1016/j.gloenvcha.2016.05.001. Meade, R. D., Akerman, A. P., Notley, S. R., Mcginn, R., Poirier, P., Gosselin, P. and Kenny, G. P. (2020). Physiological factors characterizing heat-vulnerable older adults: a narrative review. *Environment International, 144*, 105909. https://doi.org/10.1016/j.envint.2020.105909; Nunes, A. R. (2018). The contribution of assets to adaptation to extreme temperatures among older adults. *PLoS ONE, 13*(11): e0208121. https://doi.org/10.1371/journal.pone.0208121; Peek, L. and Fothergill, A. (2008). Displacement, gender, and the challenges of parenting after Hurricane Katrina. *NWSA Journal, 20*(3), 69-105. https://dx.doi.org/10.1353/ff.2008.a256897. United Nations Development Programme, Food and Agriculture Organization of the United Nations and Red de Mujeres Rurales. (2023). *Las voces de las mujeres rurales en América Latina y el Caribe ante las crisis multidimensionales*; 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]; World Meteorological Organization. (2024). *State of the Climate in Latin America and the Caribbean 2023* (WMO-No. 1351).

Lastly, climate change impacts hinder access to healthcare, especially maternal care and childcare and specialized long-term care. 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. Moreover, heatwaves, which are exacerbated by climate change, significantly increase cardiovascular and respiratory illnesses, especially for those with heat vulnerability stemming from physiological factors, such as age and health status, or from exposure factors, such as occupational and socioeconomic conditions (WHO, 2024a). This situation is further aggravated by intensified impacts on mental health and self-care, as stress stemming from high temperatures, displacement, undernutrition and climate disaster-linked economic and social losses disproportionately affects women, who already experience heightened anxiety stemming from the resource scarcity and insecurity generated by climate change (Sellers, 2016).

Climate change and environmental degradation have also exacerbated socioenvironmental conflicts (ECLAC, 2022a). In recent decades, such conflicts have increased in both number and kind, and new socioenvironmental, rural and urban movements have joined in, as have cultural groups, non-governmental environmental organizations and feminist environmentalists, among others (Svampa, 2017; ECLAC, 2022a). 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.

As discussed, the organization of care varies across territories, whether within the same country or across different ones. Adopting a situated approach is therefore essential for understanding the structural dynamics of a given territory. In Latin America, for instance, phenomena related to the large-scale exploitation of natural resources for export, unchecked by environmental sustainability standards, strain the social fabric and undermine sustainable development, affecting care and deepening all forms of inequality. The extraction

and processing of minerals and other commodities thus 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, 2024d). 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 abovementioned 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, 2024d).

3. Foresight with respect to care, territories and environmental sustainability

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 must be designed for emergency response capacity and adaptability. For example, this could mean establishing centres to provide cooling and care for older persons or those with disabilities during heatwaves. Over the long term, scenario planning is required to design appropriate responses to the shifting care needs that may emerge under changing climate conditions. Some of the region's countries are already incorporating this approach in their strategies to transition to a sustainable production model (ECLAC et al., 2025).

Care work, in addition to sustaining daily life, is essential for climate change adaptation and mitigation. Just a few countries have incorporated gender equality, climate change, the environment, disaster risk reduction and financing into national sustainable development strategies. Climate change response strategies include measures with a gender perspective that encourage women's organizations to participate in developing environmental plans and programmes. Advancing towards climate stability and environmental sustainability with gender equality and care at the centre requires a considerable increase in public and private financing.

In this context, significant gaps persist: funding allocated to care policies remains limited and the lack of data disaggregated by sex and by territory limits the ability to accurately assess the differentiated impacts of environmental policies (ECLAC, 2022a). As a result, integrating investment in care infrastructure into climate action agendas emerges as a strategic priority to strengthen response capacity in the face of crises.

Ensuring that women, in all their diversity, have access to the economic resources needed to strengthen their capacity to cope with the impacts of climate change is also an urgent matter. Promoting initiatives that foster women's economic autonomy is essential and should constitute a strategic line of action within development policies linked to climate change and care, as adaptation strategies will remain constrained and ineffective in the absence of adequate financial resources.

It is also critical to strengthen research and capacity development with diverse local teams specialized in environmental and gender studies with a view to facing the challenges posed by the climate crisis without reproducing or intensifying existing inequalities. This entails incorporating the plurality of ecofeminist action and the leadership of young researchers to generate more inclusive and transformative knowledge. Advancing research in the areas of climate, gender and health within the Latin American and Caribbean context also requires the creation of inter-agency collaboration networks that facilitate cooperation and knowledge exchange (Moïse, 2024).

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, 2024c). Green jobs are defined as those that help to preserve and restore the environment either in traditional sectors, such as manufacturing and construction, or in new or emerging sectors, such as renewable energy and energy efficiency. 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. The expanded care sector, which includes health, education and personal care services, is essential to this process. 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).

Climate change adaptation strategies often overlook women's knowledge, experience and capacities to address these challenges. 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. Local adaptation strategies include activities such as the recovery of native plants, training in adequate waste management (both recyclable and non-recyclable), traditional aquaculture, ancestral medicine and ecotourism, along with a return to agroecological farming practices for both subsistence and commercial purposes (Aguilar Revelo, 2021).[2] In this respect, it is important to highlight policy measures that, by recognizing the knowledge and experiences of women in sustainable agricultural practices within their territories and communities, promote agroecological practices from a gender perspective. A noteworthy example is Uruguay's Gender and Climate Change Action Plan. SNRCC - 2020/2024 (Ministry of the Environment of Uruguay, 2021).

There is growing recognition that Indigenous communities possess profound ancestral knowledge of nature (Smith et al., 2021) and that the knowledge and practices of Indigenous Peoples and local communities make a significant contribution to the conservation and sustainable use of biodiversity (Schipper et al., 2022). However, this knowledge has been systematically undervalued and deeply rooted structural barriers have inhibited the role, contribution and, ultimately, the representation of Indigenous women. As a result, the Permanent Forum on Indigenous Issues has called upon United Nations Member States to adopt concrete measures to strengthen the role of Indigenous Peoples, ensuring their full and effective participation in decision-making processes (Economic and Social Council, 2024). It is important to remember that, for Indigenous Peoples, land, territories and natural resources are not merely productive assets. Rather, they hold profound cultural and spiritual meanings linked to their world views and community-based forms of organizing care (ECLAC, 2022a). Accordingly, transformations that affect these elements have differentiated and specific impacts on Indigenous Peoples (ECLAC, 2022a, 2025).

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 example, if the time spent on unpaid work required to implement an adaptation strategy is not taken into account, women's total workload may end up growing, thereby perpetuating or even increasing the burden of care. Similarly, infrastructure projects

[2] See the project on enhancing resilience of communities to the adverse effects of climate change on food security, in Pichincha Province and the Jubones River basin (FORECCSA) (https://www.adaptacioncc.com/genero-adaptacion/fortalecimiento-resiliencia) and the Amazonian Integral Forest Conservation and Sustainable Production Program (PROAmazonía) (https://www.proamazonia.org/).

that prioritize physical protection but neglect essential care services —such as childcare or elder care— can undermine community resilience and deprive those in need of care of critical resources. Thus, maladaptation not only compromises the effectiveness of climate responses, but may also exacerbate the precarious status of women, girls and boys, older persons and persons with disabilities. 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). In this context, and in the lead-up to the thirtieth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, it is essential to highlight the central role of care and gender equality in building resilience. 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 their adaptation strategies (Moïse, 2024).

Similarly, community-based care work must be considered comprehensively in the response to climate change. Community spaces such as ecosystem protection and conservation networks (including the care of water sources, highland moors and mangroves) serve as mechanisms for climate change adaptation and contribute to the implementation of sustainable practices for both the environment and public health (The Nature Conservancy, 2024). However, this recognition must be accompanied by a comprehensive State response that avoids overburdening communities. In many climate-related projects, such as those involving reforestation, land rehabilitation or waste management, the unpaid labour of communities, especially of women, is taken for granted. Nevertheless, this work, which is largely invisible and unpaid, further increases women's workloads without acknowledging the intrinsic link between caring for the planet and caring for people.

For care policies to incorporate a territorial approach, it is essential to establish a governance model that prevents service fragmentation, ensures quality and equitable access across the territory and incorporates elements that facilitate the adaptation of services to local needs. This requires the involvement of subnational governments, which typically have knowledge of the resources, available infrastructure and social and economic organization of their territories. Such knowledge equips them with critical tools to respond swiftly and effectively to emerging problems (ECLAC et al., 2025). Local governments often have insights into potential funding sources and opportunities for synergy, which can support the design of public policies, as well as access to spaces and potential partnerships with local institutions and organizations. This allows them to optimize resources and develop innovative, context-sensitive solutions. Moreover, they are well positioned to implement proximity-based public policies, which are particularly relevant in the domain of care given the socioaffective and interpersonal nature of these tasks. Lastly, while participation can and should occur at different levels, local-level engagement offers advantages stemming from the close bonds that communities tend to develop in this area (ECLAC et al., 2025; Bango et al., 2024; Falú and Pérez Castaño, 2024).

Societies in the region must rethink care as part of their strategies to address climate change. The implementation of policies aimed at advancing towards a care society will not only contribute to gender equality, but also enhance the capacity and resilience of communities to face the environmental challenges of the twenty-first century. Gender-responsive climate adaptation must be a priority for governments in order to ensure that women have access to the resources and economic opportunities needed to increase their autonomy and resilience in the face of extreme weather events. Meeting international commitments and strengthening synergies in the areas of gender, care, climate change and environmental sustainability are essential to achieving more productive, inclusive and sustainable development.

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

Demographic transformations, characterized by rapid population ageing and the rising number of dependent persons and persons with disabilities, are generating growing demand for long-term care and support. As these transformations unfold, the prevalence of care dependency is also increasing. 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, 2014; Esquivel et al., 2012). In this sense, all people require care on an ongoing basis, although the intensity and urgency of such care vary throughout the life cycle and according to individual circumstances. Long-term care refers to the support provided to people of all ages who have long-term functional dependency (ILO, 2024b).

Long-term care is often associated with needs stemming from disability, chronic illness or injury that limit an individual's ability to perform basic personal care tasks or everyday activities, such as eating, bathing, dressing and personal mobility. This challenge is compounded for older persons owing to environmental and social barriers that hinder self-reliance (Huenchuan, 2024). 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 article 1 of the Convention on the Rights of Persons with Disabilities (2006), persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The criteria used to define capability, disability and dependency vary by context and may be shaped by social, environmental, geographical or economic factors, among others. Therefore, internationally agreed scales and definitions need to be adapted to local contexts, particularly in light of the ongoing lack of consensus at the global level regarding a definition of long-term care, which affects the coherence of care modalities worldwide (Huenchuan, 2024). The Convention recognizes the right of persons with disabilities to live independently and be included in the community. Article 19 establishes that States Parties should take effective and appropriate measures to ensure that persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community and to prevent isolation or segregation from the community.

Likewise, the Inter-American Convention on Protecting the Human Rights of Older Persons (2015) affirms the rights of older persons to receive long-term care services. Other international instruments also underscore the importance of care for dependent older persons and outline road maps for upholding their rights. These include the Madrid International Plan of Action on Ageing (2002), the Montevideo Consensus on Population and Development (2013), and the World Health Organization plan of action for the Decade of Healthy Ageing 2021–2030 (2020). In line with these agreements and in response to the growing demand for long-term care, the region must move towards strengthening care systems through comprehensive care and support programmes that promote autonomy and incorporate the perspective of persons receiving and providing care, actively engaging them to identify needs and optimal solutions appropriate to their context.

1. Long-term care needs and deepening inequalities

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, 2024e), and the latest projections for 2025 estimate a ratio of 153.8 women per 100 men.[3] Projections show this indicator decreasing slightly in the coming decades, but always remaining above 120 women per 100 men (ECLAC, 2024b). 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, 2024e; PAHO and ECLAC, 2023).

[3] The estimates and projections of the urban and rural population and the labour force presented in this section were prepared by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC and are available at https://www.cepal.org/en/node/66640.

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 more likely than men to experience old age as widows, 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, 2024b). The current social organization of care, unequal access to the labour market and, consequently, women's lower effective participation in contributory social protection result in gaps in pension coverage and insufficiency of pensions in old age. In Latin America, in 2023, 16.8% of women aged 60 and over had no income of their own, compared with 6.8% of men in the same age group (see figure II.11 in chapter II).

These vulnerabilities are more pronounced among women living in rural areas and among Indigenous women. Moreover, the percentage of older persons living alone has been on the rise in recent decades, with higher rates observed in rural areas than in urban areas (Huenchuan, 2018). In rural settings, older persons face limited access to basic services and specialized health care. As a result of internal migration, many people of working age have relocated to urban areas, leaving many older persons, especially those with some type of disability or a high degree of dependency, without family care networks. Often, the provision of care in such contexts falls to other older persons, especially women, who care for their partners or parents in the 80-and-over age group (ECLAC, 2024e).

As previously mentioned, however, disability and dependency can occur at any point in the life cycle and not only in old age. Globally, both the number of older persons and the number of people living with noncommunicable diseases or injuries resulting from accidents is on the rise. These demographic and epidemiological shifts contribute to the rapid increase in the number of persons experiencing disability, alongside a decrease in the number of years lived with full functionality (Cieza et al., 2020). Not all persons with disabilities —understood as the interaction between impairments and environmental and cultural barriers that hinder full and equal participation in society— experience a situation of functional dependency (ILO, 2022; Huenchuan, 2024). Estimates of the share of the population living with a disability in Latin America and the Caribbean range between 6.5% and 15.0% (ECLAC, 2022b, 2024e; García Mora et al., 2021; Huenchuan, 2024).[4]

The specific needs associated with disability, in turn, translate into higher expenditures owing to the adjustments and support that persons with disabilities require to maintain autonomy. Similarly, the time involved in providing long-term care contributes to deepening socioeconomic inequalities in the region. A World Bank study found that, in most countries analysed, monetary poverty rates were higher among households with members with disabilities than in other households (García Mora et al., 2021). In countries with smaller gaps, such as Chile and Uruguay, targeted cash transfers were in place to address the needs of persons with disabilities (ECLAC, 2024e; García Mora et al., 2021).

