



The right to care in Latin America and the Caribbean

Progress on the regulatory front



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Progress on the regulatory front



This publication has been prepared jointly by the Division for Gender Affairs of the Economic Commission for Latin America and the Caribbean (ECLAC), led by Ana Gúezmes García, the Regional Office for the Americas and the Caribbean of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), led by María-Noel Vaeza, and the Regional Office for Latin America and the Caribbean of the International Labour Organization (ILO), led by Ana Virginia Moreira.

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Introduction

Since 1977, the member States of the Economic Commission for Latin America and the Caribbean (ECLAC) have been working together at the meetings of the Regional Conference on Women in Latin America and the Caribbean to develop the Regional Gender Agenda (ECLAC, 2023a), an in-depth and comprehensive intergovernmental agenda that guides the countries' public policies for securing gender equality and women's rights and autonomy and laying the foundations for more equal societies.

ECLAC has proposed a paradigm shift: a transition to a care society as a core aspiration for a better future that prioritizes the sustainability of life and the planet. The governments of the region discussed this proposal at the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean, held by ECLAC in coordination with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), and it has since been turned into a regional intergovernmental agreement: the Buenos Aires Commitment. Adopted in 2022, the Commitment is part of the Regional Gender Agenda and reaffirms the importance of treating care as a need, as work and as a right, and as a sector that can strengthen the economy as a whole.

The sixteenth session of the Regional Conference on Women in Latin America and the Caribbean will be held in Mexico City from 12 to 15 August 2025, and its main theme will be "Political, economic, social, cultural and environmental transformations as a means of advancing the care society and gender equality" (ECLAC, 2025c). A parliamentary forum will be held on 11 August 2025 as part of the preparations.¹

It is against this background that ECLAC, UN-Women and the International Labour Organization (ILO) have prepared the present document on regulatory progress on the right to care in Latin America and the Caribbean² as a contribution to the sixteenth session of the Regional Conference on Women in Latin America and the Caribbean and its preparatory activities, particularly the parliamentary forum, and so that the countries can move ahead with the development of standards, legislative reforms and policies to secure the right to care.

¹ See ECLAC (2022d) for the conclusions of the first parliamentary forum, held as part of the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean.

² The present study builds on an earlier one, "Advances in care policies in Latin America and the Caribbean: Towards a care society with gender equality", presented in November 2022 on the occasion of the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean (Gúezmes and Vaeza, 2023).

The document reviews a variety of international instruments originating in both the universal human rights system and the inter-American human rights system. It includes ILO conventions and recommendations, in synergy with the Regional Gender Agenda and agreements originating from subsidiary bodies of ECLAC, and analyses the constitutionalization of the right to care and the economic value of paid and unpaid care work, laws and policies dealing with comprehensive care systems, the regulatory framework for care leave and the main challenges still to be met, using information available in the repository of laws and regulations of the Gender Equality Observatory for Latin America and the Caribbean³ and on the ILO Global Care Policy Portal.⁴

This document does not cover all legislation relating to the broad area of the human right to care, e.g. laws on the right to healthcare or those addressing the rights of persons with disabilities or the special protection of children, but focuses mainly on the progress made by the countries of the region in the development of comprehensive care policies and systems linking the different sectors and levels of government, and in the regulation of care leave.

³ This repository contains official information from ECLAC member States and associate members and facilitates the monitoring of international agreements on women's rights.

⁴ The ILO Global Care Policy Portal is a knowledge hub for disseminating data and resources on care leave policies and services to advance the ILO transformative agenda for gender equality and non-discrimination. See <https://webapps.ilo.org/globalcare/?language=en#home>.

I. International provisions governing the human right to care

The right to care is among the human rights already recognized in international covenants and treaties as applying to everyone throughout their lives, regardless of their situation of dependence (Pautassi, 2007; Economic Commission for Latin America and the Caribbean [ECLAC], 2022a, 2024a). As the Buenos Aires Commitment (2022) states, the right to care is based on the principles of equality, universality and social and gender co-responsibility, and its foundations also include non-discrimination, progressiveness, non-regression and interdependence. This right, which is fundamental to the sustainability of life and the planet, recognizes the value of care work and secures the rights of both those who need care and those who provide it, as well as the right to exercise self-care. This means moving towards a fair social organization of care and reversing gender inequalities and the stereotyped assignment of care responsibilities to women (ECLAC, 2022a, 2023a, 2024a).

The care society paradigm entails a transformation in the way societies are organized, with an emphasis on the centrality of care for the well-being and prosperity of individuals and societies and for sustainable development, setting out from the redistribution of power, time and resources, both in the present and from an intergenerational perspective, so as to secure a better future for humanity (ECLAC, 2025a). Essential to this is a transformation that recognizes the links between the economy, society and the environment. The care society requires a new development model that places equality at the centre and considers ecodpendence (human dependence on nature) and the interdependence between people and care as a need, as work, as a public good and as a right (ECLAC, 2022a, in press; Güzmes, Scuro and Bidegain, 2022).

The configuration of care as a right is the outcome of a long process. It was not originally classified as such; however, its content and connections have been in evidence since the Universal Declaration of Human Rights, the covenants and conventions of the International Labour Organization (ILO) and the general recommendations regarding the conditions of life produced by the committees responsible for monitoring those covenants, including access to material and cultural goods commensurate with the inherent dignity of the human family (Nikken, 2010; Pautassi, 2018a) (see table I.1).

Table I.1
The right to care in the universal human rights system

Instrument	Content	Ratification by Latin American and Caribbean States
Universal Declaration of Human Rights (1948), article 25, paragraph 2, and article 22	Motherhood and childhood are entitled to special care and assistance. [...] Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.	All
Convention on the Elimination of All Forms of Discrimination against Women (1979), articles 5 (a) and 11, paragraphs 2, 2 (a), (b) and (c)	States Parties shall take measures to modify social and cultural patterns based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures: [...] To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities; [...] To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status; [...] To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances.	All
Convention on the Elimination of All Forms of Discrimination against Women. General recommendation No. 17 (1991), Measurement and quantification of the unremunerated domestic activities of women and their recognition in the gross national product	Recommends that States parties encourage and support research and experimental studies to measure and value the unremunerated domestic activities of women; for example, by conducting time-use surveys as part of their national household survey programmes and by collecting statistics disaggregated by gender on time spent on activities both in the household and on the labour market, and quantify and include the unremunerated domestic activities of women in the gross national product.	
Convention on the Elimination of All Forms of Discrimination against Women. General recommendation No. 21 (1994) on equality in marriage and family relations	The Committee notes that the responsibilities that women have to bear and raise children affect their right of access to education, employment and other activities related to their personal development. They also impose inequitable burdens of work on women. The number and spacing of their children have a similar impact on women's lives and also affect their physical and mental health, as well as that of their children. For these reasons, women are entitled to decide on the number and spacing of their children.	
Convention on the Elimination of All Forms of Discrimination against Women. General Recommendation No. 23 (1997) on political and public life	The Committee notes that the most significant factors inhibiting women's ability to participate in public life have been the cultural framework of values and religious beliefs, the lack of services and men's failure to share the tasks associated with the organization of the household and with the care and raising of children. [...] Relieving women of some domestic tasks and their double burden of work would allow them to engage more fully in the life of their communities.	
Convention on the Elimination of All Forms of Discrimination against Women. General recommendation No. 26 (2008) on women migrant workers	Recommends that States parties create community awareness-raising concerning the costs and benefits of all forms of migration for women and conduct cross-cultural awareness raising activities addressed to the general public, which should highlight the risks, dangers and the opportunities of migration, the entitlement of women to their earnings in the interest of ensuring their financial security and the need to maintain a balance between women's familial responsibility and their responsibility to themselves.	

Instrument	Content	Ratification by Latin American and Caribbean States
Convention on the Elimination of All Forms of Discrimination against Women. General recommendation No. 27 (2010) on older women and the protection of their human rights, paragraphs 43 and 44	States parties should ensure that older women, including those who have the responsibility for the care of children, have access to appropriate social and economic benefits, such as childcare benefits, as well as access to all necessary support when caring for elderly parents or relatives. [...] States parties should provide adequate non-contributory pensions, on an equal basis with men.	
Convention on the Rights of the Child (1989), articles 3, 4, 18, 23, 30 and 24, paragraph 2	States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern. In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.	All
International Covenant on Economic, Social and Cultural Rights (1966), article 10	The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children.	All
General comment No. 3 (1990) on the nature of States Parties' obligations, paragraph 10	A minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights is incumbent upon every State Party.	
General comment No. 6 (1995) on the economic, social and cultural rights of older persons, article 3, paragraphs 20 and 30	States parties should pay particular attention to older women who, because they have spent all or part of their lives caring for their families without engaging in a remunerated activity entitling them to an old-age pension, and who are also not entitled to a widow's pension, are often in critical situations.	
Convention on the Rights of Persons with Disabilities (2006), article 28, paragraph 2 (c)	To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care.	All

Source: United Nations. (1948). *Universal Declaration of Human Rights* (A/RES/217(III)); (1966). *International Covenant on Economic, Social and Cultural Rights* (A/RES/2200(XI)); (1979). *Convention on the Elimination of All Forms of Discrimination against Women* (A/RES/34/180); (1989). *Convention on the Rights of the Child* (A/RES/44/25); (2007). *Convention on the Rights of Persons with Disabilities* (A/RES/61/106).

Certain instruments, such as the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of Persons with Disabilities (2006), laid the foundations and included care as a universal right, opening up an interpretative path in relation to its scope (see table I.1). As an example, paragraph 1 of article 18 of the Convention on the Rights of the Child (1989) makes it a responsibility of the State to ensure "recognition of the principle that both parents have common responsibilities for the upbringing and development of the child" before going on to reaffirm, in paragraph 3 of the same article, the connection between care infrastructure and the employment status of parents by ordaining that "States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible" (United Nations, 1989, p. 169).

The right to care has gained progressive recognition in the universal human rights system, as shown in table I.1. Furthermore, on 11 October 2023, the Human Rights Council adopted resolution 54/6 entitled “Centrality of care and support from a human rights perspective”, which recognizes “the importance of respecting, protecting and fulfilling the human rights of paid and unpaid caregivers and care and support recipients” (United Nations, 2023, p. 3).

Following on from that resolution, the United Nations High Commissioner for Human Rights presented a report on the human rights dimension of care and support, which consolidates this approach by noting that several general principles cut across the three dimensions of care and support. The principles of the universality, indivisibility, interdependence and interrelatedness of all human rights and the principles of non-discrimination and equality are crucial for care and support systems, particularly considering the fundamental role of care and support in the functioning of societies, the linkages between the rights of those providing and those requiring care and support, and the inequalities on which current systems are built. Respect for dignity and autonomy is also a common element (United Nations, 2025, p. 6).

At the inter-American level, a concrete right to care is explicitly recognized in the 2015 Inter-American Convention on Protecting the Human Rights of Older Persons, which establishes that older persons are entitled to a comprehensive care system, with special attention to the gender perspective. At the regional level, furthermore, care is implicitly covered by recognition of the equality of rights and responsibilities between spouses, specific protection during old age and the obligation to alter sociocultural patterns that perpetuate gender inequalities (see box I.1).

Box I.1

The right to care in the regional human rights system

American Convention on Human Rights (Pact of San José, 1969), articles 17.4 and 19. The States Parties shall take appropriate steps to ensure the equality of rights and the adequate balancing of responsibilities of the spouses as to marriage, during marriage, and in the event of its dissolution. Every minor child has the right to the measures of protection required by his condition as a minor on the part of his family, society and the State.

Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988), article 17. Everyone has the right to special protection in old age.

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará), 1994, article 8. The States Parties agree to undertake progressively specific measures, including programmes to modify social and cultural patterns of conduct of men and women, including the development of formal and informal educational programmes appropriate to every level of the educational process, to counteract prejudices, customs and all other practices which are based on the idea of the inferiority or superiority of either of the sexes or on the stereotyped roles for men and women which legitimize or exacerbate violence against women.

Inter-American Convention on Protecting the Human Rights of Older Persons, 2015, article 12. States Parties shall adopt measures towards developing a comprehensive care system that takes particular account of a gender perspective and respect for the dignity, physical and mental integrity of older persons. Older persons have the right to a comprehensive system of care that protects and promotes their health, provides social services coverage, food and nutrition security, water, clothing and housing, and promotes the ability of older persons to stay in their own home and maintain their independence and autonomy, should they so decide. States Parties shall adopt measures towards developing a comprehensive care system that takes particular account of a gender perspective and respect for the dignity, physical and mental integrity of older persons.