Patterns of inequality in the organization of domestic and care work in homes continue into old age. As in other stages of the life cycle, older women devote a greater share of their time to care than men in the same age group, and they never truly retire from their unpaid care roles. Time-use surveys show that older women remain more heavily involved in unpaid domestic and care work than men. After age 65, women continue to spend over 30 hours per week on unpaid work. Some of the care tasks they perform are strenuous and highly physically demanding, which implies ergonomic risks that affect health, such as awkward or inadequate postures, repetitive movements, heavy lifting and lack of rest (Osinuga et al., 2021). Such situations compromise the ability of older women to care for themselves, including the time needed for healthcare, sleep and rest.

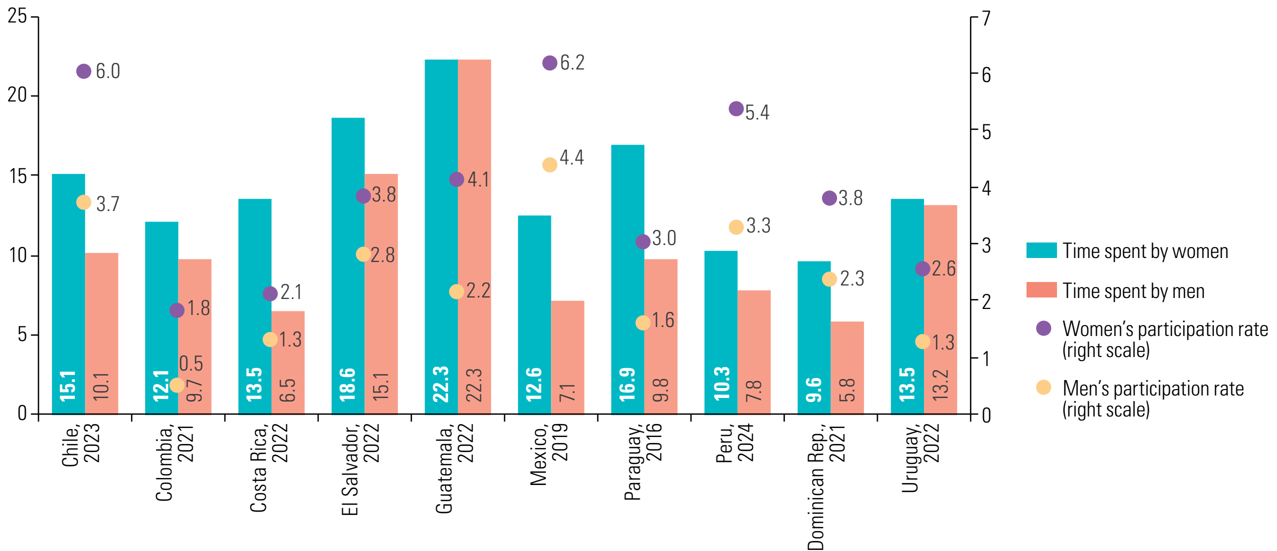
Households remain the primary providers of long-term care. While this often enables persons receiving care to remain in a family environment and fosters intergenerational solidarity, it also results in a disproportionate care burden for both younger and older women (see figure IV.1) (ECLAC, 2022a; Montes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

[4] In censuses, data on disability may be underestimated owing to methodological differences between countries, such as the use of non-standardized or dichotomous questions. This makes regional comparison difficult and requires cautious data analysis (ECLAC, 2024e).

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.

Households are the commonly preferred setting for the provision of long-term care. To ensure that development and ageing can take place within the home, the working conditions of personal care workers must be improved.[5] Personal care work includes caregivers of children who look after children in their own homes, in day-care centres or similar institutions, without performing formal teaching tasks; providers of assistance to persons with disabilities, also known as personal assistants, who support individuals with disabilities in areas such as mobility, personal hygiene and daily activities; and providers of assistance to older persons, who help them to carry out everyday tasks both at home and in institutional settings (ILO et al., 2012).

Personal care workers may be employed either in institutions or in households. In countries of the Organisation for Economic Co-operation and Development (OECD), the majority of these workers (56%) are employed in households, where working conditions tend to be more precarious than in institutions, with irregular schedules, unstable contracts and limited compensation, particularly in terms of unpaid overtime and travel costs (ILO, 2018). According to ECLAC estimates, personal care workers receive the lowest pay among those engaged in paid care work in the education, welfare and health sectors, with earnings below those of mid-level health and social services technical workers. Personal care is also the occupation with the largest gender pay gap (ECLAC, 2019). In Mexico, a country that provides detailed data on labour informality rates by occupational category, informality among personal care and domestic care workers rose to 80.1% in the third quarter of 2024, compared to the national average of 54.6%.[6]

[5] Personal care workers are included in a two-digit occupational category (53) of the International Standard Classification of Occupations (ISCO-08).

[6] According to data from the 2024 National Occupation and Employment Survey, published by the Mexican Government's data observatory Data Mexico. (https://www.economia.gob.mx/datamexico/es/profile/occupation/trabajadores-en-cuidados-personales-y-del-hogar?employSelector1=workforceOption#informalidad).

Home care that is associated with the health sector and the provision of specialized care services in households tends to yield higher earnings than care work associated with households as employers. However, for many workers engaged in these activities, there is not always a clear distinction between domestic labour and home-care work. As a result, paid caregivers may be hired as domestic workers and required to perform long-term care tasks in addition to cleaning, cooking and caring for household members. In households that are employers, workers are predominantly women and face greater job insecurity than those in other sectors, with long working hours, low wages and limited access to social protection. This group of caregivers is dominated by women of low socioeconomic status and Indigenous, Afrodescendent and migrant women (Valenzuela et al., 2020). Moreover, it is primarily households with higher income levels that are able to access in-home care services to help absorb the burden of care, a situation often linked to the insufficient availability of public care services (ILO, 2018; ECLAC, 2022a, 2023a). The transition towards the professionalization and formalization of paid home-care providers could improve income levels and ensure access to social protection, as well as the care and support needed in their own old age.

2. Services, resources and time for long-term care

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.

Long-term care services can be provided in a variety of settings, depending on the needs, values and preferences of older people and their caregivers. These settings may include the home, shared common spaces such as centres or public care facilities in the community, and long-term care facilities.

One of the most common settings is the home. Home care may include professional visits to monitor care plans, medical or rehabilitation procedures and other specialized services, and daily support for caregivers. In-home care may be provided by a personal assistant who helps with the basic and instrumental activities of daily living, and may also include services to assist with household chores and meal delivery or preparation. There are also specialized home services, in which professionals support households in meeting long-term needs by providing psychological care, physiotherapy or occupational therapy, among other types of care. Home-care services include programmes for designing and building customized home infrastructure for long-term support and care. Supplementary telecare services may also be included, aimed at providing ongoing monitoring and rapid emergency responses. Some examples are emergency hotlines, personal alarms, motion sensors, medication dispensers, panic buttons, and fall, temperature, and smoke and water leak detectors (Cafagna et al., 2019).

Shared spaces for the provision of services include day centres, whether for older persons or those with disabilities, and recreational or community centres, as well as centres providing specialized care during the day. These long-term care services may receive public, private or blended financing or may be funded by foundations, cooperatives, and private or community partnerships. Services may be provided in shared spaces such as health centres, social centres such as sporting clubs or churches, or community halls. These shared care spaces may complement or serve as alternatives to home care. Care and support are usually organized in the home or community through a coordinated approach involving a multidisciplinary team. To ensure comprehensive care, effective communication among the various service providers and hospital and community care settings is essential (WHO, 2024b).

Although these shared spaces for older persons do not always focus on providing intensive long-term care services, they provide respite from care while promoting socialization, belonging, autonomy and healthy ageing. Day centres, for instance, focus their interventions on older persons who are moderately or mildly care-dependent, aiming to prevent further deterioration. The same is true for assisted living, which focuses on ageing in the community and on promoting autonomy at this stage of life, while ensuring that older persons

can access housing. Assisted living facilities are individual dwellings with shared common areas, assistance services and community activities, aimed at people who are mildly dependent or fully independent but lack a support network or housing solution that meets their needs (Cafagna et al., 2019). There are also healthy ageing programmes, which focus on maintaining older persons' functionality, good health and autonomy.

Various types of service may be provided in long-term care facilities. In hospital settings, such as geriatric hospitals or others that specialize in disability care, services are tailored to health needs. Specialized residential facilities offer accommodations adapted to the level and type of dependency or disability and provide both support services for the basic and instrumental activities of daily living and more complex health services. They are oriented towards those who are severely care-dependent (Cafagna et al., 2019). There are also residences that provide 24-hour care and support for people who do not require specialized care for daily living. Lastly, there are palliative care centres, which vary widely in their characteristics and availability from one country to another. These care services provide highly qualified medical and nursing care for people with serious or terminal illnesses.

There are also long-term care policies that alleviate the time burden of care, including through respite services, breaks for caregivers and long-term care leave. Respite care gives unpaid caregivers temporary relief from care demands. These services provide direct, part-time care or support to people who require care, and although they do not cover all the needs associated with long-term care, they help to relieve the burden or enhance the well-being of unpaid caregivers. Caregiver respite services are usually provided at the same time as the support and care provided to those who require care, and may be provided in the home, in community spaces or in long-term care facilities (WHO, 2024b). Also included in this category are the housekeeping respite services offered under some home-care programmes, which support household members by alleviating the time burden of the home cleaning and maintenance required to provide direct care.

Long-term care leave also enables a better balance between long-term home-care responsibilities and the work or study obligations of caregivers. It includes time off or leave for those responsible for people who need care and support to perform the activities of daily living or for those who have sick or dependent family members, in the form of long-term leave, or emergency leave, which provides support for workers with family responsibilities and short-term leave to be taken in cases of force majeure in family emergencies (ILO, 2022). Pursuant to ILO Workers with Family Responsibilities Recommendation, 1981 (No. 165), progress on this issue will require a review of the rules that govern care leave and the definition of family responsibilities, extending it to include other family members in addition to children, as well as primary caregivers in the family, beyond the parent-child relationship (ILO, 2022; ECLAC, 2024e; ECLAC and ILO, 2025).

Developing policies to reduce the time spent on care is also essential, as many women continue dedicating a considerable portion of their time to caring for their spouses, grandchildren or dependent family members after their working years are over. It is critical to expand the coverage of care and support services and of services to promote healthy, community-based ageing, precluding isolation and incorporating a holistic vision of ageing, along with strategies to enact cultural change, bearing in mind that while older people, as a population group, increasingly require care, they also provide it (ECLAC, 2024b). It is also essential to implement mechanisms to recognize the time spent in the provision of long-term care as a contribution to social security. This would ensure adequate old-age pensions for lifelong caregivers and would recognize how care work contributes to social reproduction.

Moreover, households with members who require long-term care, 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. Shortfalls in the sufficiency of entitlements for persons with disabilities perpetuate and compound barriers to labour inclusion, placing both them and people providing care at greater risk of falling into poverty or experiencing exclusion (ECLAC, 2024e). It is therefore essential to strengthen access to non-contributory pensions with sufficient lifelong coverage for the basic and specific needs of persons with disabilities, designing entitlements that are not contingent on employment status and do not increase labour informality owing to restrictions that disincentivize participation in employment and training (Bietti, 2023).

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, 2024e).

3. Foresight with respect to the growing demand for long-term care

Along with strengthening State action to redistribute time allocation, increasing investment and expanding long-term care services, there are other forward-looking lines of action that countries should consider in order to address the growing demand for long-term care. 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 and supply of care. In addition to addressing immediate needs through policies that ensure the provision of services, time and resources, some forward-looking approaches are essential.

(a) Technologies to support long-term 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, 2018; ECLAC, 2022c).

The various categories include assistive technologies (devices such as sensors, digital monitors and mobility aids), remote care technologies (telecare and monitoring), self-management technologies (medication reminders and home automation) and social technologies (social media and virtual reality) (Organisation for Economic Co-operation and Development [OECD], 2023).

Although technology offers opportunities for enhancing the efficiency and quality of long-term care, implementation will require overcoming many barriers, such as the digital inclusion of older persons and those with disabilities. In this regard, WHO (2021) recommends that research and innovation should be based on the priorities of stakeholders and innovative solutions should be provided equitably. Research is fundamental for strengthening a people-centred approach, optimizing functional capacity and assessing the effectiveness of integrating technology into long-term care in different contexts.

(b) Sustainable financing for long-term care policies and systems

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 essential to design long-term care systems and policies with sustainable financing.

Care policies may be financed through various mechanisms, such as social security, taxes, co-payment, private contributions and specific funds. Irrespective of the model adopted, ensuring sufficient, sustainable and non-transferable funding is essential (ECLAC, 2022a). Financing based on general taxation offers a broader revenue base than the social insurance model, as it encompasses the entire population rather than being limited to wage earners. However, the absence of a specific fund may make resources more vulnerable to changes of government. Meanwhile, financing through social security is based on compulsory contributions levied through a payroll tax. However, labour informality is high in Latin America and the Caribbean, which can limit the implementation of a social security-based model (UN-Women, 2022; Scuro et al., 2022).

Other financing models increase the available resources through out-of-pocket spending by dependent people and their households. A common strategy is to limit co-payments, implementing them only above a minimum income threshold, and to employ a sliding payment scale based on individual and family income. Lastly, private insurance is also an option, although it accounts for only a very small proportion of elder and disability care, and its use can exacerbate socioeconomic stratification in access to long-term care.

The member countries of the Regional Conference on Women in Latin America and the Caribbean have gradually agreed to establish regulatory frameworks and strengthen State capacity to provide care, which requires sufficient budgets to be allocated for these items (ECLAC, 2017a, 2020, 2023b). They have also emphasized universal and progressive access to quality care services in these agreements, which ECLAC has recommended as a guiding principle in the design and implementation of the region's care systems and policies.

(c) Training, certification, formalization and decent work in the care economy

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 are essential. Care work must be professionalized to ensure that those who need assistance can receive quality care. This includes setting up active labour market and education policies, promoting training, upskilling and re-skilling, skills recognition and skills certification in each country and among different countries (ILO, 2024a).

Both lack of training and overqualification pose a challenge in personal care work, since many people lack appropriate training even when certification is required, while there are also specialized populations such as nurses —mainly migrants— who face issues in having their studies recognized and must take on work for which they are overqualified. It is therefore crucial to establish policies that promote openness to learning and ensure access to ongoing training opportunities, in line with technological developments, to support caregivers' career development and attract a skilled workforce to the sector. Policy progress must also be made in recognizing the professional qualifications and improving the working conditions of migrant populations.

It is equally important to improve the quality of employment in the sector, recognizing care as essential work. This requires including it in wage regulations and promoting collective bargaining. It is also essential to highlight the contribution of care work to economic and social development and to invest in accessible, high-quality, sustainable care services. At the same time, it is critical to promote long-term care as a positive social and economic investment and a source of job creation and to counter the undervaluation of care work by raising public awareness about its social and economic value (ILO, 2024a), establishing a minimum wage and encouraging the formalization of workers in the sector. To ensure that care workers are included in public policies, there is also a need for mechanisms to identify and collect the relevant data. The region's countries have begun implementing strategies to identify people who provide care in administrative records, to enable both the design and implementation of territorial care policies and support for the timely allocation of entitlements and for their monitoring and evaluation.

(d) Participation, autonomy and well-being of older and dependent persons and people providing care

People who receive and provide care appreciate long-term care being provided in their own environment; those who receive care also appreciate being able to remain with their families and in their communities for as long as possible, a perspective that is shared by those providing care. There is thus a growing interest in strategies to avoid prolonged institutionalization and preference for community care spaces (WHO, 2024b). This deinstitutionalization trend reflects local and global initiatives, such as the Convention on the Rights of Persons with Disabilities, which call for home and community care to ensure autonomy, dignity and control for those receiving care and to reduce the heavy cost of institutionalization.

It is essential, in long-term care, to foster independence and healthy ageing. For persons with disabilities, this means ensuring they are at liberty to arrange their own support and working together on respectful relationships and equal treatment (for example, avoiding the paternalistic connotations of the term "care" and instead using expressions such as "support" or "assistance"). Encouraging physical and mental self-care and community living is also important, since preventive strategies and promoting health reduce the future need for care (Huenchuan, 2024). Healthy ageing entails maintaining functional ability and well-being in old age, which depend on access to social and economic resources, as well as on gender, culture and ethnicity, which in turn produce different pathways and forms of inequality. As such, it is essential to implement programmes aimed at empowering older persons, which can boost their capacities and reduce dependency, through a life-cycle approach (WHO, 2021).

Palliative care programmes must be expanded to provide end-of-life support, addressing the related ethical and practical challenges (WHO, 2021; Huenchuan, 2024). These programmes seek to ensure a dignified death, respecting individual values, preferences and pathways (Steinhauser et al., 2001). Implementing them requires coordination among long-term and palliative care services, with clear criteria for referral and action, as well as work to adapt spaces, train teams and develop grief support programmes for caregivers and family members (Huenchuan, 2024). It is also essential to provide care and support for caregivers, whether paid or unpaid, ensuring their physical, emotional, social and economic well-being (WHO, 2021). In addition to these services, there are self-care guidelines and programmes, which include material on how to improve rest, access to digital platforms with educational resources and exercises, and networks that facilitate partnerships and support, both virtual and in-person.

People who perform care work, especially those who provide long-term care, face physical and psychosocial risks that take a toll on their health and quality of life. Physical tasks, such as moving and assisting people with reduced mobility, increase the risk of musculoskeletal injuries and chronic conditions. Moreover, long working hours, on schedules that may be incompatible with their personal lives, can lead to social isolation and hinder the capacity to balance their various roles. The introduction of technologies —such as assistive devices, sensors and digital platforms— may alleviate physical and emotional burdens, improving conditions of care. It is essential 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 implies 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 the family and community settings, it is essential 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. According to United Nations estimates, in 2020, the number of individuals in Latin America and the Caribbean residing in a country other than their native country totalled some 43 million, representing approximately 15% of the 281 million migrants worldwide (United Nations, 2020). Most of these migrants —25.5 million (59.5% of the regional total)— were in North America (Canada and the United States), while outside the region, a large

number were in Europe (almost 5.4 million, or 13% of the total) (ECLAC, 2024b). While the number of persons migrating to the United States and Spain remains very high, intraregional migration has increased sharply in the past two decades in terms of both numbers and territorial scope (McAuliffe and Oucho, 2024). Between 2000 and 2020, intraregional migration climbed by 72% in Latin America and the Caribbean, which was the steepest growth rate of any region in the world in relative terms (United Nations, 2020). This has meant that countries which historically received few migrants have now become destinations, reshaping migration outflows in the region. Migration reflects not only economic factors, such as the pursuit of improved employment opportunities, but also forced migration linked to other economic reasons, violence or armed conflict (Cecchini and Martínez Pizarro, 2023), or to the increasing severity of extreme, climate change-related weather events, which are obliging entire communities to leave their homes (McAuliffe and Oucho, 2024; ECLAC, 2024b).

These migration flows have brought valuable opportunities and contributions to destination countries, such as rejuvenation of the workforce in the context of population ageing (ECLAC, 2023). In destination countries, migrant women find work opportunities in the care sector, helping not only to mitigate the care crisis amid population ageing, but also, as they gradually establish new ties and interpersonal networks, playing a key role in social reproduction (Gago, 2019; Federici, 2012; Villegas Plá, 2024). However, the labour conditions required to fully integrate the migrant population into the care economy are not yet in place in the region.

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 and calls for political and social responses that address demographic shifts, account for the transformation of transnational family structures and recognize migrants' realities in their destination countries. In a regional landscape where economic, social and environmental challenges threaten the economic and social organization of territories and propel displacement, the design and implementation of care policies that address the needs of migrant women in countries of origin, transit and destination constitutes a key area for action to achieve a fairer organization of care, reduce inequalities and increase women's autonomy. This section looks at how human mobility affects the social organization of care in the region and proposes a forward-looking approach to address the implications of global and regional care chains in Latin America and the Caribbean through comprehensive care policies and systems.

1. Global and intraregional care chains

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. The concept of global care chains proposed by Hochschild (2000) highlights women's critical role in caring for older persons, children and the ill in the health and domestic service sectors of migration destination countries. Although these chains date back to at least the nineteenth century, they have been the subject of increasing conceptualization and academic recognition in recent decades (Yeates, 2004). 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, 2023a).

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, 2009; Salazar Parreñas, 2015). These networks are largely comprised 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, 2009).

Care-related migration flows, initially from peripheral countries in Asia and Latin America to central countries in Europe and North America, have undergone substantial transformations over time (Valenzuela et al., 2020). Women workers now come from a broader range of countries of origin, including some from Africa, while relatively higher-income Latin American and Asian countries have also become destinations. These migration trends have intensified because of the interlinked environmental, economic and social crises, which have exacerbated existing migration pressures (ECLAC, 2024b). There are migration corridors in the region used by women workers to move to neighbouring countries because of labour market and income asymmetries (Valenzuela et al., 2020). Countries such as Argentina and Chile in the Southern Cone, Costa Rica in Central America, the Dominican Republic in the Caribbean, and Mexico in the north of the region have become major destinations for migrant domestic workers within Latin America and the Caribbean (ILO, 2021). At the same time, high levels of urbanization[7] have given rise to care chains within national borders.

2. Reconfiguration of the organization of care as a result of migration

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,[8] which, while essential, are often insufficient to cover all expenses and family needs (ECLAC, 2024b; 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 (Gonzálvez 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.

In many cases, women migrate with children in their care and a lack of documentation may hinder access to essential care services such as health and education. According to recent data from Colombia's Migration Pulse Survey,[9] 74.4% of households of migrants or returnees from the Bolivarian Republic of Venezuela included at least one child or adolescent. In 29.2% of these households, at least one child or adolescent was not enrolled in school. Reasons cited included the absence of the documents required for school registration (11.9%) and lack of available spaces (7.3%). Similarly, 65.4% of women and 57.6% of men migrants or returnees from the Bolivarian Republic of Venezuela who were not affiliated with the health system in Colombia reported the lack of required documents as the main barrier to access. In a context marked by limited access to public services and weak support networks, care responsibilities constitute a major barrier to labour market participation for migrant women. According to the same survey, 37.5% of migrant women were engaged in unpaid domestic and care work within households, compared with 4.3% of men. Among those who reported difficulties in finding paid employment in Colombia, 9.9% of women cited a lack of sufficient time to engage in full-time work as their main obstacle, compared with 2.1% of men.

Once settled in host countries, migrants often face precarious working conditions, low wages and limited access to social protection, including health and care entitlements (Pérez Orozco, 2014; Valenzuela et al., 2020; ECLAC, 2024b). These challenges are compounded by the fact that migration often occurs on a massive scale and within short periods of time, making it difficult for destination countries to adapt and establish regularization procedures, thereby increasing migrants' vulnerability to abuse, discrimination and exploitation. Difficulties in accessing the labour market owing to overqualification, informality and limited access to social protection are widespread across various contexts (ECLAC, 2023a).

7 In Latin America and the Caribbean, 8 in 10 people live in cities, and half of this population is located in the region's 74 cities with more than 1 million inhabitants (ECLAC, 2024a).

8 While distribution varies at the household level, at the aggregate level remittances can represent a large share of GDP in smaller economies (Ratha et al., 2024).

9 Data collected between April and May 2024, obtained from the National Administrative Department of Statistics of Colombia (DANE) (https://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/encuesta-pulso-de-la-migracion-epm).

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). Overall, most individuals engaged in paid domestic work are employed informally: 69% are not affiliated with or contributing to social security systems (Baron and Scuro, 2023). Despite progress in the legal protection of conditions of paid domestic work, in practice, the challenges to effective protection remain. Having a written contract is one of the most basic conditions for ensuring fulfilment of the rights of persons engaged in paid domestic work.

Most migrant women employed as paid domestic workers reside in the households where they work (most days of the week, at least), under informal conditions, in the hopes of saving more money and being able to send remittances to their countries of origin or expediting family reunification processes. Additionally, in-home care and domestic work often leave migrant workers isolated and disengaged from advocacy and rights-promotion mechanisms, such as trade unions or other organizations. This is a global trend, as fewer migrant workers are union members than national workers, which limits the extent to which their demands are effectively represented in collective bargaining processes (ILO, 2018), further affecting their working conditions.

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, 2018). Furthermore, since the tasks that may be considered domestic work are not well defined, domestic workers —whether migrants or not— must frequently perform more complex health and personal care duties, such as caring for individuals with chronic illnesses or administering medication (ECLAC, 2023a), without corresponding compensation or adequate equipment.

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, 2024e). 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) (see box IV.5).

Box IV.5
The impact of health workforce migration on the health systems of Caribbean countries and territories of origin

In the region, particularly in the countries of the Caribbean Community (CARICOM), push and pull migration dynamics are especially pronounced. According to a survey conducted by the Pan American Health Organization (PAHO) between 2017 and 2018 in 26 CARICOM countries and territories, key drivers of health worker migration include the pursuit of better working conditions, greater economic opportunities and access to overseas education and training. Low wages, excessive bureaucracy and limited opportunities for professional advancement in local health systems also lead skilled workers to seek opportunities abroad. More than half of health workers surveyed from CARICOM countries reported they would consider emigrating in the future (Pan American Health Organization [PAHO], 2019).

The health sector is a major source of employment in the Americas. According to the International Labour Organization (ILO), in 2018, health and social care workers represented 7.6% of total employment in the region, the second-highest share globally after Europe and Central Asia (International Labour Organization [ILO], 2018). The migration of women in the health sector has had particularly significant implications for the Caribbean. In several countries of the subregion, such as Antigua and Barbuda, Barbados, Belize, Grenada, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago, women account for over 50% of migrants (International Organization for Migration [IOM], 2017). In other locations, such as Belize, the British Virgin Islands, the Cayman Islands and

Montserrat, a high proportion of professional nurses were trained abroad, possibly reflecting the lack of local educational programmes, the search for better training and opportunities, or a shortage of specialized personnel in these countries and territories (PAHO, 2025).

According to World Bank estimates from 2009, the number of nurses trained in CARICOM countries and territories who were working in major destination countries was about three times greater than the number who remained in the Caribbean. Migration was a major factor behind the decrease in nurses in the subregion. For example, in Guyana, the emigration rate reached 20% in 2007 (World Bank, 2009). Similarly, during the High-Level Meeting on the Migration and Mobility of Health Care Workers in the Region of the Americas, held in October 2024, it was reported that Grenada lost approximately 20% of its nursing workforce between 2018 and 2022 as a result of migration. This sustained migration has led to a persistent brain drain, weakening the health systems in several countries in the region and representing a significant loss of investment in the training of these professionals, which is often publicly funded. These findings underscore the urgent need for policies that balance health worker mobility with the sustainability of health systems in the region.

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 sixteenth session of the Regional Conference on Women in Latin America and the Caribbean provides an opportunity to spotlight these challenges from a gender perspective, given the predominance of women in the health sector and their growing role in care work abroad.

Source: Pan American Health Organization. (2019). *Health Workers Perception and Migration in the Caribbean Region*; Pan American Health Organization. (2025). *The health workforce in the Americas: Regional data and indicators*; International Organization for Migration. (2017). *Migration in the Caribbean: Current Trends, Opportunities, and Challenges*; Rolle Sands, S., Ingraham, K. and Salami, B. O. (2020). Caribbean nurse migration—a scoping review. *Human Resources for Health, 18*(19); World Bank. (2009). *The Nurse Labor and Education Markets in the English-Speaking CARICOM Issues and Options for Reform*. International Labour Organization. (2018). *Care work and care jobs for the future of decent work*.

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, 2024c). Indigenous and Afrodescendent populations are also disproportionately represented in paid domestic work, exposing the classist and racist dimensions of labour market segmentation in the region. These forms of segmentation often involve unregulated, poorly paid jobs for a large majority of Indigenous, Afrodescendent and migrant women (UN-Women et al., 2020).

In the health sector, studies show that migrant nurses face disadvantages in destination countries, owing to clear patterns of institutionalized racism, which are manifested in their marginalization within workplaces and the non-recognition of their prior credentials and knowledge (Rolle Sands et al., 2020). Many are pressured into accepting roles as nursing aides or trainees rather than as registered nurses (Batnitzky and McDowell, 2011). The consequences are not only emotional for the nurses and their families but also structural for Caribbean health systems, which experience a continuous outflow of highly trained professionals, a clear case of brain drain (Brissett, 2019). This outmigration hinders the achievement of universal health access and coverage in the region (PAHO, 2023). It also entails the loss of public investment in tertiary education, as many professionals trained at home do not go on to work in their countries of origin. The evidence presented shows that being a woman, a migrant and racialized, and working in care-related sectors such as domestic work or health, involves risks and barriers that make it hard to secure stable employment under decent conditions and hinder progress towards a more productive, inclusive and sustainable development model for the region.