Country	American Convention on Human Rights (Pact of San José) (1969)	Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988)	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará) (1994)	Inter-American Convention on Protecting the Human Rights of Older Persons (2015)
Antigua and Barbuda	-	-	1998	-
Argentina	1984	2003	1996	2017
Bahamas (The)	-	-	1995	-
Barbados	1981	-	1995	-
Belize	-	-	1996	2024
Bolivia (Plurinational State of)	1979	2006	1994	2017
Brazil	1992	1996	1995	2015
Chile	1990	2022	1996	2017
Colombia	1973	1997	1996	2022
Costa Rica	1970	1999	1995	2016
Cuba	-	-	-	-
Dominica	1993	-	1995	-
Dominican Republic	1978	-	1996	-
Ecuador	1977	1993	1995	2019
El Salvador	1978	1995	1995	2018
Grenada	1978	-	2000	-
Guatemala	1978	2000	1995	-
Guyana	-	-	1996	-
Haiti	1977	-	1997	-
Honduras	1977	2011	1995	-
Jamaica	1978	-	2005	-
Mexico	1981	1999	1998	2023
Nicaragua	1979	2009	1995	-
Panama	1978	1992	1995	-
Paraguay	1989	1997	1995	-
Peru	1978	1995	1996	2021
Saint Kitts and Nevis	-	-	1995	-
Saint Lucia	-	-	1995	-
Saint Vincent and the Grenadines	-	-	1996	-
Suriname	1987	1990	2002	2023
Trinidad and Tobago	1991	-	1996	-
Uruguay	1985	1995	1996	2016
Venezuela (Bolivarian Republic of)	2019	-	1995	-

Source: Organization of American States. (1988). *Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights: Protocol of San Salvador*. <https://www.oas.org/en/sare/social-inclusion/protocol-sv/docs/protocol-san-salvador-en.pdf>; (1994). *Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women "Convention of Belém do Pará"*. <https://oas.org/juridico/english/treaties/a-61.html>; (2015). *Inter-American Convention on Protecting the Human Rights of Older Persons*. https://www.oas.org/en/sla/dil/docs/inter_american_treaties_A-70_human_rights_older_persons.pdf.

It should also be mentioned that, in the context of the inter-American human rights system, Argentina submitted a request for an advisory opinion to the Inter-American Court of Human Rights in 2023 on “the content and scope of care as a human right, and its interrelationship with other rights”. These proceedings, which are ongoing, have received more than 130 opinions or *amicus curiae* briefs, and a public hearing was held in March 2024.

Other milestones in the development of the right to care have been the ILO conventions. In particular, the Workers with Family Responsibilities Convention, 1981 (No. 156) and its Recommendation No. 165 were an early attempt to deal with twofold discrimination: (i) discrimination in employment and occupation suffered by workers for care reasons (when they have family responsibilities) and (ii) discrimination suffered mainly by women because of the excessive burden of care work and its effect as a barrier to employment (Committee of Experts on the Application of Conventions and Recommendations, 2023; ILO, 2024f). Subsequently, the Maternity Protection Convention, 2000 (No. 183), with its Recommendation No. 191, adopted a comprehensive approach to maternity protection, providing for gender equality without discrimination in paid work. Among other things, it treats maternity protection as a fundamental need and a human right and recognizes the right to institute leave, replacement of earnings and security through social and financial protection and care services. In 2023, the ILO Governing Body classified Convention No. 183 and Recommendation No. 191 as up-to-date and comprehensive standards on maternity protection. Accordingly, the Maternity Protection Convention, 1919 (No. 3) and the Maternity Protection Convention (Revised), 1952 (No. 103), with its Recommendation No. 95, are now deemed outdated, and ratification and implementation of Convention No. 183 are recommended (ILO, 2023b) (see box I.2).

Box I.2

The right to care in the ILO conventions and recommendations

Workers with Family Responsibilities Convention, 1981 (No. 156), articles 1 and 5 (b). This provides a framework for meeting the needs of all workers with family responsibilities (men and women). It prohibits discrimination on grounds related to family responsibilities and recognizes the need to deal with the excessive burden of work on these workers, particularly women, as a prerequisite for equal opportunities in the world of work. The measures it calls for include considering the needs of workers with family responsibilities in local or regional community planning and developing or promoting community services, whether public or private, such as childcare and family services and facilities.

Workers with Family Responsibilities Recommendation, 1981 (No. 165), supplementing the Workers with Family Responsibilities Convention, 1981 (No. 156). This includes provisions on parental leave, reduction of working hours, flexible working schedules and leave of absence when children or other members of the immediate family are ill.

Maternity Protection Convention, 2000 (No. 183) and Maternity Protection Recommendation, 2000 (No. 191).^a Maternity leave with pay of not less than two thirds of previous earnings, lasting at least 14 weeks. Right to return to the same or an equivalent position paid at the same rate at the end of the leave. The Recommendation proposes extending leave to 18 weeks.

Domestic Workers Convention, 2011 (No. 189), articles 2 and 3, and Domestic Workers Recommendation, 2011 (No. 201). Measures to ensure decent work for domestic workers.

Country	Workers with Family Responsibilities Convention, 1981 (No. 156)	Maternity Protection Convention, 2000 (No. 183)	Domestic Workers Convention, 2011 (No. 189)
Antigua and Barbuda	-	2022	2021
Argentina	1988	-	2014
Bahamas (The)	-	-	-
Barbados	-	-	2024
Belize	1999	2005	-
Bolivia (Plurinational State of)	1998	-	2013
Brazil	-	-	2018
Chile	1994	-	2015
Colombia	^b	-	2014
Costa Rica	2019	-	2014
Cuba	-	2004	-

Country	Workers with Family Responsibilities Convention, 1981 (No. 156)	Maternity Protection Convention, 2000 (No. 183)	Domestic Workers Convention, 2011 (No. 189)
Dominica	-	-	-
Dominican Republic	2023	2001	2015
Ecuador	2013	-	2013
El Salvador	2000	2022	-
Grenada	-	-	2017
Guatemala	1994	-	-
Guyana	-	-	2013
Haiti	-	-	-
Honduras	-	-	-
Jamaica	-	-	2016
Mexico	-	-	2020
Nicaragua	-	-	2013
Panama	-	2022	2015
Paraguay	2007	-	2013
Peru	1986	2016	2018
Saint Kitts and Nevis	-	-	-
Saint Lucia	-	-	-
Saint Vincent and the Grenadines	-	-	-
Suriname	-	^c	-
Trinidad and Tobago	-	-	-
Uruguay	1989	-	2012
Venezuela (Bolivarian Republic of)	1984	-	-

Source: International Labour Organization. (1981). *C156 - Workers with Family Responsibilities Convention, 1981* (No. 156). [https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID%2CP12100_LANG_CODE:312301%2Cen](https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID%2CP12100_LANG_CODE:312301%2Cen;); (2000). *C183 - Maternity Protection Convention, 2000* (No. 183). [https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183](https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183;); (2011). *C189 - Domestic Workers Convention, 2011* (No. 189). [https://normlex.ilo.org/dyn/nrmlx_en/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:2551460,es:NO](https://normlex.ilo.org/dyn/nrmlx_en/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:2551460,es:NO;); (2012). *R202 - Social Protection Floors Recommendation, 2012* (No. 202). https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524.

^a At the eighth meeting of the ILO Standards Review Mechanism Tripartite Working Group, held in September 2023, the ILO instruments relating to maternity protection (Conventions Nos. 3, 103 and 183 and Recommendations Nos. 95 and 191 on maternity protection) were reviewed. The meeting classified Conventions Nos. 3 and 103 and Recommendation No. 95 as outdated instruments, while Convention No. 183 and Recommendation No. 191 were deemed up-to-date.

^b Comes into force on 6 December 2025.

^c Comes into force on 28 November 2025.

Likewise, the Resolution concerning decent work and the care economy was adopted at the 112th International Labour Conference of June 2024 (International Labour Organization [ILO], 2024d, p. 1), this being the first international tripartite agreement to point out that “care work, paid and unpaid, is essential to all other work” while indicating that the current social organization of care, i.e. who provides and who accesses care, places a disproportionate share of unpaid care work on women. This hinders their economic inclusion and effective participation in the labour market, thereby exacerbating gender inequalities in the world of work, and deprives many of them of adequate access to social protection. In addition, it supplies a common conception of the care economy, establishes guiding principles, highlights the importance of promoting decent work in the care economy and sets out the 5Rs for care work, which together provide a framework serving to advance the agenda for achieving gender equality and promoting decent, good-quality care work. The 5Rs are: recognize, reduce and redistribute unpaid care work, reward paid care work with decent jobs and represent it through worker organization and collective bargaining.

Recognition of care as a human right, unlike approaches focused on basic needs or population groups that are vulnerable because of their economic, social or cultural circumstances, makes it possible to clearly specify the material preconditions for democratic legitimacy and the role of the State and the different actors: (a) who has a right to care, (b) who has care duties or obligations, (c) what the mechanisms for enforcing the right to care are and (d) what measures are taken to reduce inequalities and gaps in access and enable this right to be enjoyed (Pautassi, 2021, 2023). This by no means implies that the role of the State is reduced to that of a service provider. Rather, it is responsible for organizing the government apparatus and the structures of public power in general so as to guarantee rights, bring domestic law into line with international standards and regulate the responsibilities of other institutions and actors such as families, the community and businesses (Güezmes, Scuro and Bidegain, 2022).

Accordingly, the progressive development of a right to care, both in the universal system and in the inter-American human rights system, supports the thesis that social rights link the notions of autonomy and equality for women, and that in their subjective dimension they are legally no different from civil and political rights, since they establish obligations for States to respect, protect and guarantee via a legally enforceable requirement to act and to provide goods and services (Abramovich and Courtis, 2002, as cited in Bidegain and Calderón, 2018). Furthermore, any intervention by the public authorities based on the use of the maximum available resources¹ is measurable and subject to monitoring indicators (Morales, 2014).

Treating care as a human right means consigning to the past the position and role that the patriarchy assigns exclusively to women as caregivers, with the support of international human rights instruments, on the basis that these rights are enforceable, indivisible, interdependent and universal (Pautassi, 2007; Gherardi and Zibecchi, 2011), chiefly through the development and implementation of public policies and the prioritization of public spending on the basis of the principles of solidarity, equity and universality.

¹ Regarding use of the maximum available resources, the Committee on Economic, Social and Cultural Rights states in paragraph 10 of General comment No. 3 on the nature of States Parties' obligations under article 2, paragraph 1, of the International Covenant on Economic, Social and Cultural Rights (1990): "a State party in which any significant number of individuals is deprived of essential foodstuffs, of essential primary health care, of basic shelter and housing, or of the most basic forms of education is, *prima facie*, failing to discharge its obligations under the Covenant. If the Covenant were to be read in such a way as not to establish such a minimum core obligation, it would be largely deprived of its *raison d'être*" (Office of the United Nations High Commissioner for Human Rights [OHCHR], 1990, p. 3). Moreover, resource constraints in no way remove the obligation to monitor the extent to which economic, social and cultural rights are realized and develop strategies and programmes for promoting them.

II. Major milestones in the construction of a right to care in the Regional Gender Agenda

In Latin America and the Caribbean, uniquely among the world's regions, governments, international agencies and civil society organizations, in particular women's and feminist organizations, have come together since 1977 in the framework of a regional conference: the Regional Conference on Women in Latin America and the Caribbean, a subsidiary body of ECLAC that identifies progress and challenges in relation to women's rights and autonomy and to gender equality. The agreements and commitments adopted by the Conference constitute the Regional Gender Agenda, which provides proposals for overcoming structural obstacles to gender equality and laying the foundations for societies based on equality, in dialogue with women's and feminist movements in the region (ECLAC, 2021).

Following this road map, the member States of ECLAC have progressively adopted a series of agreements that include measures for the design of public policies and comprehensive care systems from a gender, intersectional, intercultural and human rights perspective, as well as advocating co-responsibility between men and women and social co-responsibility for care between the State, the market, families, individuals and communities.

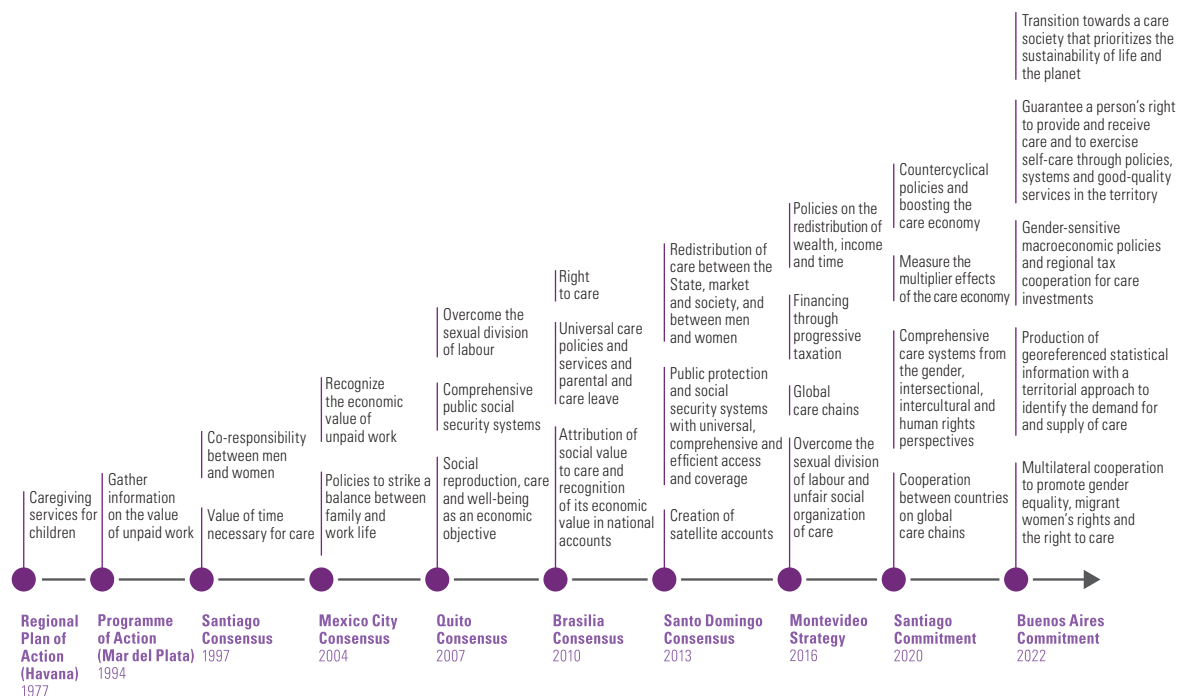
Furthermore, the agreements adopted by the governments have highlighted the importance of the State's role and the indispensable coordination between its institutions and between the national, subnational and local levels of government to overcome structural obstacles to equality. The governments have also focused on the need to implement macroeconomic policies and particularly fiscal policies with a gender perspective in pursuit of regional tax cooperation to ensure sufficient resources to invest in care policies and infrastructure (ECLAC, 2022a).

Three stages in the evolution of the right to care can be identified in the sessions of the Regional Conference on Women in Latin America and the Caribbean over the last 48 years (ECLAC, 2022a):

- i) From the first session of the Regional Conference on Women in Latin America and the Caribbean (Havana, 1977) to the tenth session (Quito, 2007), the approach to care transitioned from a logic of partial provision for formal female workers to the inclusion of working fathers, work-life balance and mothers carrying out informal seasonal work.

- ii) From the eleventh session of the Regional Conference on Women in Latin America and the Caribbean (Brasilia, 2010) to the thirteenth session (Montevideo, 2016), the right to care transcended the world of work to become a right for all throughout the life cycle. The Brasilia Consensus (2010) created a milestone by naming the right to care for the first time in an intergovernmental agreement as a universal right, with an emphasis on social and gender co-responsibility and the linking of social and economic policies. The Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (2016) called for an end to the sexual division of labour and the unfair social organization of care with a view to accelerating progress towards fulfilment of the various agreements of the Regional Gender Agenda in synergy with the 2030 Agenda for Sustainable Development.
- iii) From the fourteenth session of the Regional Conference on Women in Latin America and the Caribbean (Santiago, 2020) to the fifteenth session (Buenos Aires, 2022), the environmental dimension and care for the planet were introduced. The Buenos Aires Commitment called for a transition to a new model of development, the care society, prioritizing the sustainability of life and the planet, and recognized care as a right to provide and receive care and to exercise self-care, proposing agreements for a transformative, gender-equal and sustainable recovery. It posited a need to move towards cross-cutting implementation of the human right to care and the design of comprehensive care policies and systems from a gender, intersectional, intercultural and human rights perspective (ECLAC, 2023a, 2025a).

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



Source: Economic Commission for Latin America and the Caribbean. (in press). *The care society: governance, political economy and social dialogue for a transformation with gender equality* (LC/CRM.16/3).

Through the agreements adopted within the framework of ECLAC subsidiary bodies and intergovernmental meetings, the countries of Latin America and the Caribbean have advanced the debate on care as a public good and a right with its own content that is interrelated with other rights.

Care has become an important part of the public policy guidance of ECLAC subsidiary bodies such as the Regional Conference on Population and Development in Latin America and the Caribbean, which adopted the Montevideo Consensus on Population and Development in 2013 (ECLAC, 2013). It is likewise important in the Asunción Declaration, adopted at the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean (2017), in the Santiago Declaration, adopted at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean (2022), in the Regional Agenda for Inclusive Social Development (ECLAC, 2020), adopted at the third session of the Regional Conference on Social Development in Latin America and the Caribbean (2019), and in resolution 5(V), adopted at the fifth session of the Regional Conference on Social Development in Latin America and the Caribbean (2023). The intergovernmentally agreed conclusions and recommendations of the sixth meeting of the Forum of the Countries of Latin America and the Caribbean on Sustainable Development (ECLAC, 2023c) recognize the importance of planning for a gender-equal care society. The Statistical Conference of the Americas of the Economic Commission for Latin America and the Caribbean has adopted the *Guidelines for mainstreaming the gender perspective in statistical production* (ECLAC, 2024b), which are essential to the construction of care policies. The Regional Conference on Women in Latin America and the Caribbean and the Statistical Conference of the Americas of ECLAC have worked together to produce instruments such as the Classification of Time-Use Activities for Latin America and the Caribbean (CAUTAL) and the *Methodological guide on time-use measurements in Latin America and the Caribbean* (ECLAC, 2016, 2022b). These outcomes demonstrate that the gender perspective is central to statistical production and reflect leadership in the creation of conceptual frameworks and methodological tools adopted by member States.

Likewise, 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 (Escazú Agreement) (2024), recommended 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 (paragraph 4). Furthermore, the parties were urged to continue to promote the full and effective participation of women in all their diversity and the incorporation of a gender-equality perspective into the implementation of the Agreement, particularly in their national implementation plans and road maps (paragraph 2).

For its part, paragraph 11 of resolution 771(XL) of the fortieth session of ECLAC (2024) encouraged the design and implementation of comprehensive public policies based on data collection and programmes that integrated sustainable development, including mainstreaming a transformative gender perspective, to respond to multiple crises, and reiterated the call to include actions that fostered 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.

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 (ECLAC, 2025b) highlighted the need to implement concrete measures to recognize, reduce and equitably redistribute burdens, promoting the equitable sharing of responsibilities between women and men and giving priority, among other things, to social protection policies and the development of resilient infrastructure and to the improvement of conditions for those performing paid care work. They also reaffirmed the importance of designing comprehensive care systems geared towards decent work and women’s participation in strategic positions in the economy.

Through agreements adopted within the framework of ECLAC subsidiary bodies and intergovernmental meetings, the countries of Latin America and the Caribbean have helped to move forward the debate on care by recognizing it as a right, as a public good, as work and as an economic sector that drives the economy as a whole. They have also contributed to the conceptualization of care as a right with content and as interrelated with other rights within the framework of the inter-American human rights system (ECLAC, 2025a).

III. Care at the global and regional levels

In recent years, in a world that is changing ever more quickly, the debate about care has become increasingly salient at the global, regional, national and local levels. The region has made crucial contributions to the debate about care, especially since the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean (2022), and these have gained traction in global intergovernmental agreements.

The proclamation of 29 October as the International Day of Care and Support pursuant to General Assembly resolution 77/317 of 24 July 2023 and the adoption on 11 October that same year of Human Rights Council resolution 54/6, "Centrality of care and support from a human rights perspective", were milestones in that regard.

At the United Nations, 2024 was a particularly significant year in that respect. On 5 June 2024, under the presidency of Chile, the Economic and Social Council adopted resolution 2024/4, "Promoting care and support systems for social development", the first of its kind in this intergovernmental forum. This resolution highlights the fundamental role of care systems in achieving the Sustainable Development Goals (SDGs)¹ and guaranteeing the social, economic and environmental well-being of our societies. Different stakeholders have agreed that reorganizing care work is essential to achieving the SDGs. The United Nations document "Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda" sets out policy options and strategies that can be adapted to different contexts and territories (United Nations, 2024a).

In June 2024, a resolution concerning decent work and the care economy, the first tripartite international agreement to highlight the essential connections between the care economy, gender equality, decent work, social justice and sustainable development, was adopted at the 112th session of the International Labour Conference (ILO, 2024d). The resolution also states that, just as labour is not a commodity, neither is labour in the care economy. All people should be able to provide and receive care, including self-care (ILO, 2024e).

In September 2024, the Pact for the Future, adopted at the Summit of the Future by the General Assembly of the United Nations, reinforced this commitment by emphasizing how important it was

¹ <https://www.un.org/sustainabledevelopment/>

to “significantly increase investments to close the gender gap, including in the care and support economy” (United Nations, 2024b, p. 8). The Pact recognizes that gender gaps and poverty are closely linked, and that investing in care systems is a way to reduce inequality and empower women.

The report of the United Nations High Commissioner for Human Rights on the human rights dimension of care and support (United Nations, 2025) was presented at the fifty-eighth session of the Human Rights Council. The report, prepared pursuant to Human Rights Council resolution 54/6, analyses international human rights standards applicable to care and support, together with promising practices and challenges, and proposes recommendations to promote human rights in care and support systems.

In addition to the centrality of the right to care and the importance of care policies in the agreements adopted by the intergovernmental bodies of ECLAC, as highlighted in the previous chapter, mention should be made of other regional bodies that have set out to draft model laws, such as the Latin American and Caribbean Parliament (Latin American and Caribbean Parliament [PARLATINO], 2012, 2013), and the declaration of the Parliamentary Network for Gender Equality (ParlAmericas²). The Inter-American Commission of Women of the Organization of American States has contributed an Inter-American Model Law on Care with its accompanying Implementation Guide (Inter-American Commission of Women [CIM], 2022a, 2022b).

² <https://parlAmericas.org/uploads/documents/Declaration-PNGE2022-en.pdf>

IV. Care in national regulatory frameworks

Care policies encompass a range of measures designed to shape a new social organization of care that can guarantee the right to care and put an end to the unjust sexual division of labour. They include policies relating to regulatory frameworks, data and information, infrastructure, care services and provision, financing, programme implementation, regulation, training and certification, governance and administration (ECLAC, 2024a). They are implemented through services, transfers, leave or regulations that facilitate the provision of care by guaranteeing the rights of those who receive it and those who provide it (ECLAC, 2024a, in press).

A. Constitutional treatment of unpaid domestic work and the right to care

The States of the Latin American and Caribbean countries that have ratified the main international human rights covenants and treaties have created regulations, jurisprudence and policies to protect, respect and guarantee universal rights. This framework has been strengthened in the region by so-called conventionality control (Inter-American Court of Human Rights, 2025), a tool that obliges States to guarantee human rights domestically by ensuring that national standards and practices are compatible with the American Convention on Human Rights and with the jurisprudence of the Inter-American Court of Human Rights.

In this way, internationally enshrined human rights enter domestic law. Bidart Campos (1989) points out that, although human rights treaties are a source of international law, this source enters domestic law and comes to form part of it through ratification, coercive application of international precedent in the national courts and subsequent constitutional development.

Thus, although incorporating the right to care into the constitution is important, as positization means that it is enshrined at the highest level of the legal system and collective values, it does not thereby follow that explicit enunciation is the only way in which the right to care can be recognized. The doctrine of neoconstitutionalism recognizes the existence of rights that are not limited to a detailed catalogue; there are also so-called unenumerated rights (Marrades Puig, 2020; Bidart Campos, 1999) which are considered fundamental because of their content and nature but are not explicitly set out in the constitution.

As regards cases where the right to care does have constitutional status in the region, article 338 of the constitution of the Plurinational State of Bolivia establishes that recognition must be given to the economic value of household work as a source of wealth, and it must be quantified in the public accounts. (Government of the Plurinational State of Bolivia, 2009, p. 90). Likewise, article 333 of the constitution of Ecuador recognizes as productive work the unpaid work of self-support and human care carried out in homes [and promotes] an employment regime that works in harmony with human care needs, providing services, infrastructure and appropriate working hours... and [it fosters] the co-responsibility and reciprocity of men and women in domestic work and family obligations (National Assembly of Ecuador, 2008, p. 165). Similarly, the constitutions of the Bolivarian Republic of Venezuela and the Dominican Republic recognize the productive value of household work as a generator of wealth and social well-being (Center for Women's Studies [CEM] and Friedrich-Ebert-Stiftung [FES], 2021; National Constituent Assembly, 1999; Government of the Dominican Republic, 2010). Only Ecuador and the Plurinational State of Bolivia, with their recognition of the principle of good living ("buen vivir"), make reference to the harmonious and complementary relationship between nature, people and social organization, as the cornerstone of care for life and the planet (Bonilla Maldonado, 2019, p. 16). In the case of Cuba, the constitution, which was approved by referendum, not only recognizes the right to equality between men and women in the different spheres of life, including the family (article 43), but introduces co-responsibility between mothers and fathers (article 84) (National Assembly of People's Power, 2019; see table IV.1).