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, 2024b), especially when traveling with dependants (see box IV.6).

Box IV.6
Care in transit migration

During transit migration, women and girls carry a disproportionate burden of care responsibilities, which is compounded by the absence of support networks, financial resources and adequate access to basic services. These challenges exist regardless of their migration status, including among refugees and asylum seekers. In 2024, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) analysed the primary needs of women in migration flows in Central America. Through focus groups and interviews, the study found that gender roles shape the activities of women, youth and girls throughout their journeys, in transit shelters and migrant holding centres. The findings revealed a disproportionate care workload, particularly among those travelling with children, older persons or people with disabilities, without this being addressed in humanitarian response models. As a result, access to information, resources, risk mitigation and protection services is limited (United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], 2025).

In addition, the burden of care extends the duration of travel and increases the financial costs involved. A pregnant woman responsible for children, older persons or persons with disabilities will require more time and resources to navigate migration routes. In Mexico, data from 2023 surveys on migration across the country's northern and southern borders indicate that care responsibilities lead women to pay up to 19.39% more than men for illicit migrant smuggling services (International Organization for Migration and United Nations Office on Drugs and Crime, 2024).

Source: United Nations Entity for Gender Equality and the Empowerment of Women. (2025). *Llamado para la atención a mujeres en movilidad humana*; International Organization for Migration and United Nations Office on Drugs and Crime. (2024). *Perfiles y modos de operación de personas facilitadoras del tráfico ilícito de migrantes en América Central, México y la República Dominicana.*

3. Foresight with respect to care in situations of human mobility

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. Given the multiple barriers faced by migrants in re-entering the labour market in recipient countries, such as labour informality, overqualification and limited access to social protection, progress must be made in implementing systems that help to streamline their integration. To address these challenges, modalities must be put in place to ensure the portability of diplomas and skills acquired in countries of origin, as well as mechanisms for the portability of social security contributions, which ensure continuity of social protection during a migrant's lifetime. At the same time, it is essential to improve working conditions in countries of destination, promoting the formalization of employment and access to social protection, with a view to building a more equitable and secure environment for migrants.

The international standards that address equality between migrant and non-migrant care workers and that can guide coordinated policy design among countries include the Migration for Employment Convention (Revised),

1949 (No. 97), the Migration for Employment Recommendation (Revised), 1949 (No. 86), the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143) and the Migrant Workers Recommendation, 1975 (No. 151), which establish equal opportunities, and the Domestic Workers Convention, 2011 (No. 189), the Domestic Workers Recommendation, 2011 (No. 201), the Nursing Personnel Convention, 1977 (No. 149) and the Nursing Personnel Recommendation, 1977 (No. 157).

These efforts must be aligned with broader international agreements, such as the Global Compact for Safe, Orderly and Regular Migration (2018), which places priority on ensuring migrants' effective access to basic services, education, healthcare and social protection, while safeguarding their human rights at all stages of the migration process. At the regional level, such commitments are reinforced through specific instruments that explicitly address care. These include the 2024–2034 Chile Declaration and Action Plan, adopted in December 2024 on the occasion of the fortieth anniversary of the Cartagena Declaration on Refugees, which promotes inclusive policies and recommends facilitating and simplifying effective access to care services during internal displacement and in transit, destination and return countries, as well as in host communities. Similarly, the Regional Socio-Economic Integration Strategy for migrants and refugees from the Bolivarian Republic of Venezuela, launched by ILO and the United Nations Development Programme (UNDP),[10] recommends fostering comprehensive care systems as a strategic means to ensure the effective participation of migrant women in vocational training and in the labour market.

Communities of origin also face specific challenges, including population ageing and increased care burdens as a result of emigration. In these contexts, effective mechanisms for family reunification and humanitarian visas are needed to enable temporary return in emergencies, particularly to provide timely care to children, older persons and persons with disabilities. Addressing the transformations in global care chains will also require an understanding of how migration patterns are being shaped by climate change. Climate-driven migration is frequently undertaken by heads of household who leave their families behind in search of better job opportunities. This phenomenon has increased the burden of both paid and unpaid work, especially on women, who must assume full responsibility for family care work while also generating additional income (Rao et al., 2020). Given that climate-driven migration is now at the centre of international and regional debates, it is crucial to advance in the systematic collection of regional data to better understand how this type of migration is affecting care within households, in communities and across national borders.

Only through coherent public policies that recognize the interlinkages between migration, care work and migrants' social rights will it be possible to move towards a society that places the sustainability of life and the planet at its core, while respecting and protecting the lives of all people, regardless of their place of origin or destination.

Bibliography

Aguilar Revelo, L. (2021). Prácticas promisorias que promueven la igualdad de género y la autonomía de las mujeres en la respuesta al cambio climático en América Latina y el Caribe. *Project Documents* (LC/TS.2021/110). Economic Commission for Latin America and the Caribbean.

Arza, C., Robles, C. and Arenas de Mesa, A. (2024). Non-contributory pension systems in comprehensive pension models: conceptual framework, background, challenges and opportunities in the current context. In A. Arenas de Mesa and C. Robles (Eds.). *Non-contributory pension systems in Latin America and the Caribbean: towards solidarity with sustainability*. ECLAC Books (164) (LC/PUB.2024/6-P/-*). Economic Commission for Latin America and the Caribbean.

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.

Baron, C. and Scuro, L. (2023). The structural challenges of gender inequality and women's autonomy in the workplace of the future. In M. Huepe (Ed.), Inequalities, labour inclusion and the future of work in Latin America. *Project Documents* (LC/TS.2023/63/Rev.1). Economic Commission for Latin America and the Caribbean.

[10] https://www.r4v.info/en/document/regional-socio-economic-integration-strategy.

Batnitzky, A. and McDowell, L. (2011). Migration, nursing, institutional discrimination and emotional/affective labour: ethnicity and labour stratification in the UK National Health Service. *Social & Cultural Geography, 12*(2), 181–201.

Bauhardt, C. and Harcourt, W. (Eds.). (2020). *Feminist Political Ecology and the Economics of Care: In Search of Economic Alternatives*. Routledge.

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 Konrad Adenauer Foundation.

Bietti, M. F. (2023). Personas con discapacidad e inclusión laboral en América Latina y el Caribe: principales desafíos de los sistemas de protección social. *Project Documents* (LC/TS.2023/23). Economic Commission for Latin America and the Caribbean.

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.

Brissett, N. O. M. (2019). Losing the elite: Caribbean educational policy responses to the emigration of skilled labor. *Journal of Education Policy, 34*(5), 686–704.

Butler, J. (2014). Bodily vulnerability, coalitions, and street politics. *Critical Studies, 37,* 97–119.

Cafagna, G. Aranco, N., Ibarrarán, P., Oliveri, M. L., Medellín, N. and Stampini, M. (2019). *Age with Care: Long-term Care in Latin America and the Caribbean*. Inter-American Development Bank.

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.

Cielo, C. and Coba, L. (2018). Extractivism, gender, and disease: an intersectional approach to inequalities. *Ethics & International Affairs, 32*(2), 169 -178.

Cieza, A., Causey, K., Kamenov, K., Wulf Hanson, S., Chatterji, S. and Vos, T. (2020). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet, 396* (10267), 2006-2014.

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 and Social Council. (2024). *Permanent Forum on Indigenous Issues Report on the twenty-third session (15–26 April 2024)* (E/2024/43-E/C.19/2024/8).

Economic Commission for Latin America and the Caribbean. (2017a). *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. (2017b). *40 years of the Regional Gender Agenda* (LC/G.2682/Rev.1).

Economic Commission for Latin America and the Caribbean. (2019). *Women's autonomy in changing economic scenarios* (LC/CRM.14/3).

Economic Commission for Latin America and the Caribbean. (2020). Santiago Commitment. *Report of the fourteenth session of the Regional Conference on Women in Latin America and the Caribbean* (LC/CRM.14/7).

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). *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3).

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. (2023a). *Social Panorama of Latin America and the Caribbean, 2023* (LC/PUB.2023/18-P).

Economic Commission for Latin America and the Caribbean. (2023b). *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). *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. (2024c). 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. (2024d). *Natural Resources Outlook in Latin America and the Caribbean, 2023* (LC/PUB.2024/4).

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

Economic Commission for Latin America and the Caribbean. (2024f). *Panorama of Productive Development Policies in Latin America and the Caribbean, 2024* (LC/PUB.2024/15-P/Rev.1).

Economic Commission for Latin America and the Caribbean. (2025). *Latin America and the Caribbean in the Final Five Years of the 2030 Agenda: Steering Transformations to Accelerate Progress* (LC/FDS.8/3).

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 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, 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.

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.

Federici, S. (2012). *Revolution at Point Zero: Housework, Reproduction and Feminist Struggle*. PM Press.

Floro, M. S. and Poyatzis, G. (2018). Climate change, natural disasters and the spillover effects on unpaid care: the case of Super-typhoon Haiyan. *Feminist Political Ecology and the Economics of Care*. Routledge.

Folbre, N. (2006). Measuring care: gender, empowerment, and the care economy. *Journal of Human Development, 7*(2), 183–199.

Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, World Health Organization, World Food Programme and United Nations Children's Fund. (2024). *The State of Food Security and Nutrition in the World 2024: financing to end hunger, food insecurity and malnutrition in all its forms*.

Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, Pan American Health Organization, World Food Programme and United Nations Children's Fund. (2025). *Latin America and the Caribbean - Regional Overview of Food Security and Nutrition 2024: building resilience to climate variability and extremes for food security and nutrition*.

Gago, V. (2019). *La potencia feminista o el deseo de cambiarlo todo*. Tinta Limón and Traficantes de Sueños.

García Mora, M. E., Schwartz Orellana, S. and Freire, G. (2021). *Disability Inclusion in Latin America and the Caribbean: A Path to Sustainable Development.* World Bank.

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.

Gonzálvez Torralbo, H. (2013). The cares in the middle of migration. the social organization of transnational care from a gender perspective. *Migraciones* (33), 127–153.

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. (2000). Global care chains and emotional surplus value. In *On the Edge: Living with Global Capitalism,* W. Hutton and A. Giddens (Eds.). Jonathan Cape.

Hondagneu-Sotelo, P. (2001). *Doméstica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence*. University of California Press.

Huenchuan, S. (Ed.). (2018). *Envejecimiento, personas mayores y Agenda 2030 para el Desarrollo Sostenible: perspectiva regional y de derechos humanos*. ECLAC Books (154) (LC/PUB.2018/24-P). Economic Commission for Latin America and the Caribbean.

Huenchuan, S. (2024). *Cuidados de largo plazo para personas mayores: perspectivas demográficas y sociales en el Caribe hispano, Centroamérica y México* (LC/MEX/TS.2024/17/-*). Economic Commission for Latin America and the Caribbean.

Inter-American Commission on Human Rights. (2017). *Indigenous women and their human rights in the Americas* (OEA/Ser.L/V/II. Doc.44/17).

Intergovernmental Panel on Climate Change. (2023). *Climate Change 2023: Synthesis Report. Contribution of Working Groups I, II and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change*, H. Lee and J. Romero (Eds.).
International Labour Organization. (2018). *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). The benefits of investing in transformative childcare policy packages towards gender equality and social justice. *ILO Brief*.
International Labour Organization. (2023b). *Hacer del trabajo doméstico un trabajo decente: invertir en cuidado. Una agenda común. Hoja de ruta y recomendaciones para políticas públicas*.
International Labour Organization. (2024a). Outcome of the General Discussion Committee on Decent Work and the care economy. *Record of Proceedings* (8A).
International Labour Organization. (2024b). From global care crisis to quality care at home: the case for including domestic workers in care policies and ensuring their rights at work. *Policy Brief*.
International Labour Organization. (2024c). Decent work and the care economy. *Report VI*.
International Labour Organization, United Nations Development Programme and United Nations Entity for Gender Equality and the Empowerment of Women. (2012). *Fighting inequality from the basics: social protection floor and gender equality*.
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.
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.
McAuliffe, M. and Oucho, L. A. (Eds.). (2024). *World Migration Report 2024*. International Organization for Migration.
Medina Vásquez, J. (2023). *Prospectiva para un mundo interdependiente*. Colombian Academy of Economic Sciences.
Mies, M. (1986). *Patriarchy and Accumulation on A World Scale: Women in the International Division of Labour*. Zed Books.
Ministry of the Environment of Uruguay. (2021). *Plan de Acción en Género y Cambio Climático. SNRCC -2020/2024*.
Moïse, 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.
Njie, N.-I. and Ndiaye, T. (2013, 23 April). *Women and agricultural water resource management*. United Nations. https://www.un.org/en/chronicle/article/women-and-agricultural-water-resource-management
Office for the Coordination of Humanitarian Affairs and United Nations Office for Disaster Risk Reduction. (2023). *Overview of Disasters in Latin America and the Caribbean 2000–2022.*
Organisation for Economic Co-operation and Development. (2023). *Beyond Applause? Improving Working Conditions in Long-Term Care*. OECD Publishing.
Osinuga, A., Hicks, C., Ibitoye, S. E., Schweizer, M., Fethke, N. B. and Baker, K. (2021). A meta-analysis of the association between physical demands oy domestic labor and back pain among women. *BMC Women's Health, 21*(150).
Pan American Health Organization. (2023). *La situación de la enfermería en la Región de las Américas. Informe final del Foro Regional para el Avance de la Enfermería en América Latina (8 y 9 de septiembre del 2022)* (OPS/HSS/HR/23-0001).
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).
Pérez Orozco, A. (2009). 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.
Pérez Orozco, A. and López Gil, S. (2011). *Desigualdades a flor de piel: cadenas globales de cuidados. Concreciones en el empleo de hogar y articulaciones políticas*. United Nations Entity for Gender Equality and the Empowerment of Women.
Picchio, A. (1992). *Social Reproduction: The Political Economy of the Labour Market*. Cambridge University Press.