Table IV.1
Latin America and the Caribbean: the right to care and unpaid domestic work in constitutions

Country	Right to care	Domestic work	Gender co-responsibility
Venezuela (Bolivarian Republic of) (1999)		Recognizes domestic work as an economic activity that creates added value and produces wealth and social well-being (article 88).	Fathers and mothers have a shared and inalienable duty to raise, instruct, educate, support and assist their children (article 76).
Ecuador (2008)		Recognizes as productive work the unpaid self-support and human care work carried out in homes (article 333).	The State shall promote maternal and paternal co-responsibility and monitor fulfilment of the reciprocal duties and rights linking mothers, fathers, daughters and sons (article 69); it shall foster co-responsibility and reciprocity between men and women in domestic work and family obligations (article 333).
Bolivia (Plurinational State of) (2009)		The economic value of household work as a source of wealth must be recognized (article 338). It must be quantified in the public accounts (article 338).	
Dominican Republic (2010)		Recognizes domestic work as an economic activity that creates added value and produces wealth and social well-being and will therefore be incorporated into the formulation and implementation of public and social policies (article 55, paragraph 11).	The State promotes responsible fatherhood and motherhood. Fathers and mothers, even after separation and divorce, have a shared and inalienable duty to feed, raise, instruct, educate, maintain, provide security for and assist their children (article 55, paragraph 10).

Country	Right to care	Domestic work	Gender co-responsibility
Mexico City (2017)	<p>Every person has the right to care that sustains their lives and provides them with the material and symbolic elements they need to live in society throughout their lives (article 9).</p> <p>The authorities shall establish a care system that provides universal, accessible, relevant, adequate and good-quality public services and develops public policies (article 9).</p>		
Cuba (2019)			<p>Mothers and fathers have essential responsibilities and functions in the education and all-round instruction of the new generations in moral, ethical and civic values, in co-responsibility with life in our socialist society (article 84).</p>

Source: Prepared by the authors, on the basis of National Constituent Assembly. (1999, 30 December). Constitución de la República Bolivariana de Venezuela. *Gaceta Oficial Extraordinaria*. (36860). https://www.oas.org/dil/esp/constitucion_venezuela.pdf; National Assembly of Ecuador. (2008). Constitución de la República del Ecuador. *Registro Oficial*. (449); Government of the Plurinational State of Bolivia. (2009). *Constitución Política del Estado*. <http://www.gacetaoficialdebolivia.gob.bo/app/webroot/archivos/CONSTITUCION.pdf>; Government of the Dominican Republic. (2010). Constitución de la República Dominicana. *Gaceta Oficial*. (10561); Government of Mexico City. (2017, 5 February). Decreto por el que se expide la Constitución Política de la Ciudad de México. *Gaceta Oficial de la Ciudad de México*; National Assembly of People's Power. (2019, 10 April). Constitución de la República de Cuba. *Gaceta Oficial*. (5).

In the case of Mexico, since 15 November 2024 the national constitution has recognized that the State must guarantee women's enjoyment and exercise of their right to substantive equality (Government of Mexico, 2025, p. 12). At the local level, the constitution of Mexico City (2017) expressly recognizes care as a fundamental right, stating that everyone is entitled to care to sustain their lives and provide them with the material and symbolic elements they need to live in society throughout their lives. The authorities shall establish a care system that provides universal, accessible, relevant, adequate and good-quality public services and develops public policies. The system will give priority to people who are dependent because of illness, disability or their stage in the life cycle, especially childhood and old age, and to those who provide them with unpaid care (Government of Mexico City, 2017, p. 16).

However, express recognition of the right to care in the constitutions of some of the region's countries does not exclude or negate the existence of a right to care in other countries that do not name it expressly, hence the importance of care as a conventionally recognized right not specified in constitutions (see table IV.1).

In addition to progress with international instruments and constitutions, some jurisprudence in high-level courts has reflected a progressive interpretation (see box IV.1) by introducing the gender perspective as a tool that avoids biased interpretation of the law and contributes to the recognition of the power relations which permeate the whole social fabric, where gender, class, ethnicity, race, age, migratory status, sexual orientation and gender identity and expression, and disability, among other factors, are all interrelated.

The progressive judicial enforceability of the right to care is creating legal precedents that broaden its content and scope and provide clarity about who is entitled to care, the obligations of the State and substantive elements. This jurisprudential progress is vital to overcome structural resistance and lay the foundations for a new social organization of care, thereby strengthening the transformative role of the right to care as a tool for countries to correct historical and structural inequalities that disproportionately affect women and vulnerable population groups.

Box IV.1

Development of the right to care in jurisprudence

In 2012, the Constitutional Court of Colombia issued judgement No. C-383/12 in an action challenging the requirement that paternity leave could be taken only by “the husband or permanent partner”, on the grounds that this breached “the right to equality [...], equality of rights and opportunities between men and women [...] and the fundamental rights of children and the best interests of the child”. The ruling came down in favour of an extension of the right, indicating that the words “husband or permanent partner” were to be understood as referring to all fathers on an equal footing, irrespective of their legal or juridical connection with the mother. Paternity leave was deemed to operate for all children on an equal footing, whatever their parentage. This was followed by judgment No. T-159/23 analysing the case of 24 women in vulnerable circumstances who were excluded from the Solidarity Income Programme in 2020, where the Court recognized care work and the rights of carers.

Subsequently, in judgement No. T-583/23 of December 2023, the Third Review Chamber resolved a petition of protection (*tutela*) to safeguard the rights to health, care and a decent life of a 4-year-old boy diagnosed with Down syndrome, sleep apnoea, hypertrophy of the tonsils and epilepsy syndrome whose healthcare provider refused to fund a permanent caregiver service for him, even though his mother was the household head, worked and needed the service for her son to attend 20 scheduled therapy sessions with a companion. The Chamber upheld the rights of the child, explaining that care was a human right, so that health systems must adapt to provide it (Constitutional Court of Colombia, 2023) when it was linked to a decent life for the individuals concerned. Similarly, judgement No. T-375/24 dealt with the right to inclusive education for children and adolescents and the obligation to make reasonable accommodations to ensure the harmonious all-round development and participation of students with disabilities (Constitutional Court of Colombia, 2024).

The Chamber highlighted how important it was for the national government to develop the National Care System (i) to ensure proper coordination between the entities involved, taking into account the intersectoral nature of the fundamental right to care, and give effect to the rights to health, education and work; and (ii) so that short-, medium- and long-term goals, measures and indicators could be identified in the interests of effectiveness (Constitutional Court of Colombia, 2023).

That same year, the Court analysed these issues in its judgements relating to the right to care. Judgement No. T-446/24 dealt with the duty to provide a caregiver so that children and adolescents with disabilities could receive rehabilitation treatment and the necessary home care, given a situation where there was medical certainty and the family was unable to provide the care because the mother worked for her livelihood and did not earn enough to afford the service, and there was no question of redistributing care responsibilities because she did not have a partner to share them. Then, judgements Nos. T-406/24 and T-077/24 dealt with the care of older persons and the types of care and adaptations to be provided, considering that many of them lived alone and lacked close ties (family or friends).

In its judgement No. 3-19-JP/20 of 5 August 2020, the Constitutional Court of Ecuador analysed the scope of the rights of expectant mothers working for the public sector under different employment modalities. Among its considerations, it stated that care as a right and as public policy depended on the principle of social co-responsibility to tackle the feminization of care, to construct masculinities based on respect for diversity and participation in non-traditional roles, and to reduce poverty and inequality (Constitutional Court of Ecuador, 2020, p. 30). The Court considered that, to ensure co-responsibility, protect the right to care and close the gender gap, the National Assembly should legislate to extend paternity leave for caregiving if possible and progressively comparable to the leave for mothers, and should extend leave for adoptive mothers and fathers (Constitutional Court of Ecuador, 2020, p. 36). The Court specified that the State must use all possible and necessary means to universalize the exercise of the right and obligation of care so that it could be exercised by men and women alike on an equal footing (Constitutional Court of Ecuador, 2020, p. 32).

In its direct constitutional protection (*amparo directo*) judgement No. 6/2023, the Supreme Court of Justice of Mexico recognized for the first time that, in the light of international treaties and other soft law instruments, all persons had the human right to provide and receive care, and to self-care, and emphasized the unequal distribution of unpaid care work between men and women, that women and girls should not be forced to be the carers by gender mandates, and that the State had a primary role to play in guaranteeing and protecting this right (Human Rights Commission of Mexico City, 2023). It pointed out that care was

a fundamental good and that the right to care meant that everyone, and especially older persons, with a disability or chronic illness, have the opportunity to access it, without this being at the expense of the health, well-being or life plans of the caregiver. This ruling is particularly important because, under article 94 of the constitution, it is binding on federal and State-level courts alike throughout the country.

The Constitutional Court of the Dominican Republic ruled in its judgement No. TC/0901/23 that article 54 of the Labour Code of the Dominican Republic of 1992 (Act No. 16-92) was unconstitutional because it breached the right to equality, the principle of reasonableness, the right to family and the principle of the best interests of the child, established in the constitution (Constitutional Court of the Dominican Republic, 2023). The judgement considers that the time period established for paternity leave was too short, and urged Congress to review, within two years at most, the legislation dealing with the period of paternity leave to which all male workers were entitled, establishing a new period that was more consistent with the principles of equality and reasonableness and adjusting it progressively as socioeconomic circumstances allowed until a period of leave that genuinely and effectively guaranteed the exercise of responsible fatherhood under conditions of gender equality was attained.

Source: Constitutional Court of Colombia. (2012). *Sentencia C-383/12*. <https://www.corteconstitucional.gov.co/relatoria/2012/c-383-12.htm>; (2024). *Sentencia T-446/24*. <https://www.corteconstitucional.gov.co/relatoria/2024/t-446-24.htm>; (2024). *Sentencia T-077/24*. <https://www.corteconstitucional.gov.co/relatoria/2024/t-077-24.htm>; (2024). *Sentencia T-406/24*. <https://www.corteconstitucional.gov.co/relatoria/2024/t-406-24.htm>; *Sentencia T-375/24*. <https://www.corteconstitucional.gov.co/relatoria/2024/t-375-24.htm>; (2023). *Sentencia T-583/23*. <https://www.corteconstitucional.gov.co/relatoria/2023/t-583-23.htm>; (2023). *Sentencia T-159/23*. <https://www.corteconstitucional.gov.co/relatoria/2023/t-159-23.htm>; Constitutional Court of Ecuador. (2020). *Sentencia 3-19-JP/20 y acumulados*. <https://www.corteconstitucional.gob.ec/sentencia-3-19-jp-20-y-acumulados/>; Human Rights Commission of Mexico City. (2023, 19 October). CDHCM celebra que, por primera vez, la SCJN aborde los cuidados como un derecho humano. *Boletín*. (145/2023). <https://cdhcm.org.mx/2023/10/cdhcm-celebra-que-por-primera-vez-la-scn-aborde-los-cuidados-como-un-derecho-humano/>; Constitutional Court of the Dominican Republic. (2023). *Sentencia TC/0901/23*. <https://tribunalsitestorage.blob.core.windows.net/media/53822/tc-0901-23-tc-01-2020-0056.pdf>.

Lastly, the incorporation of unpaid domestic work and the right to care into the region's constitutional frameworks, together with the progressive development of specialized jurisprudence, has opened the way to justiciability. This means that the right to care is ceasing to be an abstract aspiration and becoming a legally enforceable obligation.

For women, having legal avenues to report violations of this right and seek redress is a vital step forward, strengthening not only the substantive content of the right to care, but also access to justice and effective remedies, which are indispensable conditions for achieving real gender equality and ensuring that no woman is left unprotected by the State.

B. Laws on comprehensive care policies and systems

The care society prioritizes the sustainability of life and the planet, recognizes the right to care as one of the human rights tending to the well-being of the population as a whole and guarantees the rights of people needing and providing care and exercising self-care on the basis of the principles of equality, universality and social and gender co-responsibility. This entails the sharing of responsibility between men and women and between households and families, communities, the market and the State (ECLAC, 2022a). Accordingly, it is urgent for the State to design and implement public policies aimed at creating a new social organization of care that guarantees the right to care and promotes social and gender co-responsibility. These policies should encompass regulatory frameworks, information systems, infrastructure, care services and provision, adequate funding, programmes to provide regulation, training and certification for the care economy, governance and administration of the system, and decisive action involving multiple dimensions and measures to do away with the current sexual division of labour. These policies are implemented through time guarantees and relief, expansion of services and infrastructure, and resources

to redistribute care work and guarantee the right to provide and receive care, and to practice self-care (United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women] and Economic Commission for Latin America and the Caribbean [ECLAC], 2022; ECLAC, 2022a, 2024a; United Nations, 2024a; ILO, 2023a, 2024a).

Care systems can be said to be comprehensive when care policies are consistently and systemically linked together in a way that takes account of people's life course. The region has made substantive progress with the creation of these systems over the last decade, and although approaches and priorities vary from country to country, common definitions and challenges have emerged from accumulated learning in the service of regional progress. Comprehensive care systems aim at direct provision of services and support to ensure care for those who need it, particularly (but not only) children, older persons, persons with disabilities and persons with chronic illnesses (UN-Women and ECLAC, 2022; ECLAC, 2022a; United Nations, 2024a; ILO, 2023a).

Intersectoral coordination in the design of care policies and systems has seen significant progress in recent years. As of June 2025, at least 16 countries in Latin America and the Caribbean could show progress towards the establishment of regulatory frameworks for care, and 8 of them (the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Cuba, Ecuador, Panama and Uruguay) have passed laws in this area. In most cases, the governance of these policies is the responsibility of social development ministries in coordination with machineries for the advancement of women. In particular, progress has been made with recognition of care as a right and with the necessary social and gender co-responsibility, together with cultural policies to reaffirm the right to care and changes in the unfair sexual division of labour (ECLAC, 2025a).

In Brazil, the Ministry of Women and the Ministry of Development and Social Assistance, Family and Fight against Hunger coordinated the development of the National Care Policy. Act No. 15069 of 2024 instituted the National Care Policy with the objective of guaranteeing the right to care for everyone through social and gender co-responsibility and affirming the value of care work. This policy is presented as an instrument for restructuring economic dynamics, fighting hunger and overcoming poverty. The policy is thus integrated into the primary goal of the public administration.

In Colombia, the creation of the National Care System was enshrined in the National Development Plan 2022–2026 “Colombia, world power of life”, which recognizes care as a fundamental pillar for the social and economic viability of society and emphasizes cultural diversity and respect for community care. The foundations of the System propose a cultural transformation to promote social and gender co-responsibility, public-popular partnerships for community care, information systems, knowledge dissemination and management, and financing. In 2014, Costa Rica created the National Network for Childhood Care and Development (REDCUDI). In 2022, the country set up the National System of Care and Support for Dependent Adults and Older Persons (SINCA), whose priority population consists of adults and older persons determined to be dependent by the competent authorities, following prioritization criteria based on degrees of severity. It also covers unpaid caregivers requiring education and vocational training, job placement, self-care and recognition of their care work, among other tools allowing them to enter the labour market.

Cuba set out to construct its National System for the Comprehensive Care of Life via Decree no. 109 of 2024, with an emphasis on population ageing, children aged under 13, disability, illness and caregivers. A prominent feature of the System is its promotion of co-responsibility in domestic and care work, involving social and gender co-responsibility and a public knowledge and

information system. It includes a cultural component to do away with sexist and discriminatory stereotypes. In addition, the Cuban Care Studies Network strives systematically to increase knowledge and public awareness of the social and economic value of care and the need for co-responsibility, which were promoted by its awareness-raising campaign #ReconocerYValorarLosCuidados, among other actions.

In Ecuador, the Right to Human Care Organic Act was passed in 2023. This legislation expressly recognizes the right to human care and creates the National Integrated Care System, which will form part of the National System of Inclusion and Social Equity to safeguard, protect and regulate the right to care for working people and those with the capacity to bear children, direct dependents and direct relatives of different families needing care. It promotes parental co-responsibility and the gender approach, and introduces education, training, awareness-raising and dissemination mechanisms aimed at progressively eliminating patriarchal sociocultural patterns and stereotypes relating to care work by promoting co-responsibility and reciprocity between men and women in domestic work and family obligations (National Assembly of Ecuador, 2023).

In Panama, a major step forward was Act No. 431 of 2024 creating the National Care System for the promotion of well-being and social protection through comprehensive support for those in need of care and their families. One pillar of this process is the strengthening of a care structure that addresses the needs of dependent persons requiring support or assistance in everyday activities: children and adolescents, older persons who require care or support or are temporarily dependent, and those who carry out paid or unpaid care work. It provides for information mechanisms, campaigns of communication for change, and citizen participation.

In Uruguay, the National Integrated Care System (SNIC) was created in 2015 by Act No. 19353. The System is defined as the sum total of actions and measures oriented towards the design and implementation of public policies comprising a model characterized by solidarity and co-responsibility between families, the State, the community and the market. It prioritizes the needs of persons over 65 years of age and persons with disabilities who lack autonomy to carry out daily activities, children up to 12 years of age, and caregivers. Its scope includes cultural actions to foster change in the current sexual division of labour, incorporating the concept of generational and gender co-responsibility as a guiding principle. Uruguay is currently preparing to adopt its third National Care Plan 2025–2030, which aims to sustain and intensify the development of SNIC and has specific goals for strengthening its governance and areas of social participation and in its five components: services and provision for children and dependents; training; regulation; information and knowledge management; and communication.

In 2021, the Bolivarian Republic of Venezuela published the Care for Life System Act in issue No. 6665 of the official gazette. This falls within the purview of the Ministry of People's Power with competence over matters of supreme social happiness and will be composed of such bodies and entities as the national executive branch may determine. Its stated objectives include: recognizing and ensuring the rights of caregivers; guaranteeing the development of policies, programmes and plans for the protection, assistance and comprehensive support of caregivers; encouraging and incentivizing the responsible, coordinated and joint participation of service providers, caregivers, families, the community and the private sector to redistribute care activities; promoting caregivers' access to recreational, educational, health and social security facilities; and ensuring training, recognition and certification of caregivers' knowledge so that they can perform care activities, thus fostering their ongoing personal and occupational development (see table IV.2).

Table IV.2
Latin America and the Caribbean: laws on care systems and policies

Country	Brazil	Colombia	Costa Rica	Cuba	Ecuador	Panama	Uruguay	Venezuela (Bolivarian Republic of)
Name and date	National Care Policy, Act No. 15069 of 2024.	National Care Policy (2025) Creation of the National Care System, Act No. 2281 of 2023.	National Network for Childhood Care and Development (REDCUDI), Act No. 9220 of 2014; National System of Care and Support for Dependent Adults and Older Persons (SINCA), Act No. 10192 of 2022.	National System for the Comprehensive Care of Life, Decree No. 109 of 2024.	Right to Human Care Organic Act; supplement no. 309 to the official register of 2023.	National Care System, Act No. 431 of 2024.	National Integrated Care System (SNIC), Act No. 19353 of 2015.	Care for Life System Act (2021).
Description of the care policy or system	The policy was created to guarantee the right to care with social and gender co-responsibility.	Coordinates services, regulations, policies and technical actions to meet care demands, promote a new social organization of care and guarantee the human rights of caregivers.	Optimizes existing resources and coordinates public and private care services to ensure the quality of life of people receiving and providing care.	Model for coordination between policies, programmes and actions that brings together central authorities, local government and economic and social actors, from the national level downward to the local level.	Interlinked group of agencies and institutions to guarantee the right to care.	Coordination to ensure social well-being and protection.	Set of actions and measures aimed at designing and implementing public policies based on a model of solidarity and co-responsibility between families, the State, the community and the market.	Develop the Care for Life System with the cooperation and active participation of the people's power.
Specifies the right to care	The right of everyone to provide and receive care, including self-care.	Fundamental right with a social function, of general interest and public utility, for the sustenance of life, interdependent within the territory.	Social function, public good and right that is essential to the existence and reproduction of society.		Fundamental right to provide and receive care and to self-care.	^a	^a	
Gender equality	Equal co-responsibility for care between men and women.	Recognize the value of care work, promote co-responsibility between men and women and foster a change in social and cultural imaginaries of the unequal distribution of care.	Gender equality approach as an orienting framework.	Social and gender co-responsibility.	Ensure and promote parental co-responsibility.	Equality and non-discrimination in care roles and responsibilities.	Consider the needs of women, men and age groups with a gender and generational perspective. Overcome the sexual division of labour.	The State, families and society must promote, respect and guarantee gender equality and equity in care for life.
Priority population	Children, older persons and those with disabilities, paid and unpaid care workers.	Everyone requiring care, paid and unpaid caregivers.	Children under the age of 7. Dependent adults and older persons, paid and unpaid caregivers. Dependent persons.	Children under the age of 13, older persons, persons with temporary or permanent disabilities and paid and unpaid caregivers.	Children, older persons, persons with disabilities and caregivers.	Dependent persons requiring support for activities of daily living.	Dependent persons, children, minors aged under 12 and persons over 65 without autonomy. Caregivers.	People in vulnerable situations, caregivers and dependent persons.

Country	Brazil	Colombia	Costa Rica	Cuba	Ecuador	Panama	Uruguay	Venezuela (Bolivarian Republic of)
Governance and leadership	The federal executive branch shall regulate for intersectoral and interfederal governance with social participation and oversight.	The Ministry of Equality and Equity must implement governance that includes participation by citizens and communities in organizational processes with their own care practices. Lead agency: Ministry of Equality and Equity.	Inter-agency Technical Commission; technical coordination secretariat. Lead agency: National Technical Secretariat for Care, based at the Joint Institute for Social Aid.	Care System Subcommittee: coordinates with the Ministry of Labour and Social Security and other sectors. Advises the Cuban Care Studies Network. Provincial and municipal representation. Lead agency: Government Commission for Demographic Dynamics.	Shared leadership by several public entities.	National Care Commission.	The National Care Council manages the system.	Bodies and entities established by the national executive branch. Lead agency: Ministry of People's Power with competence over matters of supreme social happiness.
Cultural policies	Cultural transformation regarding the division of labour.	Cultural transformation towards equity in the democratization of care that is currently incumbent on women, feminized bodies and impoverished and racialized people.	Cultural change to make co-responsibility effective.	Social awareness-raising and sensitization campaigns.	Training and awareness-raising on care issues.	Campaigns for cultural change.	Promote change in the current sexual division of labour by incorporating the concept of gender and generational co-responsibility.	Change in the current sexual division of labour.
Financing	State budget and donations.	Expenditure framework of each State sector involved.	Public resources from institutions providing services, and national and international donations.	State budget and funding by individuals and families.		State budget.	The National Care Council prepares the budget, which may not be reallocated to other programmes.	

Source: Economic Commission for Latin America and the Caribbean. (2025). Gender Equality Observatory for Latin America and the Caribbean. <https://oig.cepal.org/en>; (in press). *La sociedad del cuidado: gobernanza, economía política y diálogo social para una transformación con igualdad de género*.

^a Alludes to dependent persons' right to care and progressiveness in the implementation of the right to care, although this is not named.

C. Standards for time-use measurement as part of national statistics

Time-use measurement is a vital tool for the comparative analysis of gender inequalities arising from the unfair sexual division of labour and an important tool for valuing and recognizing unpaid care work, provided mainly by women in the domestic sphere. The results of these measurements reveal the gaps and inequalities between women and men, as they can be used to study various aspects of people's daily lives and to implement public policies for the transition to a care society, as well as to estimate multiplier effects and foster the care economy for the well-being of society.

Time-use surveys are very important because they provide inputs for the design, monitoring and evaluation of economic and social equality policies. They also facilitate analysis of the sexual division of labour and gender inequalities, studies on the link between monetary poverty, income and time distribution and allocation, studies on the relationship between production according to the national accounts system and household production, measurements of well-being, and national, regional and international needs for data on unpaid work, among other things (ECLAC, 2022b).

To date, 24 countries in the region have carried out at least one measurement of the time spent on domestic and care work (ECLAC, 2025b),¹ but few have institutionalized this by legislating for periodic measurements, as described below.

In Argentina, Act No. 27532 of 2019 includes the National Time-Use Survey (ENUT) in its Permanent Household Survey (EPH) module. The purpose of ENUT is to collect and quantify, from a gender perspective, information on participation and time spent on the different activities of daily life, disaggregated by gender and age, in order to develop public policies that promote an equitable distribution of paid and unpaid work between women and men.

In Colombia, Act No. 1413 has included the care economy or unpaid domestic work in the System of National Accounts since 2010 with the aim of measuring women's contribution to the country's economic and social development and as a vital tool for public policy formulation and implementation. In addition, the Intersectoral Commission on Public Care Policy was created by Decree No. 2490 of 2013, which provides for the National Time-Use Survey (ENUT) to be implemented periodically and for unpaid domestic work to be included via a satellite account.