Rao, N., Singh, C., Salomon, D., Camfield, L., Sidiki, R., Angula, M., Poonacha, P., Sidibé, A. and Lawson, E. T. (2020). Managing risk, changing aspirations and household dynamics: implications for wellbeing and adaptation in semi-arid Africa and India. *World Development, 125*.

Ratha, D., Chandra, V., Kim, E. J., Plaza, S. and Mahmood, A. (2024). *Remittances Slowed in 2023, Expected to Grow Faster in 2024*. World Bank.

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.

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, December). 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, December). 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].

Schipper, E. L. F., Revi, A., Preston, B. L., Carr, E. R., Eriksen, S. H., Fernandez-Carril, L. R., Glavovic, B. C., Hilmi, N. J. M., Ley, D., Mukerji, R., Muylaert de Araujo, M. S., Perez, R., Rose, S. K. and Singh, P. K. (2022). Climate resilient development pathways. In H.-O. Pörtner, D. C. Roberts, M. Tignor, E. S. Poloczanska, K. Mintenbeck, A. Alegría, M. Craig, S. Langsdorf, S. Löschke, V. Möller, A. Okem and B. Rama (Eds.), *Climate Change 2022: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change*, 2655-2807. Cambridge University Press.

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.

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.

Sellers, S. (2016). *Gender and Climate Change: A Closer Look at Existing Evidence*. Global Gender and Climate Alliance.

Smith, J. M., Olosky, L. and Grosman Fernández, J. (2021). *The Climate-Gender-Conflict Nexus: Amplifying Women's Contributions at the Grassroots*. Georgetown Institute for Women, Peace and Security.

Steinhauser, K. E., Christakis, N. A., Clipp, E. C., McNeilly, M., Grambow, S., Parker, J. and Tulsky, J. A. (2001). Preparing for the end of life: preferences of patients, families, physicians, and other care providers. *Journal of Pain and Symptom Management, 22*(3), 727-737.

Svampa, M. (2017). *Del cambio de época al fin de ciclo: gobiernos progresistas, extractivismo, y movimientos sociales en América Latina*. Edhasa.

The Nature Conservancy. (2024, 6 March). *Mujeres, responsables de la conservación de ecosistemas estratégicos en Latinoamérica*. https://www.nature.org/es-us/que-hacemos/nuestra-vision/perspectivas/mujeres-detras-de-conservacion-america-latina/

Tronto, J. (2020). *¿Riesgo o cuidado?* Fundación Medifé.

United Nations. (2019a). *Review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of the twenty-third special session of the General Assembly. Report of the Secretary-General* (E/CN.6/2020/3).

United Nations. (2019b), *World Urbanization Prospects: The 2018 Revision* (ST/ESA/SER.A/420).

United Nations. (2020). *International Migration 2020 Highlights* (ST/ESA/SER.A/452).

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 Children's Fund and World Health Organization. (2023). *Progress on household drinking water, sanitation and hygiene 2000-2022: special focus on gender*.

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. (2022). *Financing of Comprehensive Care Systems: Proposals for Latin America and the Caribbean*.

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*.

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.

Villalobos Dintrans, P. (2019, December). Informal caregivers in Chile: the equity dimension of an invisible burden. *Health Policy and Planning, 34*(10).

Villegas Plá, B. (2024). Dependency theory meets feminist economics: a research agenda. *Third World Quarterly, 45*(8).

Villegas Plá, B. (2025). Thinking 'care' from a dependent development perspective: the Latin America case. *New Political Economy*, 1–15.

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].

World Bank. (2020). *Poverty and Shared Prosperity 2020: Reversals of Fortune*.

World Health Organization. (2020). *Decade of Healthy Ageing: Plan of Action*. https://www.who.int/publications/m/item/decade-of-healthy-ageing-plan-of-action

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*.

World Health Organization. (2024a, 28 May). *Heat and health*. https://www.who.int/news-room/fact-sheets/detail/climate-change-heat-and-health

World Health Organization. (2024b). *Long-term care for older people: package for universal health coverage* (CC BY-NC-SA 3.0 IGO).

World Meteorological Organization. (2025). *State of the Climate in Latin America and the Caribbean 2024* (WMO-No. 1367).

Yeates, N. (2004). Global care chains. *International Feminist Journal of Politics, 6*(3), 369-391.

CHAPTER V

A paradigm shift: building the care society and gender equality

A. The political economy and social dialogue

B. Governance and institutional framework for the care society

C. Cultural change to foster the care society paradigm

D. Financing

E. Information and knowledge systems

F. Concluding remarks

Bibliography

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 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, 2024; International Labour Organization [ILO], 2024; Economic Commission for Latin America and the Caribbean [ECLAC], 2023b).

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, 2024b). However, substantive equality has yet to be achieved in any country in the region. Significant gaps remain between the scale of gender inequalities and the capacities, resources and information available to States to address them amid complex and uncertain conditions (ECLAC et al., 2025).

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, by reducing and protecting time for providing care, and providing the resources, services and infrastructure without which it will not be possible to end the current sexual division of labour and achieve gender equality and the well-being of the population as a whole. Escaping development traps and moving towards a care society will take deep-reaching changes that can only be achieved through broad social consensus underpinning intergenerational solidarity, strategic investments, public policies and regional and international cooperation.

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). Technical capacities for public policy management include integrating medium- and long-term strategic planning into the policy cycle, designing comprehensive policies with cross-cutting approaches, and putting information systems in place to develop them. They also include evaluating the impact of policies and programmes, improving coherence between regulatory mandates and institutional capacity, and setting up participation and accountability mechanisms. Lastly, a culture of continuous learning must be fostered to ensure ongoing improvement of the civil service (ECLAC, 2024a).

Operational capabilities encompass the implementation of innovative tools for planning, budget management, results evaluation and accountability. They include mechanisms to measure the achievement of results and optimize the provision of public goods and services, as well as the development of digital interfaces to improve interaction with citizens. They also include interoperable and effective coordination among public entities, strategic participation by the private sector and other development actors, and the transparent execution of public resources. Lastly, they entail timely access to financing and continuous monitoring of satisfaction on the part of citizens (ECLAC, 2024a).

Political capabilities include the provision of spaces for social dialogue with respect to policy formulation and implementation, the development of the leadership skills needed to implement policies while strengthening intersectoral dialogue, and coordination between different levels of government. They also involve establishing cooperation networks at the local, national, regional and international levels, as well as the pursuit of agreements between communities, government, the private sector, civil society and other key actors (ECLAC, 2024a).

Lastly, prospective capabilities refer to the future and action to transform it by monitoring major global trends and building desirable alternative scenarios (ECLAC, 2024a). These skills boost the capacity to respond to unexpected high-impact events and facilitate the design of public policies with a long-term vision. They also foster a culture of dialogue to prevent and manage conflicts between development stakeholders.

In the political economy of care, the role of the various stakeholders and factors involved in the social and economic organization of care can be duly acknowledged. In this regard, alliances and social dialogues need to be bolstered in order to distribute time, resources and work to organize care in a fair manner. This requires robust governance systems. Machineries for the advancement of women are key for the adoption of a transformative gender perspective, as well as for ensuring better coordination of equality policies with the rest of the State institutions. Given that the sexual division of labour and the unfair organization of care need to be corrected, machineries for the advancement of women have a central role to play in the governance of national care policies and systems. A cultural shift is also needed to challenge patriarchal patterns that have rendered care work invisible or made it the responsibility of women through gender stereotypes. Actions that can be taken to promote cultural change include raising awareness of the negative impact of patriarchal patterns, while building consensus on the economic, environmental and social importance of care and recognizing the contributions and knowledge embedded in communities, Indigenous Peoples and Afrodescendants with respect to "good living". Accordingly, communication, awareness-raising and education strategies must promote social and gender co-responsibility in care provision.

The structural changes for moving towards the care society require commensurate investments, with sufficient, progressive and sustainable financing. Investment in care not only promotes social welfare by reducing poverty and exclusion; it also generates employment, fosters women's labour market participation and strengthens other economic sectors by lifting the economy as a whole. Adequate financing should be provided through social and fiscal compacts that prioritize care as a key dimension of development, adopting progressive fiscal policies, combating domestic and international tax evasion and avoidance, and redirecting public spending towards equality and sustainability objectives. International tax cooperation compacts and tools and innovative mechanisms to integrate the care economy are also needed to put the focus on lives of people and the planet.

Lastly, although major strides have been made in measuring the care society, the production and use of statistics to measure time, resources, demand and available supply, and the social and economic value of care must be strengthened. Statistics must be developed to measure well-being beyond the traditional calculations of GDP, and evidence produced on the advantages of investing in care. In this regard, the consolidation of robust and integrated information systems will permit the leveraging of the diversity of data sources to generate comparable information on care, and the monitoring and evaluation of public policies in order to optimize their implementation and impact.

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 organization of care at a multiscale and intersectoral level can be identified and analysed. In this process, potential partnerships, opportunities for collaboration and necessary changes can be identified. Care must be understood as a public good in order to build a care society. It must also be understood as an economic, social and cultural process, with the embedded principles of interculturality, intersectionality and interdependence.

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 dialogues 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).

1. Understanding care as a global public good

Global public goods are the natural or cultural resources shared by humanity that benefit all. Because universal access to quality care and guaranteeing the right to care benefits society as a whole, care may be understood as a global public good.

Global public goods are the result of a complex interaction between State and private and civil society actors, in the framework of the national and international agendas of the major stakeholders involved. The provision of public goods operates at different highly interdependent levels, from national to global. Governments not only finance and supply public goods, but also regulate the performance of the private sector to ensure quality and coverage. The global governance of these assets, therefore, depends on international cooperation and multistakeholder coordination (Kaul and Blondin, 2015).

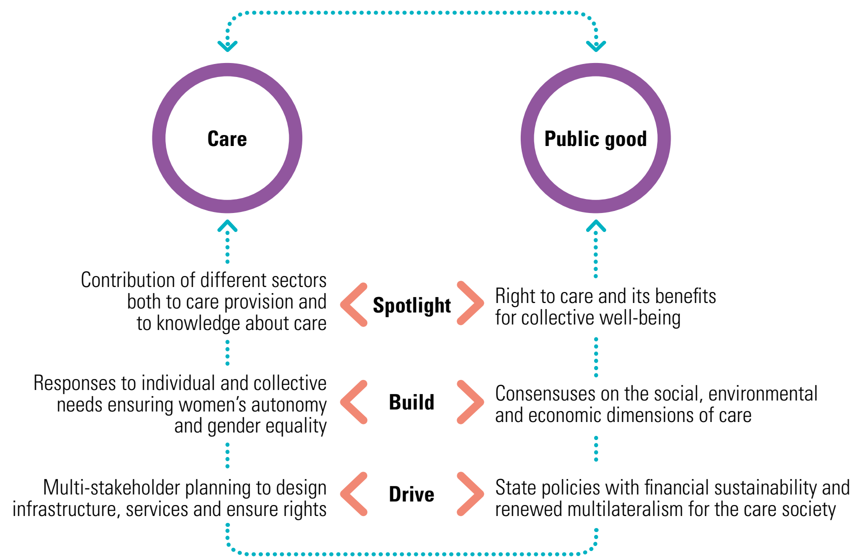
Migratory flows make it obvious that the right to care is a transnational issue and should therefore be treated as a global public good. Virtually all the countries in the region are part of migration cycles as countries of origin, destination, return or transit. Women migrating to engage in care work form a large part of this migratory flow. Global care chains refer to the care work done by migrants, in a flow from low-wage countries or regions to others where wages are higher (see section D in chapter IV) (Valenzuela et al., 2020; Bidegain et al., 2020). In many high-income countries, faster population ageing and women's increasing participation in the labour market have generated a growing demand for care work, which is often met by migrants, mostly women. This work is fundamental to sustaining the economies and welfare of recipient countries, but significant gaps persist when it comes to recognizing and protecting it. Many care workers have low incomes, lack decent working conditions and encounter barriers to regularizing their migratory status, making it all the more urgent to develop regulatory frameworks and public policies to ensure the rights of caregivers.

Caring for life in all its dimensions requires 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 or biodiversity loss transcend national borders, affecting 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.

Recognizing care as a global public good implies a profound change in the development paradigm, to revolve around the sustenance of life and the principle of interdependence. Thus, care is not only a fundamental right, but also a route towards the construction of a fairer and more solidary society, in which the common well-being is a priority and State policies underpin it (see diagram V.1).

The commitment to care is aligned with the Regional Gender Agenda, the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), and in recent years, with multilateral and intergovernmental agreements that testify to progress towards commitments regarding care that in turn speak directly to gender equality and the reduction of inequalities. Ensuring the provision of care understood as a global public good entails dialogue and coordination between different levels of government.

Diagram V.1
Care as global public good



Source: Economic Commission for Latin America and the Caribbean.

2. Multi-stakeholder strategic planning and action to face changing scenarios with social dialogue

Building flexible and comprehensive responses to structural changes —such as those arising from labour transformations, technological progress, demographic transition and the climate emergency— calls for multi-stakeholder strategic planning.

Social dialogue —understood as the process of interaction between different social, economic and political actors to seek common objectives and solutions to emerging challenges, drawing on broad support— is essential to bring about these changes and to help to establish policies that offer adaptative and sustainable solutions (ECLAC, 2024a). This approach, with an emphasis on the coordination between the State, the private sector, civil society and academia, is key to reducing gender inequalities and transforming the social organization of care. To have an impact on policymaking and for these policies to be sustained over time, social dialogue must be formalized in the institutional structure. Examples of institutionalized social dialogue that contribute to transformations include collective bargaining talks that include the notion of co-responsibility. Working groups or commissions that convene feminist organizations, trade unions and other civil society actors in dialogue with government agencies to design public policies are another good example.

Collaboration among actors in producing knowledge and designing strategies strengthens democratic governance and contributes to the development of more effective public policies. Political planning and governance structures must take an anticipatory approach, while public investment must include the care perspective as a structural dimension of economic and social development.

The public sector plays a fundamental role in this process, not only as regulator, but also as a provider of care, a driver of strategic investments and in steering private investment. Through strategic public procurement, contracting and investment projects, the State helps to steer economic and social development toward objectives of collective interest (see section A in chapter IV). However, such strategies can only effect structural change if they recognize that care is essential for the sustainability of life, the planet and the economy. This calls for

rethinking how investments are defined and assessed, prioritizing longterm impact criteria and ensuring that they generate public value based on criteria of sustainability and equality (Mazzucato, 2023).