Mexico has been conducting its National Time-Use Survey since 1996. Initially (1998 and 2002), it was carried out as part of the National Survey of Household Income and Expenditure (ENIGH). Since 2009, however, it has been carried out independently every five years and covers the Indigenous population, and since 2018 the Satellite Account on Unpaid Household Work in Mexico (CSTNRHM) has been included. Additionally, the National Survey for the Care System (ENASIC) began in 2022.²

In Peru, Act No. 29700 of 2011 established the obligation to include a Satellite Account on Unpaid Domestic Work in the national accounts, via the application of national time-use surveys, as the main input for the quantification and economic valuation of unpaid domestic work. This mechanism is regulated by Supreme Decree No. 056-2014-PCM, and the entity responsible for implementing it is the National Institute of Statistics and Informatics.

In Ecuador, lastly, the sixth general provision of the Right to Human Care Organic Act of 2023 requires the survey on leisure time use to be conducted every three years, under the responsibility of the national statistics agency, which must implement it within the specified time frame and in coordination with the head of the National Integrated Care System and the National Council on Gender Equality (National Assembly of Ecuador, 2023).

¹ Argentina, Barbados, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Trinidad and Tobago and Uruguay.

² <https://www.inegi.org.mx/programas/enasic/2022/>

D. Care leave

In recent decades, the countries of Latin America and the Caribbean have made progress in women's rights and in the area of care. However, major challenges remain with regard to occupational and employment access, retention and advancement for women, with the gap in the distribution of care continuing to be one of the main reasons for the gender inequality that affects them within their households and in their labour market access, retention and advancement.

International labour standards provide a broad framework for the development of care policies. In particular, the ILO Maternity Protection Convention, 2000 (No. 183) and the Workers with Family Responsibilities Convention, 1981 (No. 156), together with Recommendations No. 191 and No. 165, address the need to establish care leave and services, among other things, so as to move towards gender equality in paid work. The Resolution concerning decent work and the care economy adopted at the 112th session of the International Labour Conference of June 2024 represents the first international tripartite agreement on the subject (ILO, 2024b) and highlights the need to provide adequate responses to the needs of all workers with care responsibilities, ensuring comprehensive maternity protection and the adoption of protection and leave policies for care provision, including those relating to paternity leave, parental leave and long-term care leave.

Care leave policies are the set of measures that ensure time for care, income security and rights for both those giving and those receiving care. This section deals with measures relating to paid work and students.

1. Maternity leave

Paid maternity leave is a human right instituted in consideration of an issue that concerns society as a whole, insofar as motherhood is not only a biological function but also a social function. It comprises a period of paid time off work, with protection of their job and from discrimination, granted to women in the latter part of pregnancy and immediately following childbirth. This period is intended to safeguard the mothers' health by allowing them to recover physically and mentally from the physiological changes they undergo and it also contributes to the all-round development of children in their first months of life (International Policy Centre for Inclusive Growth [CIP-CI] and United Nations Children's Fund [UNICEF], 2020). Accordingly, it is usually granted to biological mothers, including surrogate and adoptive mothers, and may sometimes be transferred to other caregivers within the family group.

The ILO Maternity Protection Convention, 2000 (No. 183) prescribed maternity leave of at least 14 weeks with the right to cash benefits to maintain the mother's health and an adequate standard of living. Subsequently, the Maternity Protection Recommendation, 2000 (No. 191), accompanying the Convention, prescribed leave of at least 18 weeks and a further extension for multiple births. Adequate maternity protection provides: (a) sufficient time away from work before and after childbirth; (b) cash and medical benefits to replace income and provide for care; (c) breastfeeding breaks; (d) health protection for pregnant and breastfeeding women; and (e) protection from discrimination or dismissal on the grounds of pregnancy or motherhood, including the right to return to the same or an equivalent position at work (ILO, 2024c, p. 36).

In Latin America and the Caribbean, only 5 countries provide for 18 weeks or more of maternity leave, 11 countries grant between 14 and 17 weeks, and 17 countries grant less than 14 weeks of paid maternity leave, which is below the standard set in the Maternity Protection Convention, 2000 (No. 183). Despite progress with maternity leave standards, the coverage of this right is still limited, mainly owing to high rates of informal employment (see table IV.3). In the region, 51.9% of employed women do not contribute to or are not affiliated with any social security system, which in most countries is a requirement for accessing this right (Güezmes and Vaeza, 2023).

Table IV.3
Latin America and the Caribbean: length of maternity leave

Country	Length of maternity leave
Antigua and Barbuda	13 weeks. Does not include adoption. Does not guarantee reinstatement in the same position.
Argentina	90 days (13 weeks). 45 days before the expected date of birth and 45 days after the birth or adoption. After the third child, 10 additional days of leave. For adoption: 30 days for couples and 100 days for single persons. Applies to same-sex couples and same-sex marriage.
Bahamas (The)	12 weeks. Does not include adoption.
Barbados	14 weeks and 17 weeks for women who give birth to more than one child during the same pregnancy. Does not include adoption.
Belize	14 weeks. Does not include adoptive children. Does not guarantee reinstatement in the same position.
Bolivia (Plurinational State of)	13 weeks. Up to two months of leave, alternated between the adoptive parents, in the case of adoption.
Brazil	120 days, with no loss of pay or employment. The leave is paid through social security. Right to return to previous position. Protection against dismissal from pregnancy until 5 months after giving birth. Includes adoption.
Chile	6 weeks before the birth and 12 weeks afterwards. For premature babies, postnatal leave is 18 weeks. If there are two or more babies, the leave is increased by 7 calendar days for each additional one from the second. Applies in the case of adoption. Job protection during pregnancy and for a year after the end of maternity leave.
Colombia	18 weeks, at the wage the mother was being paid at the time her leave began or, if she has no fixed wage, her average earnings over the previous year. In the case of multiple births, the period is extended by 2 weeks.
Costa Rica	1 month prior to childbirth and 3 months afterwards. These 3 months shall also be deemed the minimum breastfeeding period. Non-pregnant mothers in same-sex couples are entitled to paternity leave (case no. 24-008527-0007-CO).
Cuba	18 weeks, 12 of them after childbirth. Paid and unpaid leave for childcare. Position and wage protected.
Dominican Republic	14 weeks. Social security covers 100% of the leave. Protection against dismissal and guarantee of reinstatement in the same position.
Ecuador	12 weeks. 2 weeks before childbirth and 10 weeks afterwards, including adoption of a newborn, if applicable; otherwise, 30 days for adoption. Payment from the first day of prenatal leave or childbirth. Applicable to women and persons capable of pregnancy.
El Salvador	16 weeks, of which 6 before childbirth and 10 afterwards.
Guatemala	12 weeks. 54 days in the case of adoption.
Guyana	13 weeks. Does not include adoption.
Haiti	12 weeks. Does not include adoption.
Honduras	12 weeks, with mixed financing (funded jointly by the employer and social security), with the right to employment protection and retention of all employment benefits.
Jamaica	12 weeks, only 8 of them paid. Employer is the sole source of financing, covering 67% of the monetary benefits of the leave. Does not include adoption. Guarantee of reinstatement in the same or an equivalent position.
Mexico	12 weeks. Includes cases of adoption. Social security is the sole source of financing, covering 100% of the benefits of the leave. Prohibition of dismissal during pregnancy, leave and an additional period. Guarantee of reinstatement in the same or a similar job.
Nicaragua	12 weeks, divided into 4 weeks before childbirth and 8 weeks afterwards. In the case of multiple births, the leave increases to 10 weeks after delivery. Social security is the sole source of financing and is the responsibility of the employer, covering 100% of the leave benefits. There is no guarantee of reinstatement in the same or a similar position.
Panama	6 weeks before the birth and 8 weeks afterwards. Non-optional leave paid by social security, with job security and all rights under the employment contract retained. Upon returning to work, the employee may not be dismissed for a year.
Paraguay	2 weeks before the birth and 16 weeks afterwards. Social security covers 100% of the leave. The woman may not be moved from her position for a year after the birth or adoption. Additional month for each further child, starting with the second, and up to 24 weeks in the case of premature birth or other complications.
Peru	14 weeks. In cases of multiple births or children with disabilities, postnatal leave will be extended by an extra 30 calendar days. Social security covers 100% of the leave. Right to reinstatement in the same position.

Country	Length of maternity leave
Saint Kitts and Nevis	13 weeks. Does not include adoption. Covers 65% of remuneration, payable by social security. Does not guarantee reinstatement in the same position.
Saint Lucia	13 weeks. Does not include adoption. Covers 65% of remuneration, payable by social security. Protection from dismissal and reinstatement in the same or a similar position.
Saint Vincent and the Grenadines	13 weeks. Does not include adoption. Covers 65% of remuneration, payable by social security. Does not guarantee reinstatement in the same or an equivalent position.
Suriname	16 weeks. 6 weeks in the case of adoption. Covers 100% of remuneration, payable by social security, for which the employer is responsible. Prohibition of dismissal during pregnancy, leave and an additional period, and guarantee of reinstatement in the same job.
Trinidad and Tobago	14 weeks. Does not include adoption. Covers 100% of remuneration, payable by the employer and social security. Prohibition of dismissal and guarantee of reinstatement in the same or a similar position.
Uruguay	6 weeks before the expected date of childbirth and 8 weeks afterwards. Mandatory, non-waivable leave. Covers 100% of remuneration, payable by social security. Prohibition of dismissal and guarantee of reinstatement in the same position.
Venezuela (Bolivarian Republic of)	6 weeks before childbirth and 20 weeks afterwards, or for longer when required by illness, as assessed by a doctor. Covers 100% of remuneration, payable by social security. The mother retains her right to her job and wage. Maternity leave is non-waivable.

Source: Economic Commission for Latin America and the Caribbean. (2025). *Gender Equality Observatory for Latin America and the Caribbean*. <https://oig.cepal.org/en>; International Labour Organization. (2022). *Care at work: Investing in care leave and services for a more gender equal world of work*. https://webapps.ilo.org/globalcare/pdf/Care_Policy_pdf_2021_EN.pdf; (n.d.). *ILO Global Care Policy Portal*. <https://webapps.ilo.org/globalcare/?language=en#home>; Barbados Digital. (2025, 10 March). *Main announcements from Budget Day 2025 at the Barbados Parliament*. <https://barbadosdigital.com/news/main-announcements-from-budget-day-2025-at-the-barbados-parliament>.

Of the countries that have moved towards 18 weeks of maternity leave, the higher minimum standard recommended by ILO, Cuba was the first in the region to attain this, in 1973. The mother's job and wage are protected. The leave may be granted to the father, maternal or paternal grandparents or whoever takes responsibility for the care of the child. Colombia, for its part, began with 12 weeks of maternity leave in 1988, increasing this to 14 weeks and including adoptive mothers in 2011 and attaining the ILO standard of 18 weeks in 2017. In 2021, it established a system of replacements during maternity and paternity leave for representative positions such as councillors, mayors and deputies, and in 2024 it created a system of maternity leave for women elected to public corporations (Act No. 2436 of 2024). Chile guarantees 6 weeks before childbirth and 12 weeks afterwards. In the case of premature babies, postnatal leave is extended to 18 weeks. For multiple births of two or more babies, leave is increased by seven consecutive days for each, starting with the second. In the event of the mother's death, postnatal parental benefits are extended to the father or to whoever has custody or personal care of the baby. In Paraguay, the 2020 amendment extended rights for workers with family responsibilities and added new ones, granting 2 weeks' leave before the birth and 16 weeks' afterwards. In the case of multiple births, the leave is increased by one month for each child from the second. In the case of premature birth or congenital diseases, the leave is 24 weeks. The mother's employment is protected during pregnancy and for a year after childbirth, including adoptive mothers. If the mother dies, postnatal leave is extended to the father or relatives responsible for the care of the child. In the Bolivarian Republic of Venezuela, pregnant workers have had 6 weeks' leave before childbirth and 20 weeks' afterwards since 1990, so that the country's standard exceeds not only that of ILO but those of all other countries in the region.

Although Ecuador and Brazil allow only 12 weeks' maternity leave, which is less than the standard set by the ILO Maternity Protection Convention, 2000 (No. 183), it is noteworthy that Ecuador's covers adoption and all persons with the capacity for pregnancy. Brazil established a constitutional right to 120 days' leave in 1988 and extended it to adoptive mothers in 2002, allowing a given number of days per age group. This includes unemployed female workers. In addition, when companies are part of the Citizen Company Programme, in force since 2008, maternity leave is extended from 120 to 180 days, and this applies to the adoption of children, including by same-sex couples. Act No. 13363, in force since 2016, grants women lawyers giving birth or adopting children the right to suspend the procedural deadlines of the cases they are working on for 30 days, without prejudice to the parties.