The care sector is a strategic one, with the capacity to generate positive multiplier effects, a low environmental impact and a high impact on well-being. Directing economic and political efforts towards the care sector implies social and productive innovation capable of transforming the economic and social structure in Latin American and Caribbean countries, where a debt is still owing in relation to infrastructure and social services. Planning and coordinated action by State, trade union, private sector and civil society actors should underpin the design of economic and sustainable development goals that ensure collective well-being. In tight fiscal situations, the private sector must also commit to investing in the care economy, based on a thorough understanding of its benefits. There are substantial opportunities for technological innovation and capacity-building and the State can steer those efforts by means of strategic alliances. Planning and multi-stakeholder action are tools that serve to pool efforts towards short, medium and long-term objectives. On this path, the State must identify fruitful and lasting partnerships focused on the achievement of goals.

As part of this 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— 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 capabilities, particularly through technical, operational, prospective and political (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 concrete 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). *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.

Access to information, collective deliberation and the organization of demands generate inclusive governance dynamics, where public policies respond democratically and effectively to the needs of the population. Inclusive planning allows the target communities of public policies to participate in their design, implementation and evaluation, thereby contributing to their continuous improvement. The guarantee of an open and pluralistic civic space thus not only fosters the exercise of individual rights, but also enhances the legitimacy of institutions and the stability of democracies. Instances of inclusive planning include intersectoral coordination bodies at the different levels of government, as well as a space for multi-stakeholder participation.

To be effective and ensure democratic participation, this space must provide basic conditions such as access to information, the chance to participate in the dialogue, to express dissent and to organize collectively (United Nations, 2020). Access to clear, up-to-date and transparent information is essential for citizens to exercise social oversight, demand better policies and become aware of inequalities, such as the inequitable distribution of care. Effective participation also requires institutionalized spaces for dialogue where demands and proposals can be heard. These must include historically excluded actors, such as caregivers, paid domestic workers and people who receive support and care. This allows for the inclusion of different experiences in policymaking. Collective organization through associations, trade unions, cooperatives and other social economy actors has been key to promoting regulatory changes, highlighting demands and promoting the recognition of care as a right and a shared responsibility.

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 implies 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 those policies aimed at reducing structural inequalities and promoting gender equality (United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], 2024; ECLAC, 2023a; Organization for Security and Cooperation in Europe, 2023). Effective governance implies not only designing appropriate regulatory and institutional frameworks, but also an ongoing effort to strengthen TOPP capabilities (ECLAC, 2024a). These capacities serve to manage complex transformations in a coordinated, adaptive and anticipatory manner, enabling proactive responses to emerging risks, as well as the construction of long-term sustainable policies. Strengthening these capacities not only improves policy quality and sustainability, but can also help to regain public confidence and strengthen democratic legitimacy.

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; Zaremberg, 2023).

Given its multidimensional nature, care policy requires coordination with all other public policies. Measures are rendered more effective by the interconnection with equality and cultural policies, social protection, health and education systems, labour, fiscal, economic, productive development, transportation and infrastructure, housing, human mobility and environmental policies (see section A in chapter III). This policy interconnectedness is simultaneously a response to the demands of gender justice and a fundamental pillar for social, economic and demographic sustainability. Effective implementation of these policies requires decisive collaboration between various ministries and State agencies, as well as between the different levels of government, in order to ensure that care policies, services, infrastructure and benefits respond in a coherent and joined-up manner to often interrelated needs, avoiding overlaps, gaps and territorial fragmentation (United Nations Entity for Gender Equality and the Empowerment of Women and Economic Commission for Latin America and the Caribbean [UN-Women and ECLAC], 2021; ECLAC, 2023a, 2025). In this framework, consolidating a system of governance with intersectoral coordination, sustainable financing and a territorial approach is key to promoting the equitable redistribution of responsibilities between men and women and social co-responsibility between the State, the market, households and communities, dismantling the sexual division of labour and building a care society. Machineries for the advancement of women play a strategic role in this process, ensuring the inclusion of a transformative gender perspective in care policies and bringing their technical and political expertise to bear in achieving substantive equality.

It is in this context that comprehensive care systems are designed and implemented, with governance structures that articulate care policies in a coherent and systemic manner (UN-Women and ECLAC, 2021; ECLAC, 2023b; United Nations 2024). These systems have emerged with new forms of organization and coordination among different State agencies and levels, innovating or creating new governance structures and inter-institutional coordination efforts. This requires collaboration, articulation, coordination and a holistic vision across policies, measures and services. Putting in place a comprehensive care system requires the coordination of innovative and existing policies to respond to the needs of the population and thus achieve structural change to consolidate social and gender co-responsibility in the organization and provision of care. To this end, comprehensive care systems must be supported by solid State capacities, at both the central and subnational levels, to manage complexity and adapt to diverse and dynamic territorial contexts. Stable, professionalized institutional structures are needed, with clear mandates, functional autonomy and sufficient resources to ensure that policies will remain in place and go on achieving their transformative aims (ECLAC, 2024a). In this regard, various countries in the region have strengthened and coordinated their social programmes, mobilizing investments in care infrastructure, bringing the care perspective into land-use plans and other pilot schemes that include community knowledge or ways of organizing care that were hitherto outside the orbit of the State (Scuro and Silva, 2022a, 2022b; ECLAC, 2024c; ECLAC et al., 2025).

Building a robust institutional framework requires inclusive and participatory processes that bring in the voices and experiences of those who provide and receive care, and those engaged in the care economy, together with social organizations, governments at different levels and other relevant actors. This participatory approach in policy design, implementation and evaluation adds value to diagnoses, legitimizes decisions and strengthens public oversight of their implementation (Bango et al., 2024; ECLAC, 2023b, 2024c).

Recent advances in legal frameworks, public policies and international resolutions, as well as growing demands from civil society, offer a strategic opportunity to consolidate a structural change in the social organization of care in Latin America and the Caribbean. To take full advantage of this opportunity, it is essential to strengthen coordination among sectors and among the different branches and levels of government. This implies not only establishing permanent instances of joint work —such as inter-institutional commissions or technical groups— that ensure coherent and integrated planning and execution of policies, services and instruments, but also defining clear routes that mainstream the gender and human rights perspective (ECLAC et al.; 2025, Pautassi, 2016). This dual coordination will underpin effective progress in the universal guarantee of the right to care, contributing to transforming the current social organization of care towards a society based on social and gender co-responsibility. The quality of coordination will depend to a large extent on the ongoing institutional capacity-building, sustained political leadership and the institutionalization of social dialogue processes to legitimize policies and ensure

their sustainability (ECLAC, 2024a). Care policies must also incorporate common perspectives such as gender equality, interculturality and intersectionality and be based on the principles of equality, universality, progressivity and non-regression, interdependence and social and gender co-responsibility.

1. The role of machineries for the advancement of women in bringing a transformative gender perspective to care policies

If national machineries for the advancement of women are to fulfil their mandate and specific functions, their actions need to be supported by a national strategy setting forth the main gender equality needs, prioritizing the closing of gaps, and considering women and girls who face multiple and interrelated forms of discrimination and inequality. Lastly, it is essential to foster a fluid relationship with civil society organizations, particularly women's and feminist organizations, to ensure that policies are in line with their needs, proposals and demands, as has been called for consistently by women ministers and high-level authorities of national machineries for the advancement of women (ECLAC, 2024d).

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. Their accumulated experience in analysing structural gender inequalities gives them a unique capacity to steer care policies towards social and gender co-responsibility, and their institutional framework must be strengthened as a factor in transforming gender relations, which is indispensable for the social reorganization of care (Forester and Mazur, 2024; Novovic, 2023; Milward et al., 2015; Moser and Moser, 2005).

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 and Aguirre and Ferrari, 2014). For machineries to play this role effectively, as a priority, they need institutional capacity-building, TOPP capabilities and evidence-based proposals. They also need stronger political advocacy, to ensure the effective mainstreaming of gender equality at all levels of the care system, contributing decisively to ending the unfair sexual division of labour and building a care society (ECLAC, 2017; Forester and Mazur, 2024).

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. Care policies in the territories can be implemented in different ways: as the application of national guidelines, through the delegation of functions, or through autonomous local initiatives that prioritize the particular needs of the territory. These options are usually complementary and depend on the characteristics of each context and the priorities determined by each government.

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. For this reason, care policy in the territory should consider the key role

of subnational governments, through processes of decentralization, consultation, collaboration or coordination, depending on the context. Given their key role in mainstreaming the feminist perspective at different levels of design, management and implementation of care policy, machineries for the advancement of women must be afforded stronger advocacy and leadership capacity, alongside a stronger gender focus in other government institutions.

In this regard, the monitoring and evaluation of care systems —and of public policies generally— must systematically incorporate time-use measurements. Without such measurements, it is harder to identify and correct unforeseen impacts that, amid fiscal adjustment or economic slowdown, could increase the excess unpaid work burden in households, thereby deepening gender inequalities. Machineries for the advancement of women, with their experience in analysing structural inequalities, have a key role in building this perspective into evaluations and in ensuring that care systems genuinely contribute to redistributing care work, even in adverse economic scenarios. Care policy monitoring and evaluation systems must also be designed and implemented as comprehensive, rights-based, gender-sensitive and intersectional instruments that reveal structural gaps, guide decision-making and strengthen public accountability.

2. Mechanisms for citizen participation in designing and implementing care policies

The construction of democratic and transformative care policies requires effective participation mechanisms to convene the voices, experiences and knowledge of those who form the care economy. To this end, robust governance must ensure formalized instances —such as local care round tables or commissions, territorial councils and forums for citizen consultation— that facilitate deliberation, advocacy and continuous feedback based on field experience (Bango et al., 2024; ECLAC, 2023b, 2024b). It is also key to strengthen intersectoral coordination and co-management mechanisms, with participation in high-level cabinets, open local bodies and service monitoring bodies, such as town councils, round tables and direct democracy mechanisms. These modalities should foster both strategic advocacy and day-to-day monitoring of care policies.

As stated in the Buenos Aires Commitment, these mechanisms must ensure the effective participation of women's and feminist organizations and movements, including those of young women, older women, Indigenous women, women of African descent, rural women, women with disabilities, women living with human immunodeficiency virus (HIV), LGBTI+ persons, organizations of caregivers and dependent persons, trade unions, organizations of paid domestic workers, and community care organizations and cooperatives (ECLAC, 2023b). The intersectional perspective should guide the design of these forums, recognizing that care experiences are riven by different systems of oppression and affording particular attention to women who face multiple forms of exclusion and discrimination: those living in poverty, in rural areas or in territories in conflict. If such forums are to be effective, they must meet basic conditions such as access to transparent information, resources for participation (including care services during meetings), technical training, means to minimize cultural and linguistic barriers, and culturally relevant participatory methodologies.

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 (UN-Women and ECLAC, 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. Caring for the planet implies the transition towards responsible production and consumption models, the promotion of sustainable economies and the implementation of environmental policies that prioritize climate justice, affording special attention to populations experiencing greater economic vulnerability to environmental crises, especially women (ECLAC, 2023b; Güezmes García et al., 2023).

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 change 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.

As noted by the Economic Commission for Latin America and the Caribbean (ECLAC) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), if the construction of care systems is not only to meet the needs of the population but also to drive the recognition, reduction and redistribution of unpaid care work, measures must be coordinated around multiple components, including all communications aimed at disseminating rights and promoting cultural change towards greater social and gender co-responsibility in care (UN-Women and ECLAC, 2021).

1. New imaginaries of well-being: dismantling entrenched patriarchal cultural patterns

Comprehensive care policies and systems aim to coordinate measures and programmes to address care and its social organization, which falls disproportionately on women, and also represent a fundamental strategy for driving profound cultural change to ensure the right to care and promote social and gender co-responsibility, which implies transforming roles, narratives and imaginaries (UN-Women and ECLAC, 2021). Thus, comprehensive care policies and systems enable the promotion of a profound cultural change based on solidarity, redistribution and co-responsibility (Batthyány, 2024; UN-Women, 2020).

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 2024), 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. Gender inequality in time use on unpaid care work is visible from childhood and becomes sharper in adolescence (United Nations Children's Fund [UNICEF], 2024), which testifies to the need for changes in parenting cultural patterns. This cultural change implies resignifying care as a collective social function, and not as the responsibility of women or something that pertains to the family sphere alone.

As part of this cultural shift, domestic workers must be recognized and guaranteed decent work, free from discrimination and with union representation, shaking off colonial and patriarchal legacies. However, this cultural change faces active resistance from sectors that reproduce social imaginaries that reinforce the naturalized role of the family as the sole provider of care, and thereby weaken recognition of the role of the State and hinder the consolidation of public, universal and inclusive care systems. In conjunction with dismantling this structural challenge and given the difficult task of cultural change, it is also key to address the structural challenge of patriarchal, discriminatory and violent patterns (ECLAC, 2017). 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.

Driving the necessary cultural change around care policies is not a matter of changing isolated practices or policies, but of transforming narratives, stereotypes and biases that are deeply rooted in society. This is why a comprehensive and intersectional approach is essential, in order to coordinate dissemination efforts from within key spheres such as education, health and labour, seeking recognition of care as a fundamental pillar of social and economic well-being.

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 is a skilled job and could be a driving sector of the economy as a whole. Achieving these objectives requires support for policies, programmes and media campaigns, as well as changes in school and university curricula to encourage men's participation in caregiving and to foster the formation of non-violent, egalitarian interpersonal bonds. 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, 2024).

In Latin America and the Caribbean, communication campaigns, awareness-raising and educational actions have become increasingly important in promoting a new social organization of care. A significant proportion of these campaigns focus on co-responsibility and redistribution of care work. Others work on the transformation of gender stereotypes associated with masculinities, promoting models of active and co-responsible fatherhood. Another significant theme is the recognition of care work and caregivers. Several campaigns have highlighted the economic, social and symbolic value of care, both paid and unpaid, and sought decent working conditions for caregivers; there have also been campaigns focused on specific population groups, such as children, older persons and persons with disabilities, as well as caregivers in these settings. These measures seek to shed light on the rights, needs and particular conditions of care that are often invisible against the background of more generalist discourses. A smaller number of campaigns have sought to portray care as a human right and a social need, recognizing its centrality for sustainable development, social cohesion and the strengthening of democratic systems. These experiences, driven by a variety of actors —mainly machineries for the advancement of women, civil society organizations, the private sector and international cooperation agencies— have used multiple formats, such as audiovisual advertisements, workshops, content on social networks, documentaries and exhibitions, with the aim of promoting a more egalitarian distribution of care responsibilities between women and men.