States also have an obligation to adopt measures to ensure that maternity does not become a reason for discrimination in employment. Thus, women may not be dismissed while they are pregnant or on maternity leave and for a certain period after they return to work, except for reasons unconnected to pregnancy, childbirth and its consequences or breastfeeding. They are accordingly guaranteed the right to return to the same or an equivalent job with the same pay. The Convention specifically bans any requirement for woman to undergo pregnancy testing as part of a job application.

2. Breastfeeding

International agreements stipulate that all women should be entitled to daily breaks during working hours for breastfeeding, to be counted as work time and remunerated, which may be combined into a single period at the beginning or end of the working day, as established in the ILO Maternity Protection Convention, 2000 (No. 183) and its Recommendation on Maternity Protection, 2000 (No. 191) of 2000, and in accordance with the recommendations of the World Health Organization (WHO).

Similarly, breastfeeding facilities or lactation rooms in the workplace are essential for supporting and maintaining breastfeeding. However, setting conditions based, for example, on the number of female workers of childbearing age for the provision of this type of facility may prove discriminatory, since if the requirement for the number of women is not met, those needing the service are left without it. Latin America and the Caribbean has moved towards recognizing and implementing the right to breastfeeding. To date, 20 countries in the region have implemented regulations in the workplace in respect of time, adequate facilities and, in some cases, maternity outside the realm of formal employment (see table IV.4).

Table IV.4
Latin America and the Caribbean: regulations on breastfeeding

Country	Breastfeeding time
Argentina	60 minutes in two breaks for 12 months.
Bolivia (Plurinational State of)	1 hour a day during the newborn's first 6 months of life.
Brazil	60 minutes (two 30-minute breaks a day) for 6 months.
Chile	An hour a day during working hours to feed children up to the age of 2. The mother or father may exercise this right by mutual agreement.
Colombia	Two paid breaks of 30 minutes per day for the first 6 months. The obligation extends to a single paid break of 30 minutes per day beyond 6 months, until the child reaches the age of 2, provided the working mother is still breastfeeding continuously.
Costa Rica	60 minutes in two daily breaks. Lactation rooms: mandatory in workplaces with more than 30 women.
Cuba	An hour a day up to 12 months. Preferably at the beginning or end of the working day. It can be extended to 15 months when the child has a severe disability.
Dominican Republic	60 minutes in three breaks per day.
Ecuador	120 minutes per day for 15 months from the time the person with the capacity to bear children returns to work. The mother and father may decide between them who is to take up this allowance. In cases of adoption, until the child is 18 months old.
El Salvador	An hour, which may be divided into two breaks of 30 minutes a day, for 6 months.
Guatemala	60 minutes in two breaks per day for 10 months.
Haiti	60 minutes in two breaks per day.
Honduras	60 minutes in two breaks per day for 6 months.
Mexico	60 minutes in two breaks per day for 6 months.
Nicaragua	30 minutes in two breaks.
Panama	Two breaks of 30 minutes each per day for 12 months.
Paraguay	90 minutes per day for 7 months. Can be extended up to 24 months with a medical certificate. In cases of multiple births, the time is extended by 60 minutes per day.
Peru	An hour a day until the child turns 1.
Uruguay	Two breaks of 30 minutes each per day for 24 months.
Venezuela (Bolivarian Republic of)	Two breaks of 30 minutes each per day for the first 6 months.

Source: Economic Commission for Latin America and the Caribbean. (2025). *Gender Equality Observatory for Latin America and the Caribbean*. <https://oig.cepal.org/en>; International Labour Organization. (n.d.). *ILO Global Care Policy Portal*. <https://webapps.ilo.org/globalcare/?language=en#home>.

3. Paternity leave

Paternity leave is based on the principle of non-discrimination and equality of opportunity between women and men. It is also directly related to the principle of the best interests of the child (Alfaro, 2019) and is part of the right of parents to care for their children.

From a gender equality perspective, leave of this type where the father is the subject of rights, even if limited, helps to change stereotypes and cultural practices that assign housework and child-rearing exclusively to women. Thus, paternity leave helps reduce the “ways in which the division of labour and existing social values allow some individuals to excuse themselves from basic caring responsibilities because they have other more important work to perform” (Tronto, 2013, p. 104). Likewise, implementing paternity leave on an equal footing with maternity leave would reduce the likelihood of conscious or unconscious bias leading companies to avoid engaging women of child-bearing age (Barquero, 2019) and preferring men to avoid paying maternity leave.

In several countries of Latin America and the Caribbean, there has been a gradual but sustained movement towards the expansion of adequately remunerated, inclusive and mandatory paternity leave to remedy the generally low take-up identified in regional studies. There has also been a shift over the last decade in the support offered by employers to help new fathers reconcile work and family life (ILO, 2024c).

In Latin America and the Caribbean, 12 countries have paid paternity leave of less than 10 days, and 5 countries grant leave of between 10 and 15 days. Only Barbados and Uruguay have approved paternity leave of more than 15 days. In August 2024, Uruguay extended paternity leave to 17 days, and in March 2025, an allowance of three weeks’ leave was established in Barbados, effective from 1 June that year. Of 14 Caribbean countries, only Suriname and Barbados have paid paternity leave (Economic Commission for Latin America and the Caribbean [ECLAC] and International Labour Organization [ILO], 2025) (see table IV.5).

Table IV.5
Latin America and the Caribbean: length of paternity leave

Country	Length of paternity leave
Argentina	Two days’ leave paid by the employer. Applies to same-sex couples and same-sex marriage via court ruling.
Bahamas (The)	Seven days. Does not include adoption.
Barbados	Three weeks. It is not a requirement for the parents to be living together at the time of birth.
Bolivia (Plurinational State of)	Three days. Up to two months of leave, alternated between the adoptive parents, in the case of adoption.
Brazil	Five working days. Includes adoption. Companies may offer longer periods. Is considered a justified absence, paid by the employer.
Chile	Five days. Includes adoption.
Colombia	Two weeks’ paid leave, increasing by a further week for each percentage point decrease in the unemployment rate relative to the rate at the time the law came into effect. In no event will it exceed five weeks. Protection against dismissal for the parents during pregnancy or leave.
Costa Rica	Two days per week for the first four weeks after the birth of the child. One month in the public sector. Applied to non-pregnant mothers in same-sex couples (co-maternities) by constitutional ruling (case no. 24-008527-0007-CO).
Cuba	No mandatory paid paternity leave. Provision for paid parental leave covering the first 15 months of a child’s life, which can be taken by the mother, the father or another family member living with the child.
Dominican Republic	Two days’ leave when a child is born to the spouse or partner, rising for civil servants to 15 consecutive days or partially, during the first three months after birth.
Ecuador	Fifteen days from the date of the birth for working fathers, with no adverse effects on the continuity of their employment or social security coverage.
El Salvador	Three working days per birth or adoption, to be taken within 15 days of the birth.
Guatemala	Two days’ leave for the birth of a child.
Mexico	Five days. Includes adoption and same-sex parents.
Nicaragua	Five calendar days on full pay and without any loss of social benefits when a child is born to the spouse or partner in a civil partnership declared before a notary public.

Country	Length of paternity leave
Panama	Three days' paid leave.
Paraguay	Fourteen consecutive calendar days from the birth.
Peru	Ten consecutive calendar days, rising to 20 days for premature and multiple births and 30 days in cases of congenital disease or disability, or when the mother is seriously ill.
Suriname	Eight days. Five days in cases of adoption. Guaranteed reinstatement in the same or an equivalent position.
Uruguay	17 consecutive days for salaried employees, financed jointly by the employer and social security, and 15 consecutive days for self-employed workers. Includes adoption.
Venezuela (Bolivarian Republic of)	Fourteen consecutive days from birth or adoption. Special protection against dismissal or changes in working conditions during the partner's pregnancy and up until two years after the birth or adoption of children under the age of three.

Source: Economic Commission for Latin America and the Caribbean. (2025). *Gender Equality Observatory for Latin America and the Caribbean*. <https://oig.cepal.org/en>; International Labour Organization. (2022). *Care at work: Investing in care leave and services for a more gender equal world of work*. https://webapps.ilo.org/globalcare/pdf/Care_Policy_pdf_2021_EN.pdf; (n.d.). *ILO Global Care Policy Portal*. <https://webapps.ilo.org/globalcare/?language=en#home>; Barbados Digital. (2025, 10 March). *Main announcements from Budget Day 2025 at the Barbados Parliament*. <https://barbadosdigital.com/news/main-announcements-from-budget-day-2025-at-the-barbados-parliament>.

In Brazil, paternity leave is enshrined in the constitution. It lasts for 5 working days, and since 2008 workers at companies participating in the Citizen Company Programme have been entitled to 15 days' additional leave, giving a total of 20 days, which extends to adoption, including by same-sex couples. Since 2016, lawyers who become fathers have been entitled to eight days' leave, during which any proceedings or litigation they are involved in are suspended. In Colombia, paternity leave is 2 weeks, with a progressive extension of one additional week for each percentage point decrease in the country's structural unemployment rate relative to the level at the time Act No. 2114 of 2021 came into force, although it may in no case exceed five weeks.

In Ecuador, the right to paternity leave is enshrined in article 332 of the Constitution, which stipulates that fathers are entitled to 15 days' leave, increasing to 25 days in the event of the birth of a child with a serious illness or severe disability. Once the maternity or paternity leave is over, it is possible to apply for optional and voluntary unpaid leave of up to 15 months to care for children.

In addition, some countries, such as Panama, where the leave lasts for three days, have established protection for working fathers against illegal dismissal during the leave period or for up to a year if the mother does not have paid employment. The Bolivarian Republic of Venezuela has established a compulsory leave period of 15 days, which can be extended to 21 days in the case of multiple births. Uruguay established a period of 3 days in 1990. This increased to 17 consecutive days in 2024 under Act No. 20312 and will rise again to 20 days from January 2026, or 30 days in cases of multiple births, premature births, low birth weight and other situations. In cases of adoption, there is a six-week leave entitlement for one of the partners.

Although leave has been progressively increased and relationship types extended to include not only biological but also adoptive parenthood, there are still significant challenges to be met as regards the length of leave, the source of funding, coverage and job protection when people have care responsibilities, and this serves as an impediment to overcoming the structural challenges of gender inequality represented by the unfair sexual division of labour.

4. Parental leave

Parental leave is a longer period of leave, with job protection, available to either parent to care for their child once maternity or paternity leave expires (Güezmes and Vaeza, 2023; ILO, 2024a). This leave may be paid or unpaid.

In this context, the Buenos Aires Commitment calls on countries to design and implement State policies that favour gender co-responsibility and enable sexist stereotypes to be overcome by establishing parental leave for the different types of families, non-waivable and non-transferable paternity leave and other types of leave to care for dependent persons (CEPAL, 2023a, p. 8).

Cuba was the first country to approve this type of leave, which currently covers the first 15 months of a child's life. Coverage also extends to persons other than the father or mother who are responsible in practice for the care of the child, with 60% of such persons' wages being covered. In Chile, parental leave is 12 weeks immediately after postnatal leave if full-time or 18 weeks if part-time, i.e. either morning or afternoon, at the mother's discretion. From the seventh week, it may be transferred to the father for the number of weeks the mother indicates, but this has to be in that final period of the leave, maintaining the full-time or part-time format chosen by the mother. If the father takes parental leave, his job and contractual conditions will also be protected for a period equivalent to twice the duration of his leave, with a maximum of three months. Parental leave is fully funded by the social protection system. Uruguay has established a half-time care subsidy, transferable between the mother and father until the child is 6 months old; the father is entitled to the subsidy regardless of the mother's employment status. Under a collective agreement, parental leave for State workers lasts until the child is 1 year old.

In 2021, Colombia created shared parental leave whereby mothers are allowed to transfer the last 6 weeks of their 18 weeks' maternity leave to the father. If the 6 weeks are transferred, the mother's leave will be reduced to only 12 weeks, i.e. 2 weeks less than provided by the Maternity Protection Convention, 2000 (No. 183) (ILO, 2022). Ecuador's Right to Human Care Organic Act, meanwhile, stipulates that mothers and fathers shall be entitled to optional and voluntary unpaid leave, counting towards seniority, to care for their children for up to 15 additional months after paid maternity leave ends. This leave also applies to adoptive parents.

5. Long-term care leave

Long-term care leave allows employees to care for sick or dependent family members who need support in their daily activities, either temporarily or permanently. The Workers with Family Responsibilities Recommendation, 1981 (No. 165) calls for the establishment of leave to care for children or immediate family members requiring care because of illness (ILO, 1981b). Few countries have this type of leave, which varies in its coverage, duration and financing (see table IV.6). Most leave of this type is restricted to the care of children.