Communication and awareness-raising campaigns offer an opportunity to deepen the notion of care as a human right and demonstrate the implications of tools such as paternity and parental leave for social and gender co-responsibility. Such campaigns must highlight the potential of paid care work as a social and economic objective, based on the creation of decent work.

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, involving both men and women. This will foster a creative transformation of the masculinities involved in 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 (see box V.2).

Box V.2
The contribution made by Indigenous women to the care economy

Latin America and the Caribbean is home is a large diversity of Indigenous Peoples who have their own cultures, traditions, spirituality and forms of social organization. The International Labour Organization (ILO) estimates the number of Indigenous women in the region at 28 million.

Indigenous Peoples have a broad, holistic vision of care, referring not only to the care of individuals, families and communities and domestic work, but also community work of defending, protecting, managing and recovering the land, the forests, the rivers, seeds, biodiversity, the harvest and water collection, the cultivation of nutritious, healthy food, climate change mitigation and adaptation and spiritual work, including ceremonies to

thank Mother Earth, as well as the preservation and transmission of culture. This vision, which joins the care of people and Mother Earth, contributes to advancing a care society and well-being across the planet. For Indigenous Peoples, the right to care is to be addressed in both its individual and collective dimensions.

Among Indigenous Peoples, women are primarily responsible for care work. Their main work includes: (i) caring for children, older persons and the sick, and sustaining the social and cultural well-being of families and communities; (ii) producing and processing nutritious, environmentally appropriate foods while respecting environmental balance, including seed preservation; (iii) the knowledge and use of medicinal plants and traditional healing practices to provide comprehensive healthcare and healing to their families and communities; (iv) transmitting culture, language and ancestral knowledge to ensure the survival of their Peoples; and (v) defending and protecting territories, forests, water, seeds and biodiversity from multiple threats, including through climate crisis mitigation and adaptation measures. Indigenous women thus contribute to health, food security and sovereignty, social cohesion and collective well-being, as well as environmental and territorial sustainability.

Although these contributions are fundamental pillars of the care economy, Indigenous women face challenges such as lack of visibility and recognition and appreciation for their role, contributions and rights, as well as an overburden of care work, which limits their access to education, economic opportunities and participation in decision-making, and affects their health and well-being. Other challenges include multiple forms of gender-based discrimination and violence, as well as threats to their Peoples' territories and the criminalization and persecution of women human rights defenders in environmental matters.

In this context, it is essential to recognize the contributions made by Indigenous women and express this broad vision in statistics and tools for measuring work. They must also be guaranteed territorial security, environmental health and food sovereignty, as well as comprehensive protection and security policies for women defenders as a minimum condition for advancing towards care societies.

Source: Continental Network of Indigenous Women of the Americas (ECMIA).

To achieve these objectives, technical and political capacities are needed to foster spaces for social dialogue, as well as communication campaigns aimed at disseminating the diversity of experiences and situations surrounding care. Generating information to break the statistical silence (see section E of this chapter) is also essential to expand knowledge about gender gaps and highlight care work through an intersectional lens.

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, 2019). 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, as stated in the Montevideo Strategy for Implementation of the Regional Gender Agenda in the Framework of Sustainable Development by 2030 (ECLAC, 2017), 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.

1. Fiscal challenges for resource mobilization

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, 2021b). 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 constraint 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 (be they contributions or progressive co-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 widespread 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). As noted earlier, lack of tax system progressivity has an impact on gender inequalities. Tax evasion also needs to be curbed, and a cost-benefit analyses of existing tax expenditures 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). In terms of regional coordination and political capacities, the Regional Tax Cooperation Platform for Latin America and the Caribbean (PTLAC), established in 2023 with ECLAC serving as technical secretariat, could contribute to achieving regional stances for, among other purposes, negotiations on a United Nations framework convention on international cooperation in tax matters.

The involvement of multilateral banks would be particularly useful at the early stages of investment, given the generally high public debt and rising interest rates, which limit fiscal space for the countries in the region. Among the strong pressures on the debt trajectory are interest payments, which reached a historic level in 2024. Despite interest rate cuts in international financial markets, the cost of financing remains high (ECLAC, 2024a). In this context, multilateral banking represents an important option for increasing resource mobilization for gender equality policies and comprehensive care systems. Accordingly, ECLAC, the Development Bank of Latin America and the Caribbean (CAF), the Inter-American Development Bank (IDB) and the Governments of Chile and Mexico (which chair intergovernmental forums in the region), together with other organizations, proposed an initiative entitled "Accelerator for investments in comprehensive care policies and systems initiative in Latin America and the Caribbean", which was included in the Seville Platform for Action, within the framework of the Fourth International Conference on Financing for Development (held in Seville, Spain, from 30 June to 3 July 2025). This initiative aims to promote investments through financing instruments, technical assistance and resource mobilization.

2. Mainstreaming gender in fiscal policy: an approach to promote progressivity

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). In the countries of the region there is a growing recognition of the gender-differentiated impacts of fiscal policy. The explicit and implicit gender biases in the region's tax systems have begun to be analysed in recent years, and there have been some initiatives to mainstream gender in public budgets (ECLAC, 2019 and 2021e).

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. Although, as mentioned earlier, several Latin American countries have adopted a gender focus in public budgets, the practice is not widespread and as yet there is no system of classification and quantification to support

comparisons at the regional level (Almeida Sánchez, 2024). Advancing towards agreements based on a common conceptual framework would help to clarify and monitor spending. This framework should be consistent with the international commitments that countries have assumed in this area. The conceptual frameworks that the countries have used include those that underpin classification systems by pillars of rights, women's autonomy, structural challenges of gender inequality, and causes and effects of gender inequality, among others (Almeida Sanchez, 2024).

In short, in order to move towards a care society and sustainable development, it is essential to implement gender equality policies and invest in a new social organization of care. These, in turn, have multiple social and economic benefits. In a context of fiscal constraint, it is crucial to mobilize domestic and external financial resources, both public and private, through progressive tax collection. It is also vital to embed the gender focus, with an intercultural, intersectional and territorial approach, in fiscal policies to avoid the reproduction of inequalities and to ensure that women do not disproportionately bear the effects of crises by way of larger amounts of unpaid work.

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 means 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, 2017). 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, 2017, 2022a).

1. Breaking the statistical silence to measure well-being

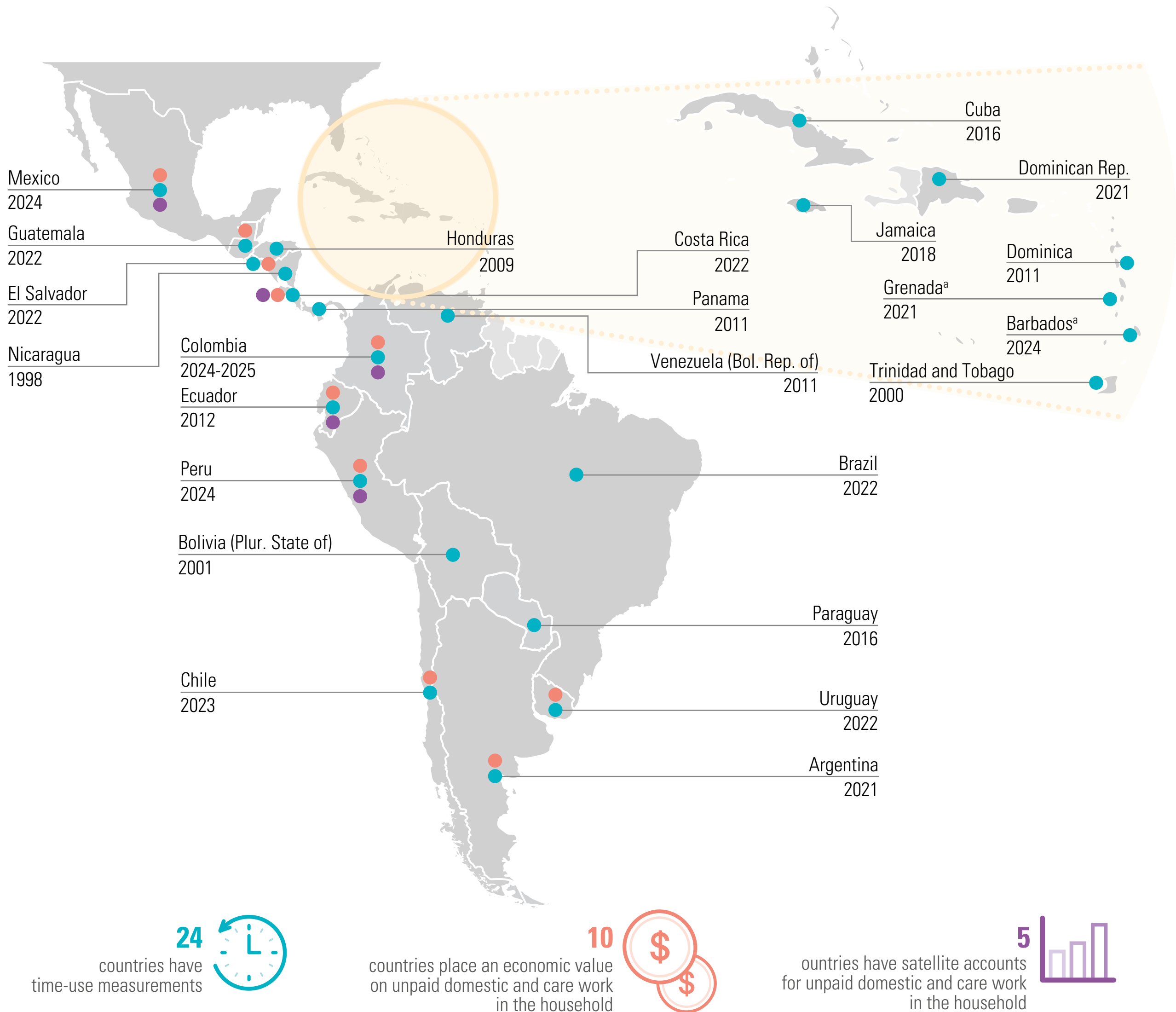
Building a care society also requires changing the parameters that define value, wealth and well-being beyond traditional measures such as gross domestic product (GDP). This way of measuring what is produced does not include the value of unpaid care work, which is fundamental for well-being, economic 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). Factors such as access to health, education and care services or environmental impacts in the territories have a profound impact on people's lives and well-being; however, given the fundamentals of aggregate GDP measurement, they are captured only approximately at best. Faced with the environmental, inequality and care crises, 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.

In this regard, Latin America and the Caribbean has made significant progress in the production of key statistics on care, gradually building this dimension into national statistical systems. The measurement of total work time —which includes both paid work and unpaid domestic and care work— has been essential to highlight the unequal distribution of time and the sexual division of labour.[1] Broadening the definition of work to recognize activities that are fundamental to sustaining life (ILO, 2013), beyond paid work, and the information that forms part of national accounts systems has consolidated the notion of time as a crucial dimension for understanding gender inequality and for public policy design and evaluation (ECLAC, 2022b).

[1] Complementary indicator C-5.4, which is part of the set of indicators prioritized for monitoring the 2030 Agenda and of the set of indicators of the Gender Equality Observatory for Latin America and the Caribbean (OIG). C-5.4 is measured by means of surveys and time-use instruments.

So far, 24 countries in the region have conducted at least one official measurement of time use. Of the 98 countries reporting on SDG indicator 5.4.1 (referring to the proportion of time spent on unpaid domestic and care work, disaggregated by sex, age and location), 17 are in Latin America and the Caribbean. Between 2021 and 2024, at least 10 countries updated their measurements. 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 (see infographic V.1).

Infographic V.1
Latin America and the Caribbean (24 countries): progress in measurements of time use and unpaid work, latest year with data available



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: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.
[a] At the time of writing, Barbados and Grenada had carried out only a pilot survey on time-use information.

This regional trajectory has led to the creation of statistical standards, such as the Classification of Time-Use Activities for Latin America and the Caribbean and the *Methodological guide on time-use measurements in Latin America and the Caribbean*, adopted by the Statistical Conference of the Americas of the Economic Commission for Latin America and the Caribbean and endorsed by the Regional Conference on Women in Latin America and

the Caribbean. The development of these technical and operational capacities —ranging from statistical production to information system institutional capacity-building— has also been a key factor in expanding the political arena for care policies, by providing robust information that has brought gender inequalities and the contribution of unpaid care work into the public eye and has fed into processes of social dialogue and policymaking in the region.[2]

2. Information systems for decision-making: design and implementation of transformative care policies

Advances in the production of time-use statistics and in institutional capacity-building have laid the foundations for the formulation of transformative public policies on care (Working Group to Prepare a Methodological Guide on Time-use Measurement in Latin America and the Caribbean of the Statistical Conference of the Americas, 2022). To consolidate this progress and ensure that it has transformative effects, it needs to be translated into robust, integrated and coordinated information systems that support all stages of the care policy cycle: diagnosis and design, implementation and management, monitoring, accountability and evaluation.

Without quality information —i.e. information that is relevant, reliable, comparable, updated and disaggregated, has an intersectional and territorial focus, and is available in a timely manner— policies risk reproducing inequalities and failing to respond adequately to the real needs of the population. 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. Population censuses, household surveys and vital statistics records are fundamental tools for characterizing the potential demand for care, as they provide information on the age distribution of the population, the prevalence of disability, household conditions, educational coverage and other related factors. However, these sources have limitations: for example, censuses offer a high level of territorial disaggregation, but less coverage of care needs, while household surveys provide greater detail on unpaid care work and on some care needs, but have less territorial disaggregation and more limited analysis of statistically small population groups, which is fundamental for intersectional analysis. 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 (UN-Women and ECLAC, 2021; ECLAC, 2022c). 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.

Systematic monitoring of future trends and projections —such as population ageing, changes in household composition or the effects of environmental and health crises— feeds into prospective capabilities, in order to anticipate the evolution of care demand and the differentiated effects it may have by gender and by population groups with different or greater requirements. Future scenarios must then be projected regarding the sustainability and sufficiency of the care supply, to guide strategic planning and anticipate the necessary policy adjustments to avoid sharpening existing inequalities.

The lack of timely and disaggregated data on care work, both paid and unpaid, is a barrier to positioning care on the public policy agenda and in economic systems. It is crucial, then, to continue developing statistics to

[2] See Working Group to Prepare a Methodological Guide on Time-use Measurement in Latin America and the Caribbean of the Statistical Conference of the Americas (2022), chapter VI, "Time-use data for public policy: experiences and challenges".

measure the time and resources devoted to care, the demand and supply available, and the social and economic value of care, as well as beyond-GDP statistics (Vaca Trigo and Baron, 2022). Information disaggregated by sex and age is also essential, as is information on the situation of women living in poverty or with disabilities, rural, Indigenous, Afrodescendent women, and those in contexts of human mobility or living in territories in conflict, in order to break the statistical silence (see box V.3). Robust and integrated information systems to support policy evaluation and monitoring are also key, to optimize their implementation and ensure they have the desired impact.

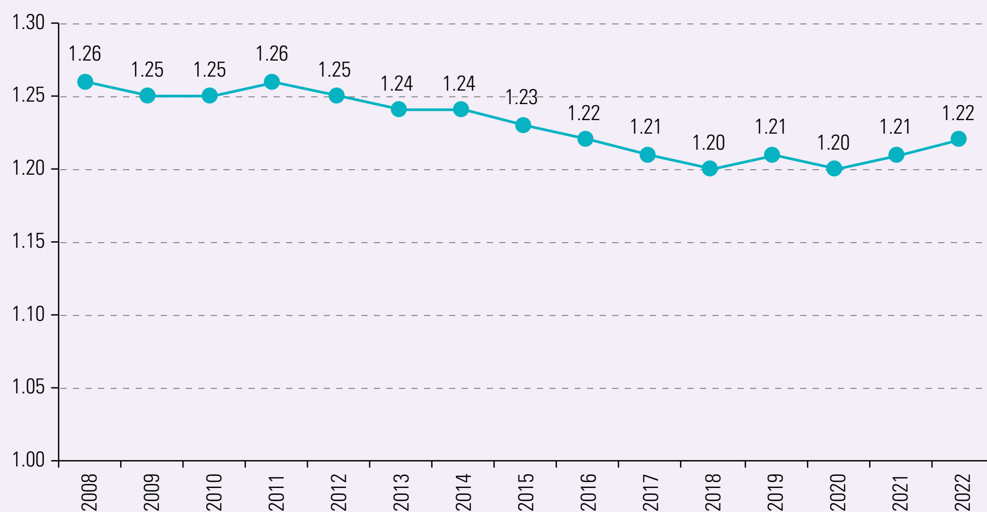
Box V.3
Multidimensional poverty index and gender gap analysis at the individual level in Latin America

Traditional measures of poverty based on monetary income are insufficient to reflect the complexity of gender inequalities. For a more comprehensive understanding, the Economic Commission for Latin America and the Caribbean (ECLAC) developed the Multidimensional Poverty Index for Latin America, which supports regional comparative measurement and covers 17 countries with data between 2008 and 2022.

The Index covers dimensions and indicators that are already included in the official multidimensional poverty indices of different countries in the region, such as housing, health, education and employment. However, it also includes variables on labour market status, quality of employment, excess domestic and unpaid care work burden in the household and pensions, which reflects the focus on heterogeneity and productive segmentation and recognizes how labour market participation directly affects living conditions and opportunities. Application of the Index shows that multidimensional poverty in the region decreased significantly between 2008 and 2022: from 45.7% to 26.5%. In 2022, the specific indicators contributing most to poverty were poor job quality, lack of Internet access, lack of employment and overcrowding.

However, when the household is taken as the unit of analysis, gender differences within the household tend to become obscured. A complementary deprivation indicator was therefore designed at the individual level, which maintains the structure of the Index, adding the variable of lack or insufficiency of own income. This measurement, applied to people between 20 and 59 years of age, captures monetary and social protection deprivations, revealing gender disparities within households. In 2022, the incidence of individual multidimensional deprivation was 1.22 times higher among women than among men, a slight reduction from 2008 (1.26) (see figure).

Latin America (15 countries):[a] individual multidimensional deprivation indicator, population aged 20–59 years, 2008–2022
(Ratio between sexes)



Source: Economic Commission for Latin America and the Caribbean.
Note: The ratio is calculated as the quotient between the adjusted incidence of individual multidimensional deprivation in women and its adjusted incidence in men. A value greater than 1 indicates that deprivation is higher among women, and a value less than 1 indicates that deprivation is lower among women.
[a] Weighted average for 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.

The gender gaps are explained mainly by lower female labour market participation, differences in the quality of employment and access to their own income. The greatest disparity corresponds to non-participation in the labour force owing to unpaid care responsibilities, followed by labour income below the monetary poverty line and insufficient income of their own. This individual analysis casts light on the deep structural barriers that limit women's autonomy and access to well-being and opportunities.

Source: Economic Commission for Latin America and the Caribbean. (2025), *Índice de pobreza multidimensional para América Latina*. ECLAC Methodologies (7) (LC/PUB.2025/3-P).

The effective implementation of transformative policies to build the care society requires the strategic and integrated coordination of multiple sources of information. Table V.1 shows how the combination of information from censuses, specialized surveys, administrative records and geographic information systems, among other sources, can provide a comprehensive and multidimensional view of care. By integrating and complementing these diverse and robust sources, the care needs and characteristics of the people who provide and require care can be more accurately identified, which facilitates public policy decisions based on solid information and aimed at reducing inequalities and promoting gender equality.

Table V.1
An integrated information system for the care society

Population censuses	– Analysis of demographic structures at the highest level of territorial disaggregation – Understanding of new and diverse forms of organization within households – Measurement of time-use information (e.g. in the Caribbean)
Time-use surveys	– Improvement and updating of data on time use and unpaid work in countries that already have measurement mechanisms, and their adoption in countries that do not yet have them – Development of satellite accounts of unpaid domestic and care work to cast light on the care economy, the sexual division of labour, and women's contributions to the economy and sustaining life
Civil registration and vital statistics	– Monitoring and updating of demographic and epidemiological information
Statistics on living conditions	– Analysis of the demand for care – Information on children and adolescents, older persons and persons with disabilities – Multidimensional analysis of poverty, housing conditions and the care infrastructure
Migration statistics	– Produced with an intersectional focus to characterize phenomena that are accentuated in migrant populations (global care chains, demand for care in contexts of mobility)
Administrative records	– Identification, monitoring and evaluation of private, public and community care services, as well as the availability of care infrastructure integrated with information on access to social programmes, social security and geographic location, among others
Labour force surveys and other household surveys	– Visibility of the labour force in the care sector, in subsectors such as paid domestic work, health and education, as well as matters related to self-consumption, informality and rurality – Socioeconomic characterization of households
Economic censuses and economic surveys	– Inclusion of the care sector as a strategic sector in economic censuses – Inclusion of care facilities in company directories for the formulation of modules and specialized surveys to characterize the care sector, its coverage, challenges and contribution, as well as to address care needs in the private sector
Geographic information systems	– Adoption of care maps: integration of data sources, georeferenced inclusion of care supply, and indicators of care supply and demand

Source: Economic Commission for Latin America and the Caribbean.

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 terms of 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 processes with the State, but also at 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.

The region is aided in this objective by 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 lead 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 technical, operational, political, and prospective capacities of the institutions responsible for these 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 five years before the deadline set for the implementation of the 2030 Agenda for Sustainable Development, at its the fifteenth session, the Regional Conference on Women in Latin America and the Caribbean 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 word, 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*. *Social Policy series* (192) (LC/L.3805). Economic Commission for Latin America and the Caribbean.

Almeida Sánchez, M. D. (2024)., Marcos conceptuales y metodologías de identificación del gasto público con perspectiva de género. *Project Documents* (LC/TS.2024/127). Economic Commission for Latin America and the Caribbean.

Alvaredo, F., De Rosa, M., Flores, I. and Morgan, M. (2024). Medición de la desigualdad mediante la integración de fuentes de datos. *Project Documents* (LC/TS.2024/122). Economic Commission for Latin America and the Caribbean.

Ambel, A. A., Tesfaye, W. M. and Yonis, M. B. (2022). A gendered fiscal incidence analysis for Ethiopia: evidence from individual-level data. *Policy Research Working Paper* (10130). World Bank.

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.

Batthyány, K. (2024). El cuidado en el centro de los nuevos acuerdos sociales. *Análisis Carolina* (6). 1-12.

Bidegain, N. (2017). La Agenda 2030 y la Agenda Regional de Género: sinergias para la igualdad en América Latina y el Caribe. *Gender Affairs Series* (143) (LC/TS.2017/7). Economic Commission for Latin America and the Caribbean.

Bidegain, N., Scuro, L. and Vaca Trigo, I. (2020). Women's economic autonomy during the COVID-19 pandemic. *CEPAL Review* (132) (LC/PUB.2021/4-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*. Economic Commission for Latin America and the Caribbean.

Deza, M. C., Dondo, M., Jara, H. X., Rodríguez Guerrero, D. A. and Torres, J. (2025). *Assessing the Role of Tax-benefit Systems in Reducing the Gender Income Gap in Latin America*. Inter-American Development Bank.

Economic Commission for Latin America and the Caribbean. (2017). *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. (2019). *Social Panorama of Latin America, 2018* (LC/PUB.2019/3-P).

Economic Commission for Latin America and the Caribbean. (2021). *Fiscal Panorama of Latin America and the Caribbean, 2021* (LC/PUB.2021/5-P).

Economic Commission for Latin America and the Caribbean. (2022). *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).

Economic Commission for Latin America and the Caribbean. (2022b). *Breaking the statistical silence to achieve gender equality by 2030: implementing 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). *The care society:a horizon for sustainable recovery with gender equality* (LC/CRM.15/3).

Economic Commission for Latin America and the Caribbean. (2023b). *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). *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. (2024c). Design and implementation of the District Care System of Bogotá: a political, social and fiscal covenant. *Gender Equality Bulletin* (2).

Economic Commission for Latin America and the Caribbean. (2024d). Declaration by the ministers and high-level authorities of the national machineries for the advancement of women in Latin America and the Caribbean for the sixty-eighth session of the Commission on the Status of Women. *Report of the sixty-fifth meeting of the Presiding Officers of the Regional Conference on Women in Latin America and the Caribbean. Hybrid meeting, 11 and 12 October 2023* (LC/MDM.65/3).

Economic Commission for Latin America and the Caribbean. (2025). *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 on, in synergy with the implementation of the Regional Gender Agenda* (LC/MDM.66/5).

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).

Forester, S. and Mazur, A. G. (2024). Introduction to the roundtable: emerging research agendas for state feminism in the age of democratic reversal. *French Politics, 22*(3). 185-196.

Goldin, C. (2021). *Career and Family: Women's Century-Long Journey toward Equity*. Princeton University Press.

Güezmes 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.

International Labour Organization. (2013). *Resolution I*. 19th International Conference of Labour Statisticians.

International Labour Organization. (2024). *Resolution concerning decent work and the care economy* (ILC.112/Resolution V).

Kaul, I. and Blondin, D. (2015). Los bienes públicos globales y las Naciones Unidas. En J. A. Ocampo (Ed.), *Gobernanza global y desarrollo: nuevos desafíos y prioridades de la cooperación internacional*. United Nations and Siglo XXI Editores.

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.

Milward, K., Mukhopadhyay, M. and Wong, F. F. (2015). Gender mainstreaming critiques: signposts or dead ends? *IDS Bulletin*, *46*(4). 75-81.

Moser, C. and Moser, A. (2005). Gender mainstreaming since Beijing: a review of success and limitations in international institutions. *Gender & Development, 13*(2). 11-22.

Novovic, G. (2023). Gender mainstreaming 2.0: emergent gender equality agendas under Sustainable Development Goals. *Third World Quarterly*, 44(5). 1058-1076.

Organization for Security and Cooperation in Europe. (2023). *Institutional Mechanisms as Critical Actors for Gender Equality: A Review from the OSCE Region.*

Pautassi, L. (2016). Del "boom" del cuidado al ejercicio de derechos. *Sur - Revista Internacional de Derechos Humanos, 13*(24), 35-42.

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, M. J. (2022a). Comuna de Padre Las Casas: mapeo y recomendaciones para la implementación de soluciones de cuidado. *Project Documents* (LC/TS.2022/111). Economic Commission for Latin America and the Caribbean.

Scuro, L. and Silva, M. J. (2022b). Comuna de Renca: mapeo y recomendaciones para la implementación de soluciones de cuidado. *Project Documents* (LC/TS.2022/96). Economic Commission for Latin America and the Caribbean.

United Nations. (2020). *United Nations Guidance Note: Protection and Promotion of Civic Space*. https://www.ohchr.org/sites/default/files/Documents/Issues/CivicSpace/UN_Guidance_Note.pdf

United Nations. (2021). *Our Common Agenda. Report of the Secretary-General*.

United Nations. (2024). Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda. *UN System Policy Paper*.

United Nations Children's Fund. (2024). *Uso del tiempo entre los y las adolescentes en América Latina*.

United Nations Entity for Gender Equality and the Empowerment of Women. (2020). Care in Latin America and the Caribbean during the COVID-19: towards comprehensive systems to strengthen response and recovery. *Brief* (v 1.1. 19.08.2020).

United Nations Entity for Gender Equality and the Empowerment of Women. (2022). *A toolkit on paid and unpaid care work: from 3Rs to 5Rs*.

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 y Economic Commission for Latin America and the Caribbean. (2021). *Towards the construction of comprehensive care systems in Latin America and the Caribbean: elements for implementation* (LC/TS.2022/26).

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., Scuro, M. 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.

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.

Working Group to Prepare a Methodological Guide on Time-use Measurement in Latin America and the Caribbean of the Statistical Conference of the Americas. (2022). *Methodological guide on time-use measurements in Latin America and the Caribbean* (LC/CEA.11/17). Economic Commission for Latin America and the Caribbean.

Zaremberg, G. (2023). Latin American perspectives on feminist governance: between mainstreaming and sidestreaming challenges. In M. Sawer, 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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