Table IV.6
Latin America and the Caribbean: long-term care leave

Country	Long-term care leave
Costa Rica	Subsidy for workers responsible for terminally ill patients (anyone with ties to the patient), for a period determined by medical criteria, financed by social security.
Cuba	Leave of up to 6 months for the care of persons under 17 years of age.
Chile	Subsidy for serious illness affecting a child under 1 year of age, financed by social security and transferable to the father, and Insurance for the Accompaniment of Children (SANNA), which covers serious health situations, lasting up to 180 days until the age of 18, depending on the illness. Unlimited for terminal illnesses.
Ecuador	Twenty-five days for medical treatment of children with degenerative diseases, financed by the employer.
Mexico	The leave may be granted to insured working mothers or fathers with children aged up to 16 who have been diagnosed with cancer for between 1 and 28 days at a time, not exceeding 364 days, which need not be consecutive, within a period of 3 years.
Panama	Paid leave of up to three months, non-extendable, for all parents in the private sector who have a child under the age of 16 with leukaemia, cancer, a degenerative disease or a severe or terminal illness. The employer covers 100% of the wage.
Peru	One year when a minor child is diagnosed with cancer, financed by social security and the employer.

Source: Economic Commission for Latin America and the Caribbean. (2025). *Gender Equality Observatory for Latin America and the Caribbean*. <https://oig.cepal.org/en>; International Labour Organization. (n.d.). *ILO Global Care Policy Portal*. <https://webapps.ilo.org/globalcare/?language=en#home>.

In Costa Rica, Cuba and Mexico, leave of this type is remunerated and financed by social security for wage workers; in Chile, it extends to self-employed workers. In Ecuador and Panama, the cost is borne by the employer, while in Peru, financing is mixed (ECLAC and ILO, 2025).

Chile has a subsidy for severely ill children under 1 year of age, transferable to the father, and the Insurance for the Accompaniment of Children (SANNA), which covers serious health situations, lasts up to 180 days up to the age of 18, depending on the illness, and is of unlimited duration in cases of terminal illness. Mexico provides up to 364 days' leave on 60% pay to parents of children diagnosed with cancer up to the age of 16. Ecuador provides 25 days' leave for the medical treatment of children with degenerative diseases. Cuba provides unpaid leave of up to six months for the care of minors aged up to 17. In Costa Rica, there is a subsidy for workers responsible for terminally ill patients, whose duration is determined by medical criteria and which is available to anyone with ties to the patient. Given current demographic trends, particularly population ageing, it is particularly important to explore how this type of leave can be extended to include the care of other family members with serious infirmities or ailments, older persons or persons with disabilities who need support or care (ECLAC and ILO, 2025).

In Peru, parents are entitled to one year of paid leave when a child under the age of 18 is diagnosed with cancer, financed by social security and the employer. Panama grants special leave, payable by the employer, of up to three months (non-extendable) to any parent working in the private sector and caring for a child under the age of 16 who is in a serious or terminal condition with leukaemia, cancer or a degenerative disease.

6. Maternity and paternity leave for students

Most countries in Latin America and the Caribbean have made progress in protecting children who become pregnant during primary or secondary education, to prevent them dropping out. However, legislation has not evolved to provide a right to maternity and paternity leave for students in higher (university or tertiary) education. As a result, mothers and fathers who are studying are often forced to adjust their academic workload or delay or discontinue their studies, a situation that mainly affects women, given the unfair social organization of care and their triple role as women, mothers and university students.

As a rule, there is general legislation prohibiting discrimination against pregnant students or their expulsion from the education system, but implementing regulations have not always been issued. In Argentina, for example, Act No. 25584 prohibits the principals or heads of official and private sector establishments providing public education anywhere in the country, at all levels of the system and in any form, from taking institutional action that prevents or disrupts the normal commencement or continuation of studies by students who are pregnant or breastfeeding and by students in their capacity as parents. The educational authorities are obliged to authorize the necessary leave. In Chile, similarly, General Education Act No. 20370 states that pregnancy and maternity shall in no case constitute an impediment to admission to or continued attendance at educational establishments at any level, and that these establishments shall provide the academic and administrative facilities necessary for both objectives to be met. In Ecuador, university students have the right to receive education during maternity and breastfeeding, in accordance with the constitution and international agreements or the Health Organic Act and the Code on Children and Adolescents; however, the regulatory system for higher education lacks a favourable legal framework, and so is not properly enforced.

Mention should be made of the cases of Colombia and Cuba. Under Act No. 2394 of 2024, Colombia protects the rights of duly certified pregnant and breastfeeding students and those on paternity leave in the country's educational institutions, so that their fundamental rights are not affected and they can continue to pursue their academic activities without putting their lives or those of their children or unborn children at risk. In Cuba, Decree Law No. 56 of 2021 encourages

students not to forfeit their places at university by paying the social benefit to the grandparent who will care for the baby so that they can continue their studies. The grandparent caring for the child must be an active worker, because the amount paid to the student is calculated on the basis of his or her previous 12 months' earnings. If there are no grandparents, another family member may take care of the child. The only thing the student does not receive is the financial benefit paid to working women from when the child is three months old to when it is a year old.

In Brazil, Act No. 13536 of 2017 provides for a 120-day extension in the period of research grants awarded by funding agencies if a grant recipient is absent because of childbirth, adoption or the securing of legal guardianship with a view to adoption during the period of the grant. If two grant recipients are engaged in the same adoption or guardianship process, the extension is only granted to one.

V. Challenges and recommendations

This publication presents up-to-date information on the regulatory framework for the human right to care. It includes constitutional provisions, national laws and policies on comprehensive care systems, standards for measuring time use and the regulation of care leave in Latin America and the Caribbean, drawing on information from the Gender Equality Observatory for Latin America and the Caribbean and the ILO Global Care Policy Portal.

The countries of Latin America and the Caribbean have advanced with the implementation of measures to achieve gender equality, but structural obstacles to equality persist, and progress is being jeopardized in the context of the development crisis. The implementation of the 2030 Agenda for Sustainable Development, in synergy with the Regional Gender Agenda in Latin America and the Caribbean, has come up against challenges, and progress towards the Sustainable Development Goal targets generally continues to be slow and uneven. Redoubled efforts are needed to ensure progress and encourage transformations that guarantee substantive equality and the full exercise of the rights of women and girls in all their diversity (Economic Commission for Latin America and the Caribbean [ECLAC] and United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], 2025).

Care policies encompass a variety of measures aimed at establishing a new social organization that can guarantee the right to care. These include measures related to regulatory frameworks, data and information, infrastructure, care services and benefits, financing, programme implementation, regulation, training and certification, and governance and administration, as well as decisive action in multiple dimensions and through a variety of policies to put an end to the current sexual division of labour (ECLAC, 2024a). The implementation of policies and regulatory frameworks guaranteeing the right to care with social and gender co-responsibility requires States to play a central role.

A key challenge is to adopt all necessary measures to ensure that States, as guarantors of rights, accelerate the effective implementation of international human rights frameworks in line with the Regional Gender Agenda adopted by the member States of ECLAC within the framework of the Regional Conference on Women in Latin America and the Caribbean, and the Resolution concerning decent work and the care economy adopted at the 112th International Labour Conference in June 2024 (ILO, 2024d). The main measures include:

- (a) Strengthen the gender architecture in the State and ensure that mainstreaming of the gender perspective permeates the entire structure in the different levels of government and branches of the State by increasing the allocation of financial, technical and human resources, gender budgeting, and monitoring and accountability with citizen participation.
- (b) Pursue the ratification and effective implementation of international labour standards relating to care time adopted by ILO to align national standards with international ones. For example, the Maternity Protection Convention, 2000 (No. 183), and the Workers with Family Responsibilities Convention, 1981 (No. 156), and their respective recommendations, which are fundamental for establishing leave and care services. It is crucial to encourage ratification of these conventions in countries that already have regulations complying with their standards, so as to provide international backing for the rights recognized (ECLAC and ILO, 2025).
- (c) Recognize care as a human right, consisting of the right to provide and receive care, including self-care, on the basis of the principles of equality and non-discrimination, solidarity, sustainability, universality, and social and gender co-responsibility.
- (d) Adopt regulatory frameworks that guarantee the right to care through the implementation of comprehensive care policies and systems from the gender, intersectional, intercultural and human rights perspectives, and that include coordinated policies on time, resources, infrastructure, benefits and universal good-quality public services in the territory that respect, protect and fulfil the rights of those who receive and provide care, whether paid or unpaid.
- (e) Dismantle the sexual division of labour and move towards a fair social organization of care, while designing and implementing State policies to achieve gender equality that favour gender co-responsibility and break down stereotypes through, among other things, the establishment of paid and legally protected maternity, paternity and parental leave, plus long-term care leave and emergency leave that increase the time available to care for children and other family members, including people with serious illnesses, people with disabilities and older persons in need of support and care. Similarly, ensure that this leave extends to everyone in the labour market, not only those in the formal economy, and to families in all their diversity (ECLAC and ILO, 2025).
- (f) Promote the right to paid and non-transferable paternity leave, strengthening its implementation in countries where it is established, and advocate for its adoption in countries where currently it is not, making it comparable in duration and financing to maternity leave and providing for cases of multiple births, premature births and disability.
- (g) Promote the implementation in the region of normative frameworks establishing parental leave that allows care to be shared and ensure that all fathers and mothers can exercise their right to care for their children during the early months of life without fear of losing their jobs and incomes. These policies will be conducive not only to family well-being and gender co-responsibility, but also to a new social organization of care.
- (h) Design and implement types of long-term care leave and emergency leave that allow care leave to be extended to include other family members besides children, persons with serious illnesses, persons with disabilities and older persons needing care and support. It is also essential to ensure adequate protection for those who provide care to these populations, recognizing that this work requires time, resources and specific services.
- (i) Pass laws that guarantee funding and ensure sufficient resources for the effective enjoyment of the right to maternity, paternity and parental leave and to long-term or emergency care leave as enshrined in legal frameworks, to promote gender equality, the well-being of individuals and families, and sustainable development.
- (j) Consider different ways to expand legal and effective coverage of leave entitlements via contributory and non-contributory programmes for informal, own-account and self-employed workers.

- (k) Guarantee the right to maternity and paternity leave in tertiary education, within the framework of general rules prohibiting discrimination in education, including justified absences and assessment of subjects taken, without penalties, with a view to safeguarding educational pathways and improving integration into the labour market and access to contributory social security.
- (l) Promote measurement with regular time-use surveys in regulatory frameworks, since these surveys provide valuable inputs for the design, monitoring and evaluation of policies to address social and gender inequalities in different territories, especially the design of care systems.
- (m) Take measures to effectively promote and protect the human rights of all female workers, particularly domestic workers, in accordance with the ILO Domestic Workers Convention, 2011 (No. 189), and encourage governments that have not yet done so to ratify and implement the Convention. To date, while there has been investment in care services to remedy gender inequalities in the labour market, inequalities in domestic work, which is predominantly female, have largely continued to be ignored (ILO, 2024b).

To adopt these measures, national parliaments and subnational and local assemblies in Latin America and the Caribbean, as appropriate, have a strategic role to play in consolidating regulatory frameworks consistent with international human rights standards and ensuring that comprehensive care policies and systems are endowed with adequate, non-transferable and sustainable funding and effective mechanisms for citizen participation and accountability, to ensure that the right to care is a tangible reality for everyone in all territories of Latin America and the Caribbean.

The sixteenth session of the Regional Conference on Women in Latin America and the Caribbean, to be held in Mexico City in 2025 with a focus on “political, economic, social, cultural and environmental transformations as a means of advancing the care society and gender equality”, will carry from the territories to the national level, and from the region to the world, a renewed multilateralism and a call for determined, decisive collective action to achieve substantive equality, peace and development.


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The human right to care is essential for the sustainability of life and the planet and is one of the human rights recognized by international covenants and treaties as applying to everyone. As the Buenos Aires Commitment (2022) states, the right to care is based on the principles of equality, universality and social and gender co-responsibility. This right, whose foundations also include non-discrimination, progressiveness and interdependence, recognizes the value of care work and secures the rights of those requiring and providing care, as well as the right to exercise self-care. This means moving towards a fair social organization of care and achieving gender equality.

The present issue of *Gender Equality Observatory for Latin America and the Caribbean. Studies* provides an up-to-date review of international regulations applying to the human right to care and their links to the Regional Gender Agenda. It includes constitutional provisions, national laws and policies on comprehensive care systems, standards for measuring time use and the regulation of care leave in Latin America and the Caribbean, drawing on information from the Gender Equality Observatory for Latin America and the Caribbean and the ILO Global Care Policy Portal.



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